

# Finance and Performance Committee

Thu 31 July 2025, 09:30 - 12:30

## Agenda

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### 09:30 - 09:35 **1. PRELIMINARY MATTERS**

5 min

*Chair*

#### **1.1. Welcome and Introductions**

*Chair*

#### **1.2. Apologies for Absence**

*Chair*

#### **1.3. Declarations of Interest**

*Chair*

#### **1.4. Draft Minutes of the last Meeting held on 17 June 2025.**

*Chair*

 FPC 20250731 1.4 Draft Minutes Meeting 17 June 2025.pdf (13 pages)

#### **1.5. Committee Action Log**

*Chair*

 FPC 20250731 1.5 Action Log.pdf (2 pages)

### 09:35 - 09:35 **2. Items for APPROVAL/RATIFICATION/DECISION**

0 min

There are no Items for Inclusion in this section

### 09:35 - 12:05 **3. ITEMS FOR DISCUSSION**

150 min

#### **3.1. Review of Committee Programme of Business 2025/26**

*Director of Corporate Governance*

 FPC 20250731 3.1 Review of Committee Programme of Business Cover Report.pdf (4 pages)

 FPC 20250731 3.1a Appendix A - Forward Work Plan 2025-2026.pdf (7 pages)

#### **3.2. Performance Management and Escalation Update**

*Director of Strategy, Planning & Partnerships*

 FPC 20250731 3.2 Performance Management and Escalation Update.pdf (9 pages)

#### **3.3. Integrated Performance Report, including performance against Ministerial Priorities**



*Director of Strategy, Planning & Partnerships*

 FPC 20250731 3.3 Finance and Performance Committee - Integrated Performance Report Cover Paper 2025.07.31 DRAFT.pdf (5 pages)

 FPC 20250731 3.3a Finance and Performance Committee -Integrated Performance Report.pdf (39 pages)





### **3.4. Monthly Finance Report and Monitoring Returns**

*Director of Finance, Procurement & VBHC*

-  FPC 20250731 3.4 Finance Report.pdf (24 pages)
-  FPC 20250731 3.4a Finance Report Appendices 25-26 M03.pdf (24 pages)



### **3.5. Value and Sustainability Assurance Reporting**

*Director of Finance, Procurement & VBHC*

-  FPC 20250731 3.5 Value and Sustainability Assurance Report.pdf (16 pages)
-  FPC 20250731 3.5a Value and Sustainability Assurance Report Appendix a.pdf (1 pages)
-  FPC 20250731 3.5b Value and Sustainability Assurance Report Appendix b.pdf (1 pages)
-  FPC 20250731 3.5c Value and Sustainability Assurance Report Appendix c.pdf (1 pages)



### **3.6. Efficiency Opportunities and Update Report**

*Director of Finance, Procurement & VBHC*

-  FPC 20250731 3.6 Efficiency Opportunities and Update Report .pdf (35 pages)
-  FPC 20250731 3.6a Efficiency Opportunities and Update Report Appendix a.pdf (2 pages)

### **3.7. Theatres Efficiency**

*Chief Operating Officer*

-  FPC 20250731 3.7 Theatres Efficiency.pdf (17 pages)
-  FPC 20250731 3.7a Appendix 1 Model Hospital Metrics.pdf (5 pages)

12:05 - 12:15  
10 min

## **4. ITEMS FOR INFORMATION**

### **4.1. Assurance reports from the Digital, Data and Technology Group**

*Director of Digital*

-  FPC 20250731 4.1 Assurance Report from the Digital, Data, and Technology Group.doc.pdf (10 pages)

12:15 - 12:30  
15 min

## **5. OTHER MATTERS**

### **5.1. Items to be Brought to the Attention of the Board and Other Committees.**

*Chair*

### **5.2. Any Other Urgent Business**

*Chair*

### **5.3. Date of the Next Meeting:**

29 September 2025

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE**

<b>DATE OF MEETING</b>	17 June 2025 09.30-12.30
<b>VENUE</b>	Microsoft Teams

<b>PRESENT</b>	Richard Clark, Chair Iwan Jones, Independent Member Neil Patrick, Independent Member Helen Sweetland, Independent Member Dafydd Vaughan Independent Member
<b>IN ATTENDANCE</b>	Robert Holcombe, Director of Finance and Procurement Hannah Evans, Director of Strategy, Planning and Partnerships Peter Carr, Director of Allied Health Professionals and Health Science Robert Jones, Assistant Director of Finance Caroline Hobbs, Head of Management Accounting Janice Jenkins, Assistant Director of Digital Programmes Lucy Windsor, Head of Corporate Risk and Assurance Sara Utley, Audit Wales Naomi Murtagh, Board Business Manager Gavin Thomas, Governance Support Officer (Secretariat)
<b>Apologies</b>	Paul Solloway, Director of Digital Rani Dash, Director of Governance

<b>Preliminary Items</b>	
<b>FPC/1706/01</b>	<b>Welcome and Apologies</b> Richard Clark (RC), Chair, welcomed everyone to the meeting.
<b>FPC/1706/02</b>	<b>Apologies for Absence</b> There were no apologies for absence to be noted.
<b>FPC/1706/03</b>	<b>Declarations of Interest</b>



	There were no Declarations of Interest to record.
<b>FPC/1706/04</b>	<p><b>Draft Minutes of the last Meeting held on 17th February 2025</b></p> <p>The Committee reviewed the previous minutes and these were <b>AGREED</b> as a true and accurate record of the meeting subject to some minor corrections.</p>
<b>FPC/0617170605</b>	<p><b>Committee Action Log</b></p> <p>The Committee received the action log and were content with the progress made in relation to the completed actions. Richard Clark (RC), Chair, noted that there were no outstanding actions.</p>
<b>ITEMS FOR APPROVAL/RATIFICATION/DECISION</b>	
	There were no items for discussion.
<b>ITEMS FOR DISCUSSION</b>	
<b>FPC/1706/06</b>	<p><b>Committee Risk Report</b></p> <p>Lucy Windsor (LW), Head of Corporate Risk and Assurance, provided the Committee with a detailed overview of the current strategic risks delegated to it by the Board, including an overview of their status, mitigating actions, and associated assurance mechanisms. LW advised that there had been no changes to the Risk register.</p> <p>Iwan Jones (IJ), Independent Member, queried the risk score attributed to SRR 001G: Financial Stability, highlighting that the IMTP reflected a balanced financial plan and queried whether the 'likelihood' score be more positive reflecting the intended financial position. Rob Holcombe (RH), Director of Finance and Procurement, acknowledged that at the time the risk was assessed, a likelihood score of 3 (resulting in an overall score of 12) would have been more appropriate given the financial position at that point. However, RH clarified that if the risk were to be scored based on the current position, including the forecast for month ending May 2025 the likelihood would return to 4, bringing the overall score back to 16.</p> <p>Following discussion, the Committee agreed that the risk score would not be amended retrospectively. Instead, it was agreed that the minute would formally record the</p>



	<p>context and rationale discussed, acknowledging the fluctuation in risk scoring.</p> <p>The Committee <b>NOTED</b> the report, and in addition <b>NOTED</b> the delegated Committee risks as detailed within the Strategic Risk Register, ensuring alignment with the Board's Strategic Objectives.</p>
<p><b>FPC/1706/07</b></p>	<p><b>Development of Committee Annual Programme of Business 2025/26</b></p> <p>Lucy Windsor (LW), Head of Corporate Risk and Assurance, presented the Committee Annual Programme of Business to the Committee and explained that the plan had been developed with due regard to recommendations from the Committee Self-Assessment 2024/25, to enable the Committee to: -</p> <ul style="list-style-type: none"> <li>▪ Fulfil its Terms of Reference;</li> <li>▪ Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,</li> <li>▪ Seek assurance that governance, risk, and assurance arrangements are in place and working well.</li> </ul> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, queried if the annual programme allowed for flexibility with additional items being added throughout the year and LW confirmed there was flexibility within the programme.</p> <p>The Committee <b>NOTED</b> and <b>APPROVED</b> the Annual Programme of Business.</p>
<p><b>ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT</b></p>	
<p><b>FPC/1706/08</b></p>	<p><b>Performance Management &amp; Escalation Report</b></p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to provide feedback to the Committee regarding escalation levels and to provide an update on the progress of the Performance Management Framework (PMF) review. HE noted that the</p>



timings of committee meetings did not always align for reporting periods.

HE advised that the IMTP was agreed at the end of March and accountability letters were currently with the Chief Executive for sign off.

HE informed that the escalation levels remained the same with several divisions in enhanced monitoring for finance. In response to this, it was noted that several divisional budget meetings had taken place with a number of actions in place as a result.

HE also noted that Urgent Care and Mental Health & Learning Disabilities, were under Enhanced Monitoring, due to concerns related to Quality and Safety as well as Operational Delivery.

The Committee noted that both the recent JET and NHS Executive meetings were positive with recognition of the Health Boards actions, whilst noting that there was still work to do in some areas.

The Committee further noted that the revised performance framework would be shared at the September Board.

Iwan Jones (IJ), Independent Member, suggested that Committee needed to understand what actions had been taken by divisions which were under enhanced monitoring and asked for this to be included within future reports.

The Committee **NOTED** the report.

**FPC/1706/09**

### **Integrated Performance Report**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee to provide an overview of operational performance against the 25/26 IMTP Key Performance Metrics.

The Committee noted that this was the first report for 2025/26 using the new template with updated metrics.

HE acknowledged that some metrics were still missing from the template and confirmed these would be included in the next iteration.



HE also advised that certain metrics could not be reported monthly due to data availability constraints.

HE recognised that while progress had been made in several areas over time, further work remained necessary.

The Committee noted positive improvements in Urgent Care during April and May, although June had presented challenges.

The Committee acknowledged that the Health Board was on track to meet its target for Planned Care of having no patients waiting over 104 weeks.

Additionally, HE informed the Committee that Welsh Government were developing plans to procure an insourcing solution for outpatient activity.

HE also highlighted that theatre data indicated the need for further analysis and proposed a deep dive to be brought to a future Committee meeting.

The Committee supported this proposal and formally requested that a Deep Dive into Theatres performance is undertaken and presented at a subsequent meeting.

**Action: Chief Operating Officer/Director of Strategy, Planning and Partnerships**

Neil Patrick (NP), Independent Member, shared concerns regarding the Welsh Government's outsourcing solution for Outpatients and queried the associated financial model. The Committee noted that a board briefing on planned care was due to be held to discuss this in more detail.

The Committee **NOTED** the report

**FPC/1706/10**

**Stroke Improvement Plan Update Report**

Peter Carr (PC), Director of Allied Health Professionals and Health Science, presented the report to provide an update on the progress of the Stroke Service Action Plan.

PC explained that the report also references other reviews that have been undertaken including, the 2021 Therapy Review, the 2023 HIW Patient Flow Review and the 2024 Welsh Government Recommendations on Improving Stroke Services in Wales and acts as a Aneurin Bevan University Health Board (ABUHB) Stroke Improvement Plan.



PC informed the Committee, that a Regional Stroke Network had been established which provided strategic oversight of the Health Boards Stroke improvement plan.

The Committee heard that the medium-term strategic principles for ABUHB included building on the established model which is centralised at the Grange University Hospital.

PC explained that the Health Board had commissioned the Getting It Right First Time (GIRFT) programme to review its stroke services. The Committee noted that the review resulted in approximately 20 recommendations, informed by best practices from high-performing units such as one in London.

These recommendations were combined with those from Health Inspectorate Wales (HIW) and Welsh Government to form a single, comprehensive action plan encompassing all identified areas for improvement. PC confirmed that there was a plan to complete a business case for national funding to address the gaps in service which had been identified through the review.

The Committee noted that in terms of reporting data via SNAP, there had been no data captured since October owing to changes made to the tool so all reporting is having to be done manually.

Helen Sweetland (HS), Independent Member, explained that speed was key in terms of determining outcomes when it comes to stroke and queried that the paper implied that the stroke beds are not ringfenced. PC advised that the beds were ringfenced following agreement to do so at Executive Committee and there were steps to be taken to ensure that the beds are kept free.

HS noted the transfer of patients from Cwm Taff Morgannwg Health Board and the impact that this was having and queried if the Health Board knew how long this would continue. HE confirmed that whilst nothing has been formally agreed yet, she believes that the arrangement would continue for 12 months.

Iwan Jones (IJ), Independent Member, acknowledged the progress made and the actions in place. However, he expressed concern about the lack of clarity regarding the



high-level actions being taken to deliver outcomes, noting that some assurance gaps remained - particularly where updates on the logs had not been refreshed for over 12 months.

PC noted the comments of IJ and provided clarity on the steps being taken to address the areas which are red. PC acknowledged that further work was needed in respect of making sure the actions were SMART and would include this in future reporting.

The report was **NOTED** by the committee.

**FPC/1706/11**

### **Information Governance Report**

Janice Jenkins (JJ), Assistant Director of Digital programmes, presented the report to provide assurance of the Information Governance, Cyber Security, and clinical coding arrangements for the Health Board with an update on recent activity.

The Committee noted that during the period January to April there had been 37 DPIAs completed. In terms of IG Training and compliance, 75% of staff had completed the training compared to a target of 85%.

The Committee noted that there had been 202 Information Governance incidents investigated during the period January to April 2025 with 77 of these related to confidentiality, 73 related to integrity of data and 52 related to availability of data.

The Committee noted that the Information Commissioner's Office (ICO) undertook a voluntary audit in September 2023 which looked at a number of key areas, namely Information Security, Requests for Access, and Information Risk. The Committee heard how the audit took place over a period of 10 days and included onsite visits as well as discussions with staff across several areas of the organisation. The outcome of the audit was that the Health Board had reasonable assurance in respect of the 3 scope areas and made recommendations for improvement.

The Committee further noted that during a follow up Audit in February 2025, it was acknowledged by the ICO that Health Board was making progress towards the



completion of the recommendations, with 41 (65%) marked as completed and 22 (45%) marked as in progress.

In relation to Cyber Security, the Committee noted that 80% of desktop devices, 99.02% of managed servers, and 92.16% of third-party servers were fully patched.

The Committee noted that some of the patches which were waiting to be applied were reliant on Digital Health Care Wales (DHCW).

Dafydd Vaughan (DV), Independent Member, noted that it may be necessary to highlight at the next Cyber Security review that input from DHCW was still awaited.

In addition, DV requested that the Committee receive a breakdown of themes in respect of the IG incidents and asked that these be shared with the next report.

Iwan Jones (IJ), Independent Member noted that the Audit, Risk and Assurance Committee was clear that records management, both electronic and physical along with storage was a concern, noting that it did not appear in the report and asked that it be included in future reports to the Committee.

The Committee **NOTED** the report.

**FPC/1706/12**

### **Assurance Reports from the Digital, Data and Technology Group**

Janice Jenkins (JJ), Assistant Director of Digital Programmes, presented the report which provided an update on the Directorates progress of Digital Transformation and Programmes.

JJ explained that these programmes are directly aligned with the Health Board's Digital Annual Operational Plan, which outlines both the expected deliverables and the strategic initiatives required to:

- Maintain safe, secure, reliable, and compliant digital services.
- Meet the growing demand for digital transformation across the organisation



JJ presented the report and explained that there were a number of programmes and projects currently within the digital portfolio.

JJ highlighted that the Health Board had taken the lead and instigated a regional digital project board to support the implementation of OpenEyes. The focus was now on readiness activities and the development of a robust plan.

The Committee also noted that due to the lack of clarity over the national position of Electronic Referral System the Health Board would support an interim solution using Microsoft 365 and E-mails to support the additional planned care activity.

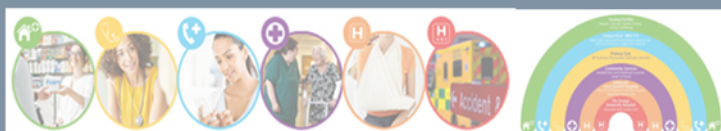
The Committee noted that the implementation of Badgernet in Maternity had been completed and that the service was transitioning into delivery with future integration requirements being assessed.

JJ advised the committee that in terms of the Health Boards ICT Programme as a whole, there was a large programme of work in place, which included new builds and refurbishments across the Health Board. JJ noted that key pieces of work within the programme were:

- Wi-Fi remediation at Ysbyty Ystrad Fawr completed
- Mamhilad Data Centre move completed, and site vacated
- Firewall replacements underway (key dependency for Radiology Information Systems Programme (RISP))

JJ explained that following approval of the Business Case earlier in the year in respect of electronic prescribing, Medicines Administration Programme (ePMA) a number of key milestones had now been met, these included:

- Recruitment completed for all key posts
- Equipment pilots on wards underway
- Governance and Senior Responsible Owner in place
- Readiness activities commenced
- Communications and engagements underway (roadshows completed across several Health Board sites)
- Funding for 2025/2026 confirmed from Welsh Government



JJ further advised that the next stage would focus on detailed scoping work.

The Committee noted that the issues remained with LIMS and also Welsh Intensive Care Information System (WICIS) and Dafydd Vaughan (DV), Independent Member, asked for a paper to be brought to next Committee meeting with an update on progress made and the mitigations of LIMS going end of life.

**Action: Committee Secretariat**

JJ provided an update on progress made in respect of digital patient and provided background to the project. It was noted that the Civica experience text messaging had gone live in the Emergency Department.

The Committee **NOTED** the report.

**FPC/1706/13**

**Corporate Information Report**

Lucy Windsor (LW), Head of Corporate Risk and Assurance, presented the report which outlined the Health Boards responses and disclosures to requests for information made under the Freedom of Information Act (2000) and enquiries received from Members of the Senedd and Parliament.

The Committee **NOTED** the report.

**ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE**

**FPC/1706/14**

**Monthly Finance Report and Monitoring Returns**

Robert Holcombe (RH), Director of Finance and Procurement, presented the month 1 report and explained that the report sets out the financial performance of Aneurin Bevan University Health Board, as at the 30<sup>th</sup> April 2025 (Month 01) for the financial year 2025/26.

RH explained that the plan stated £1.7m at this stage, but the Health Board was currently running at £2.5m, with a holding position of break even and in terms of capital is on track to break even.



RH explained that there were risks associated with the plan following the pay awards and the National Insurance uplifts.

In terms of workforce, RH explained that the Health Board spent £72.5m in April on workforce. RH explained that operational pressures including Enhanced Care, sickness and vacant posts continued to cause pressure on the Health Board's position.

In terms of the All-Wales position, RH explained that NHS Wales as a whole was reporting £187m deficit, however there were emerging risks in terms of savings being identified. RH explained that Aneurin Bevan University Health Board, Betsi Cadwaladr Health Board and Cwm Taf Morgannwg Health Board were the only Health Boards who were predicting a balanced position.

Iwan Jones (IJ), Independent Member, noted that the sickness categories within the report were for Nursing staff, but queried if they were available for other staff too. RH committed to looking into this for future reporting.

The Committee **NOTED** the report.

**FPC/1706/15**

### **Value and Sustainability Assurance Reporting**

Robert Holcombe (RH), Director of Finance and Procurement, presented the report and explained that the Health Board has established a Value & Sustainability Board (V&SB) in order to improve the financial and operational sustainability for Aneurin Bevan University Health Board.

RH informed the Committee of the actions and achievements for the reporting period. RH explained that as at month 11 the savings position had been reported as £45.5m (green and amber), £5.0m above target levels.

Helen Sweetland (HS), Independent Member, queried if there had been any pushback or resistance from people on the process.

RH explained that there had been some resistance, but overall people were engaging in the process especially where they could see savings are identifiable.



	<p>RH explained that the focus now needed to be on new opportunities to save.</p> <p>The Committee <b>NOTED</b> the report.</p>
<p><b>FPC/1706/16</b></p>	<p><b>Opportunities identified through costing return analysis for ABUHB</b></p> <p>Caroline Hobbs (CH), Head of Management Accounting, and Robert Jones (RJ), Assistant Director of Finance, were welcomed to the meeting and CH presented the report via a presentation.</p> <p>CH outlined to the Committee that the data which is captured is used both in the Health Board and also Welsh Government, and explained the importance to get buy in from services for the information to really make a difference.</p> <p>Robert Holcombe (RH), Director of Finance and Procurement, advised that the slides had been disseminated to the Committee and that there were several opportunities to be explored.</p> <p>Iwan Jones (IJ), Independent Member, queried the level of confidence in the data relating to coding and job plans. RH acknowledged that while there were recognised gaps in the coding, there were plans in place to improve this over the coming year.</p> <p>RH confirmed that the current data was considered satisfactory and provided valuable opportunities for further analysis and insight</p> <p>The Committee <b>NOTED</b> the report.</p>
<p><b>ITEMS FOR INFORMATION</b></p>	
<p><b>FPC/1706/17</b></p>	<p><b>External Audit Review of Cost Savings Arrangements</b></p> <p>The Committee <b>RECEIVED</b> and <b>NOTED</b> the External Audit Review of Cost Savings Arrangements.</p>
<p><b>FPC/1706/18</b></p>	<p><b>NHS Wales Joint Commissioning Committee - Planning, Performance and Finance Sub-Committee Highlight Report</b></p>



	The Committee <b>RECEIVED</b> and <b>NOTED</b> the NHS Wales Joint Commissioning Committee - Planning, Performance and Finance Sub-Committee Highlight Report.
<b>FPC/1706/19</b>	<b>Committee Annual Report 2024/25</b>  The Committee received the Annual Report, which was duly <b>NOTED</b> and <b>APPROVED</b> .
<b>FPC/1706/20</b>	<b>Annual Review of Committee Terms of Reference</b>  The Committee received the Terms of Reference for 2025/26 and these were <b>APPROVED</b>
<b>FPC/1706/21</b>	<b>Project Brief – Digital Transformation Review – Aneurin Bevan University Health Board</b>  The Committee <b>RECEIVED</b> and <b>NOTED</b> the Aneurin Bevan University Health Board Project Brief – Digital Transformation Review.
<b>OTHER MATTERS</b>	
<b>FPC/1706/22</b>	<b>Items to be Brought to the Attention of the Board and Other Committees</b>  There were no items to be brought to the attention of the Board or other Committees.
<b>FPC/1706/23</b>	<b>Any Other Urgent Business</b>  There was no other Urgent Business.
<b>FPC/1706/24</b>	<b>Date of the Next Meeting</b>  31 July 2025



<b>Outstanding</b>	<b>In Progress</b>	<b>Not Due</b>	<b>Completed</b>	<b>Transferred to another Committee</b>
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
17/06/2025	Integrated Performance Report  FPC/1706/09	Deep Dive into Theatres performance to be undertaken, and the findings to be presented at a future Committee meeting	<b>Chief Operating Officer/Director of Strategy, Planning and Partnerships and Committee Secretary</b>	<b>July 2025</b>	Action Complete – Item on agenda for July Meeting.

*All actions in this log are currently active and are either part of the Committee's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Committee meeting will be ready.  
Once the Committee is assured that an action is complete, it will be removed. This will be agreed at each Committee meeting.*

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O: MEETING OF:</b>	Finance and Performance Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance and Performance Committee – Review of Committee Forward Work Plan 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Director of Corporate Governance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Governance Support Officer

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The Finance and Performance Committee is asked to review the agreed Committee Forward Work Plan appended to this report as **Appendix A**.

The Forward Work Plan has been developed with due regard to recommendations from the Committee Self-Assessment 2024/25 and to enable the Committee to: -

- Fulfil its Terms of Reference;
- Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference, and,
- Seek assurance that governance, risk, and assurance arrangements are in place and working well.

**Cefndir / Background**

In line with good governance practice, the Finance and Performance Committee has a Forward Work Plan that has been developed to ensure statutory requirements for items of Committee business are scheduled in across the

year. The Forward Work Plan can therefore be utilised as a tool for informing and pre-empting committee business and support the agenda setting process.

The Forward Work Programme Plan is designed to assist the Committee in the review of its programme of business. It captures the timing of report submissions, identifies items that have been deferred, and captures new requests for reports. The plan also allows the Committee to monitor and review its business at each meeting.

During the period of July to September the following requests and/or changes to the Forward Work Plan have been included:

**Changes made to the Forward Work Programme:**

- Information Governance Report, including SIRO Update- The Frequency of this report has been changed to now come to Committee quarterly with the revised schedule now April, September, December and February.
- Outpatient Transformation Programme Update – The owner of this item has been changed from the Chief Operating Officer, to the Director of Strategy, Planning and Partnerships, which better aligns to the portfolio of the Executive Director.
- Theatres Efficiency Report will now come to Committee in the July meeting following a request made in June’s Committee meeting for a Deep Dive.

**Argymhelliad / Recommendation**

The Committee is requested to **NOTE** the updated Finance and Performance Committee Forward Work Plan as provided in **Appendix A**.

**Amcanion: (rhaid cwblhau)**

**Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item. Choose an item. The Committee Forward Programme monitors delivery of objectives.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Not Applicable Choose an item. Choose an item. Choose an item.
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<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>	Not Applicable Choose an item.

<https://futuregenerations.wales/about-us/future-generations-act/>

## **Annual Programme of Business for 2025-26**

### **Finance and Performance Committee**

This Annual Programme of Business has been developed with reference to:

- Aneurin Bevan University Health Board's Standing Orders;
- The Health Board's Integrated Medium-Term Plan and related Annual Delivery Plan;
- The outcomes of the Committee's self-assessment for 2024/25
- The Board's Strategic Risk Register; and
- Key statutory, national and best practice requirements and reporting arrangements.

The purpose of the Finance & Performance Committee is to provide assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan. In doing so, the Committee will seek assurance that there is:

- ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework;
- that arrangements for financial management and financial performance are sufficient, effective and robust;
- that services are improving efficiency and productivity and financial plans are being delivered;

- there is timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services; and
- risks are suitably identified, mitigated, residual risks controlled, and corrective actions are taken as required to sustain or improve performance.

Where required, the Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of citizen experience and the quality and safety of directly provided and commissioned services.

MATTERS TO BE CONSIDERED (Report Title)	Lead	Frequency of Report	Schedule of Meetings					
			QTR 1 Apr to June		QTR 2 July to Sept		QTR 3 Oct to Dec	QTR 4 Jan to Mar
			8 <sup>th</sup> April 2025	17 <sup>th</sup> June 2025	31 <sup>st</sup> July 2025	29 <sup>th</sup> Sept 2025	15 <sup>th</sup> Dec 2025	2 <sup>nd</sup> Feb 2026
<b>Preliminary Matters</b>								
Attendance and Apologies	Chair	SI	✓	✓	✓	✓	✓	✓
Declarations of Interest	All	SI	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting	Chair	SI	✓	✓	✓	✓	✓	✓
Action Log and Matters Arising	Chair	SI	✓	✓	✓	✓	✓	✓
Reflections of the meeting held	Chair	SI	✓	✓	✓	✓	✓	✓
<b>Committee Governance</b>								
Development of Committee Annual Programme of Business 2024/25	DoCG	AN	✓					
Review of Committee Programme of Business 2024/25	DoCG	SI	✓	✓	✓	✓	✓	✓
Committee Risk Report	DoCG	SI	✓	✓	✓	✓	✓	✓

Annual Review of Committee Terms of Reference	DoCG	AN	✓					
Annual Review of Committee Effectiveness 2024/25	DoCG	AN	✓				✓	
Outcome of annual Review of Committee Effectiveness 2024/25	DoCG	AN	✓					
Committee Annual Report 2024/25	DoCG	AN	✓					
<b>Performance Management</b>								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management Framework Report	DoSP&P	SI	✓	✓	✓	✓	✓	✓
NHS Wales Escalation and Intervention Framework Update	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Integrated Performance Report, including performance against Ministerial Priorities	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Reporting on Benefits Realisation Projects	DoF&P/DoSP&P						✓	
<b>Financial Performance</b>								
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including	DoF&P	AN						✓

Revenue Budget Allocation letter								
Value and Sustainability Assurance Reporting	DoF&P	SI	✓	✓	✓	✓	✓	✓
Efficiency Opportunities and Update Report	DoF&P	SI	✓	✓	✓	✓	✓	✓
Commissioning Update Report to include: <ul style="list-style-type: none"> <li>• Primary Care</li> <li>• CHC</li> <li>• Intra NHS Agreements</li> <li>• SLAs</li> </ul>	DoF&P	AN						✓
<b>Service Activity and Performance</b>								
Welsh Government Performance Escalation Report (Targeted Intervention & Enhanced Monitoring)	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Outpatient Transformation Programme Update	DoSP&P					✓		
Stroke Improvement Plan Update Report	DoT&HS		✓					
Theatres Efficiency	COO				✓			
<b>Information Management</b>								
Information Governance Report, including SIRO Update	DoD	SI	✓			✓	✓	✓
Freedom of Information Act Report	DoCG	AN						✓

<b>Digital and IM&amp;T</b>								
Assurance reports from the Digital, Data and Technology Group, including an update on the Delivery of Digital Programmes	DoD	SI	✓	✓	✓	✓	✓	✓
<b>Capital, Estates and Facilities</b>								
Estates Compliance including compliance with Health Technical Memorandums	COO	AN						✓

<b>Lead Officer</b>	
<b>Key</b>	
CEO	Chief Executive
DoCG	Director of Corporate Governance
DoF&P	Director of Finance & Procurement
DoSP&P	Director of Strategy, Planning & Partnerships
COO	Chief Operating Officer
DPH	Director of Public Health
DoT&HS	Director of Therapies & Health Science
DoW&OD	Director of Workforce & Organisational Development
DoN	Director of Nursing
MD	Medical Director
DOD	Director of Digital
Chair	Chair

Frequency of Inclusion	
Narrative of Reason why Included in the FWP – other reasons to be developed as part of FWP discussions	
<b>SI</b>	Standing Item
<b>An</b>	Annual
<b>1/4ly</b>	Quarterly
<b>BI</b>	1/2 yearly
Schedule of Meetings	
<b>v</b>	Scheduled agenda item in FWP
<b>D</b>	Deferred from this agenda
<b>vD</b>	Deferred Scheduled agenda item
<b>W</b>	Withdrawn from FWP
<b>T</b>	Transferred to another Committee
<b>IC</b>	Matter discussed In Committee

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Finance and Performance Committee
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Performance Management and Escalation Update
<b>CYFARWYDDWR</b> <b>ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Hannah Evans, Director of Strategy, Planning and Partnerships
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Trish Chalk Assistant Director of Planning and Partnerships

**Pwrpas yr Adroddiad**  
**Purpose of the Report**

Er Gwybodaeth/For Information

The purpose of this report is to update the Finance and Performance Committee on the outcome of the review of internal Health Board escalation levels as at and of Quarter 1 and the changes to the Health Board's national escalation status.

Specifically, the Committee are asked to:

- Note the Divisional escalation levels as per table 2 and rationale for changes
- Note the response to levels
- Note the update to the Health Board's national escalation status

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

**Local Arrangements**

In line with the Performance and Accountability Framework (PMF), End of Year Reviews (EOY) took place between May – July. These reviews used a standard agenda and information pack.

Following completion of the reviews the Executive Committee considered the escalation status of operational Divisions

The meetings were scheduled as per below:

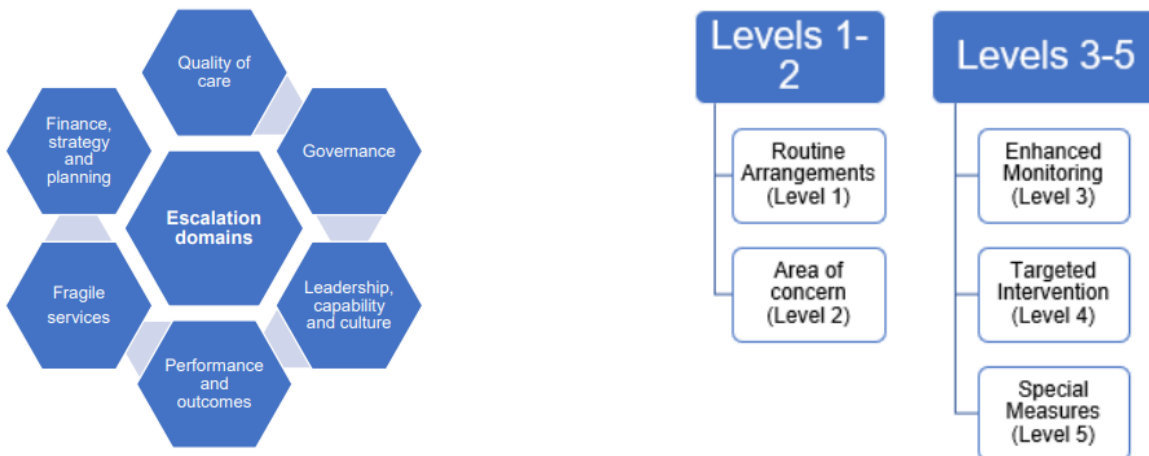
Schedule of meetings

Date	Area	Status
<b>Divisional Review Meetings</b>		
12 <sup>th</sup> May 2025	Facilities and Estates	Complete
19 <sup>th</sup> May 2025	Mental Health & LD	Complete
12 <sup>th</sup> June 2025	Urgent Care	Complete
18 <sup>th</sup> June 2025	Clinical Support Services Surgery	Complete
19 <sup>th</sup> June 2025	Therapies	Complete
23 <sup>rd</sup> June 2025	Primary Care	Complete
2 <sup>nd</sup> July 2025	Medicine	Complete
2 <sup>nd</sup> July 2025	Family & Therapies	Complete

National Arrangements

In January 2024 Welsh Government issued an Oversight and Escalation Framework – NHS Organisations (“The Framework”). [NHS Oversight, Assurance, Escalation and Intervention Framework \(gov.wales\)](https://www.gov.wales/nhs-oversight-escalation-intervention-framework)

The framework sets out the 6 domains of escalation and 5 levels of escalation:



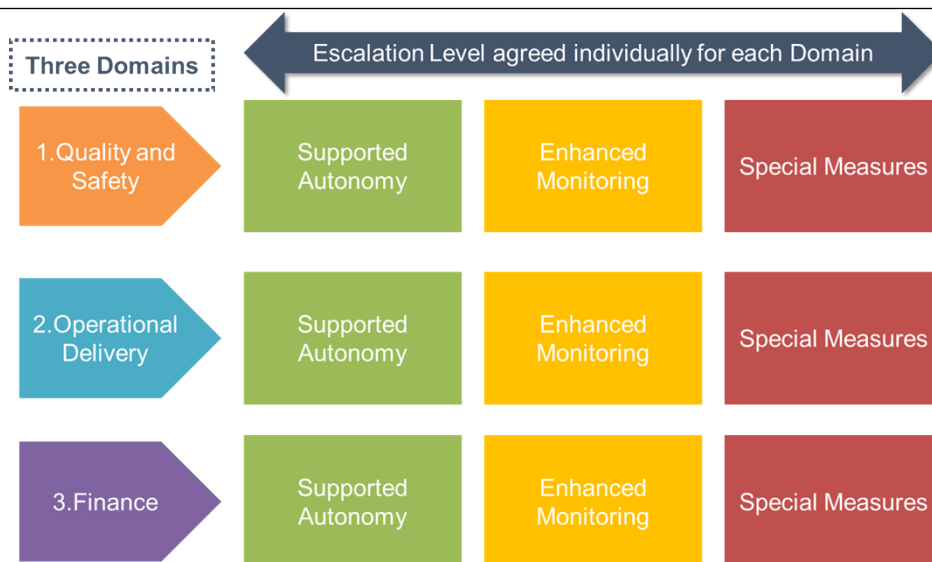
The escalation status of NHS Organisations is considered at least twice a year via a tri-partite process between Welsh Government, Audit Wales and Health Inspectorate Wales.

Status levels are communicated from the Chief Executive of NHS Wales to NHS Organisations. Where there are changes in escalation, an escalation framework document is developed for joint sign off with the NHS organisation which sets out the conditions and de-escalation criteria required.

Cefndir / Background

Local Arrangements

In September 2023 the Board approved the Performance and Accountability Framework. Section 6 of the PMF sets out the arrangements for escalation using the 3 x 3 model set out below.



The PMF allows for consideration of escalation levels to occur at any time in line with triggers in the same section. However, as a minimum, a formal review of status should occur every 6 months.

### Current escalation levels

The extant escalation levels priority to current review are as follows:

Table 1 – Extant Escalation levels

OPERATIONAL DIVISION	ESCALATION DOMAIN		
	Quality and Safety	Operational Delivery	Finance
Facilities and Estate	Normal Arrangements	Normal Arrangements	Normal Arrangements
Surgery	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Urgent Care	Enhanced Monitoring	Enhanced Monitoring	Normal Arrangements
Medicine	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Primary Care and Complex Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Mental Health and LD	Enhanced Monitoring	Enhanced Monitoring	Normal Arrangements
Family and Therapies	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Clinical Support Services	Normal Arrangements	Normal Arrangements	Enhanced Monitoring

### Actions in Response to Extant Escalation Levels

In line with the PMF, when Divisions or Teams are in escalation a number of actions are agreed. For those in escalation for Finance, Special Budgetary Meetings have been held. The purpose of these is to ensure there is clarity, assurance and where required challenge on the opportunities and actions being taking to improve the financial position. A number of these meetings have taken place.

Date	Directorate	Status
9 <sup>th</sup> April	Surgery	Complete
1 <sup>st</sup> April	Medicine	Complete
13 <sup>th</sup> May	Primary Care & Community - Prescribing	Complete
22 <sup>nd</sup> May	Family & Therapies	Complete

Detailed notes and actions have been agreed via these meetings. These actions are being tracked through the monthly Divisional Assurance meetings.

## **Update on Divisional Escalation Progress and Actions**

Urgent Care Division and Mental Health remain in enhanced monitoring across the two mains of quality and safety and operational delivery.

### **Urgent Care**

The Health Board remains in Enhanced Monitoring at a national level for ED at GUH and whilst there have been areas of improvement, these remain fragile and improvements are not yet fully embedded.

24/25 began well, achieving recent, historic lows across all three de-escalation measures, however June performance was more challenged across the three key metrics.

The headlines from the improvement programme of work include:

- the Transfer Lounge opening. Typical utilisation of 100-120 pts per week,
- Recruitment to ED consultants in line with Business case had made progress although off set with a number of long term sickness absences
- the upcoming ED extension works with a continued focus on the interim arrangements required to ensure safety and flow for the period between two phases completing.

The urgent and emergency care improvements are overseen by a weekly COO led Safety Flow meeting with refreshed attendance. In recognition of both internal and external escalation status of this service, since April the Chief Executive now chairs this Safety Flow meeting once a month.

Progress is tracked externally via a monthly WG led meeting on the improvements in the Grange ED.

### **Mental Health**

Mental Health have stabilised the improvements to a number of areas and are maintaining the excellent progress in delivery of the national performance standards Performance has remained strong at the beginning of 25/26 at 92.6%, with 6 consecutive months in excess of national standard of 80%. The development of models for inpatient services with focus on models of recovery, rehab and maintenance is reflective of the new Welsh Government Mental Health Strategy.

The improvement programme of work based on the principles of Quality Improvement with a clear programme of work which is on track to deliver in 25/26:

- Inpatient (QPS) reviews completed for all wards;
- Baseline data capture for Enhanced Services;
- Engagement in the National Patient Safety Programme;
- Nursing Establishment Reviews completed;
- Establishment of the QI-innovation Hive in November;
- Divisional Strategy workshops completed, delayed until September due to release of Welsh Government Mental Health and Wellbeing Strategy.

The improvements in Mental Health are overseen and tracked via the monthly Divisional Assurance Reviews.

## Assessment

### Local Arrangements

This section sets out the proposed escalation status and the evidence upon which the proposal is made.

It is for the Executive Committee to decide the escalation levels and report the agreed levels into the Finance & Performance and PQSOC Committees. Levels are considered in context of:

- Outcome of 12-month reviews
- Operational delivery
- Consideration of any prevailing quality concerns eg HIW or HSE reports
- Mth3 (quarter1) financial position
- National escalations and/or concerns

Based on these considerations the following escalation levels have been agreed by the Executive Committee:

Table 2 – Escalation proposal

Jul-25			
OPERATIONAL DIVISION	ESCALATION DOMAIN		
	Quality and Safety	Operational Delivery	Finance
Facilities and Estate	Normal Arrangements	Normal Arrangements	Normal Arrangements
Surgery	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Urgent Care	Enhanced Monitoring	Enhanced Monitoring	Normal Arrangements
Medicine	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Primary Care and Complex Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Mental Health and LD	Enhanced Monitoring	Normal Arrangements	Enhanced Monitoring
Family and Therapies	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Clinical Support Services	Normal Arrangements	Normal Arrangements	Enhanced Monitoring

Key changes to note are:

- Mental Health de-escalated for Operational delivery from enhanced monitoring to normal arrangements
- Mental Health escalated for finance from normal arrangements to enhanced monitoring

All other levels remain as per previous update.

The key points considered by the Executive Committee was the status of the Urgent Care Division and Mental Health across the two domains of quality and safety and operational delivery and the finance escalation levels proposed across all Divisions.

### **Urgent Care**

The rationale for maintaining the escalation status for Urgent Care at enhanced monitoring for quality and safety and operational delivery:

- National escalation of Emergency Department in GUH remains at level 3 (enhanced monitoring)

- Continued concerns at the sustained implementation of the Safety Flow Model. There is recognition of improvements and longer-term projects planned to improve flow, and the escalation will be reviewed against progress when these are operational.
- Significant waits to be seen remain an ongoing issue for the Division and future assurance required that there is leadership focus on improving this in advance of improvements to waiting areas (via the ED extension BJC) given the significant risk to patients

### **Mental Health**

Due to the progress in delivery outlined in the 'Background' section, the Mental Health Division is de-escalated for the operational domain from *enhanced monitoring* to *normal arrangements* but remains in *enhanced monitoring* for Quality and Patient Safety.

The rationale for de-escalation being:

- Significant and sustained progress in delivery against key access measures and standards for example. Part 1a, 1b and Part 2.
- A clear improvement delivery plan and revised operational structure.

Recommendation to remain in enhanced monitoring for quality:

- Concerns regarding observation levels across a number of clinical areas,
- The Health and Safety Executive contravention notice on Hafen Deg and ongoing concerns regarding staff alarms and Health and Safety issues,
- Further work is required on embedding Quality and Safety Systems at local levels, whilst there have been significant improvements in Quality & Safety systems there remain concerns regarding the assurance on assessment and management of observations, professional standards, safeguarding systems and assurance and quality and safety assurance and improvement.

As part of Executive Committee's considerations of escalation levels, the Quality and Safety domain was discussed for Family and Therapies Division.

Whilst the Quality and Safety systems and assurance in the Division have raised no particular concerns, there have been concerns raised regarding culture, behaviour and management practice. These concerns are subject to a 'listening exercise' and additional assurance and improvement oversight for the NICU is in place, escalation levels will be reviewed post the outcome of the listening exercise and whether concerns are identified.

### **Finance**

Consideration of financial status and full year forecast as at month 3 alongside the extant trigger (namely > £500k deficit) mean that the following divisions are put into or are to remain in enhanced monitoring for finance:

- Medicine Division
- Primary, Community and Complex Care Division
- Family and Therapies Division
- Mental Health and LD
- Surgery Division
- Clinical Support Services

This sees Mental Health escalated for finance. Facilities and Estates, and Urgent Care remain under normal arrangements for finance. Following month 6 once phase 2 budgets have embedded a further consideration of financial levels will occur.

Following agreement of escalation each Division will receive a letter attaching notes of various meetings and confirming their escalation status in line with the PMF.

**Response to escalation levels**

In line with the PMF the following response in terms of monitoring and support has been taken or is suggest as per below:

Table 3 – Responses to escalation

<b>DIVISION</b>	<b>ESCALATION LEVEL</b>	<b>RESPONSE</b>
Urgent Care	Enhanced Monitoring for operational delivery and Quality and Safety	<ul style="list-style-type: none"> <li>• Weekly Safety Flow meetings led by COO and CEO once a month</li> <li>• Actions and metrics aligned to national oversight</li> <li>• Continued improvement plan with continued assessment against progress</li> <li>• Updates through to Executive Committee</li> </ul>
Mental Health	Enhanced Monitoring for Quality and Safety	<ul style="list-style-type: none"> <li>• Issues traced through Divisional assurance and Quality Management Group</li> <li>• Clear de-escalation criteria for QPS to be agreed</li> </ul>
All Divisions	Enhanced Monitoring for finance	<ul style="list-style-type: none"> <li>• Additional special budget meetings with CEO and DOF arranged for 1<sup>st</sup> and 3<sup>rd</sup> September 2025</li> <li>• Actions to be followed up via Divisional Assurance meetings</li> <li>• Divisional financial performance into monthly Divisional Value and Sustainability, chaired by CEO</li> </ul>

**Update on National Escalation Status**

A letter was received on 28 June approving the health board’s Integrated Medium-Term Plan (IMTP) for 2025-28 following a robust assessment. The accountability conditions are to follow.

On 15 July correspondence was received confirming that the Health Board has been de-escalated for Strategy and Planning from level 4 (Targeted Intervention) to Level 3 (Enhanced Monitoring. Progress has been demonstrated in line with de-escalation criteria, specially (but not limited to):

- ✓ Delivery against key commitments across a number of domains in 2024/25 Annual Plan
- ✓ Development of Three-year Route Map
- ✓ Development of Hospital System/GUH Report

- ✓ Planning Maturity Matrix assessment
- ✓ Strategy Engagement Report
- ✓ Board and Cabsec approved balanced IMTP 2025/28

The escalation status for Urgent and Emergency Care in ED in GUH remains unchanged at level 3 (Enhanced Monitoring).

A written statement was issued confirming the new levels:

[Written Statement: Escalation and Intervention Arrangements \(15 July 2025\) | GOV.WALES](#)

Further communication is expected confirming the de-escalation criteria for a return to level 1 and the ongoing oversight arrangements.

### **Argymhelliad / Recommendation**

The Committee are asked to:

- Note the Divisional escalation levels as per table 2 and rationale for changes
- Note the response to levels
- Note the update to the Health Board’s national escalation status

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	007
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Yes, outlined within the paper
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies  Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O: MEETING OF:</b>	Finance and Performance Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Integrated Performance Report – July 2025
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Hannah Evans, Director of Strategy, Planning and Partnerships
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Trish Chalk, Assistant for Director Planning and Performance Paul Steynor, Head of System Planning & Performance

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)  
**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to provide the Finance and Performance Committee with an overview of operational performance against the 25/26 IMTP Key Performance Metrics. Performance Metrics have been updated to reflect the latest, validated position. Due to the differing nature of the frequency of reporting for each measure, some positions remain as of 24/25, whereas those where more timely, validated data is available are reporting against April, May or June. The full Performance Report details performance against the Ministerial Delivery Expectations and IMTP measures, across the five system change priorities.

**Cefndir / Background**

This report focusses on specific performance against the organisation's key priorities in line with the Heath Board's IMTP, the National Performance Framework, and Cabinet Secretary priorities.

**Asesiad / Assessment**

**1. Ministerial Delivery Expectations**

Of the 17 Cabinet Secretary priorities, 8 are meeting/exceeding agreed trajectories, 2 are borderline and 4 are not meeting trajectories, with the remaining 3 are yet to be reportable/have reportable positions in 25/26. Full performance against trajectories is detailed in the main report, however updates of significance are:

- Pathway of Care Delays: Following the increase in the May census to 208, the June position reduced to 181 and below the Q1 trajectory of 190. Days delayed also continues to decrease, now at a record low with the total being almost 50% less than that of November '24.
- Urgent and Emergency Care (UEC) Metrics (>1hr ambulance handover and >12hrs in EDMIU): Very positive start to the year with both measures meeting their trajectories, however pressures through the first part of June meant that Q1 trajectories were not met. Improvement in this area remains a key focus.
- Planned Care (104 weeks): Following delivery of 288 position at year end, the Health Board was successful in delivering ahead of its Q1 risk position of 345 by closing the quarter with just 172 breaches.
- Cancer & Diagnostics (SCP compliance and >8 week waits): SCP compliance ended the year strongly with two year high of 67.5%. May performance decreased further to 64.2% which is currently below a Q1 trajectory of 67%, although continuing overall improvement trajectory observed since the beginning on 24/25. 8wk diagnostics position saw a sharp rise in May however this was reduced in June, but remains above the IMTP trajectory.
- Mental Health Parts 1A and 1B (Assessments and interventions) across both CAMHS and Adults: Significant improvement delivered and sustained, with both now meeting the national standard across all 4 measures.
- Primary & Community: PIPs and ECC are well ahead of their trajectories, but weekend capacity of community nursing is significantly below.

## **2. Performance against System Change Themes**

The full Performance Report metrics and analysis performance and narrative for all Annual Plan measures across the five system change themes. A summary is provided below:

Embedding Prevention and Population Health in all that we do

***9 measures with this theme: 3 reporting in year with 1 meeting trajectory, 1 borderline and 1 not meeting trajectory. 6 not yet reporting in year (latest performance would be 4 meeting trajectory, 1 borderline and 1 off track).***

Physical examination of new born babies at 6 week is meeting trajectory as of the April position. The new Ministerial Delivery Expectation to increase the percentage of patients (aged 12 years and over) with diabetes receiving all eight NICE recommended care processes is marginally behind trajectory. The first of the five vaccination targets that is reporting in year (Spring Covid Booster) is significantly behind the national target as of the latest position.

Progressing Place Based Models of Care and sustainability in Primary and Community Services

**8 measures within this theme: 4 are meeting trajectory, 3 are not meeting trajectory, and 1 not yet reporting in year (latest performance would be borderline).**

The Ministerial Delivery Expectation of the number of 'Pharmacist Independent Prescribing Service' (PIPS) Consultations has far exceeded Q1 trajectory, and Common Ailment scheme claims have also delivered to target over the same period. As highlighted as a risk in the previous performance report to F&P, the measures for the number of patients accessing Urgent Emergency Dental Services and the number of patient visits undertaken by District Nursing Services at the weekend (Ministerial Delivery Expectation) have both failed to meet their respective Q1 trajectories; further detail is provided in the main report.

Improving our Urgent and Emergency care System focusing on experience, access and discharge pathways

**14 measures within this theme: 7 are meeting trajectory, 1 is borderline, 3 are not meeting trajectory, and 3 are not yet reporting in year (latest performance would be 2 on track and 1 off track).**

Ministerial Delivery Expectations for POCDs, >1hr ambulances and >12hr EDMIU are covered in section 1. Wait to be seen at GUH ED performance deteriorated in June following better performance observed in April and May. 4hr compliance across all EDMIU facilities has been better in each of the first months of 25/26, as has triage performance. The Stroke measures are due to be reported for Q1 25/26 in September.

Continuing to prioritise Cancer, Urgent and the longest waiting patients for Planned Care

**17 measures in reporting period: 7 reporting in year and on track, 3 reporting in year and borderline, 3 reporting in year and off track**

104, diagnostics, and SCP update as per above in Ministerial Delivery Expectations. Cancer backlogs were significantly reduced through 24/25 and remain stable and as a target proportion of the PTL. 28-day decision to treat performance has been excellent and is meeting trajectory. Further work required to improve rates of SOS/PIFU, to begin to decrease the volume of patients waiting 100% past target for follow up, and to improve DNA rates. Enabling actions as part of Theatres work is ongoing, with 3 on track and 2 borderline.

Improving our Mental health services

**9 measures in reporting period: 6 meeting trajectory, 3 off track.**

Excellent performance across the majority of adult MHLD and CAMHS. ND assessment performance has decreased below the national standard however this was expected and factored into the IMTP trajectory (for which it is on track), as due to implementing the new NESH system and clearing the old waiting list backlog. Parts 1a & 1b are all meeting the national standards across both adults and young people following successful delivery of substantial improvement. Divisional (MHLD) focus moves to improving performance for adult access to Psychological Therapies. Improvement in this measure is expected from end of Q1

onwards. Part 2 compliance is not meeting trajectory in either Adults or CAMHS, however performance in Adults is beginning to improve further and CAMHS decrease in latest month has resulted in action plan to work through to recover the position.

### Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the performance of the Health Board as of the latest, validated reportable positions.

### Amcanion: (rhaid cwblhau)

### Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Choose an item. Choose an item. All IMTP Priorities Apply
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

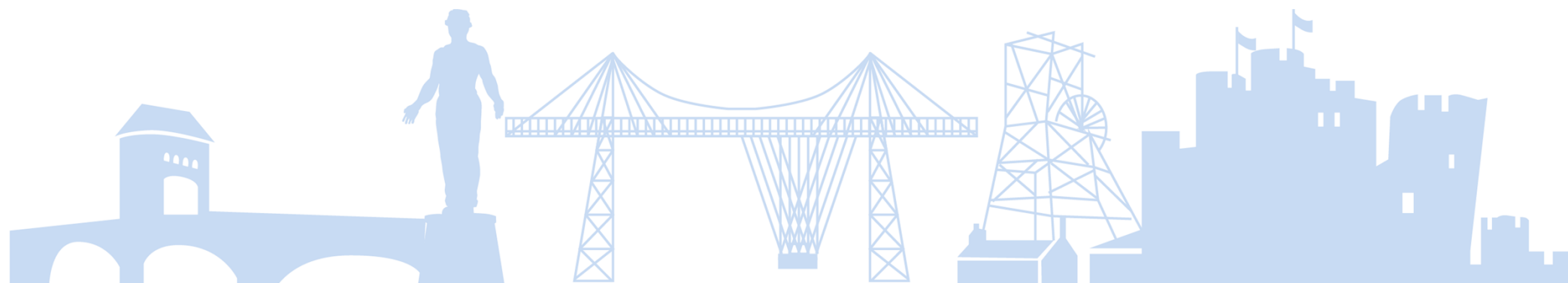
### Gwybodaeth Ychwanegol:

<b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirementsNo does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Not ApplicableNot Applicable Choose an item.



# Finance & Performance Committee: Performance Report - July 2025



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**Performance Summary**

**Section 1: Ministerial Delivery Expectations**

**Section 2: Our Performance & System Change Delivery**

## PERFORMANCE SUMMARY

### What went well this period?

- Q1 104wk delivery was successful in delivering ahead of the risk position of 345, ending the quarter at 172 with no breaches in any of the non-funded specialties (and the single ENT breach being an admin error) .
- Performance across Ministerial Delivery Expectations for Mental Health (Parts 1a and 1b for both adults and CAMHS), having delivered significant improvement through the latter part of 24/25, continue to exceed the national standard.
- Pathway of Care Delays by volume remain low, with further reductions in the total number of days attributable to the delays. This figure has reduced by almost 50% from the November '24 position, with 95% of the delays now for patients delayed under 100 days.
- Enhanced Community Care (ECC), a new ministerial priority for 25/26, is delivering activity well ahead of trajectory as of M2.

### What were the challenges this period?

- There was a sharp increase in the number of patients waiting over 8 weeks for a specified diagnostic in the May performance figures, putting the position well above the Health Board's IMTP trajectory. Divisional plan was put in place to reduce which brought the figure down in June, however it remains above the IMTP trajectory.
- In Mental Health, performance for the 26 week wait standard for psychological therapies has remained broadly static and somewhat short of the national standard. This will be the next area of improvement focus following delivery of improvements across Part 1.
- The Q1 position for the ministerial delivery expectation for weekend community nursing contacts is significantly lower than the Q1 trajectory.
- Sustaining improvements in key UEC measures to deliver against IMTP trajectories linked to WG de-escalation criteria.

### What actions are we taking to improve?

- Whole system safety flow meetings in place on a weekly basis to address continued front door pressures to support Urgent and Emergency Care performance improvements; this has been enhanced with the CEO now chairing one meeting a month.
- Expanded Transfer Lounge opened at GUH and a Senior Nurse for Discharge appointed.
- F&T are undertaking comprehensive demand and capacity work across CAMHS and ND.
- Work is ongoing to improve diagnostics sustainability through increased capacity and regional opportunities.

### What are our risks to delivery?

- Planned Care 104wk position from Q2 onwards, following the cessation of additional funding to maintain the 104 numbers will start to rise again in line with IMTP trajectories
- Implications of 26wk OP programme on other parts of the pathway (e.g. diagnostics and treatments).
- Maintaining improvements in UEC metrics through the summer period with the impact of the ED Extension Project between two Phases, as well as the risks posed to delays with the capital works.
- Tracking against additional, emerging, performance measures (e.g. enabling actions for 6 goals, MAG etc) that differ from those that were planned against through IMTP process.
- Ongoing financial pressures to deliver against plan, including realising savings through mitigating actions.

## **Section 1: Cabinet Secretary Priorities**

The Cabinet Secretary for Health and Social Services has set out National Programmes of work covering the priority areas of delivery. These priority areas are:

- Prevention and Population Health, with a focus on vaccinations and diabetes;
- Building Community Capacity, with a focus on reducing delayed pathways of care and improving access and shifting resources into Primary and Community Care;
- Timely Access to Care, with a focus on delivery of the 6 Goals Programme to make improvement in Urgent and Emergency Care, as well as delivering against key targets within Cancer & Planned Care;
- Mental Health, including CAMHS, with a focus on delivery of the national programme, and;
- Women's Health, by establishing a Women's Health Hub by the end of 25/26.

Further to these priority areas the Welsh Government and NHS Wales have identified 17 Key Performance Indicators across Primary and Community Services, Urgent and Emergency Care, Cancer, Diagnostics, Elective Care and Mental Health Services.

Section 1 provides an overview of the Health Board performance of the Key Performance Indicators outlined by Welsh Government and Health Board commitments related to the delivery of the priority areas. For a more in-depth view on performance for each priority, please follow the links in the NHS Performance Report column.

## Cabinet Secretary Priorities

Priority	Aim	ABUHB commitment	Ability to meet national standard?	In month performance against trajectory
Population Health & Prevention	<b>Measure:</b> % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes <b>National standard/ambition:</b> 12 month increasing trend <b>Reporting period:</b> Monthly	<b>44%</b> Jun-25 <b>47%</b> Mar-26	Yes	<b>43.5%</b> Jun-25 (Q1 Trajectory: 44%)
	<b>Measure:</b> Achievement of the 5 Vaccinations targets in the Performance Framework <b>National standard/ambition:</b> Various <b>Reporting period:</b> Quarterly/seasonally	<b>Yes</b> Mar-26	Yes	<b>First reported Q2</b>
Building Community Capacity	<b>Measure:</b> Number of Pathway of Care Delays <b>National standard/ambition:</b> 12 month reduction trend <b>Reporting period:</b> Monthly	<b>180</b> Sep-25 <b>160</b> Mar-26	Yes	<b>181</b> Jun-25 (Trajectory: 190)
	<b>Measure:</b> General Medical Services (GMS) – Number of GP Practices achieving core access standards <b>National standard/ambition:</b> 100% <b>Reporting period:</b> Annual – in month position for information	<b>100%</b> Mar-26	Yes	<b>Reported Q4</b>
	<b>Measure:</b> Number of people accessing Pharmacist Independent Prescribing Service for Acute Minor conditions and routine Contraception Services, where the patient reports they would have otherwise visited their GP <b>National standard/ambition:</b> 12 month increasing trend <b>Reporting period:</b> Monthly	<b>4,820</b> Jun-25 <b>24,065</b> Mar-26	Yes	<b>7,339</b> Jun-25 (Q1 Trajectory: 4,820)
	<b>Measure:</b> Capacity at the weekend of Community Nursing and Specialist Palliative Care Nursing <b>National standard/ambition:</b> 12 month increasing trend <b>Reporting period:</b> Monthly	<b>31,217</b> Jun-25 <b>128,347</b> Mar-26	Yes	<b>20,878</b> Jun-25 (Q1 Trajectory: 31,217)
	<b>Measure:</b> Capacity of Enhanced Community Care <b>National standard/ambition:</b> 12 month increasing trend <b>Reporting period:</b> Monthly	<b>1,245</b> Jun-25	Yes	<b>1,075</b> May-25 (Q1 Trajectory: 1,245)

		5,277 Mar-26		
Timely Access to Care	<b>Measure:</b> Number of Ambulance patient handovers over 1 hour <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly	621 Jun-25 500 Mar-26	No	720 Jun-25 (Trajectory: 621)
	<b>Measure:</b> Number of patients who spend 12 hours or more in all Major and Minor Emergency Care Facilities from arrival until admission, transfer or discharge <b>National standard/ambition:</b> 12 month decreasing trend, building towards a target of zero <b>Reporting period:</b> Monthly	1,101 Jun-25 750 Mar-26	Yes	1,187 Jun-25 (Trajectory: 1,101)
	<b>Measure:</b> Number of patients waiting more than 104 weeks for referral to treatment <b>National standard/ambition:</b> Zero <b>Reporting period:</b> Monthly	966 Jun-25 3,291 Mar-26	No	172 Jun-25 (IMTP Trajectory: 966) (Q1 Trajectory: 345)
	<b>Measure:</b> Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route) <b>National standard/ambition:</b> 12 month improvement trend, building to 80% by March 2026 <b>Reporting period:</b> Monthly	67% Jun-25 70% Mar-26	No	64.2% May-25 (Q1 Trajectory: 67%)
	<b>Measure:</b> Number of patients waiting more than 8 weeks for a specified diagnostic <b>National standard ambition:</b> Zero <b>Reporting period:</b> Monthly	1,077 Jun-25 1,077 Mar-26	No	1,405 Jun-25 (Trajectory: 1,077)
	<b>Measure:</b> CAMHS 1a: percentage of assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years <b>National standard/ambition:</b> 80% <b>Reporting period:</b> Monthly	80% Jun-25 80% Mar-26	Yes	94.9% May-25 (Trajectory: 80%)
Mental Health, including CAMHS				

	<p><b>Measure:</b> Adults 1a: percentage of assessments undertaken within (up to and including) 28 days from the date of receipt of referral for people aged 18 years and over</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>80%</b> Jun-25</p> <p><b>80%</b> Mar-26</p>	Yes	<p><b>84.4%</b> May-25 (Trajectory: 80%)</p>
	<p><b>Measure:</b> CAMHS 1b: percentage of Therapeutic Interventions started within (up to and including) 28 days following an assessment by LPMHSS for people aged under 18 years</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>80%</b> Jun-25</p> <p><b>80%</b> Mar-26</p>	Yes	<p><b>84.4%</b> May-25 (Trajectory: 80%)</p>
	<p><b>Measure:</b> Adults 1b: percentage of Therapeutic Interventions started within (up to and including) 28 days following an assessment by LPMHSS for adults age 18 years and over</p> <p><b>National standard/ambition:</b> 80%</p> <p><b>Reporting period:</b> Monthly</p>	<p><b>80%</b> Jun-25</p> <p><b>80%</b> Mar-26</p>	Yes	<p><b>86.0%</b> May-25 (Trajectory: 80%)</p>
<b>Women's Health</b>	<p><b>Measure:</b> Establishment of one Women's Health Hub in each Health Board area by March 2026 (aligned to the Women's Health Plan)</p> <p><b>National standard/ambition:</b> Establishment</p> <p><b>Reporting period:</b> Annually</p>	<p><b>Yes</b> Mar-25</p>	Yes	<b>Reported Q4</b>

### Section 2: Our Performance

The Performance Report section provides detail of Health Board performance across the 5 system change themes identified in the Integrated Medium-Term Plan 2025/26:

- Embedding **Prevention** and Population Health in all that we do;
- Progressing place based models of care and sustainability in **Primary and Community Services**;
- Improving our **Urgent and Emergency Care System** focusing on experience, access and discharge pathways;
- Continuing to prioritise **Cancer, Urgent and the longest waiting patients for Planned Care**;
- Improving our **Mental Health Services**;

A summary of performance is provided under each theme against the Health Board's priorities and corresponding performance ambitions, including detail of Annual Plan commitments. Performance against the relevant NHS Performance Frameworks measures is provided under each aim.

Quadruple Aim 1			Embedding Prevention and Population Health in all that we do																																																	
Priority	Performance Measure	Performance against Trajectory	Data / Trend				Insights / Actions																																													
Health Protection & Vaccination	% uptake of the COVID-19 vaccination for those eligible Spring Booster <b>Ministerial Delivery</b>	56.45% (10/07/25) <b>Campaign Target is 75%</b>	<table border="1"> <thead> <tr> <th>Region</th> <th>Eligible population (n)</th> <th>Vaccinated (n)</th> <th>Coverage (%)</th> <th>Of those vaccinated, number with no previous doses (n)</th> </tr> </thead> <tbody> <tr> <td>Aneurin Bevan University Health Board</td> <td>78,706</td> <td>44,432</td> <td>56.45</td> <td>17</td> </tr> <tr> <td>Blaenau Gwent</td> <td>8,923</td> <td>4,550</td> <td>50.99</td> <td>1</td> </tr> <tr> <td>Caerphilly</td> <td>22,595</td> <td>12,326</td> <td>54.55</td> <td>2</td> </tr> <tr> <td>Monmouthshire</td> <td>16,160</td> <td>10,820</td> <td>66.96</td> <td>7</td> </tr> <tr> <td>Newport</td> <td>18,261</td> <td>9,796</td> <td>53.64</td> <td>4</td> </tr> <tr> <td>Torfaen</td> <td>12,767</td> <td>6,940</td> <td>54.36</td> <td>3</td> </tr> </tbody> </table>				Region	Eligible population (n)	Vaccinated (n)	Coverage (%)	Of those vaccinated, number with no previous doses (n)	Aneurin Bevan University Health Board	78,706	44,432	56.45	17	Blaenau Gwent	8,923	4,550	50.99	1	Caerphilly	22,595	12,326	54.55	2	Monmouthshire	16,160	10,820	66.96	7	Newport	18,261	9,796	53.64	4	Torfaen	12,767	6,940	54.36	3	Position as of 10 <sup>th</sup> July with official end to campaign at the end of June, however scope to vaccinate into July for people with extenuating circumstances who were unable to receive in the campaign window. Current performance puts AB higher than all Wales value of 53.18%, however it seems highly unlikely performance will attain the national target as per ministerial delivery expectation of 75%.										
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	Increase percentage of children, who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) <b>Ministerial Delivery</b>	86.5% (Q4 24/25) <b>Above Q1 Trajectory of 86%</b>	<p style="text-align: center;">% children who are up to date with the scheduled vaccinations by age 5</p> <table border="1"> <caption>Compliance with scheduled vaccinations by age 5</caption> <thead> <tr> <th>Quarter</th> <th>Compliance (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr> <td>Q1 23/24</td> <td>87.6</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> <tr> <td>Q2 23/24</td> <td>87.5</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> <tr> <td>Q3 23/24</td> <td>88.0</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> <tr> <td>Q4 23/24</td> <td>86.6</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> <tr> <td>Q1 24/25</td> <td>86.0</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> <tr> <td>Q2 24/25</td> <td>85.8</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> <tr> <td>Q3 24/25</td> <td>87.3</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> <tr> <td>Q4 24/25</td> <td>86.6</td> <td>87.0</td> <td>89.5</td> <td>84.5</td> </tr> </tbody> </table>				Quarter	Compliance (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	Q1 23/24	87.6	87.0	89.5	84.5	Q2 23/24	87.5	87.0	89.5	84.5	Q3 23/24	88.0	87.0	89.5	84.5	Q4 23/24	86.6	87.0	89.5	84.5	Q1 24/25	86.0	87.0	89.5	84.5	Q2 24/25	85.8	87.0	89.5	84.5	Q3 24/25	87.3	87.0	89.5	84.5	Q4 24/25	86.6	87.0	89.5	84.5	No 25/26 data yet, Q1 performance expected late Aug/early Sep. National target as per ministerial delivery expectation is 95%.
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	<p>Increase percentage of children receiving the Human Papillomavirus (HPV) Vaccination by the age of 15</p> <p><b>Ministerial Delivery</b></p>	<p>66.1% (Q4 24/25)  <i>Below Q1 Trajectory of 75%</i></p>	<p><b>% of children receiving the HPV vaccination by the age of 15</b></p> <table border="1"> <caption>HPV Vaccination Compliance Data</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>22/23</td> <td>73%</td> <td>75%</td> <td>80%</td> <td>80%</td> </tr> <tr> <td>23/24</td> <td>80%</td> <td>80%</td> <td>68%</td> <td>68%</td> </tr> <tr> <td>24/25</td> <td>68%</td> <td>68%</td> <td>66%</td> <td>66%</td> </tr> </tbody> </table> <p>Legend: Median (dashed green), Upper Limit (dashed red), Lower Limit (dashed red), Compliance (solid blue)</p>	Year	Q1	Q2	Q3	Q4	22/23	73%	75%	80%	80%	23/24	80%	80%	68%	68%	24/25	68%	68%	66%	66%	<p>No 25/26 data yet, Q1 performance expected late Aug/early Sep. National target as per ministerial delivery expectation is 90%.</p>
Year	Q1	Q2	Q3	Q4																				
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<p><b>Preventable Premature Mortality</b></p>	<p>Percentage of adult smokers who make a quit attempt via smoking cessation services</p>	<p>5.2% (Q4 24/25)  <i>Above Q1 Trajectory of 5%</i></p>	<p><b>% of adult smokers who make a quit attempt via smoking cessation services</b></p> <table border="1"> <caption>Quit Attempt Compliance Data (24/25)</caption> <thead> <tr> <th>Quarter</th> <th>Compliance</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>5.5%</td> </tr> <tr> <td>Q2</td> <td>5.3%</td> </tr> <tr> <td>Q3</td> <td>5.0%</td> </tr> <tr> <td>Q4</td> <td>5.5%</td> </tr> </tbody> </table> <p>Legend: Median (dashed green), Upper Limit (dashed red), Lower Limit (dashed red), Compliance (solid blue)</p>	Quarter	Compliance	Q1	5.5%	Q2	5.3%	Q3	5.0%	Q4	5.5%	<p>24/25 annual performance as a whole is 5% which meets the national standard. IMTP trajectory for 25/26 is to maintain this. Performance data is available quarterly in arrears.</p>										
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Preventable Premature Mortality</b></p>	<p>Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks</p>	<p>18.1% (Q4 24/25)  <i>Below Q1 Trajectory of 20%</i></p>	<p style="text-align: center;">% of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks</p> <table border="1"> <caption>Compliance Data for Adult Smokers</caption> <thead> <tr> <th>Quarter</th> <th>Compliance</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> </tr> </thead> <tbody> <tr> <td>Q1</td> <td>16%</td> <td>17%</td> <td>25%</td> <td>9%</td> </tr> <tr> <td>Q2</td> <td>21%</td> <td>17%</td> <td>25%</td> <td>9%</td> </tr> <tr> <td>Q3</td> <td>16%</td> <td>17%</td> <td>25%</td> <td>9%</td> </tr> <tr> <td>Q4</td> <td>18%</td> <td>17%</td> <td>25%</td> <td>9%</td> </tr> </tbody> </table>	Quarter	Compliance	Median	Upper Limit	Lower Limit	Q1	16%	17%	25%	9%	Q2	21%	17%	25%	9%	Q3	16%	17%	25%	9%	Q4	18%	17%	25%	9%	<p>24/25 annual performance as a whole is 17.2%. IMTP trajectory for 25/26 is to improve to 32% by year end. Performance data is available quarterly in arrears.</p>																																								
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<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>Best Start in Life</b></p>	<p>Percentage of well babies entering the New-Born Hearing Screening Programme who complete screening within 4 weeks</p>	<p>95.6% (Mar)  <i>Above Q1 Trajectory of 90%</i></p>	<p style="text-align: center;">% of well babies entering the new-born hearing screening programme who complete screening within 4 weeks</p> <table border="1"> <caption>Compliance Data for Well Babies</caption> <thead> <tr> <th>Month</th> <th>Compliance</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> </tr> </thead> <tbody> <tr><td>apr-24</td><td>99%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>mai-24</td><td>98%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>jun-24</td><td>98%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>jul-24</td><td>98%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>aug-24</td><td>97%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>sep-24</td><td>99%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>okt-24</td><td>97%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>nov-24</td><td>98%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>des-24</td><td>93%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>jan-25</td><td>96%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>feb-25</td><td>97%</td><td>95%</td><td>100%</td><td>90%</td></tr> <tr><td>mar-25</td><td>96%</td><td>95%</td><td>100%</td><td>90%</td></tr> </tbody> </table>	Month	Compliance	Median	Upper Limit	Lower Limit	apr-24	99%	95%	100%	90%	mai-24	98%	95%	100%	90%	jun-24	98%	95%	100%	90%	jul-24	98%	95%	100%	90%	aug-24	97%	95%	100%	90%	sep-24	99%	95%	100%	90%	okt-24	97%	95%	100%	90%	nov-24	98%	95%	100%	90%	des-24	93%	95%	100%	90%	jan-25	96%	95%	100%	90%	feb-25	97%	95%	100%	90%	mar-25	96%	95%	100%	90%	<p>24/25 annual performance was compliant with national standard of 90% throughout the course of the year. Performance data is available quarterly in arrears.</p>
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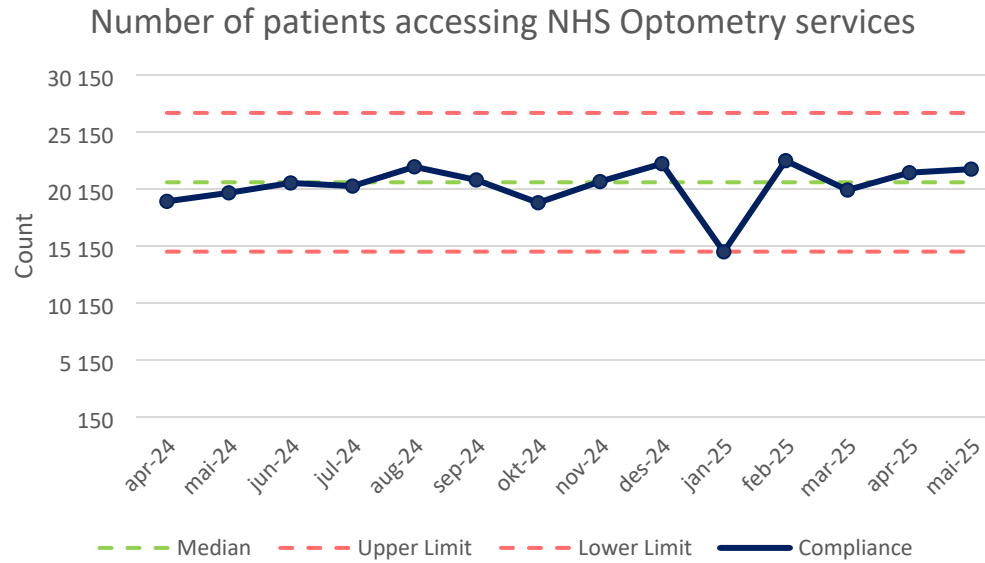
<b>Best Start in Life</b>	Maintain physical examination at 6 weeks rates (Healthy Child Wales)	90.2% (Apr) Meeting Q1 Trajectory of 90%	<p style="text-align: center;"><b>Maintain physical examination at 6 weeks rates</b></p> <table border="1"> <caption>6-week Physical Examination Compliance Data</caption> <thead> <tr> <th>Month</th> <th>Compliance</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> </tr> </thead> <tbody> <tr><td>apr-24</td><td>92.5%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>mai-24</td><td>91.8%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>jun-24</td><td>91.8%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>jul-24</td><td>91.1%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>aug-24</td><td>91.1%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>sep-24</td><td>89.2%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>okt-24</td><td>89.2%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>nov-24</td><td>91.2%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>des-24</td><td>91.2%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>jan-25</td><td>90.2%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>feb-25</td><td>90.2%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>mar-25</td><td>90.3%</td><td>91%</td><td>94%</td><td>88%</td></tr> <tr><td>apr-25</td><td>90.2%</td><td>91%</td><td>94%</td><td>88%</td></tr> </tbody> </table>	Month	Compliance	Median	Upper Limit	Lower Limit	apr-24	92.5%	91%	94%	88%	mai-24	91.8%	91%	94%	88%	jun-24	91.8%	91%	94%	88%	jul-24	91.1%	91%	94%	88%	aug-24	91.1%	91%	94%	88%	sep-24	89.2%	91%	94%	88%	okt-24	89.2%	91%	94%	88%	nov-24	91.2%	91%	94%	88%	des-24	91.2%	91%	94%	88%	jan-25	90.2%	91%	94%	88%	feb-25	90.2%	91%	94%	88%	mar-25	90.3%	91%	94%	88%	apr-25	90.2%	91%	94%	88%	25/26 IMTP trajectory is to maintain 90% through the course of the year, with performance over the past four months being exactly this.																													
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Increase weight and measurement at 8 weeks rates (Healthy Child Wales)	79.5% (Q3 24/25) Above Q1 Trajectory of 68%	<p style="text-align: center;"><b>Increase weight and measurement at 8 weeks rates</b></p> <table border="1"> <caption>8-week Weight and Measurement Compliance Data</caption> <thead> <tr> <th>Quarter</th> <th>Compliance</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> </tr> </thead> <tbody> <tr><td>Q1-21</td><td>34%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q2-21</td><td>53%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q3-21</td><td>63%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q4-21</td><td>60%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q1-22</td><td>63%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q2-22</td><td>62%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q3-22</td><td>53%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q4-22</td><td>41%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q1-23</td><td>18%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q2-23</td><td>29%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q3-23</td><td>36%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q4-23</td><td>41%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q1-24</td><td>43%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q2-24</td><td>44%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q3-24</td><td>50%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q4-24</td><td>56%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q1-25</td><td>66%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q2-25</td><td>74%</td><td>48%</td><td>88%</td><td>8%</td></tr> <tr><td>Q3-25</td><td>80%</td><td>48%</td><td>88%</td><td>8%</td></tr> </tbody> </table>	Quarter	Compliance	Median	Upper Limit	Lower Limit	Q1-21	34%	48%	88%	8%	Q2-21	53%	48%	88%	8%	Q3-21	63%	48%	88%	8%	Q4-21	60%	48%	88%	8%	Q1-22	63%	48%	88%	8%	Q2-22	62%	48%	88%	8%	Q3-22	53%	48%	88%	8%	Q4-22	41%	48%	88%	8%	Q1-23	18%	48%	88%	8%	Q2-23	29%	48%	88%	8%	Q3-23	36%	48%	88%	8%	Q4-23	41%	48%	88%	8%	Q1-24	43%	48%	88%	8%	Q2-24	44%	48%	88%	8%	Q3-24	50%	48%	88%	8%	Q4-24	56%	48%	88%	8%	Q1-25	66%	48%	88%	8%	Q2-25	74%	48%	88%	8%	Q3-25	80%	48%	88%	8%	Q4 24/25 not published until August, however improvement trajectory from 22/23 is clear with good lead into 25/26; IMTP trajectory to achieve 80%.
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<b>Diabetes</b>	<p>Increase in % of patients (aged 12 years and over) with Diabetes, who received all eight NICE recommended care processes.</p> <p><b>Ministerial Delivery</b></p>	<p>43.5% (Jun)  Below Q1  Trajectory of  44%</p>	<p style="text-align: center;">Proportion of diabetes patients in receipt of all 8 diabetes care processes</p> <table border="1"> <caption>Compliance Data (Estimated from Chart)</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr><td>apr-24</td><td>44.9</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>mai-24</td><td>44.5</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>jun-24</td><td>44.1</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>jul-24</td><td>44.9</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>aug-24</td><td>44.0</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>sep-24</td><td>43.6</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>okt-24</td><td>43.3</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>nov-24</td><td>43.4</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>des-24</td><td>43.2</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>jan-25</td><td>43.3</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>feb-25</td><td>43.7</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>mar-25</td><td>44.5</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>apr-25</td><td>44.2</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>mai-25</td><td>43.5</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> <tr><td>jun-25</td><td>43.6</td><td>43.7</td><td>45.4</td><td>41.9</td></tr> </tbody> </table> <p>Legend: Median (dashed green), Upper Limit (dashed red), Lower Limit (dashed red), Compliance (solid blue)</p>	Month	Compliance (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	apr-24	44.9	43.7	45.4	41.9	mai-24	44.5	43.7	45.4	41.9	jun-24	44.1	43.7	45.4	41.9	jul-24	44.9	43.7	45.4	41.9	aug-24	44.0	43.7	45.4	41.9	sep-24	43.6	43.7	45.4	41.9	okt-24	43.3	43.7	45.4	41.9	nov-24	43.4	43.7	45.4	41.9	des-24	43.2	43.7	45.4	41.9	jan-25	43.3	43.7	45.4	41.9	feb-25	43.7	43.7	45.4	41.9	mar-25	44.5	43.7	45.4	41.9	apr-25	44.2	43.7	45.4	41.9	mai-25	43.5	43.7	45.4	41.9	jun-25	43.6	43.7	45.4	41.9	<p>Performance over the past 13 months has been within a relatively tight range (&lt;2%) with an IMTP trajectory to increase to 47% through the course of the year.</p> <p>The Public Health team are working in partnership with NCNs to identify eligible cohorts for Diabetes Prevention. Hypertension Case Finding Service established including 12-month follow up clinics to repeat the HbA1c test with people who received interventions in Blaenau Gwent and Caerphilly.</p>
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Quadruple Aim 2			Progressing place based models of care and sustainability in primary and community services	
Priority	Performance Measure	Performance against Trajectory	Data / Trend	Insights / Actions
Access	<p>Increase in people accessing PIPs where they would have visited their GP</p> <p><b>Ministerial Delivery</b></p>	<p>7,939 (Jun) Met Q1 Trajectory of 4,820</p>	<p><b>Number of 'Pharmacist Independent Prescribing Service' (PIPS) Consultations</b></p>	<p>PIPS consultations increased substantially through the second part of 24/25 and delivery in the first two months of 25/26 already met the Q1 trajectory, which is a cumulative activity total. The number of Community Pharmacies providing PIPS has increased from 34 in April '24 to 55 as of May '25.</p>
	<p>Maintain the number of consultations undertaken by community Pharmacy under the common ailments scheme</p>	<p>22,975 (Jun) Met Q1 Trajectory of 22,594</p>	<p><b>Common Ailments Scheme Claims</b></p>	<p>Common Ailment Scheme saw growth through the second half of 24/25. Current performance after the first quarter is marginally ahead of the expected trajectory, which is again based on cumulative activity through the year.</p>

Maintain the number of patients accessing NHS Optometry Services

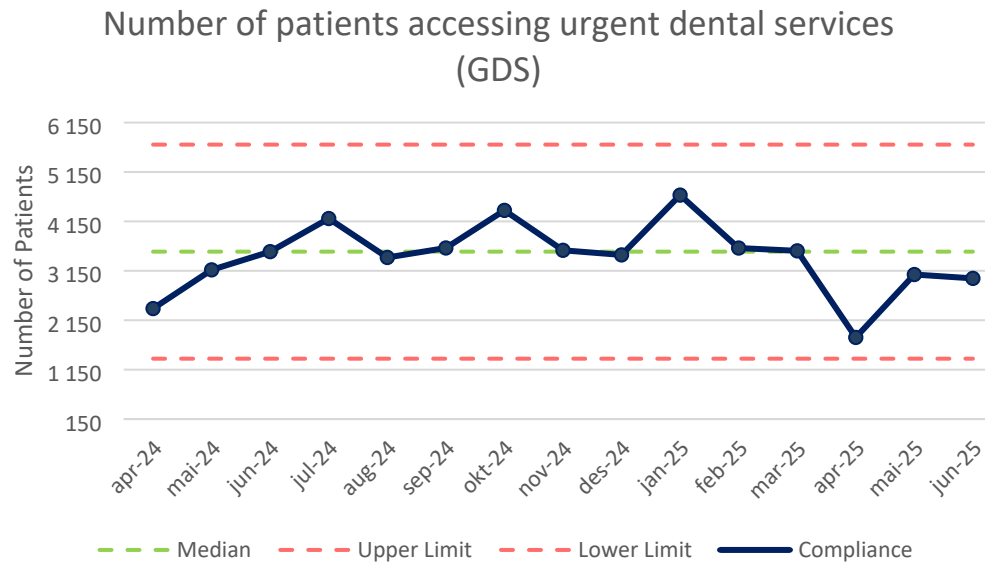
43,470 (May)  
Q1  
Trajectory is  
58,471



The number of patients accessing NHS Optometry services is marginally ahead of expected 25/26 IMTP trajectory, which is cumulative activity. The number of optometry accredited independent prescribers has increased from 16 in April '24 to 28 as of May '25. 100% of optometry practices are engaged in the Accelerated Cluster Development (ACD) programme. The Health Board continues to support those with the necessary qualifications to deliver WGOS 4 and 5.

Number of patients accessing Urgent Emergency Services - Dental

7,874 (Jun)  
Below Q1  
Trajectory of  
9,093



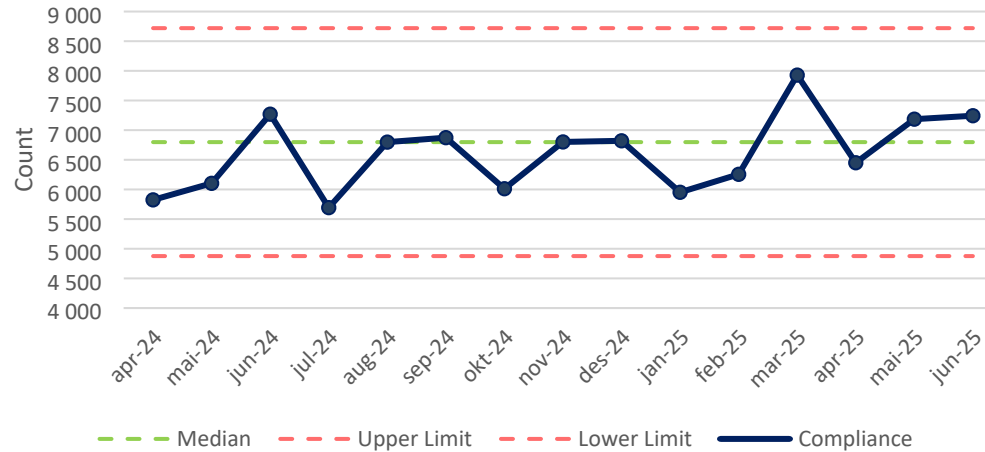
The number of patients accessing urgent dental service under General Dental Services (GDS) has not met the Q1 trajectory, with activity across the three months all lower than forecast. April's value was particularly low, however this is an observable trend in previous years as April is traditionally a short claiming month with the dental system, COMPASS, shutting down earlier than usual. Additionally, there is a change in contracts from March to April, with practices opting to deliver dental services in different ways, either UDAs or Contract Reform.

Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25

**Ministerial Delivery**

20,878 (Jun)  
Below Q1  
Trajectory of 31,217

Number of patient visits undertaken by District Nursing Services at the weekend



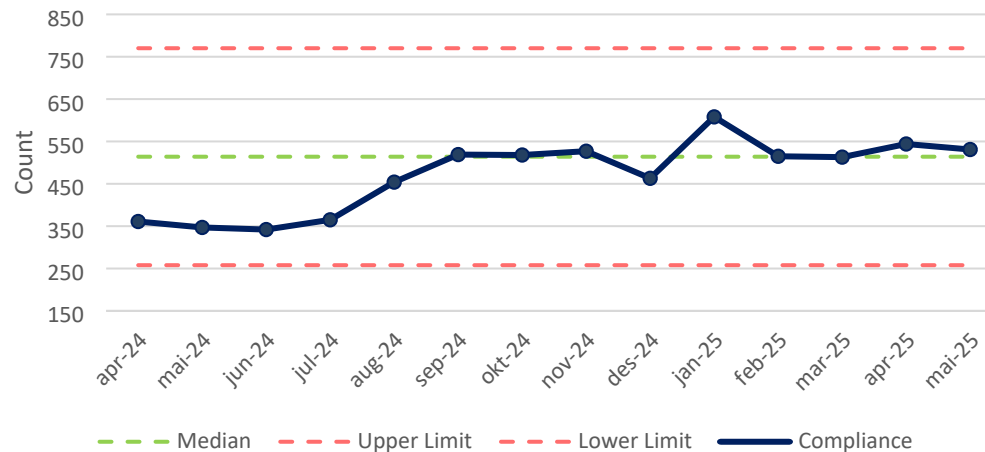
Weekend patient visits by District Nursing Services are behind the expected 25/26 IMTP trajectory (cumulative activity) at the end of Q1. Whilst there has been a slight increasing trend from the beginning of 24/25 and an overall increase in DN activity as a result of new investment, the weekend proportionality is not increasing at the same rate. Some of this is due to training of staff, backfill recruitment and awareness of the extended weekend working to make sure that the demand is referred/planned for weekends.

Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25

**Ministerial Delivery**

1,075 (May)  
Q1  
Trajectory is 1,245

Referrals accepted for Enhanced Community Care (ECC)



Referrals accepted for Enhanced Community Care, which encompasses Rapid Response across the five Boroughs, Ready to Go Ward at RGH and Emergency Care at Home in Caerphilly, have increased since the beginning of 24/25 and is ahead of the 25/26 IMTP trajectory (cumulative activity).

	<p>Maintain 95% of Palliative Care referrals assessed within 2 days</p>	<p><u>No 25/26 data yet</u></p>	<p>Maintain 95% of Palliative Care referrals assessed within 2 days</p> <p>Legend: Median (dashed green), Upper Limit (dashed red), Lower Limit (dashed red), Compliance (solid blue)</p>	<p>Due to a change in clinical system used by the Palliative Care team, there remains an ongoing issue with extracting the performance data for this measure. Reporting from new system currently in validation phase to ensure accuracy, with the expectation to return to BAU from July.</p>
<p>Community Care</p>	<p>Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s</p>	<p>7.1% (Jun) Below Q1 Trajectory of 8.5%</p>	<p>Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s</p> <p>Legend: Median (dashed green), Upper Limit (dashed red), Lower Limit (dashed red), Compliance (solid blue), 25/26 IMTP Trajectory (solid cyan)</p>	<p>The 25/26 IMTP trajectory for this measure is to maintain an 8.5% performance level throughout the course of the year. Performance over the past 14 months has seen some fluctuation but relatively stable with a median of 8%. There is a recent increase in referrals to Rapid Reponse services, which is being driven by Front and Back Door hospital services. Ongoing development of the Navigation Hub will seek to increase ease of access for GPs through to Rapid.</p>

**Quadruple Aim 2** Improving our Urgent and emergency care system focusing on experience, access and discharge pathways

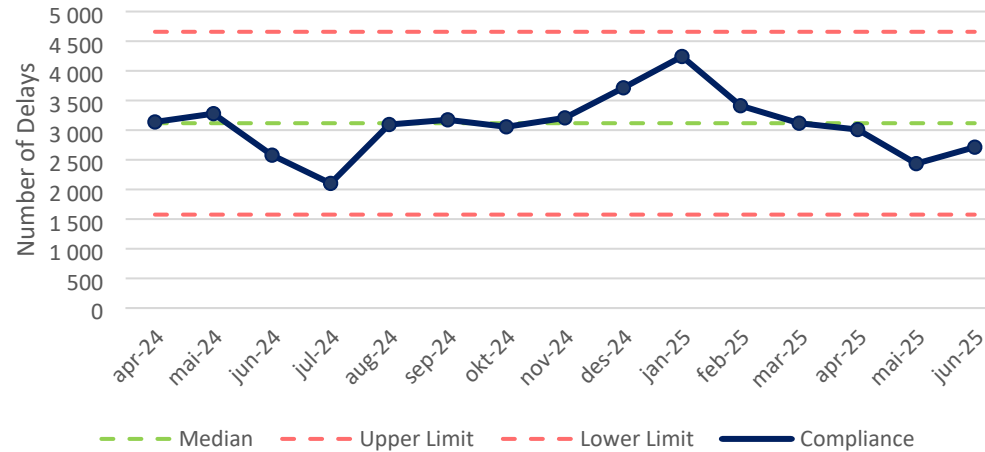
Priority	Performance Measure	Performance against Trajectory	Data / Trend	Insights / Actions
<b>Urgent Primary Care</b>	Maintain the number of Urgent Primary Care Contacts (inc. virtual)	24,719 (Jun) Met Q1 Trajectory of 22,923	<p><b>Urgent Primary Care Cases - Total Contacts</b></p>	Urgent Primary Care contacts continue to trend upwards and have delivered above the Q1 25/26 Trajectory (cumulative activity).
<b>Enhanced Monitoring</b>	Reduction of Ambulance patient handovers over 1 hour <b>Ministerial Delivery</b>	720 (Jun) Above trajectory of 621	<p><b>Reduction of &gt;1 hour ambulance handovers waits</b></p>	Performance for ambulance handovers over one hour decreased in to 672 in May following a static three months, which was the second best ever full month performance recorded since GUH opened. June performance was more challenged. Ambulance handover performance is a key focus of the weekly System Flow meetings, which are centred on improving whole system pathways and flow for emergency care. The IMTP trajectory is to deliver a year end position of 500. >45 minute performance included for reference.

Enhanced Monitoring

Reduce the number of Ambulance Crew hours lost at GUH ED (per month)

2,713 (Jun)  
Below Q1  
Trajectory of 2,750

Reduce the number of ambulance crew hours lost at GUH ED

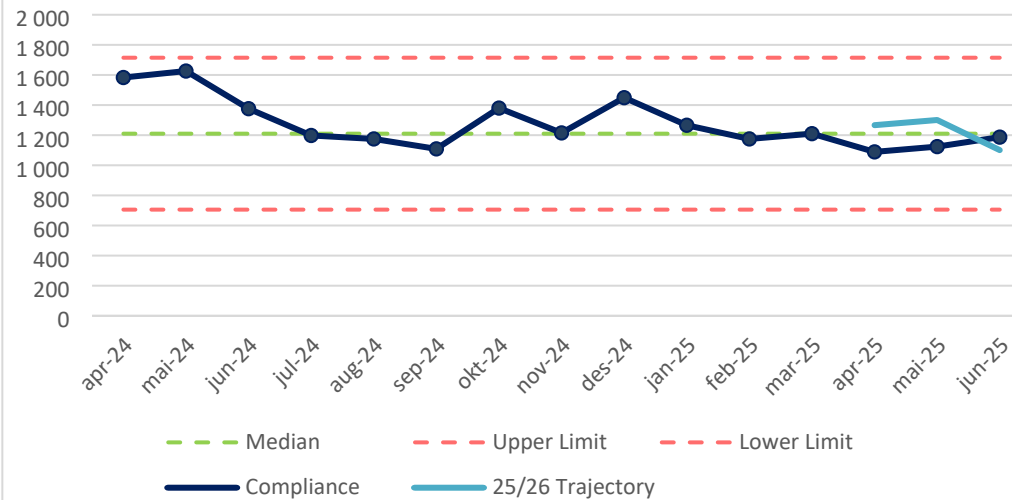


Crew hours lost at GUH ED is included as an IMTP performance measure for the first time, and there has been a significant reduction from the peak winter period. Increase in June performance as the system was more pressured through the first part of the month, but has met the Q1 trajectory.

Reduction in number of patients who spend 12 hours or more in all Major and Minor Emergency Care Facilities from arrival until admission, transfer or discharge

1,187 (Jun)  
Above  
Trajectory of 1,101

Number of patients >12 hours in EDMIU



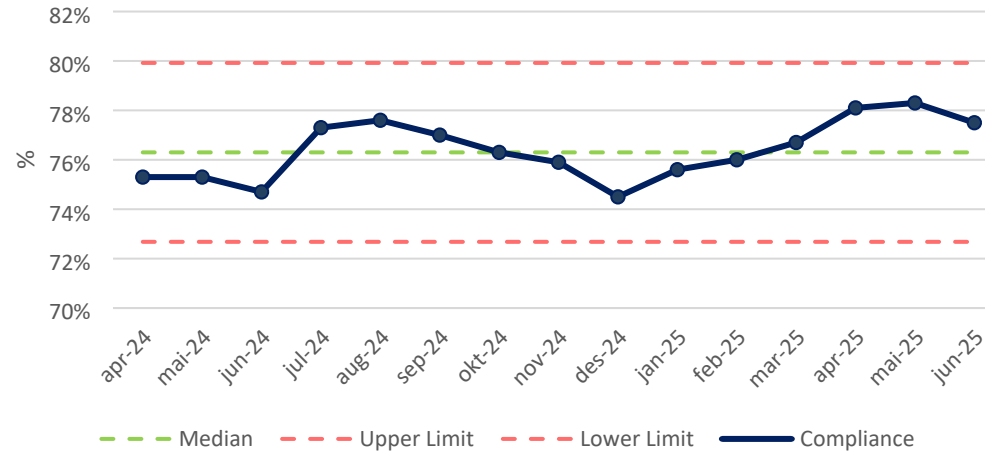
Performance for patients spending more than 12 hours in ED and MIUs started the year well, with April performance (1,089) being the lowest it has been for 4 years. There was a small increase in May (+35) to 1,124 however when considered against total attendances the 12hr compliance rate improved to 93.2% which again is the best performance recorded for 4 years. Both compliance and 12hr breaches were lower and higher respectively in June. This measure is another key focus of System Flow meetings. The IMTP trajectory is to deliver a year end position of 750.

Ministerial Delivery

Increase and maintain national target of the percentage of patients waiting <4 hours in ED/MIU

77.5% (Jun)  
Above Q1  
Trajectory of  
75%

% patients waiting < 4 hrs in A&E figures inc. YAB & YYF

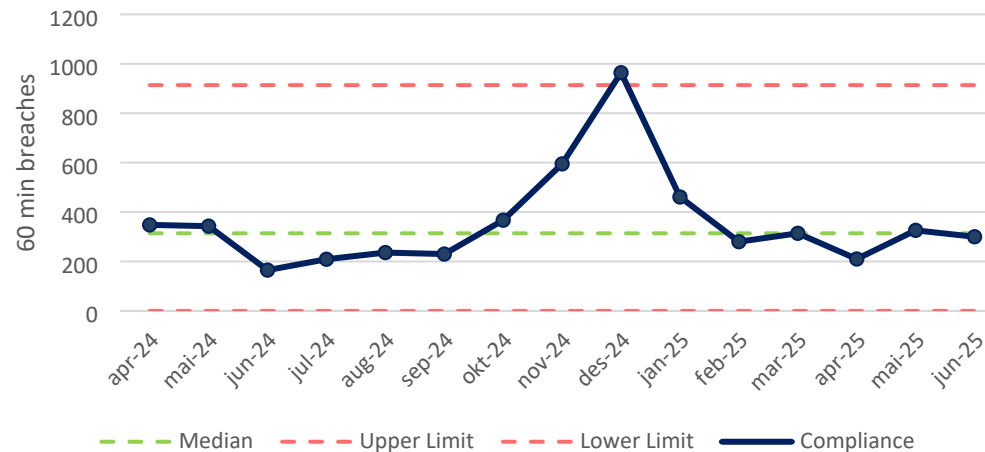


4hr performance across ED and MIUs has improved since the peak winter period, with May's value of 78.3% the best in the past 4 years. Slight decrease in June however above the Q1 trajectory as well as median performance since the start of 24/25.

Reduction in time from arrival to ED triage - no waits over 60 minutes

300 (Jun)  
Met Q1  
Trajectory of  
300

Reduction in time from arrival to ED triage - no waits over 60 minutes



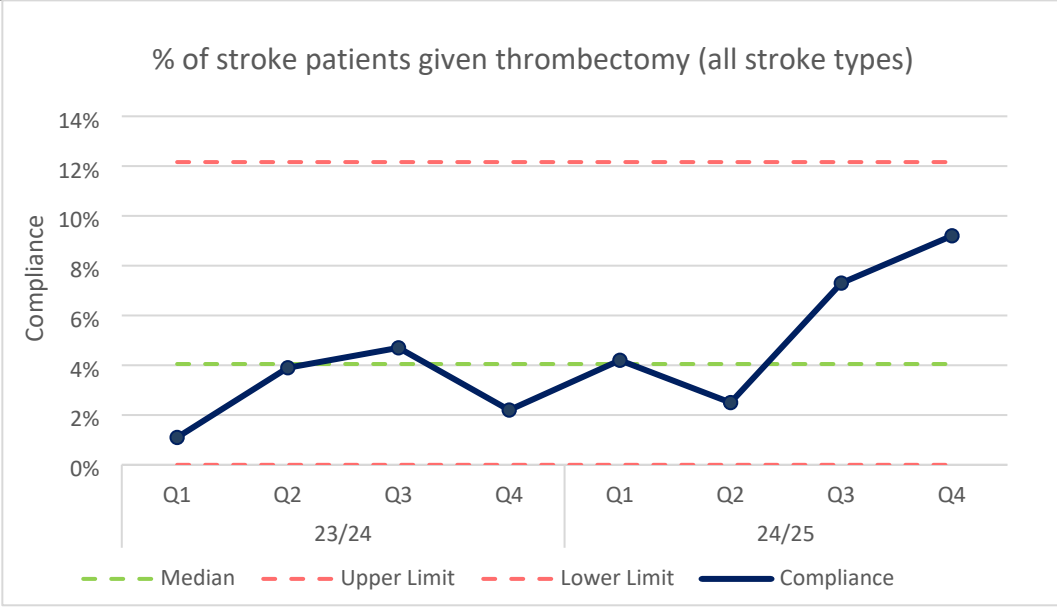
Triage measure at GUH ED for 25/26 has been changed from median wait time to number of people breaching 60 minutes. April performance was very strong at 210, with June's position of 300 exactly meeting the Q1 trajectory. IMTP trajectory is to deliver a year end position of 200.

	<p>Median time from arrival at an emergency department to assessment by a Clinical Decision Maker should not exceed 60 minutes and maintained for three months.</p> <p><b>Organisational Escalation</b></p>	<p>139 mins (Jun) Above Trajectory of 100 mins</p>	<p>Median time from arrival to an ED department to assessment by a senior clinical decision maker</p> <table border="1"> <caption>Median Time (mins) Data</caption> <thead> <tr> <th>Month</th> <th>Compliance (mins)</th> <th>Median (mins)</th> <th>Upper Limit (mins)</th> <th>Lower Limit (mins)</th> </tr> </thead> <tbody> <tr><td>apr-24</td><td>190</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>mai-24</td><td>205</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>jun-24</td><td>205</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>jul-24</td><td>170</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>aug-24</td><td>115</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>sep-24</td><td>135</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>okt-24</td><td>180</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>nov-24</td><td>165</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>des-24</td><td>165</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>jan-25</td><td>145</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>feb-25</td><td>140</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>mar-25</td><td>150</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>apr-25</td><td>115</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>mai-25</td><td>125</td><td>150</td><td>240</td><td>60</td></tr> <tr><td>jun-25</td><td>145</td><td>150</td><td>240</td><td>60</td></tr> </tbody> </table>	Month	Compliance (mins)	Median (mins)	Upper Limit (mins)	Lower Limit (mins)	apr-24	190	150	240	60	mai-24	205	150	240	60	jun-24	205	150	240	60	jul-24	170	150	240	60	aug-24	115	150	240	60	sep-24	135	150	240	60	okt-24	180	150	240	60	nov-24	165	150	240	60	des-24	165	150	240	60	jan-25	145	150	240	60	feb-25	140	150	240	60	mar-25	150	150	240	60	apr-25	115	150	240	60	mai-25	125	150	240	60	jun-25	145	150	240	60	<p>Median time to senior decision maker at GUH ED, also called Wait To Be Seen (WTBS), is the third key metric of national escalation. April performance reduced to 112 minutes which was the best performance for 3 years, with only a small increase in the May performance to 115 minutes. Performance did worsen in June following a challenged start to the month, above the Q1 trajectory. The IMTP trajectory is to deliver a year end position of 60 minutes.</p>
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Stroke	<p>% of patients directly admitted to an Acute Stroke Ward &lt;4hrs of clock start</p>	<p>6.8% (Q4 24/25) Below 25/26 Trajectory of 20%</p>	<p>% of patients directly admitted to an acute stroke ward &lt;4hrs of clock start</p> <table border="1"> <caption>% of patients directly admitted to an acute stroke ward &lt;4hrs of clock start Data</caption> <thead> <tr> <th>Year</th> <th>Quarter</th> <th>Compliance (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr><td rowspan="4">23/24</td><td>Q1</td><td>17.5</td><td>16.5</td><td>33</td><td>0</td></tr> <tr><td>Q2</td><td>18</td><td>16.5</td><td>33</td><td>0</td></tr> <tr><td>Q3</td><td>10</td><td>16.5</td><td>33</td><td>0</td></tr> <tr><td>Q4</td><td>15.5</td><td>16.5</td><td>33</td><td>0</td></tr> <tr><td rowspan="4">24/25</td><td>Q1</td><td>24.5</td><td>16.5</td><td>33</td><td>0</td></tr> <tr><td>Q2</td><td>20</td><td>16.5</td><td>33</td><td>0</td></tr> <tr><td>Q3</td><td>16</td><td>16.5</td><td>33</td><td>0</td></tr> <tr><td>Q4</td><td>7.5</td><td>16.5</td><td>33</td><td>0</td></tr> </tbody> </table>	Year	Quarter	Compliance (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	23/24	Q1	17.5	16.5	33	0	Q2	18	16.5	33	0	Q3	10	16.5	33	0	Q4	15.5	16.5	33	0	24/25	Q1	24.5	16.5	33	0	Q2	20	16.5	33	0	Q3	16	16.5	33	0	Q4	7.5	16.5	33	0	<p>Performance reporting for this measure has changed to quarterly, to bring in line with SSNAP reporting. Data available quarterly in arrears. Decrease in Q4 performance attributed to winter pressures and potentially PCH transfers. IMTP trajectory is to deliver 20% compliance through the course of the year. Stroke deep dive in June to look at optimising stroke management across the pathway, looking at impact of centralisation and any further opportunities for service redesign, workforce (all disciplines), and tools to inform flow and decision-making.</p>																																
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**Stroke**

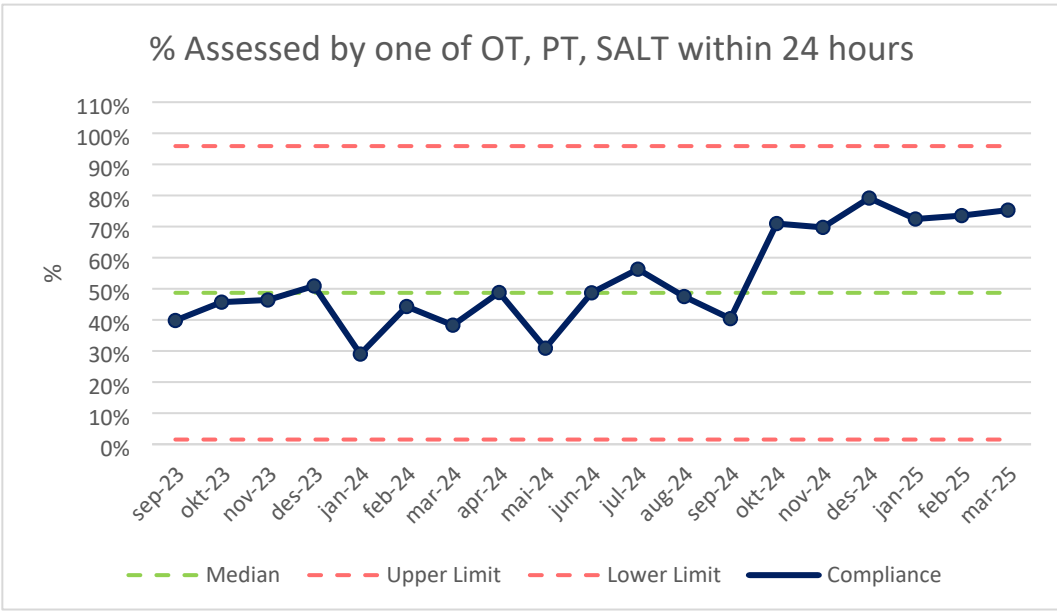
% of unique stroke patients given Thrombectomy (all Stroke types)

9.2% (Q4 24/25)  
Above 25/26  
Trajectory of 6%



% Stroke Patients Assessed by one of OT, PT, SALT within 24 hours

75.3% (Q4 24/25)  
Above 25/26  
Trajectory of 70%



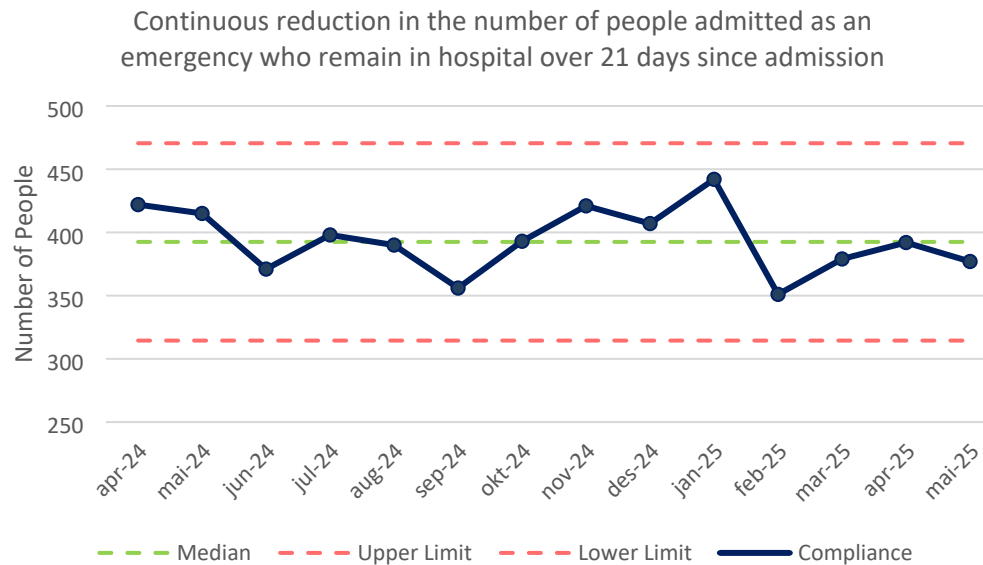
Performance reporting for this measure is now quarterly and in line with SSNAP. Big improvement over the second half of 24/25. IMTP trajectory is to achieve 6% through the course of the year.

This measure was previously reported through WG national stroke performance dashboard, however this ceased publication in September '24. Data presented since then is unvalidated and has been manually calculated based on raw data from October '24. Options being looked at to report against a relevant SSNAP KPIs to ensure validity of reporting and bring in line with national (UK) standards. Internal performance dashboard also being scoped to provide more up-to-date data on all SSNAP KPIs.

Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission

**Organisational Escalation**

377 (May)  
Below Q1  
Trajectory of 400

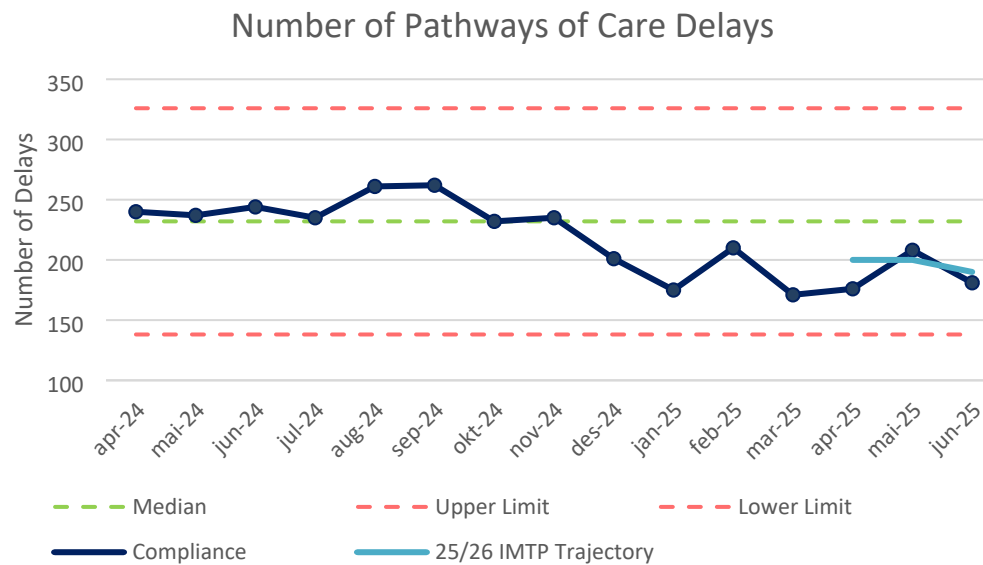


A new measure for the 25/26 IMTP and one of the measures associated with the Health Board's status of escalation for UEC. IMTP trajectory is to reduce to 370 by the end of the year. Note that this measure includes patients of all ages within our physical health, acute hospital system.

Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard

**Ministerial Delivery**

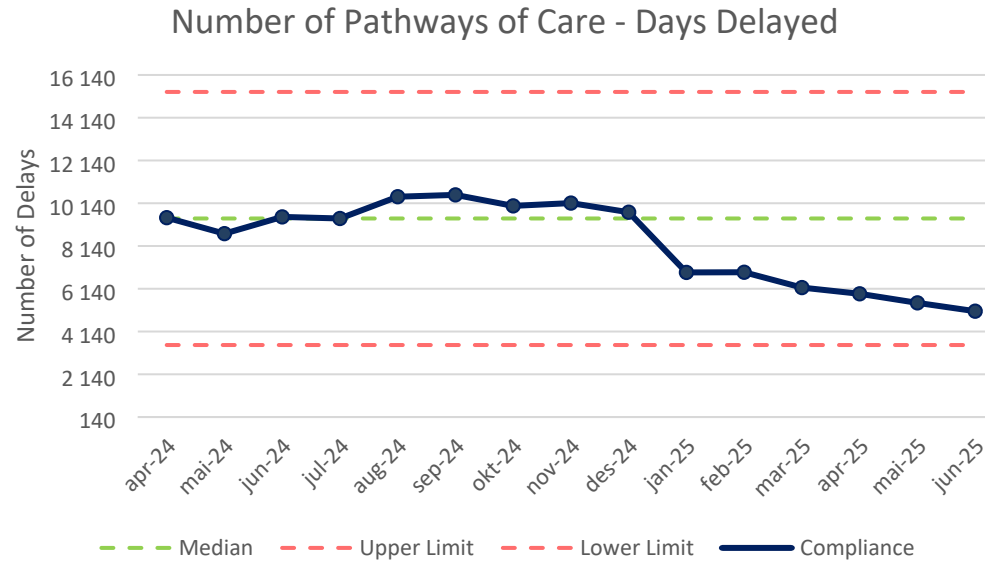
181 (Jun)  
Below Q1  
Trajectory of 190



Pathway of Care Delays (POCDs) remain low in the context of the past few years, with significant improvement in performance delivered through the second half of 24/25, spearheaded by partnership working in the 50 day challenge. Whilst there was an increase in the May census to 208, this reduced in June to deliver a Q1 position of 181 and slightly under the 25/26 IMTP trajectory of 190. The IMTP sets out a year end position of 160.

Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard

5,091 (Jun)  
Below Q1  
Trajectory of  
7,290



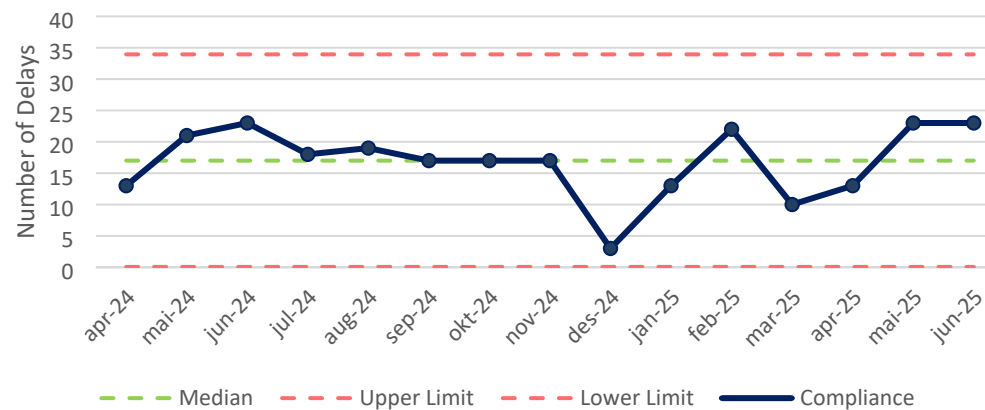
The days delayed associated with POCDs has decreased with greater proportionality when compared to simply the volume, reaching a record low position of 5,091 at the end of Q1 and well below the forecast position of 7,290. The improvement in performance for reducing the day delayed can be attributed in part to the ongoing, weekly operational reviews of the longest staying patients and the actions taken to progress their care and/or discharge arrangements as appropriate.

Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment

23 (Jun)  
Above Q1  
Trajectory of  
20

**Organisational Escalation**

### Number of pathways of care delays due to awaiting completion of nursing / AHP / Medical / Pharmacy assessment



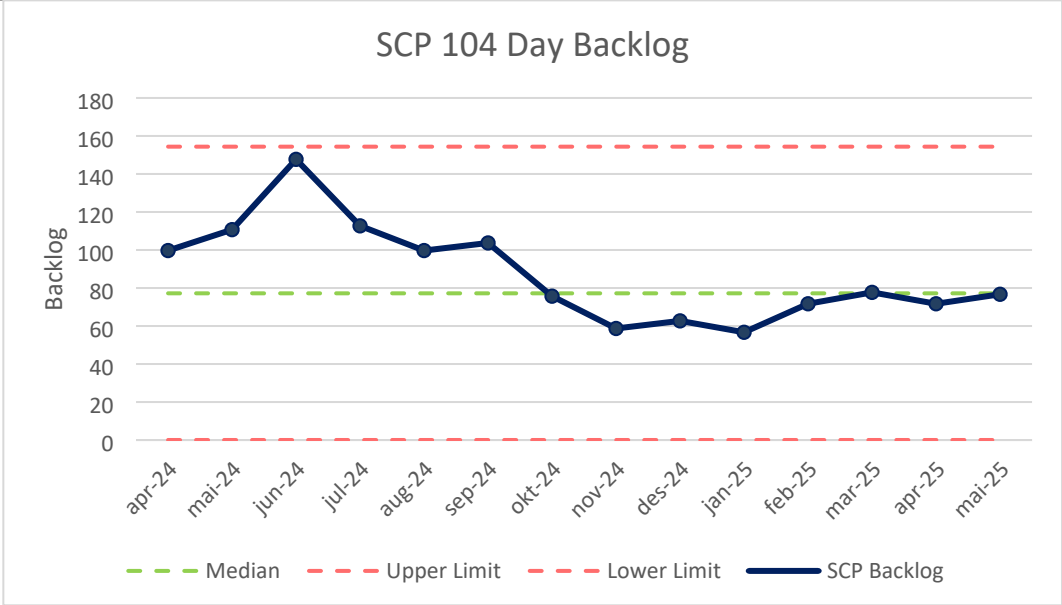
This subset of POCDs is another measure linked to UEC organisational escalation, all of which are attributable to 'Health' only. There has been an observable growth since the beginning of 25/26 in delays due to awaiting completion of assessment by AHP, increasing from 8 in April to 17 in the June census. The IMTP trajectory for this year seeks to achieve a year end position of 12.

Quadruple Aim 2		Continuing to prioritise cancer, urgent and the longest waiting patients for planned care																																																																																												
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Single Cancer Pathway	<p>Increase in Single Cancer Pathway (SCP) 62-day compliance</p> <p><b>Ministerial Delivery</b></p>	<p>64.2% (May)</p> <p>Below Q1</p> <p>Trajectory of 67%</p>	<p><b>% Patients starting first definitive cancer treatment within 62 days from point of suspicion</b></p> <table border="1"> <caption>% Patients starting first definitive cancer treatment within 62 days from point of suspicion</caption> <thead> <tr> <th>Month</th> <th>Compliance</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> <th>25/26 IMTP Trajectory</th> </tr> </thead> <tbody> <tr><td>apr-24</td><td>56,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>mai-24</td><td>51,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>jun-24</td><td>61,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>jul-24</td><td>57,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>aug-24</td><td>62,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>sep-24</td><td>58,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>okt-24</td><td>63,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>nov-24</td><td>64,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>des-24</td><td>62,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>jan-25</td><td>64,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>feb-25</td><td>64,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>mar-25</td><td>68,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>apr-25</td><td>66,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> <tr><td>mai-25</td><td>65,0%</td><td>63,0%</td><td>77,0%</td><td>49,0%</td><td>63,0%</td></tr> </tbody> </table>	Month	Compliance	Median	Upper Limit	Lower Limit	25/26 IMTP Trajectory	apr-24	56,0%	63,0%	77,0%	49,0%	63,0%	mai-24	51,0%	63,0%	77,0%	49,0%	63,0%	jun-24	61,0%	63,0%	77,0%	49,0%	63,0%	jul-24	57,0%	63,0%	77,0%	49,0%	63,0%	aug-24	62,0%	63,0%	77,0%	49,0%	63,0%	sep-24	58,0%	63,0%	77,0%	49,0%	63,0%	okt-24	63,0%	63,0%	77,0%	49,0%	63,0%	nov-24	64,0%	63,0%	77,0%	49,0%	63,0%	des-24	62,0%	63,0%	77,0%	49,0%	63,0%	jan-25	64,0%	63,0%	77,0%	49,0%	63,0%	feb-25	64,0%	63,0%	77,0%	49,0%	63,0%	mar-25	68,0%	63,0%	77,0%	49,0%	63,0%	apr-25	66,0%	63,0%	77,0%	49,0%	63,0%	mai-25	65,0%	63,0%	77,0%	49,0%	63,0%	<p>Single Cancer Pathway (SCP) ended the year strongly, delivering 67.5%. Whilst not quite meeting the annual plan trajectory of 70%, there was less volatility in month-to-month performance through the second part of the year with more stable, improved performance. Performance has decreased slightly in the first two months of the year but remains above the median over the course of the past 14 months. The 25/26 IMTP trajectory is to achieve 67% by Q1, rising by 1% through the rest of the year to reach 70% at year end.</p>
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	<p>Reduction in backlog of patients waiting over 62 days (SCP)</p>	<p>299 (May)</p> <p>Above Q1</p> <p>Trajectory of 280</p>	<p><b>SCP 62 Day Backlog</b></p> <table border="1"> <caption>SCP 62 Day Backlog</caption> <thead> <tr> <th>Month</th> <th>SCP Backlog</th> <th>Median</th> <th>Upper Limit</th> <th>Lower Limit</th> </tr> </thead> <tbody> <tr><td>apr-24</td><td>420</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>mai-24</td><td>480</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>jun-24</td><td>440</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>jul-24</td><td>390</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>aug-24</td><td>350</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>sep-24</td><td>320</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>okt-24</td><td>280</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>nov-24</td><td>250</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>des-24</td><td>260</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>jan-25</td><td>280</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>feb-25</td><td>270</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>mar-25</td><td>270</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>apr-25</td><td>290</td><td>300</td><td>520</td><td>90</td></tr> <tr><td>mai-25</td><td>300</td><td>300</td><td>520</td><td>90</td></tr> </tbody> </table>	Month	SCP Backlog	Median	Upper Limit	Lower Limit	apr-24	420	300	520	90	mai-24	480	300	520	90	jun-24	440	300	520	90	jul-24	390	300	520	90	aug-24	350	300	520	90	sep-24	320	300	520	90	okt-24	280	300	520	90	nov-24	250	300	520	90	des-24	260	300	520	90	jan-25	280	300	520	90	feb-25	270	300	520	90	mar-25	270	300	520	90	apr-25	290	300	520	90	mai-25	300	300	520	90	<p>The 62 and 104 day backlog for the SCP decreased significantly through the course of 24/25, with the 62 and 104 day positions having been relatively stable for the past 8 months. Tumour site specific Task and Finish groups have been instrumental in delivering improvement in the backlog position, as has Divisional scrutiny to improve compliance and maintain attentive focus of management of patients going through the pathway.</p>															
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Single Cancer Pathway

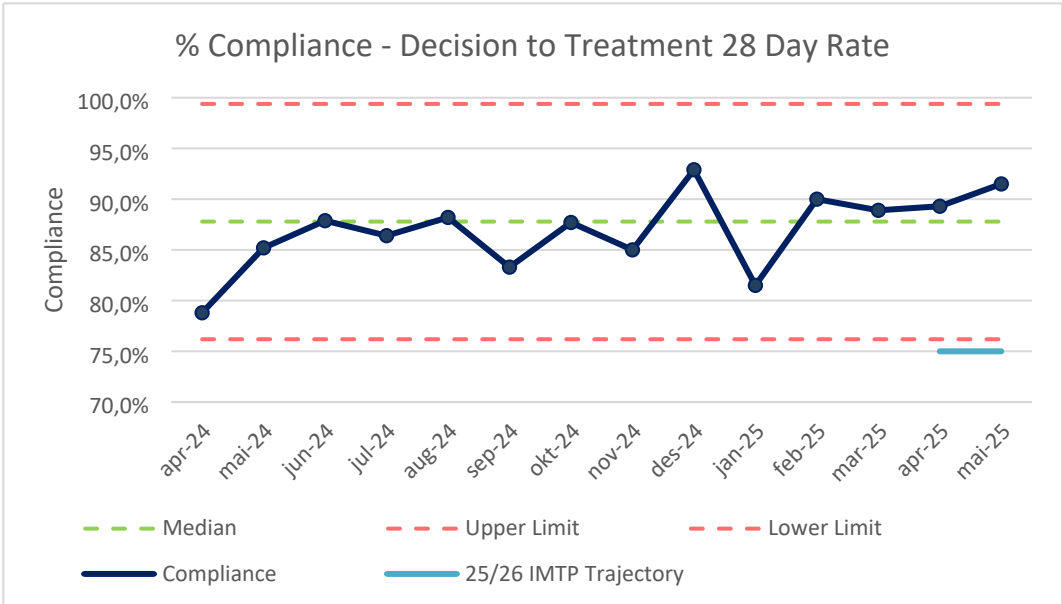
Reduction in backlog of patients waiting over 104 days (SCP)

77 (May)  
Above Q1  
Trajectory of 70



Increase in rate of Cancer diagnosis or discharges within 28 days

91.5% (May)  
Above Q1  
Trajectory of 75%



28-day decision to treat (DTT) performance has been excellent for 4 months, between 89% and 92%.

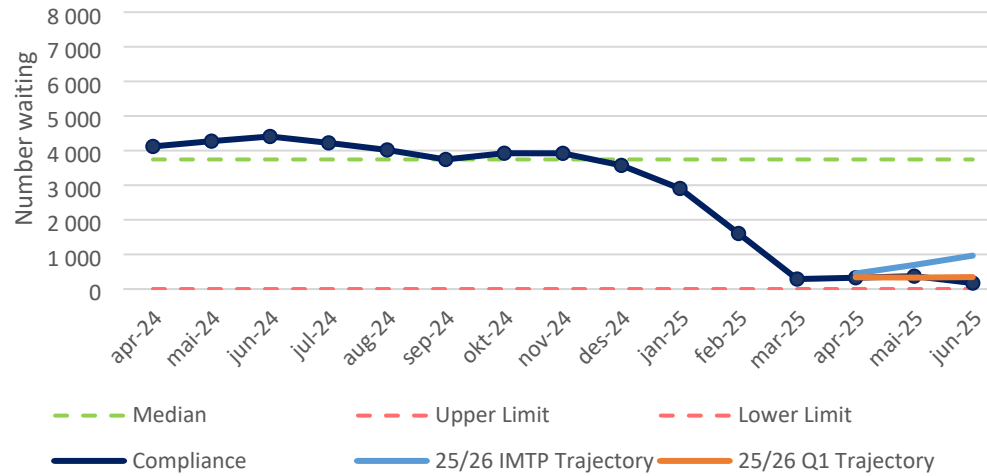
Longest waiting patients

Numbers of patients waiting over 104 weeks (all stages)

**Ministerial Delivery**

172 (Jun)  
Below ITMP  
Trajectory of  
966  
Below Q1  
funded  
trajectory of  
345

Patients waiting more than 104 weeks - all stages

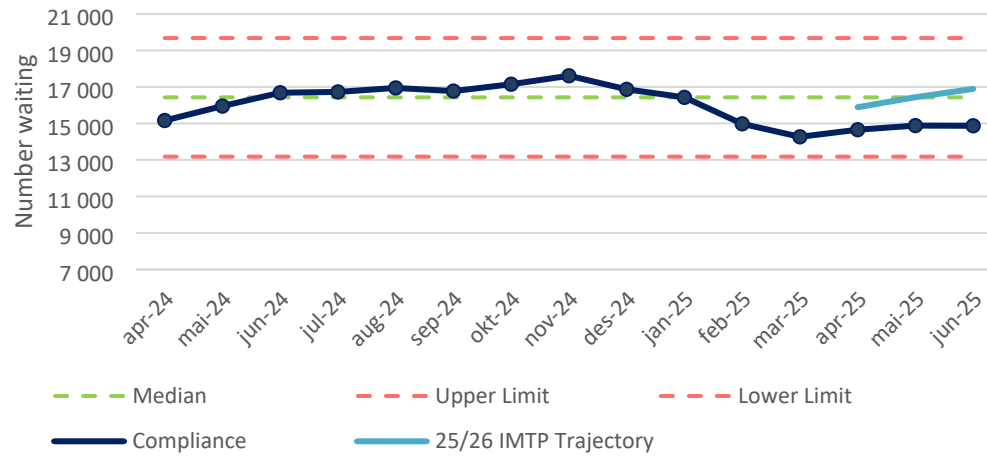


Q1 focus has been on maintaining the 104wk position that was delivered at the end of 24/25 of 288. Non recurrent funding for ENT, Ophthalmology (non-cataract), and T&O was received for Q1 to deliver a zero position with a risk of 345, as well as whole year funding for Regional Ophthalmology which is now aiming to deliver against a 94wk position. Q1 position of 172 represents an excellent result.

Number of patients waiting more than 52 weeks for a new Outpatient appointment

14,870 (Jun)  
Below  
Trajectory of  
16,892

Number of patients waiting more than 52 weeks for a new outpatient appointment



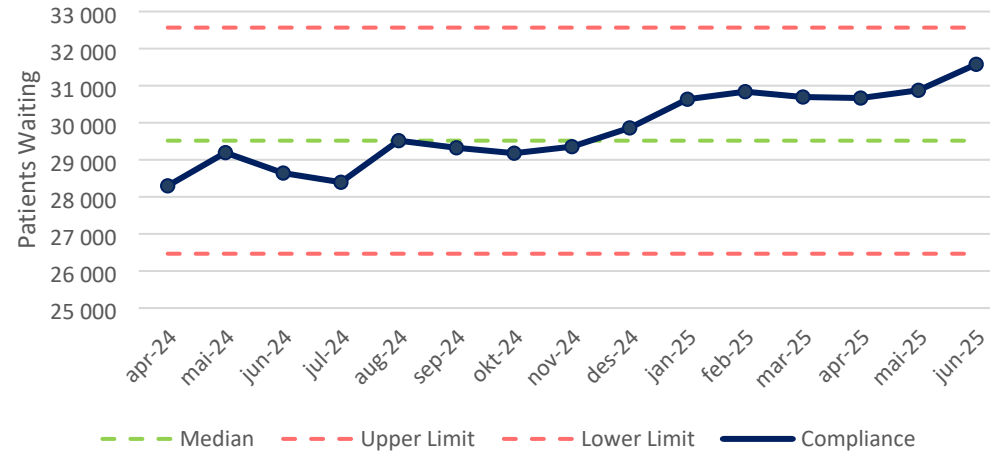
The 52 week outpatient position is ahead of track as a net beneficiary of the focused 104 work through the final part of 24/25 and into Q1, with the growth from April to May less than that forecast through the IMTP process and actually reducing from May to Jun by 11. The emerging national plan around 26wk OP delivery will have an impact on this measure, with the potential to eliminate this position by the end of the year.

Outpatient Transformation

Reduction in the number of patients waiting 100% past Outpatient follow-up target date

31,576 (Jun)  
Above Q1  
Trajectory of 31,500

Reduction in the number of patients waiting 100% past target for follow-up



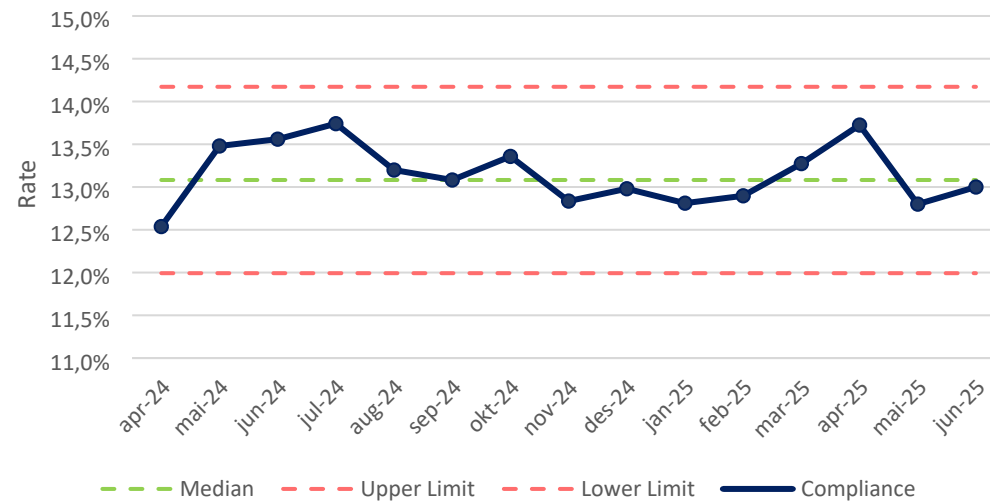
The list has stabilised to a degree over the past 5 months. Work is underway to validate the list, starting with those who are showing as far beyond 100% past target to check validity of remaining in follow up stage. IMTP trajectory seeks to reduce to 27,275 by year end.

Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU)

Enabling Action

13% (Jun)  
Above Q1  
Trajectory of 11%

% Rate of SOS / PIFU

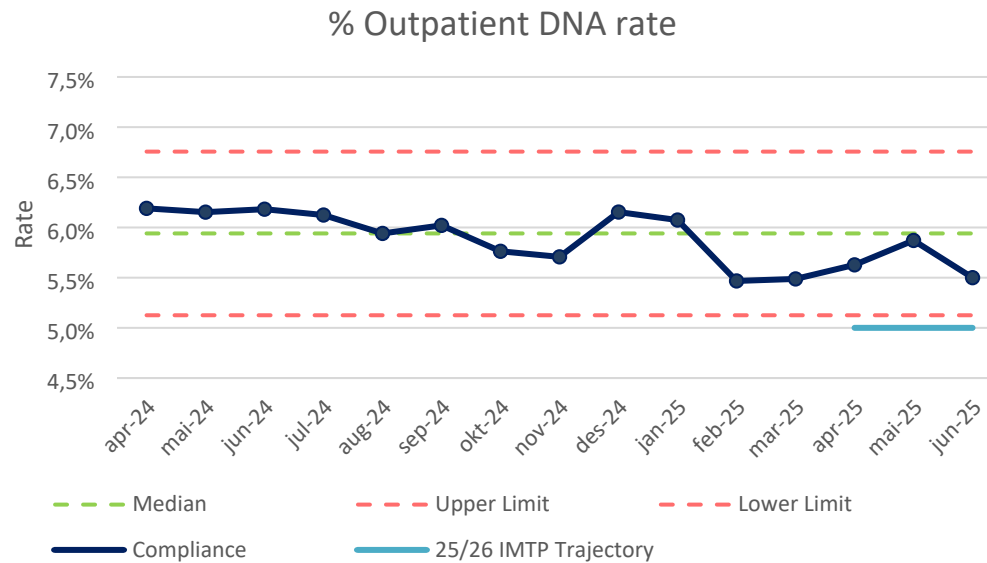


Rate of SOS and PIFU decreased in May, however recovered slightly in June and is ahead of Q1 trajectory. As part of the Enabling Actions, the Clinical Implementation Networks (CINs) have established SOS/PIFU targets at specialty and sub specialty level. IMTP trajectory is to achieve 13.5% by the end of the year.

Monitoring DNA/CNA for every Outpatient clinic. When DNA >5%, overbooking to be implemented & monitored and reduction of CNA

**Enabling Action**

5.5% (Jun)  
Above Q1  
Trajectory of 5%

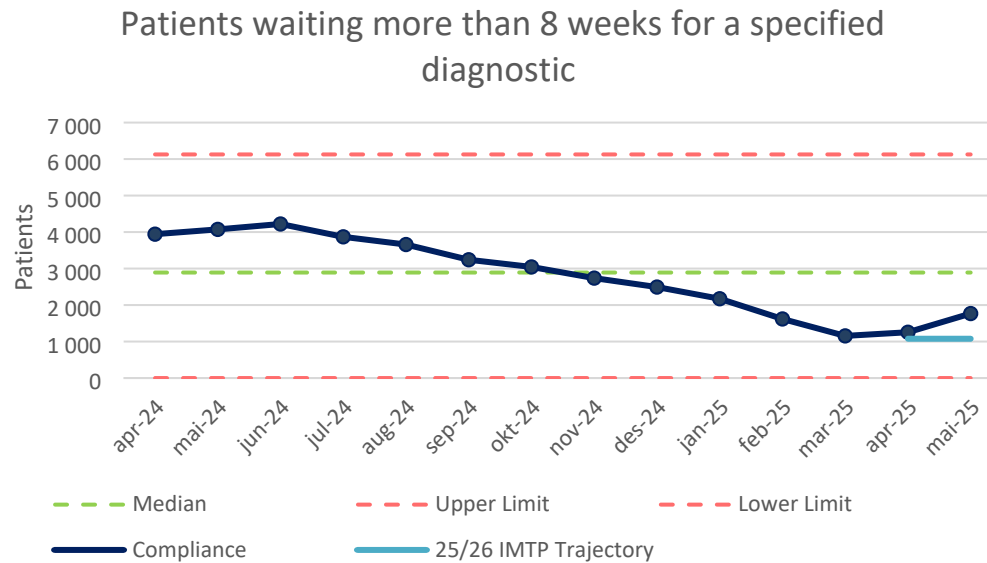


Performance continues to trend downwards over the past 17 months. The AB Mathematical Modelling team are piloting a tool that can predict the likelihood of a patient DNAing, and pending validation of results will look to spread and scale the approach across additional specialties and services which could help improve performance.

Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic

**Ministerial Delivery**

1,767 (May)  
Above  
Trajectory of 1,077

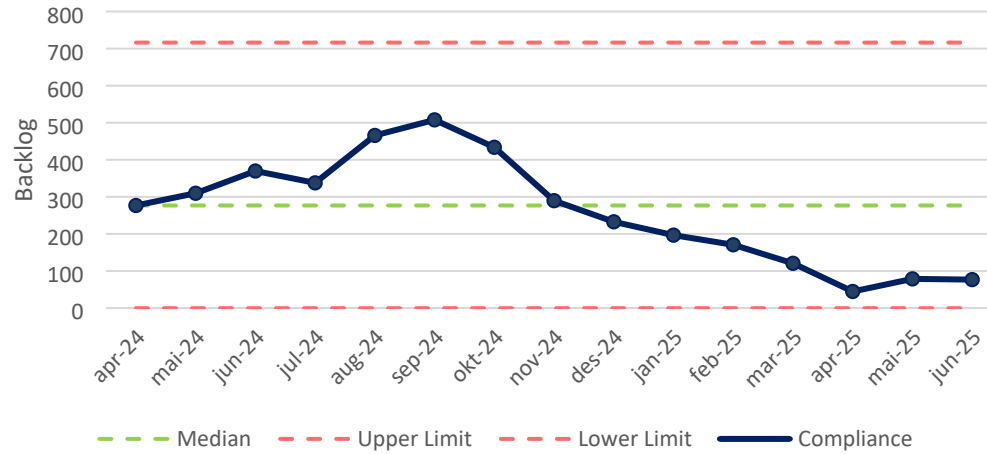


Patients waiting more than 8 weeks for a specified diagnostic increased to 1,767 in May which is above IMTP trajectory of 1,077. The increase from April was largely attributable to Ultrasound which was due to staffing issues, and a plan was put in place to ensure the breach numbers reduce in June.

No patient waiting more than 14 weeks for a Therapeutic Assessment

77 (Jun)  
Below Q1  
Trajectory of 170

Patients waiting more than 14 weeks for a therapeutic assessment

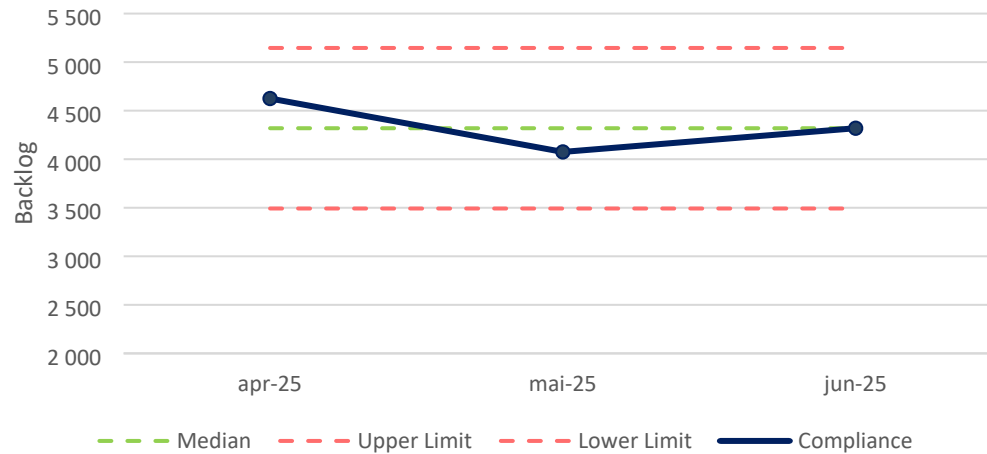


Following the significant reduction delivered in April for Therapies 14 week compliance to 45 breaches, which was driven by Dietetics, the position increased in May to 79 and remained at a similar level in June, however this remains well below the Q1 forecast position of 170. The IMTP trajectory is to deliver a year end position of 105.

Number of adults waiting more than 14 weeks for all Audiology Pathways

4,319 (Jun)  
Below Q1  
Trajectory of 5,045

Number of adults waiting more than 14 weeks for all audiology pathways



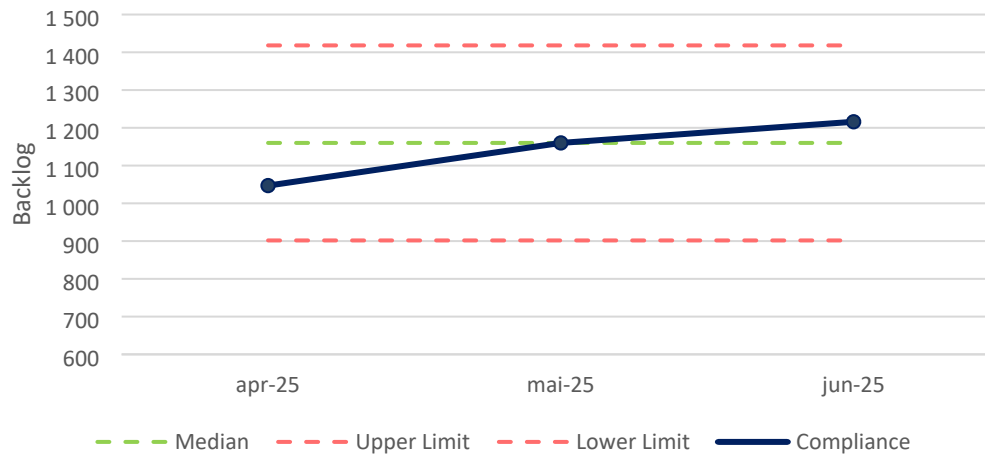
Newly reportable pathways for 25/26, increasing from 1 to 6 for adults. Numbers reduced from April to May which is positive, with a subsequent smaller net increase in Jun however the projected growth from year end 24/25 in the 25/26 IMTP trajectory is currently being outperformed.



Number of children waiting more than 6 weeks for all Audiology Pathways

1,216 (Jun)  
Below Q1  
Trajectory of  
1,654

Number of children waiting more than 6 weeks for all audiology pathways



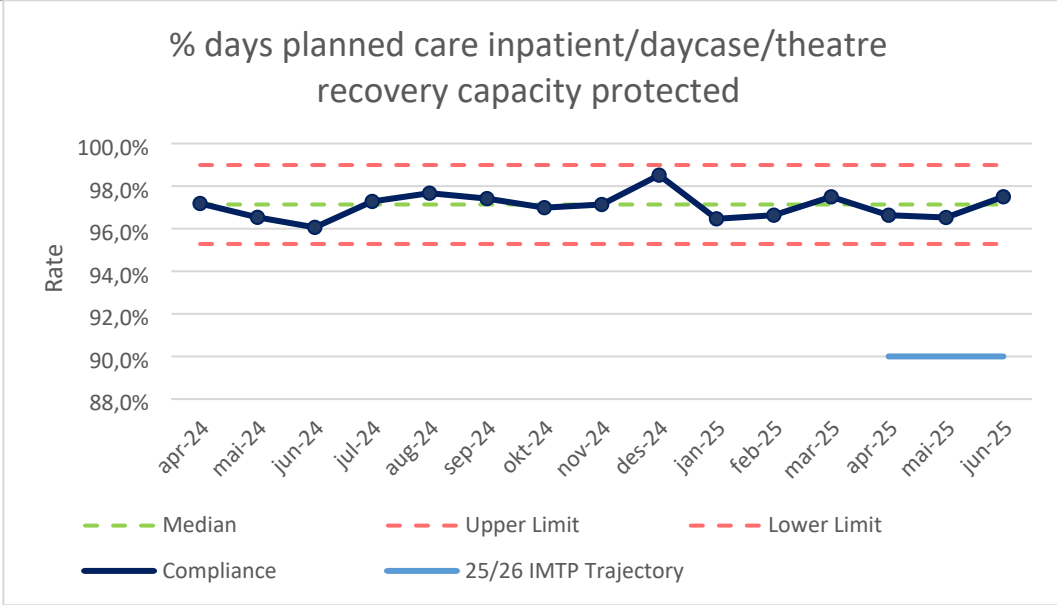
Newly reportable for 25/26, with 2 paediatric pathways. Growth from April to Jun was expected, although slower than that projected through the demand and capacity process indicating potential to meet IMTP trajectory through the year.

**Theatres**

On 90% of days planned care Inpatient/Daycase/Theatre recovery capacity should be protected from pressures and outliers

**Enabling Action**

97.5% (Jun)  
Above Q1  
Trajectory of  
90%

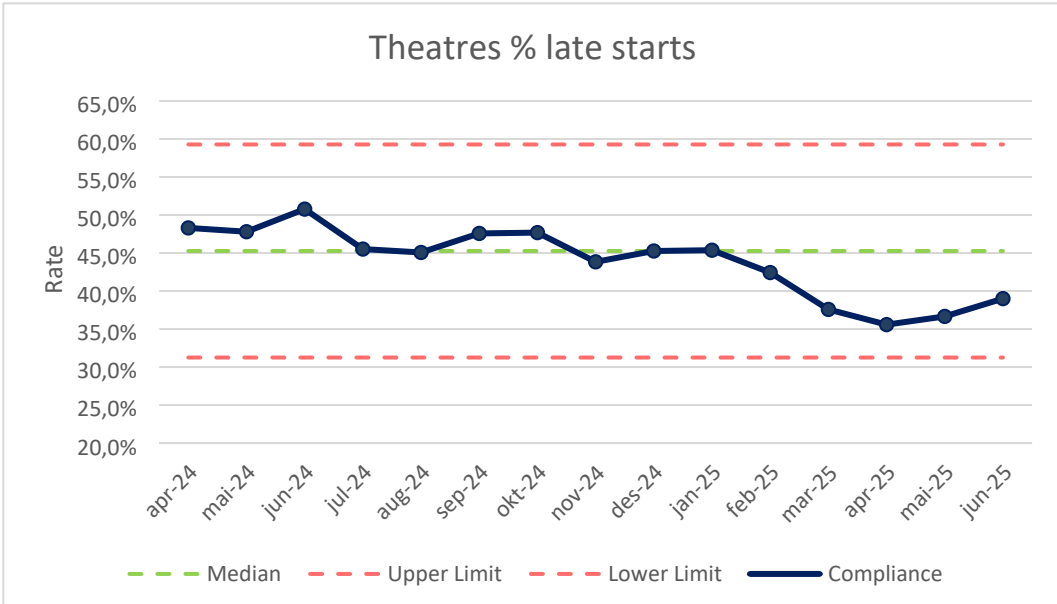


One of the Cabinet Secretary's Enabling Actions under the Planned Care theme, performance for ABUHB has been compliant with this measure through the past 15 months. As demonstrated in the GUH/Hospital System report this is a key benefit of the unique system in Gwent.

Theatre Utilisation: late starts to less than 20%

**Enabling Action**

39.0% (Jun)  
Below Q1  
Trajectory of  
40%



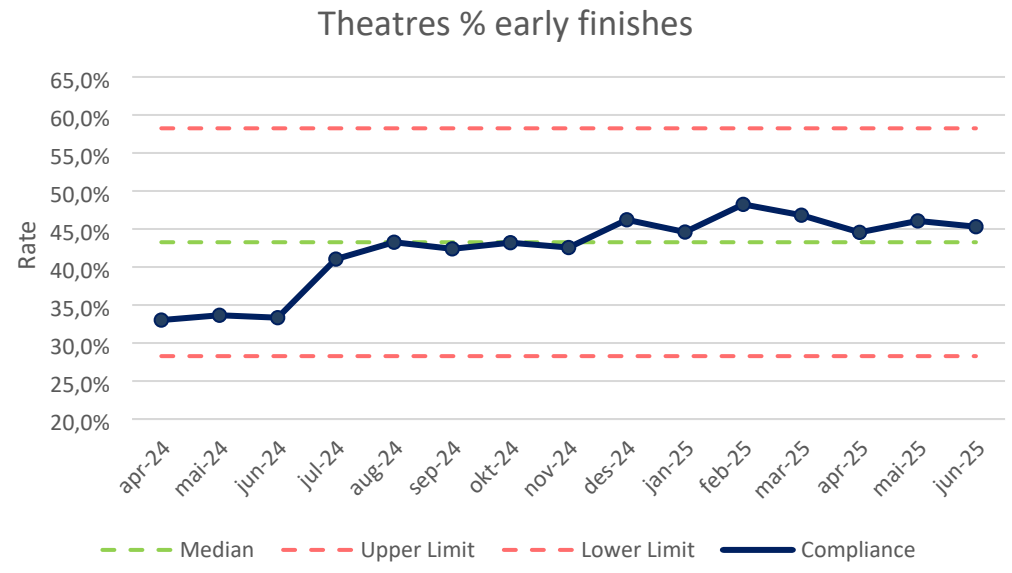
Another Enabling Action, this measure has been split out to cover late starts, early finishes and session utilisation. Model Hospital Metrics dashboard, aligned to NHS England measures, has been created to provide visibility to performance across the organisation. Performance measures are brought to the Theatres Utilisation Group as well as Planned Care Board. IMTP commitments with regards to trajectories and year end positions are:

- Late starts to 25%
- Early finishes to 25%
- Session utilisation to 85%

Theatre Utilisation:  
early finishes to less  
than 10%

**Enabling Action**

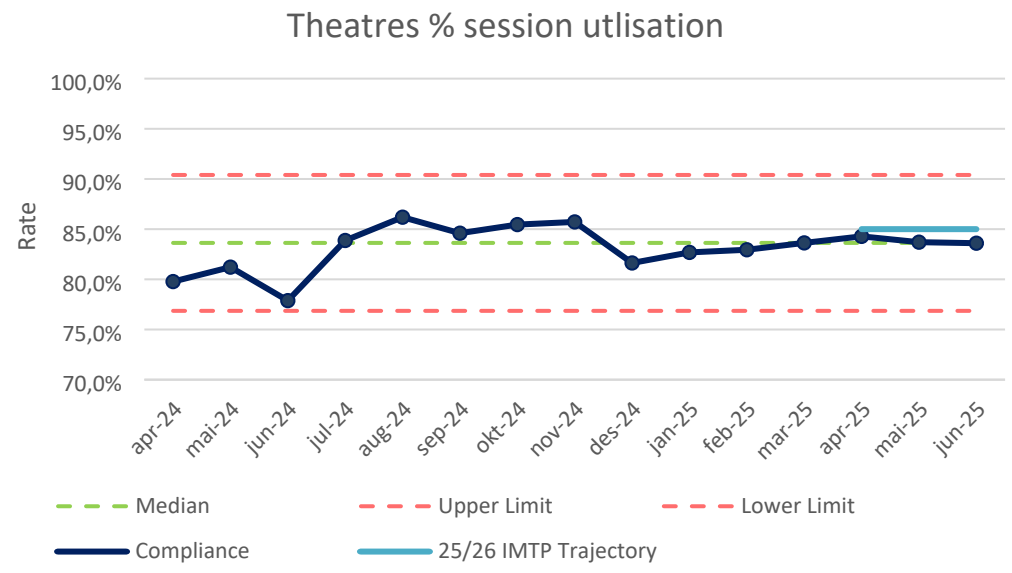
45.3% (Jun)  
Above Q1  
Trajectory of  
43%



Theatre Utilisation:  
session utilisation to  
85%

**Enabling Action**

83.6% (Jun)  
Below Q1  
Trajectory of  
85%

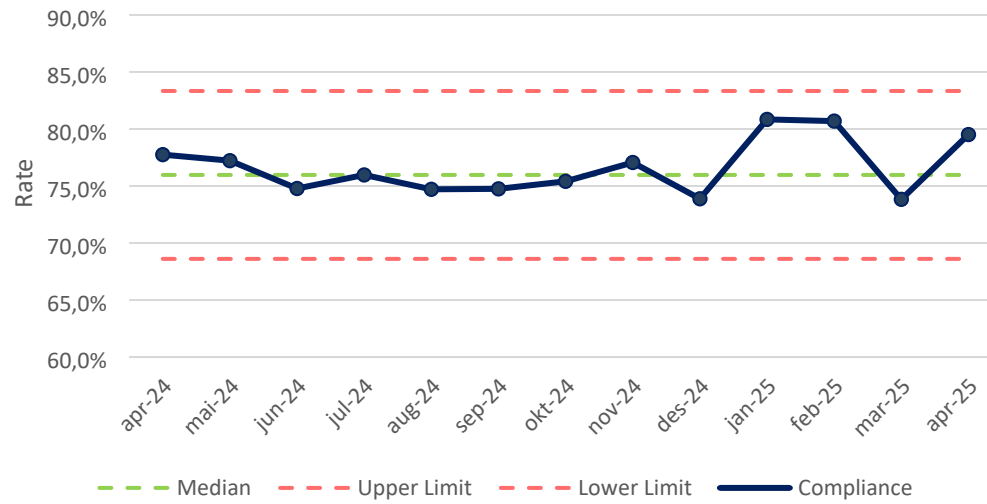


Deliver improvements in day surgery rates, achieving a BADS daycase rate

**Enabling Action**

79.5% (Apr)  
Above Q1  
Trajectory of  
45%

BADS daycase rate



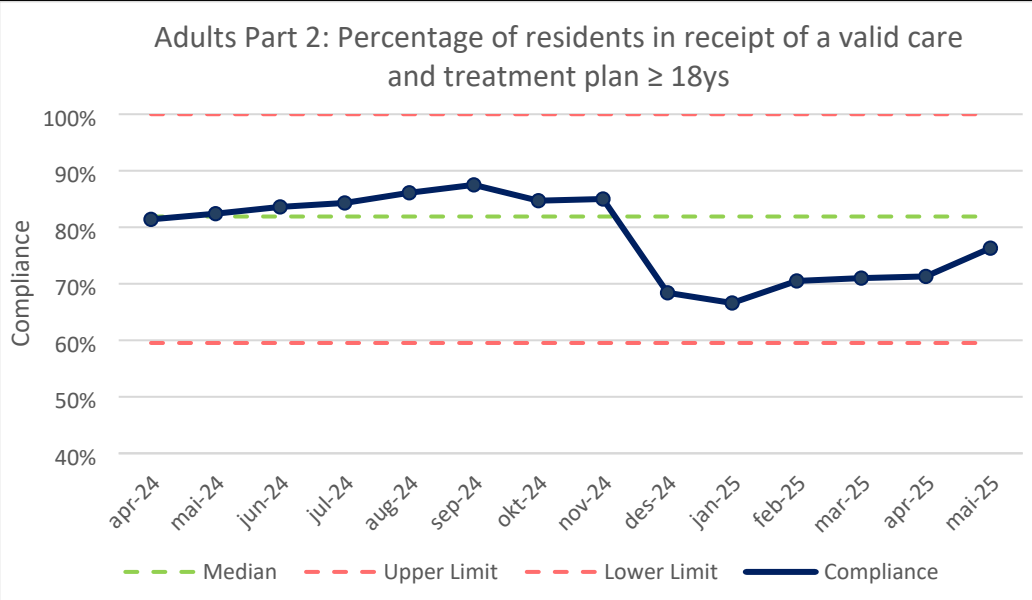
The final Enabling Action included as a core performance measure with the IMTP, there is no 25/26 performance data yet with the availability typically running 2 to 3 months in arrears. The national target is to achieve a rate of 70% by April and 80% by June.

Quadruple Aim 2		Improving our Mental health services																																																																													
Priority	Performance Summary	Performance against Q2 Trajectory	Data																																																																												
Adult Mental Health	<p>Increase in Part 1a to national target for Adult MH (assessment completed within 28 days)</p> <p><b>Ministerial Delivery</b></p>	<p>84.4% (May) Above Q1 Trajectory of 80%</p>	<p><b>Adults 1a: Assessment by LPMHSS within 28 days of referral.</b></p> <table border="1"> <caption>Adults 1a: Assessment by LPMHSS within 28 days of referral</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr><td>apr-24</td><td>20</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>mai-24</td><td>45</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>jun-24</td><td>60</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>jul-24</td><td>65</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>aug-24</td><td>60</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>sep-24</td><td>55</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>okt-24</td><td>65</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>nov-24</td><td>85</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>des-24</td><td>90</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>jan-25</td><td>92</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>feb-25</td><td>92</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>mar-25</td><td>95</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>apr-25</td><td>92</td><td>75</td><td>100</td><td>10</td></tr> <tr><td>mai-25</td><td>85</td><td>75</td><td>100</td><td>10</td></tr> </tbody> </table>	Month	Compliance (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	apr-24	20	75	100	10	mai-24	45	75	100	10	jun-24	60	75	100	10	jul-24	65	75	100	10	aug-24	60	75	100	10	sep-24	55	75	100	10	okt-24	65	75	100	10	nov-24	85	75	100	10	des-24	90	75	100	10	jan-25	92	75	100	10	feb-25	92	75	100	10	mar-25	95	75	100	10	apr-25	92	75	100	10	mai-25	85	75	100	10	<p>Performance has remained strong at the beginning of 25/26 at 92.6%, with 6 consecutive months in excess of national standard of 80%. There was a notable increase in waitlist, rising by ~320 from March to April. This increase in demand has impacted May performance, however the national standard is still being met and the waitlist has returned to a similar level to that of March. RPA now in place to help support management of referrals which cuts c. 3 days off the referrals process between GPs and the PCMH team.</p>
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Adult Mental Health

Maintain Part 2 rates for Adult MH (number of individuals with a valid care and treatment plan)

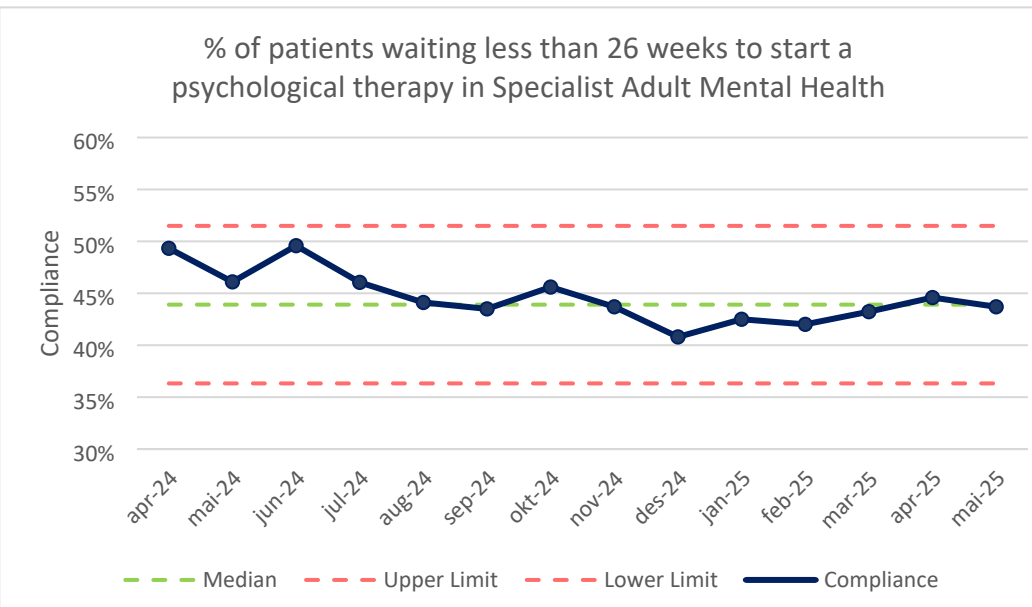
76.3% (May)  
Below Q1  
Trajectory of 80%



Following the decrease in compliance in Dec, there has been an improvement in May performance to 76.3%, indicating that the Divisional action plan in place to ensure compliance returns is beginning to impact. The decrease in performance was due to some staff not accurately recording the CTPs on the clinical system. Intensive work within the Division to recover this to 80% in Q1 and to achieve the national standard of 90% by Q2.

Maintain rate of Psychological Therapy received within 26 weeks for Adult MH

43.7% (May)  
Below Q1  
Trajectory of 48%

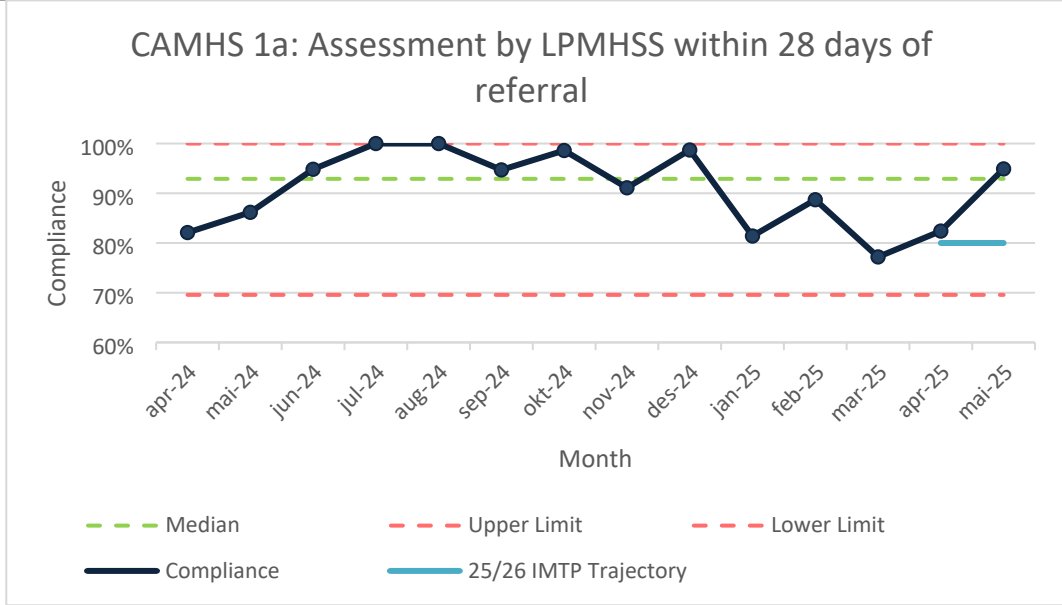


Small increase from March to April but overall performance has remained largely static over the past 9 months, and is the next area for Divisional focus following delivery of improvement in Part 1. The length of wait for the longest waiters is starting to come down. Plan into 25/26 has been agreed, with data validation and pathway developments for the focus for the first half of the year. IMTP trajectory has a year end position of 60%.

Maintain Child and Adolescent Mental Health Services (CAMHS) Part 1a national target compliance (assessment completed within 28 days)

**Ministerial Delivery**

94.9% (May)  
Above Q1  
Trajectory of 80%

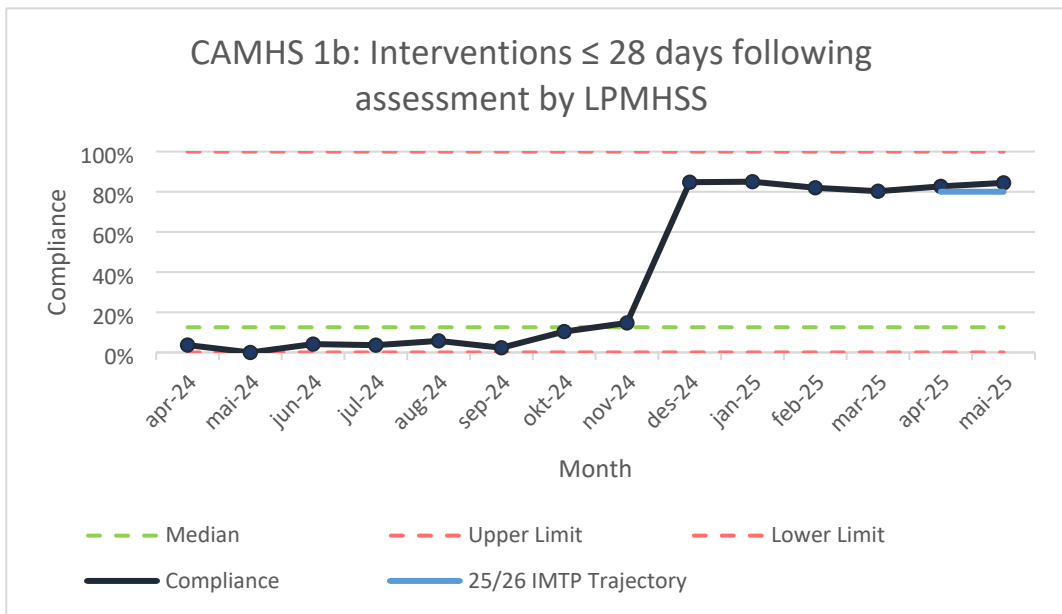


Following issues with clinical system and clock stop/start dates that pushed March CAMHS 1a performance below national standard, April performance has recovered to 82.4% and May improved again to 94.9%, well above the national standard (80%). Through the first two months of the year, the waiting list has decreased as the number of appointments delivered increased.

Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

**Ministerial Delivery**

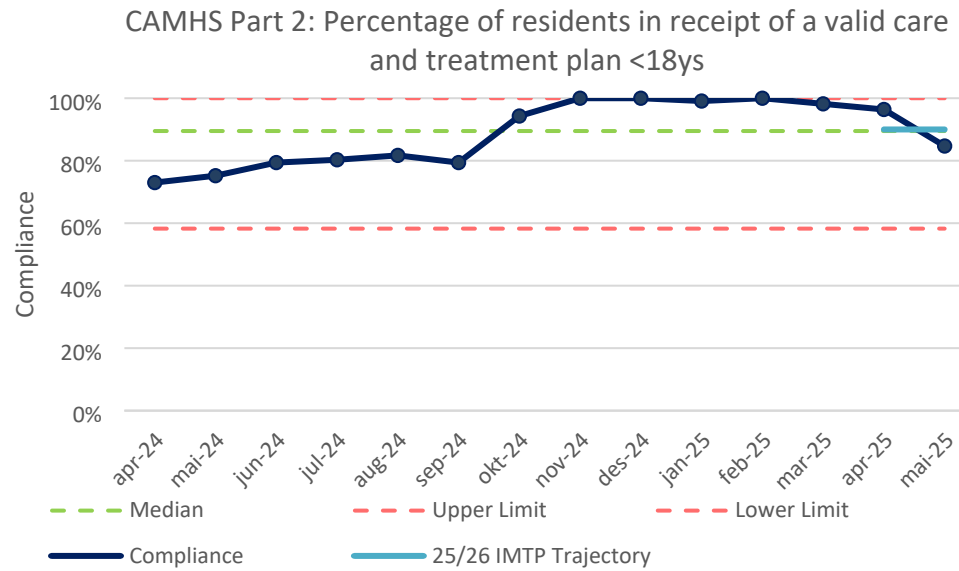
84.4% (May)  
Above  
Trajectory of 80%



CAMHS 1b performance has been maintained into the beginning of 25/26 and continues to meet the national standard. The waiting list is stable and the 1+1 model is going very well.

Maintain CAMHS Part 2 national target compliance

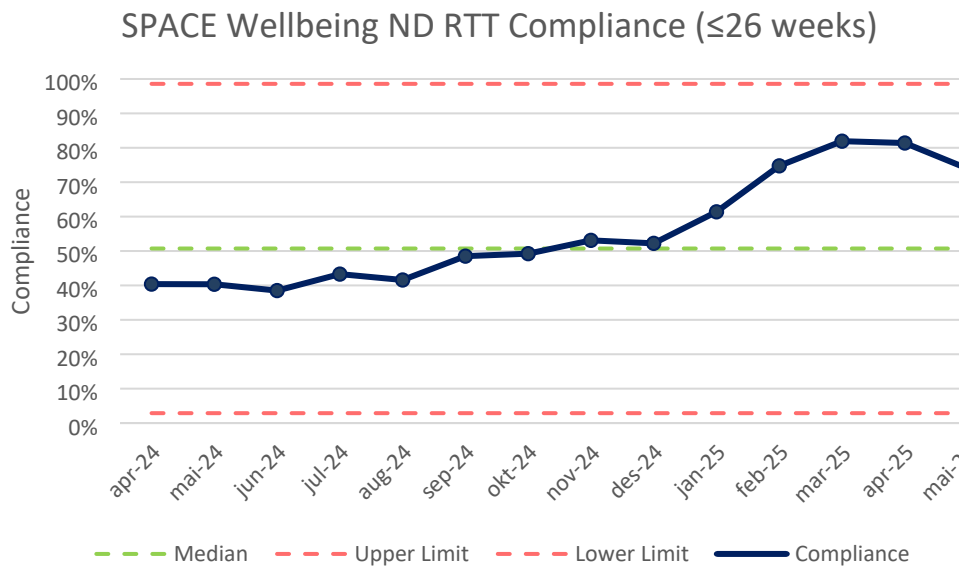
84.7% (May)  
Below  
Trajectory of 90%



CAMHS Part 2 decreased in the latest reporting period to 84.7% and below the national standard of 90% for the first time in 8 months. Decrease is attributable to an increase in demand. The service has developed an action plan with five key elements to work through which includes some service redesign, focussed on more granularity in the secondary care side of CAMHS delivery.

Improvement in Neurodevelopment (iSCAN) compliance

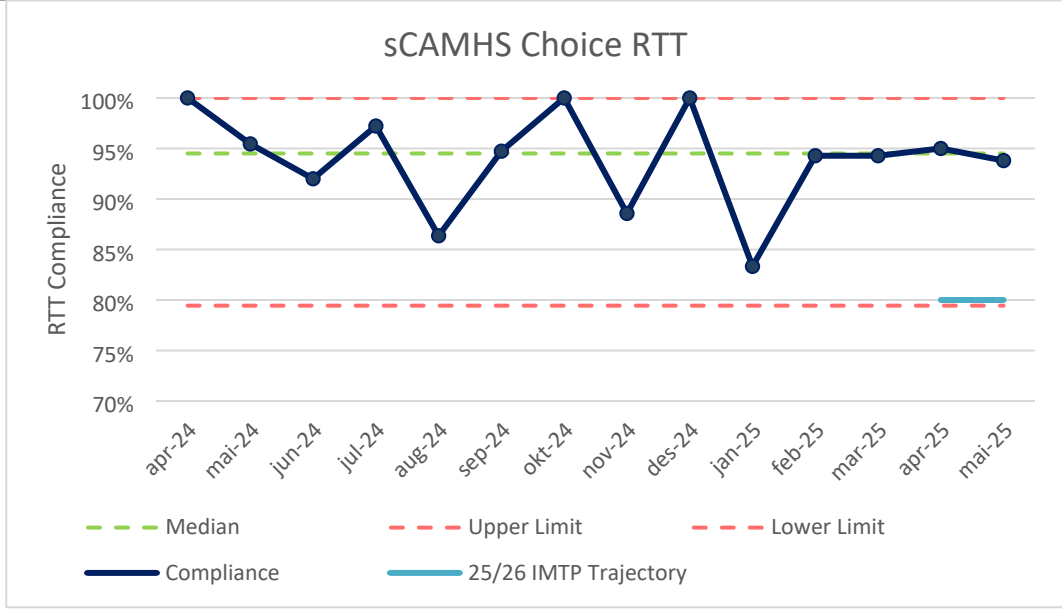
73.95% (May)  
Above Q1  
Trajectory of 70%



After achieving the national standard (80%) in March and becoming the only Health Board to have done so at end of the year, performance has been maintained in April. Significant interest from other Health Boards in learning from the AB model. The decrease in performance in May to 73.95% was expected due to clearing the old waiting list backlog and implementing the new NESH system, and was factored into the IMTP trajectory with a Q1 value of 70%. IMTP trajectory sees performance rise to 75% in Q2, before returning to the national standard of 80% in Q3 and then maintaining through to year end.

Maintain 80% compliance of SCAMHS Choice Assessments within 28 days from referral

93.8% (May)  
Above Trajectory of 80%



Specialist CAMHS Choice RTT remains strong and ahead of national standard (80%).

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O: MEETING OF:</b>	Finance and Performance Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Finance Performance Report – June 2025 (2025/26 Month 03)
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rob Holcombe - Director of Finance, Procurement & VBHC
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Suzanne Jones – Interim Assistant Director of Finance

**Pwrpas yr Adroddiad  
Purpose of the Report**

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of June 2025 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 30<sup>th</sup> June 2025,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

The month 3 monitoring returns reported to Welsh Government are included as an appendix with a system link.

# ADRODDIAD SCAA SBAR REPORT

## Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 30<sup>th</sup> June 2025 (Month 03) for the financial year 2025/26.

The 2025/26 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

### Jun-25 Performance against key financial targets 2025/26 +Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
<b>Revenue financial target</b> To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	2,412	7,072	0	
<b>Capital financial target</b> To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000	2,447	6,198	0	
	£32,167	7.6%	19.3%		
<b>Public Sector Payment Policy</b> To pay a minimum of <b>95%</b> of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.0%	97.2%	>95%	

Performance against requirements 23/24		22/23	23/24	24/25	3 Year Aggregate (22/23 to 24/25)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	36,842	49,754	7,185	93,781
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(43)	(41)	(66)	(150)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	22/23	23/24	24/25	25/26 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£89.6m Deficit	£81.4m Deficit	£27.2m Deficit	£14m Deficit

### Note:

**The forecast is highlighted as Amber (rather than green) due to the extreme risk rating reflective of the level of remaining mitigations required and savings yet to be confirmed and the divergence from plan to month 3 requiring additional mitigating actions of £17.89m.**

***At Month 03, the reported forecast revenue position and the reported capital position is break-even. There are risks to achieving the reported forecasts.***

The year to date budget performance at month 3 is a deficit of £7.072m. This position is £0.7 worse compared to the £6.333m Plan month 2 profile for 2025/26. This is due to winter wards remaining open beyond plan, high cost drugs spend and additional activity to improve the 104 week waits performance, the Health Board expects to mitigate these costs in future months. The forecast position remains in line with the submitted IMTP as break-even for 2025/26, however, this will need to be reviewed during the next month due to the significant extreme risk to achievement.

The Board in committee on the 16<sup>th</sup> July has agreed to undertake a rigorous review of savings, mitigations and opportunities to de-risk the current forecast delivery. This process will develop a re-evaluated forecast position in readiness for the month 5 report to Welsh Government.

### **Cefndir / Background**

The Board approved 2025/26 IMTP financial plan stated it was ambitious with a high delivery risk to achieve financial balance.

The Board approved financial plan reported an underlying opening financial deficit for the 2025/26 financial year of £27m with a forecast closing underlying deficit position of £14m.

In order to achieve a balanced financial plan Savings of £40m were required.

There remains significant extreme risk with this forecast position, particularly full achievement of saving opportunities, new year pressures including waiting times target spend, drug cost growth, receipt of anticipated allocations, mitigating actions for the National Insurance funding shortfall and operational pressures driving workforce costs.

## **Asesiad / Assessment**

### **• Revenue Performance**

#### **Forecast**

The plan financial forecast submitted following Board approval in March 2025 was a non recurrent break-even position for 2025/26.

The Health Board monitors costs against the components of the plan. In month 3 issues to note which fall outside of the IMTP plan include:

- Winter wards remained open leading to a cost pressure in PCCS & Medicine (£0.8m),
- Spend on hospital drugs including the continuing trend seen by Surgery towards the end of 2024/25 of increased spend in Haematology (£0.8m),
- The impact of increased primary care prescribed drugs growth above estimates for 2024/25 reflected in 25/26 revised forecasts (£1m),
- Mental Health underlying issues in particular opportunities realised in 24/25 rather than 25/26 per plan, variable pay and unachieved savings (£4m),
- CHC – growth in particular in D2A and 1-2-1 packages of care (£2m),
- Shortfall in NI funding (£2.2m),
- JCC recognise full forecast (£0.8m),
- Radiology Reporting (£0.5m),
- Quarter 1 104w Planned Care over delivery (£1.1m),
- There were Executive decisions funded from reserves of:
  - Surgery robot, expansion to provide colorectal surgery (£0.1m)
  - External commissioning of Thyroid services due to a loss in local provision (£0.5m)
  - ED Extension Medical shifts (£0.2m)
- Other pressures include variable pay & non pay (£4m),
- Total additional mitigating actions assumed to offset these costs in order to maintain the break-even forecast (£17.9m).

**Note: the national insourcing contract will incur costs in excess of current funded levels and is a significant additional risk to the plan.**

The table below describes the updated position following the annual plan submission (31<sup>st</sup> of March) in further detail: -

	Plan submission	Monthly reported position	Monthly reported position	Monthly reported position	
Category	March	Mth 1	Mth 2	Mth 3	Total
Underlying deficit b/f (£m)	27.1	27.1	27.1	27.1	27.1
Cost pressures identified (£m)	40.9	40.9	40.9	40.9	40.9
WG discretionary funding (£m)	(27.6)	(27.6)	(27.6)	(27.6)	(27.6)
Identified savings (£m)	(15.7)	(18.4)	(19.2)	(19.2)	(19.2)
Opportunities with line of sight (£m)	(10.3)	(7.6)	(6.8)	(6.8)	(6.8)
Pipeline opportunities & stretch to break-even (£m)	(14.4)	(14.4)	(14.4)	(14.4)	(14.4)
<b>Sub-total deficit (£m)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>
Winter Wards remaining open April (PCCS & Medicine)		0.7	0.1		0.8
Acute care drugs (ie Surgery - Haematology)		0.8	0.5	(0.5)	0.8
Prescribing			1.0		1.0
MH Underlying issues (including Variable pay)			2.0		2.0
MH - Variable pay, unacoaved savings & 25/26 new dispute				2.0	2.0
CHC (price and volume inc d2a)			1.0	1.0	2.0
NI Shortfall				2.2	2.2
JCC Performance				0.8	0.8
Other pressures including variable pay & Non Pay		0.4	0.4	3.2	4.0
Radiology Reporting				0.5	0.5
Quarter 1 104wk Planned care over delivery				1.1	1.1
Surgery Robot, expansion to colorectal surgery		0.1			0.1
External Commissioning of thyroid services (due to loss of provision)			0.5		0.5
ED extension priority medical shifts				0.2	0.2
					0.0
Assumed mitigating actions (not yet identified) for in year cost pressures		(2.0)	(5.4)	(10.5)	(17.9)
<b>Total deficit</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>(0.0)</b>	<b>0.0</b>

A summary of the year to date financial performance is provided in the following table, by delegated area.

	Annual budget	YTD Reported Variance	Full-year Forecast at M03
	£000s	£000s	£000s
<b>Operational Divisions:-</b>			
Primary Care and Community	314,481	680	3,800
Prescribing	125,633	1,038	4,182
Community CHC & FNC	73,993	199	2,383
Mental Health & Learning Disabilities	150,208	1,935	7,021
<b>Total Primary Care, Community and Me</b>	<b>664,314</b>	<b>3,852</b>	<b>17,386</b>
Surgery	151,150	3,654	9,290
Clinical Support Services	134,847	6	1,988
Medicine	174,488	1,177	3,881
Urgent Care	42,426	70	384
Family & Therapies	146,792	1,187	3,787
Estates and Facilities	96,719	(47)	908
Chief Operating Officer	9,174	(54)	(43)
<b>Total Chief Operating Officer</b>	<b>755,597</b>	<b>5,992</b>	<b>20,195</b>
<b>Total Corporate Divisions</b>	<b>99,340</b>	<b>(1,452)</b>	<b>923</b>
<b>Total Specialist Services</b>	<b>191,647</b>	<b>441</b>	<b>1,779</b>
<b>Total External Contracts</b>	<b>110,714</b>	<b>159</b>	<b>274</b>
<b>Total Capital Charges</b>	<b>68,087</b>	<b>(3)</b>	<b>0</b>
<b>Total Delegated Position</b>	<b>1,889,701</b>	<b>8,990</b>	<b>40,558</b>
<b>Total Reserves</b>	<b>16,260</b>	<b>(1,918)</b>	<b>(2,067)</b>
<b>Total Income</b>	<b>(1,905,960)</b>	<b>0</b>	<b>0</b>
<b>Total Position</b>	<b>0</b>	<b>7,072</b>	<b>38,491</b>
Unallocated savings	0	0	(20,600)
Mitigating actions required for In year spend > plan (m1&2)	0	0	(7,405)
Mitigating actions required for In year spend > plan (m3)	0	0	(10,486)
<b>Total Reported Position</b>	<b>0</b>	<b>7,072</b>	<b>0</b>

### Summary of key operational points for Month 03

Key points to note for month 03 include:

- Expenditure within the Health Board for total pay was £73.2m (prior month £74.5m). Substantive pay was £67.5m (prior month £68.3m) and variable was £5.7m (prior month £6.2m).
- Non-pay expenditure (excluding capital adjustments) was £92.1m (prior month £89.5m). This is an increase of £2.6m compared to May. The increase in spend reflects the increased spend on contractor non cash limited (£2m), drugs (£1m), offset by a reduction across premises and fixed plant (-£0.6m).
- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children is broadly in line with plan.

- Prescribing costs are above plan with a forecast growth rate of 0.8% and an average item price for the year of £7.86 (based on a starting point of £7.74 for April).
- On-going acute secondary care high cost drugs and growth in usage continue to provide a pressure and will be managed/mitigated appropriately.
- Winter pressure wards continued into May 25 (£0.8m).
- The savings achieved are £4.1m against the plan of £3.6m, with a full year forecast of £40.4m, the full year delivery remains a significant risk.
- Demand & flow pressures for beds across the whole system remains a significant cost driver. There has, however, been a reduction in delays since the end of last year falling by over 20%. There were 181 in-patients fit for discharge at the WG data capture point (for pathways of care delays) in June (208 in May and a 26% decrease on last June's reported delays). This is reported as 38 Health delays, 50 Social care delays and 93 Joint delays. The top 5 reason categories in relation to delayed days are as follows:

Awaiting completion of assessment AHP	9%
Awaiting completion of assessment by social care	8%
Awaiting start of new home care package	14%
Awaiting reablement community care package	6%
Patient /family disputing and/or delaying to move to any stage of care/ next stage of discharge	4%

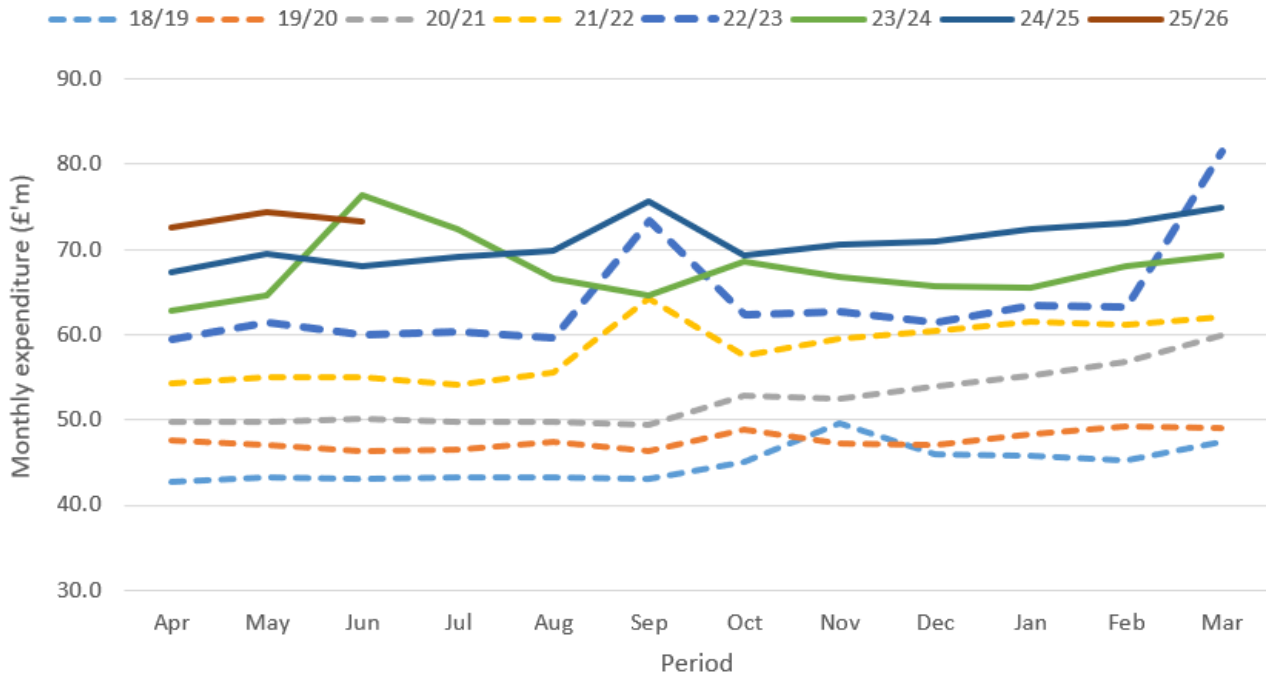
- The estimated cost for the year of continued blocked bed days for all reasons is c.£13.2m using a £200 cost per bed day (based on the number of in-patients for June). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

### **Expenditure run-rates**

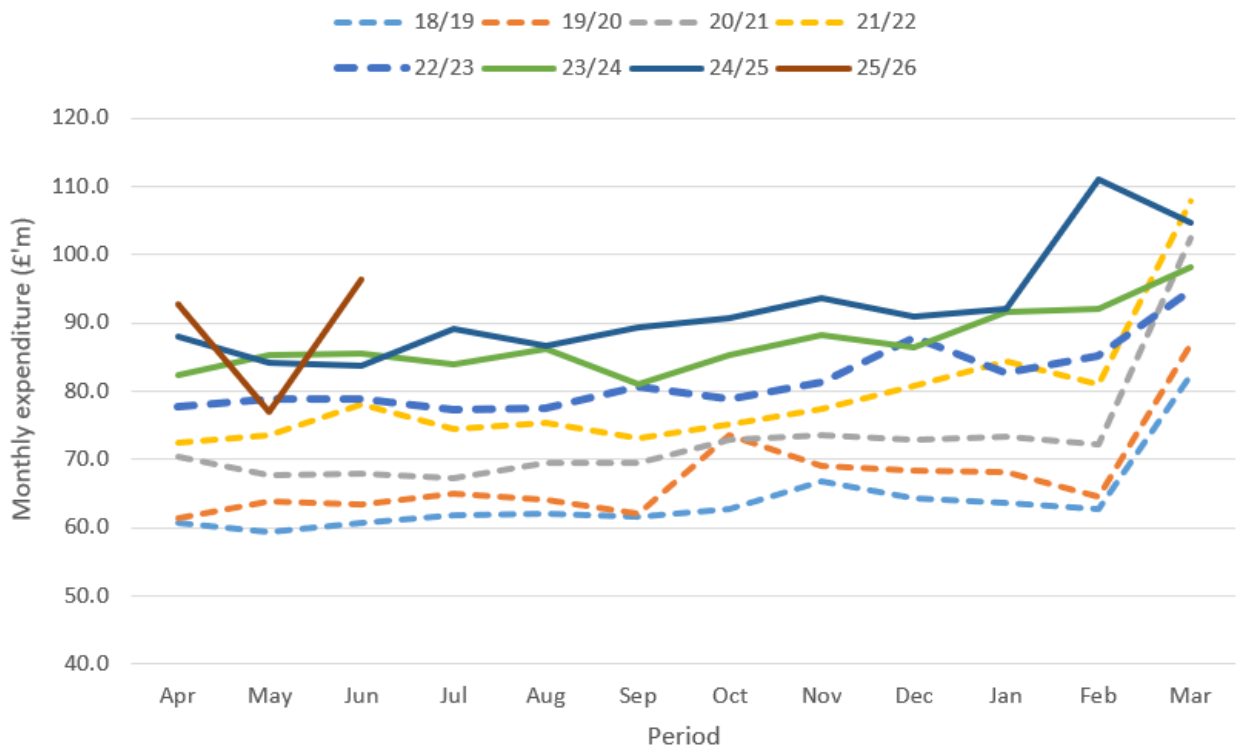
Pay and Non-Pay expenditure run-rates for the last six financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce in order for the Health Board to meet its annual plan deficit and even more so to deliver a break-even position in future financial years.

### Pay expenditure 2018 - 2025

(excludes impact of annual ER's pension adjustment, Covid annual leave accrual and bonus payments to HB staff)



### Non pay expenditure 2018 - 2025



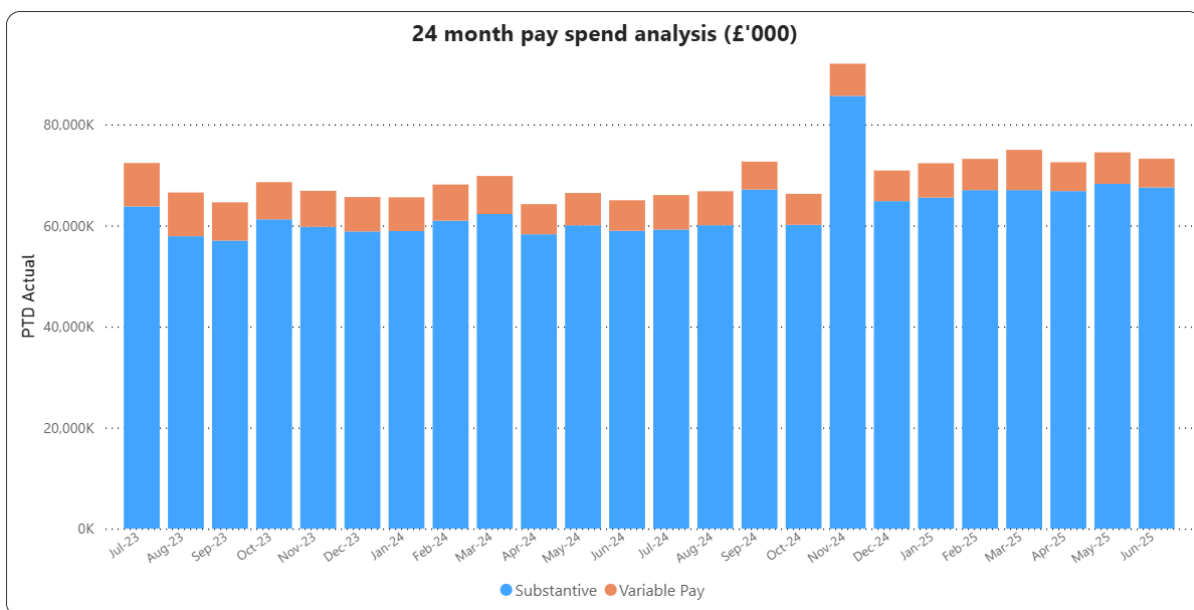
## Workforce

The Health Board spent £73.2m in June on workforce.

<b>Workforce Costs</b>	<b>Current month £m</b>	<b>Previous Month £m</b>	<b>Year to Date 25/26 £m</b>
Total Pay	74.5	74.5	220.2
Substantive Pay	67.5	68.3	202.6
Variable Pay	5.7	6.2	17.6

Operational pressures including Enhanced Care, sickness and vacant posts continue to cause a pressure on the Health Board position. The focus remains on minimising variable pay with a range of operational actions and savings plans including service re-design and capacity reduction. Real Terms Total workforce cost reduction will be the key indicator.

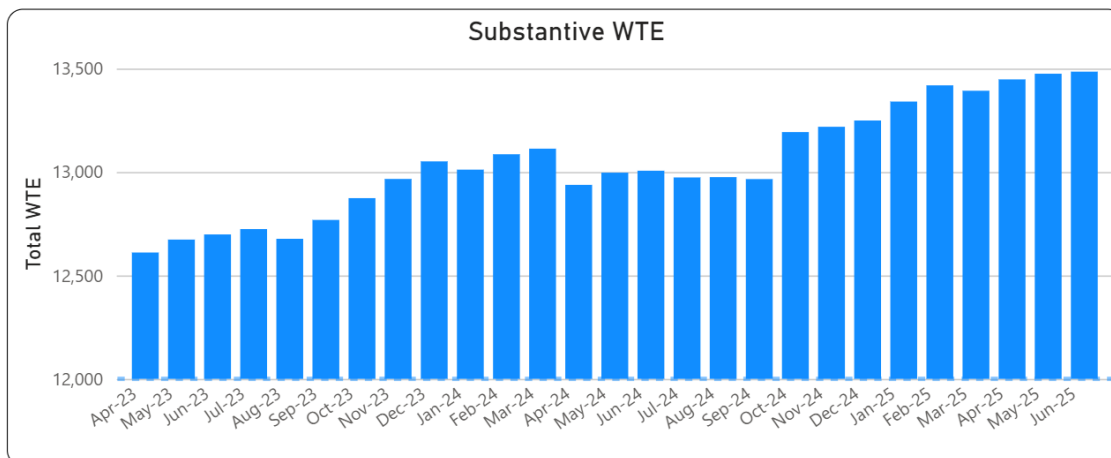
Workforce expenditure trends are shown below differentiating between substantive and variable pay<sup>1</sup>:



## Substantive staff

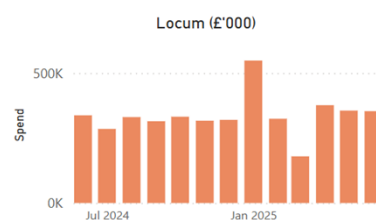
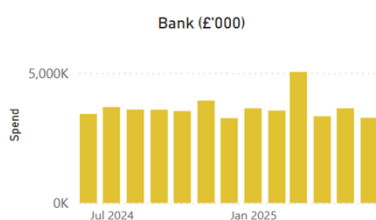
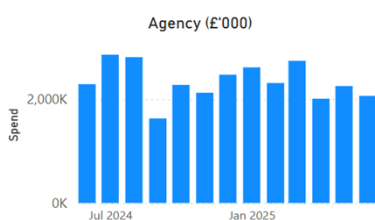
Substantive pay was £67.5m in May, a decrease of £0.7m compared with May. Substantive WTE's were 13,485 compared with 13,475 for May.

<sup>1</sup> To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).



## Variable pay

Variable pay (Agency, Bank and Locum) was £5.7m in June compared with £6.2m in May, a £0.5m decrease. The decrease in variable pay is reflective of the use of Medical Agency, RN & HCSW bank usage in PCCS & Medicine Divisions.



Variable Pay Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Agency - Nursing	0.6	0.6	1.8
Agency - Medical & Dental	0.9	1.2	3.0
Agency - HCSW	0.2	0.2	0.5
Agency - Estates & Other	0.3	0.3	1.0
Bank	3.3	3.6	10.2
Locums	0.4	0.4	1.1

**Enhanced Care** for June 2025 £0.43m 'notional calculated' expenditure using bank and agency registered nurses and health care support workers, for 16,823 hours worked (12% of medicine division bed cover).

**Nursing vacancy cover** for bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The June 2025 variable pay relating to vacancies is c.£1.3m ('notional calculated' expenditure) for 49,517 hours worked.

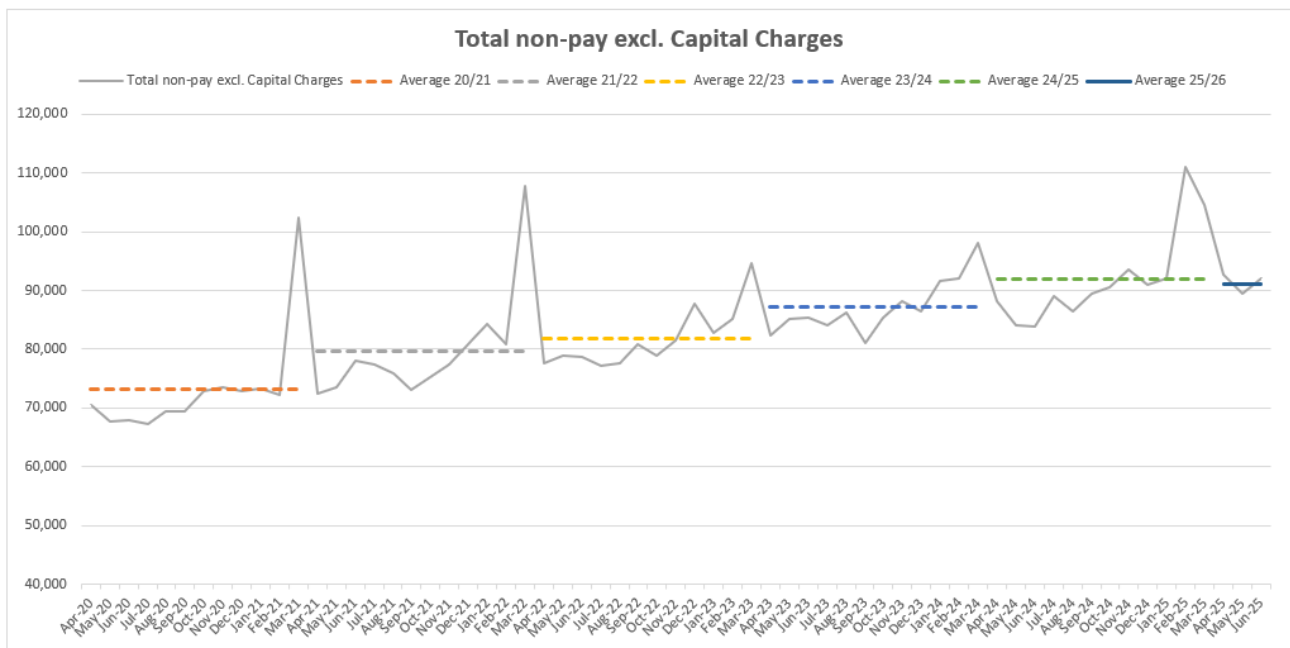
**Nursing sickness cover** for bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The May 2025 variable pay relating to sickness is c.£0.83m ('notional calculated' expenditure) for 31,586 hours worked.

**Non-Pay**

Spend (excluding capital) was £92m in June, which is an increase of £3.3m compared with May. This is due to:

- Non Cash Limited (£2m)
- Drugs (£1m)
- Premises and fixed plant (-£0.6m)

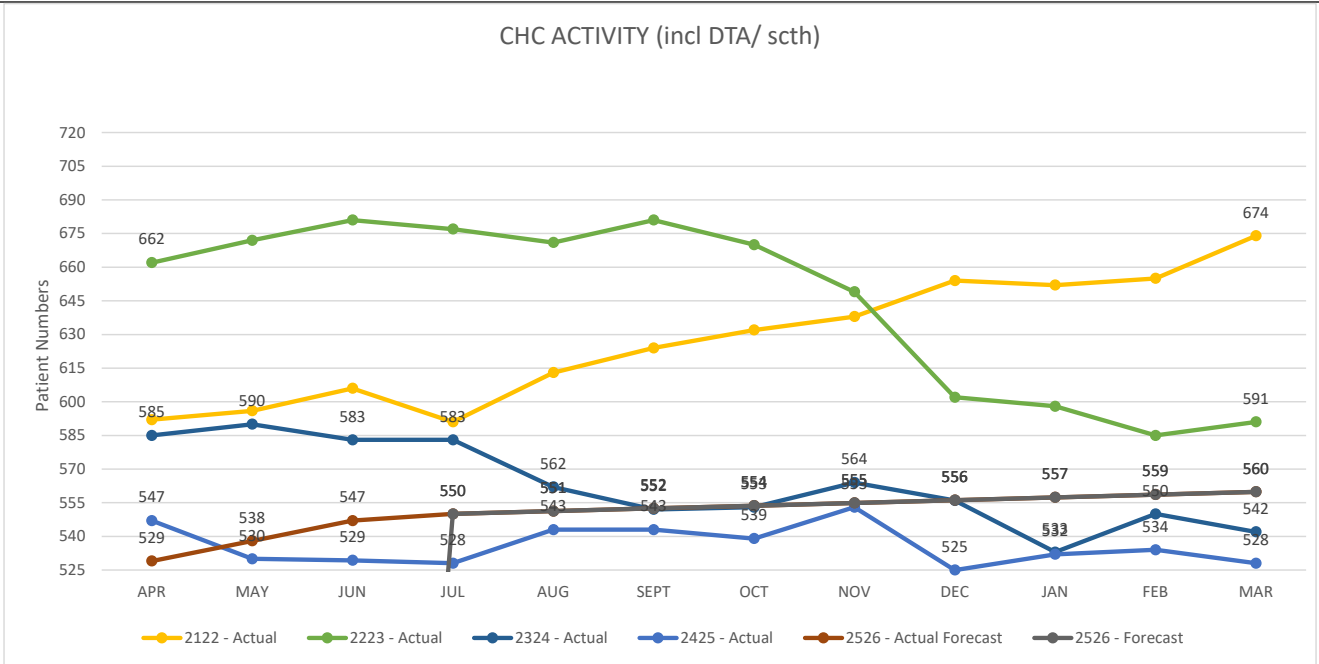
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



**CHC**

The Health Board spent £11.1m on CHC in June compared with £11.7m in May, this is reflective of the inflationary uplift agreed for 25/26 and is broadly aligned with the IMTP plan.

Adult Complex Care CHC activity over the last 4 financial years is summarised in the chart below: -



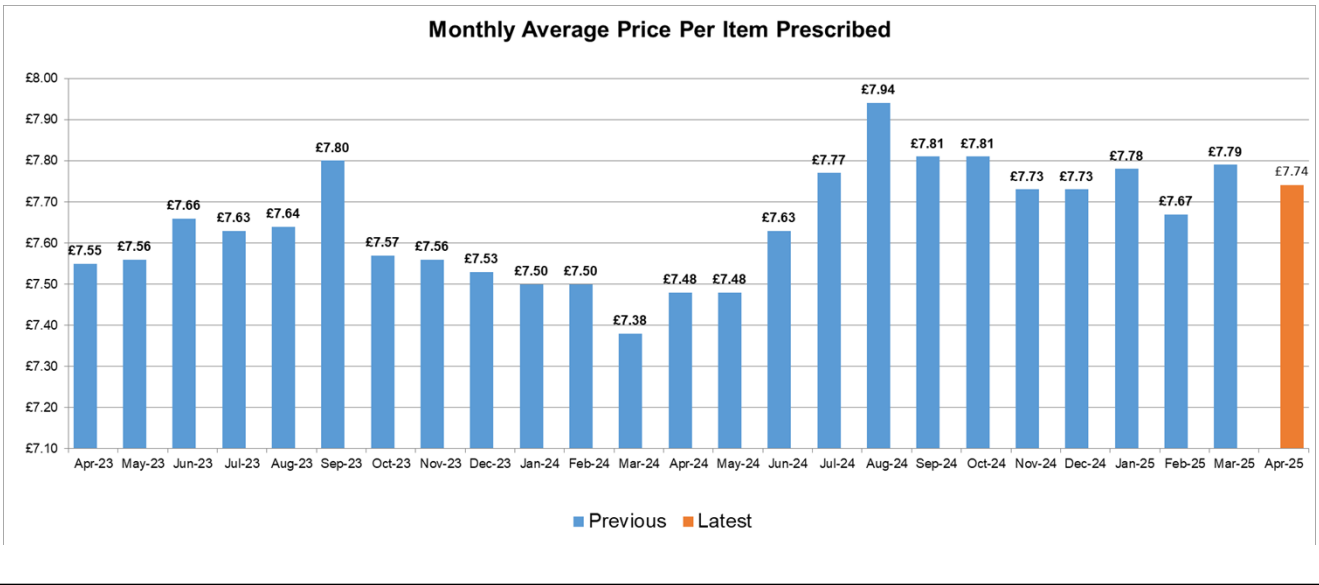
Childrens packages are more volatile and may present a risk in 2025/26 above plan assumptions.

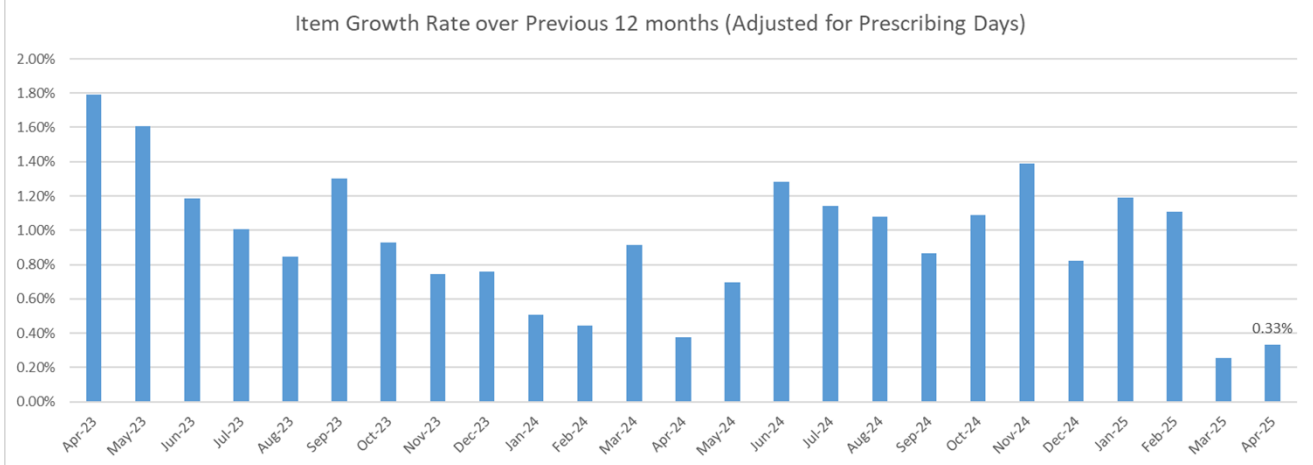
### Prescribing

Primary Care prescribing spend for June is estimated to be £10.9m compared with May at £10.6m.

Prescribing costs within the current forecast are 0.8% growth rate and an average item price for the year of £7.86.

The graphs below show the monthly average price per item and item growth: -





### Waiting Times Additional activity for Quarter 1 25/26

The Health Board secured £1.5m from WG for additional waiting times activity to improve the 104 week waiting times position for patients. Good progress is being made to reduce waiting times, the table below provides a summary of the quarter one position.

Specialty	Delivery Method	Funding £k	Plan Vol	Qtr 1 Actual Vol	Qtr 1 Variance Vol	Qtr 1 Total Actual Cost £k	Qtr 1 (Under) / Over spend £k
ENT	Insourced	300	440	464	24	224	- 76
Non Cat Eyes	Outsourced	152	191	63	- 128	72	- 80
	Insourced	28	50	50	-	12	- 16
Orthopaedics	WLI / Backfill	1,020	255	425	170	2,221	1,201
<b>Total</b>		<b>1,500</b>	<b>936</b>	<b>1,002</b>	<b>66</b>	<b>2,529</b>	<b>1,029</b>

### Revenue Reserves

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer.

Stage two of budget delegation was actioned in month 3, this meant that £40.5m reserves were delegated to budget managers. Performance management letters will be sent to Executive and Divisional Directors setting out the financial and non-financial expectations for 2025/26.

At month 3 the Health Board holds reserves of £16m, some of which are anticipated at this point, £1.5m is to be delegated for quarter one planned care RTT, £2m is an anticipated income for National Insurance funding (NEIC) which will be reversed now WG have confirmed the funding and £5.2m are new 2025/26 WG allocations that will be directed appropriately.

A summary of all Health Board reserves on 30<sup>th</sup> June can be found in the appendices.

## Long Term Agreements (LTA's)

The Health Board has signed Long term Agreements with all Providers & Commissioners in line with the deadline for 2025/26.

The Health Board has received some baselines from the English providers and as these will be paid on PBR terms no disputes are anticipated.

There are, however, risks in year of overperformance (England & C&VUHB) and non-achievement of savings (JCC).

## Underlying Financial Position (ULP)

The Underlying (U/L) position brought forward into 2025/26 was a deficit of £27.2m with a forecast carry forward deficit into 2026/27 of £14m. This is per the plan submitted on the 31<sup>st</sup> March 2025.

The underlying deficit position has been reviewed as part of the IMTP process for 2025/26 which can be summarised as below:

2025/26 Opening underlying position	24/25 Plan £m	25/26 movement £m	25/26 opening plan £m
Workforce & Variable Pay	2	3.9	5.9
CHC	2.6	1	3.6
Medicines management	4.8	5	9.8
JCC specialised services	5	2.8	7.8
<b>Total</b>	<b>14.4</b>	<b>12.7</b>	<b>27.2</b>

25/26 Underlying Position	£m
Non Recurrent income	1.1
Non Recurrent spend, savings and mitigations	15.1
Full year effect of Savings	-6.0
Full Year effect of Spending	16.9
<b>Total</b>	<b>27.2</b>

**This has resulted in a starting underlying position for 2025/26 of £27.2m**

The elements and cost drivers making up the underlying deficit are under regular review to ensure actions to address the growth/pressure are being progressed. In addition the recurrent and full year impact of savings and cost mitigations are also under regular review.

As part of internal Divisional assurance, specific Divisional financial performance meetings and Executive Committee meetings; the elements and cost drivers making up the underlying deficit are under regular review to ensure an up-to-date picture and to review actions to address the growth/pressure.

### **Savings delivery**

The 2025/26 plan submitted by the Health Board to Welsh Government (March 2025), identified £40.4m as the required level of savings to support a breakeven forecast position for 2025/26. The savings schemes were shown as three categories:

- Identified savings schemes - £15.7m
- Identified Health Board level savings opportunities with work to be undertaken to attribute to specific schemes - £10.3m
- Opportunities not yet identified - £14.4m

Following the submission of the plan further savings schemes have been identified of £4.1m, this has enabled an equivalent reduction in the Health Board level savings opportunities. For month 3 reporting, £19.8m of savings listed on the Savings Tracker are specific schemes, £6.2m are identified opportunities pending formulation of specific schemes, and £14.4m remain as Red Pipeline opportunities outside of the savings tracker.

The additional in year savings schemes are:

- Medicine: £2.4m New savings including delayed implementation of Budesomide, biosimilars switch for Dimethyl fumerate & Ustekinumab & opportunities from 24/25
- Surgery: £0.8m new medicines management savings
- CSS: £0.75m for reduced purchases in 2025/26.

As at month 3, the year to date savings achieved are £4.1m against the plan of £3.6m, with a full year forecast of £40.4m. The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

The Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

The table below illustrates the V&SB category savings performance & includes the savings allocation of identified savings schemes. **Savings of £20.6m remain to be found to meet the IMTP requirement of £40.4m.**

## Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	7	£123	£268	£145	£1,463	£970	−£492
Medicines Management	31	£675	£1,007	£332	£4,520	£5,742	£1,223
Procurement & Non-pay	67	£1,864	£1,794	−£69	£6,587	£6,281	−£306
Service redesign	1	£340	£423	£83	£340	£1,215	£875
Workforce	45	£642	£623	−£19	£5,510	£5,609	£99
<b>Total</b>	<b>151</b>	<b>£3,644</b>	<b>£4,115</b>	<b>£471</b>	<b>£18,420</b>	<b>£19,818</b>	<b>£1,398</b>

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan
Clinical Support Services	7.8%	£1,438	£512	£648	£136	£1,819	£381
Complex Care	4.2%	£781	£74	£61	−£13	£781	£1
Corporate	13.4%	£2,471	£369	£369	£0	£2,471	£0
Estates and Facilities	16.3%	£3,000	£753	£711	−£42	£2,958	−£42
Families and Therapies	3.7%	£682	£108	£97	−£11	£684	£2
Medicine	12.2%	£2,250	£758	£947	£190	£3,670	£1,419
Mental Health and Learning Disabilities	5.1%	£946	£88	£306	£218	£629	−£317
Prescribing	12.2%	£2,252	£293	£391	£99	£2,844	£592
Primary Care and Community	8.8%	£1,614	£130	£177	£47	£1,489	−£125
Surgery	13.3%	£2,448	£503	£354	−£149	£1,945	−£503
Urgent Care	2.9%	£539	£57	£54	−£3	£527	−£12
<b>Total</b>	<b>100.0%</b>	<b>£18,420</b>	<b>£3,644</b>	<b>£4,115</b>	<b>£471</b>	<b>£19,818</b>	<b>£1,398</b>

The Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

The Health Board continues to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

There are significant challenges and some opportunities to achieving the financial forecast for 2025/26.

### Opportunities

The ABUHB Value & Sustainability Board and relevant Divisions / Departments are actively engaged in identification of opportunities to deliver financial balance for ABUHB.

The £40m+ savings assumed above include identifying further opportunities & developing them to implementation to achieve the aims for the 25/26 IMTP.

## **Risks**

- Full receipt of anticipated income
- Consequences of the national Insourcing contract,
- Prescribing and high-cost drugs growth &/or prices above plan
- CHC volatility
- Identification and delivery of savings plans including mitigating actions against operational pressures
- Delayed transfers of care due to LA service challenges,
- Impact on service delivery and performance on waiting times because of savings required,
- Potential HSE fine,
- Impact of English tariff,
- Financial Implications of Planned Care target work,
- Establishment increases relating to patient safety issues,
- Inflationary impacts including provisions and supplies,
- Additional operational and service pressures outside of the annual plan.

## **Capital**

The approved Capital Resource Limit (CRL) as at Month 3 totalled £32.167m. The forecast outturn at Month 3 is breakeven.

The NHH Satellite Radiotherapy scheme building handover took place on the 6th May. After commissioning, the unit opened to patients on the 30th June 2025. The final account for the building works will now be agreed with the contractor. Associated smaller works and expenditure against the arts budget will continue throughout the remainder of the year.

Works on the Grange University Hospital Emergency Department Extension are continuing, with an allocation of £2.665m confirmed for 2025/26 to cover slippage on the scheme. The anticipated completion of Phase 1 has now moved to 15th August 2025. The scheme is currently forecast to be £403k overspent which is being funded via the Discretionary Capital Programme (DCP). There is a risk of increased overspend if further claims submitted by the contractor in relation to prolongation and additional works are approved under the contract.

The MRI machine was delivered at the end of June and is expected to be commissioned and operational by July 2025.

A delay of approximately 8 weeks has been notified in relation to the Centralised Decontamination Unit at RGH scheme. The steelwork order has been delayed whilst awaiting final confirmation of the mechanical design. The works are anticipated to be complete in February 2026. The reported underspend relates

to the reimbursement to DCP for fees incurred in prior financial years (£0.139m).

The Backlog Maintenance slippage allocation totalling £2.017m relates to St Cadoc's duct works and lift replacements at Nevill Hall Hospital. Works are progressing on both schemes which are expected to complete by quarter 3 of 2025/26.

The OBC preparation is on-going for the IRCF schemes at Abervalley and Dixton. The Abervalley business case timescales will be confirmed following the output of flood investigations at the new site. Timescales have slipped on the Dixton Road business case submission due to changes in the schedule of accommodation and redesign works. The Dixton scheme is forecasting an overspend of £0.029m for 2025/26 which is currently being funded via the DCP.

Targeted Estates Funding (TEF) totalling £9.510m has been confirmed for 2025/26 during April. The DCP is funding 30% of the scheme equating to a contribution of £2.854m. As part of the programme an additional £8.336m has also been confirmed for 2026/27. Programmes of works and associated procurements for these schemes are being developed at pace to ensure the full allocation is spent during 2025/26.

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.869m at Month 3 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.854m)
- Less 2024/25 AWCP scheme brokerage - (£3.235m)
- Plus, reimbursement of DCP Fees re: RGH Decon scheme - £0.139m
- Less 2025/26 AWCP scheme overspends - (£0.056m)

DCP expenditure to Month 2 totalled £0.634m. Several essential works schemes have been approved during June which include fees in relation to the Gamma Camera Replacement at RGH and access improvements to headquarters at St Cadoc's Hospital. The DCP is also supporting the forecast overspend on the GUH Emergency Department scheme (£0.403m) which has increased by £0.098m in June. The unallocated contingency at the end of Month 3 is now £0.430m.

## **Cash**

The cash balance at the 30th June is £5.202m, which is below the advisory figure set by Welsh Government of £6m.

## **Public Sector Payment Policy (PSPP)**

The HB has achieved the target to pay 95% of the number of non-NHS creditors within 30 days of delivery of goods/services in June. There has been a decrease in the number of NHS invoices paid within 30 days this month.

<b>Category</b>	<b>Invoice s</b>	<b>In Mth %</b>	<b>YTD %</b>
NHS	Value	99.2	96.8
	Number	86.5	90.4
Non NHS	Value	96.3	96.5
	Number	97.0	97.2

### **Argymhelliad / Recommendation**

#### **The Committee is asked to note for assurance:**

- The financial performance at the end of June 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,
- The revenue reserve position on the 30<sup>th</sup> June 2025,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: the appendices attached providing further detailed information.



F&PC Board  
Finance Report ...

June 2025 Monthly Monitoring Return:

(nb. The income profiling for the MMR is the same as the Board reported profile which matches the IMTP plan)

[Key Documents - Aneurin Bevan University Health Board](#)

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial Sustainability
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium Value & Sustainability Board
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale

CAMHS – Child & Adolescent Mental Health Services  
 C/F – Carried Forward  
 CHC – Continuing Health Care  
 Commissioned Services – Services purchased external to ABUHB both within and outside Wales  
 CIP – Cost improvement programme  
 COTE – Care of the Elderly  
 CRL – Capital Resource Limit  
 Category M – category of drugs  
 CEO – Chief Executive Officer  
 CEAU – Children’s Emergency Assessment Unit  
 CTM – Cwm Taf Morgannwg  
 D&C – Demand & Capacity  
 DCP – Discretionary Capital Programme  
 DHR – Digital Health Record  
 DNA – Did Not Attend  
 DOSA – Day of Surgery Admission  
 D2A – Discharge to Assess  
 DoLS - Deprivation of Liberty Safeguards  
 DoF – Director(s) of Finance  
 DTOC – Delayed Transfer of Care  
 EASC – Emergency Ambulance Services Committee  
 ED – Emergency Department  
 EDCIMS – Emergency Department Clinical Information Management System  
 eLGH – Enhanced Local general Hospital  
 EFAB – Estates Funding Advisory Board  
 ENT – Ear, Nose and Throat specialty  
 EoY – End of Year  
 ETTF – Enabling Through Technology Fund  
 F&T – Family & Therapies (Division)  
 FBC – Full Business Case  
 FNC – Funded Nursing Care  
 GDS – General Dental Services  
 GMS – General Medical Services  
 GP – General Practitioner  
 GWICES – Gwent Wide Integrated Community Equipment Service  
 GUH – Grange University Hospital  
 GIRFT – Getting it Right First Time  
 HCHS – Health Care & Hospital Services  
 HCSW – Health Care Support Worker  
 HIV – Human Immunodeficiency Virus  
 HSDU – Hospital Sterilisation and Disinfection Unit  
 H&WBC – Health and Well-Being Centre

IMTP – Integrated Medium Term Plan  
 INNU – Interventions not normally undertaken  
 IPTR – Individual Patient Treatment Referral  
 I&E – Income & Expenditure  
 ICF – Integrated Care Fund  
 LoS – Length of Stay  
 LTA – Long Term Agreement  
 LD – Learning Disabilities  
 MH – Mental Health  
 MSK - Musculoskeletal  
 Med – Medicine (Division)  
 MCA – Mental Capacity Act  
 MDT – Multi-disciplinary Team  
 MMR – Welsh Government Monthly Monitoring Return  
 NCA – Non-contractual agreements  
 NCN – Neighbourhood Care Network  
 NCSO – No Cheaper Stock Obtainable  
 NI – National Insurance  
 NICE – National Institute for Clinical Excellence  
 NHH – Neville Hall Hospital  
 NWSSP – NHS Wales Shared Services Partnership  
 ODTTC – Optometric Diagnostic and Treatment Centre  
 OD – Organisation Development  
 PAR – Prescribing Audit Report  
 PCN – Primary Care Networks (Primary Care Division)  
 PER – Prescribing Incentive Scheme  
 PICU – Psychiatric Intensive Care Unit  
 PrEP – Pre-exposure prophylaxis  
 PSNC –Pharmaceutical Services Negotiating Committee  
 PSPP – Public Sector Payment Policy  
 PCR – Patient Charges Revenue  
 PPE – Personal Protective Equipment  
 PFI – Private Finance Initiative  
 RGH – Royal Gwent Hospital  
 RN – Registered Nursing  
 RRL – Revenue Resource Limit  
 RTT – Referral to Treatment  
 RPB – Regional Partnership Board  
 RIF – Regional Integration Fund  
 SCCC – Specialist Critical Care Centre  
 SCH – Scheduled Care Division  
 SCP – Service Change Plan (reference IMTP)  
 SLF – Straight Line Forecast  
 SpR – Specialist Registrar

	<p>STW – St.Woolos Hospital  TCS – Transforming Cancer Services (Velindre programme)  T&amp;O – Trauma &amp; Orthopaedics  TAG – Technical Accounting Group  UHB / HB – University Health Board / Health Board  USC – Unscheduled Care (Division)  UC – Urgent Care (Division)  ULP – Underlying Financial Position  VCCC – Velindre Cancer Care Centre  VERS – Voluntary Early Release Scheme  WET AMD – Wet age-related macular degeneration  WG – Welsh Government  WHC – Welsh Health Circular  WHSSC – Welsh Health Specialised Services Committee  WLI – Waiting List Initiative  WLIMS – Welsh Laboratory Information Management System  WRP – Welsh Risk Pool  YAB – Ysbyty Aneurin Bevan  YTD – Year to date  YYF – Ysbyty Ystrad Fawr</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<p><b>Is EIA Required and included with this paper</b>  <b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>

**Deddf Llesiant  
Cenedlaethau'r Dyfodol – 5  
ffordd o weithio  
Well Being of Future  
Generations Act – 5 ways  
of working**

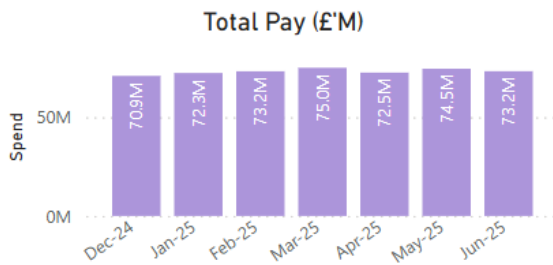
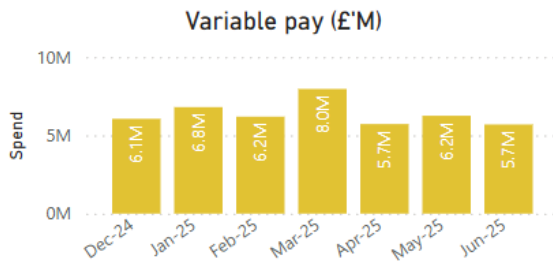
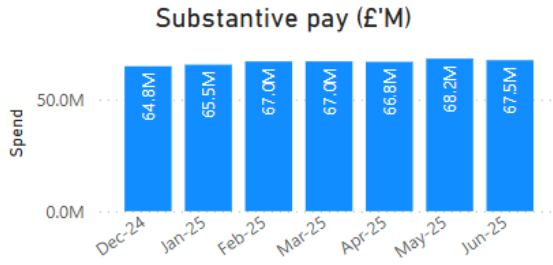
<https://futuregenerations.wales/about-us/future-generations-act/>

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs  
Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

<b>Aneurin Bevan University Health Board</b>
<b>Finance Report – June (Month 03) 2025/26</b>
<b>Appendices</b>

<b>Section</b>
Pay Summary 1
Pay Summary 2 Substantive Pay
Pay Summary 3 Variable Pay
Pay Summary 4 Bank & Agency Reasons RN's & HCSW's
Non-pay Summary
RTT & Waiting List Initiatives
Savings scheme RAG rating definitions
Divisional analysis
Reserves
Cash / Public Sector Payment Policy
External Contracts – LTA's
Joint Commissioning Committee (formerly WHSSC & EASC)
Balance sheet
Health Board Income – Other income
Capital Planning & Performance

## Pay Summary (1) (excluding 6.7% Pension employer costs paid in March of each year):



### Substantive (£'000)

Pay category	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
ADD PROF SCIENTIFIC AND TECHNICAL	2,549	2,702	2,611	2,591	2,644	2,617	2,613
ADDITIONAL CLINICAL SERVICES	8,425	8,290	8,984	8,419	8,684	9,230	8,980
ADMINISTRATIVE & CLERICAL	10,023	10,346	10,171	10,114	10,722	10,526	10,760
ALLIED HEALTH PROFESSIONALS	4,477	4,462	4,473	4,348	4,501	4,567	4,507
ESTATES AND ANCILLIARY	3,173	3,139	3,467	3,253	3,387	3,681	3,516
HEALTHCARE SCIENTISTS	1,257	1,338	1,269	1,187	1,266	1,288	1,256
MEDICAL AND DENTAL	16,552	16,876	16,789	18,635	16,729	17,057	16,884
NURSING AND MIDWIFERY REGISTERED	18,361	18,370	19,233	18,460	18,869	19,265	19,014
STUDENTS	2	2	2	2	2	2	2
<b>Total</b>	<b>64,819</b>	<b>65,526</b>	<b>66,999</b>	<b>67,008</b>	<b>66,804</b>	<b>68,232</b>	<b>67,533</b>

Change	%	Avg 24/25
-4	-0.1%	2,513
-250	-2.7%	8,438
235	2.2%	10,110
-60	-1.3%	4,361
-164	-4.5%	3,208
-31	-2.4%	1,236
-173	-1.0%	16,548
-250	-1.3%	18,058
0	0.0%	2
<b>-699</b>	<b>-1.0%</b>	<b>64,476</b>

### Variable pay (£'000)

Pay category	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Agency	2,468	2,609	2,308	2,735	2,005	2,249	2,060
Bank	3,265	3,641	3,557	5,044	3,336	3,643	3,279
Locum	320	548	324	180	376	356	353
<b>Total</b>	<b>6,053</b>	<b>6,798</b>	<b>6,189</b>	<b>7,959</b>	<b>5,718</b>	<b>6,248</b>	<b>5,692</b>

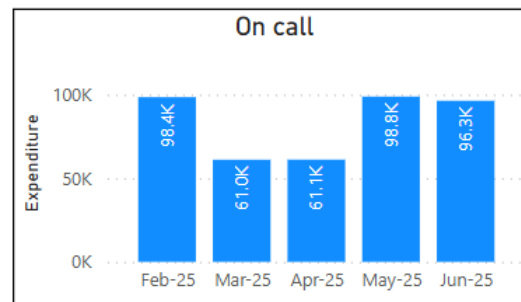
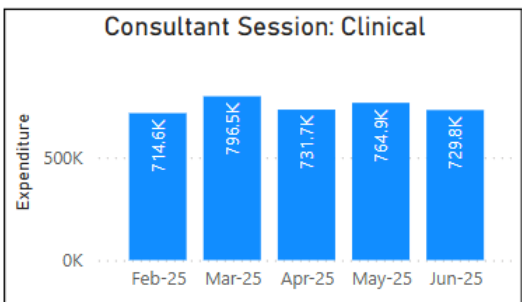
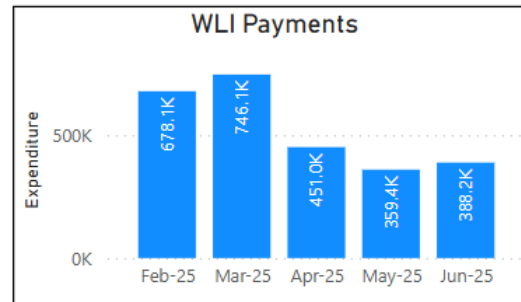
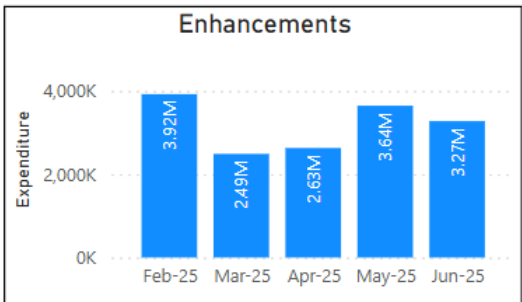
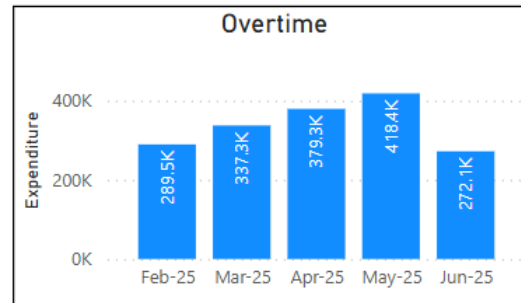
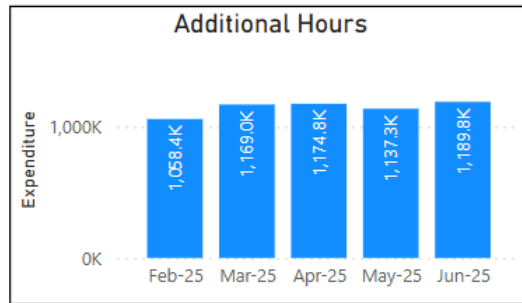
Change	%	Avg 24/25
-189	-8.4%	2,414
-365	-10.0%	3,673
-2	-0.6%	332
<b>-556</b>	<b>-8.9%</b>	<b>6,419</b>

### Total pay (£'000)

	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
Pay	70,872	72,324	73,189	74,968	72,521	74,480	73,225

Change	%	Avg 24/25
<b>-1,255</b>	<b>-1.7%</b>	<b>70,895</b>

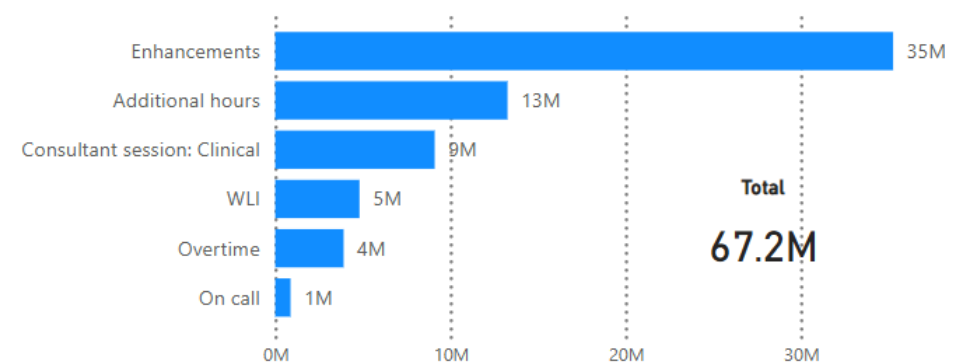
## Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (£'000)

Division	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Total
Medicine	1,518	1,289	1,352	1,477	1,412	<b>7,047</b>
Surgery	1,143	1,124	981	1,042	934	<b>5,224</b>
Clinical Support Services	976	895	739	867	848	<b>4,324</b>
Family and Therapies	720	537	568	667	607	<b>3,098</b>
Primary Care and Community	592	413	447	565	530	<b>2,546</b>
Urgent Care	541	440	436	578	544	<b>2,540</b>
Estates and Facilities	553	384	412	566	507	<b>2,421</b>
Mental Health and LD	476	352	315	426	370	<b>1,940</b>
CHC and FNC	155	108	117	158	130	<b>669</b>
Corporate	87	56	59	77	68	<b>348</b>
<b>Total</b>	<b>6,761</b>	<b>5,598</b>	<b>5,426</b>	<b>6,423</b>	<b>5,950</b>	<b>30,159</b>

Total additional pay costs YTD 25/26

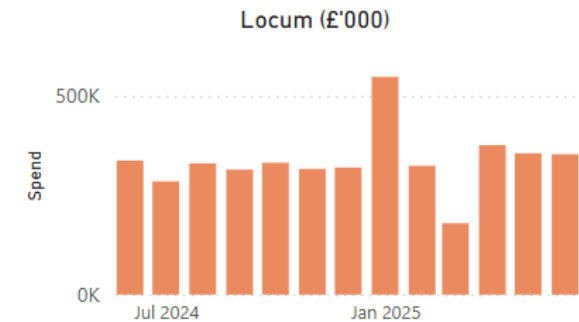
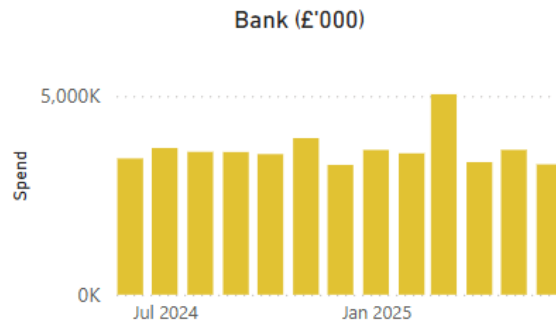
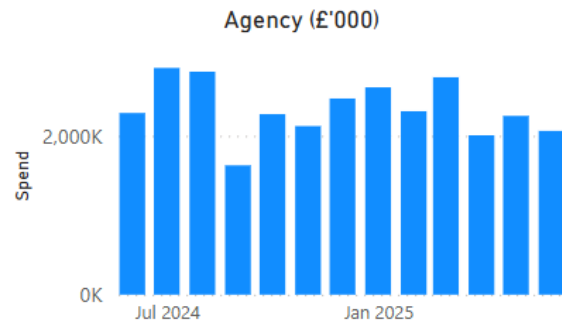


### Pay Summary (3): Variable Pay (£'k)

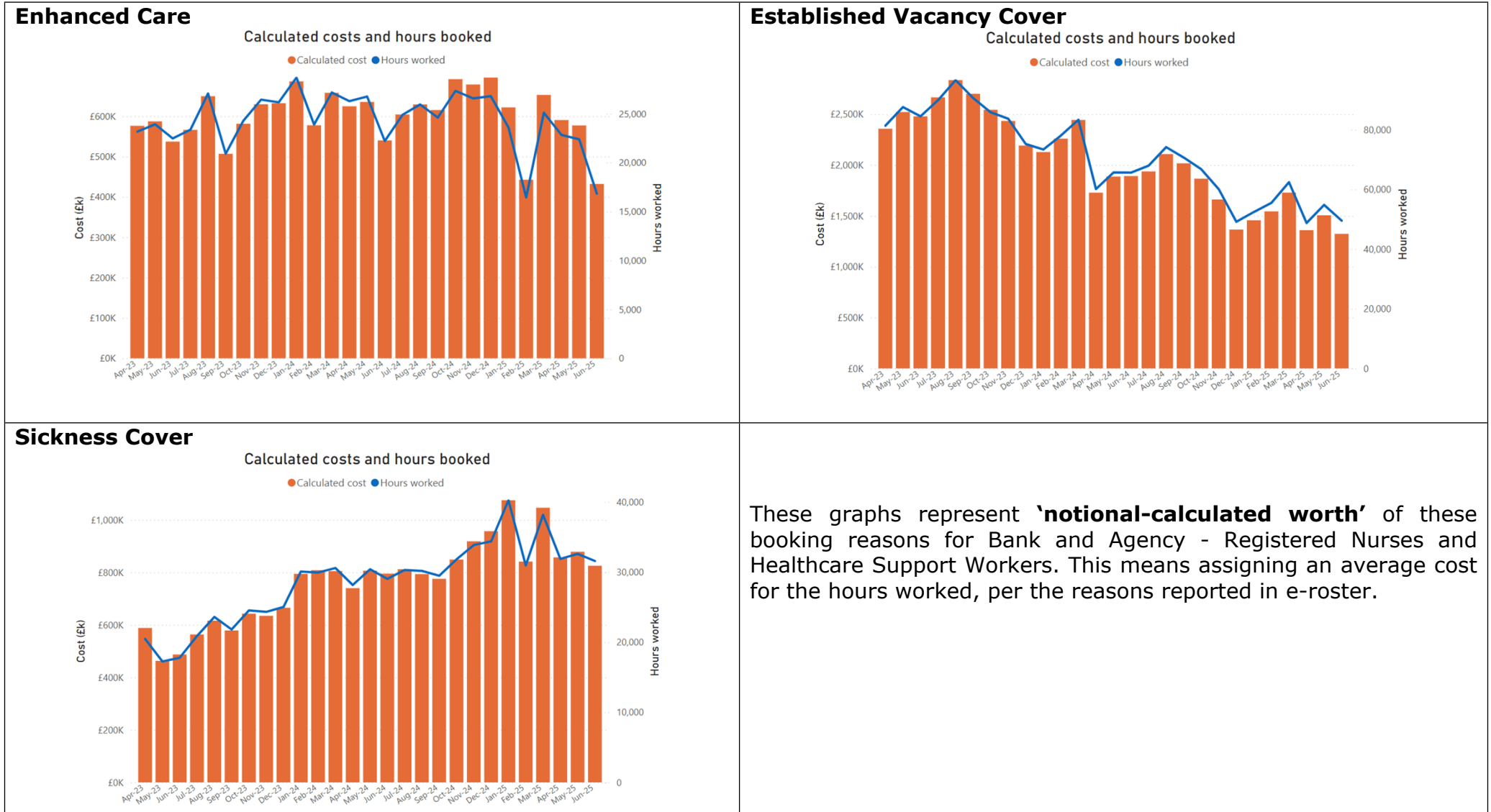
Pay category	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25
<b>Agency</b>													
Admin & Clerical Agency	19	-4	6	12	-6	-47	3	31	6	37	38	10	17
Allied Health Prof Agency	162	132	128	105	132	148	166	253	262	323	163	136	78
Estates & Ancilliary Agency	78	188	176	-446	78	36	34	67	-49	145	112	81	128
Medical Agency	902	1,201	1,227	792	876	962	859	868	900	1,038	858	1,156	945
Nurse HCA/HCSW Agency	38	57	37	39	58	43	120	131	92	202	115	172	189
Other Agency	77	109	82	63	76	51	79	50	92	98	91	68	135
Registered Nurse Agency	1,011	1,169	1,150	1,064	1,056	927	1,207	1,210	1,006	893	627	627	568
<b>Total</b>	<b>2,286</b>	<b>2,852</b>	<b>2,805</b>	<b>1,627</b>	<b>2,271</b>	<b>2,121</b>	<b>2,468</b>	<b>2,609</b>	<b>2,308</b>	<b>2,735</b>	<b>2,005</b>	<b>2,249</b>	<b>2,060</b>
<b>Bank</b>													
Admin & Clerical Bank	75	93	82	76	70	83	67	74	68	168	73	79	68
Estates & Ancilliary Bank	249	263	260	256	252	287	259	255	234	325	253	288	280
Nurse HCA/HCSW Bank	1,548	1,614	1,656	1,649	1,589	1,749	1,504	1,641	1,568	2,032	1,574	1,698	1,570
Other Bank	1	0	-1	0	0	5	-2	-1	-2	233	27	37	25
Registered Nurse Bank	1,555	1,721	1,598	1,608	1,625	1,816	1,437	1,672	1,689	2,287	1,408	1,541	1,336
<b>Total</b>	<b>3,427</b>	<b>3,690</b>	<b>3,595</b>	<b>3,590</b>	<b>3,537</b>	<b>3,939</b>	<b>3,265</b>	<b>3,641</b>	<b>3,557</b>	<b>5,044</b>	<b>3,336</b>	<b>3,643</b>	<b>3,279</b>
<b>Locum</b>													
Medical Locum	337	285	330	315	332	317	320	548	324	180	376	356	353
<b>Total</b>	<b>337</b>	<b>285</b>	<b>330</b>	<b>315</b>	<b>332</b>	<b>317</b>	<b>320</b>	<b>548</b>	<b>324</b>	<b>180</b>	<b>376</b>	<b>356</b>	<b>353</b>
<b>Total</b>	<b>6,051</b>	<b>6,828</b>	<b>6,730</b>	<b>5,532</b>	<b>6,140</b>	<b>6,377</b>	<b>6,053</b>	<b>6,798</b>	<b>6,189</b>	<b>7,959</b>	<b>5,718</b>	<b>6,248</b>	<b>5,692</b>

Change	%
8	80.1%
-58	-42.8%
47	57.6%
-212	-18.3%
18	10.5%
68	100.6%
-60	-9.5%
<b>-189</b>	<b>-8.4%</b>
-12	-15.0%
-8	-2.8%
-128	-7.5%
-12	-32.6%
-205	-13.3%
<b>-365</b>	<b>-10.0%</b>
-2	-0.6%
<b>-2</b>	<b>-0.6%</b>
<b>-556</b>	<b>-8.9%</b>

Avg 24/25
8
168
54
968
74
77
1,066
<b>2,414</b>
84
260
1,638
19
1,672
<b>3,673</b>
332
<b>332</b>
<b>6,419</b>

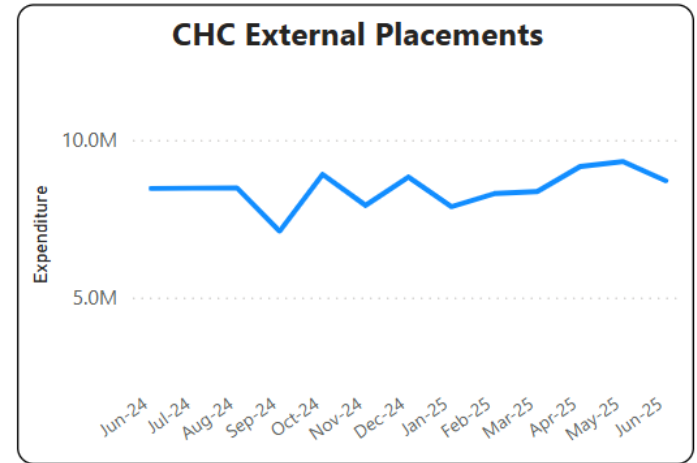
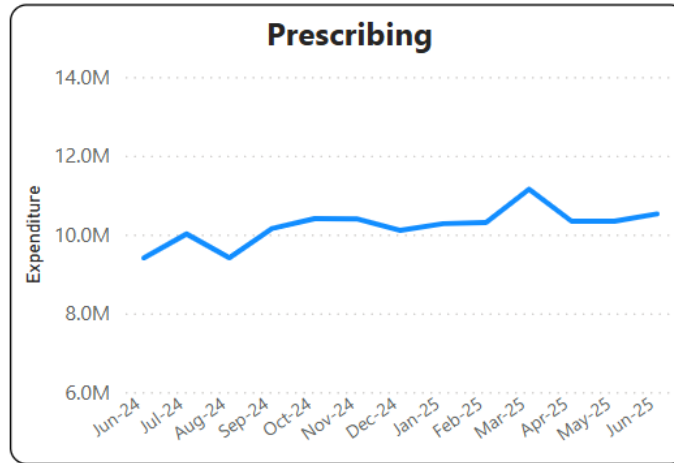
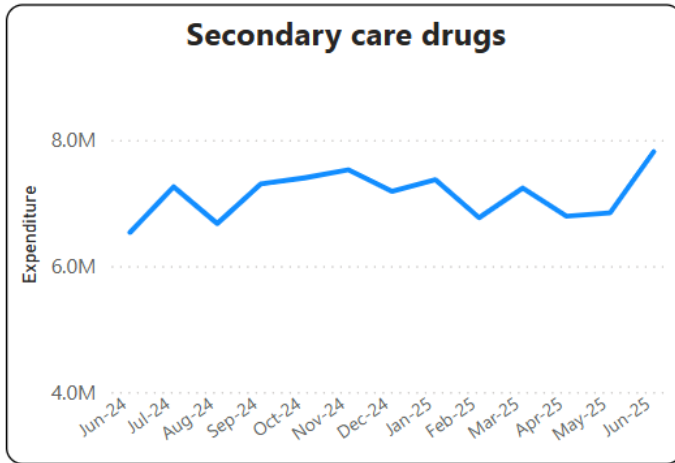
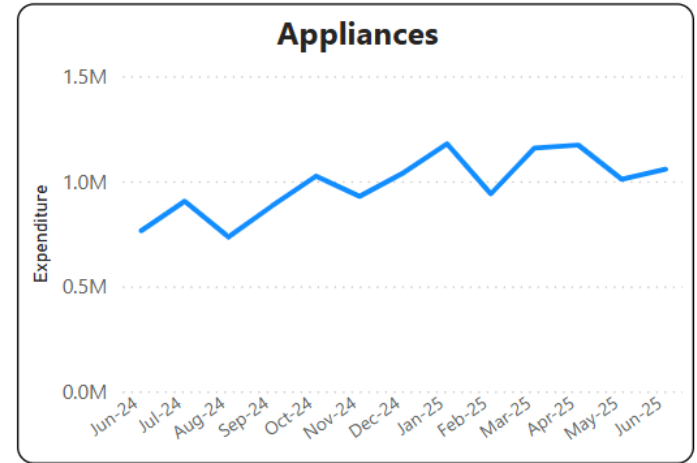
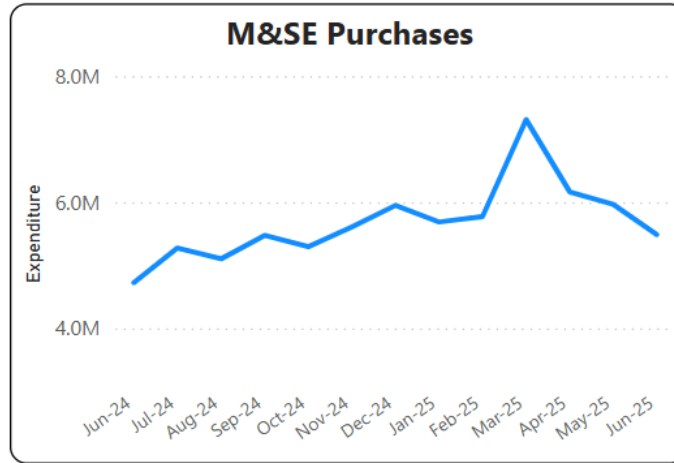
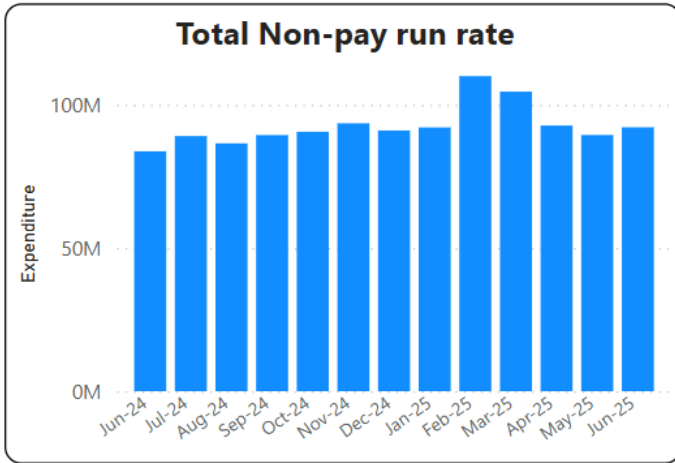


### Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)



These graphs represent 'notional-calculated worth' of these booking reasons for Bank and Agency - Registered Nurses and Healthcare Support Workers. This means assigning an average cost for the hours worked, per the reasons reported in e-roster.

**Non-Pay Summary:**



## Referral to Treatment (RTT):

- Elective Treatments for Jun '25 was 2,131 (May '25: 1,890. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M03)						Actual Treatments (M03)					Treatment Variance (M03)				
Treatment	Core	Backfill	WLI	Other	Total	Core	Backfill	WLI	Other	Total	Core	Backfill	WLI	Other	Total
N107-Dermatology	266	0	15	0	281	234	7	0	0	241	(32)	7	(15)	0	(40)
N147-ENT	165	0	0	0	165	181	15	6	0	202	16	15	6	0	37
N105-General Surgery	389	18	0	0	407	229	21	0	0	250	(160)	3	0	0	(157)
N146-Oral Surgery	211	0	0	0	211	188	0	0	0	188	(23)	0	0	0	(23)
N148-Ophthalmology	420	0	0	0	420	377	0	0	0	377	(43)	0	0	0	(43)
N115-Trauma & Orthopaedics	540	24	20	0	584	497	92	45	0	634	(43)	68	25	0	50
N106-Urology	292	0	0	0	292	239	0	0	0	239	(53)	0	0	0	(53)
	2,283	42	35	0	2,360	1,945	135	51	0	2,131	(338)	93	16	0	(229)

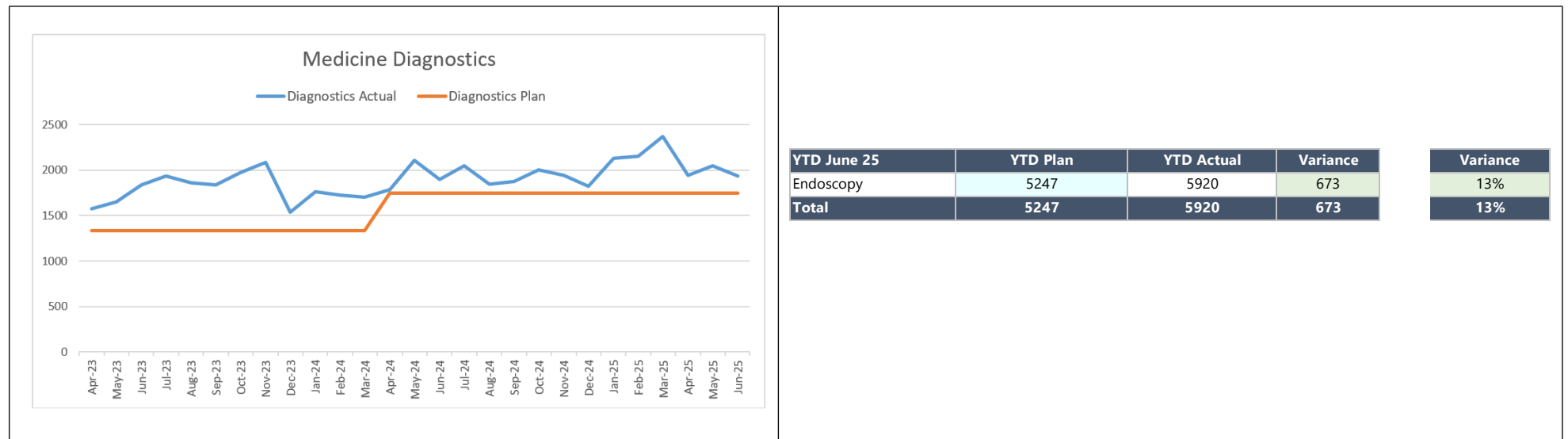
- Outpatient activity for Jun '25 was 6,115 (May '25: 5,043. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

Planned Outpatients (M03)					Actual Outpatients (M03)					Outpatient Variance (M03)				
Outpatient	Core	Backfill	WLI	Total	ACTUAL TYPE				Total	Core	Backfill	WLI	Total	
					Elective	Backfilled	WLI							
N107-Dermatology	928	0	0	928	1,450	0	0	1,450	522	0	0	522		
N147-ENT	656	0	0	656	524	41	0	565	(132)	41	0	(91)		
N105-General Surgery	2,144	165	34	2,343	1,552	107	34	1,693	(592)	(58)	0	(650)		
N146-Oral Surgery	227	0	0	227	339	18	0	357	112	18	0	130		
N148-Ophthalmology	733	0	30	763	648	0	0	648	(85)	0	(30)	(115)		
N108-Rheumatology	231	0	0	231	151	0	0	151	(80)	0	0	(80)		
N115-Trauma & Orthopaed	1,172	14	87	1,273	643	0	95	738	(529)	(14)	8	(535)		
N106-Urology	544	0	0	544	504	0	9	513	(40)	0	9	(31)		
Total	6,635	179	151	6,965	5,811	166	138	6,115	(824)	(13)	(13)	(850)		

**Medicine Outpatients activity for Jun '25 was 2,164 - (May '25: 2,033 , 2024/25: 23,053 2023/24: 22,708):**

Jun-25				Jun-25				
	Assumed monthly activity	Actual activity	Variance	YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	475	491	16	Gastroenterology	1425	1758	333	23%
Cardiology	430	405	-25	Cardiology	1290	1379	89	7%
Respiratory (inc Sleep)	455	402	-53	Respiratory (inc Sleep)	1365	1664	299	22%
Neurology	257	314	57	Neurology	771	1278	507	66%
Endocrinology	186	232	46	Endocrinology	558	863	305	55%
Geriatric Medicine	313	320	7	Geriatric Medicine	939	1087	148	16%
<b>Total</b>	<b>2116</b>	<b>2164</b>	<b>48</b>	<b>Total</b>	<b>6348</b>	<b>8029</b>	<b>1681</b>	<b>26%</b>

**Medicine Diagnostics activity for May '25 was 1,932 (May '25: 2,048, 2024/25: 23,952, 2023/24: 21,466):**



## RAG rating category definitions

Savings schemes are categorised as *Red*, *Amber* or *Green* according to the certainty of the forecast achievement. Definitions for each rating are as follows:

- **Green scheme:** Started delivering in the current month or prior month and is expected to continue delivering for the remaining period.
- **Amber scheme:** Agreed plan in place and expected to deliver starting in a future month. Not yet started, therefore Amber due to the time factor risk.
- **Red scheme:** No plan in place and not expected to achieve.

The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

## Divisional analysis – Primary Care and Community

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	9	31	31	0
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	24	100	100	0
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	21	205	204	(1)
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	4	24	23	(1)
PCC-07	Change the band 7 Discharge Liaison Nurse post [0.6wte £38K] to a band 4 administrative post [1.00wte £34k]	R	Month 1	Green	0	4	4	0
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	20	20	0
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	0	25	25	0
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Green	2	7	7	0
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	3	10	10	0
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	0	7	7	0
PCC-13	Stock review/control	R	Month 1	Green	0	5	5	0
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Green	41	115	275	160
PCC-15	Closure of Victoria House	R	Month 1	Green	0	103	103	0
PCC-16	Service provision at Trevethin	R	Month 1	Green	18	69	69	0
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	9	33	33	0
PCC-18	Non pay opportunities	R	Month 1	Green	3	13	13	0
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Green	0	300	300	0
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in additional to NUP provided by Contract	R	Month 1	Amber	0	442	58	(384)
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	15	65	65	0
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	3	36	36	0
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	25	0	100	100
PCC-25	Procurement - A4 paper switch saving	R	In Year	Amber	0	0	1	1
					<b>177</b>	<b>1,614</b>	<b>1,489</b>	<b>(125)</b>

## Divisional analysis – Prescribing

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	37	149	149	0
PCC-04	Medicines Management	R	Month 1	Green	0	2,103	0	(2,103)
PCC-04A	Dietitians	R	In Year	Green	3	0	40	40
PCC-04B	Waste Reduction Scheme	R	In Year	Green	50	0	199	199
PCC-04C	Pharmacy Led Savings	R	In Year	Green	5	0	50	50
PCC-04D	Scriptswitch Acute	R	In Year	Green	61	0	245	245
PCC-04E	Scriptswitch Repeat	R	In Year	Green	65	0	850	850
PCC-04F	Liothyronine Formulation change	R	In Year	Green	3	0	3	3
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	In Year	Green	49	0	650	650
PCC-04H	Bath & Shower Emollient Review	R	In Year	Green	10	0	10	10
PCC-04I	Chloral Hydrate Prescribing Review	R	In Year	Green	10	0	55	55
PCC-24	Only Order What You Need	NR	In Year	Green	99	0	594	594
					<b>391</b>	<b>2,252</b>	<b>2,844</b>	<b>592</b>

## Divisional analysis – Complex Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Top 50 placement reviews	R	Month 1	Green	12	306	306	0
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	0	108	108	0
CHC-03	FNC Assessments	R	Month 1	Green	49	305	305	1
CHC-04	Care at Home Team	R	Month 1	Green	0	32	32	0
CHC-05	Rightsizing additional support	R	Month 1	Green	0	12	12	0
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	0	18	18	0
					<b>61</b>	<b>781</b>	<b>781</b>	<b>1</b>

## Divisional analysis – Mental Health and Learning Disabilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
MH-01	Mitchell Close	R	Month 1	Amber	0	100	25	(75)
MH-02	Aripiprazole drug switch	R	Month 1	Green	0	3	3	0
MH-03	Reduction to variable pay	R	Month 1	Red	0	143	0	(143)
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Red	0	500	0	(500)
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	207	200	207	7
MH-06	MH Framework Uplifts	R	In Year	Green	86	0	344	344
MH-07	MH LD Adult / CAMHS Hospitals Framework Agreement	R	In Year	Green	13	0	50	50
					<b>306</b>	<b>946</b>	<b>629</b>	<b>(317)</b>

## Divisional analysis – Surgery

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
SUR-01	Haematology drugs wastage reduction	R	Month 1	Red	0	12	0	(12)
SUR-02	Robot buy out of lease (GB)	R	Month 1	Green	72	286	286	0
SUR-03	Divisional - Pump Giving Sets (Procurement)	R	Month 1	Red	0	58	0	(58)
SUR-04	General Surgery - Workforce - Net savings as a result of appointing two substantive consultants.	R	Month 1	Green	12	50	50	0
SUR-05	General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole to oral in GUH	R	Month 1	Red	0	10	0	(10)
SUR-06	General Surgery - Pintuition seeds	R	Month 1	Green	15	65	65	0
SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	0	3	3	0
SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	6	20	20	0
SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	12	50	50	0
SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter)	R	Month 1	Green	2	29	25	(4)
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	0	66	43	(23)
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Red	0	3	0	(3)
SUR-14	Trauma and Orthopaedics - Workforce - 2 x consultant on-call cost replaced by 1x SAS on-call costs	R	Month 1	Green	1	3	3	0
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	15	64	69	5
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Amber	0	75	50	(25)
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	0	1	1	0
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Green	0	2	2	0
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	0	2	2	0
SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	24	20	24	4
SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Red	0	38	0	(38)
SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Green	0	4	4	0
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	3	10	10	0
SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Red	0	40	0	(40)
SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical Directorate	R	Month 1	Green	3	15	15	0
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Green	1	4	4	0
SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)	R	Month 1	Green	1	5	5	0
SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room	R	Month 1	Green	0	2	2	0
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Amber	0	10	7	(3)
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	48	195	67	(128)
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Amber	0	383	287	(96)
SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price	R	Month 1	Red	0	172	0	(172)
SUR-33	Enhancements on Specialist rates	R	Month 1	Green	2	22	22	0
SUR-34	Medicines Management savings	R	Month 1	Green	137	729	829	100
					354	2,448	1,945	(503)

## Divisional analysis – Clinical Support Services

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Sysmex Maintenance Savings	R	Month 1	Green	32	160	178	18
CSS-02	Siemens KPI review	R	Month 1	Green	13	50	50	0
CSS-03	Sysmex MSC KPIs	R	Month 1	Green	1	5	5	0
CSS-04	Factor 8 Repatriation	R	Month 1	Green	1	6	6	0
CSS-05	WBS Commercial Products	R	Month 1	Green	1	6	6	0
CSS-06	Restructure of Management Positions	NR	Month 1	Green	0	13	13	0
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	39	365	392	27
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	120	20	(100)
CSS-11	Hepzyme Repatriation	NR	Month 1	Green	0	0	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	1	3	3	0
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	84	165	165	0
CSS-14	IPFR income	NR	Month 1	Green	0	70	70	0
CSS-15	Ablation needles	R	Month 1	Green	1	5	5	0
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	5	25	25	0
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	200	200	200	0
CSS-18	Blood Products from 24/25 Year End	NR	Month 1	Green	100	100	100	0
CSS-19	Additional Everlight reporting in 24/25	NR	Month 1	Green	46	46	46	0
CSS-20	Image Intensifier Maintenance	NR	Month 1	Green	3	16	16	0
CSS-21	Decommissioning of Fuji Equipment on current contracts	NR	Month 1	Green	2	12	22	10
CSS-22	C&V Ultrasound	NR	Month 1	Green	8	8	8	0
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	12	47	47	0
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	2	16	15	(1)
CSS-25	Co-trimoxazole IV	R	In Year	Green	0	0	1	1
CSS-26	Lumicare	R	In Year	Green	6	0	25	25
CSS-27	Critical Care RN Variable Pay	R	In Year	Green	70	0	402	402
					<b>648</b>	<b>1,438</b>	<b>1,819</b>	<b>381</b>

## Divisional analysis – Medicine

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	213	308	850	542
MED-02	Enhancements on Specialist rates	R	Month 1	Green	38	382	382	0
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	0	1	2	0
MED-04	National priorities - Dimethyl fumerate - Generic switch	R	Month 1	Green	112	446	454	8
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Amber	0	50	50	0
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	160	253	335	82
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Green	1	13	13	0
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5	5	0
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	(27)	365	247	(118)
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	16	63	63	0
MED-11	Use of 24/25 purchased equip (Leads etc) for 25/26 activity	NR	Month 1	Green	6	23	23	0
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	423	340	1,215	875
MED-13	COTE - Denosumab	R	In Year	Amber	0	0	26	26
MED-14	Co-trimaxazole IV	R	In Year	Green	1	0	5	5
					<b>947</b>	<b>2,250</b>	<b>3,670</b>	<b>1,419</b>

## Divisional analysis – Urgent Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved	Plan £'000	Forecast £'000	Variance £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Green	52	520	520	0
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	19	2	(17)
URG-03	changing from the pre-made convenience FICB packs to individual items	R	In Year	Green	0	0	6	6
					<b>54</b>	<b>539</b>	<b>527</b>	<b>(12)</b>

## Divisional analysis – Family & Therapies

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Achieved £'000	Full year		
						Plan £'000	Forecast £'000	Variance £'000
F&T-01	Divisional drugs savings target	R	Month 1	Green	2	63	63	0
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East	R	Month 1	Green	3	11	11	0
F&T-03	Actim Prom and Partus	R	Month 1	Green	4	13	13	0
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	75	300	300	0
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	0	257	257	0
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	8	31	31	0
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	1	2	2	0
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5	5	5	0
F&T-09	LYRECO BUDGET WHITE A4 PAPER 80GSM - BOX OF 5 REAMS (5 X 500 SHEETS OF PAPER) Move to Recycle paper	R	In Year	Green	0	0	2	2
					97	682	684	2

## Divisional analysis – Estates & Facilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Achieved	Full year		
						Plan £'000	Forecast £'000	Variance £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	126	500	500	0
FAC-02	ENERGY SAVINGS	R	Month 1	Green	501	2,000	2,000	0
FAC-03	Bed contract savings	R	Month 1	Green	21	250	208	(42)
FAC-04	Energy	R	Month 1	Green	63	250	250	0
					711	3,000	2,958	(42)

## Divisional analysis – Corporate

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	12	50	50	0
CORP-06	Executive directorate stretch target saving	R	Month 1	Amber	0	152	152	0
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	38	242	242	0
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	15	29	29	0
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Green	0	70	70	0
CORP-13	Executive directorate stretch target saving	R	Month 1	Amber	0	700	700	0
CORP-04	Scheme	NR	Month 1	Green	24	100	100	0
CORP-05	Opportunity	NR	Month 1	Green	24	100	100	0
CORP-08	Executive directorate stretch target saving	R	Month 1	Amber	0	149	149	0
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	30	97	97	0
CORP-03	Opportunity	R	Month 1	Green	151	151	151	0
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	26	103	103	0
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	24	39	39	0
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	26	102	102	0
CORP-10	Executive directorate stretch target saving	R	Month 1	Amber	0	180	180	0
CORP-12	Executive directorate stretch target saving	R	Month 1	Amber	0	207	207	0
					<b>369</b>	<b>2,471</b>	<b>2,471</b>	<b>0</b>

## Reserves

### Reserves Delegation:

The reserves held at 30<sup>th</sup> June-25 is £16.260m. This consists of allocations to be delegated of £14.467m, specific commitment reserves of £1.659m and those supporting the financial position equalling 0.134m.

The reserves include some elements of risky income associated with the submitted plan.

All of these reserves are either supporting the financial position of the Health Board (£2.8m) or is committed to specific areas (£11.3m).

Phase 2 of the budget setting has been actioned with 40.5m transferred to divisions across the health board.

Funding will continue to be reviewed with further anticipated allocations being retained within reserves pending delegation.

7769-ALLOCATIONS TO BE DELEGATED			
Confirmed or Anticipated	R / NR	Description	25/26
Anticipated	R	b/f balances re: pay related funding etc.	436,499
Anticipated	R	National Insurance increase (Ers) 25-26	2,065,883
Anticipated	NR	Pathfinder Womens Health Hub 25-26	300,000
Anticipated	NR	RTT Waiting times Q1 25-26	1,500,000
Anticipated	NR	Overseas recruitment funding	700,000
Anticipated	NR	Planned Care Transformation funding	4,551,000
Confirmed	NR	Children's Speech, Language and Communications (SLC)	40,007
Confirmed	NR	Electronic Job Planning - pccs	0
Confirmed	NR	National Dementia Advocacy Programme 2025-26 - rpb	0
Confirmed	NR	Planned Care (Clinical Implementation Network - Ophthalmology)	16,030
Confirmed	NR	Planned Care (Clinical Implementation Network - Dermatology)	16,030
Confirmed	NR	Planned Care (Clinical Support: National Strategy - Orthopaedics)	8,015
Confirmed	NR	Planned Care (Optometry Community Pathway: Triage)	71,437
Confirmed	NR	DPIF funding 2025-26	2,258,701
Anticipated	NR	National POPs Initiative Funding 25-26 - genral surgery	136,636
Anticipated	NR	Terrence Watkins WG Adaptation Role - Allocation Uplift	7,092
Anticipated	NR	IRCF Funding 2025-26: Co-ordinate & Facilitate Integrated Hubs	248,219
Anticipated	NR	IRCF Funding 2025-26: Resource Capacity to Facilitate ICRF Program	195,676
Anticipated	NR	Planned Care Transformation Fund: Spinal Mega Clinics	55,373
<b>Confirmed Allocations to be apportioned</b>			<b>12,606,598</b>

7788-COMMITMENTS TO BE DELEGATED	
Description	25/26
Junior Doctors income: TGS	449,295
Junior Doctors income: PGCME	(30,151)
Recovery of PCCS Further Faster schemes budget (delegated twice)	1,240,084
<b>Total Commitments</b>	<b>1,659,228</b>

7501-SUPPORTING FINANCIAL POSITION	
Description	25/26
IT Revenue to Capital April 25	29,664
IT Revenue to Capital May 25	55,632
IT Revenue to Capital June 25	48,690
<b>Total Supporting Financial position</b>	<b>133,986</b>

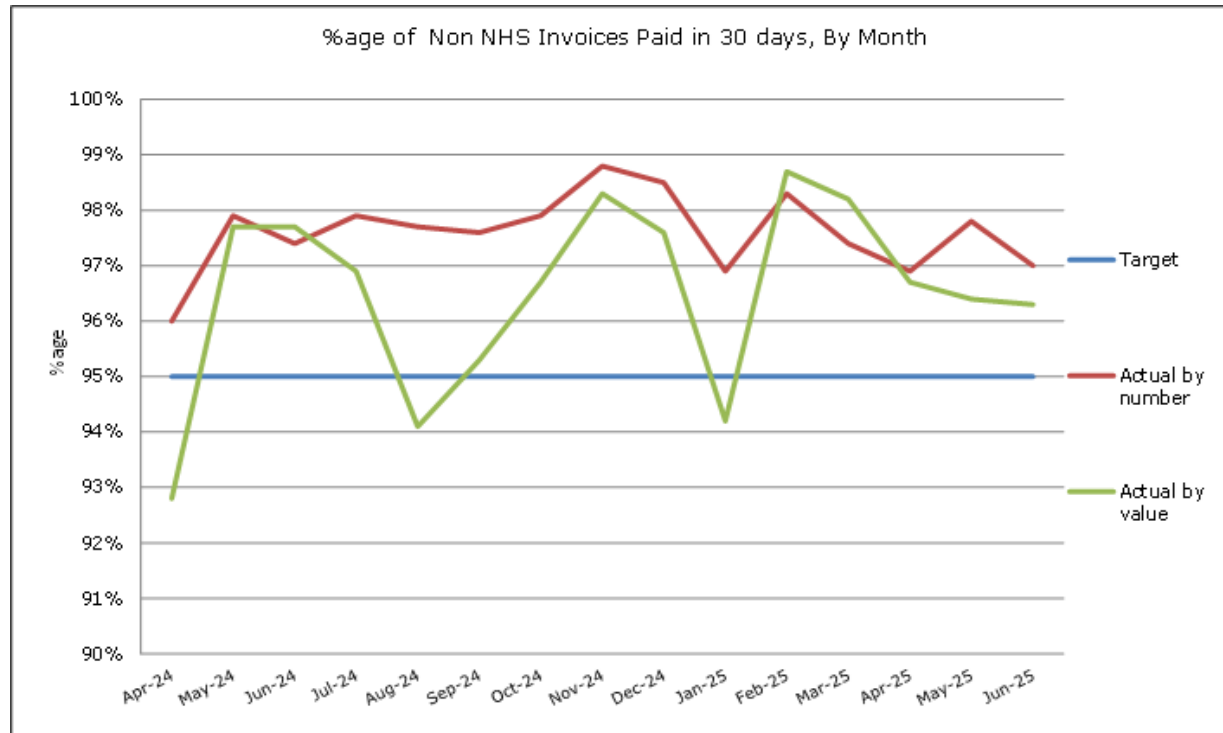
7565-CONTINGENCY	
Description	25/26
Investment Reserve	1,860,000
<b>Confirmed Allocations to be apportioned</b>	<b>1,860,000</b>
<b>Totals</b>	<b>16,259,812</b>

## Cash Position

The cash balance at the 30th June is £5.202m, which is below the advisory figure set by Welsh Government of £6m.

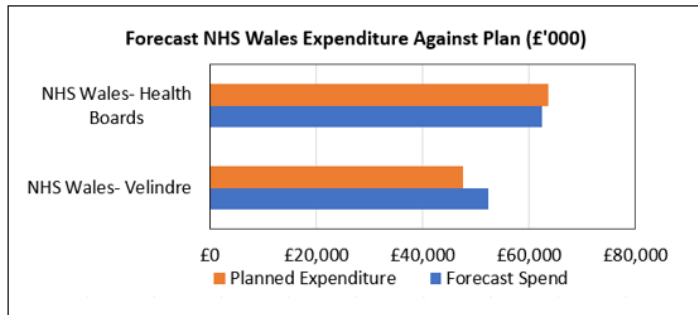
## Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in June. There has been a decrease in the number of NHS invoices paid within 30 days this month.



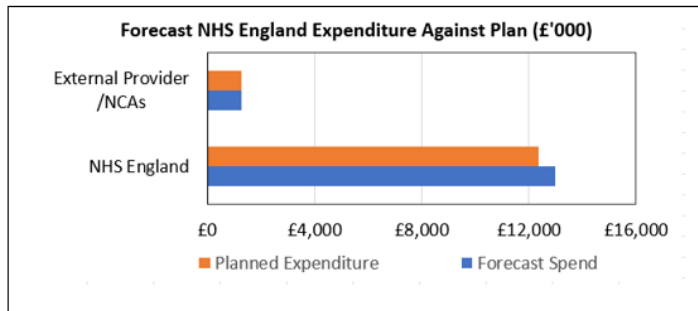
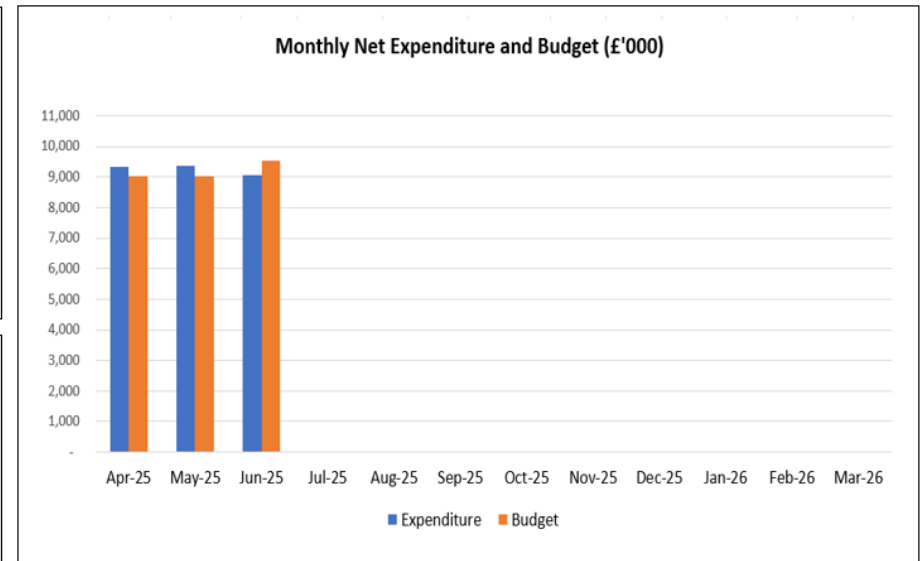
## Contracting & Commissioning – LTA Spend & Income

At Month 3 the year to date financial performance for Contracting and Commissioning is £159k overspend against the delegated budget with a forecast year of £274k overspend. The key elements contributing to this position at Month 3 are as follows:



**NHS Wales Expenditure**

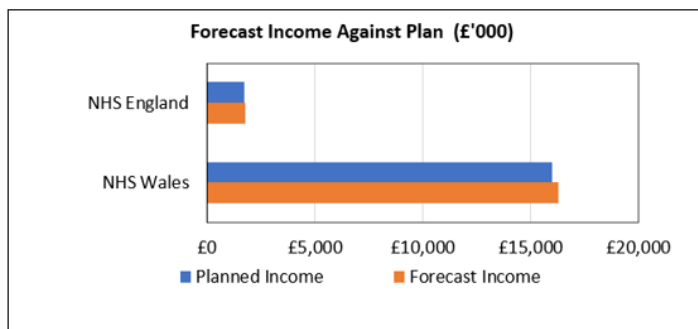
Expenditure in NHS Wales contracts is expected to be c£3.5m more than rollover budget predominantly due to inflationary uplift and NICE/activity pressures expected at Velindre.



**NHS England Expenditure**

Contract Expenditure with NHS England organisations is expected to be c£14m in 2025/26

There is a pressure forecast of c£650k against rollover budget due to inflationary uplift and activity growth



**Provider Income**

Provider income of c£18m is being planned and forecast in 2025/26 and will continue to be monitored and managed regularly

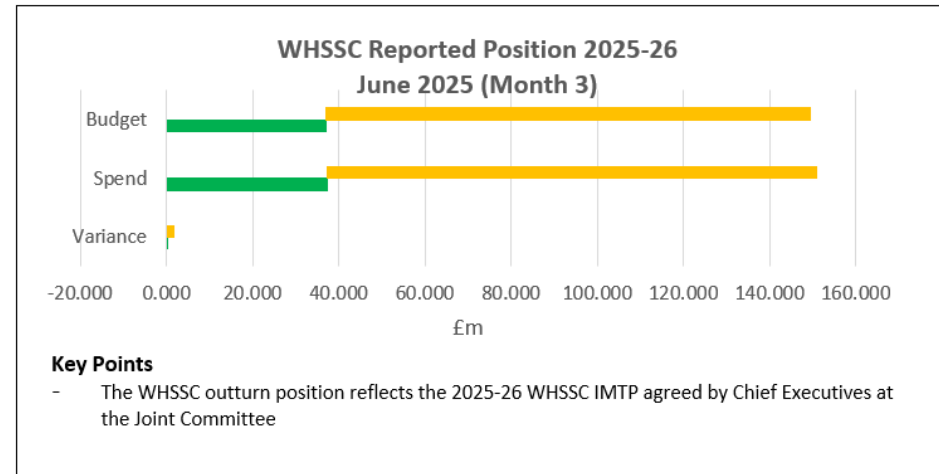
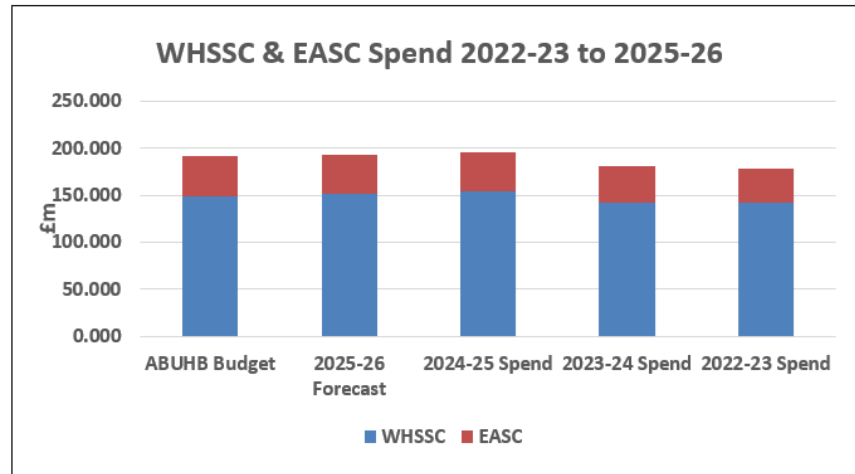
This is currently expected to be a surplus of c£314k due to the expected inflationary uplift

### Key Issues 2025-26

- All LTAs have been agreed ahead of the WG deadline and have been signed by ABUHB.
- The nationally agreed core uplift of 1.77% has not been delegated but the impact is in the forecasted figures
- A recurrent annual saving of £1.8m from 2024/25 LTA negotiations with Cwm Taf has been achieved against a target of £300k which results in a £1.5m benefit within the 'underlying' HB position.
- The expenditure being forecast for cancer services at Velindre is in line with ABUHB IMTP planning assumptions.
- An additional £3.542m budget was delegated from M3 and will be allocated across the contracts for M4 reporting

## Joint Commissioning Committee (formerly WHSSC & EASC) Financial Position 2025-26

The Month 3 financial position for the JCC is a forecast overspend of £1.779m. The position reflects the agreed IMTP and the phase 2 2024-25 current budget delegation for the Specialised Services (formerly WHSSC) and EASC elements.



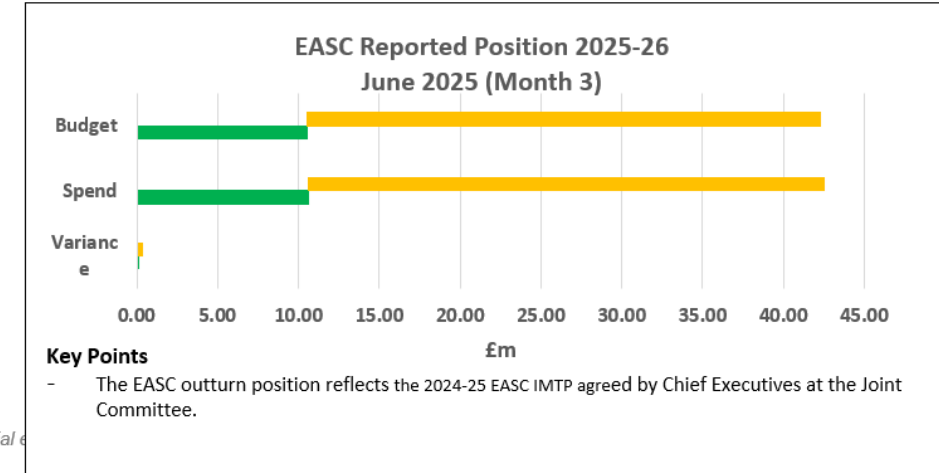
**Key Issues 2025-26**

**Specialised Services**

- Current forecast based on the agreed IMTP and forecast overperformance in respect of C&VUHB NICE Drugs (£0.7m), C&VUHB TAVI (£0.5m), Individual Patient Treatments (£1.2m) offset by slippage on developments (£1.4m)
- Key risk areas for 2025-26
  - Delivery of Savings Plans
  - Provider Overperformance
  - Slippage on Developments

**EASC**

- Current forecast based on the agreed IMTP
- Key risk areas for 2025-26
  - Unfunded Provider pressures
  - Confirmation of allocation assumptions



## Balance Sheet

Balance sheet as at 30th June 2025			
	2025/26 Opening balance £000s	30th June 2025 £000s	Movement £000s
<b>Fixed Assets</b>	945,668	968,593	22,925
<b>Other Non current assets</b>	111,489	115,640	4,151
<b>Current Assets</b>			
Inventories	10,433	10,271	(162)
Trade and other receivables	167,220	150,506	(16,714)
Cash	4,823	5,202	379
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	182,476	165,979	(16,497)
<b>Liabilities</b>			
Trade and other payables	221,140	207,343	(13,797)
Provisions	207,724	202,826	(4,898)
	428,864	410,169	(18,695)
	<b>810,769</b>	<b>840,043</b>	<b>29,274</b>
<b>Financed by:-</b>			
General Fund	610,494	627,808	17,314
Revaluation Reserve	200,275	212,235	11,960
	<b>810,769</b>	<b>840,043</b>	<b>29,274</b>

### Fixed Assets: -

**Other Non-Current Assets:** This relates to an increase in Welsh Risk Pool claims due in more than one year £4.7m and a decrease in intangible assets of £0.5m since the end of 2024/25

**Inventories:** The decrease in year relates to changes in stock held within the divisions

**Current Assets, Trade & Other Receivables:** The main movements since the end of 2024/25 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2024/25 to the end of June £8.0m
- A decrease in the value of both NHS & Non-NHS accruals of £13.5m, of which £18.3m relates to a decrease of Welsh Risk Pool claims due in less than one year, £4.1m relates to an increase in NHS & Non-NHS accruals and £0.7m relates to an increase in VAT and other debtors since the end of 2024/25
- An increase in the value of prepayments held of £4.8m.

**Cash:** The cash balance held at the end of June is £5.202m.

### Liabilities, Trade & other Payables:

The movement since the end of 2024/25 relates to a number of issues the most significant of which are:-

- A decrease in Capital accruals (£4.5m), a decrease in NHS Creditor accruals (£3.2m), a decrease in the level of invoices held for payment from the year end (£3.5m), an increase in non NHS accruals (£14.0m), an increase in Tax & Superannuation (0.8m), a decrease in other creditors (£15.7m), a decrease in the liability for lease payments (£1.0m), an increase in payments on account (£0.7m).

### Provisions:

- Due to a decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £4.1m and a decrease in other provisions of £0.8m.
- **General Fund:** This represents the difference in the year to date resource allocation budget and actual cash draw down including capital.

## Health Board Income WG Funding Allocations: £1.89bn

Confirmed Allocations as at June 2025 (M3 2025/26)

	£'000
HCHS	1,596,221
GMS	115,738
Pharmacy	36,808
Dental	36,722
<b>Total Confirmed Allocations - June 2025</b>	<b>1,785,488</b>

<b>Plus Anticipated Allocation - June 2025</b>	<b>107,522</b>
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<b>Total Allocations - June 2025</b>	<b>1,893,010</b>
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### Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £119m. (£125m for 24/25). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £2bn (£2bn for 24/25).

WG Revenue Resource Limit : Anticipated Allocations (June)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
GMS	Dispensing Drs and PADMS funding 24-25	1,121	NR
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(2,658)	NR
HCHS	Capital - DEL Depreciation - Strategic	3,813	NR
HCHS	Capital - DEL Depreciation - Impairment	(236)	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(558)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	168	NR
HCHS	Capital - AME Depreciation - Impairments	35,478	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,778)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(920)	NR
HCHS	Real Living Wage 24/25	3,000	R
HCHS	Memory Assessment Services - Gwent RPB	565	R
HCHS	Substance Misuse & Increase	3,402	R
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	AHW:Prevention & Early Years allocation	1,114	R
HCHS	WHSSC - National Specialist CAMHS improvements (Tier 4)	234	R
HCHS	Same Day Emergency Care (SDEC)	1,446	NR
HCHS	Urgent Primary Care	1,298	NR
HCHS	Learning Disabilities-Improving Lives	64	R
HCHS	New Medical Training Posts 2017-2022 cohorts	1,400	R
HCHS	Welsh Risk Pool Risk Share agreement 25/26	(5,776)	NR
HCHS	Neighbourhood District Nursing (incl. B3 and B4 staff development)	21	R
HCHS	RIF Dementia	1,611	NR
HCHS	MCA and DoLS	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	International recruitment funding 24-25	700	NR
HCHS	Medical and Dental Pay Award 24/25	8,042	NR
HCHS	EPMA Funding	2,153	NR
HCHS	Mental Health 111 Press 2 service funding	285	R
HCHS	Pay award-Substantive	28,784	R
HCHS	Pay award-Substantive Consultant	4,996	R
HCHS	Pay award-SLE	2,774	R
HCHS	Pay award-Bank	503	R
HCHS	Pay funding-RLW from April-24	2,696	R
HCHS	Pay funding-Band 8 increment Jan-25	1,303	R
HCHS	Pay funding-Apprenticeship levy addtl	294	R
HCHS	Pay funding-Intensity banding arrears	153	NR
HCHS	Pay funding-Locum consultant arrears	231	NR
HCHS	Digital Priorities Investment Fund (DPIF) for EPS go live (Community Pharmacy)	65	NR
HCHS	RIF-Dementia Connectors-confirmed WG plan 2526	100	R
HCHS	RIF-Short breaks for Carers-confirmed WG plan 2526	247	NR
HCHS	Keeping Well (3Ps) funding 25-26 confirmed	170	NR
HCHS	25/26 Planned Care transformation funding	4,551	NR
HCHS	25/26 Neurodivergence (NDIP) funding	353	NR
HCHS	25/26 Physician Associates	59	NR
HCHS	25/26 LIMs funding	140	NR
HCHS	Pathfinder Womens Health Hub 25-26	300	NR
HCHS	RTT Waiting times Q1 25-26	1,500	NR
HCHS	National Insurance increase (Ers) 25-26	16,201	R
HCHS	Real Living Wage (AB staff) 25-26	2,637	R
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(16,607)	NR
HCHS	Clinical Editors Funding 25-26	63	NR
HCHS	National POPs Initiative Funding	137	NR
HCHS	WG Adaptation Role (Terrence Watkins - CPLN)	7	NR
HCHS	WHSSC impact of CUF/Tariff Uplifts 2025-26	264	NR
HCHS	Planned Care Transformation Fund: Spinal Mega Clinics	55	NR
<b>Total Anticipated: Per Ledger</b>		<b>107,522</b>	



## Capital Planning & Performance

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M3 £000	Forecast Outturn £000	Variance £000
<b>Source:</b>					
<b>Discretionary Capital:</b>					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,854		-2,854	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
<b>Total Approved Discretionary Funding</b>	<b>5,760</b>	<b>6,786</b>		<b>6,786</b>	<b>0</b>
<b>All Wales Capital Programme Funding:</b>					
AWCP Approved Funding	12,184	25,381		25,381	0
<b>Total Approved and Anticipated AWCP Funding</b>	<b>12,184</b>	<b>25,381</b>		<b>25,381</b>	<b>0</b>
<b>Total Capital Funding / Capital Resource Limit (CRL)</b>	<b>17,944</b>	<b>32,167</b>		<b>32,167</b>	<b>0</b>
<b>Applications:</b>					
<b>Discretionary Capital:</b>					
Statutory Compliance Allocations	1,100	1,100	243	1,164	64
Other Commitments	1,050	1,050	58	1,050	0
Commitments b/f from 2024-25	544	1,245	33	1,414	169
Divisional Priorities	2,370	2,770	276	2,769	-1
Corporate Priorities	0	43	25	43	0
Remaining DCP Contingency	696	578	0	430	-149
<b>Total Discretionary Capital</b>	<b>5,760</b>	<b>6,786</b>	<b>634</b>	<b>6,869</b>	<b>83</b>
<b>All Wales Capital Programme:</b>					
NHH Satellite Radiotherapy Centre	1,991	1,250	791	1,250	0
GUH ED Extension	1,946	2,665	1,039	2,665	0
Head Lease for Chepstow Community Hospital	60	107	0	107	0
2nd MRI for Grange university Hospital	2,500	2,481	1,853	2,481	0
Centralised Decontamination Unit RGH	3,925	3,999	533	3,860	-139
RGH – Block 1 and 2 Demolition and Car Park	269	271	-1	271	0
Backlog Maintenance 2024-25	901	2,017	492	2,017	0
EFAB - Infrastructure 2024-25	0	224	224	224	0
YYF Breast Centralisation Unit	0	91	20	91	0
CAMHS Sanctuary Hub	0	104	77	104	0
Housing with Care Fund 2024-25	0	21	8	19	-2
Ty Gwent	0	47	-24	47	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	11	11	0
Digital Equipment 2024-25	0	53	64	66	13
End of Year Funding 2024-25	0	77	0	77	0
IRCF - Abervalley H&WBC	592	550	43	550	0
IRCF - Dixton H&WBC	0	269	116	298	29
Targeted Estates Fund (TEF)	0	9,510	306	9,526	16
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	1,622	0	1,622	0
<b>Total AWCP Capital</b>	<b>12,184</b>	<b>25,381</b>	<b>5,563</b>	<b>25,298</b>	<b>-83</b>
<b>Total Programme Allocation and Expenditure</b>	<b>17,944</b>	<b>32,167</b>	<b>6,198</b>	<b>32,167</b>	<b>0</b>
<b>Underspend against Overall Capital Resource Limit</b>					<b>0</b>

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O: MEETING OF:</b>	Finance & Performance Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Value & Sustainability Board Assurance Report
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rob Holcombe, Director of Finance, Procurement & VBHC
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Chris Commins – AFD ‘Out of Hospital’ Greg Bowen – AFD ‘Hospital and Corporates’

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

Aneurin Bevan University Health Board (ABUHB) has established a Value & Sustainability Board (V&SB) in order to improve the financial and operational sustainability for Aneurin Bevan University Health Board.

The 2025/26 plan submitted by the Health Board to Welsh Government (March 2025), identified £40.4m as the required level of savings to support a breakeven forecast position for 2025/26. The savings schemes were shown as three categories:

- Identified savings schemes - £15.7m
- Identified Health Board level savings opportunities with work to be undertaken to attribute to specific schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

Following the submission of the plan further savings schemes have been identified of £4.1m, this has enabled an equivalent reduction in the Health Board level savings opportunities. For month 3 reporting, **£19.8m of savings listed on the Savings Tracker are specific schemes**, £6.2m are identified opportunities pending formulation of specific schemes (grouped by V&SB category on the tracker), and £14.4m remain as Red Pipeline opportunities outside of the savings tracker.

The additional in year savings schemes are:

- Medicine: £2.4m new savings including delayed implementation of Budesomide, biosimilars switch for Dimethyl fumerate & Ustekinumab & opportunities brought forward from 24/25
- Surgery: £0.8m new medicines management savings
- CSS: £0.75m for reduced non-pay purchases in 2025/26.

As at month 3, the year to date savings achieved are £4.1m against the plan of £3.6m, with a full year forecast of £40.4m. The Health Board will continue to identify new schemes and to review performance on existing schemes to maximise the total achievement for the year and will continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

The Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

The table below illustrates the V&SB category savings performance & includes the savings allocation of identified savings schemes. **Savings of £20.6m remain to be found to meet the IMTP requirement of £40.4m.**

#### Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	7	£123	£268	£145	£1,463	£970	£-492
Medicines Management	31	£675	£1,007	£332	£4,520	£5,742	£1,223
Procurement & Non-pay	67	£1,864	£1,794	£-69	£6,587	£6,281	£-306
Service redesign	1	£340	£423	£83	£340	£1,215	£875
Workforce	45	£642	£623	£-19	£5,510	£5,609	£99
<b>Total</b>	<b>151</b>	<b>£3,644</b>	<b>£4,115</b>	<b>£471</b>	<b>£18,420</b>	<b>£19,818</b>	<b>£1,398</b>

#### Cefndir / Background

ABUHB established a V&SB during 2023/24 as part of its governance arrangements to improve the financial and operational sustainability of the Board.

Welsh Government has established a similar format of governance and ABUHB has aligned with this approach.

The Board has established several workstreams under this programme, all with an identified executive lead, as follows:

Medicines management – Director of Public Health

Workforce/Variable Pay – Director of Workforce & OD  
Service Re-Design – Director of Planning  
Continuing Health Care – Chief Operating Officer  
Non-Pay – Director of Finance  
Prevention - Director of Public Health - enabler  
Digital – Director of Digital - enabler

These workstreams consider and progress both national and local opportunities.

This report provides an update on progress of the programme workstreams for the committee for the end of June 2025.

## **Asesiad / Assessment**

### **Medicines Management V&S update July 2025**

ABUHB V&SB Group Executive lead - Director of Public Health

#### **National Priorities**

- Letter issued 06.10.23 detailing 8 National Priorities
- Additional letter issued 19.03.24 detailing a further 5 National Priorities

#### **National Value & Sustainability Board**

There was no update for Medicines Management provided to the June National Value & Sustainability Board. Any future updates will be reviewed and considered by the ABUHB Value & Sustainability Board in due course.

#### **ABUHB Value & Sustainability Board**

##### **Positive Progress During Period**

Focus remains on the National priority areas identified by NHS Wales Value & Sustainability Board.

ABUHB biosimilars uptake has increased to 99.16% (July25 report)

ABUHB continues to have the lowest spend per 1000 patients for bath and shower emollients and primary care branded prescribing

123 of 125 (98.4%) patients receiving maintenance ustekinumab have been switched to the biosimilar with prescriptions issued to the homecare provider

Use of rivaroxaban and apixaban (DOACs). Latest data (Mar25) shows an increase in use of apixaban and rivaroxaban to 87% which is now higher than the National position. The extension of the LES to September will allow practices to continue to review and switch patients. Claim data received shows that 380 patients have now been switched successfully from edoxaban

Plans have commenced to utilise a lower cost ranibizumab biosimilar with residual stock of Ongavia being used before Rimmyrah is available on the All-Wales Contract. Pomalidomide: all residual stock of Imnovid used and all patients have now been switched to generic

Four CEPP meetings have been arranged and delivered by the MM team to provide feedback on prescribing priorities for 25/26 with all practices receiving a performance report on their prescribing

### **Next Steps**

Continue to progress the 13 priority areas including implementation of ustekinumab biosimilar and DOAC optimisation, which represent the two largest saving opportunities in the work programme

Ranibizumab: supply Rimmyrah to clinical areas when on contract and monitor usage

Tocilizumab: make sure remaining patient is consented to switch

Ustekinumab: investigate remaining two patients that remain on the originator (Stelara) and liaise with the clinical teams

Lanreotide: monitor availability of generic product

Plan for outlier practices has been discussed at MMPB. AWTTTC are leading a national piece of work looking at the variation in prescribing variation linked to Ministerial priorities

### **Challenges**

Biosimilar tocilizumab (Tyenne®) sub-cut formulation has not been available until April 25. 42 patients have now been registered with homecare provider and awaiting switch. There is one remaining patient to review.

Use of Liothyronine (low value) – requires endocrinology referral 18month wait. Agreed National priority is now to focus on the lowest acquisition cost preparations. However, switching remains problematic due to the ability to half the more expensive tablet preparation which is not possible with capsules

### **Mitigations**

Escalation of current issues to SRO / Executive Director for Public Health and Strategic Partnerships via Medicines Management Programme Board.

### **Medicines Management Programme Board Actions**

A written update was provided by the Clinical Director of Pharmacy on the National Priorities to the July Medicines Management Programme Board. This highlight report includes an update on the respective priorities of work and information where schemes have progressed since the last update.

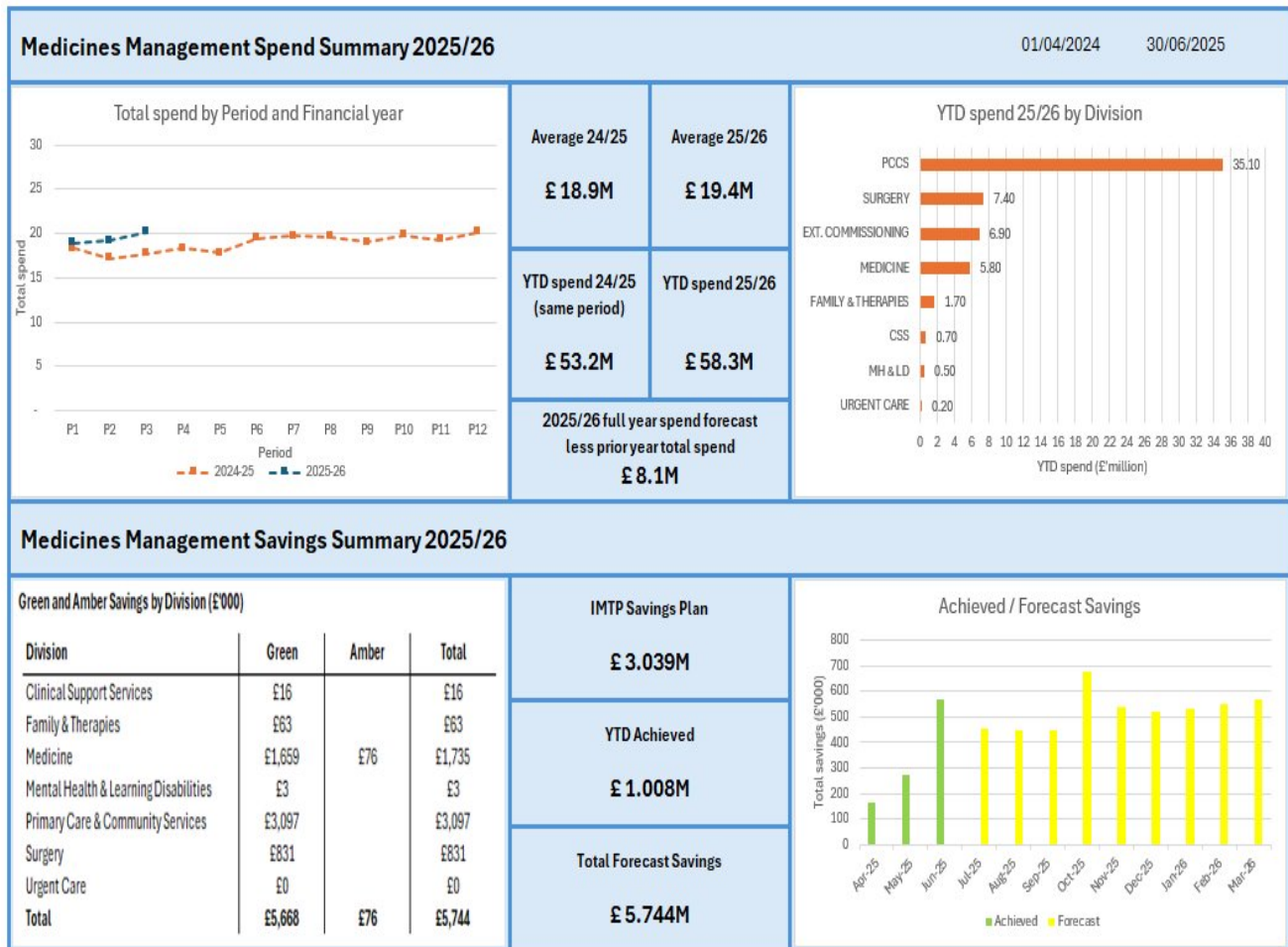
### **Medicines Management Programme Board Thematic Updates**

The following Thematic updates have been scheduled for the remainder of the calendar year: Enteral Nutrition, Respiratory, Endocrine, Stoma and Cardiovascular. Opportunities from each of these reviews will be recorded on the Medicines Management Opportunities log and progress will be monitored on an on-going basis.

## Medicines Management Programme Board Month 3 Finance Review

A detailed Finance update for Month 3 was prepared for the March Medicines Management Programme Board.

Savings delivered in 2024/25 totalled £5.549m. The savings forecast for 2025/26 at month 3 has increased to £5.744m. Further potential opportunities for 2025/26 have also been identified totalling £392k and are now being reviewed within Divisions and with their local Pharmacy teams.



The table below illustrates the identified Medicines Management V&SB category savings performance, this is in line with the IMTP requirements total £4.8m.

### Enhanced Medicines Management Information

Separate dashboards are also produced for both Primary Care Prescribing and Secondary Care drugs. These dashboards are available to the Value & Sustainability Board and the Medicine Management Programme Board.

### Value & Sustainability Board – Workforce Update July 2025

### ABUHB Variable Pay Programme Board

Continuous focus on opportunities for Total Pay reduction across the Health Board. Variable Pay Reduction Board established which meets on a monthly basis to inform V&SB meeting pack.

Positive Progress 25-26 To Date:

- Specialist Rates – Removal of enhancements £1.6m in 25-26 forecast (£2m annual benefit)
- HCSW Recruitment campaign to 76 WTE vacancies underway - £TBC
- Consideration of prudent recruitment to MH&LD of 33WTE to cover Enhanced Care requirements - £TBC.
- Estates & Facilities action plan to remove agency - £TBC
- Review of long-term medical locum and agency position with a view to consider opportunities to employ SAS Doctors.
- Focus on improvement of Consultant Job Plan compliance, deep dives arranged by Deputy Medical Director - £TBC

#### Key focus Areas:

- Stopping HCSW, Admin and Estates and Ancillary agency and RN off contract agency, linked to recruitment of substantive staff - £525k annual opportunity
- International and Streamlining Recruitment Initiative - £1.4m opportunity for 25-26
- Roster Deep Dives – £ impact TBC
- Retention, Sickness and Wellbeing, Establishment Control and Vacancy Management, Job Descriptions, Optional Models of Care / Team Design - £800k
- Implementing all Wales Agency contract - £126k
- Review of Medical Agency Spend – 25-26 assumptions TBC
- Admin Review - £2.4m annual opportunity bringing HB in line with All Wales average

#### Challenges:

- Ability to reduce sickness absence (current absence is 6.3% which is higher than the pre-Covid figure of 5.7%)
- Requirements for enhanced care and high levels of observations, particularly within MH &LD.
- Specialist Rates – holding period as staff may not work the shifts without enhancements, presenting a risk on increased agency usage
- HCSW turnover in 10% which equates to 20 WTE per month
- Ability to recruit to some Administrative, Estates and Facilities roles in current job market, for example Trades and IT roles.
- National contract reform may have an impact on rates of contractual pay

The table below illustrates the identified workforce V&SB category savings performance. Workforce savings yet to be identified in line with the IMTP requirements total £4.8m.

## Value & Sustainability - Workforce 25/26

01/04/2022 01/06/2025



### Workforce savings summary 2025/26 (£'000)

Division (Reporting)	Green	Amber	Total
Clinical Support Services	£806		£806
Complex Care	£18		£18
Corporate	£782	£1,388	£2,170
Families and Therapies	£257		£257
Medicine	£382		£382
Mental Health and Learning Disabilities		£25	£25
Prescribing	£149		£149
Primary Care and Community	£641		£641
Surgery	£304	£337	£641
Urgent Care	£520		£520
<b>Total</b>	<b>£3,859</b>	<b>£1,750</b>	<b>£5,609</b>

Annual Plan savings (£'K)

**£5,364**

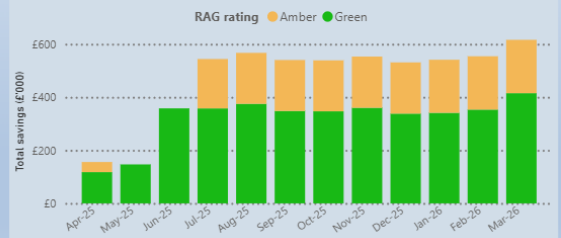
YTD achieved (£'K)

**£623**

Total Forecast savings (£'K)

**£5,609**

Achieved / forecast savings by RAG rating



## Value & Sustainability Board – Service Re-Design Update July 2025

ABUHB V&SB Executive lead – Director of Planning

### ABUHB Service Re-Design

Working group consisting of Planning and Finance colleagues meeting fortnightly with Exec Director of Planning to update on progress and inform the pack to be presented at the monthly V & SB meeting. The group feeds in information from relevant established programmes on any Service Re-Design related topics.

Positive Progress 25-26 To Date:

- Bed Plan – DAP bed audit ongoing to assess opportunity and benefits to inform future plan - £TBC
- QIAs – Future report to Execs for consideration – £1.7m annual opportunity
- Planned Care Efficiencies – NHS Exec Report received with assessment ongoing
- Staff Ideas – ongoing review
- Clinical Model – Workshop held during May, options appraisal in progress, further modelling requested aligned to the options appraisal and opportunities across the system, establishment of new workstream re Older Person Pathway aligned to newly formed Clinical Redesign Programme
- NHH – SOC drafted and to be submitted to Board. Public engagement beginning July 25 - £TBC

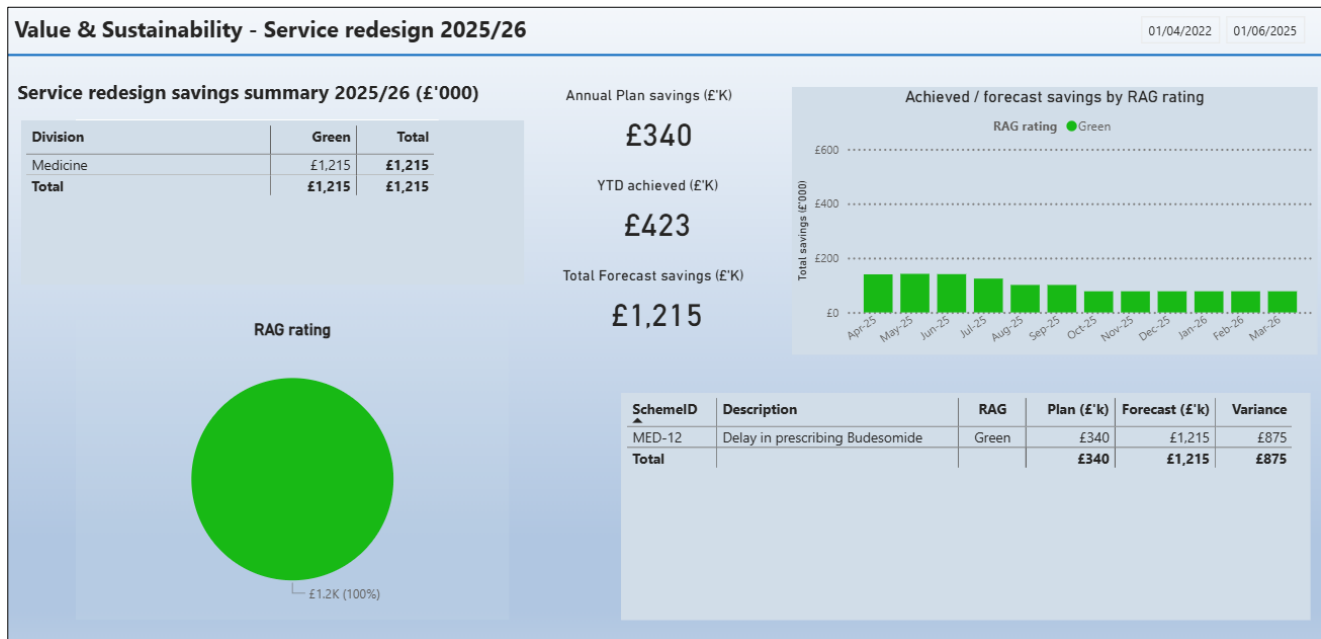
Evaluation of service changes, both financial and non-financial, is now required.

Next Steps / Opportunities:

- Intake Model / SDEC / Bed Base – take forward actions from the May clinical model workshop to include Acute Medical Model, Right Sizing of Bed Base, further modelling to be undertaken re opportunities across the system, Older Person Pathway – service mapping and visit to Swansea to see best practice
- SWH Rationalisation – Project Board to be established in July

- Planned Care Efficiencies – Stocktake of opportunities, with future meeting to be held with NHS Exec
- NHH – Work continuing ahead of submission of SOC to Board and WG in September
- Staff Ideas – Progress ideas aligned to existing workstreams to assess viability for delivery

The table below illustrates the identified Service Redesign V&SB category savings performance. Service Redesign savings yet to be identified in line with the IMTP requirements total £1.6m.



## Continuing Healthcare V&S update July 2025

ABUHB V&SB Executive lead – Chief Operating Officer

### Value & Sustainability CHC delivery

As at Month 3 savings of £2.070m have been identified against a plan of £1.463m. £970k are currently rated green and £1.1m rated amber. Work is progressing across the three Divisions to support moving savings schemes from amber to green.

### Key Highlights of Period

#### Positive Progress During Period

##### Complex Care

Divisional Top 50 placement workstream reviews have been considered by DLT. Of the 19 cases initially identified for further consideration, 3 cases have been closed with the remaining 16 cases in progress of additional reviews, including sessions with Senior Nurses and legal advice. £91k has been identified as delivered against the scheme to date

Regional Commissioning Group work on refreshed care home contracts ongoing

Implement changes linked to FNC assessment and evaluation following review

System resilience funding approved for 25/26 for Hospital To Home

#### Mental Health & Learning Disabilities

HCF Capital bid approved for submission at DMT for 6 LD properties at Abergavenny in hub & spoke model

Complex patient list developed which allows patient flow tracking of actions/activities

5 patients identified as potential for repatriation to in-house services from the high cost placements

JH to be referred for MSU gatekeeping, local options continue to be being pursued

2 Mitchell Close identified as potential for LD placements

#### Family & Therapies

April Disputes panel, agreed in principle to contribute to additional care above 2:1 ratio but on production of invoices and staffing rosters. Nil other additions

LA made aware of uplift limit of 6.9% and reminded fo agency capped rate

### **Next Steps**

#### Complex Care

Further deep dives to be completed with DLT/Senior Nurses on Top 50 cases identified as needing additional consideration

Action points from Top 50 to be followed up

Continue to build on positive work to manage / reduce enhanced care in care home setting, including internal training on the enhanced care framework

Review protocol for use of cohort model care home and reinstate case management meetings with provider with the aim improving flow/step down

Business Case being prepared for Hospital to Home continuation / permanent staffing resource

Corporate engaged to review safer staffing levels for Care at Home Team

Engagement with All Wales working groups on Direct Payments / Continuing Healthcare (CHC) system

Introduce additional scrutiny on enhanced care and one to one placements - format to be determined

### Mental Health & Learning Disabilities

Revenue implication to for HCF Capital Scheme to be worked up and presented at assurance/PIP panel for approval

Approve the revised disputes policy at Complex Care Board

Continue with review on high-cost Commissioned packages

Referral request for JH to be submitted to MSU, whilst looking at local options if not assessed as suitable

Hiraeth work with LML with a view to discharge to Acorn and avoid high cost placement

Chase legal for letter to Hammersmith and Fulham with potential retrospective financial claims

Link high cost placement review with patient flow pathways & housing opportunities

Review 2 Mitchell Close 30.06.25 to assess environment and if any alterations are required

### Family & Therapies

Shared working with Gwent Head of Children Services

Stability of Continuing Care Case Manager Team

### **Challenges**

#### Complex Care

Delay with step down pathway for cohort model / increase in one to one

Sickness levels within CAHT

Identifying call management system for CAHT - linked with PCC colleagues to review available options

Increased demand for one to one on discharge from hospital, including pressure from LAs to fund social care patients. No RPB funding currently identified to support this element

Interim FNC rate

Licence constraints for rostering preventing immediate roll out to commissioning teams

### Mental Health & Learning Disabilities

High-cost Transition cases – alternative plans emerging

Funding disputes, action plans now in place and proceeding

Limited in-house repatriation services available – patient flow workstream to be in place commencing April

### Family & Therapies

Repeated “over commissioning” of healthcare professionals within social care packages eg registrants

Demand – Complexity of children has increased driving cost & some vacancies in team occurring

Dispute Packages – expected to regularly continue

Local Authority Invoices – Delays despite requests for end of year closures. Can go back 6 years for payment

Eliminate Profit agenda: benefits yet to be seen across all LAs, more internal staff employed

### **Mitigations**

#### Complex Care

Initial review of HCSW banding for PP runs for potential adjustment of recruitment strategy (ongoing)

Maximising use of RN staffing to reduce bank usage for sickness cover

All sickness being managed appropriately and improvements in sickness levels have been seen in month

#### Mental Health & Learning Disabilities

Case Manager appointed

Focus on LD high-cost cases, long term pathway management planning

Cross divisional transition group established to ensure oversight and horizon scanning of transition cases and Directorate accountability

Dispute process policy being redrafted with revised escalation process, dialogue with LA in progress

#### Family & Therapies

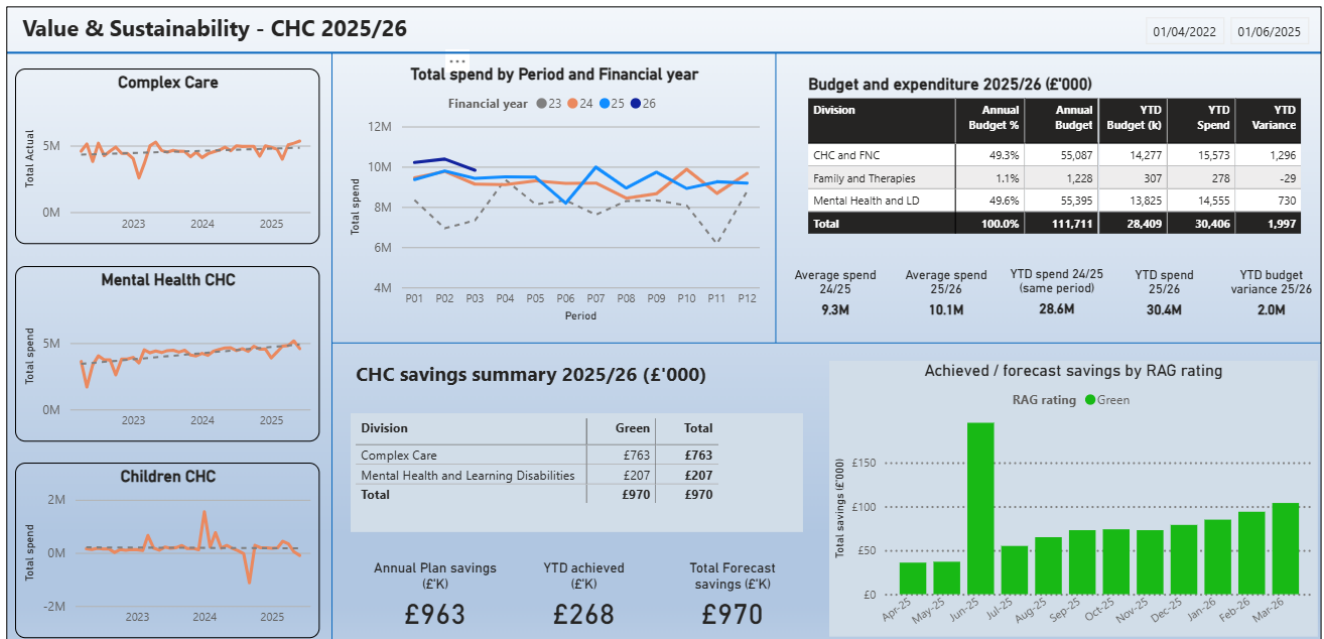
Mitigation Plans: early planning and no surprises approach with Local Authority early pre dispute negotiation

Challenge to ensure the right health professionals are commissioned

All disputes panel disputes are challenged appropriately and within legal framework

Working with Local Authorities on the availability of provisions / resource to accommodate children with enhanced support from CAHMS

The table below illustrates the identified CHC V&SB category savings performance. CHC savings yet to be identified in line with the IMTP requirements total £1.1m.



## Value & Sustainability Board – Non-Pay Update July 2025

ABUHB V&SB Executive lead – Director of Finance & Procurement

Established Non-Pay Programme Board chaired by the DOF which meets monthly with representation from all Divisions across the Health Board. This Board supports identification and delivery of procurement opportunities, and the output of this group informs the pack to be presented at the monthly V & SB meeting. The attendees at the Board feeds in information and updates the Board on progress at Divisional level and any updates in terms of National work.

Key updates:

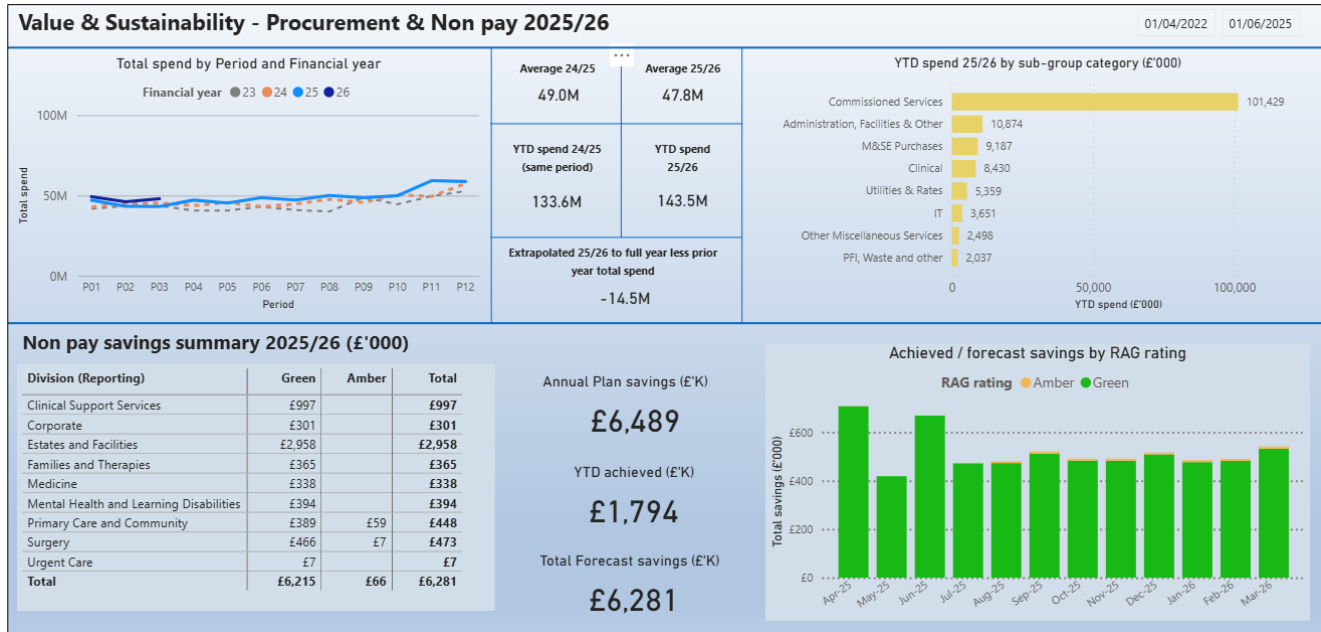
- £6.3m expected delivery for 2025/26 against £6.5m plan – further opportunities progressing.
- £13m savings yet to be identified.
- Medical consumables & Theatre Improvement – Sub-group set up to provide a dedicated focus in this area. Procurement pushing national priorities and local opportunities.
- Contract Management – new process now live in ABUHB which covers any new contracts > £100k in value. 40 contracts identified & working through each of them starting with highest value. Key successes in CCS.
- 2025/26 pipeline initiatives identified of £3.8m opportunities to progress, most significantly Energy pricing reduction of £2.25m.

Challenges:

- Clinical preference & resistance to change
- Lead times for 'pilots'

- Speed of decision making
- Budget holder focus on delivering savings

The table below illustrates the identified Non-Pay & Procurement V&SB category savings performance. Non-Pay & Procurement savings yet to be identified in line with the IMTP requirements total £13m.



## Value & Sustainability Board – Prevention Update July 2025

ABUHB V&SB Executive lead – Director of Public Health

Focus on CVD Hypertension and Diabetes and Contraception, working with GPs and key NCN groups to progress.



Prevention Update  
03.07.2025.xlsx

## Value & Sustainability Board – Digital Update July 2025

ABUHB V&SB Executive lead – Director of Digital

Positive Progress to date:

- Hybrid Mail – Phase two underway for commencement to digital letters go live – October phased start planned to Feb 26
- ICT Equipment requests continue to be challenged - ongoing – part of BAU
- Managed Print – discussions have commenced (IG have signed off, awaiting Cyber Security sign off pending software deployment).
- New Tender issued for consumables (Webcams, headsets, etc)
- Business unit procurement workplan 25/26 being worked through with opportunities being discussed with heads of service.

### Challenges:

- M365 VAT reclaim still awaiting treasury decision – 4 year rule July 25
- Reviewing ICT requests from users – validating information
- Stale devices Laptops 287 Desktops 154 not been used in last 12mths, working with staff to locate
- Digital Patient Communications – project delayed
- Heading 14 VAT Charges – affects digital contracts (changes to reclaim rules).
- Resources currently allocated to the Microsoft 365 team

### Next Steps:

- Continue to monitor expenditure in the relevant cost centres.
- Continue to query and discuss alternative options.
- Continue the audit process for Mobiles and Telephony lines.
- Continue improvement programme using Microsoft 365 tools and features.
- Continue to baseline & measure benefits for all Digital transformation projects
- Managed Print Service Investigation

### Financial Opportunities:

- Digital Patient Communications – £TBC
- Dial Tokens SLA - £7.2k (25-26)
- Office Licenses (Med Secs/Imprivata) – Eradication of Office 21 On Prem Licence (500k potential saving for 26/27)
- Telephony - £36k (over the next 3 years)
- Tooling review (monitoring solutions) - £TBC
- Public Wi-Fi i.e. the cloud - £TBC
- Contracts due in the next 6 months – review £TBC

### Next Steps / Opportunities:

- Continue to monitor expenditure in the relevant cost centres
- Continue to query and discuss alternative options
- Continue the audit process for Mobiles and Telephony lines

### Summary

The below graphic presents the overall forecast savings achievement planned for 2025/26. Further work on future opportunities is continuing and the Quality Impact Assessment process will be considering proposed opportunities as part of the three year route map to recovery.

The table below illustrates the total identified V&SB category savings performance. Total savings yet to be identified in line with the IMTP requirements total £20.6m.

**Savings summary 2025/26**

01/04/2024 01/06/2025

Savings summary by Value & Sustainability category (£'000)

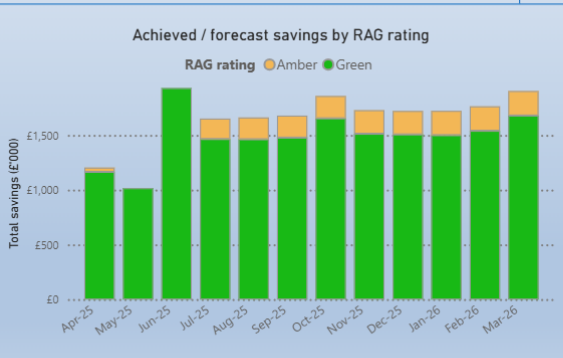
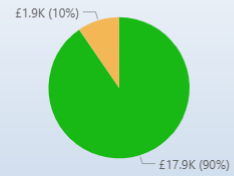
V&S Category	Number of Schemes	Plan	Forecast	Variance	% Achieved
CHC	7	£1,463	£970	£-492	66.4%
Medicines Management	31	£4,520	£5,742	£1,223	127.1%
Procurement & Non-pay	67	£6,587	£6,281	£-306	95.4%
Service redesign	1	£340	£1,215	£875	357.3%
Workforce	45	£5,510	£5,609	£99	101.8%
<b>Total</b>	<b>151</b>	<b>£18,420</b>	<b>£19,818</b>	<b>£1,398</b>	<b>107.6%</b>

Forecast against initial plan (£'K) **£16,161** + New in-year schemes (£'K) **£3,656** = Total Forecast savings (£'K) **£19,818**

Recurrent/non-Recurrent		
R/NR	Forecast £'k	% Total
R	£16,284	82%
NR	£3,533	18%
<b>Total</b>	<b>£19,818</b>	<b>100%</b>

Forecast FYE (£'K) **£18,098**

RAG rating of forecast savings (values in £'000)



Savings YTD and forecast position (£'000)

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	7.8%	£1,438	£512	£648	£136	£1,819	£381	126.5%
Complex Care	4.2%	£781	£74	£61	£-13	£781	£1	100.1%
Corporate	13.4%	£2,471	£369	£369	£0	£2,471	£0	100.0%
Estates and Facilities	16.3%	£3,000	£753	£711	£-42	£2,958	£-42	98.6%
Families and Therapies	3.7%	£682	£108	£97	£-11	£684	£2	100.4%
Medicine	12.2%	£2,250	£758	£947	£190	£3,670	£1,419	163.1%
Mental Health and Learning Disabilities	5.1%	£946	£88	£306	£218	£629	£-317	66.5%
Prescribing	12.2%	£2,252	£293	£391	£99	£2,844	£592	126.3%
Primary Care and Community	8.8%	£1,614	£130	£177	£47	£1,489	£-125	92.2%
Surgery	13.3%	£2,448	£503	£354	£-149	£1,945	£-503	79.5%
Urgent Care	2.9%	£539	£57	£54	£-3	£527	£-12	97.8%
<b>Total</b>	<b>100.0%</b>	<b>£18,420</b>	<b>£3,644</b>	<b>£4,115</b>	<b>£471</b>	<b>£19,818</b>	<b>£1,398</b>	<b>107.6%</b>



Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

**Argymhelliad / Recommendation**

The Finance & Performance Committee is requested to note the report for assurance.

**Amcanion: (rhaid cwblhau) Objectives: (must be completed)**

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The monitoring and reporting of committee business is a key element of the Health Boards assurance framework
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities <a href="#">Link to IMTP</a>	Choose an item. Choose an item. Financial Balance
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives <a href="#">Strategic Equality Objectives 2020-24</a>	Choose an item. Choose an item. Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	National V&SB Board
Rhestr Termau: Glossary of Terms:	V&SB – Value & Sustainability Board WG – Welsh Government SDEC – Same Day Emergency Care O/P – Out patient INNU – intervention not normally undertaken MH – mental health LD – learning disabilities 'k' – thousand Tbc – to be confirmed QIA – quality impact assessment CIP – cost improvement programme
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Resource Assessment:</b>	
• <b>Workforce</b>	Yes, outlined within the paper
• <b>Service Activity &amp; Performance</b>	Yes, outlined within the paper
• <b>Financial</b>	Yes, outlined within the paper
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	<b>No does not meet requirements</b>  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
<b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b>  <a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a>	Not Applicable Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

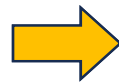


THEME Area		insert eg CHC					
Opportunity	Proposal and Next Steps		Milestone Date of Delivery	Included in 25/26 Plan	25/26 Opportunity (£'000s)	26/	
1	To reduce costs of hospital	Hypertension Case Finding Service has been rolled out. It aims to identify the patients at risk of having hypertension and offer them clinical	apr-25	IMP Priority: Preventable Premature Mortality	This service will reach 25,000 at risk patients		
2	To reduce costs of hospital	Treating (the known cases of hypertension) to the Target' model has been developed. This will be rolled out in 2025-26 alongside Primary Care OI	okt-25	IMP Priority: Preventable Premature Mortality	Treating 4,234 patients to the target could potentially save £580K		
3	To reduce costs of management of diabetes and its complications	To expand Diabetes Prevention Programme in Torfaen and Monmouthshire NCNs in 2025-26	apr-25	IMP Priority: Preventable Premature Mortality			
4							
5							
6							
7							
<b>TOTAL</b>				<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

<b>Risks Identified</b>	<b>Mitigations</b>
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## ABUHB VALUE AND SUSTAINABILITY

Exec Lead - Tracy Da	Update as at 24th June 2025
SRO - Beveleigh Evans	Scope – Public Health
Clinical Lead - Doctor	Aims and Objectives – Increased h
Finance Lead - Caroli	expectancy and healthy life expect
<b>Positive Progress During Period:</b>	<b>Next Steps:</b>
CVD – Hypertension - a case finding	CVD – Hypertension Case
<b>Challenges:</b>	<b>Mitigations:</b>
CVD – Hypertension- a case finding	CVD & Diabetes: Integrate



THEME Area <input type="text" value="insert eg CHC"/>								
Opportunity	Proposal and Next Steps	DIVISION IMPACT	Included in 25/26 Plan	25/26 Opportunity (£'000s)	26/			
1								
2								
3								
4								
5								
6								
7								
	<b>TOTAL</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O: MEETING OF:</b>	Finance and Performance Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Efficiency Opportunities and Update Report.
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Rob Holcombe, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Fidelma Davies, Head of Strategic Financial Planning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Executive Summary – followed by detailed SBAR sections**

The annual review and analysis of the key national benchmarking publications for 2024/25 has highlighted significant efficiency opportunities in several key acute inpatient and outpatient service areas, at a **calculated worth (to date) of £28.6m**. The key findings are detailed in the Health Board’s Efficiency Compendium, and are summarised below:

Table 1: Summary by division of indicative benefit value – using 2024 data:

Summary	CHKS Efficiency Opportunities		STATSWales Efficiency Opportunities	NHSBN Efficiency Opportunities (released to date)		EFPMS	Efficiency Opportunities
	Bed Gains	Annual OP slots Gained	GP Referrals	Theatre Sessions Gained	Others...		TOTAL
	£m	£m	£m	£m	£m	£m	£m
Surgery	£5.278	£0.670	£1.834	£5.862			£13.644
Medicine	£10.264	£0.807	£0.633				£11.704
F&T	£1.329	£0.063	£0.139	£1.355			£2.886
PC&Comm	£0.368						£0.368
Estates and Facilities						tbc	£0.000
<b>TOTAL</b>	<b>£17.239</b>	<b>£1.540</b>	<b>£2.605</b>	<b>£7.217</b>	<b>£0.000</b>	<b>tbc</b>	<b>£28.601</b>

Note: 2023/24 analysis included £3.8m for Estates – refreshed EFPMS available September 2025, and any efficiencies opportunities will be included at that point.



This is a calculated financial worth of the efficiency benefit to give scale and focus on priority areas. It is important to note that **this is an improvement value and not necessarily always a cash releasing saving for each category.**

It is recognised that positive service improvements have been in progress during 2025 and will continue into the future, resulting in the following benchmarking benefits:

- Decrease in the Pathway of Care Delays (POCDs) – releasing bed capacity
- Reduction in theatre late starts – creating more theatre capacity (*however early finishes has worsened*)
- Increase in the rate of See on Symptom (SOS) and Patient Initiated Follow ups (PIFU) – potentially releasing outpatient capacity

The impact of these, noting that they would not be reflected in the 2024 benchmarking, should be considered when Divisions assess the benchmarking results.

It is also worth noting at this stage that in recognition that staff are creative and have valid opinions on efficiency ideas, in 2024/25 the HB invited all staff to contribute their ideas to help reduce the expenditure of the organisation.

172 ideas were submitted, resulting in the following:

- 15 ideas related to Behavioural Change that will form the content of an ongoing communications campaign,
- 47 ideas related to action plans already being taken forward by the Health Board,
- 12 ideas received a positive response and are being taken forward for further investigation,
- 43 ideas continue to be reviewed for potential opportunities, and
- 55 ideas warranted no further action.

Benefits from promoting efficiency and awareness via this 'Staff Ideas' route will positively impact the organisational efficiency culture and future performance and benchmarking across the board. (see appendix for further details).

The key areas identified from the 2024 data benchmarking exercise against peer groups are:

#### Beds:

There is substantial opportunity for efficiency improvement in terms of bed days. Converted into beds (to give scale), this would be approximately 236 beds (calculated worth of £13.9m). Categorized as:

- More proactive discharge planning for the acute phase of care (173 beds),
- Improved Readmission rates (48 beds),
- Improved day case rates (13 beds), and
- Improved day of surgery admission (2 beds).



## Outpatients:

Efficiency gains capacity have a circa £2.605m

- Reducing to the there area but releasing

Summary	Bed Opportunity	
	Bed Gain Opportunity	SubTotal
		£m
Elective ALOS	15	1.107
Non elective ALOS	158	11.534
Readmission Rates	48	3.486
Day of Surgery Admission	2	0.169
Day Case Rate	13	0.944
<b>TOTAL</b>	<b>236</b>	<b>17.239</b>

relating to Outpatient calculated worth, of and comprise of: Outpatient DNA rates national target of 5% - have been improvements in this an opportunity of approximately 4,427

appointment slots per annum still remains. This is predominantly in Medicine (3,266 slots),

- Reducing New to FUP ratios. This would release significant capacity in outpatients (36,170 slots per annum), and
- Reducing GP referrals to the lowest in Wales per annum, releasing circa 70,886 slots.

## Theatres:

Efficiency improvement, at a total calculated worth of approximately £7.2m by:

- Reducing cancelled operations (with 1 or less days of scheduled operation) thereby providing an additional annual capacity of 840 theatre sessions, and
- Increasing cases per theatre list to the benchmarking upper quartile, improving capacity by an additional 1,158 theatre sessions per annum.

The compendium includes a summary of these efficiency opportunities by Division and specialty – examples are set out in **Appendix 1a to 1c** of this report.

Peer Groups used for the benchmarking comparisons are detailed in **Appendix 2**.

## Estates and Facilities Performance Management System (EFMS):

Using the data from the Welsh Government EFPMS, and in collaboration with Shared Services, the FP&D have developed a new interactive dashboard including trend over 3 years and site level detail. The report highlights opportunity for improvement compared to targets along with Welsh Best Practice.

The data analysis for 2024/25 data comparison is due in September, and the compendium will be updated as soon as this data becomes available.

Developments for the 2024/25 Compendium refresh: these are set out in **Appendix 4** to this report.

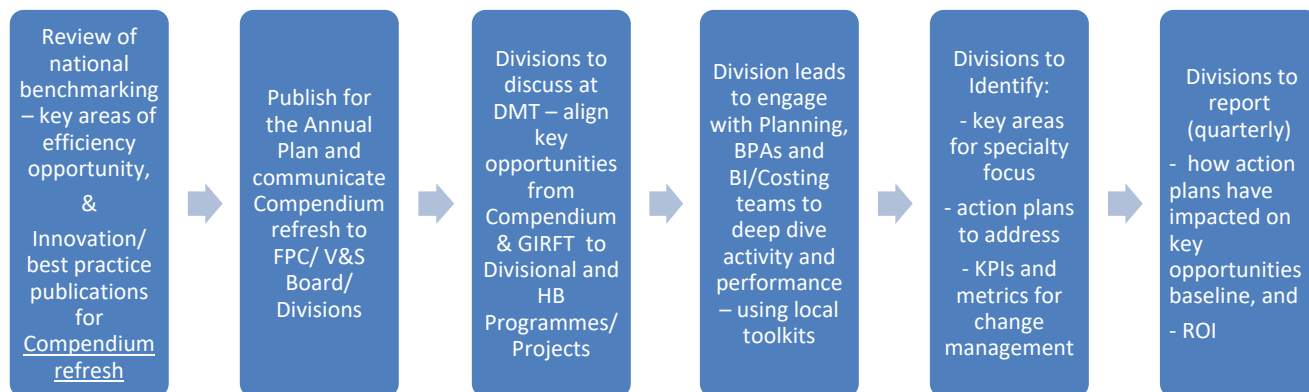
The Compendium can be found here [ABUHB Applications \(cymru.nhs.uk\)](http://ABUHB.Applications(cymru.nhs.uk)) for all staff to access. This resource is shared throughout the organisation and this refreshed version will be promoted for use in identifying efficiency action plans throughout divisions and transformational working groups. It will be of relevance to key Programmes such as:

- Planned Care Programme – Theatre Efficiency Group



- Out Patient Transformation Board
- 6 Goals Programme – demand and discharge improvement, and
- Healthcare pathways
- Business cases for investment/disinvestment

The schematic below illustrates the framework within which the benchmarking business intelligence is expected to be deployed:



### Executive Summary Recommendation:

Given the significant financial challenges facing the Health Board in 2025/26 and beyond the Committee is requested to:

- Discuss and provide views on the content of this report.
- Note next steps to promote this refreshed tool and usage within ABUHB.
- Focus on areas highlighted as improvement opportunities.

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## **SBAR REPORT**

### **Sefyllfa / Situation**

The purpose of this report is to provide the Finance and Performance Committee with a review of the key national benchmarking reports that are stored in the Compendium refresh, namely:

- national NHSBN reported results,
- the Comparative Health Knowledge System (CHKS) analysis of the Health Board’s performance against key elective and non-elective productivity and efficiency indicators,
- the statistical data for Wales held on StatsWales, and
- the Welsh Governments Estates and Facilities Performance Management System (EFPMS).

(To note: the Compendium also stores additional resources to those named above).

Performance measures in the Compendium are relative to peer groups. This annual benchmarking exercise enables the Health Board to assess relative efficiency and opportunity for improvement. Using the Health Board costing information these non-financial metrics have been converted into an indicative financial worth of the efficiency opportunity, but they may not convert into a cash releasing saving.



The calculated worth of the CHKS, NHSBN, StatsWales and EFPMS efficiency assessment of the Aneurin Bevan University Health Board is £28.6m. This is analysed by Division and set out in the tables 1.1 to 1.3 below:

Tables 1.1 & 1.2 Summary by Division of indicative benefit value by benchmarking source using 2024 data:

Summary	CHKS Efficiency Opportunities		STATSWales Efficiency Opportunities	NHSBN Efficiency Opportunities - (released to date)	
	Bed Gains	Annual OP slots Gained	GP Referrals - OP slots gained	Theatre Sessions Gained	Others...
Surgery	72	18,222	49,893	1,613	
Medicine	141	21,955	17,223		
F&T	18	1,715	3,771	385	
PC&Comm	5				
<b>TOTAL</b>	<b>236</b>	<b>41,892</b>	<b>70,886</b>	<b>1,998</b>	<b>-</b>

Summary	CHKS Efficiency Opportunities		STATSWales Efficiency Opportunities	NHSBN Efficiency Opportunities - (released to date)		EFPMS	Efficiency Opportunities
	Bed Gains	Annual OP slots Gained	GP Referrals	Theatre Sessions Gained	Others...		TOTAL
	£m	£m	£m	£m	£m	£m	£m
Surgery	£5.278	£0.670	£1.834	£5.862			£13.644
Medicine	£10.264	£0.807	£0.633				£11.704
F&T	£1.329	£0.063	£0.139	£1.355			£2.886
PC&Comm	£0.368						£0.368
Estates and Facilities						tbc	£0.000
<b>TOTAL</b>	<b>£17.239</b>	<b>£1.540</b>	<b>£2.605</b>	<b>£7.217</b>	<b>£0.000</b>	<b>tbc</b>	<b>£28.601</b>

To note CHKS: Coding causes a time lag to publication, so Jan 2024 to Dec 2024 data used.  
 To note CHKS: Uncoded activity will impact on certain analysis that drills down to HRG levels.

Table 1.3 Summary of Bed Gain Opportunity by Treatment Category – 2024 data:

Summary	Bed Opportunity	
	Bed Gain Opportunity	SubTotal £m
Elective ALOS	15	1.107
Non elective ALOS	158	11.534
Readmission Rates	48	3.486
Day of Surgery Admission	2	0.169
Day Case Rate	13	0.944
<b>TOTAL</b>	<b>236</b>	<b>17.239</b>

## Cefndir / Background

### CHKS:

CHKS produces an annual report focussing on selected comparative efficiency indicators and peer groups that have been agreed with the Welsh Government.



If the Health Board is a significant outlier when compared across the peer groups, it is 'flagged' as an area of opportunity for improvement and should be investigated at a more granular level by the Division.

The peer groups are (See **Appendix 2** for details):

- Health Boards in Wales,
- Capita peer group (considered a similar mix to urban and rural areas within Wales), and
- Foundation Trusts rated as outstanding by the Care Quality commission (CQC),
- Northumbria Foundation NHS Trust.

By including opportunities based on this peer group criterion service leads are assured of a robust comparison.

#### StatsWales:

This report has accessed the StatsWales section on outpatient referrals and standardised the 2024 dataset output by using HB comparisons per 10,000 population.

#### NHS Benchmarking Network:

The NHS Benchmarking Network (NHSBN) publishes findings in regular reports, good practice bulletins and shares innovative practice at member events.

#### Estates and Facilities Management System (EFMS):

This is a comprehensive collection of All Wales estates and facilities data, set up by Welsh Government to improve the management of NHS estate in Wales.

#### The Aneurin Bevan Health Board Efficiency Compendium:

The resulting efficiency products are stored and published in the Health Board's local benchmarking repository called the 'Efficiency Opportunities Compendium'. The Compendium is published internally on an annual basis, and the full refresh of all the benchmarking products contained in the Compendium is available now on the various Health Board network sites. Following publication division leads are expected to work closely with finance business partners to review key material outlying areas.

The Compendium is accessible to every member of staff as it is published on the following sites:

- Finance Share Point
- ABHB applications site [ABUHB Applications \(cymru.nhs.uk\)](http://ABUHB.Applications(cymru.nhs.uk)) 

## **Asesiad / Assessment**

#### Assessment - CHKS:

The use of CHKS comparisons and performance measurement is being monitored by Welsh Government, via the National Value and Sustainability Board.



The products from the Health Board's annual benchmarking assessments are stored within the Compendium, and a summary of the £28.6m resulting pipeline efficiency opportunities (excluding EFPM opportunities) is set out in table 2 below:

Table 2: Summary of Efficiency Opportunities using 2024 data

Source	Opportunity Area	Division	Opportunity Metric	Calculated worth £m	
CHKS	<b>Bed Gain Opportunity (Jan to Dec 2022)</b>		<b>Bed Gain Opportunity</b>	<b>Ave releasable bed day costs @ £150 per day</b>	subtotals
	Non elective ALOS	Surgery Medicine F&T PC&Comm	10 127 16 5	£0.746 £9.239 £1.181 £0.368	£11.534
	Readmission Rates	Surgery Medicine F&T	32 14 2	£2.313 £1.025 £0.148	£3.486
	Subtotal Unplanned care				£15.020
	Elective ALOS	Surgery	15	£1.107	
	Day of Surgery Admission	Surgery	2	£0.169	
	Day Case Rate	Surgery	13	£0.944	
	Subtotal Planned care				£2.220
	<b>Total Bed Gain Opportunity</b>		<b>236</b>	<b>£17.239</b>	<b>£17.239</b>
	<b>Annual OP Appointments (Jan to Dec 2022)</b>		<b>Annual Appointment Slots Gained Opportunity</b>	<b>Ave releasable OP costs @ £35 per slot</b>	
	OP DNAs reduced to 5%	Surgery Medicine F&T	741 3,266 1,715	£0.027 £0.120 £0.063	
	Reduce FUP to NEW ratio	Surgery Medicine	17,482 18,689	£0.642 £0.687	
	<b>Total Annual OP Appointments</b>		<b>41,892</b>	<b>£1.540</b>	
	<b>TOTAL OPPORTUNITY - CHKS</b>				<b>£18.779</b>
STATS Wales	<b>GP Referrals (Apr 2022 to Mar 2023)</b>		<b>Avoided Referrals</b>	<b>Ave releasable OP costs @ £35 per slot</b>	
		Surgery Medicine F&T	49,893 17,223 3,771	£1.834 £0.633 £0.139	
	<b>TOTAL OPPORTUNITY - GP Referrals STATS WALES 2022/23</b>		<b>70,886</b>		<b>£2.605</b>
NHSBN	<b>Theatres (AB 2023-24 data compared to Peer 2021-22 datasets)</b>		<b>Theatre Sessions Opportunity Gain</b>	<b>Estimated Calculated Worth Theatre costs @ £1000 per session</b>	
	Cancelled Operations (zero/1 day cancellation)	Surgery F&T	731 110	£2.671 £0.385	
	Cases per list	Surgery F&T	882 275	£3.191 £0.970	
	<b>TOTAL OPPORTUNITY - Theatres, NHSBN</b>		<b>1,998</b>		<b>£7.217</b>
EFPMS	<b>Opportunity to organisational average (50%) energy, water, waste security, cleaning etc</b>	Estates & Facilities		<b>tbc</b>	
	<b>GRAND TOTAL</b>				<b>£28.601</b>



To note: The finalised 2024/25 NHSBN and EFPMS reports are not yet available. Table 2 and the Compendium will be updated as and when results are published.

## Areas of efficiency opportunity - CHKS

Non-Electives (ALOS) – overall the analysis shows a worsening picture in this Health Board compared to that of 2024, except for Haematology and Paediatrics.

Table 3 shows a significant efficiency gains gap of 158 beds (calculated worth of £11.5m) when compared to peer groups. This is 31 more beds than the previous year. A particularly material opportunity is shown in Geriatric medicine of 78 beds, and 42 beds against Rehabilitation medicine.

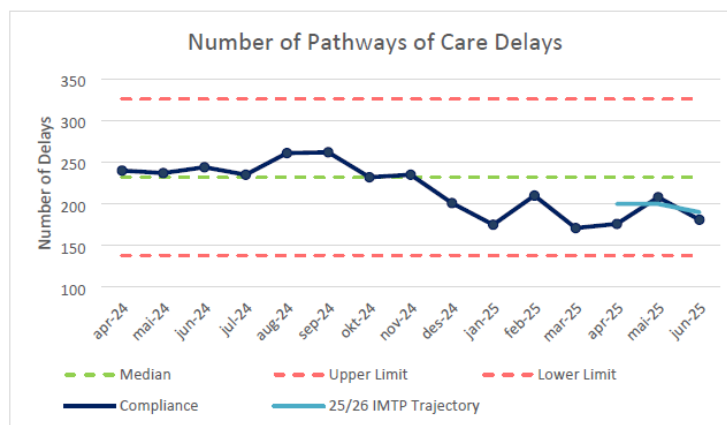
Table 3: Non-Elective Bed Gain Opportunity (Jan 2024 to Dec 2024 data)

		Average Length of Stay (excludes 0 LOS)			Bed Gain Opportunity (compared to best peer group)	Calculated worth of opportunity £M	AB ALOS % change from 2023 to 2024
	AB	Top Hospital Peer Group	Northumbria - Peer				
Surgery	100 - General Surgery	5.09	5.69	4.93	3	0.250	5.89%
	101 - Urology	5.43	4.70	-	2	0.153	23.20%
	120 - Ear Nose and Throat	3.93	3.12	-	1	0.108	21.88%
	303 - Haematology (Clinical)	7.70	10.30	1.67	3	0.234	-17.14%
Medicine	302 - Endocrinology and Diabetes	16.30	12.50	7.75	7	0.477	0.00%
	314 - Rehabilitation Medicine	32.73	27.01	26.75	42	3.092	12.34%
	430 - Geriatric Medicine	22.17	13.37	16.13	78	5.670	8.84%
F&T	420 - Paediatrics	2.54	2.86	1.94	6	0.469	-21.26%
	501 - Obstetrics	2.54	2.62	2.01	8	0.561	0.79%
	WLB - Well Babies	32.67	18.11	-	2	0.151	46.71%
PC&Comm	620 - General Practice (other)	65.56	31.53	Only comparable in Wales	5	0.368	38.94%
<b>Bed Gain Opportunity</b>					<b>158</b>	<b>11.534</b>	

As mentioned earlier, positive actions taken by the HB in 2025 will not have filtered through to the above benchmarking exercise. Divisions need to consider the impact of the reduction in POCD numbers and days delays, as set out in the July Board Integrated Performance Report:

Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard  
**Ministerial Delivery**

181 (Q1)  
 Below Q1  
 Trajectory of  
 190

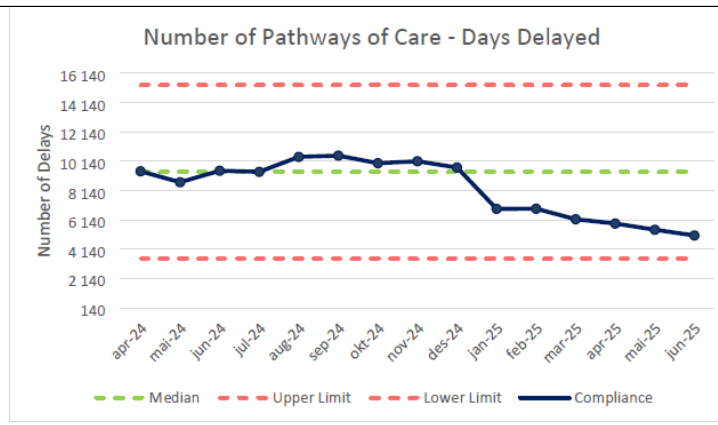


Pathway of Care Delays (POCDs) remain low in the context of the past few years, with significant improvement in performance delivered through the second half of 24/25, spearheaded by partnership working in the 50 day challenge. Whilst there was an increase in the May census to 208, this reduced in June to deliver a Q1 position of 181 and slightly under the 25/26 IMTP trajectory of 190. The IMTP sets out a year end position of 160.



Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard

5,091 (Q1)  
Below Q1  
Trajectory of  
7,290



The days delayed associated with POCs has decreased with greater proportionality when compared to simply the volume, reaching a record low position of 5,091 at the end of Q1 and well below the forecast position of 7,290. The improvement in performance for reducing the day delayed can be attributed in part to the ongoing, weekly operational reviews of the longest staying patients and the actions taken to progress their care and/or discharge arrangements as appropriate.

Electives (ALOS) – generally the elective services have made significant improvement when compared to last year’s ALOS, except for Urology. Associated bed gain opportunities when compared to peer groups are set out in table 4 below.

Table 4: Elective Bed Gain Opportunity (Jan 2024 to Dec 2024 data)

		Average Length of Stay (excludes 0 LOS)			Bed Gain Opportunity (compared to best peer group)	Calculated worth of opportunity £m	AB ALOS % change from 2023 to 2024
	AB	Top Hospital Peer Group	Northumbria - Peer				
Surgery	Urology	2.68	2.23	1.38	3	0.219	2.61%
	Trauma & Orthopaedics	3.37	2.96	1.68	11	0.815	-23.74%
	Oral Surgery	4.80	2.35	1.50	1	0.073	-25.63%
<b>Bed Gain Opportunity</b>					<b>15</b>	<b>1.107</b>	

Orthopaedic ALOS improved since 202 by 23.74%, but when compared with peers there remains a bed gain opportunity of between 3 (CQC peer group) and 11 beds (Northumbria).

Day of Surgery Admissions (DOSA) – performance for General Surgery, Oral surgery and ENT have seen decreases since last year.

The DOSA rate for General Surgery of 67.09% is also well below that of the peer groups, especially Capita peer group, which is recorded as 97.26%.

T&O DOSA rate has improved significantly from 37.95% to 70.31%. However, it remains materially below all peer groups, which are at circa 97%, resulting in a bed gain opportunity of 1 bed as set out in table 5 below.

Table 5: DOSA Bed Gain Opportunity (Jan 2024 to Dec 2024)

		Average Length of Stay (excludes 0 LOS)			Calculated worth of opportunity £m	AB ALOS % change from 2023 to 2024
	AB	Top Hospital Peer Group	Beds Gained Opportunity			
Surgery	100 - General Surgery	67.09%	97.26%	1	0.065	-2.73%
	110 - Trauma & Orthopaedics	70.31%	98.02%	1	0.104	32.36%
<b>Bed gain Opportunity</b>				<b>2</b>	<b>0.169</b>	



Day case Rates - Overall there have been improvements in level of performance by specialities. However, there remains the following opportunities of 13 beds/ £0.944m, mainly in General Surgery and Urology, should the day case rates be improved to peer group levels:

Table 6: Day Case Rate Bed gain opportunity (Jan 2024 to Dec 2024)

		AB	Top Hospital Peer Group	Beds Gained Opportunity	Calculated worth of opportunity £m	AB ALOS % change from 2023 to 2024
Surgery	100 - General Surgery	67.54%	82.99%	7	0.547	-10.71%
	101 - Urology	71.02%	84.16%	4	0.270	-5.33%
	120 - Ear Nose and Throat	58.14%	78.95%	2	0.127	10.03%
<b>Bed gain Opportunity</b>				<b>13</b>	<b>0.944</b>	

(Please note that this peer group performance comparison is a different benchmarking exercise to that conducted by the BI department, where performance is compared to BADS target, and not peer comparisons.)

Readmission Rates (within 7 days) - Overall the level of performance has been maintained since last year, but General surgery and T&O continue to compare badly to peer groups. In total the bed gain opportunity across 6 specialties is 48 beds at a calculated efficiency worth of £3.4m, and are set out in Table 7 below:

Table 7: Readmission Rate reduction bed gain opportunity (Jan 2024 to Dec 2024)

		Readmission Rates			Calculated worth of opportunity £m	AB ALOS % change from 2023 to 2024
		AB	Top Hospital Peer Group	Beds Gained Opportunity		
Surgery	100 - General Surgery	11.01%	5.21%	17	1.215	-0.04%
	101 - Urology	8.62%	3.45%	5	0.391	1.20%
	110 - Trauma & Orthopaedics	6.16%	2.55%	8	0.599	0.29%
	120 - Ear Nose and Throat	8.17%	4.29%	1	0.108	-2.49%
Medicine	300 - General Internal Medicine	9.29%	7.15%	14	1.025	0.22%
F&T	502 - Gynaecology	7.43%	3.94%	2	0.148	1.48%
<b>Bed gain Opportunity</b>				<b>48</b>	<b>3.486</b>	

OP DNA Rates - overall DNA rates continue to outperform those of the peer groups, with no significant opportunities emerging from a peer comparison. Therefore, as in previous years the comparison has been made against the aspirational achievement of a 5% rate. It should be noted that positive improvements have been seen, as follows:

- ✓ The 5% rate for NEW OP DNAs is already being achieved by General Surgery, ENT, Orthodontics, Ophthalmology, Cardiology, Neurology, Haematology, Dermatology, Rheumatology, Obstetrics, Gynaecology, Midwifery and CAMHS.
- ✓ The 5% rate for FUP DNAs is being achieved by General surgery, Urology, T&O, Ophthalmology, Oral surgery, Orthodontics, Haematology, Neurology, Dermatology, Rheumatology, CAMHS and Radiology.

If lessons could be learnt from these top performing specialties, gains could be found in the specialties as set out in table 8:



Table 8: OP DNA rates reduction – capacity gains (Jan 2024 to Dec 2024)

		NEW OP appointments gained if Reduced to 5% DNAs		FUP OP appointments gained if Reduced to 5% DNAs		TOTAL OP		Calculated worth of opportunity £m
		Slots/ annum	Slots/ week	Slots/ annum	Slots/ week	Total slots per annum	Total Slots per week	
Surgery	101 - Urology	135	3	-	-	135	3	0.005
	110 - Trauma & Orthopaedics	606	12	-	-	606	12	0.022
Medicine	300 - General Internal Medicine			364	7	364	7	0.013
	301 - Gastroenterology	157	3	343	7	501	10	0.018
	302 - Endocrinology and Diabetes	144	3	809	16	953	18	0.035
	340 - Respiratory Medicine	141	3	702	14	844	16	0.031
	430 - Geriatric Medicine	70	1	369	7	439	8	0.016
	320 - Cardiology			166	3	166	3	0.006
F&T	420 - Paediatrics			624	12	624	12	0.023
	501 - Obstetrics			687	13	687	13	0.025
	502 - Gynaecology			153	3	153	3	0.006
	560 - Midwifery			252	5	252	5	0.009
Appointment Slots gain Opportunity		1,253	24	4,469	86	5,722	110	0.210

Table 9 displays the HB specialty movements when compared to HB performance last year.

Table 9: OP DNA Performance rate comparison: 2023 to 2024:

NEW OP DNA rates	Performance change from 2023 to 2024	FUP OP DNA rates	Performance change from 2023 to 2024
101 - Urology	-0.29%	101 - Urology	0.77%
110 - Trauma & Orthopaedics	0.13%	110 - Trauma & Orthopaedics	-0.89%
300 - General Internal Medicine	0.85%	300 - General Internal Medicine	-1.64%
301 - Gastroenterology	-2.34%	301 - Gastroenterology	0.85%
302 - Endocrinology and Diabetes	-0.39%	302 - Endocrinology and Diabetes	0.02%
340 - Respiratory Medicine	-1.96%	340 - Respiratory Medicine	-0.22%
430 - Geriatric Medicine	-3.31%	430 - Geriatric Medicine	0.33%
420 - Paediatrics	-0.47%	420 - Paediatrics	1.92%

OP Follow Up to New ratios – Overall the Health Board follow up to new ratios have increased since last year, in particular General Medicine (186%), Rheumatology (32%) and Geriatric Medicine (25%).

The following specialties set out in table 10 below are also being outperformed by the Peer Groups:



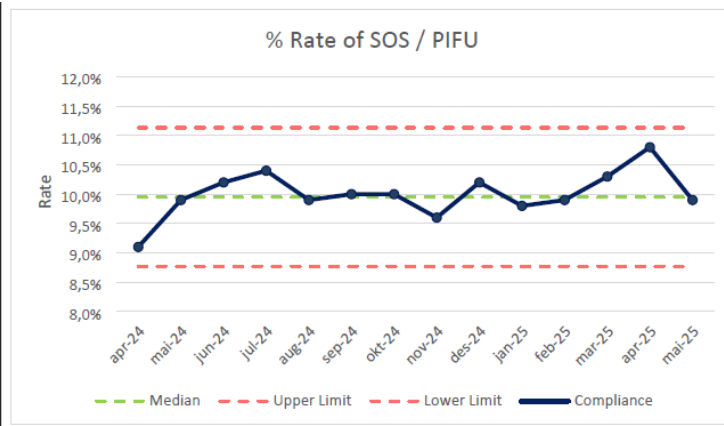
Table 10: OP FUP to New ratios reduction – capacity gains (Jan 2024 to Dec 2024)

		Appointment slots gained if Reduced FUP to New Ratio				Calculated worth of opportunity £m	AB FUP to NEW ratio % change from 2023 to 2024
		AB	Top performing Peer Group	Slots gained per Annum	Slots gained per week		
Surgery	Urology	2.00	1.74	2,377	46	0.087	-10.55%
	T&O	1.61	1.54	1,780	34	0.065	5.92%
	Ophthalmology	2.91	2.79	1,582	30	0.058	15.94%
	Oral Surgery	1.48	1.35	757	15	0.028	-19.57%
	Dermatology	1.75	1.54	3,663	70	0.135	-5.90%
	Rheumatology	5.49	3.08	7,322	141	0.269	31.97%
Medicine	General Medicine	6.37	1.23	13,009	250	0.478	186.94%
	Cardiology	1.50	0.97	4,095	79	0.151	2.04%
	Geriatric Medicine	2.51	1.71	1,584	30	0.058	24.26%
<b>Appointment Slots gain Opportunity</b>				<b>36,170</b>	<b>696</b>	<b>1.329</b>	

An enabler to improving Outpatients is to increase the rate of SOS and PIFU. The July Board Integrated Performance Report presented the following current position on this enabling action, demonstrating where improvements have already been made but also highlighting further opportunities if performance was stretched:

Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU)  
**Enabling Action**

9.9% (May)  
 Below Q1  
 Trajectory of  
 11%



Rate of SOS and PIFU decreased in May. As part of the Enabling Actions, the Clinical Implementation Networks (CINs) have established SOS/PIFU targets at specialty and sub specialty level. IMTP trajectory is to achieve 13.5% by the end of the year.

**Areas of efficiency opportunity – StatsWales:**

Table 11 below shows the specialties where the Aneurin Bevan Health Board is an outlier in relation to the number of referrals from GPs into the acute sector, when comparisons with other HBs are standardised per 10,000 population. The calculated worth if each referral converted into an outpatient appointment would be circa £2.5m, spread across the specialties as detailed below:



**Table 11: Calculated worth of Annual GP referrals Avoided when compared to HBS with lowest in Wales (12 months - Jan 2024 to Dec 2024)**

	ABHB Annual referrals	ABHB Annual referral rate	"Lowest" referral rate in Wales	Avoided Referrals to "Lowest" in Wales	releasable costs per OP slot	
					£m	£m
<b>GP Referrals per 10k</b>						
General Surgery	21135	354.96	192.49	9,674	0.356	<b>2.518</b>
Urology	10064	169.03	104.54	3,840	0.141	
Trauma & Orthopaedics	18369	308.51	95.97	12,655	0.465	
Ophthalmology	7934	133.25	21.76	6,638	0.244	
Gastroenterology	7259	121.92	62.37	3,545	0.130	
Endocrinology	2656	44.61	5.11	2,352	0.086	
Clinical Haematology	7911	132.87	35.49	5,798	0.213	
Cardiology	10541	177.04	120.29	3,379	0.124	
Dermatology	19347	324.93	163.13	9,634	0.354	
Respiratory Medicine	8433	141.63	69.72	4,282	0.157	
Neurology	4700	78.94	17.38	3,665	0.135	
Gynaecology	14060	236.14	184.65	3,066	0.113	

**Areas of efficiency opportunity – NHSBN:**

Theatres:

The NHSBN report on Theatres includes benchmarking of peer groups for cancelled operations and cases per list. The last published NHSBN report covers the period 2021/22, but it is still relevant when compared to the 2024/25 activity of the Health Board, as peer groups performance remains an aspirational target. The results are displayed in the tables 12 and 13 below:

**Table 12: NHSBN benchmarking outputs (2021/22) for Cancelled Operations compared to Aneurin Bevan Health Board 2024/25 performance.**

Benchmarking Peer	Upper Quartile	NHSBN			No. of Operations gained	Ave Ops per session	Theatre Sessions Gained	Estimated Ave Cost per Case	Theatre Sessions Opportunity - Calculated worth
		number of cancellations							
		ABHB Annual number of Cancellations Short Notice Elective Ops	ABHB % of Cancelled ops	BM Lower Quartile	Compared to Lower Quartile	ABUHB	Compared to Lower Quartile	£	£
<b>Cancelled Ops (AB)</b>	Ear Nose & Throat	281	11%	2.5%	194	2.4	81	1,374	£ 267,161
	General Surgery	268	6%	3.61%	107	1.7	62	1,700	£ 181,402
	Obs and Gynae	358	9%	1.87%	257	2.3	110	1,500	£ 385,479
	Ophthalmology	436	10%	2.46%	293	4.7	62	1,600	£ 468,949
	Oral and Maxillofacial Surgery	535	17%	1.94%	394	3.3	120	500	£ 196,935
	Trauma & Orthopaedics	884	11%	2.19%	632	2.2	286	1,900	£ 1,201,711
	Urology	312	10%	1.58%	237	2.0	119	1,500	£ 354,848
							<b>840</b>		<b>£ 3,056,485</b>

Note - cancelled within zero/ 1day of booking/ electives only

To note – this report is assuming the responsibility for managing theatre efficiency improvement is agreed between the divisions of Surgery, Families and CSS.



**Table 13: NHSBN benchmarking outputs (2021/22) for Cases per List compared to Aneurin Bevan Health Board 2024/25 performance.**

		NHSBN			Theatre Sessions	Theatre Sessions	Theatre sessions gained when compared to Benchmarking	Estimated Ave Cost per Case	Theatre Sessions Opportunity - Calculated worth
		ABHB Annual number of Elective ops	ABHB Avg Cases Per List	BM Upper Quartile	AB	Compared to Upper Quartile	Compared to Upper Quartile	£	£
<b>Cases Per List</b>	Ear Nose & Throat	2,251	2.4	2.4	943	942	1	1,374	
	General Surgery	4,002	1.7	1.7	2,325	2340	- 15	1,700	
	Obs and Gynae	3,722	2.3	2.8	1,586	1311	275	1,500	£ 969,586
	Ophthalmology	4,109	4.7	4.5	870	915	- 45	1,600	
	Oral and Maxillofacial Surgery	2,667	3.3	3.0	814	880	- 66	500	
	Trauma & Orthopaedics	6,902	2.2	2.6	3,123	2665	458	1,900	£ 1,923,757
	Urology	2,785	2.0	2.9	1,398	974	424	1,500	£ 1,267,664
							<u>1,159</u>	<u>£ 4,161,007</u>	
							<u>1,999</u>	<u>£ 7,217,492</u>	

The efficiency opportunity is measured in theatre sessions gained, totalling 1,999 sessions, at a calculated benefit value of £7.2m. This is calculated using a cost per specialty session average taken from the Health Board’s Unit Analyser Costing System. And are broadly in line with the nationally acknowledged average cost of a theatre session.

Table 14 assesses the Health Board performance movement between 2023/24 and 2024/25. Table 14 shows there have been improvements in the Health Board’s performance in both measures, moving closer to the peer benchmark. However, an improvement opportunity remains, as set out above.

**Table 14: Performance Movement between 2022/23 and 2023/24**

	Movement from last year	ABHB % of Cancelled operations		Movement from last year	ABHB Avg Cases Per List
<b>Cancelled Ops (AB)</b>	Ear Nose & Throat	0.00%	<b>Cases Per List</b>	Ear Nose & Throat	0.49
	General Surgery	-1.00%		General Surgery	- 0.08
	Obs and Gynae	2.00%		Obs and Gynae	- 0.45
	Ophthalmology	-3.00%		Ophthalmology	0.92
	Oral and Maxillofacial Surgery	1.00%		Oral and Maxillofacial Surgery	- 4.52
	Trauma & Orthopaedics	0.00%		Trauma & Orthopaedics	- 0.09
	Urology	-1.00%		Urology	- 0.91

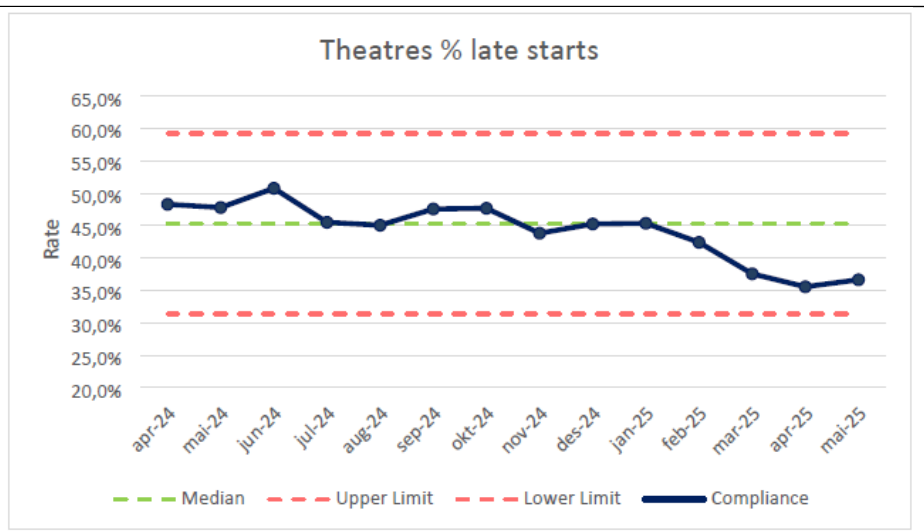
Enablers to improving these two areas are reducing late starts and early finishes. The July Board Integrated Performance Report presented the following current position on both these enabling actions, demonstrating where improvements have already been made but also highlighting further opportunities if performance was stretched to best in class:



Theatre Utilisation: late starts to less than 20%

**Enabling Action**

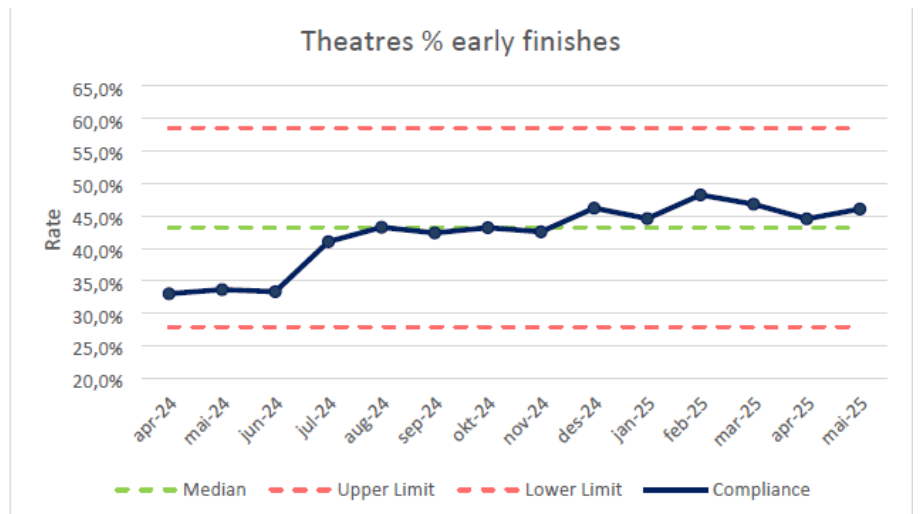
36.7% (May)  
Below Q1  
Trajectory of 40%



Theatre Utilisation: early finishes to less than 10%

**Enabling Action**

46.1% (May)  
Above Q1  
Trajectory of 43%



**Other NHSBN reports for 2024/25:**

The Health Board has taken part in the following National NHS Benchmarking submissions this year:

- Emergency Care,
- Acute Pharmacy,
- Managing Frailty,
- Outpatients,
- District Nursing, and
- Adult and Children’s Mental Health.

As and when these reports are finalised, the analysis and conclusions will be included in the Compendium, with opportunities highlighted for services to explore.

**Other Areas of efficiency opportunity:**

**EFPMS:**

The EFPMS for 2022/23 was published last year, identifying a significant opportunity of £3.8m. However, this dashboard has undergone a refresh and will be updated by the FP&D in September, based on the benchmarking data for 2024/25. Once published a review of the opportunities will be undertaken and included in the Compendium.



### Costing Data analysis – External variance

This report has concentrated on benchmarking performance to peer group, but benchmarking can also be viewed through the costing lens. However, the outputs from the costing benchmarking will not be added to the efficiency opportunity, as there is a risk of double counting. Instead, it will form supplementary data for greater insight to help Divisions identify specific areas for improvement.

There is a selection of readily available costing information that is accessible via the costing applications and tools stored on the Costing Teams SharePoint page [Costing \(sharepoint.com\)](#) : [Costing](#)

[Resource Allocation Dashboard](#) - The dashboard hosted by the Costing team shows the allocation of the Health Board's resources by geographical area, containing data up until 2021/22. The dashboard can drill into counties, GP clusters and individual GP Practices. This ability to perform internal benchmarking and identify outlying GP practices is a tool to help locate the drivers of acute sector demand, for example GP referrals. An example of this tool is displayed in Appendix 4.

This resource tool is to be replaced by the All Wales hosted dashboard called PRIA. It will include 2023/24 data and will be made available to the costing team by the end of July 2025.

[Unit Cost Analyser](#) - This dashboard is designed to enable investigation of costs that make up both Outpatient and Inpatient attendances. These costs can be examined at a high level or in more detail by using the selection boxes for Division, Specialty, Point of Delivery and Site. This contains data up to 2023/24.

[All Wales Consolidated Welsh Costing Return](#) – this is Welsh Health Boards Provider Analysis of all costs and activity by speciality and patient category. Currently populated by 2023/2024 data.

[All Wales Programme Budgeting Data](#) – this sets out the Health Board resident population costs by Programme Budget Category. It is currently populated with 2022/23 data and is due to be updated for 2023/24 after sign off by WG.

Understanding patient level costing supports service improvement and transformation by enabling interrogation of variances in resources used across activities, sites and specialties. Using this business intelligence layered with the non-financial benchmarking data facilitates better decision making.

### **Conclusion:**

Although there have been some improvements in performance since 2023/24, and some success stories that can be learnt from, there remains a calculated worth of efficiency opportunity gains valued at £28.6m (excluding EFPMS). In summary:

- There is considerable opportunity for efficiency improvements in terms of bed days, totalling 236 beds (calculated worth of £17.239m). In particular from:
  - More proactive discharge planning for the acute phase of care (173 beds).
  - Improved Readmission rates (48 beds),



- Improved day case rates (13 beds), and
- Improved day of surgery admission (2 beds).
- A push towards a 5% Outpatient DNA rate and reducing New to FUP ratios would also release significant capacity in outpatients (41,892 slots per annum; £1.540m).
- Reducing GP referrals to the lowest rates in Wales could release a further 70,886 appointment slots, and have an efficiency calculated worth of circa £2.605m.
- Reducing cancelled operations (within 1 or less days of scheduled operation) and increasing cases per theatre list to the upper quartile would provide additional capacity of 1,998 theatre sessions to the calculated benefit value of circa £7.217m.
- **Early finish theatre sessions presents a very significant opportunity to improve efficiency and reduce costs.**
- Efficiency opportunities as identified by the September 2025 publication of the EFPMS dashboard will be added to the Efficiency challenge at that time.

The Compendium also includes links to:

- A refreshed repository of case studies and best practice,
- the Business Intelligence and Costing applications and toolkits, designed to support and facilitate more detailed data mapping and analysis required for service transformation, and
- the FP&D all Wales repository, the VAULT.

The positive benefits of the HB's 'Staff Ideas' exercise on the ongoing efficiency culture and service improvement space are also recognised in this report.

### Recommendations:

Given the significant financial challenges facing the Health Board in 2024/25 and beyond the Committee is requested to:

- Discuss and provide views on the content of this report.
- Note next steps to promote this refreshed tool and usage within ABUHB.
- Focus on areas highlighted as improvement opportunities.

Appendix – Staff ideas being progressed



Document1 -  
Compatibility M...

**Amcanion: (rhaid cwblhau)**  
**Objectives: (must be completed)**



Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

### Effaith: (rhaid cwblhau) Impact: (must be completed)

	<b>Is EIA Required and included with this paper</b> <b>No does not meet requirements</b>
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>



**Deddf Llesiant  
Cenedlaethau'r Dyfodol – 5  
ffordd o weithio  
Well Being of Future  
Generations Act – 5 ways  
of working**

<https://futuregenerations.wales/about-us/future-generations-act/>

Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs  
Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



**Example of Commissioned CHKS Product showing performance better than Peer Group (grey) as well as outlying areas for improvement (Yellow)**

ELECTIVE INPATIENTS - Average Length of Stay (excludes 0 los) - Bed Day Opportunity (BDO)												
Specialty - ELECTIVES	Total Days	ABUHB Spells	ABUHB ALoS	performance change	Wales ALoS	Capita Peer ALoS	CQC Outstanding Foundation Trusts ALoS	Northumbria ALoS	Wales BDO	CP BDO	CQC BDO	Northumbria BDO
100 - General Surgery	5044	1388	3.63	4.41%	4.76	4.27	5.53	3.53				139
101 - Urology	2388	892	2.68	2.61%	2.55	2.23	2.26	1.38	116	401	375	1160
110 - Trauma & Orthopaedics	8127	2410	3.37	-23.74%	3.24	3.24	2.96	1.68	892	386	988	4073
120 - Ear Nose and Throat	1036	586	1.77	1.69%	2.04	1.97	2.3	-				-
130 - Ophthalmology	210	87	2.52	-37.30%	4.46	1.8	1.67	-		63	74	-
140 - Oral Surgery	759	158	4.8	-25.63%	4.58	3.02	2.35	1.6	35	281	387	521
190 - Anaesthetics	14	1	14	76.21%	21.89	-	-	-		-	-	-
301 - Gastroenterology	331	55	6.02	41.03%	7.84	5.47	4.15	3.38		30	103	145
303 - Haematology (Clinical)	141	28	5.04	-43.85%	11.22	10.26	12.92	5				1
320 - Cardiology	14	2	7	60.00%	2.87	3.43	2.96	5.78	8	7	8	2
330 - Dermatology	2	2	1	-67.00%	1	1.67	2.86	-				-
340 - Respiratory Medicine	40	20	2	2.50%	3.92	8.38	6.95	3.1				-
341 - Respiratory Physiology	69	69	1	-6.00%	1.01	1	1	-				-
420 - Paediatrics	8	3	2.67	15.73%	6.08	3.62	4.42	1.73				3
430 - Geriatric Medicine	51	9	5.67	14.81%	49.17	15.35	14.45	11				-
502 - Gynaecology	1440	784	1.84	3.26%	2.89	1.74	1.84	1.57		78		212

ABUHB performance

Performance metrics of peer groups

**Division Summary of Areas for Improvement -**

**MEDICINE**

ABuHB comparative performance:  
 1. significant improvement opportunities eg bed day opportunity (yellow);  
 2. performance better than peer group (grey)



ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)

Medicine

ABuHB performance change compared to previous year

Benchmarking	Specialty	Total	Metric	ABUHB ALoS/ DC %/ OP rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales			Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										Wales	Capita	CQC				
Non elective	302 - Endocrinology and Diabetes	4,547	279	16.30	20.28	12.50	17.93	7.75			1,060		2,385	7	0.477	0.00%
	314 - Rehabilitation Medicine	84,599	2,585	32.73	42.68	27.01	51.79	26.75			14,786		15,458	42	3.092	12.34%
	430 - Geriatric Medicine	104,078	4,694	22.17	34.69	13.37	17.97	16.13			41,307	19,715	28,352	78	5.670	8.84%
Readmission rates	300 - General Internal Medicine	40590	3771	9.29%	7.15%	7.39%	7.45%			869	771	747		14	1.025	0.22%
FU OP DNA reduced to 5%	300 - General Internal Medicine	17342	1231	7.10%	11.03%	6.91%	10.32%		364						0.013	0.85%
	301 - Gastroenterology	9564	822	8.59%	9.07%	10.87%	12.75%		343						0.013	-2.34%
	302 - Endocrinology and Diabetes	11365	1377	12.12%	10.78%	12.19%	13.67%		809						0.013	-0.39%
	340 - Respiratory Medicine	21411	1773	8.28%	7.73%	9.45%	9.56%		702						0.030	-1.96%
	430 - Geriatric Medicine	5626	650	11.55%	8.24%	5.43%	7.69%		369						0.026	-3.31%
FU Op to NEW ratios	300 - General Internal Medicine			6.37	1.67	2.60	1.23			11896	9542	13009		13,009	0.478	186.94%
	320 - Cardiology			1.50	1.44	1.60	0.97			464		4095		4,095	0.151	2.04%
	430 - Geriatric Medicine			2.51	2.17	1.80	1.71			673	1406	1584		1,584	0.058	24.26%
Annual GP referrals	301 - Gastroenterology	7,259	121.92		62.37					3545					0.130	
	302 - Endocrinology and Diabetes	2,656	44.61		5.11					2352					0.086	
	320 - Cardiology	10,541	177.04		120.29					3379					0.124	
	340 - Respiratory Medicine	8,433	141.63		69.72					4282					0.157	
	400 - Neurology	4,700	78.94		17.38					3665					0.135	
										* BDO Bed day opportunity			Total		11.679	
										* DCO Day Case opportunity						

Top 5 areas of efficiency improvement for the Specialty

ABuHB rate for comparison

Peer Group rates for comparison

Opportunity gain

Opportunity gain converted into beds, slots and theatre sessions = Efficiency Calc worth



## Division Summary of Areas for Improvement

### F&T

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)  
Obs and Gynae

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales Capita CQC Northumbria				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*/ DCO*/ OP Rates/ Readmissions Avoided/ Operations Gained							
Non Electives	501 - Obstetrics	5294	13463	2.54	2.87	2.67	2.62	2.01					2806	8		0.561	0.79%
	WLB - Well Babies	52	1699	32.67	18.11	-	-	-						2		0.151	46.71%
Readmissions	502 - Gynaecology	647	8710	7.43%	5.73%	6.25%	3.94%							2		0.148	1.48%
GP Referrals	502 - Gynaecology		14,060	236.14	185											0.113	
Subtotal															<b>0.973</b>		

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)  
Paediatrics

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales Capita CQC Northumbria				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*/ DCO*/ OP Rates/ Readmissions Avoided/ Operations Gained							
Non Electives	420 - Paediatrics	3907	9918	2.54	2.86	3.29	3.39	1.94					2344	6		0.469	-21.26%
FU OP reduced to 5%	420 - Paediatrics	1079	9109	11.85%	11.62%				624							0.023	

F&T

\* BDO Bed day opportunity  
\* DCO Day Case opportunity

TOTAL **0.492**



## Division Summary of Areas for Improvement - Surgery

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)  
SURGERY (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*	DCO*	OP Rates/	Readmissions Avoided				
Elective ALOS	101 - Urology	892	2388	2.68	2.55	2.23	2.26	1.38		116	401	375	1160	3	0.219	2.61%	
	110 - Trauma & Orthop	2410	8127	3.37	3.00	3.21	2.96	1.68		892	386	988	4073	11	0.815	-23.74%	
	140 - Oral Surgery	158	759	4.80	4.58	3.02	2.35	1.50		35	281	387	521	1	0.073	-25.63%	
Non Elective ALOS	100 - General Surgery	39769	7815	5.09	6.66	5.69	7.51	4.93					1250	3	0.250	5.89%	
	101 - Urology	5700	1050	5.43	6.41	4.70	4.97	-			767	483	-	2	0.153	23.20%	
	120 - Ear Nose and Th	2631	669	3.93	3.77	3.12	3.56	-		107	542	248	-	1	0.108	21.88%	
	303 - Haematology (Cli	1493	194	7.70	10.92	10.30	12.06	1.67					1170	3	0.234	-17.14%	
Readmission rates	100 - General Surgery	2265	20580	11.01%	6.85%	6.72%	5.21%					6076		17	1.215	-0.04%	
	101 - Urology	600	6963	8.62%	3.45%	4.70%	4.27%			1955				5	0.391	1.20%	
	110 - Trauma & Orthop	763	12387	6.16%	3.11%	2.80%	2.55%					2996		8	0.599	0.29%	
Day of Surgery Admission Rates	120 - Ear Nose and Th	289	3536	8.17%	5.28%	4.81%	4.29%			539				1	0.108	-2.49%	
	100 - General Surgery	836	1246	67.09%	82.68%	97.26%	93.06%			194	376	324		1	0.065	-2.73%	
	110 - Trauma & Orthop	1319	1876	70.31%	91.68%	98.02%	98.15%			401	520	522		1	0.104	32.36%	
Day case rates	100 - General Surgery	3292	4874	67.54%	75.59%	82.24%	82.99%				716	753		7	0.547	-10.71%	
	101 - Urology	2727	3840	71.02%	84.16%	81.38%	76.64%				398	216		4	0.270	-5.33%	
	120 - Ear Nose and Th	1000	1720	58.14%	63.77%	76.97%	78.95%			97	324	358		2	0.127	10.03%	
FUP to NEW Op Ratio	101 - Urology	16311	9144	2.00		1.99	2.48	1.74				2377			0.087	-10.55%	
	110 - Trauma & Orthop	40854	25435	1.61		1.72	1.82	1.54				1780			0.065	5.92%	
	130 - Ophthalmology	38317	13180	2.91		2.79	3.56	3.29		1582					0.058	15.94%	
	140 - Oral Surgery	5107	3442	1.48		1.35	1.42	1.26		447	207	757			0.028	-19.57%	
	330 - Dermatology	30574	17444	1.75		1.85	1.76	1.54				3663			0.135	-5.90%	
	410 - Rheumatology	16675	3038	5.49		3.08	4.58	5.63		7321.6	2765				0.269	31.97%	
Gp Referrals	100 - General Surgery		21,135	354.96	192.49					9,674					0.356		
	101 - Urology		10,064	169.03	104.54					3,840					0.141		
	110 - Trauma & Orthopaedics		18,369	308.51	95.97					12,655					0.465		
	130 - Ophthalmology		7,934	133.25	21.76					6,638					0.244		
	303 - Haematology (Clinical)		7,911	132.87	35.49					5,798					0.213		
	330 - Dermatology		19,347	324.93	163.13					9,634					0.354		

Total 7.694



## Specialty Summary of Top 5 Areas for Improvement

### Orthopaedics

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)  
Orthopaedics(Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*/	DCO*/	OP Rates/	Readmissions Avoided				
Elective ALOS	110 - Trauma & Orthopaedics	2410	8127	3.37	3.00	3.21	2.96	1.68		892	386	988	4073	11		0.815	-23.74%
Readmission rates	110 - Trauma & Orthopaedics	763	12387	6.16%	3.11%	2.80%	2.55%					2996		8		0.599	0.29%
Day of Surgery Admission Rates	110 - Trauma & Orthopaedics	1319	1876	70.31%	91.68%	98.02%	98.15%			401	520	522		1		0.104	32.36%
FUP to NEW Op Ratio	110 - Trauma & Orthopaedics	40854	25435	1.61		1.72	1.82	1.54				1780				0.065	5.92%
Gp Referrals	110 - Trauma & Orthopaedics		18,369	308.51	95.97					12,655						0.465	

Total 2.049



Specialty Summary of Top 5 Areas for Improvement

UROLOGY

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)

UROLOGY (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales	Capita	CQC	Northumbria	Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*/ DCO*/ OP Rates/ Readmissions Avoided							
Elective ALOS	101 - Urology	892	2388	2.68	2.55	2.23	2.26	1.38		116	401	375	1160	3		0.219	2.61%
Non Elective ALOS	101 - Urology	5700	1050	5.43	6.41	4.70	4.97	-			767	483	-	2		0.153	23.20%
Readmission rates	101 - Urology	600	6963	8.62%	3.45%	4.70%	4.27%			1955				5		0.391	1.20%
Day case rates	101 - Urology	2727	3840	71.02%	84.16%	81.38%	76.64%				398	216		4		0.270	-5.33%
FUP to NEW Op Ratio	101 - Urology	16311	9144	2.00		1.99	2.48	1.74				2377				0.087	-10.55%
Gp Referrals	101 - Urology		10,064	169.03	104.54					3,840						0.141	

Total 1.262



Specialty Summary of Top 5 Areas for Improvement

General Surgery

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)  
General SURGERY (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales	Capita	CQC	Northumbria	Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*/ DCO*/ OP Rates/ Readmissions Avoided							
Non Elective ALOS	100 - General Surgery	39769	7815	5.09	6.66	5.69	7.51	4.93					1250	3		0.250	5.89%
Readmission rates	100 - General Surgery	2265	20580	11.01%	6.85%	6.72%	5.21%					6076		17		1.215	-0.04%
Day of Surgery Admission Rates	100 - General Surgery	836	1246	67.09%	82.68%	97.26%	93.06%			194	376	324		1		0.065	-2.73%
Day case rates	100 - General Surgery	3292	4874	67.54%	75.59%	82.24%	82.99%				716	753		7		0.547	-10.71%
Gp Referrals	100 - General Surgery		21,135	354.96	192.49					9,674						0.356	

Total 2.432



Specialty Summary of Top 5 Areas for Improvement

ENT

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)

ENT (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*/	DCO*/	OP Rates/	Readmissions Avoided				
Non Elective ALOS	120 - Ear Nose and Throat	2631	669	3.93	3.77	3.12	3.56	-		107	542	248	-	1	0.108	21.88%	
Readmission rates	120 - Ear Nose and Throat	289	3536	8.17%	5.28%	4.81%	4.29%			539				1	0.108	-2.49%	
Day of Surgery Admission Rates	100 - General Surgery	836	1246	67.09%	82.68%	97.26%	93.06%			194	376	324		1	0.065	-2.73%	
Day case rates	120 - Ear Nose and Throat	1000	1720	58.14%	63.77%	76.97%	78.95%			97	324	358		2	0.127	10.03%	

Total 0.408



Specialty Summary of Top 5 Areas for Improvement

Ophthalmology

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)

Ophthalmology (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO% DCO% OP Rates/ Readmissions Avoided	Capita	CQC	Northumbria				
FUP to NEW Op Ratio	130 - Ophthalmology	38317	13180	2.91		2.79	3.56	3.29		1582						0.058	15.94%
Gp Referrals	130 - Ophthalmology		7,934	133.25	21.76					6,638						0.244	

Total 0.302



Specialty Summary of Top 5 Areas for Improvement

HAEMATOLOGY

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)

Haematology(Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	BDO* DCO* OP Rates/ Readmissions Avoided				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										Wales	Capita	CQC	Northumbria				
Non Elective ALOS	303 - Haematology (Clinical)	1493	194	7.70	10.92	10.30	12.06	1.67				1170	3		0.234	-17.14%	
Gp Referrals	303 - Haematology (Clinical)		7911	133	35					5,798					0.213		

Total 0.447



Specialty Summary of Top 5 Areas for Improvement

Oral Surgery

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)  
Oral SURGERY (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	BDO*/ DCO*/ OP Rates/ Readmissions Avoided				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										Wales	Capita	CQC	Northumbria				
Elective ALOS	140 - Oral Surgery	158	759	4.80	4.58	3.02	2.35	1.50		35	281	387	521	1	0.073	-25.63%	
FUP to NEW Op Ratio	140 - Oral Surgery	5107	3442	1.48		1.35	1.42	1.26		447	207	757			0.028	-19.57%	

Total 0.101



Specialty Summary of Top 5 Areas for Improvement

Rheumatology

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)

RheumatologyY (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales	Capita	CQC	Northumbria	Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO%/ DCO%/ OP Rates/ Readmissions Avoided							
FUP to NEW Op Ratio	410 - Rheumatology	16675	3038	5.49		3.08	4.58	5.63		7321.58	2765					0.269	31.97%

Total 0.269



Specialty Summary of Top 5 Areas for Improvement

Dermatology

ABUHB - CHKS ANALYSIS (12 months Jan 2024 to Dec 2024)

Dermatology (Top 5)

Benchmarking	Specialty	Metric	Total	ABUHB ALoS/ DC %/ OP or Readmission rates	Wales ALoS/ DC %/ rates	Capita average ALoS/ DC %/ rates	CQC ALoS DC%/ rates	Northumbria ALoS	DNA rate reduced to 5%	Wales    Capita    CQC    Northumbria				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										BDO*/ DCO*/ OP Rates/	Readmissions Avoided						
FUP to NEW Op Ratio	330 - Dermatology	30574	17444	1.75		1.85	1.76	1.54				3663			0.135	-5.90%	
Gp Referrals	330 - Dermatology		19347.00	324.93	163.13					9,634					0.354		

Total 0.489



## Peer Groups

### Welsh Health Boards

Aneurin Bevan University Health Board  
 Bettws Cadwalader HB,  
 Cwm Taf Morgannwg HB  
 Cardiff and Vale University HB  
 Hywel Dda HB  
 Swansea Bay University HB

### Capita Peer

University Hospitals Bristol and Weston NHS Foundation Trust,  
 North Bristol NHS Trust,  
 County Durham and Darlington NHS Foundation Trust,  
 Torbay and South Devon NHS Foundation Trust,  
 Royal Devon University Healthcare NHS Foundation Trust,  
 Wye Valley NHS Trust,  
 South Tees Hospitals NHS Foundation Trust,  
 University Hospitals of Morecombe Bay NHS Foundation Trust,  
 Southport and Ormskirk Hospital NHS Trust.

### English foundation Trusts Overall rates 'Outstanding' by CQC

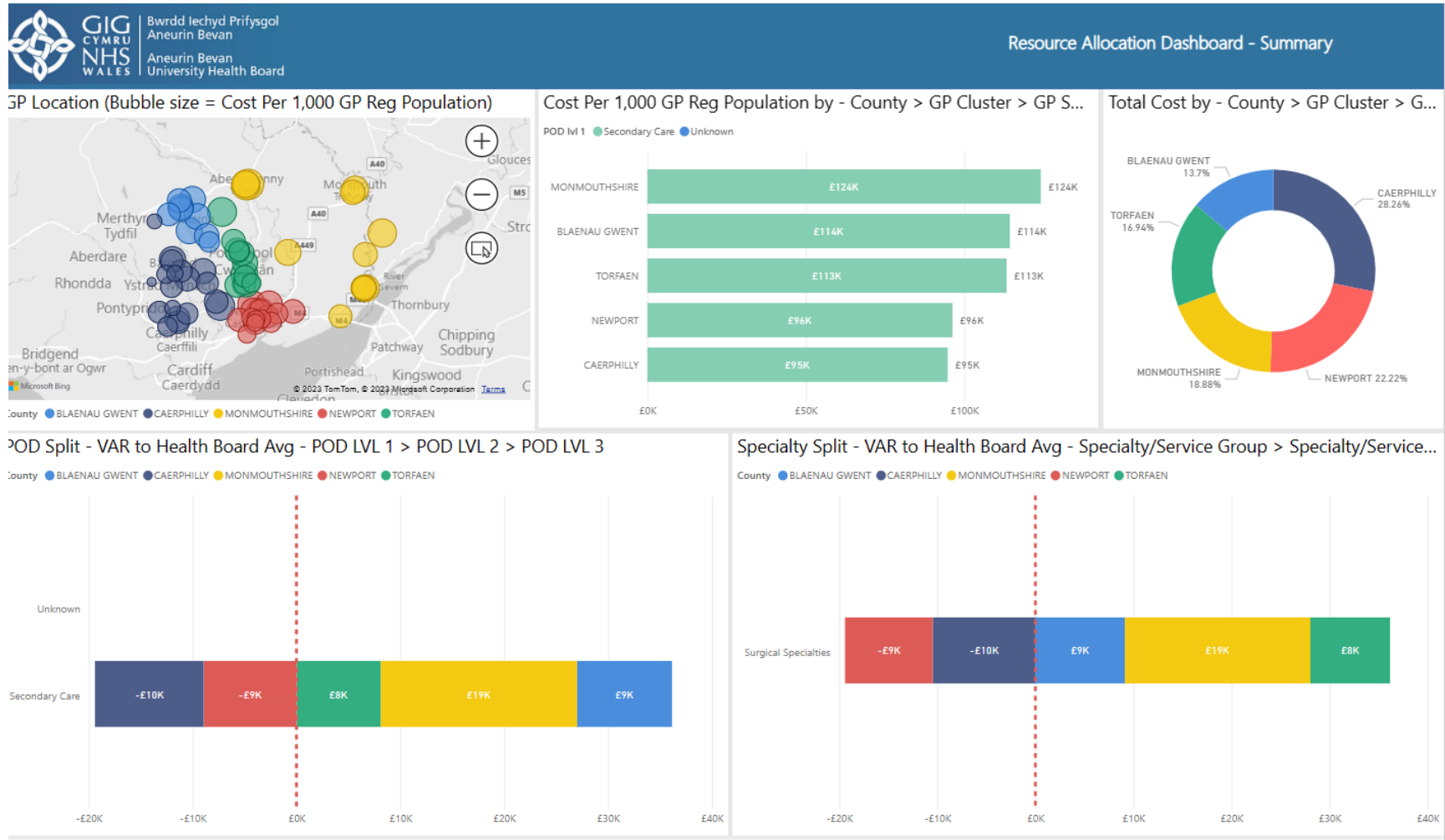
University Hospitals Bristol and Weston NHS Foundation Trust,  
 Frimley Health NHS Foundation Trust,  
 Northern Care Alliance NHS Foundation Trust,  
 The Newcastle Upon Tyne Hospitals NHS Foundation Trust,  
 Northumbria Healthcare NHS Foundation Trust,  
 University Hospitals Sussex Hospitals Foundation Trust.

**Northumbria Foundation NHS Trust:** Since the opening of the Grange University Hospital it is difficult to make some specialty comparisons across the peer groups in CHKS, as transfers between the Aneurin Bevan Health Board hospitals creates a new spell every time a patient steps up/down. This results in a greater number of spells, and therefore an artificially lower length of stay for the Health Board in the affected specialities. This is particularly noticeable in the specialties of General Surgery and Cardiology, where prior to GUH there were significant bed gain opportunities (21 and 8 beds, respectively), which are no longer visible.

CHKS are working to resolve the issue by capturing provider spells rather than hospitals spells in future, but in the meantime we are using Northumbria Healthcare NHS Foundation Trust (as the model hospital for GUH), as the best proxy that has a similar 'step up/down' model reflected in its length of stay.



## Aneurin Bevan Health Board Resource Allocation Dashboard 2021/22



### Developments to the Compendium 2024/25

1. The CHKS product commissioned by the HB, sets out not only those areas of efficiency improvement but also areas of positive comparative performance by Aneurin Bevan services. It is important to recognise these positive achievements, and it is hoped that highlighting examples of internal sources of good practice in this way will facilitate cross divisional learning. An example of a section of this commissioned CHKS product is displayed in Appendix 1a.

In addition, there are pivots of the benchmarking analysis by Division (Appendices 1b) and by Specialty (Appendices 1c), providing the top 5 areas of efficiency improvement for each specialty and Division.

2. Included in the refresh is the movement in Average Length of Stay (ALOS) of the Health Board's own performance between 2023/24 and 2024/25 – measured as a % increase or decrease in days. Measuring this movement will help track the specialty journey towards best in class.
3. The current and future productivity, outcome and financial challenges for the Health Board requires transformational change and service improvement that takes full advantage of learning from published best practice, innovation and exemplar services.

To support divisions the 'Best practice case studies, webinars, journals and awards for best practice' tab has been refreshed and updated with links to the latest known publications. There are a range of categories including clinical decision support, digital technology, discharge processes and decarbonisation.

4. Where relevant, signposting, links and screen shots of useful pages from the Financial Planning and Delivery (FP&D) VAULT have also been included.
5. Currently the Compendium is heavily acute sector based, but we are working with colleagues from FP&D and the NHS Executive to develop benchmarking that encompass more non acute services, for example CHC, Mental Health, CAMHs, district nursing, diagnostics, corporate services etc.
6. Also, as and when further national NHS Benchmarking Network (NHSBN) reports are finalised, the analysis and conclusions will be included in the Compendium. Where appropriate, a calculated worth of opportunity will be added to the £28.6m efficiency pipeline summary.



Appendix  
F&PC - Efficiency opportunities  
Staff Suggestions – July 2025 update

ID	Theme	Idea	Benefits	Further investigation	Action Update	Savings potential
292	Medicines Management	Bowel prep pack (Plenvu) to be collected by patient from GP surgeries instead of sent by hospital by royal mail.	1.Reduce postal costs as using existing hospital courier services.  2.Reduce "lost in post" issues.	To be investigated as Plenvu is routinely available from community pharmacists, so this could be an option. But there would be costs involved which will have to be compared to the current postal service costs.	<b>No cost saving and there is a risk of patient not collecting from the practice.</b>  <b>Proposal to be discounted.</b>	Tbc
297	Digital/ It	Creating and marketing standard templates for e-mail signatures that consider efficiency	Efficiency (of time)	Have discussed with Communications Team, feel this is a good idea	Reviewing to see if this could be adopted across the Health Board	Tbc
301	Medicines Management	Emergency drug waste from crash trolleys on quieter wards could be redistributed to avoid going out of date.	Reduce drug costs.	There may be an opportunity to pack down products to smaller quantities, but further investigation is needed as part of a wider agenda regarding waste on wards.	Recommendation – For Divisions to consider investment in Pharmacy assistant time to improve stock management	Tbc
311	Digital/ IT	Email notification from CWS of a new document to replace copies of letters/reports being printed and sent	Reduce cost of printing and paper.  Efficiency (of time)	Review being undertaken by John Frankish	Review being undertaken by John Frankish	Tbc
319	Digital/ IT	Better process for updating staff's contact details/profile.	Efficiency (of time)	Current staff directory update tool is being reviewed alongside communication campaign to improve awareness.	Ongoing	Tbc
321	Medicines Management	Cease prescribing paracetamol to patients on discharge.	Reduce drug costs.	This idea was investigated previously in 2012, but was opposed by the LMC at that time. However, if it is supported by the Surgery division, it could be re-visited with the LMC.	Further discussion required with surgery division – then consultation with the LMC	Tbc
331	Workforce	Recognising training by newly appointed staff that has been undertaken during	Reduce training costs	This is currently under review.	All Wales "passport" being developed.	Tbc

		their time at other NHS organisations.				
379	Workforce	More flexible working between departments to address shortages/peaks and troughs in workload.	1.Safer/ better quality of services. 2.Reduce costs by supporting the cessation of agency use.	The Workforce Team manage a central redeployment register which matches skills to available work – we will look to develop this process further to facilitate lateral internal moves for specific pieces of work.	Process developed for lateral moves which is currently being considered by the Divisional Nurses	Tbc
389	Procurement / (Non Pay)	Prevent over ordering and reduce waste by: <ul style="list-style-type: none"> <li>Regular stock takes in all clinical/ ward areas, and</li> <li>Webpage for divisions to log surplus stock</li> </ul>	Reduce costs by preventing over ordering and subsequent waste.		Ongoing	tbc
402 & 416	Procurement / (Non Pay)	Prevent waste by having a central 'surplus stock' database where departments place their surplus/ close to expiry stock – clinical and non clinical products	Reduce waste.	To investigate the potential of a register of surplus stock - we would need to remain mindful of the time and resources required to maintain this register.	Ongoing	tbc
415	Procurement / (Non Pay)	Rental Fees versus Purchasing specialist equipment eg. Specialist seating for the neurology/stroke ward.	Reduce long term revenue costs, following initial outlay.	This approach is being considered for specialist bariatric beds, and therefore a similar case would need to be made comparing the annual rental costs with the capital purchase + maintenance and storage costs.	Ongoing	Tbc

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O:</b> <b>MEETING OF:</b>	Finance and Performance Committee
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Theatres Efficiency Deep Dive
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Leanne Watkins, Chief Operating Officer Hannah Evans, Director of Strategy, Planning and Partnerships
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Richard Morgan Evans – Deputy COO Hattie Aston, Senior PM Planned Care

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)  
**Purpose of the Report** (select as appropriate)

Er Gwybodaeth/For Information

**ADRODDIAD SCAA**  
**SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to provide an update on work ongoing to improve theatres efficiency, specifically:

- Report progress against Key Performance Indicators on theatres efficiencies set both nationally and locally,
- Report progress on transformational work in theatres.

**Cefndir / Background**

Theatre resource is a precious commodity and there is a constant need to improve efficiency in order to optimise surgical throughput. The theatres team and surgical specialties have been working together, against a backdrop of a number of measures focussed on theatres efficiency, to deliver on targets and make improvements within the system. Theatres encompass numerous different teams and professional groups, and there are multiple stages involved in a patient's pathway through theatres. Management of theatres and embedding improvements is therefore a complex undertaking, and understanding opportunities for improvement require a holistic view of the entire system.

This paper details the current theatres measures set at both a national and local level and sets out current delivery against these measures. This paper also provides an update on the transformational work ongoing within theatres and details plans for future work.

It is important to note that whilst the majority of theatres sits within the Pain, Anaesthetics, Critical Care, Theatres, Pre-Assessment Clinic (PACCT) service in the

CSS Division, there are certain theatres/services which run separately to PACCT. These are as follows:

- St Woolos theatres (Orthopaedics)
- Maxillo Facial surgery in B Block in the Royal Gwent Hospital
- Ophthalmology runs outside of PACCT but PACCT provides staffing for three sessions a week at Nevill Hall Hospital which run within the regional Ophthalmology footprint.

These areas are under the leadership of the Surgery Division. As not all theatres management falls within the same team’s remit, the data reporting below has been split into services managed by PACCT and services that sit outside of PACCT wherever possible.

## Part 1: Welsh Government Measures and Expectations

There are a number of national measures set by Welsh Government which focus on theatre efficiencies, both from the Ministerial Advisory Group report on NHS Wales Performance and Productivity and within the Enabling Actions annex of the Planning Framework. The next section summarises these metrics and later provides an update on our progress against them.

### **Ministerial Advisory Group:**

The Ministerial Advisory Group (MAG) report on NHS Wales Performance and Productivity was published in April 2025 and included a recommendation concerning theatre efficiency for Health Board’s to adopt.

### **MAG Recommendation 4:**

- **4a). All health boards should reduce unwarranted variation in treatment waiting times and adopt best practice in theatre management.** *"This recommendation should be supported by the establishment of local Theatre Optimisation Boards, with a remit to deliver increased productivity within theatre sessions including the implementation of best practice standards of cases per session, particularly in ophthalmology and orthopaedics (in ophthalmology 8 cataracts in a 4 hour theatre session if a training session and 10 if consultant only, and in elective orthopaedics a minimum requirement of 4 Joints or their equivalent in an all-day orthopaedic elective list). Timescale – within 6 months."*

### **Enabling Actions – Planning Framework:**

The enabling actions annex of the Planning Framework includes a number of key measures relating to theatres. These are listed below:

<b>Measure 7:</b>	On 90% of days, planned care IP/DC & Theatre recovery capacity should be protected from Unscheduled Care pressures and outlying of patients by the end of Q1
<b>Measure 8:</b>	Ensure effective utilisation of theatre capacity through: reducing late starts to less than 20%, reducing early finishes to less than 10% and increasing session utilisation to GIRFT standards of 85% by 2026
<b>Measure 8a:</b>	Improvement in the implementation and delivery of HVLC theatre lists with an initial focus on 1: 90% of lists to have 7 cataracts per list by the end of Q2
<b>Measure 8b:</b>	90% compliance with GIRFT standard of 4 primary joints per day

<b>Measure 8c:</b>	90% of time achieve at least 6 HVLC General Surgery procedures on an all-day list made up of hernias/gallbladders by end of Q2
<b>Measure 9:</b>	Deliver improvements in day surgery rates with an expectation to achieve a BADS day case rate of 70% from April 25 moving to 80% by end of June 2025

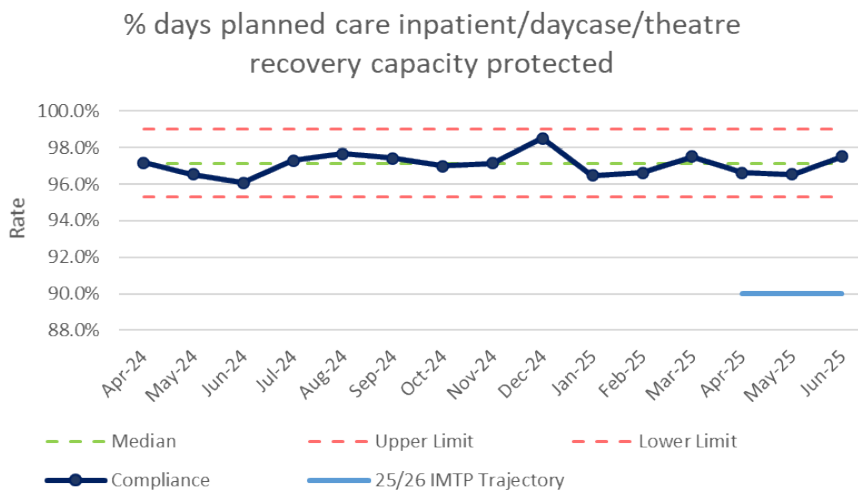
**Progress Against Measures:**

Performance against the Enabling Actions is tracked on a monthly basis at the Planned Care Programme Board and these form part of Board Performance report for 2025/26. There is crossover between the MAG recommendation regarding number of cataracts and joints per lists and the Enabling Actions, therefore these have been grouped together.

The performance data for the Theatres Enabling Actions is drawn from a Theatres digital information system, using the corresponding measure from the national Model Hospital Metrics. Planning & Performance are liaising with NHS Performance and Improvement to get the national definition of measure 8 to enable comparison, but in lieu of that clarity, the local definitions are being used. The local definitions are included below where relevant.

**Measure 7: - IMTP commitment: 90%**

The separation of urgent and emergency care between Royal Gwent Hospital and the Grange University Hospital is a key enabler for positive performance set out below.

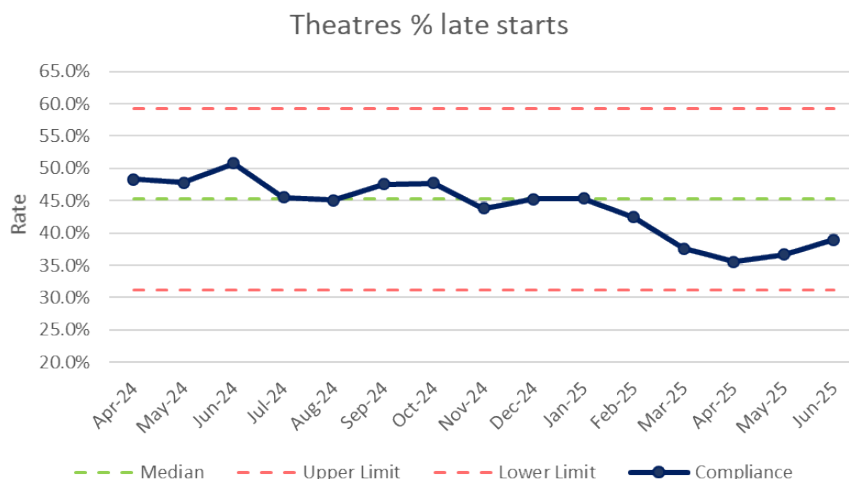


**Measure 8:**

**IMTP commitment for late starts: Q1 40%/ Q2 35%/ Q3 30%/ Q4 25%**

- o **Local definition:** % of late start lists, based on the time the session was due to start to the first operation into theatre, minus 15 minutes. Excludes closed and cancelled lists.

**Progress:**

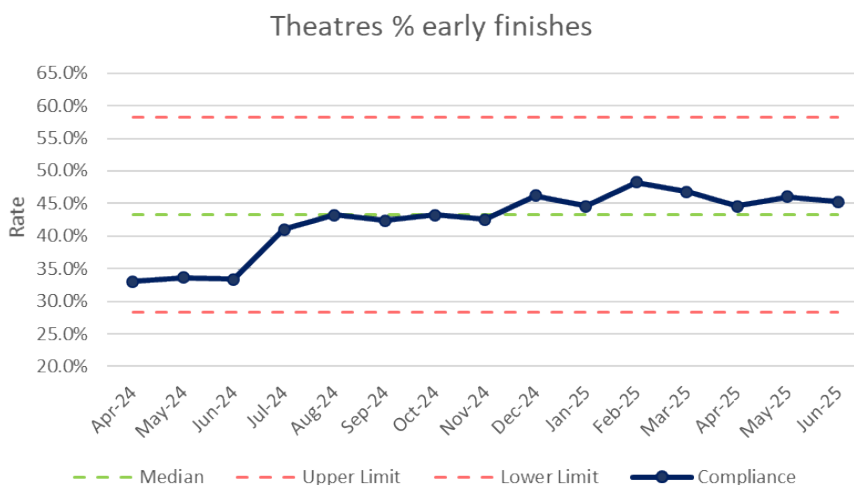


There are some considerations to note when reviewing these measures. There are different operating hours across sites which lead to a variation in briefing time, and hence late starts. Notwithstanding this, there were some initial reductions in numbers of late starts in early part of year but with small increase over last two months. Golden patient referred to under Improvement actions is an enabler for improvement alongside job planning and workforce alignment.

**IMTP commitment for early finishes:** Q1 43%/ Q2 37%/ Q3 31%/ Q4 25%

- o **Local definition:** % of early finish lists, based on the last operation out of theatre to the time the session was due to finish, minus 15 minutes. Excludes closed and cancelled lists.

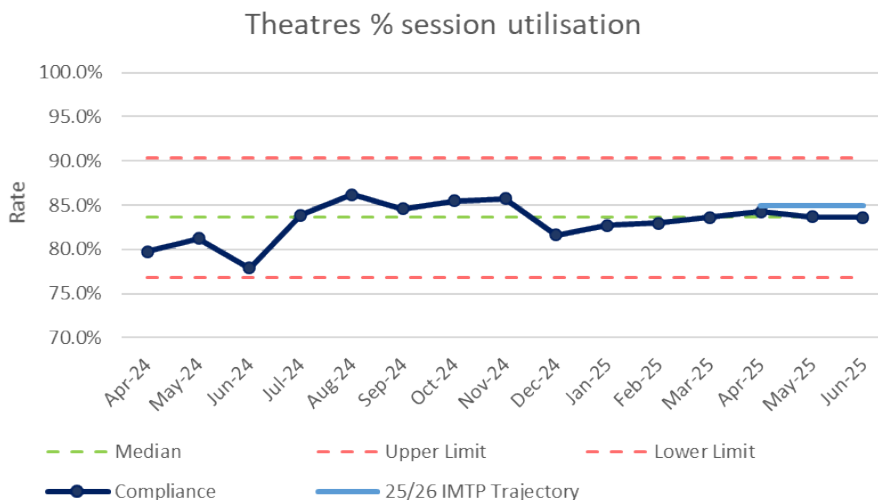
**Progress:**



**IMTP commitment for theatre utilisation:** 85%

- o **Local definition:** Capped utilisation, the number of patient touch time minutes during planned session time (into anaesthetics for first patient in session to into recovery for last patient in session).

## Progress:



**Measure 8a and MAG Recommendation:** 8 cataracts in a 4-hour theatre session if a training session and 10 if consultant

## Progress:

- Standard lists are 6/7 cataracts. In Nevill Hall a consultant works an extra hour per theatre list and operates on 8 patients.
- A 10-patient list was successfully trialled in June and an improvement plan is in place to enable the service to deliver high volume lists consistently.
- There is weekly senior operational oversight of cataracts list booking.
- A key consideration to enable high flow cataract list is to ensure that it is not a mixed list and only cataracts are operated on.

**Measure 8 and MAG Recommendation:** a minimum requirement of 4 Joints or their equivalent in an all-day orthopaedic elective list

## Progress:

- Data is currently being developed to show progress against this measure. This will be ready for reporting in Q2.
- Note that the GIRFT standard is largely based on the English consultant contract where sessions last for four hours so all-day lists are an hour longer than our standard lists.
- NHS Performance and Improvement colleagues are working with the Health Board to provide intensive support to deliver this measure.

## Measure 8c:

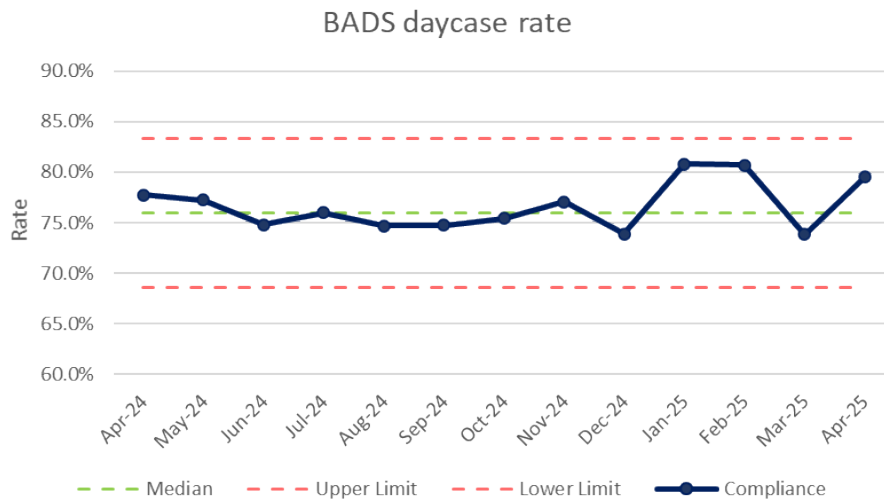
## Progress:

- Data is currently being developed to show progress against this measure and demonstrate whether lists are hernias or gallbladders. This will be ready for reporting in Q2.

**Measure 9: - IMTP commitment:** Q1 45%/ Q2 50%/ Q3 55%/ Q4 55%

## Progress:

- Increasing day surgery at NHH has been a focus over the past 12 months and this was recognised with the Day Surgery Unit at Nevill Hall Hospital being named BADS' first "Day Surgery Unit of the Month" in recognition of its transformational journey over the past two years. Thanks to innovations such as the Racetrack model and HVLC lists, the team has significantly improved efficiency, reduced waiting times and enhanced patient and staff experience.
- Work is also ongoing to ensure that day cases undertaken at RGH are captured appropriately in order to improve data accuracy.



As can be seen from the graphs above, whilst the Health Board is making good progress there are areas for improvement. An update from NHS Performance and Improvement at June's national Value and Sustainability Board demonstrated positive performance within the Health Board for HVLC lists compared to the rest of Wales.

### **Oversight arrangements**

Within the theatre management structure there are a number of forums which track theatre performance against these measures (and further internal measures) and seek opportunities to improve. At a senior level, a monthly Theatres Utilisation Group (TUG) is ongoing which is attended by Clinical Support Services Division, Surgery Division, Family and Therapies Division, as well as other key stakeholders, and is chaired by the Deputy Chief Operating Officer. The aim of the meeting is to monitor and maintain sustainable improvements in theatres scheduling and the utilisation of theatre capacity in order to maximise throughput whilst ensuring the delivery of safe and effective care to patients. The TUG meeting also ensures that the MAG recommendation to establish a Theatre Optimisation Board is satisfied.

The CSS Division runs a weekly Theatres and PAC meeting which monitors performance and makes decisions to support improvements across the service. Surgery Division run weekly assurance meetings which cover a broad range of performance including theatre activity, utilisation and efficiency. There are also a number of more focussed meetings between surgical specialties and PACCT which delve into the granular detail of booking lists, for example a weekly 6-4-2 meeting with representatives from all specialties that use theatres, and patient focussed scheduling meetings with individual specialties which discuss run through all lists to

ensure that they are appropriately booked. These meetings all contribute to improvements in theatres efficiencies against these metrics.

## Part 2: Local Measures

Locally a number of KPIs have been agreed and these are tracked at TUG and submitted to Planned Care Board. These were agreed in 2024/35 prior to the Enabling Actions and MAG recommendations. These are:

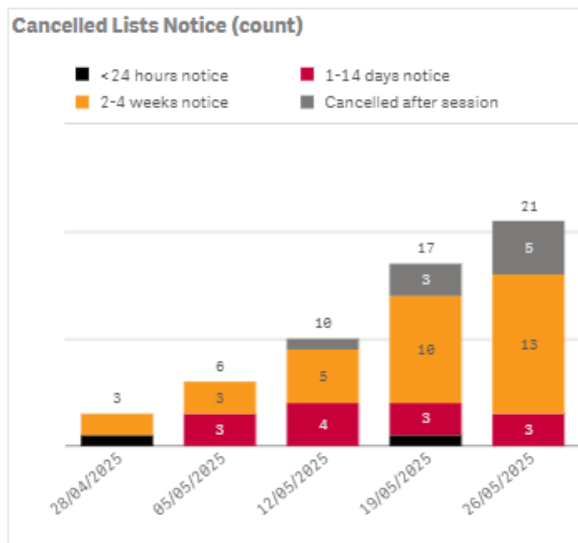
- **KPI1:** Reduce list cancellations with less than 4 weeks' notice – 20%
- **KPI2:** Cancellations with less than 4 weeks' notice outside of agreed tolerances (i.e., short notice sickness) – 0%
- **KPI3:** Increase fill rates 2 weeks before planned list – 85%
- **KPI4:** Minutes booked vs delivered

Performance against the four KPIs for the month of May is detailed below:

**KPI1: Reduce list cancellations with less than 4 weeks' notice (<20%):**

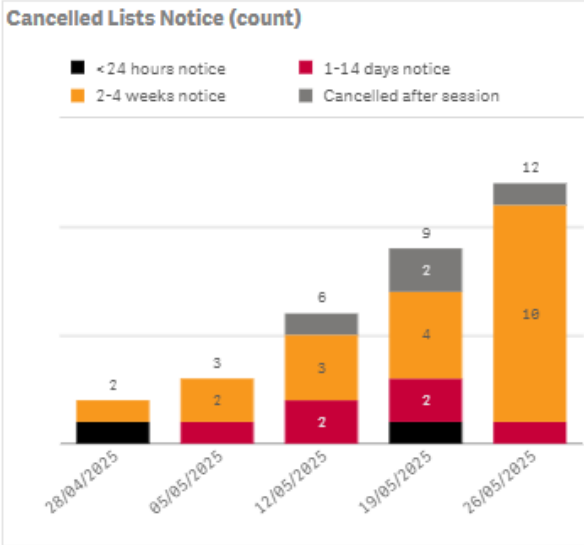
- The Health Board has been maximising the opportunity of backfilling lists within Orthopaedics in order to support the reduction in 104-week waiters and reduce the costs of WLIs. This will have therefore negatively impacted our performance against this KPI.

**Overall:**

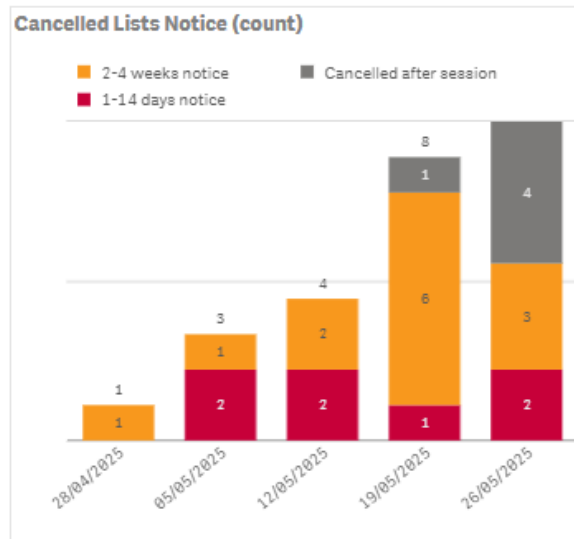


Lists cancelled <4 weeks  
n=57/196 29.1%

### Managed by PACCT:



### Managed outside of PACCT:

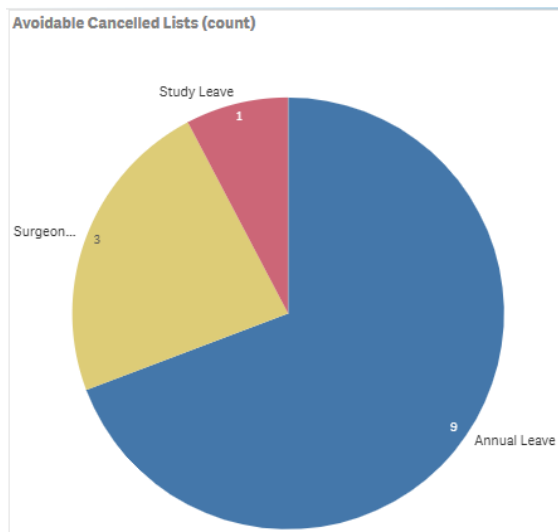


Lists cancelled <4 weeks  
n=32/131 24.4%

Lists cancelled <4 weeks  
n=25/65 38.5%

**KPI2:** Cancellations with less than 4 weeks outside of agreed tolerances (i.e. short notice sickness) (0%)

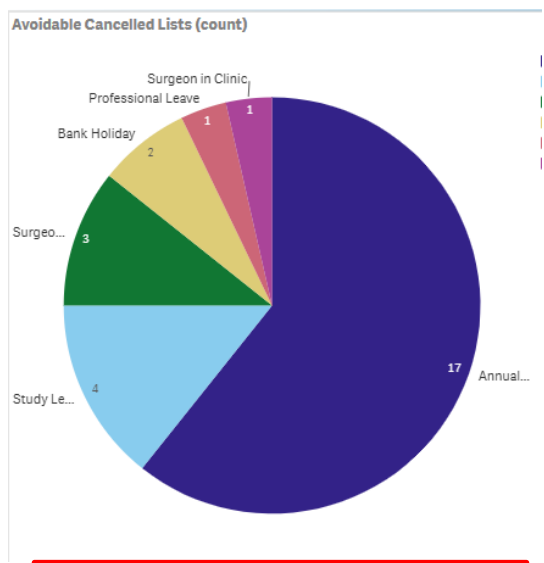
### Overall:



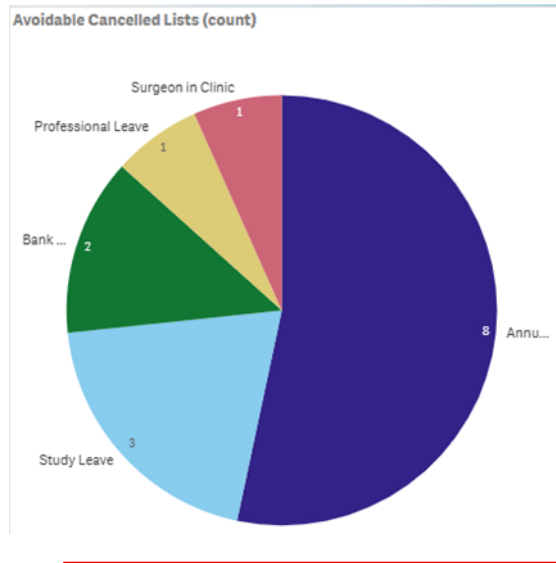
Avoidable Lists cancelled <4 weeks  
n=34/196 17.3%

### Managed by PACCT:

### Managed outside of PACCT:



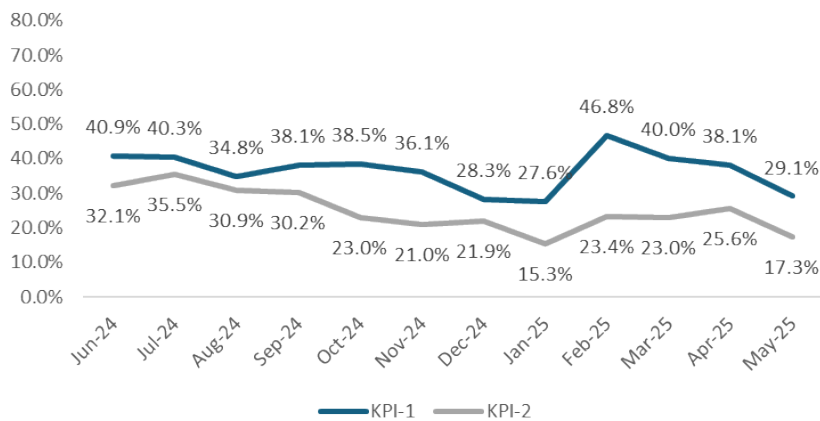
Avoidable Lists cancelled <4 weeks  
n=15/131 11.5%



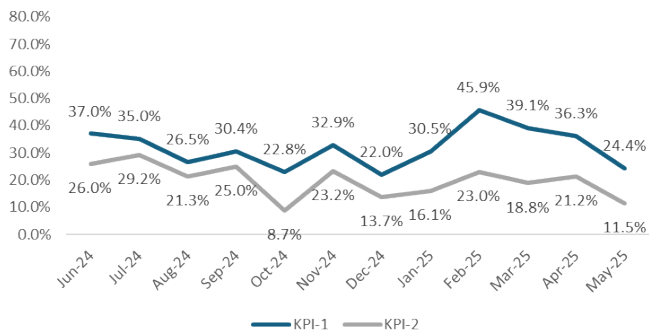
Avoidable Lists cancelled <4 weeks  
n=19/65 29.2%

### The monthly trend for KPIs 1 and 2 over a 12-month period:

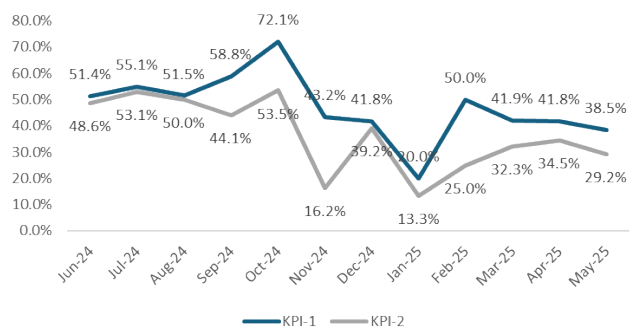
#### Overall



#### Managed by PACCT



#### Managed ext. to PACCT



**KPI3: Increase fill rates 2 weeks before planned list (85%)**

Fill rates for specialties are tracked through weekly scheduling meetings to ensure oversight. It is also important to note that there are nuances in the data across specialties as some will leave spaces in their theatre lists to be filled by patients discussed at the previous week's MDT. For example, ENT review patients at MDT on Friday and will book highly complex urgent cases for the following week. Therefore, this measure cannot be viewed in isolation as a snapshot. Further work is required to improve capture and presentation of this metric.

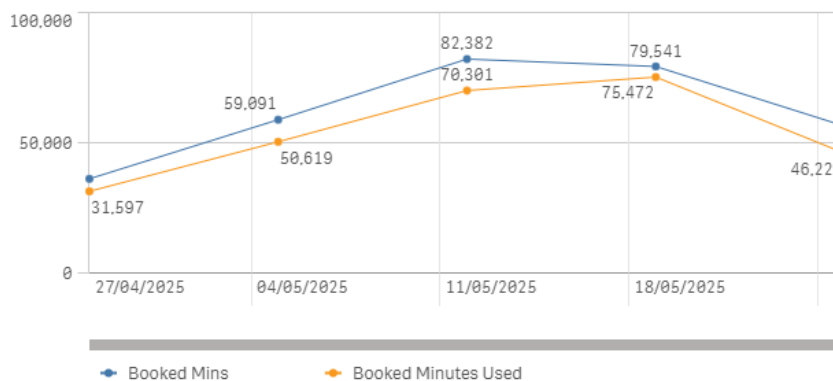
KPI4 provides a more accurate overview of where there might be issues with specialties not filling lists appropriately on a more consistent basis.

**KPI4: Minutes booked vs delivered**

This KPI provides a representation of previous booked minutes vs minutes used within that session, which allows teams to review scheduling practices vs the reality of what is delivered, to influence conversations on specialties' practices. The ambition is to have minutes booked and minutes used as close as possible and as high as possible.

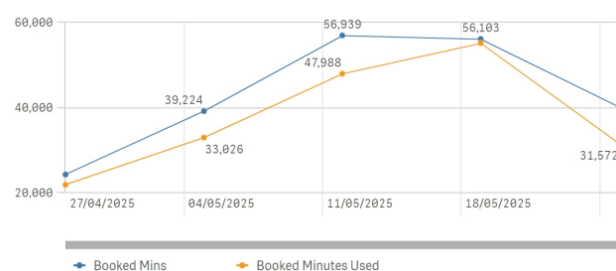
**Overall:**

Booked Minutes v Booked Minutes Used



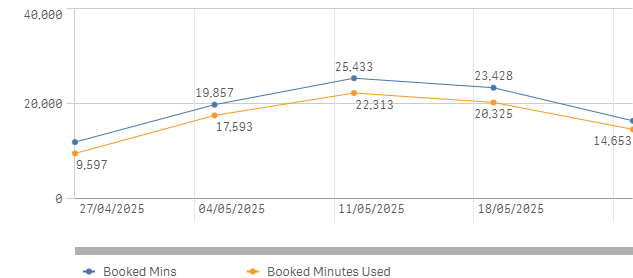
**Managed by PACCT:**

Booked Minutes v Booked Minutes Used



**Managed outside of PACCT:**

Booked Minutes v Booked Minutes Used



## **Model Hospital Metrics**

The PACCT Service have developed Model Hospital Metrics which went live on the digital business intelligence system in April 2025. The ambition behind the development of the Model Hospital Metrics was to produce a compendium of standardised recognised metrics that can be used to measure theatre activity, in accordance with national standards from NHS England and so use recognised benchmarking to support identification of opportunities. Having standardised metrics allows theatre teams and surgical specialties to work on the finer details in order to improve outputs. These metrics are being reported into the monthly TUG meetings and the PACCT team meet with the Surgery Division to present the new metrics and ensure that teams are able to incorporate the metrics into their theatre improvement monitoring.

The measures are as follows:

- Uncapped Theatre Utilisation %
- Uncapped Theatre Utilisation (touch time minutes)
- Capped Theatre Utilisation %
- Capped Theatre Utilisation (touch time minutes in planned session)
- Average Lost Minutes of Late Starts
- Average Lost Minutes of Early Finishes
- Average Extra Minutes Early Starts
- Average Extra Minutes Late Finishes
- Unplanned Session Extensions (minutes)
- Average Unplanned Session Extensions (minutes)
- Emergency Surgery in Elective Lists
- % Emergency Surgery in Elective Lists
- Cases Cancelled on the Day %
- Cases Cancelled on the Day
- Session Turnaround Minutes (Total)
- Average Session Turnaround Minutes

A summary of delivery against these metrics is included in Annex 1

## **Part 3: Improvement Projects**

There is a significant amount of improvement work that is being undertaken within the theatres space. Alongside standard theatres governance which oversees the improvement of daily running of theatres, this work aims help to improve flow and productivity in theatres. Progress against these schemes is reported into TUG and/or the Planned Care Board.

### **CIN Frameworks**

The Clinical Implementation Network (CIN) Optimisation Frameworks have been developed by the national Strategic Programme for Planned Care as a tool for all Health Boards to review planned care specialties that are provided to patients and identify areas of good practice and areas for improvement across all CINs. The Optimisation Frameworks contain chapters on Surgical Pathways, Elective Optimisation, Theatres – Good Practice and National and Regional Surgical Hubs (where relevant), and are in place for the following specialties:

- Anaesthetics

- Dermatology
- ENT
- General Surgery
- Gynaecology
- Ophthalmology
- Orthopaedic
- Urology

The Frameworks contain checklists on theatres improvement, focussing on areas such as running HVLC lists, improvements to the pre-operative assessment pathway and booking lists according to the 6-4-2 process. Each specialty is undertaking a focussed piece of work on their Framework and engaging with the national meetings in order to progress improvements. Updates from each specialty are being reported into the Health Board’s Planned Care Board on a quarterly basis.

### **Golden Patient and Autosend**

The introduction of the "Golden Patient" approach is intended to enhance theatre efficiency by ensuring the first patient is fully prepared and ready, thereby maximising theatre list utilisation from the outset. A pilot of new autosend and golden patient processes started in Colorectal Surgery in September 2024. Following success of this trial, the processes were rolled out across all specialties in March 2025.

The process is intended to improve flow throughout theatres through the identification of a golden patient for all elective theatre lists during the scheduling stage, and the automatic sending of the golden patient from the ward to the pre-operative area and then to theatre. This will improve flow across all elective theatre lists by securing prompt start of theatre lists and optimisation of operative time.

A data review of General Surgery and Trauma and Orthopaedics lists in Royal Gwent Hospital has shown a positive impact of the changes.

The table below shows the provisional results from a review of 196 data entries for General Surgery in the Royal Gwent hospital from 30th December 2024 to 12th June 2025.

General Surgery results:

Golden patient identified	Average time	
Porter sent	08:19	} 153 patients
Patient arrived in holding bay	08:34	
Briefing time	08:38	
Patient arrived in theatre	08:52	
No golden patient identified*	Average time	
Porter sent	08:35	} 43 patients
Patient arrived in holding bay	08:48	
Briefing time	08:42	
Patient arrived in theatre	09:01	

\*Or changed on the morning of the list.

The table below shows the provisional results from a review of 174 data entries for Trauma and Orthopaedics in the Royal Gwent hospital from 17<sup>th</sup> March 2025 to 12<sup>th</sup> June 2025.

Golden patient identified	Average time	
Porter sent	08:32	} 123 patients
Patient arrived in holding bay	08:45	
Briefing time	08:42	
Patient arrived in theatre	09:02	
No golden patient identified*	Average time	
Porter sent	08:44	} 51 patients
Patient arrived in holding bay	08:57	
Briefing time	08:46	
Patient arrived in theatre	09:10	

\*Or changed on the morning of the list.

Whilst the data above is in a provisional stage and requires further validation, it does show a positive impact of the changes for both specialties, demonstrating that where a golden patient is identified and autosend therefore takes place, patients on average arrive in theatre earlier than when the golden patient and autosend processes are not followed.

As well as providing informative data on timings, the pre-operative team have also been recording any reasons for delays in the process of getting a patient into theatre. The most common causes of delays are: patients not being ready on the ward, last minute changes to the order of the list or porter availability. Having these reasons alongside the timings data is has helped to demonstrate where issues lie and can therefore open up conversations about where all parties can improve processes.

In terms of next steps, there are targeted meetings led by PACCT and supported by with specialties to discuss the findings and agree on how to make further improvements in both timings and overcoming any causes for delays. Furthermore, the data capture and review are currently undertaken manually, and so work is going to be undertaken on Ormis to ensure that all time stamps and reasons can be captured. This will enable more accurate data to be recorded and it will streamline the inputting process for the pre-operative team.

The PACCT and Planning team will also be repeating the process for YYF (where autosend and golden patient processes are in place), starting with spending some time in the pre-operative area to understand the processes and flow and then replicating the data review.

Linked to the Golden Patient approach is the "Patient Walk to Theatre" initiative. It focuses on minimising delays and improve patient flow, patients are now encouraged to walk or be transported in a chair to the theatre, rather than arriving by trolley, where clinically appropriate.

## **Day Case Surgery**

The overall day case rates for surgery within the Health Board were included above under the Enabling Actions and these are reported to the monthly Planned Care Programme Board. As well as this reporting, there is also work ongoing across the Health Board to make improvements in day case surgery.

- **Day Surgery Maximisation Meeting**

A monthly Day Surgery Maximisation Meeting takes place to discuss day surgery specifically in Nevill Hall Hospital. There is a representative from each specialty that works in Nevill Hall (excluding Ophthalmology) and the meeting is a platform to make decisions on improving day case surgery and implementing high volume lists.

- **Nevill Hall Hospital Day Case Ambitions**

There is a wider piece of work looking at the development Nevill Hall Hospital in light of RAAC. Within this there is a proposal to create a bespoke day case unit with a focus on HVLC procedures. The proposal is to have a day case unit with extended hours to accommodate some intermediate procedures that require longer than a standard day surgery admission but do not require an overnight stay. The aim will be to increase the BADS overall rate and focus on maximising HVLC procedures.

## **Job Planning**

Job planning is an essential element in improving efficiencies as staffing and theatre capacity need to be aligned in order to maximise throughput. Theatre team staffing allocation is aligned to elective operating sessions. The CSS Division are currently undertaking a trial of adjusted theatre staffing hours within the Colorectal subspecialty to match clinical demand. This pilot is currently under review to understand the impact on demand and further work will be undertaken pending the results of the review.

A focus on improving Job Planning within the surgical specialties will help with further clarity and opportunity for theatre efficiency. There are still occasions when job plans do not match theatre staffing and this is a priority to address.

## **Keeping Well**

Whilst the Keeping Well service does not explicitly impact theatres efficiencies in terms of the day to day running of theatres, it does play an important role in a patient's treatment pathway and has the potential to expand its impact on theatre improvements. The Centre for Perioperative Care states that turning waiting lists into preparation lists can reduce on the day surgical cancellations, as well as reducing complications in surgery which would result in extended stays in hospital.

Our Keeping Well service was launched in September 2024 and the team is made up of a Band 5 registered nurse, a Band 5 business support manager and 3 Band 3 call handlers.

The current process for the team is for the call handlers to call patients on our longest waiting lists, ask them a series of questions about their health and wellbeing, and then signpost to resources which offer value to each individual as they prepare for treatment. This can include community and third sector services as well as health services, it also includes the opportunities to clinically escalate.

Volumes and outcomes of calls are currently tracked and the next stage is for a full service evaluation which will fully explore the impact of the service on patients and any impact in terms of readiness for surgery (and thus cancellations).

## **Conclusion**

There is a significant amount of work ongoing in the theatres space, both in order to track delivery against national and local targets and to transform the way in which theatres and surgical specialties work together in order to improve patient care and maximise productivity and efficiency.

Intelligence and insight into theatres is growing (notwithstanding the multiple measures and metrics) and development of a comprehensive Theatres dashboard has been a key enabler for improvement to date and supported identification of additional opportunities.

Key areas for focus include:

- Alignment of theatres resources, job planning and theatres teams
- In line with MAG recommendations, focus on numbers of cataracts per list and delivery of 4 joints per list (reportable from Q2)
- Continued development of HVLC lists in NHH as part of day surgery development,
- Reduction in cancellations and improved utilisation through full use of 6-4-2 model
- Full roll out and refinement of "Golden Patient" approach to improve theatre start times
- Continued strengthening of Theatres Utilisation Group to ensure sharing and standardising of practice across theatres, regardless of where they are managed
- Executive level oversight of key efficiency metrics via Efficiency Dashboard

Overall, we are seeing progress but further improvements will continue to be pursued and monitored through the strengthened theatres' governance processes.

## **Argymhelliad / Recommendation**

The Committee is asked to:

- Note the progress against theatre efficiency metrics
- Note the transformational work ongoing within theatres

## **Appendix 1:** **Annex 1 – Model Hospital Metrics**



Model Hospital  
Metrics.pptx

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1.1 Health Promotion, Protection and Improvement 3.2 Communicating Effectively 5.1 Timely Access 7.1 Workforce 3.1 Safe and Clinically Effective Care
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance Workforce and Culture Enabling Estate Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	BADS – British Association of Day Surgery CIN – Clinical Implementation Network CSS – Clinical Support Services GIRFT – Getting it Right First Time HVLC – High Volume Low Complexity IP/DC – Inpatient/Day Case KPI – Key Performance Indicator MAG – Ministerial Advisory Group PACCT – Pain, Anaesthetics, Critical Care, Theatres, Pre-Assessment Clinic TUG – Theatres Utilisation Group WLI – Waiting List Initiative
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>
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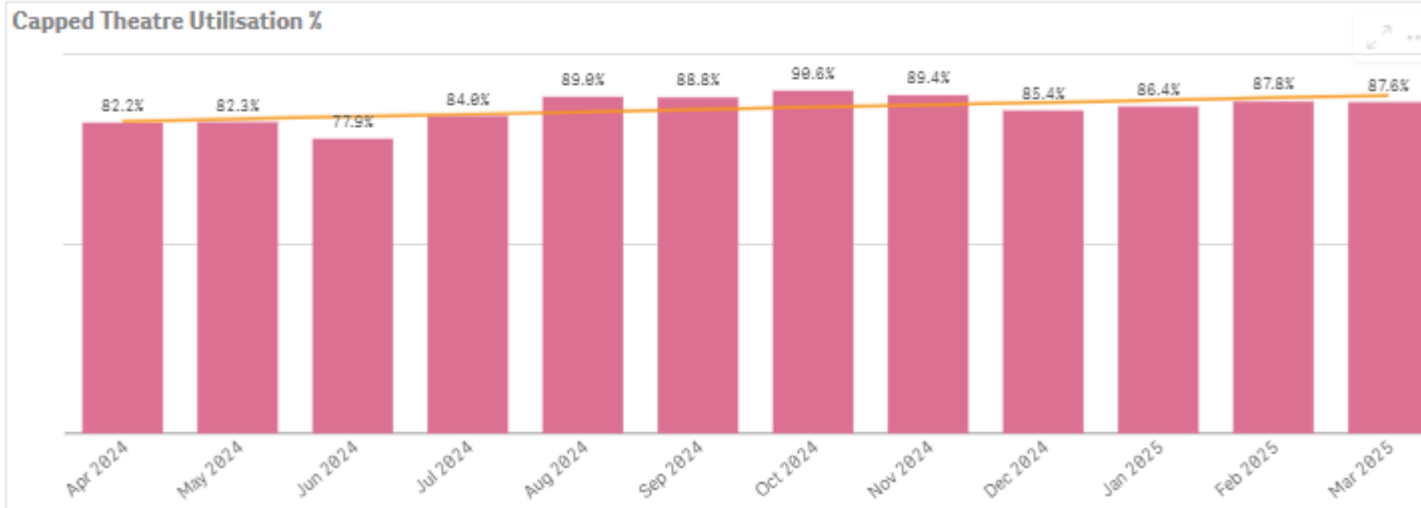
<p><b>Aseiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b></p>	<p><b>Is EIA Required and included with this paper</b> <b>No does not meet requirements</b></p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a></p>
<p><b>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</b></p> <p><a href="https://futuregenerations.wales/about-us/future-generations-act/">https://futuregenerations.wales/about-us/future-generations-act/</a></p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p>

# Model Hospital Metrics

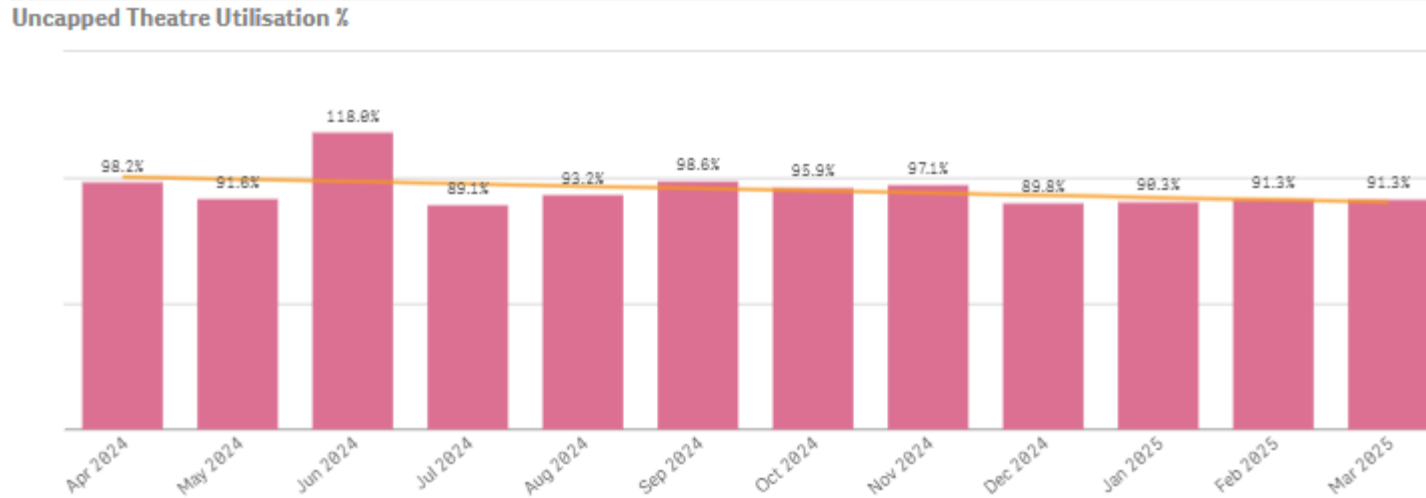
# Plans & Progress – PACCT Elective Theatres Performance



## Theatre Utilisation



Last 12 month capped theatre utilisation averages at **86%**  
(Ministerial priority – 85%)

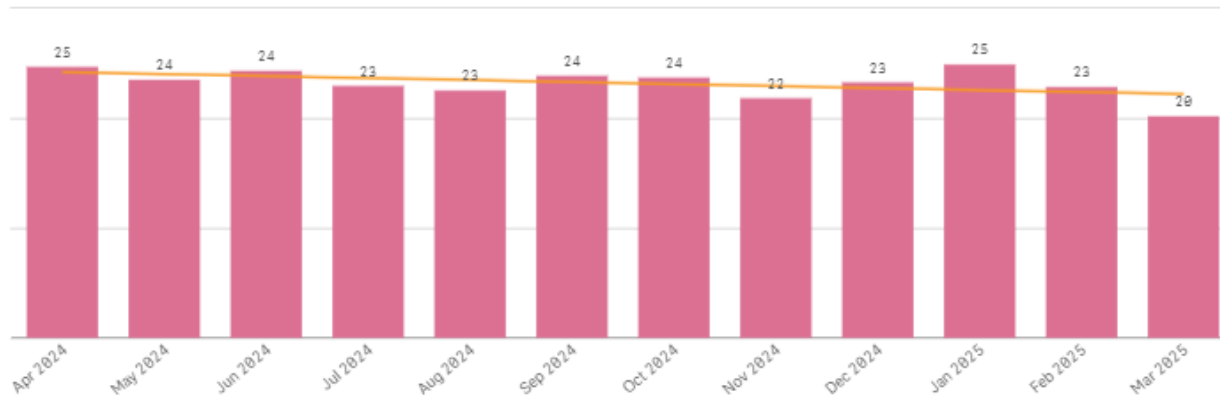


12 month uncapped theatre utilisation averages at **95.2%**



### Late Starts – average actual minutes from session start time

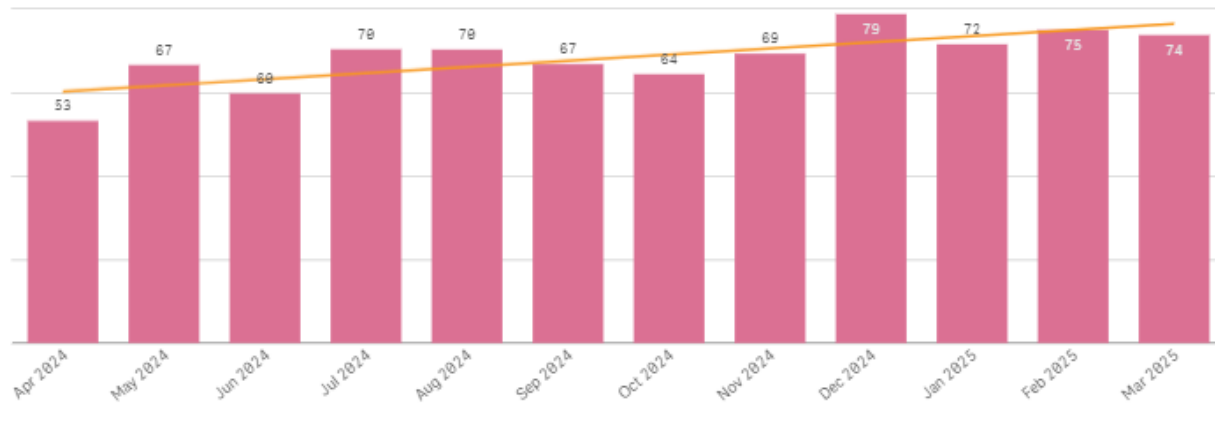
Average Lost Minutes of Late Starts



Decreasing trend, Theatres auto-send process expanding to all specialities in March 25. We are also seeing some theatre lists starting early with the 12month average for early starts being 11 minutes

### Early Finishes – average actual minutes from session end time

Average Lost Minutes of Early Finishes



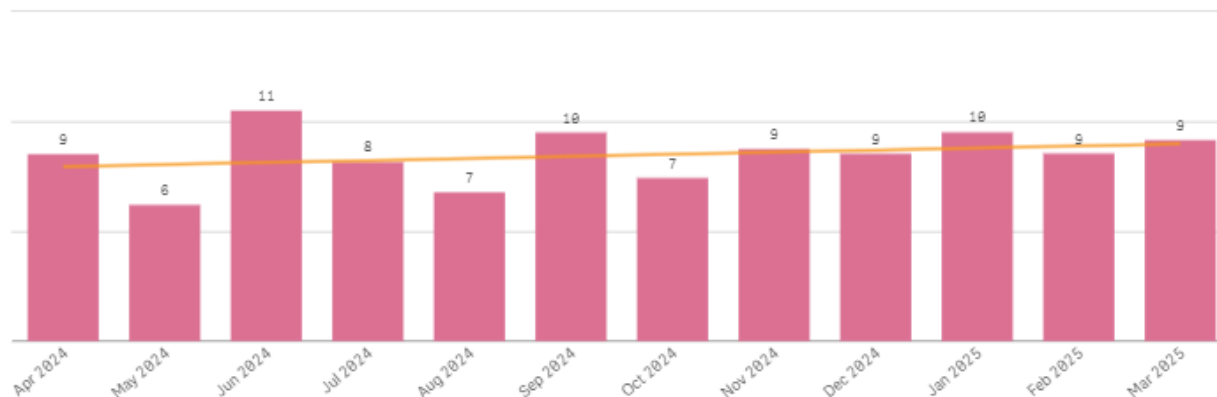
Average lost actual minutes for early finishes 69 minutes.

This data is skewed as many of our all day theatre lists will not stop for lunch breaks and we are seeing an increase in utilisation.



### Intracase turnaround time – Last PT out of OR to next PT in

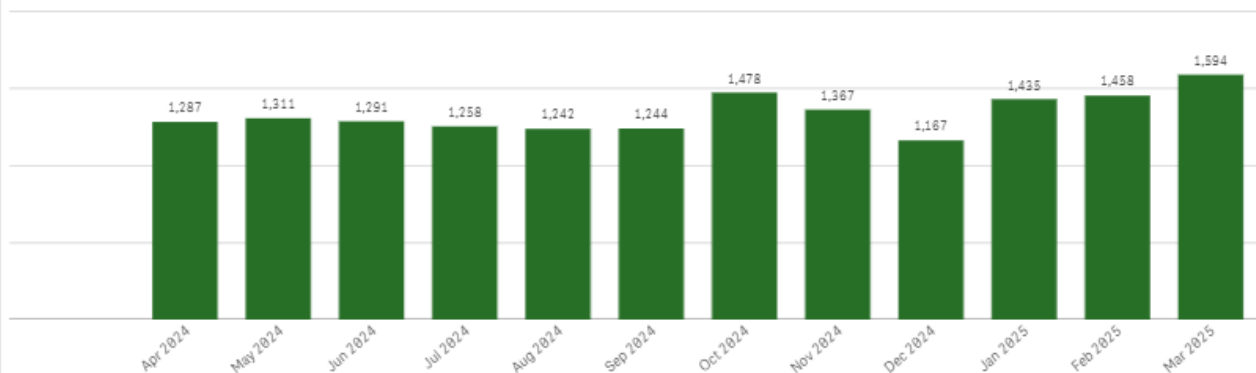
Average Session Turnaround Mins



Average time between cases for last 12 months was 8 mins.

### Cases Delivered – Planned care cases delivered

Cases Delivered (count)



16,132 planned care procedure were delivered through PACCT theatres in the last 12 months.



## Model Hospital Summary – PACCT theatres for elective and backfill

### Model Hospital Metrics Summary

Values	Month <input type="text"/>											
	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Jan 2025	Feb 2025	Mar 2025
Uncapped Theatre Utilisation %	98.2%	91.6%	118.0%	89.1%	93.2%	98.6%	95.9%	97.1%	89.8%	90.3%	91.3%	91.3%
Uncapped Theatre Utilisation (touch time minutes)	127,092	117,514	150,433	115,964	107,238	125,772	140,253	131,767	105,290	131,864	128,831	144,878
Capped Theatre Utilisation %	82.2%	82.3%	77.9%	84.0%	89.0%	88.8%	90.6%	89.4%	85.4%	86.4%	87.8%	87.6%
Capped Theatre Utilisation (touch time minutes in planned session)	106,305	105,654	99,339	109,308	102,434	113,359	132,542	121,317	100,085	126,191	123,783	138,966
Average Lost Minutes of Late Starts	25	24	24	23	23	24	24	22	23	25	23	20
Average Lost Minutes of Early Finishes	53	67	60	70	70	67	64	69	79	72	75	74
Average Extra Minutes Early Starts	11	12	10	10	9	9	12	18	11	10	13	10
Average Extra Minutes Late Finishes	54	51	53	44	41	35	36	35	38	39	38	35
Unplanned Session Extensions (minutes)	10602	10607	9857	6422	4579	4598	5658	5751	3488	5151	4983	5094
Average Unplanned Session Extensions (minutes)	31	31	30	19	15	14	15	16	11	13	14	13
Emergency Surgery in Elective Lists	28	42	52	34	33	23	53	42	21	55	50	39
% Emergency Surgery in Elective Lists	2.3%	3.4%	4.3%	2.8%	2.8%	2.0%	3.8%	3.2%	1.9%	4.1%	3.7%	2.7%
Cases Cancelled on the Day %	5.4%	5.1%	5.4%	6.1%	5.9%	5.3%	5.9%	6.4%	6.9%	7.3%	7.4%	5.7%
Cases Cancelled on the Day	73	70	73	82	78	69	92	93	87	113	117	96
Session Turnaround Minutes (Total)	10,951	8,126	13,546	10,260	8,413	11,811	10,977	11,952	9,961	13,640	12,461	14,587
Average Session Turnaround Minutes	9	6	11	8	7	10	7	9	9	10	9	9

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	31 July 2025
<b>CYFARFOD O: MEETING OF:</b>	Finance and Performance Committee
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Assurance Report from the Digital, Data and Technology Group
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Paul Solloway – Director of Digital
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Paul Solloway – Director of Digital

**Pwrpas yr Adroddiad** (dewiswch fel yn addas)  
**Purpose of the Report** (select as appropriate)

Er Sicrwydd/For Assurance

## **ADRODDIAD SCAA SBAR REPORT**

### Sefyllfa / Situation

The Digital Data and Technology (DDaT) Directorate manages several Digital Transformation and ICT Programmes, linked to the Health Boards Digital Annual Operational Plan, which sets out both the expected Health Board aligned deliverables as well as the strategic initiatives necessary to ensure our digital services can maintain safe, secure, reliable, and compliant services and meet the growing demand for digital transformation.

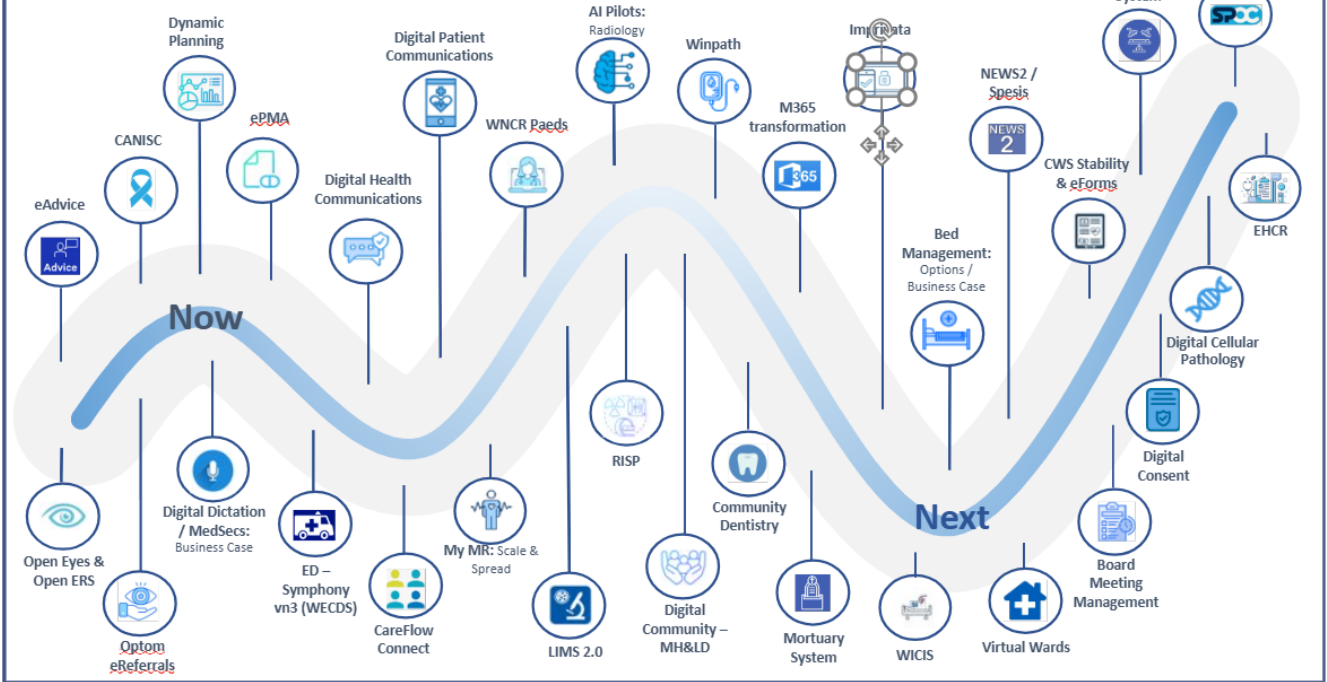
The Digital Programmes department oversee the delivery of new projects creating new digital functionality where perhaps only manual processes existed before, enhancing existing digital services, or upgrading our digital infrastructure to ensure it is fit for purpose. Programmes and Projects are sponsored either nationally, regionally, or locally.

This report provides an update on the progress over the last period.

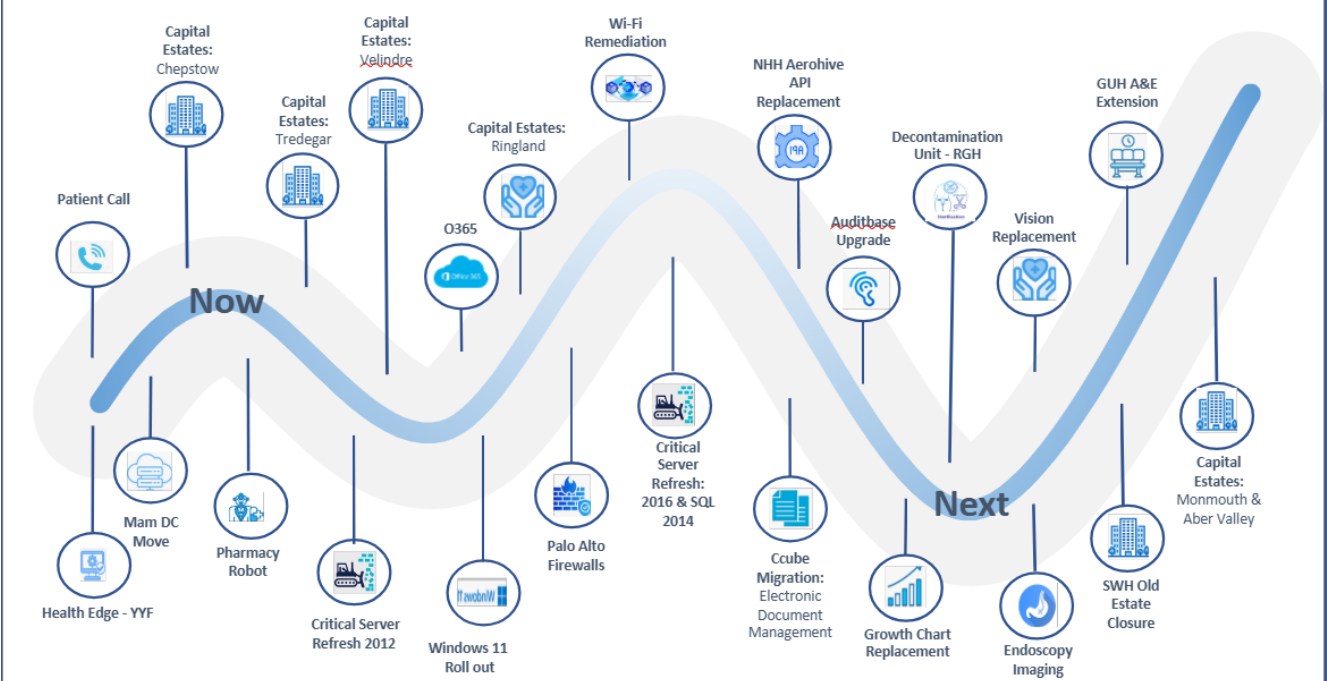
### Cefndir / Background

A high-level roadmap of major digital projects can be found below:

## Digital Programme Plan: 2025/26



## Digital ICT Programme Plan: 2025/26



### Asesiad / Assessment

An update on progress, including key risks and issues, can be found below for each digital programme:

#### 1. Acute Programme

##### Eye Care

Key priority for the organisation supporting improvements in waiting list position of Ophthalmology and regional working. Key milestones completed are:

- The Health Board leads a regional digital project board to support the implementation of OpenEyes (currently deployed in Cardiff & Vale (CAV)).

- Clinical resource recruited to support implementation
- Clinical hazard review carried out
- CAV project management resource recruited to support the development of an All-Wales plan
- Configuration of the system continues locally alongside the development of a detailed plan
- An Electronic Referral System (ERS) is being procured nationally but the project team continue to support the implementation of an interim solution, using Microsoft 365 and E-mails, to support the additional planned care activity in the interim

## **Welsh Intensive Care Information System**

Welsh Government has funded Digital Health & Care Wales (DHCW) to reset the programme given the previous system implementation was not fit for purpose from a patient safety or system usability perspective. National workshops have been undertaken with digital and clinical leads across Wales to create a proposal to redesign the system and a decision on the future is expected in September 2025.

Other key items within the Acute programme include:

- Tender to be released in August 2025 for new Digital Dictation / Speech Recognition and Ambient Artificial Intelligence solution
- Symphony v3 upgrade to support collection of Welsh Emergency Care Data Set by 31/03/2026
- Dynamic Planning project to replace analytical and modelling functionality previously provided through the Lightfoot platform to tools provided as part of the National Data Resource (NDR)

## **2. Digital Ward Programme:**

### **Careflow Connect**

This has been piloted on a frailty ward at Ysbyty Ystrad Fawr (YYF) to see how the tool can improve care coordination and patient flow. An evaluation report has been prepared to inform next steps any further roll out.

The 8-week pilot has seen 2,489 handovers recorded across 99 patients and has been received positively by staff.

The following benefits are now being measured to help inform future roll out:

- A 25% increase in the number of discharge summaries that are completed on time
- A 25% decrease in discharge delays
- A 50% reduction in taxi spend to send home medication for patients
- A 25% reduction in complaints regarding issues encountered when discharging patients
- Reduction in time for the Multi-Disciplinary Team (MDT) in updating the patient handover

Prior to any further deployment the following risk will need to be mitigated:

Description	Score	Action Plan
Lack of integration with the Health Board's Electronic Health Record (EHR)	8	Risk reduced for YYF pilot as work undertaken has confirmed that 95% of information is also recorded in Clinical Workstation (CWS)

### Digital Health Communications

The Health Board currently has a disparate range of communication solutions in place such as Vocera and traditional paging technology. This project will replace these with a single integrated solution using modern cloud technologies. The initial procurement failed to secure a successful replacement, and the procurement requirements have been redrafted to retender for a solution.

The key risk with this project is outlined below:

Description	Score	Action Plan
Implementation of replacement solution before end-of-life contract dates for Vocera and paging solution	12	Close monitoring of procurement and project timescales
Technical dependencies on Wi-Fi and infrastructure across the estate	12	Development of a phased implementation plan

Other key items within the Digital Ward programme include:

- Implementation of paediatric forms in Welsh Nursing care Record (WNCR)
- Implementation of NEWS2 within our electronic observations system

### 3. ICT Programme

There is a large programme of work associated with ICT developments and new builds and refurbishments across the Health Board. Some of the key work progressed is outlined below:

- Critical Server Refresh programme is progressing well focusing on mitigating cyber security risks
  - 2012-2016 servers remaining now have extended support apart from two building management servers – next stage will focus on the upgrade of these
  - 2016> server upgrades have initiated with five servers currently planned for upgrade
- Firewall replacements underway (key dependency for Radiology Information Systems Programme (RISP))
- Vocera devices at YYF have been migrated to the new wireless network
- Windows 11 has been deployed to over 1500 devices

There are a number of risks within the ICT programme:

Description	Score	Action Plan
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Critical Server Refresh and out of support operating systems	16	Cyber security team have mitigations in place
Network team capacity to support range of projects	15	Additional resources recruited, prioritisation of work, external contractor support
C-Cube upgrade unable to commence due to software development capacity	12	Escalation in place
Windows 11 Upgrade and supportability with Clinical Workstation	12	No resources in software development team, escalation in place

From a capital estates perspective ICT work is ongoing to support the GUH Emergency Department extension and initial requirements and design work to support of St Woolos, Newport East and Monmouth and Aber Valley.

#### **4. Clinical Support Services Programme**

There is significant work associated with digital projects within the Clinical Support Services directorate both from a service and digital perspective.

<b>Project</b>	<b>Milestones</b>	<b>Next Step</b>
Laboratory Information Management System 2.0 (LIMS)	New mitigation plan agreed to migrate via a discipline-by-discipline approach and to delay Blood Transfusion	Continue user acceptance testing and configuration  Confirm contingency plan beyond December 2025
Blood Transfusion Upgrade (Winpath)	User acceptance testing ongoing, go live revised to September 2025	Complete user acceptance testing and configuration. Delivery of software development CWS navigation.
RISP	Design and integration work progressing, networking and connectivity prerequisites underway however, delays to go live date to be negotiated nationally	Continuation of configuration and commencement of data migration. Confirmation of new go live date.
Cancer Information System	Go live completed	Support service through post go live activities
Digital Cellular Pathology	Business case approved in principle subject to procurement	NHS Executive to commence procurement activities
Mortuary Digital System	Procurement activities underway.	Confirmation of required integration dependencies before procurement can complete. Award of contract and implementation phase

The risks associated with the programme of work linked with the key diagnostic projects are below:

<b>Project</b>	<b>Description</b>	<b>Score</b>	<b>Action Plan</b>
LIMS 2.0	Delays with build and testing puts December 2025 date at risk	16	Escalated to Executive Team and additional resource supported. Regular updates to NHS Wales Chief Executive Management Team and Directors of Digital peer group
RISP	Delays with local software development resources have put go live date (Nov 25) at risk	25	Additional contractor resource secured, prioritisation of workplan Full update being developed for Executive Committee Confirmation of new go live date to be negotiated nationally

## **5. Electronic Prescribing Medicines Administration Programme (ePMA)**

Following approval of business case earlier in the year the following key milestones have been met:

- ePMA roadshows continue across the Health Board to engage with staff
- Equipment pilots on wards underway
- Detailed readiness activities commenced with clinical and technical readiness work ongoing
- Funding for 2025/2026 confirmed from Welsh Government

The next period will focus on detailed scoping work, agreeing the solution design and completing Wi-Fi assessments to provide assurance of coverage and address gaps.

## **6. Digital Community Programme**

The digital community programme is focusing on two key areas currently:

- Mental Health & Learning Development Electronic Patient Record – procurement is complete with successful supplier to be selected – Business case under development and approval processes to commence in September 2025 with award of contract targeted for early December 2025
- Service Improvement project associated with the Welsh Community Care Information System (WCCIS) which is delivering Robotic Process Automation solutions and addressing outstanding defects with the system prior to its replacement

There are several risks associated with this programme:

<b>Description</b>	<b>Score</b>	<b>Action Plan</b>
WCCIS end of life from January 2026	25	Focus on implementation of alternative solution Support provided through best endeavours by the supplier

## 7. Digital Patient

This programme is focused on how we can digitally engage with our patients. The key developments currently are:

- Digital Patient Communications – additional resources now recruited and project to restarted focusing on delivery of digital letters to patients
- Referral & Booking Centre Service Improvement – continue to work with Medicine division of improvements to processes and communication
- MyMR – used to support self-management by patients of prostate cancer and current work is associated with the replacement of the results feed caused by the LIMS 2.0 upgrade

## 8. Microsoft 365 Transformation

There is an ongoing programme of work to provide solutions making the best use of the Microsoft 365 (M365) ecosystem across the organisation as summarised below.

<b>Programme:</b> M365 Transformation		<b>Portfolio Manager:</b> Kelly Griffiths		<b>RAG:</b> <span style="color: green;">●</span>
<b>Progress Update:</b>				
<b>Key Activities</b>		<b>Activities for next Period</b>		
<p><b>In production</b></p> <ul style="list-style-type: none"> <li>• Support to develop a Power Bi dashboard for clinical skills practitioner to analyse data</li> <li>• Digital Discharge handover - form &amp; <a href="#">sharepoint</a> list – Maternity</li> <li>• Complex inpatient list for MH&amp;LD</li> </ul> <p><b>Active Development:</b></p> <ul style="list-style-type: none"> <li>• MH&amp;LD – Digitalising the ward handover sheet</li> <li>• Resuscitation life support courses booking system</li> <li>• Redesigning the Public Health Wales SharePoint hub</li> <li>• Time assessment application – Business Change</li> <li>• Work experience forms automation – WFOD</li> <li>• Live Community Dashboard – PCCS</li> <li>• Digital diaries for community midwives</li> <li>• Staff sign in – Ty Gwent</li> </ul>		<p><b>From Backlog and prioritisation for service</b></p> <ul style="list-style-type: none"> <li>• Conversion of excel spreadsheet to MS List for veterans MDS</li> <li>• Further requirement gathering for register add on to training database</li> <li>• Decontamination equipment testing</li> </ul> <p><b>Activities by status:</b></p> <p><b>5</b> requests in discovery phase  <b>1</b> requests are currently backlogged  <b>4</b> requests in testing before being handed over</p> <p><b>Training:</b></p> <ul style="list-style-type: none"> <li>• Tailored training is being developed for Pharmacy services based on digital skills questionnaire. If successful, this model will be rolled out to other services.</li> </ul>		
<b>Escalated Risks &amp; Issues:</b>				
<b>Risk / Issue</b>	<b>Description</b>	<b>Score</b>	<b>Action Plan</b>	
Issue	Delays in development due to lack of time to develop and research skills within an ever-changing M365 model	12	Training time and sessions offered to staff	
Issue	Resource – Ability to address HALO calls and deliver transformation activities	12	Request for resource	

In addition, the Health Board has undertaken an implementation of Microsoft Copilot across the operational divisions for circa 30 staff. An evaluation of the pilot is underway to inform further roll out.

## 9. Scoping and Discovery work

The digital teams are also scoping out the following new projects:

- Imprivata – Scoping of 64 wards has been undertaken to date. A clinical review is due to take place with the supplier in July 2025.
- Electronic Consent – DHCW are developing a national business case with the first draft due by 169<sup>th</sup> August 2025. The Health Board await clarity regarding

involvement with the national business case and confirmation of timeline to inform local activity.

## 10. Other Activities

The directorate are currently refreshing the Digital Transformation Strategy following the completion of the Health Board's 10-year strategy, this will be consulted with the group during the summer before wider socialisation across the Health Board.

The CWS used across the Health Board is now 30 years old and over the last 18 months the directorate has been working on a Strategic Outline Case (SOC) for the future of an Electronic Health Record for the organisation and a technical assessment has been undertaken on developments needed to stabilise and develop CWS in the interim, whilst Welsh Government undertake a national review into the future approach of a national EHR. The development of a business case is underway to support the development of CWS over the next 3 years to address current risks and priority developments. This will be presented at the Pre Investment Panel (PIP) in August 2025.

### Argymhelliad / Recommendation

The Finance and Performance Committee is asked to note the update from the Digital, Data & Technology Group.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 4.2 Patient Information 6.2 Peoples Rights 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities  <a href="#">Link to IMTP</a>	Adults in Gwent live healthily and age well Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives  <a href="#">Strategic Equality Objectives 2020-24</a>	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

	Choose an item. Choose an item.
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**Gwybodaeth Ychwanegol:  
Further Information:**

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CAV – Cardiff and Vale CWS – Clinical Workstation DDaT – Digital Data and Technology DHCW – Digital Health & Care Wales EHR – Electronic Health Record ERS – Electronic Referral System ePMA – Electronic Prescribing & Medicines Administration GUH – Grange University Hospital LIMS – Laboratory Information Management System MDT – Multi-Disciplinary Team M365 – Microsoft 365 NDR – National Data Resource PIP – Pre-investment Panel RISP – Radiology Information Systems Procurement SOC – Strategic Outline Case WCCIS – Welsh Community Care Information System WNCR – Welsh Nursing Care Record YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

**Effaith: (rhaid cwblhau)  
Impact: (must be completed)**

<b>Resource Assessment:</b>	Not Applicable
• <b>Workforce</b>	Not Applicable
• <b>Service Activity &amp; Performance</b>	Not Applicable
• <b>Financial</b>	Not Applicable
<b>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</b>	Not Applicable

**Deddf Llesiant  
Cenedlaethau'r Dyfodol – 5  
ffordd o weithio  
Well Being of Future  
Generations Act – 5 ways of  
working**

[https://futuregenerations.wales/  
about-us/future-generations-act/](https://futuregenerations.wales/about-us/future-generations-act/)

Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies  
Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs