

Finance and Performance Committee

Mon 29 September 2025, 09:30 - 12:30

Microsoft Teams



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Agenda

09:30 - 09:40 1. PRELIMINARY MATTERS

10 min

1.1. Welcome and Introductions

Neil Patrick

1.2. Apologies for Absence

Neil Patrick

1.3. Declarations of Interest

Neil Patrick

1.4. Draft Minutes of the last Meeting held on 31 July 2025

Neil Patrick

 FPC 20250731 1.4 APPROVED Minutes.pdf (9 pages)

1.5. Committee Action Log

Neil Patrick

 FPC 20250929 1.5 Committee Action Log.pdf (1 pages)

09:40 - 09:40 2. ITEMS FOR APPROVAL/RATIFICATION/DECISION

0 min

There are no items for inclusion in this section

09:40 - 12:10 3. ITEMS FOR DISCUSSION

150 min

3.1. Review of Committee Programme of Business 2025/26


Rani Dash

 FPC 20250929 3.1 Review of Committee Programme of Business Cover Report.pdf (3 pages)

 FPC 20250929 3.1a Forward Work Plan, FPC 2025-2026 APPROVED.pdf (7 pages)

3.2. Committee Risk Report


Rani Dash

 FPC 20250929 3.2 Committee Risk and Assurance Report.pdf (6 pages)

 FPC 20250929 3.2 Committee Risk and Assurance Report - Appendix A Strategic Risk Dashboard.pdf (14 pages)

3.3. Performance Management and Escalation Update

Hannah Evans

 FPC 20250929 3.3 Performance and Escalation Update.pdf (7 pages)

3.4. Integrated Performance Report, including performance against Ministerial Priorities

Hannah Evans

- 📄 FPC 20250929 3.4 Integrated Performance Report, Including performance against ministerial priorities.pdf (8 pages)
- 📄 FPC 20250929 3.4a Integrated Performance Report, including performance against ministerial priorities.pdf (47 pages)

3.5. Outpatient Transformation Programme Update

Hannah Evans

- 📄 FPC 20250929 3.5 Outpatient Transformation Programme Update .pdf (15 pages)
- 📄 FPC 20250929 3.5a Appendix One - Outpatient Transformation Programme Update .pdf (37 pages)

3.6. Monthly Finance Report and Monitoring Returns

Robert Holcombe

- 📄 FPC 20250929 3.6 Monthly Finance Report and Monitoring Returns .pdf (23 pages)
- 📄 FPC 20250929 3.6 Monthly Finance Report and Monitoring Returns - Appendix 1 .pdf (28 pages)
- 📄 FPC 20250929 3.6 Monthly Finance Report and Monitoring Returns - Appendix 2 Savings at month 5 2025.pdf (10 pages)

3.7. Value and Sustainability Assurance Reporting

Robert Holcombe

- 📄 FPC 20250929 3.7 Value and Sustainability Assurance Reporting.pdf (7 pages)

3.8. Efficiency Opportunities and Update Report

Robert Holcombe

- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report.pdf (13 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.1.pdf (4 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.2.pdf (3 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.3.pdf (2 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.4.pdf (2 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.5.pdf (4 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.6.pdf (3 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.7.pdf (4 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.8.pdf (8 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.9.pdf (12 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix A.10.pdf (12 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix C.pdf (8 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix D.1.pdf (1 pages)
- 📄 FPC 20250929 3.8 Efficiency Opportunities and Update Report - Appendix D.2.pdf (2 pages)

3.9. Information Governance Report, including SIRO Update

Paul Solloway

- 📄 FPC 20250929 3.9 Information Governance Report, Including SIRO Update.pdf (11 pages)
- 📄 FPC 20250929 3.9a Appendix One Information Governance Report, Including SIRO Update Report.pdf (1 pages)

12:10 - 12:20
10 min

4. ITEMS FOR INFORMATION

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

Paul Solloway

- 📄 FPC 20250929 4.1 Assurance reports from the Digital, Data and Technology Group .pdf (10 pages)

12:20 - 12:30
10 min

5. OTHER MATTERS

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

Neil Patrick

5.2. Any Other Urgent Business

Neil Patrick

5.3. Date of the Next Meeting:

- 15 December 2025

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	31 July 2025 09.30-12.30
VENUE	Microsoft Teams
PRESENT	Richard Clark, Chair Neil Patrick, Independent Member Dafydd Vaughan, Independent Member Akmal Hanuk, Independent Member
IN ATTENDANCE	Robert Holcombe, Director of Finance and Procurement Hannah Evans, Director of Strategy, Planning and Partnerships Rani Dash, Director of Governance Paul Solloway, Director of Digital Sara Utley, Audit Wales Richard Morgan-Evans, Deputy Chief Operating Officer Hattie Aston, Senior Programme Manager Suzanne Jones, Assistant Director of Finance Naomi Murtagh, Board Business Manager Gavin Thomas, Governance Support Officer
Apologies	Iwan Jones, Independent Member

Preliminary Items	
FPC/0731/01	Welcome and Introductions Richard Clark (RC), Chair, welcomed everyone to the meeting.
FPC/0731/02	Apologies for Absence Richard Clark (RC), Chair, NOTED that there were apologies received from Iwan Jones, Independent Member.
FPC/0731/03	Declarations of Interest There were no Declarations of Interest to record.
FPC/0731/04	Draft Minutes of the last Meeting held on 17th June 2025



	The Committee received and reviewed the previous draft minutes, and these were AGREED as a true and accurate record of the meeting.
FPC/0731/05	Committee Action Log The Committee received the Committee action log and were content with the progress made in relation to completed actions. Richard Clark (RC), Chair, NOTED that there were no outstanding actions.
Items for APPROVAL/RATIFICATION/DECISION	
	There were no items for discussion during this section.
ITEMS FOR DISCUSSION	
FPC/0731/06	Review of Committee Programme of Business 2025/26 Rani Dash (RD), Director of Corporate Governance, presented the report to the Committee and highlighted the updates made to the Programme of Business since the previous meeting. The Committee NOTED the updated Committee Programme of Business for 2025/26.
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT	
FPC/0731/07	Performance Management & Escalation Report Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report to the Committee. HE provided an update on the recent changes to both national and local escalation frameworks, and provided a summary of current performance and financial escalation positions. HE informed the Committee that the Mental Health Division had been de-escalated from Enhanced Monitoring for Operational Delivery to normal arrangements, following sustained improvements, particularly in the delivery of Mental Health Act measures. However, the division remained under Enhanced Monitoring for Quality and Safety due to ongoing concerns, which included recent incidents and a contravention notice issued by the Health and Safety Executive. HE explained that internal escalation reviews were conducted biannually with flexibility to review and amend escalation status at any point in response to emerging issues.



In relation to financial escalation, HE reported that the Division remained under Enhanced Monitoring due to financial triggers and further confirmed that special budgetary reviews were in place to address these issues. Based on the Month 3 position, only the Facilities & Estates and Urgent Care Divisions were currently under normal arrangements, with all other divisions subject to Enhanced Monitoring for financial performance.

HE further advised that the Health Board's National Escalation level for Strategy and Planning had been de-escalated from Level 4 (Targeted Intervention) to Level 3 (Enhanced Monitoring), which reflected progress against the delivery of the plan and the approval of a balanced financial plan.

Neil Patrick (NP), Independent Member, sought clarification on the practical implications of targeted intervention for the Health Board, and HE outlined the Targeted Intervention process, which included meeting defined de-escalation criteria, tracking improvements, and holding regular monthly meetings with Welsh Government.

HE cited Urgent and Emergency Care as an example, where progress was monitored through weekly internal meetings and monthly escalation meetings with Welsh Government. To strengthen leadership focus, the Chief Executive now chaired one of the weekly internal meetings each month.

Robert Holcombe (RH), Director of Finance, provided an update on the financial challenges facing the Health Board. RH highlighted the significant scrutiny and governance testing that was undertaken by the Financial Delivery Unit (FDU), (now known as NHS Wales Performance and Improvement) which included responding to detailed queries and providing evidence of financial management.

RH emphasised the importance of robust financial reporting, including Day 5 reporting for Board meetings and regular updates to Welsh Government. In addition, RH also outlined the need for effective cost management, including grip and control measures, recruitment reviews, and the identification of savings through thematic groups.

Akmal Hanuk (AH), Independent Member, congratulated the Executive Team on the de-escalation achievements and stressed the importance of ensuring sustainability of improvements and suggested triangulating progress through patient, staff, and community surveys.



The Committee **NOTED** the Divisional Escalation levels. The Committee **NOTED** the Health Boards National Escalation Status.

FPC/0731/08

Integrated Performance Report, including performance against Ministerial Priorities

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Integrated Performance Report to the Committee, and provided an overview of current performance against the 2025/26 IMTP Key Performance Metrics.

HE highlighted a number of positive developments, which included:

- **Pathway of Care Delays:** A reduction in both the number of delayed patients and total delay days, indicating progress in improving patient flow.
- **Mental Health Performance:** Sustained improvements were noted, particularly in the delivery of Mental Health Act measures, which contributed to the de-escalation of the Mental Health Division from Enhanced Monitoring for Operational Delivery.
- **Planned Care Delivery:** Quarter one performance exceeded expectations for 104-week waits, demonstrating effective management of planned care services.

HE acknowledged ongoing challenges in Urgent and Emergency Care, where performance metrics showed fluctuations, with continued focus required on ambulance waits and 12-hour breaches. The ongoing challenges in Psychological Therapy Services were acknowledged as they remained under pressure, HE advised that an improvement plan was in place and progress was anticipated in the coming months.

HE updated the Committee on the National Planned Care Outpatient Insourcing initiative, confirming that Welsh Government had approved a contract to deliver 33,000 outpatient appointments through an insourcing company.

HE informed that whilst funding had been identified to support the initiative, HE highlighted several associated risks. These included a financial risk, with potential costs exceeding £1



million and concerns regarding insufficient funding for diagnostics and infrastructure. HE also outlined clinical and operational risks, noting the importance of maintaining quality and safety in the insourced services, alongside the potential for increased pressure on existing staff and resources.

HE emphasised the importance of robust monitoring and tracking to manage these risks and to ensure the initiative delivered its intended benefits without creating additional strain.

Neil Patrick (NP), Independent Member, advised the Committee that he had met with the Director of Finance and the Health Board Chair, and it was agreed that whilst the Health Board would proceed with the insourcing contract, it was agreed to quantify and notify Welsh Government of the consequences and risks of the decision.

RH informed the Committee that in respect of the insourcing of outpatients' appointments, Welsh Government had indicated that early engagement with the successful bidder should be made, and as a consequence of this, the Deputy Chief Operating Officer had been in a number of meetings with them ahead of the launch on 23rd August with ENT appointments.

RH further informed the Committee that the Medical Director had developed a checklist, which senior clinicians were expected to use when reviewing the doctors responsible for patient care.

The Committee **NOTED** the performance of the Health Board including performance against Ministerial Priorities.

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

FPC/0731/09 Monthly Finance Report and Monitoring Returns

Robert Holcombe (RH), Director of Finance, presented the report to the Committee and reported a year-to-date deficit of £7million, with additional cost pressures and the need to find £40 million in savings.

RH advised that the Month 3 financial position was approximately £1.5 million worse than forecast, which placed the Health Board behind its planned trajectory for the year.



RH noted that the current financial plan was not delivering the expected position, attributing part of the variance to the continued operation of the 'winter wards' for two months longer than originally anticipated.

RH further informed the Committee that a cost pressure of £2 million had arisen in relation to the National Insurance increase despite Welsh Government providing £14 million in funding, the actual cost to the Health Board was £16 million.

Neil Patrick (NP), Independent Member, expressed concern about the volume of work required to complete the balanced plan between now and September, and questioned whether this remained achievable. RH acknowledged the very real risk of not achieving a balanced plan but added that budget holders would be able to clarify their individual positions.

Richard Clark (RC), Chair, proposed bringing the budget holders to the Committee and asking them to explain their positions.

Akmal Hanuk (AH), Independent Member, sought clarification on the governance arrangements within teams regarding their financial responsibilities. RH summarised the financial accountability structures in place across the Health Board, which included how budget holders are held to account. RH also outlined the governance arrangements established by the Health Board to support these processes.

The Committee **NOTED** the report of monthly finances and monitoring returns.

FPC/0731/10

Value and Sustainability Assurance Reporting

Robert Holcombe, (RH) Director of Finance, presented the report to the Committee. RH outlined the actions taken and the structure of the thematic groups within the VSB, which identified opportunities for savings and emphasising the need to focus on future opportunities and implementation.

The Committee **NOTED** the report and was **ASSURED** by its contents.

FPC/0731/11

Efficiency Opportunities and Update Report.

Robert Holcombe, (RH) Director of Finance, welcomed Suzanne Jones, (SJ) Assistant Director of Finance, to the meeting who presented the report to the Committee.



SJ informed the committee that the report is based on the 2024/25 annual review and showed £28.6 million worth of opportunities, compared to £20 million in 2023/24. SJ provided an update of the opportunities identified to date:

- £1.5 million in outpatient slots
- £7.2 million in theatres
- £2.6 million in GP referrals
- £17.2 million in bed gains

SJ highlighted that this was an improvement value and not necessarily always a cash releasing saving for each category. In addition, SJ advised that staff from across the Health Board were invited to contribute their ideas to help reduce expenditure which resulted in 72 ideas being submitted:

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

SJ informed the Committee that the biggest area of challenge was the service re-design work along with the reduction of beds. RH explained that opportunities remained within theatres through the theatre's efficiency work as well as opportunities within estates.

The Committee **NOTED** the report and **NOTED** the areas highlighted as improvement opportunities.

FPC/0731/12

Theatres Efficiency Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, introduced Hattie Aston (HA), Senior Programme Manager, and Richard Morgan-Evans (RME), Deputy Chief Operating Officer, to the Committee, who presented the report.



	<p>RME provided the Committee with a detailed overview of the theatre efficiency report. RME highlighted the current landscape, Welsh Government measures, local measures, and improvement initiatives, emphasising the complexity and importance of maximising theatre utilisation.</p> <p>Neil Patrick (NP), Independent Member, queried if a similar piece of work could be replicated with other services across the Health Board. HE explained that work was underway to see if the 642 approach which had been adopted in Theatres could be adopted in the outpatient’s department to increase productivity and efficiency. RME explained that he believes that there was scope to develop and utilise across the Health Board.</p> <p>The Committee NOTED the progress achieved against the theatre efficiency metrics and further NOTED the transformational work being undertaken across the Health Board.</p>
ITEMS FOR INFORMATION	
<p>FPC/0731/13</p>	<p>Assurance reports from the Digital, Data and Technology Group.</p> <p>Paul Solloway (PS), Director of Digital, presented the report to the Committee and provided an update on the progress of various digital programmes, including the implementation of open eyes ophthalmology system, digital dictation procurement, and the care flow connect pilot, highlighting the benefits and challenges faced.</p> <p>The Committee NOTED the report.</p>
OTHER MATTERS	
<p>FPC/0731/14</p>	<p>Items to be Brought to the Attention of the Board and Other Committees</p> <p>The Committee AGREED there were no items to be brought to the attention of the Board or other Committees.</p>
<p>FPC/0731/15</p>	<p>Any Other Urgent Business</p> <p>There was no other Urgent Business.</p>
<p>FPC/0731/16</p>	<p>Date of the Next Meeting</p> <p>29 September 2025</p>





Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed

*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.*

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance and Performance Committee – Review of Committee Forward Work Plan 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	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 September to December, the following requests and/or changes to the Forward Work Plan have been included:

Changes made to the Forward Work Programme:

- Removal of the item Welsh Government Performance Escalation Report (Targeted Intervention & Enhanced Monitoring) owing to this now being amalgamated into the Performance Management and Escalation Update report.

No other changes have been made to the Forward Work Programme during this period.

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 are 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 Link to IMTP	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 Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

**Gwybodaeth Ychwanegol:
Further Information:**

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	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:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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/	Not Applicable Choose an item.

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 th April 2025	17 th June 2025	31 st July 2025	29 th Sept 2025	15 th Dec 2025	23 rd Feb 2026
Preliminary Matters								
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	✓	✓	✓	✓	✓	✓
Committee Governance								
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	✓					
Performance Management								
Annual Review of Performance Management Framework	DoSP&P	AN						✓
IMTP/Performance Ambitions for Future Years	DoF&P/DoSP&P	AN						✓
Performance Management and Escalation Update.	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Integrated Performance Report, including performance against Ministerial Priorities	DoSP&P	SI	✓	✓	✓	✓	✓	✓
Reporting on Benefits Realisation Projects	DoF&P/DoSP&P						✓	
Financial Performance								
Monthly Finance Report and Monitoring Returns	DoF&P	SI	✓	✓	✓	✓	✓	✓
Financial Outlook for Future Financial Year, including Revenue Budget Allocation letter	DoF&P	AN						✓

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"> • Primary Care • CHC • Intra NHS Agreements • SLAs 	DoF&P	AN						✓
Service Activity and Performance								
Outpatient Transformation Programme Update	DoSP&P					✓		
Stroke Improvement Plan Update Report	DoT&HS		✓					
Theatres Efficiency	DoSP&P				✓			
Information Management								
Information Governance Report, including SIRO Update	DoD	SI	✓			✓		✓
Freedom of Information Act Report	DoCG	AN						✓
Digital and IM&T								
Assurance reports from the Digital, Data and Technology	DoD	SI	✓	✓	✓	✓	✓	✓

Group, including an update on the Delivery of Digital Programmes								
Capital, Estates and Facilities								
Estates Compliance including compliance with Health Technical Memorandums	COO	AN						✓

Lead Officer	
Key	
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	
SI	Standing Item
An	Annual
1/4ly	Quarterly
BI	1/2 yearly

Schedule of Meetings	
v	Scheduled agenda item in FWP
D	Deferred from this agenda
vD	Deferred Scheduled agenda item
W	Withdrawn from FWP
T	Transferred to another Committee
IC	Matter discussed In Committee

**CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN
BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee Risk and Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

The purpose of this report is to provide the Finance and Performance Committee (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.

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

Since the last report to the Committee in June 2025, there have been changes in risk score for two the risks allocated to this Committee.

Details regarding the changes to these risks are set out in the main body of the report.

Asesiad / Assessment

Committee Strategic Risk Register (SRR)

The current risk portfolio for the Committee, outlined in Table 1, contains three high-level strategic risks with six sub-risks.

In accordance with best practice, all strategic risks have been reviewed within the appropriate timeframe for their respective levels of risk. The review focuses on the control environment, ensuring that the controls remain robust and adequate for



managing the identified risks. Additionally, the assurances are tested to verify the robustness of the controls. Detailed information is provided in **Appendix A** (Strategic Risk Dashboard and individual risk assessments).

Where it has been determined that the existing controls are insufficient, additional controls have been documented, and actions are being taken to address these gaps. Similarly, the three lines of assurance are evaluated to ascertain the effectiveness and reliability of the controls in place. If gaps in assurance are identified, the control environment is reassessed, and appropriate measures are implemented to close these gaps.

The two risks marked with an asterisk (*) have increased in score since the last report to the Committee.

Table 1

Risk Details	High-Level Risk Description	Sub-Risk	Risk Level L x I	Within Appetite
SRR 001G Director of Finance & Procurement Theme Financial Sustainability Appetite Cautious Score 13 and below	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	g) *Due to the failure to deliver a sustainable financial position and longer-term financial plan	5 x 4= 20 Extreme	N
SRR 001I Director of Strategy, Planning & Partnerships Theme Compliance & safety Appetite Minimal Score 8 and below		i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	3 x 4= 12 High	N
SRR 006 A – C Director of Digital Theme Service Delivery Appetite	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	a) Due to the full or partial failure of existing digital infrastructure and systems.	3 x 4= 12 High	Y
		b) *Due to an adverse impact on service delivery in the	4 x 4= 16 High	Y



Open Score 17 and below		implementation of new digital systems.		
		c) Due to a failure to develop digital solutions that are sustainable and fit for the future	3 x 4 = 12 High	Y
SRR 011 Director of Finance & Procurement Theme Service Delivery Appetite Open Score 17 and below	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030.)	The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected.	5 x 3 = 15 Extreme	Y

Changes in Risk Exposure

Since the previous update to the Board in July, changes have arisen in two strategic risks, outlined below.

SRR 001: There is a risk that the Health Board may be unable to deliver and maintain high-quality, safe, and sustainable services that meet the changing needs of the population.

Sub-risk G, is linked to the Health Board’s potential failure to achieve a sustainable financial position and long-term financial plan, has been reviewed by the Director of Finance and Procurement. Following this review, the likelihood of the risk materialising has been increased from 4 (Likely) to 5 (Certain) to reflect the current financial challenges.

In response, the CEO and Director of Finance and Procurement have introduced a series of targeted actions designed to strengthen financial management and control. These actions include:

- Budget holder financial recovery deep-dive meetings.
- Strengthened financial oversight arrangements.
- Enhanced forecasting and planning processes.
- Increased engagement with operational teams to focus on delivery of savings and financial governance.

The impact of these actions is being monitored through the Health Board’s established governance and reporting processes. Updates will continue to be provided to the Finance and Performance Committee and the Board to ensure ongoing scrutiny and oversight.



While the residual risk remains high, the Board can take assurance that the actions implemented are aimed at reducing the likelihood of the risk escalating further and that it is being actively and rigorously managed. Regular updates will be provided to the Board to support ongoing oversight and to assess the effectiveness of these measures over time.

SRR 006: There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.

The Director of Digital, who holds accountability for all strategic risks associated with SRR 006, has reviewed **sub-risk B** and increased its likelihood rating from 3 (Possible) to 4 (Likely). This change reflects growing national concerns regarding the implementation timelines of the Radiology Information Systems Programme (RISP) and the Laboratory Information Management System (LIMS).

Both programmes are critical to maintaining digital service continuity, with RISP scheduled to go live by the end of September 2025 and LIMS by December 2025. Delays or issues with either implementation could pose significant operational and service delivery challenges.

Welsh Government is strengthening governance arrangements around national digital programmes through the establishment of a Digital, Data and Technology (DDaT) Leadership Board. In addition, Health Boards continue to participate in national programme board meetings, where risks are actively discussed and escalated as appropriate.

While these governance structures are now in place, significant delivery risks remain and, at present, cannot be fully mitigated. For the RISP programme, it is confirmed that the scheduled go-live date is no longer achievable. The Health Board is therefore working collaboratively with the supplier and Digital Health and Care Wales (DHCW) to progress a formal change control process to revise our deployment timeline.

Delivery risks associated with the LIMS programme also persist and continue to be escalated at a national level, including through CEO-level discussions.

The full risk assessment is available in **Appendix A**.

Risks Outside of Appetite

The Table below sets out the suggested management of the risks.



Risk ID	Sub Risk Description	Current Score	Management of the Risk
SRR 001G	Due to a failure to deliver a sustainable financial position and longer-term financial plan	20	Treat the risk, and Take Opportunities to unlock benefits but <u>Prepare</u> to Tolerate any residual risk outside of the Health Board's control.
SRR 001I	Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	12	Treat the residual risk, but also Take the Opportunity to redesign and strengthen services for long-term sustainability.

In the year ahead, focused monitoring of individual risk areas will remain a priority. This ongoing surveillance, combined with strengthened control measures, will be essential in managing associated risks and ensuring alignment between resources, performance targets, and patient outcomes

Argymhelliad / Recommendation

The Committee is requested to:

- **NOTE** the delegated Committee risks as detailed within the Strategic Risk Register, ensuring alignment with the Board's Strategic Objectives;
- **NOTE** the continued efforts to bring all risks to within the agreed threshold for the risk appetite;
- **CONSIDER** whether it has sufficient assurance that the strategic risks are being assessed, managed, and reviewed appropriately and effectively, considering the detailed analysis and ongoing mitigation efforts outlined in this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR 001 G & I SRR 006 A, B & C
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.



Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. N/A

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	Contained within the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	The Board and respective Committees of the Board have considered risks contained within the Strategic Risk Register

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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/	Choose an item. Choose an item. N/A



Risk ID and Description				IMTP Link	Risk Score														
					2	3	4	5	6	8	9	10	12	15	16	20	25		
SRR 001	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	Finance							X						◊	•	
	Director of Strategy, Planning and Partnerships.		i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	Performance Expectations & Workforce & Culture							X ◊			•					
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	Digital, Data & Technology							X						• ◊		
			b) Due to an adverse impact on service delivery in the implementation of new digital systems						X				•			◊			
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future						X			•			◊				
SRR 011	Director of Finance and Procurement	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030).	a) The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected	Green Health										X	•		◊		

Key	Current Score	•
	Target Score	x
	Appetite Threshold	◊

RISK THEME	FINANCIAL SUSTAINABILITY																																																																																				
LINK TO IMTP	SECTION 4: ENABLER - FINANCE																																																																																				
Strategic - SRR 001 G	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public																																																																																
Threat <i>(As a result of)</i>	Due to the failure to deliver a sustainable financial position and longer-term financial plan.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.																																																																																	
Impact <i>(Consequences of the threat)</i>	<p style="text-align: center;"><u>Organisation</u></p> <ul style="list-style-type: none"> Breach of statutory duty to breakeven over 3 years. Instigation of NHS Wales Escalation & Intervention Arrangements. Non-delivery of Health Board priorities, required improvements, and achieving longer-term sustainability. Prioritisation and possible disinvestment in service delivery. Reputational damage and loss of public confidence. 			Risk Appetite Threshold – Score 17 and Below Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.																																																																																	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level	<p style="text-align: center;">SRR 001G</p> <table border="1"> <caption>Risk Score Data</caption> <thead> <tr> <th>Month</th> <th>Current Risk Score</th> <th>Target Risk Score</th> <th>Appetite Threshold</th> </tr> </thead> <tbody> <tr><td>Jun-24</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Jul-24</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Aug-24</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Sep-24</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Oct-24</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Nov-24</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Dec-24</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Jan-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Feb-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Mar-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Apr-25</td><td>16</td><td>8</td><td>17</td></tr> <tr><td>May-25</td><td>16</td><td>8</td><td>17</td></tr> <tr><td>Jun-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Jul-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Aug-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Sep-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Oct-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Nov-25</td><td>20</td><td>8</td><td>17</td></tr> <tr><td>Dec-25</td><td>20</td><td>8</td><td>17</td></tr> </tbody> </table>	Month	Current Risk Score	Target Risk Score	Appetite Threshold	Jun-24	20	8	17	Jul-24	20	8	17	Aug-24	20	8	17	Sep-24	20	8	17	Oct-24	20	8	17	Nov-24	20	8	17	Dec-24	20	8	17	Jan-25	20	8	17	Feb-25	20	8	17	Mar-25	20	8	17	Apr-25	16	8	17	May-25	16	8	17	Jun-25	20	8	17	Jul-25	20	8	17	Aug-25	20	8	17	Sep-25	20	8	17	Oct-25	20	8	17	Nov-25	20	8	17	Dec-25	20	8	17
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Monitoring Committee / Group	Finance and Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x																																																																																	
Initial Date of Assessment	June 2023	Impact	4 (Major)	4 (Major)																																																																																	
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Next Review <i>(Monthly based on risk score)</i>	September 2025																																																																																				

<p style="text-align: center;">Current Key Controls</p> <p><i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i></p>	<p style="text-align: center;">Plans to Improve Control</p> <p>What further controls are required to reduce the risk exposure to within a tolerable range? <i>(Short, Medium, and Long-Term Plans need to be included)</i></p>
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<ul style="list-style-type: none"> • IMTP 25/26-27/28 • IMTP Delivery Framework • Sustainability Route Map revision • Accountability Framework • Performance Framework • 3-year route map to sustainable recovery developed and approved by Board July 24. • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Final budget delegation • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Appropriately trained Finance Team (capacity & capability) • Budget holder training & other business training tools • Cost intervention procedures • 25/26 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Executive groups and structures established to deliver statutory duties. • Assessment of financial control environment within divisions and corporate teams. • Financial Escalation Meetings • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established. • Revised accountability arrangements part of Executive governance. • Budget holder financial recovery deep dive meetings, • Enhanced forecasting and planning processes 	<ul style="list-style-type: none"> • Revised V&SB approach for 2025/26 to help drive financial recovery, separating thematic and divisional scrutiny. • Service Redesign disaggregated as a V&SB theme • Review of programme structures to match V&SB thematic areas • Updated Route Map development • Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&B structure.
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Day 5 comprehensive financial performance review – DoF led. • Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance 	None	<ul style="list-style-type: none"> • Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. • Development of detailed 3-year recovery plan.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. • Performance escalation meetings established. • Financial assessment and review report to the Board and Finance & Performance Committee 	<ul style="list-style-type: none"> • Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. • Board Briefing sessions on the financial position. 	None
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> • 2025/26 – 27/28 IMTP plans focussed on ‘living within’ budget levels. • 2025/26 savings plan to be delivered. • Detailed delivery plans will be a constant development over next 3 years. 		

<p>Internal Audit</p> <ul style="list-style-type: none"> Annual Report 2024/25 Financial Sustainability – Reasonable Assurance Sept 2025 2025/26 - Audit Reviews <p>External Audit Reports</p> <ul style="list-style-type: none"> 2024 -25 – Annual Report 2025/26 - Audit Reviews 	<p>Welsh Government</p> <ul style="list-style-type: none"> Financial assessment and review reports to Welsh Government – monthly Enhanced monitoring T.I. meetings with Welsh Government monthly IMTP plan to WG end of March 2025 	<ul style="list-style-type: none"> Recommendations from audits 	<ul style="list-style-type: none"> Implement management actions to complete the recommendations from audit reports
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Assurance Rating (Overall Assessment of controls and assurances) [Guidance](#)

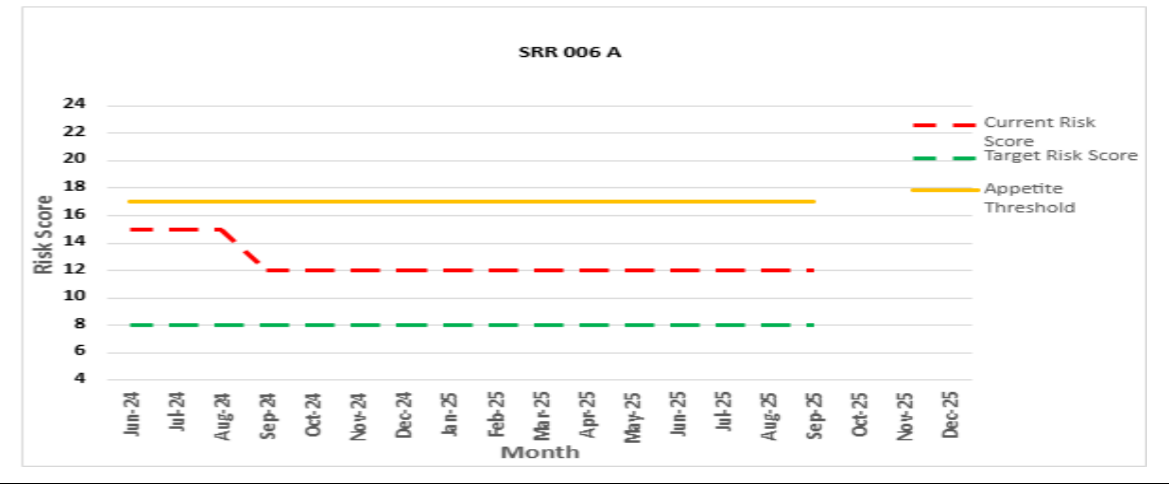
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE
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RISK THEME	COMPLIANCE AND SAFETY				
LINK TO IMTP	SECTION 2: DRIVERS – PERFORMANCE EXPECTATIONS			SECTION 4: ENABLERS – WORKFORCE & CULTURE	
Strategic Risk SRR 001 I	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, sustainable services that meet the needs of the population.				Publication Status Public
Threat (As a result of)	Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.				Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact (Consequences of the threat)	<ul style="list-style-type: none"> Unintended Patient Harm. Negative Public/Patient Experience. 	<ul style="list-style-type: none"> Reduced Staff Morale leading to potential absence from work. 	<ul style="list-style-type: none"> Loss of patient/public trust and confidence. Scrutiny from external organisations. Adverse publicity. Punitive Actions. Financial implications. 	Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
					SUMMARY The current risk level is OUTSIDE of target and the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance and Performance Committee.	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	19 April 2024.	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 October 2025				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> Performance Management and Assurance Framework Executive Accountability letters Divisional Directors Accountability letters Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions in place Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reviewed post End of Year and proposed adjustments awaiting sign off Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at Value and Sustainability Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. External scrutiny via Welsh Government and NHS Executive Capacity to run the performance framework and reporting requirements has been strengthened with the appointment of the Head of Systems Planning and Performance and analytical team who will fully be in place by January 2025 alongside the Business Partnering Support 	<ul style="list-style-type: none"> 6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Appropriate Business Partnering Support and analytical support Realign capacity and/or redefine roles to provide explicit support

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> DMTs in place for all Divisions Divisional oversight arrangements – monthly/fortnightly meetings Divisional plans in place and focussed agendas Cross Divisional meeting monthly – progress the wider system way of working. 	<ul style="list-style-type: none"> System Leadership Team for awareness and updates 12-month Performance Management Framework review in the Autumn 	<ul style="list-style-type: none"> Outcome if the review will determine if further action is required 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Established reporting to the Executive Committee Established reporting to the Finance and Performance and Patient, Quality and Safety Committee Established reporting to the Board Routine reporting through the IQPD process 	None	N/A	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan Directorate Review - Mental Health and Learning Disabilities (Q2) Divisional Governance Arrangements (Q2) HIW Inspections Llais for feedback 	<ul style="list-style-type: none"> Internal Audit 2024/25 Plan Findings and recommendations from the Divisional Governance Arrangements (Q2) Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2) 	<ul style="list-style-type: none"> Implementation of the management responses set out in the final Internal Audit Reports 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY			
Strategic Risk SRR 006 A	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status Public
Threat <i>(As a result of)</i>	Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact <i>(Consequences of the threat)</i>	<p>Patient</p> <ul style="list-style-type: none"> Unintended harm or Injury to Patients. 	<p>Staff</p> <ul style="list-style-type: none"> Unintended harm or injury to staff 	<p>Organisation</p> <ul style="list-style-type: none"> Data Breaches Litigation and Financial Penalties. Reputational damage and loss of public confidence. 	<p>Risk Appetite Threshold – Score 17 and Below</p> <p>Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Digital	<u>Risk Exposure</u>	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review <i>(Quarterly based on risk score)</i>	01 October 2025			



<p>Current Key Controls</p> <p><i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i></p>	<p>Plans to Improve Control</p> <p><i>What further controls are required to reduce the risk exposure to within a tolerable range?</i></p> <p><i>(Short, Medium, and Long-Term Plans need to be included)</i></p>
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<ul style="list-style-type: none"> Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jan 2024. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually. Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. Governance group terms of reference agreed. Meetings started in November 2023. Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff Scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report. Working with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report. Implement the recommendations from Templar report: Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. Battle tested OUR cyber incident response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan. Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. · Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed is to failover in a seamless fashion from one DC to the other with no service impact. · Maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. · Begun the roll out simulated phishing campaigns. The initial phishing has been tested on the ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff. ·Introduced scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023. 	<ul style="list-style-type: none"> Cyber Resilience Audit (CRU) undertaken in June 2025 showed an overall improvement is assessment. Some key recommendations have been identified which will be progressed and monitored via regular meetings with CRU and reported to Information Governance Group. Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. Updated audit from Cyber Resilience Unit to be undertake in Q2 2025. Internal Audit review on Shadow IT scheduled for 2025/2026. Improvements in mandatory training compliance for Information Governance and Cyber Security. Health Board involvement in national cyber response exercise in September 2025.
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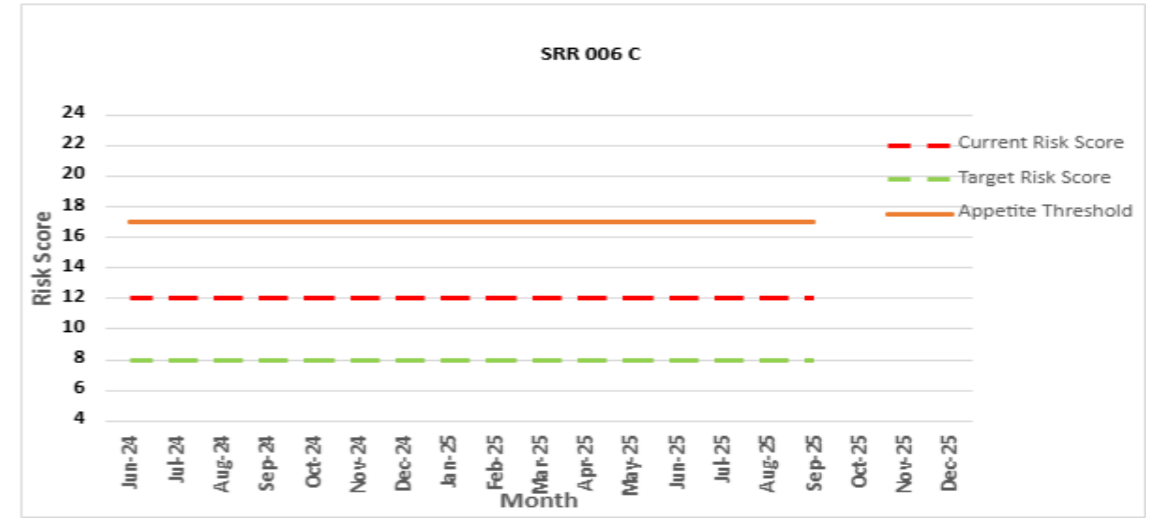
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Single directorate risk registers now in place. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Regular reporting on progress to the Finance & Performance Committee on the cyber security action plan. Annual Senior Information Risk Owner report. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. Internal Audit 2024/25 Oversight from NHS Wales Cyber Resilience Unit. 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> N/A
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance		
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
REASONABLE		

RISK THEME	SERVICE DELIVERY				
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY				
Strategic Risk SRR 006 B	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Threat (As a result of)	Due to an adverse impact on service delivery in the implementation of new digital systems.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact (Consequences of the threat)	Patient <ul style="list-style-type: none"> Unintended harm or Injury to Patients. Adverse impacts on delivery of care to patients across acute and non-acute settings. 	Staff <ul style="list-style-type: none"> Unintended harm or injury to staff 	Organisation <ul style="list-style-type: none"> Data Breaches Litigation and Financial Penalties. Reputational damage and loss of public confidence. 	Risk Appetite Threshold – Score 17 and Below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
					SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	4 (Major) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 September 2025	Risk rating	= 16 (Extreme)	= 6 (Moderate)	
Next Review (Monthly based on risk score)	01 October 2025				

Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services. Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services. Business change team in place to support services in improvement of clinical and administrative processes. Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. Projects support backfilling of clinical time where required. Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects. Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. Aggregated view of digital Lessons Learned available, and lessons are reviewed during project initiation for best chance of success. Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Group which will report to the Finance & Performance Committee. Terms of reference developed, and meeting will be put in place during Q2 2025. Digital benefits Board development session planned for 2025. Digital transformation development programme to be provided to the Board in 2025/2026. Welsh Government strengthening national governance with the introduction of a DDaT Leadership Board and supporting groups. Regular reporting now in place to Chief Executive Management Team and Welsh Government DDaT Leadership Board due to concerns over timescales and deliverability to LIMS and RISP. Local project tolerance levels changed to zero for both RISP and LIMS to ensure immediate escalation processes are enacted for risks or issues impacting delivery / timelines.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>		Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> ○ Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG) ○ Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. ○ Risk management approach and escalation processes in place in line with the Health Board's Risk Framework 		<ul style="list-style-type: none"> • Escalation of risks and issues done on an Ad hoc basis to Director of Digital and Executive Committee in the absence of DDaT Sub-committee. 	<ul style="list-style-type: none"> • Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee • Welsh Government implementing stronger national governance for national project and programmes
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> • Regular Reporting to the Finance & Performance Committee 		<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Not Applicable
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit 2023/24 <ul style="list-style-type: none"> • Benefits Management review – Outcome Substantial Assurance • Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance 	Internal Audit 2024/25 <ul style="list-style-type: none"> • Implementation of the Welsh Intensive Care System – future of programme to be decided 	<ul style="list-style-type: none"> • Recommendations identified through audit work 	<ul style="list-style-type: none"> • Recommendations identified through audit work
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

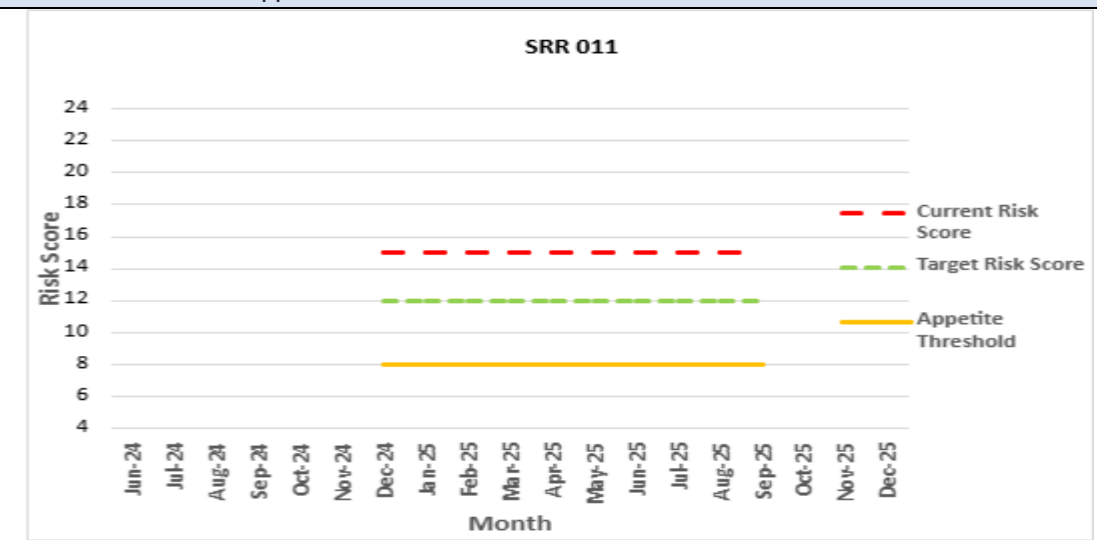
RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – DIGITAL, DATA & TECHNOLOGY			
Strategic Risk SRR 006 C	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status Public
Threat (As a result of)	Due to failure to develop digital solutions that are sustainable and fir for the future.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact (Consequences of the threat)	Patient <ul style="list-style-type: none"> Unintended harm or injury to patients. Adverse impacts on delivery of care to patients across acute and non-acute settings 	Staff <ul style="list-style-type: none"> Unintended harm or injury to staff. 	Organisation <ul style="list-style-type: none"> Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 	Risk Appetite Threshold – Score 17 and Below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
	SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.			
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)
Last Reviewed	01 July 2025	Risk rating	= 12 (High)	= 8 (Moderate)
Next Review (Quarterly based on risk score)	01 October 2025			



Current Key Controls (What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)
<ul style="list-style-type: none"> New Digital Service Request process in place which provides governance in several key areas: Automation of request process via 'Seren' the ICT Portal Information Governance – ensuring new services have appropriate controls to keep patient information safe. Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. Patient Safety – ensuring services do not introduce any patient safety risks. Records – ensuring new systems comply with the requirements of records management. Strong business analysis function in operation which ensures the “as-is” and “to-be” process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require. Business change function which ensures implemented systems are effective and deliver the benefits required. Formal framework in place for the adoption of new digital services and best practice guidance followed. Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process New Digital Request processes include fortnightly senior leadership scrutiny of requests, New prioritisation framework & tool Monthly/quarterly Operational delivery aligned to ITIL standards Annual operational plan completed and aligned with IMTP Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH & LD, CSS, Division of Surgery & PCCS in place Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints. 	<ul style="list-style-type: none"> Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities to be arranged for Division of Medicine, Portfolio optimisation to ensure the resources of the service are aligned to key priorities New Digital Request quarterly reporting to DDAT Group New governance structures to be put in place further to directorate restructuring Development of product management approach to delivery of core software applications and extending use of agile processes to ICT Development of digital strategies including Digital Transformation Strategy linked to ABUHB 2035 – the new Health Board 10 year strategy and associated component strategies and plans including Electronic Health & Care Record and Infrastructure strategy.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Quarterly reporting to DDAT Group 	<ul style="list-style-type: none"> If the NDSR process delivers anticipated improvements The outcome of the EDRMS audit 	<ul style="list-style-type: none"> Monitor the performance of the NDSR process Audit into the effectiveness and appropriateness of the electronic document and records management solution (EDRMS) in use for the management of digital health records and the provision of scanning services. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Not Applicable 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> LINC Programme– Outcome Reasonable assurance Network Infrastructure (VPN) - Outcome Reasonable assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> Electronic document and records management solution - planned for Q4 	<ul style="list-style-type: none"> Recommendations identified through audit work 	<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	REASONABLE

RISK THEME	SERVICE DELIVERY			
LINK TO IMTP	SECTION 4: ENABLER – GREEN HEALTH			
Strategic Risk SRR 011	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030) <i>This is common to all Health Bodies across the country.</i>			Publication Status Public
Threat <i>(As a result of)</i>	Due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected. <i>(The effect of a failure to meet this target is on the wider environment.)</i>			Risk Appetite Level – OPEN: Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure
Impact <i>(Consequences of the threat)</i>	<p style="text-align: center;">Organisation</p> <ul style="list-style-type: none"> Failure to meet the target set on Welsh Health bodies for reducing carbon output Non-delivery of health board priority in this regard, required improvements, and achieving longer-term sustainability for the Health Board and nationally. Reputational damage and loss of public confidence. Opportunity cost of reduced energy costs 			<p>Risk Appetite Threshold – SCORE 17 AND BELOW.</p> <p>Risk driven by the likelihood of the HB missing this target with some cause for optimism regarding making some progress towards reducing carbon emissions in some areas such as ReFit and changes in clinical practice. The impact locally is relatively small.</p> <p>SUMMARY</p> <p>The current risk level is OUTSIDE of target level and WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level
Monitoring Committee / Group	Finance and Performance Committee	Likelihood	5 (Almost Certain) x	4 (Likely) x
Initial Date of Assessment	30 October 2024	Impact	3 (Moderate)	3 (Moderate)
Last Reviewed	01 July 2025	Risk rating	= 15 (Extreme)	= 12 (Moderate)
Next Review <i>(Monthly based on risk score)</i>	01 August 2025			



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Quarterly review of projects and workstreams at the Decarbonisation Programme Board The project structure has 5 key workstreams each with a Health Board Lead covering clinical, communications, resources, waste and facilities and estates Regular reporting of financial data available Significant work already with the ReFit programme and Investment Grade Proposal (IGP) which aims to secure funding for projects of £7.4m, to reduce carbon emissions by 995 tonnes Co2 with a 10-year payback on investment. Refreshed Decarbonisation Action Plans for 2024-25. The DAPs are integrated with other sustainability plans and were approved at the Decarbonisation Project Board in July 24. Annual net zero return submitted to Welsh Government Regular reporting of success stories in this area communicated across the Health Board (e.g., “Gloves R off”) Decarbonisation Action Plans reported annually Executive lead and publicised on the green health website SUS Qi training Met office training Carbon literacy training HEIW 4 modules on carbon reduction and net zero ESR Spread & Scale academy training sessions 	<ul style="list-style-type: none"> Project structure regularly reviewed should action be needed. Controls will be implemented further as part of the ReFit programme when it progresses following approval of the Investment Grade Proposal.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Regular meetings of the subgroups to discuss position, monitor and new ideas Bi-annual ISO14001 audit to be undertaken in October 2024. Estates operational meetings	<ul style="list-style-type: none"> Detailed level metrics and measures are limited due to data capture equipment. 	<ul style="list-style-type: none"> All opportunities for funding will be optimised Training opportunities will be maximised. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Six monthly updates to the Board Executive Committee (Clinical Futures Board) updates – Quarterly Six monthly updates to the Finance & Performance Committee Decarbonisation Programme Board – Quarterly reporting	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> The annual reporting to Welsh Government via the net zero return is the main source of information for carbon output by the Health Board. However, it provides a relatively simplistic picture of output of total tonnes per carbon and so its value is limited. Funding is the greatest limitation on achieving targets. All opportunities for funding will be optimised Training opportunities will be maximised. 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Report in July 24. <ul style="list-style-type: none"> Received “limited assurance” but not because of controls – the issues were largely around funding limitations. External Audit Reports 2023 -24 Periodic reports from Audit Wales – considered by the Audit and Risk Assurance committee	<ul style="list-style-type: none"> Funding for a comprehensive ABUHB decarbonisation strategy is not available. 	<ul style="list-style-type: none"> As above - REFIT invest to Save capital opportunities being progressed. 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i> Guidance			
Negative – Insufficient evidence that the controls	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	NEGATIVE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Management and Escalation Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	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 current internal and external escalation status of the Health Board and the review of the Performance Management Framework.

Specifically, the Committee are asked to:

- **Note** the update to the Health Board's national and local escalation status
- **Note** the update on the Performance Management Framework Review

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with the Performance and Accountability Framework, End of Year reviews (EOY) took place between June – July for all Operational Divisions and June and September for Corporate Departments. Reviews for the Operational Divisions have been completed and the escalations levels communicated; Corporate Department meetings have now concluded.

The purpose of this report is to update on the status of each Division, and escalation levels as of September 2025, provide an update on national escalation status and the status review of the Performance Management Framework.

Cefndir / Background

Current escalation levels

Local Arrangements

In line with the Performance and Accountability Framework (PMF), End of Year Reviews (EOY) for Operational Divisions took place between May – July and the outcomes have been communicated to all Divisions. The Committee were updated on the changes agreed at this time in the July meeting of the Committee.

The extant escalation levels priority are as follows:

Table 1 – Extant Escalation levels

Jul-25	ESCALATION DOMAIN		
OPERATIONAL DIVISION	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

Consideration of financial status and full year forecast as at month 3 alongside the extant trigger (namely > £500k deficit) meant that the following divisions were put into or remained 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

Following the escalation status, the meetings were scheduled as per below:

Schedule of meetings

Date	Area	Status
Special Budget Meeting		
1st September 2025	Primary Care	Complete
1st September 2025	CSS	Complete
4th September 2025	Families and Therapies	Complete
4th September 2025	Surgery	Complete
8th September 2025	Mental Health and LD	Complete

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

National Escalation Status

On 15 July correspondence was received confirming that the Health Board was de-escalated for Strategy and Planning from level 4 (Targeted Intervention) to Level 3 (Enhanced Monitoring). Progress had 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](#)

A draft communication has been received proposing new de-escalation criteria for a return to level 1 for Strategy and Finance and suggesting some slight changes to the Enhanced Monitoring for ED criteria. An internal review and discussion with Welsh Government is planned to take place to enable these to be finalised.

Update to the Performance Management Framework 2025

A review commenced in December 2024 to evaluate the implementation actions, gather feedback and wider opinion about the effectiveness of the current Framework in achieving its aims to monitor and improve organisational performance. The refresh of the PMF is intended to build on the progress outlined above and to assess understanding, alignment, escalation appropriateness, and culture of continuous improvement through a two-part review involving desktop evidence analysis and direct feedback via surveys, internal audit, and facilitated sessions.

Assessment

Update on 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.

Local Arrangements

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 e.g. HIW or HSE reports
- Mth3 (quarter1) financial position
- National escalations and/or concerns

Based on these considerations the escalation levels have not changed since July apart from an additional finance meeting for Estates and Facilities.

Urgent Care

The Health Board remains in Enhanced Monitoring at a national level for ED at GUH. Q1 saw continued challenges around delivery of compliance against the de-escalation criteria and key measures for Ambulance handovers, and 12 hour waits.

The Health Board's 'Your Next Patient' initiative went live on Tuesday 9th September 2025 with a protocol, introduced to improve patient safety. The key aim is to ensure patients arriving by ambulance are handed over to hospital care within 15 minutes, and never longer than 45 minutes, alongside getting patients to the place they need care as soon as possible.

The initiative is being Executive led with regular huddles, and strong teamwork across departments. Assessment areas, Wards, Porters and the Transfer Lounge have supported achieved significant improvements in patient flow.

The next areas of focus include:

- speeding up radiology turnaround times;
- supporting safe and timely discharges;
- reinforcing bed allocation protocols;
- reviewing social admissions to avoid unnecessary stays; and
- using the transfer lounge and assessment spaces effectively to ease congestion

Mental Health

Mental Health and LD were de-escalated in July for Operational Delivery to enhanced monitoring due to the sustained improvements as evidence in the performance report.

The Division remain in escalation for Quality and Patient Safety. The Division continues to strengthen its Quality and Patient Safety processes through a series of targeted initiatives.

These include:

- Senior daily touchpoint meeting, which provides a systematic review of all incidents from the previous 24 hours, ensuring actions are completed, learning is captured, and escalation occurs promptly when necessary.
- Reintroduction of daily safety briefings, aligned with the touchpoint process, ensures wards are 'safe to start' and highlights areas requiring additional support.
- Patient Safety Incident review process has been further strengthened by involving key clinicians, enabling more meaningful review and stronger accountability.
- The Division is actively working on improving the use of the AMaT system, with continued efforts to embed it into daily practice and achieving accreditation. In parallel, training compliance has been prioritised, with the migration of learning records to ESR providing improved oversight, opportunity to offer targeted interventions, and stronger performance management.
- A professional standards and improvement programme is in place, including a review of the Therapeutic Observation and Engagement Policy, with focused learning and awareness events scheduled around the revised policy, due for completion by mid-October.
- Increased its focus on safeguarding, working to improve awareness and ensure practice aligns with corporate safeguarding requirement, and continuing to build compliance with Level 3 training and strengthening engagement with safeguarding supervision.

In response to the HSE contraventions notice, immediate actions were taken to ensure safety and security, including a divisional audit of personal alarms, which now feature in daily safety briefings. Meetings are ongoing to address the required actions, with a follow-up visit from HSE scheduled for 29th September and a formal response to the contraventions notice due by 30th September.

The improvements in Mental Health continue to be overseen and tracked via the monthly Divisional Assurance Reviews.

Performance Management Framework Update

The comprehensive review of the Performance Management and Accountability Framework (2023) commissioned to ensure alignment with national and ABUHB priorities recognising during the period the organisation had commissioned a review of its 10-year strategy and the changes in escalation status. The review has evaluated the framework's effectiveness in promoting accountability since implementation, improving performance, and supporting safe, effective service delivery. It was recognised the PMF would require review and iteration, as supporting components were developed and learning through application.

The 2025 PMF was developed with engagement from the Board, Executive team, and the Cross Divisional leadership group.

The PMF is going to the Board on 24 September for approval. Implementation of the changes will commence in January after engagement at cross divisional in November.

Argymhelliad / Recommendation

The Committee are asked to:

- **Note** the update to the Health Board's national and local escalation status
- **Note** the update in the Performance Management Framework Review

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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: Further Information:	
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:	
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	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:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk

**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/>

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Report – September 2025/26
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	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 AssuranceEr 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 Q1 or later. The full Performance Report details performance against the Ministerial Delivery Expectations and IMTP measures, across the five system change priorities. The Q1 performance update against the Enabling Actions is also included as an Appendix.

The Committee is asked to:

- **NOTE** the performance of the Health Board, as of the latest reporting periods.

Cefndir / Background

This report focusses on specific performance against the organisation's key priorities in line with the Health Board's IMTP, the National Performance Framework, and Cabinet Secretary priorities (including Enabling Actions).

Asesiad / Assessment

This report is structured across sections as follows:

Performance Summary

- Section 1: Cabinet Secretary Priorities
- Section 2: Our Performance & System Change Delivery, which include the System Change Priorities:
 - 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 & 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
- Appendix 1: Enabling Actions

This Performance Report reflects performance against the metrics and trajectories committed to as part of the 2025/26 IMTP.

Ministerial Delivery Expectations

Aneurin Bevan University Health Board made strong progress against the Ministerial Delivery Expectations, particularly in areas of mental health access, community capacity, and population health. All nine mental health measures met or exceeded their targets, with Adult and Child and Adolescent Mental Health Services (CAMHS) services consistently achieving over 80% compliance for assessments and interventions. Diabetes care also improved, with 43.9% of patients receiving all eight NICE-recommended processes, meeting the Q1 trajectory. Community pharmacy services saw significant uptake, with over 11,000 consultations via Pharmacy Independent Prescribers (PIPs), well ahead of trajectory. Enhanced Community Care capacity also exceeded expectations, and delayed discharges were reduced to below target levels.

However, challenges remain in timely access to care, where several key measures fell short. Ambulance handovers over one hour, 12-hour emergency waits, diagnostic breaches, and cancer pathway compliance all missed their respective targets. COVID-19 Spring booster uptake reached 56.45%, outperforming the Welsh average but still below the 75% goal. Weekend nursing capacity also lagged behind expectations. Despite these pressures, the Health Board continues to embed system-wide improvements, including the rollout of the "Your Next Patient" model, Optimal Hospital Flow Framework and targeted interventions in urgent and emergency care, diabetes, and outpatient transformation.

Embedding Prevention and Population Health

Performance across key public health measures shows a mixed but generally positive picture, with several areas exceeding trajectory despite falling short of national targets. Uptake of the COVID-19 spring booster reached 56.45%, outperforming the all-Wales average but remaining below the 75% target. Childhood immunisation rates by age five stood at 86.5% in Q4 2024/25, meeting internal trajectory but still below the 95% national ambition. To address this, the Health Board is developing a Gwent-wide immunisation dashboard and exploring behavioural interventions to improve uptake ahead of winter.

Smoking cessation efforts show encouraging progress. While the proportion of adult smokers making a quit attempt (4.2%) was slightly below the Q1 target (5%), the rate of CO-validated quits at four weeks (22.3%) exceeded trajectory. A comprehensive improvement programme is underway, including the alignment of behaviour change practitioners to localities, a smoke-free hospital strategy, and the formation of the Gwent Nicotine Control Alliance to tackle underage and illicit tobacco use.

Performance in other preventative areas is also progressing. HPV vaccination uptake (66.1%) remains below the 90% target, but targeted school-level action plans are in place. New-born hearing screening performance remains strong at 91.6%, exceeding the national standard. The Healthy Child Wales programme continues to deliver well, with 6-week physical examinations at 92.6% and 8-week weight and measurement checks improving to 84.8%, both ahead of trajectory.

Finally, the percentage of patients with diabetes receiving all eight NICE-recommended care processes improved to 43.9% in August, meeting the Q1 trajectory. This is part of a broader Value Based Healthcare initiative focused on prevention, with targeted interventions underway in Newport to support patients identified as pre-diabetic.

Primary and Community Services

Performance across primary and community services continues to show strong delivery against key measures, with several areas exceeding Q1 trajectories. The number of patients accessing Pharmacy Independent Prescribers (PIPs) reached 11,134 by July, significantly ahead of the Q1 trajectory of 4,820. Similarly, consultations under the Common Ailment Scheme (CAS) totalled 30,978, well above the planned trajectory. These figures reflect the growing role of community pharmacy in supporting minor conditions and contraception services, with 100% of practices now delivering CAS and high uptake across its component services.

Optometry services also performed well, with 110,383 patients accessing care by August, exceeding Q1 target. The Eye Health Needs Assessment has informed the development of an Integrated Eye Care Plan, supported by digital innovations. Dental urgent care contacts, while initially behind trajectory due to seasonal and contractual factors, showed improvement in July, narrowing the deficit.

Weekend community nursing and specialist palliative care capacity remains a challenge, although August saw a notable increase in activity, helping to close the gap against the ministerial expectation. Funding has been secured to support

workforce development in this area. Enhanced Community Care (ECC) referrals continue to exceed trajectory, with consistent delivery across boroughs and services such as Rapid Response and Emergency Care at Home contributing to admission avoidance and expedited discharge.

Palliative care referral assessments within two days were slightly below the 95% target in January (94%), with data validation underway following system changes. GP referrals to Rapid Response services remain stable, though hospital-originated referrals have increased. Development of a Navigation Hub is underway to improve GP access and streamline referral pathways.

Urgent and Emergency Care

Performance across the Urgent and Emergency Care system remains mixed, with some areas showing improvement while others continue to face significant challenges. Ambulance handovers over one hour rose to 816 in August, well above the trajectory of 625 and far from the national target of zero. However, the introduction of the national 45-minute handover taskforce and the rollout of a continuous flow model are expected to drive improvements in patient movement and system efficiency.

Despite pressures, there are signs of progress. Crew hours lost at GUH ED decreased to their lowest level in four years in July, and although August saw a rise, average handover times remained improved. The percentage of patients spending over 12 hours in emergency care facilities remains high (1,215 in August), but July performance was the best since May 2021. Similarly, 4-hour ED compliance peaked in July and, while slightly lower in August, remained above trajectory.

Other metrics show positive trends. Triage waits over 60 minutes have continued to decline, and urgent primary care contacts are ahead of forecast. However, median time to assessment by a clinical decision maker remains high at 128 minutes, against a target of under 60 minutes. Stroke pathway performance is variable, with thrombectomy rates and therapy assessments exceeding trajectory, but direct admission to stroke wards within 4 hours remaining significantly below target.

Delayed transfers of care continue to improve. The number of patients in hospital over 21 days reduced to 367 in July, below the Q1 trajectory, and the number of delayed pathways of care dropped to 160 in August. Total days delayed also fell to 4,850, well below the Q1 forecast of 7,290. These improvements are attributed to weekly scrutiny panels, the rollout of the Optimal Hospital Flow Framework, and targeted efforts to reduce assessment-related delays.

Cancer and Planned Care

Performance in cancer services remains stable but below national targets. Compliance with the Single Cancer Pathway (SCP) 62-day standard was 63.5% in July, below the Q1 trajectory of 67% and the national target of 80%. Despite this, performance has been consistent in the face of rising demand, with SCP referrals increasing by nearly 20% since April. The 62-day backlog rose to 326 patients, and the 104-day backlog to 111, both above trajectory. However, the rate of diagnosis or discharge within 28 days remains strong at 92.6%, well above the Q1 target of 75%, indicating resilience in early-stage pathway management.

Planned care metrics show encouraging progress. The number of patients waiting over 104 weeks dropped to 820 in August, significantly below the trajectory of 1,610. Similarly, 52-week outpatient waits reached 15,284, under the forecast of 17,662. These improvements are attributed to non-recurrent funding, backfill activity, and the commencement of national insourcing work. The outpatient follow-up waiting list also saw a reduction, with 30,689 patients waiting beyond 100% of their target date, below trajectory. The rate of See On Symptom and Patient Initiated Follow-Ups (SOS/PIFU) increased to 13.9%, exceeding the Q1 target of 11%.

Diagnostic performance remains a concern, with 2,116 patients waiting over 8 weeks in August, double the Q1 trajectory. Staffing issues, particularly in ultrasound, have contributed to this, though mitigation plans are in place. Therapeutic assessment breaches were reduced to 169 in August, meeting trajectory after a spike in July due to increased referrals from orthopaedics. Audiology pathways for both adults and children remain below forecasted growth, suggesting manageable demand. Theatre utilisation metrics are mixed: session utilisation met the national target of 85%, but late starts (39.1%) and early finishes (47.6%) remain above national target thresholds. The "Golden Patient" initiative has shown early success in improving efficiency.

Day surgery rates have improved significantly, reaching 82.9% in Q1, exceeding the national ambition of 80%. This reflects the impact of targeted improvement work and benchmarking against BADS guidance. Overall, while challenges remain in diagnostics and cancer backlog management, planned care performance is tracking positively against IMTP trajectories, supported by operational efficiencies and targeted interventions.

Mental Health

Mental health services continue to demonstrate strong performance across key measures, with consistent delivery above national standards. Adult mental health assessments (Part 1a) and interventions (Part 1b) both exceeded the 80% national target in July, achieving 92.4% and 88.2% respectively. This reflects a period of stability in referrals and appointments, suggesting a better balance between demand and capacity. Part 2 compliance also improved to 85.2%, supported by targeted engagement with local teams and partners.

Psychological therapy access within 26 weeks rose to 55.3% in July, surpassing the Q1 trajectory of 48%. This marks a significant improvement following a prolonged period of static performance. The Division has focused on validating waiting lists, streamlining booking processes, and developing pathways to improve flow and outcomes.

Child and Adolescent Mental Health Services (CAMHS) are performing well. Part 1a assessments reached 100% compliance in July, recovering from a dip at the end of 2024/25, while Part 1b interventions met the national standard for the eighth consecutive month. CAMHS Part 2 compliance also improved to 97.1%, exceeding trajectory. Neurodevelopmental services, now integrated into the new Neurodiversity Early Support Hub (NESH), achieved 74.5% compliance in July, meeting the Q1 target of 70%. This reflects successful backlog clearance and system transition.

Specialist CAMHS Choice Assessments continue to perform strongly, with July compliance at 98.4% and a median performance of 95% since early 2024/25.

Enabling Actions

The Health Board continues to make strong progress against the Enabling Actions set out in the NHS Wales Planning Framework, with a clear focus on operational productivity, workforce efficiency, and value optimisation. Across Urgent and Emergency Care (UEC), several key initiatives have been fully adopted, including the Optimal Hospital Flow Framework, acute frailty models, and the 50-day challenge. These are supported by governance structures and dedicated champions, with measurable improvements in flow and discharge processes. Remote clinical assessment services and ambulance handover guidance are progressing, with infrastructure and staffing enhancements underway.

In planned care, outpatient transformation is being driven by the implementation of Clinical Implementation Network (CIN) protocols, including SOS and PIFU pathways. While some areas await national guidance, local adoption is advancing, particularly in Urology, Dermatology, and ENT. Theatre efficiency measures—such as reducing late starts and early finishes—are being actively monitored through the Theatres Utilisation Group, with early success from initiatives like the “Golden Patient” model. Day surgery rates have improved significantly, and validation processes are embedded to ensure data accuracy across waiting lists.

Value for money initiatives are well embedded. The Health Board is achieving high compliance in biosimilar and generic medicines use, with significant reductions in low-value prescribing. Non-pay efficiencies are being realised through product rationalisation and procurement alignment. CHC and estates workstreams are actively reviewing packages of care and site utilisation, with strategic plans in development for rationalisation and repurposing.

Finally, digital transformation is progressing, with successful implementation of the maternity system and ongoing rollout of e-prescribing and the NHS Wales App. The Health Board is actively engaged in national programmes to support cyber resilience and evidence-based interventions (INNU), with local data reviews and pathway optimisation underway. Referral management is advancing through the Health Pathways programme, with 123 pathways live and further expansion planned.

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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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: Further Information:	
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

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

Resource Assessment:	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:
<ul style="list-style-type: none"> • Workforce 	Not Applicable
<ul style="list-style-type: none"> • Service Activity & Performance 	Not Applicable
<ul style="list-style-type: none"> • Financial 	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirementsNo does not meet requirements</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 ABB.EDI@wales.nhs.uk</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/	Not ApplicableNot Applicable Choose an item.

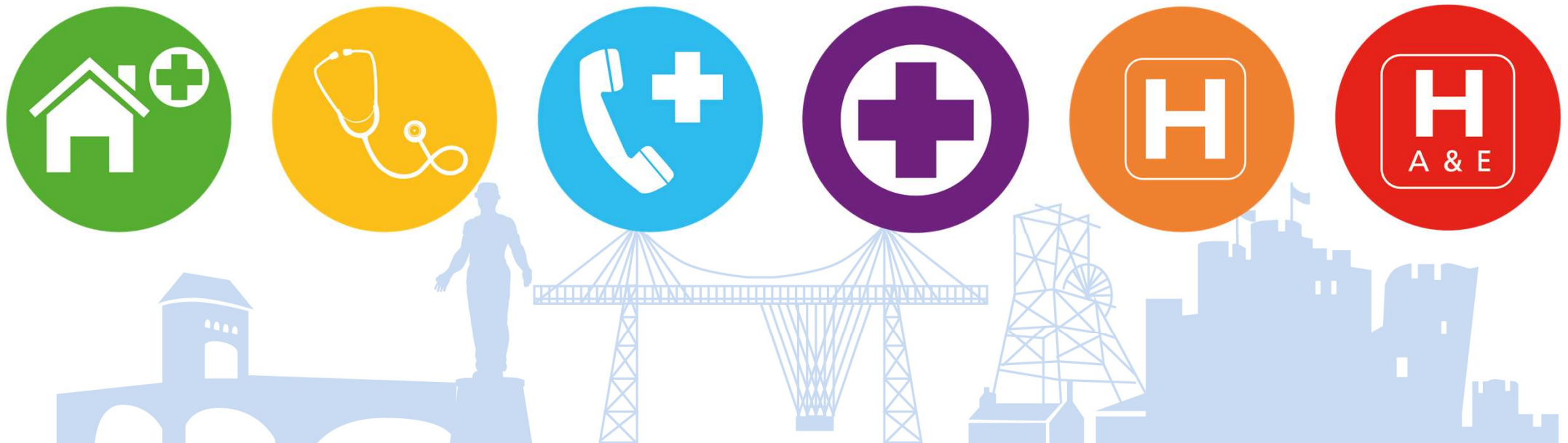


GIG
CYMRU
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WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Finance & Performance Committee

Performance Report September 2025/2026





Performance Summary

Section 1: Ministerial Delivery Expectations

The Cabinet Secretary for Health and Social Services has set out eighteen delivery expectations under five themes;

- Timely Access to Care
- Population Health & Prevention
- Building Community Capacity
- Mental Health Access (Adult and CAMHS)
- Women's Health

In the Integrated Medium-Term Plan 2025-28 the Health Board set performance expectations against all eighteen measures, agreeing to meet the national standard in all areas except Timely Access to Care.

Section 2: Our Performance & System Change Delivery

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.

Appendix 1: Enabling Actions

As part of the 2025/26 NHS Wales Planning Framework, the Welsh Government set out a number of Enabling Actions (focusing on productivity and efficiency) which NHS Wales Organisations need to adopt or justify. Delivery against these are tracked as part of our performance report, with the Q1 update provided as an appendix at to this report.



What went well?

- All 9 of the performances measures within the Mental Health system change theme are meeting their IMTP trajectories, with noteworthy improvement in performance in Psychological Therapies.
- The volume of Pathway of Care Delays and the days attributable to the delays continue to trend downwards through the first part of the year.
- The ministerial delivery expectation for increasing the percentage of patients with diabetes who received all eight NICE recommended care processes increased in July to meet the Q1 IMTP trajectory.
- In planned care, the RTT 104 week all stage and 52 week new outpatient breach volumes are below their respective IMTP trajectories.
- Accepted referrals for Enhanced Community Care (ECC) are delivering ahead of trajectory, with increased referrals from front door and back door hospital services to Rapid Response having increased over the past 12 months, supporting admission avoidance and expedited discharge.

What were the challenges?

- Whilst there have been some better performing months in the first part of the year with regard to key Urgent and Emergency Care measures, sustaining improvement remains a challenge.
- Single Cancer Pathway compliance is below Q1 trajectory, however there has been a notable increase in referrals and performance has been broadly sustained through the first part of 25/26.
- Diagnostic 8 week waits have been above the expected position through the year to date, driven in part by staffing issues within specific modalities.
- It remains a challenge to increase weekend Community Nursing contacts to the level required for the ministerial delivery expectation.

What actions are we taking to improve?

- Adoption of the 45 mins ambulance handover taskforce from September will speed up patients getting to the right place within the UEC system and be the key driver in generating a continuous flow model for the benefit of our patients and staff.
- Continue to embed the Optimal Hospital Flow Framework across all sites, with current focus at Royal Gwent Hospital and Community sites.
- Hypertension case finding service is up and running across Gwent; over 1,100 blood pressure checks have been completed and over 80 patients identified as hypersensitive.
- A new process has been agreed with Borough teams to ensure timely flu vaccination of housebound patients.
- All Crisis services have been scoped to develop a Single Point of Access and our 111 press 2 Mental Health Service.

What are our risks to delivery?

- The 26 week outpatient programme could place further strain on the 8 week diagnostic position if there is no additionality to support the onward pathway for those patients who require it.
- As Winter approaches there will be the exacerbated pressures placed on all parts of the health and social care system across Gwent.
- Following the substantial improvement delivered in CYP Neurodevelopment RTT performance, there is a risk that the service will not be able to achieve the national standard of 80% whilst also trying to keep all waits under 52 weeks.
- Financial pressures, with risks including drug costs, winter pressures, variable pay growth, and unfunded service expansions. Additional pressures not yet included in forecasts may further impact financial sustainability, requiring ongoing monitoring and strategic adjustments.



Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Population Health & Prevention	Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	47% Mar-26	Yes	43.9% Aug-25 (Q1 Trajectory: 44%)
	Achievement of vaccinations targets in the performance framework	Yes Mar-26	Yes	First reported Q2
Building Community Capacity	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	160 Mar-26	Yes	160 Aug-25 (Q1 Trajectory: 190)
	100% of GP practices achieving all National Access Standards for In hours GMS	100% Mar-26	Yes	Reported Q4
	Increase in number of people accessing PIPs for acute minor conditions and routine contraception services where the patient reports they would have otherwise visited their GP	24,065 Mar-26	Yes	11,134 Jul-25 (Q1 Trajectory: 4,820)
	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 and greater where possible	128,347 Mar-26	Yes	36,659 Aug-25 (Q1 Trajectory: 31,217)
	Increase in capacity of Enhanced Community Care to at least the required levels previously set for 2024/25 and greater where possible	5,277 Mar-26	Yes	2,106 Jul-25 (Q1 Trajectory: 1,245)
Women's Health	Establishment of one Women's Health Hub in each health board area by March 2026	Yes Mar-26	Yes	Reported Q4



Ministerial Delivery Expectations

Theme	Delivery Expectation	ABUHB commitment	Meet National Standard	In month performance against trajectory
Timely Access to Care	Reduce the number of ambulance patient handovers over 1 hour –national target - zero	500 Mar-26	No	816 Aug-25 (Aug Trajectory: 625)
	Reduce the number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, <u>building towards the national target of zero</u>	750 Mar-26	No	1,214 Aug-25 (Aug Trajectory: 881)
	No patients waiting more than 104 weeks for referral to treatment.	3,291 Mar-26	No	820 Aug-25 (Jul Trajectory: 1,610)
	12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion building toward a national target of 80% by 31 March 2026.	70% Mar-26	No	63.5% Jul-25 (Q1 Trajectory: 67%)
	No patients waiting more than 8 weeks for a specified diagnostic	1,077 Mar-26	No	2,116 Aug-25 (Q1 Trajectory: 1,077)
Mental Health Access (Adult and CAMHS)	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Over 18s	80% Mar-26	Yes	92.4% Jul-25 (Q1 Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Over 18s	80% Mar-26	Yes	88.2% Jul-25 (Q1 Trajectory: 80%)
	80% of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral – Under 18s	80% Mar-26	Yes	100% Jul-25 (Q1 Trajectory: 80%)
	80% of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS – Under 18s	80% Mar-26	Yes	81.0% Jul-25 (Q1 Trajectory: 80%)

Section 1 Ministerial Delivery Expectations

Progress Against our Integrated Medium-Term Plan





Embedding Prevention and Population Health in all that we do

Measure: % uptake of the COVID-19 vaccination for those eligible Spring Booster

Ministerial Delivery

Performance: 56.45% (10/07/25, end of campaign)

Trajectory: 75%

National target: 75%

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

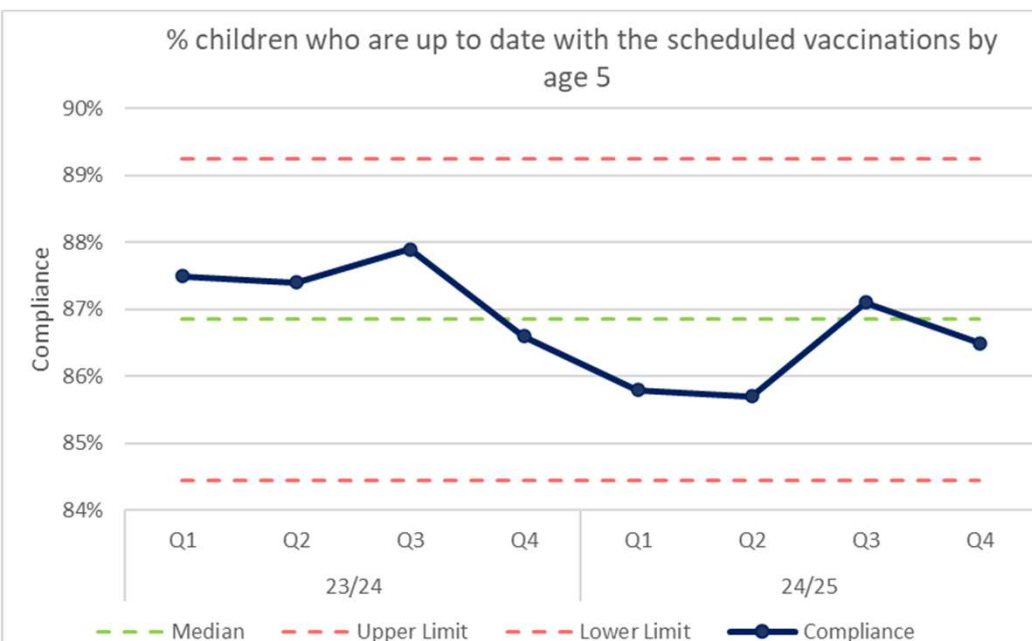
Measure: % children up to date with vaccinations by age 5

Ministerial Delivery

Performance: 86.5% (Q4 24/25)

Trajectory: 86% (Q1 25/26)

National target: 95%



Insight & Actions:

- COVID-19 spring booster: ABUHB performance was higher than the all Wales figure 53.18%, however this is short of the 75% target as per the ministerial delivery expectation. More broadly on seasonal, respiratory vaccination campaigns, a review of booking processes has been completed and as part of a PhD project to enhance uptake with several options being explored ahead of winter campaigns (e.g. use of text messaging services, improvement in letter wording to enhance engagement).

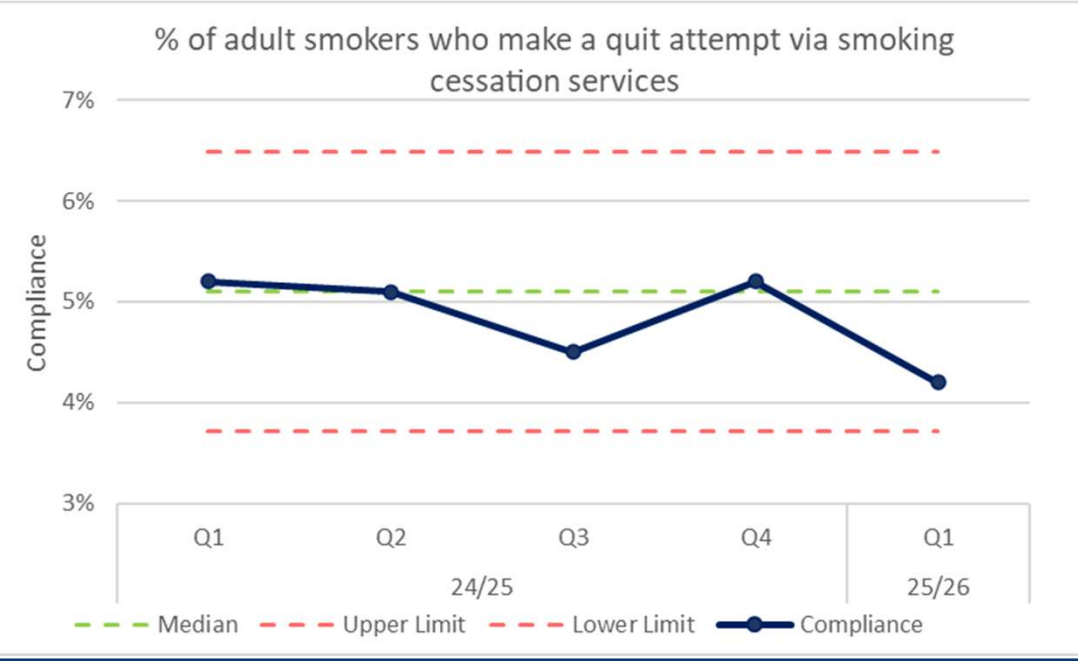
- Childhood vaccinations: Still awaiting validated 25/26 data, Q1 performance expected in September. National target as per ministerial delivery expectation is 95%. Through the implementation of the Vaccine Equity Strategy, a Gwent Data Dashboard for childhood immunisations is currently in development. This dashboard will enable the identification of populations and programmes of interest through detailed data analysis, supporting the co-design of targeted interventions with communities and clinical teams. Data will be shown in as much granularity as possible to enable swift and reactive approaches to work to increase uptake.



Embedding Prevention and Population Health in all that we do

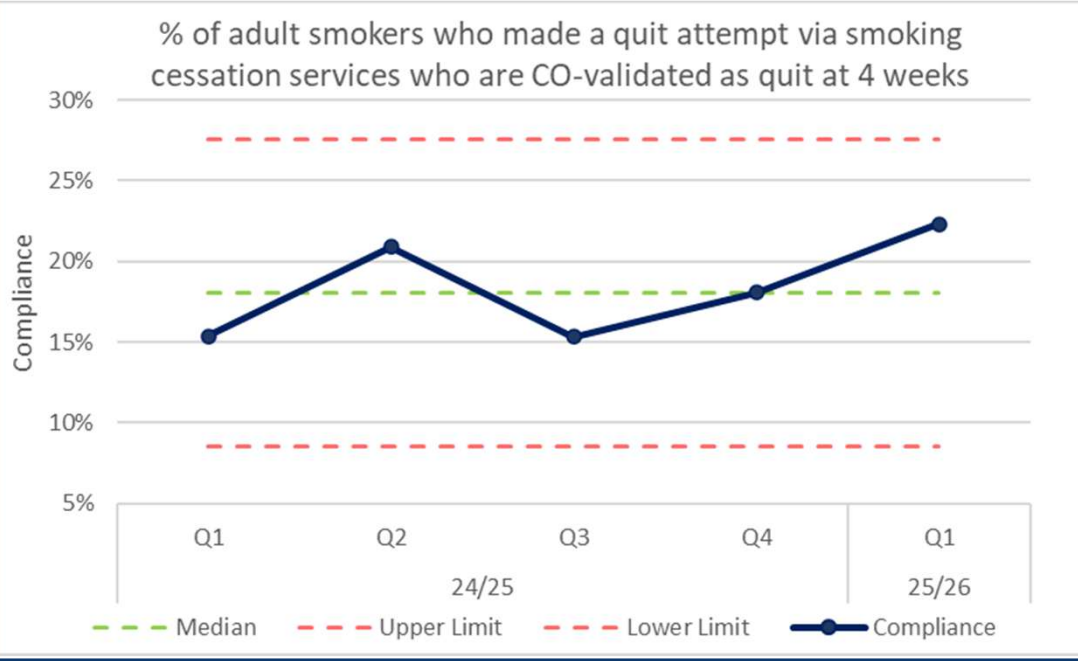
Measure: % of adult smokers who make a quit attempt via smoking cessation services

Performance: 4.2% (Q1)
Trajectory: 5% (Q1)
National target: 5%



Measure: % of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks

Performance: 22.3% (Q1)
Trajectory: 20% (Q1)
National target: 40%



Insight & Actions

- Quit attempts performance is marginally behind trajectory as of Q1, which is for 5% of total smokers in Gwent (58,400) to make a quit attempt via smoking cessation services through the course of the year. CO validated quits is meeting Q1 trajectory, with the Q4 aim to attain performance of 32%.
- As part of the public health offer to deliver place based care, behaviour change practitioners who deliver the Health Board's smoking cessation offer have been aligned to localities and will be a core part of integrated neighbourhood teams. A comprehensive improvement programme is underway for the service; with a stronger focus on supporting people to achieve CO-validated quit at 4 weeks as opposed to self-reported quits. Executive approval has been secured for the smoke-free hospital strategy, including the re-establishment of a clinically-led implementation group and a bold communications campaign. The Gwent Nicotine Control Alliance has been formed to address underage and illicit tobacco use, with plans for targeted local messaging.



Embedding Prevention and Population Health in all that we do

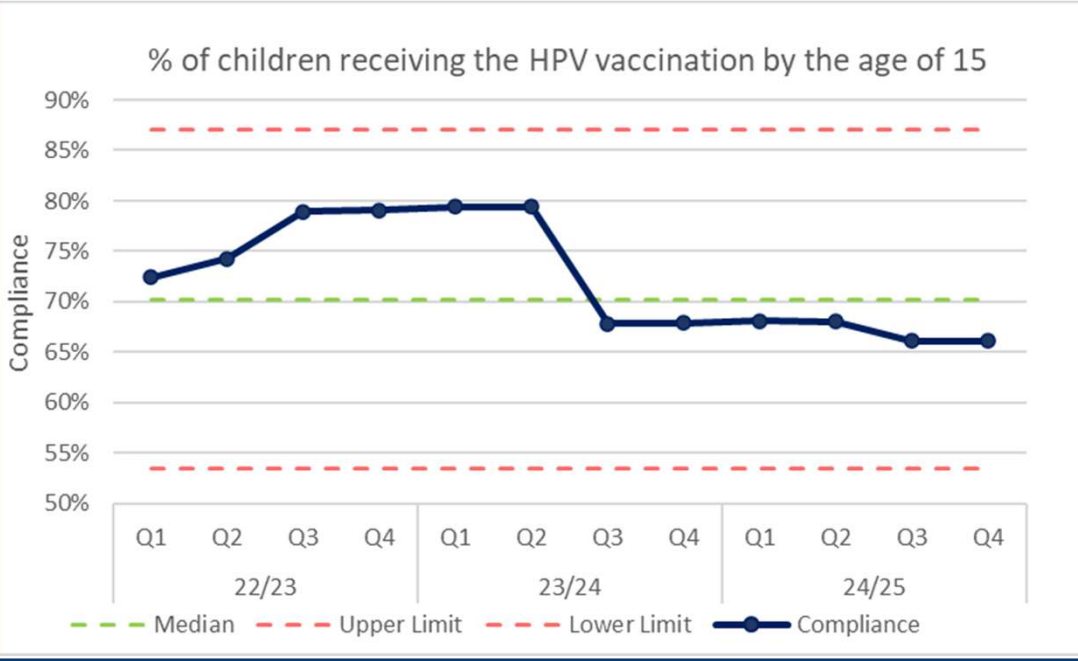
Measure: % of children receiving HPV vaccination 1 dose by the age of 15

Ministerial Delivery

Performance: 66.1% (Q4 24/25)

Trajectory: 75% (Q1 25/26)

National target: 90%



Insight & Actions

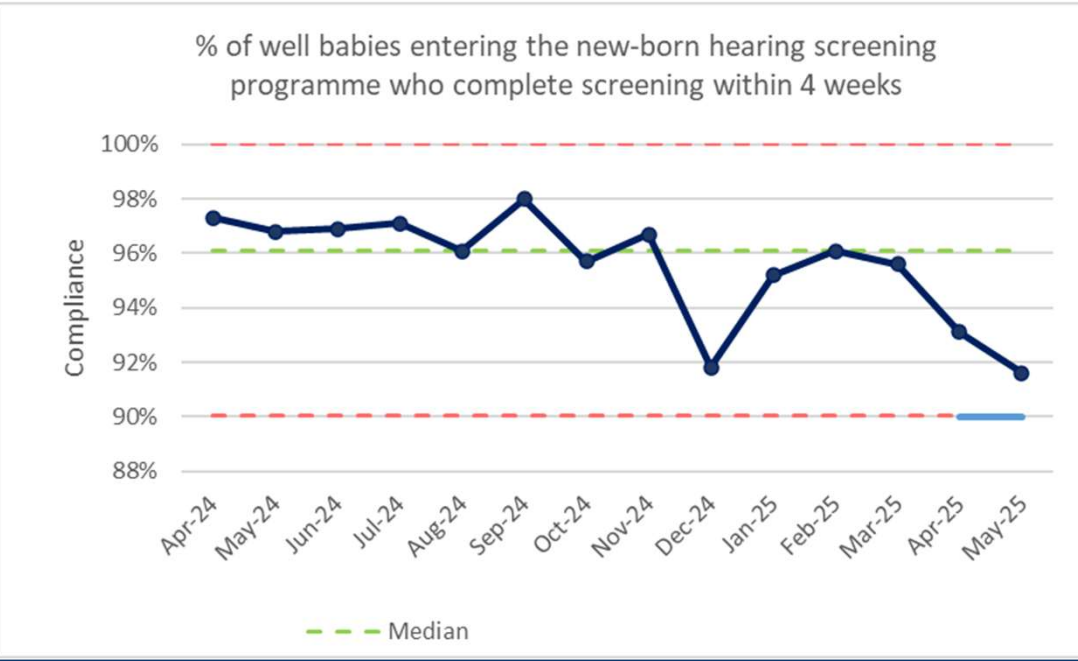
- No 25/26 data yet, Q1 performance expected in September. National target as per ministerial delivery expectation is 90%.
- 25/26 priorities are to improve uptake and reduce inequalities. Co-working with other areas to increase uptake with the Public Health team investigating reasons for refusal of vaccinations. WG directive highlighted 11 schools of concern regarding HPV uptake, with action plans subsequently devised for each school to increase uptake.

Measure: % of well babies entering the new-born hearing screening programme who complete screening within 4 weeks

Performance: 91.6% (May)

Trajectory: 90% (Q1)

National target: 90%



Insight & Actions

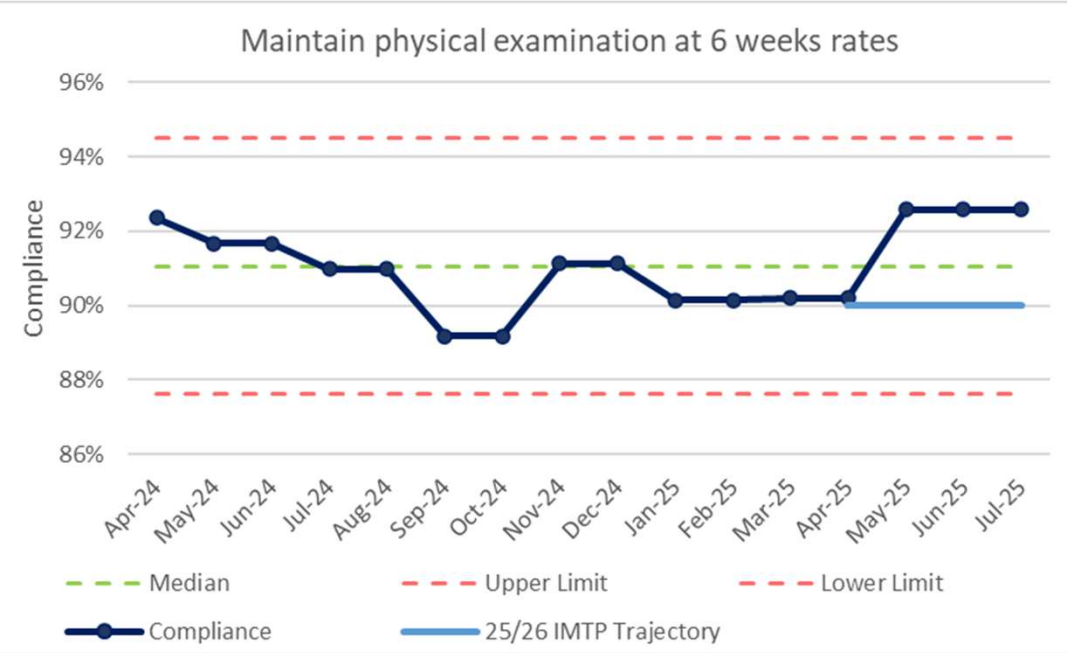
- Whilst performance has decreased in first two reportable months of the year, it remains above the national standard of 90%.



Embedding Prevention and Population Health in all that we do

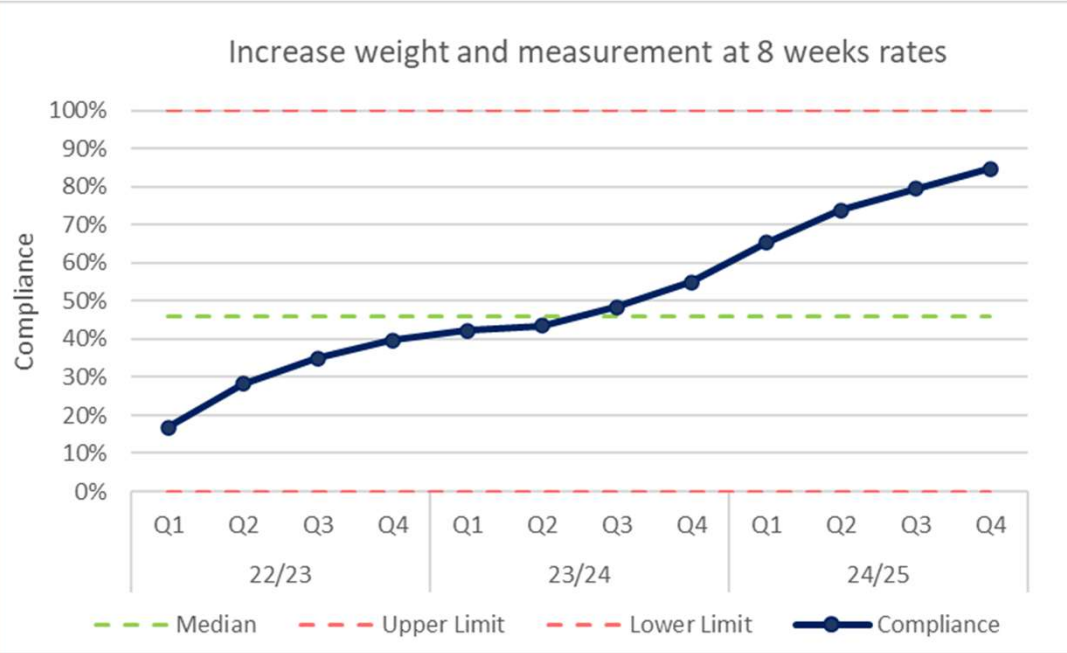
Measure: Maintain physical examination at 6 weeks rates (Healthy Child Wales)

Performance: 92.6% (Jul)
Trajectory: 90% (Q1)
National target: Maintain



Measure: Increase weight & measurement at 8 weeks rates (Healthy Child Wales)

Performance: 84.8% (Q4 24/25)
Trajectory: 68% (Q1 25/26)
National target: Increase



Insight & Actions

- Physical exam at 6 weeks: May to July performance increased to 92.6%, above the whole year IMTP trajectory of 90%.
- Weight and measurement at 8 weeks: Q4 24/25 data published in August, showing further improvement in performance to 84.8% and huge increase over the past three years, indicating capability to deliver against 25/26 IMTP trajectory of 80% by Q4. Q1 data expected in November.



Embedding Prevention and Population Health in all that we do

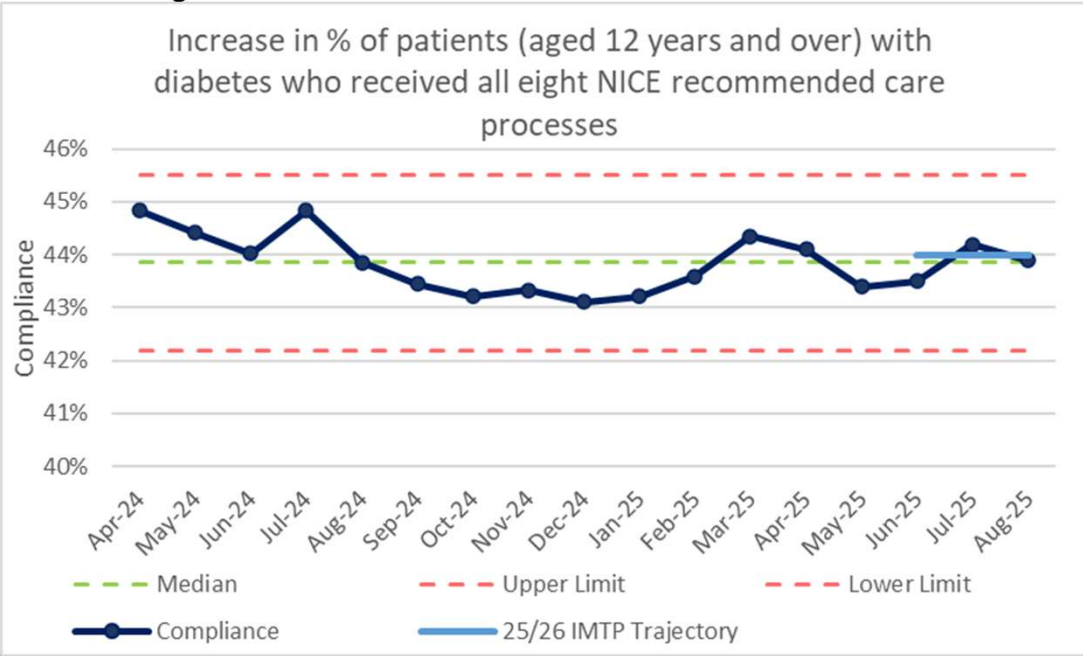
Measure: Increase in % of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes

Ministerial Delivery

Performance: 43.9% (Aug)

Trajectory: 44% (Q1)

National target: Increase



Insight & Actions

- July performance improved to meet the Q1 trajectory and essentially held into August. IMTP trajectory increases through the course of the year to achieve 47% compliance by Q4.
- Value Based Healthcare are leading work on diabetes prevention urinary ACR screening & annual foot checks. Activity in 3 surgeries in Newport West began during Q1 for those identified in a pre-diabetic range, with 3 more surgeries within Newport East coming on stream in Q2.



Progressing place based models of care and sustainability in primary and community services

Measure: Increase in people accessing PIPs where they would have visited their GP

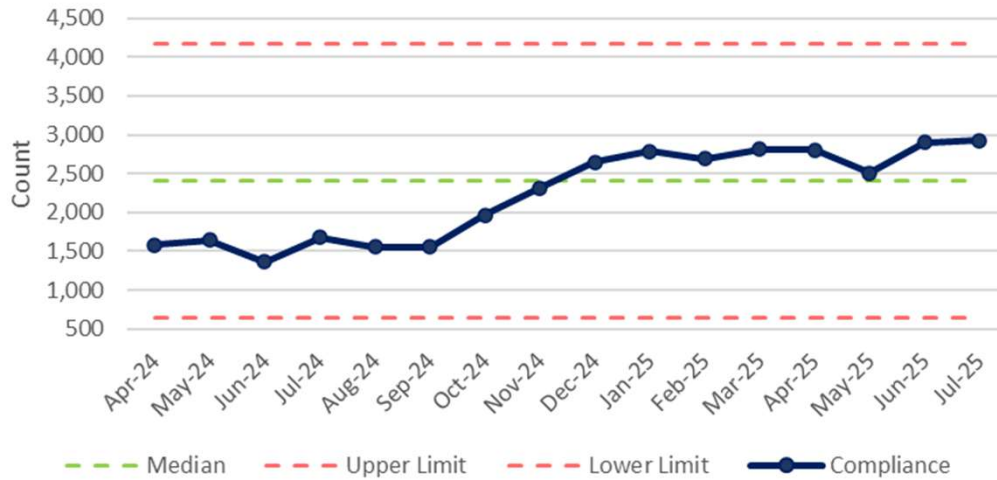
Ministerial Delivery

Performance: 11,134 (Jul – cumulative YTD)

Trajectory: 4,820 (Q1)

National target: Increase

Number of 'Pharmacist Independent Prescribing Service' (PIPS) Consultations



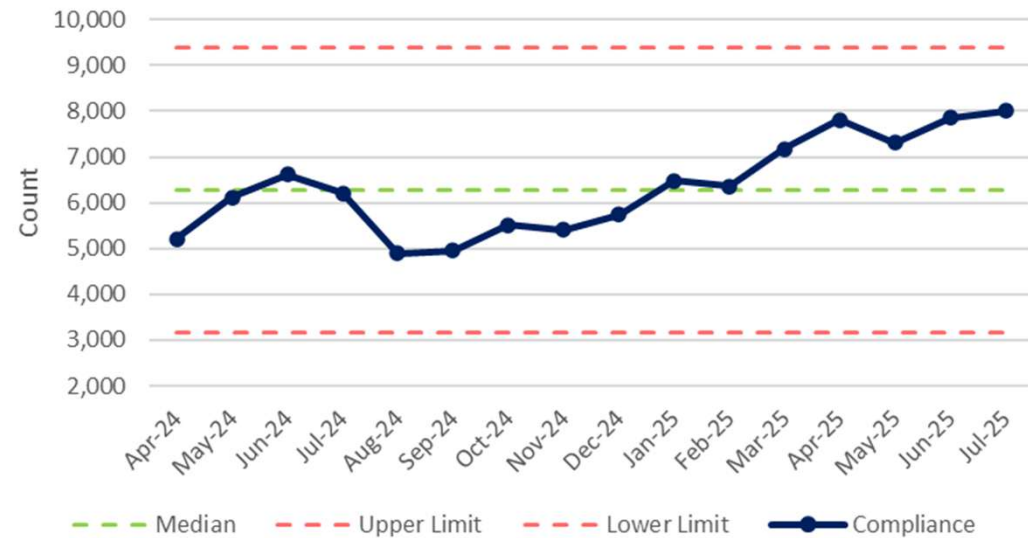
Measure: Maintain the number of consultations undertaken by community pharmacy under CAS

Performance: 30,978 (Jul – cumulative YTD)

Trajectory: 22,594 (Q1)

National target: Maintain

Common Ailments Scheme Claims



Insight & Actions

- PIPs: Performance is well ahead of trajectory, having achieved 11,134 consultations in the first four months of the year against a whole 25/26 trajectory of 24,065. 55 Community Pharmacies (44% of total) are now commissioned to provide PIPs as of Q1.

- CAS: Common Ailment Scheme claims are on track against trajectory, having delivered 22,975 at the end of Q1 against an IMTP trajectory of 22,594. Q2 performance began with a record high number of claims in July. As of Q1, 100% of practices are delivering CAS, within which: 99% offering CAS Sore Throat Test and Treat; 86% offering CAS UTI service; 100% offering emergency contraception, and; 100% offering EC-Bridging and quick start.



Progressing place based models of care and sustainability in primary and community services

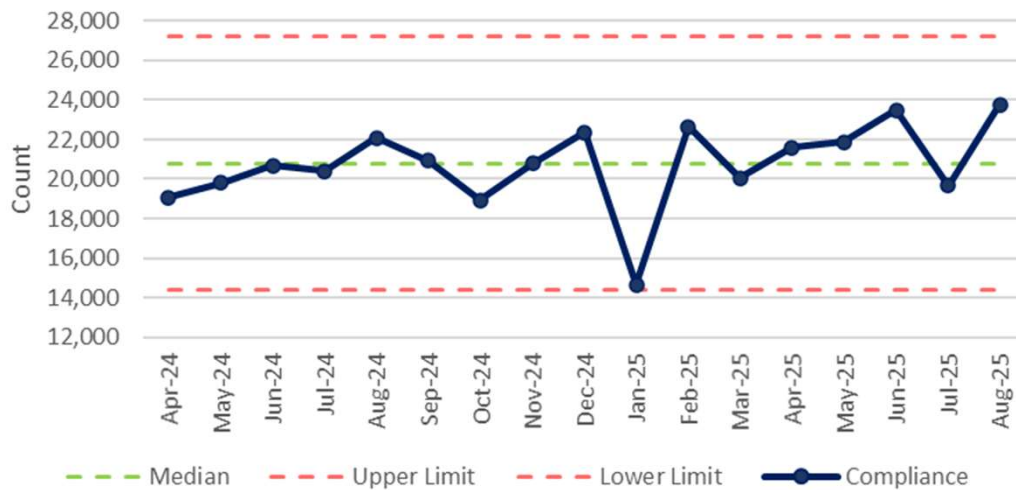
Measure: Maintain the number of patients accessing NHS Optometry Services

Performance: 110,383 (Aug – cumulative YTD)

Trajectory: 58,741 (Q1)

National target: Maintain

Number of patients accessing NHS Optometry services



Insight & Actions

- The number of patients accessing Optometry services exceeded Q1 trajectory (66,959 actual vs 58,741 planned) remains ahead of trajectory against Q2 target (121,913).
- The Eye Health Needs Assessment published, and an Integrated Eye Care Plan has been developed, with Task & Finish groups being set up to deliver the plan in Q2.
- Digital solutions are being explored for an electronic patient record, with the July Eye Care Board meeting having a Digital Focus.

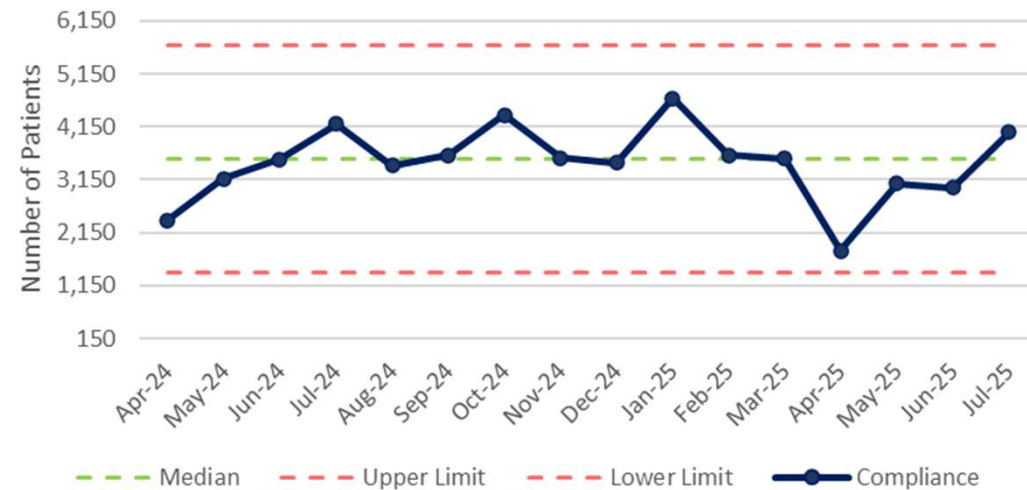
Measure: Number of patients accessing urgent emergency services - Dental

Performance: 11,923 (Jul – cumulative YTD)

Trajectory: 9,093 (Q1)

National target: Maintain

Number of patients accessing urgent dental services (GDS)



Insight & Actions

- Performance is tracking behind trajectory due to a significantly low month in April, which is an observable trend in previous years. 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. Performance did increase in July, narrowing the deficit against IMTP trajectory.



Our Performance & System Change Delivery

Progressing place based models of care and sustainability in primary and community services

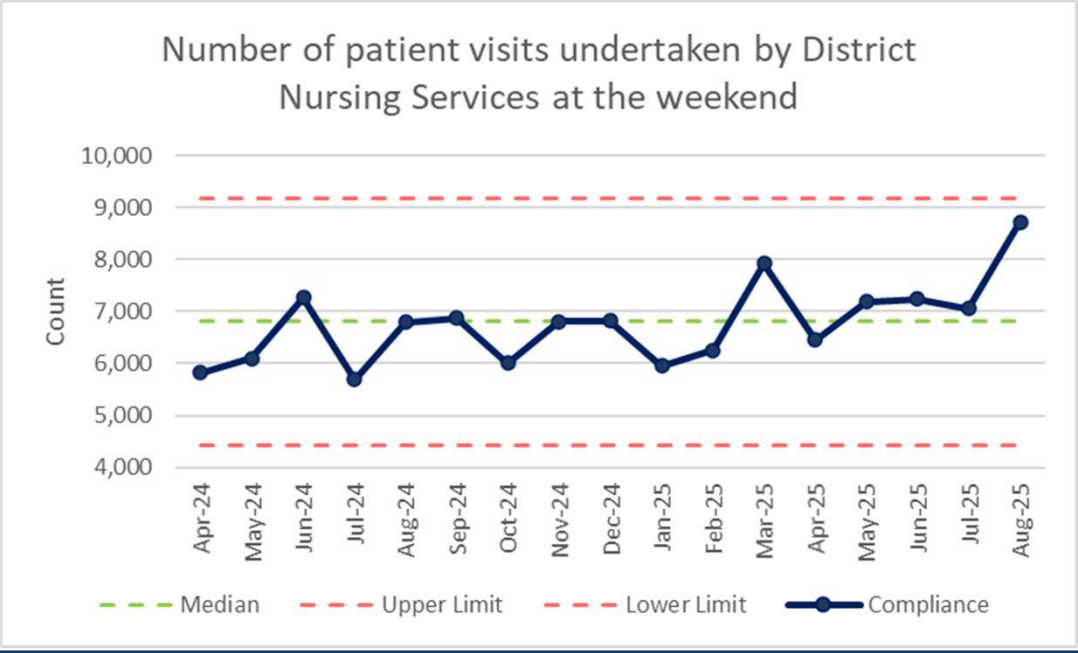
Measure: Increase in capacity at the weekend of community nursing and specialist palliative care nursing to at least the required levels previously set for 2024/25

Ministerial Delivery

Performance: 36,659 (Aug – cumulative YTD)

Trajectory: 31,217 (Q1)

National target: Maintain



Insight & Actions

- Performance is behind trajectory. The ministerial expectation is to deliver 80% of an average weekday activity on a weekend day. Weekend activity as a proportion of total activity is increasing, however to meet the ministerial measure from a volume perspective would require a huge shift in delivery to the weekend. There was a significant increase in August numbers, going some way to narrowing the deficit.
- More broadly on DNs, consultation is in progress to obtain funding to develop the Primary Care and Community Nursing Workforce. Funding has been received to support the next cohort for the development programme.

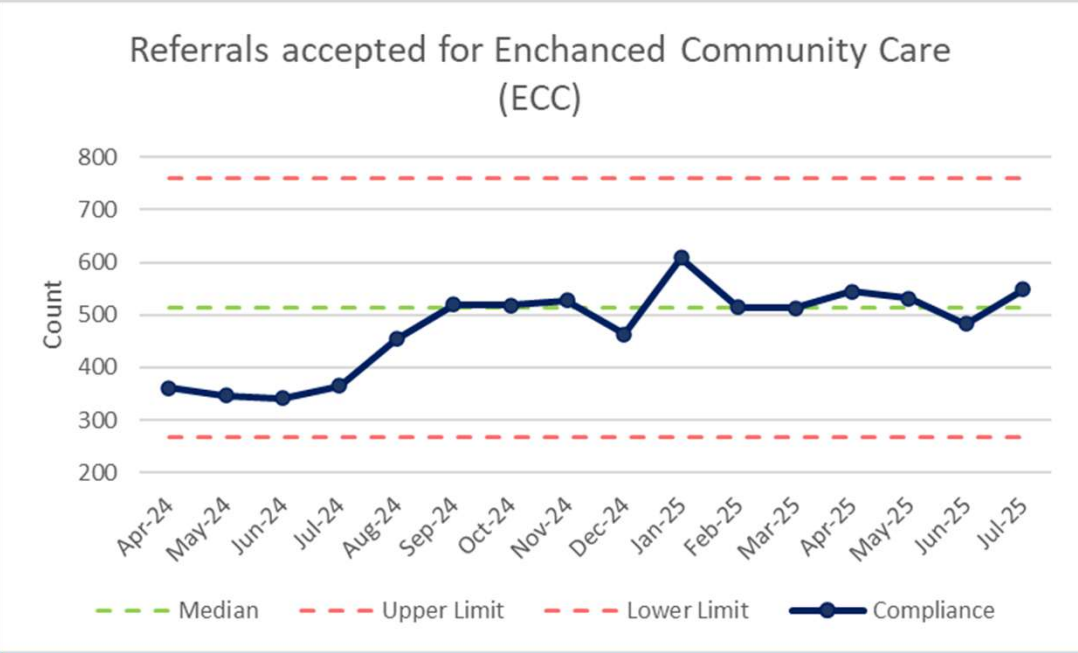
Measure: Increase in capacity of Enhanced Community Care (ECC) to at least the required levels previously set for 2024/25

Ministerial Delivery

Performance: 2,106 (Jul – cumulative YTD)

Trajectory: 1,245 (Q1)

National target: Maintain



Insight & Actions

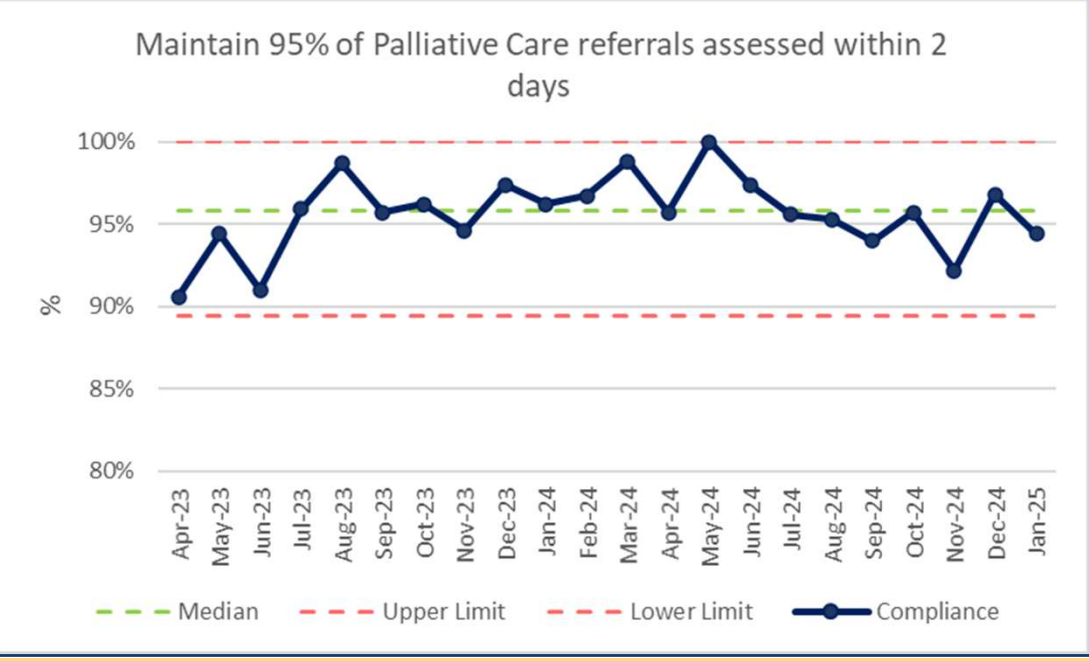
- Accepted ECC referrals have been relatively consistent over the past 12 months, with Q1 delivery exceeding IMTP trajectory (1,558 actual vs 1,245 planned).
- The AB services included within the national definition are Rapid Response across the five Boroughs, Ready to Go Ward at RGH and Emergency Care at Home in Caerphilly.



Progressing place based models of care and sustainability in primary and community services

Measure: Maintain 95% of Palliative Care referrals assessed within 2 days

Performance: 94% (Jan 25)
Trajectory: 95% (Q1 25/26)
National target: 95%

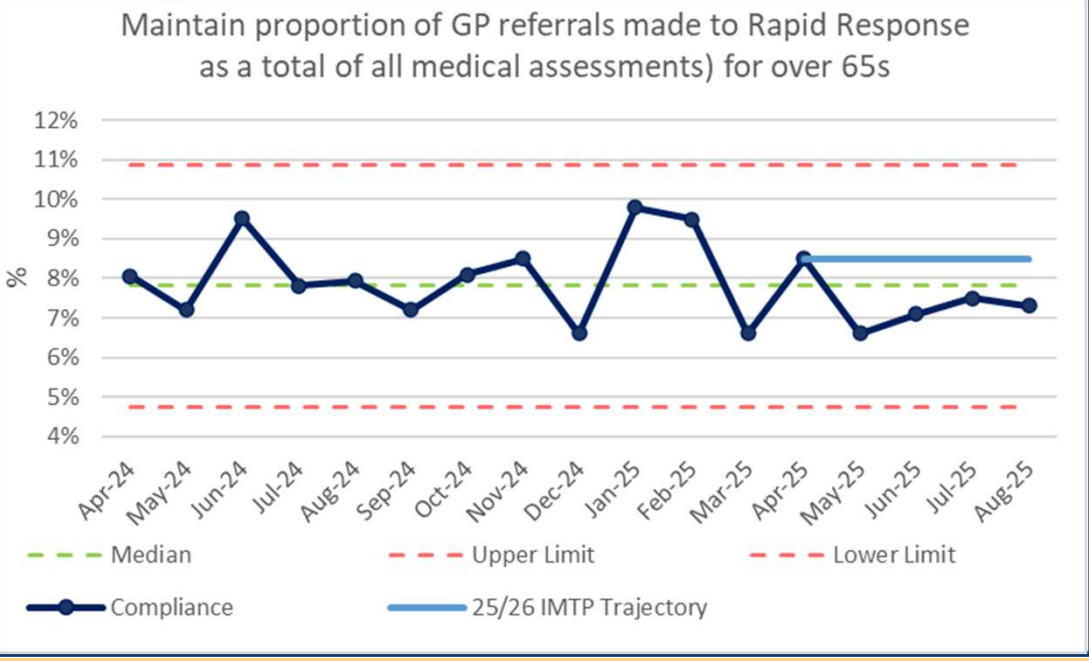


Insight & Actions

- Following the implementation of the national system to complete Specialist Palliative Care forms in Welsh Clinical Portal (WCP) for palliative care interventions from Feb '25 and the decommissioning of the previous system, the National team are currently working on reporting requirements to develop a dashboard for performance indicators for palliative care. In the interim, local options have been explored and a dataset recently identified, however there is a requirement to validate the WCP data therefore quality assurance is underway to ensure accuracy of the data before this can be shared; completion of this is due by the end of September 2025.

Measure: Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments) for over 65s

Performance: 7.3% (Aug)
Trajectory: 8.5% (Q1)
National target: Maintain



Insight & Actions

- Performance over the past 16 months has seen some fluctuation, but the proportion remains relatively stable with a median value of 8%.
 - There has been an observable increase to Rapid Response services from Front and Back Door hospital services, but GP referrals remain static. The ongoing development of the Navigation Hub will seek to increase ease of access for GPs through to Rapid.



Our Performance & System Change Delivery

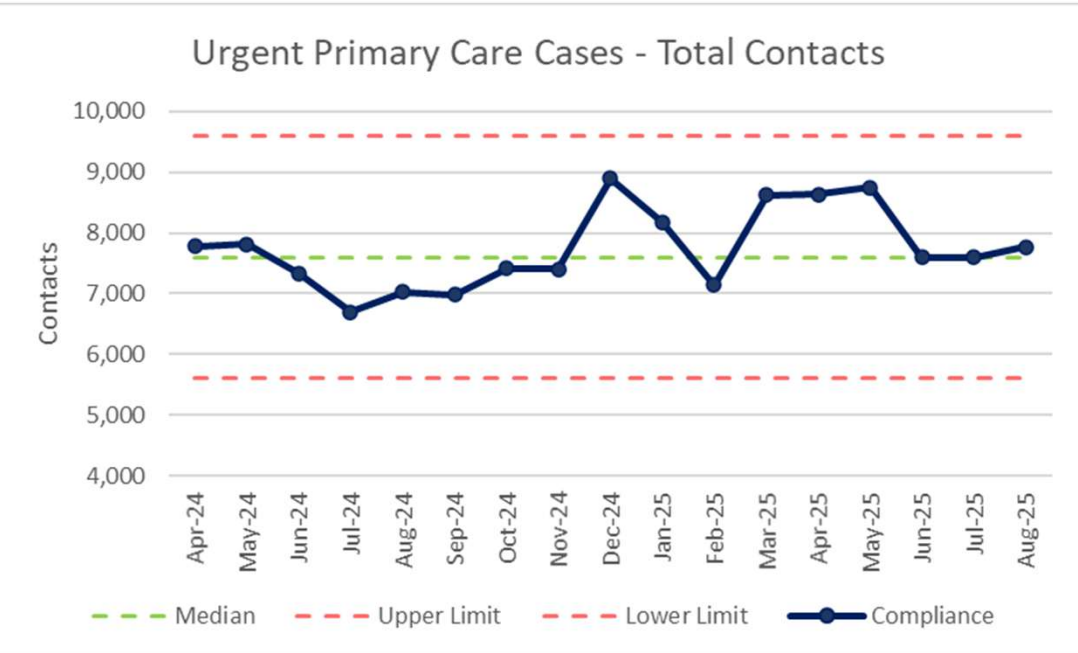
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Maintain the number of Urgent Primary Care contacts (inc. virtual)

Performance: 40,342 (Aug – cumulative YTD)

Trajectory: 22,923 (Q1)

National target: N/A



Insight & Actions

- UPC contacts are delivering marginally ahead of forecast trajectory, with 24,862 cases in Q1 against a forecast of 22,293 and is on track to deliver above Q2 trajectory (43,628).
- The offer provided by UPCC is being looked at as part of actions required to support Winter and Handover 45.

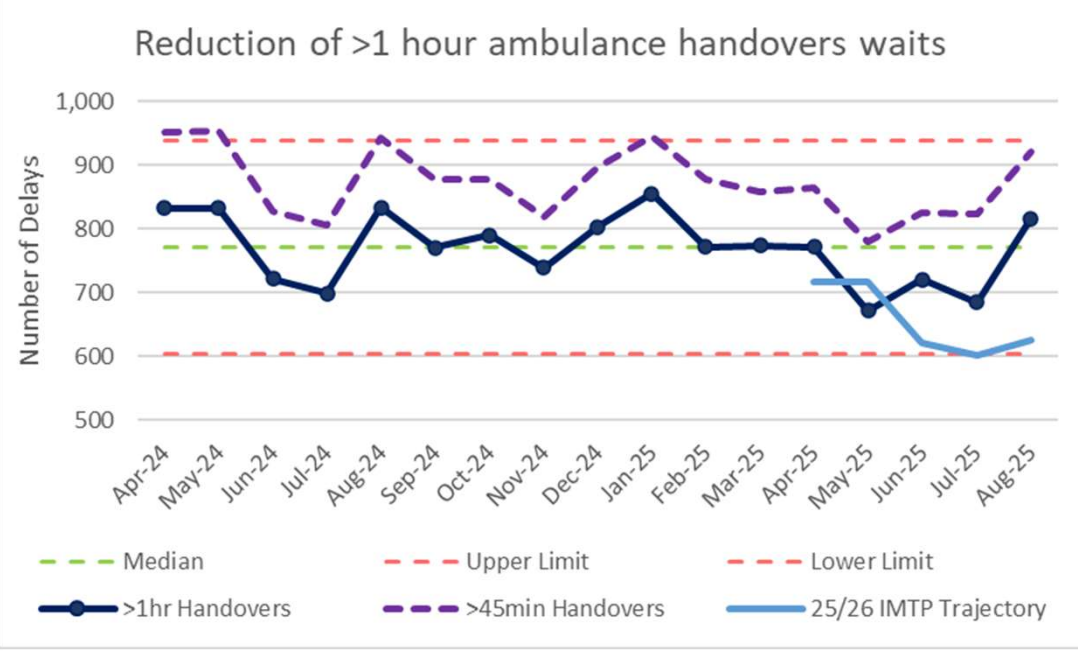
Measure: Reduction of Ambulance patient handovers over 1 hour

Ministerial Delivery

Performance: 816 (Aug)

Trajectory: 625 (Aug)

National target: 0



Insight & Actions

- Whilst there have been some better performing months in the first part of the year (May & Jul, lowest in four years), the expected improvement has not been realised.
- In line with the national Taskforce, zero handovers >45 mins across all hospitals and location types (e.g. not just GUH ED as per this measure) is being mandated from the middle of Sept, enabled by a continuous flow model and “your next patient” to push patients through the system so that they get to where they need to be more quickly.

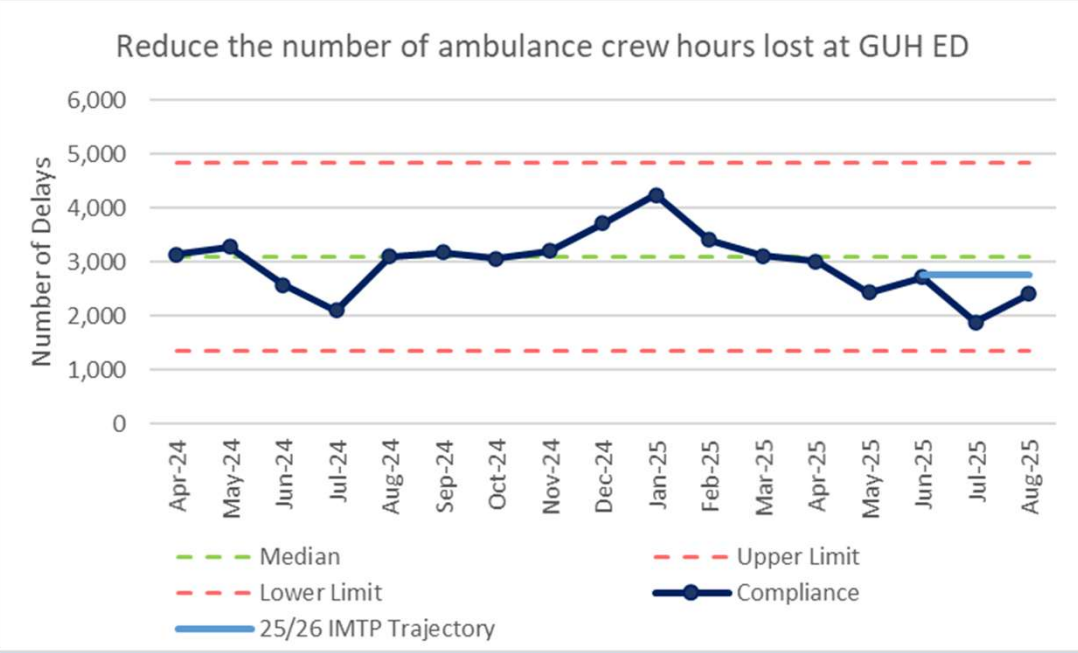


Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: Reduce the number of ambulance crew hours lost at GUH ED (per month)

Performance: 2,408 (Aug)
Trajectory: 2,750 (Q1)
National target: N/A

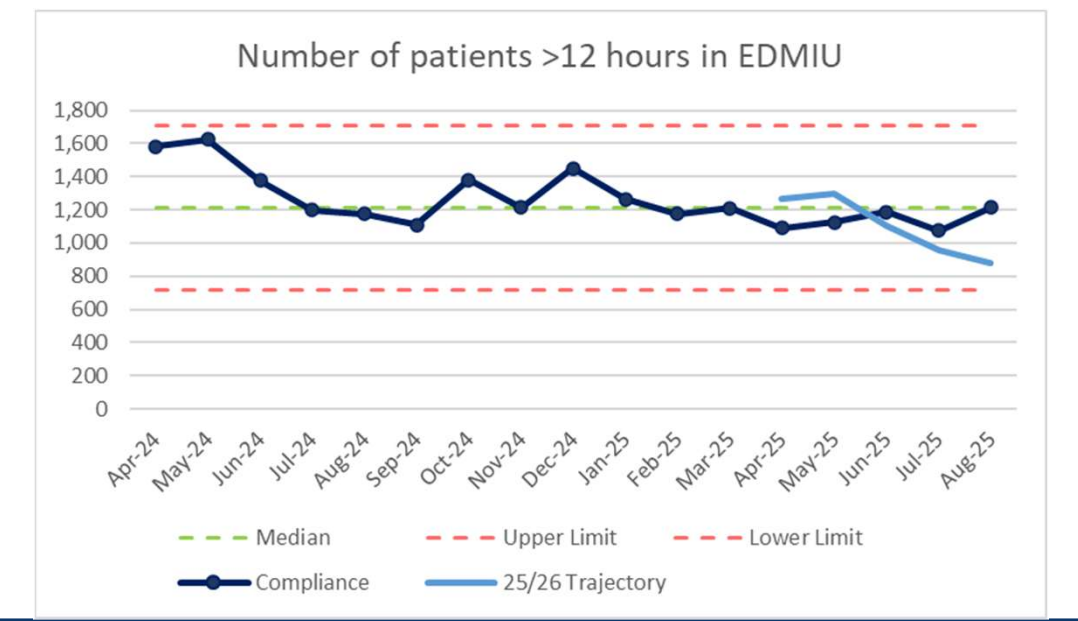


Insight & Actions

- Crew hours lost decreased to its lowest level in four years in July, and despite the rise in August the average handover time was still broadly improved at under two hours when put in the context of the past two years, and the sharp rise observed in handovers over one hour.
- The continuous flow model previously described will aim for 15 minute handovers and seek to deliver zero over 45 mins, which will clearly have an enormous impact on lost hours.

Measure: Reduce the number of patients who spend > 12 hours in all major and minor emergency care facilities from arrival until admission, transfer or discharge compared to the same month the previous year, building towards the national target of zero

Ministerial Delivery
Performance: 1,215 (Aug)
Trajectory: 881 (Aug)
National target: 0



Insight & Actions

- The start to the year has been mixed. July performance was the lowest number of 12hr breaches since May '21 and 12hr compliance rose to 93.8%, the highest since the opening of GUH.
- Sustaining improvements in UEC metrics remains challenging, but the continuous flow model will decongest the ED of specialty referred patients who make up the vast majority of breach numbers, and thus the successful delivery will positively impact performance for this metric.



Our Performance & System Change Delivery

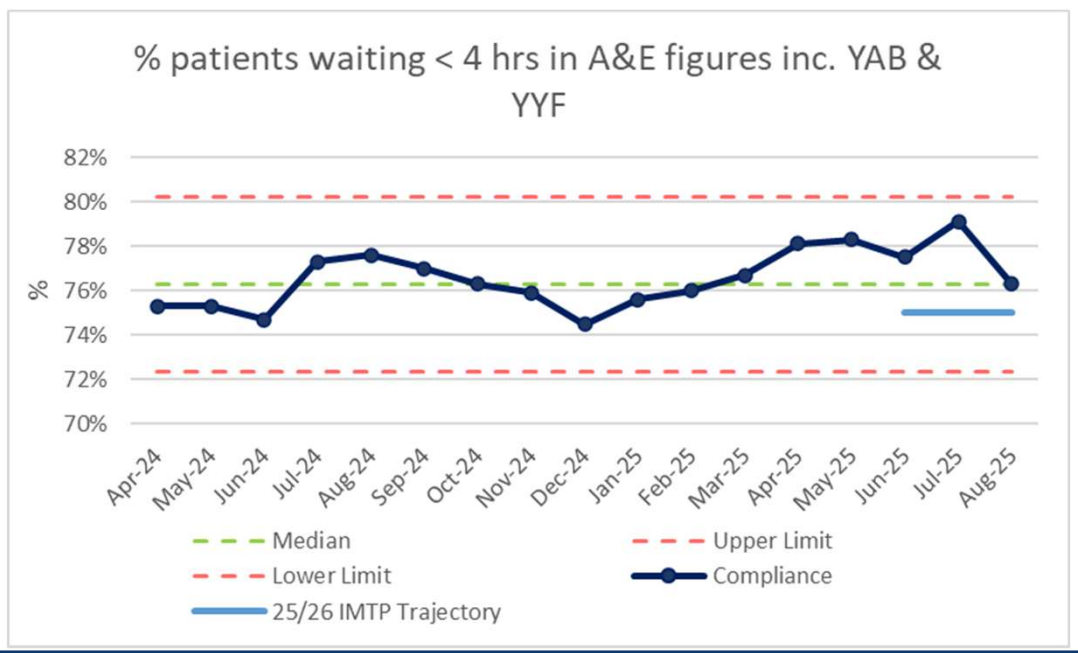
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

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

Performance: 76.3% (Aug)

Trajectory: 75% (Q1)

National target: 95%



Insight & Actions

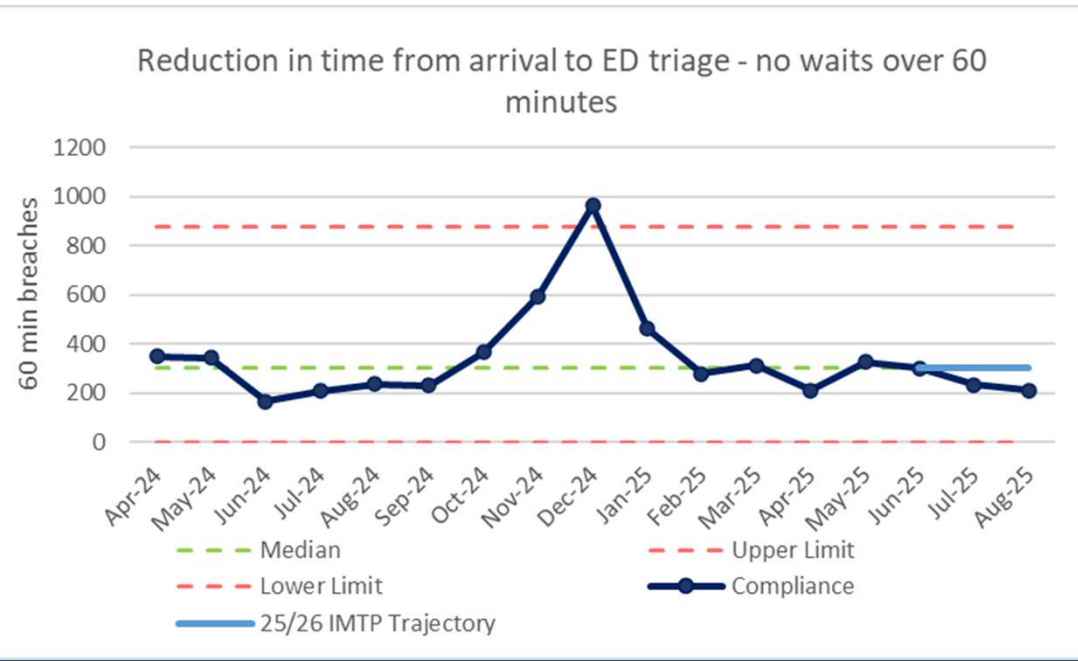
- 4hr compliance peaked in July to the highest value since Feb '21.
- Despite the decrease in August, performance remains above the Q1 trajectory.

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

Performance: 212 (Aug)

Trajectory: 300 (Q1)

National target: N/A



Insight & Actions

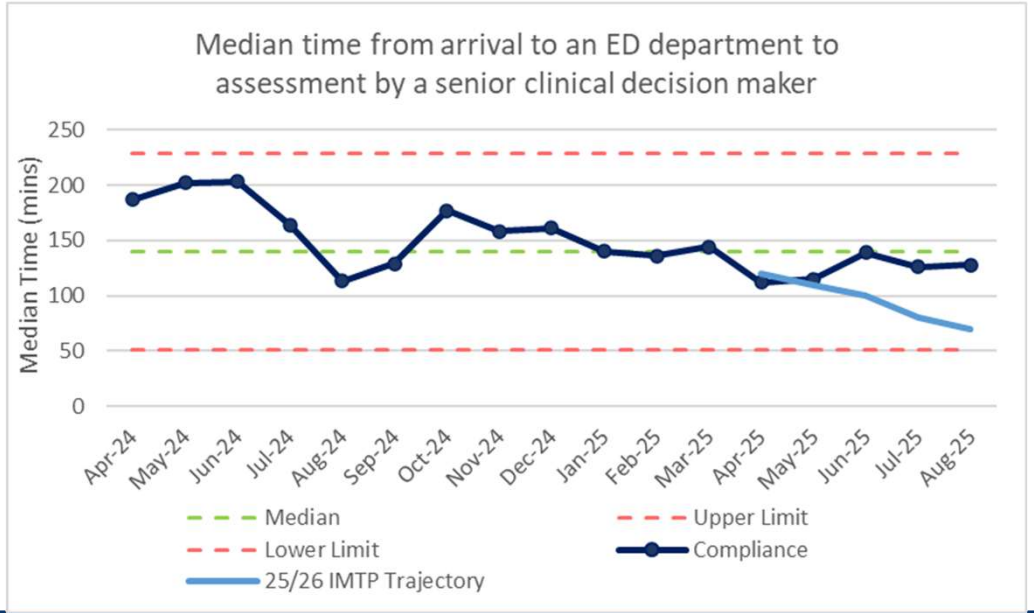
- Despite the deterioration of other Urgent Care measures in August, triage waits over 60 minutes have continued to trend downwards.



Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: 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.

Organisational Escalation
Performance: 128 mins (Aug)
Trajectory: 70 mins (Aug)
National target: <60 mins

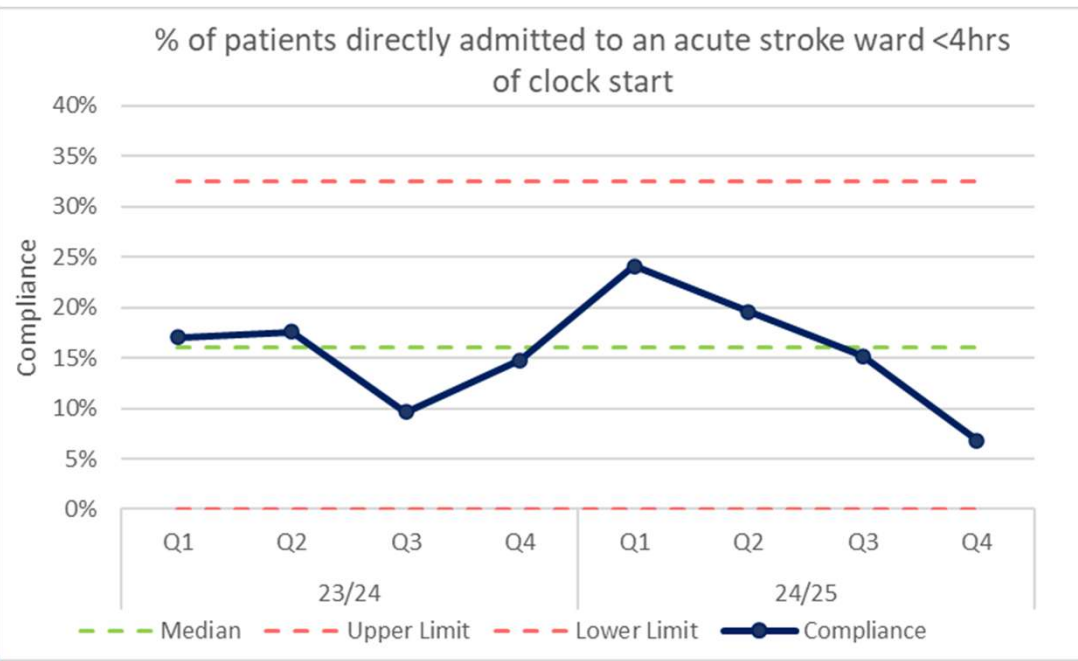


Insight & Actions

- After delivering the best performance for 4 years in April, waits to be seen at GUH ED have not tracked against the trajectory, with the past three months relatively static at just over 2 hours.
- An improvement plan is being developed with a particular focus on performance through the night. Again, successful delivery of the continuous flow model should positively impact on performance for this measure.

Measure: % of patients directly admitted to an acute stroke ward <4hrs of clock start

Performance: 6.8% (Q4 24/25)
Trajectory: 20% (Q1)
National target: 50%



Insight & Actions

- Please see next page for Stroke performance data update.



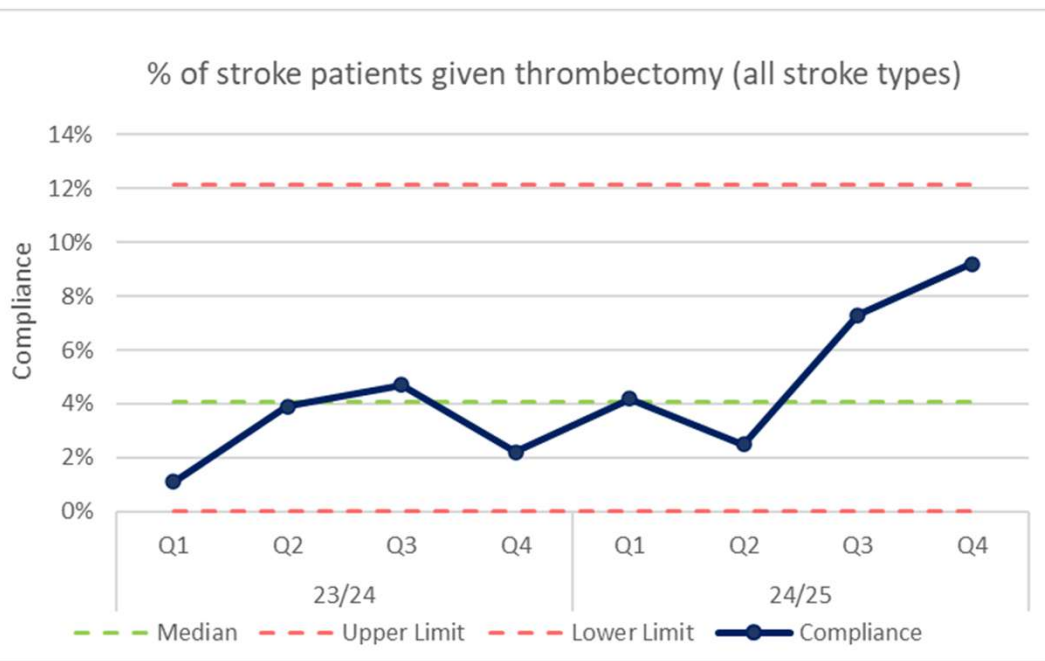
Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

Measure: % of unique stroke patients given thrombectomy (all stroke types)

Performance: 9.2% (Q4 24/25)

Trajectory: 6% (Q1)

National target: 10%

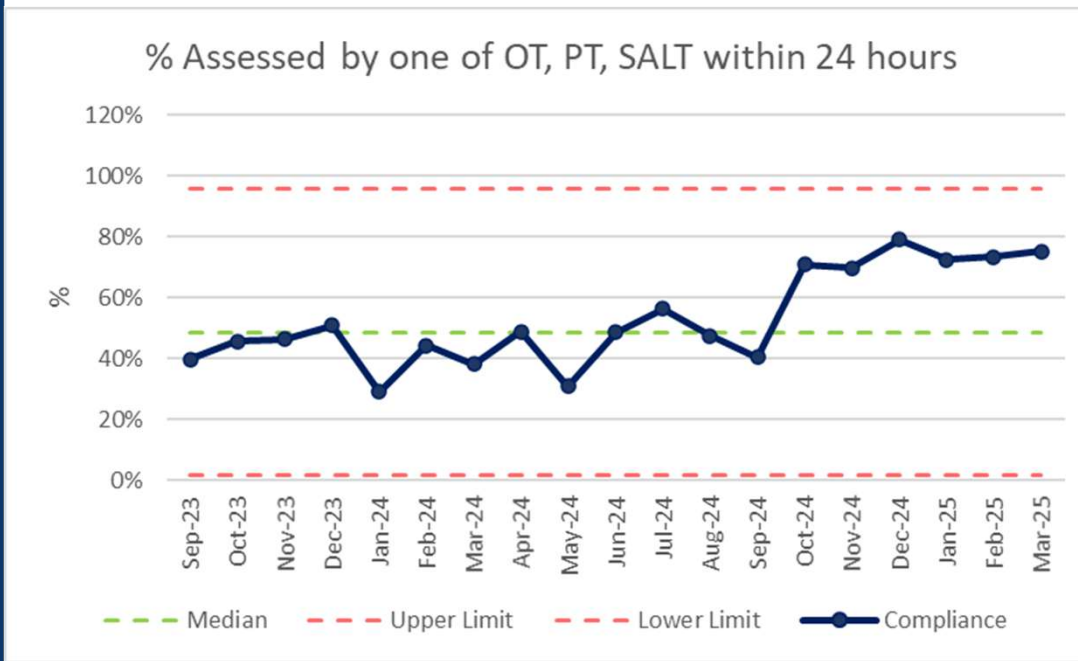


Measure: % Assessed by one of OT, PT, SALT within 24 hours

Performance: 75.3% (Q4 24/25)

Trajectory: 70% (Q1)

National target: N/A



Insight & Actions

- SSNAP data (Sentinel Stroke National Audit Programme) is currently the mechanism for reporting validated performance for the three stroke measures within the IMTP. Performance is available quarterly in arrears, with Q1 data expected to be published by the end of September.
- NHS P&I are developing a national Stroke dashboard which will align to a standardised set of measures. This remains in development and is undergoing data quality assurance checks to ensure that the reported performance is valid and accurate. Once this is satisfied, it will provide Health Boards with more timely performance data and a standardised, national approach to assessing performance.
- Stroke deep dive took place 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.



Our Performance & System Change Delivery

Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

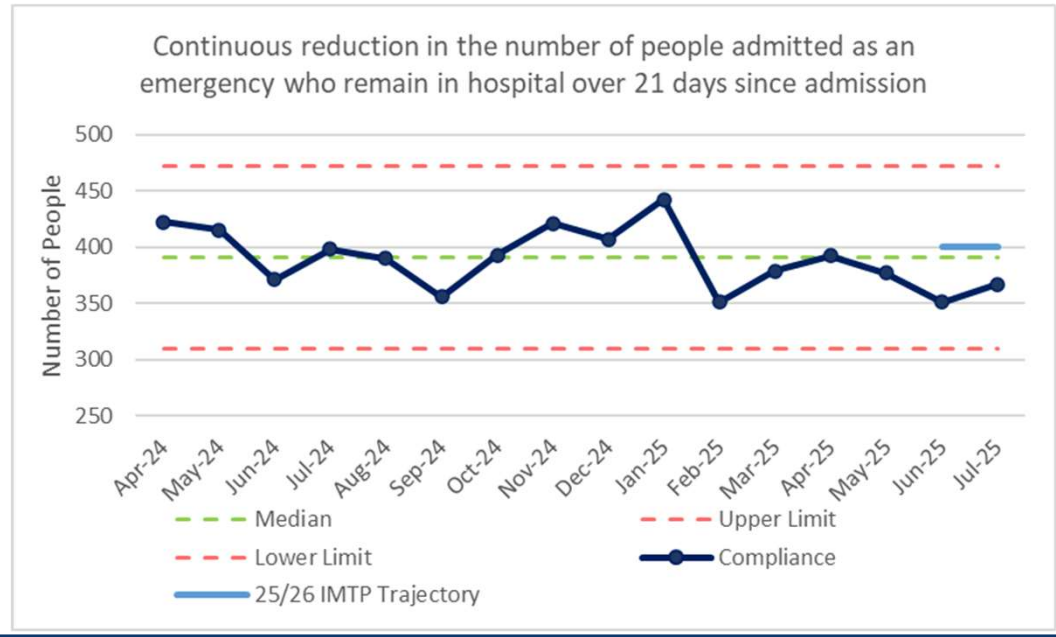
Measure: Continuous reduction in the number of people admitted as an emergency who remain in hospital over 21 days since admission

Organisational Escalation

Performance: 367 (Jul)

Trajectory: 400 (Q1)

National target: Reduction



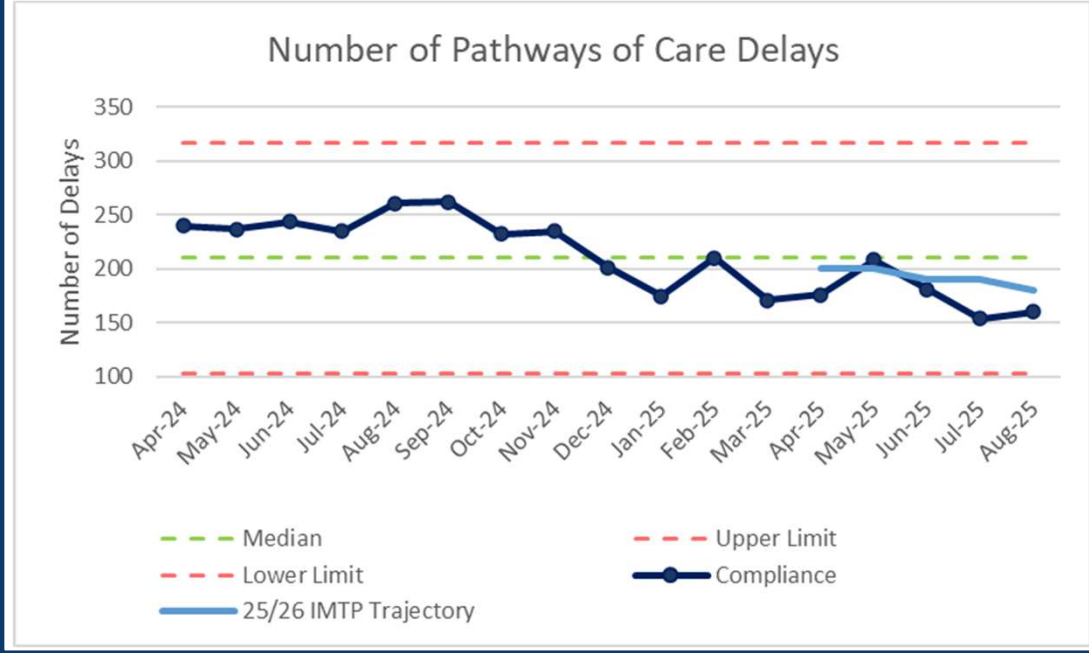
Measure: Deliver a 12-month reduction trend in the number of people who are delayed in hospital as measured by the Delayed Pathways of Care dashboard

Ministerial Delivery

Performance: 160 (Aug)

Trajectory: 180 (Aug)

National target: Reduction



Insight & Actions

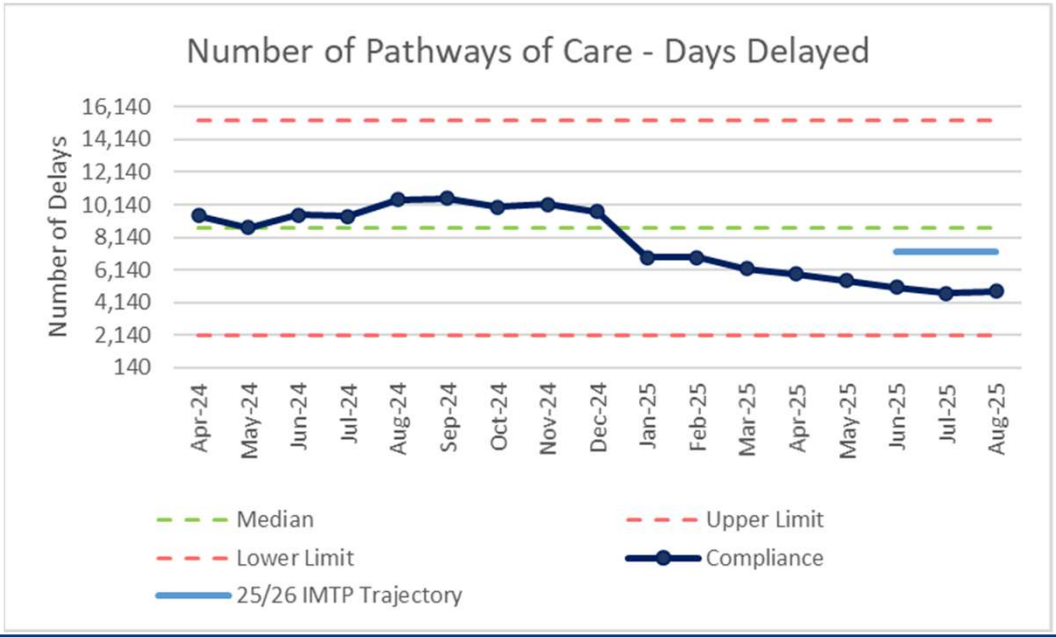
- Admissions >21 days: The Health Board has seen a reduction in the number of beds occupied at any one time with a LoS of > than 21 days, which is reflected in the improved performance for this measure through Q1 and remains below the IMTP trajectory.
- POCDs: The number of reported POCDs has further reduced through Q1, continuing to build on the improvement delivered through the second part of 24/25, and below the IMTP trajectory. This success has been recognised nationally. As winter approaches there will be continued, national attention on this area with performance trajectories by Borough, and a renewed focus on assessment delays.



Improving our Urgent & emergency care system focusing on experience, access and discharge pathways

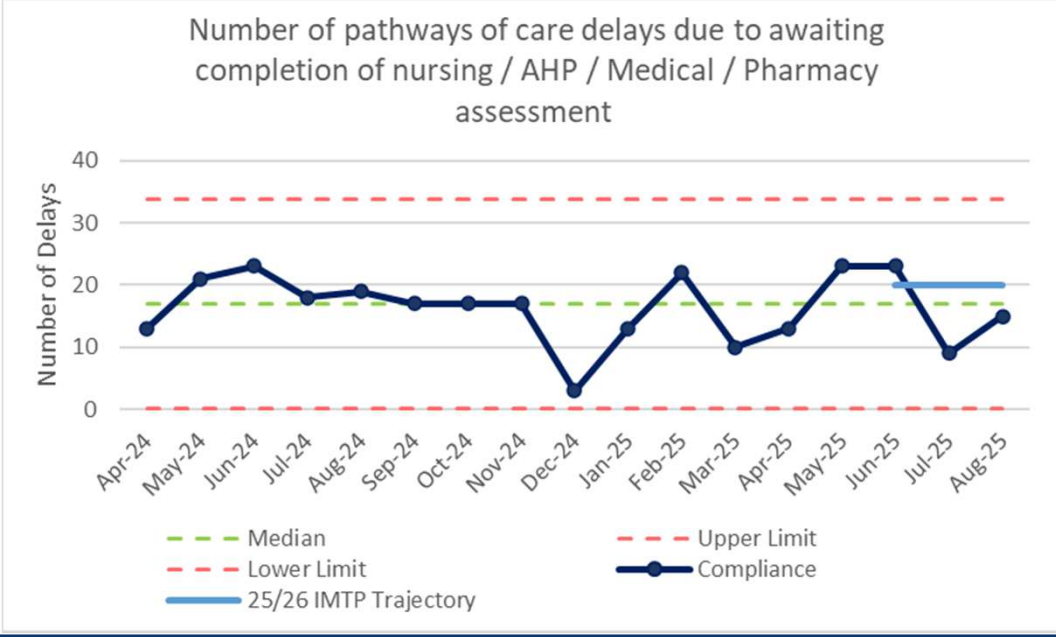
Measure: Deliver a 12-month reduction trend in the number of total days delayed in hospital as measured by the Delayed Pathways of Care dashboard

Performance: 4,850 (Aug)
Trajectory: 7,290 (Q1)
National target: Reduction



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

Organisational Escalation
Performance: 15 (Aug)
Trajectory: 20 (Q1)
National target: Reduction



Insight & Actions

- The days delayed associated with POCDs has decreased with greater proportionality when compared simply to volume, reaching a record low position of 5,091 at the end of Q1 and well below the forecast position of 7,290. This has decreased further in the past two months.
- The improvement in performance for reducing the days delayed can be attributed in part to the ongoing, weekly scrutiny panels of the longest staying patients and the actions taken to progress their care and/or discharge arrangements as appropriate. The rollout of the Optimal Hospital Flow Framework continues, within initial focus on RGH and Community sites. GUH will now also be prioritised to support the continuous flow model and the 45 minute ambulance handover taskforce.
- The POCD subset measure, which is a condition of UEC enhanced monitoring status, has reduced from the Q1 position to under the IMTP trajectory.

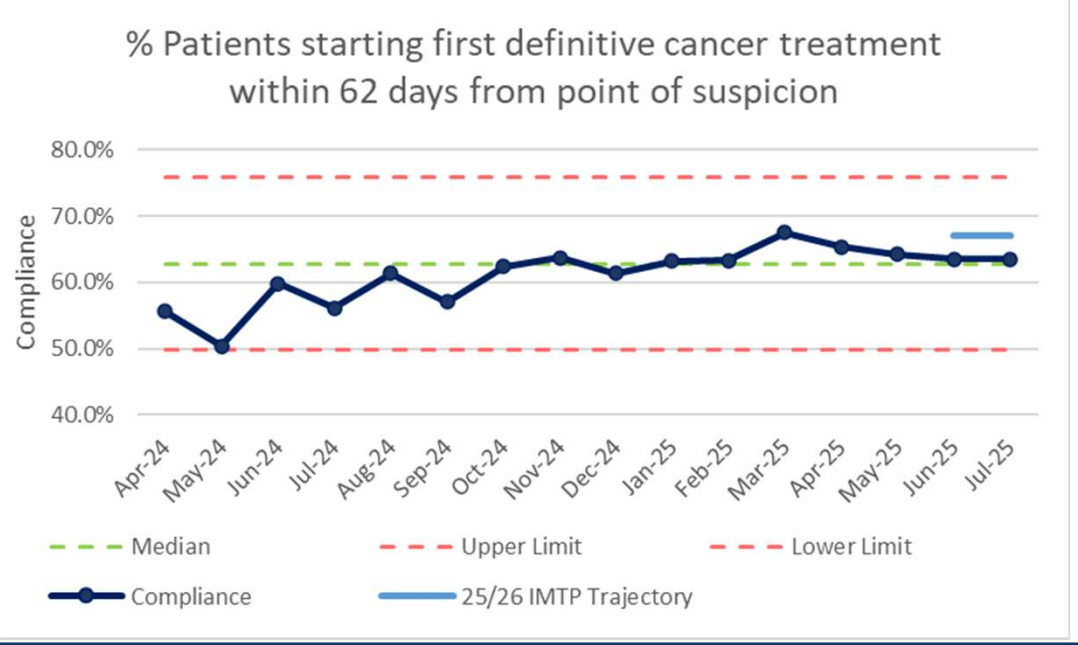


Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: 12-month improvement trend in the percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion

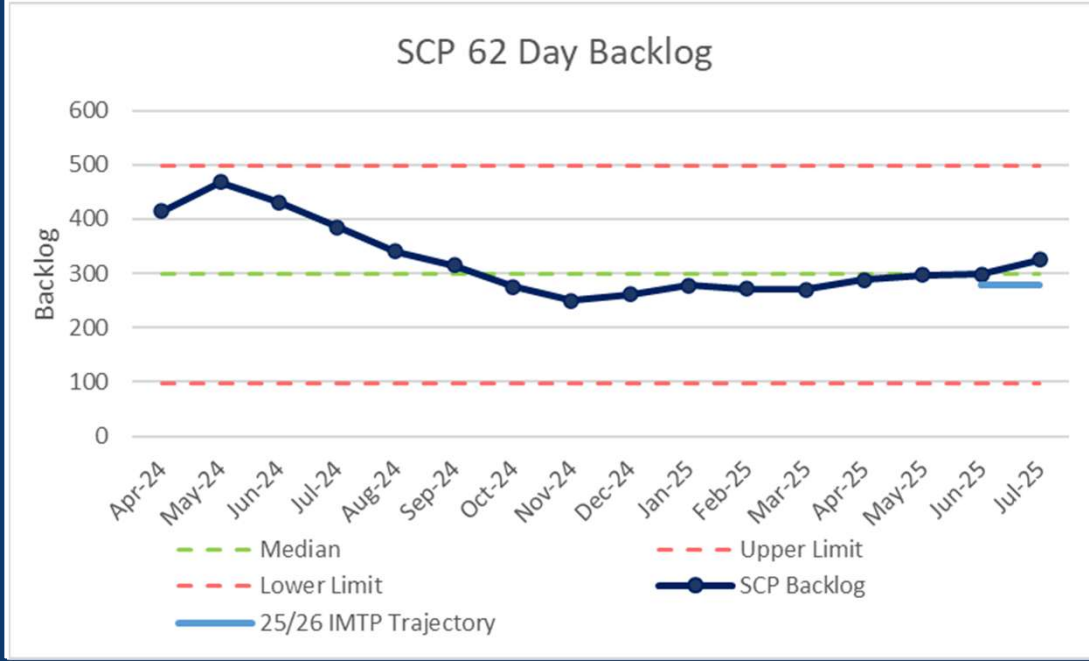
Ministerial Delivery

Performance: 63.5% (Jul)
Trajectory: 67% (Q1)
National target: 80%



Measure: Reduction in backlog of patients waiting over 62 days (SCP)

Performance: 326 (Jul)
Trajectory: 280 (Q1)
National target: N/A



Insight & Actions

- Single Cancer Pathway (SCP) 62 day compliance has been relatively stable through the first part of the year. Whilst below the Q1 trajectory, this consistent performance differs to the early part of the previous year where there was greater fluctuation month to month.
- The SCP Census, the patient tracking list for cancer, has seen a significant increase through 25/26, rising from 3,229 in April to 3,859 in July (19.5% increase); GP SCP referrals have increased by 24.5% over the same period. Broadly maintaining SCP performance in the face of increased demand demonstrates resilience and sustainability across all tumour site pathways.
- As a result of this increase in demand, the 62 day backlog has increased, however it remains less than 10% of the total SCP census which was the planning assumption for the year. Funding has been secured to substantiate the 'Cancer Pathways Improvement and Implementation Manager' post within Cancer Services.

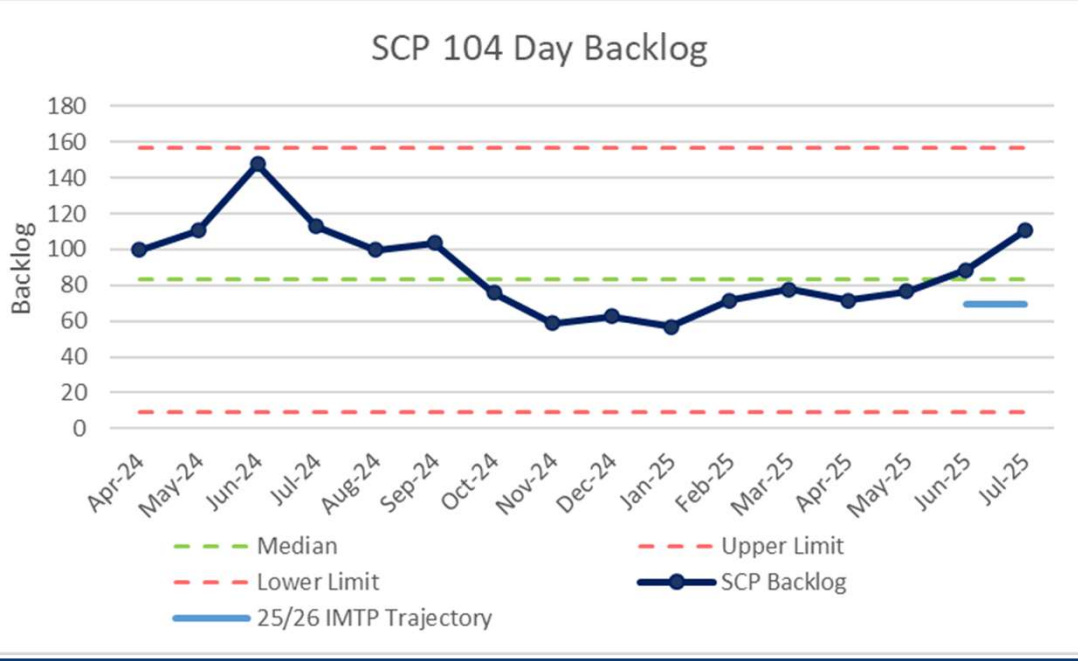


Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

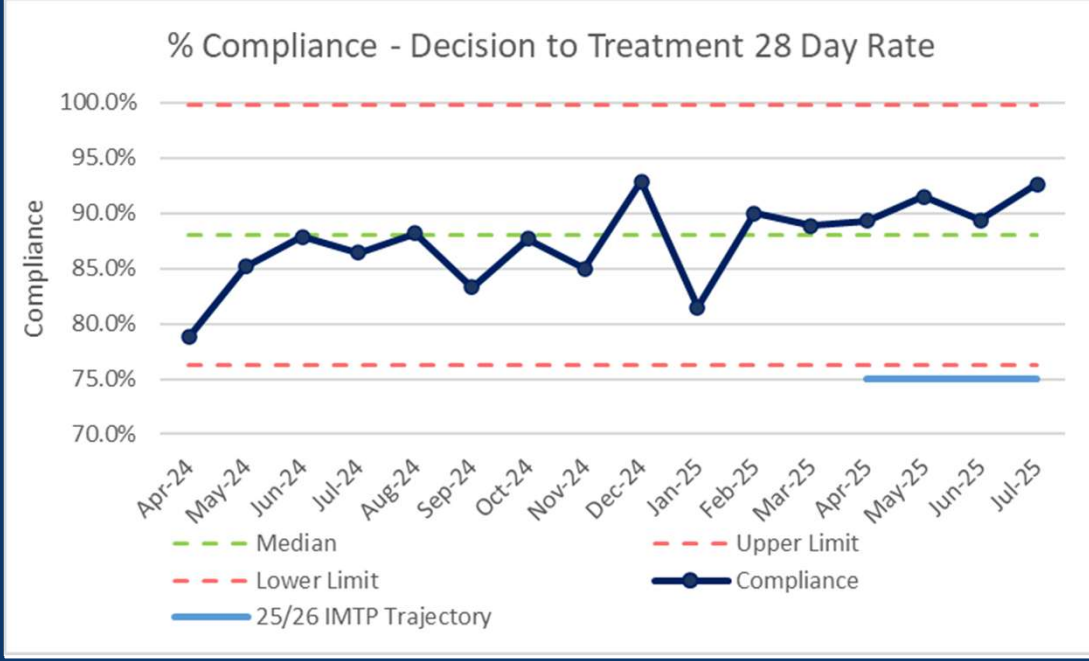
Measure: Reduction in backlog of patients waiting over 104 days (SCP)

Performance: 111 (Jul)
Trajectory: 70 (Q1)
National target: N/A



Measure: Increase in rate of cancer diagnosis or discharges within 28 days

Performance: 92.6% (Jul)
Trajectory: 75% (Q1)
National target: N/A



Insight & Actions

- Like the 62 day backlog, the 104 backlog has increased in line with the overall growth in the SCP Census. 28 day performance for Decision to Treat remains very strong through the first part of 25/26, consistently above the median performance from Apr '24 and well above the IMTP trajectory.



Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

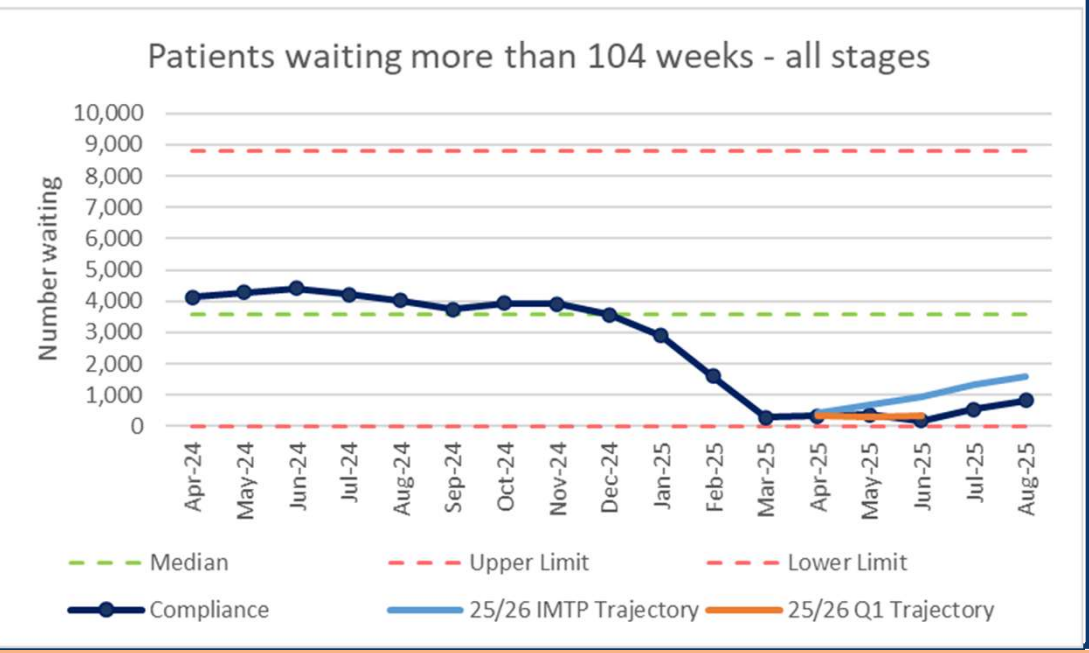
Measure: Numbers of patients waiting over 104 weeks (all stages)

Ministerial Delivery

Performance: 820 (Aug)

Trajectory: 1,610 (Aug)

National target: Zero



Insight & Actions

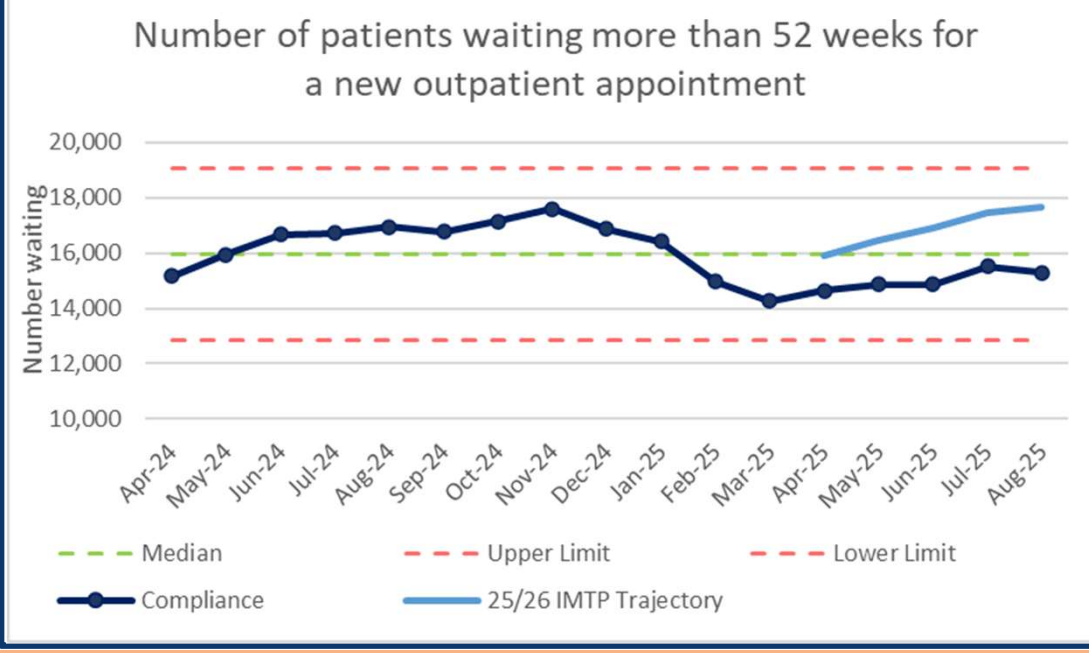
- Following the non-recurrent funding received for Q1 for ENT, Ophthalmology (non-cataract) and T&O, AB delivered a breach position of 172 which was below the forecast risk position of 345.
- The increase to the August position of 820 is broadly in line with the expected monthly growth within our IMTP forecast for the same period, however performance is tracking beneath the IMTP trajectory as a consequence of the strong Q1 result, and a continuation of backfill and WLI in Orthopaedics at risk whilst awaiting confirmation of any potential further funding for treatments.

Measure: Number of patients waiting over 52 weeks for Outpatients

Performance: 15,284 (Aug)

Trajectory: 17,662 (Aug)

National target: N/A



Insight & Actions

- The 52 week new OP position is increasing at a slower rate than forecast, with the total growth from April to August being 629 against a forecast growth of 1,774.
- The national insourcing work on outpatients commenced in AB in August (starting with ENT), and the majority of activity is planned for Oct to March. This will have a significant impact on the total 52 week new OP position as the year progresses, with the decrease from July to August showing the first signs of the impact.
- Trajectories will be re-run to take into account the insourcing contract once more certainty on activity is available.

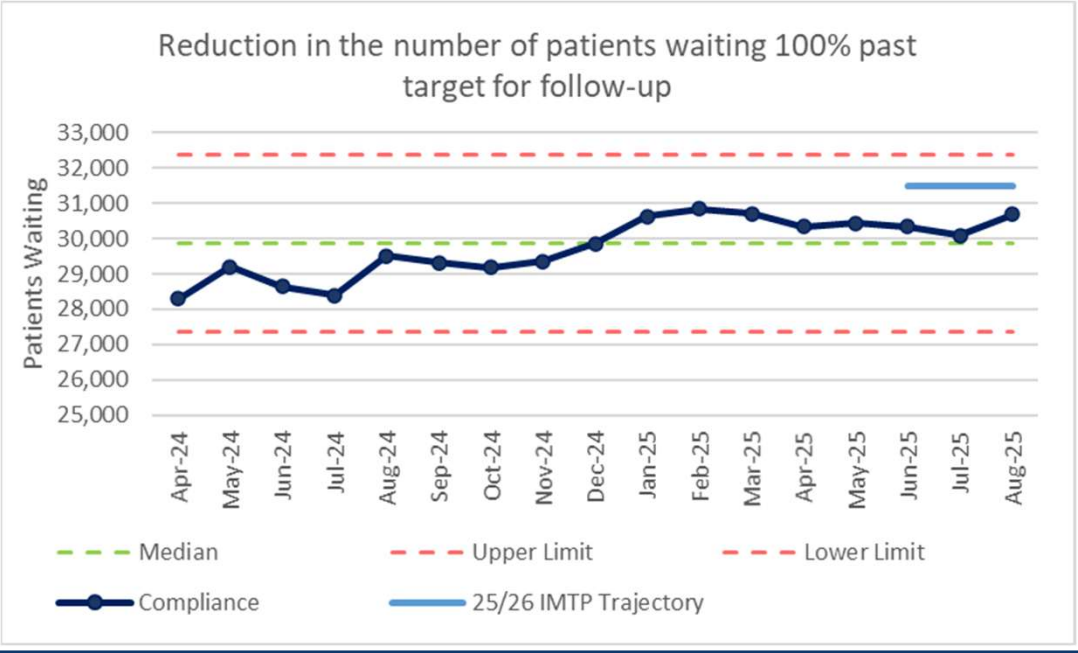


Our Performance & System Change Delivery

Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

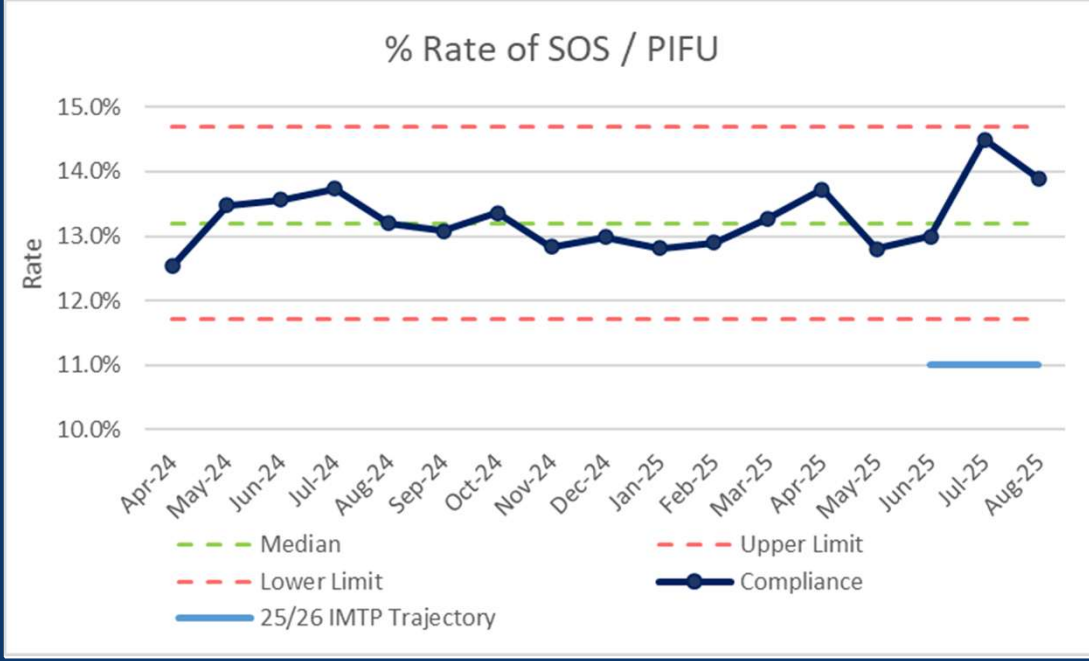
Measure: Reduction in the number of patients waiting 100% past Outpatient follow-up target date

Performance: 30,689 (Aug)
Trajectory: 31,500 (Q1)
National target: Reduction



Measure: Increase in the rate of See On Symptom and Patient Initiated Follow-ups

Performance: 13.9% (Aug)
Trajectory: 11% (Q1)
National target: Increase



Insight & Actions

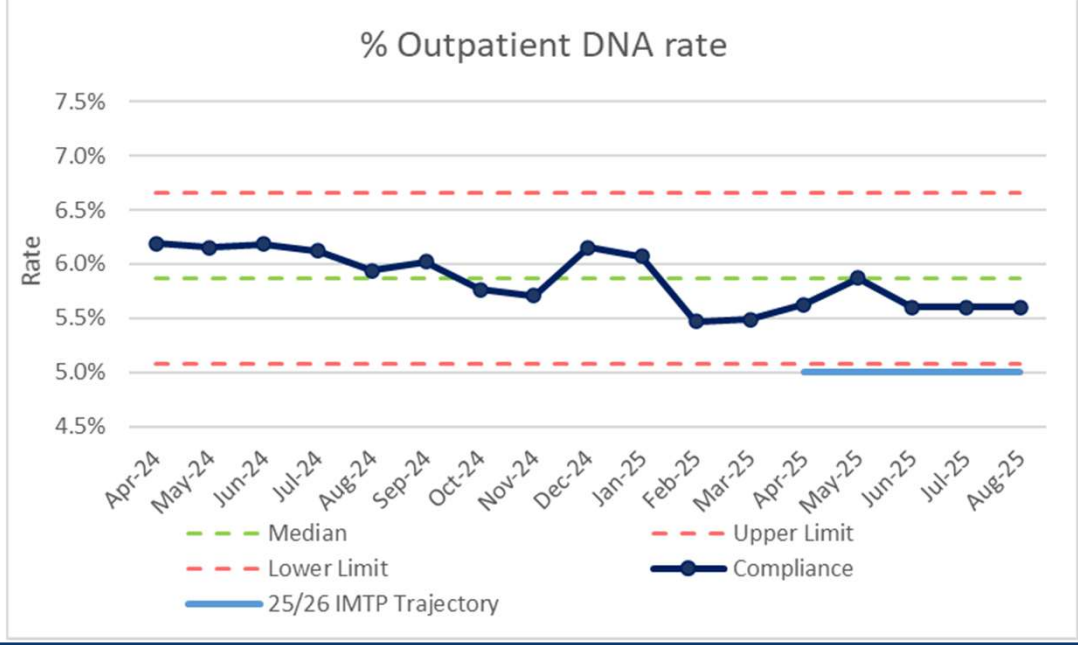
- Follow up waiting list 100% past target: there has been a significant activity to cleanse the accuracy and validity of this list, as it has been recognised that there are patients who are 1000%+ past target that may no longer need to be on it. As a result of this work, particularly within the Division of Surgery, the overall volume had started to decrease however there was a further increase in August. Overall volume remains below the Q1 trajectory.
- Rate of SOS/PIFU: Rates met the Q1 trajectory and increased significantly to 14.6% in July before a slight decrease in August to 13.9%. Again, there is significant work underway within the Division of Surgery in this area, including: validation of 1,040 one-year post op T&O patients to identify patients who can be moved to SOS/PIFU retrospectively; longest delayed follow up patients reviewed on rolling basis within ENT and MaxFax, with patients being discharged or added to SOS or PIFU list retrospectively where appropriate; pilot of Consultant Connect to support PIFU pathway in Neurology, supporting measurement of activity and outcomes.



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

Enabling Action
Performance: 5.6% (Aug)
Trajectory: 5%
National target: <5%

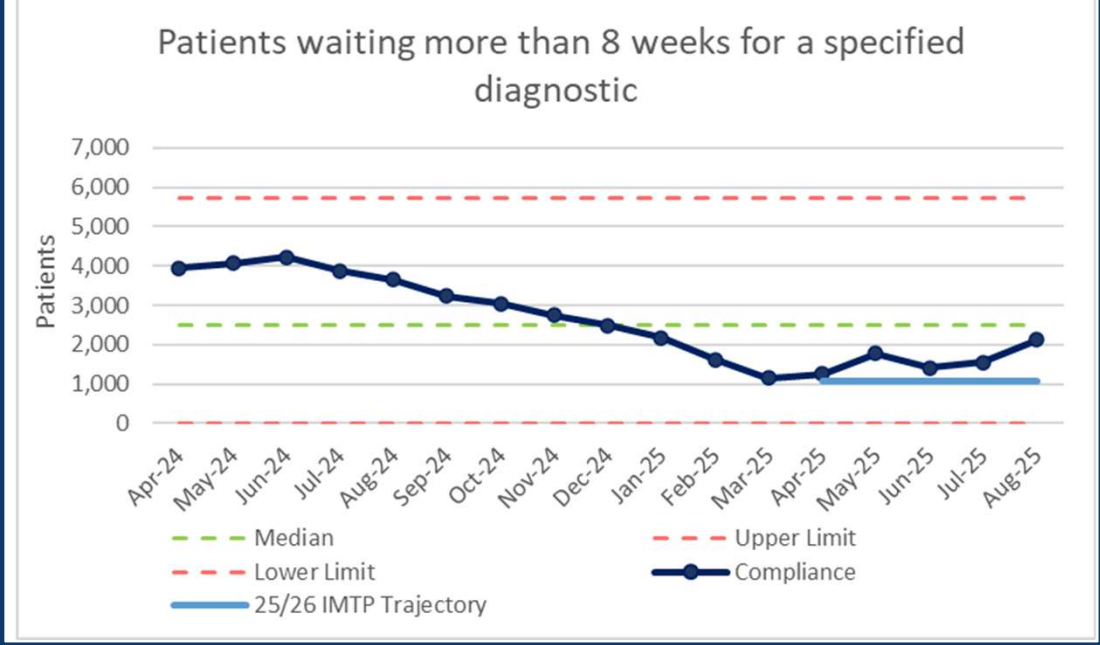


Insight & Actions

- Outpatient DNA rates have been broadly static through the first part of the year, but are reduced from levels experienced in 24/25.
- As part of the Clinical Implementation Networks (CINs) optimisation frameworks, there are DNA/CNA improvement actions for each CIN specialty.

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

Ministerial Delivery
Performance: 2,116 (Aug)
Trajectory: 1,077 (Q1)
National target: 0



Insight & Actions

- 8 week diagnostic performance is tracking above the whole year IMTP trajectory. There have been increases in the past two reportable months which are largely attributable to Ultrasound breaches; these due to staffing issues. Clinical Support Services have developed an action plan to mitigate and ensure breach volumes reduce, which is already observable in the in month September performance. There is a risk that the 26 week Outpatient programme will increase demand on the 8 week diagnostic position, with the national approach for potential additional funding to mitigate still not clear, pending the volume of conversions to diagnostics.



Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

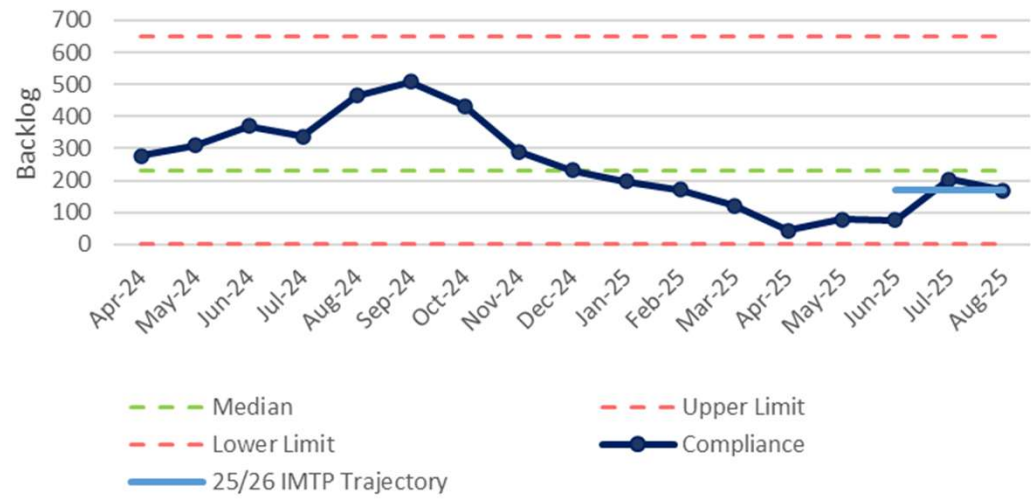
Measure: No patient waiting more than 14 weeks for a therapeutic assessment

Performance: 169 (Aug)

Trajectory: 170 (Q1)

National target: 0

Patients waiting more than 14 weeks for a therapeutic assessment



Insight & Actions

- Q1 performance for patients waiting more than 14 weeks for a therapeutic assessment was significantly under trajectory at 77, however there was a significant increase in July to 204. This was driven by increases in waits of over 14 weeks for Physiotherapy, which in turn is driven by an unexpected, significant increase in Spinal and Knee backlog referrals forwarded onto the Physio Waiting list, following triage by T&O. This breach volume was reduced in August to meet the Q1 trajectory.

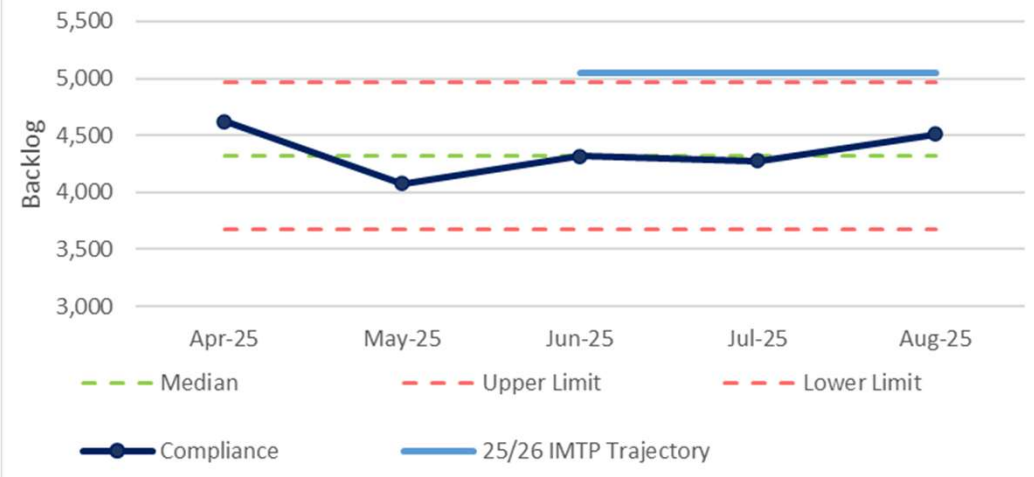
Measure: Number of adults waiting more than 14 weeks for all audiology pathways

Performance: 4,511 (Aug)

Trajectory: 5,045 (Q1)

National target: Reduction

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



Insight & Actions

- Newly reportable pathways for 25/26, increasing from 1 to 6, audiology adult pathways 14 week breaches remain lower than the opening year April position (4,625) which is positive as the IMTP D&C forecast small growth through the year.



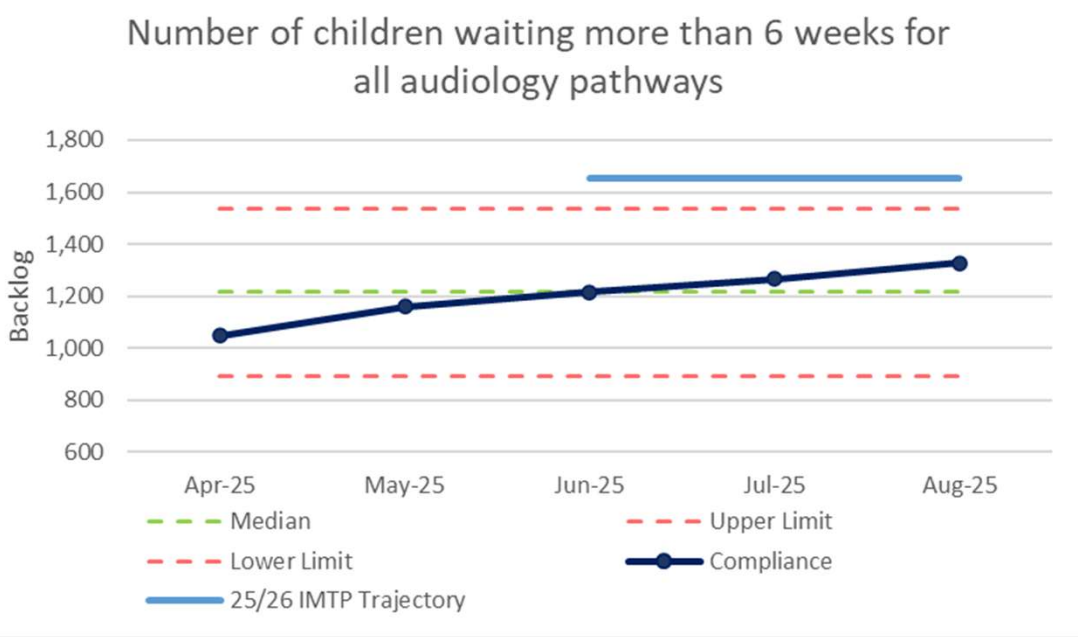
Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

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

Performance: 1,328 (Aug)

Trajectory: 1,654 (Q1)

National target: Reduction



Insight & Actions

- Newly reportable for 25/26 with 2 pathways, audiology paediatric pathway 6 week breaches continue to grow, however the rate is slow and much slower than that forecast in the IMTP.

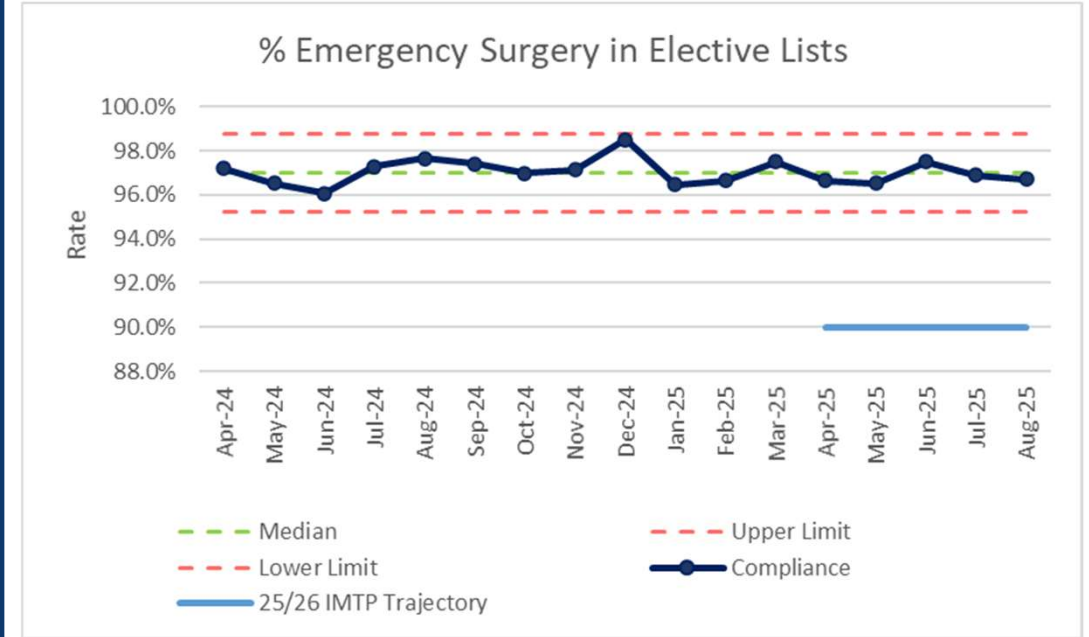
Measure: On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers

Enabling Action

Performance: 96.7% (Aug)

Trajectory: 90% (Q1)

National target: 90%



Insight & Actions

-Performance has been compliant with this measure through the past 16 months.
 - As demonstrated in the GUH/Hospital System report this is a key benefit of the unique system in Gwent. NHS P&I construction of this measure is the individual days per month in which emergency surgery is undertaken on elective lists, however the Health Board is awaiting a finalised, validated position on the national Enabling Actions dashboard before seeking to align.



Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Theatre Utilisation: late starts to less than 20%

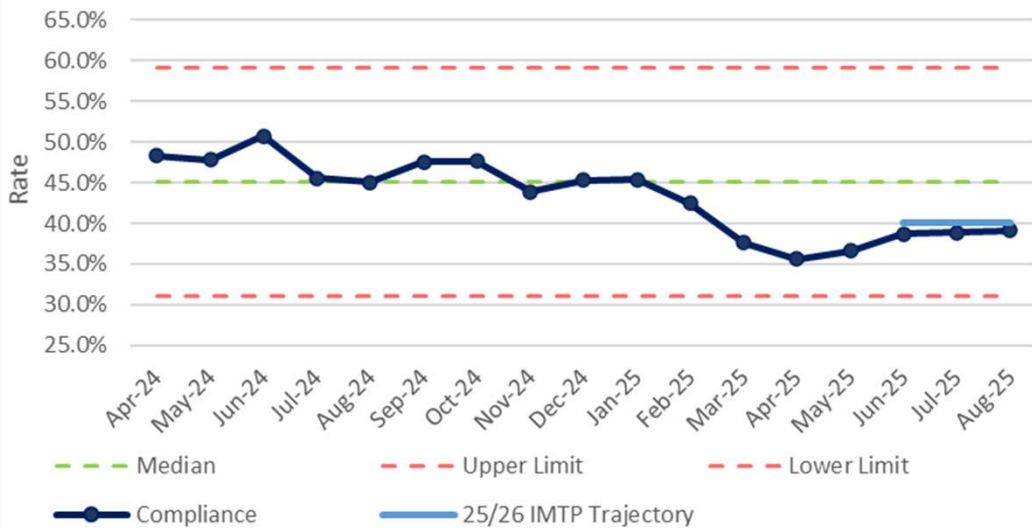
Enabling Action

Performance: 39.1% (Aug)

Trajectory: 40% (Q1)

National target: 20%

Theatres % late starts



Measure: Theatre Utilisation: early finishes to less than 10%

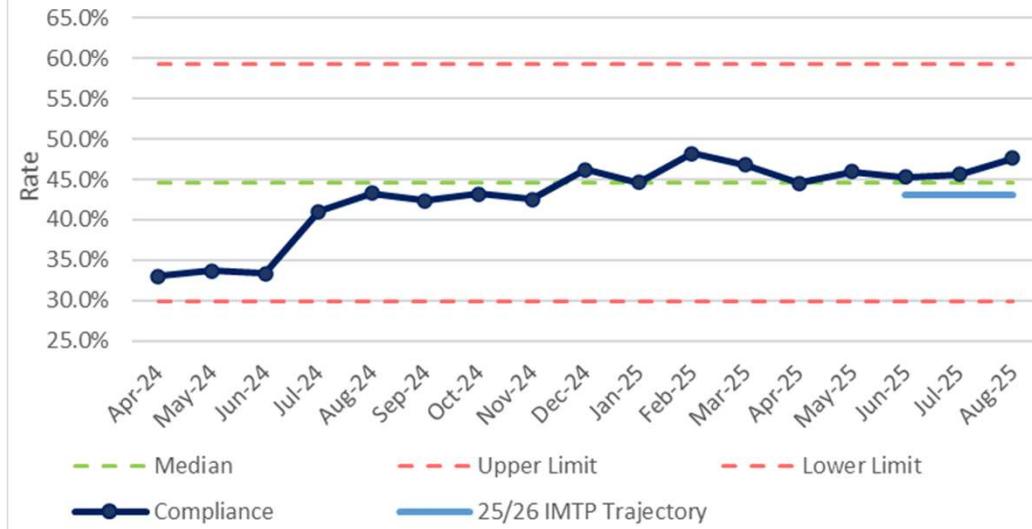
Enabling Action

Performance: 47.6% (Aug)

Trajectory: 43% (Q1)

National target: 10%

Theatres % early finishes



Insight & Actions

- Theatres late starts are marginally under the IMTP trajectory, and early finishes marginally above.
- These measures are a key focus for improvement of the Theatres Utilisation Group (TUG). Again, pending the release of the national Enabling Actions dashboard, the construction of the AB measures will be checked to ensure alignment with the national definitions.
- Finance & Performance Committee reviewed a detailed Deep dive into Theatres efficiency improvement plan in their July meeting. This includes the “Golden Patient” initiative in which the optimal first patient on the operating list is pre-selected the day prior to surgery. This has shown encouraging initial results with regards to improved efficiency at RGH. It is also now being implemented at YYF, and planned to start at GUH in September.



Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Measure: Theatre Utilisation: session utilisation to 85%

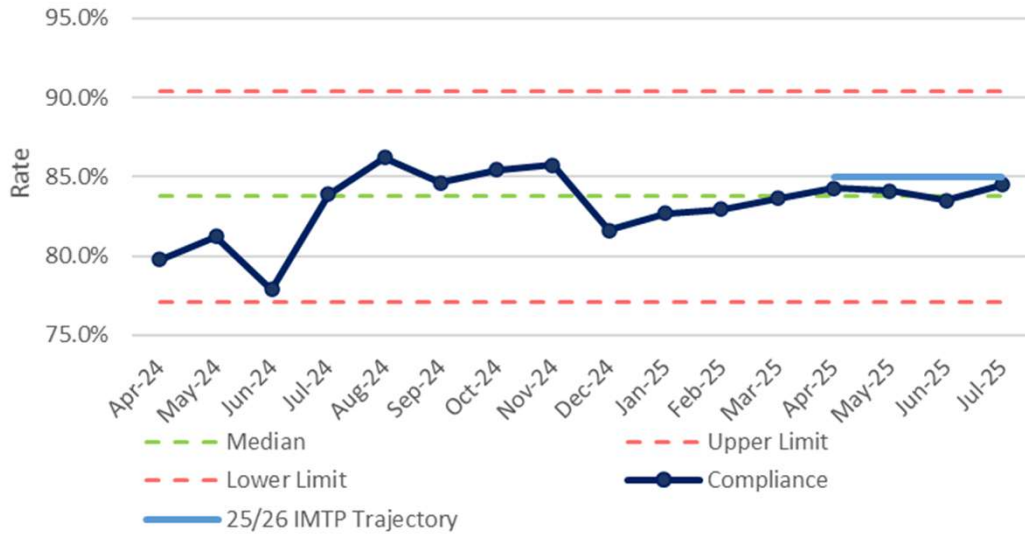
Enabling Action

Performance: 85.0% (Aug)

Trajectory: 85%

National target: 85%

Theatres % session utilisation



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

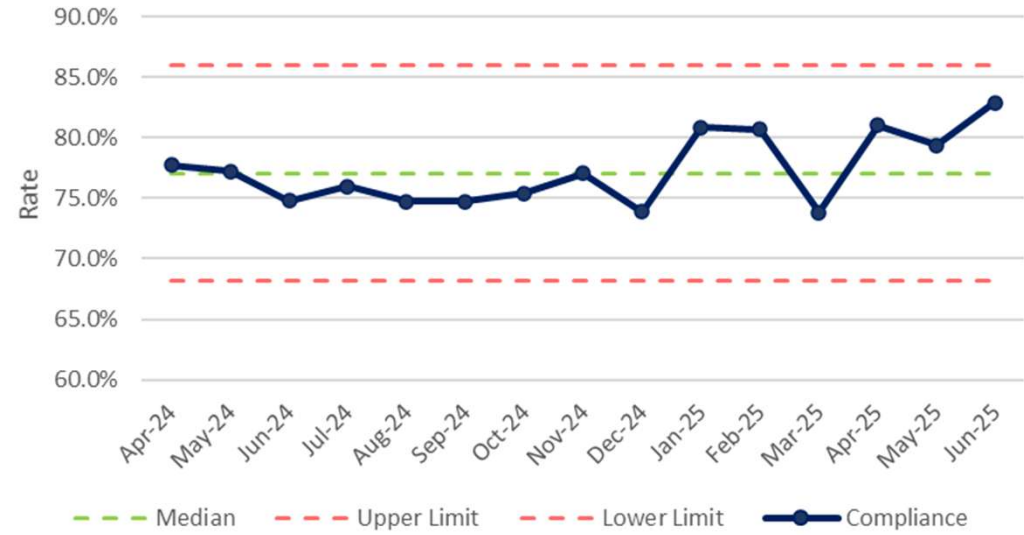
Enabling Action

Performance: 82.9% (Q1)

Trajectory: 45% (Q1)

National target: 70% Apr 80% Jun

BADS daycase rate



Insight & Actions

- Theatres utilisation performance has been broadly consistent through the first part of 25/26, meeting the national ambition of 85% as of the latest performance month. Again, this remains a key improvement focus of TUG.
- British Association of Day Surgery (BADS) rates have improved through the first part of the 25/26, meeting the national ambition of 80% by Q1 with performance of 82.9%.



Improving our Mental health services

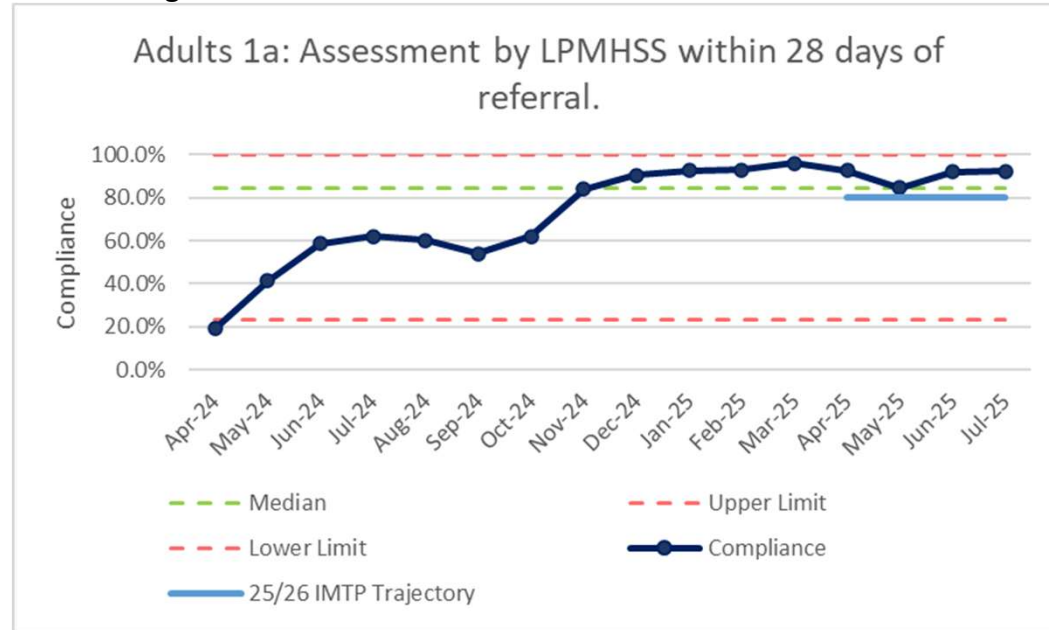
Measure: Maintain Adults Part 1a to national target (assessment completed within 28 days)

Ministerial Delivery

Performance: 92.4% (Jul)

Trajectory: 80% (Q1)

National target: 80%



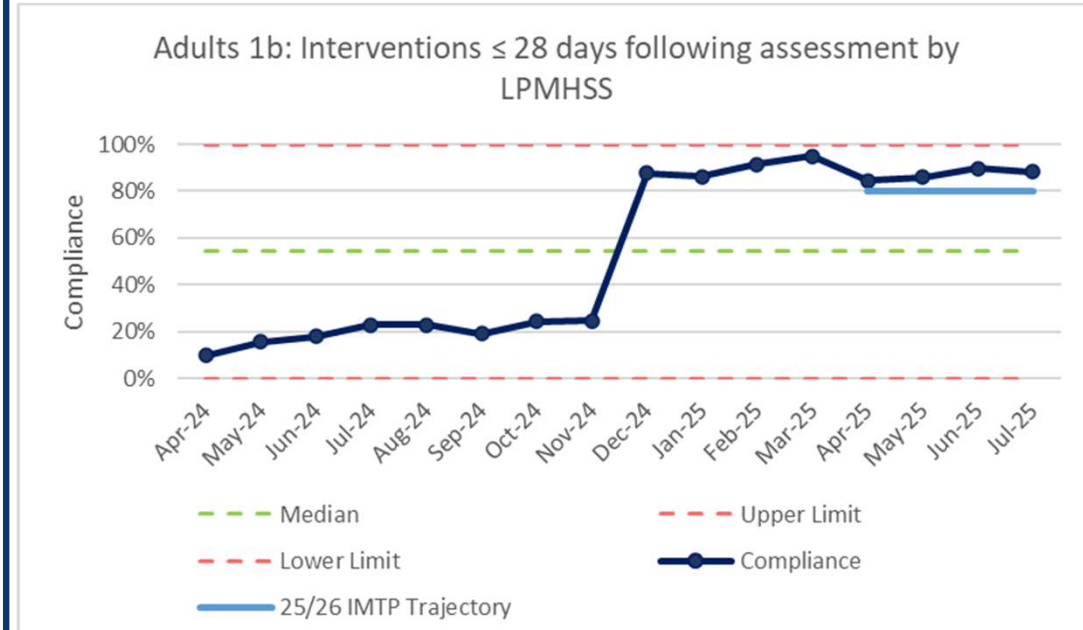
Measure: Maintain Adults Part 1b to national target (interventions completed within 28 days)

Ministerial Delivery

Performance: 88.2% (Jul)

Trajectory: 80% (Q1)

National target: 80%



Insight & Actions

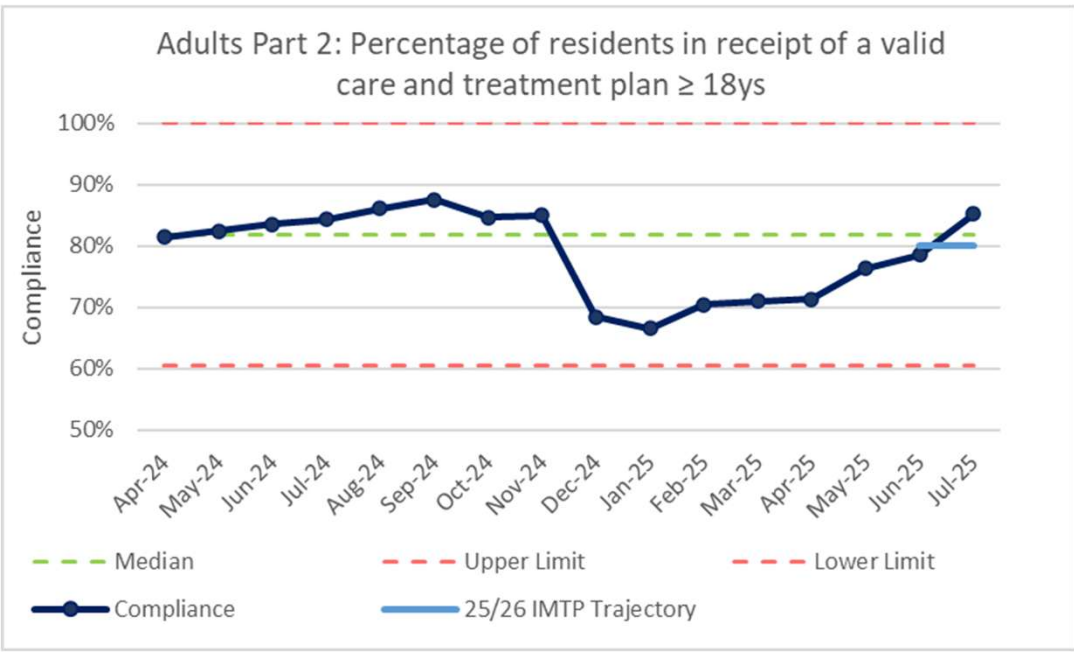
- Performance across parts 1a and 1b for Adults is now consistently meeting and exceeding the national standard of 80% following the improvement delivered in the second part of 24/25.
- Referrals, appointments delivered and the waiting list have also entered into a period of greater stability, indicating a balance of demand and capacity.



Improving our Mental health services

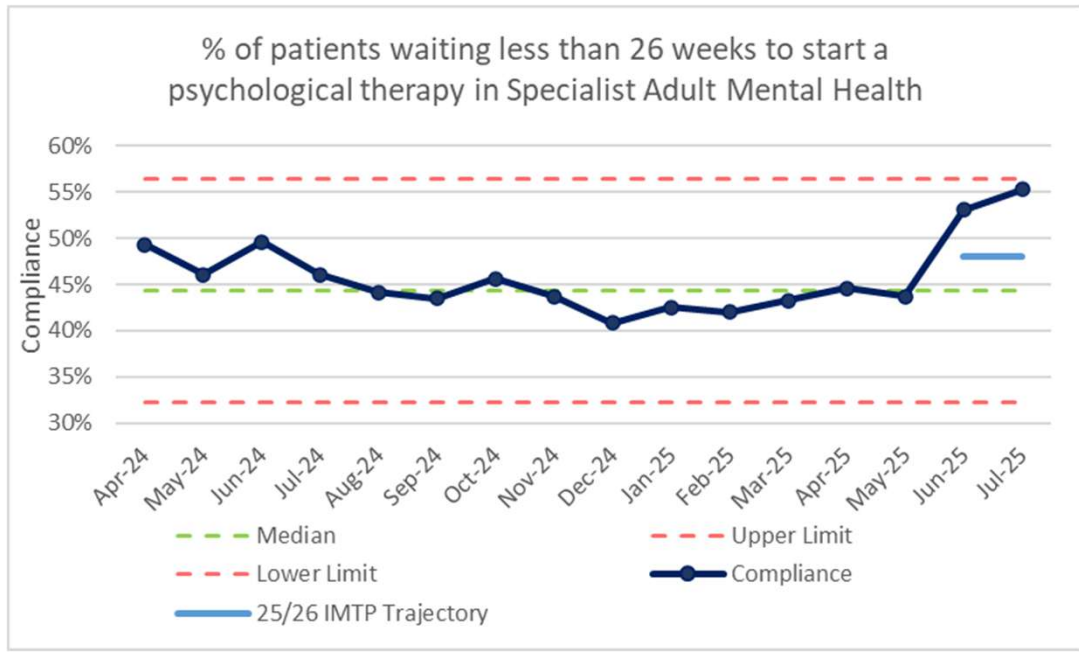
Measure: Maintain Adults Part 2 rates (number of individuals with a valid care and treatment plan)

Performance: 85.2% (Jul)
Trajectory: 80% (Q1)
National target: 90%



Measure: Maintain rate of psychological therapy received within 26 weeks

Performance: 55.3% (Jul)
Trajectory: 48% (Q1)
National target: 80%



Insight & Actions

- The Mental Health and Learning Disabilities (MHL) Division have successfully delivered against improvement commitments for both of the above metrics. Part 2 compliance rose to 85.6% in July, exceeding the Q1 trajectory of 80%, which has been enabled by targeted meetings within individual areas such as Older Adults and LD, as well as working with Local Authority partners to ensure alignment and visibility of treatment plans.
- Following a 12 month period of relatively static performance in Psychological Therapies, performance increased in June to exceed the Q1 trajectory with further improvement in July. Divisional focus has been centred on: teams validating the back log, with many referrals on incorrect pathways; escalation processes for those who have been on the waiting list the longest time; administrative process mapping for booking, to generate pathway efficiencies through centralised booking opportunities, and; ongoing pathway development to enable better flow and continued performance improvement.



Improving our Mental health services

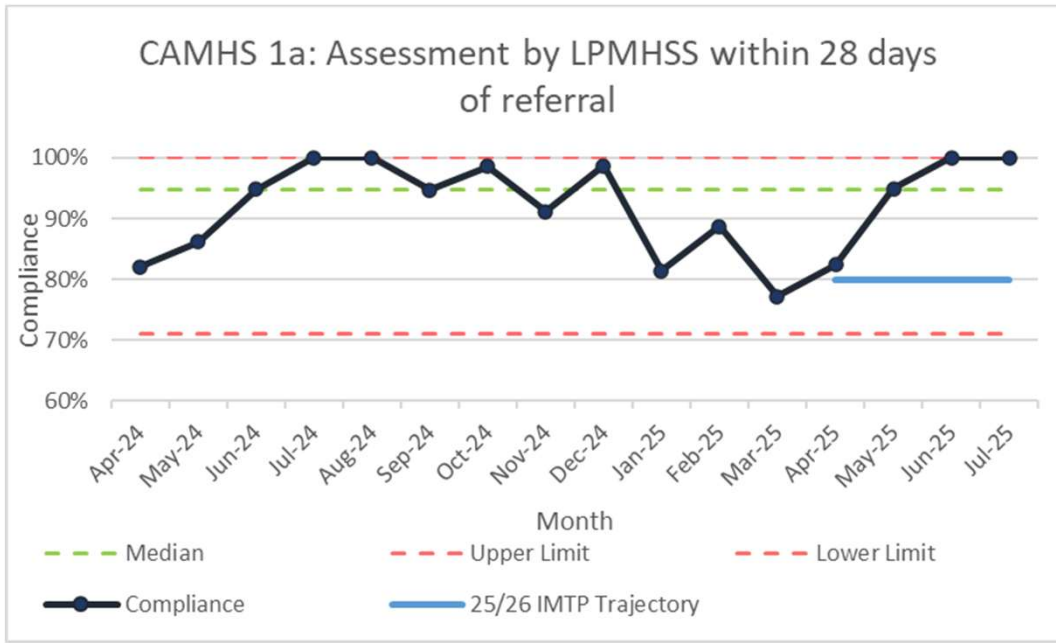
Measure: Maintain CAMHS Part 1a national target compliance (assessment completed within 28 days)

Ministerial Delivery

Performance: 100% (Jul)

Trajectory: 80% (Q1)

National target: 80%



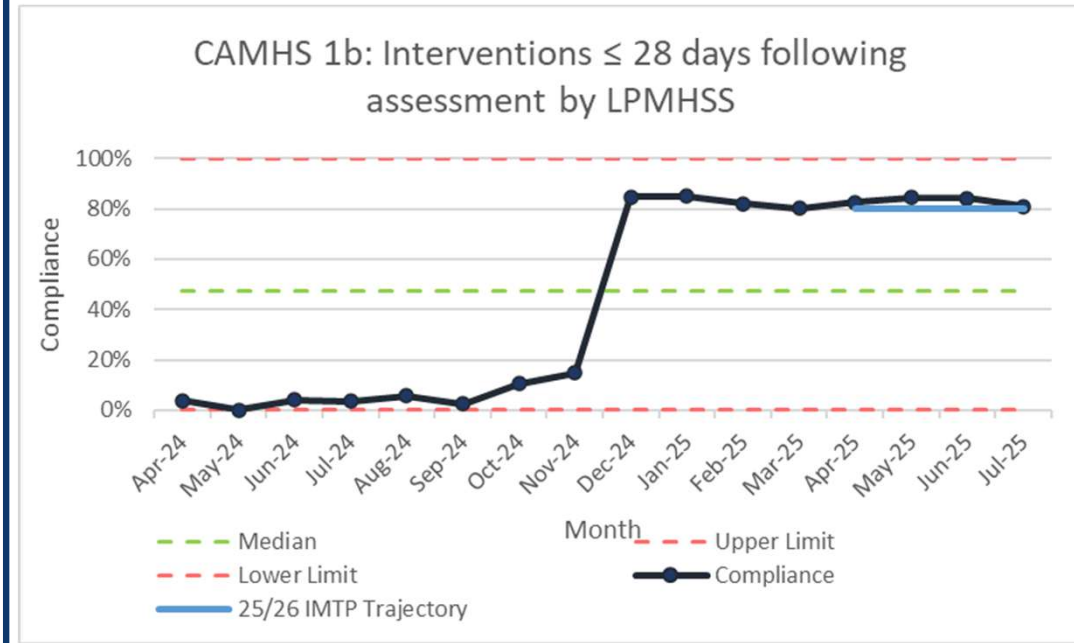
Measure: Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

Ministerial Delivery

Performance: 81.0% (Jul)

Trajectory: 80% (Q1)

National target: 80%



Insight & Actions

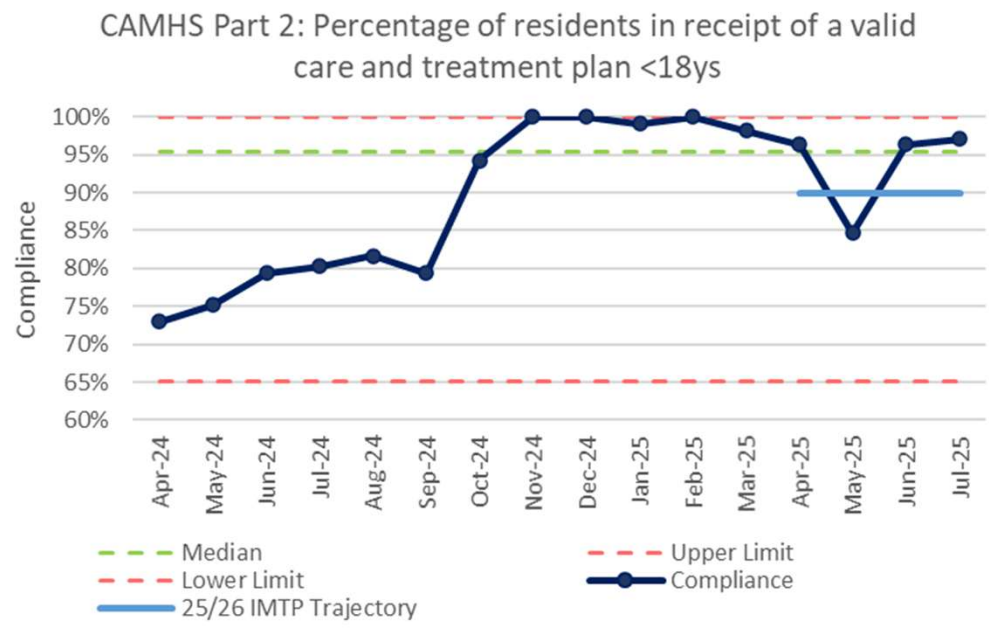
- CAMHS Part 1a has recovered performance through the first part of 25/26 following the decrease experienced at the end of 24/25, with the past two reportable months at 100%.
- Part 1b has now met the national standard for eight consecutive months.



Improving our Mental health services

Measure: Maintain CAMHS Part 2 national target compliance

Performance: 97.1% (Jul)
Trajectory: 90% (Q1)
National target: 90%

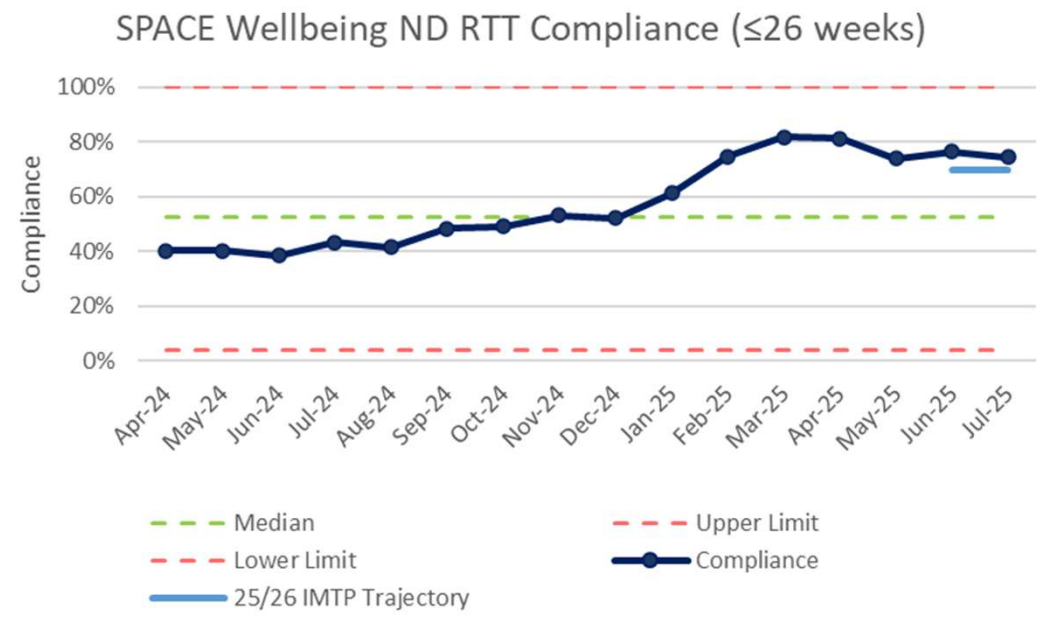


Insight & Actions

- Following the decrease in performance in May, associated with data quality issues, June performance has recovered to exceed the national standard.
- The Division have put in place regular CTP meetings with Team Leads prior to submission to ensure CTPs have been accurately recorded and Care Coordinators identified for Part 2 CYP.

Measure: Improvement in Neurodevelopment waiting times compliance

Performance: 74.5% (Jul)
Trajectory: 70% (Q1)
National target: 80%



Insight & Actions

- The decrease in performance in May to 73.95% was expected due to clearing the old waiting list backlog and implementing the new Neurodiversity Early Support Hub (NESH system), and was factored into the IMTP trajectory with a Q1 value of 70% which has been met.
- NESH priorities are to: improve digital systems and resources (dashboard and patient tracker); develop parental workshops; explore AI generated report software.



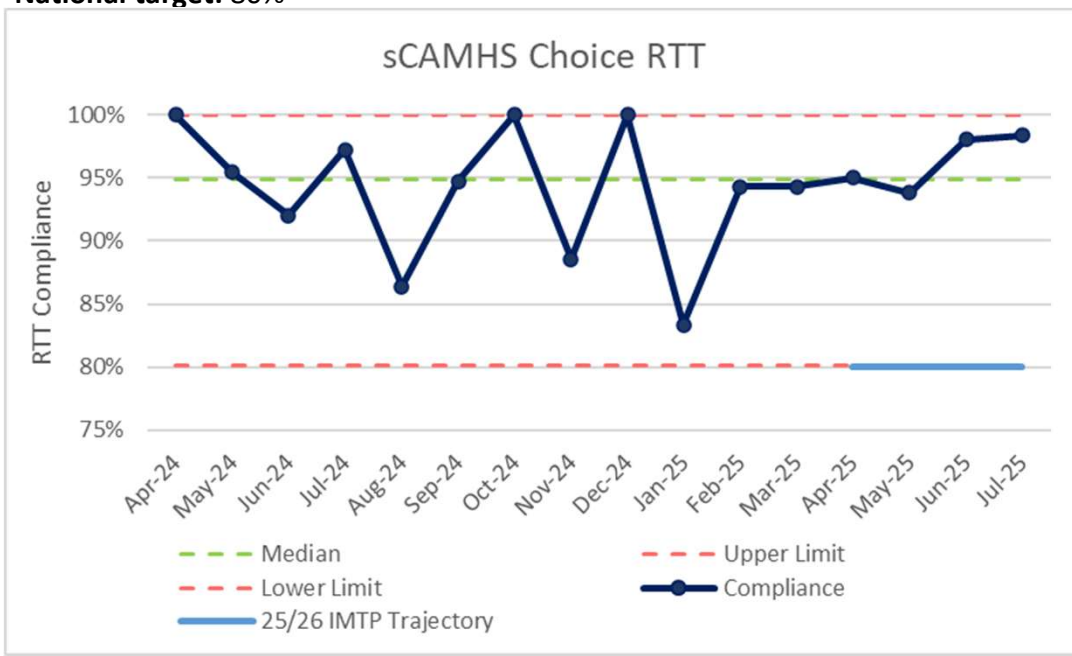
Improving our Mental health services

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

Performance: 98.4% (Jul)

Trajectory: 80% (Q1)

National target: 80%



Insight & Actions

- Specialist CAMHS choice assessments performance remains very strong and consistent, with a median value of 95% since the beginning of 24/25.

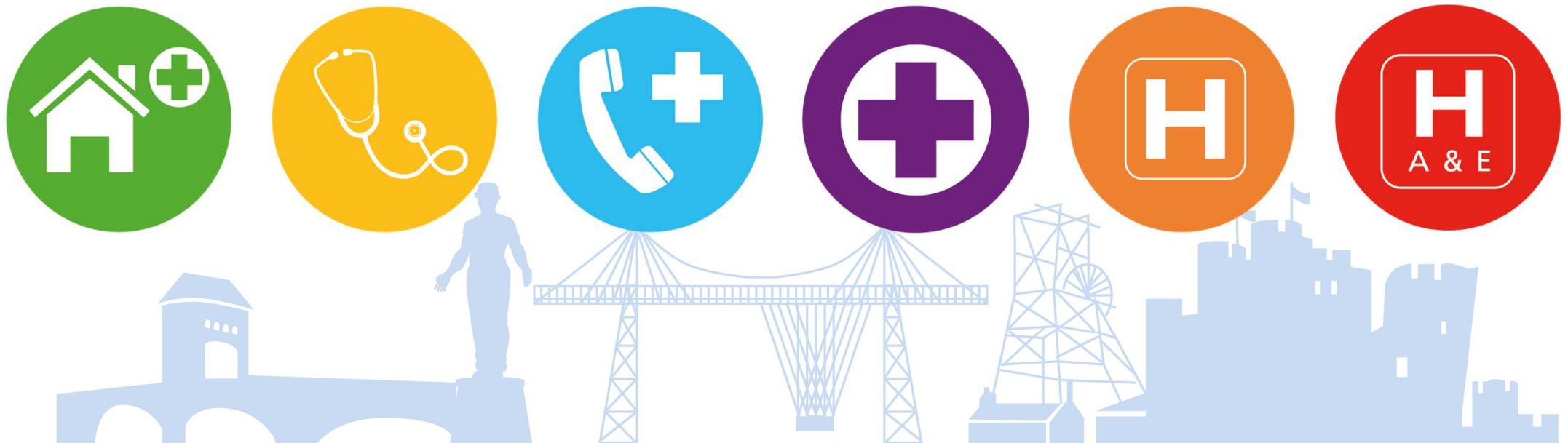


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Aneurin Bevan
University Health Board

Appendix 1

Q1 Performance against Enabling Actions





Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity & Efficiency UEC	Community Based Falls Response	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Level 1 and Level 2 community falls provision in place. Service continuity and funding provision agreed for 25/26. GAP analysis concludes with recommended additionality to strengthen current service. Programme and governance established with workstreams spanning the full falls pathway.
	Remote clinical assessment services framework	P	Awaiting WG Issue, strong flow centre model expanding to MDT hub.	A single point of access phone number for professional referrals in place 24/7/365, handling 250 calls per day. Mix of primary care, WAST and inter-site transfers. Self-assessment baseline document submitted to national team. Programme and governance established with a four phased approach to enhancing current service. APPNav model live covering 12/7.
	Acute frailty model at the Front Door	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Balancing rights and responsibilities training rolled-out including Exec level. 7 day coverage of Community admission avoidance therapies team (CAATT) at the ED, with 5 day coverage at the eLGH's sites. 7 day coverage of Acute Frailty Response and Home First at the ED. Strong Acute Frailty/ COTE model at SDEC YYF in particular. Develop Direct Access Pathway for frail patients.
	Welsh Health Circular - Ambulance Handover Guidance	P	Improvement in performance expectations.	Increased Senior Clinical Capacity. ED Footprint expansion continues with phase 1 expected in Q3. Transfer lounge implemented to increase flow and improve handover. Improved daily standard work approach with safe to start process embedded.
	Optimal Hospital Flow Framework	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Continue to embed the principles of the OHFF across all sites, roll out to commence 4th August focus on RGH and Community Hospitals, training toolkit, developed, x2 OHFF Champions appointed.
	Maintaining the actions within the 50 Day challenge	F	Plans in place to fully adopt with benefits tracking (6 Goals).	Scrutiny panel in place to tackle top 20 longest staying patients. Appointment of x2 B7 OHFF Champions. Workstream established for criteria led discharge to support weekend discharges. Business case submitted to PIP to seek core funding for the hospital to home service, supporting CHC/DST in the community. Home First review undertaken, new model to be implemented in Sept, TA model underpinned by Balancing, Rights and Responsibilities training.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	Implement national guidelines with thresholds by Clinical Implementation Network (CIN). Including SOS and PIFU by default.	-	Awaiting CIN frameworks confirmation of speciality based PIFU SOS targets. Current baseline is 13.4% in organisation. Baselines for each speciality known. Will continue to work with National team.	Meetings taking place with specialties to create outpatient plans. Scoping out current PIFU and SOS usage and areas of opportunity including CIN protocols. Urology and Dermatology fully implemented. ENT Audiology pathways in development (use Audit base, not WPAs). General Surgery use straight to discharge for majority of pathways. Gynae, Orthopaedics and Eyes individual meetings planned to identify further opportunities.
	All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage (end of Q2).	P	Baseline partial direct listing in place, plans to direct list all patients by end of Q4.	Plans in development in line with national approach.
	Monitoring DNA/CNA for every Outpatient clinic. When DNA/CNA as a combined rate >5%, overbooking to be implemented & monitored.	P	DNA baseline 6%, CNA short notice baseline 4.5%. Overbooking would not be advisable, DNA deep dives with services look at short notice CNA's that affect utilisation.	DNA deep dives being undertaken with areas with high numbers of DNA's/Short notice CNA's. These consider processes e.g. reminder messages, locations and times of clinics, patient demographics to support improvement. DNA pilot in NHH (prompting to outcome DNA to prevent automatic rebooking) has shown impact, with DNA rate at the site reducing from 6.3% in Dec '24 to 5.1% in Jun '25. AB Mathematical Modelling team are piloting a tool that can predict the likelihood of a patient DNA'ing, and pending validation of results will look to spread and scale the approach across additional specialties and services which could further improve performance.
	Implementation of CIN follow up criteria both prospectively and retrospectively to established Follow-up waiting lists	-	Awaiting CINs optimisation framework to assess compliance. Baselines known and understood. Workshop with national team 21 March.	Q1 focus on outliers/long waiters on FUWL (significantly >100% past target). ~400 reduced from this cohort in 2-month period. Ongoing work with Teams to monitor/develop plans for long waiting patients, with reductions in longest waiters delivered in certain specialties e.g. Gastro, Orthopaedics, Ophthalmology, Gynae. T&O reviewing 1 year post op patients on follow up list and moving to PIFU where appropriate.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Operational Productivity Planned Care	On 90% of days planned care inpatient/daycase/theatre recovery capacity should be protected from pressures and outliers (end of Q1).	F	Baseline 97.6%	ABUHB are compliant with this measure as of Q1. Median performance from Apr 24 to Jun 25 is 97.1%. Monthly performance through Q1 25/26 has been 96.6%, 96.5% and 97.5%, Apr to June respectively.
	Reducing late starts to less than 20%; - Reducing early finishes to less than 10%; and - Increasing session utilisation to the GiRFT standard of 85% by March 2026.	F	Baselines are late starts 44%, early finishes 47%, theatre utilisation 83%. Plans to improve late starts & early finishes to 25%.	Cross-divisional monthly Theatres Utilisation Group (TUG) is ongoing, chaired by the Deputy COO. 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 we meet the MAG recommendation to establish a Theatre Optimisation Board. Autosend and golden patient – specialty level data review for RGH complete. Demonstrates overall improvement since both processes have begun and a nearly 10-minute improvement when golden patient is in place.
	Deliver improvements in day surgery rates, achieving a BADS daycase rate of 70% (April 2025), then 80% (June 2025)	P	Baseline 50%. Plans to improve to 55%. Following a review of procedures to identify opportunities to increase day case rate, implementation will commence and further opportunities to be scoped ahead planning for NHH Day Case Centre of Excellence.	Specialities to review opportunities for increased day case activity (benchmarking against BADS guidance) to inform short-term opportunities and longer-term Theatre Service Model as part of NHH developments.
	Consistent clerical and clinical validation should be in place on an ongoing basis and reported quarterly for impact.	F	In place reported through outpatient transformation.	52-week letter validation process in place. Clerical pathway validation undertaken centrally and locally in certain specialties, focused on RTT and long waiting follow up patients.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Workforce Productivity	Variable Pay & Agency Control Framework Welsh Health Circular	F	2024/25 total agency spend has reduced to £43.2m compared to £805m in substantive workforce which has inc. from last year.	M03 YTD Agency spend is £6.3m and therefore extrapolated on a straight-line basis would come to circa £25.3m. M03 YTD Substantive pay is £202.5m and extrapolated would look to be £810m for 25-26.
	Sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.	P	2024/25 agency reduction savings £11m. Total agency saving to achieve 30% reduction would need to be £7m.	Based on the numbers stated above then on a straight-line basis Agency costs have reduced by 41.4%.
	Ensure a reduction in agency spend on HCSW, A&C, and E&A to zero by 30th Sept 2025	P	2024/25 spend is £1.05m; Plans to achieve total off-contract and HCSW agency removal by September 25. A&C and E&A, reduction in spend will be achieved but zero spend difficult within current recruitment market.	Reduction not realised through Q1. It looks difficult to be able to reduce to zero by end of September, especially in light of the additional work on Planned Care overall.
	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.	P	Baseline 38%. Monthly trajectory plan by division to achieve 90% compliance by September 25 and a positive number in progress. However progress will be in balance with benefits of new job planning system.	Current job planning compliance is 47% an increase of 8% since the beginning of April 2025. Electronic system has been introduced in 2024. Following audit recommendations, an agreed action plan is in place to improve compliance including regular deep dives, with accountability arrangements strengthened.
	Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25	F	Baseline cumulative 12 month absence 6.53% in Jan 25 plans to reduce 25/26 in comparison to 24/25.	Sickness rate at the end of June was 5.99% which is the same rate as this period in 2024.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p>Maximising Value for Money</p>	<p>Non-Pay - ensure implementation of Value & Sustainability Board recommendations, which includes local implementation of clinically endorsed and mandated product choice to maximise market share and deliver best value.</p>	<p>F</p>	<p>In place reported through Value & Sustainability</p>	<p>Working through rationalisation opportunities via the theatre innovation group which reports into our Non-Pay Group, these include nationally identified opportunities such as sutures, advanced energy devices and surgical stapling. An updated review is underway for orthopaedics hips & knees and toga suits. As national opportunities become defined information is captured locally and shared within the health board to ensure that each opportunity is considered and progressed as appropriate. A consolidated overview of Non-Pay opportunities and updates on progress are also reported through the organisation's Value & Sustainability Board on a monthly basis.</p>
	<p>Medicines Management - ensure full implementation of the high value medicines Value & Sustainability Board programme, which includes delivering opportunities against each of the four programme areas (maximise use of biosimilars, switch to generics, preferential use of medicines in primary care, restrict low value prescriptions)</p>	<p>F</p>	<p>In place reported through Value & Sustainability</p>	<p>ABUHB is currently achieving 97.73% as a composite of biosimilars purchased (Infliximab, Ranibizumab, Etancept and Adalimumab). Significant work has been undertaken to switch ustekinumab with 99% of biosimilar purchased. Biosimilar tocilizumab (Tyenne®) sub-cut formulation has not been available until April 25. 32 patients have now been registered with homecare provider and awaiting switch. Remaining 11 patients will be reviewed and registered. Secondary Care generics currently at 99.98% as a composite of generic product purchased. For primary care generics there has been a 53.81% reduction in items issued compared to the reference period. Currently ABUHB has the lowest spend per 1000 patients of the branded basket. Preferential use of apixaban and rivaroxaban currently at 86%. AB has a lower baseline, due to the previous position of edoxaban as the DOAC of choice in order to optimise the rebate opportunity. Prescribing of preferred DOACs continues to rise with practice engagement via a local enhanced service, which has been extended until September. For Low value prescriptions, ABUHB has the lowest spend per 1000 patients of bath and shower emollients and has seen a 44.26% reduction in items issued compared to the reference period.</p>



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Maximising Value for Money	CHC - ensure implementation of Value & Sustainability Board recommendations which include continued actions to improve clinical and financial effectiveness associated with packages of care. This includes implemented a standard digital solution to support effective intelligence capture on a national basis.	F	In place reported through Value & Sustainability	Divisional Top 50 placement workstream review commenced & ongoing; follow up of identified cases in progress. Enhanced Care - continue to build on positive work to manage / reduce enhanced care in care home setting including introducing additional scrutiny on enhanced care and one to one placements. Increased demand being seen for enhanced care for hospital discharges. Digital Solution WG to confirm next steps for new national CH database; specification complete; pre procurement session held in April. FNC - assessment process for FNC admissions on track.
	Estate - ensure ongoing actions to strengthen estate utilisation including the appropriate repurposing and disposal of under-utilised estate.	F	In place reported through Value & Sustainability	Ongoing work re rationalisation on St Woolos site to realise opportunities. Work underway in relation to the redevelopment of Nevill Hall which will look at opportunities to rationalise the estate SOC drafted and currently under review. Optimising utilisation through the exploration of developing of a Health and Wellbeing Centre within Monmouth and the existing estate. Currently reviewing the Health Boards Estates Strategy which will include detail on rationalisation and utilisation and short, medium and long term plans.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensuring full implementation of the nationally optimised pathways in the cancer recovery programme	P	Steps within pathways in place but timeframes now always with exception of Head and Neck where we have not fully implemented.	Pathways remain in place (with the exception of H&N), however timescales remain challenging. Compliance against 62-day timescale has reduced slightly from 67% (end Q4 24/25) to 63.5% at the end of Q1.
	Ensuring full compliance with straight to test guidance	P	Head and Neck and Sarcoma only pathways outstanding, work ongoing to establish measures.	Head & Neck Pathway - ABUHB do not follow STT guidance in favour of 'grouping' all diagnostic tests at first OPA which sees patients being investigated within 7 days of OPA which translates to high SCP compliance each month. Sarcoma - no progress has been made on STT for this pathway. These are very small numbers of patients who are treated in tertiary centres. Plans to review the pathway are being considered for Q3/Q4 2025/26.
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Diabetes	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	There has been a targeted focus to address the biggest problems reported within the 8 Care processes (Urine and Foot Checks). Engagement with NCN leads complete with 10 volunteer practices to work with us to implement 3 new workstreams over the next 12 months including: Education and Awareness' & Compliance, Root causes for non-compliance in primary care (Care homes and community) and Process and Pathway variation. Workstream one has progressed as a priority for Qtr1-3. The workstream are producing various materials & media based on direct input from the people with 'lived' experience of these issues in Gwent and healthcare staff across the system via a dedicated T&F/Advisory group aimed at improving compliance, they have established clear baseline positions with 49 of the 68 practices in Gwent, prioritised approaches based on this, the products will be released for use during QTR2 where we will more impact alongside the implementation of workstreams 2 & 3. Whilst the focus is workstream 1 during this period we have also process mapped the pathways across 8 of the 10 volunteer practices to support scoping and optimise our resources to attach workstream 3.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Bone Health	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	ABUHB continue to lead the way in implementation and adoption of the FLS and Bone health service aligned to the HVHI areas of work local project aims are to: identifying 80% of fragility fractures and delivering bone treatment to 50% of those identified. The aim is to prevent 33% of future fractures in this cohort. Implementation of a pathway of collection for PROMS over a 54 week timeline. The patients who started on the pathway in Sep 24 will be due their 'discharge' prom early in Q3 25, volumes were limited to one clinic for the pilot phase and we expect to see the volume of patients increase in Q4, 25-26. Analysis of the cohort data combined with their A&E presentations, admissions or re-fractures will be undertaken in Q1 26-27.
	Ensure progress with the implementation of Value & Sustainability Board High Value High Impact pathway - Arthroplasty (Hip & Knee)	F	Plans in place to fully adopt with benefits tracking through Value & Sustainability	Discussions initiated with Values Based Healthcare re timeline for streamlining T&O onto Promptly Medical.
	Ensure implementation of national digital priorities, specifically the implementation of the digital maternity system, and NHS Wales app.	F	Implementation of Maternity solution (Badgernet) completed and benefits presented to Ministerial Digital Summit. Procurement for Mental Health solution underway and continue to engage with Connected Care programme. E-Prescribing rollout continuing for the Health Board.	Health Board actively involvement in the wider Digital Maternity Cymru deployment across Wales sharing information and resources with other organisations and supporting governance structure in place. Procurement for Mental Health complete and ready to award to supplier via contractual arrangements subject to Health Board governance arrangements. Costs provided to DHCW for business case and continue to work collaboratively as we move into the implementation phase of Mental Health to enable migration from WCCIS. EPS now live in 11 GP practices and 78 pharmacies across Gwent and deployments planned until March 2026.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
Improving Value, Optimising Outcomes, & Minimising Variation	Support the implementation and roll-out of the NHS Wales app for maximum impact and benefit to include the uptake of its use for repeat prescriptions.	F	Plans in place to fully adopt with benefits tracking through collaboration with DHCW and membership at the relevant governance groups.	Discussions ongoing with our Primary Care & Community Division of adoption and usage on the NHS Wales App and how this can be promoted across the health board area. Potential for bid to DHCW for project resources to support adoption of NHS Wales App.
	Eradicate unsupported systems and devices, and ensure a clear cyber response plan for the organisation.	F	Cyber security improvement plan in place linked to recommendations from the Cyber Resilience Unit to achieve compliance against the Cyber Assurance Framework.	Continue to work towards improved cyber resilience and compliance with regular reporting to Finance & Performance Committee to provide assurance to the Board. Engagement with DHCW over national cyber response exercise in September. Deployment of Security Incident Event Monitoring solution.
	Progress implementation of the national approach to Interventions not normally undertaken (INNU) - Deliver the 8 priority procedures determined for implementation as part of Phase 1.	F	Work with AWCEG to implement the clinical criteria and monitor the activity data for each intervention.	The Health Board remains committed to collaborative engagement with the All-Wales Clinical Effectiveness Group (AWCEG) to ensure a consistent, all-Wales approach to implementing the newly defined criteria for Evidence-Based Interventions (EBIs). In Phase 1, the AWCEG—working in partnership with the Clinical Implementation Networks—has completed comprehensive evidence reviews and established criteria for nine initial interventions. Concurrently, efforts are underway with Digital Health and Care Wales (DHCW) to facilitate the coding of these criteria and evaluate associated opportunity costs. Patient information materials are also in development to support clear communication and shared understanding. Until the finalised criteria from AWCEG is forthcoming, ABUHB has proactively undertaken a data review to identify and discontinue any interventions deemed clinically inappropriate.



Delivery Area	Enabling Action	Adoption	Baseline	Progress this period
<p>Improving Value, Optimising Outcomes, & Minimising Variation</p>	<p>Progress implementation of the national approach to Interventions not normally undertaken (INNU) - continue to implement ongoing recommendations throughout 2025/26</p>	<p>F</p>	<p>Implement the criteria once reviewed from the AWCEG and monitor the activity data, reporting as requested.</p>	<p>The Health Board will maintain ongoing collaboration with the All-Wales Clinical Effectiveness Group (AWCEG) to ensure alignment with the rolling programme of reviewed interventions and implementation of the updated criteria. To further support Health Boards in the operationalisation of these criteria, AWCEG is currently developing a decision-support algorithm alongside a standardised letter template. These tools are intended to aid in the appropriate removal of patients from waiting lists where clinical eligibility is not met. ABUHB will continue to engage proactively with clinical teams to ensure that patients are supported in accordance with any recommendations issued by the AWCEG.</p>
	<p>Ensure delivery of effective referral management processes. This includes consistent implementation of Health Pathways (Pathway Alliance Programme) across all Health Boards with the rapid adoption of the 282 pathways within the programme.</p>	<p>P</p>	<p>Plan to increase will not meet 282 localised pathways. This would take financial investment without clear benefits realisation.</p>	<p>123 pathways live at 09/07/25. Ahead of schedule to meet national target of 156 pathways at 28/02/26.</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Outpatient Transformation Deep Dive
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Julie Poole, General Manager – Surgery Division Carla Hiscott, Deputy Outpatient Transformation Lead

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 transform Outpatients, specifically:

- Report progress against Key Performance Indicators on Outpatient efficiencies
- Report progress on transformational work in Outpatients.

Cefndir / Background

Improving the balance in demand and capacity is essential in order to reduce the numbers of patients waiting and the length of time patients wait for outpatient appointment. The mismatch of Outpatient capacity and demand leads to delays for patients to be assessed and receive a diagnosis and appropriate treatment. The Outpatient Transformation programme has a twin track approach of (i) focusing on efficient use of current Outpatient capacity alongside (ii) implementation of new models for outpatients including support for new ways of working and streamlining of pathways. The underpinning philosophy is that each contact with a patient adds value for the patient and clinician. Through new ways of working there is a drive to reduce delayed follow ups, with a move away from following up at regular intervals to care being initiated by the patient where clinically appropriate.

The national work of the Clinical Implementation Networks focuses on the specialty-based frameworks, pulling together benchmarking and best practice. These offer a clear playbook for outpatient efficiency opportunities as well as pathway redesign.

Part 1:

Programme Structure and Delivery

1.1 Welsh Government Measures and Expectations

The Outpatient Transformation programme aligns to the national Planned Care 5 goals strategy:

The Planned Care 5 Goals Strategy	
GOAL 1: Effective referral	
	Ensure that referral guidance and thresholds are in place to ensure that those most in clinical need are referred to the appropriate setting.
GOAL 2: Advice and guidance	
	Develop access to high quality advice and guidance to enable informed decision making for individuals as well as primary and secondary care clinicians.
GOAL 3: Treat accordingly	
	Access to the appropriate care at the right time at the right place.
GOAL 4: Follow up prudently	
	Giving individuals more choice and control over their care.
GOAL 5: Measure what's important	
	Transforming care to better meet the clinical needs of the patient.

These in turn underpin the Welsh Government strategy - *The Role of Outpatients in Transforming Planned Care in Wales – a three-year strategy and action plan 2023-2026*.

There are a number of national measures set by Welsh Government which focus on Outpatient efficiencies, from the Role of Outpatients in Transforming Planned Care in Wales Strategy, 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.

The Role of Outpatients in Transforming Planned Care in Wales – a three-year strategy and action plan 2023-2026 – key targets for 2025/2026:

- Annual increase of SOS and PIFU activity
- Annual increase in pathways with virtual appointments, and reviews carried out virtually (synchronous and asynchronous) as agreed with the Outpatient Steering Group supported by the Clinical Implementation Networks
- 50% reduction in Hospital Initiated Cancellations on the March 2019 baseline
- DNA rate to be no more than 5% for news and follow ups

Ministerial Advisory Group:

The Ministerial Advisory Group (MAG) report on NHS Wales Performance and Productivity was published in April 2025 and included three recommendations relating to Outpatients:

Recommendation 1: All health boards should, within three months, develop a plan to reduce referrals to traditional outpatients in high volume specialities. Particular attention should be given to unwarranted variation and specialities where per capita referrals rates are above the national median. Models that offer alternatives to traditional outpatient pathways should be rapidly identified and scaled. National Funding for Advice and Guidance and the National Pathways programme should continue.

Recommendation 2: All health boards and trusts should work to reduce variation in outpatient waiting times by adopting best practices in outpatient service management, using existing specialty GIRFT health board and trust reports, the 16-specialty specific Further Faster guides, mandatory electronic triage of referrals, and adoption of the 29 pathways across the 6 specialties with the longest waits.

Recommendation 3: All health boards and trusts should take action to improve waiting list management 3a) Better prioritisation of available capacity for the longest-wait patients should become a pre-condition for receipt of additional funding from Welsh Government for elective recovery. Welsh Government should agree minimum standards based on the existing Treat in Turn dataset, and elective recovery funding for 2025/26 should be made conditional upon meeting these in each individual health board within a defined period of time.

Enabling Actions – Planning Framework:

The enabling actions annex of the Planning Framework includes two key measures relating to Outpatients. These are listed below:

Measures 3&4:	Measure 3 & 4 Implement national guidelines with thresholds by CIN and procedure. This includes delivery of effective Outpatients through discharge, SOS, and PIFU by default. Implementation of CIN Follow Up criteria both prospectively and retrospectively to established FUNB waiting lists
Measure 5:	Ensure monitoring of DNA/CNA rates is in place for every OP clinic. When DNA/CNA as a combined rate is >5% overbooking additional patients should be implemented and monitored.

1.2 Programme Structure:

The Health Board’s approach is outlined in the table below:

Theme	Workstreams	Policy Drivers
Managing Demand	<ul style="list-style-type: none">• Advice Only	Planned Care Goals 1 and 2

	<ul style="list-style-type: none"> • E-advice • Consultant Connect • Health Pathways • Interface GP's 	MAG Recommendation 1
Efficient Use of Resources	<ul style="list-style-type: none"> • Discharge protocols, SOS, PIFU and Remote Monitoring • DNA/CNA focus • Reduction in Hospital Initiated Cancellations • Directorate specific plans • Outpatient Treatment Unit – One Stop pathways • Virtual clinics 	Planned Care Goals 3, 4 and 5 Outpatient Strategy key target MAG Recommendation 2 Enabling Action Measures 3, 4 & 5
Digital as an enabler	<ul style="list-style-type: none"> • E-advice • Consultant Connect • Envoy • Remote Monitoring • Clinic Room Booking System • Health Pathways 	Planned Care Goals 1-5
Operational Management	<ul style="list-style-type: none"> • Validation • E-referrals • Deep Dives on areas to identify improvements 	MAG Recommendation 3

Programme Delivery

Managing Demand

Managing demand is essential from the beginning of a patient's pathway to ensure patients are seen in the right place at the right time. This focus requires pathway working across primary and secondary care – a key principle of the workstreams. It was identified in the Finance Benchmarking review (Appendix 1) that there is an opportunity in 12 specialties to reduce the number of referrals into the Acute sector. Workstreams focused on managing demand are outlined below:

Advice Only

A hybrid Advice Only process is in place for routine advice, which supports avoidance of unnecessary clinic appointments. Figures below show how the number of referrals processed as Advice Only have increased year on year:

Division	2020-2021	2021-2022	2022-2023	2023-2024	2024-2025	2025-2026 YTD	Grand Total
Clinical Support Services			178	268	255		701
Family and Therapies	1250	2486	3288	3457	2907	1171	14559
Medicine	62	2858	3914	4784	6396	3575	21589
Scheduled Care	1492	3005	3090	3642			11229
Surgery	305	594	1360	1827	8094	4447	16627
Unscheduled Care	1957						2728

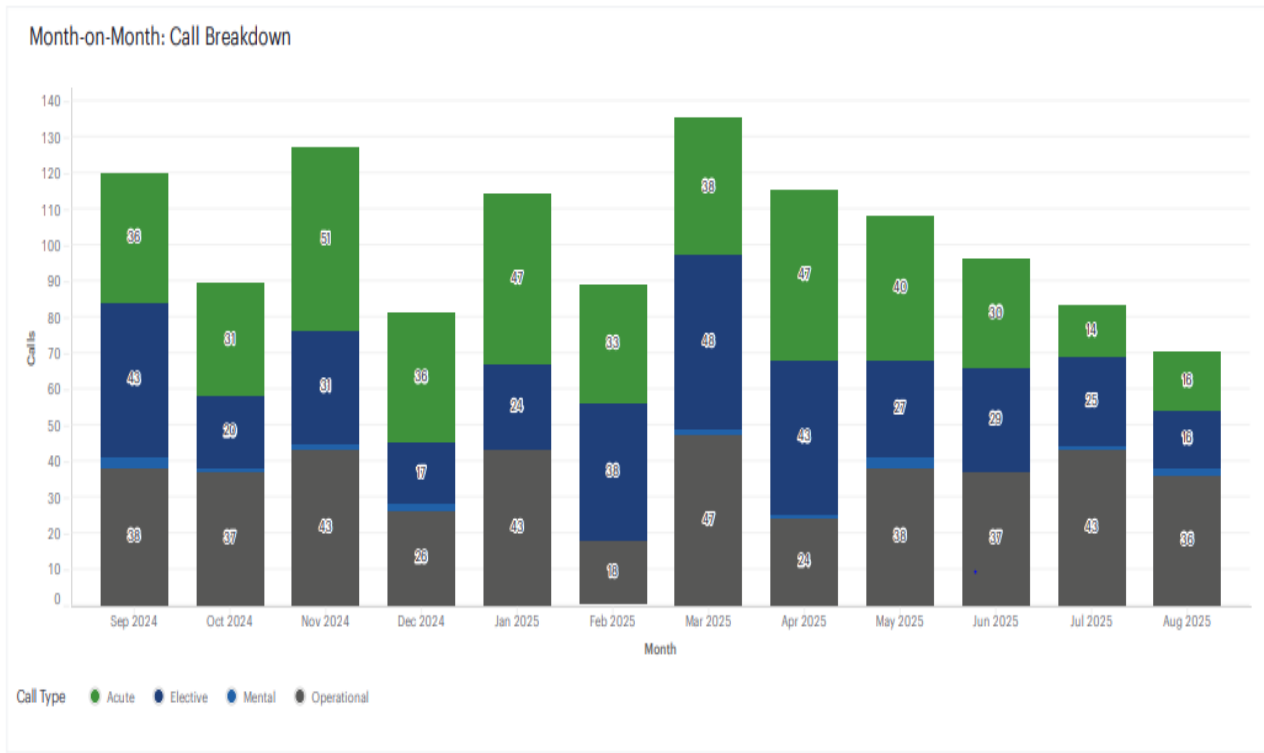
Grand Total	5066	8943	11830	13978	17652	9193	67433
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E-advice

A Clinical Workstation development to support e-advice is in progress, the implementation date has been delayed due to competing priorities. This development will enable advice to be given to Primary Care electronically rather than the current process of dictating a letter. It is anticipated that this will enable advice to be provided to GPs more quickly and therefore improve patient experience, as well as encouraging Secondary Care clinicians to provide advice. This workstream links with development of Health Pathways and e-advice should be given in line with pathways where they exist but also offer an opportunity to identify high volume areas that require development of pathways.

Consultant Connect

Consultant Connect is in place for urgent advice. This is a platform which supports direct contact between Primary and Secondary care via either messages or Telephone calls. There are currently 43 pathways across 24 services, including across Health Board lines. The chart below shows the activity via Consultant Connect September 2024 – August 2025:



Two further workstreams that align with the aim of managing demand into Outpatients (although not managed by the Outpatient Transformation programme) are outlined below:

Health Pathways

The Health Pathways platform was launched in Aneurin Bevan in April 2024 and the platform currently has 136 live pathways. The pathways contain up to date and localised information to support the assessment and management of patients in primary care, and includes practical information on referring into secondary care

services. On a system level, Health Pathways increases collaboration and improves relationships between primary and secondary care. The programme team are focussing on how Health Pathways can support a change in referral and demand profiles through promoting planning at the interface via Clinical Interface Groups, and supporting consistency in triaging processes within secondary care.

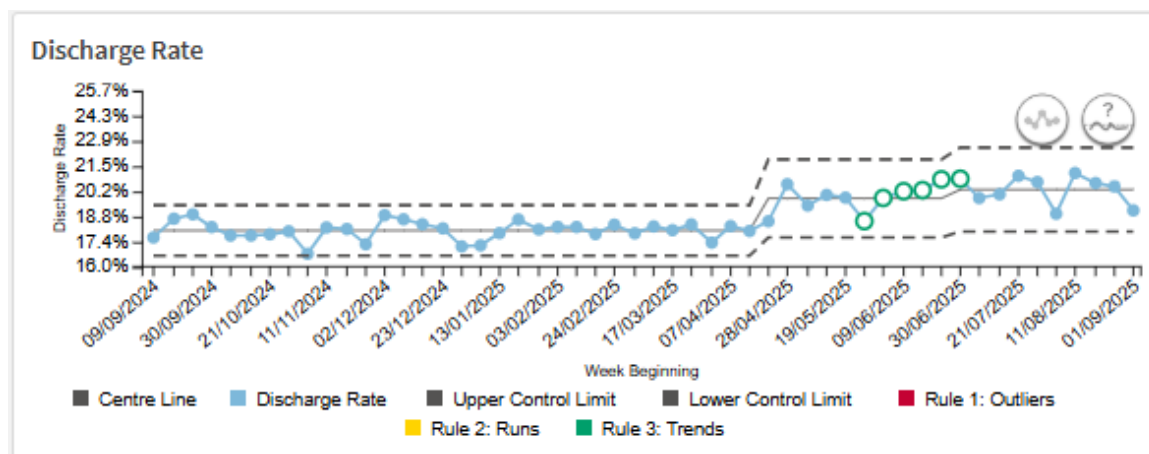
Interface GPs

An Interface GP model has seen success in the ENT service, with an average rejection rate of over 20%. Following the success of this model, Welsh Government have approved funding for 65 Interface GP sessions per week across the top 11 specialties to support the triaging of referrals and improve pathways through education with primary and secondary care. The funding is available until the end of the financial year and the aim is to have filled all sessions by the end of October. The impact of the scheme on demand will be closely monitored and reported.

Efficient Use of Resources

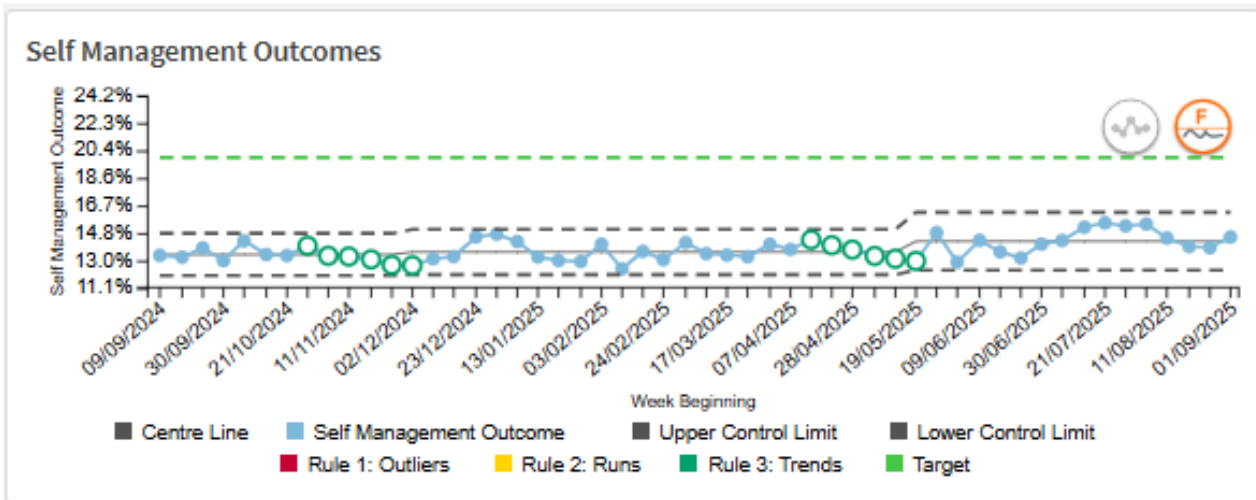
Straight to Discharge

There has been an emphasis on discharge as the default outcome from an Outpatient appointment unless there is a reason to follow up/utilise a different pathway. This is monitored separately to See on Symptom (SOS) and Patient Initiated Follow Up (PIFU) pathways. A tool has been shared with Directorate teams to allow monitoring of discharge/SOS and PIFU rates by sub specialty and clinicians to share learning and support equity of use of pathways. The below chart shows progress on increasing the discharge rate. These discharge rates represent outcomes from a clinic appointment, and therefore do not capture if patients are discharged following a Daycase or Inpatient procedure with no further follow up:



See On Symptom (SOS) and Patient Initiated Follow Up (PIFU)

Where patients do require ongoing care, but can safely re-engage with the service when needed (rather than being routinely followed up) SOS/PIFU pathways are utilised. This means that appointments take place when patients require intervention rather than 'just in case', ensuring each appointment adds value. The below information shows the percentage of patients that are outcome'd as SOS or PIFU, or who are under the PSA (prostate specific antigen) remote monitoring service in Urology.



There is drive to increase SOS and PIFU year on year, the current rate for 2025-2026 is 13.6%, and increase from last year of 13.2%. The current performance is in line with reaching the Health Board annual plan target of 13.5% by March 2026. ABUHB is the highest user of SOS and PIFU combined across Health Boards in Wales.

Clinical Implementation Network (CIN) recommendations for SOS and PIFU

Each CIN has produced an Optimisation framework which includes recommendations to increase/imbed SOS and PIFU, incorporating SOS and PIFU recommendations from Getting It Right First Time (GIRFT). Below is a summary of progress for each of the specialties that have a CIN:

Specialty	Implementation	SOS/PIFU rate 25-26 YTD	Discharge rate (from clinic) 25-26 YTD
Dermatology	Pathways in place	10.20%	20.30%
ENT	Implementation of Audiology pathways in progress. Activity is captured on Auditbase and not shown in WPAS ENT figures.	14.70%	29.50%
General Surgery	Straight to Discharge used for majority of pathways	3.70%	22.10%
Gynaecology	Pathways in place	17.10%	29.40%
Ophthalmology	Pathways under review with WGOS pathways	0.30%	12.40%
Urology	Pathways in place	28.7% (39.4% including PSA remote monitoring)	16.90%
Orthopaedics	Pathways in place	22.30%	11%

Specialties each engage with the national CIN meetings and forums to support implementation and monitoring of progress against the Optimisation Framework recommendations.

The Outpatient Transformation Team links with individual specialties to discuss areas of opportunity against the recommendations. In line with the Enabling Actions T&O retrospectively moved patients from the follow up list to SOS and PIFU, previously undertaking this work in Hand patients and more recently post op arthroplasty patients. Further opportunities to retrospectively apply protocols are being explored with Directorate teams.

Re-engagement rates following SOS and PIFU

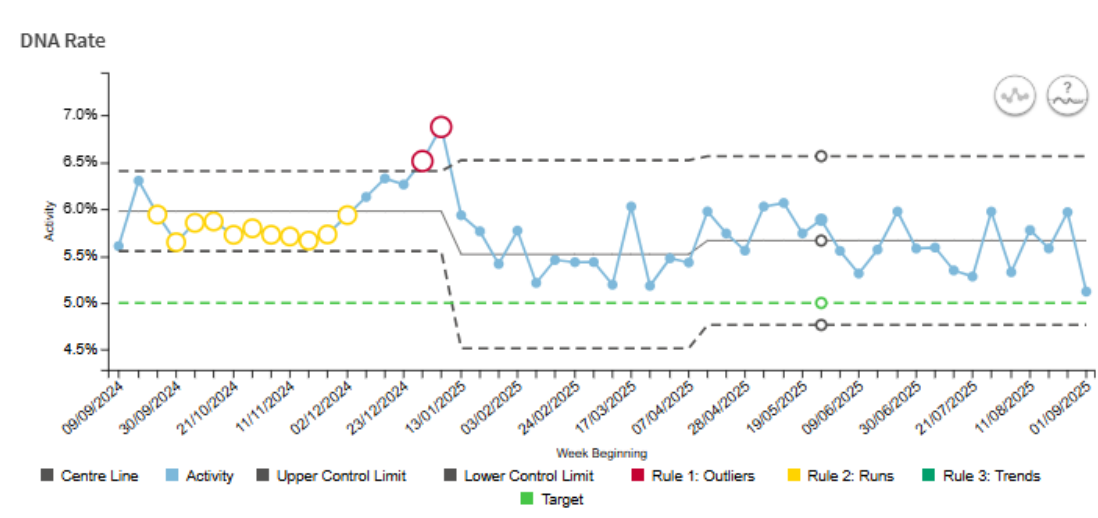
To support a full understanding of follow up outpatient capacity and demand working with Digital, Data and Technology a methodology has been trialled to understand re-engagement rates for patients who are added to an SOS or PIFU list. For T&O there is an average re-engagement rate of 20.5%, 79.5% of patients who were previously followed up no longer require a clinic appointment. ENT has a higher re-engagement rate of 41.7%, however this ensures patients are seen when they have an active flare up of their ear condition. It is planned to roll out monitoring of re-engagement rates across specialties.

PIFU on Consultant Connect

Neurology have piloted the use of Consultant Connect for the Epilepsy PIFU pathway, and this has supported an understanding of the volume of re-engagement and a tracking of outcomes, which include avoidance of admission. It is planned to trial in other neurology pathways.

DNA's/Short Notice CNA's

There is a target to reduce the DNA rate to 5% (as set in *The role of Outpatients in transforming Planned Care in Wales a three year strategy and action plan 2023-2026*). For 2025-2026 the DNA rate is currently 5.6% (previous year 5.9%). The chart below shows the DNA rate for the previous 12 months:



Previously task and finish groups have been held to monitor DNA rates. The Finance Benchmarking review (Appendix 1) shows that the majority of specialties meet the 5% target, but there are potential gains in 12 specialties by achieving the 5% target. As some specialties are either at 5% or below the approach has been adapted to

Deep Dives with areas that have high DNA rates to support improvements. These deep dives consider various factors such as booking practices, cohorts of patients, location of clinics, and time of day of clinic to support bespoke changes for those particular areas.

DNA and Discharge

There has been a focus on applying the RTT rules, discharging when a patient has DNA'd unless there is a clinical reason to override. In the division of Surgery, the DNA and discharge rate has increased from 44.9% in 23/24 to 48.94% in July 25 equating to 451 discharges.

A pilot is being undertaken by Reception in Nevill Hall Hospital to flag to clinical teams that an outcome is needed when a patient has not arrived at clinic, and to highlight if a patient has had multiple DNA's. A query console tool has also been developed and shared with Directorate teams to identify patients who have DNA'd three or more times. Processes are in development to review this information, for example in Ophthalmology Glaucoma patients who have DNA'd multiple times are being clinically reviewed. Services have been asked to consider if a patient cannot be discharged to review how engagement is undertaken to minimise the risk of a further DNA, for example a nurse telephone call.

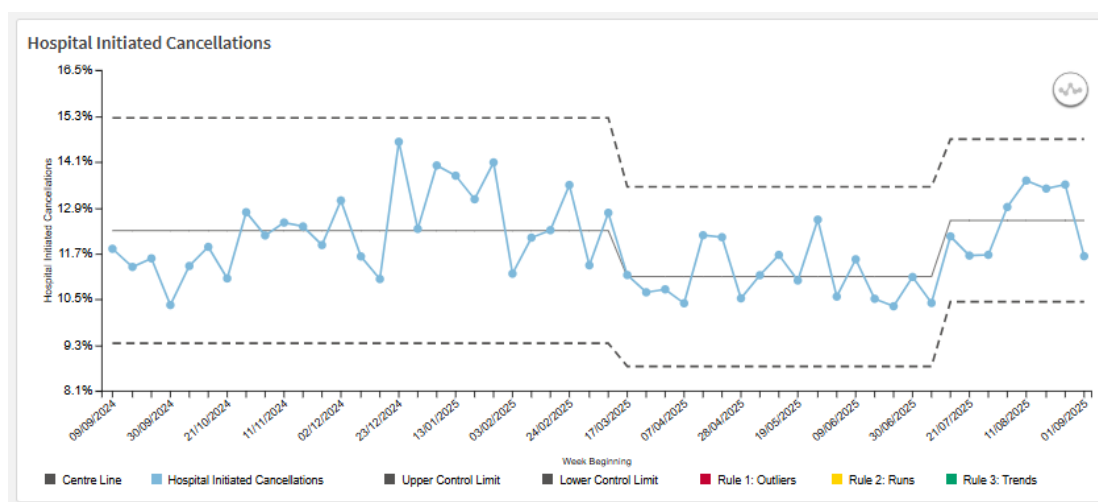
Short notice CNA

Although every attempt is made to fill a slot caused by a CNA this becomes more difficult when the CNA is short notice (within 24 hours). For 2025-2026 year to date the short notice CNA rate is currently 4.2% (previous year 5.9%).

Consideration of overbooking to ensure clinics run to template for high levels DNA's and short notice CNA's are being reviewed as part of the DNA deep dives.

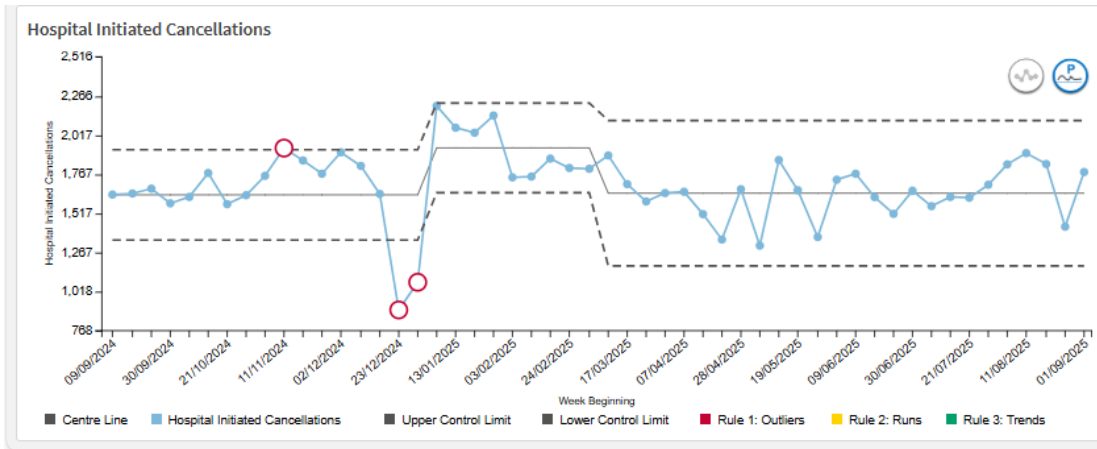
Hospital Initiated Cancellations (HIC)

Hospital Initiated Cancellations can provide a poor patient experience, and although some reasons are unavoidable can represent a loss of capacity. The graph below shows the Hospital Initiated cancellation rate for the previous 12 months, with a reduction at the start of the year and an expected increase over the summer months:



The target in the IMTP (based on the target in *The role of Outpatients in transforming Planned Care in Wales a three year strategy and action plan 2023-2026* of reducing

Hospital Initiated Cancellations by 50% against the March 2019 baseline) is to have an average monthly Hospital Initiated Cancellation number of 3160 by the end of March. We are currently exceeding this level, with an average number of 8712 a month. The graph below shows the weekly number of cancellations for the last 12 months:



Deep dives are in place with areas that have high levels of Hospital Initiated Cancellations, focusing on local reasons that we are able to influence e.g., annual leave, change of template, on call. Measures have been put in place by Directorates, for example Respiratory have implemented a process where the Directorate management team approve any clinic cancellation under six weeks, however work is ongoing to identify themes and reduce the number of cancellations. This is discussed in the Monthly Outpatient Services group with Directorate Management teams, and in the Outpatient Steering Group.

A Hospital Initiated Cancellation policy is in development, and a query console to identify patients who have been cancelled multiple times has been developed and shared with Directorate teams to improve patient experience.

Virtual Clinics

Virtual clinics can consist of a review of clinical information with patients provided with results/an update via letter, or a telephone or video appointment with the patient. Virtual clinics avoid the need for unnecessary travel to hospital. Space has been identified in Royal Gwent Hospital Main Outpatients to support virtual clinics. As this space is co-located with face-to-face clinic rooms this also allows supervision of junior clinics whilst undertaking virtual work. There is an annual plan target to achieve a virtual activity rate of 24.5% for 2025/2026 – as shown below we are currently achieving this, with a target to increase further in 2026/2027:

Last weeks Virtual Attendance Rate'	Current Fiscal YTD	Previous Fiscal Year
22.3% ^(2775/12463)	25.9% ^(70671/272778)	24.4% ^(148528/609113)

Delayed Follow ups

The measures above are all enablers to reduce the delayed follow up position. Patients who are delayed past their target date on the follow up waiting list are at

risk of harm through not receiving follow up care in a timely way. There is an ongoing drive to reduce the number of patients who are delayed for follow up through transformation of ways of working as well as maximising efficiencies and capacity.

There are currently 30,729 patients who are 100% plus delayed on the follow up waiting list (position at end of March 2024 was 30,335). Despite work to implement SOS/PIFU and straight to discharge and embed these as routine ways of working there are still significant delays on the follow up list. It has also been identified that there are extreme long waiters on the list and the Outpatient Transformation team are working with Directorate teams and the referral and booking centre (RBC) to eliminate these extreme long waits, for example:

- Identifying extreme long waiting patients 1000% plus and ensuring lists are validated (supported by directorate and RBC). Patients requiring appointments are booked where capacity is available
- ENT and Max Fax review list of long waiters weekly, lists are reviewed by management and clinical team and patients are either booked, moved to an SOS or PIFU list or written to asking the patient to make contact if still require appointment
- Ophthalmology have reviewed booking practices to ensure follow up patients are booked in turn factoring in Risk factor and percentage past target
- Ophthalmology Glaucoma diagnostic hub business case, with identification of clinic space in Royal Gwent Hospital to support service
- T&O have identified post op patients who should be on SOS list and written to patients rather than organising routine follow up
- Targeted validation of patients on duplicate pathways to ensure most value from clerical validation
- Review of patients with multiple DNA's on follow up list
- Directorate specific Outpatient plan meetings in progress with Outpatient transformation team, with a focus on eliminating patients with long delays on the follow up list.

Oversight arrangements

The Outpatient transformation programme reports updates on progress against the above measures in the Planned Care Board, the Outpatient Steering Group and the Welsh Government Outpatient Delivery and Strategic Groups.

Monthly meetings are held with Directorate Manager Teams, Referral and Booking Centre and Data Transformation to share learning, discuss progress against measures and identify any barriers/obstacles to delivery.

Part 2: Improvement Projects

There are a number of improvement projects that sit within the Outpatient Transformation programme that help achieve the measures above.

Outpatient Clinic Room Accommodation

To maximise efficiency in Outpatients it is essential to fully utilise clinic space. It is acknowledged that space is currently not fully utilised due to factors such as clinics being closed due to annual leave, on call etc. An interim manual solution for

allocating clinic room capacity is in place, with the longer-term plan to procure an electronic clinic room booking system. A business case is currently being developed.

We are developing a 6, 4, 2 processes for Outpatients modelled on the theatres approach, with the aim to pilot November 2025. This will include monitoring of utilisation of clinic rooms and KPI's e.g., time taken to approve clinic requests.

Outpatient Treatment Unit

The Outpatient Treatment unit opened in July 2022 with part funding. The purpose of the unit is to support treatments and diagnostics that can be undertaken in an Outpatient environment via a one stop pathway so that patients do not have unnecessary attendances to hospital. It has enabled some treatments to move from a theatre to an Outpatient setting, streamlining pathways and avoiding the need for pre-assessment appointments by undertaking any necessary checks on the day.

Pathway efficiencies in the unit are shown below:

Procedure type	Efficiency Per Patient (£)	Current Activity Level		Full Activity	
		Activity Level	Efficiency (£)	Activity Level	Efficiency (£)
Treatment Procedure	170	2,247	381,990	3,381	574,770
Infusion	7	126	882	126	882
Lumbar Puncture	-	252	-	252	-
Total		2,625	382,872	3,759	575,652

Attendances have increased on a year-by-year basis:

Number of Attendances 2022-2023	Number of Attendances 2023-2024	Number of Attendances 2024-2025	Number of Attendances April 2025-August 2025
557	2348	2801	1551

A business case was approved in principle for full running of the unit in December 2024, although funding is yet to be identified.

Validation

Outpatient Transformation run a letter validation process for patients who are waiting 52 weeks plus on the Outpatient Waiting list. Patients receive a letter asking them to respond via post to confirm if they wish to remain on the Outpatient waiting list. Patients are removed from the list after 28 days if no response is received.

52 Week Validation Process	Number of letters sent	Number of waiting list entries removed	Percentage Removal Rate
2023-2024	11611	3247	28%
2024-2025	1777	354	20%

2025-2026	1437	279	19%
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This process has been temporarily paused due to the 26-week insourcing work, with the team focusing on validation of lists below:

Blank Outcomes

Clinic outcomes ensure a patient progresses through their pathway outlining the next steps for the patient e.g., diagnostic test, added to follow up list, discharge. Digital Data and Technology share a weekly report with Directorate teams of outcomes that have not been completed on WPAS. As there is risk to patients if an outcome is not completed the Outpatient Transformation team have commenced checking these reports and supporting services to ensure these are completed. In September 2025 409 blank outcomes have been completed so far, 124 patients' pathways have been discharged (30%).

Non RTT Outpatient waiting lists

Validation has focused on long waiting patients on Non RTT waiting lists. 10,541 patients have been validated and removed from the Medical Virology Covid swabs list by the Outpatient Transformation team.

E-referrals

A weekly report is provided by Digital, Data and Technology of electronic referrals that have not been prioritised/processed on WPAS and CWS (there is an expected turnaround time of 48 hours for urgent referrals, 4 days for routine). There is a risk to patients if referrals are not actioned in a timely way as booking teams will not be aware of which clinic and timescales patients require. The Outpatient Transformation team liaise with Directorate teams to support updating of referrals that are delayed.

Conclusion

There is a significant amount of work ongoing in driving the efficiency opportunities in outpatients alongside transforming the models of care and pathways:

Key areas for focus include:

- Establishment of 6,4,2 process and procurement of electronic booking system for clinic rooms
- Reduction of delayed follow ups through a focus on treat in turn and increase Straight to Discharge and use of SOS and PIFU pathways
- Embed monitoring of SOS/PIFU re-engagement
- Reduction of DNA's and Hospital Initiated Cancellations in areas with high rates through specialty specific improvement actions

Overall, there are improvements being made across opportunities and specialties although variation remains and further improvements are required to impact the delayed follow position

Argymhelliad / Recommendation

The Committee is asked to:

- **Note** the progress against Outpatient efficiency metrics
- **Note** the transformational work ongoing within Outpatients

Appendix 1:

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):	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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CIN – Clinical Implementation Network CNA – Could Not Attend DNA – Did Not Attend GIRFT – Getting it Right First Time HIC – Hospital Initiated Cancellation PIFU – Patient Initiated Follow up RBC – Referral and Booking Centre SOS – See on Symptom
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	

Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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 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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 July 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Analysis of the Health Board's performance against key national acute efficiency indicators.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	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
TOTAL	£17.239	£1.540	£2.605	£7.217	£0.000	tbc	£28.601

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).



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
TOTAL	236	17.239

Outpatients:

Efficiency gains relating to Outpatient capacity have a calculated worth, of circa £2.605m and comprise of:

- Reducing Outpatient DNA rates to the national target of 5% - there have been improvements in this area but an opportunity of releasing 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.

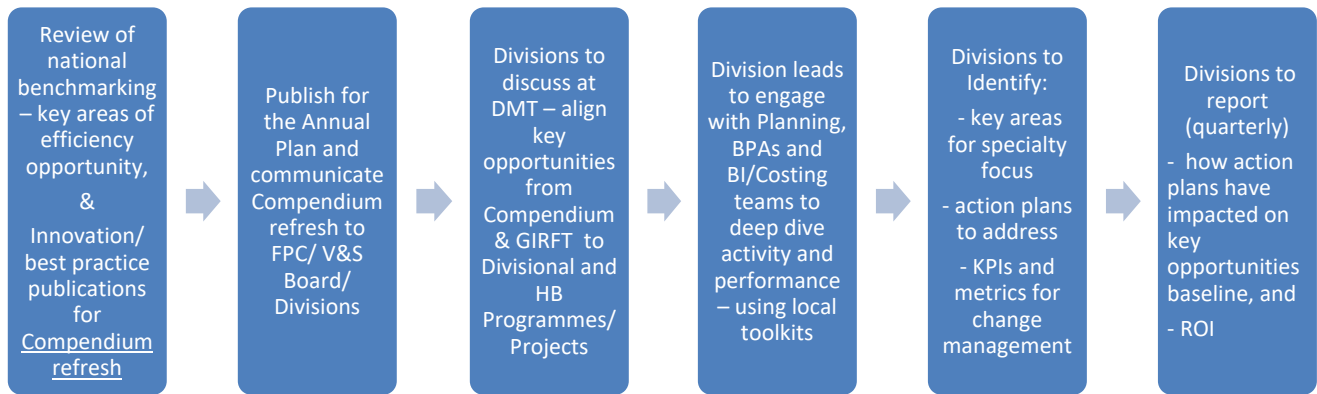
The Compendium can be found here [ABUHB Applications \(cymru.nhs.uk\)](http://ABUHB.Applications(cymru.nhs.uk)) for all staff to access. This resource is shared throughout the organisation and this refreshed



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.

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				
TOTAL	236	41,892	70,886	1,998	-

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
TOTAL	£17.239	£1.540	£2.605	£7.217	£0.000	tbc	£28.601

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
TOTAL	236	17.239

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	Bed Gain Opportunity (Jan to Dec 2022)		Bed Gain Opportunity	Ave releasable bed day costs @ £150 per day	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
	Total Bed Gain Opportunity		236	£17.239	£17.239
	Annual OP Appointments (Jan to Dec 2022)		Annual Appointment Slots Gained Opportunity	Ave releasable OP costs @ £35 per slot	
	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	
	Total Annual OP Appointments		41,892	£1.540	
	TOTAL OPPORTUNITY - CHKS			£18.779	
STATS Wales	GP Referrals (Apr 2022 to Mar 2023)		Avoided Referrals	Ave releasable OP costs @ £35 per slot	
		Surgery Medicine F&T	49,893 17,223 3,771	£1.834 £0.633 £0.139	
	TOTAL OPPORTUNITY - GP Referrals STATS WALES 2022/23		70,886	£2.605	
NHSBN	Theatres (AB 2023-24 data compared to Peer 2021-22 datasets)		Theatre Sessions Opportunity Gain	Estimated Calculated Worth Theatre costs @ £1000 per session	
	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	
	TOTAL OPPORTUNITY - Theatres, NHSBN		1,998	£7.217	
EFPMS	Opportunity to organisational average (50%) energy, water, waste security, cleaning etc	Estates & Facilities		tbc	
	GRAND TOTAL			£28.601	

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



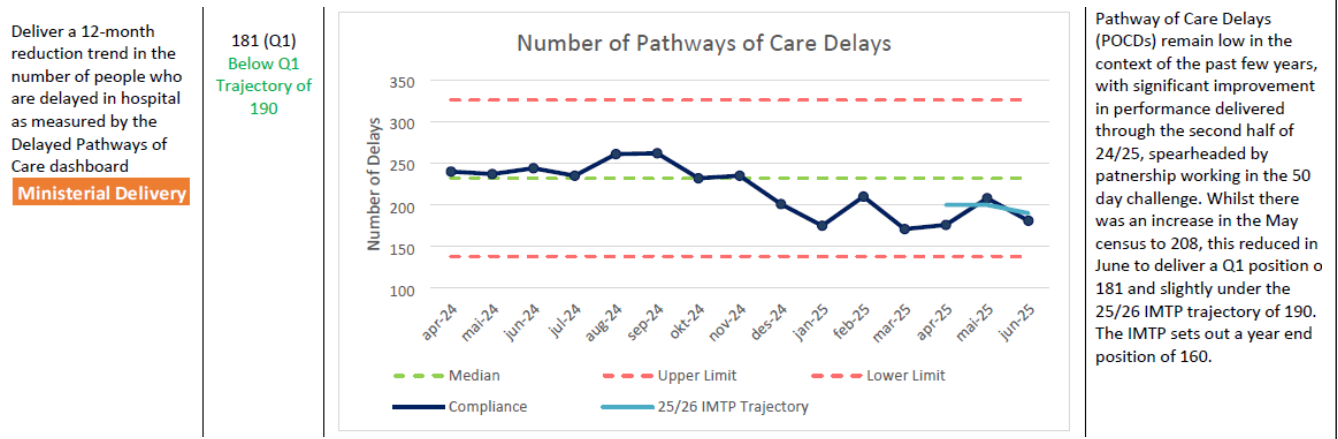
Non-Electives (ALOS) – overall the analysis shows a worsening picture in this Health Board compared to that of 2024, except for Haematology and Paediatrics.

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)

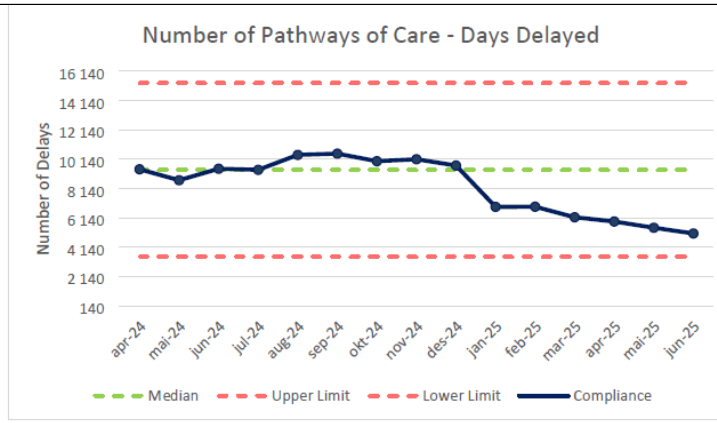
		Average Length of Stay (excludes 0 LOS)			Bed Gain Opportunity (compared to best peer group)	Calculated worth of opportunity £M	AB ALOS % change from 2023 to 2024
	AB	Top Hospital Peer Group	Northumbria - Peer				
Surgery	100 - General Surgery	5.09	5.69	4.93	3	0.250	5.89%
	101 - Urology	5.43	4.70	-	2	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%
Bed Gain Opportunity					158	11.534	

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 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%
Bed Gain Opportunity					15	1.107	

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%
Bed gain Opportunity				2	0.169	



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%
Bed gain Opportunity				13	0.944	

(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%
Bed gain Opportunity				48	3.486	

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%).

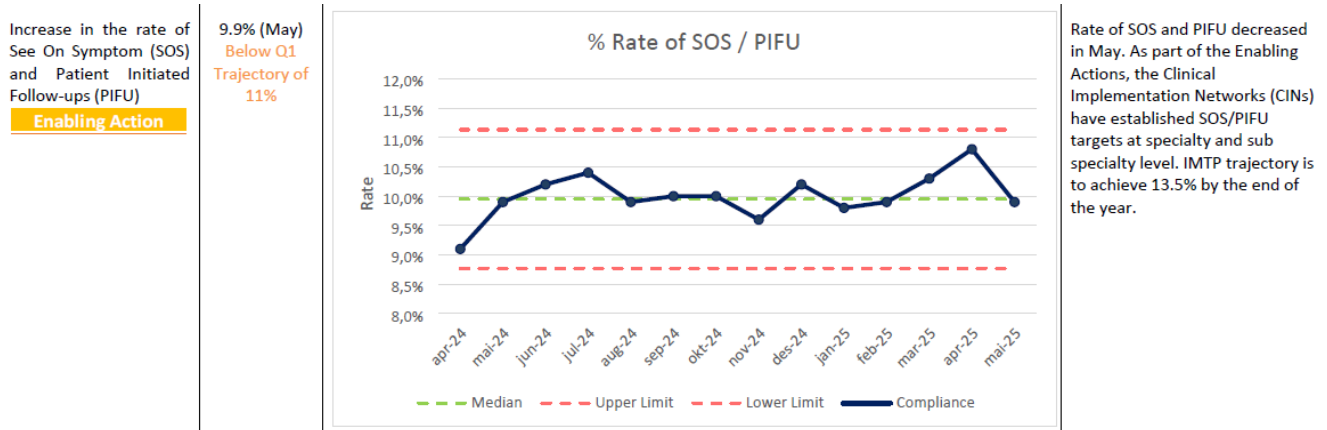
The following specialties set out in table 10 below are also being outperformed by the Peer Groups:



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%
Appointment Slots gain Opportunity				36,170	696	1.329	

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:



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
GP Referrals per 10k						
General Surgery	21135	354.96	192.49	9,674	0.356	2.518
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	£	£
Cancelled Ops (AB)	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
							840		£ 3,056,485

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	£	£
Cases Per List	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
Cancelled Ops (AB)	Ear Nose & Throat	0.00%	Cases Per List	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

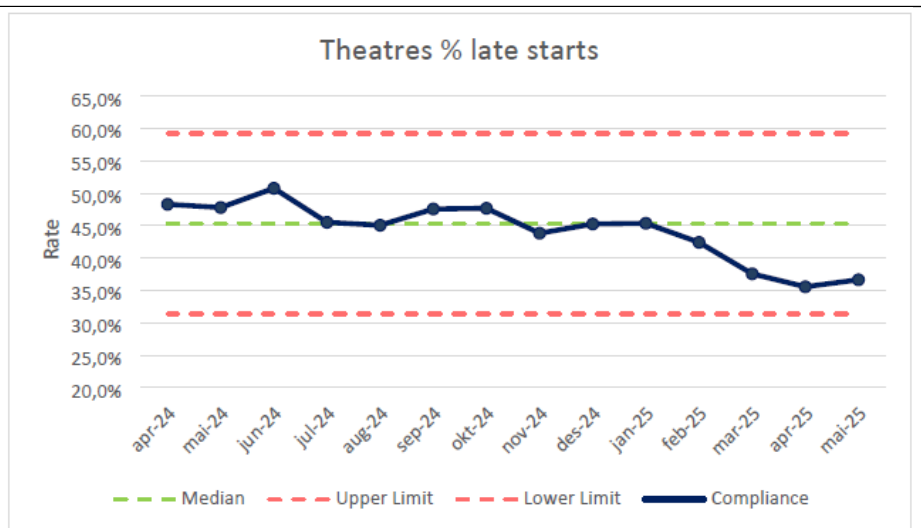
Enablers to improving these two areas are reducing late starts and early finishes. The July Board Integrated Performance Report presented the following current position on both these enabling actions, demonstrating where improvements have already been made but also highlighting further opportunities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



Theatre Utilisation: late starts to less than 20%

Enabling Action

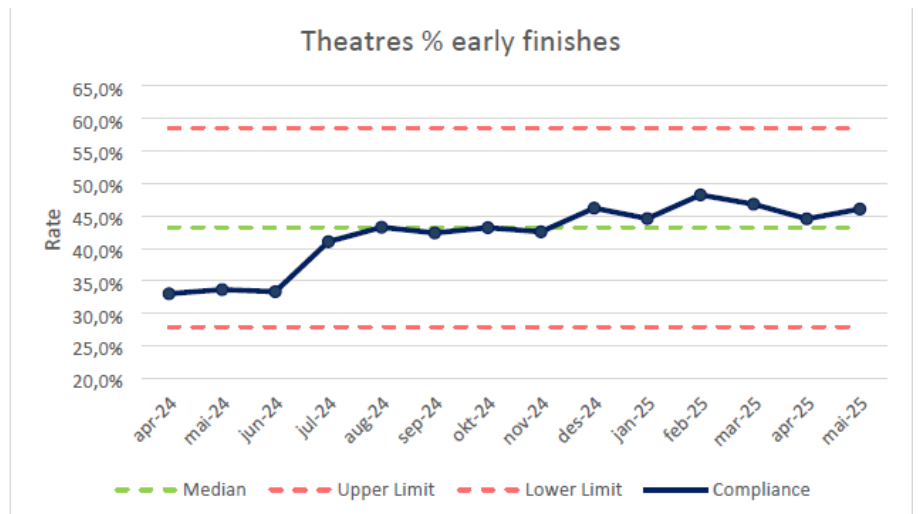
36.7% (May)
Below Q1
Trajectory of 40%



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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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:	
Partion / 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)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper No does not meet requirements 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 ABB.EDI@wales.nhs.uk



**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 -

Appendix 1b
 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 Capita CQC Northumbria				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change	
										BDO*/ DCO*/ OP Rates/ Readmissions Avoided/ Operations Gained								
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		
														Total			11.679	

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

* BDO Bed day opportunity
* DCO Day Case opportunity



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															0.973		

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 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	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%	BDO*/ DCO*/ OP Rates/ Readmissions Avoided				Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £m	performance change
										Wales	Capita	CQC	Northumbria				
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

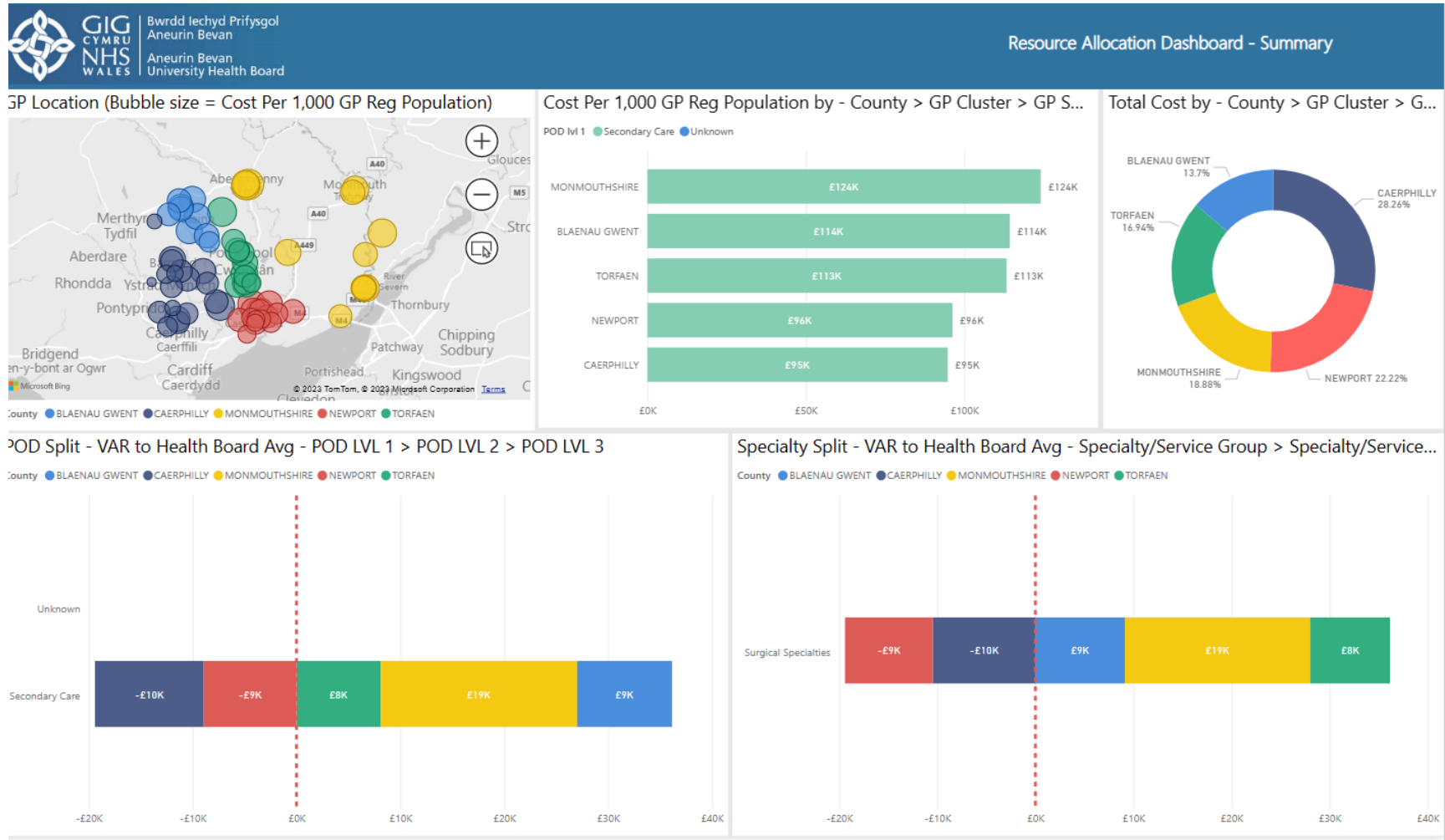
University Hospitals Bristol and Weston NHS Foundation Trust,
 Frimley Health NHS Foundation Trust,
 Northern Care Alliance NHS Foundation Trust,
 The Newcastle Upon Tyne Hospitals NHS Foundation Trust,
 Northumbria Healthcare NHS Foundation Trust,
 University Hospitals Sussex Hospitals Foundation Trust.

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.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – August 2025 (2025/26 Month 05)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – 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 August 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 31st August 2025,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

A system link is included for the month 5 monitoring returns reported to Welsh Government.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation


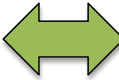

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31st August 2025 (Month 05) for the financial year 2025/26.

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.

Aug-25

Performance against key financial targets 2025/26

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target 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	726	10,225	19,900	
Capital financial target 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	1,917	9,654	0	
	£33,940	5.6%	28.4%		
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.6%	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

At Month 05, the reported forecast revenue position has been updated to reflect new current year pressures and is now reported as a £19.9m deficit.

The reported capital position is break-even. There are risks to achieving the reported forecasts.

The year to date budget performance at month 5 is a deficit of £10.225m. This position is £0.9m worse compared to the IMTP MDS and £0.3m better compared to the Month 5 MMR profile for 2025/26. This is due to new year pressures that include prescribing costs (April PAR) / drugs, CHC activity including Discharge to Assess case growth, winter wards remaining open, and variable pay relating to Mental Health and other operational pressures.

The forecast position is a change to the planned 2025/26 breakeven forecast financial position, to **£19.9m deficit**. This decision has followed a full mid-year review and financial recovery process. The forecast deficit is reflective of savings in excess (£42.5m) of the IMTP savings plans (£40.4m) and in year cost pressures that are in addition to those within the IMTP and is currently assessed as the best-case scenario at this point. The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain within this forecast. Outside of this current forecast are risk areas such as the Welsh Risk Pool increased premium and the potential impact of any band 2 to 3 HCSW national proposal.

Cefndir / Background

The Board approved 2025/26 IMTP financial plan clearly stated it was ambitious with a high delivery risk to achieve financial balance, requiring financial plan savings of £40m and no headroom for unforeseen costs.

Through financial recovery actions the forecast achievement of savings and mitigating actions as at month 5 is £42.5m. However, the in year cost pressures driving the forecast deficit of £19.9m, for which the Health Board cannot foresee achieving mitigating actions.

As discussed at the Board meeting held on 10th September, all options currently available to the Health Board to minimise the impact of the emerging pressures were discussed and agreed, with risks. The Health Board will have limited ability to identify further mitigating actions without identification of further funding or cessation or reduction of services. This revised forecast and approach was approved by the Board at a briefing held on 10th July 2025.

The forecast position assumes that all pay awards and any other pay related uplifts for 2025/26 will be fully funded from Welsh Government. In line with previous funding agreements, the Health Board has assumed the 2025/26 Real Living Wage step costs implemented on 1st April 2025 will be funded as part of the new year pay settlement. The Health Board has anticipated part of the wage award (backdated pay and month 5 uplift) and is finalising the modelling for the full year cost, including the Real living wage. This will be treated as an anticipated allocation for month 6 reporting. The full year costs are not currently reflected in the position.

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 decision has been taken, with the Board, to change from the planned financial position to a forecast £19.9m deficit. The components of the forecast includes full delivery of the IMTP savings plan and in year cost pressures that are in addition to those within the IMTP and is currently assessed as the best-case scenario.

The Health Board will continue to seek ways to mitigate this position and any further additional costs, but risks remain in achieving this forecast.

Additional risks in addition to the reported forecast include the Welsh Risk Pool increased premium, winter plan implications and the potential impact of any band 2 to 3 HCSW national proposal.

The ABUHB IMTP financial plan was based on achieving IMTP savings (£40.4m), through financial recovery actions the forecast achievement of savings and mitigating actions of £42.5m.

The in year cost pressures driving the deficit are listed in the table below:

ABUHB Mid Year Review 2025/26 (m5)		
Forecast Deficit Analysis - outside of IMTP plan		
Category	Issue	Value £m
National Issues (£2.9m)	National insurance > funding	2.20
	Theatres b2 to b3 grievance	0.30
	MS365	0.40
Funding Ceased (£0.3m)	Fracture liaison service	0.30
Ministerial Priorities - Urgent & Emergency Care (£4.5m)	winter beds 24/25	0.80
	Surge beds	2.00
	emergency department	0.20
	ITU capacity	1.50
Ministerial Priorities - Cancer (£2.5m)	Cancer	2.00
	Diagnostics growth	0.50
Growth above plan (£5.3m)	Drugs	2.00
	CHC	2.50
	Diabetes Pumps	0.80
Unavoidable Investments / Risk mitigations (£4.4m)	Mental health	3.90
	Thyroid loss of service	0.50
Total		19.90

A summary of the year to date financial performance is provided in the following table, the cost drivers causing the year to date overspend, of £10.225m, are related to those in the table above. The year to date position and the forecast by delegated area is:

	Annual budget £000s	Restated YTD Variance (Assumes Wage award funding is delegated) £000s	Re-Stated Full-year Forecast at M05 £000s
Operational Divisions:-			
Primary Care and Community	315,379	239	3,032
Prescribing	125,633	1,732	2,245
Community CHC & FNC	74,727	947	2,265
Mental Health & Learning Disabilities	150,009	3,600	7,170
Total Primary Care, Community and Mental Health	665,747	6,519	14,712
Surgery	152,107	5,526	8,875
Clinical Support Services	134,381	250	2,178
Medicine	174,585	2,462	3,846
Urgent Care	42,556	75	114
Family & Therapies	147,101	951	2,224
Estates and Facilities	96,377	(1,019)	(156)
Chief Operating Officer	9,637	(114)	(143)
Total Chief Operating Officer	756,742	8,130	16,938
Total Corporate Divisions	98,778	(1,890)	(5,250)
Total Specialist Services	196,917	310	985
Total External Contracts	134,068	(1,457)	(1,942)
Total Capital Charges	68,034	7	7
Total Delegated Position	1,920,287	11,618	25,450
Total Reserves	17,945	(1,393)	(5,550)
Total Income	(1,938,232)	0	0
Total Position	0	10,225	19,900

Summary of key operational points for Month 05

Key points to note for month 05 include:

The financial position at the 31st August 2025 shows a £10.225m deficit position, with the key issues in the month described in this report.

- Expenditure within the Health Board for total pay was £85.3m. This is an increase of £12m compared to July (£73.3m), this increase is a result of the backdated wage award M1 -5 (£11.3m).
- Non-pay expenditure (excluding capital adjustments) was £97.3m, an increase of £4.5m compared to July. The increase in spend reflects the pass

through 2024/25 wage award funding via LTA's & Joint Commissioning Committee (c£3.7m in month).

- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continues to present as a financial pressure due to inflationary price uplifts, volume increases, including an increase to Discharge to Assess placements and an increase in high cost CHC packages of care. Within Mental Health & Learning Disabilities the high level of observations required are also a pressure, currently this is costing c£0.9m per month, this is a risk to the current forecast.
- Prescribing spend has worsened compared to the Plan due to an increased average item price (from £7.71 to £7.41) and the level of actual items prescribed in the April PAR. June PAR indicates an average price per item of £7.96 (May was £7.91), however, the forecast has been held to allow for more intelligence and trends from further 2025/26 PAR's. The forecast includes a growth rate of 0.5% and an average item price for the year of £7.81 (month 4 was £7.88), this is a risk to the current forecast. In future months loss of exclusivity savings have been assumed for the drug Dapagliflozin of £1.8m which expected to come into effect from September / October.
- On-going acute secondary care high cost drugs and growth in usage continue to be a pressure and will be managed/mitigated where possible. The National V&SB procurement and Medicines Management savings opportunities will be reviewed throughout the year and actions progressed to deliver any opportunities outside of the financial plan.
- The year to date savings achieved are £10.9m against the plan of £10.7m, with a full year forecast of £42.5m (£10.1m being opportunities treated as achievable). A large element of the savings are non recurrent accountancy gains. The full year delivery of savings remains a risk.
- Demand & flow pressures for beds across the whole system remains a significant cost driver. There has, however, been a consistent and favourable downward trend in delays since the end of last year falling by over 38.7% since August 2024. However, there was a slight increase of in-patients fit for discharge at the WG data capture point (for pathways of care delays) in August (160 in August and compared to 154 in July). This is reported as 33 Health delays, 40 Social care delays and 87 Joint delays. The top 5 reason categories in relation to delayed days are as follows:

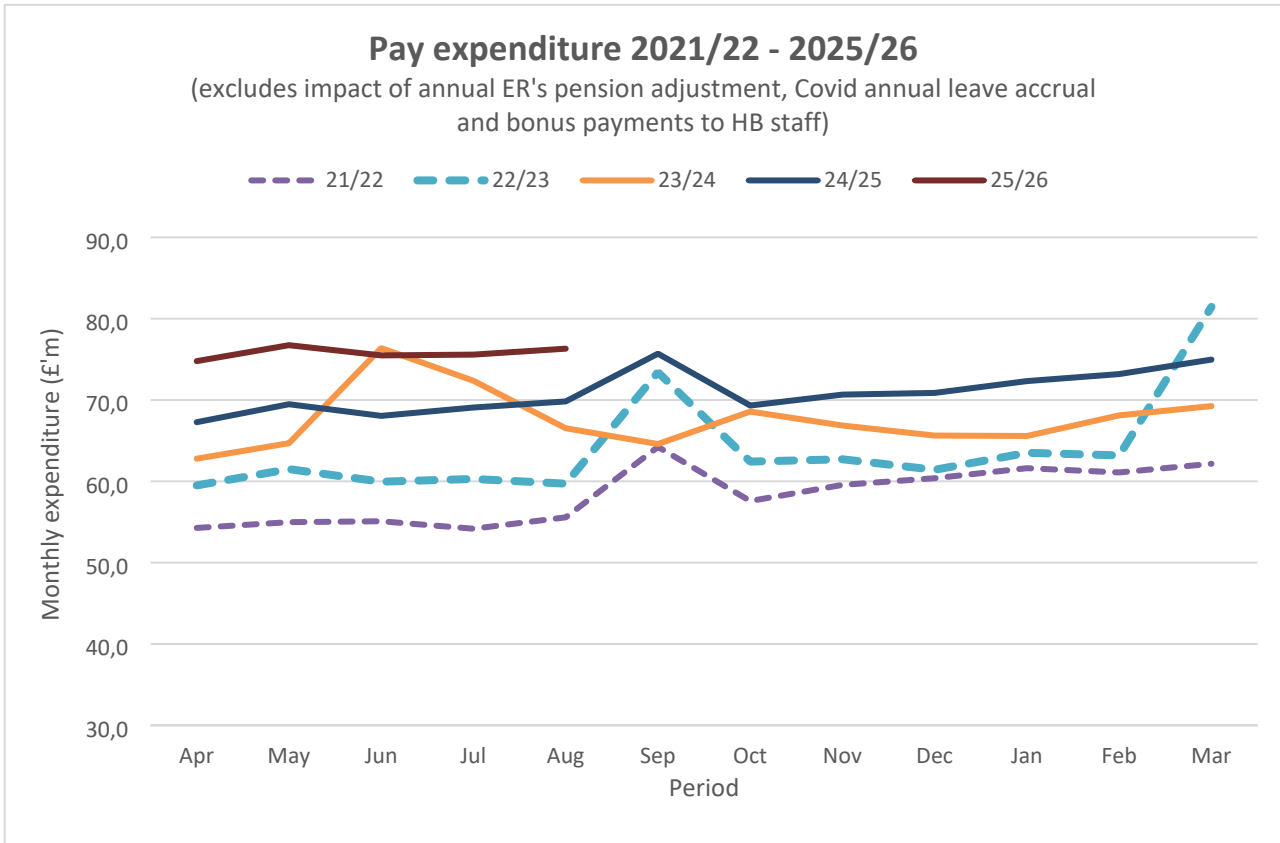
Awaiting assessment	29%
Awaiting 'Step down to recover & assess'	13%
Home care related issues	11%
Awaiting or identifying care home placement arrangements	10%
Adaptation or equipment issues	8%

- The estimated cost for the year of continued blocked bed days for all reasons is c.£11.7m using a £200 cost per bed day (based on the number of in-patients

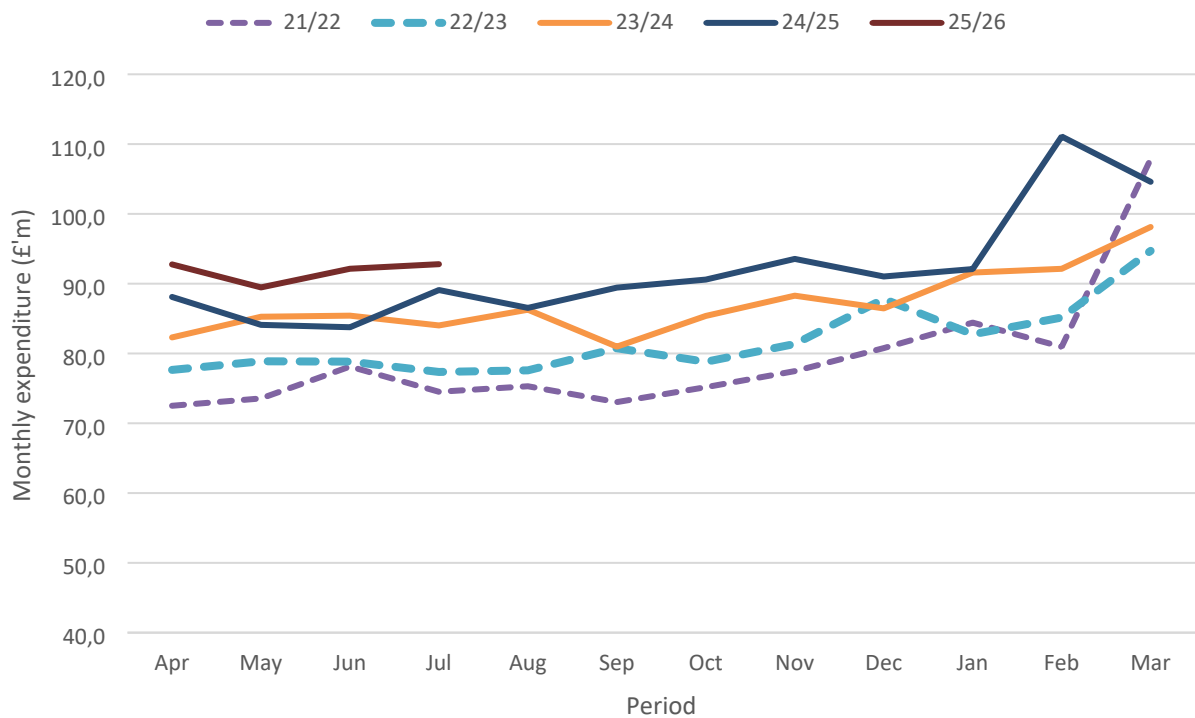
for August). The demand and flow challenges drive surge bed capacity & increased demand in high-cost unfunded temporary staff.

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last four 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 forecast position.



Non pay expenditure (Excluding Capital) 2021/22 - 2025/26



Workforce

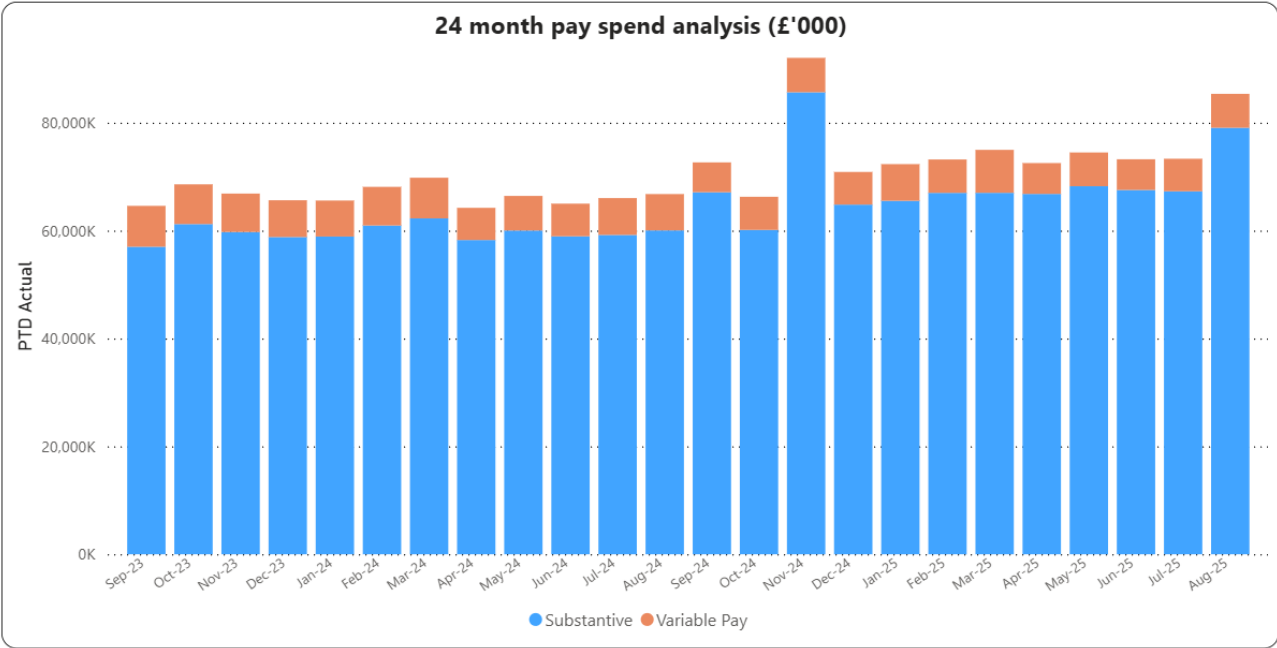
The Health Board spent £85.3m in August on workforce. August spend includes c£11.3m backdated wage awards.

Workforce Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Total Pay	85.4	73.3	378.9
Substantive Pay	79.1	67.3	349.0
Variable Pay	6.3	6.0	29.9

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.

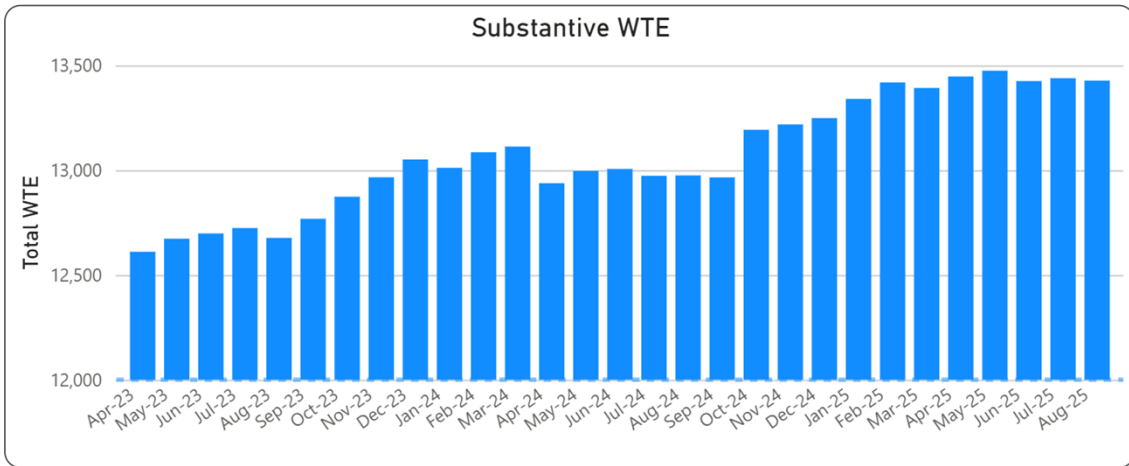
Workforce expenditure trends are shown below differentiating between substantive and variable pay¹:

¹ 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).



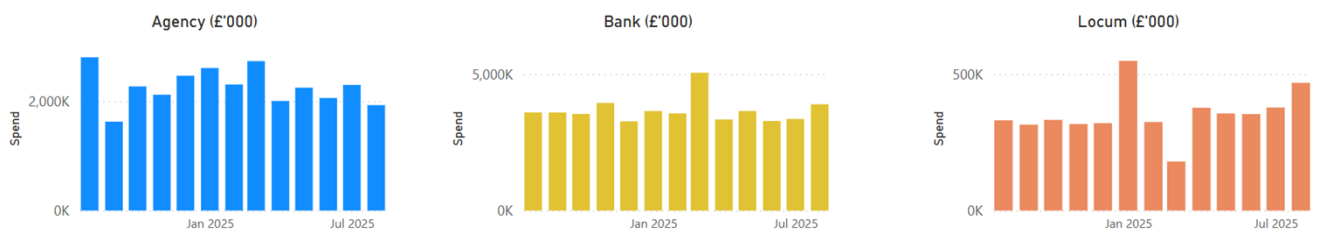
Substantive staff

Substantive pay was £79m in August, an increase of £11.8m compared with July. Substantive WTE's were 13,428 compared with 13,439 for July.



Variable pay

Variable pay (Agency, Bank and Locum) was £6.3m in August compared to £6m in July, a £0.3m increase. The increase in variable pay is reflective of the use of RN agency in Medicine, Urgent Care, PCCS, CHC & Mental Health.



Variable Pay Costs	Current month £m	Previous Month £m	Year to Date 25/26 £m
Agency - Nursing	0.6	0.7	3.2
Agency – Medical & Dental	0.9	1.0	4.9
Agency - HCSW	0.1	0.2	0.8
Agency – Estates & Other	0.3	0.4	1.5
Bank	3.9	3.3	17.5
Locums	0.5	0.4	1.9

Enhanced Care for August 2025 was £0.480m of expenditure using bank and agency registered nurses and health care support workers, for 18,984 hours worked.

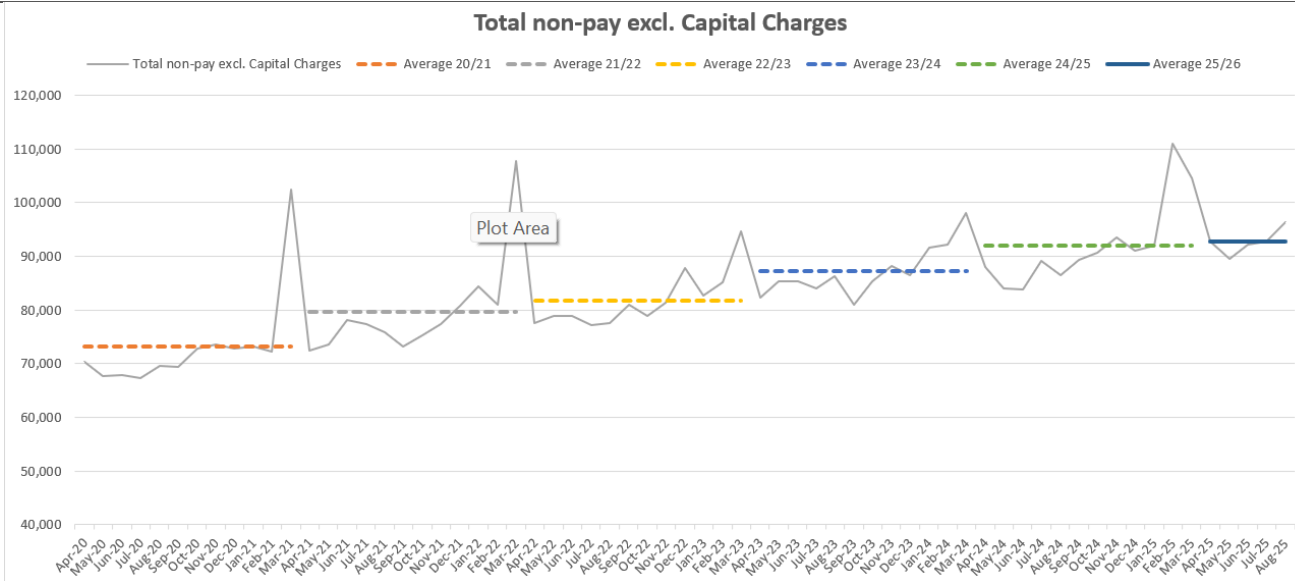
Nursing vacancy cover for bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use, the August 2025 variable pay relating to vacancies is c.£1.6m for 58,573 hours worked.

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 August 2025 variable pay relating to sickness is c.£1.09m ('notional calculated' expenditure) for 39,585 hours worked.

Non-Pay

Spend (excluding capital) was £96.4m in August, which is an increase of £3.7m compared with July. The increase in spend reflects the 2024/25 funded pass through wage award funding for NHS providers and Joint Commissioning Committee.

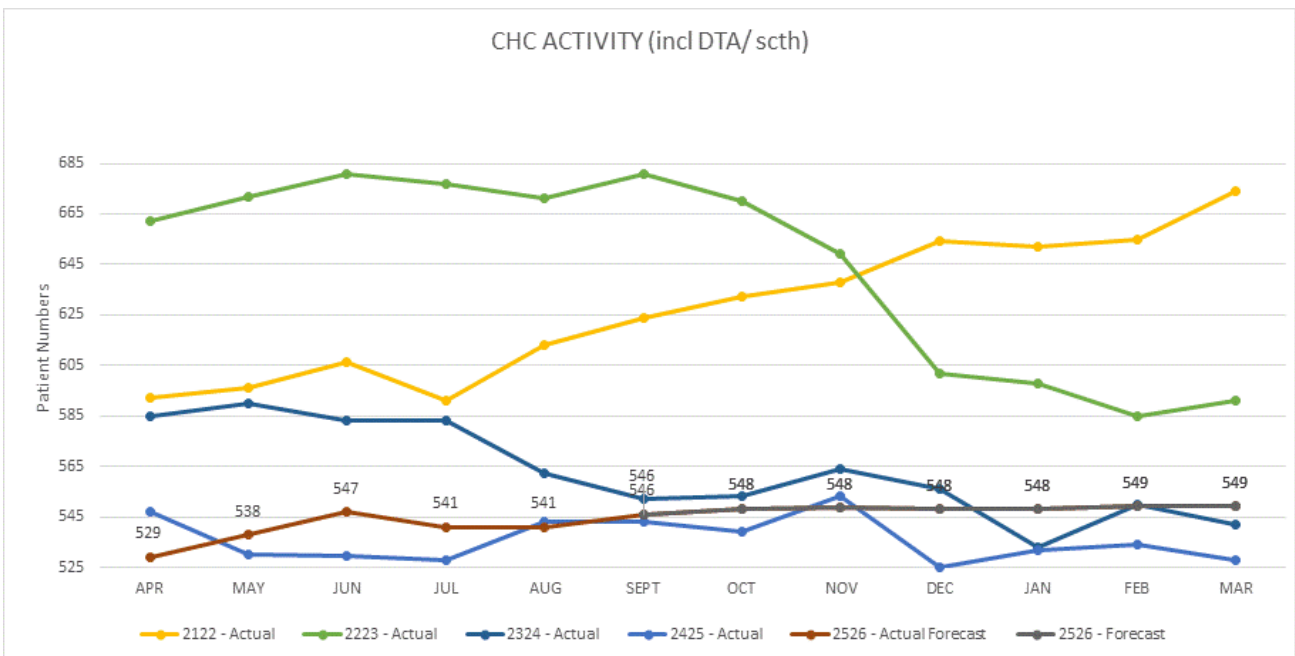
The graph below presents non-pay expenditure since April 2020 (it should be noted that the peaks are year-end adjustments and Month 12 items):



CHC

The total Health Board spent £12.1m on CHC (all types) in August, which is similar to spend in previous months. This is reflective of the inflationary uplift agreed for 25/26.

Adult Complex Care CHC activity over the last 5 financial years is summarised in the chart below: -



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

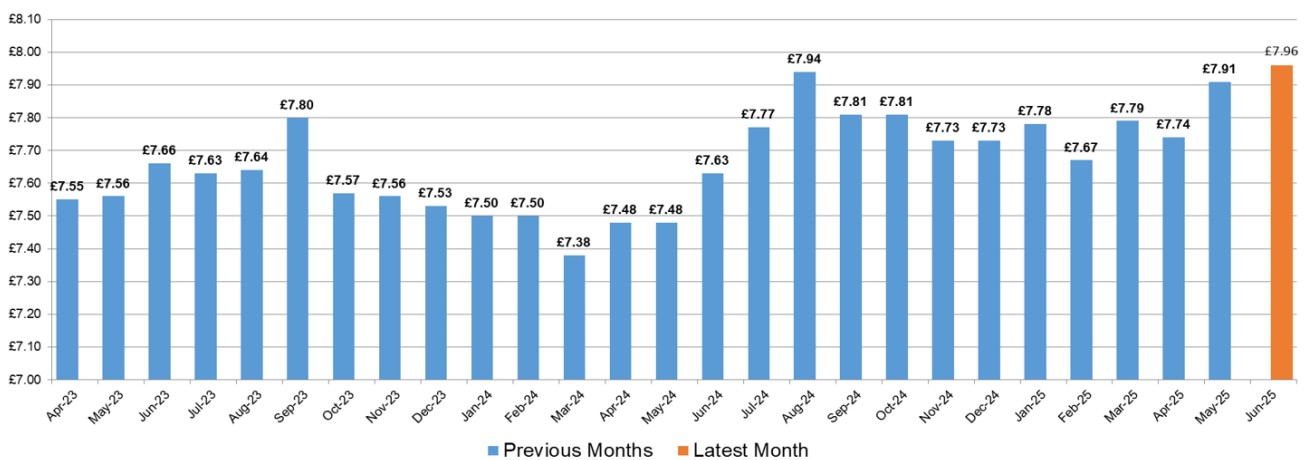
Prescribing

Primary Care prescribing spend for August is estimated to be £10.8m, in line with June and July expenditure.

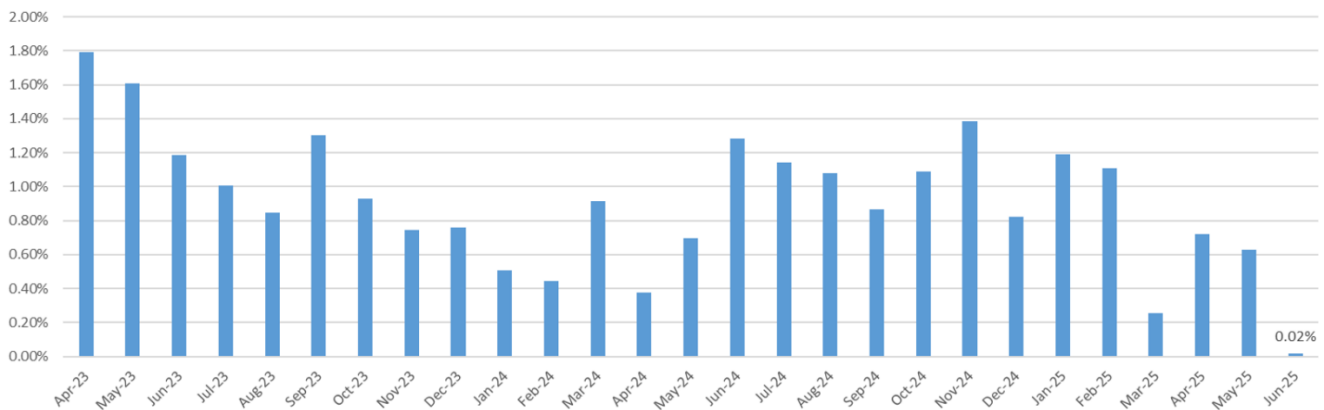
Prescribing costs within the current forecast are 0.5% growth rate and an average item price for the year of £7.81. June PAR indicates an average price per item of £7.96, however the full-year forecast has improved by 1.8m due to an expected price reduction in Dapagliflozin when it comes off patent from September.

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

Monthly Average Price Per Item Prescribed



In-Month Growth Rate For The Prior 12 months (Adjusted for Prescribing Days)



For example the growth rate quoted in Aug24 will have been the growth in items for the 12 month period Sep23-Aug24 compared to Sep22-Aug23

Waiting Times Additional activity

The Health Board secured £1.5m from WG for additional waiting times activity to improve the 104 week waiting times position for patients for quarter 1. Good progress is being made to reduce waiting times, the table below provides a summary forecast of this position. Additional work has continued beyond quarter 1 to avoid significant deterioration of the 104 week position as set out in the trajectory in anticipation of additional funding expected.

		Funding	Plan	M05 YTD	M05 YTD	M05 YTD	M05 YTD
		£k	Vol	Actual	Variance	Total Actual	(Under) /
Specialty	Delivery Method			Vol	Vol	Cost	Over spend
		£k				£k	£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	564	309	3,037	2,017
Total		1,500	936	1,141	205	3,345	1,845

Additional work has also been delivered through efficiency.

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.

At month 5 the Health Board holds reserves of £18m, this includes £11.3m anticipated wage award funding for the back pay month 1-5 and £1.3m innovation reserve, of which only £0.3m is available for delegation, and a balance for delegation of allocations once confirmed.

A summary of all Health Board reserves on 31st August can be found in the appendices.

Long Term Agreements (LTA's)

The Health Board has agreed and signed LTAs for all Welsh providers and commissioners with no disputes. Following a month 5 review some commitments have been reduced to reflect revised forecast activity profiles.

The Health Board has agreed LTAs with all English providers reflecting the cost uplift factor (CUF) - Uplift/National tariff changes. During a review of these agreements, it has been identified that several of the individual tariff lines have been inflated by up to 14.7% which is significantly more than the current WG funding, at this stage the Health Board is assuming this will be managed internally but without funding or further mitigating actions this could generate an unfunded financial pressure to the Health Board of circa £0.7m, on top of the current forecast.

At Month 5 reporting, activity information to support LTA forecasts is based on Month 4 data but initial indications suggest growth in NICE drug expenditure at CVUHB and Velindre of c£3m compared to 2024/25. The Health Board continues to meet with these providers to manage and mitigate any further risks. The JCC are currently forecasting in line with plan and ABUHB forecast reflects this position, however, there are discussions with JCC over managing and mitigating the significant risk to that position.

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 31st March 2025.

The underlying deficit position was 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
Total	14.4	12.7	27.2

This 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 and may be updated in conjunction with the review of the forecast.

Following the in depth review at month 5 and the adjusted forecast position the underlying forecast will also need to be updated. An exercise will be undertaken to establish the savings and mitigating actions that are recurrent, and the underlying position will be updated in future reporting.

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
- Pipeline opportunities not yet identified - £14.4m

Following financial recovery actions all savings and mitigating actions have been identified, albeit risk remains in their achievement.

As at month 5, the year to date savings target has been exceeded following a focused financial recovery process, with a full year forecast of £42.5m.

There is confidence in delivering these savings, achievement of the riskier savings are profiled towards the end of the financial year. These savings and recovery actions will be reviewed monthly.

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 table below presents the updated savings plan at a Divisional level (nb. The 'various' line were savings yet to be confirmed in the IMTP):

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£720	£1,138	£418	£3,213	£1,776	223.5%
Complex Care	1.9%	£781	£207	£154	£53	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£1,572	£1,572	£2,217	£2,217	
Corporate	6.1%	£2,471	£822	£706	£115	£14,309	£11,838	579.2%
Estates and Facilities	7.4%	£3,000	£1,251	£2,105	£854	£4,484	£1,484	149.5%
Families and Therapies	1.7%	£682	£237	£797	£560	£2,029	£1,347	297.6%
Medicine	5.6%	£2,250	£1,079	£1,662	£583	£4,257	£2,007	189.2%
Mental Health and Learning Disabilities	2.3%	£946	£167	£390	£223	£995	£49	105.2%
Prescribing	5.6%	£2,252	£589	£888	£300	£4,759	£2,507	211.3%
Primary Care and Community	4.0%	£1,614	£311	£668	£357	£1,955	£341	121.1%
Surgery	6.1%	£2,448	£905	£684	£221	£2,280	£168	93.1%
Urgent Care	1.3%	£539	£164	£162	£2	£971	£432	180.1%
Various	54.4%	£21,980	£0	£0	£0	£0	£21,980	0.0%
Total	100.0%	£40,400	£6,450	£10,927	£4,476	£42,500	£2,100	105.2%

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	10	£286	£376	£90	£2,563	£1,409	£1,153
Medicines Management	35	£1,283	£1,965	£682	£4,520	£7,853	£3,333
Procurement & Non-pay	112	£2,857	£5,052	£2,196	£20,587	£21,505	£917
Service redesign	3	£340	£706	£366	£1,980	£1,616	£364
Workforce	65	£1,685	£2,828	£1,143	£10,750	£10,117	£633
Total	225	£6,450	£10,927	£4,476	£40,400	£42,500	£2,100

There are significant challenges 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.

At this stage the Health Board has not identified opportunities to mitigate all of the new in year cost pressures.

Risks

The risks have been updated to reflect additional emerging in year pressures (above the £19.9m). Risks are reviewed regularly and updated based on the Health Board’s assessment of the current level of risk to the financial position and its ability to manage those risks.

The most significant additional risks to the Health Board are:

Risks Excluded from Forecast £19.9m deficit	
	£m
WRP	7
band 2 to 3	6
RIT not funded - national insourcing	tbc
National OP insourcings/fall	tbc
Winter	tbc
MH Variable Pay	2
ED 45 mins (2 months extra nursing)	0.2
Pay settlements funding	tbc
Achievement of Full Savings plan	tbc
Operational Pressures in xs of forecast	tbc
Confirmation of anticipated funding (Wage awrds & Planned care)	tbc

These risks are outside of the current forecast and if costs are incurred and funding is not provided then it is a high probably that they will impact the year end forecast deficit.

Capital

The approved Capital Resource Limit (CRL) as at Month 5 totalled £33.954m including disposal proceeds totalling £0.014m. An underspend of £0.274m against the 2nd MRI for Grange University Hospital and slippage of £1.150m against various Targeted Estates Fund schemes have been reported during the month. These forecast changes will be reported to Welsh Government (WG) during September so the required funding adjustments can be actioned. Assuming these funding adjustments the forecast outturn at Month 5 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. The anticipated completion of Phase 1 is delayed to September 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 of the programme and additional works are approved under the contract.

An underspend of £0.274m has been reported against the 2nd MRI for Grange University Hospital scheme. A request will be made to WG in September to reallocate the funding to new schemes.

The expected handover of the Centralised Decontamination Unit at RGH is delayed until February 2026. The commissioning period will then commence to allow the unit to open in April 2026. The reported underspend relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m).

The Outline Business Case (OBC) preparation is on-going for the IRCF schemes at Abervalley and Dixton (Monmouth H&WBC). Costs are being agreed with the supply chain partner for Abervalley to complete the OBC (a forecast overspend of £230k has been included this month, however, final costs are still to be agreed). An alternative option is being explored in relation to the Monmouth H&WBC scheme which may also require additional funding to conclude the OBC. Submissions will be made to the Regional Partnership Board / Welsh Government for approval when requirements are confirmed.

Targeted Estates Funding (TEF) totalling £9.538m has been confirmed for 2025/26. The DCP is funding 30% of the scheme equating to a contribution of £2.862m. Slippage of £1.150m has been reported in month in relation to structural and roof works at St Cadoc's Hospital (£0.400m) and the Window Replacements at the Royal Gwent Hospital (£0.750m). WG will be informed of the slippage in September, and a request will be made to carry the funding forward to 2026/27.

Further funding totalling £0.705m has been confirmed during August in relation to Mental Health Quality & Safety Schemes.

The Health Board Discretionary Capital Programme (DCP) forecast for 2025/26 is £6.656m at Month 5 made up of:

- 2025/26 DCP Funding - £12.875m
- Less 30% TEF contribution - (£2.862m)
- 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 - (£0.275m)
- Plus Disposal Proceeds 2025/26 - £0.014m

DCP expenditure to Month 5 totalled £1.627m. Several urgent schemes have been approved during July which include RAAC management (£0.806m – a bid has been submitted to WG to fund this item which would reimburse DCP if approved), Phase 4 St Cadoc’s Duct works (£0.075m) and ECR / CCR room improvements (£0.100m). The DCP is also currently supporting the forecast overspend on the GUH Emergency Department scheme (£0.403m). The unallocated contingency at the end of Month 5 is now £0.017m.

Cash

The cash balance held at the end of July is £5.756m which is made up of £4.466m relating to Revenue and £1.29m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6.0m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in August.

The issue with invoices relating to salary sacrifice lease cars from Northumbria NHS Trust has been resolved and processes have been put in place to prevent this from happening in the future.

Category	Invoices	In Mth %	YTD %
NHS	Value	99.7	97.6
	Number	95.2	90.2
Non NHS	Value	96.3	96.7
	Number	97.6	97.2

Argymhelliad / Recommendation

The Committee is asked to note for assurance:

- The financial performance at the end of August 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2025/26,

- The revenue reserve position on the 31st August 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.

August 2025 Monthly Monitoring Return:

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

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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 Link to IMTP	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 Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:
Further Information:

<p>Ar sail tystiolaeth: Evidence Base:</p>	<p>ABUHB efficiency compendium Value & Sustainability Board</p>
<p>Rhestr Termau: Glossary of Terms:</p>	<p>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 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 DTCO – 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</p>

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
 ODTC – 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

	<p>PSNC –Pharmaceutical Services Negotiating Committee</p> <p>PSPP – Public Sector Payment Policy</p> <p>PCR – Patient Charges Revenue</p> <p>PPE – Personal Protective Equipment</p> <p>PFI – Private Finance Initiative</p> <p>RGH – Royal Gwent Hospital</p> <p>RN – Registered Nursing</p> <p>RRL – Revenue Resource Limit</p> <p>RTT – Referral to Treatment</p> <p>RPB – Regional Partnership Board</p> <p>RIF – Regional Integration Fund</p> <p>SCCC – Specialist Critical Care Centre</p> <p>SCH – Scheduled Care Division</p> <p>SCP – Service Change Plan (reference IMTP)</p> <p>SLF – Straight Line Forecast</p> <p>SpR – Specialist Registrar</p> <p>STW – St.Woolos Hospital</p> <p>TCS – Transforming Cancer Services (Velindre programme)</p> <p>T&O – Trauma & Orthopaedics</p> <p>TAG – Technical Accounting Group</p> <p>UHB / HB – University Health Board / Health Board</p> <p>USC – Unscheduled Care (Division)</p> <p>UC – Urgent Care (Division)</p> <p>ULP – Underlying Financial Position</p> <p>VCCC – Velindre Cancer Care Centre</p> <p>VERS – Voluntary Early Release Scheme</p> <p>WET AMD – Wet age-related macular degeneration</p> <p>WG – Welsh Government</p> <p>WHC – Welsh Health Circular</p> <p>WHSSC – Welsh Health Specialised Services Committee</p> <p>WLI – Waiting List Initiative</p> <p>WLIMS – Welsh Laboratory Information Management System</p> <p>WRP – Welsh Risk Pool</p> <p>YAB – Ysbyty Aneurin Bevan</p> <p>YTD – Year to date</p> <p>YYF – Ysbyty Ystrad Fawr</p>
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	Finance & Performance Committee

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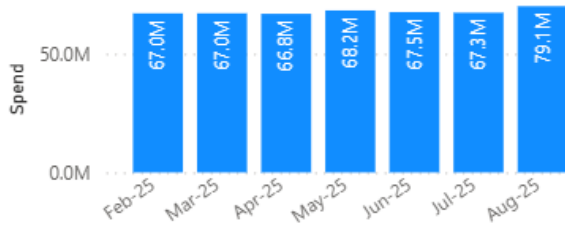
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you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

Aneurin Bevan University Health Board
Finance Report – August (Month 05) 2025/26
Appendices

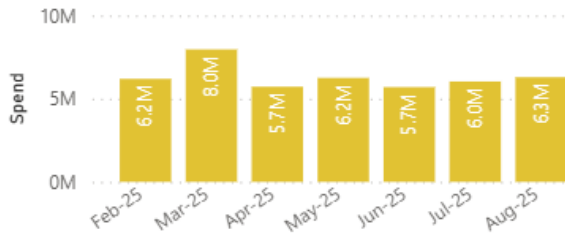
Section
Pay Summary 1
Pay Summary 2 Substantive Pay
Pay Summary 3 Variable Pay
Pay Summary 4 Bank & Agency Reasons RN's & HCSW's
Non-pay Summary
CHC Activity & Forecast
RTT & Waiting List Initiatives
Savings scheme RAG rating definitions
Divisional analysis
Reserves
Cash / Public Sector Payment Policy
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):

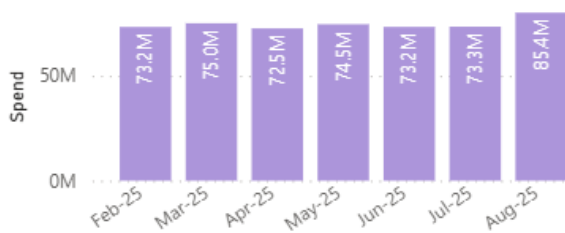
Substantive pay (£'M)



Variable pay (£'M)



Total Pay (£'M)



Substantive (£'000)

Pay category	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Change	%	Avg 24/25
ADD PROF SCIENTIFIC AND TECHNICAL	2,611	2,591	2,644	2,617	2,613	2,641	2,927	286	10.8%	2,513
ADDITIONAL CLINICAL SERVICES	8,984	8,419	8,684	9,230	8,980	8,842	9,899	1,057	12.0%	8,438
ADMINISTRATIVE & CLERICAL	10,171	10,114	10,722	10,526	10,760	10,818	12,609	1,792	16.6%	10,110
ALLIED HEALTH PROFESSIONALS	4,473	4,348	4,501	4,567	4,507	4,519	5,425	906	20.1%	4,361
ESTATES AND ANCILLIARY	3,467	3,253	3,387	3,681	3,516	3,499	3,794	295	8.4%	3,208
HEALTHCARE SCIENTISTS	1,269	1,187	1,266	1,288	1,256	1,276	1,483	207	16.2%	1,236
MEDICAL AND DENTAL	16,789	18,635	16,729	17,057	16,884	16,794	20,408	3,615	21.5%	16,548
NURSING AND MIDWIFERY REGISTERED	19,233	18,460	18,869	19,265	19,014	18,901	22,515	3,614	19.1%	18,058
STUDENTS	2	2	2	2	2	2	2	0	17.9%	2
Total	66,999	67,008	66,804	68,232	67,533	67,291	79,063	11,772	17.5%	64,476

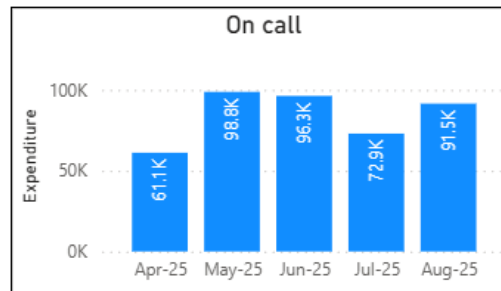
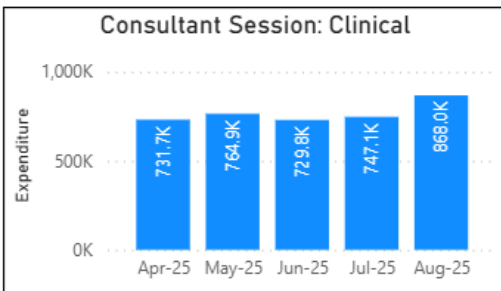
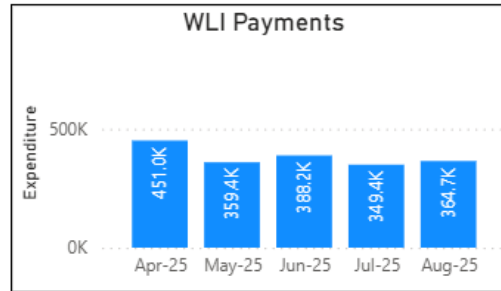
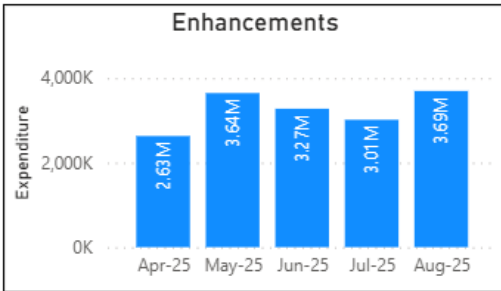
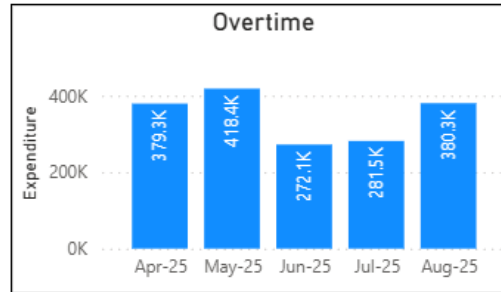
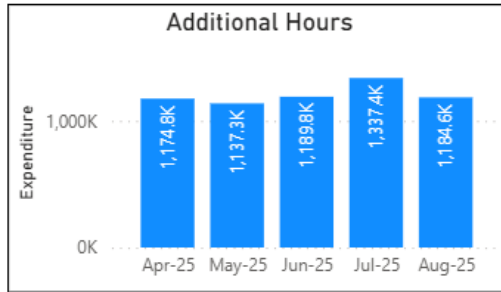
Variable pay (£'000)

Pay category	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Change	%	Avg 24/25
Agency	2,308	2,735	2,005	2,249	2,060	2,300	1,930	-370	-16.1%	2,414
Bank	3,557	5,044	3,336	3,643	3,279	3,354	3,891	537	16.0%	3,673
Locum	324	180	376	356	353	377	468	90	24.0%	332
Total	6,189	7,959	5,718	6,248	5,692	6,031	6,289	258	4.3%	6,419

Total pay (£'000)

	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Change	%	Avg 24/25
Pay	73,189	74,968	72,521	74,480	73,225	73,322	85,351	12,030	16.4%	70,895

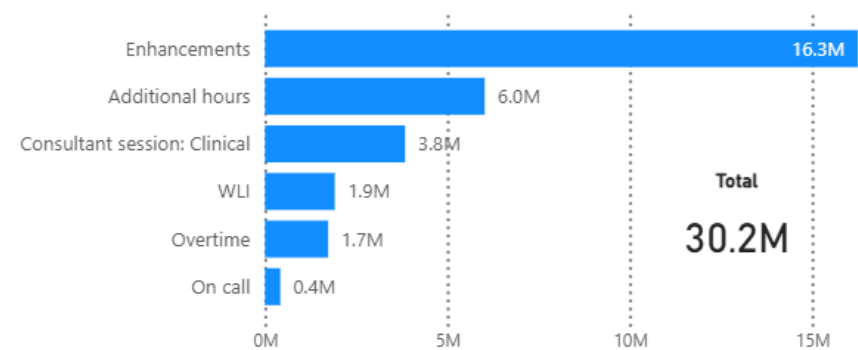
Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (£'000)

Division	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Total
Medicine	1,352	1,477	1,412	1,466	1,577	7,284
Surgery	981	1,042	934	955	1,010	4,924
Clinical Support Services	739	867	848	795	949	4,197
Family and Therapies	568	667	607	557	700	3,099
Urgent Care	436	578	544	515	558	2,632
Primary Care and Community	447	565	530	494	579	2,614
Estates and Facilities	412	566	507	453	536	2,474
Mental Health and LD	315	426	370	380	440	1,930
CHC and FNC	117	158	130	121	157	683
Corporate	59	77	68	65	78	349
Total	5,426	6,423	5,950	5,802	6,584	30,185

Total additional pay costs YTD 25/26



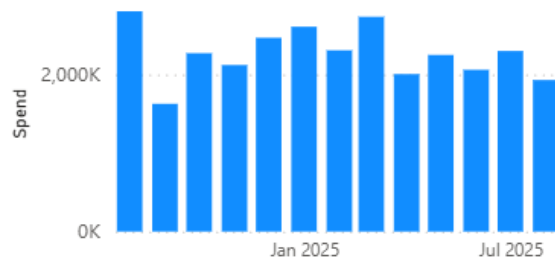
Pay Summary (3): Variable Pay (£'k)

Pay category	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Agency													
Admin & Clerical Agency	6	12	-6	-47	3	31	6	37	38	10	17	54	2
Allied Health Prof Agency	128	105	132	148	166	253	262	323	163	136	78	202	69
Estates & Ancilliary Agency	176	-446	78	36	34	67	-49	145	112	81	128	59	111
Medical Agency	1,227	792	876	962	859	868	900	1,038	858	1,156	945	991	883
Nurse HCA/HCSW Agency	37	39	58	43	120	131	92	202	115	172	189	197	95
Other Agency	82	63	76	51	79	50	92	98	91	68	135	96	137
Registered Nurse Agency	1,150	1,064	1,056	927	1,207	1,210	1,006	893	627	627	568	701	632
Total	2,805	1,627	2,271	2,121	2,468	2,609	2,308	2,735	2,005	2,249	2,060	2,300	1,930
Bank													
Admin & Clerical Bank	82	76	70	83	67	74	68	168	73	79	68	74	84
Estates & Ancilliary Bank	260	256	252	287	259	255	234	325	253	288	280	276	296
Nurse HCA/HCSW Bank	1,656	1,649	1,589	1,749	1,504	1,641	1,568	2,032	1,574	1,698	1,570	1,595	1,842
Other Bank	-1	0	0	5	-2	-1	-2	233	27	37	25	34	35
Registered Nurse Bank	1,598	1,608	1,625	1,816	1,437	1,672	1,689	2,287	1,408	1,541	1,336	1,375	1,634
Total	3,595	3,590	3,537	3,939	3,265	3,641	3,557	5,044	3,336	3,643	3,279	3,354	3,891
Locum													
Medical Locum	330	315	332	317	320	548	324	180	376	356	353	377	468
Total	330	315	332	317	320	548	324	180	376	356	353	377	468
Total	6,730	5,532	6,140	6,377	6,053	6,798	6,189	7,959	5,718	6,248	5,692	6,031	6,289

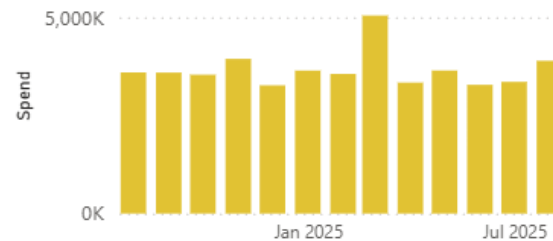
Change	%
-52	-95.8%
-134	-66.0%
52	89.3%
-108	-10.9%
-102	-51.8%
42	43.4%
-68	-9.7%
-370	-16.1%
10	13.9%
20	7.3%
247	15.5%
1	3.5%
259	18.8%
537	16.0%
90	24.0%
90	24.0%
258	4.3%

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

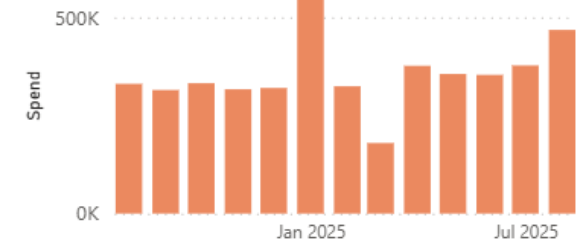
Agency (£'000)



Bank (£'000)

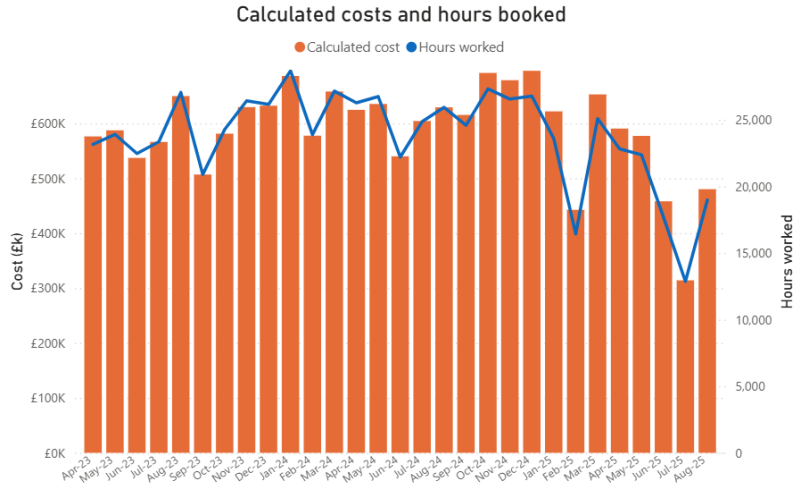


Locum (£'000)

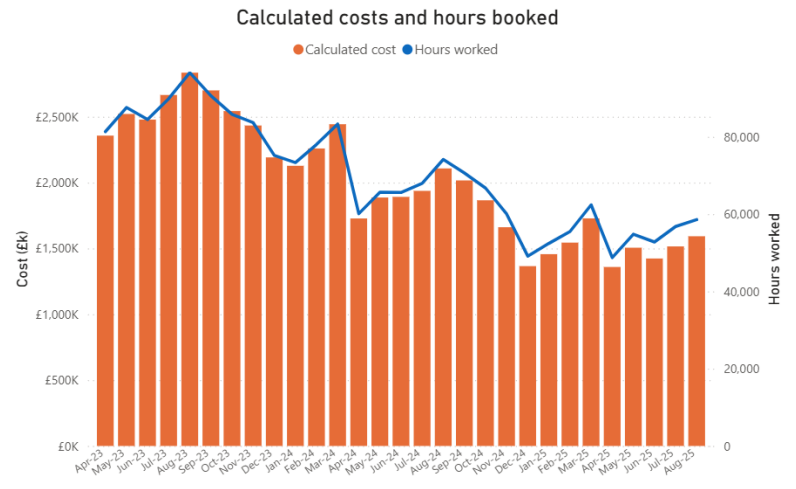


Pay Summary (4): Nurse Bank & Agency Reason for Booking (£'k)

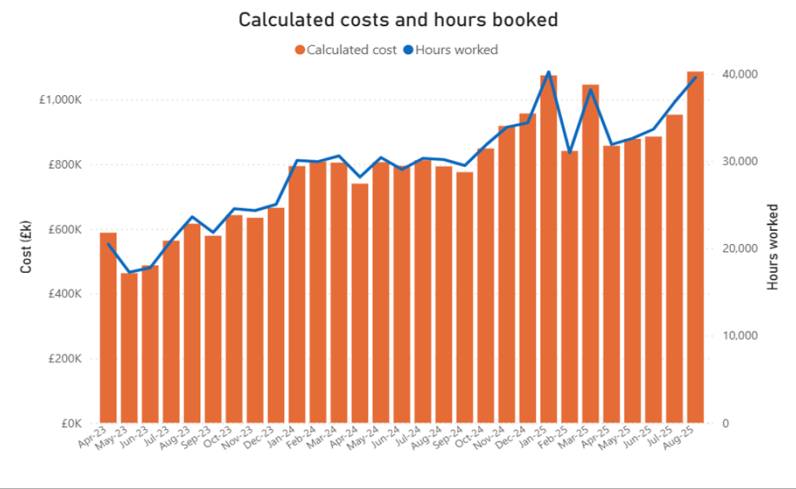
Enhanced Care



Established Vacancy Cover

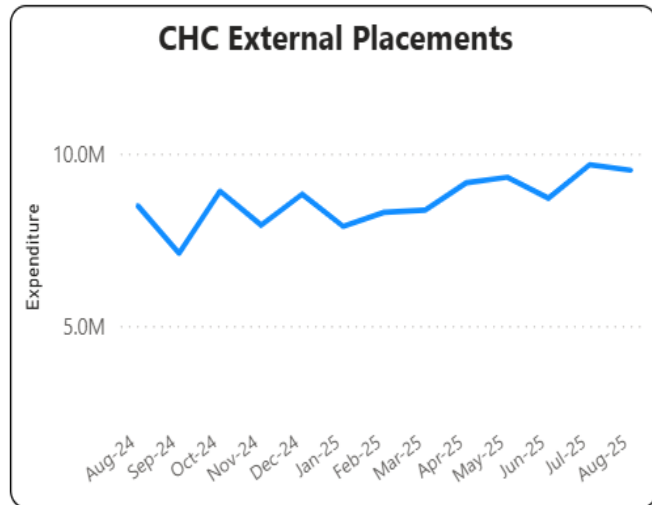
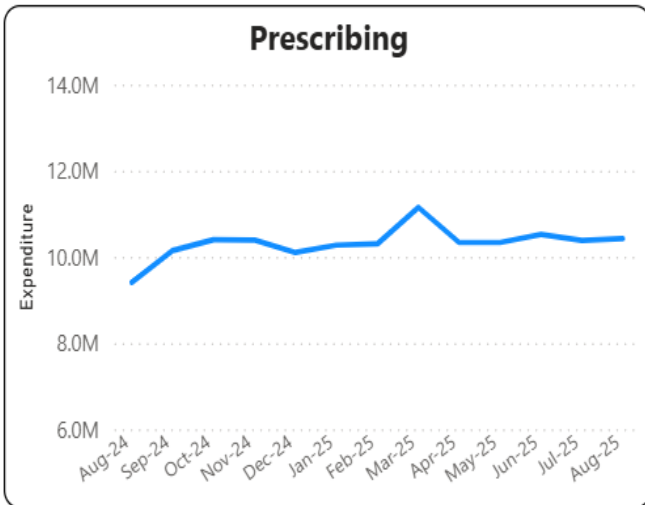
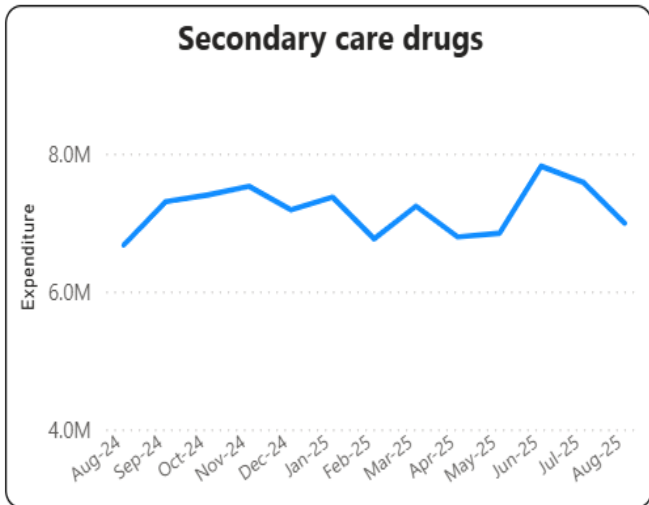
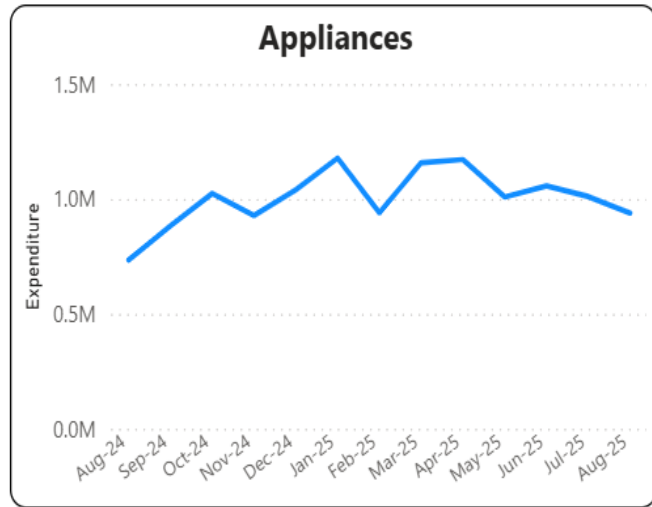
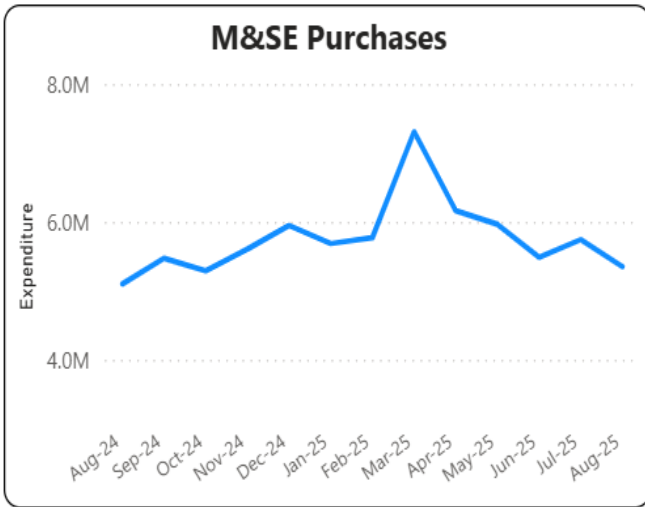
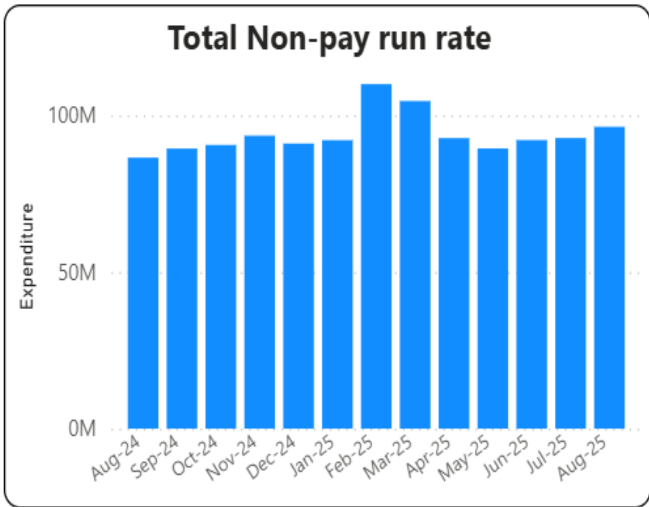


Sickness Cover



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:



CHC (Adult Community CHC): Activity And Spend - YTD & Forecast

Activity is forecast to increase by 65 cases when compared to the 2024/25 out-turn, spend is expected to increase by £5.3m when compared to the 24/25 out-turn.

Activity - Actual	Aug-25	Jul-25	Movement
D2A	30	31	-1
Step Closer to Home	2	2	0
All Other CHC	511	510	1
Total	543	543	0

Average 24/25
18
6
512

Activity - Forecast	Aug-25	24/25 Out- turn	Movement
D2A	357	274	83
Step Closer to Home	23	69	(46)
All Other CHC	6,176	6,148	28
Total	6,556	6,491	65

YTD & Forecast £'000	2025/26 forecast as at m05 £'000	2025/26 forecast as at m04 £'000	Movement
D2A	2,781	3,231	(450)
Step Closer to Home	179	199	(20)
All Other CHC	58,399	58,396	3
Total	61,359	61,826	(467)

24/25 Out- turn	23/24 Out- turn
1,776	2,093
203	407
54,076	41,053
56,055	43,553

Referral to Treatment (RTT):

- Elective Treatments for August '25 = 1,723 (July '25: 2,179. 2024/25 total: 25,658, 23/24 total: 24,688, 22/23 total: 22,327)

Planned Treatments (M05)					Actual Treatments (M05)				Treatment Variance (M05)			
Treatment	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total	Core	Backfill	WLI	Total
N107-Dermatology	215	0	12	227	200	13	0	213	(15)	13	(12)	(14)
N147-ENT	142	0	0	142	108	7	0	115	(34)	7	0	(27)
N105-General Surgery	213	8	0	221	233	8	0	241	20	0	0	20
N146-Oral Surgery	166	0	0	166	164	0	0	164	(2)	0	0	(2)
N148-Ophthalmology	329	0	0	329	251	0	0	251	(78)	0	0	(78)
N115-Trauma & Orthopaedics	400	15	15	430	474	81	0	555	74	66	(15)	125
N106-Urology	223	0	0	223	184	0	0	184	(39)	0	0	(39)
	1,688	23	27	1,738	1,614	109	0	1,723	(74)	86	(27)	(15)

- Outpatient activity for Aug '25 = 5,550 (July '25: 7,178. 2024/25 total: 74,787, 23/24 total: 71,165, 22/23 total: 65,873)

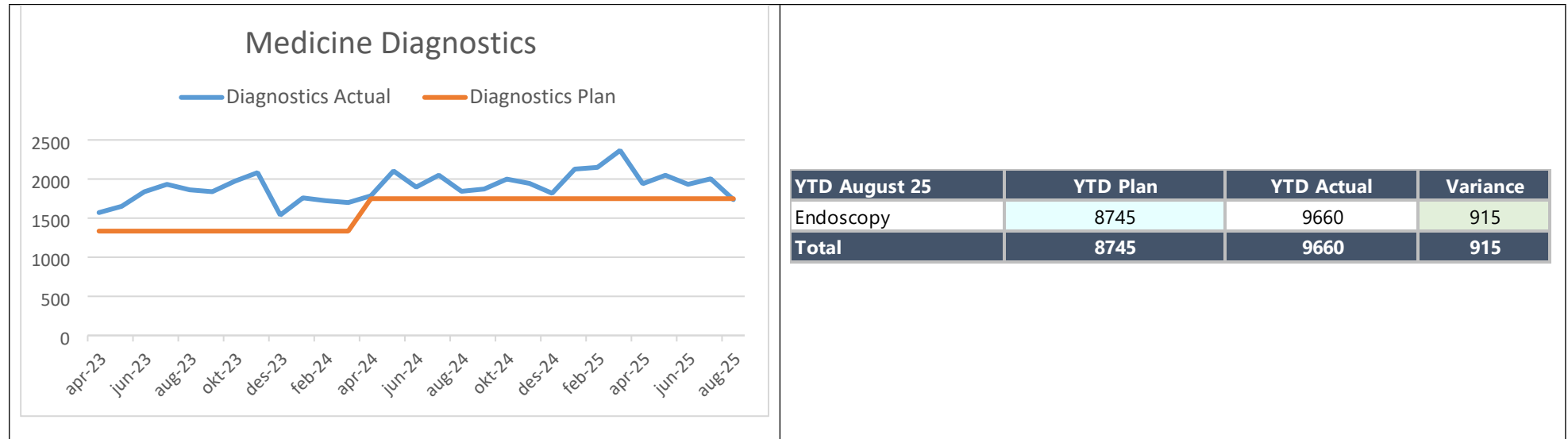
Planned Outpatients (M05)					Actual Outpatients (M05)					Outpatient Variance (M05)				
Outpatient	Core	Backfill	WLI	Total	ACTUAL TYPE				Total	Outpatient	Core	Backfill	WLI	Total
					Elective	Backfilled	WLI							
N107-Dermatology	1,095	0	0	1,095	N107-Dermatology	1,284	24	0	1,284	N107-Dermatology	189	24	0	213
N147-ENT	525	0	0	525	N147-ENT	762	40	0	802	N147-ENT	237	40	0	277
N105-General Surgery	1,542	132	20	1,694	N105-General Surgery	1,336	158	36	1,530	N105-General Surgery	(206)	26	16	(164)
N146-Oral Surgery	189	0	0	189	N146-Oral Surgery	361	10	0	371	N146-Oral Surgery	172	10	0	182
N148-Ophthalmology	570	0	24	594	N148-Ophthalmology	381	0	0	381	N148-Ophthalmology	(189)	0	(24)	(213)
N108-Rheumatology	182	0	0	182	N108-Rheumatology	122	0	0	122	N108-Rheumatology	(60)	0	0	(60)
N115-Trauma & Orthopaedics	654	8	26	688	N115-Trauma & Orthopaedics	604	0	10	614	N115-Trauma & Orthopaedics	(50)	(8)	(16)	(74)
N106-Urology	463	0	11	474	N106-Urology	420	0	2	422	N106-Urology	(43)	0	(9)	(52)
Total	5,220	140	81	5,441	Total	5,270	232	48	5,550	Total	50	92	(33)	109

Medicine Outpatients activity for Aug '25 was 1,758 - (Jul '25: 2,075 , 2024/25: 23,053 2023/24: 22,708):

Aug-25			
	Previous assumed monthly activity	Actual activity	Variance
Gastroenterology	475	361	-114
Cardiology	430	286	-144
Respiratory (inc Sleep)	455	343	-112
Neurology	257	287	30
Endocrinology	186	222	36
Geriatric Medicine	313	259	-54
Total	2116	1758	-358

Aug-25				
YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	2375	2119	-256	-11%
Cardiology	2150	1727	-423	-20%
Respiratory (inc Sleep)	2275	2015	-260	-11%
Neurology	1285	1536	251	20%
Endocrinology	930	1118	188	20%
Geriatric Medicine	1565	1431	-134	-9%
Total	10580	9946	-634	-6%

Medicine Diagnostics activity for Aug '25 was 1,737 (July '25: 2,003, 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	Forecast £'000
PCC-01	SLA's - Age Cymru & BHF	R	Month 1	Green	14	31
PCC-03	GMS - Improvement Grants	NR	Month 1	Green	41	100
PCC-05	30% Reduction of B&A vs 24/25 plan	R	Month 1	Green	24	169
PCC-06	6% Reduction of Non Pay across the area	R	Month 1	Green	8	23
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
PCC-08	10% Reduction of OAMH	R	Month 1	Green	0	20
PCC-09	ONN Vehicle Lease Cars (minus 6k early release fee)	R	Month 1	Green	0	25
PCC-10	BG Locality Bank & Agency reduction	R	Month 1	Green	7	7
PCC-11	Reduction in DN teams from 8 to 7	R	Month 1	Green	4	10
PCC-12	Partial retirement savings non clinical staff	R	Month 1	Green	2	7
PCC-13	Stock review/control	R	Month 1	Green	0	5
PCC-14	Reduction/closure of boarding beds C5West and C5East	R	Month 1	Green	90	272
PCC-15	Closure of Victoria House	R	Month 1	Green	23	103
PCC-16	Service provision at Trevechin	R	Month 1	Green	29	69
PCC-17	Reconfiguration of senior nurse posts DN/CRT	R	Month 1	Green	14	33
PCC-18	Non pay opportunities	R	Month 1	Green	5	13
PCC-19	Medicines Management - SSP Opportunities identified by procurement	R	Month 1	Green	0	300
PCC-20	Remove Emergency Dental Service (QIA) - commissioned Monday to Friday via GDS providers (in additional to NUP provided by Contract	R	Month 1	Green	7	58
PCC-21	Non-clinical staff review across core UPC / HP / SPA	R	Month 1	Green	26	65
PCC-22	Enhancements on Specialist rates	R	Month 1	Green	12	36
PCC-23	Administered COVID-19 Vaccines	NR	In Year	Green	55	175
PCC-25	Procurement - A4 paper switch saving	R	In Year	Green	0	1
PCC-38	GMS Prior Year enhanced services accrual release	NR	In Year	Green	300	300
PCC-39	GDS prior year clawback benefit	NR	In Year	Green	0	108
PCC-40	Nursing non pay opportunities	NR	In Year	Green	7	21
Annual Plan Target:				7,036	668	1,955
Distance from target (over)/under				5,081		

Divisional analysis – Prescribing

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
PCC-02	Stoma Team Phase 2	NR	Month 1	Green	62	149
PCC-04	Medicines Management	R	Month 1	Red	0	0
PCC-04A	Dietitians	R	In Year	Green	12	52
PCC-04B	Waste Reduction Scheme	R	In Year	Green	101	228
PCC-04C	Pharmacy Led Savings	R	In Year	Green	39	118
PCC-04D	Scriptswitch Acute	R	In Year	Green	91	234
PCC-04E	Scriptswitch Repeat	R	In Year	Green	115	759
PCC-04F	Liothyronine Formulation change	R	In Year	Green	1	1
PCC-04G	DOAC (Edoxaban) switch to Apixaban / Rivaroxaban	R	In Year	Green	116	650
PCC-04H	Bath & Shower Emollient Review	R	In Year	Green	2	5
PCC-04I	Chloral Hydrate Prescribing Review	R	In Year	Green	20	55
PCC-24	Only Order What You Need	NR	In Year	Green	330	594
PCC-100	Dapagliflozin LOE	R	In Year	Amber	0	1,800
PCC-101	Ticagrelor LOE	R	In Year	Amber	0	95
PCC-102	Denosumab LOE	R	In Year	Amber	0	20
Annual Plan Target:				2,826	888	4,759
Distance from target (over)/under				(1,933)		

Divisional analysis – Complex Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CHC-01	Top 50 placement reviews	R	Month 1	Green	52	306
CHC-02	Management and reduction of commissioned enhanced care one to one in care homes	R	Month 1	Green	0	108
CHC-03	FNC Assessments	R	Month 1	Green	98	305
CHC-04	Care at Home Team	R	Month 1	Green	0	32
CHC-05	Rightsizing additional support	R	Month 1	Green	0	12
CHC-06	Enhancements on Specialist rates	R	Month 1	Green	4	18
CHC-07	Reduced growth chc	NR	In Year	Amber	0	250
Annual Plan Target:				1,676	154	1,031
Distance from target (over)/under				645		

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 £'000	Forecast £'000
MH-01	Mitchell Close	R	Month 1	Red	0	0
MH-02	Aripiprazole drug switch	R	Month 1	Green	0	5
MH-03	Reduction to variable pay	R	Month 1	Red	0	0
MH-04	CHC Dispute CB Hammersmith & Fulham	NR	Month 1	Red	0	0
MH-05	CHC Transition Cases (x2)	R	Month 1	Green	207	207
MH-06	MH Framework Uplifts	R	In Year	Green	143	344
MH-07	MH LD Adult / CAMHS Hospitals Framework Agreement	R	In Year	Green	21	50
MH-11	CHC DB Repat In house services	R	In Year	Green	18	189
MH-14	Cedar temp closure	NR	In Year	Amber	0	200
Annual Plan Target:				3,343	390	995
Distance from target (over)/under				2,348		

Divisional analysis – Surgery

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
SUR-01	Haematology drugs wastage reduction	R	Month 1	Red	0	0
SUR-02	Robot buy out of lease (GB)	R	Month 1	Green	119	286
SUR-03	Divisional - Pump Giving Sets (Procurement)	R	Month 1	Red	0	0
SUR-04	General Surgery - Workforce - Net savings as a result of appointing two substantive consultants.	R	Month 1	Green	0	18
SUR-05	General Surgery - Medication - Switching IV Co-trimoxazole and metronidazole to oral in GUH	R	Month 1	Red	0	0
SUR-06	General Surgery - Pintuition seeds	R	Month 1	Green	26	65
SUR-07	Ear, Nose and Throat - Re-Usable Instruments	R	Month 1	Green	1	3
SUR-08	Ophthalmology - Workforce - Band 5 Orthoptist	R	Month 1	Green	9	20
SUR-09	Rheumatology - Workforce - Band 6 Rheumatology CNS	R	Month 1	Green	21	50
SUR-11	Trauma and Orthopaedics - Consolidation of maintenance contracts (Desoutter)	R	Month 1	Green	7	25
SUR-12	Trauma and Orthopaedics - Workforce - substantiate 1.2 WTE orthogeriatric ward doctor posts	R	Month 1	Green	0	26
SUR-13	Trauma and Orthopaedics - Workforce - Changes to on-call structures	R	Month 1	Red	0	0
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
SUR-15	Trauma and Orthopaedics - Bone Cleaning Device	R	Month 1	Green	27	69
SUR-16	Trauma and Orthopaedics - Workforce - substantiate 2.5 WTE JCF over establishment for RGH/OSU ward cover	R	Month 1	Amber	0	31
SUR-17	Urology - Cystoscopes - Disposable Cystoscopes	R	Month 1	Green	0	1
SUR-18	Urology - Medication - Switch to Dysport from BOTOX for N/Ps with Neuropathic Pain	R	Month 1	Green	0	2
SUR-19	Urology - Follow Up Patients - Spacing for follow Up Patients receiving BOTOX	R	Month 1	Green	0	2
SUR-20	Urology - Workforce - Associate Specialist Vacancy	R	Month 1	Green	24	24
SUR-21	Divisional Management - Medication - Sports Medicine review	R	Month 1	Red	0	0
SUR-22	Haematology - SLA - Bristol SLA	R	Month 1	Green	0	4
SUR-23	Haematology - Workforce - Admin team maternity leave	R	Month 1	Green	0	7
SUR-24	Haematology - Study - POLARIS-2; Study of Olverembatinib	R	Month 1	Red	0	0
SUR-25	Haematology - Workforce - Registrar to be recharged to another non surgical Directorate	R	Month 1	Green	6	15
SUR-26	Oral and Maxillofacial Services - Orthodontic Brackets - Reduce costs for Orthodontic brackets	R	Month 1	Green	1	4
SUR-27	Dermatology - IMF - ABUHB Pathology to delivery IMF (Indirect immunofluorescence)	R	Month 1	Red	0	0
SUR-28	Ear, Nose and Throat - Consumables - Review consumable usage for ENT treatment room	R	Month 1	Green	0	2
SUR-29	Trauma and Orthopaedics - Consumables - Review of generic theatre consumables charged to T&O	R	Month 1	Green	1	7
SUR-30	Ophthalmology - Workforce - 2X Consultant Posts	R	Month 1	Green	67	67
SUR-31	Ophthalmology - Workforce - Middle Grades starting which will remove agency usage from the service -	R	Month 1	Green	64	287
SUR-32	Ophthalmology - Medication - Conversion of 2mg Eyelea to 8mg to take advantage of lower price	R	Month 1	Red	0	0
SUR-33	Enhancements on Specialist rates	R	Month 1	Green	7	22
SUR-34	Medicines Management savings	R	Month 1	Green	301	929
SUR-35	Ophthalmology Visco Elastic Savings over the current financial year	R	In Year	Green	2	11
SUR-36	Drugs	NR	In Year	Amber	0	300
Annual Plan Target:				3,336	684	2,280
Distance from target (over)/under				1,056		

Divisional analysis – Clinical Support Services

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-01	Sysmex Maintenance Savings	R	Month 1	Green	65	178
CSS-02	Siemens KPI review	R	Month 1	Green	21	50
CSS-03	Sysmex MSC KPIs	R	Month 1	Green	2	5
CSS-04	Factor 8 Repatriation	R	Month 1	Green	2	6
CSS-05	WBS Commercial Products	R	Month 1	Green	2	6
CSS-06	Restructure of Management Positions	NR	Month 1	Green	3	13
CSS-08	Enhancements on Specialist Rates	R	Month 1	Green	117	392
CSS-10	Critical Care HCSW Variable Pay	R	Month 1	Green	20	20
CSS-11	Hepzyme Repatriation	NR	Month 1	Red	0	0
CSS-12	P3NP Repatriation	R	Month 1	Green	1	3
CSS-13	JCC funding for liver ablations	NR	Month 1	Green	41	122
CSS-14	IPFR income	NR	Month 1	Green	33	70
CSS-15	Ablation needles	R	Month 1	Green	2	5
CSS-16	Maintenance contracts for new DR equipment - NR	NR	Month 1	Green	11	30
CSS-17	Contrast bought in 24/25	NR	Month 1	Green	200	200
CSS-18	Blood Products from 24/25 Year End	NR	Month 1	Green	100	100
CSS-19	Additional Everlight reporting in 24/25	NR	Month 1	Green	46	46
CSS-20	Image Intensifier Maintenance	NR	Month 1	Green	6	16
CSS-21	Decommissioning of Fuji Equipment on current contracts	NR	Month 1	Green	5	22
CSS-22	C&V Ultrasound	NR	Month 1	Green	10	10
CSS-23	Cell Salvage income rebate	NR	Month 1	Green	20	47
CSS-24	Clariscan to Dotograf switch	R	Month 1	Green	4	14
CSS-25	Co-trimoxazole IV	R	In Year	Green	0	1
CSS-26	Lumicare	R	In Year	Green	10	25
CSS-27	Critical Care RN Variable Pay	R	In Year	Green	267	593
CSS-35	Radiology Maintenance contracts	NR	In Year	Green	78	78
CSS-36	Bis Monitoring - Supplier change	R	In Year	Green	4	29
CSS-37	Recycled Paper	R	In Year	Green	0	2
CSS-38	Medical Workforce - Intensity banding review	R	In Year	Green	4	11
CSS-39	Medical Workforce Variable Pay Spend	R	In Year	Green	9	33
CSS-40	Medicines Management - Green	R	In Year	Green	0	15
CSS-41	Medical Workforce Variable Pay Spend (Consultant)	R	In Year	Green	4	7
CSS-42	Medical Workforce Variable Pay Spend (Juniors/Middle Grades)	R	In Year	Green	29	63
CSS-43	Additional IPFR Income (Powys)	NR	In Year	Green	0	8
CSS-44	Outsourcing, linked to acute demand, Audit and deep dive. Reduce Forecast	NR	In Year	Green	12	117
CSS-45	Mycology Testing (PHW)	R	In Year	Green	1	11
CSS-46	Contract Funerals	R	In Year	Green	1	5
CSS-47	Serosep Contract	R	In Year	Green	0	16
CSS-48	Cessation of Weekend Enhancement Pay	R	In Year	Green	1	7
CSS-49	Utilisation of Blood Bikes	R	In Year	Green	1	6

Clinical Support Services continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CSS-50	Syphilis Repatriation	R	In Year	Green	1	10
CSS-51	Leica Bond III Contract	R	In Year	Green	4	30
CSS-52	Siemens MSC KPIs (Part 2)	NR	In Year	Green	0	50
CSS-53	Reduction in Carriage Charges	R	In Year	Green	0	1
CSS-54	Liver ablations	NR	In Year	Green	0	129
CSS-55	Reduction in Health Protection testing	NR	In Year	Green	0	101
CSS-56	New locum recruitment	R	In Year	Green	0	(14)
CSS-57	Savings on additional hours by recruiting locum consultant	R	In Year	Green	0	24
CSS-58	Reduction in Health Protection testing	NR	In Year	Amber	0	300
CSS-59	Risp reduced penalty	NR	In Year	Amber	0	200
Annual Plan Target:				2,998	1,138	3,213
Distance from target (over)/under				(215)		

Divisional analysis – Medicine

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
MED-01	Biologic Switch of Ustekinumab	R	Month 1	Green	354	850
MED-02	Enhancements on Specialist rates	R	Month 1	Green	115	382
MED-03	National priorities - Teriparatide generic switch	R	Month 1	Green	1	2
MED-04	National priorities - Dimethyl fumarate - Generic switch	R	Month 1	Green	185	451
MED-05	National priorities - Omalizumab - transitional contract	R	Month 1	Green	0	50
MED-06	National priorities/Best value Biosimilars - Ustekinumab vials	R	Month 1	Green	218	355
MED-07	Neurology - Idebenone Homecare Supply	R	Month 1	Green	5	14
MED-08	Annual purchase of insulin pumps at preferential rate	NR	Month 1	Green	5	5
MED-09	Use of 24/25 purchased CPAP's for 25/26 activity	NR	Month 1	Green	34	247
MED-10	Use of 24/25 purchased colon capsules for 25/26 activity	NR	Month 1	Green	26	63
MED-11	Use of 24/25 purchasesd equip (leads etc) for 25/26 activity	NR	Month 1	Green	10	23
MED-12	Delay in prescribing Budesomide	NR	Month 1	Green	706	1,488
MED-13	COTE - Denosumab	R	In Year	Green	0	26
MED-14	Co-trimaxazole IV	R	In Year	Green	2	5
MED-21	National priorities/Best value Biosimilars - Rituximab biosimilar switch (Rixathon to Truxima)	R	In Year	Green	0	1
MED-22	Reduction in locum consultants replaced with substantive x3	R	In Year	Amber	0	14
MED-23	Reduction in RN agency	R	In Year	Amber	0	107
MED-24	Saving in sleep masks	R	In Year	Amber	0	46
MED-25	Switch Acute 30 bedded ward to Community ward	R	In Year	Amber	0	128
Annual Plan Target:				3,877	1,662	4,257
Distance from target (over)/under				(380)		

Divisional analysis – Urgent Care

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
URG-01	Enhancements on Specialist rates	R	Month 1	Green	156	520
URG-02	Switch to a non-ported admin set with pump	R	Month 1	Green	2	2
URG-03	changing from the pre-made convenience FICB packs to individual items	R	In Year	Green	3	8
URG-10	Switch from dual giving set ports to single port	R	In Year	Green	1	6
URG-11	Close RGH & NHH Transfer Lounge	R	In Year	Amber	0	99
URG-12	Close RGH MIU Over night	R	In Year	Amber	0	83
URG-13	Delay Implementation of Medical Model in Flow Centre	NR	In Year	Amber	0	75
URG-14	Source E-Triage Funding	NR	In Year	Amber	0	178
Annual Plan Target:				942	162	971
Distance from target (over)/under				(28)		

Divisional analysis – Family & Therapies

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
F&T-01	Divisional drugs savings target	R	Month 1	Green	12			63
F&T-02	Health Visiting - Reduction in Rental Charges due to relocation to 19 Hills Health & Wellbeing Centre, Ringland East	R	Month 1	Green	5			11
F&T-03	Actim Prom and Partus	R	Month 1	Green	6			13
F&T-04	Non- renewal of Windmill Farm SLA with NPT LA for 25/26	R	Month 1	Green	125			300
F&T-05	Enhancements on Specialist rates	R	Month 1	Green	57			257
F&T-06	Cessation of Tafarn Newydd S28A SLA with Torfaen LA	R	Month 1	Green	13			31
F&T-07	Giving Sets for Infusion Pumps	R	Month 1	Green	1			2
F&T-08	Bulk purchase of Medtronic 780G Diabetic pumps and sensors	NR	Month 1	Green	5			5
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	1			2
F&T-16	Financial recovery divisional scheme - pay R	R	In Year	Green	51			257
F&T-17	Financial recovery divisional scheme - pay NR	NR	In Year	Green	120			542
F&T-18	Financial recovery divisional scheme - Non-Pay R	R	In Year	Green	8			81
F&T-19	Financial recovery divisional scheme - Non-Pay NR	NR	In Year	Green	393			460
F&T-20	Financial recovery divisional scheme - Income	NR	In Year	Green	0			4
Annual Plan Target:				3,252	797		2,029	
Distance from target (over)/under				1,222				

Divisional analysis – Estates & Facilities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
FAC-01	Chepstow Hospital Unitary Charge	R	Month 1	Green	209			500
FAC-02	ENERGY SAVINGS	R	Month 1	Green	684			1,850
FAC-03	Bed contract savings	R	Month 1	Green	110			250
FAC-04	Energy	R	Month 1	Green	104			250
FAC-11	Vacancies	NR	In Year	Green	120			360
FAC-12	Rates rebates	NR	In Year	Green	40			80
FAC-13	Kintra - Cost plus Credit	NR	In Year	Green	0			90
FAC-14	Vacancies	NR	In Year	Green	38			304
FAC-15	Accountancy gain - duplicate meter reading	NR	In Year	Green	800			800
Annual Plan Target:				2,185	2,105		4,484	
Distance from target (over)/under				(2,299)				

Divisional analysis – Corporate

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year
					Achieved £'000	Forecast £'000
CORP-02	Reduction in non-pay spend	NR	Month 1	Green	21	50
CORP-06	Executive directorate stretch target saving	R	Month 1	Green	34	152
CORP-11	Executive directorate stretch target saving	R	Month 1	Green	63	242
CORP-15	Executive directorate stretch target saving	R	Month 1	Green	19	29
CORP-01	Reduction in workforce costs - on call allowance	NR	Month 1	Green	9	70
CORP-13	Executive directorate stretch target saving	R	Month 1	Green	88	700
CORP-04	Scheme	NR	Month 1	Green	41	100
CORP-05	Opportunity	NR	Month 1	Green	41	100
CORP-08	Executive directorate stretch target saving	R	Month 1	Green	33	149
CORP-14	Executive directorate stretch target saving	R	Month 1	Green	50	97
CORP-03	Opportunity	R	Month 1	Green	151	151
CORP-07	Executive directorate stretch target saving	R	Month 1	Green	43	103
CORP-16	Executive directorate stretch target saving	R	Month 1	Green	24	24
CORP-09	Executive directorate stretch target saving	R	Month 1	Green	43	102
CORP-10	Executive directorate stretch target saving	R	Month 1	Green	23	180
CORP-12	Executive directorate stretch target saving	R	Month 1	Green	26	207
CORP-84	Accountancy gain- release study leave accrual	NR	In Year	Amber	0	3,200
CORP-85	Accountancy gain- dispute dilapidations	NR	In Year	Amber	0	200
CORP-86	Accountancy gain- Dispute H&SE fine	NR	In Year	Amber	0	400
CORP-87	Various Directors savings - vacancies	NR	In Year	Amber	0	1,500
CORP-88	Various Directors savings - non pay	NR	In Year	Amber	0	700
CORP-89	Various - rtt funding, reserve release, rif funding - presentation to be reviewed	NR	In Year	Amber	0	5,853
Annual Plan Target:				2,421	706	14,309
Distance from target (over)/under				(11,888)		

Divisional Analysis - Contracting & Commissioning

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
Con1	Accountancy benefit of NHS England end of year position	NR	In Year	Green	270		507	
Con2	Forecast reduced activity- Cardiff LTA	R	In Year	Green	83		200	
Con3	Forecast reduced activity- CTM LTA	R	In Year	Green	125		300	
Con4	Forecast Additional Provider Income	R	In Year	Green	83		200	
Con5	Accountancy benefit - service contracts	NR	In Year	Green	410		410	
Con6	Accountancy benefit - service contracts	NR	In Year	Green	600		600	
Annual Plan Target:				2,463	1,572		2,217	
Distance from target (over)/under				246				

Divisional Analysis - WHSCC

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
					0		0	
					0		0	
Annual Plan Target:				3,296	0		0	
Distance from target (over)/under				3,296				

Divisional Analysis - EASC

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD		Full year	
					Achieved £'000	Forecast £'000	Forecast £'000	Forecast £'000
					0		0	
					0		0	
Annual Plan Target:				936	0		0	
Distance from target (over)/under				936				

Reserves

Reserves Delegation:

The reserves held at 31st August-25 is £17.9m. This consists of allocations to be delegated of £13.5m, specific commitment reserves of £0.8m, those supporting the financial position of 0.4m and a contingency investment reserve of £1.36m.

The reserves include some elements of risky income associated with the submitted plan and 2025/26 wage award M1-5.

All of these reserves are either supporting the financial position of the Health Board (£13.9m) or is committed to specific areas (£4m).

Phase 2 of the budget setting was carried out in M03, with 40.5m of held reserves delegated down to divisions for various specific commitments and both new & underlying pressures.

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	26/27
Anticipated	R	b/f balances re: pay related funding etc.	2,597,176	2,597,176
Delegated	R	National Insurance increase (Ers) 25-26	(113,144)	(113,144)
Anticipated	NR	Overseas recruitment funding	0	(700,000)
Confirmed	NR	DPIF funding 2025-26	2,258,701	0
Anticipated	NR	Planned Care Transformation Fund: Spinal Mega Clinics	55,373	0
Delegated	R	Fracture liaison service - risky income assumed - WG confired not an allocation	(321,000)	(321,000)
Delegated	R	25/26 Physician Associates - risky income assumed - WG confired not an allocation	(59,000)	0
Anticipated	NR	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	111,510	0
Anticipated	NR	GP Gatekeeper	780,045	0
Anticipated	NR	Planned Care 2025-2026 - Phase 4 Diagnostics	555,839	0
Anticipated / confirmed	R	2024/25 Wage Awards	(2,399,635)	(2,399,635)
Anticipated	NR	Band 8 24/25 incremental impact 25/26 & 26/27 not in wage award funding rec'd from WG	562,700	1,380,200
Anticipated	NR	Planned Care Programme Out Patient Phase - Additional Support (Radiographer)	24,579	0
Anticipated	R	25/26 wage award estimate to month 5 (exc rlw)	11,288,500	11,288,500
Confirmed Allocations to be apportioned			15,341,644	11,732,097

7788-COMMITMENTS TO BE DELEGATED

Description	25/26	26/27
Junior Doctors income: TGS	449,295	449,295
Junior Doctors income: PGCME	(30,151)	(30,151)
Recovery of E&F budget delegated for Portacabin - GUH Transfer Lounge lease	387,000	387,000
Total Commitments	806,144	806,144

7501-SUPPORTING FINANCIAL POSITION

Description	25/26	26/27
IT Revenue to Capital April 25	29,664	0
IT Revenue to Capital May 25	55,632	0
IT Revenue to Capital June 25	48,690	0
RTT Waiting times Q1 25-26 - anticipated delegation (General Reserve)	171,000	0
RTT Waiting times Q1 25-26 - anticipated delegation (Infrastructure)	132,000	0
Total Supporting Financial position	436,986	0

7565-CONTINGENCY

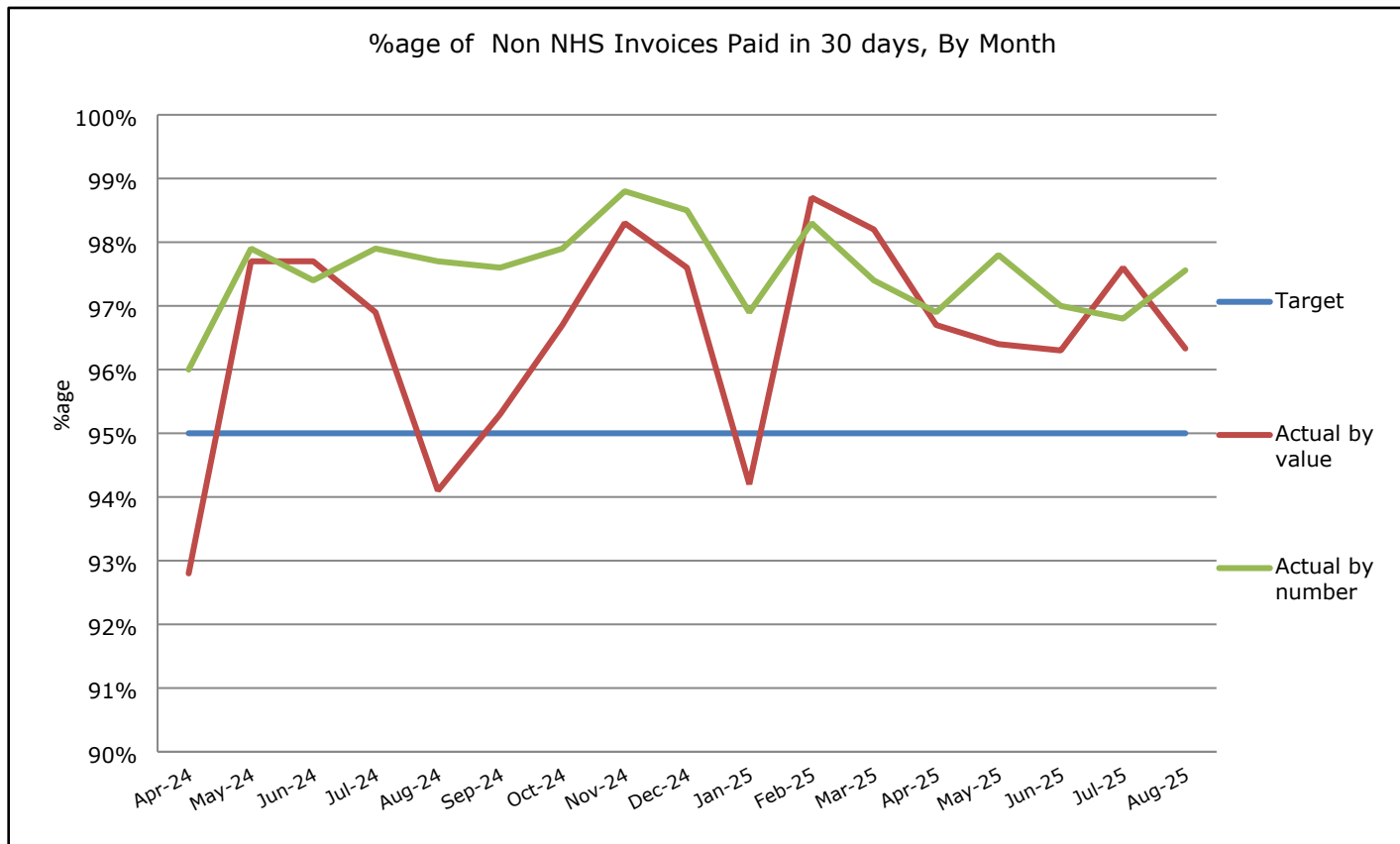
Description	25/26	26/27
Investment Reserve	1,360,000	1,360,000
Confirmed Allocations to be apportioned	1,360,000	1,360,000
Totals	17,944,774	13,898,241

Cash Position

The cash balance at the 31st August 2025 is £5.756m, which is below the advisory figure set by Welsh Government of £6m.

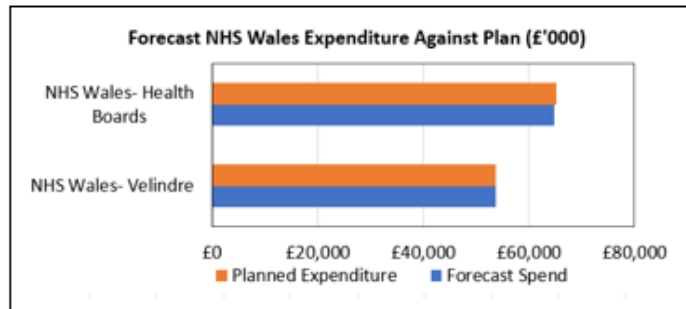
Public Sector Payment Policy (PSP)

The HB has achieved the target to pay 95% of the number of both NHS and Non-NHS creditors within 30 days of delivery of goods/services in August. The issue with invoices relating to salary sacrifice lease cars from Northumbria NHS Trust has been resolved and we have put in place processes to prevent this from happening in the future.



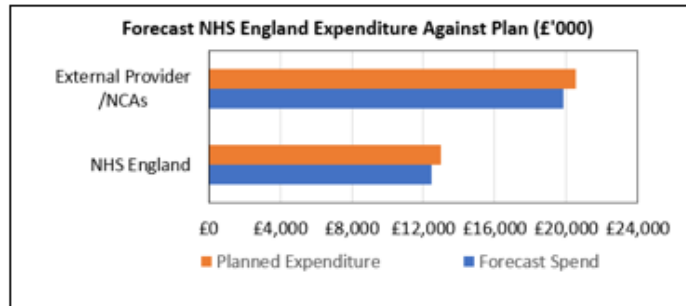
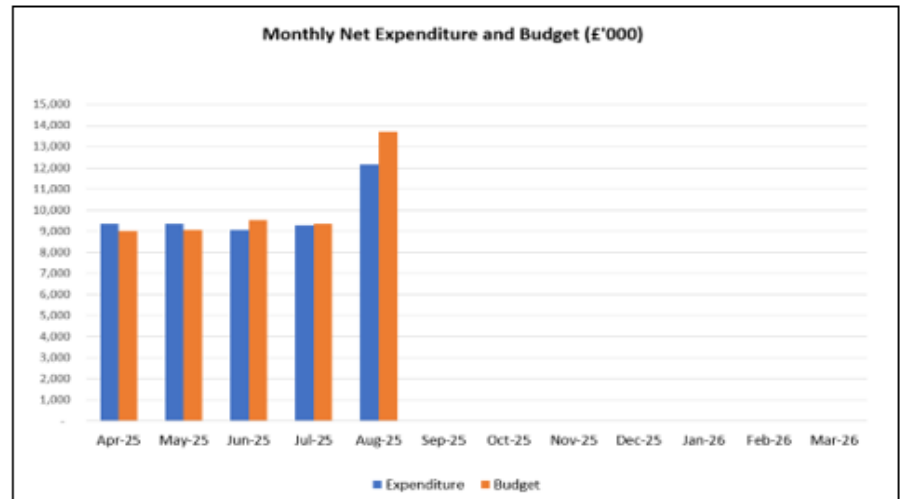
Contracting & Commissioning – LTA Spend & Income

At Month 5 the year-to-date financial performance for Contracting and Commissioning is £1.457m underspend against the delegated budget with a forecast year of £1.942m underspend. The key elements contributing to this position at Month 5 are as follows:



NHS Wales Expenditure

Expenditure in NHS Wales contracts is based on provider monitoring returns and is expected to be c£500k less than plan due to lower activity and recharged services at Cwm Taf and Cardiff and Vale



NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£500k less than plan due to favourable settlements of 24/25 final balances following successful challenges by the commissioning team



Provider Income

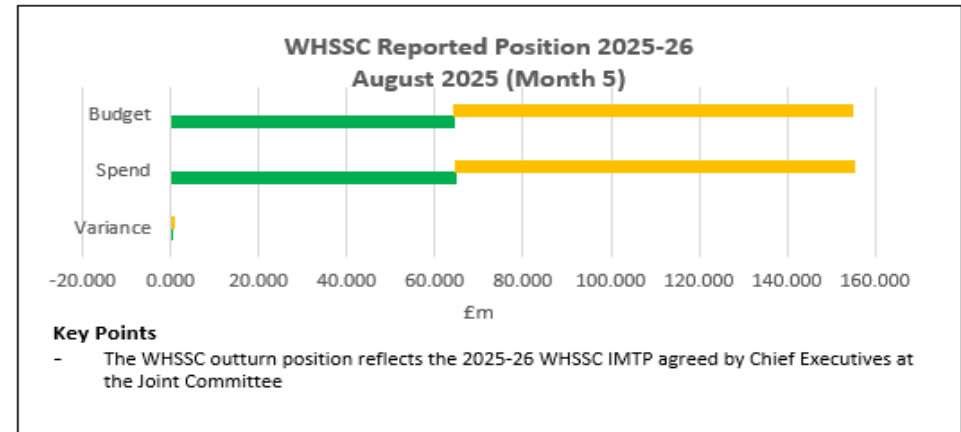
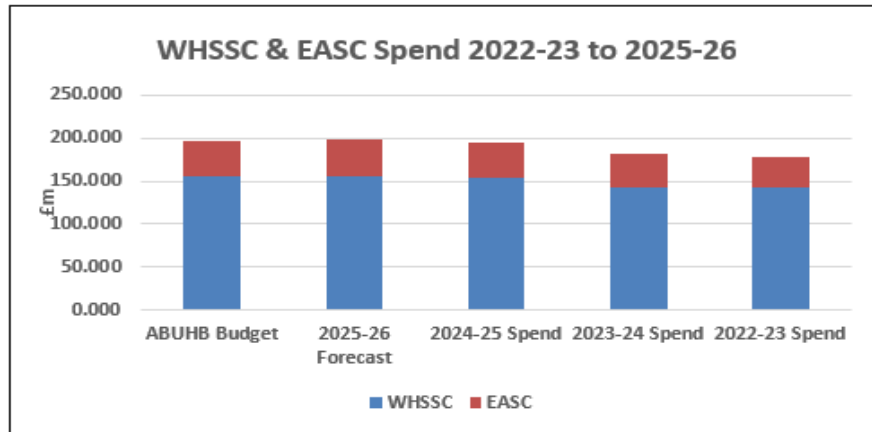
Provider income is forecast to be c£200k more than plan in 25/26 following higher activity levels in months 1-4 for Powys and other commissioners

Key Issues 2025-26

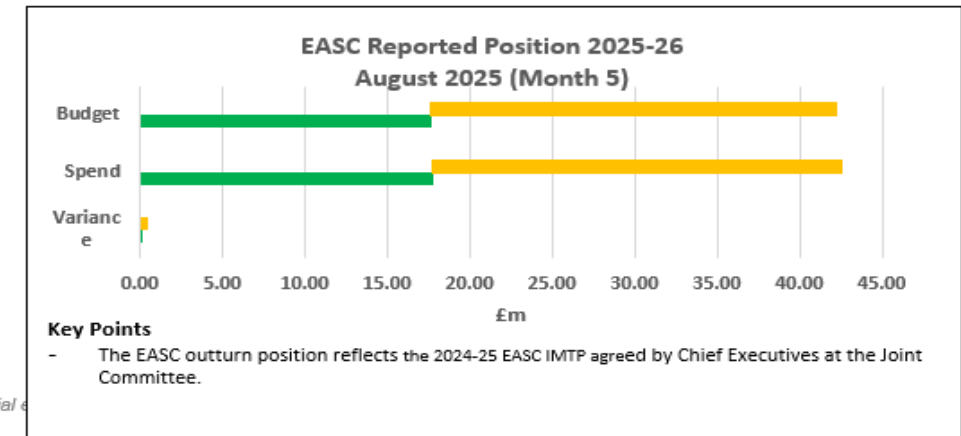
- All LTAs have been agreed ahead of the WG deadline and have been signed by ABUHB.
- A recurrent annual saving of £1.8m from 2024/25 LTA negotiations with Cwm Taf was achieved against a target of £300k which resulted in a £1.5m recurrent benefit within the 'underlying' HB position.
- The expenditure being forecast for cancer services at Velindre is in line with ABUHB IMTP planning assumptions (c£3m growth on 2024/25)
- An additional c£4m budget (with spend) was delegated from Month 5 for pay award and thyroid investment in Cardiff and is matched by expenditure
- Additional budget and expenditure is reflected in Month 5 (c£3m ytd) relating to regional ophthalmology 2025/26 on behalf of Cwm Taf, Cardiff and Aneurin Bevan UHBs (also c£16.5m in future months)
- There is also an accounting benefit reflected in the month 5 position after favourable settlements have been agreed from 24/25 contracts.

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

The Month 5 financial position for the JCC is a forecast overspend of £0.985m. The position reflects the agreed IMTP and the phase 2 2025-26 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 LTA Overperformance (£0.7m), Individual Patient Treatments (£1.3m) offset by slippage on developments (£1.2m)
 - 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 31st August 2025			
	2025/26 Opening balance £000s	31st August 2025 £000s	Movement £000s
Fixed Assets	945,668	964,748	19,080
Other Non current assets	111,489	212,383	100,894
Current Assets			
Inventories	10,433	10,455	22
Trade and other receivables	167,220	84,597	(82,623)
Cash	4,823	5,756	933
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	182,476	100,808	(81,668)
Liabilities			
Trade and other payables	221,140	210,688	(10,452)
Provisions	207,724	229,270	21,546
	428,864	439,958	11,094
	810,769	837,981	27,212
Financed by:-			
General Fund	610,494	625,751	15,257
Revaluation Reserve	200,275	212,230	11,955
	810,769	837,981	27,212

Fixed Assets: The main movements since the end of 2025/25 relate to:

- An increase of £9.6m relating to capital purchase additions.
- An increase of £28.6m as a result of upwards revaluations caused by Indexation for land and buildings.
- A decrease of £18.0m due to depreciation charged in year.
- A net decrease of £1.1m in renewals and depreciation for IFRS16 leased assets

Other Non-Current Assets: This relates to a significant increase in Welsh Risk Pool claims due in more than one year £101.7m and a decrease in intangible assets of £0.7m 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 August of £3.7m
- A net increase in the value of both NHS & Non-NHS accruals of £3.8m, of which £3.1m relates to an increase Non-NHS accruals and £0.7m relates to a decrease in NHS Accruals since the end of 2024/25
- A significant decrease in the value of Welsh Risk Pool claims due in less than one year totalling £90.2m
- A decrease in VAT and other debtors since of the end of 24/25 of £0.2m
- An increase in the value of prepayments held £7.3m

Cash: The cash balance held at the end of July is £5.756m.

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 (£5.5m)
- A decrease in NHS Creditor accruals (£3.1m)
- A decrease in the level of invoices held for payment from the year end (£5.1m)
- An increase in non NHS accruals (£15m)
- An increase in Tax & Superannuation (£6.5m)
- A decrease in other creditors (£15.8m)
- A decrease in the liability for lease payments (£0.6m)
- An increase in payments on account (£1.9m)

Provisions:

- This is due to an overall increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £22.1m and a decrease in other provisions of £0.6m.

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 August 2025 (M5 2025/26)

	£'000
HCHS	1,670,221
GMS	115,932
Pharmacy	36,808
Dental	36,722
Total Confirmed Allocations - August 2025	1,859,683
Plus Anticipated Allocation - August 2025	65,598
Total Allocations - August 2025	1,925,281

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 (August)			
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	(2,571)	NR
HCHS	Capital - DEL Depreciation - Strategic	3,572	NR
HCHS	Capital - DEL Depreciation - Impairment	(236)	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(444)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	62	NR
HCHS	Capital - AME Depreciation - Donated Assets	168	NR
HCHS	Capital - AME Depreciation - Impairments	35,465	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(3,666)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(936)	NR
HCHS	Real Living Wage 24/25	3,000	R
HCHS	Memory Assessment Services - Gwent RPB	565	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	EPMA Funding	2,153	NR
HCHS	Mental Health 111 Press 2 service funding	285	R
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 Neurodivergence (NDIP) funding	353	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	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	Planned Care Transformation Fund: Spinal Mega Clinics	55	NR
HCHS	Planned Care Transformation Fund: Q3 & Q4 (excl Clinical Editors & 3Ps)	112	NR
HCHS	GP Gatekeeper	780	NR
HCHS	Planned Care 2025-2026 - Phase 4 Diagnostics	556	NR
HCHS	National Planned Care Plan - Phase 3 Additional Support Funding	469	NR
HCHS	Planned Care Programme Out Patient Phase - Additional Support (Radiographer)	25	NR
HCHS	Q1 Activity SE Wales Region Cataracts	3,000	NR
HCHS	Q2-4 Regional cataracts outsourcing	16,500	NR
HCHS	Band 8 and above - increment impact for 25/26 and 26/27 anticipated funding	563	R
HCHS	25/26 A4C Pay Award Arreas anticipation of WG funding m1 to 4	9,031	R
HCHS	25/26 A4C Pay award - M05 anticipation of funding m5 estimate	2,258	R
Total Anticipated: Per Ledger		65,598	

	2025/26				
	Original Plan £000	Revised Plan £000	Spend to M5 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	12,875	12,875		12,875	0
Less Targeted Estates Fund Contribution	-3,762	-2,862		-2,862	0
Less AWCP Brokerage 2024-25	-3,353	-3,235		-3,235	0
NBV of Assets Disposed	0	14		14	0
Total Approved Discretionary Funding	5,760	6,792		6,792	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	12,184	27,162		27,162	0
Total Approved and Anticipated AWCP Funding	12,184	27,162		27,162	0
Total Capital Funding / Capital Resource Limit (CRL)	17,944	33,954		33,954	0
Applications:					
Discretionary Capital:					
Statutory Compliance Allocations	1,100	1,100	286	1,199	99
Other Commitments	1,050	1,050	378	1,050	0
Commitments b/f from 2024-25	544	1,256	136	1,235	-20
Divisional Priorities	2,370	3,237	786	3,109	-128
Corporate Priorities	0	45	41	45	0
Remaining DCP Contingency	696	104	0	17	-87
Total Discretionary Capital	5,760	6,792	1,627	6,656	-136
All Wales Capital Programme:					
NHH Satellite Radiotherapy Centre	1,991	1,250	876	1,250	0
GUH ED Extension	1,946	2,665	1,934	2,665	0
Head Lease for Chepstow Community Hospital	60	107	0	107	0
2nd MRI for Grange University Hospital	2,500	2,481	2,137	2,207	-274
Centralised Decontamination Unit RGH	3,925	3,999	1,133	3,860	-139
RGH – Block 1 and 2 Demolition and Car Park	269	271	2	271	0
Backlog Maintenance 2024-25	901	2,017	871	2,017	0
EFAB - Infrastructure 2024-25	0	224	224	224	0
YYF Breast Centralisation Unit	0	91	38	91	0
CAMHS Sanctuary Hub	0	104	104	104	0
Housing with Care Fund 2024-25	0	21	-6	21	0
Ty Gwent	0	47	-22	47	0
Commercial Research Delivery Wales Equipment 2024-25	0	12	12	12	0
Diagnostic Equipment and Medical Devices Funding 2024-25	0	11	10	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	60	780	230
IRCF - Dixton H&WBC	0	269	104	285	16
Targeted Estates Fund (TEF)	0	9,538	462	8,404	-1,134
DPIF - Electronic Prescribing and Medicines Administration (ePMA)	0	1,622	0	1,622	0
Non-Radiology Ultrasound Replacement Funding	0	576	0	576	0
DPIF - RISP	0	472	0	472	0
Mental Health Quality & Safety Schemes	0	705	25	705	0
Total AWCP Capital	12,184	27,162	8,027	25,874	-1,288
Total IFRS16 Lease Expenditure	0	0	0	0	0
Total Programme Allocation and Expenditure	17,944	33,954	9,654	32,530	-1,424
Underspend against Overall Capital Resource Limit					-1,424

Note – the forecast underspend will be brokered with WG into 26/27, the expectation is a break-even capital forecast

Savings 2025/26 As At Month 5

Savings summary 2025/26

01/04/2024 01/08/2025

Savings summary by Value & Sustainability ca

V&S Category	Number of Schemes	Plan	Forecast	Variance	% Achieved
CHC	10	£2,563	£1,409	−£1,153	55.0%
Medicines Management	35	£4,520	£7,853	£3,333	173.7%
Procurement & Non-pay	112	£20,587	£21,505	£917	104.5%
Service redesign	3	£1,980	£1,616	−£364	81.6%
Workforce	65	£10,750	£10,117	−£633	94.1%
Total	225	£40,400	£42,500	£2,100	105.2%

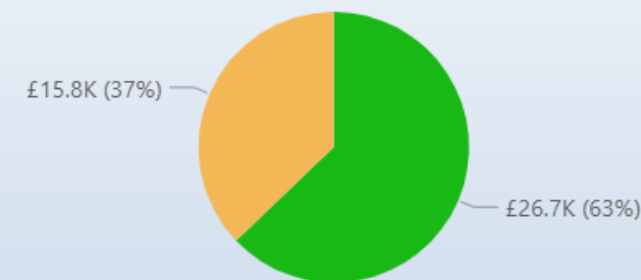
Forecast against initial plan (£'K) + New in-year schemes (£'K) = Total Forecast savings (£'K)
£16,255 + £26,244 = £42,500

Recurrent/non-Recurrent

R/NR	Forecast £'k	% Total
R	£20,228	48%
NR	£22,271	52%
Total	£42,500	100%

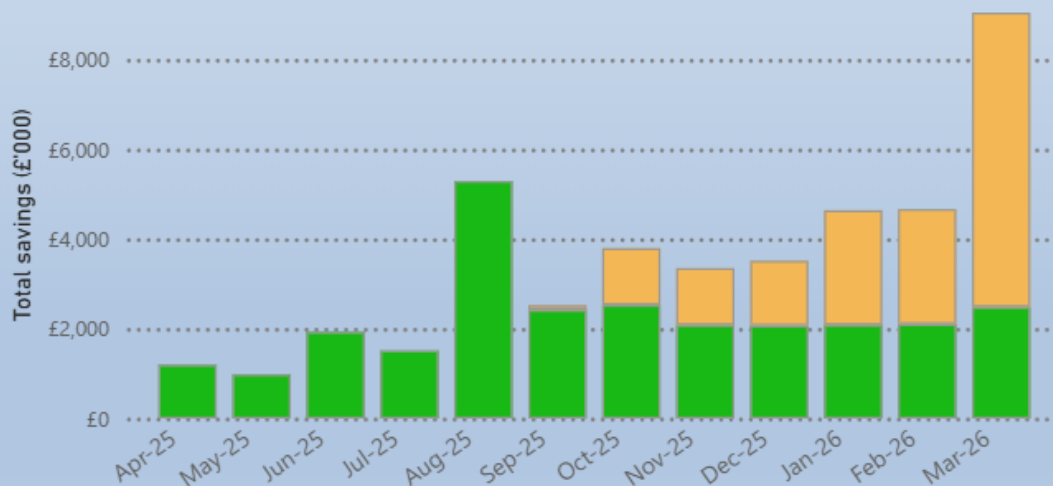
Forecast FYE (£'K)
£26,232

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



Achieved / forecast savings by RAG rating

RAG rating ● Amber ● Green



Savings YTD and forecast position (£'000)

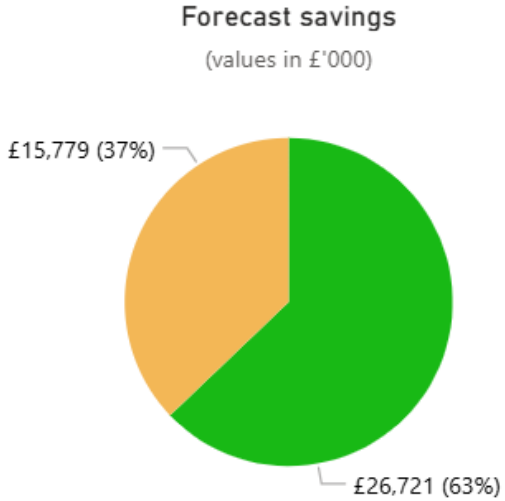
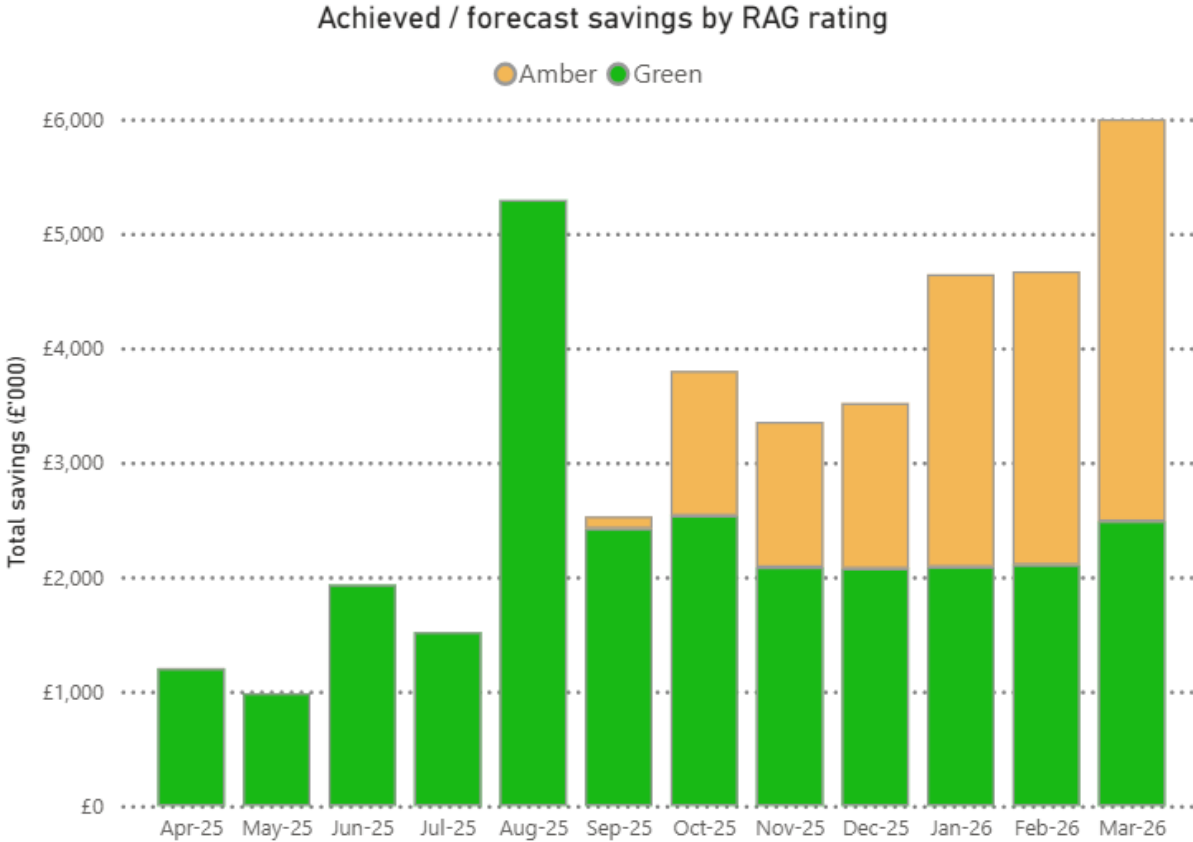
Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£720	£1,138	£418	£3,213	£1,776	223.5%
Complex Care	1.9%	£781	£207	£154	−£53	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£1,572	£1,572	£2,217	£2,217	
Corporate	6.1%	£2,471	£822	£706	−£115	£14,309	£11,838	579.2%
Estates and Facilities	7.4%	£3,000	£1,251	£2,105	£854	£4,484	£1,484	149.5%
Families and Therapies	1.7%	£682	£237	£797	£560	£2,029	£1,347	297.6%
Medicine	5.6%	£2,250	£1,079	£1,662	£583	£4,257	£2,007	189.2%
Mental Health and Learning Disabilities	2.3%	£946	£167	£390	£223	£995	£49	105.2%
Prescribing	5.6%	£2,252	£589	£888	£300	£4,759	£2,507	211.3%
Primary Care and Community	4.0%	£1,614	£311	£668	£357	£1,955	£341	121.1%
Surgery	6.1%	£2,448	£905	£684	−£221	£2,280	−£168	93.1%
Urgent Care	1.3%	£539	£164	£162	−£2	£971	£432	180.1%
Various	54.4%	£21,980	£0	£0	£0	£0	−£21,980	0.0%
Total	100.0%	£40,400	£6,450	£10,927	£4,476	£42,500	£2,100	105.2%



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Board report savings - 2025/26

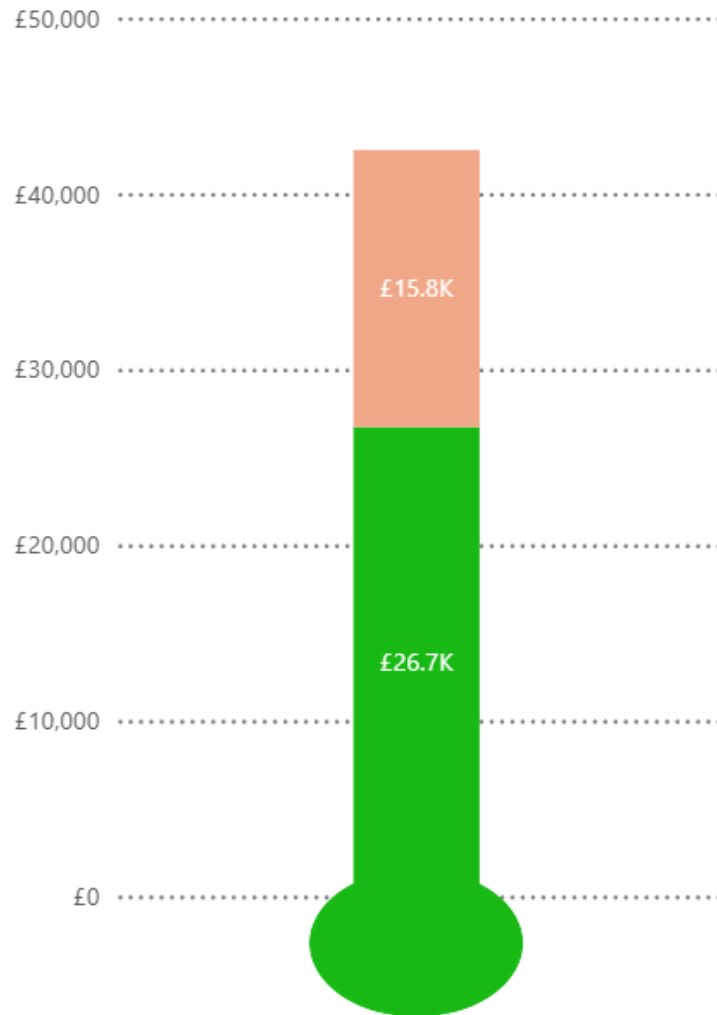


Savings in-month and YTD achievement (£'000)

Date	Forecast	CumulYTD
01 April 2025	£1,205	£1,205
01 May 2025	£977	£2,183
01 June 2025	£1,932	£4,115
01 July 2025	£1,517	£5,632
01 August 2025	£5,294	£10,927
01 September 2025	£2,529	£13,456
01 October 2025	£3,800	£17,256
01 November 2025	£3,356	£20,612
01 December 2025	£3,519	£24,131
01 January 2026	£4,644	£28,775
01 February 2026	£4,671	£33,446
01 March 2026	£9,053	£42,500
Total	£42,500	£42,500

Board report savings - 2025/26

Forecast savings as at month 3 (£'000)



Savings forecast by MMR category (£'000)

MMR category	Number of Schemes	Annual Plan	Forecast savings	Variance to Plan	Non Recurrent forecast savings	Recurrent forecast savings	Forecast FYE
CHC and Funded Nursing Care	12	£2,563	£1,803	-\$759	£250	£1,553	£2,288
Commissioned Services	3	£0	£1,007	£1,007	£507	£500	£500
Medicines Management	34	£4,520	£7,678	£3,158	£594	£7,084	£9,743
Non-Pay	107	£22,447	£18,746	-\$3,701	£13,807	£4,939	£5,262
Pay	69	£10,870	£13,265	£2,395	£7,113	£6,152	£8,439
Total	225	£40,400	£42,500	£2,100	£22,271	£20,228	£26,232

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

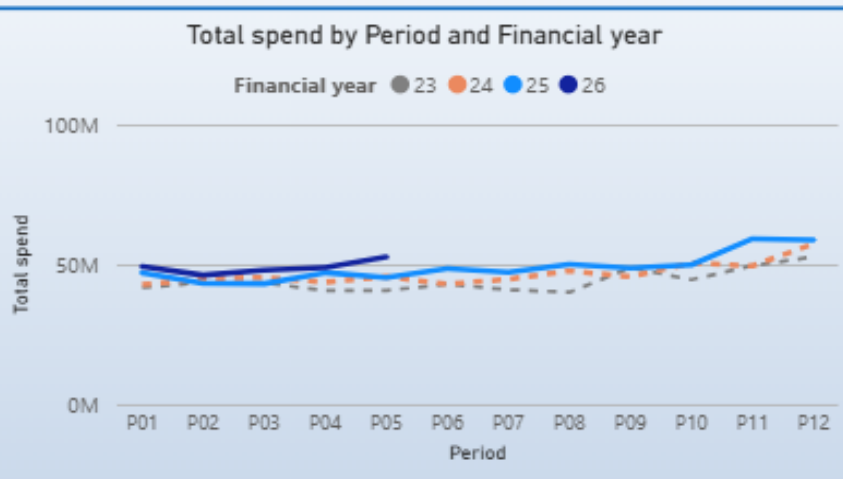
V&S category	Number of Schemes	Annual Plan	Forecast savings	Variance to Plan	Non Recurrent forecast savings	Recurrent forecast savings	Forecast savings FYE
CHC	10	£2,563	£1,409	-\$1,153	£250	£1,159	£1,894
Medicines Management	35	£4,520	£7,853	£3,333	£769	£7,084	£9,743
Procurement & Non-pay	112	£20,587	£21,505	£917	£15,652	£5,853	£6,276
Service redesign	3	£1,980	£1,616	-\$364	£1,488	£128	£384
Workforce	65	£10,750	£10,117	-\$633	£4,113	£6,004	£7,935
Total	225	£40,400	£42,500	£2,100	£22,271	£20,228	£26,232

Savings YTD and forecast position (£'000)

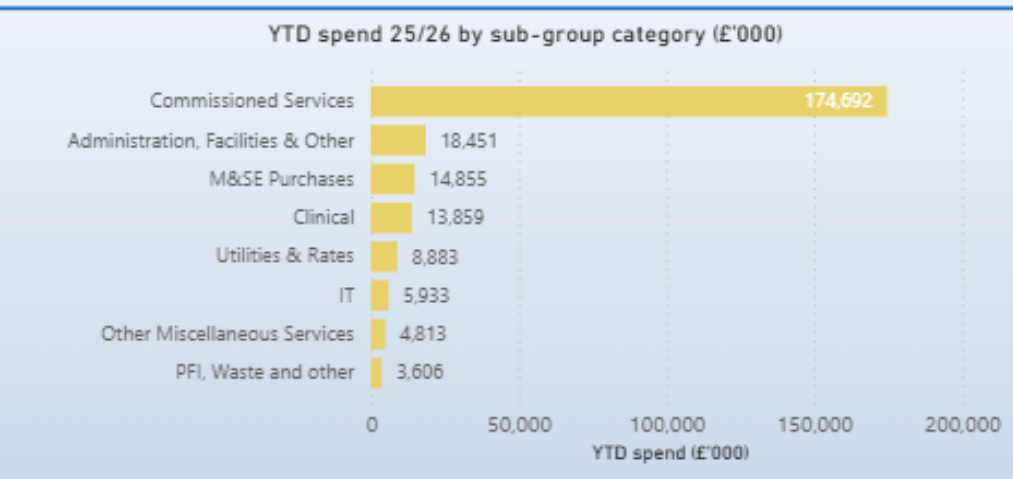
Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	3.6%	£1,438	£720	£1,138	£418	£3,213	£1,776	223.5%
Complex Care	1.9%	£781	£207	£154	-£53	£1,031	£251	132.1%
Contracting and Commissioning	0.0%	£0	£0	£1,572	£1,572	£2,217	£2,217	
Corporate	6.1%	£2,471	£822	£706	-£115	£14,309	£11,838	579.2%
Estates and Facilities	7.4%	£3,000	£1,251	£2,105	£854	£4,484	£1,484	149.5%
Families and Therapies	1.7%	£682	£237	£797	£560	£2,029	£1,347	297.6%
Medicine	5.6%	£2,250	£1,079	£1,662	£583	£4,257	£2,007	189.2%
Mental Health and Learning Disabilities	2.3%	£946	£167	£390	£223	£995	£49	105.2%
Prescribing	5.6%	£2,252	£589	£888	£300	£4,759	£2,507	211.3%
Primary Care and Community	4.0%	£1,614	£311	£668	£357	£1,955	£341	121.1%
Surgery	6.1%	£2,448	£905	£684	-£221	£2,280	-£168	93.1%
Urgent Care	1.3%	£539	£164	£162	-£2	£971	£432	180.1%
Various	54.4%	£21,980	£0	£0	£0	£0	-£21,980	0.0%
Total	100.0%	£40,400	£6,450	£10,927	£4,476	£42,500	£2,100	105.2%

Value & Sustainability - Procurement & Non pay 2025/26

01/04/2022 01/08/2025



Average 24/25	49.0M	Average 25/26	49.0M
YTD spend 24/25 (same period)	226.0M	YTD spend 25/26	245.1M
Extrapolated 25/26 to full year less prior year total spend		-185.7K	



Non pay savings summary 2025/26 (£'000)

Division (Reporting)	Green	Amber	Red	Total
Clinical Support Services	£1,576	£500	£0	£2,076
Contracting and Commissioning	£2,217			£2,217
Corporate	£301	£10,353		£10,654
Estates and Facilities	£3,020			£3,020
Families and Therapies	£910			£910
Medicine	£338	£46		£384
Mental Health and Learning Disabilities	£394			£394
Primary Care and Community	£877			£877
Surgery	£479	£300	£0	£779
Total	£10,128	£11,377	£0	£21,505

Annual Plan savings (£'K)

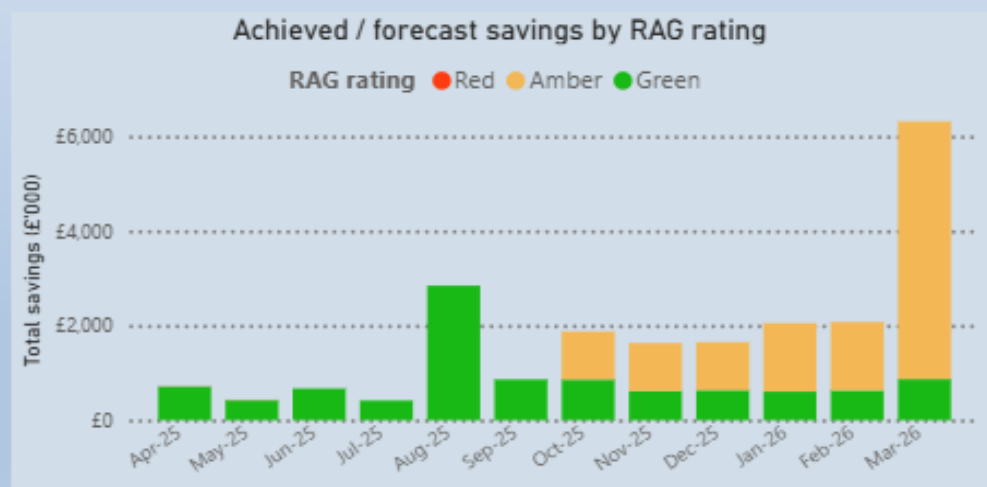
£20,587

YTD achieved (£'K)

£5,052

Total Forecast savings (£'K)

£21,505

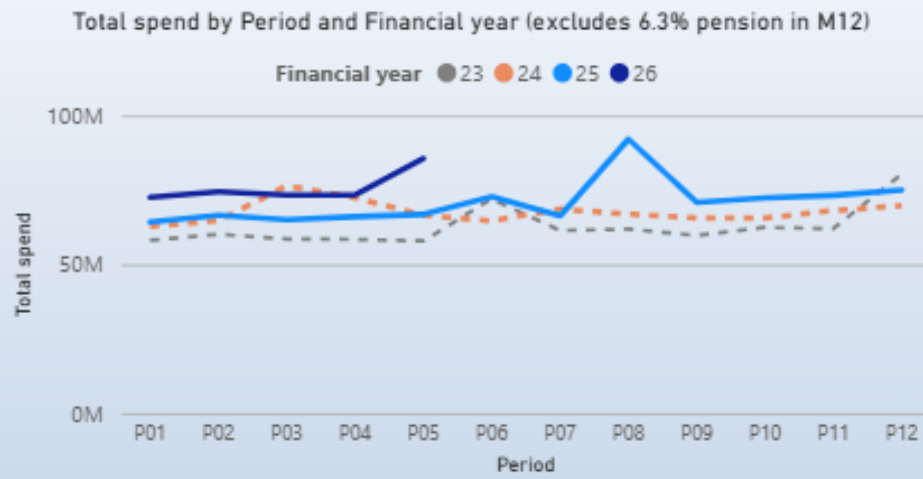


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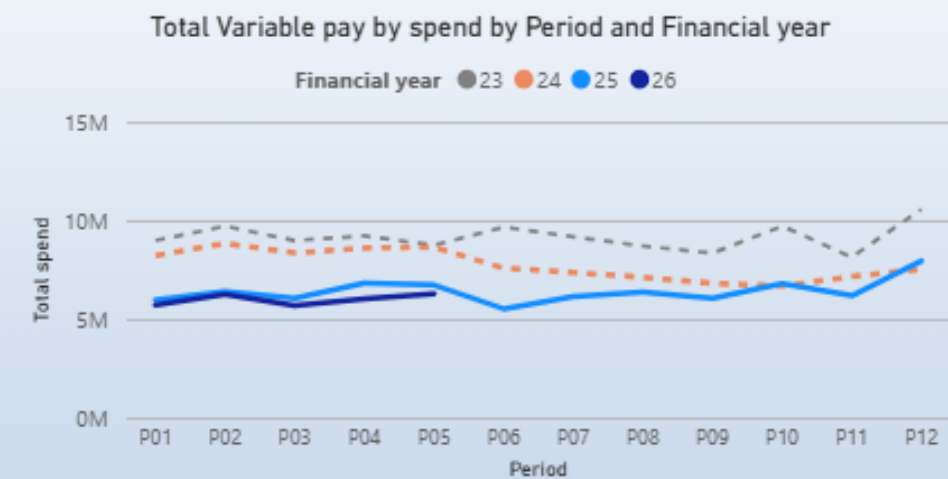
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Value & Sustainability - Workforce 25/26

01/04/2022 01/08/2025



Average 24/25	70.9M	Average 25/26	75.8M
YTD spend 24/25 (same period)	328.4M	YTD spend 25/26	379.1M
Extrapolated 25/26 to full year less prior year total spend		59.1M	



Workforce savings summary 2025/26 (£'000)

Division (Reporting)	Green	Amber	Red	Total
Clinical Support Services	£1,122			£1,122
Complex Care	£18			£18
Corporate	£2,155	£1,500		£3,655
Estates and Facilities	£1,464			£1,464
Families and Therapies	£1,057			£1,057
Medicine	£382	£121		£503
Mental Health and Learning Disabilities		£200	£0	£200
Prescribing	£149			£149
Primary Care and Community	£603			£603
Surgery	£539	£31	£0	£570
Urgent Care	£520	£257		£777
Total	£8,008	£2,109	£0	£10,117

Annual Plan savings (£'K)

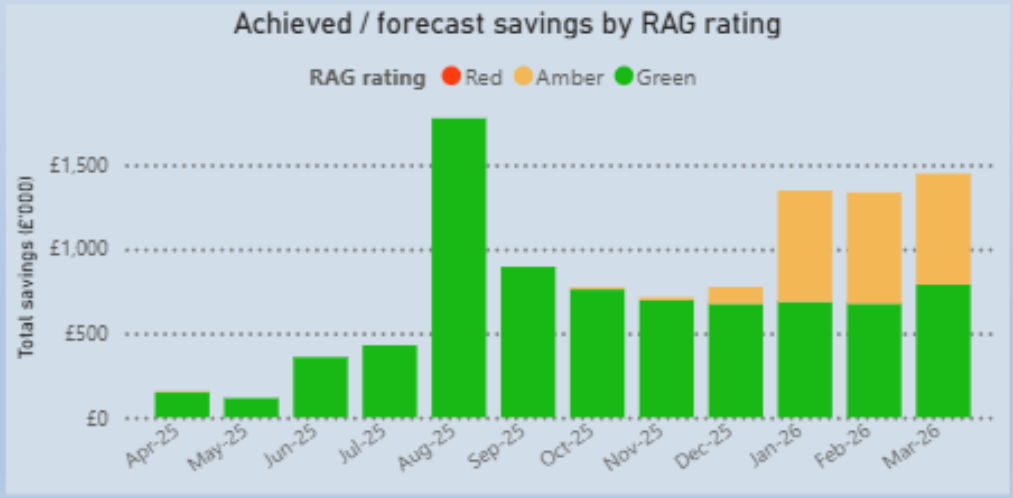
£10,750

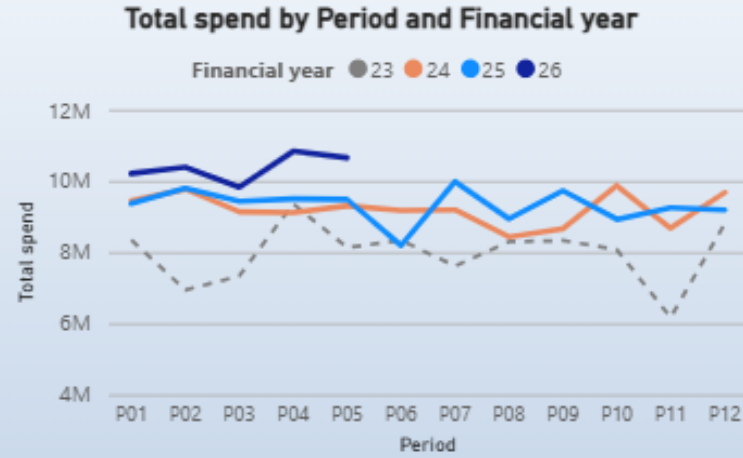
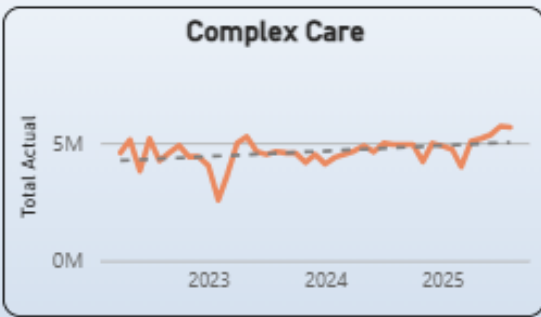
YTD achieved (£'K)

£2,828

Total Forecast savings (£'K)

£10,117





Budget and expenditure 2025/26 (£'000)

Division	Annual Budget %	Annual Budget	YTD Budget (k)	YTD Spend	YTD Variance
CHC and FNC	49.7%	60,109	25,954	26,935	981
Family and Therapies	1.3%	1,603	668	249	-418
Mental Health and LD	49.0%	59,298	24,793	24,699	-94
Total	100.0%	121,011	51,415	51,884	469

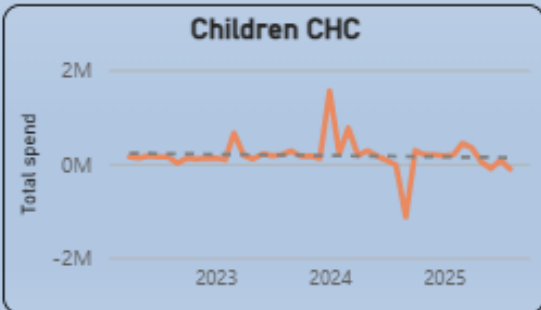
Average spend 24/25	Average spend 25/26	YTD spend 24/25 (same period)	YTD spend 25/26	YTD budget variance 25/26
9.3M	10.4M	47.5M	51.9M	0.5M



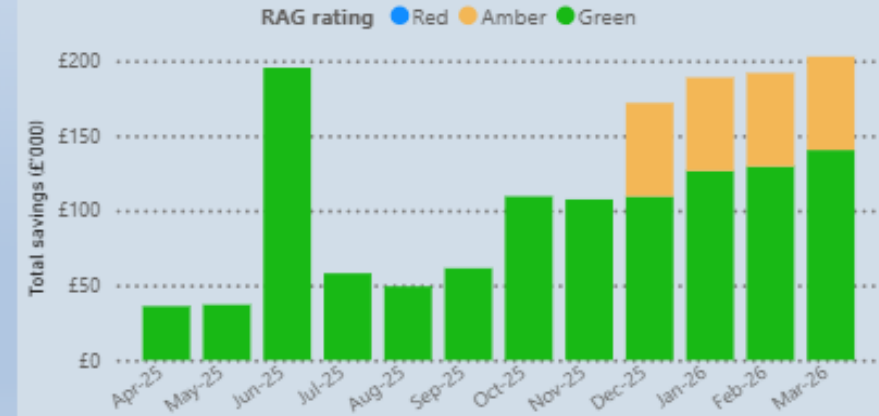
CHC savings summary 2025/26 (£'000)

Division	Green	Amber	Red	Total
Complex Care	£763	£250	£0	£1,013
Mental Health and Learning Disabilities	£396	£0	£0	£396
Various	£0	£0	£0	£0
Total	£1,159	£250	£0	£1,409

Annual Plan savings (£'K)	YTD achieved (£'K)	Total Forecast savings (£'K)
£1,463	£376	£1,409



Achieved / forecast savings by RAG rating



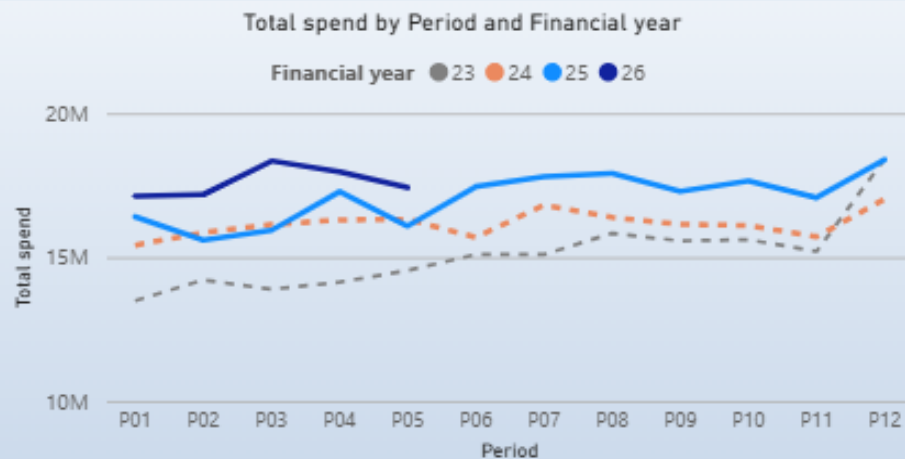
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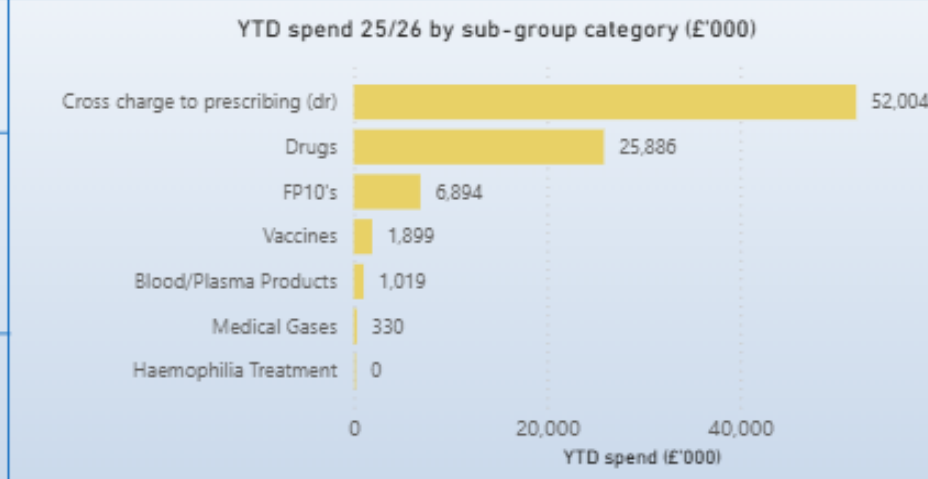
Value & Sustainability - Medicines Management 2025/26

01/04/2022

01/08/2025



Average 24/25	17.1M	Average 25/26	17.6M
YTD spend 24/25 (same period)	81.3M	YTD spend 25/26	88.0M
Extrapolated 25/26 to full year less prior year total spend			
6.4M			



Medicines Management savings summary 2025/26 (£'000)

Division	Green	Amber	Red	To
Clinical Support Services	£15			£
Families and Therapies	£63			£
Medicine	£1,754			£1,7
Mental Health and Learning Disabilities	£5			
Prescribing	£2,695	£1,915	£0	£4,6
Primary Care and Community	£475			£4
Surgery	£931		£0	£9
Total	£5,938	£1,915	£0	£7,8

Annual Plan savings (£'K)

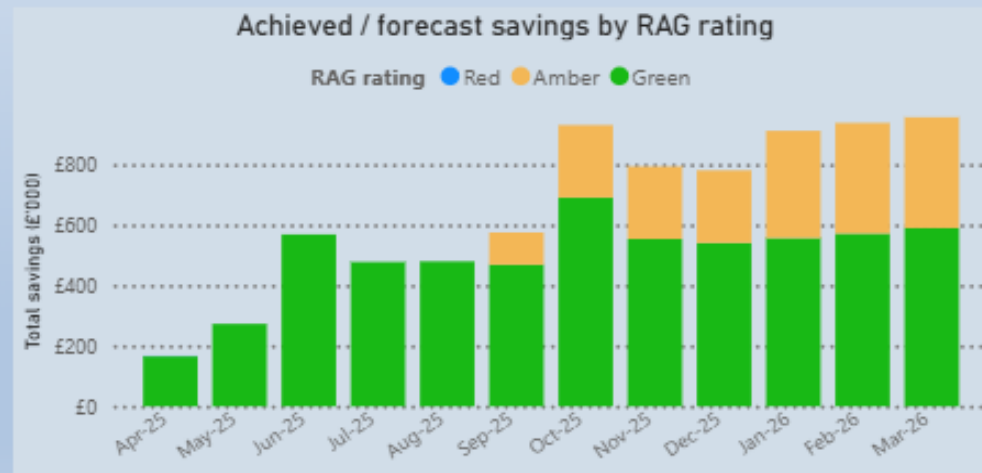
£4,520

YTD achieved (£'K)

£1,965

Total Forecast savings (£'K)

£7,853



GIG
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Service redesign savings summary 2025/26 (£'000)

Division	Green	Amber	Total
Medicine	£1,488	£128	£1,616
Various		£0	£0
Total	£1,488	£128	£1,616

Annual Plan savings (£'K)

£1,980

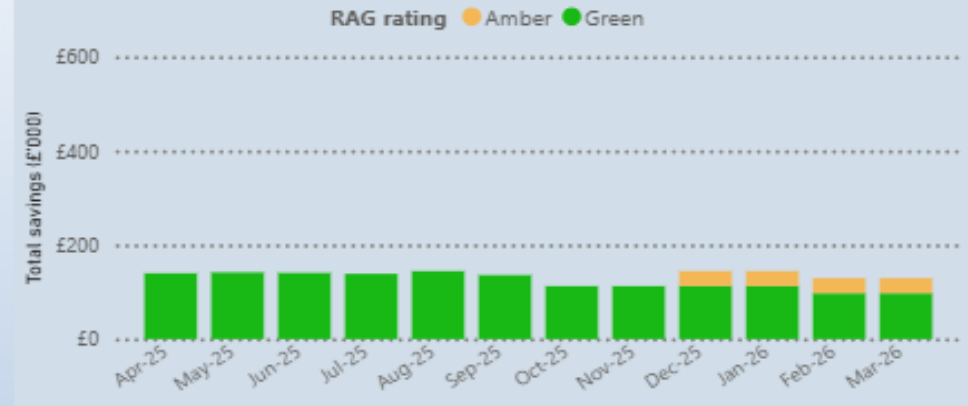
YTD achieved (£'K)

£706

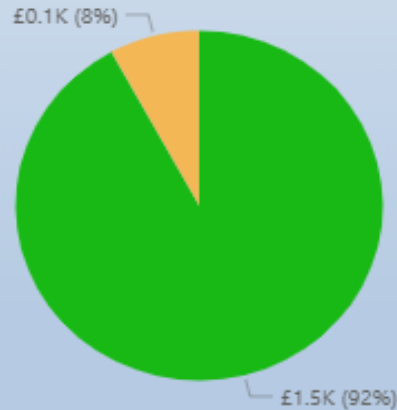
Total Forecast savings (£'K)

£1,616

Achieved / forecast savings by RAG rating



RAG rating



SchemeID	Description	RAG	Plan (£'k)	Forecast (£'k)	Variance
MED-12	Delay in prescribing Budesomide	Green	£340	£1,488	£1,148
MED-25	Switch Acute 30 bedded ward to Community ward	Amber	£128	£128	£0
Opps-02	Opportunities (10.3m) - Service Redesign	Amber	£1,640	£0	£-1,640
Total			£2,108	£1,616	£-492



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DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance & Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value & Sustainability Board Assurance Report – Non Pay & Procurement Theme
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Alex Curley – Head of Procurement 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 financial and operational sustainability for the 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 Divisional schemes - £10.3m
- Pipeline opportunities not yet identified - £14.4m

Non-Pay & Procurement is a key theme of the V&SB and a summary of forecasted savings for M05 25-26 reporting is shown below:

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	10	£286	£376	£90	£2,563	£1,409	-£1,153
Medicines Management	35	£1,283	£1,965	£682	£4,520	£7,853	£3,333
Procurement & Non-pay	112	£2,857	£5,052	£2,196	£20,587	£21,505	£917
Service redesign	3	£340	£706	£366	£1,980	£1,616	-£364
Workforce	65	£1,685	£2,828	£1,143	£10,750	£10,117	-£633
Total	225	£6,450	£10,927	£4,476	£40,400	£42,500	£2,100

The consolidated savings reported position at M05 illustrates a £21.5m forecasted savings achievement vs an original plan of £20.6m for Non-Pay and Procurement (£917k or 4.5% ahead).

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.

Non-Pay & Procurement is one of several workstreams under this programme, and is led by the Executive Director of Finance, Procurement and VBHC. This workstream considers and progresses both national and local opportunities.

Group Governance

The Procurement and non-pay group meet on a monthly basis and is chaired by the Director of Finance, and supported by the Head of Procurement and Assistant Finance Director for Hospital Divisions & Corporate. Each division is represented by the Divisional Director or nominated deputy.

All divisions complete a template and submit in advance of the meeting which provides and update on progress, next steps and challenges, assesses the latest savings plans and highlights further financial opportunities. The key decisions made and outputs from the group informs the overall non-pay thematic report for monthly executive meetings V&SB meetings.

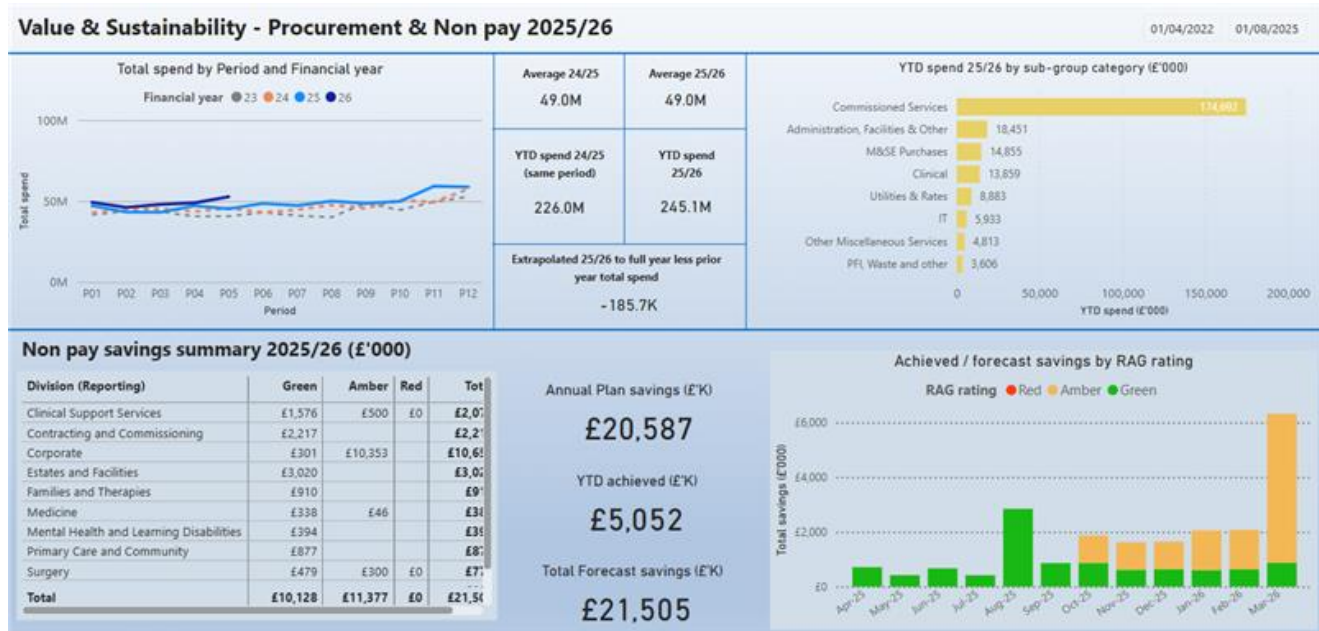
The Non-Pay programme delivered the following result in the previous year:

- 24-25: £20.24m vs Plan £15.115m (£5.1m, 34.0% ahead)

This report provides an update on progress of this programme workstream for the committee for the end of August 2025.

Asesiad / Assessment

As mentioned above, the total forecasted savings for the 25-26 financial year as at the end of M05 for this theme is £21.5m, and is shown below in the Non-Pay and Procurement thematic dashboard:



A summary of current progress at Divisional level is covered below:

Clinical Support Services

The division has a total of 69 schemes targeting delivery of £2.076m for 2025/26, and included within these schemes are further opportunities which the division are working through which could deliver an additional £988k in year. Key Schemes within the plan for the division include:

- Improved stock control efficiency on ordering levels (£300k)
- Increased income generation Liver Ablation service (£122k)
- Sysmex Contract Renewal Savings (£178k)
- Point of care testing efficiencies (£300k)
- Revision of Radiology system double running assumption (£200k).

Contracting and Commissioning

Currently reporting £2.217m as forecasted schemes being delivered. Schemes mainly relate to reduction in activity around in LTA's with Cardiff & Vale and Cwm Taf Morgannwg (£500k), additional provider income (£200k) and service contract improvements (£1.517m).

Corporate Services

Currently reporting £10.7m as forecasted schemes being delivered. This includes savings across the Corporate portfolio in both Pay and Non-Pay, and key assumptions for additional funding in relation to over-performance in patient activity vs plan.

Estates & Facilities

The division has a total of 6 key schemes with forecasted delivery of £3.020m:

- Reduction in Energy (Gas & Electricity) cost estimated to deliver £2.1m for 2025/26
- Chepstow PFI ended saving £500k per annum work ongoing to drive further standardisation of working practices to increase savings potential.
- Bed Management Contract - Reduction of rental costs by investing in our own equipment that is fit for purpose including bariatric and low beds - £250k
- Further opportunities include rates rebate for Neville Hall (£80k) and Kintra contract (£90k)

Families & Therapies

The division is currently forecasting £910k savings over a number of schemes for 2025/26. Key schemes include

- Cessation of Windmill farm SLA (£300k)
- Management of continence products – All Wales Contract Savings delivers £69k savings per annum (like for like) potential for further saving being explored through the use of washable products.
- Dexcom Insulin Pumps Rebates – Potential £32k depending on volume/ordering – being monitored.

Medicines

The division has a planned delivery target of £384k for schemes already delivered. This is over a variety of schemes mainly focused on improved stock control efficiencies in Respiratory and Gastroenterology.

Mental Health & Learning Disabilities

The division is currently reporting a forecasted saving of £394k, and mainly relates to uplifts on the Mental Health Framework and a reduction in costs against the adult and CAMHS Hospital Framework.

Primary Care & Community Services

The division has a total of 13 savings schemes which target the delivery of £877k, all schemes are currently reported as on target to deliver. Key schemes for the division include:

- £100k improvement in grant funding for GP's for General Medical Services Improvements and a further £300k clawback on prior year accrual release.
- Closure of Victoria House to deliver lease costs saving of £103k
- £58k saving through reduction of Emergency Dental Services in line with demand
- £31k saving through SLA renegotiation for Agre Cymru and British Heart Foundation
- £25k savings through early termination of overnight nursing lease cars.

- Remaining savings relate to better stock management and ordering practices; review of taxi spend and staff uniform recycling.

Surgery

The division are currently pursuing 27 schemes with forecasted delivery of £779k savings, most of which are driven from negotiated price reductions or product rationalisation. Key highlights include:

- Capital Buy out of Robot Lease £286k
- £70k Savings potential on Pulse Lavage – supplier switch in progress
- £53k savings through reinstatement of banding with Stryker for Hips & Knees; further £40k for product rationalisation
- Sports medicine contract review/renewal rationalisation to use of Stryker products potential £50k saving.
- Orthopaedic Power Tools capital investment to deliver £34k in revenue savings.
- Reviewing the use of Toga gowns in theatres with aim to reduce unwarranted usage potential savings of £30k.

Procurement (Local & National)

Procurement for the Health Board is managed by NHS Wales Shared Services Partnership. Contracts are managed both nationally for common and repetitive goods/services and locally for Health Board specific requirements. Procurement also feeds national opportunities into the national V&SB group.

Procurement has a pipeline savings programme for delivery through contract renewals, cost reduction/negotiation, category management and standardisation & rationalisation of products.

Savings generated are reported monthly and discussions held between Procurement, Finance and effected divisions to ensure that savings are captured in divisional reports.

The current pipeline targets a further £871k savings for the Health Board in 25-26 which are currently being worked through.

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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National V&SB Board
Rhestr Termau: Glossary of Terms:	V&SB – Value & Sustainability Board WG – Welsh Government 'k' – thousand Tbc – to be confirmed QIA – quality impact assessment PFI – Private Finance Initiative RAAC - Reinforced Autoclaved Aerated Concrete SLA – Service Level Agreement
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk

<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Not Applicable Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>
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DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance & Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Value & Sustainability Board Assurance Report - NHS Benchmarking Network (NHSBN) Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe, Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	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

The purpose of this report is to update the Committee on the key findings of the NHS Benchmarking (NHSBN) programme for 24-25, provide an update and clarify next steps for the 25-26 programme; and to discuss how this information is used and monitored in order to influence future benefit to Aneurin Bevan University Health Board (ABUHB).

Cefndir / Background

The NHS Benchmarking Network (NHSBN) is a collaboration of over 300 health and social care organisations across the UK, including all 7 Welsh Health Boards. Its purpose is to allow organisations to benchmark their performance against peers, helping them understand variation in demand, capacity and outcomes, and define what 'good' looks like.

Aneurin Bevan University Health Board (ABUHB) operates under a principle of **default participation** in all NHSBN exercises unless there is a demonstrably better or equivalent alternative option available. Any decision not to participate requires escalation and written approval from the Director of Finance.

The Network provides three broad services:

- **Benchmarking** - Key role with 10+ separate exercises per year covering a wide range of service areas
- **Knowledge Exchange** - Through events or remotely through ongoing Knowledge Exchange Networks
- **Networking** - National events bringing together staff from participating organisations to share results and discuss key findings

All benchmarking reports are presented to the Executive committee with summary reports including key points and required management action responses.

Asesiad / Assessment

The 2024/25 NHS Benchmarking programme has been completed with **eight major projects**, where ABUHB participated fully. These projects covered key service areas across acute, community, and mental health services. Internal reports have been finalized for all participated projects, with comprehensive management action plans developed to address identified improvement opportunities. The current 2025/26 programme is underway with **seven projects** in various stages of validation and data collection.

2024/25 Completed Participation: ABUHB participated in Acute Pharmacy and Medicines Optimisation, Emergency Care, Managing Frailty in the Acute Setting, Outpatients, District Nursing, Adult and Older People's Mental Health, Children and Young People's Mental Health, and Learning Disabilities services.

The Health Board did not participate in Adult Therapies, Virtual Wards, Children's Community Therapies, Healthy Child Programme and Children's Community Nursing, and Intermediate Care due to resource constraints and service alignment considerations.

2025/26 Current Programme: Seven projects are currently being participated in including Adult/All Age Community Services, Adult & Older People's Mental Health, Children & Young People's Community Services, Children & Young People's Mental Health, Learning Disability Specialist Services, Outpatients, and Pharmacy & Medicines Optimisation.

The Health Board is not participating in District Nursing, Emergency Care, Intermediate Care, Managing Frailty in a Bed Based Setting, and Virtual Wards (Hospital at Home) for this cycle, again due to resource constraints and service alignment considerations.

Acute Pharmacy and Medicines Optimisation Project Findings

The pharmacy benchmarking revealed significant workforce challenges including an 11% overall vacancy rate and 13% pharmacist vacancy rate, with a particularly concerning 50% vacancy rate at Band 7 level. The service demonstrated costs below Welsh peer mean with an 8.6% underspend, though this primarily reflected unfilled positions rather than operational efficiency.

Key Findings:

- Workforce challenges: 11% overall vacancy rate, 13% pharmacist vacancy rate (50% at Band 7)
- Financial underspend of 8.6% due to unfilled positions
- Staffing levels below national and Welsh averages per 100 beds
- High inpatient prescription lines per 100 beds (22,631 vs UK mean 15,324) indicating significant clinical workload
- Low discharge prescription lines per 100 beds (6,156 vs UK mean 16,495) suggesting opportunities for discharge optimization

Management Response Actions with Expected Returns on Investment:

- Address Band 7 pharmacist vacancies through targeted recruitment campaigns and retention packages
 - *Expected Impact:* Improved medicines optimisation, reduced medication errors, enhanced clinical outcomes, and better patient safety through increased pharmaceutical oversight
- Implement skill-mix reviews to optimize workforce utilization
 - *Expected Impact:* More efficient service delivery, improved staff satisfaction, and enhanced capacity to support clinical decision-making
- Continue digital prescribing enhancements and automation initiatives
 - *Expected Impact:* Reduced prescription processing time, fewer dispensing errors, and increased pharmacist availability for clinical activities

Emergency Care Project Findings

Emergency Care findings revealed GUH as the busiest Type 1 ED in Wales with 92,741 attendances. The service faces significant operational challenges including extended ambulance handover times averaging 122 minutes compared to a 43-minute mean, with 64% of patients waiting over 4 hours and 20% exceeding 12 hours. Pay costs were substantially above national averages at £27.2m per 100k attendances versus £20.4m mean.

Key Findings:

- GUH busiest Type 1 ED in Wales (92,741 attendances)
- Extended ambulance handover times (122 mins vs 43 min mean)
- 64% patients waiting over 4 hours, 20% over 12 hours
- High pay costs (£27.2m per 100k attendances vs £20.4m mean)

Management Response Actions:

- Reduce ambulance handover delays through rapid assessment teams and enhanced bed management protocols
 - *Expected Impact:* Reduction in handover times from 122 to 90 minutes within 12 months, freeing up ambulance capacity and reducing ED congestion. This could improve patient flow and reduce 4-hour breaches.
- Implement expanded same-day emergency care services to reduce 4-hour breaches and improve patient experience

- *Expected Impact:* Target reduction of 4-hour breaches faster decision-making and discharge processes. This aligns with national best practice and improves patient satisfaction.
- Strengthen community pathways to reduce unnecessary admissions and improve population health outcomes
 - *Expected Impact:* Reduce ED attendances through better primary care access and community support, resulting in cost savings and improved patient experience.

Managing Frailty in the Acute Setting Project Findings

Project Scope: This benchmarking exercise follows the pathway of older patients through all bed-based settings, including frailty screening, comprehensive geriatric assessment, acute frailty services, frailty units, geriatric wards, as well as admitting and discharging older patients. The project spans multiple sites and involves proportional medical and nursing input across various cost centres, extending beyond Medicine division to include all areas caring for older patients. Single-condition rehabilitation (e.g., stroke) and beds designated for Intermediate Care are excluded from scope.

Managing Frailty in the Acute Setting showed ABUHB as the only Welsh health board participating in this exercise. The Acute Frailty Service operates only 40 hours per week compared to the recommended 70 hours, with 75% of non-elective bed days occupied by patients aged 65 and over. Direct costs were significantly higher at £1.45m per 100 medical beds versus the UK mean of £0.59m.

Key Findings:

- Acute Frailty Service operates 40 hours/week (below 70-hour recommendation)
- 75% of non-elective bed days occupied by patients 65+
- High direct costs (£1.45m per 100 medical beds vs £0.59m UK mean)
- Only Welsh health board participating in this benchmarking exercise

Management Response Actions:

- Expand Acute Frailty Service operating hours from 40 to 70 hours per week
 - *Expected Impact:* If implemented, this could support earlier frailty identification, reduced length of stay, decreased readmission rates, and improved patient outcomes. While not currently recommended by the service, evidence from other Health Boards operating at 70 hours indicates these potential benefits.
- Improve ED-frailty service coordination through embedded frailty teams with dedicated clinical leadership
 - *Expected Impact:* Faster assessment times, appropriate care pathway allocation, and reduced emergency department congestion
- Enhance community pathways to reduce unnecessary elderly admissions through partnership working with primary care and social services
 - *Expected Impact:* Reduced acute bed occupancy, improved patient experience, and cost savings through prevention

Outpatients Project Findings

Outpatients benchmarking revealed ABUHB as the only Welsh health board participating, showing a 5.8% increase in referrals totalling 280,878. Positive PIFU/SOS adoption was demonstrated with 71,765 patients representing a 23% increase. However, virtual attendance decreased slightly to 26.6% from 27.8%, and DNA rates remained at 6.3%, above the 5% Welsh Government target.

Key Findings:

- 5.8% increase in referrals (280,878 total)
- Positive PIFU/SOS adoption (71,765 patients, 23% increase)
- Virtual attendance at 26.6% (slight decrease from 27.8%)
- DNA rate 6.3% (above 5% Welsh Government target)
- Only Welsh health board participating in benchmarking exercise

Management Response Actions:

- Reduce DNA rates below 5% Welsh Government target through targeted deep dives in high-DNA specialties and improved scheduling systems
 - *Expected Impact:* Reduction from 6.3% to 4.8% DNA rate would release approximately 3,500 additional appointment slots annually, improving access and reducing waiting times.
- Increase virtual attendance rates through enhanced telehealth infrastructure and targeted patient engagement
 - *Expected Impact:* Return virtual attendance to 30% (from current 26.6%) would improve accessibility for patients, reduce travel costs, and increase overall capacity equivalent to 0.5 additional clinic sessions per week per specialty.
- Expand PIFU/SOS pathways across additional specialties building on current success
 - *Expected Impact:* Target increase from current 71,765 to 85,000 patients on PIFU/SOS pathways, reducing unnecessary follow-up appointments by 15% and improving patient satisfaction scores.

District Nursing Project Findings

District Nursing was submitted by five separate localities enabling detailed comparison across Gwent. Results showed significant variation in workforce and activity levels between localities.

Gwent Average Caseload Analysis:

- Gwent average caseload per clinical WTE: 20.5 (calculated across all five localities)
- UK benchmark recommendation: 24.1 per clinical WTE
- Current performance: All localities below national benchmark, indicating capacity for increased caseload management

Monmouthshire and Caerphilly demonstrated high vacancy rates of 18.3% and 15.9% respectively, though all localities performed well below the national mean for bank and agency spend. Newport recorded the lowest caseload per clinical WTE at 16 compared to the benchmark mean of 24.1.

Key Findings:

- Variation across localities in workforce and activity levels
- High vacancy rates in Monmouthshire (18.3%) and Caerphilly (15.9%)
- All localities below national mean for bank/agency spend (4.6%-8.4% vs 16.2% mean)
- Newport had lowest caseload per clinical WTE (16 vs 24.1 mean)
- Significant variation in contacts per clinical WTE across localities

Management Response Actions with Return on Investment:

- Address high vacancy rates in Monmouthshire and Caerphilly through targeted recruitment and retention strategies including golden hello payments and flexible working arrangements
 - *Expected Impact:* While pay costs will increase initially, improved vacancy rates will enhance service capacity, reduce waiting times, and improve patient outcomes. Full establishment will enable optimal caseload management and reduce overtime costs
- Implement resource alignment with Community Response Team (CRT) to optimize staffing distribution and eliminate service duplication
 - *Expected Impact:* More efficient resource utilization, improved patient pathways, and enhanced collaborative working. This alignment was identified as a key recommendation within the benchmarking project
- Complete community capacity/process mapping to support safe resource allocation and identify optimal skill mix requirements
 - *Expected Impact:* Evidence-based staffing decisions, improved efficiency, and better patient care coordination

Adult and Older People's Mental Health Project Findings

The adult mental health benchmarking identified several areas requiring focused attention. The service demonstrated higher than average costs per contact at £247 compared to the UK mean of £171, with lower face-to-face contact rates and reduced caseload turnover indicating potential inefficiencies in patient flow. DNA rates were reported at 15%, significantly above acceptable levels, while average waiting times from referral to first assessment were 8.5 weeks compared to the UK mean of 6.2 weeks.

Key Findings:

- Cost per contact significantly higher than national benchmarks (£247 vs £171 UK mean)
- Lower face-to-face contact delivery impacting patient engagement
- Extended waiting times for initial assessment (8.5 vs 6.2 weeks)
- High DNA rates at 15% requiring immediate attention
- Reduced caseload turnover suggesting patient flow challenges

Management Response Actions:

- Implement patient flow optimization to improve caseload turnover and reduce waiting times through better discharge planning
 - *Expected Impact:* Reduce waiting times from 8.5 to 7 weeks within 12 months, improve caseload turnover by 20%, and enhance patient access to timely mental health support.
- Enhance appointment scheduling systems and patient engagement strategies to reduce DNA rates below 10%
 - *Expected Impact:* Reduction from 15% to 9% DNA rate would release approximately 400 additional appointment slots annually, improving service efficiency and patient access.
- Review skill mix and service delivery models to improve cost efficiency per contact while maintaining quality
 - *Expected Impact:* Target 10% improvement in cost per contact through optimized staffing models and improved productivity, while maintaining or improving patient outcomes and satisfaction.
- Increase face-to-face contact capacity to meet patient needs and improve therapeutic outcomes

Children and Young People's Mental Health Project Findings

Children and Young People's Mental Health showed high referral acceptance rates at 84% compared to the 78% mean, with excellent nursing workforce performance. However, the service demonstrated significantly lower non-face-to-face contacts at 15.6% versus the 37% UK mean. Conversion rates and discharge rates were below Welsh averages, indicating opportunities for service pathway improvement.

Key Findings:

- High referral acceptance rate (84% vs 78% mean)
- Excellent nursing workforce performance
- Lower non-face-to-face contacts (15.6% vs 37% UK mean)
- Low conversion rate (40.7% vs Welsh mean 69.3%) and discharge rates (899 vs Welsh mean 2,056)
- Shortest waiting times for routine appointments in Wales

Management Response Actions:

- Improve conversion rates by enhancing patient engagement and treatment continuity programmes
 - *Expected Impact:* Better patient outcomes, reduced service dropout, and more efficient resource utilization
- Increase digital consultation capacity to match UK average (37%) through technology investment and staff training
 - *Expected Impact:* Improved accessibility, reduced travel burden for families, and increased service capacity

- Strengthen business case to justify investment in Neurodevelopment Team capacity and specialized staffing
 - *Expected Impact:* Reduced waiting times for neurodevelopmental assessments, improved early intervention outcomes, and enhanced family satisfaction

Learning Disabilities Project Findings

Learning Disabilities services demonstrated comprehensive coverage of both community and inpatient provision. Community services showed longer waiting times for emergency access with 39 days from assessment to treatment compared to the 14-day mean, and high caseload per 100k population at 255 versus the 160 mean. However, the service delivered excellent face-to-face contact at 90% compared to the 56% UK mean.

Visits per Caseload Analysis: Based on the benchmarking data, the average number of contacts per patient on caseload is 9.6 visits annually (calculated from 2,445 contacts per 100k population divided by 255 caseloads per 100k population).

Management Response Actions:

- Reduce emergency access waiting times through capacity review and enhanced referral processes including dedicated urgent assessment slots
 - *Expected Impact:* Improved crisis response, reduced escalation to more intensive services, and better patient safety
- Optimize bed management and improve discharge planning efficiency through multidisciplinary team coordination
 - *Expected Impact:* Reduced average length of stay, improved patient flow, and enhanced capacity utilization
- Enhance medication safety protocols and strengthen workforce development programmes through specialized training
 - *Expected Impact:* Reduced medication incidents, improved patient safety, and enhanced clinical outcomes

Current 2025/26 Programme Status

The 2025/26 benchmarking programme is progressing with seven participating projects at various stages.

Adult/All Age Community Services, Outpatients, Pharmacy & Medicines Optimisation, Adult & Older People's Mental Health, and Children & Young People's Mental Health have submitted data and are in validation periods.

Children & Young People's Community Services and Learning Disability Specialist Services are in data collection periods.

Bespoke reports are expected between September 2025 and March 2026, with the first reports anticipated in September for projects completing validation early. Each report will undergo divisional feedback sessions to develop comprehensive management action responses aligned with the established RED, AMBER, GREEN priority framework used successfully in the 2024/25 programme.

The Health Board has strategically chosen not to participate in five projects for 2025/26 including District Nursing, Emergency Care, Intermediate Care, Managing Frailty in a Bed Based Setting, and Virtual Wards (Hospital at Home). These decisions reflect resource allocation priorities, service reconfiguration timing, and in the case of Virtual Wards, the Health Board's current model not aligning with the remote monitoring format required for meaningful benchmarking comparison.

Management Actions Framework

Over recent months, the Finance team have developed a comprehensive Standard Operating Procedure (SOP) for NHSBN participation which includes a dedicated Management Actions response section. The purpose of this framework is to systematically identify key improvement opportunities for the Health Board from benchmarking findings, ensuring actions are formally recorded and tracked through appropriate governance structures.

These Management Actions are critically important as they:

- Provide evidence-based improvement opportunities identified through national benchmarking
- Enable systematic tracking of performance improvements against peer organizations
- Support improved resource allocation
- Drive continuous improvement culture across the Health Board
- Ensure accountability through formal reporting mechanisms

Progress on Management Actions is monitored through Executive team meetings, internal divisional meetings, Divisional Assurance processes, and relevant Programme Board meetings, ensuring sustainable implementation and measurable outcomes.

Next Steps

The completion of validation processes for all submitted 2025/26 projects remains the immediate priority, with bespoke reports expected between September 2025 and March 2026. As reports become available, divisional feedback sessions will be conducted to analyse findings and develop management action responses for identified improvement opportunities. Implementation of 2024/25 management actions continues through divisional performance reviews, with progress monitoring ensuring sustainable improvements. Consolidated findings from both completed and upcoming projects will continue to be presented, while preparation for the 2026/27 NHSBN work programme will commence in March 2026.

Risks and Mitigation

The primary risk involves delayed report publication affecting improvement planning timelines, mitigated through regular liaison with NHSBN project managers and contingency planning approaches. Limited Welsh comparator data for some projects is addressed by focusing on UK-wide benchmarking analysis and historical trend evaluation to maintain meaningful performance insights

Argymhelliad / Recommendation

The Committee are requested to note this report for assurance and endorse the continued approach to NHS Benchmarking Network participation as outlined.

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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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

Gwybodaeth Ychwanegol:

Further Information:

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
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	N/A

Parties / Committees consulted prior to University Health Board:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>No does not meet requirements</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 ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	<p>Not Applicable</p> <p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p>
https://futuregenerations.wales/about-us/future-generations-act/	

APPENDICES

Appendix A: Internal Benchmarking Reports 2024/25 (Available separately)



CYPMH Internal Report 2023-24.docx



Adult and Older People's Mental Health



Pharmacy Summary 2324 final.docx



Outpatient - Internal Report - 2024/25



LD Inpatients - Internal Report - 2024/25



LD Community - Internal Report - 2024/25



Internal Report - Managing Frailty in a Bed Based Setting



Emergency Care



District Nursing



District Nursing Internal Report 2023/24

Appendix B: NHSBN Projects Participation Status 2025/26

Updated: 17/09/2025	NHS BENCHMARKING PROJECTS - 2025/26		
	Participation Status	Data submitted	Validation Window
Adult/All Age Community Services	Accepted	Submitted	open
Adult & Older People's Mental Health	Accepted	Submitted	open
Children & Young People's Community Services	Accepted	Open	
Children & Young People's Mental Health	Accepted	Submitted	open
District Nursing	Not taking part		
Emergency care	Not taking part		
Intermediate Care	Not taking part		
Learning Disability Specialist Services	Accepted	Open	
Managing Frailty in a Bed Based Setting	Not taking part		
Outpatients	Accepted	Submitted	open
Pharmacy & Medicines Optimisation	Accepted	Submitted	open
Virtual Wards (Hospital at Home)	Not taking part		

Appendix C: NHSBN Participation SOP



NHSBN Participation SOP (A)

Appendix D: NHSBN Program Calendar 2024/25 and 2025/26



NHS Benchmarking NHSBN+ Member+
Network Member WWork+ Programme+

Children and Young People's Mental Health (CYPMH) Benchmarking Exercise

Project Overview

This is the 13th iteration of the exercise ran by the NHS Benchmarking Network. Six health boards in Wales have participated this year.

The project covers Inpatient and Community Children and Young people's Mental Health services from April 2023 to March 2024. Aneurin Bevan only provides a community led service and Inpatient services are outsourced from other providers.

The aim of benchmarking is quality improvement and reducing unwarranted variation to ensure equitable, high quality and timely services.

This report provides a summary of the key findings from the exercise and full details can be found in the Online Toolkit and ABUHB Bespoke Report provided by the NHS Benchmarking Network.

CYPMH – Aneurin Bevan University Health Board (AB)

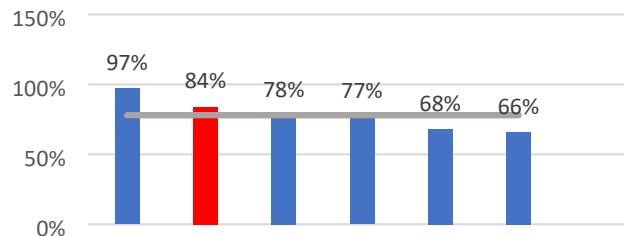
■ Welsh HB's
 — Mean
 — Welsh Peer
 ■ ABUHB

Total Referrals Received per 100k population (0-17)

7,503

Mean – 6,198
Welsh Peers – 7,099

Referral Acceptance Rate (CYP aged 0-17)



Total Referrals declined per 100k population (0-17)

448

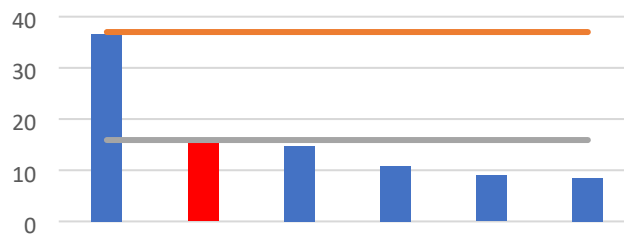
Mean – 761
Welsh Peers – 1,269

Patients on Caseload per 100k population (0-17)

1,724

Mean – 1,981
Welsh Peers – 2,186

Total number of non F2F contacts -as % of total contacts



Total Contacts per clinical WTE per day

0.81

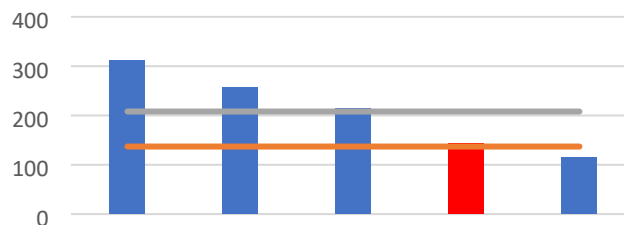
Mean – 1.34
Welsh Peers – 0.82

Total Nursing per 100k population (0-17)

53.4

Mean – 31.3
Welsh Peers – 70.9

Community workforce per 100k Population



Total Clinical Staff per 100 patients on caseload

6.5

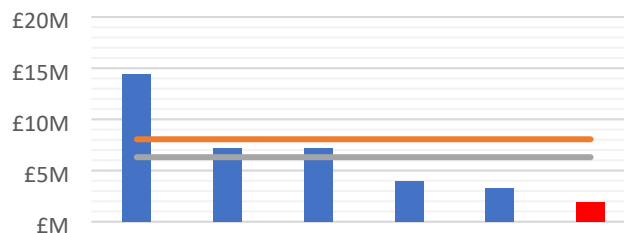
Mean – 7.3
Welsh Peers – 7.9

Total Pay Cost per 100k pop. (0-17)

£7.4m

Mean – £8m
Welsh Peers – £9.7m

Total Cost of service per 100k populaton



Total Non-Pay Cost as % of total cost

4.9%

Mean – 6.3%
Welsh Peers – 6.8%

Key Project Findings – Community CYPMHS

Activity

- **Referrals:** AB received a total of 7,503 referrals per 100k population, which is higher than both the UK and Welsh means. The total number of declined referrals per 100k population is 448, significantly lower than the UK and Welsh means. AB's referral acceptance rate is 84%, surpassing the UK and Welsh mean of 78%. This indicates a strong capacity to manage and accept referrals, reflecting positively on AB's service accessibility and efficiency.
- **Caseload:** The total number of patients on caseload per 100k population for AB is 1,724, which is lower than the UK and Welsh means. This could suggest a more manageable caseload per clinician, potentially leading to better quality of care and more focused attention on each patient.
- **Contacts:** AB reports a total of 20,124 contacts per 100k population, which is below the UK mean of 22,818. The percentage of non-face-to-face (non-F2F) contacts for AB is 15.6%, significantly lower than the UK mean of 37%, but similar to the Welsh mean. This lower percentage of non-F2F contacts might indicate a preference or greater capacity for in-person interactions, which can enhance patient engagement and satisfaction.

Workforce

- **Total Workforce:** AB has 143 staff per 100k population, with 79% (113) being clinical staff. The nursing workforce is 53.4 per 100k, higher than the national mean of 31.3, placing AB in the upper quartile. This indicates a strong focus on direct patient care. The total vacancy rate for AB is 7.9% which is lower than 17.4% UK mean placing AB in the lower quartile.
- **General CYPMHS Service:** Workforce is 25 per 100k, below the national mean (93.5) and Welsh peer mean (117), suggesting potential challenges in meeting demand.
- **Mental Health Support Team:** Highest in Wales with 26 per 100k, compared to the national mean of 30.2, highlighting AB's commitment to mental health services.
- **CYPMHS Crisis Services:** Second highest in Wales with 18.6 per 100k, indicating robust support for urgent mental health needs.
- **CYPMHS Forensic Services:** Workforce of 3.7 per 100k, consistent with the national mean of 3.5, showing adequate staffing.
- **CYPMHS Other Specialist Community Teams:** Workforce is 50.2 per 100k, above the Welsh peer mean (35.3) and the national mean (19.5), placing AB in the upper quartile, suggesting strong specialized care capacity.
- **Neurodiversity Team:** Workforce of 10 per 100k, below the national mean (16.6) and Welsh peer mean (40.2), indicating a potential area for improvement.

Finance

- **Total Cost of Service:** £7.8m per 100k population, an 8% increase from the previous year, with £7.4m in pay costs and £0.4m in non-pay costs. AB is below the mean for total cost, pay, and non-pay costs, indicating efficient financial management.
- **General CYPMHS:** Pay costs are £1.8m per 100k, below the national mean (£5.9m) and Welsh peer mean (£6.8m), which may impact service capacity.
- **Mental Health Support Team:** Pay costs are £1.8m per 100k, slightly higher than the mean (£1.2m), reflecting significant investment.
- **CYPMHS Crisis Services:** Costs are £751k per 100k, above the Welsh peer mean (£674k) but below the national mean (£958k), indicating strong investment.
- **CYPMHS Forensic Services:** Costs are £222k per 100k, below the national mean (£324k), suggesting efficient service delivery.
- **CYPMHS Other Specialist Community Teams:** Costs are £2.2m per 100k, above the national mean (£803k) and Welsh mean (£1.3m), indicating substantial investment.

- **Neurodiversity Team:** Costs are £412k per 100k, below the national mean (£1.07m), suggesting potential underfunding.

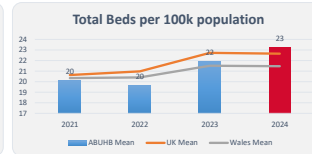
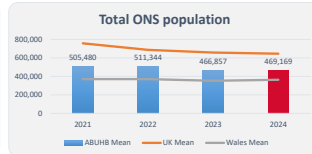
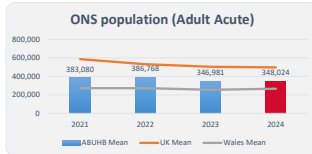
Summary and Key Improvements

Aneurin Bevan University Health Board (AB) delivers efficient CYPMHS with strong service accessibility, a high referral acceptance rate, and a well-staffed nursing workforce. However, key areas require improvement for long-term sustainability.

AB's General CYPMHS and Neurodiversity Team are under-resourced compared to national and Welsh peers, limiting service capacity. Expanding recruitment and optimizing workforce distribution can address this gap. Service efficiency can improve by integrating digital consultations to increase patient contacts without overburdening staff. Financially, while overall spending is efficient, targeted investment in underfunded areas will enhance service reach and quality.

By strategically addressing these gaps, AB can strengthen its CYPMHS and ensure sustainable, high-quality care.

KEY FINDINGS - 2023/24

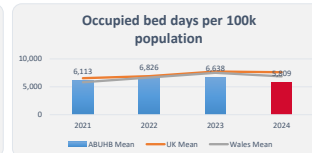
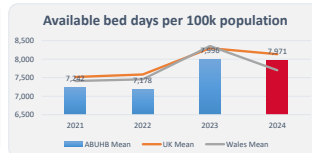
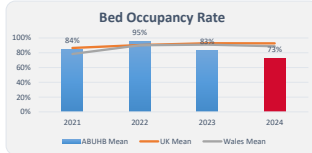


BASIC METRICS

ONS Adult Acute population covered by ABUHB experienced a decline in 2023 with a slight increase in 2024 (348,024). ABUHB experienced a notable decline in total ONS population from 2023 due to change in Adult Acute age category from (16-64) to (18-64).

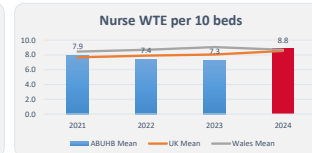
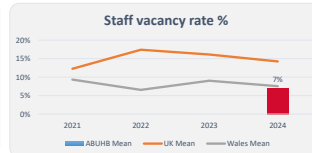
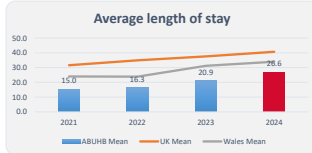
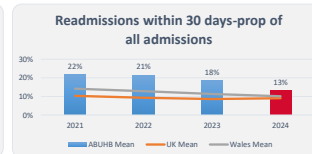
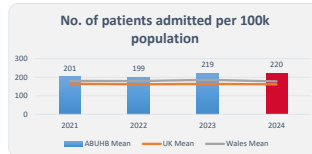
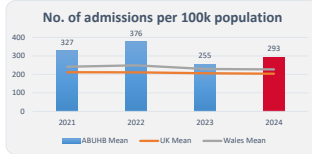
BEDS

The number of inpatient beds for adult acute mental health increased from 76 to 81 in 2024. In 2024, the bed occupancy rate decreased to 73%, categorizing it under the Blue OK category, indicating a potentially inefficiently high number of beds. Over the past three years, occupancy rates remained between 83 to 95%, suggesting a efficient maintenance of beds except on 2022 with 95%.



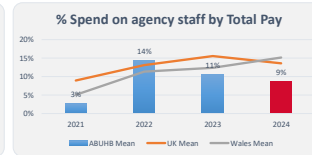
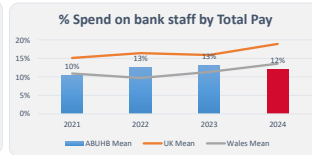
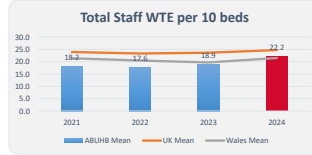
ACTIVITY

The no. of admissions per 100k population for 2024 is 293 which is 15% increase as compared to last year. The number of patients admitted per 100k population is 220 in 2024. Readmissions within 30 days accounted for 13% of all admissions in 2024, down from 18% the previous year. This decrease contrasts with the trend observed over the past three years, where reports indicated a decline in the number of readmissions. The average length of stay has increased by 6 days, reaching 27 days. However, we remain in the lower quartile compared to UK peers.



WORKFORCE

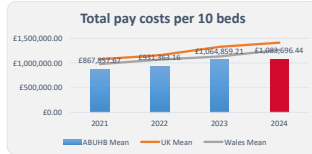
Staff Vacancy rates is at 7% in 2024 but previous years data not available. Total nurse WTE per 10 beds is 8.8 in 2024 and increased as compared to consistent previous years. Total staff WTE per 10 beds is increased from 18.9 to 22.2.



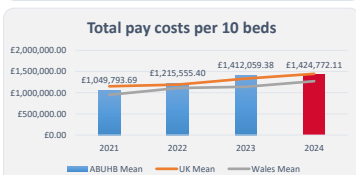
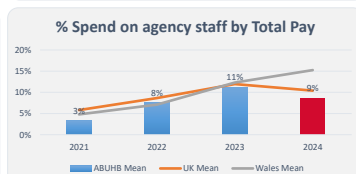
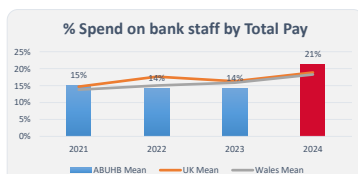
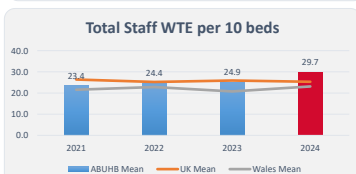
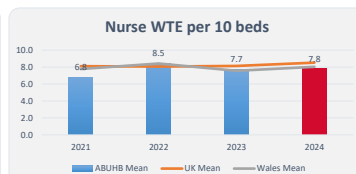
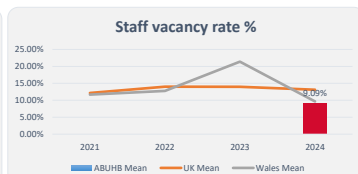
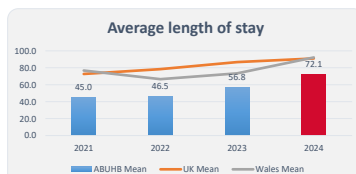
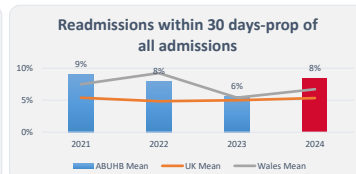
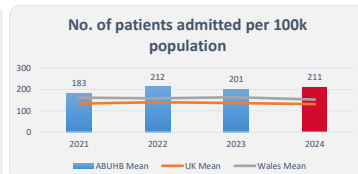
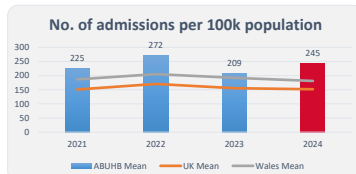
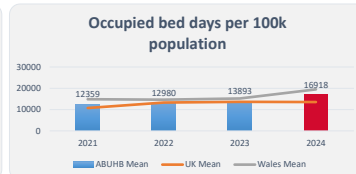
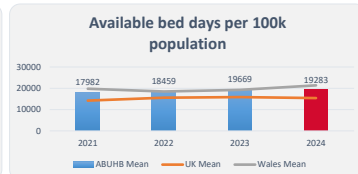
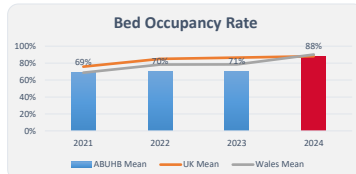
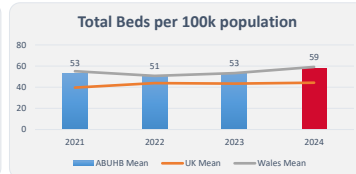
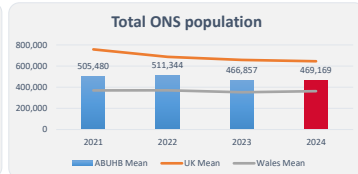
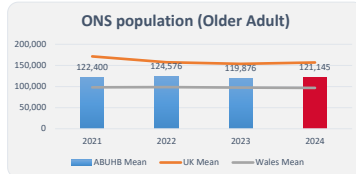
FINANCE

The total spend on bank staff in 2024 as a proportion of total pay cost decreased by 1% as compared to previous year. Similarly, the total spend on agency staff in 2024 as a proportion of total pay cost decreased by 2% as compared to previous year.

From 2021 to 2024, the total pay costs per 10 beds at ABUHB increased steadily, rising from £0.86m to £1.08m. Notably, the most significant increase occurred between 2022 and 2023, with costs jumping by approximately £133k.



KEY FINDINGS - 2023/24



BASIC METRICS

ONS Older Adult population covered by ABUHB experienced a decline in 2023 with a slight increase in 2024 (121,145). ABUHB experienced a notable decline in total ONS population from 2023 due to change in Adult Acute age category from (16-64) to (18-64).

BEDS

The number of inpatient beds for older adult mental health increased from 64 to 71 in 2024. In 2024, the bed occupancy rate reached 88%, categorizing it under the Green Tick category, indicating efficient bed maintenance. Over the past three years, occupancy rates remained below 75%, suggesting a potentially inefficiently high number of beds.

ACTIVITY

The no. of admissions per 100k population for 2024 is 245 which is 17% increase as compared to last year. The number of patients admitted per 100k population increased to 211 in 2024. Readmissions within 30 days accounted for 8% of all admissions in 2024, up from 6% the previous year. This increase contrasts with the trend observed over the past three years, where reports indicated a decline in the number of readmissions. The average length of stay has increased by 16 days, reaching 72 days. However, we remain in the lower quartile compared to other Welsh peers.

WORKFORCE

Staff Vacancy rates is at 9% in 2024 but previous years data not available. Total nurse WTE per 10 beds is 7.8 in 2024 and consistent as compared to previous years. Total staff WTE per 10 beds is increased from 24.9 to 29.7.

FINANCE

The total spend on bank staff in 2024 as a proportion of total pay cost increased by 7% as compared to previous year whereas the total spend on agency staff in 2024 as a proportion of total pay cost decreased by 2% as compared to previous year.

From 2021 to 2024, the total pay costs per 10 beds at ABUHB increased steadily, rising from £1.04m to £1.4m. Notably, the most significant increase occurred between 2021 and 2022, with costs jumping by approximately £165.7k.

Key Areas for Improvement and Recommendations

Community Services

Reducing Waiting Times and Referral Rejections

Long waiting times and declining referral acceptance rates are major concerns in community services. Optimizing triage processes, increasing workforce capacity, and integrating digital consultations can help reduce delays. Streamlining referral pathways will ensure faster and more equitable access to services. A long-term focus on targeted recruitment and workforce retention will be crucial for sustainability.

Workforce Stability and Expansion

Community mental health services face persistent staff shortages. Addressing workforce gaps through skill mix reviews, temporary staffing pools, and flexible scheduling can provide immediate relief. In the long term, structured training programs, better incentives, and career progression opportunities will help retain and attract skilled professionals.

Improving Referral Acceptance and Service Accessibility

A more efficient referral process is essential for better patient outcomes. Enhancing collaboration with primary care, expanding outreach programs, and developing digital referral tracking systems can improve patient flow. Increasing public awareness and engagement with community resources will encourage timely service utilization.

Inpatient Services

Optimizing Bed Occupancy and Length of Stay

Efficient bed utilization is key to maintaining service effectiveness. While adult acute mental health services have lower occupancy rates, older adult services face increasing lengths of stay. Strengthening discharge planning, enhancing community-based step-down care, and integrating home care support will help optimize bed use and improve patient transitions.

Financial Efficiency and Cost Management

Inpatient services have seen significant increases in pay costs. Reducing reliance on bank staff and optimizing resource allocation through better workforce planning will help control costs. Implementing cost control measures and value-based funding models will enhance financial sustainability while maintaining service quality.

Enhancing Readmission Prevention Strategies

Preventing unnecessary readmissions requires robust post-discharge support. Implementing crisis intervention teams, enhancing patient monitoring, and strengthening social care partnerships can help reduce the likelihood of repeat hospital stays. Long-term integration of community and inpatient care models will improve patient outcomes and reduce service pressures.

By addressing these critical areas in both community and inpatient settings, ABUHB can build a more sustainable, efficient, and patient-centered mental health service, improving overall care delivery and outcomes.

Pharmacy & Medicines Optimisation Summary

The Pharmacy & Medicines Optimisation Benchmarking project has run annually since 2015. The project collects data between April 2023 and March 2024 and aims to provide a detailed analysis of Pharmacy and Medicines Optimisation.

There are 53 participants across England and Wales. Four Welsh organisations participated in the exercise. ABUHB are one of the largest organisations to participate in terms of turnover, number of beds and Occupied Bed Days.

2023/24					
Service	Acute Sites 4 Wales – 4 Mean – 2	Community Sites 10 Wales – 5.5 Mean – 1	Discharge Prescription Lines per 100 beds 6156 Wales – 8,206 Mean – 16,495	Inpatient Prescription Lines Per 100 beds 22,631 Wales – 18,504 Mean – 15,324	No. of virtual ward beds 120 Wales – 240 Mean – 65.7
Vacancy	Total Pharmacy Vacancy Rate 11% Wales – 5.8% Mean – 13%	Total Pharmacist Vacancy Rate 13% Wales – 7.4% Mean – 17%	Pharmacy Team Discipline Mix (in post %) 		
Workforce	Total WTE in Post Per 100 beds 17.4 Wales – 18 Mean – 20.1	Total WTE in Establishment per 100 beds 19.5 Wales – 19.8 Mean – 23			
Finance	Total Beds 1,215 Wales – 1,168 Mean – 834	Net Direct Costs Per 100 Beds £0.8m Wales – £1.05m Mean – £0.92m	Pay Spend on Bank 0% Wales – 0% Mean – 3.3%	Pay Spend on Agency 2.4% Wales – 0.6% Mean – 4.1%	

Key Project Findings

Service

The Aneurin Bevan Pharmacy Team provides a wide range of services, including dedicated pharmacy teams in homecare, aseptic, clinical trials, prescribing support, quality assurance, procurement/distribution. The service provides specialist pharmacy staffing for a range of specialities including cancer, critical care, haematology, neonates, COTE, medicine and surgery, as well as virtual wards and CRT

ABUHB offers a virtual ward service with 120 virtual ward beds, placing us in the upper quartile compared to UK peers. We also have one of the highest reported numbers of beds. The number of inpatient prescription lines per bed is in the upper quartile, while the number of discharge prescription lines is below the UK mean and lower quartile.

Workforce

The delivery of pharmacy services necessitates a workforce that is highly skilled, focused, and motivated to ensure the provision of high-quality patient care across various sites and settings. Currently, our staffing levels, benchmarked as the number of staff per 100 beds, are below both the national and Welsh averages. The total WTE in post per 100 beds is 17.4, while the total WTE in establishment per 100 beds is 19.5, reflecting pharmacy vacancy rates. Pharmacy technicians account for the highest proportion of the workforce followed by pharmacists and then assistants.

Vacancy

Participants across the project report that the broad range of work of the acute pharmacy team is stretched by workforce vacancies. This issue is particularly pertinent at AB, where the pharmacy team vacancy rate is 11% (Wales Mean 5.8%), placing AB in the upper quartile of peers. This is an improvement from the previous year's rate of 17%. The pharmacist vacancy rate is 13% (Wales Mean 7.4%), also in the upper quartile, but better than last year's 27%. There is a clear vacancy issue with band 7 Pharmacist, AB currently has a 50% vacancy rate compared to the national average of 31%. Due to the high pharmacist vacancy rate, the pharmacy team still relies more heavily on technicians compared to peers nationally.

Finance

The net direct costs of the pharmacy are significantly below those of Welsh peers and placing it in the lower quartile of peers. Overall, we identified an 8.6% underspend in the pharmacy department budget. The primary contributor to this underspend was pay costs, with both the pharmacist and pharmacy technician pay budgets showing an underspend. This underspend in pay is indicative of the vacancy pattern within the workforce, suggesting that these vacancies are not being consistently filled with bank and agency staff. AB's spending on Bank and Agency staff is below that of UK peers.

Summary & Key Improvements

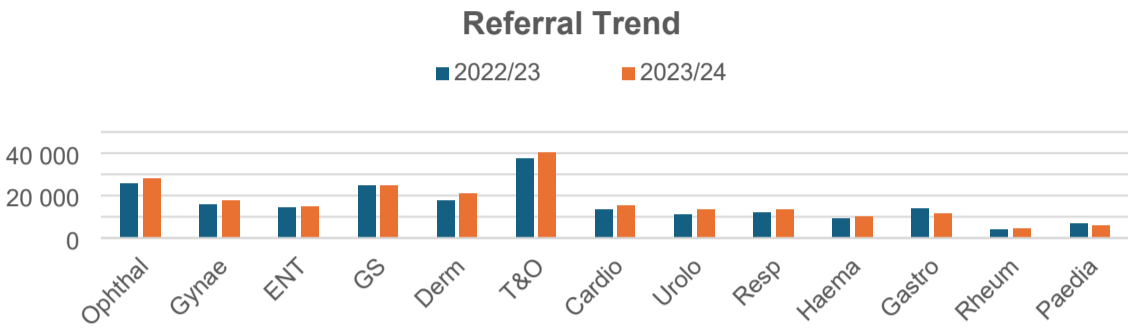
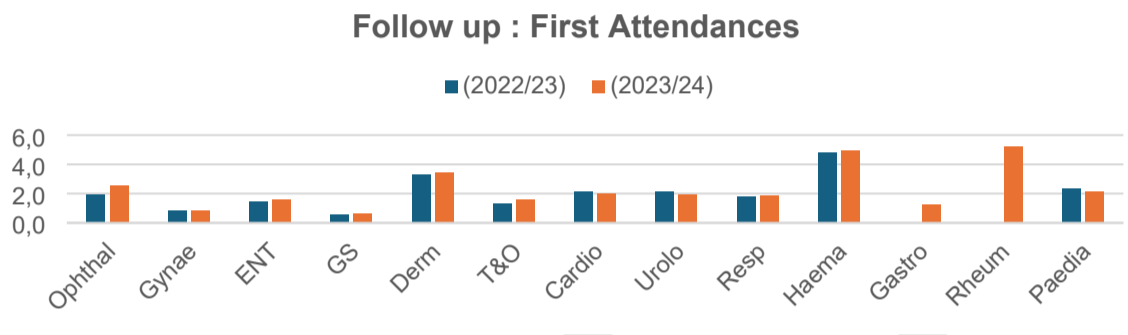
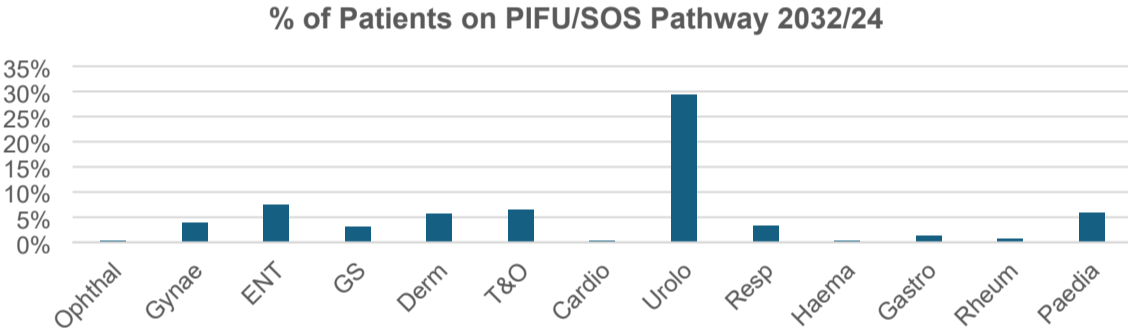
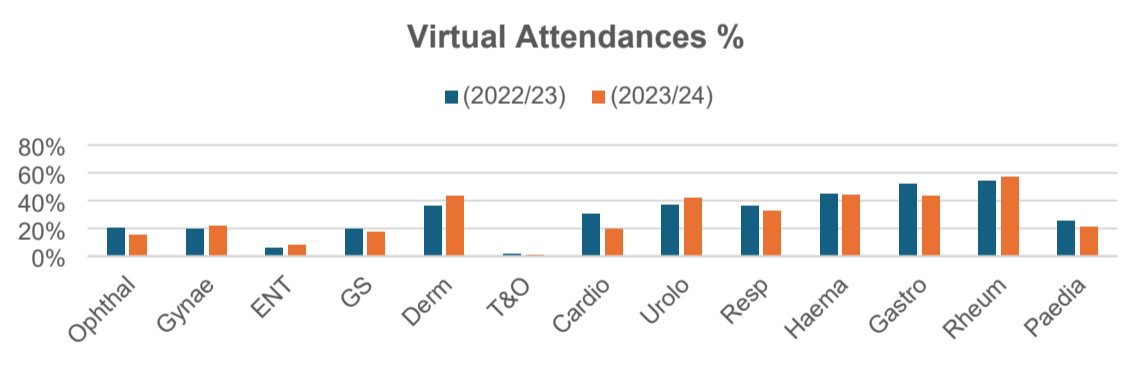
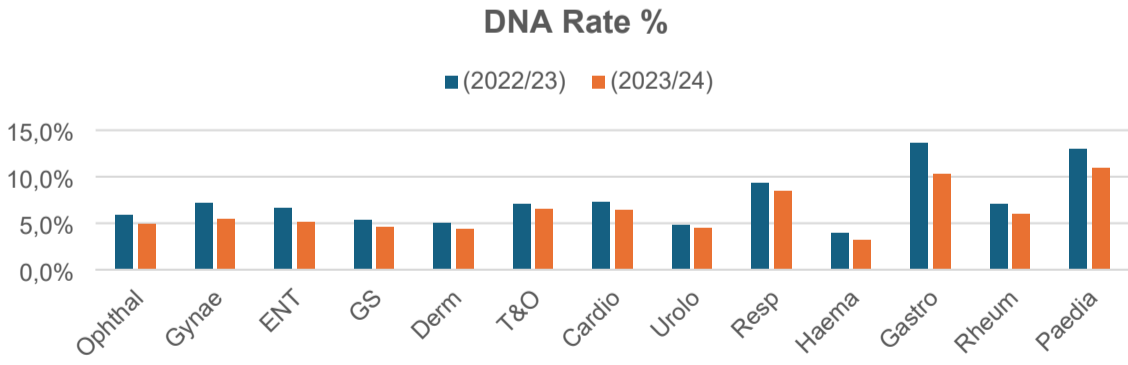
ABUHB provides strong pharmacy services but faces workforce shortages, with a 13% pharmacist vacancy rate and a 50% shortfall at Band 7. Staffing per 100 beds is below national and Welsh benchmarks, straining operations. Short-term solutions include targeted recruitment, retention incentives, and upskilling staff. Long-term strategies should focus on partnerships with universities and apprenticeships for a sustainable workforce.

Financially, an 8.6% underspend reflects unfilled positions rather than efficiency. Redirecting funds toward training, retention, and flexible working can improve staffing in the short term, while skill mix reviews and automation will optimise long-term costs.

Service efficiency can improve by enhancing digital prescribing and integrating pharmacy teams in discharge planning. Investing in automation and AI-driven tools will streamline workflows and improve patient care. Addressing these issues will strengthen workforce resilience, financial sustainability, and service quality.

The Outpatient Benchmarking project has run annually since 2016. The project collects data between April 2023 and March 2024 and aims to provide a detailed analysis of Outpatients departments.

There are 25 participants across the UK, with AB being the only Health Board in Wales participating, despite the exercise being mandated by the Welsh Government. Consequently, there is no Welsh peer group available for comparison.

2023/24		
<p>Total Referrals Received</p> <p>280,878</p> <p>2022/23 – 265,276 2021/22 – 251,450</p>	<p>Referral Trend</p> 	<p>Advice & Guidance Platform</p> <p>Consultant Connect</p> <p>UK – e-Rs</p>
<p>First Attendances</p> <p>153,583</p> <p>2022/23 – 152,519 2021/22 – 137,590</p>	<p>Follow up : First Attendances</p> 	<p>Follow Up: First</p> <p>2.03</p> <p>2022/23 – 1.82 Mean – 2.11</p>
<p>Follow-Up Attendances</p> <p>311,795</p> <p>2022/23 – 278,383 2021/22 – 267,060</p>	<p>% of Patients on PIFU/SOS Pathway 2032/24</p> 	<p>Patients on PIFU/ SOS Pathway</p> <p>71,765</p> <p>2022/23 – 58,055 2021/22 – 42,836</p>
<p>Virtual Attendances</p> <p>*Hirst and follow up</p> <p>26.6%</p> <p>2022/23 – 27.8% 2021/22 – 31.5%</p>	<p>Virtual Attendances %</p> 	<p>% Telephone Attendances to Virtual attendances *First and Follow Up</p> <p>98.8%</p> <p>2022/23 – 97.6% Mean – 94.8%</p>
<p>DNA Rate %</p> <p>*First and Follow Up</p> <p>6.3%</p> <p>2022/23 – 7.4% 2021/22 – 7.3%</p>	<p>DNA Rate %</p> 	<p>Median Wait 1st Attendance (days)</p> <p>34</p> <p>2022/23 – 42 2021/22 – 35</p>

Key Project Findings

The Health Board, NHS Wales, and the Welsh Government recognize the need to modernize outpatient services. The growing demand for outpatient care in secondary settings has rendered the traditional model inefficient and costly, negatively impacting patient experience. This model imposes unnecessary financial and time costs on patients, clinicians, the NHS, and the public purse.

- **Increase in Referrals:** Referrals to outpatient services have increased by 5.8% since 2022-23. Most specialties have experienced year-on-year increases in referrals. This trend highlights the growing demand for outpatient services, necessitating more efficient management.
- **Advice and Guidance:** The use of Advice and Guidance services provides efficient, integrated e-referral and e-advice to manage patient care. This service enhances communication, allowing primary care providers to access consultant advice on investigations, interventions, and potential referrals. This approach helps manage non-urgent cases in the most appropriate setting, reducing unnecessary referrals. The most utilized platform by AB is Consultant Connect, used by around 20% of health boards, compared to over 80% using e-RS in 2023/24. Increasing the use of Advice and Guidance can significantly reduce unnecessary referrals and improve patient care.
- **Increase in Attendances:** Total attendances have increased by 8% during the period. The health board has nearly two follow-up attendances for every first attendance, with a ratio of 2.03 follow-ups per first attendance, higher than the previous year's 1.82 but lower than the UK mean of 2.11. The Follow-Up to First Appointment ratio continues to improve and is above the national average for most specialties. Managing follow-up attendances more effectively can help optimize resource use and improve patient flow.
- **See-on-Symptom (SOS) and Patient Initiated Follow-Ups (PIFU):** These initiatives are key to reducing unnecessary follow-up attendances. The Welsh Government's three-year strategy and action plan (2023-2026) on 'The Role of Outpatients in Transforming Planned Care in Wales' requires health boards to demonstrate annual increases in the use of SOS and PIFU. The health board currently has nearly 71,765 patients on the PIFU/SOS list, a 23% increase from 58,055 in 2022/23. The health board is in the top quartile of peers for most specialties. Expanding SOS and PIFU initiatives can significantly reduce unnecessary follow-ups and improve patient satisfaction.
- **Virtual Attendances:** The shift from face-to-face care to virtual attendances during COVID-19 allowed the health board to continue operating some outpatient services. In 2023/24, 26.6% of outpatient attendances were remote, a slight decrease of around 1% from 2022/23. Half of specialties have experienced year-on-year increases in virtual attendances. Maintaining and expanding virtual attendances can enhance accessibility and convenience for patients.
- **Did Not Attend (DNA) Rate:** The DNA rate is a key measure of resource efficiency in outpatients. The rate for the period is 6.3% for the specialties measured, which is higher than the 5% DNA target rate set by the Welsh Government. Most specialties have experienced year-on-year decreases in DNA rates, showing improvement. Reducing DNA rates further can improve resource efficiency and reduce wasted appointments.

Modernizing outpatient services is crucial to managing increasing demand and improving efficiency, with significant progress seen in virtual attendances and reducing unnecessary follow-ups.

Feedback from Service

- **Increase in Referrals** – Health Pathways workstream will support patients to be managed in the community/ensure only appropriate referrals received into secondary care
- **Advice and Guidance** – Consultant Connect is utilized for telephone calls and messages. In 2024 there were 1436 phone calls, 1153 messages. As part of the Outpatient Transformation Program, we link with Directorate teams to identify potential new pathways, hold fortnightly meetings with Consultant Connect, and attend the National Remote and Guidance.
E-advice – a CWS development is due to commence to enable advice to be provided via a message with/without attachment of standard templated message at the point of triage of referrals. The current process for advice requires dictation of a letter. This new process streamlines how secondary care clinicians provide advice and reduces the time GP's have to wait to receive advice. Through this functionality it is expected that the provision of advice will increase.
- **Increase in Attendances** – The Outpatient Transformation Programme is working closely with Directorate Teams to ensure only patients who require follow up are added to the follow up waiting list/brought to clinic. The focus is on straight to discharge, SOS and PIFU pathways, opportunities for Remote Monitoring.
- **SOS and PIFU** – significant work has been undertaken to identify opportunities for SOS and PIFU. This is ongoing supporting services to embed new pathways and maximise existing ones. There are currently 43 pathways in place across 11 specialties. Urology have also implemented a Remote Monitoring pathway for PSA monitoring. As part of the Program plan, we are supporting identification of opportunities and implementation of new pathways as highlighted via the Clinical Implementation Networks and GIRFT. There is information shared across NHS Wales regarding pathways in each Health Board, and we share learning with Directorate teams from this and NHS England. Discharge rates are monitored alongside SOS and PIFU.
- **Virtual Attendances** – there is a Welsh Government target to increase virtual activity year on year. This is monitored via the Outpatient Transformation Team supporting services to develop and deliver Outpatient plans to identify opportunities for virtual clinics (either in full or as part of patient pathways). Virtual attendance rates vary by specialty depending upon the clinical condition and appropriateness/need for tests on the day etc.
- **DNA's** – previously the Outpatient Transformation Programme held a monthly meeting with all services to assess DNA rates and develop plans to reduce for those under the 5% target. Due to some specialties achieving the target whereas others have high rates in December 2024 this was changed to a more targeted approach, undertaking Deep Dives in areas with high rates assessing all factors that can affect DNA's e.g., timeliness of bookings, text reminders, location of clinics, time of appointments, patient demographics (e.g., age) etc. The Deep Dives are a rolling programme, but ongoing monitoring of all DNA rates continues alongside.

Summary & Key Improvements

The Health Board is seeing increased outpatient demand, with referrals up by 5.8% and a higher follow-up attendance ratio. Virtual attendance has declined slightly, and the DNA rate exceeds the 5% target. To improve, strengthening the Health Pathways workstream for better referral management and using Consultant Connect for efficient advice will reduce unnecessary referrals. Expanding PIFU and SOS pathways, focusing on high-volume specialties, and integrating remote monitoring will help manage follow-ups.

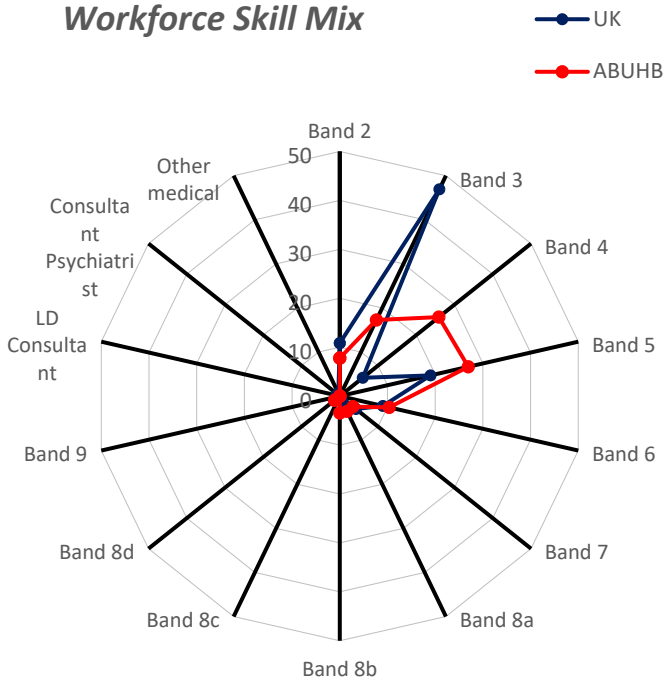
Rebuilding virtual care adoption and investing in telehealth will improve accessibility. Reducing DNA rates requires targeted scheduling improvements and AI-driven engagement. These changes, combining short-term improvements and long-term digital solutions, will optimize efficiency and enhance patient satisfaction.

Overview of the Learning Disabilities 2024 (Adult Inpatient Services)

Project Overview

The 2023/24 Learning Disabilities (Adult Inpatient Services) annual benchmarking project (formerly Learning Disability (Providers)) marks the tenth year of reporting specialist provision of learning disability services in the UK. The project provides a comprehensive overview of the care and delivery of services including service models, activity, workforce, finance, service quality and outcomes. There was a total of 56 organisations participating, submitting a total of 70 submissions. This included 4 of the UHBs - Aneurin Bevan, Betsi Cadwaladr, Hywel Dda and Swansea Bay.

The table below outlines some of the key findings, along with some further narrative and recommendations. Full details can be found in the **Desktop Toolkit** and **ABUHB Bespoke Report** provided by the NHS Benchmarking Network.

Learning Disability (Adult Inpatient Services) Summary 2023/24			
Total Beds (Acute Admission Beds) 7 ↔ 2022/23 = 7 UK Average = 9.13	Admissions (Total admissions - per 10 beds) 13.8 ↓ 2022/23 = 14.6 UK Average = 18	Discharges (per 10 beds) 14.6 ↑ 2022/23 = 11.5 UK Average = 18.5	Bed Occupancy (as a % of available bed days) 87% ↑ 2022/23 = 58% UK Average = 71%
Av LOS (Acute Admission Beds) 40 UK Median = 488	Av LOS (CCC & Rehab. Beds) 31 UK Median = 371	Readmissions (Acute Admission Beds) 2 ↓ 2022/23 = 10.5 UK Average = 1	Medication Incidents 19 ↑ 2022/23 = 8 UK Average = 17.7
RNLDs (WTE per 10 Beds) 15.1 ↓ 2022/23 = 19 UK Average = 14	HCSWs (WTE per 10 Beds) 21.2 ↓ 2022/23 = 30 UK Average = 26	Workforce Skill Mix 	
Total Costs (beds per Acute Admissions) £131k ↑ 2022/23 = £74k UK Average = £1,450k	Bank And Agency Spend (% of total workforce costs for Acute Admission) 39% ↓ 2022/23 = 61% UK Average = 24%		
Key: Performance vs 2022/23 Exercise ↑↑ = Higher ↓↓ = Lower ↔ = Little/No Change			

Key Project Findings

Beds

We reported a total of 13 beds (7 Acute Admission (within the specialised LD units) and 6 Complex Continuing Care & Rehabilitation) during data collection.

For Acute Admission beds, this is equivalent to 53.8% as a percentage of total LD beds which is below the UK average of 59.4% and the UK median of 68.2%. For Complex Continuing Care and Rehabilitation beds, this is 46.2% as a percentage of total LD beds - by far the third highest of all participants and well above the UK average of 28.6% and the UK median of 15%.

Admissions

There was a total of 18 Admissions, all to Acute Admission beds, down from 19 reported in 2022/23. This is around 25.7 admissions per 10 beds - above both the UK average and median of 8.83 and 6.46, respectively.

Discharges

There was a total of 19 discharges in 2023/24, all from Acute Admission beds (up from 4 in 2022/23). This is equivalent to 27.1 discharges per 10 beds - above the UK average of 9.46.

Bed Occupancy

For Acute Admission beds we reported a total of 2,000 bed days (excluding leave) within specialised LD units. This is below the UK average of 2,737 days (median = 2,020). Overall, this equates to an occupancy rate of around 78.3% in 2023/24.

For Complex Critical Care & Rehabilitation beds, we reported 2,134 occupied bed days, which is well below the UK average of 2,648 days (median = 1,825 days). This was by far the seventh highest of all participants and equates to an occupancy rate of around 97.4% in 2023/24.

Average Length of Stay (Av LOS)

For Acute Admission beds we reported an Av LOS of 40 days. This is below both the UK average and median of 748 days and 488 days, respectively.

For Complex Continuing Care & Rehabilitation beds we reported an Av LOS of 31 days, and this is still well below the UK average of 671 days in 2023/24.

Readmissions

For Acute Admission beds we reported a total of 2 readmissions within a 30-day period within specialised LD units. This is above the UK average and the UK median of 1 readmission with in a 30-day period in 2023/24.

Workforce

The majority of the LD workforce is made up of RNLDS (33.85%) and HCSWs (47.50%), which is broadly in-line with the UK average discipline mix, but with a slightly higher proportion of HCSWs. In terms of the skill mix (by band), we have a lower proportion of Band 2 and Band 3 staff, and a much higher proportion of Band 4 and 5s.

We reported a total of 19.6 WTE for RNLDS, down from 24.87 WTE in 2022/23. This is equivalent to 15.1 WTE per 10 beds, down from 19.13 WTE in 2022/23 and above the UK average and median of 13.5 WTE and 10.3 WTE, respectively.

For HCSWs, we reported a total of 27.5 WTE, down from the 38.53 WTE reported in 2022/23 This is equivalent to 21.2 WTE per 10 beds, down from 29.64 WTE in 2022/23 but still below the UK average and above the median of 25.6 WTE and 20.4 WTE, respectively.

Finance

We reported total service costs of acute admission beds within specialised LD units in 2023/24 (including corporate costs and overheads), £2,362k, up from £1,409k in 2022/23. This is equivalent to £131k per admission (74k 2022/23), well below both the UK average and median of £1,450k and £816k, respectively.

Bank Spend as a % of total workforce Cost is 28% which is higher than 16.7 UK average. (31% bank spend 2022/23).

Agency Spend as a % of total workforce Cost is 11% which is higher than 9.2 UK average. (30% agency spend 2022/23).

Quality

We appear to be around or below UK average for the majority of quality and safety measures when we consider these per 10,000 occupied bed days, with the exception of 'Incidents of Service Users AWOL' and 'Deaths of Service Users on LD Caseload'. However, we have seen increases in the actual numbers reported for a several of these measures in-year, including Medication Incidents, and Drug Administration Errors, for example.

Conclusion

The 2023/24 Learning Disabilities (Adult Inpatient Services) benchmarking project provides a comprehensive overview of the current state of learning disability services in the UK. The data highlights several key areas of performance, including bed occupancy, admissions, discharges, average length of stay, readmissions, workforce composition, and financial costs. While there are areas where performance is above the UK average, such as bed occupancy and workforce composition, there are also areas that require attention, such as the high costs per admission and the increase in medication incidents.

Recommendations

- Optimize Bed Utilization:** Bed occupancy rates have increased significantly, reaching 78% for Acute Admission beds, which is above the UK average. However, the occupancy rate for Complex Continuing Care & Rehabilitation beds is exceptionally high at 97.4%. ***Do we understand the factors driving these high occupancy rates? For example, are there delays in discharge processes or a higher demand for these beds?*** Optimizing bed management and discharge planning can help maintain optimal bed utilization and reduce average length of stay.
- Strengthen Workforce Development:** ***Given the differences in our workforce structure compared to the average organization, do we currently have a robust, long-term workforce plan in place that will allow us to continue to manage the growth in demand? For example, we have a higher proportion of RNLDs and HCSWs per 10 beds compared to the UK average.*** Focus on retaining and developing RNLDs and HCSWs to ensure a stable and skilled workforce. Consider initiatives such as career development programs and mentorship, to leverage the use of our current resources, to maximise the outcomes for patients.
- Monitor Quality and Safety Measures:** Continuously monitor and evaluate quality and safety measures to ensure that service delivery meets the highest standards. Implementing a robust quality assurance framework can help in maintaining and improving service quality.
- Enhance Medication Safety:** Address the increase in medication incidents by implementing stricter protocols and training programs for staff. Regular audits and feedback mechanisms can help identify and rectify issues promptly.

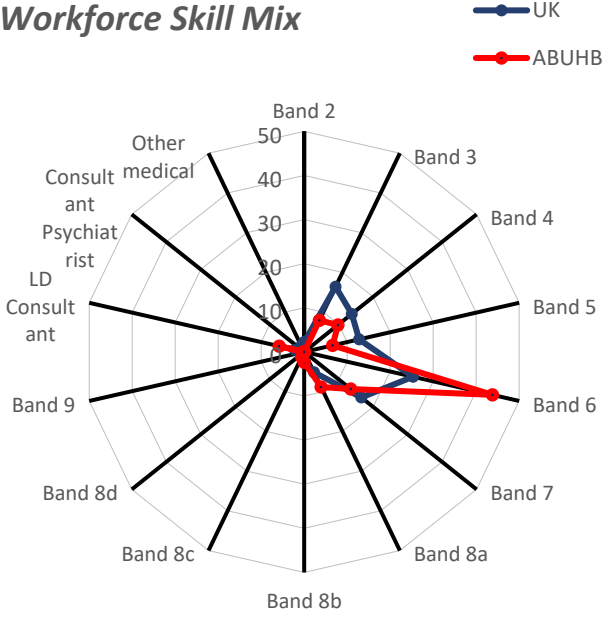
- **Improve Cost Efficiency:** The total costs per bed for Acute Admissions have increased significantly as compared to previous year. ***Do we understand the factors contributing to these high costs? For example, is there a high reliance on bank and agency staff?*** Investigating these factors and exploring strategies to reduce costs without compromising care quality can improve financial efficiency.

Overview of the Learning Disabilities 2024 (Adult Community Services)

Project Overview

The Learning Disabilities (Adult) exercise looks at both Inpatient and Community service provision and looks at measures across a number of domains including service model, access, activity, workforce, finance, quality, effectiveness and safety, as well as patient outcomes. This is the tenth year the exercise has run and there was a total of 56 organisations participating, submitting a total of 70 submissions. This included 4 of the UHBs - Aneurin Bevan, Betsi Cadwaladr, Hywel Dda and Swansea Bay.

The table below outlines some of the key findings, along with some further narrative and recommendations. Full details can be found in the **Desktop Toolkit** and **ABUHB Bespoke Report** provided by the NHS Benchmarking Network.

Learning Disabilities (Adult Community) Summary 2023/24			
<p>Referral to Assessment Time (Emergency Access: Median) 14 days UK Average = 13 days</p>	<p>Assessment to Treatment Time (Emergency Access: Median) 39 days UK Average = 14 days</p>	<p>Referral to Assessment Time (Emergency Access: Longest) 244 days UK Average = 114 days</p>	<p>Assessment to Treatment Time (Emergency Access: Longest) 370 days UK Average = 107 days</p>
<p>Referrals Received (per 100k population) 131 UK Average = 179</p>	<p>Referrals Accepted (as a % of referrals received) 67% UK Average = 74%</p>	<p>Caseload (per 100k Population) 255 UK Average = 160</p>	<p>Caseload who had no contact (as a % of those on caseload) 10% UK Average = 7%</p>
<p>Contacts (per 100k Population) 2,445 UK Average = 3,050</p>	<p>Face to Face Contacts (as a % of all contacts delivered) 90% UK Average = 56%</p>	<p>Workforce Skill Mix</p>  <p>Legend: UK (Blue line), ABUHB (Red line)</p>	
<p>Safeguarding Incidents (per 10k population) 2 UK Average = 10</p>	<p>Total Costs (per 100k Population) £963k UK Median = £870k</p>		

Key Project Findings

Waiting Times

For emergency access, the median waiting time from referral to assessment (first contact) was 14 days. This is above the average of 13 days (median = 8 days). And the longest waiting time reported, of emergency cases received their first contact within 244 days of referral, which is above the UK average of 114 days.

The median waiting time from assessment to treatment commencing for urgent access was 39 days. This was well above the average of 14 days (median = 9 days). Again, this was also the longest wait, that the emergency cases commenced treatment within 370 days of assessment, which is above the UK average of 107 days.

For routine access, the median waiting time from referral to assessment (first contact) was 64 days. This is above the average of 38 days (median = 27 days). And the longest waiting time reported, of routine cases received their first contact within 449 days of referral, which is below the UK average of 513 days.

The median waiting time from assessment to treatment commencing for routine access was 50 days. This was well above the average of 32 days (median = 28 days). Again, this was also the longest wait, that the routine cases commenced treatment within 323 days of assessment, which is below the UK average of 508 days.

Referrals

There was a total of 616 referrals received, which is well below the average of around 1,089 (median = 736). This is equivalent to 131 referrals received per 100k population, which is above the UK median of 130 referrals (average = 179).

In terms of referrals accepted, we reported a total number of 410 referrals which is less than the UK average of 845 referrals and UK median of 541 days. The acceptance rate reported was 66.6% which is well below the UK average of 73.8% (median = 77.2%).

Caseload

The total caseload reported for community LD teams on 31st March 2024, was 255 per 100k registered population, which is well above the average of 160 (median = 150).

The total number of patients on caseload who had no contact in 2023/24 reported was 125, which is above the UK average of 65 (median = 27). However, the percentage of patients on caseload who had no contact in 2023/24 was reported as 10.4% and this is just above the UK average of 6.70%.

Contacts

We reported a total of 2,445 community contacts per 100k registered population, which is below the average of 3,050 (median = 1,944). This can be broken down into 2,189 face-to-face (90%), 41 non-face-to-face contacts -telephone (2%) and 165 non-face-to-face contacts (7%). These figures are above the national average of 1,460 face to face contacts, and below the national averages of 934 non-face-to-face contacts – telephone, and 207 non-face-to-face contacts – digital respectively.

However, it is worth noting that, across all participants, there may be issues around the data collection for face-to-face and non-face-to-face contacts including accuracy of data, consistency across organisations, robustness data, etc.

Workforce

Our discipline skill mix is broadly in-line with the previous exercise, showing that we have a much higher proportion of Nursing RNL staff (38%) than the average organisation (31%). We also have a higher-than-average proportion of

Physical Therapists at 24% (average = 18%). However, any differences in discipline mix will be largely due to the different service structures in England.

If we consider skill mix by band, we again appear to have a much higher proportion of Band 6 staff (44%) than the average organisation (25%), which has a greater mix of Band 3, Band 4 and Band 5 staff. This is likely to be due to the differences in discipline mix (above) and the fact that we have a much higher proportion of qualified nursing staff than average.

Finance

From a finance perspective, we reported a total direct cost of £963k per 100k registered population. This is just above the average of £901k (median = £870k). This is also equivalent to around £394 per Community Contact, slightly down from the UK average of £472 (median = £380).

Conclusion

The 2023/24 Learning Disabilities (Adult Community Services) benchmarking project provides a comprehensive overview of the current state of community-based learning disability services in the UK. The data highlights several key areas of performance, including waiting times, referrals, caseload, contacts, workforce composition, and financial costs. While there are areas where performance is above the UK average, such as face-to-face contacts and workforce composition, there are also areas that require attention, such as the long waiting times for emergency access and the high costs per community contact.

Recommendations

- **Improve Routine Access:** There has been a significant increase in the average time from Referral to Assessment and Assessment to Treatment. ***Do we understand the reasons for these increases (i.e., how much of this is due to the volume of referrals and/or capacity of the service)? For example, we have seen a substantial increase in the longest waiting times for emergency access, which suggests potential bottlenecks in the process.*** Address the long waiting times for emergency access by implementing more efficient referral and assessment processes. This could include increasing staffing levels, optimizing appointment scheduling, and utilizing digital tools to streamline workflows.
- **Reduce Caseload with No Contact:** There has been an increase in caseload numbers, which has led to higher activity and contacts. However, ***there is also a notable percentage of patients on the caseload who had no contact. Do we understand the key drivers behind this?*** Focus on reducing the percentage of patients on caseload who have had no contact. This can be achieved by implementing regular follow-up protocols, enhancing patient engagement strategies, and ensuring timely interventions.
- **Strengthen Workforce Development:** Continue to develop and retain a skilled workforce, particularly in nursing and physical therapy. Consider initiatives such as career development programs and mentorship, to attract and retain qualified staff.
- **Optimize Financial Efficiency:** Investigate the factors contributing to the high costs per community contact and explore strategies to reduce these costs without compromising the quality of care. This could include optimizing resource allocation and reducing unnecessary expenditures.

Managing Frailty in the Acute Setting – 2023/24

Overview

This marks the 10th iteration of the project, conducted annually since 2014. This milestone highlights the extensive data collected over the years, contributing significantly to the ongoing enhancement of frailty services. The 2023/24 project includes data from 54 submissions by provider organizations across England, Northern Ireland, and Wales, offering a valuable benchmark for Aneurin Bevan Health board (AB). AB is the only Welsh health board to take part for the past two years therefore no Welsh peer group to benchmark against.

The benchmarking project aims to provide a comprehensive analysis of ABUHB's performance, focusing on key areas such as system challenges, the effectiveness of frailty identification, and service accessibility.

This report presents key metrics for the period from 1st April 2023 to 31st March 2024, illustrating your organisation's relative position among the participants. Full details are available in the Online Toolkit and the ABUHB Bespoke Report provided by the NHS Benchmarking Network.

Service	<p>Acute Frailty Services hours per week</p> <p>40</p> <p>UK Mean– 67.9</p>	<p>Care for Older People Beds per 1000 admissions aged 65+</p> <p>7.3</p> <p>UK Mean– 5.5</p>	
	<p>Emergency Attendances per general & acute bed (Patient aged 65+)</p> <p>52.8</p> <p>UK Mean– 61.1</p>	<p>Clinical Assessment Spaces per 1000-unit admissions</p> <p>31.8</p> <p>UK Mean– 9.17</p>	
Activity	<p>Total Admissions to frailty unit per 100 medical beds</p> <p>561</p> <p>UK Mean– 791</p>	<p>Admissions through ED departments</p> <p>46%</p> <p>UK Mean– 79%</p>	<p>7+ days LOS non-elective admissions (aged 65+)</p> <p>44%</p> <p>UK Mean– 38%</p>
	<p>Occupied Bed Days non-elective admissions (aged 65+)</p> <p>75%</p> <p>UK Mean– 68%</p>	<p>Discharge rate from hospital (frailty unit)</p> <p>64%</p> <p>UK Mean– 39%</p>	<p>Discharge rate Transferred to another ward</p> <p>15%</p> <p>UK Mean– 59%</p>
Workforce	<p>Total Frailty Unit Staff (WTE) Per 100 care of older people beds</p> <p>30.5</p> <p>UK Mean– 44.8</p>	<p>Total Frailty Unit Staff (WTE) Per 100 medical beds</p> <p>22.5</p> <p>UK Mean– 11.7</p>	
Finance	<p>Total Direct Costs per 100 medical beds (frailty unit)</p> <p>£1.45m</p> <p>UK Mean– £0.59m</p>	<p>% Pay Spend (Agency) frailty unit</p> <p>12.8%</p> <p>UK Mean– 12.8%</p>	<p>% Pay Spend (Bank) Frailty Unit</p> <p>17.6%</p> <p>UK Mean– 10.2%</p>

Key Project Findings

Acute Frailty Services (AFS) Operation

The NHS England SAMEDAY strategy recommends that Acute Frailty Services (AFS) operate for 70 hours per week. However, AB currently operates at 40 hours per week. In the 2023/24 period, only 61% of participating services met the 70-hour target. Notably, 46% of admissions to AFS come through emergency departments. After receiving care, 64% of AFS patients are discharged from the hospital, which is double the UK mean, while only 15% are transferred to other wards.

Clinical Assessment Spaces

The number of clinical assessment spaces per 1000-unit admissions is 31.8, placing us in the upper quartile compared to UK peers. Additionally, the total admissions per 100 medical beds is 561.

Non-Elective Admissions

Older adults aged 65 and above constitute 47.5% of non-elective hospital admissions. Of these admissions, 44% result in hospital stays exceeding seven days. Furthermore, nearly 16% of non-elective admissions involve stays longer than 21 days, further exacerbating the strain on healthcare resources. The percentage of total non-elective bed days utilized by patients aged 65+ is 75%, whereas it is 69% among UK peers.

Admissions to Frailty Units

Older adults aged 75-84 and those aged 85 and above represent the largest proportion of admissions to frailty units, accounting for 38% and 39% of total admissions, respectively. This statistic underscores the significant demand for specialized care within this vulnerable population.

Designated Care for Older People

The number of designated care beds for older people per 1000 admissions aged 65+ is 7.27. Additionally, the number of emergency hospital attendances per acute and general bed for patients aged 65+ is 52.8.

Staffing Levels

The total frailty unit staffing per designated care beds for older people is 30.5, placing us in the lower quartile compared to UK peers. The total frailty unit staffing per 100 medical beds is 22.5, placing us in the upper quartile compared to UK peers.

Finance

The total frailty unit direct costs per 100 medical beds are significantly higher than those of UK peers, placing us in the upper quartile. AB's spending on agency staff is the same as that of UK peers, but spending on bank staff is significantly higher, keeping us in the upper quartile compared to UK peers.

Key Improvement Areas

Service Hours: Increase from 40 to 70 hours per week to enhance early frailty identification and reduce emergency admissions. Short-term: Optimize staff schedules. Long-term: Workforce expansion and funding.

Admissions & Length of Stay: 44% of non-elective admissions (aged 65+) stay over 7 days, with 75% of bed days occupied by this group. Improve triage, implement rapid assessments, and strengthen community/home-based care.

Referral & Discharge: Only 46% of AFS admissions come through ED (UK mean: 79%). Improve ED-frailty service coordination and embed frailty teams in emergency settings.

Staffing: Low staffing per older people's care beds, with high bank staff reliance (17.6%). Focus on recruitment, retention, and workforce planning to ensure stability.

Financial Efficiency: Frailty unit costs (£1.45m per 100 medical beds) are significantly above UK mean (£0.59m). Reduce temporary staffing reliance, optimize resources, and invest in preventative care.

Emergency Care Benchmarking Exercise

Summary



Project Overview

This is the 9th iteration of the Emergency Care Benchmarking network exercise the health board has participated in. Five health boards in Wales have participated this year.

The Grange University Hospital (GUH) is the only Type 1&2 Emergency Department within Aneurin Bevan University Health board and is supported by 4 (Type 3) minor injuries units covering the five localities. The Clinical Futures Model operated by Aneurin Bevan University Health Board is unique in Wales and possibly the UK and does present challenges to benchmarking. GUH is not a typical Type 1&2 Emergency Department in that there is no minor injury stream on the site. Patients with minor injuries typically make-up up to 50% of attendances at a typical Type 1 ED, however they are less resource heavy in terms of numbers of staff required to manage their attendance. This means that for some of the benchmarking metrics it is important to consider the system rather than the individual sites. This is most clearly reflected in the staffing cost per attendance figure in the overall summary and means that when benchmarking against another site with a minor injury stream on-site the Grange University Hospital Emergency Department will always look expensive and well-staffed per attendance. The project captures data from April 2023 to March 2024. This is the third full year of benchmarking ED at GUH.

This report provides a summary of the key findings from the exercise, along with potential opportunities and recommendations, where possible. Full details can be found in the Online Toolkit and ABUHB Bespoke Report provided by the NHS Benchmarking Network.

Emergency Care Summary 2023/24 - Type 1 (ED) - GUH

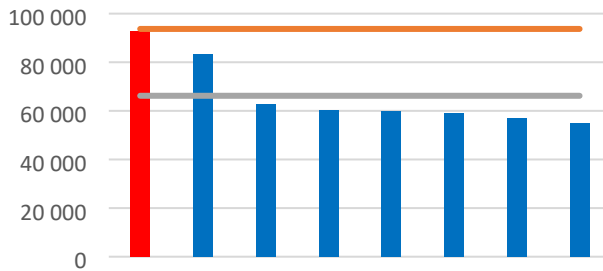
Welsh HB's Mean Welsh Peer ABUHB

Total Attendances

92,741

Mean – 93,703
Welsh Peers – 66,204

Welsh: Total ED attendances 2023-24



Attendance Decrease on 2022/23

2.3%

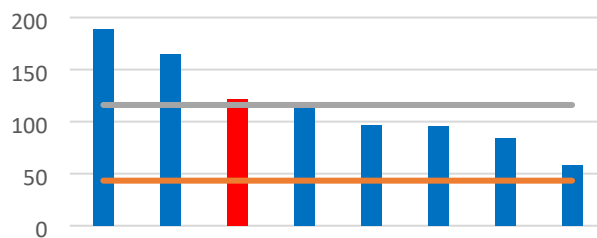
Ambulance handover time

122

Minutes

Mean – 43
Welsh Peers – 116

Welsh: Average ambulance handover time (mins)



Ambulance Handovers

60 Mins

49%

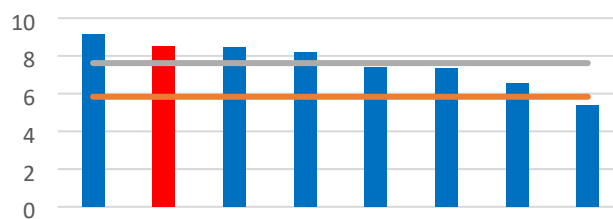
Mean – 12.5%
Welsh Peers – 49%

Patients Waiting over 4 hours

64%

Mean – 40%
Welsh Peers – 44%

Wales: Average time spent in department (Hours)



Patients Waiting over 12 hours

20%

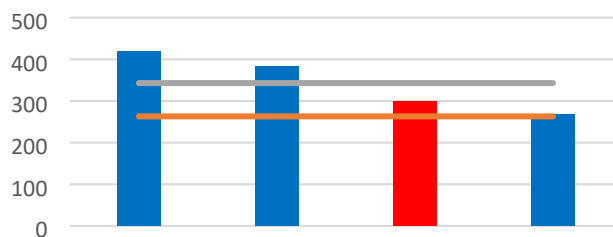
Mean – 10%
Welsh Peers – 16.5%

ED Nursing Staff (WTE) per 100k ED Attendances

170

Mean – 160
Welsh Peers – 233

Welsh: Total ED Staffing (WTE in post) per 100k attendances



ED Medical Staff (WTE) per 100k ED attendance

76

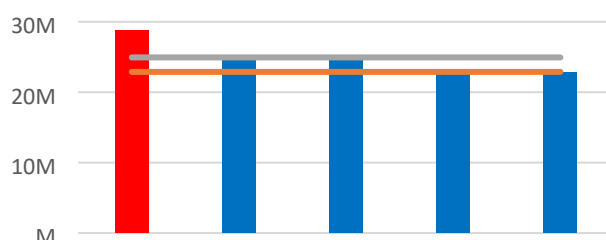
Mean – 65
Welsh Peers – 73

Pay Spend per 100k ED Attendances

£27.2m

Mean – £20.4m
Welsh Peers – £22.9m

Welsh: Total ED Cost per 100k ED Attendance



Total pay spent on Bank/ Agency

23.6%

Mean – 24.4%
Welsh Peers – 18.5%

Key Project findings

ED activity:

- There has been a 2.3% decrease in attendances at GUH compared to 2022/23. Total attendances for the period is 92,741. GUH is the busiest type 1 ED in Wales (Welsh peers – 66,204) and is below the mean (93,703) for the project.
- Ambulance average handover times remains at 122 mins constant with 2022/23. 49% (42% 2022/23) taking longer than 60 mins (Welsh Peer 43%, Mean 13%), (2022/23 Welsh Peer 51%, Mean 18%).
- The overall time patients spend in the ED remains the same for 2023/24, 9 hours (Wales Peer 8 Mean 6). With patients remain in the department on average 10 hours once the decision to admit to the patients being admitted.
- In 2023/24, 64% of patients waited longer than the nationally set 4-hour target compared to 2022/23's 62%. This increase is reflective nationally within the Welsh Peer (44%) and overall project Mean (40%) when compared to 2022/23.
- 20% (1% reduction 2022/23) of patients remain in the department for over 12 hours compared to the national average of 10%. GUH has moved out of the top 5 of all participants but remain second highest within Wales.
- Admission from ED remain at 26% for the second year in a row this is comparable to the national mean. Discharges without further secondary care intervention has increase to 62% (51% 2022/23), nationally the mean remains at 60% (56% 2021/22).
- The number of Frequent ED attendances (per 100k attendances) has increased from 781 to 2,010 this year and above the national mean of 1462.
- The above increases in length of stay and attendances has meant that the hours of care delivered in the ED during 2023/24 has risen by 4% to 873,000 hours.

Workforce:

- GUH ED is above the national average for staffing at 300 Whole Time Equivalent (WTE) in post per 100,000 attendances (Mean 263) an increase from 277 the previous year. GUH is below the Welsh peer mean (343) in previous years it had been the highest reported
- Medical grade staffing has the second highest reported total medical grade staff per 100k attendances for Wales (GUH 76 Welsh Mean 73), this is an increase against last year's report of 73.
- Consultants per 100k attendances remains highest for Wales at 22 (Mean 16, Welsh Mean 22)
- The consultant presence in the ED remains at 112 hours per week over a 7-day working week (Mean 119).
- Total ED nursing staffing (WTE in Post) per 100k attendance has risen from 146 to 170. This is below the Welsh peer average of 233 (155 2022/23) and above the overall mean of 160 (149 2022/23)
- Total ED non-clinical staffing per 100k attendances has dropped from 54 WTE to 50WTE. GUH remain considerably higher than the national mean 26.8 and 29.8 for Welsh peers.

Finance:

- Total Pay spend per 100k ED attendance has decrease this year to 27.2m (28.2m 2022/23)
- GUH ED is within the top ten of total pay spend (per 100k attendances) nationally reported.
- Percentage of Nursing pay spend on agency has decreased again for 2022/23 from 33% to 23% (from 4.0m 2022/23 to £2.9m 2023/24).
- Total spend on bank and agency has reduced from 8.9m (2022/23) to 6.2m (2023/24).
- Average pay cost per ED attendance is £288 an increase on last year's cost of £282.

Emergency Care Summary 2023/24 - Type 4 (MIU) - RGH

Total Attendances 38,136 Mean – 24,086 Welsh Peers – 11,483	Attendance Increase on 2022/23 4% Mean – 13% Welsh Peers – 12%	Patients waiting over 4 hours. 5% Mean – 3% Welsh Peers – 2%	Average Length of Stay 1.9 Hours Mean – 1.6 Welsh Peers – 1.4
WTE in Post per 100k Attendances 94 Mean – 80 Welsh Peers – 98	Total Unit Pay per 100k Attendances £6.7m Mean – £5.3m Welsh Peers – £5.2m	Total Unit Cost per 100k Attendances £7.6m Mean – £5.9m Welsh Peers – £5.5m	Pay Spend on Bank Staff 18% Mean – 8% Welsh Peers – 9%

MIU Activity:

- RGH remains the highest number of attendances (38,136) to an MIU unit when benchmarked against Welsh Peer (11,483).
- RGH has seen an 4% increase in total attendance to the unit compared to 2022/23. The percentage increase is below the Welsh peer mean of 12% for the same benchmarking measure.
- Percentage of patients waiting over 4 hours in RGH has dropped from 6% (2022/23) to 5% (2022/23).

MIU Finance:

- RGH's total cost per 100k attendance is £7.6m which is above the Welsh Peer mean of £5.5m and National mean of £5.9m
- RGH pay cost per 100k attendance is £6.7m (2022/23 £5.5m) and is above the Welsh peer mean of £5.2m. this includes 240k costs for consultants. AB is the only health board to have reported consultant costs within MIU
- Bank and agency costs made up 18% of the total pay costs for RGH, this is a reduction on the previous year of 25%. RGH has the highest actual spend (£482k) on bank when benchmarked against Welsh Peers (Mean £77k). All AB MIU units except for YAB are above the Welsh Peer.

Emergency Care Summary 2023/24 - Type 4 (MIU) - NHH			
<p>Total Attendances</p> <p>18,576</p> <p>Mean – 24,086 Welsh Peers – 11,483</p>	<p>Attendance Decrease on 2021/22</p> <p>1%</p> <p>Mean – 13% Welsh Peers – 12%</p>	<p>Patients waiting over 4 hours</p> <p>3%</p> <p>Mean – 3% Welsh Peers – 2%</p>	<p>Average Length of Stay</p> <p>1.9</p> <p>Hours</p> <p>Mean – 1.6 Welsh Peers – 1.4</p>
<p>WTE in Post per 100k Attendances</p> <p>117</p> <p>Mean – 80 Welsh Peers – 98</p>	<p>Total Unit pay per 100k Attendances</p> <p>£9.1m</p> <p>Mean – £5.3m Welsh Peers – £5.2m</p>	<p>Total Unit Cost per 100k Attendances</p> <p>£9.8m</p> <p>Mean – £5.9m Welsh Peers – £5.5m</p>	<p>Pay spend on Bank Staff</p> <p>25%</p> <p>Mean – 8% Welsh Peers – 9%</p>

MIU Activity:

- NHH total attendances for the year is 18,576 below the national mean (24,086). When benchmarked against Welsh Peers NHH is above the Welsh mean (11,483).
- NHH has seen a decrease of 1% in total attendance to the unit compared to 2022/23. The percentage increase is below the Welsh peer mean of 13% for the same benchmarking measure.
- The percentage of patients waiting over 4 hours in NHH has decreased from 7% (2022/23) to 3% (2023/24) (Welsh Peers 2%). NHH has seen the biggest reduction for over 4 hour waits when benchmarked internally.

MIU Finance:

- NHH's total cost per 100k attendance is £9.8m which is above the Welsh Peer mean of £5.5m and National mean of £5.9m.
- NHH pay cost per 100k attendance is £9.1m (2022/23 £7.6m) and is above the Welsh peer mean of £5.2m.
- Bank and agency costs made up 25% of the total pay costs for NHH, this is an decrease on the previous year where 29% of pay costs were on bank and agency costs. NHH has the second highest actual spend (£438k) on bank when benchmarked against Welsh Peers (Mean £77k). All AB MIU units except for YAB are above the Welsh Peer.

Emergency Care Summary 2023/24 - Type 4 (MIU) - YYF			
<p>Total Attendances</p> <p>27,372</p> <p>Mean – 24,086 Welsh Peers – 11,483</p>	<p>Attendance Increase on 2021/22</p> <p>4%</p> <p>Mean – 13% Welsh Peers – 12%</p>	<p>Patients waiting over 4 hours</p> <p>3%</p> <p>Mean – 3% Welsh Peers – 2%</p>	<p>Average Length of Stay</p> <p>1.9 hours</p> <p>Mean – 1.6 Welsh Peers – 1.4</p>
<p>WTE in Post per 100k Attendances</p> <p>44</p> <p>Mean – 80 Welsh Peers – 98</p>	<p>Total Unit pay per 100k Attendances</p> <p>£3.2m</p> <p>Mean – £5.3m Welsh Peers – £5.2m</p>	<p>Total Unit Cost per 100k Attendances</p> <p>£3.5m</p> <p>Mean – £5.9m Welsh Peers – £5.5m</p>	<p>Pay spend on Bank Staff</p> <p>14%</p> <p>Mean – 8% Welsh Peers – 9%</p>

MIU Activity:

- YYF total attendances for the year is 27,372 above the national mean (24,086). When benchmarked against Welsh Peers YYF is above the Welsh mean (11,483) and second highest number of attendances overall.
- YYF has seen a 4% increase in total attendance to the unit compared to 2021/22. The percentage increase is in line with the Welsh peer mean of 12%.
- The percentage of patients waiting over 4 hours in NHH has decreased from 6% (2022/23) to 3% (2023/24) (Welsh Peers 2%). YYF and NHH have the second highest percentage of patients waiting over 4 hours when benchmarked against the other ABUHB MIU's.

MIU Finance:

- YYF's total cost per 100k attendance is £3.5m (£3.7m 2022-23) which is below the Welsh Peer mean of £5.5m and National mean of £5.9m.
- YYF pay cost per 100k attendance is £3.2m (2021/22 £3.5m) and is below the Welsh peer mean of £5.3m.
- Bank and agency costs made up of 14% of the total pay costs for YYF, this is a decrease on the previous year where on 20% of pay costs were on bank and agency costs.
- YYF has the third highest actual spend (£126k) on bank when benchmarked against Welsh Peers (Mean £77k). All AB MIU units except for YAB are above the Welsh Peer

Emergency Care Summary 2023/24 - Type 4 (MIU) - YAB			
<p>Total Attendances</p> <p>9,011</p> <p>Mean – 24,086 Welsh Peers – 11,483</p>	<p>Attendance decrease on 2021/22</p> <p>2%</p> <p>Mean – 13% Welsh Peers – 12%</p>	<p>Patients waiting over 4 hours</p> <p>2%</p> <p>Mean – 3% Welsh Peers – 2%</p>	<p>Average Length of Stay</p> <p>2.0</p> <p>Hours</p> <p>Mean – 1.6 Welsh Peers – 1.4</p>
<p>WTE in Post per 100k Attendances</p> <p>42</p> <p>Mean – 80 Welsh Peers – 98</p>	<p>Total Unit Pay per 100k Attendances</p> <p>£3.8m</p> <p>Mean – £5.3m Welsh Peers – £5.2m</p>	<p>Total Unit Cost per 100k Attendances</p> <p>£4.4m</p> <p>Mean – £5.9m Welsh Peers – £5.5m</p>	<p>Pay Spend on Bank Staff</p> <p>26%</p> <p>Mean – 8% Welsh Peers – 9%</p>

MIU Activity:

- YAB total attendances for the year is 9,011 below the national mean (24,086), and below the Welsh Peers mean (11,483) and has the lowest attendances of all 4 MIU's within the health board.
- YAB has seen a 2% decrease in total attendances to the unit compared to 2022/23.
- The percentage of patients waiting over 4 hours in YAB has dropped from 4% (2022/23) to 2% (2023/24). YAB as the lowest reported percentage of patients waiting over 4 hours within AB

MIU Finance:

- YAB's total cost per 100k attendance is £3.1m which is below the Welsh Peer mean of £5.5m and National mean of £5.9m.
- YAB's pay cost per 100k attendance is £2.9m and is above the Welsh peer mean of £5.2m.
- Bank and agency costs made up 23% of the total pay costs for YAB in 2022/23. This decrease by 2% on the previous year's response of 25%.

Overall summary

As described in the introduction the model of Emergency Care operated in Aneurin Bevan University Health Board is unique in Wales. The system is one of the busiest in Wales with 185,836 attendances during this period.

Whilst well-staffed by Welsh standards with 22 WTE Emergency Medicine Consultants, the Aneurin Bevan University Health Board system is well below the 23.1-25.7 WTE consultants the Royal College of Emergency Medicine recommends (1 WTE equivalent for every 3600-4000 attendances).

GUH is a busy department it has however seen a decrease in attendances of 2.3% against the 2022/23 attendances. It remains in line with the national report average (93K) of all participants.

Worryingly despite the total attendance remain the same as 2022/23 (185K), there has been a further 3% increase in the hours of care delivered in the ED during 2023/24 (847k to 873k hours). The likely cause continues to be a lack of flow through the hospital sites in discharging patient to free up beds.

Demand has remained the same at all sites during this reporting period and the MIUs continue to perform well and deal with half of all those patients seeking Emergency Care in our region.

Key Areas of Improvement

Emergency care services within Aneurin Bevan University Health Board continue to face challenges in patient flow, staffing, and financial efficiency. While MIUs manage a significant share of demand, prolonged wait times, increasing care hours, and high dependency on temporary staff affect overall system performance. Addressing these issues requires both immediate operational changes and long-term structural improvements.

Ambulance Handovers & Patient Flow:

Ambulance handover delays at GUH remain significantly above national benchmarks, contributing to congestion and prolonged patient stays. Currently, 64% of patients exceed the four-hour wait time, with 20% staying over 12 hours. The primary issue is the lack of available inpatient beds due to delayed discharges.

- Short-term solutions include introducing rapid assessment teams and expanding same-day emergency care services.
- Long-term improvements require enhancing community care pathways to reduce unnecessary admissions and improve hospital flow.

Staffing & Workforce Allocation:

While GUH has one of the highest medical staffing levels in Wales, it still falls short of recommended consultant coverage. Heavy reliance on bank and agency staff places financial strain on the system.

- Optimising shift patterns and reducing agency use in the short term can improve efficiency.
- Investing in permanent staffing and training programs will provide stability and reduce long-term costs.

Financial Sustainability:

GUH's pay spend per attendance (£27.2m) is significantly above the national mean (£20.4m). MIUs such as NHH and RGH operate at higher-than-average costs. Cost analysis and workforce restructuring will help align financial resources more efficiently.

Despite these challenges, the emergency care model remains crucial in managing regional demand. Immediate interventions in patient flow and staffing, combined with long-term financial planning and community-based initiatives, will be key to improving efficiency and delivering sustainable emergency care services.

District Nursing

Benchmarking Exercise

Project Overview

This report presents key findings from the NHS Benchmarking Network's (NHSBN) 2024 District Nursing project. This marks the second standalone project for district nursing, following the initial project in 2023. Previously, district nursing services were benchmarked for approximately 20 years as part of the Community Services project.

The 2024 District Nursing project includes data from 75 submissions by 53 provider organisations across the UK, maintaining a similar level of participation as the previous year. Notably, five localities of AB were registered separately, and there were only two Welsh comparators included in the project.

This report provides a summary of the key findings for each locality from the exercise and full details can be found in the Online Toolkit and ABUHB Bespoke Report provided by the NHS Benchmarking Network.

District Nursing - Monmouthshire

ABUHB District Nursing - Monmouthshire - 2023/24																		
■ BG ■ Caer ■ Mon ■ New ■ Tor — Mean — Welsh Peer mean																		
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93%</p>	<p>Referrals received per 100k Population</p> <table border="1"> <caption>Referrals received per 100k Population</caption> <tr><th>Area</th><th>Value</th></tr> <tr><td>BG</td><td>5200</td></tr> <tr><td>Caer</td><td>3800</td></tr> <tr><td>Mon</td><td>5500</td></tr> <tr><td>New</td><td>4200</td></tr> <tr><td>Tor</td><td>4000</td></tr> <tr><td>Mean</td><td>7000</td></tr> <tr><td>Welsh Peer mean</td><td>4500</td></tr> </table>	Area	Value	BG	5200	Caer	3800	Mon	5500	New	4200	Tor	4000	Mean	7000	Welsh Peer mean	4500	<p>Referrals per Nurse WTE in Establishment</p> <p>103</p> <p>Mean – 210 Welsh Peer 89.3</p>
Area	Value																	
BG	5200																	
Caer	3800																	
Mon	5500																	
New	4200																	
Tor	4000																	
Mean	7000																	
Welsh Peer mean	4500																	
<p>Caseload per Registered Nurse WTE in post</p> <p>27</p> <p>Mean – 34 Welsh Peer 27</p>	<p>Caseload turnover 2023/24</p> <table border="1"> <caption>Caseload turnover 2023/24</caption> <tr><th>Area</th><th>Value</th></tr> <tr><td>BG</td><td>4.5</td></tr> <tr><td>Caer</td><td>3.5</td></tr> <tr><td>Mon</td><td>4.8</td></tr> <tr><td>New</td><td>6.0</td></tr> <tr><td>Tor</td><td>3.8</td></tr> <tr><td>Mean</td><td>6.2</td></tr> <tr><td>Welsh Peer mean</td><td>4.5</td></tr> </table>	Area	Value	BG	4.5	Caer	3.5	Mon	4.8	New	6.0	Tor	3.8	Mean	6.2	Welsh Peer mean	4.5	<p>Caseload per clinical WTE in post</p> <p>21</p> <p>Mean – 24.1 Welsh Peer 22.3</p>
Area	Value																	
BG	4.5																	
Caer	3.5																	
Mon	4.8																	
New	6.0																	
Tor	3.8																	
Mean	6.2																	
Welsh Peer mean	4.5																	
<p>Total Contacts per Clinical WTE in post</p> <p>1,663</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p> <table border="1"> <caption>Total Contacts per 100k Population</caption> <tr><th>Area</th><th>Value</th></tr> <tr><td>BG</td><td>125000</td></tr> <tr><td>Caer</td><td>95000</td></tr> <tr><td>Mon</td><td>90000</td></tr> <tr><td>New</td><td>60000</td></tr> <tr><td>Tor</td><td>105000</td></tr> <tr><td>Mean</td><td>70000</td></tr> <tr><td>Welsh Peer mean</td><td>95000</td></tr> </table>	Area	Value	BG	125000	Caer	95000	Mon	90000	New	60000	Tor	105000	Mean	70000	Welsh Peer mean	95000	<p>Ratio Caseload: Additions to Discharge</p> <p>0.99</p> <p>Mean – 0.99 Welsh Peer 0.99</p>
Area	Value																	
BG	125000																	
Caer	95000																	
Mon	90000																	
New	60000																	
Tor	105000																	
Mean	70000																	
Welsh Peer mean	95000																	
<p>Total clinical WTE in Post per 100k Population</p> <p>53.8</p> <p>Mean – 44.5 Welsh Peer 60.9</p>	<p>Total Clinical WTE in establishment per 100k Population</p> <table border="1"> <caption>Total Clinical WTE in establishment per 100k Population</caption> <tr><th>Area</th><th>Value</th></tr> <tr><td>BG</td><td>72</td></tr> <tr><td>Caer</td><td>48</td></tr> <tr><td>Mon</td><td>68</td></tr> <tr><td>New</td><td>48</td></tr> <tr><td>Tor</td><td>58</td></tr> <tr><td>Mean</td><td>50</td></tr> <tr><td>Welsh Peer mean</td><td>68</td></tr> </table>	Area	Value	BG	72	Caer	48	Mon	68	New	48	Tor	58	Mean	50	Welsh Peer mean	68	<p>Total Nursing staff Vacancy rate (%)</p> <p>18.3%</p> <p>Mean – 10.1 Welsh Peer – 11.2</p>
Area	Value																	
BG	72																	
Caer	48																	
Mon	68																	
New	48																	
Tor	58																	
Mean	50																	
Welsh Peer mean	68																	
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£2.3m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p> <table border="1"> <caption>Total Cost per 100k Population</caption> <tr><th>Area</th><th>Value</th></tr> <tr><td>BG</td><td>4.2</td></tr> <tr><td>Caer</td><td>2.9</td></tr> <tr><td>Mon</td><td>3.1</td></tr> <tr><td>New</td><td>2.6</td></tr> <tr><td>Tor</td><td>3.4</td></tr> <tr><td>Mean</td><td>3.2</td></tr> <tr><td>Welsh Peer mean</td><td>3.6</td></tr> </table>	Area	Value	BG	4.2	Caer	2.9	Mon	3.1	New	2.6	Tor	3.4	Mean	3.2	Welsh Peer mean	3.6	<p>Agency and Bank spend as % of total pay spend.</p> <p>4.63%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>
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





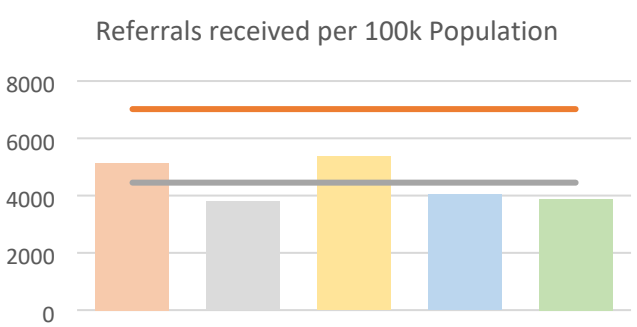
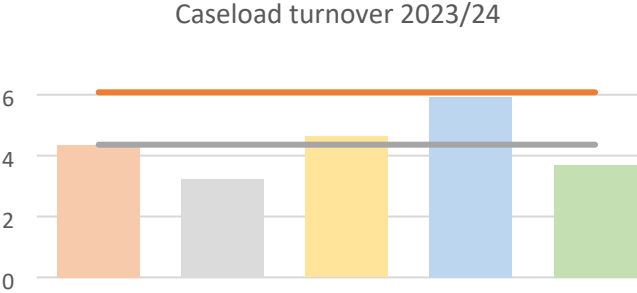
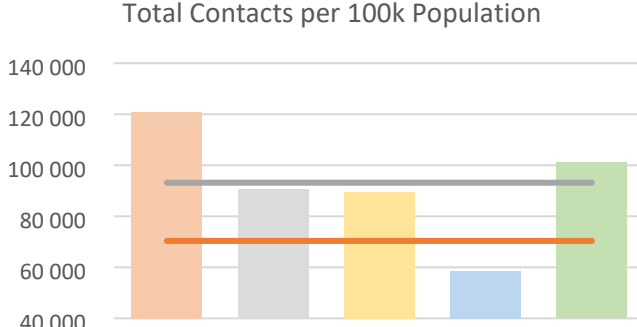
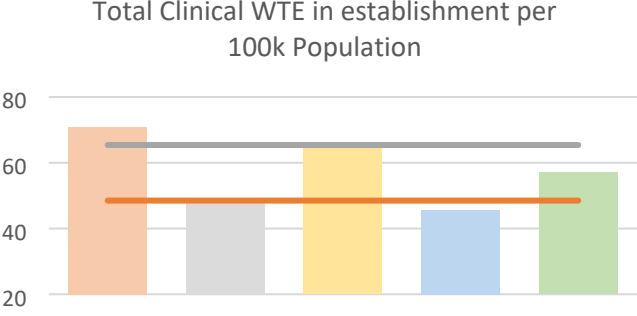
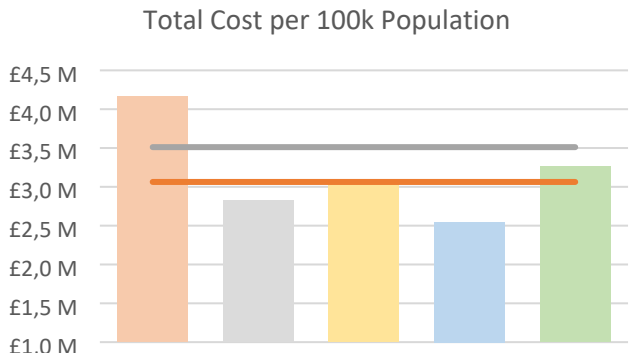
This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teich Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Monmouthshire total referrals per 100k Population was 5355 for 2023/24. This is a decrease of 3% on 2022/23 (5536 referrals). Monmouthshire remains the highest per head of population of all localities within AB however is lower than the Benchmark Mean (7,020).
- **Caseload** – Monmouthshire’s caseload per clinical WTE in post is 21. This is lower than the benchmark means of 24.1 and the 2nd lowest of all localities served by AB. The Ratio of new to discharged patients is marginally under one new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Monmouthshire has reported the second highest case turnover (4.63) of all AB’s Localities again this year. AB is below the benchmark mean across all localities (Mean 6.08).
- **Contacts** - Monmouthshire had 89,515 total contacts per 100k Population for 2023/24. This is an increase of 3% on the 2022/23 report figures for the same measure. All apart from Newport locality are above the national mean of 70,352. This translates in to 1,663 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB this year.
- **Workforce** – Monmouthshire has a total clinical workforce in post of 53.8 per 100k population and above the Benchmarking Mean of 44.5. Monmouthshire has the highest clinical vacancy rate (18.3%) of the five AB localities and above the mean (10.1%). Monmouthshire is placed within the upper quartile for both these measures overall
- **Finance** - Monmouthshire has total spend of £3.1m per 100k against a benchmark mean of £3.1m. 74% of the Total cost of the service is spent on Clinical Staff Pay. 4.6% of total pay spend was against bank and agency lowest reporting of the five localities. All AB localities have reported below the mean (16.2%)

District Nursing - Newport

ABUHB District Nursing - Newport - 2023/24		
	 BG  Caer  Mon  New  Tor  Benchmark Mean  AB Mean	
Referral acceptance rate 100% Mean – 94% Welsh Peer 93%	Referrals received per 100k Population 	Referrals per Nurse WTE in Establishment 104 Mean – 210 Welsh Peer 89.3
Caseload per Registered Nurse WTE in post 19.3 Mean – 34.1 Welsh Peer 27.2	Caseload turnover 2023/24 	Caseload per clinical WTE in Post 16 Mean – 24.1 Welsh Peer 22.3
Total Contacts per Clinical WTE in post 1,417 Mean – 1,677 Welsh Peer 1,698	Total Contacts per 100k Population 	Ratio Caseload: Additions to Discharge 1.00 Mean – 0.99 Welsh Peer 0.99
Total clinical WTE in Post per 100k Population 41.4 Mean 44.5 Welsh Peer 60.9	Total Clinical WTE in establishment per 100k Population 	Total Nursing staff Vacancy rate (%) 9.2% Mean – 10.1 Welsh Peer – 11.2
Clinical staff Pay Cost per 100k Population. £1.9m Mean – £2.1m Welsh Peer £2.6m	Total Cost per 100k Population 	Agency and Bank spend as % of total pay spend. 5.7% Mean – 16.2% Welsh Peer 6.28%

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Newport’s referrals per 100k population was 4,025 per 100k population. There has been no increase in the number of referrals per 100k from 2022/23 (4,020) Newport is below the benchmarking mean (7,020).
- **Caseload** – Newport’s caseload per clinical WTE in post is 16. This is lower than the benchmark means of 24.1 and the lowest of all localities served by AB. The Ratio of new to discharged patients is 1 new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Newport has reported the highest case turnover (5.92) of all AB’s Localities again this year. AB is below the benchmark mean across all localities (Mean 6.08).
- **Contacts** - Newport had 58,593 total contacts per 100k Population for 2023/24 and less than 1% decrease on 2022/23. All apart from Newport locality are above the national mean of 70,352. This translates in to 1417 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year.
- **Workforce** – Newport has a total clinical workforce in post of 41.4 per 100k population and below the Benchmarking Mean of 44.5. Newport has a clinical vacancy rate of 9.2% second lowest of the AB localities and below the mean (10.1%).
- **Finance** - Newport has total spend of £2.5m per 100k against a benchmark mean of £3.1m. 76% of the Total cost of the service is spent on Clinical Staff Pay. 5.7% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%)

District Nursing - Torfaen

ABUHB District Nursing - Torfaen - 2023/24							
	BG	Caer	Mon	New	Tor	Benchmark Mean	AB Mean
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93%</p>	<p>Referrals received per 100k Population</p>					<p>Referrals per Nurse WTE in Establishment</p> <p>89</p> <p>Mean – 210 Welsh Peer 89.3</p>	
<p>Caseload per Registered Nurse WTE in post</p> <p>23.7</p> <p>Mean 34.1 Welsh Peer 27.2</p>	<p>Caseload turnover 2023/24</p>					<p>Caseload per clinical WTE in Post</p> <p>18.1</p> <p>Mean – 24.1 Welsh Peer 22.3</p>	
<p>Total Contacts per Clinical WTE in post</p> <p>1,852</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p>					<p>Ratio Caseload: Additions to Discharge</p> <p>0.98</p> <p>Mean – 0.99 Welsh Peer 0.99</p>	
<p>Total clinical WTE in Post per 100k Population</p> <p>54.6</p> <p>Mean – 44.5 Welsh Peer 60.9</p>	<p>Total Clinical WTE in establishment per 100k Population</p>					<p>Total Nursing staff Vacancy rate (%)</p> <p>4.2%</p> <p>Mean – 10.1 Welsh Peer – 11.2</p>	
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£2.5m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p>					<p>Agency and Bank spend as % of total pay spend.</p> <p>5.5%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>	

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Torfaen referrals per 100k population was 3,881 per 100k population. There has been slight increase in the number of referrals per 100k from 2022/23 (3,906) Torfaen is below the benchmarking mean (7,020).
- **Caseload** – Torfaen’s caseload per clinical WTE in post is 18.1. This is lower than the benchmark means of 24.1 and one of the highest of all localities served by AB. The Ratio of new to discharged patients is 0.98 new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Torfaen has reported a case turnover of 3.70 second lowest of all AB’s Localities again this year. AB is below the benchmark mean across all localities (Mean 6.08).
- **Contacts**- Torfaen had 101,132 total contacts per 100k population for 2023/24 this is 1% increase on the previous year’s report (100,092) All apart from Newport locality are above the national mean of 70,352. This translates in to 1,852 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year.
- **Workforce** – Torfaen has a total clinical workforce in post of 54.6 per 100k population and is above the Benchmarking Mean of 44.5. Torfaen has a clinical vacancy rate of 4.2%, the lowest of the AB localities and below the mean (10.1%).
- **Finance** - Torfaen has total spend of £3.2m per 100k against a benchmark mean of £3.1m. 75% of the Total cost of the service is spent on Clinical Staff Pay. 5.5% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%)

District Nursing – Blaenau Gwent

ABUHB District Nursing - Blaenau Gwent - 2023/24

ABUHB District Nursing - Blaenau Gwent - 2023/24		
	■ BG ■ Caer ■ Mon ■ New ■ Tor — Benchmark Mean — AB Mean	
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93%</p>	<p>Referrals received per 100k Population</p>	<p>Referrals per Nurse WTE in Establishment</p> <p>88</p> <p>Mean – 210 Welsh Peer 89</p>
<p>Caseload per Registered Nurse WTE in post</p> <p>22</p> <p>Mean – 34.1 Welsh Peer 27.2</p>	<p>Caseload turnover 2023/24</p>	<p>Caseload per clinical WTE in Post</p> <p>17.6</p> <p>Mean – 24.1 Welsh Peer 22.3</p>
<p>Total Contacts per Clinical WTE in post</p> <p>1,911</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p>	<p>Ratio Caseload: Additions to Discharge</p> <p>0.98</p> <p>Mean – 0.99 Welsh Peer 0.99</p>
<p>Total clinical WTE in Post per 100k Population</p> <p>63.3</p> <p>Mean – 44.5 Welsh Peer 60.9</p>	<p>Total Clinical WTE in establishment per 100k Population</p>	<p>Total Nursing staff Vacancy rate (%)</p> <p>10.7%</p> <p>Mean – 10.1 Welsh Peer – 11.2</p>
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£3.1m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p>	<p>Agency and Bank spend as % of total pay spend.</p> <p>7.3%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Blaenau Gwent referrals per 100k population was 5,135 per 100k population. This is a decrease of 6% on 2022/23 (5435 referrals). Blaenau Gwent remains the second highest per head of population of all localities within AB however is lower than the Benchmark Mean (7,020).
- **Caseload** – Blaenau Gwent caseload per clinical WTE in post is 17.6. This is lower than the benchmark means of 24.1 and second lowest of all localities served by AB for the second year. The Ratio of new to discharged patients is 0.98 new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Blaenau Gwent has reported the case turnover of 4.34 and below the benchmark mean (Mean 6.08).
- **Contacts**- Blaenau Gwent had 120,970 total contacts per 100k population for 2023/24 this is 3% decrease on the previous year's report (124,676) All apart from Newport locality are above the national mean of 70,352. This translates in to 1,911 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year.
- **Workforce** – Blaenau Gwent has a total clinical workforce in post of 63.3 per 100k population and is above the Benchmarking Mean of 44.5. Blaenau Gwent has a clinical vacancy rate of 10.7% and sits just below the mean (10.1%).
- **Finance** – Blaenau Gwent has total spend of £4.1m per 100k against a benchmark mean of £3.1m. 74% of the Total cost of the service is spent on Clinical Staff Pay. 7.3% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%).

District Nursing – Caerphilly

ABUHB District Nursing - Caerphilly - 2023/24							
	BG	Caer	Mon	New	Tor	Benchmark Mean	AB Mean
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93.7%</p>	<p>Referrals received per 100k Population</p>					<p>Referrals per Nurse WTE in Establishment</p> <p>88</p> <p>Mean – 210 Welsh Peer 89.3</p>	
<p>Caseload per Registered Nurse WTE in post</p> <p>33</p> <p>Mean – 34.1 Welsh Peer 27.2</p>	<p>Caseload turnover 2023/24</p>					<p>Caseload per clinical WTE in Post</p> <p>29.4</p> <p>Mean – 24.1 Welsh Peer 22.3</p>	
<p>Total Contacts per Clinical WTE in post</p> <p>2,233</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p>					<p>Ratio Caseload: Additions to Discharge</p> <p>1.01</p> <p>Mean – 0.99 Welsh Peer 0.99</p>	
<p>Total clinical WTE in Post per 100k Population</p> <p>40.6</p> <p>Mean – 44.5 Welsh Peer 60.9</p>	<p>Total Clinical WTE in establishment per 100k Population</p>					<p>Total Nursing staff Vacancy rate (%)</p> <p>15.9%</p> <p>Mean – 10.1 Welsh Peer – 11.2</p>	
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£2.1m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p>					<p>Agency and Bank spend as % of total pay spend.</p> <p>8.4%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>	

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Caerphilly referrals per 100k population was 3,794 per 100k population. This is a decrease of less than 1% on 2022/23 (3822 referrals). Caerphilly remains the lowest per head of population of all localities within AB for the second year, however it is lower than the Benchmark Mean (7,020).
- **Caseload** – Caerphilly caseload per clinical WTE in post is 29.4. This is higher than the benchmark means of 24.1 and highest of all localities served by AB for the second year. The Ratio of new to discharged patients is 1.01 new patient for every patient that is discharged, this is similar but higher than across AB and nationally. For 2023/24 Caerphilly has reported the case turnover of 3.2 and below the benchmark mean (Mean 6.08). Caerphilly has the lowest case load turnover for all AB Localities
- **Contacts**- Caerphilly had 90,732 total contacts per 100k population for 2023/24 this is 6.5% increase on the previous year's report (85,184) All apart from Newport locality are above the national mean of 70,352. This translates in to 2,233 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year. Caerphilly has the highest number of contacts per clinical WTE in post of all AB localities.
- **Workforce** – Caerphilly has a total clinical workforce in post of 40.6 per 100k population and is one of the AB localities below the Benchmarking Mean of 44.5. Caerphilly has a clinical vacancy rate of 15.9% and sits just above the mean (9.69%).
- **Finance** - Caerphilly has a total spend of £2.8m per 100k against a benchmark mean of £3.1m. 74% of the total spend for the service is spent on Clinical Staff Pay. 8.4% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%).

Areas for Improvement and Value Generation

Referral and Caseload Management

Some localities report lower-than-average referrals and caseloads. To improve, ABUHB should streamline referral processes, balance workloads, and recruit additional staff. Targeted recruitment and resource optimization will boost service delivery and caseload efficiency in the short term.

Workforce Optimization and Vacancy Rates

Monmouthshire and Caerphilly have high vacancy rates, impacting care. To address this, ABUHB should focus on recruitment, retention, and training in the short term. Long-term strategies should include workforce planning and career development to reduce turnover and stabilize the workforce.

Cost Efficiency and Financial Management

Financial spend on clinical staff is above the benchmark in some localities. ABUHB should reduce reliance on agency staff by improving workforce retention and exploring more cost-effective staffing models. Long-term financial oversight and Value-Based care models can help control costs.

Clinical Contacts and Patient Engagement

High total contacts in some localities suggest staff overburden. Balancing patient contact levels and ensuring sustainable workloads through better scheduling and staff deployment will improve service efficiency.

Achieving Short to Long-Term Improvements

Short-Term Goals: Address clinical staff vacancies, improve referral processes, and balance caseloads across localities.

Long-Term Goals: Develop a resilient workforce through retention strategies, reduce reliance on temporary staff, and implement technology to optimize care delivery and patient management.

Focusing on these areas will help ABUHB enhance service efficiency, reduce costs, and deliver higher-quality care to the community.

District Nursing

Benchmarking Exercise

Project Overview

This report presents key findings from the NHS Benchmarking Network's (NHSBN) 2024 District Nursing project. This marks the second standalone project for district nursing, following the initial project in 2023. Previously, district nursing services were benchmarked for approximately 20 years as part of the Community Services project.

The 2024 District Nursing project includes data from 75 submissions by 53 provider organisations across the UK, maintaining a similar level of participation as the previous year. Notably, five localities of AB were registered separately, and there were only two Welsh comparators included in the project.

This report provides a summary of the key findings for each locality from the exercise and full details can be found in the Online Toolkit and ABUHB Bespoke Report provided by the NHS Benchmarking Network.

District Nursing - Monmouthshire

ABUHB District Nursing - Monmouthshire - 2023/24																		
■ BG ■ Caer ■ Mon ■ New ■ Tor — Mean — Welsh Peer mean																		
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93%</p>	<p>Referrals received per 100k Population</p> <table border="1"> <caption>Referrals received per 100k Population</caption> <thead> <tr><th>Area</th><th>Value</th></tr> </thead> <tbody> <tr><td>BG</td><td>5200</td></tr> <tr><td>Caer</td><td>3800</td></tr> <tr><td>Mon</td><td>5500</td></tr> <tr><td>New</td><td>4200</td></tr> <tr><td>Tor</td><td>4000</td></tr> <tr><td>Mean</td><td>7200</td></tr> <tr><td>Welsh Peer mean</td><td>4500</td></tr> </tbody> </table>	Area	Value	BG	5200	Caer	3800	Mon	5500	New	4200	Tor	4000	Mean	7200	Welsh Peer mean	4500	<p>Referrals per Nurse WTE in Establishment</p> <p>103</p> <p>Mean – 210 Welsh Peer 89.3</p>
Area	Value																	
BG	5200																	
Caer	3800																	
Mon	5500																	
New	4200																	
Tor	4000																	
Mean	7200																	
Welsh Peer mean	4500																	
<p>Caseload per Registered Nurse WTE in post</p> <p>27</p> <p>Mean – 34 Welsh Peer 27</p>	<p>Caseload turnover 2023/24</p> <table border="1"> <caption>Caseload turnover 2023/24</caption> <thead> <tr><th>Area</th><th>Value</th></tr> </thead> <tbody> <tr><td>BG</td><td>4.5</td></tr> <tr><td>Caer</td><td>3.5</td></tr> <tr><td>Mon</td><td>4.8</td></tr> <tr><td>New</td><td>6.0</td></tr> <tr><td>Tor</td><td>3.8</td></tr> <tr><td>Mean</td><td>6.2</td></tr> <tr><td>Welsh Peer mean</td><td>4.5</td></tr> </tbody> </table>	Area	Value	BG	4.5	Caer	3.5	Mon	4.8	New	6.0	Tor	3.8	Mean	6.2	Welsh Peer mean	4.5	<p>Caseload per clinical WTE in post</p> <p>21</p> <p>Mean – 24.1 Welsh Peer 22.3</p>
Area	Value																	
BG	4.5																	
Caer	3.5																	
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<p>Total Contacts per Clinical WTE in post</p> <p>1,663</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p> <table border="1"> <caption>Total Contacts per 100k Population</caption> <thead> <tr><th>Area</th><th>Value</th></tr> </thead> <tbody> <tr><td>BG</td><td>125000</td></tr> <tr><td>Caer</td><td>95000</td></tr> <tr><td>Mon</td><td>90000</td></tr> <tr><td>New</td><td>60000</td></tr> <tr><td>Tor</td><td>105000</td></tr> <tr><td>Mean</td><td>70000</td></tr> <tr><td>Welsh Peer mean</td><td>95000</td></tr> </tbody> </table>	Area	Value	BG	125000	Caer	95000	Mon	90000	New	60000	Tor	105000	Mean	70000	Welsh Peer mean	95000	<p>Ratio Caseload: Additions to Discharge</p> <p>0.99</p> <p>Mean – 0.99 Welsh Peer 0.99</p>
Area	Value																	
BG	125000																	
Caer	95000																	
Mon	90000																	
New	60000																	
Tor	105000																	
Mean	70000																	
Welsh Peer mean	95000																	
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Area	Value																	
BG	72																	
Caer	48																	
Mon	68																	
New	48																	
Tor	58																	
Mean	50																	
Welsh Peer mean	68																	
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£2.3m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p> <table border="1"> <caption>Total Cost per 100k Population</caption> <thead> <tr><th>Area</th><th>Value</th></tr> </thead> <tbody> <tr><td>BG</td><td>4.2</td></tr> <tr><td>Caer</td><td>2.9</td></tr> <tr><td>Mon</td><td>3.1</td></tr> <tr><td>New</td><td>2.6</td></tr> <tr><td>Tor</td><td>3.4</td></tr> <tr><td>Mean</td><td>3.2</td></tr> <tr><td>Welsh Peer mean</td><td>3.6</td></tr> </tbody> </table>	Area	Value	BG	4.2	Caer	2.9	Mon	3.1	New	2.6	Tor	3.4	Mean	3.2	Welsh Peer mean	3.6	<p>Agency and Bank spend as % of total pay spend.</p> <p>4.63%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>
Area	Value																	
BG	4.2																	
Caer	2.9																	
Mon	3.1																	
New	2.6																	
Tor	3.4																	
Mean	3.2																	
Welsh Peer mean	3.6																	

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Monmouthshire total referrals per 100k Population was 5355 for 2023/24. This is a decrease of 3% on 2022/23 (5536 referrals). Monmouthshire remains the highest per head of population of all localities within AB however is lower than the Benchmark Mean (7,020).
- **Caseload** – Monmouthshire’s caseload per clinical WTE in post is 21. This is lower than the benchmark means of 24.1 and the 2nd lowest of all localities served by AB. The Ratio of new to discharged patients is marginally under one new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Monmouthshire has reported the second highest case turnover (4.63) of all AB’s Localities again this year. AB is below the benchmark mean across all localities (Mean 6.08).
- **Contacts** - Monmouthshire had 89,515 total contacts per 100k Population for 2023/24. This is an increase of 3% on the 2022/23 report figures for the same measure. All apart from Newport locality are above the national mean of 70,352. This translates in to 1,663 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB this year.
- **Workforce** – Monmouthshire has a total clinical workforce in post of 53.8 per 100k population and above the Benchmarking Mean of 44.5. Monmouthshire has the highest clinical vacancy rate (18.3%) of the five AB localities and above the mean (10.1%). Monmouthshire is placed within the upper quartile for both these measures overall
- **Finance** - Monmouthshire has total spend of £3.1m per 100k against a benchmark mean of £3.1m. 74% of the Total cost of the service is spent on Clinical Staff Pay. 4.6% of total pay spend was against bank and agency lowest reporting of the five localities. All AB localities have reported below the mean (16.2%)

District Nursing - Newport

ABUHB District Nursing - Newport - 2023/24		
	BG Caer Mon New Tor Benchmark Mean AB Mean	
Referral acceptance rate 100% Mean – 94% Welsh Peer 93%	Referrals received per 100k Population 	Referrals per Nurse WTE in Establishment 104 Mean – 210 Welsh Peer 89.3
Caseload per Registered Nurse WTE in post 19.3 Mean –34.1 Welsh Peer 27.2	Caseload turnover 2023/24 	Caseload per clinical WTE in Post 16 Mean – 24.1 Welsh Peer 22.3
Total Contacts per Clinical WTE in post 1,417 Mean – 1,677 Welsh Peer 1,698	Total Contacts per 100k Population 	Ratio Caseload: Additions to Discharge 1.00 Mean – 0.99 Welsh Peer 0.99
Total clinical WTE in Post per 100k Population 41.4 Mean 44.5 Welsh Peer 60.9	Total Clinical WTE in establishment per 100k Population 	Total Nursing staff Vacancy rate (%) 9.2% Mean – 10.1 Welsh Peer – 11.2
Clinical staff Pay Cost per 100k Population. £1.9m Mean – £2.1m Welsh Peer £2.6m	Total Cost per 100k Population 	Agency and Bank spend as % of total pay spend. 5.7% Mean – 16.2% Welsh Peer 6.28%

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Newport’s referrals per 100k population was 4,025 per 100k population. There has been no increase in the number of referrals per 100k from 2022/23 (4,020) Newport is below the benchmarking mean (7,020).
- **Caseload** – Newport’s caseload per clinical WTE in post is 16. This is lower than the benchmark means of 24.1 and the lowest of all localities served by AB. The Ratio of new to discharged patients is 1 new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Newport has reported the highest case turnover (5.92) of all AB’s Localities again this year. AB is below the benchmark mean across all localities (Mean 6.08).
- **Contacts** - Newport had 58,593 total contacts per 100k Population for 2023/24 and less than 1% decrease on 2022/23. All apart from Newport locality are above the national mean of 70,352. This translates in to 1417 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year.
- **Workforce** – Newport has a total clinical workforce in post of 41.4 per 100k population and below the Benchmarking Mean of 44.5. Newport has a clinical vacancy rate of 9.2% second lowest of the AB localities and below the mean (10.1%).
- **Finance** - Newport has total spend of £2.5m per 100k against a benchmark mean of £3.1m. 76% of the Total cost of the service is spent on Clinical Staff Pay. 5.7% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%)

District Nursing - Torfaen

ABUHB District Nursing - Torfaen - 2023/24							
	BG	Caer	Mon	New	Tor	Benchmark Mean	AB Mean
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93%</p>	<p>Referrals received per 100k Population</p>					<p>Referrals per Nurse WTE in Establishment</p> <p>89</p> <p>Mean – 210 Welsh Peer 89.3</p>	
<p>Caseload per Registered Nurse WTE in post</p> <p>23.7</p> <p>Mean 34.1 Welsh Peer 27.2</p>	<p>Caseload turnover 2023/24</p>					<p>Caseload per clinical WTE in Post</p> <p>18.1</p> <p>Mean – 24.1 Welsh Peer 22.3</p>	
<p>Total Contacts per Clinical WTE in post</p> <p>1,852</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p>					<p>Ratio Caseload: Additions to Discharge</p> <p>0.98</p> <p>Mean – 0.99 Welsh Peer 0.99</p>	
<p>Total clinical WTE in Post per 100k Population</p> <p>54.6</p> <p>Mean – 44.5 Welsh Peer 60.9</p>	<p>Total Clinical WTE in establishment per 100k Population</p>					<p>Total Nursing staff Vacancy rate (%)</p> <p>4.2%</p> <p>Mean – 10.1 Welsh Peer – 11.2</p>	
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£2.5m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p>					<p>Agency and Bank spend as % of total pay spend.</p> <p>5.5%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>	

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Torfaen referrals per 100k population was 3,881 per 100k population. There has been slight increase in the number of referrals per 100k from 2022/23 (3,906) Torfaen is below the benchmarking mean (7,020).
- **Caseload** – Torfaen’s caseload per clinical WTE in post is 18.1. This is lower than the benchmark means of 24.1 and one of the highest of all localities served by AB. The Ratio of new to discharged patients is 0.98 new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Torfaen has reported a case turnover of 3.70 second lowest of all AB’s Localities again this year. AB is below the benchmark mean across all localities (Mean 6.08).
- **Contacts**- Torfaen had 101,132 total contacts per 100k population for 2023/24 this is 1% increase on the previous year’s report (100,092) All apart from Newport locality are above the national mean of 70,352. This translates in to 1,852 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year.
- **Workforce** – Torfaen has a total clinical workforce in post of 54.6 per 100k population and is above the Benchmarking Mean of 44.5. Torfaen has a clinical vacancy rate of 4.2%, the lowest of the AB localities and below the mean (10.1%).
- **Finance** - Torfaen has total spend of £3.2m per 100k against a benchmark mean of £3.1m. 75% of the Total cost of the service is spent on Clinical Staff Pay. 5.5% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%)

District Nursing – Blaenau Gwent

ABUHB District Nursing - Blaenau Gwent - 2023/24

ABUHB District Nursing - Blaenau Gwent - 2023/24							
	BG	Caer	Mon	New	Tor	Benchmark Mean	AB Mean
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93%</p>	<p>Referrals received per 100k Population</p>					<p>Referrals per Nurse WTE in Establishment</p> <p>88</p> <p>Mean – 210 Welsh Peer 89</p>	
<p>Caseload per Registered Nurse WTE in post</p> <p>22</p> <p>Mean – 34.1 Welsh Peer 27.2</p>	<p>Caseload turnover 2023/24</p>					<p>Caseload per clinical WTE in Post</p> <p>17.6</p> <p>Mean – 24.1 Welsh Peer 22.3</p>	
<p>Total Contacts per Clinical WTE in post</p> <p>1,911</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p>					<p>Ratio Caseload: Additions to Discharge</p> <p>0.98</p> <p>Mean – 0.99 Welsh Peer 0.99</p>	
<p>Total clinical WTE in Post per 100k Population</p> <p>63.3</p> <p>Mean – 44.5 Welsh Peer 60.9</p>	<p>Total Clinical WTE in establishment per 100k Population</p>					<p>Total Nursing staff Vacancy rate (%)</p> <p>10.7%</p> <p>Mean – 10.1 Welsh Peer – 11.2</p>	
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£3.1m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p>					<p>Agency and Bank spend as % of total pay spend.</p> <p>7.3%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>	

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Blaenau Gwent referrals per 100k population was 5,135 per 100k population. This is a decrease of 6% on 2022/23 (5435 referrals). Blaenau Gwent remains the second highest per head of population of all localities within AB however is lower than the Benchmark Mean (7,020).
- **Caseload** – Blaenau Gwent caseload per clinical WTE in post is 17.6. This is lower than the benchmark means of 24.1 and second lowest of all localities served by AB for the second year. The Ratio of new to discharged patients is 0.98 new patient for every patient that is discharged, this is similar across AB and nationally. For 2023/24 Blaenau Gwent has reported the case turnover of 4.34 and below the benchmark mean (Mean 6.08).
- **Contacts**- Blaenau Gwent had 120,970 total contacts per 100k population for 2023/24 this is 3% decrease on the previous year's report (124,676) All apart from Newport locality are above the national mean of 70,352. This translates in to 1,911 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year.
- **Workforce** – Blaenau Gwent has a total clinical workforce in post of 63.3 per 100k population and is above the Benchmarking Mean of 44.5. Blaenau Gwent has a clinical vacancy rate of 10.7% and sits just below the mean (10.1%).
- **Finance** – Blaenau Gwent has total spend of £4.1m per 100k against a benchmark mean of £3.1m. 74% of the Total cost of the service is spent on Clinical Staff Pay. 7.3% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%).

District Nursing – Caerphilly

ABUHB District Nursing - Caerphilly - 2023/24							
	BG	Caer	Mon	New	Tor	Benchmark Mean	AB Mean
<p>Referral acceptance rate</p> <p>100%</p> <p>Mean – 94% Welsh Peer 93.7%</p>	<p>Referrals received per 100k Population</p>					<p>Referrals per Nurse WTE in Establishment</p> <p>88</p> <p>Mean – 210 Welsh Peer 89.3</p>	
<p>Caseload per Registered Nurse WTE in post</p> <p>33</p> <p>Mean – 34.1 Welsh Peer 27.2</p>	<p>Caseload turnover 2023/24</p>					<p>Caseload per clinical WTE in Post</p> <p>29.4</p> <p>Mean – 24.1 Welsh Peer 22.3</p>	
<p>Total Contacts per Clinical WTE in post</p> <p>2,233</p> <p>Mean – 1,677 Welsh Peer 1,698</p>	<p>Total Contacts per 100k Population</p>					<p>Ratio Caseload: Additions to Discharge</p> <p>1.01</p> <p>Mean – 0.99 Welsh Peer 0.99</p>	
<p>Total clinical WTE in Post per 100k Population</p> <p>40.6</p> <p>Mean – 44.5 Welsh Peer 60.9</p>	<p>Total Clinical WTE in establishment per 100k Population</p>					<p>Total Nursing staff Vacancy rate (%)</p> <p>15.9%</p> <p>Mean – 10.1 Welsh Peer – 11.2</p>	
<p>Clinical staff Pay Cost per 100k Population.</p> <p>£2.1m</p> <p>Mean – £2.1m Welsh Peer £2.6m</p>	<p>Total Cost per 100k Population</p>					<p>Agency and Bank spend as % of total pay spend.</p> <p>8.4%</p> <p>Mean – 16.2% Welsh Peer 6.28%</p>	

This is the second iteration of the NHS Benchmarking Network standalone project for district nursing. Prior to 2022/23 it formed part of community services exercise. The report focuses on care given in the community for patients over the age of 18.

There are 75 submissions from 53 participants across the UK. Aneurin Bevan University Health board (AB), Betsi Cadwaladr (BC) and Powys Teach Health Board (PT) are the only organisations in Wales to have participated in returning data for this submission. AB has submitted to the exercise on a locality basis enabling comparison across Gwent. A summary report has been provided for each of the localities.

Key Project Findings

- **Referrals** – Caerphilly referrals per 100k population was 3,794 per 100k population. This is a decrease of less than 1% on 2022/23 (3822 referrals). Caerphilly remains the lowest per head of population of all localities within AB for the second year, however it is lower than the Benchmark Mean (7,020).
- **Caseload** – Caerphilly caseload per clinical WTE in post is 29.4. This is higher than the benchmark means of 24.1 and highest of all localities served by AB for the second year. The Ratio of new to discharged patients is 1.01 new patient for every patient that is discharged, this is similar but higher than across AB and nationally. For 2023/24 Caerphilly has reported the case turnover of 3.2 and below the benchmark mean (Mean 6.08). Caerphilly has the lowest case load turnover for all AB Localities
- **Contacts**- Caerphilly had 90,732 total contacts per 100k population for 2023/24 this is 6.5% increase on the previous year's report (85,184) All apart from Newport locality are above the national mean of 70,352. This translates in to 2,233 Contacts per Clinical WTE in post (mean 1677) for 2023/24, with only Monmouthshire and Newport below the national mean for AB localities this year. Caerphilly has the highest number of contacts per clinical WTE in post of all AB localities.
- **Workforce** – Caerphilly has a total clinical workforce in post of 40.6 per 100k population and is one of the AB localities below the Benchmarking Mean of 44.5. Caerphilly has a clinical vacancy rate of 15.9% and sits just above the mean (9.69%).
- **Finance** - Caerphilly has a total spend of £2.8m per 100k against a benchmark mean of £3.1m. 74% of the total spend for the service is spent on Clinical Staff Pay. 8.4% of total pay spend was against bank and agency. All AB localities have reported below the mean (16.2%).

Areas for Improvement and Value Generation

Referral and Caseload Management

Some localities report lower-than-average referrals and caseloads. To improve, ABUHB should streamline referral processes, balance workloads, and recruit additional staff. Targeted recruitment and resource optimization will boost service delivery and caseload efficiency in the short term. Not sure re streamline referral processes as are already quite robust, maybe adopt a more proactive approach to caseload management rather than reactive? In relation to recruiting more staff, the process mapping DN / CRT alignment in line with the National Community Nursing Specification will help to address these deficits, reduce duplication, use staffing resources effectively.

Workforce Optimization and Vacancy Rates

Monmouthshire and Caerphilly have high vacancy rates, impacting care. To address this, ABUHB should focus on recruitment, retention, and training in the short term. Long-term strategies should include workforce planning and career development to reduce turnover and stabilize the workforce. Divisional Recruitment and Retention Strategic Group is focusing on this piece of work, Monmouthshire DNs currently have no Band 5 RN vacancies. Caerphilly is aligning resources with CRT to support deficits; a successful streamlining campaign has also been adopted to encourage new registrants into DN.

Cost Efficiency and Financial Management

Financial spend on clinical staff is above the benchmark in some localities. ABUHB should reduce reliance on agency staff by improving workforce retention and exploring more cost-effective staffing models. Long-term financial oversight and Value-Based care models can help control costs. Bank is utilised within DN not agency, bank usage is minimal due to lack of specialist skills, effective roster management has been adopted with senior oversight on the authorisation of overtime etc. alongside a successful recruitment campaign.

Clinical Contacts and Patient Engagement

High total contacts in some localities suggest staff overburden. Balancing patient contact levels and ensuring sustainable workloads through better scheduling and staff deployment will improve service efficiency. The community capacity / process mapping workstream will support the safe allocation of resources v practice population going forward.

Achieving Short to Long-Term Improvements

Short-Term Goals: Address clinical staff vacancies, improve referral processes, proactive rather than reactive approach to care and balance caseloads across localities.

Long-Term Goals: Develop a resilient workforce through retention strategies, reduce reliance on temporary staff, and implement technology to optimize care delivery and patient management.

Focusing on these areas will help ABUHB enhance service efficiency, reduce costs, and deliver higher-quality care to the community.

STANDARD OPERATING PROCEDURE

NHS Benchmarking Projects Participation

Introduction

The NHS Benchmarking Network enables Health Boards to compare their performance against peer organisations, identify areas of good practice, and highlight opportunities for improvement. This process details steps that should be taken when participating in NHS Benchmarking Network projects, with supporting approval and escalation processes to ensure effective engagement and value for the Health Board.

NHS Benchmarking Network Overview

The NHS Benchmarking Network is a collaboration of over 300 health and social care organisations from across the UK, including all 7 Welsh Health Boards. Its purpose is to allow organisations to benchmark their performance against peers, to help them understand the wide variation in demand, capacity and outcomes evident in the NHS and, from this, to define what 'good' looks like.

The Network provides three broad services:

- **Benchmarking** - this is their key role with more than 16 separate exercises per year, covering a wide range of service areas.
- **Knowledge Exchange** - through events or remotely through an ongoing Knowledge Exchange Network.
- **Networking** - for the majority of exercises there are national (both UK and All Wales) events that bring together staff from all participating organisations to share the high-level results and discuss any key findings/outcomes of each exercise.

Principles

The Health Board adopts the following principles regarding NHS Benchmarking participation:

- **Default Participation:** The Health Board will participate in all NHSBN exercises unless there is a demonstrably better alternative option available. Any decision not to participate requires written approval from Director of Finance.
- **Strategic Alignment:** Participation should align with the Health Board's strategic objectives and improvement priorities.
- **Value-Driven:** Benchmarking projects should demonstrate clear potential value in terms of service improvement, efficiency, or patient outcomes.
- **Resource Consideration:** The resource implications of participation should be proportionate to the expected benefits.
- **Data Quality:** All submitted data must be accurate, validated, and of high quality to ensure meaningful comparison.
- **Implementation Focus:** Participation should lead to actionable insights and implementation of improvements where appropriate.
- **Collaborative Approach:** Cross-functional collaboration is essential for comprehensive data collection and implementation of findings.
- **Transparent Decision-Making:** Decisions about participation should be transparent and based on clear criteria.

Responsibilities

1. Chief Executive Officer (CEO)

- Ultimate accountability for the Health Board's benchmarking strategy
- Receives and reviews summary reports of benchmarking findings and proposed actions
- Champions implementation of key improvements identified through benchmarking

2. Finance Director

- Oversees the portfolio of benchmarking projects
- Reviews and endorses participation decisions, with authority to approve exceptions to default participation
- Provides written approval for any decisions not to participate in NHSBN exercises
- Ensures resources are available for effective participation
- Holds divisions accountable for implementing improvements based on benchmarking findings
- Reports significant benchmarking findings to the Board

3. BI & Value Team (Finance)

- Coordinates the overall benchmarking programme
- Acts as the primary point of contact with the NHS Benchmarking Network
- Distributes annual work programme to divisions
- Supports divisions with data specification requirements
- Validates data before submission
- Analyses benchmark reports and produces internal summary reports
- Facilitates feedback sessions with divisions
- Maintains records of all benchmarking participation and outcomes

- Tracks implementation of improvement actions

4. Divisional Directors

- Evaluates relevance of benchmarking projects to divisional services
- Makes informed decisions about participation using the Participation Scrutiny Proforma
- Ensures divisional resources are allocated for data collection and subsequent improvement work
- Reviews benchmarking findings and approves action plans with required management responses
- Reports on progress implementing improvements to the Finance Director

5. General Managers

- Coordinates divisional response to benchmarking invitations
- Assigns responsibilities for data collection within the division
- Ensures data is provided within required timescales
- Works with BI & Value Team during data validation
- Develops action plans based on benchmarking findings with management action responses
- Implements and monitors improvement actions

6. Business Partner Accountants (BPA Team)

- Provides financial data required for benchmarking submissions
- Supports interpretation of financial benchmarking data
- Assists in developing business cases for improvement actions with financial implications

7. Workforce Business Partners

- Provides workforce data required for benchmarking submissions
- Supports interpretation of workforce benchmarking data
- Advises on workforce implications of improvement actions

8. Clinical teams/Service leads

- Provides service-specific data and context
- Contributes clinical expertise to data interpretation
- Leads implementation of clinical or service improvements identified

Process for Participation

1. Annual Planning

- The BI & Value Team receives the NHS Benchmarking Network annual work programme (typically February/March)
- The work programme is distributed to all Divisional Directors and General Managers
- An initial planning meeting is held to discuss strategic priorities for benchmarking participation, with the default assumption of participation in all exercises

2. Project Selection and Approval

- The Health Board will participate in all NHSBN exercises unless there is a demonstrably better alternative option available
- For each relevant benchmarking project, divisions complete the Participation Scrutiny Proforma with the presumption of participation unless a better alternative option exists
- Any decision not to participate requires written approval from Director of Finance
- The completed proforma is reviewed by the BI & Value Team for completeness
- Participation decisions are approved by Divisional Directors
- The consolidated participation plan is reviewed by the Finance Director
- The BI & Value Team registers the Health Board for approved projects with the NHS Benchmarking Network

3. Data Collection and Submission

- The BI & Value Team distributes data specifications to participating divisions when data collection windows open
- General Managers coordinate data collection within their divisions, engaging:
 - Finance (BPA Team) for financial data
 - Workforce Business Partners for staffing data
 - Informatics for activity data
 - Performance teams for performance metrics
 - Quality teams for quality indicators
- Divisions submit completed data to the BI & Value Team within the specified timeframe
- The BI & Value Team validates all data during the validation period
- Validated data is submitted to the NHS Benchmarking Network

4. Report Analysis and Dissemination

- Draft reports and toolkits are received from the NHS Benchmarking Network
- The BI & Value Team reviews materials and prepares initial analysis
- Divisional representatives attend national events where applicable
- Final reports and toolkits are distributed to relevant divisions
- The BI & Value Team produces internal summary reports highlighting key findings and potential improvement areas, with emphasis on providing a summary of 'key' points that require management action responses

5. Feedback and Improvement Planning

- The BI & Value Team conducts feedback sessions with divisions to discuss findings
- Divisions identify areas for improvement and develop action plans with specific management responses to key points identified
- Action plans are reviewed and approved by Divisional Directors
- The BI & Value Team consolidates key findings, required management action responses, and planned improvements into a summary report

6. Reporting and Governance

- Summary reports will include a summary of 'key' points and require management action responses to each key point identified
- Summary reports, including key points and management action responses, are submitted to:
 - Chief Operating Officer
 - Finance Director
 - Assistant Finance Directors
- **All reports are presented to the Value & Sustainability Board**
- Reports are also submitted to the Finance & Performance Committee
- Progress on improvement actions is monitored through divisional performance reviews

7. Evaluation and Learning

- The impact of implemented improvements is evaluated after an appropriate period
- Learning from the benchmarking process is captured to inform future participation
- The process and this SOP are reviewed annually

References

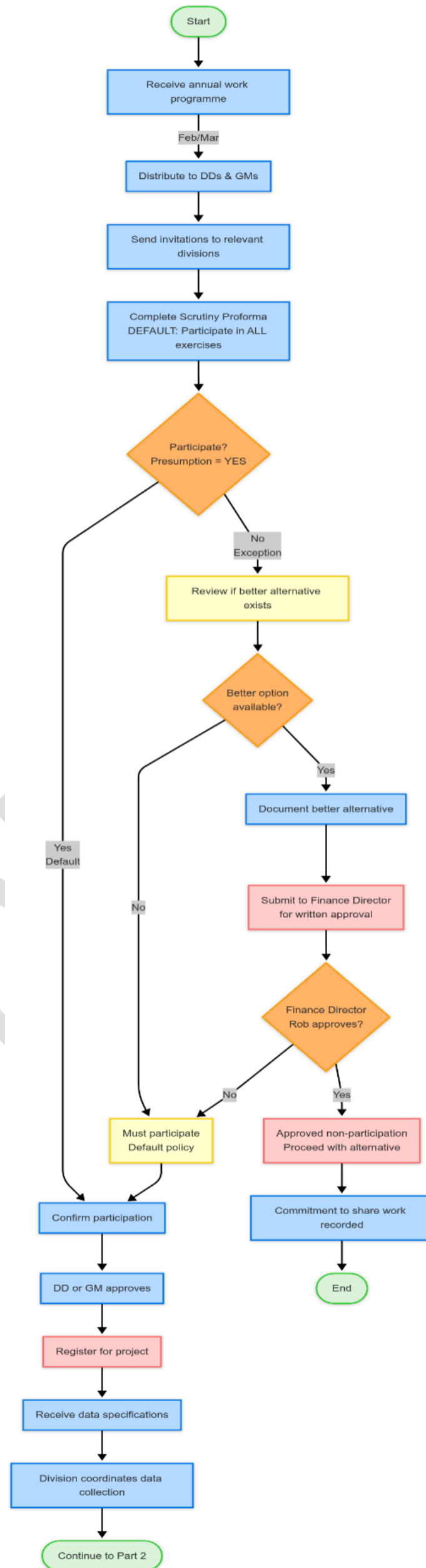
- NHS Benchmarking Network Membership Agreement
- Health Board Strategic Plan
- Health Board Quality Improvement Framework

Appendices

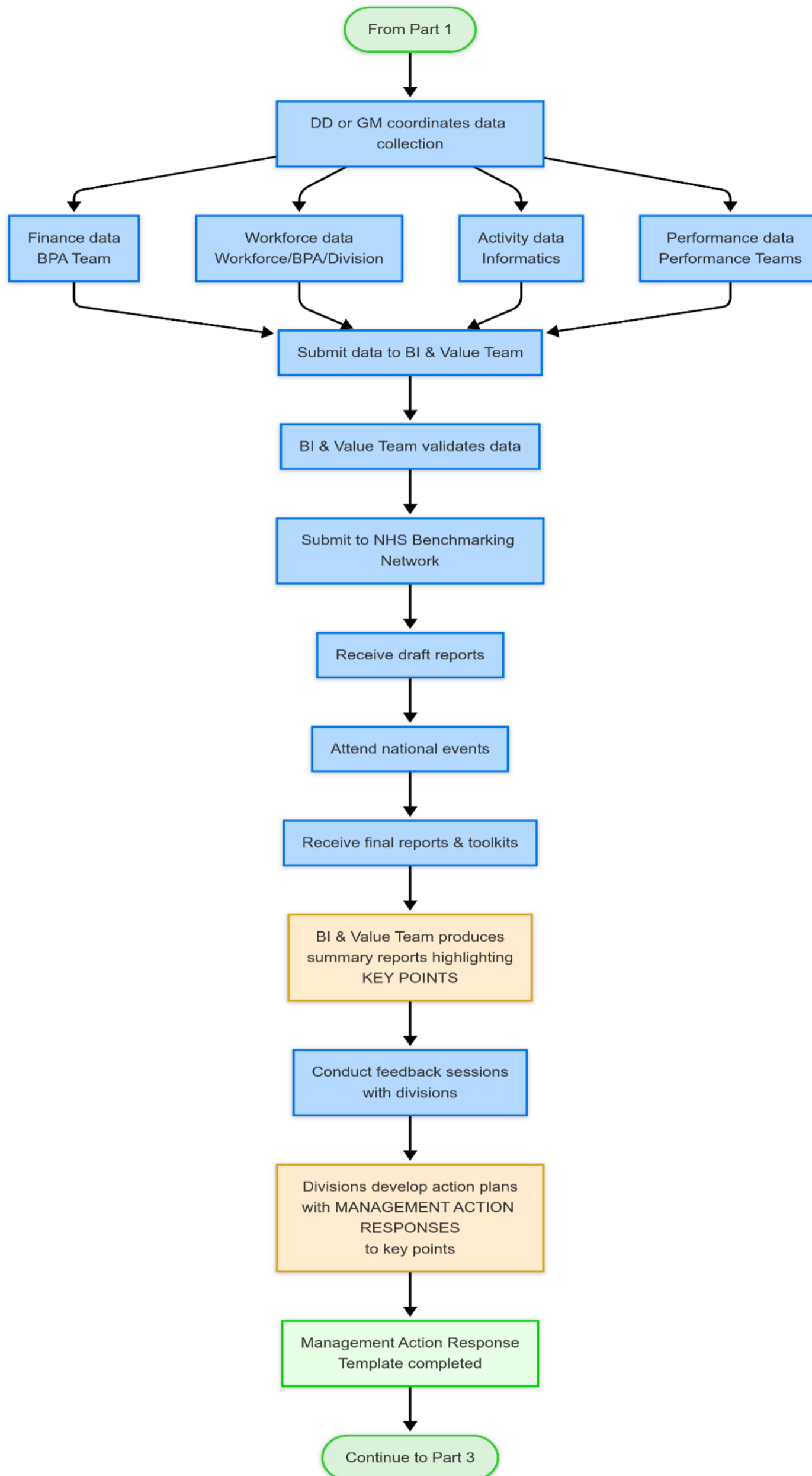
- Appendix A: Process Flowchart
- Appendix B: Participation Scrutiny Proforma
- Appendix C: Management Response Template - NHSBN Projects

Appendix A: Process Flowchart

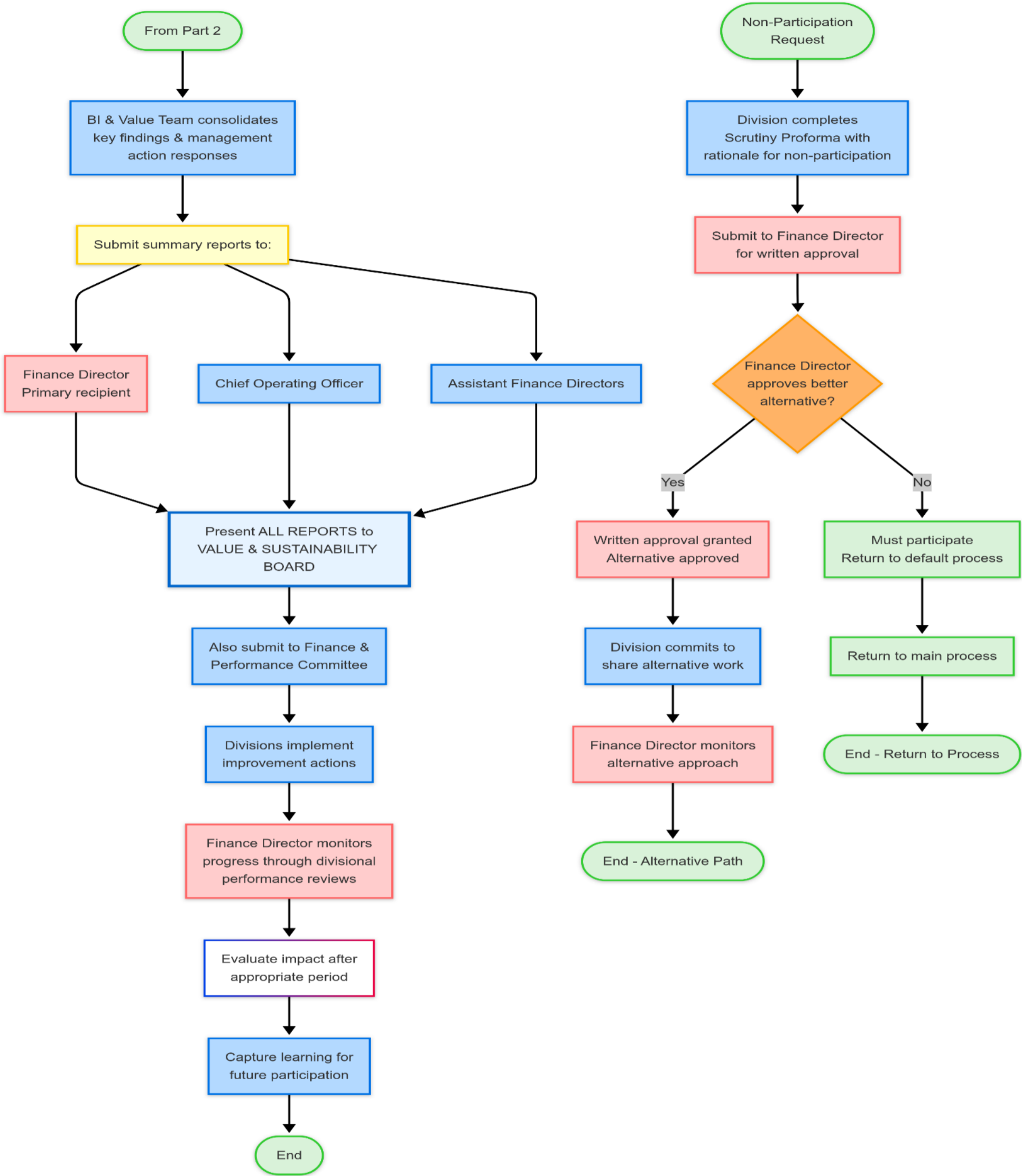
Part 1: Initial Assessment and Decision Process



Part 2: Data Collection and Analysis Process



Part 3: Implementation and Escalation Processes



Appendix B: NHS Benchmarking Participation Scrutiny Proforma

NHS BENCHMARKING PARTICIPATION SCRUTINY PROFORMA

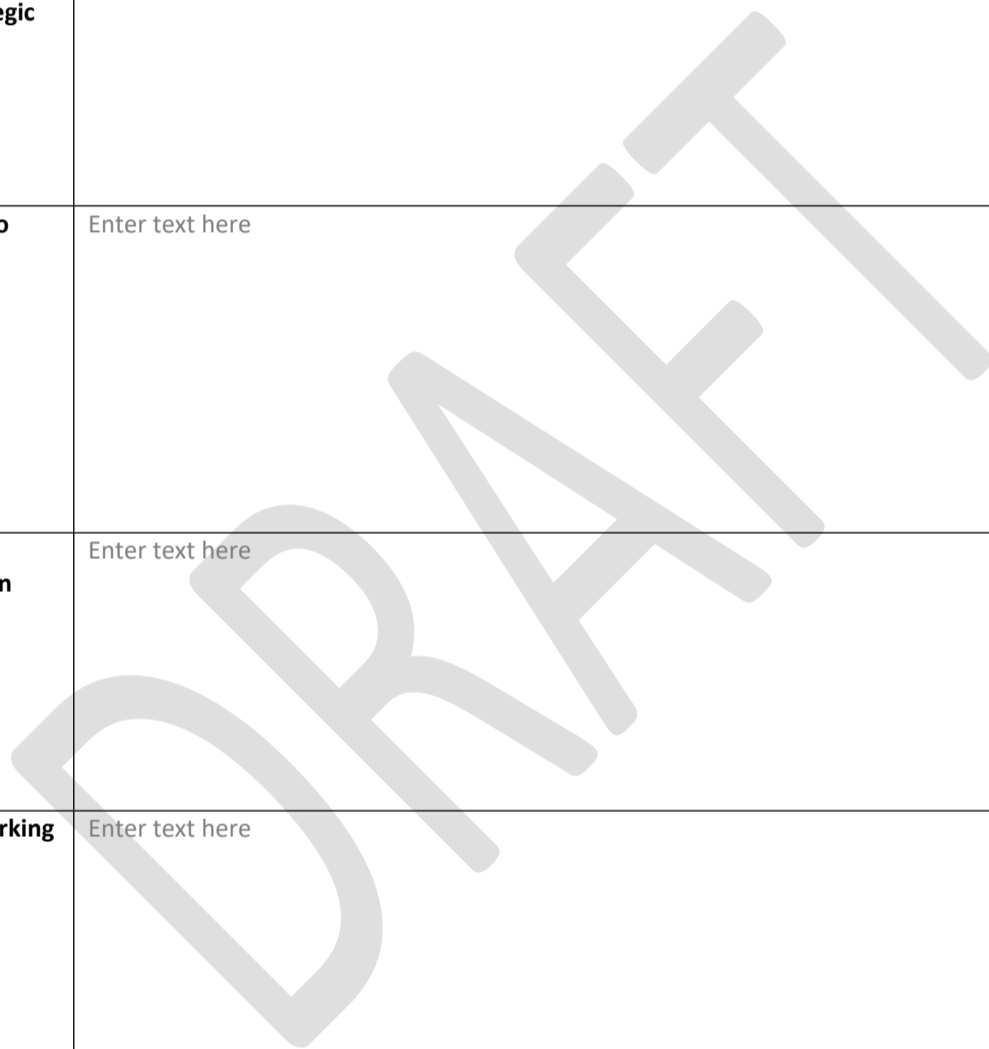
Division			
Service Area			
Benchmarking Project			
Year			
Data Collection Window	Start Date:		End Date:
Validation Period			
National Event Date (If known)			

For Divisional Management Team Use

This form must be completed with full approval for each NHS Benchmarking Network project participation request before a division can commit to a benchmarking exercise, in accordance with the NHS Benchmarking Projects Participation SOP.

The Health Board's default position is to participate in all NHSBN exercises unless there is a demonstrably better alternative option. Any decision not to participate requires written approval from Director of Finance.

How does this benchmarking project align with divisional and Health Board strategic priorities?	Enter text here
What specific benefits do you expect to gain from participation?	Enter text here
What resources will be required for participation (staff time, data collection effort)?	Enter text here
Have you participated in this benchmarking project previously? If yes, what improvements were implemented as a result?	Enter text here
Is the required data readily available? Are there any concerns about data quality or completeness?	Enter text here
Do you have the capacity to implement improvements identified through this benchmarking exercise?	Enter text here
Are there any risks associated with not participating in this benchmarking project?	Enter text here
DECISION	Choose an item.



Rationale for Decision <i>if decision is not to participate</i>	Enter text here		
Approvals			
Divisional Director / General Manager	Name and Signature	Date:	
Business Partner Accountant	Name and Signature	Date:	
BI & Value Team	Name and Signature	Date:	
For escalation use only: If the division decision is not to participate, written approval from Director of Finance is required confirming they have a better option than NHSBN exercises and willingness to share the work at the end.			
Finance Director's Written Approval	Please leave relevant comments	Date:	

Appendix C: Management Response Template - NHSBN Projects

This template is designed to capture formal management responses to key project findings from NHS Benchmarking Network (NHSBN) reports. These responses are expected to outline clear actions, responsible officers, and target completion dates. Progress against these actions will be monitored through established organisational governance structures, including Divisional Management Team (DMT) meetings, Assurance Meetings, Value & Sustainability Boards, and Divisional Review meetings. Please refer to the example below as a guide to completing this template effectively.

Management Response Template

Project Name	Sub Category	Priority	Key Project Finding	Management Response	Responsible Officer	Target Date
[Project Name]	[Sub-category if applicable]	Red/Amber/Green	[Enter key finding from NHSBN report]	[Enter management response and planned actions]	[Name]	[Date]
		Red/Amber/Green	[Enter key finding from NHSBN report]	[Enter management response and planned actions]		
[Project Name]	[Sub-category if applicable]	Red/Amber/Green	[Enter key finding from NHSBN report]	[Enter management response and planned actions]	[Name]	[Date]
		Red/Amber/Green	[Enter key finding from NHSBN report]	[Enter management response and planned actions]		

NHS Benchmarking Network 2024/25 Member Work Programme

Project	Support Team Contact	Online Registration	Data Collection Opens
Acute sector			
Acute Data Benchmarker	nhsbn.cst@nhs.net	Data from national sources.	
Acute Pharmacy and Medicines Optimisation	nhsbn.cst@nhs.net	March 2024	April 2024
Emergency Care	nhsbn.cst@nhs.net	March 2024	April 2024
Managing Frailty in the Acute Setting	nhsbn.cst@nhs.net	April 2024	May 2024
Outpatients	nhsbn.cst@nhs.net	May 2024	May 2024
Acute and community sector			
Adult Therapies	nhsbn.cst@nhs.net	April 2024	May 2024
Virtual Wards	nhsbn.cst@nhs.net	January 2024	February 2024
Community sector			
Community Indicators (monthly)	nhsbn.cst@nhs.net	Monthly	
Children's Community Therapies	nhsbn.cst@nhs.net	April 2024	May 2024
District Nursing	nhsbn.cst@nhs.net	March 2024	April 2024
Healthy Child Programme & Children's Community Nursing	nhsbn.cst@nhs.net	May 2024	May 2024
Intermediate Care	nhsbn.cst@nhs.net	May 2024	June 2024
Mental health, learning disabilities and autism services sector			
Adult and Older People's Mental Health	nhsbn.mhadult@nhs.net	Offline registration	April 2024
Children and Young People's Mental Health	nhsbn.cypmh@nhs.net	Offline registration	April 2024
Learning Disabilities (Providers)	nhsbn.mhlda@nhs.net	June 2024	July 2024
MHLDA Indicators (quarterly)	nhsbn.mhindicators@nhs.net	Quarterly	
ICS sector			
Integrated Care Benchmarker	nhsbn.ics@nhs.net	Data from national sources.	
Additional Outputs			
Improvement Opportunity Report (Insight members exclusive)	enquiries@nhsbenchmarking.nhs.uk	Data from NHSBN projects.	
National Cost Collection Analysis Report	enquiries@nhsbenchmarking.nhs.uk	Data from national sources.	

You can register your member organisation for 2024/25 member projects via the members' area: <https://members.nhsbenchmarking.nhs.uk/home>

If you have any queries, please contact the relevant Support Team via the contact emails listed in the table.



NHS Benchmarking Network 2025/26 Member Work Programme - Annual Projects

Project	Registration Opens (w/c)	Data Collection Opens (w/c)	Data Collection Closes	Validation	Reports Released
Adult/All Age Community Services	17th March	2nd June	11th July	August - October	w/c 24th November
Adult & Older People's Mental Health	17th March	21st April	6th June	June - July	November
Children & Young People's Community Services	17th March	4th August	19th September	October - December	w/c 9th February 2026
Children & Young People's Mental Health	17th March	7th April	23rd May	June - July	November
District Nursing	17th March	31st March	9th May	June - July	w/c 15th September
Emergency Care	17th March	7th April	16th May	June - July	w/c 15th September
Intermediate Care	17th March	14th April	23rd May	June - July	w/c 22nd September
Learning Disability Specialist Services	17th March	8th September	17th October	November - January	w/c 2nd March 2026
Managing Frailty in a Bed Based Setting	17th March	2nd June	11th July	August - September	w/c 1st December
National Cost Collection Analysis Report	Data from National sources.				
Outpatients	17th March	12th May	20th June	July - September	w/c 27th October
Pharmacy & Medicines Optimisation (Acute, Mental Health and Community)	17th March	5th May	13th June	July - September	w/c 20th October
Virtual Wards (Hospital at Home)	17th March	7th April	20th May	June - July	w/c 8th September

From 17th March 2025, you can register your member organisation for 2025/26 member projects via the [members' area](#).

If you have any queries, please contact the Member Programme Support Team on nhsbn.members@nhs.net.

Please note that dates may change.



NHS Benchmarking Network 2025/26 Member Work Programme - Indicator Projects

Project	Registration Opens (w/c)	Data Collection Opens (w/c)	Data Collection Closes	Validation	Reports Released
Acute Indicators	Data from National sources.				
Community Indicators	March	Monthly - click here for dates			
MHLDA Indicators	March	Quarterly - click here for dates			
National Indicators	Data from National sources.				

How to register for a project

Project registration will open on the 17th March 2025.

From then, member organisations can register for a 2025/26 project via the following steps:

1. Login to the NHS Benchmarking Network members' area: <https://members.nhsbenchmarking.nhs.uk/home>
2. Locate the projects of interest. They will either appear under the "your current projects" or the "other NHSBN projects" section.
3. If the project is open for registration, there will be a green "register" button to the right hand side of the project name.
4. Click on this button and complete the registration form.



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Information Governance, Cyber Security and Clinical Coding Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway, Director of Digital (Senior Information Risk Owner)
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital (Senior Information Risk Owner)

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides assurance on the Information Governance, Cyber Security and clinical coding arrangements for the Health Board with an update on recent activity.

Cefndir / Background

The Finance and Performance Committee is provided with performance information regarding the Health Boards compliance with the General Data Protection Regulation (GDPR), Data Protection Act 2018 (DPA 2018) and the Network & Information Systems regulations (2018) (NIS-R). The Health Board must monitor its performance against the regulations and needs to be assured that it's achieving an agreed and acceptable standard and have in place processes and procedures in order to achieve that standard.

Reports from the IG Group are escalated to provide assurance on key performance indicators to the Finance and Performance Committee.

Asesiad / Assessment

1. Data Protection Impact Assessments (DPIA)

DPIA's are developed in conjunction with the Information Governance team, staff and suppliers to assure that information is handled correctly and kept safe in our systems and processes.

There are two stages in the development of these:

- Stage 1 – screening questions are completed to gain a base line understanding of the project and to determine whether a full DPIA is required
- Stage 2 - completion of full DPIA if required

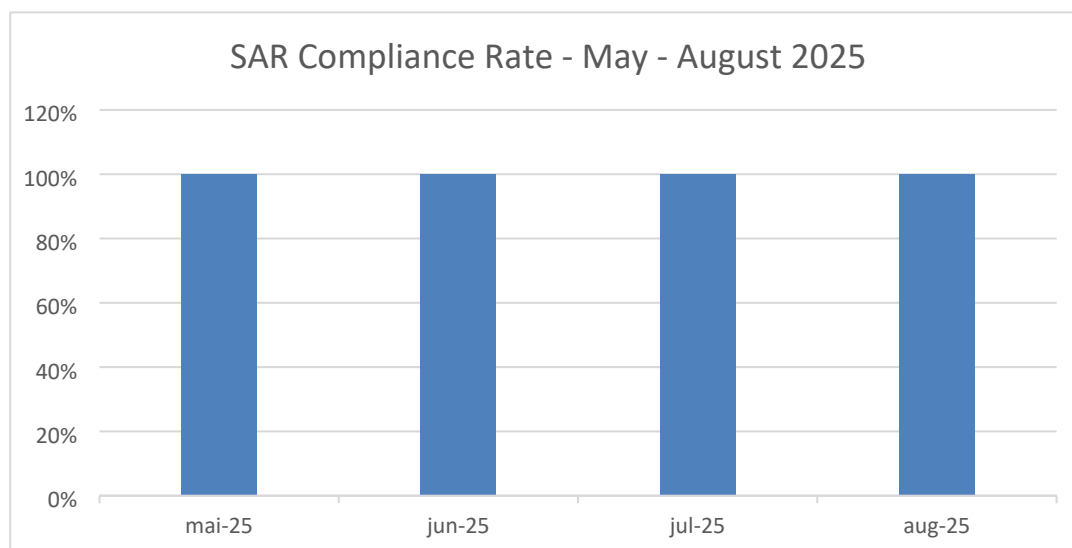
Any risks identified are managed in line with the Health Boards Risk Management framework.

The number of DPIA's completed are outlined below for information along with the full detail in appendix 1.

Period	Total number of DPIAs completed
May 2025 – August 2025	25

2. Subject Access Requests

The compliance rate for subject access requests is below and significant improvement has been made over the last year through improvement support and management of the team and the implementation of the Civica system.



The improvement reflects the changes implemented in the team by enhanced tracking, streamlined workflows and better visibility of statutory deadlines, enabling the team to respond promptly and accurately to all requests.

3. Training Compliance

The eLearning training package is a National product containing Cyber Security, Health Records and Information Governance which is taking staff a long time to

complete which has affected the compliance rates of all health Boards. Discussions are ongoing on a national basis to review content to improve training compliance rates across Wales. This is being led by DHCW with input from HEIW.

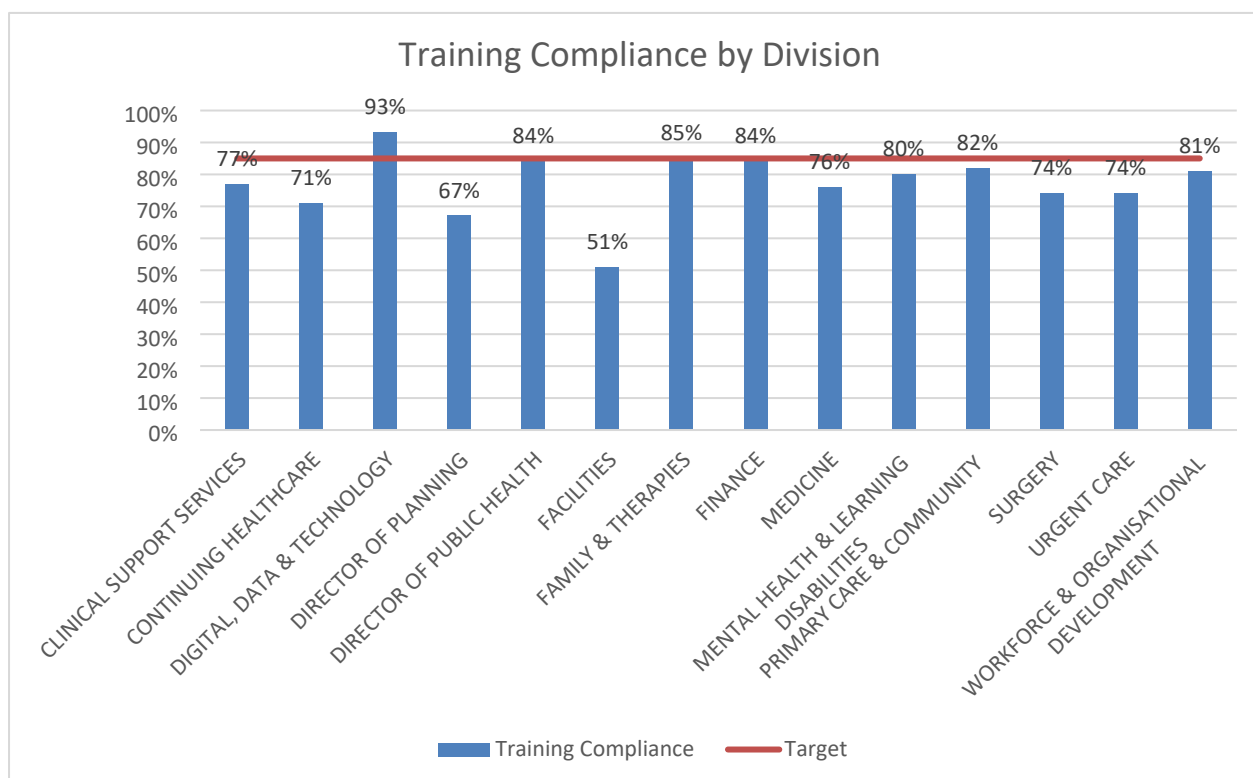
The Information Governance Team continue to work with divisions to ensure mandatory Information Governance and Cyber Security training is undertaken and support through specific induction and bespoke training. Regular reminders have been published on the intranet with a poster to remind staff of the need to undertake their training. There has also been a training video created which is posted on the intranet pages. Further development of training videos and materials are in progress.

Bespoke training has been provided as follows: -

Month	Department	Number of attendees
July 2025	Respiratory, Medicine Division	12

Bespoke training has been planned in the next quarter for Cancer Services.

The current training compliance for the Health Board and divisions is shown below with a target of 85%. The overall compliance is 77% which is small increase from 75% for the last reporting period.



4. Information Governance Incidents

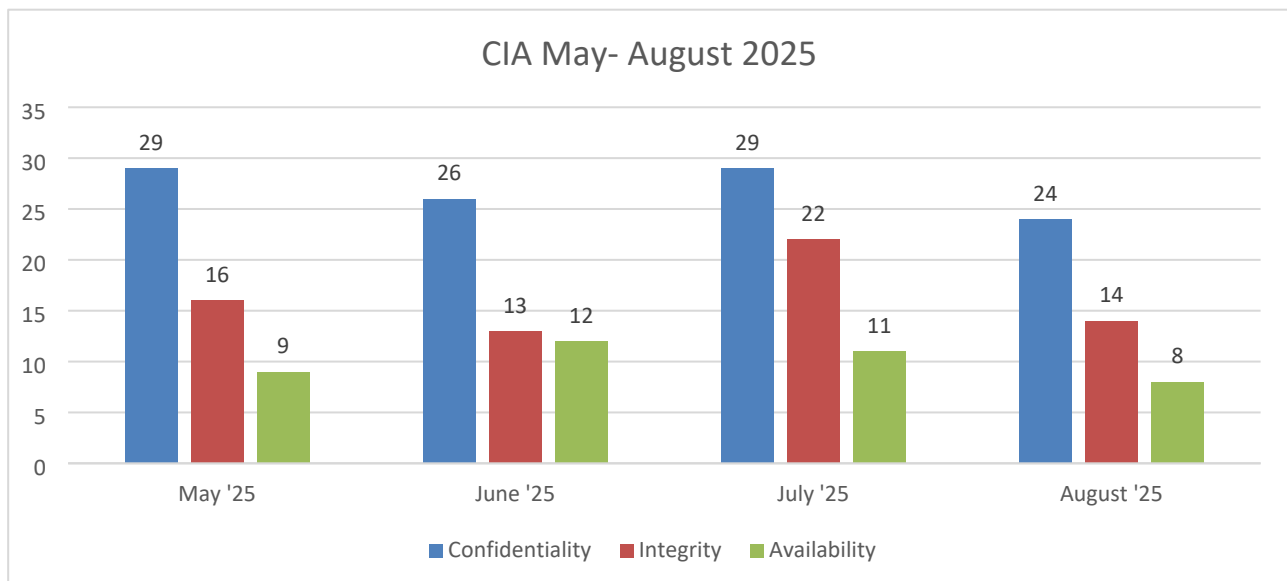
Incidents investigated by the Information Governance team have been risk assessed and all have been assigned as a low risk, the numbers of incidents investigated between May 2025 – August 2025 are shown below:-

Confidentiality – i.e. it has been made available or disclosed to unauthorised entities.

Integrity – i.e. the accuracy and completeness of information has been compromised.

Availability – i.e. the data is not accessible when required by authorised personnel.

Incident Type	Incidents Investigated
Confidentiality	108
Integrity	65
Availability	40
TOTAL	213



The Governance & Assurance divisional groups are provided with reports quarterly and the incident trends are discussed highlighting recurring themes or root causes. The divisions have always been encouraged to report low level incidents to build resilience. All of these incidents would have been risk assessed. IG will be developing targeted action plans to address these issues going forward.



The chart above shows a breakdown of the themes of CIA incidents reported. The highest cause of incidents (confidentiality) is incorrect recipient. Examples are emails being sent to the incorrect individual containing personal identifiable information or letters being sent to an incorrect address.

Incorrect documentation is also an issue across many service areas and there are targeted data quality sessions run regularly by Health Records.

The Information Governance Team have been doing some targeted work with services and have been delivering training sessions based on "The Ripple Effect" campaign provided by the ICO. This gives staff an understanding of the impact of breaches of data protection on individuals.

5. Divisional Risk Management

The summary of current Information Governance risks identified through divisional assurance groups are summarised below.

Division	Risk Description	Mitigations	Risk Score
Family & Therapies/Health Records	EMPI – information is updated on ABUHB systems from WDS. ***Updated Risk – EMPI now pulls information from PDS (National version of WDS) – means that information is now pulled from all over UK***	SBAR drafted to request complete turn off of downward feed.	9
DDaT	CWS Back Button – if you press the back button while uploading a document, it automatically adds to the previous patient record	CWS advise staff of this during training	8
Mental Health	Missing documents on WCCIS	SBAR produced to collate all information; IG are currently contacting staff members list provided by WCCIS to confirm if information can be resaved on WCCIS this is currently ongoing	9
Mental Health	Epex decommission	SBAR produced to collate all information: main risk Tracking information cannot be viewed in the	8

		legacy data this has been highlighted by IG, HR & clinical Gov. This issue was being discussed at the WCCIS project board	
ABUHB	IG Training Compliance – risk of staff not completing mandatory training.	National product being reviewed to make it easier for staff to complete to improve compliance Rates	8

6. Clinical Coding

There are two Welsh Government targets in place which form part of the NHS Wales Delivery Framework:

- 95% of episodes clinically coded within one reporting month post episode discharge end date
- 90% percentage of clinical coding accuracy attained in the DHCH national clinical coding accuracy audit programme

The coding performance for the last quarter is shown below:

Row Labels	Sum of episodes	Sum of coded	Sum of %
2025-26 M01 (Apr)	18875	16320	86.46%
2025-26 M02 (May)	19186	16915	88.16%
2025-26 M03 (Jun)	19867	17842	89.81%
2025-26 M04 (Jul)	20002	17129	85.64%
Grand Total	77930	68206	87.52%

For 2024/2025 the completeness increased from 77.1% to 82.3% and we are continuing to make improvements in our coding compliance.

The coding accuracy for the last quarter is shown below:

- April 2025 – 100%
- May 2025 – 97.75%
- June 2025 – 87.21% (due to end of year submissions)

7. Cyber Security

Desktop Patching

Current patch levels are at 73% of our 15,273 devices have had all the Microsoft security patches deployed over the last period. This is a reduction from the previous period of 80% although most uncompliant devices only require a small

number of patches. Progress is now being made on the patching solution for home workers who don't often come into an office base to connect their laptops to the network.

The current levels of operating systems used across the Health Board are outlined below:

- 48.41% of devices are running Windows 10 (a decrease from 79.17% in the last period)
- 51.56% of devices are running Windows 11 (an increase from 17.80% since the last report)

Windows 10 will go end of life with Microsoft on October 14th 2025 and whilst we are migrating to Windows 11 as quickly as possible given the number of devices that require manual intervention it is likely that some form of extended support agreement will be required from Microsoft. Welsh Government is unable to support the funding for this national so work is continuing with Microsoft on options going forward.

Server Patching

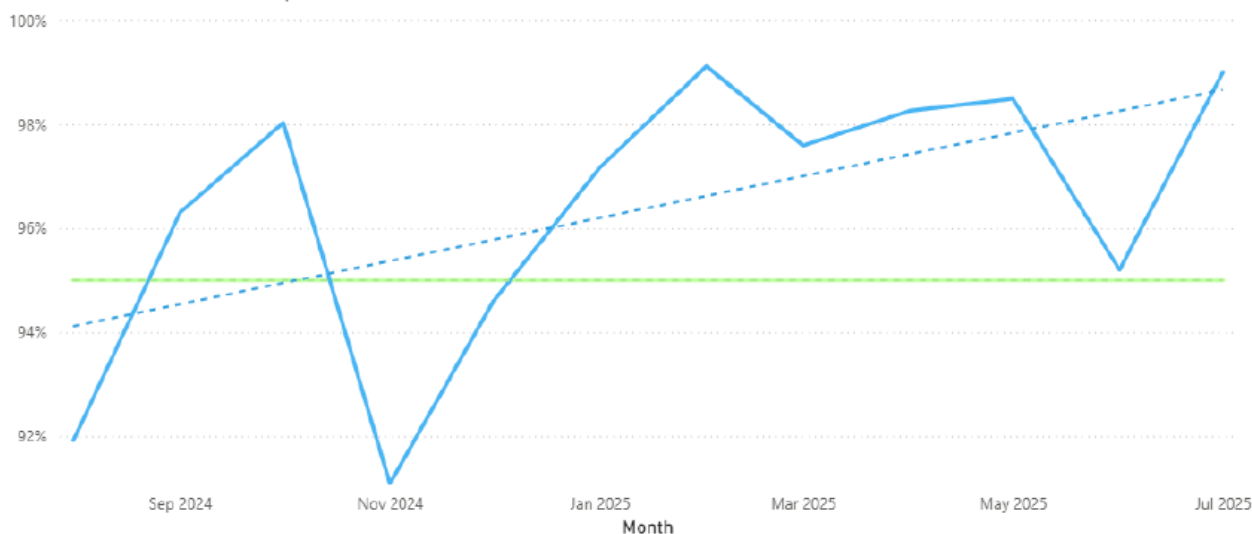
Microsoft Security Updates form part of software releases made available on the second Tuesday of each month by Microsoft. Aneurin Bevan University Health Board aims to deploy all Microsoft Security updates to its server estate within 30 days of release.

Currently patching figures show 99.34% of managed servers and 95.83% of third-party servers are fully patched at the end of the reporting period. This is broadly continuing the improvement trajectory as shown below:

Trend Data

Zero Patch Compliance Trend Server Estate

● KPI Metric 95% ● Combined Compliance



Compliance	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
3rd Party Managed Servers	86.00%	88.00%	92.00%	86.27%	90.20%	94.12%	94.12%	96.08%	92.16%	97.96%	95.92%	95.83%
ABUHB Managed Servers	92.65%	97.31%	98.77%	91.69%	95.13%	97.56%	99.75%	97.78%	99.02%	98.55%	95.12%	99.34%
Overall Patching Status	91.92%	96.30%	98.03%	91.09%	94.59%	97.17%	99.12%	97.59%	98.26%	98.49%	95.20%	99.00%

End of Support Microsoft Operating Systems

Currently, 97.73% of the Health Boards servers are running fully supported Microsoft Server Operating Systems. The technical teams continue to work on servers running unsupported Windows Server 2012 operating systems and this has increased to 10 (from 9) since the last reporting period.

End of Support Microsoft SQL

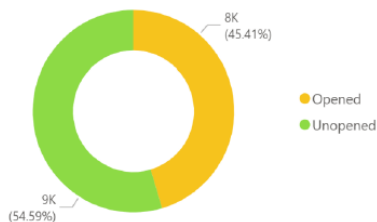
Currently, 91.24% of the Health Boards Microsoft SQL database instances are running fully supported Microsoft versions.

Simulated Phishing

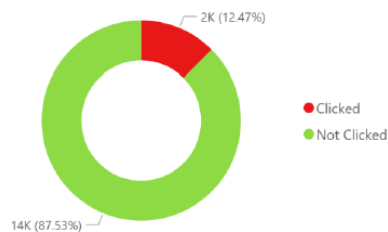
During July the directorate completed a simulated phishing campaign across the Health Board, this targeted 16,558 members of staff. The result of this campaign is shown below:

MetaCompliance Phishing Campaign Baseline Results

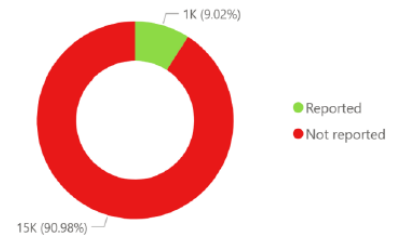
Opened and Unopened emails



Clicked and Not Clicked links



Reported and Not Reported



The results of above will be fed into further communications and training sessions on cyber awareness for staff.

Cyber Incidents

During April to July there were 5 cyber security incidents against our server estate, which is protected by Sophos Anti-Malware, the servers were cleaned up automatically

From a desktop perspective (protected by Microsoft Defender) the number of incidents is outlined below. All were resolved in a timely manner.

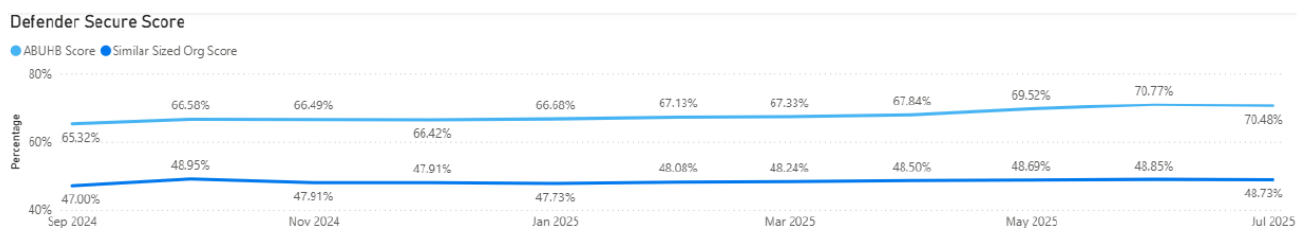
Defender Incidents

Month	Severity		
	Low	Medium	High
August 2024	2	2	2
September 2024	1	3	1
October 2024	2	1	1
November 2024	2	2	4
January 2025	0	1	1
February 2025	0	0	0
March 2025	0	0	1
April 2025	0	0	4
May 2025	4	2	3
June 2025	1	1	4
July 2025	2	1	1

Secure Score

Now the Health Board has fully onboard onto the Microsoft Security platform we are able to undertake a "secure score" assessment. Microsoft Secure Score is a representation of the Health Boards security posture, and the opportunities to improve it. It's a point-based system that scores every device, identity, application, and data item. Well configured items are assigned points, and the points compared against possible attainable points.

Microsoft provides a comparison to similar sized organisations as below with currently the Health Board scoring 70.48% compared to 48.73% for a similar organisation as shown below:



Work will continue for opportunities to improve our score going forward.

National Cyber Exercise

On Tuesday 16th September the Health Board took part in a national cyber security exercise which tested our ability to respond to a cyber incident and the suitability of our incident response procedures. This was facilitated by ATOS and the report once received will provide key learning to drive improvement.

Argymhelliad / Recommendation

The Finance & Performance committee is asked to note the content of the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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 Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Information Governance Sub-Committee Divisional Assurance Groups
Rhestr Termau: Glossary of Terms:	DPA – Data Protection Act NIS-R – Network & Information System Regulations CAF – Cyber Assessment Framework NCSC – National Cyber Security Centre DPIA – Data Protection Impact Assessment WASPI – Wales Accord Sharing Personal Information DHCW – Digital Health & Care Wales DHR – Digital Health Record RPA – Robotic Process Automation ICO – Information Commissioners Office
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital, Data & Technology team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	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:
• Workforce	Yes, outlined within the paper
• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements 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 ABB.EDI@wales.nhs.uk
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/	Not Applicable Choose an item.

Ticket ID	Logged	Date/Time Logged	Division	Department	Summary	Ticket Type	Status
215836	jun-25	25.06.2025 12:25	Digital Data	Digital Pro	SMR API to Informatio	With User	
236170	aug-25	21.08.2025 12:32	Medicine	Gastroente	Olympus D Informatio	With User	
215850	jun-25	25.06.2025 12:42	Corporate	Patient Exp	Civica SMS Informatio	Closed	
222058	jul-25	11.07.2025 15:36	Corporate	Communic	Dementia C Informatio	Closed	
199849	mai-25	01.05.2025 15:26	Digital Data	Service Del	SMR to EPN Informatio	Closed	
210992	jun-25	10.06.2025 12:43	Digital Data	Digital Pro	CareFlow V Informatio	Closed	
229566	aug-25	01.08.2025 11:02	Family The	Maternity	! DPIA: Badg Informatio	Updated	
217886	jul-25	01.07.2025 14:26	Family The	F&T Divisio	DPIA - Wor Informatio	Updated	
204902	mai-25	20.05.2025 10:28	Family The	Maternity	! GTT @ Hon Informatio	Updated	
214182	jun-25	19.06.2025 12:18	Workforce	Workforce	DPIA - COR Informatio	On Hold	
219228	jul-25	03.07.2025 17:46	Digital Data	Informatio	WAST Data Informatio	With DPO	
210624	jun-25	09.06.2025 14:24	Digital Data	Digital Pro	Promptly Informatio	With User	
223697	jul-25	16.07.2025 14:26	Primary Care & Comm	All Wales C	Informatio	With Cyber Security	
200122	mai-25	02.05.2025 11:23	ABUHB	National	National DI Informatio	IG bring to dpia meeting	
232060	aug-25	08.08.2025 11:05	Workforce	Workforce	ESR Bank V Informatio	With User	
215776	jun-25	25.06.2025 11:14	Medicine	COTE	COTE Scree Informatio	Closed	
217587	jul-25	01.07.2025 10:19	Corporate	Public Heal	DA Tool Informatio	Closed	
213789	jun-25	18.06.2025 14:28	Corporate	Public Heal	MSc Ethics Informatio	Closed	
209519	jun-25	05.06.2025 09:59	Digital Data	Digital Mar	Apogee/AR Informatio	Closed	
234918	aug-25	18.08.2025 13:41	Family The	F&T Divisio	Informatio Informatio	Closed	
224630	jul-25	18.07.2025 11:07	Family The	Bowell & B	Vision Repl Informatio	Closed	
205992	mai-25	22.05.2025 13:10	Clinical Sup	Pathology	Dream Patl Informatio	Closed	
218301	jul-25	02.07.2025 12:17	MH & LD		MH DashC: Informatio	Closed	
201274	mai-25	07.05.2025 14:57	MH & LD		Phillips Spe Informatio	Closed	
209258	jun-25	04.06.2025 13:43	Surgery	Ophthalmc	ScImage Ne Informatio	Closed	

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2025
CYFARFOD O: MEETING OF:	Finance and Performance Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Assurance Report from the Digital, Data and Technology Group
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Paul Solloway – Director of Digital
SWYDDOG ADRODD: REPORTING OFFICER:	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 oversees multiple Digital Transformation and ICT Programmes, aligned with the Health Board's Digital Annual Operational Plan. This plan outlines the expected deliverables and strategic initiatives to ensure our digital services remain safe, secure, reliable, compliant, and capable of meeting the growing demand for digital transformation.

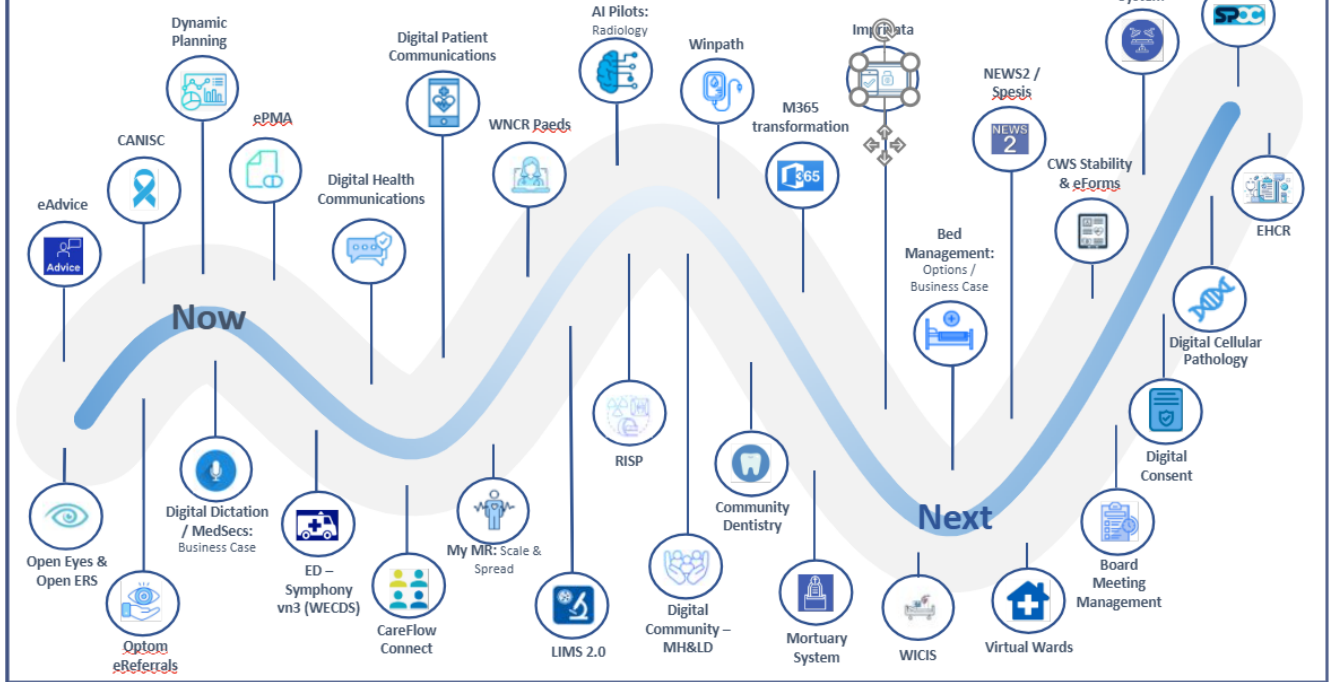
The Digital Programmes department delivers new projects that create digital functionality where only manual processes existed, enhance existing digital services, or upgrade our digital infrastructure to ensure it is fit for purpose. Programmes and Projects are sponsored either nationally, regionally, or locally.

This report provides an update on the progress over the last period.

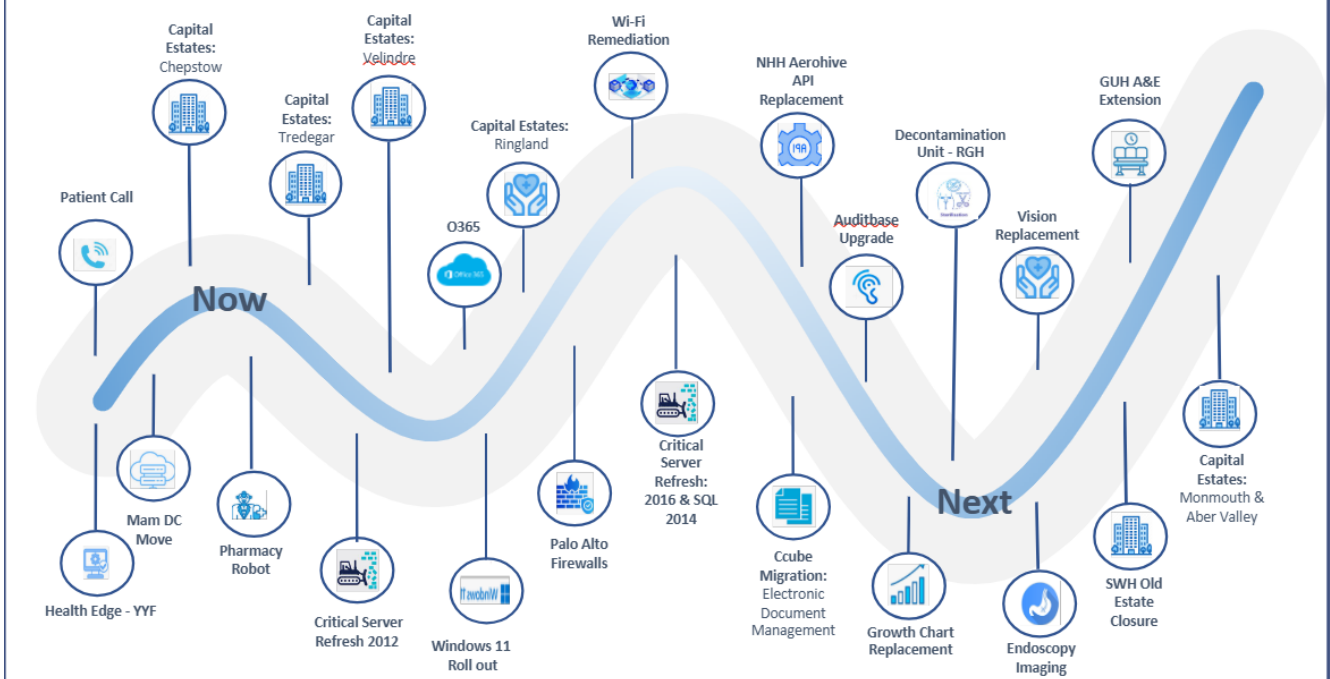
Cefndir / Background

A high-level roadmap of major digital projects can be found below:

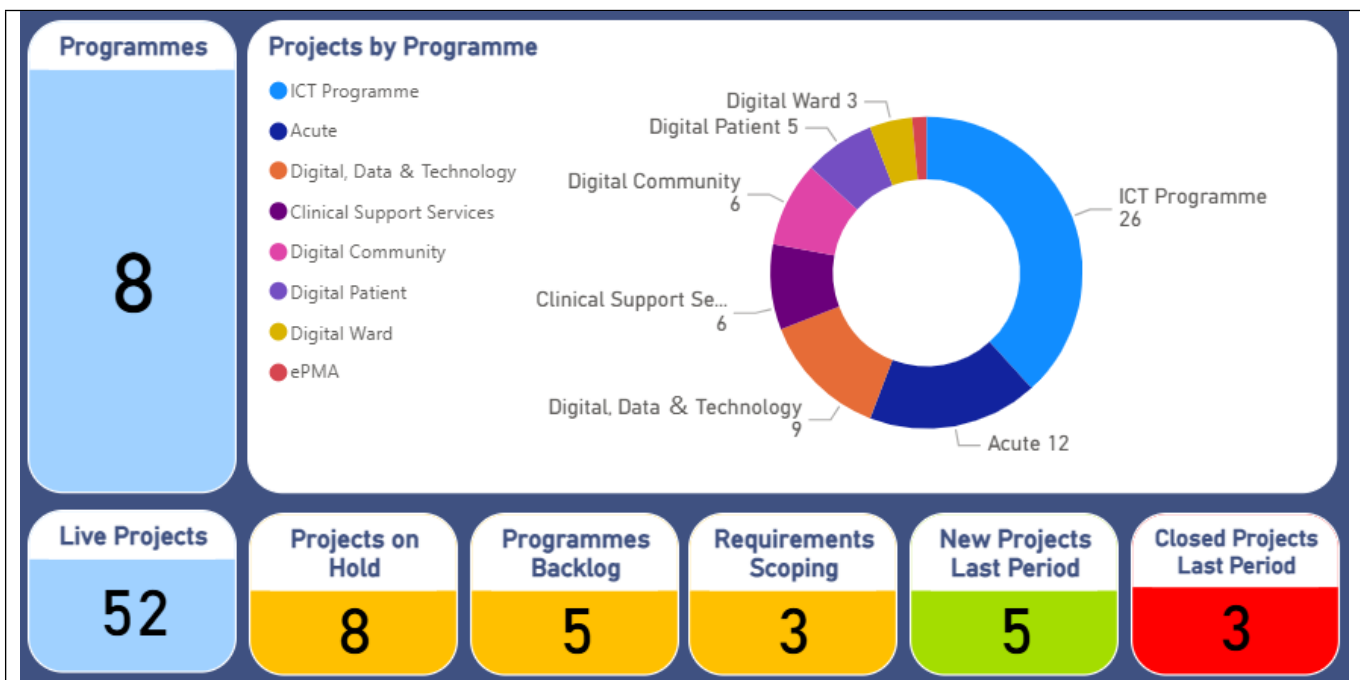
Digital Programme Plan: 2025/26



Digital ICT Programme Plan: 2025/26



Digital Portfolio Dashboard:



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).
 - Configuration of the system continues locally alongside the development of a detailed plan
 - Following a delay to CAV upgrading Open Eyes to vn10, due October 2025, a decision will be required whether to go live on an earlier version
- An Electronic Referral System (ERS) is being procured nationally with contract award due 03/10/25. The project team continue to support the implementation of an interim solution, using Microsoft 365 and E-mails

Welsh Intensive Care Information System

The Welsh Government has funded Digital Health & Care Wales (DHCW) to reset the programme, as the previous system implementation was not fit for purpose from a patient safety or usability perspective. Local Digital and Clinical representation have been provided to support the discovery phase of the programme where changes to the system have been proposed to the supplier to make the system clinically safe and fit for purpose. The supplier has commenced design of the solution to meet clinical requirements and a proposal is being developed and will be shared with Welsh Government (WG) in September 2025 to agree next steps.

Other key items within the Acute programme include:

- A procurement tender has been released for a new Digital Dictation / Speech Recognition and Ambient Artificial Intelligence solution
- Symphony v3 upgrade to support collection of Welsh Emergency Care Data Set (WECDs) by 31/03/2026 in Emergency Departments (ED) with further roll out of Symphony into Assessment units to be scoped – The project team are awaiting confirmation from WG on new reporting metrics
- 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)
- eAdvice is currently on hold due to resource constraints in the Software Development team to complete testing

2. Digital Ward Programme:

Digital Health Communications

The Health Board currently uses various communication solutions, such as Vocera and traditional paging technology. This project will replace them with a single integrated solution using modern cloud technologies. Tender documentation is being prepared to allow procurement activities to commence in November 2025.

Key risks with this project include:

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:

- Careflow Connect – evaluation being prepared on successful pilot on a frailty ward at Ysbyty Ystrad Fawr (YYF) to inform further roll out
- Implementation of paediatric forms in Welsh Nursing care Record (WNCR) – New hardware has been deployed and recruitment of a Clinical Nurse Specialist (CNS) to support implementation has been completed
- Implementation of NEWS2 within our electronic observations system has been successfully completed

3. ICT Programme

The ICT programme involves significant work on developments, new builds, and refurbishments across the Health Board. Key progress includes:

- Critical Server Refresh programme is progressing well focusing on mitigating cyber security risks
- Firewall replacements underway (key dependency for Radiology Information Systems Programme (RISP))
- Windows 11 continues to be deployed with 62% of devices successfully upgraded to date
- A number of capital estates projects are being supported including the Emergency Department (ED) extension at Grange University Hospital (GUH), St Woolos, Aber Valley and Dixton Surgery Monmouth

There are a number of risks within the ICT programme:

Description	Score	Action Plan
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

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.

Project	Milestones	Next Step
Laboratory Information Management System 2.0 (LIMS)	New mitigation plan agreed to delay Blood Transfusion – Associated costs to be picked up by WG.	Continue user acceptance testing and configuration. Re-planning underway for Blood Sciences – further contingency to March 26 included in national plan.
Blood Transfusion Upgrade (Winpath)	User acceptance testing ongoing, go scheduled 29 th September 2025 without CWS/CWS2 navigation for 4-6 weeks.	Complete user acceptance testing. Complete development of CWS/CWS2 navigation for implementation 4-6 weeks post go live.
RISP	Change Control Notice (CCN) submitted to move go live date to May 2026 – this will allow time to	Financial impact underway regarding go live date change to May 2026. Paper being taken

	complete software development work. Initial data migration completed & infrastructure set-up.	to exec committee in October 25.
Digital Cellular Pathology	Business case approved in principle subject to procurement	NHS Executive procurement activities delayed.
Mortuary Digital System	Procurement complete.	Implementation activities to commence.
Theatre Management System	Requirements work completed for procurement. Market engagement activities commenced.	Supplier demonstrations to be scheduled for October 25.

Risks associated with the key diagnostic projects are below:

Project	Description	Score	Action Plan
LIMS 2.0	Delays with build and testing puts December 2025 date at risk	16	Escalated to Executive Team. Regular updates to NHS Wales Chief Executive Management Team and Directors of Digital peer group. National re-planning beyond December 2025 underway.
RISP	Delays with local software development resources have resulted in a change to the go live date from Nov 25 to May 26	25	Full update being developed for Executive Committee to include financial impact of delay.

5. Electronic Prescribing Medicines Administration Programme (ePMA)

Following business case approval earlier in the year the following progress has been made:

- Product delivery from a technical and clinical perspective is ongoing with the completion of build on target
- Onboarding of the Shared Medicines Record (SMR) is ongoing
- Wi-Fi remediation work at YYF is complete
- Engagement activities across the Health Board continues with technical and clinical reference groups fully established

The next period will focus on completing the product build and configuration, commencement of testing and training preparation for pilot go live.

6. Digital Community Programme

The digital community programme focuses on procuring a Mental Health & Learning Development Electronic Patient Record to replace the current Welsh Community Care Information System (WCCIS). Procurement is complete with a business case commencing local approval processes in September 25.

The critical risk associated with this programme is detailed below:

Description	Score	Action Plan
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 focuses on digitally engaging with our patients. Key developments include:

- Digital Patient Communications – Project has restarted following recruitment of critical resources. Letter templates for Phase 2 continue to be built in the Health Care Communications (HCC) product and testing has commenced.
- Referral & Booking Centre Service Improvement – An options paper has been developed to seek executive agreement on next steps.
- My Medical Record (MyMR) – used to support self-management by patients of prostate cancer and current work is associated with scoping further services for implementation.

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 and ongoing roll out of co-pilot, as summarised below:

M365 Transformation		
Stage	Key Updates This Period	Highlighted Issue
1 - In Production	MH&LD – Digitalising the ward handover sheet Digital diaries for community midwives Staff sign in – Ty Gwent Planned engineering workflow	Delays in development due to lack of time to develop and research skills within an ever-changing M365 model
2 - Active Development	Resuscitation life support courses booking system in testing Redesigning the Public Health Wales SharePoint hub (on hold) Time assessment application – Business Change (on hold) Work experience forms automation – WFOD to be signed off Live Community Dashboard – PCCS on hold Room booking for Family and Therapies (Caerphilly & NHH children's centres) Serenau booking system – parents consultation booking PCCS Sharepoint redesign ED nursing education list – staff booking	Resource – Ability to address HALO calls and deliver transformation activities
3 - Backlog/Prioritisation	Conversion of excel spreadsheet to MS List for veterans MDS Further requirement gathering for register add on to training database Decontamination equipment testing Digital safety notice board (ICU)	
4 - Activities by status	Discovery: 4 Backlog: 4 Testing: 3	
5 - Training	Tailored training has been developed for Pharmacy services based on a digital skills questionnaire. Training will take place in September.	

Copilot	
Key Updates This Period	Planned Work Next Period
<p>Pilot completed with 30 staff in July. Evaluation undertaken that demonstrated the benefits of Copilot in terms of:</p> <ul style="list-style-type: none"> - Significant reductions in time spent on routine tasks like meeting documentation and email management, with a reported 60% time saving when summarising and recalling information. - Copilot enabled staff to manage larger workloads without feeling overwhelmed and increased productivity (Copilot to take care of everyday tasks like note taking and summarizing, creating first drafts of presentation, and searching and summarising datasets) with 100% of staff reporting a positive impact on their work. - As part of this pilot some staff were provided with Teams Premium which also saw a number of benefits, particularly in terms of the reduced in time spent on note taking and minute creation from an average of 6 hours per week to 1 hour per week (60% reduction) 	<p>A second pilot is being undertaken with workforce and Organisational development.</p> <p>A number of requests are being received from other services to adopt Co-pilot but these can not currently be supported due to capacity.</p>

9. Scoping and Discovery work

The digital teams are also scoping out the following new projects:

- Imprivata – A clinical workaround was undertaken with the supplier in August 25 and a report is awaited to inform business case development.
- Electronic Consent – DHCW are developing a national business case. The Health Board await clarity regarding involvement and confirmation of timeline to inform local activity.
- High Cost Drugs Pharmacy System – a software-based program for the approval and management of high cost drugs which seeks to improve governance around the prescribing of high cost drugs and ensures treatment is in line with national guidance. This project, once scoped will be managed within the ePMA programme.
- Konica Follow Me Printer – a major upgrade is required. This will be scheduled within the ICT programme when capacity allows.
- Telephony Infrastructure – A business requirements and architecture review is required across the Health Board.
- YF & Nevill Hall Hospital (NHH) Pharmacy Robot Operating System Upgrade – to be scheduled into ICT programme to support upgrade when capacity allows.

10. Other Activities

The directorate is refreshing its Digital Transformation Strategy following the completion of the Health Board's 10-year strategy, this will be consulted with the group before wider socialisation across the Health Board.

The development of a CWS business case is underway to support the development of CWS over the next 3 years. The business case seeks to address current risks and priority developments. This will be presented at the Pre Investment Panel (PIP) in September 2025.

Argymhelliad / Recommendation

The Finance and performance committee is asked to note the update from the Digital, Data & Technology Group.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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 Link to IMTP	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 Strategic Equality Objectives 2020-24	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.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CAV – Cardiff and Vale CCN – Contract Change Notice CNS – Clinical Nurse Specialist CWS – Clinical Workstation DDaT – Digital Data and Technology DHCW – Digital Health & Care Wales ED – Emergency Department ERS – Electronic Referral System ePMA – Electronic Prescribing & Medicines Administration

	<p> GUH – Grange University Hospital HCC – Health Care Communications LIMS – Laboratory Information Management System M365 – Microsoft 365 MyMR – My Medical Record NDR – National Data Resource NHH – Nevill Hall Hospital PIP – Pre-investment Panel RISP – Radiology Information Systems Procurement SMR – Shared Medicines Record WCCIS – Welsh Community Care Information System WECDS – Welsh Emergency Care Data Set WG – Welsh Government Winpath – Blood Transfusion Solution WNCR – Welsh Nursing Care Record YYF – Ysbyty Ystrad Fawr </p>
<p> Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: </p>	Not Applicable

Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
Resource Assessment:	Not Applicable
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Not Applicable
<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/ </p>	<p> 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 </p>