Finance & Performance Committee

Thu 07 September 2023, 09:30 - 12:30

Microsoft Teams

Agenda

1. Preliminary Matters

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence

Oral *Chair*

1.3. Declarations of Interest

Oral *Chair*

1.4. Draft Minutes of the last Meeting held on 21st of June 2023

Attached *Chair*

1.4 Draft Finance & Performance Committee 21st June 2023 Chair approved.pdf (10 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 Finance & Performance Committee Action Log - September 2023.pdf (5 pages)

2. Items for Approval/Ratification/Decision

There are no items for discussion in this section.

3. Items for Discussion

3.1. Performance Overview Report with Exception Reporting - Quarter 1

Attached *Director of Strategy, Planning & Partnerships*

ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT

3.1 Integrated Medium Term Plan (IMTP) 2023-26 Quarter 1 Progress Report.pdf (5 pages)
3.1a 202326 Quarter 1 Outcome and Performance Report.pdf (38 pages)
3.1b Outcomes Framework Q1 2324.pdf (6 pages)
3.1c Copy of Delivery Framework Quadruple of Aims.pdf (2 pages)

3.2. Performance Against Ministerial Priorities for Planned Care

Attached *Director of Strategy, Planning & Partnerships*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

3.2 FP Report August 2023 FINAL.pdf (7 pages)

3.3. To Receive a Report on the Quality of Coding

Attached *Director of Digital*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

3.3 Clinical Coding Performance and RPA Update for FP.pdf (13 pages)

3.4. Radiology Informatics System Procurement (RISP) Programme Update

Attached *Director of Digital*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

3.4 RISP Local Update F&P 070923.pdf (8 pages)

3.5. Robotic Process Automation - Cost and Benefit Realisation (ARAC action)

To follow *Director of Digital*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

3.5 RPA F&P 070923.pdf (6 pages)

3.6. Monthly Finance Report & Monitoring Returns

Attached *Director of Finance & Procurement*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

3.6 Month 4 Finance Report F&PC 7th September 2023.pdf (30 pages)
3.6a Appendices.pdf (28 pages)

3.7. Review of Savings and Action Plans

Attached *Director of Finance & Procurement*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

3.7 F&PC_Savings 2023-24 update 23.08.25.pdf (9 pages)

3.8. Efficiency Opportunities

Attached *Director of Finance & Procurement*

ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE

3.8 Benchmarking review report to FPC SEPT23 FINAL.pdf (22 pages)

4. Items for Information

There are no items for Inclusion in this section

5. Other Matters

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

Oral *Chair*

5.2. Any Other Urgent Business

Oral *Chair*

5.3. Date of the Next Meeting: 21st December 2023

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

MINUTES OF THE FINANCE AND PERFORMANCE COMMITTEE

DATE OF MEETING	Wednesday 21st June 2023
VENUE	Microsoft Teams

PRESENT	Richard Clark, Independent Member (Committee Chair)
	Dafydd Vaughan, Independent Member
	Shelley Bosson, Independent Member
IN ATTENDANCE	Rob Holcombe- Director of Finance and Procurement
	Hannah Evans- Director of Planning and Performance
	Rani Dash- Director of Corporate Governance
	Nicola Prygodzicz- Chief Executive
	Leanne Watkins- Chief Operating Officer
	Greg Bowen- Assistant Finance Director
	Daniel Davies- Programme Manager, Value Based Healthcare
	Julie Poole- Outpatient Transformation Lead
	Dr Caroline Mills- Consultant Dermatologist
	Fay Lewis- Finance Manager
	Laura Howells- Principal Auditor, NWSSP
	Andrew Doughton- Audit Wales
APOLOGIES	Iwan Jones, Independent Member

FPC 2106/01	**Preliminary Matters**
FPC 2106/01.1	**Welcome and Introductions** The Chair welcomed everyone to the meeting.
FPC 2106/01.2	**Apologies for Absence** The apologies for absence were noted.
FPC 2106/01.3	**Declarations of Interest** There were no declarations of interest raised to record.
FPC 2106/01.4	**Draft minutes of the last meeting held on the 11th of January 2023**

	The minutes of the meeting held on the 11th of January 2023 were agreed as a true and accurate record. Shelley Bosson (SB), Independent Member, noted a section on page 3 of the minutes '*IJ requested that more information about the impact of improvement projects be included in the reports so that members could have confidence that the actions taken to deliver the 'Six Goals' Programme were being realised and that the evidence was being used to influence change in other areas'.* SB questioned if this should have been recorded as an action. The Director of Corporate Governance confirmed outside of the meeting that this was not required to be recorded as an action.
FPC 2106/01.5	**Committee Action log** Rani Dash (RD), Director of Corporate Services, provided an overview of outstanding actions. Members were assured by the following: - • **FPC/1101/3.2-** RD informed members that an update on Stroke Services would be presented to the Board in July 2023, and be included on the committee forward workplan. • **FPC/1101/11-** An update on Efficiency Opportunities was included on the agenda for this meeting. Action to be closed.
FPC 2106/02	**Items for Discussion**
	Assurance in Respect of Organisational Performance Management
FPC 2106/02.1	**Outpatient Transformation** Leanne Watkins (LO), Chief Operating Officer, supported by Caroline Mills (CM), Consultant Dermatologist, and Julie Poole (JP), Outpatient Transformation Lead, provided an overview of the progress made with the transformation of outpatient services, as outlined in the report. Members noted the following key points and progress; • The Health Board currently performed best in Wales in both See- on- Symptom and Patient Initiated Follow-up outpatient services, based upon Welsh Government benchmarking targets. • LW discussed the progress of the new Outpatient Treatment Unit, located in the Royal Gwent Hospital,

	informing members that the unit had improved outpatient efficiency. • The level of cost avoidance for 2022/23. • The level of risk pertaining to Outpatient Transformation savings. £2.7mil cost avoidance was currently attributed to outpatient service improvement. • Welsh Government expectations were for outpatient services to return to pre-covid levels. The Health Board had achieved this target. • The Outpatient Programme Plan priorities for 2023/24. A series of workshops had been planned for service outpatient models with clinical leads. Shelley Bosson (SB), Independent Member, requested information on whether all outpatient specialities were included the Outpatient Transformation plans. CM informed members that there were 19 directorates who provide outpatient appointments across the Health Board, with some directorate areas embracing the transformation changes and others yet to fully transform. LW informed members that targeted and focused efforts aligned to risk determine transformation; clinical workshops, outlining service transformation and providing support through an 'adopt or justify' approach, were planned for 2023/24, discussing transformation across all specialities. CM discussed the importance of transformation being included in future job planning. The Committee **RECEIVED** the report for **ASSURANCE**. *LW, CM and JP left the meeting.*
FPC 2106/02.2	**Performance Overview Report with Exception Reporting** Hannah Evans (HE), Director of Planning and Performance, presented the report to the Committee, providing an interim Quarter 1 update on key performance areas, with a full Quarter 1 report being presented at the next meeting. Members noted the integrated performance dashboard and the interim progress report against the Health Boards Integrated Medium Term Plan (IMTP) for April/May 2023.

	Members were informed of sustained operational pressures, impacted by increased bed occupancy and sickness levels across clinical teams. Shelley Bosson (SB), Independent member, requested further information in the following areas; • The reenergised discharge planning framework (goal five of the six goals for urgent and emergency care), launched in January 2023 and requested an update on progress. HE informed members that the initial rollout was a testing phase on three wards. Nicola Prygodzicz (NP), Chief Executive, informed members that the Integrated Discharge Hub had been piloted in the Royal Gwent Hospital and Nevil Hall Hospital and further updates would be provided to members. An update on the progress and impact of the Integrated Discharge Hub to be included in the next report to the Committee. **Action: Director of Planning and Performance** • SB noted that Coding performance had dropped and requested information on the use of robotics. HE informed members that the Executive Committee were due to discuss the current position in Coding. NP informed members that there had been some recruitment issues in Coding. An update on the performance in Coding, including the potential for robotics, to be included in the next report to the Committee. **Action: Director of Planning and Performance** Dafydd Vaughan (DV), Independent Member, discussed the previous inability to record mental health performance data. and the related issues with recording data through WCCIS. DV queried if the issue had been resolved. HE informed members that the issue with WCCIS recording performance data had been resolved and future reports would include mental health performance data. The Committee **NOTED** the report for **INFORMATION**. (Shared Iwans questions with HE outside of meeting on instruction of RC 21/6/23- re-chased 20/7/23)
	Assurance in Respect of Financial Management and Performance
FPC 2106/02.3	**Monthly Finance Report & Monitoring Returns** • **Savings Reporting- Month 2 Review**

Robert Holcombe (RH), Director of Finance and Procurement, provided the update outlining the Health Board's financial performance for the month of May 2023 (month 2). The report summarised the Health Board's performance against financial targets, savings position, and forecast position.

At Month 2, the revenue position was reported as £29.4m deficit. The following key points were discussed;

- 112m revenue had been forecast to Welsh Government, aligning to the Health Board financial plan, noting the potential risk if spending plans and savings positions were not fully achieved.
- Pay spend has increased, in areas of variable pay reflecting urgent care operational pressures and continued delays in transfers of care.
- Off Contract and Enhanced Care costs had reduced.
- Non-pay costs had increased, noting that the two areas driving the increase were CHC and prescribing costs.
- Elective activity had broadly delivered to plan, noting that the flood in the Ophthalmology department impacting activity.
- Capital forecast was potentially £2m over, however, the Health Board were in discussion with Welsh Government to address this.
- Year to date savings were reported as £2.1m against the £3m plan.

RH informed members that the Health Board had received the All-Wales month two position from Welsh Government, noting that all Health Boards across Wales were in a combined £648m deficit, with £213m identified savings.

Members were informed that further discussions were required with the Executive and Board Members around financial efficiencies. Members were assured that regular Board and Committee meetings would be scheduled based upon the current financial position.

Shelley Bosson (SB), Independent Member, queried the following;

- Enhanced Care costs; was the Health Board an outlier in the use of enhanced care and should this be part of staff substantive roles as opposed to using variable pay. GB to discuss Enhanced Care comparisons with other Health Boards with Executive

colleagues and provided an update to members. **Action: Assistant Finance Director**

- What was the Health Board implementing to help improve the position on delayed discharges, as outlined in the report. RH informed members that the Discharge Programme was being led by the Director of Nursing. Newly available national data sets were being worked through by the Health Board. An update on the Discharge Programme and delays, including reporting against the new national data sets, to come back to a future meeting. **Action: Director of Nursing**
- When would the potential predicted overspend be declared to Welsh Government. RH informed members that continuous discussions were taking place with Executive and Divisional leads on the current financial position. Current spending levels did not support the £112m and savings delivery against plans needed to accelerate. Nicola Prygodzicz (NP), Chief Executive, discussed that, at the end of Quarter 1 the Health Board would have clearer plans for delivery and forecasting.

Dafydd Vaughan (DV), Independent Member, queried the following;

- The report outlined £1.9m of capital spending on temporary hold until the financial position improved. List of capital schemes on hold to be shared with members. **Action: Director of Finance and Procurement**
- Noting the approximately £2.7m of capital work that was currently unfunded, and the £1.9m on hold, what plans did the Health Board have in place to cover those costs. RH discussed prioritisation of capital schemes, noting the potential to defer some schemes to the following financial year if necessary. Hannah Evans (HE), Director of Planning and Performance, agreed that the capital position was currently challenged, and internal reprioritisation was taking place. HE assured members that none of the capital schemes on hold had been started and paused. All Divisions were reviewing risks aligned to capital schemes and discussions were due to take place at the Discretionary Capital Group meeting in June 2023.
- DV discussed the recent approval of the National Radiology Service business case and its financial impact on the Health Board. DV questioned when the

	Health Board would no longer approve further national business cases this financial year, based upon the current position. RH informed members that business continuity risk was considered when approving national business cases. DV requested that future financial reporting clearly outlined the national programmes that have financial impact to the Health Board but are not set out in the IMTP. • Members discussed the financial impact of potential national IT programmes. DV requested a list of planned national IT programmes. RH informed members that major system upgrades were discussed at the recent meeting of the Directors of Finance. List of planned major system upgrades to be provided to members. **Action: Assistant Finance Director** Richard Clark (RC), Committee Chair, requested information on when the financial position may require cuts in services. RH informed members that rapid change was required on traction and delivery of savings, and there would be several stages prior to discussions around cutting services; evaluating cost savings through the Health Boards Efficiency Agenda, estates utilisation and consolidation of services. Members were informed that further discussions were required with the Executive and Board Members around financial efficiencies. Members were assured that regular Board and Committee meetings would be scheduled based upon the current financial position. Members **RECEIVED** the report for **ASSURANCE** on the following key areas; • The financial performance at the end of May 2023 and the forecast position against the statutory revenue and capital resource limits, • The savings position for 2023/24, • The revenue reserve position on the 31st of May 2023, • The Health Board's underlying financial position, and • The capital position. *NP left the meeting.*
FPC 2106/02.4	**Value Based Healthcare Report 22/23**

Robert Holcombe (RH), Director of Finance and Procurement, supported by Daniel Davies (DD), Programme Manager, Value Based Health Care, presented the annual report for Value Based Healthcare (VBHC) to the Committee.

Members were reminded of the focus on achieving the best patient care, outcomes, and experiences through utilising a range of outcome measurement 'tools', with continued development of systems and processes to improve data collection.

Daffyd Vaughan (DV), Independent Member, queried the following;

- Was there collaboration between VBHC and the patient quality and experience teams, avoiding potential crossover of data collection. RH informed members that any crossover with patient experience came as additional benefit, with the VBHC focus on pathways of care. DD informed members VBHC teams linked with the Person-Centred Care Teams to align programmes of work based around Patient-Recorded Experience Measures (PROMs).
- What were the benefits related to efficiencies based upon VBHC data. DD informed members that the VBHC Patient Recorded Outcomes data informed prevention and the allocation of resources.

RH informed members that the VBHC team had 18 PROM data standards that were being proposed for national implementation. The Health Board were leading in this field.

Members were assured of the alignment with the Value Based Healthcare, Aneurin Bevan Continuous Improvement (ABCi), and the Person-Centred Care Teams, utilising data to inform future patient care and experience.

Value Based Healthcare report and presentation to be shared with all Board members for information. **Action: Secretariat**

The Committee **RECEIVED** the report for **ASSURANCE**.

DD left the meeting.

FPC 2106/02.5	**Efficiency Opportunities** Robert Holcombe (RH), Director of Finance and Procurement, supported by Greg Bowen (GB), Assistant Finance Director and Fay Lewis (FL), Finance Manager, presented the report to the Committee. Members were informed that, as part of the financial recovery plans, an Efficiency Board had been established in June 2023. Members received some key briefings from the Efficiency Board. FL discussed efficiency opportunities through national costing returns by reviewing costing data against English and Welsh peers. Members were informed of the potential costing efficiency savings of £26m identified. GB provided an overview of the efficiency opportunities identified during the 'Getting it right first time' (GIRFT) best practice assessment for ENT services, noting the use of CHKS system and NHS benchmarking data driving improved patient outcomes and experience, alongside potential financial savings. Members were informed that the Health Board were in the process of repeating the best practice efficiencies exercise for Neurology services. RH highlighted the need for efficiencies to reduce current costs, not just automatically to do more activity. Members were requested to note the following key areas; • The ABUHB efficiency opportunities identified for review as part of national costing returns for 2021/22, • The efficiency opportunities identified through the 'Getting it right first time' (GIRFT) best practice assessment for ENT services in ABUHB. • Efficiency opportunities identified by the Welsh Government 'Utilisation of Resources Group' (UOG). The Committee **RECEIVED** the report for **ASSURANCE**.
FPC 2106/03	**Items for Information**
FPC 2106/03.1	**Committee Annual Report** The Committee Annual report had been presented to Board. The Committee **RECIEVED** the report for **INFORMATION**.

FPC 2106/04	**Other Matters**
FPC 2106/04.1	**Items to be Brought to the Attention of the Board and Other Committees** There were no items to note.
FPC 2106/04.2	**Any Other Urgent Business** There was no urgent business to discuss.

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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
11/01/2023	**FPC 1101/07**	**Performance Overview Report with Exception Reporting:** For the Committee to take greater assurance of performance, future reports should include more specific language. Also, where information about specific specialties is referenced in different sections of the report, make sure there is a link so that the context can be understood in its entirety. Timelines and outcomes are to be included in reports to allow the Committee to assess progress against actions.	**Interim Director of Planning & Performance**	**June 2023**	In the next iteration of the report to the Finance and Performance Committee, the revised report structure should ensure that the Committee can take assurance from the report in its entirety. **Complete.**

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
11/01/2023	**FPC/1101/3.2**	**Getting it Right First Time Reviews (GIRFT): Review of Stroke Services Report** To receive assurance from the action plan, the Committee requested that, following discussion at the Executive Committee meeting, an update report on the GIRFT Review of Stroke Services to come back to the Finance & Performance Committee.	**Director of Therapies & Health Science**		To be added to the Finance & Performance Committee Forward Work Programme. Stroke reconfiguration report presented to the Board in July 2023, with a further update scheduled for September 2023.
11/01/2023	**FPC/1101/11**	**Efficiency Opportunities 2023/24** Following more detailed work with clinical and corporate teams to operationalise the improvements an update report on the progress of the Efficiency Opportunities 2023/24 to come back to the Finance & Performance Committee.	**Assistant Finance Director**	**June 2023**	**Complete-** Presented to the June 2023 committee.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
21/06/2023	**FPC 2106/02.2**	**Performance Overview Report with Exception Reporting** An update on the progress and impact of the Integrated Discharge Hub to be included in the next report to the Committee.	**Director of Nursing**	**December 2023**	Added to forward work programme for December 2023
21/06/2023	**FPC 2106/02.2.1**	**Performance Overview Report with Exception Reporting** An update on the performance in Coding, including the potential for robotics, to be included at the next Committee meeting.	**Director of Digital**	**September 2023**	**Complete-** Included on the agenda for September 2023
21/06/2023	**FPC 2106/02.3**	**Monthly Finance Report & Monitoring Returns Savings Reporting- Month 2 Review** Assistant Finance Director to discuss Enhanced Care costing comparisons with other Health Boards with Executive	**Assistant Finance Director**	**July 2023**	**Complete-** discussed at Board.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		colleagues and provided an update to members.			
21/06/2023	**FPC 2106/02.3.1**	**Monthly Finance Report & Monitoring Returns Savings Reporting- Month 2 Review** An update on the Discharge Programme and delays, including reporting against the new national data sets, to come back to a future meeting.	**Director of Nursing**	**December 2023**	Forward Work Programme December 2023
	FPC 2106/02.3.2	**Monthly Finance Report & Monitoring Returns Savings Reporting- Month 2 Review** The report outlined £1.9m of capital spending on temporary hold until the financial position improved. List of capital schemes on hold to be shared with members.	**Director of Finance**	**June 2023**	Shared with members in June 2023. **Complete**

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
ACTION LOG

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
	FPC 2106/02.3.3	**Monthly Finance Report & Monitoring Returns Savings Reporting- Month 2 Review** RH informed members that major system upgrades were discussed at the recent meeting of the Directors of Finance. A list of planned major system upgrades to be provided to members.	**Assistant Director of Finance**	**August 2023**	Shared with members in August 2023. **Complete**
	FPC 2106/02.4	**Value Based Healthcare Report 22/23** Value Based Healthcare report and presentation to be shared with all Board members for information.	**Secretariat**	**June 2023**	Shared with members in June 2023. **Complete**

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.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Medium Term Plan (IMTP) 2023/26 Quarter 1 Progress Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jennifer Keyte, Senior Corporate Planning & Service Improvement Manager

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 paper is to provide the Committee with a progress report against the Aneurin Bevan University Health Board's Integrated Medium-Term Plan (IMTP) 2023/26. This report summarises the Health Board's progress during Quarter 1, through the lens of the following chapters:

- Outcomes Framework through Life Course approach
- Clinical Futures Priority Programme progress
- Ministerial priorities progress
- A review of the planning scenario

The Committee is asked to:

- Note the progressed achieved during Quarter 1

Cefndir / Background

The IMTP for 2022/2026 sets out the vision for the organisation, that is to improve population health and reduce health inequalities experienced by our communities. In order to achieve this vision, the IMTP focusses on 5 life course priorities.

Outcomes and Performance Framework

With the IMTP vision and 5 life course priorities in mind, the Health Board has developed a set of supporting outcomes and associated indicators that helped focus understanding of how well they were doing in these areas. Indicators have been included that cover the full spectrum of what the organisation understand the health system to be, and what can be realistically measured.

The aim is to provide information and measurement at a system and population level to support the understanding of progress against the IMTP. Alongside this, the report provides a high-level overview of activity and performance at the end of June 2023, with a focus on delivery against key national targets included within the performance dashboard. The update focuses on the areas of RTT, Diagnostics, Urgent Care, Cancer and Mental Health.

There is further work to do in ensuring that timely data against the indicators (or the use of proxies where not) is available, particularly where conclusions on progress or deterioration are being made.

Priority Programme Progress

The IMTP set out key priorities, which, based on the understanding of the system, will deliver the biggest impact and improve the sustainability of the health and care system. By their very nature, these key strategic priorities are complex, system wide and the programmes of work are designing to implement these changes during the course of the IMTP. This report provides an update against the key milestones and progress made against each of the key priorities.

Ministerial Priorities

Through the templates underpinning the IMTP, the health board made a number of commitments in response to the Minister's priorities for delivery. This report now includes a chapter that updates on those commitments.

IMTP Planning Scenario

Working with a data partner, the organisation adopted a dynamic planning approach to understand the potential demand, risks and capacity requirements of the system. Working with each clinical team by speciality using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints, the Health Board developed a clear understanding of predicted demand on the system and the capacity needed against what is available. This report provides an update against what was planned, what took place and forward projections.

This information has supported refreshed profiles included in the updated Minimum Data Set for Quarter 1, this is required to be submitted to Welsh Government as part of the IMTP process.

It is acknowledged that there is overlap between the different chapters and future iterations of the report will seek to minimise this. In addition, the report will evolve to take into account the developing Quality Outcomes Framework and, again, seek to ensure there is no duplication.

Asesiad / Assessment

In Quarter 1 there has been sustained performance in line with the forecasted activity levels, with increases in activity and strong indicators that the Health Board is recovering activity to pre-Covid levels. Our planning assumptions were set out in the IMTP, and they are in line with expected delivery.

In summary, during Quarter 1 the Health Board delivered:

- ✓ Maintenance of childhood immunisations rates,
- ✓ Increase in Urgent Primary Care contacts,
- ✓ Improvements in several Urgent Care performance areas,
- ✓ Increase in life satisfaction among working age adults,
- ✓ Decrease in inpatient mortality rates,
- ✓ Maintenance of position of lowest rates of eColi, S.aureus and Aeruginosa across Wales
- ✓ Reduction in the number of patient waiting more than 52 weeks for treatment.

In Quarter 1 there are areas of risk that were assessed for the IMTP 2023/24 within the following pathways and will continue to need attention in the following quarters due to known capacity constraints and sustained urgency profiles that mean reducing the numbers of patients waiting will continue to be challenging. These pathways are:

- In the Planned Care system, the ENT and Orthopaedic Spines waiting times,
- Continued medical and community bed pressures,
- Sustainability of Primary Care access,
- Urgent Care system, including ambulance waits,
- Delivery of Mental Health interventions (Part 1b) in a timely way.

The actions to improve the position and risk level have been included in our plans set out within the report.

Overall, the indicators show that the Health Board is making some progress in key areas. Additionally, there has been a significant decrease in the number of children waiting over 36 weeks over the last year. A sustained picture is also observed in the outcomes to 'supporting being a healthy weight' and 'improving healthy lifestyle behaviours' amongst children and young adults.

In relation to our adult population, progress is mixed. We are making progress in increasing national screening programmes rates and reducing smoking rates and which reflect longer term outcomes. Although it should be noted that these measures are not always updated quaterly. However, in relation to making the best use of an individual's time, progress is challenging due to the urgent care and post-covid pressures in our system. This demonstrates the importance of our Clinical Futures programmes which is focussing on urgent care and planned care. Similarly, in relation to supporting people to live well in the community, the system is holding

too many patients in hospitals, and consequently redesigning services for older people is a fundamental component of the Urgent Care (6 Goals) Transformation Programme, and a key focus for our population through Regional Partnership work programme.

This Quarter 1 assessment sets out the organisation's understanding of its system and plans remains robust and the priority decisions made in the IMTP remain valid areas of focus now and into next year's IMTP planning.

Internal Audit
The approach for monitoring IMTP delivery, of which this report is a key component, has recently been subject to an Internal Audit. The outcomes of which will support further improvements to this report. The Internal Audit report is going to the Health Board's Audit Committee in September.

Argymhelliad / Recommendation

Committee is asked to:

- Note the progressed achieved during Quarter 1.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. This is a Quarterly report against the Integrated Medium-Term Plan and the key organisational priorities informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise

Strategic Equality Objectives 2020-24	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:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Public Board

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.

Aneurin Bevan University Health Board

IMTP

Integrated Medium-Term Plan

2023/26

Quarter 1

1. INTRODUCTION

This report summarises the Health Board's progress for Quarter 1 against the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes, Ministerial Priorities and a review of the underpinning planning scenarios.

The IMTP was approved by the Board, and reflections recognised the significant challenges and risks going forward, and in particular the financial context in which we are operating in to deliver this plan alongside the importance of the new legal Duty of Quality and Duty of Candour in mind.

The plan maintained a three-year focus given the emphasis on long term sustainability but with a greater level of detail on year one delivery given the scale of challenge and ministerial expectations. The continued focus on understanding of the Health Board system has highlighted the areas where attention was focused to enable the delivery of sustainable recovery. This informed the Clinical Futures Transformation and Delivery priorities for 2023 -2026. Overall, this is a plan based on a realistic assessment of delivery as well some ambition in respect of delivery and progress.

In summary, during Quarter 1 the Health Board delivered:

- ✓ Maintenance of childhood immunisations rates,
- ✓ Increase in Urgent Primary Care contacts,
- ✓ Improvements in several Urgent Care performance areas,
- ✓ Increase in life satisfaction among working age adults,
- ✓ Decrease in inpatient mortality rates,
- ✓ Maintenance of position of lowest rates of eColi, S.aureus and Aeruginosa across Wales,
- ✓ Reduction in the number of patient waiting more than 52 weeks for treatment.

In Quarter 1 there are areas of risk that were assessed for the IMTP 2023/24 within the following pathways and will continue to need attention in the following quarters due to known capacity constraints and sustained urgency profiles that mean reducing the numbers of patients waiting will continue to be challenging. These pathways are:

- In the Planned Care system the ENT and Orthopaedic Spines waiting times,
- Continued medical and community bed pressures,
- Sustainability of Primary Care access,
- Urgent Care system, including ambulance waits,
- Delivery of Mental Health interventions (Part 1b) in a timely way

The actions to improve the position and risk level have been included in our plans set out later in this document.

Structure

This report is structured across four sections as follows:

2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY

The vision set out in the IMTP 2023-2026 is to:

> Improve population health and reduce the health inequalities experienced by our communities.

In order to achieve this vision, the IMTP focuses on 5 life course priorities. The Outcomes Framework is updated quarterly and, depending on data availability, the latest data is reported for each indicator. For the 2023/26 IMTP, the Outcomes Framework was reviewed and, where appropriate, aligned with the newly published Public Health Outcomes Framework. The timescales for indicators vary according to the data source. Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

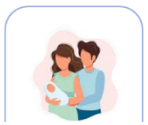
A total of 41 indicators are reported upon and of these indicators, 15 measures have shown improvements over the last reporting period. A total of 14 indicator values have deteriorated and 12 are statistically similar. The full outcomes framework can be found in Appendix 1 and a breakdown of the type of change by priority can be seen in the table below:

Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	0	7	3	1	**15**
Similar	2	3	2	3	2	**12**
Deteriorated	2	2	7	1	2	**14**
Total indicators	**8**	**5**	**16**	**7**	**5**	**41**

Priority 1

Every child has the best start in life

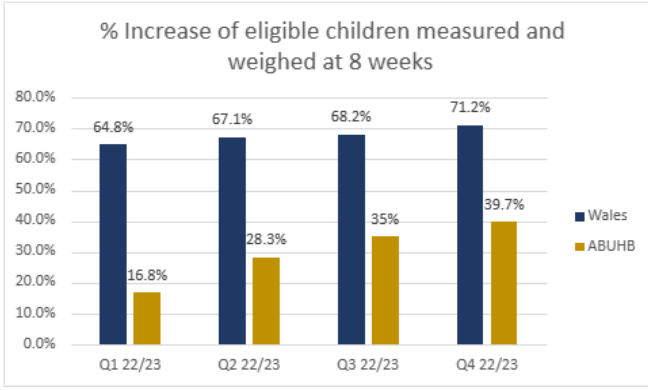
Our Outcomes:



Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board's IMTP committed to working with partners to take forward actions and activities that have a positive impact on the first 1000 days of life. The table below sets out three core outcomes to be achieved in this area. Alongside identified measures, this information is used to target actions and priorities for the organisation.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%	2021	5.1%	2022	6.1%	Deteriorated	Increase in indicator between 2021 and 2022. In line with the All Wales average.
		Decrease in smoking status at birth	16%	10%	2021	13.7%	2022	13.1%	Improved	Significant decrease between 2021 and 2022, however remains above the all Wales average.
		Decrease in stillbirths	4.8	3.0	2021	3.9	2022	4.5	Deteriorated	Increase in stillbirth rates between 2021 and 2022. 10% decrease in stillbirths observed over the last 5 years.
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q3 2022/23	56.5%	Q4 2022/23	58.9%	Improved	Indicator value has improved by 4.2% between Quarter 3 and Quarter 4.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q3 2022/23	35.0%	Q4 2022/23	39.7%	Improved	Improvement in indicator over the last 4 quarters, however this remains significantly below the all Wales average.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q3 2022/23	41.5%	Q4 2022/23	45.6%	Improved	Indicator value has remained stable.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2022/23	90%	Q4 2022/23	90%	Similar	Indicator value has remained stable.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2022/23	94%	Q4 2022/23	94%	Similar	Indicator value has remained stable.

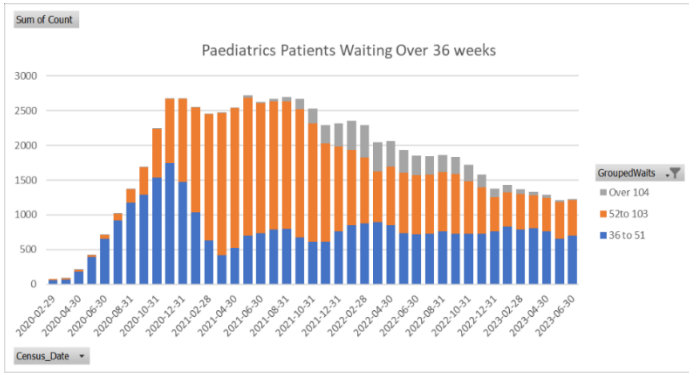
Following the impacts of the Covid-19 pandemic in 2020, the number of Healthy Child Wales Programme contacts have recovered to numbers seen prior to the pandemic. There has been an improvement in one indicator of the outcome **'Optimising a child's long term potential'** with a further increase from the last reported position of 35% (Q3 2022/23) to 39.7% (Q4 2022/23) in the increase of eligible children measured and weighted at 8 weeks as part of the Healthy Wales Child programme. Additionally, the percentage of eligible children with contact at 3.5 years pre-school has improved to 45.6% during Quarter 4 2022/23. Contacts who were not completed are largely due to workforce capacity constraints or contacts not attending an appointment. A recovery plan is in place to address these barriers with the aim to increase compliance.



There has been a sustained position in the reported indicator in the outcome **'Increasing childhood immunisation**

and preventing outbreaks' with 90% of children receiving 2 doses of the MMR vaccine by the age of 5. Additionally, 94% of children received 3 doses of the hexavalent '6 in 1' vaccine by age 1, demonstrating sustained strong performance.

The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased during the pandemic and peaked during the summer of 2021. There have been and continue to be focused efforts to reduce paediatric waiting times and, in the lead up to December 2022 ENT was the last remaining specialty with patients waiting more than 52 weeks. Consequently, intensive plans were developed to reduce the waiting time for first outpatient appointments within ENT which was achieved by the end of December 2022 and has been maintained across all specialties since.



Additionally, the Health Board is working alongside the Welsh Health Specialities Services Committee (WHSSC), who are undertaking a deep dive into a range of paediatric sub-specialities to develop options with a focus on addressing increased waiting lists, in particular those waiting over 2 years.

Priority 2
Getting it right for children and young adults

Our Outcomes:

Improve mental health resilience

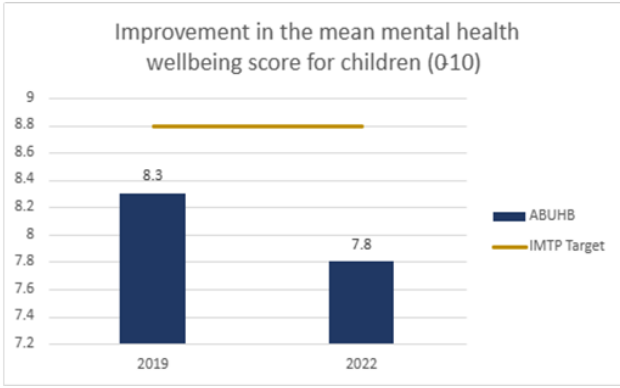
Support being a healthy weight

Improve healthy lifestyle behaviours

Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; therefore, targeting actions to improve outcomes in these areas has a long-lasting impact on delivery. Young adult mental health is a Ministerial priority area with CAMHS a focus in the national performance framework.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Jun-22	97.4%	Jun-23	82.9%	Deteriorated	Deteriation in metrics, however IMTP target remains achieved.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Feb-23	42.2%	Jun-23	36.2%	Deteriorated	Indicator has deteriorated from 42.2 (Feb 23) to 36.2% (Jun 23)
	Support being a healthy weight	Increase in physical activity (for at least 60 minutes a day) in adolescents	15.1%	20%			2022	15.1%	Similar	**New Indicator** Indicator is lower than the welsh average of 16.2%. Please note, trend data is not yet avaiable.
	Improve healthy lifestyle behaviours	Decrease in adolescents using alcohol	40.9%	30%			2021	40.9%	Similar	**New Indicator** Indicator is higher than the welsh average of 40.2%. Please note, trend data is not yet avaiable.
		Decrease in adolescents drinking surgary drinks once a day or more	18.5%	10%			2021	18.5%	Similar	**New Indicator** Indicator is higher than the all welsh average of 16.4%. Please note, trend data is not yet available.

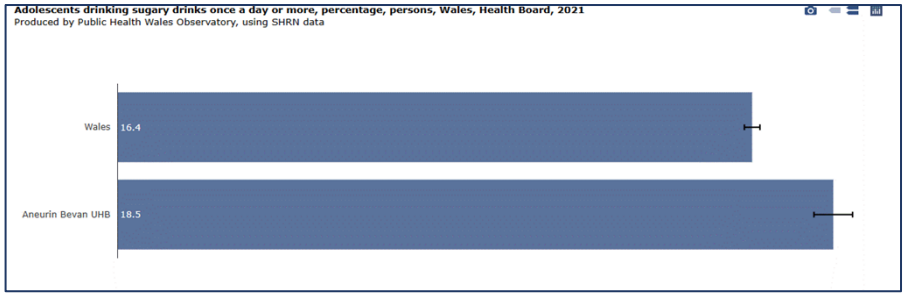
Progress within the **'Improve Mental health Resilience in Children and Young Adults'** outcome remains mixed. The CAMHS Neuro-developmental (ND) Service remains committed to achieving the 80% target of completing ND assessments within 26 weeks. Quarter 1 of 2023/24 has seen continued demand of referrals requesting consideration of a ND assessment and this challenge has resulted in an RTT compliance for the end of June 2023 of 36.2%. A robust ND recovery plan was implemented in April 2023 to support the current waiting lists across the 0 -18 years pathway by separating the cohorts of 0 - 5 years and the 5 - 18 years.



A new pathway has been approved for those aged 0-5 years on the waiting list waiting for an ASD assessment. This will begin to have an impact once the new team is in place following recruitment in August 2023. For the children and young people on the 5-18 years waiting list, an ND recovery team has been put in place to support, with the longest waiters and support for the core ND team. Focus will also be on the ND screening of new referrals with completed supporting information.

The ND Over 5's position is forecasted to be recovered at end of September 2023 - however the Under 5's position is forecasted not to recover compliance this financial year, which will impact the overall under 18's pathway RTT compliance due to the need to establish fully a new clinical team and pathway for under 5 year's ND. It is anticipated that the Quarter 2 position will reflect the impact of the start of the recovery work however, the trajectory of the under 18 year's compliance is forecast to be 48% - 50% at the end of the next quarter.

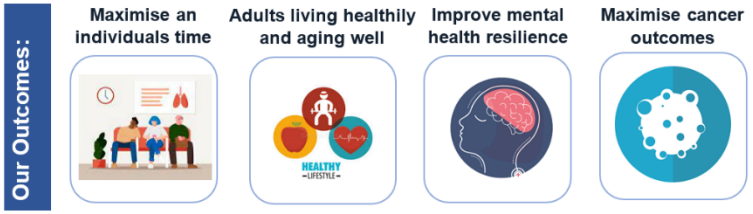
There is no new data since the last quarterly update which was that a number of further new indicators have been developed for this priority including the 'Increase in physical activity' in adolescents as part of the **'Support being a healthy weight'** outcome measure. Within Gwent, the percentage of adolescents participating in at least 60 minutes of exercise a day is reported at 15.1%. Physical activity diminishes with age, from 20.7% (age 11) to 12.4% (16) and by gender with 20.7% reported amongst males and 11.9% amongst females. Additionally, there is a reported variation based on deprivation, with those living in a more affluent area more likely to engage in exercise (18%) compared to those in the least affluent areas (14%).



There is no new data since the last quarterly update which was that within the '**Improving healthy lifestyle behaviours'** outcome the indicators 'percentage of adolescents using alcohol' and 'drinking sugary drinks once a day or more' have both reported higher rates than the all Wales average. Both newly reported indicators feature as part of

the Marmot commitments of strengthening the role and impact of ill-health prevention. The average percentage of adolescents drinking sugary drinks once a day or more is currently 18.5% compared to the all Wales average of 16.4%.

People who begin drinking early in life run the risk of developing serious alcohol problems, including alcoholism, later in life. They are also at greater risk for a variety of adverse consequences and poor performance in school. The average percentage of adolescents using alcohol is currently 40.9% compared to the all Wales average of 40.2% and this rate rapidly increases by age, increasing from 15.2% at the age of 11 to 71.8% by the age of 16.



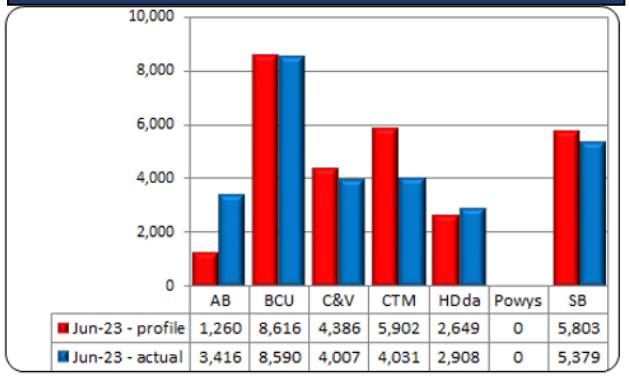
Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area, particularly in relation to maximising an individual's time. The outcomes and performance set out below underpin the work of the priority programmes and in particular the work of the 6 Goals for Urgent and Emergency Care, Planned Care and Mental Health. The progress for these can be found in Chapter 3.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Mar-23	33997	Jun-23	35813	Deteriorated	Indicator value has increase since Mar 23 and Jun 23 by 5.3%
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Feb-23	123304	Jun-23	123736	Similar	Indicator value has increased by 1.6% but remains statistically similar.
		Increase in Urgent Primary Care Contacts	5336	8000	Mar-23	2773	Jun-23	3347	Improved	Significant increase in the number of UPCC contacts between March 23 and Jun 23.
		Reduction of ambulance handovers over 1 hour	737	0	Mar-23	1497	Jun-23	1285	Improved	Improving trend over the last 3 months, reducing by 14.2%
		Reduction in patients never waiting in ED over 16 hours	417	0	Mar-23	498	Jun-23	358	Improved	Decrease in indicator value between Q3 and Q4. Rate has decreased by 21.6%. Decreasing trend observed since Dec 22.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Mar-23	2.3 hours	Jun-23	4.4 hours	Deteriorated	Deteriation from 2.3 hours in Mar 23 to 4.4 hours in Jun 23.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Mar-23	13.9 hours	Jun-23	7.9 hours	Improved	Improving trend overserved over the last 3 months.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2020/21	53%	2021/22	51%	Deteriorated	Since Covid-19, there has been a decrease in physical activity from 55% (19/20) to 51% (21/22)
		Decrease in the % of adults smoking	19%	15%	2020/21	12.9%	2021/22	11.9%	Improved	IMTP target met. Decrease in percentage of adults smoking and in line with national trends.
		Increase in working age adults of healthy weight	39.5%	50%	2020/21	36.7%	2021/22	35.4%	Deteriorated	Since Covid-19, there has been an small increase in the number of overweight or obese adults.
		Increase in working age adults in good or very good health	69%	80%	2020/21	76.9%	2021/22	70.5%	Deteriorated	**New Indicator** Deteriation in indicator from 76.9% to 70.5% between 2020/21 and 2021/22
		Increase uptake of National Screening Programmes	64.2%	80%	2020/21	70.2%	-	-	Improved	Improvements in indicator value observed. Next update scheduled Quarter 2 (provisional).
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	55	2020/21	76.4%	2021/22	79.5%	Improved	**New Indicator** Increase in value between 2020/21 and 21/22
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	**Measure will be available from July and will be included within the next quarterly report**
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Mar	58.2%	Jun-23	56.2%	Deteriorated	Deterioration in indicator value from 58.2% (Mar 23) to 56.2% (Jun 23)
		Increase in 5 year cancer survival	49.1%	60%	2015-19	54%			Similar	Indicator value is similar and has been sustained. Next update scheduled Sept 23 (provisional).

Maximising an Individual's Time- Planned Care

Maximising an individual's time is a core element of planned care. As of June 2023, there are 3,416 patients waiting more than 104 weeks for referral to treatment and as illustrated on the chart to the right, whilst the June trajectory profile has not been achieved, the Health Board maintains the smallest number of long waiters.

No of pts waiting more than 104 weeks for referral to treatment

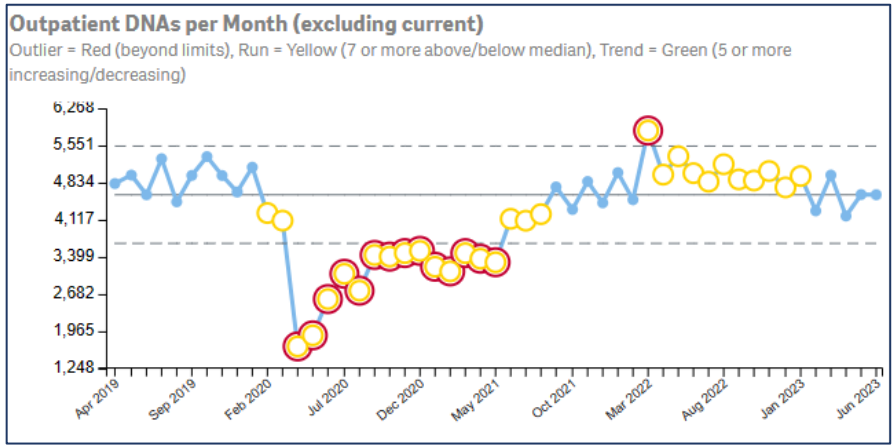


	AB	BCU	C&V	CTM	HDda	Powys	SB
Jun-23 - profile	1,260	8,616	4,386	5,902	2,649	0	5,803
Jun-23 - actual	3,416	8,590	4,007	4,031	2,908	0	5,379

With regards to outpatients, as of June 2023, there were 11,503 patients waiting more than 52 weeks and 18,350 waiting more than 36 weeks for a new outpatient appointment. Whilst the Quarter 1 trajectories have not been met, performance is expected to return in line with forecast with the commencement of Ophthalmology contract and a focus on ENT waits in Quarter 2.

For Ophthalmology, a Business Case seeks to provide a 14 month solution for additional regional capacity for cataract outpatient and inpatient stages to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region has been developed for approval during this quarter. A delay in a Welsh Government decision on the business case poses a risk for delivery of the volumes within the business case.

The outpatient transformation programme is focussing on its outpatient Did Not Attend (DNA) plan, of which the current rate has reduced from 6.1% (2,762) in March 2023 to 5.4% (2,354) in June 2023. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus next quarter to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

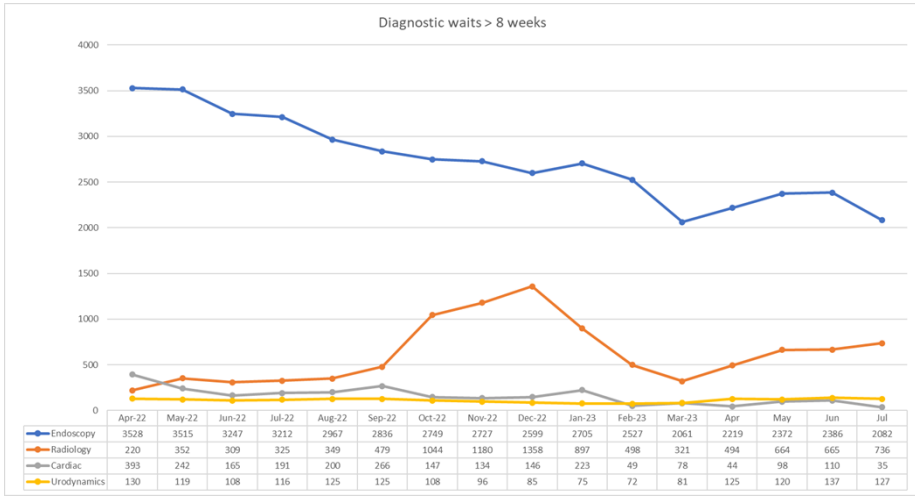


The Health Board has worked hard to increase treatment (inpatient & day case) capacity post COVID and following the opening of the Outpatient Treatment Unit at the Royal Gwent Hospital, capacity is currently 105% of pre COVID levels. The outpatient treatment unit has two treatment rooms and whilst the first is fully staffed, a plan has been developed and is in place to staff the second room. A business case has also been drafted for the continued funding of an Automated Clinic Booking system which aims to increase clinic efficiencies and utilisation across the Health Board. Further details against key actions and milestones can be found within the 'Progress of Ministerial Priorities' chapter.

Maximising and Individual's Time- Diagnostics

As seen in the graph on the right, cardiology has seen significant improvement, driven by use of an insourcing company to deliver additional echo capacity. Further key areas in diagnostics include:

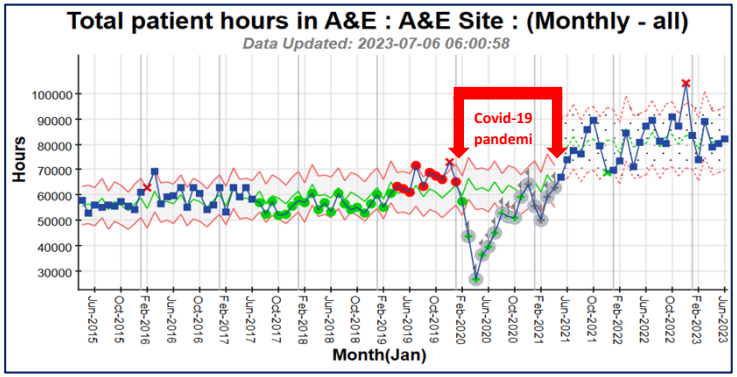
- continued insourcing of additional endoscopy capacity has supported a maintenance in the 8-week backlog with a small decrease in the numbers of people waiting at the end of June (2,386)
- radiology diagnostics have remained within tolerance but a slight increased as between observed during Quarter 1
- the future developments of the Royal Gwent Hospital endoscopy unit has progressed with approval to recruit ahead of the new unit opening in November 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening.

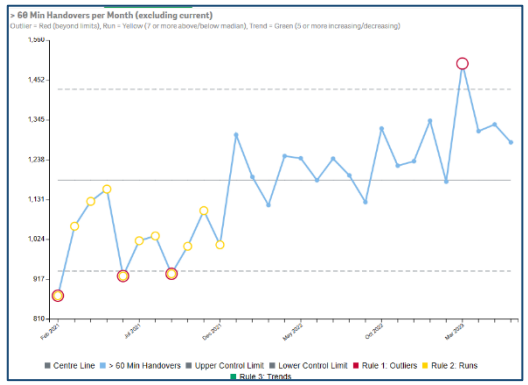


	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr	May	Jun	Jul
Endoscopy	3528	3515	3247	3212	2967	2836	2749	2727	2599	2705	2527	2061	2219	2372	2386	2082
Radiology	220	352	309	325	349	479	1044	1180	1358	897	498	321	494	664	665	736
Cardiac	393	242	165	191	200	266	147	134	146	223	49	78	44	98	110	35
Urodynamics	130	119	108	116	125	125	108	96	85	75	72	81	125	120	137	127

Maximising an Individual's Time- Urgent Care

Urgent Care services continue be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. There has been increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.



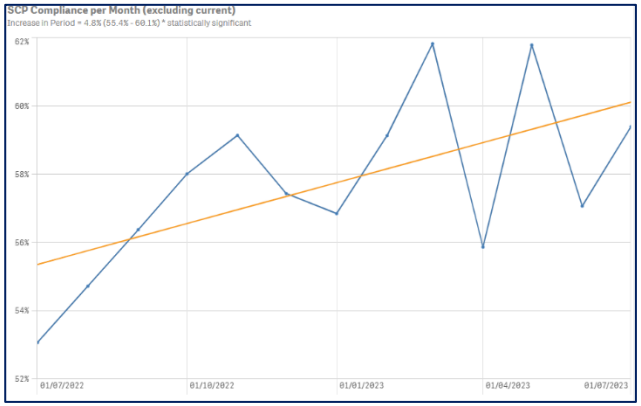


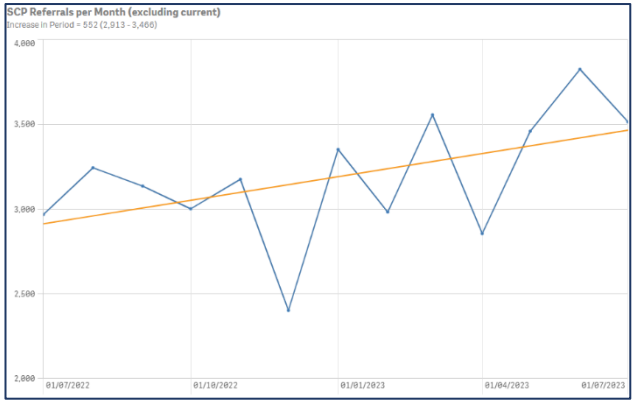
During Quarter 1, there have been on average 619 daily attendances to the Emergency Department or a Minor Injury Unit and the pressure on the urgent care system has resulted in patients staying in hospital for longer. The average time from arrival to departure in the GUH Emergency Department continues to be above target and significantly above pre-covid levels as the chart above demonstrates. During June, a total of 1,285 patients waited for over 60 minutes to be transferred to the Emergency Department from an Ambulance. Whilst this remains high as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers and as such this has reduced significantly from 1497 reported in March 2023.

Despite the extreme pressures upon the urgent care system, the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments has improved. As of May 2023, compliance against patients treated within 4 hours was 77% compared to 72.5% in March 23. The most recent national performance data reports that whilst the 95% target has not been met, the Health Board's performance is higher than the Welsh average of 72% and remains the best performing Health Board in Wales (excluding Powys).

Maximising cancer outcomes

There has been significant improvement in the rate of 5-year cancer survival reported over the last 10 years. Compliance against the 62-day target for definitive cancer treatment, however has deteriorated from 58.2% as of March 2023 to 56.2% at the end of June 2023. Significant increases in demand relating to suspected cancer referrals have continued to exceed 3,000 referrals per month and this increased demand is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres. Further analysis is underway to better understand the increase in cancer demand.





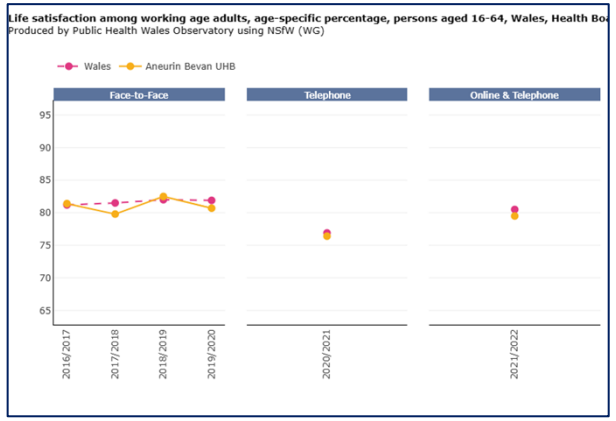
There are a number of factors which have had an impact on overall performance. A primary driver is a considerable reduction in skin treatments. The volumes for this specialty have historically contributed in increasing the performance denominator. This reduction has been influenced by the current pathology pressures. The pressure on the diagnostics part of the pathway is a significant constraint with actions continuing to improve the position through outsourcing of services.

Adults living healthily and well

There is no new data since the last quarterly update which was that latest data reports that there has been a decreasing trend in the percentage of adults smoking and rates currently stand at 11.9%. This has been and continues to be a comprehensive programme of activity aiming to reduce smoking prevalence, focussing on helping adults who smoke to quit; preventing the uptake among children and young people; and de-normalising smoking in society which has undoubtedly reduced visibility of the behaviour in public.

Mental Health in Working Adults

There is no new data since the last quarterly update which was that Mental wellbeing remains a key priority for the organisation and improvements have been observed in **the 'Improved mental health resilience in adults'** outcome measure. The newly developed indicator which measures satisfaction among working age adults increased and from 76.4% in 2020/21 to 79.5% in 2021/22 and shows signs of returning close to pre-covid levels.



Priority 4

Older adults are supported to live well and independently

Our Outcomes:

Prevention and keeping older adults well

Delivering care closer to home

Reducing admissions and time spent in hospital

Supporting older adults to live well and independently is a core component of the Health Boards' plan for a sustainable health and care system. We know we need to deliver improvement for this section of our population in our service offer. Within the Clinical Futures 6 Goals programme for Urgent and Emergency Care, there is prioritisation in Goas 1 and 2 for redesigning services for older people.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people free from limiting long term illness	43.3%	50%	2020/21	43.3%	2021/22	46.7%	Improved	**New Indicator** Improvement in indicator from 43.3% (2020/21) to 46.7% (2021/22). However, this remains below the all Wales average of 51.7%
		Increase in life satisfaction among older people	75.0%	85%	2020/21	75.0%	2021/22	84.2%	Improved	**New Indicator** Improvement within indicator from 75% to 84.2%, surpassing the all Wales average of 82.4%.
		Increase in older people of healthy weight	38.7%	45%	2020/21	38.7%	2021/22	35.6%	Deteriorated	**New Indicator** Measure has deterioated between 2020/21 and 2021/22 by 8%.
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Feb-23	326	Jun-23	393	Improved	Indicator has improved by 20.5% between Feb 23 and Jun 23
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Feb-23	214	Jun-23	225	Similar	Indicator has remained statistically similar.
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1297	1000	Feb-23	1427	Jun-23	1439	Similar	Indicator has remained statistically similar.
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q4 2022/23	56%	Q1 2023/24	55%	Similar	IMTP target of 55% has been met during reporting period.

There is no new data since the last quarterly update in the **'Prevention and keeping older adults well'** outcome. The most recent data showed an increase observed in the percentage of older people free from limiting long term illness from 43.3% (2020/21) to 46.7% in 2021/22. However, this remains below the all Wales average of 51.7%. Additionally, an increase in the percentage of older people reporting life satisfaction has been reported and is currently 84.5%, compared to 75%, surpassing the all Wales average of 51.7%

The indicator values have generally remained statistically similar for both the '**Delivering Care Closer to Home'** and **'Reducing admissions and time spent in hospital'** outcomes. As of June 2023, there were 393 accepted referrals to the Rapid Response Services and 225 to the Reablement & Falls Services. Goal 1 of the Urgent Care Transformation programme have progressed the development of redesign of frailty services, including the extension of CRT hours to 8am-8pm Monday to Friday and it is anticipated that the rate of accepted referrals would increase to enable people to remain at (or close to) home, where this is safe and appropriate.

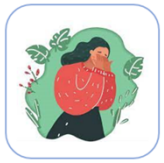
The outcome **'Reducing admissions and time spent in hospital'** has seen a sustained position with both indicators, and the number of emergency admissions for over 65 years of age is reported at 1439 at the end of June. Whilst the indicator 'decrease in the length of stay over 21 days' has remained statistically similar to the previously reported position, the gradual decrease from 56% (145/264) in March 2023 to 55% (140/255) in June 2023 has resulted in the IMTP target of 55% being met.

Priority 5

Dying well as a part of life

Our Outcomes:

Improved end of life care experience



Improved planning and provision of end of life care

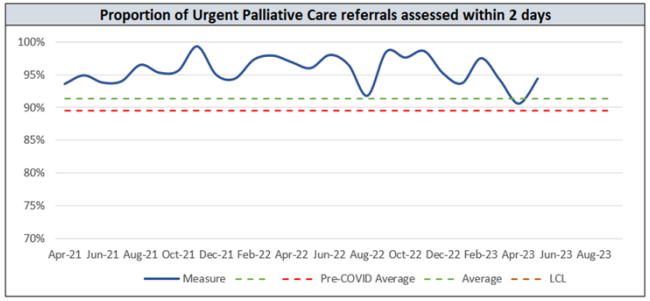
The IMTP sets out the commitment to continuously improve what we do to meet the need of people of all ages who are at the end of life. The measures represent indicators to support the organisations understanding of how it is delivering in this area to support the population to die in their place of choice and have access to good care.

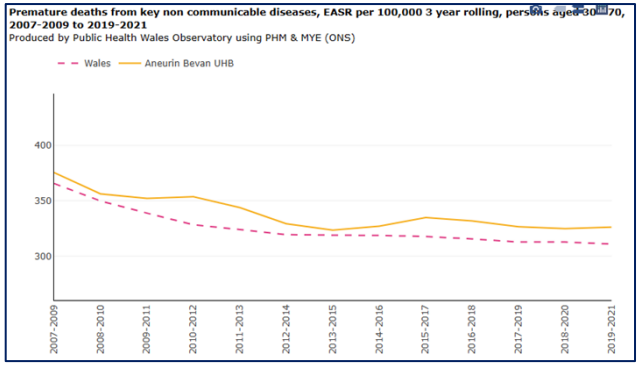
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q4 2022/23	2.1%	Q1 2023/24	1.8%	Improved	Improved rate of inpatient mortality from 2.1% in Q4 22/23 to 1.8% in Q1 23/24
		Reduction in compliants	11	0	2021/22	11	2022/23	21	Deteriorated	**New Indicator** Deterioration in indicator from 11 complaints received during 2021/22 to 21 during 2022/23.
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Dec-22	171	Jul-23	172	Similar	Indicator has remained statistically similar.
		Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Dec-22	99%	May-23	94%	Deteriorated	Deteriation in the indicator value from 99% (Dec 22) to 94% (May 23).
	Minimising avoidable ill health	Reduction in the number of deaths from non communicable diseases	324.8	300	2018-2020	324.8	2019-2021	326.1	Similar	**New Indicator** The rate of deaths from non communicable diseases has remained statistically similar over the reporting period.

Progress against all three outcomes of this life course priority remains mixed. For the outcome measure **'Improve care at the end of life'**, it is recognised that the relationship between mortality rates and the quality of patient care is a complex one. For this reason, the indicator 'decrease inpatient mortality rate' is used as a measure and trigger for further investigation, understanding that it may not indicate any deficiency in the quality of care. The rate in inpatient mortality decreased from 2.1% during Quarter 4 2022/23 to 1.8% during Quarter 1 of this financial year and has been following a downward trend since December 2022 as forecasted.

For the outcome **'Improved planning and provision of end of life care'**, referrals to palliative care services have remained stable, however the proportion of urgent palliative care referrals assessed within 2 days deteriorated from 99% (Dec 2022) to 94% (May 2023).

Non communicable diseases (such as cancer, heart disease, stroke, diabetes, lung and liver disease) are responsible for more than half of all deaths in Wales. To monitor this, a new outcome measure '**Minimising avoidable ill health'** has been included within the outcomes framework. The rate of deaths from non communicable diseases has remained similar over the last 3 years, increasing slightly from 324.9 per 100,000 in 2018-20 to 326.1 per 100,000 in 2019-21. When looking over a 12 year period, a decreasing trends overall has been observed, however, the rate in Aneurin Bevan UHB remains higher than the all Wales average (currently 310.9 per 100,000).



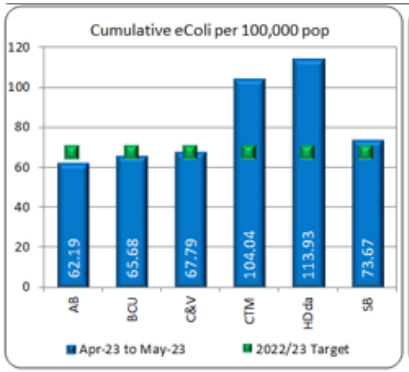


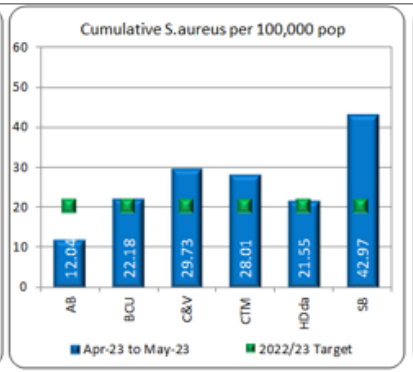
Key Enablers

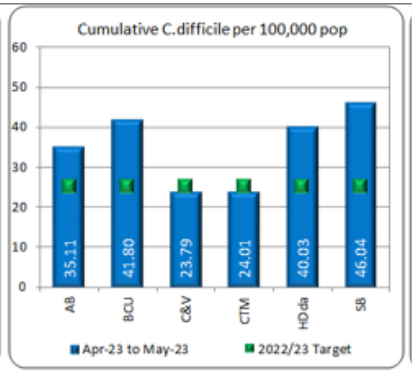
Quality and Safety

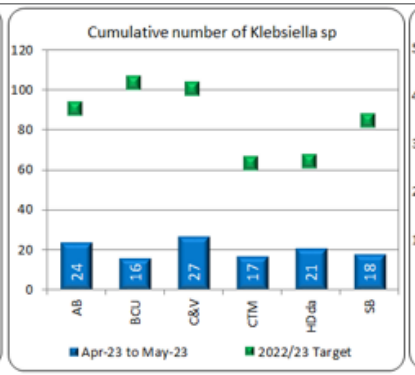
Quality and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. A patient quality, safety and outcomes dashboard has been developed around the themes of the Health and Care Standards (HCS) and is reported weekly to the operational group and directly to the Patient Quality and Safety Committee in order to provide assurance in relation to priority areas that are deemed to be higher risk. This section of the report will be reviewed in light of the new Quality Outcomes Framework.

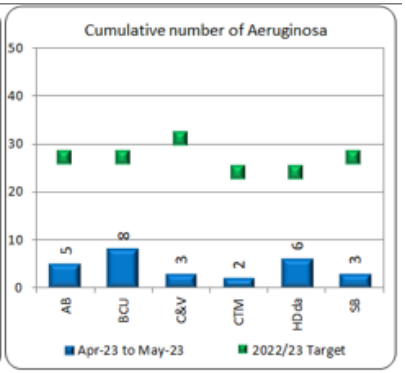
The Health Board has the lowest rates of eColi, S.aureus and Aeruginosa per 100,000 population across Wales, additionally, the Health board met the 2022/23 for all measures apart from C.difficile.





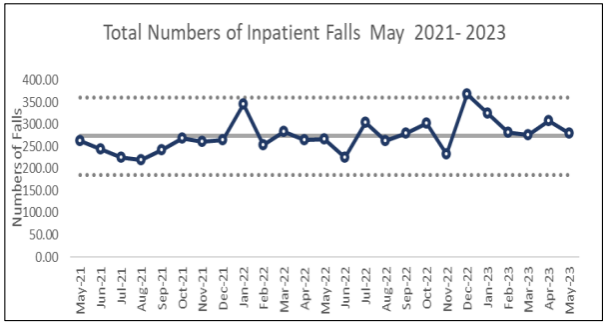


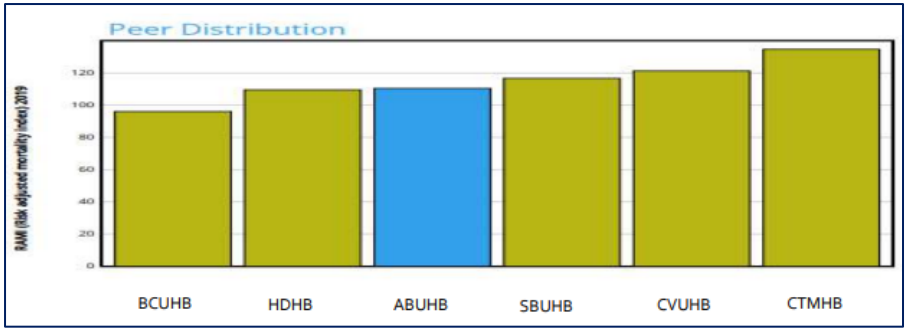




Falls

Analysis of data associated with Inpatient falls management continues to be monitored over a two-year rolling period to provide assurance. This approach identifies any changing trajectories or statistical variation in the number of fall incidents. The mean average number of monthly falls for ABUHB has seen a marginal increase from 270 (March 2023) to 272 (May 2023). For the year 2022/23, incident reporting numbers remain subject to a greater degree of variation as compared to 2021/22. Since December 2022, there has been a downward trend to March 2023. April has seen an increase in reported incidents to a value of 308. 90% of the fall incidents reported are categorised as 'no' or 'minimal' harm.





Risk Adjusted Mortality Index (RAMI)

RAMI is used to assess whether inpatient mortality across all medical and surgical patients deviates from the expected, taking risk factors into considerations. Since the opening of the Grange University Hospital, there has been a significant decrease in RAMI until December 2021 before gradually increasing in line with the rest of Wales but continued to be below the welsh average. To date, the Health Board is performing 3rd of 6 within its peer group as illustrated in the chart on the left.

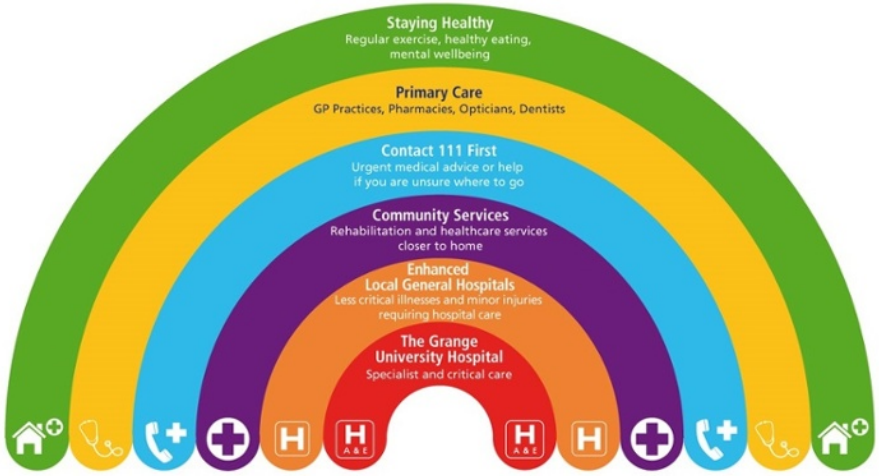
3. PROGRESS OF CLINICAL FUTURES PRIORITY PROGRAMMES

Our Clinical Futures Strategy set out our ambition to transform our healthcare system and laid the foundations for change.

We have adopted a rigorous and systemic programme management approach to support the delivery of key components of our strategy. We have refocussed our Clinical Futures Transformation and Delivery Team to support the delivery of a finite number of organisational priorities in response to the challenges identified through the dynamic planning model.

Out Health Board has set 8 key priorities which, based on our understanding of the system, will deliver the biggest impact, improve the sustainability of our system and enable us to reduce health inequalities and improve population health. These priorities are consistent with and allow us to maintain our commitment to the Ministerial priorities. These priorities are central to delivering our Life Course Approach, creating the capacity, new service models and balancing our efforts across prevention, proactive early intervention and services that response to illnesses and restore health and well-being.

This chapter of the reports sets out the Clinical Futures priority key achievements made during Quarter 1 and what the key areas of focus are for the next quarter.

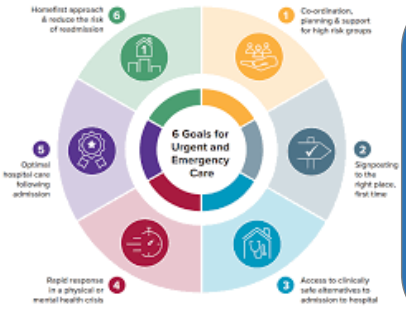


Clinical Futures Programmes:

1. Urgent Care Transformation (including Redesigning services for older people)
2. Enhanced Local General Hospital network
3. Optimising Cancer Outcomes
4. 6 Goals for Planned Care
5. Public Health Population and Population Health Improvement
6. Placed Based Care (ACD)
7. Mental Health Transformation
8. Net Zero Decarbonisation including Agile Working

1. Urgent Care Transformation (including Service Redesign for Older People)

The Health Board has seen positive momentum through each of the goals despite significant operational pressures. Engagement with Welsh Government continues to build momentum with national goal lead representation at programme board.



Why is this a priority?

Prior to the pandemic, the situation in Emergency Departments was increasingly difficult, with demand soaring and the percentage of people being seen within the four-hour target reaching an all-time low over the 2019/20 winter. Since the start of the pandemic, ED attendance decreased significantly which led to performance improvements. Since lockdown eased, demand has steadily risen, and a greater number of people with serious problems are presenting themselves in our urgent and emergency care system.

Achievements and progress made this quarter:

Goal 1	Goals 2, 3 & 4	Goals 5 & 6
• Continuation of extensive stakeholder engagement activities. • Planning and proposal developed to describe the redesign of frailty services and support the extension of Community Resource Team (CRT) hours. • Programme Board endorsement of resource group recommendations and action plan to develop frailty principles for standardised service delivery across each borough. • Health Care Support Worker emergency care pilot commenced in April, operating at weekends. • Ambulatory care proposals developed and endorsed by Programme Board. • Proactive frailty approach, inclusion criteria and identification platform agreed. Expert reference group established.	• Safety flow process rigour introduced to improve ambulance handover times. • Single Point of Access workshop held. • General Surgery model at Same Day Emergency Care (SDEC) Grange University Hospital (GUH) well established and delivering a strong service. • Acute Medicine patient volume has increased through quarter with plans to sustain. • Continue to monitor trends associated with our eLGH Assessment units where considerable volumes of patients are assessed-out within 12 hours. • The Grange Level 1 Improved configuration completed. • Respiratory Ambulatory Care Unit (RACU) funding sustained through core funding. • Ysbyty Ystrad Fawr SDEC evaluation submitted to Gwent Adults Strategic Partnership for ratification and onward funding through Regional Integration Fund. • Trauma & Orthopaedic SDEC GUH Pathway established.	• Established Integrated Discharge Board Improvement Board. • Scope and development of short-term digital solution to capture discharge data. • Delivered ‘Move it May’ campaign with focus on prevention of deconditioning, monthly audit completed, shared via Delivery Unit (DU) with other Health Boards as an example of best practice. • Intranet site under development to support education and training. • Continued roll out the Optimising Flow Patient Framework across all sites, monthly implementation meetings held with the DU. • Trusted Assessor Task & Finish Group established and mapping of functions and roles to be undertaken across Health and Social Care. • Pharmacy support secured to support early and timely discharges.

Key areas of focus for the next quarter:

Goals 1	Goals 2, 3 & 4	Goals 5 & 6
• Commence Organisational Change Procedure process with staff regarding CRT extended hours. • Commence review of frailty principles (resource group action plan), moving towards a core offer across all boroughs and parity of outcomes. • Produce ambulatory care workstream plan – developed scheduled and unscheduled response, working with existing services to avoid duplication. • Share Health Care Support Worker pilot evaluation & recommendations. • Commence test of concept for proactive frailty – pilot approach across small number of Neighbourhood Care Networks. • Develop Community Hospitals strategy and work programme.	• Next Phase of eTriage planning. • Commence Task & Finish group to standardise access to the Single Point of Access and Flow Centre. • Pilot referral improvement process within the Emergency Department. • Continue safety flow process to embed and sustain ambulance handover improvement. • Commence pilot directing all GP referred Acute Medical Patients to SDEC.	• Establish Task & Finish Group for 'Ready to Go' ward and Discharge/Transfer Lounge proposal. • Finalise short term digital solution to capture discharge data, test collection of D2RA and Red to Green data sets. • Completed mapping for Trusted Assessor functions and rolls across Health and Social Care. • Roll out intranet site, promote to staff to assist with education and training. • Secure funding for Early Supported Discharge proposal development by Continuing Health Care. • Hold workshop to map current pilots/services across all of the programme goals linking with Regional Partnership Board colleagues. • Monitor discharge activity by ward on a weekly basis via the weekly operational discharge meeting.

2. Enhanced Local General Hospital Network (eLGH)

The Health Board is now just over two years into the implementation of the new clinical model, noting that the eLGH sites are a key component of the model supporting the operational function of the Grange University Hospital (GUH) and wider system. To enable the wider system to operate successfully, the eLGH sites must be fit for purpose, with a stable workforce and delivering optimal care to meet the needs of our local population.

Key achievements and progress made this quarter:

- Reconfiguration of the first floor at GUH, the move included Ward A1, Surgical Assessment Unit (SAU) and Medical Assessment Unit (MAU), with the aim of improving the first-floor environment for patients and staff in terms of experience and safety, improved pathways into SAU to optimise SAU footprint, Emergency Department (ED) pull through benefits and streaming of medical patients to SDEC for initial assessment.

Why is this a priority?

The Enhanced Local General Hospital structure was established when the GUH opened in November 2020. The roles of the Royal Gwent (RGH) and Nevill Hall (NHH) Hospitals changed to be more similar to Ysbyty Ystrad Fawr (YYF). The eLGH model provides local emergency care services, outpatients and diagnostics, planned care day case and inpatient surgery and medical inpatient beds on all 3 sites. They hold key roles in providing direct emergency care and supporting patients who have received emergency and inpatient care at the GUH but who are not yet ready for discharge due to ongoing care needs including rehabilitation. In addition, each eLGH is developing specialist Health Board wide or regional services roles, for example the Breast Care Unit at YYF and the proposed developments of local cancer services at NHH.

- Stroke options appraisal was undertaken by the Stroke Task and Finish Group to review and analyse the optimal service configuration going forward.
- Initial General Internal Medicine meeting held chaired by the Medical Director to scope the work programme.
- Stroke options appraisal was undertaken by the Stroke Task and Finish Group to review and analyse the optimal service configuration going forward, paper will be submitted to the Board during Quarter 2 to seek approval to temporarily consolidate the stroke service across one Hyper Acute Stroke Unit and one eLGH site due to an urgent service risk.
- Commencement of the review of the acute medical model, taking into account the improved clinical capacity and enhance environments within GUH with both the development of SDEC and realignment of first floor. The aim of the review is to clarify the opportunities to sustain a core eLGH model whilst offering an enhanced service within GUH fully utilising the SDEC development.
- Review of Minor Injury Unit (MIU) and recent audit highlighted a disparity between opening hours, staffing resource and patient demand across Nevill Hall Hospital (NHH), Ysbyty Ystrad Fawr (YYF) and Ysbyty Aneurin Bevan (YAB) MIUs. The Executive Team agreed to the proposal subject to further engagement with staff, stakeholders and Llais. NHH MIU between 01:00 hours and 07:00 hours with the last patient registration at 22:00 hours, seven days per week in line with YYF opening hours.

Key areas of focus for the next quarter:

- A formal evaluation of the reconfiguration including a review of benefits.
- Subject to decision by the Board, progress implementation of the temporary consolidation of the stroke service including OCP and engagement with wider stakeholders.
- Establish General Internal Medicine (GIM) Task and Finish Group to oversee the workstream, pull together work plan including key milestones and deliverables.
- Progress the review of the acute medical model including streaming of all ambulatory General Practitioner referred patients to SDEC for initial assessment, Welsh Ambulance Service Patients continue to be directed to Acute Medical Unit.
- A bespoke session to be held to review the critical care model as part of the eLGH work programme, this review will include the critical care outreach model and longer-term strategy.
- Following Executive Team approval, progress the proposal to realign the MIU operating hours in accordance with patient demand the Urgent Division will commence engagement with key stakeholder groups, including staff and Llais, to determine service developments.

3. Placed Base Care (Accelerated Cluster Development)

A core aim of the Placed Based Care priority programme is to ensure accelerated implementation of the Primary Care Model through an improved planning and delivery infrastructure for NCNs with wider engagement through professional collaboratives. It requires an asset-based approach to the planning and delivery of services and focus on prevention and wellbeing. Developing and aligning NCNs with Integrated Service Partnership Boards (ISPBs) ensuring greater alignment to and communication with the Regional Partnership Board.

Why is this a priority?

The Primary Care Model for Wales set out how primary and community health services will work within the whole Public sector system to deliver Place-Based Care. Collaborative work is at the core of this bringing together local health and care services to ensure care is better coordinated to provide care closest to home and promote the wellbeing of people and communities.

Key achievements and progress made this quarter:

- Draft Integrated Service Partnership Boards (ISPB) 3-year plans published internally (Pulse) and externally (Regional Partnership Board).
- Nursing Collaborative Launch.
- Inaugural Dental Collaborative Meeting completed.
- Strategic Programme for Primary Care Fund Spend Plan, Readiness checklist & End of year report submitted.
- Neighbourhood Care Network funding governance reviewed – templates developed.
- Neighbourhood Care Network funded projects baseline evaluation undertaken.
- Evaluation methodology proposed & training developed.
- Professional Collaborative Working Group continue to meet and preparations underway for collaborative launch events to take place next quarter.

Key areas of focus for the next quarter:

- COO led review of programme, ambitions, milestones and priorities
- Workforce requirements to support delivery of NCN plans and inform Academy education and training programme.
- Deliver evaluation training and develop timetable for execution.
- Finalise ISPB Plans and undertake ratification process with respective partners alongside the RPB Area Plan.
- Professional Collaborative / NCN workshop – interface & support.
- Professional Collaborative launch events

4. 6 Goals for Planned Care

The purpose of the Planned Care Programme is to ensure strategic oversight of a sustainable, whole system approach to improving patient experience and outcomes within Planned Care.

The Programme brings together 6 Goals: Outpatients, Maximising Elective Capacity, Patient Access and Activation, Health Pathways, Diagnostics and Planned Care Academy) in line with the WG national programme and planned care response.

Why is this a priority?

During the pandemic, services had to be paused to respond to the immediate demands and challenges of COVID-19 and capacity has been reduced by infection prevention and control requirements. As a result, the number of people waiting – and the time people are waiting – for planned care services are now longer than ever. This position is further exacerbated by those who did not access health care during the pandemic and in addition to the backlog of patients known to the services there is a potentially significant cohort of 'unreferred demand'.

Key achievements and progress made this quarter:

<table>
<tr>
<td rowspan="2">Outpatients
Current See On Symptoms and Patient Initiated Follow-up outcome performance for the year to date is reported at 13% which places the HB as one of top 2 performing Health Boards in Wales.
Welsh Government has part-funded the Royal Gwent Hospital Outpatient Treatment Unit and Corporate Services are putting together a business case for continued support throughout the next financial year.
Business case drafted for continued funding of Automated Clinic Booking System to increase clinic efficiencies and utilisation across the Health Board.</td>
<td>Diagnostics:
Established a monthly Diagnostics Board.
Development of business case for 2nd MRI scanner that would lierate some cpacity for planned care in eLGHs</td>
<td rowspan="2">Maximising Elective Capacity:
Theatres stakeholder event took place – detailing improvements being rolled out across teams.
Nevill Hall Hospital (NHH) day surgery have extended the recovery hours on Thursdays, in process of confirming numbers to understand what productivity gains this has led to.
Agreement from General Surgery to routinely add 5 patients to NHH day case list – needs monitoring to ensure that theatre staff have time to operate on the increased number of patients.</td>
</tr>
<tr>
<td>Regional Ophthalmology
Business case for Cataracts agreed through Boards and submitted to Welsh Government on 12th May.
Planning for a Vitreo Retinal (VR) hub in Cardiff underway.
GIRFT (Getting It Right First Time) reviews undertaken across three Health Boards with recommendations to be incorporated into the sustainable cataracts plans.</td>
</tr>
<tr>
<td>Patient Access and Activation:
Landing page launched to provide public with appropriate signposting whilst waiting for treatment.
QR codes added to patient letters.
Baseline assessment being undertaken to understand what waiting well services are being delivered across the Health Board.</td>
<td>Health Pathways:
Clinical Editors (clinicans who review, amend and test the pre-exisiting pathways) recruited and started w/c 3rd July.
Clinical Editor training undertaken.
Coordinator started in post.
Agreement on initial pathways for development and plan to start.</td>
<td>Planned Care Academy:
Task and finish groups agreed and leads nominated.
Task and finish groups focus on:
Suite of Tools
Training
Policies and SOPs
Career Pathways</td>
</tr>
</table>

Key areas of focus for the next quarter:

Outpatients:

- Workstreams moving forward include: Ophthalmology; ENT; Urology; Spines; Gastro to have speciality focused plan to pick up best practice

Maximising Elective Capacity:

- Standard Operating Procedures to be put in place around processes for patients at the end of a list who can authorise cancellations. The next stakeholder event will be held during Quarter 2, focussing on 6-4-2 process.

Patient Access and Activation:

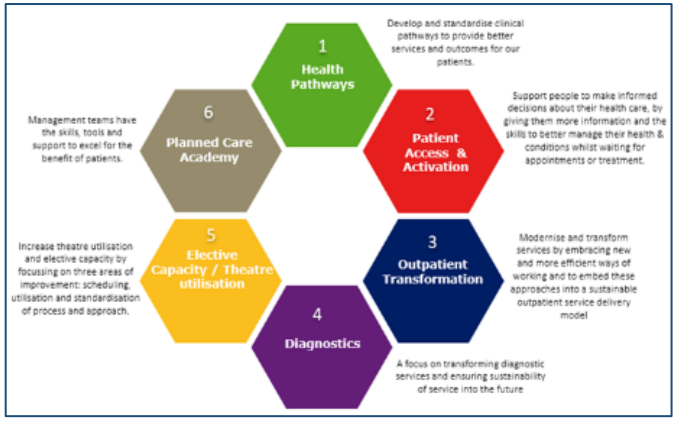
- Complete baseline assessment and apply for Welsh Government funding in line with the 3Ps policy directive
- Produce bilingual brochures including tips for Waiting Well for Surgery.

Health Pathways:

- Clinical Editors to work on the priority pathways (linked to the challenged specialties)
- Increase comms and engagement across the organisation on the value off and approach to Health Pathways

Regional Ophthalmology:

- Workforce plan to be developed.
- Implementation of Cataracts business case (subject to Welsh Government funding).
- Public engagement on sustainable cataracts plan.
- Recruitment to commence ahead of opening of Nevill Hall Hospital cataracts hub in Quarter 3/4.



5. Optimising Cancer Outcomes

The programme provides strategic oversight of cancer activity and delivery in partnership with key stakeholders across the system and specialities. The current structure is under review as the new Cancer Delivery Group is instigated that will oversee operational delivery of cancer services, with Cancer Board focussing on strategic planning, research, innovation and prevention.

Key achievements and progress made this quarter:

- Inaugural Cancer Delivery Group meeting held 14th June 2023, including a presentation and review of tertiary performance. Summary update of Nevill Hall Hospital Cancer Centre & Satellite Radiotherapy Unit also received.
- Task & Finish Groups established for Lower GI, Urology, Head and Neck to improve performance compliance.
- Automated 'live' Scorecard implemented to monitor Key Performance Indicators.
- Recovery action plans produced for each tumour site, focusing on front end of the pathway, bottlenecks and plans to reduce >62 and 104 day waits. Weekly meetings in place with Directorate Managers and Senior Managers to monitor progress.
- Weekly meetings implemented with Pathology and Radiology to address any delays in reporting.

Why is this a priority?

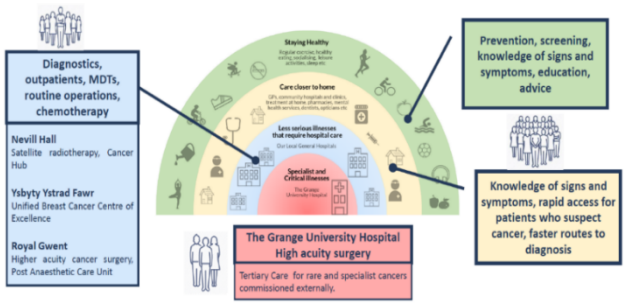
Cancer outcomes need to be improved. The Single Cancer Pathway, supported by Optimal Cancer Pathways for individual tumour sites, provides the roadmap to shorten diagnostic and treatment pathways once a person is suspected as having cancer. The Cancer Strategy, Delivering a Vision 2020-2025 sets out the broader context with prevention, early detection, patient experience, living and dying with cancer, cancer research and access to novel therapies also key components of the approach to transforming cancer services for our population.

Whilst it is too early to be able to measure the impact of successive pandemic waves on morbidity and mortality for cancers, there is concern that a reluctance by patients to attend primary care and hospital, together with the temporary suspension of national screening programmes and longer waiting times for diagnostic tests and treatment will result in patients presenting at a later stage in their cancers which will make improving cancer outcomes more challenging.

Key areas of focus for the next quarter:

- Prehabilitation Business Case to be presented at July Cancer Board.
- Establishment of Nevill Hall Hospital working groups.
- Drive forward full implementation of National Optimal Pathways, focusing initially on Gynaecology, Urology and Lower GI. Mapping work to be undertaken for these tumour sites.
- Regional recovery workshops scheduled for Gynaecology, Urology & Lower GI (July & September).
- Work ongoing with Commissioning and Tertiary providers to ensure timely treatment after referral.
- Validation exercise ongoing for long waiters in all tumour sites.

Transforming Cancer Services Model



6. Decarbonisation (Net Zero)

The Welsh Government has transitioned the original climate change agenda into a new strategic planning document for Wales and the programme is now known as the Net Zero Decarbonisation Programme for Wales. Aneurin Bevan University Health Board developed a new strategic programme board which met for the first time in September 2022 & currently meet every two months.

Why is this a priority?

Welsh Government declared a Climate Emergency in 2019 and set out their ambition that the public sector in Wales should be in a carbon 'Net Zero' position by 2030. The response to the pandemic had demonstrated how significant and impactful changes can be incorporated into day-to-day life of the public and the approach to work for example remote working. Our ambition, now, is for a sustainable and healthy recovery with concerted actions within and across our system to tackle the climate emergency.

Key achievements and progress made this quarter:

- Decarbonised Centralised Reporting Pilot reporting template for the decarbonisation NHS Wales Shared Services Partnership (NWSSP) new format has been completed and submitted as phase one.
- Staff communications and engagement to raise awareness and promote decarbonisation and sustainability is continuing via the website.
- Sub-contract commenced to develop 5 biodiversity studies on our main hospital sites with a plan to develop biodiversity levels across our sites.
- Continued progress regarding the ReFit programme, and develop alternative energy source facilities.
- Review ongoing of prescribing and procurement for low carbon savings across the organisation.
- New scavenging units introduced for use within the midwifery unit at the Grange University Hospital (GUH) to reduce the exposure limits when using Nitrous Oxide, currently being piloted.
- Continued engagement with the community of expert group sharing best practice across Wales.
- Further development of the lease/fleet software system for refined detail on data reporting.
- Monitoring and reporting including ranking feasible initiatives, target setting, sourcing data for accurate calculations and reporting progress.
- Collaboration with external resource, expertise, leadership and implementation of All Wales exemplars.
- Formal participation on the newly formed "Lets not Waste" Committee.

Key areas of focus for the next quarter:

- Evaluation survey is required from the National Grid supplier to determine the available capacity for Electric Vehicle (EV) charging stations across the estates within Gwent region.
- Decarbonised Centralised Reporting Phase II pilot development for the NWSSP reporting agenda
- Investigating the opportunity & capacity within the organisation to engage with the Green Apprenticeships that are currently being funded as part of the Welsh Government green ambitions.
- Continued project development with the four groups identifying improvement opportunities to both reduce costs and reduce our Carbon footprint.
- Continued Decarbonisation Action Plan peer review with Welsh Government
- Engage with the theatre group to help support the initiatives within this group.
- Further engagement with the wild flower and food growing group to identify opportunities on the Nevill Hall Hospital site.
- Continue the community of experts working group on collaboration and best practice sharing.

7. Public Health Protection and Population Health Improvement

As a population health organisation reducing health inequality and improving health is at the core of everything we do. Our long-term ambition to reduce demand for healthcare is fundamental to a sustainable system of care. This can only be achieved through systematic, population scale interventions that target the underlying causes of poor health, such as lifestyle choices and socio-economic deprivation, and the uptake of screening to improve early detection and optimal treatment of disease.

Why is this a priority?

COVID-19 has shown a spotlight on the inadequate level of preparedness for the challenges faced by our population, our workforce, and our services. The level of ambition for Public Health Protection (including preparedness for managing infectious outbreaks, contact tracing, protecting most vulnerable populations and workforce, effective surveillance and higher vaccination uptake must be stronger.

Key achievements and progress made this quarter:

- Co-produced health protection plan in partnership with Local Authorities
- ABUHB Public Health incident plan developed
- Covid-19 outbreak management of 7 care homes
- Delivery of the Covid-19 Spring Booster Programme. As of the 3rd July 2023, 82.1% (above the all Wales average) of individuals who are eligible for a spring booster have received a vaccination
- Supported community flu and staff flu programmes
- Hepatitis B and C elimination plan developed
- Continued screening of Asylum seekers and continued organisation of clinics as part of the Ukrainian Resettlement Programme.
- Ongoing Covid-19 inquiry preparation
- Avian flu pathway developed in partnership with Infection Prevention & Control and Public Health Wales
- Primary School Infection Control Promotion

Key areas of focus for the next quarter

- Further integrate the Gwent Health Protection Service and Vaccinations Programme to improve our agility and long-term sustainability.
- Join-up/better align the primary governing structures for the partnership; the Gwent Health Protection Service Leadership Group
- Vaccination Delivery Models - move beyond the description of a Mass Vaccination Programme
- Hepatitis B and C Elimination Plan to be submitted to Welsh Government

8. Mental Health Transformation

The vision is to provide high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent. There are 2 transformational Programmes (Whole System, Whole Person Crisis Support Transformation and Complex Needs) that will deliver this vision.

Why is this a priority?

Throughout 2021 we set out and discussed our proposals to Transform Mental Health Services with our population. The detrimental impact of COVID-19 on the mental health and wellbeing of our population has been significant. Demand is likely to exceed capacity threefold over the next three to five years with significant increases in conditions such as severe anxiety under pression and disproportionate impact on individuals with existing mental health conditions. Demand for mental health services is sharply increasing and we need to find ways of supporting people earlier within the community to better support crisis prevention and recovery.

Key achievements and progress made this quarter:

- The official opening of the Mental Health 24/7 Single Point of Contact (111 press 2) was held and attended by the Minister.
- Baseline planning work on the benefits realisation has progressed over the period. Initial feedback on use of the service was presented at the WPWS Programme Board.
- The Shared Lives initiative that is in place across adult services is now being extended into Older Adult Mental Health Services and final stage in planning were completed in the quarter, with a view to launching across two boroughs in July.
- The last of four Rehabilitation Pathway workshops was held in June as part of the scoping and planning of this element of the complex needs workstream. This will now enable the detailed planning of the workstream over the next quarter.
- Terms of reference have been agreed to establish a complex needs demand & capacity workstream in Learning Disabilities.
- Following submission of the Specialist Inpatient Unit outline business case to Welsh Government, the Health Board has just received the matrix response from Welsh Government and the Project Team will be reconvened to coordinate the responses to queries raised. In the interim several pieces of work have been agreed to be re-established, notably the catering model and workforce model. Work-packages have been developed for these over the quarter.
- Work has continued to finalise the set-up of the Acorn Project which will provide accommodation for young adults with complex needs and requiring intensive support through a community provide and the Hiraeth Team. Once opened, the facility will improve transition arrangements, support repatriation from out of area placements and enable early intervention to prevent out of area placements. Recruitment into support roles has progressed well over the quarter and suitable individuals are currently being identified to move into the accommodation.
- Planning work commenced on the design of the Complex Needs ‘Conference’ which will be held in September with contact made with a number of potential external speakers from NHS England and Wales.

Key areas of focus for the next quarter:

- Opening of Acorn Project to accommodate 5 individuals with Complex Needs.
- Complete planning of Complex Needs Programme Conference to be held on 6 September 2023.
- Roll out Older Adult Mental Health Shared Lives project across two boroughs in July 2023.
- Complete the responses to the issues raised on the WG Matrix return on the Specialist Inpatient Services Unit Outline Business Case and secure Executive approval to submit reply to Welsh Government.
- Develop workstream plans for Rehabilitation Pathway and LD Complex Needs Demand and Capacity workstreams, including key milestones and deliverables.

4. PROGRESS OF MINISTERIAL PRIORITIES

This chapter of the report updates on delivery against the Ministerial Priorities. There are overlaps in this section with the other chapters. There is a high degree of synergy between the Ministerial Priorities for 2023/24 that are designed to support a swift recovery of business as usual and to reduce growing waiting lists and waiting times. All priorities are underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This chapter provides a quarterly update on progress made against key milestones, planned actions for the next quarter and measurement against trajectories. Below is a table summarising a number of the key metrics, which are also reviewed within each priority update.

Ministerial Priority	Measure / Outcome	Baseline (March 23)	Planned vs Actual	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer Recovery	Reduction in backlog of cancer patients waiting over 62 days	343	Planned	<300	<250	<250	<250
			Actual	375			
	Percentage of patients starting definitive cancer treatment within 62 days from point of suspicion	56%	Planned	60%	65%	70%	>75%
			Actual	56.2%			
Mental Health and CAMHS	Assessment by LPMHSS within 28 days from referral	18.1%	Planned	80%	80%	80%	80%
			Actual	18.8%			
	Interventions <28 days following assessment by LPMHSS	78.3%	Planned	80%	80%	80%	80%
			Actual	30.9%			
	CAMHS 4+ week waiting list	98.1%	Planned	80%	80%	80%	80%
			Actual	82.9%			
Planned Care, Recovery, Diagnostics and Pathways of Care	Number of patients waiting more than 52 weeks for a new outpatient appointment	9,834	Planned	10,729	10,979	10,311	9,802
			Actual	11,503			
	Number of patients waiting more than 36 weeks for a new outpatient appointment	20,031	Planned	19,138	19,240	19,228	19,463
			Actual	22,223			
	Number of patients waiting more than 104 weeks for treatment	1,821	Planned	1,260	903	428	0
			Actual	1,577			
	Number of patients waiting more than 52 weeks for treatment	8,547	Planned	7,822	7,462	7,377	7,173
			Actual	7,451			
Primary care access to services	Units of Dental Activity (UDAs) delivered	410,048	Planned	92,777	185,554	278,331	371,108
			Actual	116,878			
	Number of patients accessed NHS Opthometry Services	139,860	Planned	35,496	70,992	106,488	141,984
			Actual	39,910			
Delayed transfer of care	Reduction in the number of Pathway of Care Delays	275	Planned	<249	<232	<217	<203
			Actual	241			
Urgent & Emergency Care	Number of ambulance patient handovers over 1 hour	1,497	Planned	1,066	1,347	1,471	1,521
			Actual	1,285			

4.1. Cancer

	Priority area(s)
Key focus should be on delivering	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Quarter 1 update against actions & milestones:

- Validation of backlog of patient completed with daily validation ongoing.
- Did Not Attend (DNA) reduction pilot schemes commented.
- Continued outsourcing of Pathology to maintain a decrease in waiting times (currently averaging 7.8 days).
- Reduction in backlog of patients waiting over 62 days to <300 is off track but within tolerance. End of June position (still in validation) is 375.

Planned actions & milestones for next quarter:

- Reduction in backlog of patients waiting over 62 days to recover to trajectories.
- Achieve 14 day first appointment compliance.
- Optimal pathway work to begin reducing volume of breaching patients through reviewing capacity scheduling with Specialties.
- Continued DNA reduction pilots and review.

4.2. Cancer SCP Pathway

	Priority area(s)
Key focus should be on delivering	Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026

Quarter 1 update against actions & milestones:

- 58% compliance as of June.
- Optimal Pathway Manager in post and full implementation strategy completed, initially focussing on Head & Neck and Urology.
- Skin and Lung now compliant with National Optimal Pathway.
- Small compliance gains within Skin, Gynaecology and Breast to increase proportion of patients meeting 62 pathway with work ongoing during the next quarter.

Planned actions & milestones for next quarter:

- 65% performance compliance.
- Health and Neck, Urology and Lower GI to be aligned to National Optimal Pathway.
- Waiting times reduced through maximising capacity.

4.3. Mental Health 111

	Priority area(s)
Key focus should be on delivering	Implement 111 press 2 for urgent mental health issues (24/7 basis)

Quarter 1 update against actions & milestones:

- Service expanded to cover a 24/7 period.
- Progressed the incorporation of urgent and crisis assessment into the Mental Health 111 service. Next steps include a formal HR process to be considered.
- Full engagement within the national advertising campaign and local communication and engagement undertaken in line with national campaign.
- Maintenance of compliance with targets (service and pathway targets). Validated data will be available during Quarter 2.
- SIF funding being sought for the recruitment of Mental Health Clinicians and Mental Health & Wellbeing Practitioners.
- Working group established to develop the new mode4 of crisis and urgent assessments.

Planned actions & milestones for next quarter:

- Expand the use of the professional line to General Practitioners and other professionals.
- Secure funding and move the service into new accommodation.
- Maintain compliance with targets - service targets and pathway targets.

- Ensure the new crisis and urgent assessment model is robust - communicate with GPs to make urgent and crisis referrals via Mental Health 111 Professional Line.
- Working group to look at clinically safe ways of providing the same support to people via different methods.
- Map out what further support could be offered by the team and create plan to implement.
- Implement different ways for people to contact the Mental Health 111 service (explore text/video etc.).
- Explore different support that can be offered by the team, i.e. face to face/sanctuary type support.

4.4. Mental Health over 18 LPMHSS assessment and intervention

	Priority area(s)
Key focus should be on delivering	Recover waiting time performance to performance framework standards of 18+ LPMHSS assessment and intervention.

Quarter 1 update against actions & milestones:

- Covid-19 recovery plan implemented.
- Good progress made with respect to addressing the backlog within Welsh Community Care Information Systems (WCCIS). Currently 2,000 remain and will be entered onto WCCIS by November.
- WCCIS fully functional across all Primary Care Mental Health Specialist Services (PCMHSS) Borough areas.
- Pilot commenced of a NCN Hub based model.

Planned actions & milestones for next quarter:

- Commence recruitment of 5(wte) High Intensity Therapists (HIT). (Pending available funding from Welsh Government).
- Hub based model operating across four Neighbourhood Care Network (NCN) areas.
- Demand and capacity modelling completed to identify commissioned therapy requirements.

4.5. Specialist CAMHS

	Priority area(s)
Key focus should be on delivering	Recover waiting time performance to performance framework standards for Specialist CAMHS

Quarter 1 update against actions & milestones:

- CAMHS have maintained and surpassed 80% compliance for CHOICE (new referrals) to assessment within 28 days for Quarter 1. RTT reporting from July will be made available.
- Monthly demand and capacity review undertaken, including monitoring referral flows, trends and forecasting informing quarterly flexing of job plans to ensure that job plans have sufficient capacity to meet CHOICE demand.
- CET ED clinician job plans continue to be reviewed in line with the Clinical and Product Assurance (CAPA) Framework and Team Leads to meet the service demand.
- Continued close working with CCIH and Single Point of Access for Children's Emotional (SPACE) to interface for pre-allocations and enquires to ensure timely referrals.
- CCIH to hold weekly performance meetings to review capacity and demand and expedite potential breachers.

Planned actions & milestones for next quarter:

- To maintain over 80% RTT Target Compliance for New Choice referrals to assessment within 28 days - CORE CAMHS and CET ED Teams
- Continue monthly CCIH reviews and monitor referral demand using data to forecast and inform quarterly job plans.
- Continue to ensure that job plans have sufficient capacity to meet CHOICE demand .
- Continue implementation of workforce plans including efficient recruitment into vacancies.

4.6. Mental Health under18 LPMHSS assessment and intervention

	Priority area(s)
Key focus should be on delivering	Recover waiting time performance to performance framework standards of under 18 LPMHSS assessment and intervention.

Quarter 1 update against actions & milestones:

- PCAMHS Initial assessment Part 1A RTT compliance met. Currently unverified data is available. Internal monitoring indicated that RTT compliance dipped in April and May 23 and recovered June 23 meeting 80% target.
- Full recovery plan is being revised and implemented regarding PCAMHS Initial Assessment Part 1B recovery - continued validation of waiting list and deep dive of Children & Young People needs for intervention and format of delivery.
- Clinical audit completed to understand clinical need and complexity in PCAMHS and consider action plan to meet need as a whole service.
- Conversion audit completed to better understand referral numbers, destinations and outcomes within PCAMHS and wider system.
- Service engagement in quarterly Regional Safeguarding Steering Group (RSSG) to understand local area need and service provision and how this may impact on Part 1a and 1b and develop any needed action plans, e.g. SBC pause referrals etc.
- Following a planning exercise, a plan has been developed to utilise clinical capacity of the school holidays to support 1a and 1b if needed.

Planned actions & milestones for next quarter:

- Compliance with RTT and continued implementation of 1B recovery plan.
- To monitor how WCCIS supports data for Part 1a and 1b.
- Use of in-reach capacity in school holidays to support 1a and 1b as needed.
- Prepare for 12 month review of In-reach service, to measure any impact this has had on Parts 1a and 1b.

4.7. Planned Care Diagnostics

	Priority area(s)
Key focus should be on delivering	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024. Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024.

Quarter 1 update against actions & milestones:

- Business justification case for a second MRI scanner at GUH has been made. Pre-Investment Panel endorsement has been received and is scheduled for Executive review.

Planned actions & milestones for next quarter:

- Subject to approval within LHB and Welsh Government:
  - Produce supporting revenue business case for workforce / supporting services.
  - Progress MRI/ CT procurement / tendering process.
  - Confirm and progress estates enabling actions at GUH.
- Establish project manager/ implementation group for the establishment of a community diagnostic centre.

4.8. Straight To Test

	Priority area(s)
Key focus should be on delivering	Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary.

Quarter 1 update against actions & milestones:

- Maintained and sustained existing STT pathways in Respiratory General Surgery, Urology, Cardiology, Sleep, Asthma Gastro and Endoscopy.
- General Surgery – funding agreed for additional 1WTE STT Clinical Nurse Specialist and supporting administrative and booking support.
- General Surgery – Colorectal business case drafted and scheduled for Quarter 2 submission to the Pre-investment Panel.

- Urology - currently in the process of implementing the bladder STT pathway with Radiology Directorate.
- Cardiology review of STT pathways from GP's to 'Straight to CT' to improve waiting times undertaken and findings to be reviewed.

Planned actions & milestones for next quarter:

- General Surgery Appoint 1.5 WTE CNS and administrative support roles. Recruit and appoint additional STT staff.
- Respiratory - Recruitment to commence for MacMillan LC navigator (pending funding).
- Urology - Appoint and train bladder cancer navigator (pending funding).
- Cardiology - new additional 'Straight to CT' pathway in place.

4.9. Planned Care WP and OP RTT

	Priority area(s)
Key focus should be on delivering	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024.

Quarter 1 update against actions & milestones:

- The Quarter 1 target for the number of patients waiting more than 52 weeks for treatment has been met. A more detailed review of RTT can be found in chapter 1 of this report.
- All specialities have continued validation and targeted scheduling support to increase activity.
- Enhanced performance management framework is in place to provide greater challenge and support.
- Planned care Academy Launch – as part of the academy, training requirements for administrative staff involved in outpatient waiting list management have been scoped.
- Ophthalmology – utilisation of cataract patients; extension and appointment of locum consultants to support backlog recovery is on track; pilot is ongoing regarding targeting list scheduling with data being reviewed during the next quarter.
- ENT – continued focus on recovery project; review of long waiting patients with potential for other services to support (Audiology & Dermatology) and TeleENT virtual review pilot commenced.
- General Surgery – Telemax virtual review undertaken and data to be review next quarter.
- Urology - Did Not Attend (DNA) rate, list utilisation and scheduling changes targeted.
- Orthopaedics – ongoing implementation of GIRFT and National Clinical Strategy for Orthopaedic Surgery actions plans; recruitment of 2 spinal speciality doctors taken place with both due to start in August; Short stay hip pilot to commence at Orthopaedic Surgical Unit.

Planned actions & milestones for next quarter:

- All specialties to continue to review targeted scheduling changes.
- Phase 2 sub speciality improvement opportunities and planning for specific areas of improvement.
- Urology – New substantive consultant to commence in role.
- General Surgery – Appoint trainee pelvic floor specialist practitioner to provide additional capacity and recruit 2 Colorectal Physician Associated to provide additional capacity.
- Orthopaedics – Explore opportunities to expand shoulder and spine capacity.

4.10. Planned Care WP and OP Speciality Gaps

	Priority area(s)
Key focus should be on delivering	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025. (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Quarter 1 update against actions & milestones:

- 52 and 104 week positions maintained
- Continue Implementation of Did not attend (DNA) action Plan. 5% target and currently tracking positively to improvement.

- Value Base review completed of the one stop Outpatient Treatment Unit at RGH. Outcome to assist with development of a business case for recurring funding (Welsh Government part funding of Unit for two -year period only)
- 15 new pathways identified and implemented with further pathways identified, along with establishing impact on waiting lists. Review All Wales Website to identify further opportunities. Work with clinical leads to identify further opportunities is ongoing.
- Continued patient contact and validation monthly programme to determine if patients still require their outpatient appointments.
- Speciality Specific Outpatient Transformation Plans updated and signed off for each Division.

Planned actions & milestones for next quarter:

- Continue to Implement DNA action Plan - 5%, with focus and support for Urology.
- Monitor actions by divisions to reduce under 6 -week Hospital cancellations (7.5% of attendances).
- Increase "advice only" disposition for referrals to 9%.
- Increase use of SoS and PiFU (Target 20%). Monitor outcomes of new pathways. Plus, review discharge rates alongside SoS/PiFU target.
- Finalise business case for Outpatient Treatment Unit continued funding.
- Agree and monitor outcomes of updated Speciality Action plans and Clinically Led OPD guidance – GIRFT.

4.11. Pharmacy

	Priority area(s)
Key focus should be on delivering	Improved use of community pharmacy

Quarter 1 update against actions & milestones:

- Active promotion of community pharmacies that are providing the smoking cessation services and increase availability of the "level 3" service to improve the use and availability of the services.
- Bridging Contraception Service implemented. Bridging contraception is a new service and a mandatory component of the National Clinical Community Pharmacy Service. It intends to improve patient access to NHS funded contraception by enabling pharmacies to provide an initial three-month supply of oral contraception.
- Inhaler Review commissioned. This is a reintroduction of a service suspended during covid.
- Engagement plan developed to implement the guidance and improve the number of prescriptions issued for treatment periods greater than 28 days.
- Liaison with partners to identify a solution in providing community pharmacies access to electronic discharge summaries via the Clinical Workstation.

Planned actions & milestones for next quarter:

- Expand the inpatient service and improve uptake.
- Review the Sore Throat Test and Treat (STTT) service including engaging with new contractors and promoting pharmacies that are providing the service to improve the use.

4.12. Dental

	Priority area(s)
Key focus should be on delivering	Increase access to dental services

Quarter 1 update against actions & milestones:

- Quarter 1 activity targets are on track with the units of dental activity and new patients accessing services for both NHS Dental Care and Community Dental Services.
- Continued to monitor and manage contract delivery, including orthodontic delivery, oral surgery (OS), sedation, Domiciliary (DOMs), asylum seekers.
- Dental Director appointed to provide clinical leadership for dental developments across Gwent.
- Re-established Integrated Oral Health Group and develop integrated plan and priorities for next 3 years.

Planned actions & milestones for next quarter:

- Continued to progress the units and levels of patients accessing NHS and Community Dental Services as per trajectories.
- Continue to monitor and manage contract delivery and urgent access
- Review and monitor delivery against Contract refrom (CR) metrics and UDA.
- Re-commission Prison dental services following a robust procurement exercise.
- Recruitment to Dental Therapist post to provide access to vulnerable children in the north of ABUHB.

4.13. GPs and Community Services

	Priority area(s)
Key focus should be on delivering	Improved access to GP and Community Services

Quarter 1 update against actions & milestones:

- Business Case supported for Primary Care Academy, featuring training cohorts for ANPs, Clinical Pharmacists, Pharmacy Technicians, Physician Assistants and GP Nurses.
- Quality Assurance and Improvement Framework (QAIF) reporting of elements relating to access in place.
- Commenced implementation of Managed Practice Recovery Plan, consisting of cross-practice standardisation of processes, alignment of back-office functions, floating clinical teams, portfolio GP roles.
- Proposal developed for use of Regional Partnership Board (RPB) funding on behalf of the region – including strategic planning, organisational development and programme of feasibility studies and utilisation monitoring to ensure best use of existing estate.
- Implementation plan developed and delivery commenced to ensure alignment of AB community services to the National Community Nursing Specification.
- Ongoing communication and engagement to increase public awareness of services - the importance of accessing the right place, first time.

Planned actions & milestones for next quarter:

- Implement streamlined hot clinic pathway for frail / elderly patients.
- Implementation of a two-hour, 72 hour and 10 working day response to referrals, by District Nursing Teams and Community Specialist Nursing Teams (National Community Nursing Specification).
- Direct referrals to District Nursing Services out of hours from Urgent Care Services including Out of Hours (OOH) GP, 111 and Welsh Ambulance Service Trust (WAST) Clinical Support Desk clinicians and Paramedics where direct referral pathways exist, are in place (National Community Nursing Specification).
- Implementation of a frailty score across all community nursing services (National Community Nursing Specification).

4.14 Optometry Services

	Priority area(s)
Key focus should be on delivering	Improved use of optometry services

Quarter 1 update against actions & milestones:

- Quarter 1 milestone of 35,495 new patients accessing NHS Optometry services has been met.
- Open Eyes digital record introduced.
- Appointment finalised to all Optometry Professional Collaborative Leads and implement local collaborative processes aligned to Neighbourhood Care Network (NCN) Planning / Accelerated Cluster Development Programme.
- Progression of a number of actions has been delayed due to awaiting national Clinical manuals of guidance and will be progressed during Quarter 2.
- Recruitment on track with critical vacant roles, including Clinical Ophthalmology Advisor.
- Finalise appointment to all Optometry Professional Collaborative Leads and implement local collaborative processes aligned to Neighbourhood Care Network (NCN) Planning / Accelerated Cluster Development Programme.

Planned actions & milestones for next quarter:

- 70,992 new patients accessed NHS Optometry Services (50% of FY forecast)
- Roll out of Wales National Workforce Reporting System (WNWRS) for optometry.
- Manage service change and/or practice closures as and when required.

4.15 Urgent Care Ambulance Handover Times

Priority area(s)	
Key focus should be on delivering	Health Boards must honour commitments that have been made to reduce handover waits.

Quarter 1 update against actions & milestones:

- Safety flow system introduced to ED GUH.
- Whilst the Quarter 1 target of 1,066 handovers > 1 hr has not been met, the number of ambulance patient handovers over 1 hour has reduced from 1,497 in March 2023 to 1,285 at the end of June and a decreasing trend has been observed.
- GUH – SAU moved into ward A1 & AMU moved to existing SAU/ reception footprint with the aim of increase in acute medicine SDEC activity.
- An APP at the Flow centre is in place to improve patient flow and reduce conveyance.
- Recruited dedicated Front Door Therapies staff to ED GUH for 5 days, 7 days is subject to business case.
- Pilot of Elderly frail assessment service at GUH front door took place with evaluation scheduled for Quarter 2.

Planned actions & milestones for next quarter:

- Continue to reduce ambulance handover delays
- System Flow Improvement, movements out of Emergency Department (ED) every 2 hours.
- Increase in PRU interventions preventing GUH or eLGH attendance.
- Elderly Frailty Assessment Service at GUH.
- Exploration of Integrated assessment model.
- Launch of Goal 5 Optimal Discharge Framework.

4.16 Urgent Care Pathways of Care (DTOC)

	Priority area(s)
Key focus should be on delivering	Reduction in backlog o delays transfers of care (Pathways of Care)

Quarter 1 update against actions & milestones:

- Quarter 1 milestone of reduction of Pathway of Care Delays has been met with 241 against the target of <249.
- Continued monitoring and support of RGH discharge pilot / NHH pull model.
- Scope options and funding for capturing Board Round data digitally, explore use of digital white boards, Red to Green, D2RA. An ongoing short term proposal has been developed (September timescale).
- Discharge digital dashboard in development to enhance reporting and monitoring of patients delaying.
- Visit to Swansea to review Signal to support the scoping of digital options for an in house solution.
- Training ongoing at RGH as part of the education and training programme.
- SAFER – MDT approach embedded in Board round and approach will be further reviewed in Quarter 2.

Planned actions & milestones for next quarter:

- <232 number of Pathway of Care Delays
- Education programme roll out at NHH/YYF/community hospitals
- Implementation of the digital solution following scoping – short term solution
- Continue to monitor and support the RGH discharge pilot/NHH pull model.
- Continue to review and refine the dashboard measures.

4.17 Urgent Care SDEC

	Priority area(s)
Key focus should be on delivering	Implementation of Same Day Emergency Care services

Quarter 1 update against actions & milestones:

- Space identified at RGH for SDEC with next steps to review staffing model.
- Respiratory Ambulatory Care Unit (RACU) capacity sustained through core funding.
- Integration of T&O into SDEC GUH provision complete.
- Pathway development progressing with Velindre regarding integrating Acute oncology into SDEC GUH provision.
- Work underway to agree criteria for SDEC with T&O and Acute Oncology
- Reconfigure Level 1 GUH to enhance navigation to SDEC from ED, SAU, MAU.

Planned actions & milestones for next quarter:

- Increase Acute Medicine SDEC volume
- Increase overall weekly patient volume to 150
- Implement direct from triage referral to SDEC (Gen Surgery)
- Integrate ENT pathway
- Identify Clinical sessions to enable SDEC GUH
- Recruit additional locum resilience
- Develop criteria for 'direct referrals from ED triage'

4.18 Urgent Primary Care

	Priority area(s)
Key focus should be on delivering	Implementation of Same Day Emergency Care services

Quarter 1 update against actions & milestones:

- Current hybrid model to support UPCC in NHH where demand dictates. Workshop planned quarter 2 to review model and move towards more substantial hybrid support.
- Escalation process reviewed and disseminated to all Primary Care practices. Urgent Primary Care senior representatives now included within Primary Care sustainability board and NCN Leads in order to progress this agenda further.
- Visit undertaken to Cardiff and Vale. Learning outcomes from Cardiff and Vale visit, particularly in relation to nursing model. Links into Betsi Cadwaladr academy for shared learning on MDT expansion.
- UPC management presentations and presentations at health board wide practice manager forums, in order to promote support available from urgent primary care service.

Planned actions & milestones for next quarter:

- Linkage with frailty hot clinics within Blaenau Gwent as pilot, holistic support to maintain supporting people to remain at home.
- Development of pathways into MSK transformation programme, to support high level MSK conditions
- Continue to support DHCW in development of national performance matrix.
- Availability of clinic area alongside frailty hot clinics in Ysbyty Aneurin Bevan (YAB).
- Attendance at national forums to participate in informing developments of performance matrix.

Conclusion

In summary good progress has been made during Quarter 1 against the key milestones and actions set out within the Ministerial Templates.

In terms of Planned Care, Recovery, Diagnostics and Pathways of care, Quarter 1 activity reports that the Health Board is ahead of trajectory in reducing the number of patients waiting more than 52 weeks for treatment and is within tolerance against the remaining 3 measures.

Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number of new patients accessing NHS Optometry services is on track. Both measures are tracking above forecasted levels.

Urgent Care progress against priorities has been positive. Whilst the target for number of delayed ambulance handovers over 1 hour has not been met, there has been a significant decrease during the first quarter of the year and good progress has been made against actions and milestones including the introduction of the Safety Flow System. The reduction in the number of Pathways of Care Delays target for Quarter 1 has been surpassed. Finally, SDEC and UPCC are continuing to make great strides in progression of their programme areas to support system flow.

5. IMTP PLANNING SCENARIO

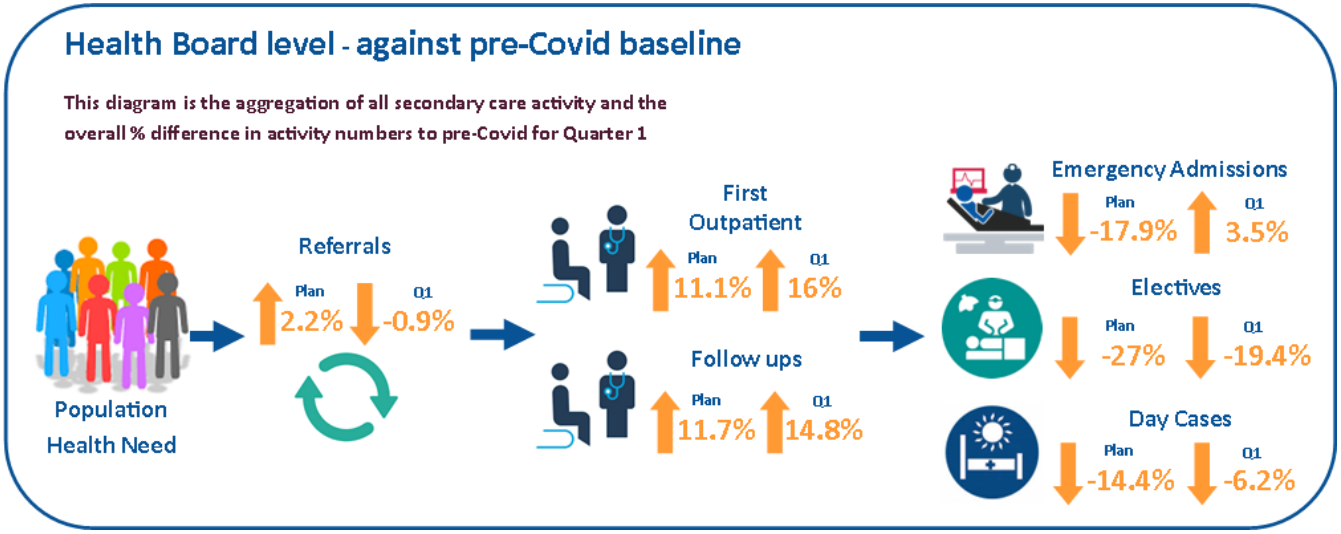
As part of the IMTP submission, the organisation was required to submit a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information and this information has been updated for the first quarter.

As set out in the IMTP, the Health Board adopted a dynamic planning approach for secondary care to understand the potential demand, risks, and capacity requirements of the system. By working with each clinical team using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints for our IMTP we developed a clear understanding of:

- The baseline position.
- Predicted demand on the system (this includes known backlog, and a clinical assessment of unreferred needs in our communities).
- The capacity needed in comparison to what is available.
- How much has changed and what is the new normal.
- Most likely/realistic activity profiles in context of known constraints.
- Potential impacts on population health.
- A realistic 'most likely' scenario.

The planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressures on the availability of capacity due to delayed discharges and length of stay. Outpatient and inpatient treatments are ahead of projections as of Quarter 1, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

- Referrals during Quarter 1 were slightly lower than forecasted and averaged 0.9% below pre-covid levels. However, this is offset by the significant increase in the number of emergency admissions which is above projection and may be attributed to patient acuity.
- Both new and follow-up outpatient levels have been operating above forecasted levels. This is particularly noted in a number of specialties including: Dermatology, Urology, General Surgery, Gastroenterology and Rheumatology.
- Elective inpatient activity is operating above the forecasted scenario, despite staffing challenges and urgent pressures. This is attributed to the significant drive to increase activity levels.



Waiting lists

The Health Board continues to make progress reducing the number of the longest waiting patients for planned care treatments and outpatient appointments. There has been a full review of the waiting list, cohorts, our rate of current additions and unreferred demand scenario (this was the consideration of patients who did not come forward during the pandemic but may now enter the system). Services continue to review their plans focusing on treating those that have waited the longest whilst balancing urgent and prioritised work. As noted in the report, whilst this influences RTT performance, it is in keeping with the principles of treating the patients with the greatest clinical need first.

As of Quarter 1, there remained a number of speciality areas where the majority of long waiters are reported within (Orthopaedics, Ophthalmology and ENT). There continued to be targeted work in all three speciality areas to treat the longest waiting cohort. Despite the challenges faced, no specialities are forecasted to have any patients waiting over 156 weeks for a treatment by the end of September 2023. For Ophthalmology, an approved Business Case seeks to provide a 14 month solution for additional regional capacity for cataract outpatient and inpatient stages to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region. Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus on the Planned Care Programme.

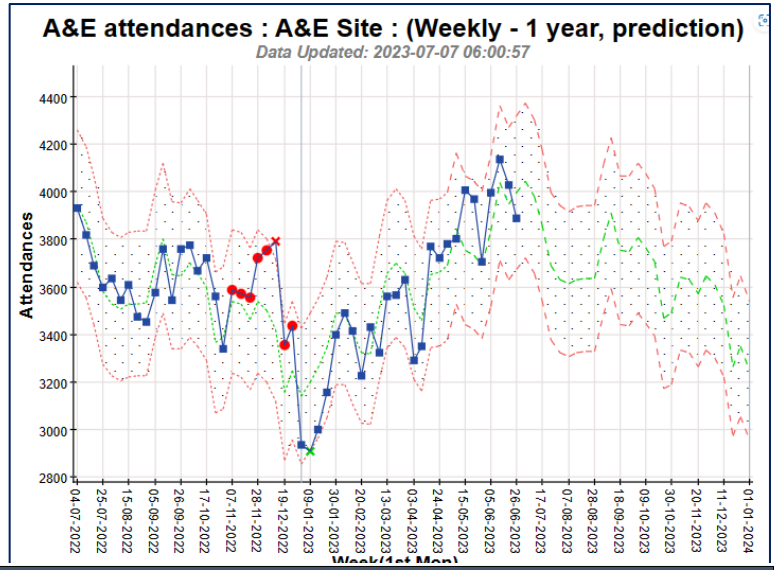
With the rate of referrals and current focus on treat in turn, there is a risk of greater wating list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity.

Cancer

The Cancer forecasts for the numbers of referrals and patients starting treatment are in line with the forecasted planning scenario. There is a recovery programme of work in place to improve this position and compliance is anticipated to be maintained at around 60-65% with an aim to reach 75% by the end of the financial year.

Urgent Care

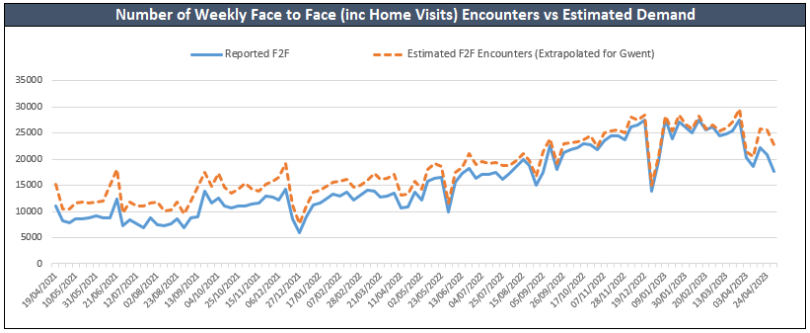
Overall, the Quarter 1 forecasts were in line with the actual activity for ED attendances with a total of 49,449 attendances during the quarter across all sites. This is the highest number of attendances per quarter since records in 2015. Emergency admissions are in line with the forecasted position and the forward projections will not be amended.



Primary Care

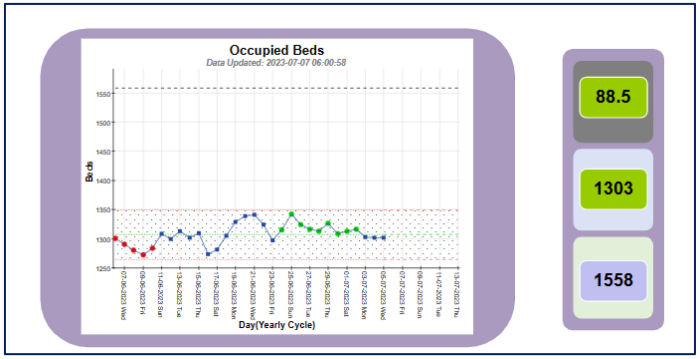
The following is noted for Primary Care in quarter 1 and continues to influence the forecasted projections:

- GMS activity levels have gradually started to decrease from April with more face-to-face activity and is currently ranging between 17,000 – 20,000 a week. Increased demand is reported by practices.
- GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment Units have been maintained at pre-covid levels.
- Community hospitals are continuing to operate with maximum surge capacity open, this continued position has not been descaled as forecasted.
- The greatest proportion of bed days lost for patients with complex needs awaiting discharge from hospital are associated with allocation of social workers and this continues to be noted particularly in Newport and additionally Caerphilly in Quarter 1.



Bed Plan

The bed plan has continued to follow the overall expected occupancy levels and demand patterns. During the first quarter of this year, the Medicine Division were running at 94.9% occupancy against their bed plan and the Community Division at 106.3%. Beds occupied by patients cared for by Care of the Elderly was in line with the forecast and continues to drive the need for additional inpatient capacity which presents associated workforce challenges. Occupied beds over 21 days is following the seasonal variation and is operating as forecasted.



Priority Indicator Summary

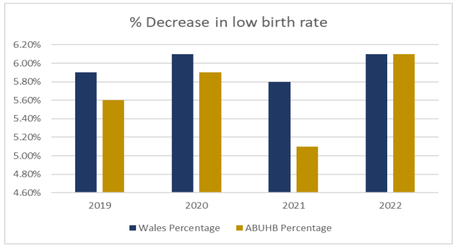
Quarter 1

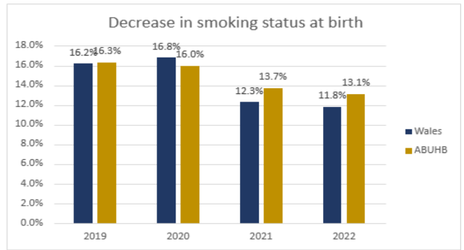
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	0	7	3	1	**15**
Similar	2	3	2	3	2	**12**
Deteriorated	2	2	7	1	2	**14**
Total indicators	**8**	**5**	**16**	**7**	**5**	**41**

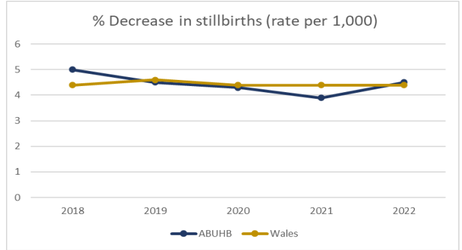
Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%	2021	5.1%	2022	6.1%	Deteriorated	Increase in indicator between 2021 and 2022. In line with the All Wales average.
		Decrease in smoking status at birth	16%	10%	2021	13.7%	2022	13.1%	Improved	Significant decrease between 2021 and 2022, however remains above the all Wales average.
		Decrease in stillbirths	4.8	3.0	2021	3.9	2022	4.5	Deteriorated	Increase in stillbirth rates between 2021 and 2022. 10% decrease in stillbirths observed over the last 5 years.
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q3 2022/23	56.5%	Q4 2022/23	58.9%	Improved	Indicator value has improved by 4.2% between Quarter 3 and Quarter 4.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q3 2022/23	35.0%	Q4 2022/23	39.7%	Improved	Improvement in indicator over the last 4 quarters, however this remains significantly below the all Wales average.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q3 2022/23	41.5%	Q4 2022/23	45.6%	Improved	Indicator value has remained stable.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2022/23	90%	Q4 2022/23	90%	Similar	Indicator value has remained stable.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2022/23	94%	Q4 2022/23	94%	Similar	Indicator value has remained stable.

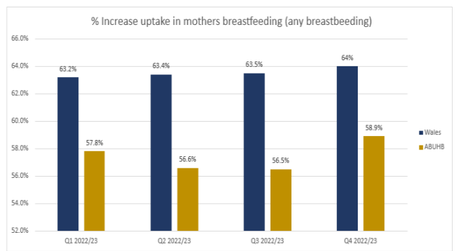
Improving Good Health in Pregnancy

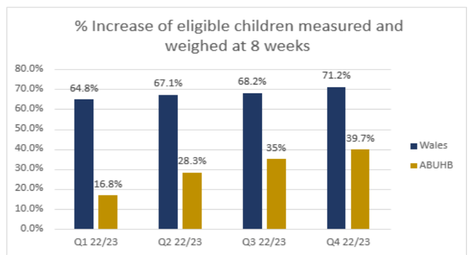


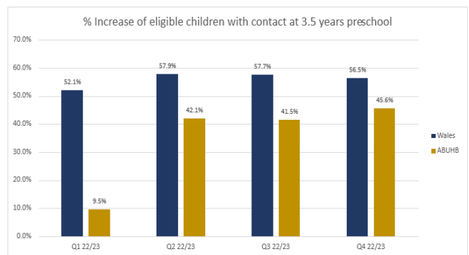




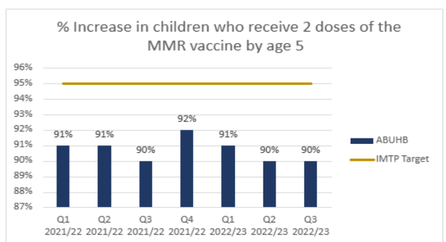
Optimising a child's long term potential

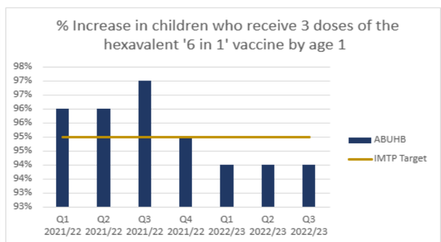






Increasing childhood immunisation

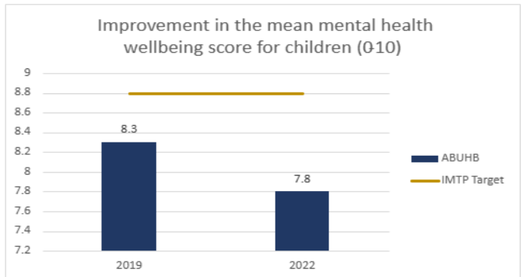


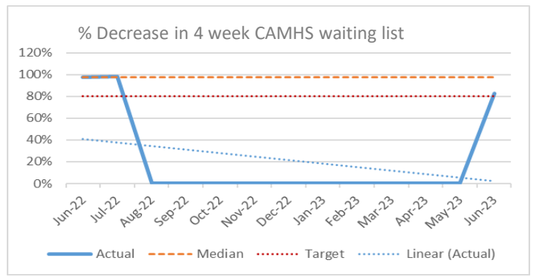


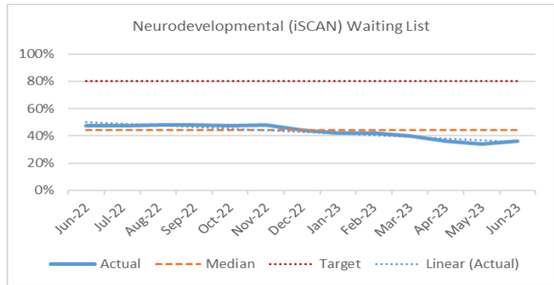
Priority 2 - Getting it right for children and young adults

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Jun-22	97.4%	Jun-23	82.9%	Deteriorated	Deteriation in metrics, however IMTP target remains achieved.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Feb-23	42.2%	Jun-23	36.2%	Deteriorated	Indicator has deteriorated from 42.2 (Feb 23) to 36.2% (Jun 23)
	Support being a healthy weight	Increase in physical activity (for at least 60 minutes a day) in adolescents	15.1%	20%			2022	15.1%	Similar	**New Indicator** Indicator is lower than the welsh average of 16.2%. Please note, trend data is not yet avaiable.
	Improve healthy lifestyle behaviours	Decrease in adolescents using alcohol	40.9%	30%			2021	40.9%	Similar	**New Indicator** Indicator is higher than the welsh average of 40.2%. Please note, trend data is not yet avaiable.
		Decrease in adolescents drinking surgary drinks once a day or more	18.5%	10%			2021	18.5%	Similar	**New Indicator** Indicator is higher than the all welsh average of 16.4%. Please note, trend data is not yet available.

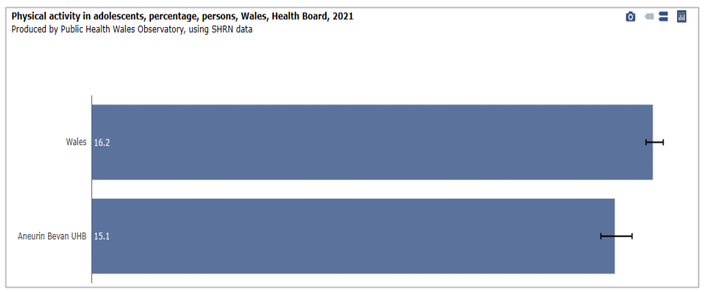
Improve mental health resilience



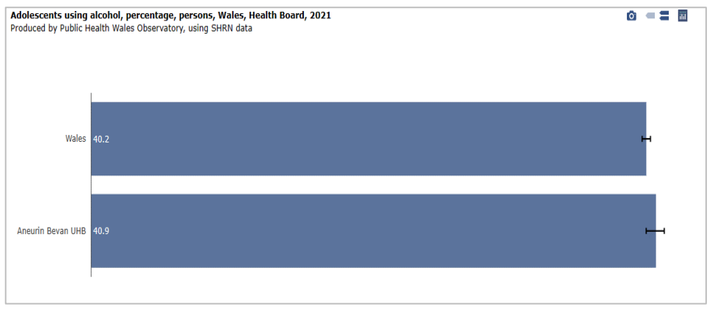


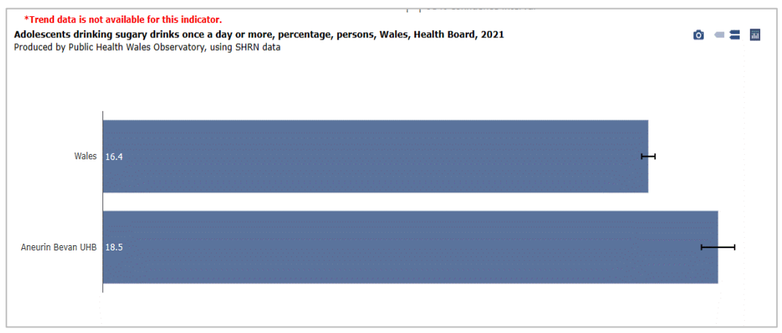


Support being a healthy weight



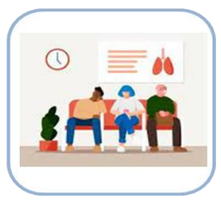
Improve healthy lifestyle behaviours

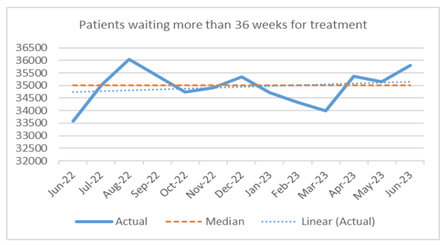


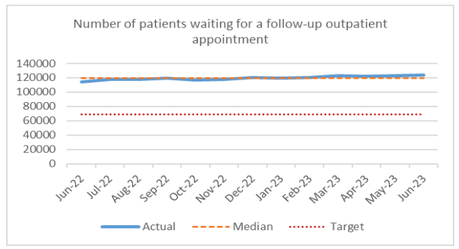


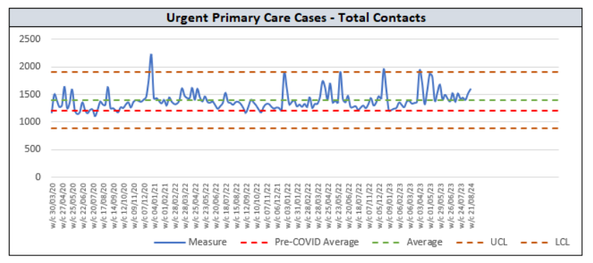
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Mar-23	33997	Jun-23	35813	Deteriorated	Indicator value has increase since Mar 23 and Jun 23 by 5.3%
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Feb-23	123304	Jun-23	123736	Similar	Indicator value has increased by 1.6% but remains statistically similar.
		Increase in Urgent Primary Care Contacts	5336	8000	Mar-23	2773	Jun-23	3347	Improved	Significant increase in the number of UPCC contacts between March 23 and Jun 23.
		Reduction of ambulance handovers over 1 hour	737	0	Mar-23	1497	Jun-23	1285	Improved	Improving trend over the last 3 months, reducing by 14.2%
		Reduction in patients never waiting in ED over 16 hours	417	0	Mar-23	498	Jun-23	358	Improved	Decrease in indicator value between Q3 and Q4. Rate has decreased by 21.6%. Decreasing trend observed since Dec 22.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Mar-23	2.3 hours	Jun-23	4.4 hours	Deteriorated	Deteriation from 2.3 hours in Mar 23 to 4.4 hours in Jun 23.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Mar-23	13.9 hours	Jun-23	7.9 hours	Improved	Improving trend overserved over the last 3 months.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2020/21	53%	2021/22	51%	Deteriorated	Since Covid-19, there has been a decrease in physical activity from 55% (19/20) to 51% (21/22)
		Decrease in the % of adults smoking	19%	15%	2020/21	12.9%	2021/22	11.9%	Improved	IMTP target met. Decrease in percentage of adults smoking and in line with national trends.
		Increase in working age adults of healthy weight	39.5%	50%	2020/21	36.7%	2021/22	35.4%	Deteriorated	Since Covid-19, there has been an small increase in the number of overweight or obese adults.
		Increase in working age adults in good or very good health	69%	80%	2020/21	76.9%	2021/22	70.5%	Deteriorated	**New Indicator** Deteriation in indicator from 76.9% to 70.5% between 2020/21 and 2021/22
		Increase uptake of National Screening Programmes	64.2%	80%	2020/21	70.2%	-	-	Improved	Improvements in indicator value observed. Next update scheduled Quarter 2 (provisional).
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	55	2020/21	76.4%	2021/22	79.5%	Improved	**New Indicator** Increase in value between 2020/21 and 21/22
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	**Measure will be available from July and will be included within the next quarterly report**
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Mar	58.2%	Jun-23	56.2%	Deteriorated	Deterioration in indicator value from 58.2% (Mar 23) to 56.2% (Jun 23)
		Increase in 5 year cancer survival	49.1%	60%	2015-19	54%			Similar	Indicator value is similar and has been sustained. Next update scheduled Sept 23 (provisional).

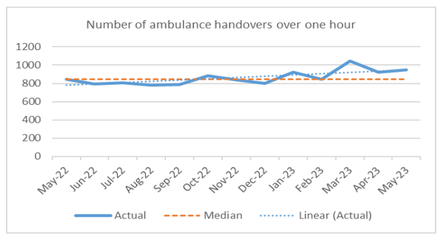
Maximise an individuals time



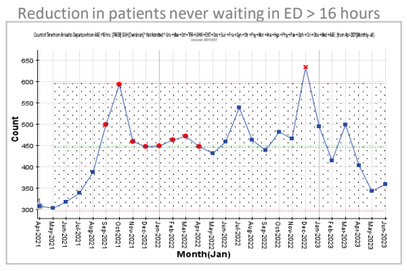




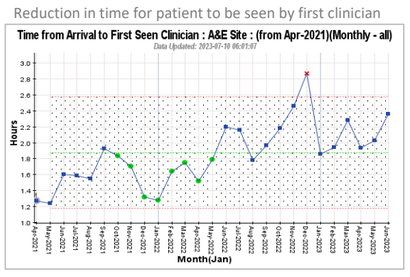




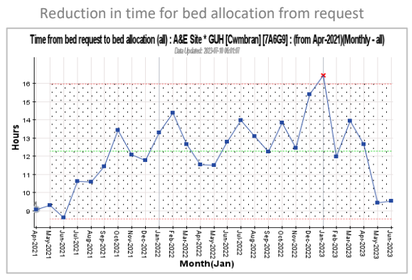
Reduction in patients never waiting in ED > 16 hours



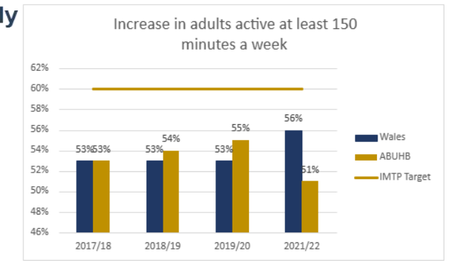
Reduction in time for patient to be seen by first clinician

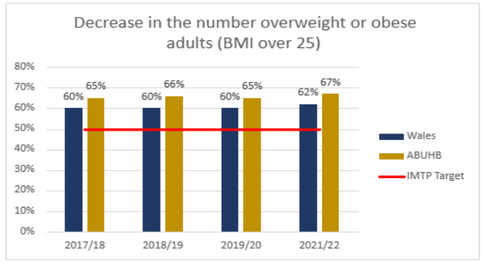


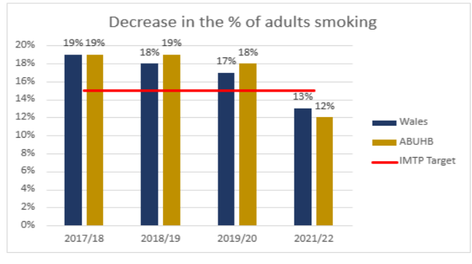
Reduction in time for bed allocation from request

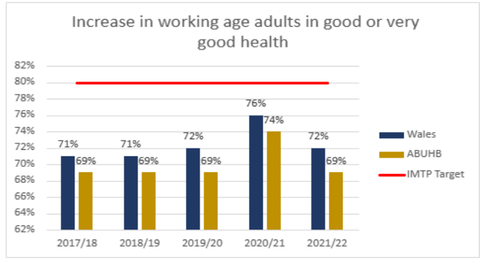


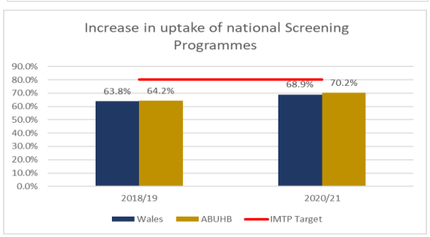
Adults living healthily and aging well

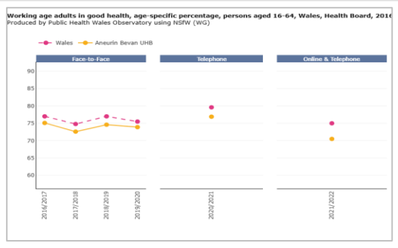




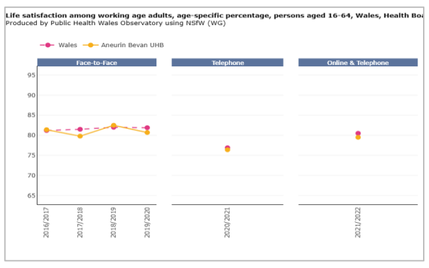


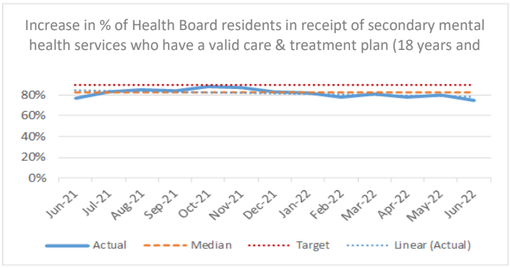




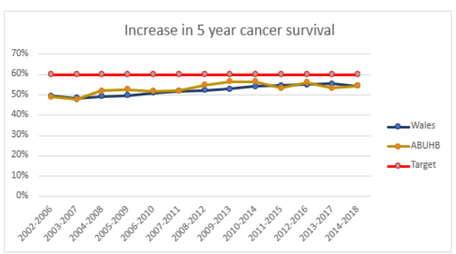


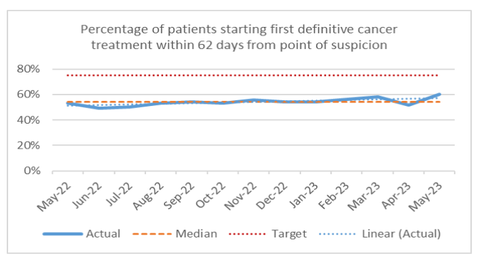
Improve mental health resilience





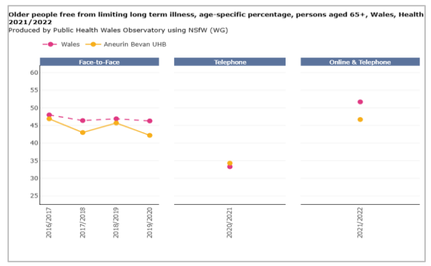
Maximise cancer outcomes

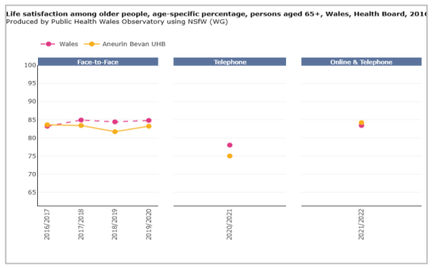


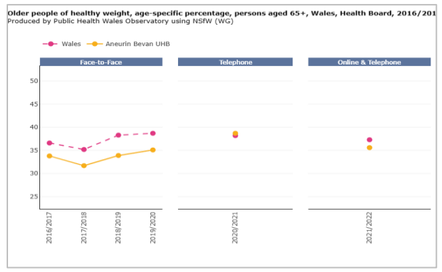


Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people free from limiting long term illness	43.3%	50%	2020/21	43.3%	2021/22	46.7%	Improved	**New Indicator** Improvement in indicator from 43.3% (2020/21) to 46.7% (2021/22). However, this remains below the all Wales average of 51.7%
		Increase in life satisfaction among older people	75.0%	85%	2020/21	75.0%	2021/22	84.2%	Improved	**New Indicator** Improvement within indicator from 75% to 84.2%, surpassing the all Wales average of 82.4%.
		Increase in older people of healthy weight	38.7%	45%	2020/21	38.7%	2021/22	35.6%	Deteriorated	**New Indicator** Measure has deterioated between 2020/21 and 2021/22 by 8%.
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Feb-23	326	Jun-23	393	Improved	Indicator has improved by 20.5% between Feb 23 and Jun 23
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Feb-23	214	Jun-23	225	Similar	Indicator has remained statistically similar.
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1297	1000	Feb-23	1427	Jun-23	1439	Similar	Indicator has remained statistically similar.
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q4 2022/23	56%	Q1 2023/24	55%	Similar	IMTP target of 55% has been met during reporting period.

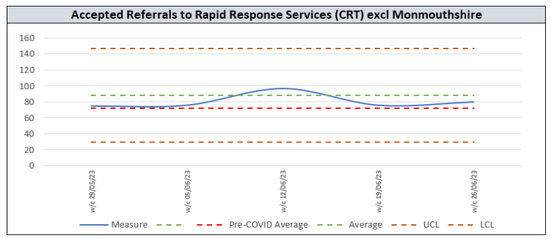
Prevention and keeping older adults well

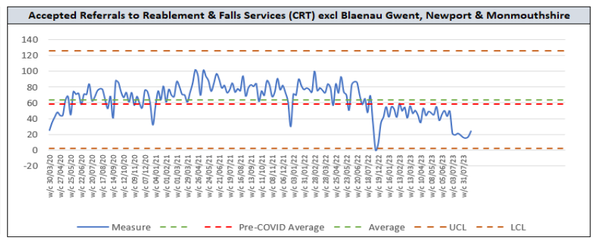




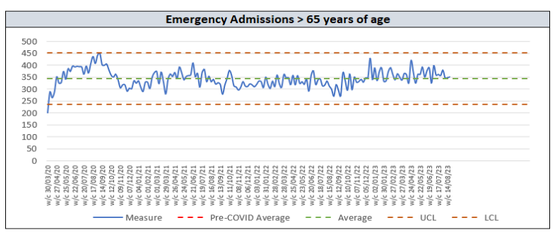


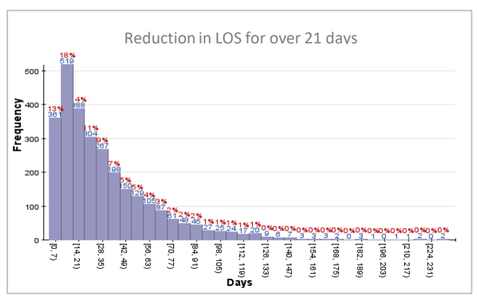
Delivering care closer to home





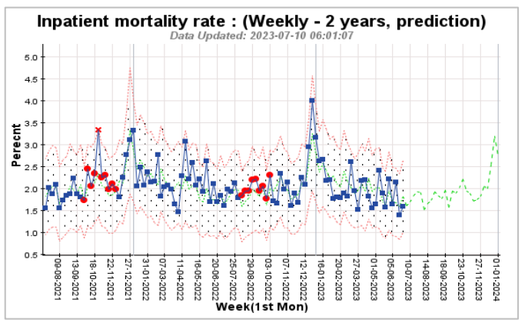
Reducing admissions and time spent in hospital

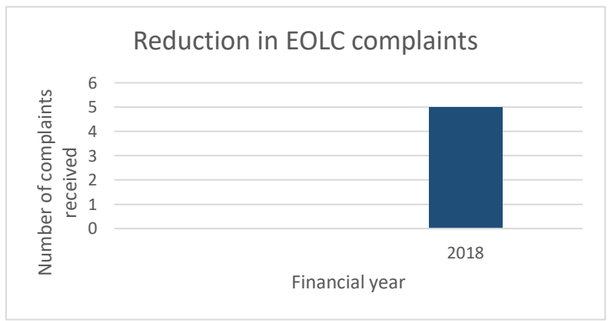




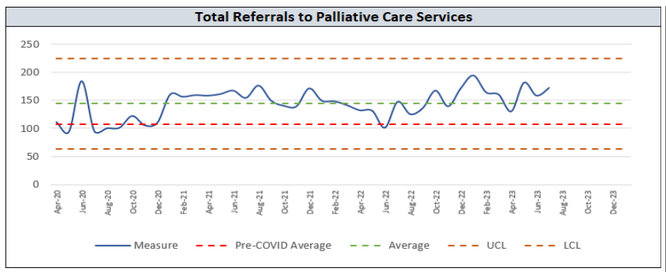
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Apr 23)		Current reported position (Aug 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q4 2022/23	2.1%	Q1 2023/24	1.8%	Improved	Improved rate of inpatient mortality from 2.1% in Q4 22/23 to 1.8% in Q1 23/24
		Reduction in compliants	11	0	2021/22	11	2022/23	21	Deteriorated	**New Indicator** Deterioration in indicator from 11 complaints received during 2021/22 to 21 during 2022/23.
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Dec-22	171	Jul-23	172	Similar	Indicator has remained statistically similar.
		Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Dec-22	99%	May-23	94%	Deteriorated	Deteriation in the indicator value from 99% (Dec 22) to 94% (May 23).
	Minimising avoidable ill health	Reduction in the number of deaths from non communicable diseases	324.8	300	2018-2020	324.8	2019-2021	326.1	Similar	**New Indicator** The rate of deaths from non communicable diseases has remained statistically similar over the reporting period.

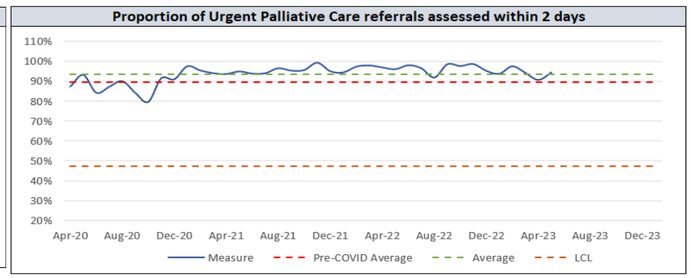
Improved end of life care experience



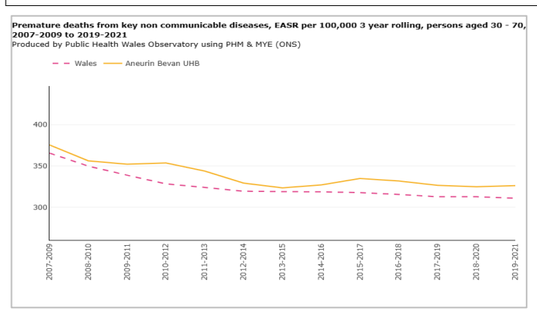


Improved planning and provision of end of life care





Minimising avoidable ill health



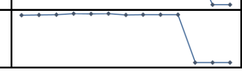
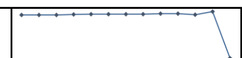
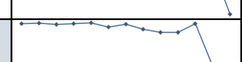
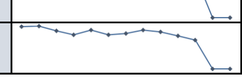
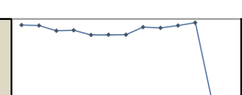
Integrated Performance Dashboard - 30/08/2023

Integrated Performance Dashboard — June 23

Appendix 1

Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Aim 2:People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement	RTT	Patients waiting less than 26 weeks for treatment	Jun-23	95%	**62.5%**	61.8%			62.1%	62.1%	61.2%	60.9%	62.0%	61.4%	60.3%	60.9%	61.6%	62.5%	61.3%	61.8%	62.5%
		Patients waiting more than 36 weeks for treatment	Jun-23	0	**35813**	35155			33570	34998	36051	35395	34750	34921	35342	34723	34324	33997	35375	35155	35813
		Patients waiting more than 8 weeks for a specified diagnostic	Jun-23	0	**3298**	3254			3871	3882	3641	3706	4048	4137	4188	3900	3146	2541	2882	3254	3298
		Patients waiting more than 14 weeks for a specified therapy	Jun-23	0	**840**	732			403	371	419	518	516	450	362	541	572	521	572	732	840
	Follow Up	Number of patients waiting for a follow-up outpatient appointment	Jun-23	69268	**123736**	122608			114441	117711	117586	119848	116844	117900	120202	119754	120688	123304	121927	122608	123736
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Jun-23	3903	**23583**	23270			19055	21650	21306	21676	20894	20622	21233	21297	21604	21871	22106	23270	23583
	HRF	% of R1 patients who are waiting within 25% in excess of their clinical target date	Jun-23	95%	**48.8%**	48.7%			55.4%	53.6%	54.4%	54.7%	55.6%	56.8%	55.8%	54.5%	53.8%	52.5%	50.8%	48.7%	48.8%
		% of R1 appointments attended within 25% in excess of their clinical target date	Jun-23	95%	**68.2%**	70.3%			62.2%	59.7%	60.1%	62.9%	60.9%	62.3%	65.9%	61.5%	62.9%	62.1%	70.2%	70.3%	68.2%
	STROKE	% stroke patients directly admitted to acute stroke unit ≤4 hours	Jun-23	50%	**28.2%**	15.9%			25.0%	9.1%	17.5%	22.0%	14.7%	6.3%	11.9%	16.9%	31.8%	19.6%	11.0%	15.9%	28.2%
		% of stroke patients assessed by a stroke consultant ≤24 hours	Jun-23	85%	**92.3%**	81.4%			94.5%	89.7%	50.0%	92.7%	80.0%	91.7%	91.3%	97.1%	96.6%	84.0%	96.0%	81.4%	92.3%
		% of stroke patients receiving the required minutes for speech and language therapy	Jun-23	57%	**25.5%**	28.5%			39.0%	39.4%	33.1%	26.7%	30.0%	32.2%	39.1%	50.0%	48.3%	33.8%	31.1%	28.5%	25.5%
		Percentage of stroke patients who receive mechanical thrombectomy	Jun-23	10%	**0.0%**	1.6%			1.9%	3.4%	0.0%	0.9%	1.8%	2.1%	0.3%	2.4%	1.7%	1.5%	0.0%	1.6%	0.0%
	ED	Category A ambulance response times within 8 minutes.	Jun-23	65%	**58.8%**	56.1%			55.0%	62.7%	56.1%	59.3%	56.4%	55.2%	41.5%	49.3%	51.9%	52.1%	56.3%	56.1%	58.8%
		Number of ambulance handovers over one hour	Jun-23	0	**962**	951			793	808	782	789	882	841	802	920	846	1048	925	951	962
		% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	Jun-23	95%	**74.4%**	76.9%			71.4%	73.0%	75.6%	74.8%	73.9%	72.3%	69.5%	75.4%	76.1%	72.5%	76.1%	76.9%	74.4%
		Number patients waiting > 12 hrs in ABUHB A&E departments	Jun-23	0	**1485**	1377			1658	1607	1437	1415	1689	1662	2078	1437	1269	1606	1374	1377	1485
	Cancer	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Jun-23	75%	**56.2%**	60.2%			49.4%	50.4%	53.0%	54.2%	53.3%	55.6%	54.0%	54.3%	56.0%	58.2%	51.6%	60.2%	56.2%
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	Jun-23	80%	**18.8%**	13.7%			78.3%	91.6%									13.9%	13.7%	18.8%
		Interventions ≤ 28 days following assessment by LPMHSS.	Jun-23	80%	**30.9%**	36.6%			18.1%	27.8%									34.6%	36.6%	30.9%
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-23	80%	**39.9%**	38.0%			72.0%										40.2%	38.0%	39.9%
	CAMHS	4+ Weeks Waiting List	Jun-23	80%	**82.9%**	"			97.7%	98.1%											82.9%
		Neurodevelopmental (iSCAN) Waiting List	Jun-23	80%	**36.2%**	34.0%			47.5%	47.2%	47.7%	47.7%	47.7%	47.8%	44.4%	42.1%	42.2%	39.7%	36.3%	34.0%	36.2%
	HCAIS	Cases of e coli per 100k population (rolling 12m)	Jun-23	67	**65.83**	57.05			55.67	55.02	57.17	56.84	55	54.33	54.33	53.16	53.83	52.66	51.94	57.05	65.83
		Cases of staph aureus per 100k pop (rolling 12m)	Jun-23	20	**15.87**	18.12			23.07	22.01	22.74	23.24	23.91	23.74	22.9	23.24	23.24	23.07	22.26	18.12	15.87
		Clostridium difficile cases per 100k pop (rolling 12m)	Jun-23	25	**32.41**	34.23			32.93	33.51	32.6	33.77	34.1	32.93	32.26	33.43	32.1	32.26	23.61	34.23	32.41
		Cases of klebisella per 100k population (rolling 12m)	Jun-23		**21.94**	21.14			15.38	18.51	15.38	17.22	16.22	16.88	17.55	18.72	19.73	19.73	20.57	21.14	21.94
		Cases of aeruginosa per 100k population (rolling 12m)	Jun-23		**4.33**	4.7			4.68	3	4.35	4.18	4.01	3.51	3.51	3.34	3.01	3.01	3.7	4.7	4.33
		Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Jun-23	8	**7**	14			9	9	8	15	5	11	12	11	12	7	10	14	7
		Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	Jun-23	2	**1**	2			3	2	3	1	3	1	0	2	0	2	3	2	1
Aim 1: People in Wales have improved health and well-being with better prevention and self-management	SMOKING CESSATION	Percentage of adult smokers who make a quit attempt via smoking cessation services	Sep-22	1.25%	**2.4%**	na			1.2%			2.4%										
	CHILDHOOD IMMUNISATION	Percentage of children who received 2 doses of the MMR vaccine by age 5	Mar-23	95%	**90%**	na			91%			90%			90%			90%				
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Mar-23	95%	**94%**	na			94%			94%			94%			94%				
	MENTAL HEALTH	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18)	Jun-22	90%	**99%**	0%			99%													
		Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Jun-22	90%	**75%**	0%			75%													

Integrated Performance Dashboard - 30/08/2023

Aim 3:The health and social care workforce is motivated and sustainable	W&D	% PADR / medical appraisal in the previous 12 months	Apr-23	85%	**66%**	67%	↓		62%	63%	64%	66%	66%	66%	66%	67%	67%	67%	66%		
		Monthly % hours lost due to sickness absence	Apr-23	7%	**7%**	7%	↑		7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%		
		Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Mar-23	85%	**82%**	82%	↑		81%	82%	82%	84%	84%	84%	82%	82%	82%	82%			
Aim 4:Wales has a higher value health and social care system that has demonstrated rapid improvement and	HIP FRACTURE	Prompt Orthogeriatric Assessment	May-23	93%	**98%**	92%	↑		91%	91%	91%	92%	93%	93%	93%	93%	94%	94%	92%	98%	
	CODING	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Apr-23	95%	**87%**	68%	↑		87%	88%	85%	87%	88%	80%	86%	75%	69%	68%	87%		
	AGENCY	Agency spend as a percentage of total pay bill	Apr-23	8%	**7%**	8%	↑		10%	10%	9%	8%	9%	8%	8%	9%	8%	8%	7%		
Efficiency & Productivity	Readmissions	Readmission Rate Within 28 Days (CHKS)	Apr-23	10%	**11%**	10.4%	↓		10.5%	10.4%	9.7%	9.8%	9.1%	9.2%	9.2%	10.2%	10.1%	10.4%	10.8%		

Trend Key

1 ↑ Achieving rating target and improved against previous reported position
2 ↓ Achieving rating target but deteriorated against previous reported position
3 ↑ Not achieving rating target but improved against previous reported position
4 ↓ Not achieving rating target and deteriorated against previous reported position

If measures are no longer in the Delivery Framework, current perfromance is measured against previous month

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance Against Planned Care Ministerial Priorities
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Ian Jenkins, Head of Systems Planning

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 an update on performance against the submitted IMTP trajectories for the Ministerial Planned Care priorities to the end of July 2023. The report provides details on reasons for any deviations to the forecasted position along with plans being implemented to return to trajectory.

Cefndir / Background

As part of the Integrated Medium-Term Plan (IMTP), the Health Board submitted trajectories against each of the six planned care ministerial priorities for each of the seven specified specialties.

Following submission of the IMTP, the Health Board were requested to review a number of aspects of the plan which included the trajectories submitted against ministerial planned care priorities.

The originally submitted trajectories were the result of a robust speciality led planning process which involved engagement with services and a bespoke dynamic

planning model which utilises historical information and service input to forecast outcomes.

The approach to the requested update was to reforecast using the latest available validated position, and incorporating the quantified impact of plans that had been developed since the original submission. Efficiency assumptions were also tested

Using the latest data for the resubmission, factoring in the additional improvements, interventions and the more robust challenge and support performance framework implemented during Quarter 4, the position at the end of the 2022/23 fiscal year the Health Board was forecasted to end in a better position.

In addition to these developments, stretch targets were also agreed to further improve the March 2024 position. The below table displays the original and resubmitted figures (as part of May 23 resubmission) along with the change from the end of March 2023.

Ministerial Priorities	March 2023 Position	IMTP Submission	Resubmission	Change from March 2023	Proportional Change from March 2023
36 Weeks - Stage 1	20,031	24,761	19,463	-568	-3%
36 Weeks - Stage 4	10,872	8,346	9,619	-1,253	-12%
52 Weeks - Stage 1	9,834	12,387	9,802	-32	0%
104 Weeks - Stage 1	781	0	0	-781	-100%
104 Weeks - Stage 4	1,821	756	0	-1,821	-100%
156 Weeks - Stage 4	535	0	0	-535	-100%

The focus was, and remains on reducing the longest waits whilst ensuring cancer and urgent patients have timely access to outpatient and treatment. The overall ambition was to eliminate waits over two years whilst making marginal gains in 36 and 52 week cohorts.

Asesiad / Assessment

Performance against trajectories to the end of July 2023 is varied, with 27 of the 42 projections, which make up the Health Board's forecasts against ministerial priorities either ahead, on schedule or within reasonable tolerance (<100 from projection).

The data is shown at specialty level which limits the capability to demonstrate subspecialty risk, for example, in Orthopaedics there remains a long waiting spinal cohort particularly at outpatients. Where subspecialty risks exist these are noted and addressed in the performance plan with the Directorate.

The two tables below show the forecasted trajectory and reported performance to July 2023.

Forecasted Trajectories Position July 2023

Specialty	Stage 1			Stage 4		
	36 Weeks	52 Weeks	104 Weeks	36 Weeks	104 Weeks	156 Weeks
ENT	6,384	3,835	379	966	201	71
General Surgery	474	0	0	1,809	0	0
Gynaecology	965	0	0	441	0	0
Maxillo-Facial	1,158	173	0	252	0	0
Ophthalmology	6,871	4,540	0	434	0	0
Orthopaedics	1,892	1,400	46	6,578	998	202
Urology	1,875	1,025	0	416	0	0
Total	**19,619**	**10,973**	**425**	**10,896**	**1,199**	**273**

Reported (actual) Position July 2023

Specialty	Stage 1			Stage 4		
	36 Weeks	52 Weeks	104 Weeks	36 Weeks	104 Weeks	156 Weeks
Ear Nose & Throat	6,073	4,209	1,008	934	209	46
General Surgery	284	0	0	1,481	93	0
Gynaecology	1,136	0	0	483	0	0
Maxillo-Facial	1,336	566	41	230	6	0
Ophthalmology	6,741	4,217	123	932	140	0
Orthopaedics	3,236	1,818	371	6,038	915	97
Urology	1,782	989	138	640	139	0
Total	**20,588**	**11,799**	**1,681**	**10,738**	**1,502**	**143**

The subspecialty issue in spines explains variance between the forecast and the submitted position for Orthopaedics. The below heat map displays the variance by specialty against each ministerial target for the end of July 2023.

Variance Between Forecast trajectory and Reported (actual) Position July 2023

Specialty	Stage 1			Stage 4		
	36 Weeks	52 Weeks	104 Weeks	36 Weeks	104 Weeks	156 Weeks
ENT	-311	374	629	-32	8	-25
General Surgery	-190	0	0	-328	93	0
Gynaecology	171	0	0	42	0	0
Maxillo-Facial	178	393	41	-22	6	0
Ophthalmology	-130	-323	123	498	140	0
Orthopaedics	1,344	418	325	-540	-83	-105
Urology	-93	-36	138	224	139	0
Total	**969**	**826**	**1,256**	**-158**	**303**	**-130**

Stage 4 (Treatment) – 156 Weeks

Eliminating three year waits for treatment is a primary objective of planned care recovery and as the heat map shows, performance against trajectory is ahead of schedule. This long waiting cohort has been reduced by nearly three quarters over the four months of the year to date and based on current performance is likely to be eliminated by September subject to implementation of the plan agreed for spines.

Stage 4 (Treatment) – 104 Weeks
The two specialties (ENT and Orthopaedics) forecasted to have two-year treatment waits are collectively ahead of schedule. There is a particular issue emerging in General Surgery where capacity has been switched to accommodate colorectal cancer activity. The Directorate are assessing options to bring the position back in line with forecast.

Ophthalmology and Urology have more acute issues at 104 and 36 weeks at Stage 4. There is a comprehensive plan to support Ophthalmology including a significant regional solution which is in the process of being implemented. Separate forecasts have demonstrated Ophthalmology can recover against both priorities if plans are implemented timely and deliver as outlined.

Despite increases in some areas, overall there has been a 20% reduction in two year treatment waits since March 2023 however increased focus is required to ensure return to trajectory.

Stage 4 (Treatment) – 36 Weeks
With the exception of Ophthalmology and Urology, progress against this priority is positive and collectively the Health Board is slightly ahead of schedule and has marginally reduced numbers since March 2023.

Stage 1(outpatients) – 104 Weeks
This is the poorest performing metric. Only General Surgery and Gynaecology are on trajectory at this point in the year and significant action is underway to return other specialties to trajectory.

A summary of the actions is below:

Specialty	Action
ENT	ENT have an extensive recovery plan with demand now being reviewed on receipt of referral, clinical review of patients on the waiting list along with other solutions (eg audiology) to support the specialty. However, despite plans being implemented it is likely to take time in to Q3 to recover the 104 and 52 week positions.
Ophthalmology and Urology	Despite difficulties at the treatment stage, performance against outpatient trajectories is more positive with both 52 and 36 weeks being ahead of schedule. There is a similar situation in Urology and direct support will continue to improve treat in turn prioritisation across the board.
Maxillo-Facial	Maxillo-Facial have struggled with sickness and vacancies in their medical workforce; however, this situation has improved and from September changeover all medical rotas are filled which is expected to provide the capacity to support recovery against all three outpatient priorities.

Through the up coming cycle of assurance meetings the outpatient position will be a focus.

Stage 1 (outpatients) - 52 Weeks
The focus on treating longest wating patients and the Orthopaedic subspecialty issue has a far greater impact on the year end forecasted position, with over half the variance in spinal waits. It is noted resolving this issue would reduce the variance at the Health Board level into a reasonable tolerance, however this needs to be balanced with prioritisation of overall capacity for our longest wating patients and urgent work. Through the up coming cycle of assurance meetings the outpatient position will be a focus.

Stage 1(outpatients) – 36 Weeks
Similar to 52 weeks without the Orthopaedic subspecialty issue the Health Board would actually be ahead on this metric. In addition to the issues described above, Gynaecology is off trajectory at 36 Weeks due to an increase in urgent and cancer demand. Increased monitoring is in place to ensure the current variance is not systemic and recoverable within the fiscal year.

Assurance and oversight
Delivery against these Ministerial priorities is monitored at a number of levels. Within Divisions there are weekly meeting with speciality leads. There are then fortnightly RTT (and Cancer) Assurance meetings with the COO and/or Deputy COO with all divisions and this feeds into a monthly performance meeting for the Executive Team as well as the Planned Care Board.

A Dashboard tracking delivery against ministerial priorities has been developed to support service managers.

Externally, planned care performance is monitored through monthly and weekly meetings with Welsh Government and NHS Executive.

The new Performance Management Framework that is being engaged upon will clearly set this out.

Development of the Planned Care Academy – Improving standards in management of waiting lists

The Planned Care Academy has been established to ensure managers are equipped with the necessary skills, tools and support to excel for the benefit of patients. The Academy aims to develop a consistent and optimised approach to planned care delivery by:

- Providing a suite of standardised tools
- Bespoke training packages
- Detailed policies and procedures
- SOPs and systems to maximise planned pare delivery.

Additionally, the programme aims to establish career pathways to develop, manage and retain talent within planed care. The NHS Executive has

enthusiastically followed the Academy's progress and begin work on a national Planned Care Academy programme.

Summary

At the Health Board level, three of the priorities are ahead of schedule, one within tolerance and two off trajectory reflecting the subspecialty issue in Orthopaedics. Robust plans and performance management are in place which will over time deliver the recovery of the off-trajectory areas in year. Challenge and support will continue to ensure the gains made to date continue and the year-en positions are delivered.

Service and directorate managers are being supported in management of waiting lists through the developed of the planned care academy.

Argymhelliad / Recommendation

The Committee is asked to note the progress and update against the planned care ministerial priorities as of July 2023.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	This SBAR highlights the key risks for delivery against the planned care ministerial priorities
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5. Timely Care 3.3 Quality Improvement, Research and Innovation 2. Safe Care 1. Staying Healthy
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	Experience Quality and Safety
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 prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. 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:	Public Board

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 Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Clinical Coding Performance Update
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

To provide assurance and an update to the Clinical Coding service for the Finance and Performance Committee.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Clinical Coding Service is under increasing pressure to provide assurance for the organisation and for the Welsh Government on coding completeness and quality, without both there can be little confidence in the data provided by the clinical coding service. Organisations are required to accurately code information relating to all diagnoses and procedures relevant to each individual episode of care experienced by a patient. The availability of timely, complete, accurately coded Admitted Patient Care (APC) data is an essential pre-requisite for numerous current and emerging decision support processes. Information from clinical coding is used to monitor clinical outcomes, mortality rates, effectiveness of treatment and clinical governance; it informs patient and service level costings and is used to examine public health trends.

The Welsh Government and NHS Wales outcomes framework target requires a 95% coding completion one month post episode discharge. The service has consistently achieved mid 85% (agreed IMTP). However, as activity returns to pre-pandemic levels, the coding service is no longer able to maintain 85% coding completeness.

Also, within the NHS Wales outcomes framework there is another target around 90% of coding errors having to be corrected by the next monthly reporting submission. There are many factors impacting on the clinical coding performance and this document provides an overview of these factors and the actions being undertaken to mitigate the performance position.

Cefndir / Background

Clinical Coding is responsible for recording clinical activity on all inpatient and daycases, carried out in the Health Board using the International Statistical Classification of Disease and Related Health Problems – Version 10 (ICD 10 5th Edition implemented on 01st April 2016) and the Classification of Interventions and Procedures (OPCS 4.10 was implemented on the 1st April 2023). Coding is identified against a finished consultant episode (FCE) which is a continuous period of admitted patient care under one consultant within one healthcare provider**.** The Clinical Coding Service also records clinical information on inpatients treated at Health Board peripheral hospitals: Chepstow, County, Monnow Vale, St Woolos Community and YAB. This is for all services that admit patients to ABUHB hospitals.

Over recent years the coding department has had to adapt to new ways of working particularly since the opening of the new Grange University Hospital (GUH) in November 2020, which does not have dedicated accommodation, which would facilitate a clinical coding presence. Whilst casenotes (in the main DHR folders) are used to code discharges from the main hospital sites and where coders are currently based, there has been an ongoing issue with the availability of records for GUH discharges. Currently, casenotes are tracked to Online House for scanning following discharge from GUH. These records are stored in boxes and up until the implementation of WNCR in July of this year, the delay resulted in a wait time of six weeks before the record is scanned ready for coding. The implementation of WNCR has brought this wait time down to one week which will help to maintain the coding completeness performance at 85%.

In addition to this, the Clinical Coding department is carrying a number of vacancies which is proving extremely challenging to recruit into. Whilst recruitment of new clinical coding staff has not generally been an issue, there has been a decline in the response since the pandemic as there is an expectation to full time home working which is not possible as a trainee coder. The retention of staff is also an issue due to the higher banding of clinical coding staff in England of Accredited Clinical Coders (ACC) and non-ACCs and more development prospects with the opportunity of Band 6 positions across other Health Boards and Digital Heath and Care Wales (DHCW). Private companies such as Nuffield Health, offer benefits from the extensive training that ABUHB provide by offering higher salaries, private Health Care, home working and up-front expenses, such as overnight hotel stays when working away. The Health Board is unable to compete with these benefits and currently the coding structure does not provide any opportunities to progress.

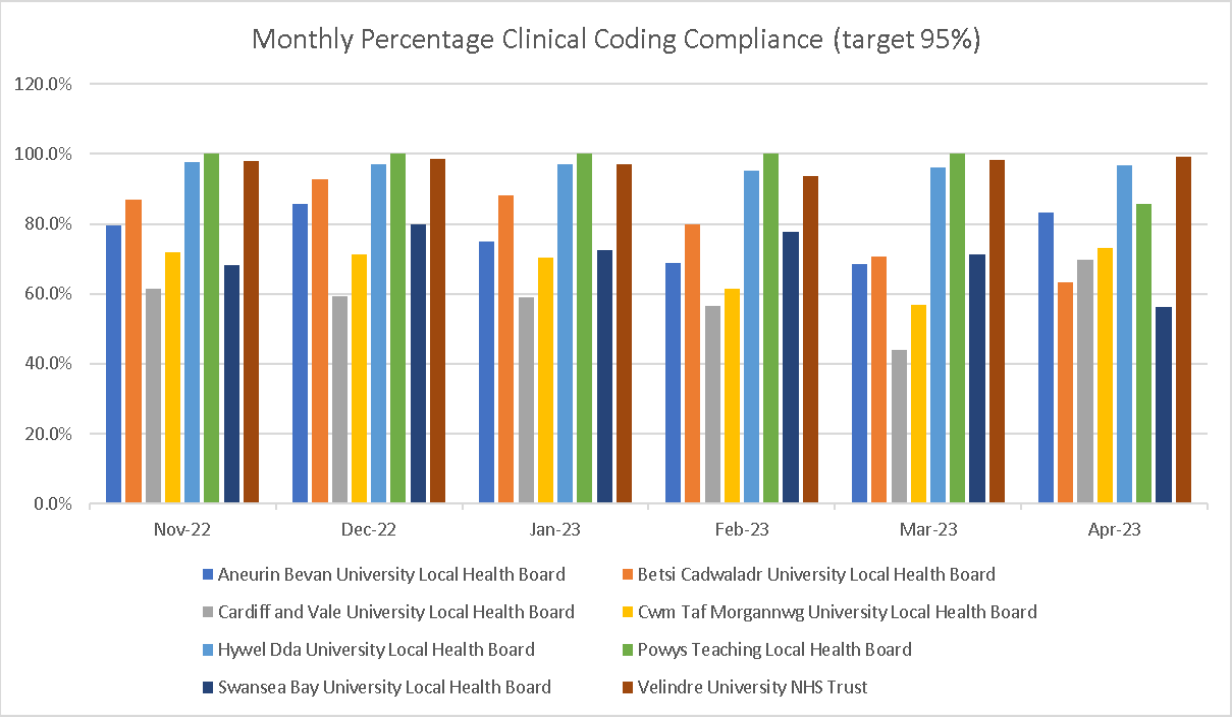
The private sector and English NHS Trusts pay much higher rates for ACCs, Auditors and Trainers. In NHS Trusts in Bristol for example, the equivalent role is paid at a Band 5 rate, whereas an experienced, qualified coder in Wales is paid at Band 4. There is also a variation within Wales with the banding of Auditors and Trainers; DHCW, for example, has recruited a Band 6 and Cwm Taf Morgannwg Health Board has a Band 6 Trainer position (not qualified). Aneurin Bevan University Health Board (ABUHB) was the only Health Board in Wales to have both a trained Auditor and Trainer post, but the ABUHB Trainer moved to a Band 6 Trainer Role in DHCW and left the Health Board in April 2022 leaving a significant gap in the operational support, coding knowledge and development.

The service has had ongoing vacancies for some time and given the current position of five WTE clinical coder vacancies and one WTE Band 5 Co-ordinator and the difficulty in finding suitable applicants, the service (ironically) is heavily reliant on procuring private, contract coders and overtime to help meet the shortfall in coding to at least maintain an acceptable coding compliance position.

Asesiad / Assessment

To try and achieve the national clinical coding compliance targets, the service maximises the opportunities to code electronically as much as possible, however, this has been extremely challenging due to the significant backlog of case notes waiting to be scanned and consequently the current performance is unlikely to improve above 85% over the coming months. Paper casenotes will be required until the Health Board is fully digitalised (scanned) and locating these casenotes for coding staff on site to code is a daily challenge. However, it should be noted that even if the service had a full complement of staff, it would not be able to achieve the monthly 95% compliance target as there would be insufficient physical or scanned casenotes available to code from due to the availability as described above. Delays in pathology reporting can also have an impact on coding re-work. A number of episodes that must be coded to comply with the coding target currently have to be re-coded when the results become available sometimes several months after the discharge resulting in re-work. In addition, there is re-work required as episodes are amended following data quality validation.

In comparison to the rest of Wales, ABUHB performs well against other Health Boards. The following chart highlights the monthly compliance achieved since November 2022 across all Welsh Health Boards.

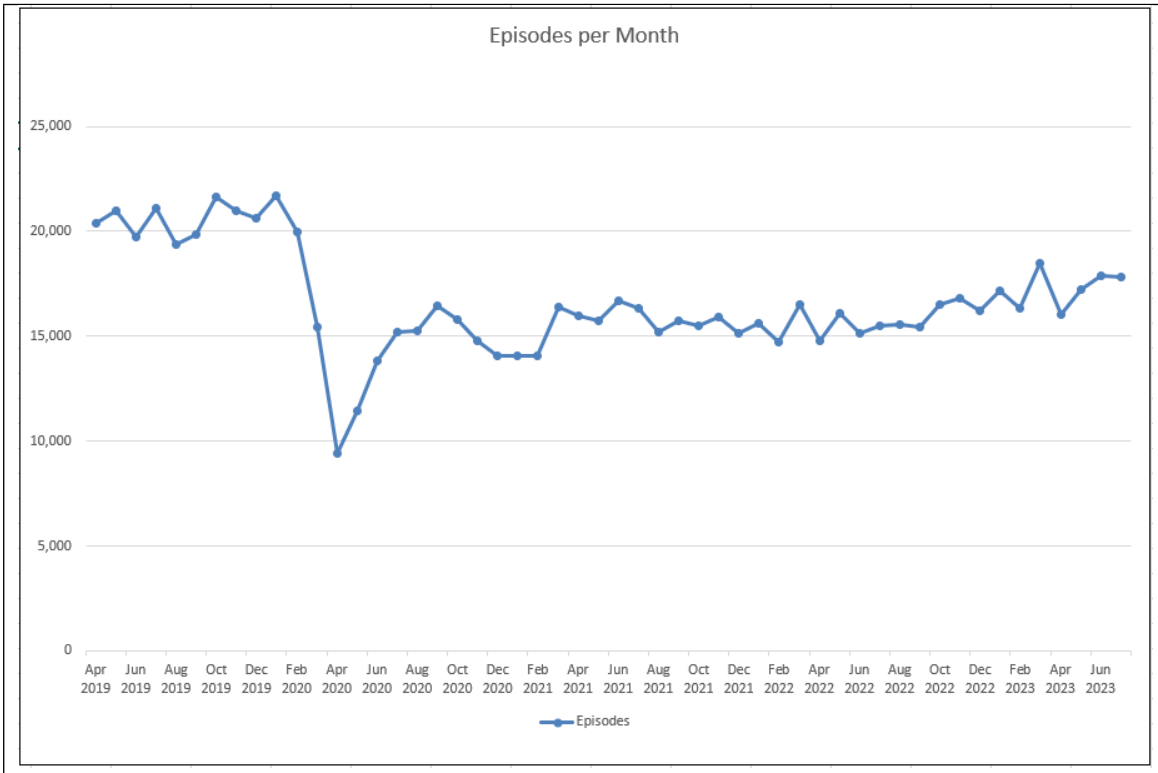


The second target for clinical coding is around improving accuracy and to measure this DHCW undertakes audits at each Health Board on an annual basis. ABUHB has consistently scored well above the accuracy targets compared to all-Wales scores (see table below for the results from the latest DHCW audit 2022/23 – the targets are 90% for primary diagnosis and procedure and 80% for secondary)

Code Type	Percentage Correct
Primary Diagnosis	92.42%
Secondary Diagnosis	95.09%
Primary Procedure	92.17%
Secondary Procedure	87.54%

The consistently high performance is credit to the staff in post, but also to the regular local training and audit programmes that are undertaken to ensure that all staff are coding accurately and comply with coding changes and updates.

Admitted patient clinical coding is measured through Finished Consultant Episodes (FCEs) and is electronically and manually collected from hospital casenotes for each patient for operation/treatment, diagnosis, complications and comorbidities. All coded episodes are completed at the point of discharge. It is important to note that the number of coded episodes rise with increased transfers of care through clinician handover, specialty and step up/step down conveyance. Whilst activity has not fully recovered to pre-pandemic levels, there is a steady increase particularly in recent months and this is anticipated to continue.



Looking at the number of FCEs across Wales, ABUHB has significantly higher volumes when compared to other Health Boards, which is not reflected in the Clinical Coding WTE establishment. Pre-pandemic it was recognised that with the Health Board annual activity of around 264k FCEs, there was a shortfall of approximately 10 WTE additional clinical coding staff that would be required to meet the current episode demand and the 95% target.

In the current Clinical Coding structure, there are 36 WTEs (including staff who do not clinically code), but, as above, there are presently five clinical coder vacancies. Two Band 3 WTE trainees commenced in post in August 2023. They will begin a course of training which will take approximately 18 months to two years to complete before they will be ready to undertake the clinical coding examination. During this time, they will be supported through focussed training and mentoring by a qualified Band 4 coder, which will impact on the Band 4 coder's coding throughput. The more trainees there are in the team, the more significant the impact on overall coding productivity and compliance. Some of the five vacancies have remained unfilled for over 12 months across all staff Bands. There are currently 23.34 WTE staff responsible for the direct clinical coding of episodes of which, only ten are qualified Band 4 coders.

Currently, the only development opportunities for coding staff within the team are to a Band 4 position upon completion of the National Coding Qualification. Promotion into one of the Band 5 Co-Ordinator roles is only possible when a Co-Ordinator leaves and similarly the next step from the Co-Ordinator role is the Band 7 Clinical Coding Service Development Manager. Many of the qualified members of staff leave for other opportunities. Over the past eight years, the service has lost 23 Clinical Coders of which 13 were fully qualified (through the in-house training), including two qualified Auditors and one qualified Trainer (mostly to the

private sector and to English Trusts). The desire for full-time home working is also adding to the difficulty in the recruitment of the right staff. To continue to support hybrid working, there is a requirement for sufficient scanned casenotes when working from home and physical casenotes when working in the office. However, without the experience and skills to be able to work alone from home, trainee staff need to mostly work in the office with the requisite support and mentoring from qualified clinical coders. Without development opportunities in-house, the service will continue to lose qualified staff.

As activity continues to return to pre-pandemic levels, the service has struggled over the last year, even with the help of external contractors and the willingness of the staff to work overtime. However, as services recover, and more elective activity is undertaken, there is real concern that the service will not be able to meet the demand levels. In addition, patient level costing is derived from clinical coded data and any shortfall or inability to code due to the unavailability/delay of patient records will result in a shortfall of costing activity for the Health Board and lower performance compliance. The transformation of services in the Health Board such as the opening of the Same Day Emergency Care (SDEC) Unit and the Homeward Bound Wards also has a significant impact on clinical coding with the generation of additional episodes that need to be coded.

The last review of clinical coding was carried out in 2012/13 where additional posts were agreed but the budget was never reconciled, which has contributed to the budget deficit ever since. At that time the additional posts enabled the service to meet the 95% target but as FCEs have increased since this review and in addition to the continuous cycle of staff vacancies, the 95% monthly target has not been met with the 85% IMTP target also been a challenge to achieve. As the focus for the Health Board is to concentrate on recovery and to increase elective capacity over the coming months, coding compliance and completeness will not improve with the current challenges in the coding service.

Staff and team leads spend a considerable amount of time on a daily basis ensuring that casenotes are available for staff to code from and to have physical casenotes available for contract coders on the weekends. It is difficult to control the flow of casenotes for the target month to work on. To try to mitigate this, a qualified clinical coder is based in Health Records at Online House to code casenotes directly from the boxes waiting to be scanned and which are identified as priority casenotes (eg COVID-19) within the target cohort to code. This is by no means sufficient to deal with the volumes of Grange University Hospital (GUH) discharges that are sent directly to Online House and never was intended to be the long-term solution. As more staff become qualified, the service hope to add another clinical coder based in Online House or at least to have the ability to rotate the members of the team.

However, the original purpose to base staff in Online House was to code from the handheld maternity casenotes as they were returned directly to Online House and

then, if there was capacity and as more of a backstop, to clinically code the casenotes received into Health Records from the GUH that could not be scanned. Due to staffing shortages within Health Records, the situation has escalated and the scanning of casenotes cannot be done at any real pace. Diverting the GUH discharges directly to clinical coders is not an option as staff are still working across multiple sites to pick up discharges from activity at the eLGHs and Ysbyty Ystrad Fawr and could not accommodate the additional volumes. The intention was always for the GUH discharges to be scanned. This is outside of the control of clinical coders but heavily impacts on their working practices and ultimately target compliance and completeness.

To try to mitigate against some of the shortfall in WTEs and to embrace digital ways of working, the Service Development Manager has been trained in the use of Blue Prism Robotic Process Automation (RPA) and has written and developed a process methodology to be able to automate clinical coding of the more simple procedures and less complex inpatient activity from electronic records. This will then release experienced coding staff to clinically code the more complex procedures. This has been a challenging process and has been time consuming in the initial set-up. Since go-live in November 2022 the RPA has coded a small number of simple procedures such as Cataracts, Carpal Tunnels, Lithotripsy and Endoscopies. Now that the RPA process has been embedded, the process of coding further episodes such as activity undertaken in the Paediatric Assessment Unit is much less time consuming as all the components and processes within Blue Prism have already been developed.

The Service Development Manager continues to fully test and validate before rolling out the RPA functionality into other areas, including both daycase and inpatient activity. This process relies totally on electronic records and full utilisation of the RPA could be at risk if records are not scanned and available. Validation and audit of the RPA process is vital, but currently is not undertaken at the required levels due to a lack of Band 5 and Band 6 staff to support this piece of work. In the early stages of RPA development, the vision was that the process would automate the clinical coding of simple procedures, however, in order to maximise the full potential of RPA, increased, dedicated support is required in the form of additional Clinical Coding Analysts and Support Managers to assist with the development of RPA processes such as programming, testing, validation and audit.

The team recognised that a change in on site arrangements across the Health Board would have an impact on the way in which both clinical coders and clinicians provide shared input and education around the coding process, promoting quality and efficiency through close working relations for query resolution, data validation and aligning best practice. In addition, the clinical coding service profile with clinicians had been high with the service regularly contributing and participating in the junior doctor induction sessions, clinician audits and regular meetings with the Medical Director. During the pandemic these relationships were obviously difficult to maintain, and they are yet to be re-established on a regular basis but is something

that would benefit the clinical coding service immensely and discussions are taking place with a view to re-establishing these relationships.

The service has made positive changes to support a hybrid approach, with a number of staff working 50% of their working month at home. However, all clinical coders still have to code from physical casenotes, and trainee coders require onsite support. Currently, there is limited direct support to the Coding Service Development Manager, who has overall responsibility for the Clinical Coding Team, but is also responsible for the Coding Service Improvement and the development of Coding automation (RPA). Given the current structure within the team, the Coding Service Development Manager does not have adequate support or time to effectively investigate and evaluate new technologies and ways of working which is a key requirement of the role. Recently, management of the Clinical Coding Team has come under the remit of the Head of Information. This is in line with reporting structures within other Health Boards across Wales. Clinical Coding topics are often discussed in both Heads of Information and Information Quality Improvement national meetings. The Coding Service Development Manager participates in the Senior Team meetings, which has led to improved engagement with the other teams within the Department.

Argymhelliad / Recommendation

The vision for the future of the team is to provide a more cohesive, progressive and collaborative coding service for the Health Board that better serves the changing service and organisational needs. Also, to raise the profile of the service both internally and externally. Re-establishing the clinical coding and Medical Director relationships will bring added benefits to the service.

An overhaul of the clinical coding structure is well overdue. The existing structure does not lend itself to effective recruitment or staff development and there are currently limited opportunities for career progression due to there being gaps in the Bands. As well as making succession planning difficult, the current structure limits the services ability to embrace new technologies such as RPA and new ways of working.

It is proposed that within existing budget that a review of the structure is carried out with a view to incorporating new posts and also revising a number of existing posts, which would help to resolve these issues.

Recruiting "like for like" has been unsuccessful for some time as applicants are looking for additional benefits to the role, for example, increased home working, higher salaries, and improved career progression. To enable this change, the proposed structure (Appendix 2) seeks to address the issues described above.

The proposed structure introduces a number of new posts:

The new Clinical Coding Analyst (Band 5) posts will need to be innovative with new technologies and allow for development opportunities, the introduction of these posts will attract potential new starters and will also help with staff retention and progression. For example, taking lead responsibility for designated specialities, undertaking awareness sessions, assisting in the development and validation of clinical coding automation (RPA), reporting and audit.

One of the new Clinical Coding Band 6 posts will be responsible for the day-to-day management of the clinical coding staff located in various hospitals across ABUHB, with line management responsibility of the Clinical Coding Co-ordinator and the new Coding Analysts. The second new Clinical Coding Band 6 post will be responsible for training and compliance against national Clinical Coding standards, Welsh Government accuracy targets and line management responsibility of the Training Assistant (Band 5). The third new Clinical Coding Band 6 post will be responsible for coding accuracy, data quality and audit with line management responsibility of the Coding Auditor (Band 5).

The proposed structure will lead to a more thorough and robust process around improving clinical coding accuracy, data quality, data compliance, clinician engagement, and making the team work more efficiently, resulting in a first-class, progressive service rather than a responsive one. Most importantly, the proposed structure will allow for greater engagement with clinicians to discuss coding issues and also enable further development and rollout of a programme of coding automation (RPA). The proposed structure will also negate the requirement to utilise contract coders to make up for the shortfall of clinical coding staff within the Health Board.

The proposed structure will be delivered within existing budget and the Committee is asked to support the proposed structure (Appendix 2) to enable the clinical coding services deliver a more modern and flexible service for the Health Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 4.2 Patient Information 3.5 Record Keeping 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:	Clinical Coding Service
Rhestr Termau: Glossary of Terms:	SDEC – Same Day Emergency Care WTE – Whole Time Equivalents RPA – Robotic Process Automation APC – Admitted Patient Care IMTP – Integrated Medium-Term Plan ICD - International Classification of Diseases OPCS - OPCS Classification of Interventions and Procedures eLGH – Enhanced Local General Hospitals DHR – Digital Health Record WNCR – Welsh Nursing Care Record ACC – Admitted Consultant Episode DHCW – Digital Health & Care Wales
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Choose an item.

Appendix 2 – Proposed Structure

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Radiology Informatics System Procurement (RISP) Programme Update
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)

Ar Gyfer Trafodaeth/For Discussion

To discuss the update for the Radiology Informatics System Programme (RISP) which has the objective to replace the current Fuji Picture Archiving & Communication System (PACS) and Welsh Radiology Information System (WRIS) across NHS Wales.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Following the approval of the Full Business Case for the RISP programme in May 2023 this report will provide an update on the status of the contractual arrangements with the supplier, implementation planning, programme governance, risks, and the next steps.

These services are critical for the delivery of diagnostic services supporting patient demographics, appointment processes, digital images captured from Radiology scanning machines, clinical reporting and image viewing for clinician review to support patient care and diagnosis.

The current systems do not meet the requirements of a modern radiology service and operational pressures are being experienced by the Radiology service through increased reporting times and poor system performance.

Cefndir / Background

The current contact for Radiology digital services across Wales are provided by Fuji (PACS) and Digital Health & Care Wales (DHCW) who provide the in-house developed WRIS solution.

Both digital services require replacement due to the end of contractual arrangements with Fuji and due to WRIS being end of life running on an old technology platform.

As a result, the RISP programme was established by the NHS Wales Collaborative in June 2019 and procurement commenced in January 2022 following delayed approval of the Outline Business Case.

Following a successful procurement exercise Philips were selected as the supplier for the replacement of PACS and WRIS (the WRIS element would be subcontracted by Philips to Soliton).

The Full Business Case was then completed in March 2023 and approved by all Health Boards in May 2023 with the contract being awarded to Philips in June 2023.

Asesiad / Assessment

Contractual Arrangements / Implementation Order

To commence the delivery programme for RISP there are several key documents which required approval and signing by NHS Wales organisations:

- All Wales Deployment Order – enables the release of funding for the National Data Centre so Philips can start the process of commissioning their equipment. All organisations signed the deployment order on the 11th of August 2023.
- Master Services Agreement – the overall contract between Philips and NHS Wales which will be signed by all organisations in early September.

A further Local Deployment Order will need to be signed between the Health Board and Philips which will set out the local contractual arrangements and key dates following detailed implementation planning.

The original RISP go live date for the Health Board was December 2024, but due to delays in the programme as identified above it became apparent this date would be unachievable due to the complexities associated with the programme and the significant data migration requirements. As a result, discussions have been taking place between DHCW and Fuji over contract extensions for the Health Boards where the delay to RISP now required the Fuji managed service to be extended (the contract expires in February 2025 for Aneurin Bevan University Health Board).

Following the discussions with Fuji several options have been discussed nationally between all Health Boards and Trusts, DHCW and Radiology colleagues and the following options were considered (please note a single option needed to be chosen for NHS Wales):

Option	Narrative	Cost Implications
1 – Reorder implementations and reduce dual payments	The Health Board would go live with PACS and RIS in March 2026	Incur dual running costs of £447,000 for 6 months from March 2026 to September 2026
2 – Maintain original implementation order and delay go live	The Health Board would go live with PACS and RIS in April 2025	Incur dual running costs of £1.267m for 17 months from April 2025 to September 2026
3 – Keep original timescales for PACS and delay WRIS	The Health Board would go live with PACS in December 2024 and agree WRIS date for a date to be determined	Incur dual WRIS costs of approximately £173,000 (to DHCW)
4 – Keep original timescales as outlined in the Full Business Case	The Health Board would go live with PACS and WRIS in December 2024	No additional costs

Options 3 and 4 were discounted as these were not deliverable in the timescales available and no consensus could be achieved across NHS Wales on option 1 or option 2.

Following further discussion between DHCW and NHS Wales Health Boards and Trusts a revised option has now been agreed across NHS Wales which will mean the Health Board having a go live window of April 2025 to November 2025. The actual date for implementation will now be agreed following the detailed implementation planning with the Health Board, Philips and DHCW.

A request has been made to Welsh Government by those organisations financially impacted by the extension to the Fuji contract (Aneurin Bevan University Health Board, Betsi Cadwalader University Health Board, Cwm Taf University Health Board and Hywel Dda University Health Board) for the charges to be picked up nationally.

Implementation Planning

Following signing of the Master Services Agreement (MSA) by all Health Boards implementation planning will now commence in September 2023 with a commitment from DHCW that a detailed Health Board plan will be available by the end of October 2023.

This plan will outline the clear milestones for delivery including integration components, data migration from both Fuji PACS and WRIS into the new platform, infrastructure readiness, system configuration and training.

Local Resources

Following approval of the FBC by the Health Board the following local resources have been agreed to support the implementation. These posts are in various stages of recruitment:

Resource	Recruitment Status	Resource Period
Deputy PACS & RISP Implementation Manager	Radiology will be recruiting into these posts and backfilling where possible.	2024-2025
Senior PACS admin and RISP Implementation Radiographer		
PACS Administration		
Consultant Radiologist		
Programme Support Officer	Temporary resource in place prior to recruitment.	2023-2026
Project Manager	Interviews 14/15th Sep.	2023-2026
Business Change Manager	Recruitment being arranged.	2023-2026
Network Engineer	Currently advertised on NHS Jobs.	2023-2026
Design & Development (Integration)	Recruitment being arranged.	2023-2025

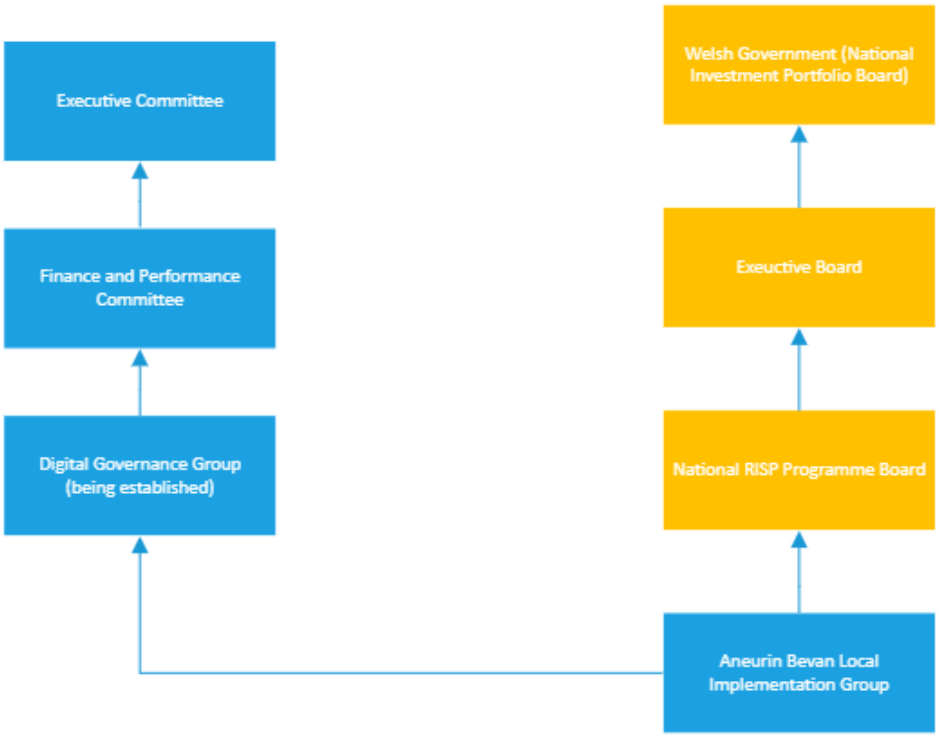
In addition, major network upgrades are required at several Health Board sites to support these new cloud-based services and bids have been submitted to Welsh Government. We are awaiting release of the approved funding, these upgrades include:

- Upgrade of main network links at the Grange University Hospital and Ysbyty Aneurin Bevan.
- Firewall upgrades at the Grange University Hospital and Ysbyty Aneurin Bevan.
- Smaller upgrades to the network links at Cwmbran Clinic and Monnow Vale.

We anticipate this funding to be released shortly to enabling procurement, delivery, and installation by the end of March 2023. This funding is circa £667,256 capital and £42,720 revenue.

Programme Governance

The programme is being governed through DHCW having transitioned from the NHS Wales Collaborative earlier in 2023. The governance structure locally for the Health Board is shown below:



Risks

There are several national risks associated with the RISP programme which are being managed via the national RISP Programme Board:

- Risk 17655 RISP Scope Creep – If there is scope creep within the programme including standardisation, then additional resource and time may be required to carry out the work resulting in delays in go live of the programme.

- Risk 17688 – RISP Integration – If there is an inability to successfully integrate the necessary national applications (Enterprise Master Patient Index, National Data Resource, Welsh Results Reporting Service and Welsh Clinical Portal) into the new Philips PACS and Soliton Radiology Information System within the proposed timescale in each organisations implementation plan then the new PACS and RIS systems will not function correctly resulting in failure to implement the solution and compromise patient care.

- Risk 17717 – Implementation Timelines – if organisations do not meet the RISP implementation timelines then the RISP programme will be significantly delayed resulting in increased costs and delay in achieving the benefits in the full business case.

- Risk 17685 – Withdrawal for RISP - if one or more Health Boards or Trusts withdraw from the RISP Programme, then Welsh Government funding for the entire Programme will no longer be available, resulting in Programme being unable to implement the new solution.

We also have several risks associated with the current PACS and WRIS service which is impacting on service delivery and this programme is essential to mitigate these risks:

Datix Ref	Title	Score	Impact
7932	Failure to complete RISP procurement	12	Failure to implement the All Wales RIS & PACS procurement to provide a functional Radiology IT system accessible across Wales. Continued use of outdated and not fit for purpose IT systems. Failure to provide request to report in 2 weeks target issued by WG within 5 years. Financial risk associated with project. Inability to integrate AI to improve reporting times. Ability of one company to provide all required solutions.
4700	Information System Failure	16	Failure of the Radiology Information systems adversely affecting clinical process from data entry, imaging and reporting outcomes.
7933	Lack of Radiology Electronic Referral system	12	Handling physical request forms. Inherent errors in data provision due to human interactions. Inherent errors in data entry due to human interactions. Reports distributed to wrong location / referrer. Inability to raise alert notifications increasing the risks to patients ongoing treatment. IG issues associated with wrong data entries. Unintended exposures to radiation due to incorrect data entries. Safety issues associated with MRI referrals due to incorrect data entry. Primary issue is the request being assigned to the incorrect referrer.

Summary

The RISP programme has been through a challenging period as Health Board's and Trusts navigate the processes required to sign the All-Wales Deployment Order, Master Services Agreement and agree the high-level implementation timetable.

Now these have been completed more detailed planning can be undertaken and clear costs to be identified associated with the programme delays which will need to be approved through the Health Board's governance process prior to the signing of the contractual local deployment order.

Argymhelliad / Recommendation

The Finance and Performance Committee are asked to note this update and the associated DHCW presentation and acknowledge a further update will be provided once all the additional costs are understood.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	7932 – 12 4700 – 16 7933 – 12
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	Adults in Gwent live healthily and age well
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 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:	
Rhestr Termau: Glossary of Terms:	RISP – Radiology Informatics System Procurement DHCW – Digital Health & Care Wales WRIS – Welsh Radiology Information System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Digital Health & Care Wales

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/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Robotic Process Automation (RPA) Benefits
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Paul Solloway, Director of Digital
SWYDDOG ADRODD: **REPORTING OFFICER:**	Paul Solloway, Director of Digital

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

To receive an update on the Robotic Process Automation service within the Health Board and the benefits being realised along with the recommended next steps.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Following an Internal Audit report on Robotic Process Automation (RPA) undertaken in 2022 an action was identified for a paper to be prepared for the Finance & Performance Committee to provide more detail on cost and benefit of RPA before the expansion of RPA provision could be considered.

This action is also aligned to the outcome of an escalation submitted to the Executive Committee for additional resource in March 2023.

Cefndir / Background

RPA is a software service that uses digital workers (robots) to mimic the work of manual transfer of data by a keyboard operator from one digital application to another. Robots have the advantage in these circumstances of working more quickly with greater accuracy and for longer – nearly 24 hours a day if required. One robot can typically undertake the work of 3 or 4 people. A robot costs approximately £17.5k per year and RPA is widely used now in UK public sector providing a valuable service saving time and money usually in back-office functional areas.

RPA has 3 principal benefits depending on the specific task being undertaken:

- It frees staff time from mundane data entry allowing them to focus on value added activity requiring human skills.
- Avoids the necessity of employing additional staff either permanently or temporarily to undertake new or additional mundane data management tasks that could be undertaken by a robot.
- Robots will deliver data entry management with greater accuracy and more safely than a human operator. Robots will provide 100% accuracy in data transfer and operate with a 99.5% + success rate and provide exception reports for human intervention where problems have been encountered in the tasks they undertake.

RPA was implemented in the Health Board during the pandemic to support critical functionality e.g., transcription of COVID vaccine data into the electronic health record therefore making that information available to front line clinicians managing acute patients. To date Aneurin Bevan University Health Board has 12 robots providing 36 live automations across Finance, Health Records, Digital, Workforce & Organisational Development and Clinical Coding. These automations undertake the workload of approximately 29 whole time equivalent (WTE) staff.

Some of these automations provide critical enabling functionality that have allowed the adoption of the Welsh Nursing Care Record (WNCR) and will also allow the new Maternity system and Prostate-specific Antigen (PSA) self-management applications to be implemented.

The current compliment of robots has reached full capacity and as a result work has been undertaken to ensure that all automations are operating efficiently across any 24-hour period. This will maximise the opportunity for additional capacity to ensure peaks in demand in hours can be tolerated and to provide opportunity for additional automations out of hours for non-time critical functions of benefit to the Health Board.

Asesiad / Assessment

Executive Committee Escalation March 2023

Further to the Internal Audit report, an escalation to Executive Committee in March 2023 presented three options to progressing the service. The outcome of the meeting was a decision to invest in 2.0 whole time equivalent (WTE) staff replacing the single contractor who is currently supporting the service. This will be achieved within the existing budget and reduces the risk of depending on a single resource to maintain the service, however this allows the Health Board to maintain its current benefits without further expansion.

These posts are currently going through the recruitment process although there are some concerns over the ability to recruit to these specialist roles, the team will be engaging with Workforce & Organisational Development on how the roles can be effectively promoted to extend the candidate base.

A further option to extend the team to include an additional RPA Developer and purchase additional robots to progress the current planned automations was made dependent on a review of governance processes and a review of planned benefits

to ensure these were more clearly profiled. On conclusion of these activities the case for expansion would be resubmitted to the Executive Committee.

Governance Update

Progress to date has seen a review of the governance process with a tightening of procedures being proposed. This includes:

- An RPA request form that will be made available in September 2023 via Seren the new Digital service portal.
- Received RPA requests are on-boarded through the New Digital Service Request process.
- A refreshed Opportunity Assessment form including strengthened identification of benefits and realisation plan which will be owned by the requestor.
- Finance Business Partner engagement in confirming the benefits plan as part of the governance of new RPA requests.
- Standardised RPA assessment process for evaluating the demand on robotic capacity and measuring the WTE value of the automation.
- Completed RPA Opportunity Assessment being subject to sign off and prioritisation at a new RPA Steering Group which will report into the proposed Digital governance arrangements being developed.
- Ensuring any cash releasing benefits are realised through not recruiting to vacancies or non-cash releasing benefits where staff are reallocated to undertake other activities.

Implementing the process successfully will be dependent on successful recruitment of the permanent staff to provide the capacity to manage the system and allow the service to move forward.

Baselining the Benefits

Aneurin Bevan University Health Board has 12 robots providing 36 live automations across Finance, Health Records, Digital, Workforce & Organisational Development and Clinical Coding. These robots undertake the workload of approximately 29 whole time equivalent staff which equate to a benefit of £767,900. Some examples include:

- Clinical Coding of Endoscopy episodes.
- Journal budget uploads.
- Automatically entering payment card receipts into Oracle.
- Transcription of Admission's, Transfers and Discharges from Clinical Workstation (CWS) to the Welsh Patient Administration System (WPAS).
- Transcription of referrals received from the Welsh Clinical Communications Gateway (WCCG).
- Onboarding of agency staff.

The work to baseline the benefits of additional requested automations is due to be undertaken in September but is dependent on the current contractor who maintains the service. There are currently 14 planned automations delivering 19.8 WTE workloads and potential benefits of £506,792 to be assessed using the updated Opportunity Assessment form. Some examples include:

- Audiology system data cleansing and maintenance.
- CHC invoice processing.
- New Digital account requests.
- Transcription of ultrasound scan results from the Welsh Radiology Information System (WRIS) to Badgernet.

The service has a further set of 10 requests from ICT, Workforce & OD, Clinical Coding and Musculoskeletal team that have yet to be assessed or prioritised.

A benefits model has been developed that can be adopted to support funding of additional robots by individual departments through vacancy sacrifice or direct funding. This would be dependent on the appointment of the additional RPA Developer role into the team.

A key consideration is that whilst RPA can show the value of worker time the benefits realisation is often in staff time release and data quality improvements. We are keen to work closely with Finance business partners to ensure the benefits realisation activities are accurate and sustainable.

Summary

On conclusion of the development of the above a paper will be submitted to the Executive Committee for consideration which will set out proposals for a sustainable RPA service that continues to add real value to the Health Board. This will include wider horizon scanning of RPA solutions that have been developed in other NHS organisations both in Wales and wider and a formal relaunch of the service including improved communication materials and an Intranet presence.

Argymhelliad / Recommendation

The Finance and Performance Committee are asked to note this update and support the future adoption of RPA services across the Health Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	None
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	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	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:	
Rhestr Termau: Glossary of Terms:	RPA – Robotic Process Automation WNCR – Welsh Nursing Care Record PSA - Prostate-specific Antigen CWS – Clinical Workstation WPAS – Welsh Patient Administration System WCCG – Welsh Clinical Communications Gateway WRIS – Welsh Radiology Information System
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	RPA team within Informatics

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.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Performance Report – July 2023 (2023/24 Month 4)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: **REPORTING OFFICER:**	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of July 2023 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of July 2023,
- The Health Board's underlying financial position, and
- The Capital position.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as of July 2023 (month 4).

The 2023/24 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.

Jul-23
Performance against key financial targets 2023/24
+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Movement	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	13,106	57,094	⇔	**112,848**
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £51,284	2,961 5.8%	13,928 27.2%	↓	**0**
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)	%	96.9%	96.8%	⇔	**>95%**

Performance against requirements 23/24		**20/21**	**21/22**	**22/23**	**3 Year Aggregate (20/21 to 22/23)**
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	**(245)**	**(249)**	**36,842**	**36,348**
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	**(13)**	**(50)**	**(43)**	**(106)**
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	**20/21**	**21/22**	**22/23**	**23/24**
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	**£16.261m Deficit**	**£20.914m Deficit**	**£89.600m Deficit**	**£129.762m Deficit**

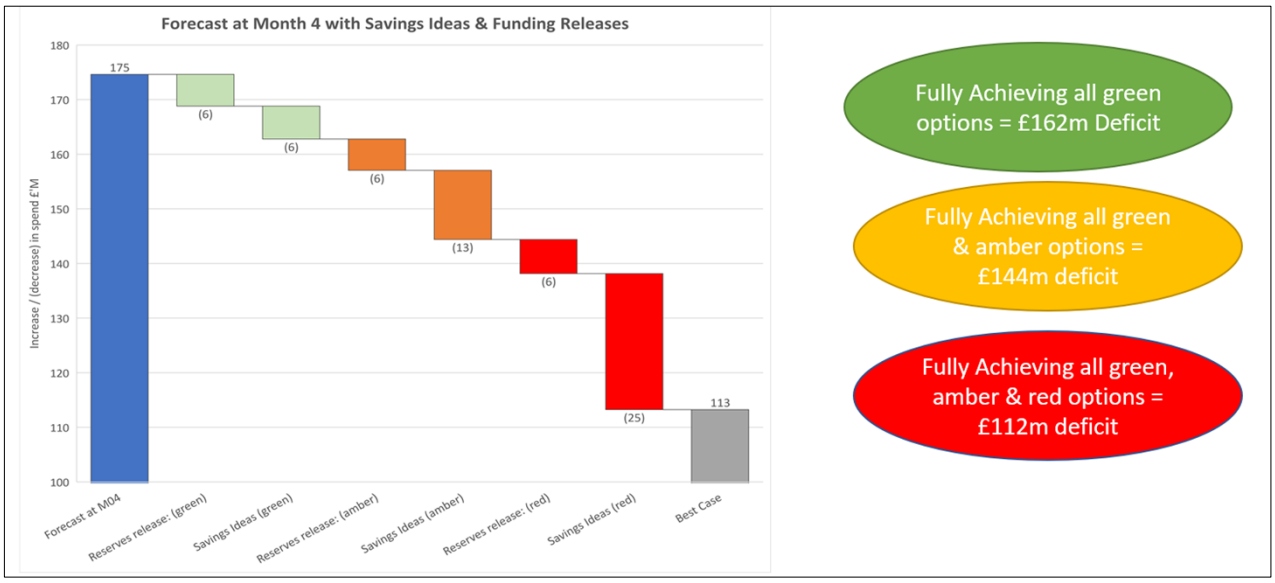
The ABUHB month 4 year to date budget performance identifies an adverse variance of £57m this is above the IMTP plan deficit of £15m for the 4 month period, which is a clear cause for concern in terms of delivering the annual forecast of £112m deficit.

At Month 3 the reported risk was a range of £155m to £175m deficit, before any further improvements. As of month 4, this risk remains and is derived as follows:

- IMTP deficit £112.848m
- IMTP Red savings schemes £30m
- CHC & Prescribing £14m
- Medical, Nursing variable pay, ward pressures & other operational issues £18m
- Total Risk £175m.

During month 4 the HB has undertaken a rapid exercise to identify new mitigations and savings options from all services and these have been submitted through Divisional processes. There has been a huge effort by the organisation which has identified over 200 options and a range of propositions in terms of value, impacts and deliverability and all now need to be comprehensively assessed for impact and consequences, including the likely impact on service targets. The ability of the HB to implement these options has been RAG rated and are combined with the forecast

of £175m deficit to reach the £112.8m deficit. The graphic below demonstrates that the HB will require the majority the savings options in order to deliver the forecast IMTP deficit of £112.8m.



The forecast, risks and opportunities were discussed at the (in committee) Board meeting on the 9th August 2023 and the Board confirmed that the £112.8m forecast deficit should remain the ambition and thus reported position for the HB at month 4, this is a best case position and remains high risk as it continues to be reliant on achieving savings and cost avoidance at maximum plan levels, including red rated schemes. The Board's stance on this position is to be reviewed before month 5 reporting.

The justification for holding the forecast is based on the additional work that has been undertaken throughout the organisation to identify every and all options to recover the forecast & potentially go further, including:

- optimising all sources of income to support financial sustainability,
- ceasing any new spending unless it is for patient safety issues,
- improving efficiency and cost effectiveness,
- potential choices around patient care delivery and
- reconsideration of performance delivery levels previously committed to.

Further work is now being undertaken to rapidly impact assess the options identified so that fully informed proposals can be considered by the Board.

It is important to be clear that the challenge for ABUHB is significant and the reported forecast deficit at month 4 is based on mitigations not yet fully secured.

The HB responded to the Director General for H&SS request for further saving opportunities on the 11th August 2023. Potential schemes will require full impact assessments and wider all Wales debate to progress, the focus has been on financial impact in 2023/24 but many would be considered unpalatable to implement. The Board will be advised of next steps once they have been clarified.

Cefndir / Background

Key points to note for month 4 include:

- A reported year to date position of **£57.094m deficit** compared with the March IMTP planned profile variance of £42.19m. The reported forecast is a **£112.848m deficit** however there are considerable savings and operational risks to the forecast position.
- Income – now includes anticipated funding for the 2023/24 pay award payment (£26.5m) and estimated revenue charges related to Capital accounting.
- Pay Spend (excluding notional pension adjustment from March 2023) – has decreased by c.£4m. The main reasons are:
    - Substantive pay - 2022/23 recovery payment paid in June (-£12.4m)
    - Substantive pay – 2023/24 pay award (+£8.3m)
    - Additional hours – increase of £0.1m
- Non–Pay Spend (excluding capital adjustments) - has decreased by c.£1.5m, due to reduced WHSSC and EASC costs in-month.
- Savings – overall forecast achievement is £21.7m, against the IMTP savings plan of £51.5m
    - Year to date achievement of £5.3m against year-to-date plan of £15m.
    - The original £30m of stretch targets are now forecasting nil achievement and need to be replaced with new savings ideas following the month 4 exercise, these, however, remain unconfirmed at this time.

As at Month 04, ABUHB is reporting *a deficit of £57.094m with the IMTP forecast deficit of £112.8m. There are material risks associated with maintaining this forecast position, particularly the full receipt of all anticipated income, identification and achievement of mitigation savings plans, prescribing cost growth, CHC cost growth and workforce pressures. Further detail is provided in this report however, the risk lies between a £144m and £175m deficit.*

As at month 4 the reported and forecast capital position is break-even.

Asesiad / Assessment

- **Revenue Performance**

The month 4 position is reported as a **£57.094m deficit**. The forecast position was agreed by the Board as part of IMTP on the 29th of March as a planned deficit of **£112.848m**.

The IMTP financial forecast deficit is summarised by the following elements:-

- Stated underlying deficit – £89m
- Savings plans and mitigating actions – (£52m)
- In year cost pressures – £75m
- **Total 2023/24 forecast deficit = £112m**

The table below/overleaf describes the IMTP in further detail:-

	£m
2022/23 Financial Forecast	37
Exceptional Costs (energy)	13
2022/23 agreed investments impacting 2023/24	9
Local Recurrent Covid plans 2022/23	30
Stated ULD	**89**
Savings	**-52**
22/23 Additional Recurrent Spend (linked to R Allocations)	10
National Cost Pressures	3
Inflationary Cost pressures	17
Demand / Service growth	17
Executive Approved decisions 23/24	11
Innovation / development Fund	10
Further inflationary & National pressures	7
Total In year cost pressures	**75**
2023/24 ABUHB Planned Deficit	**112**

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

Summary Reported position - July 2023 (M04)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	280,918	1,945	1,168	778
Prescribing	111,133	3,304	2,411	894
Community CHC & FNC	73,122	446	1,499	(1,053)
Mental Health	126,582	4,811	4,455	357
Director of Primary Community and Mental Health	220	(21)	(13)	(8)
Total Primary Care, Community and Mental Health	**591,975**	**10,486**	**9,519**	**967**
Scheduled Care	194,323	3,634	2,247	1,387
Clinical Support Services	61,836	(209)	211	(420)
Medicine	146,988	6,430	4,605	1,825
Urgent Care	34,948	2,045	1,509	535
Family & Therapies	132,787	887	433	454
Estates and Facilities	87,428	1,023	293	730
Director of Operations	7,783	221	154	67
Total Director of Operations	**666,094**	**14,032**	**9,453**	**4,579**
Total Operational Divisions	**1,258,069**	**24,517**	**18,972**	**5,546**
Corporate Divisions	122,566	(1,660)	(1,060)	(601)
Specialist Services	182,322	(466)	0	(466)
External Contracts	88,289	0	0	0
Capital Charges	61,495	(0)	(0)	(0)
Total Delegated Position	**1,712,741**	**22,391**	**17,912**	**4,479**
Total Reserves	(86,807)	34,704	26,076	8,627
Total Income	(1,625,933)	0	0	(0)
Total Reported Position	**0**	**57,094**	**43,988**	**13,106**

Summary of key operational pressures for Month 4

- During July 2023, pay expenditure (excluding the effect of the notional pension adjustment from March 2023) decreased by c.£4m compared with June.
    - Non-consolidated recovery payments for 2022/23 pay award costs were paid in June 2023 (£12.7m), funding has been anticipated to cover the full cost of this.
    - 2023/24 backdated & current pay award costs have been paid (£8.3m in-month), funding has been anticipated to cover the full year impact of this pay award (c.£26.5m)
    - Medical agency pay has decreased by £0.3m in comparison with June due to a reduction in microbiology and other pathology costs (some due to the back-dated booked shifts in previous months).
    - Overall variable pay costs remain significant (£8.6m in month 4, YTD value £34m) and are mainly within nursing and medical staff categories to provide cover for vacancies, sickness and enhanced care.
    - HCSW costs in estates and facilities remain high linked to the continuation of enhanced cleaning standards and other Covid legacy costs.

- Non–Pay Spend (excluding capital adjustments) - has decreased by c.£1.5m. This is mainly in relation to decreased WHSSC costs as a result of the recognition of the WHSSC savings plan. There were also decreased EASC costs of £0.5m in line with their organisational financial plan.

- Demand for emergency and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. There are 292 inpatients who are fit for discharge as at the end of July, approximately 28% of the blocked bed days are health related, 46% are social care and package of care related with the remaining 22% relating to other reasons e.g. patient/family related, nursing homes, etc. Despite the choice policy being suspended since Covid, patients and families are often given time to look for a preferred home whilst waiting in hospital and this elongates the process and causes delays – this is being reviewed through the Discharge project group.

- The estimated cost for the year of continued blocked bed days for all reasons is c.£21m using a £200 cost per bed day. The surge capacity required for this as well as the increased Covid measures in place continues to result in overspends across the UHB. There also remain challenges in terms of demand and flow across the UHB. The ideal is to reduce the requirement for this capacity to achieve a safe and sustainable aligned service, workforce and financial plan for the UHB.

- Continued additional capacity, covering vacancies along with elective activity continue to drive financial pressure above funded levels.

- In July other significant issues include:-

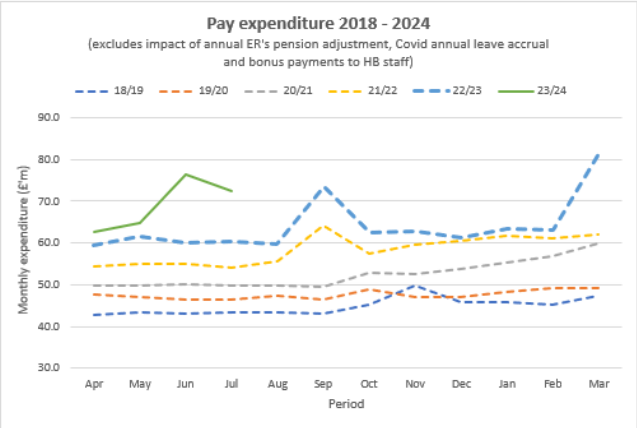
- Prescribing spend increased by £219k in month, which was due to increased average cost per item (forecast price for May was 2p lower than actuals of £7.57),
- CHC growth pressures in Mental Health and Learning Disabilities (c.£1.1m), and
- Enhanced cleaning, additional security and other Covid-19 legacy costs,

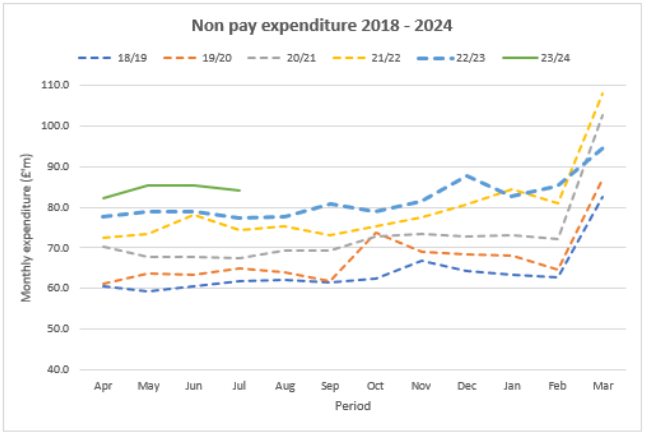
Key areas of focus for mitigating actions for the Health Board remain:

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- Urgent care pathways and elective care re-design,
- Demand and flow management,
- Operational efficiency opportunities – theatres, outpatients and booking,
- Workforce efficiency, reducing variable pay in particular agency and medical temporary pay costs,
- Review of Medicines management,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of savings plans, current investments made and service options across Divisions,
- Other actions to improve the financial position e.g. review of income and allocations.

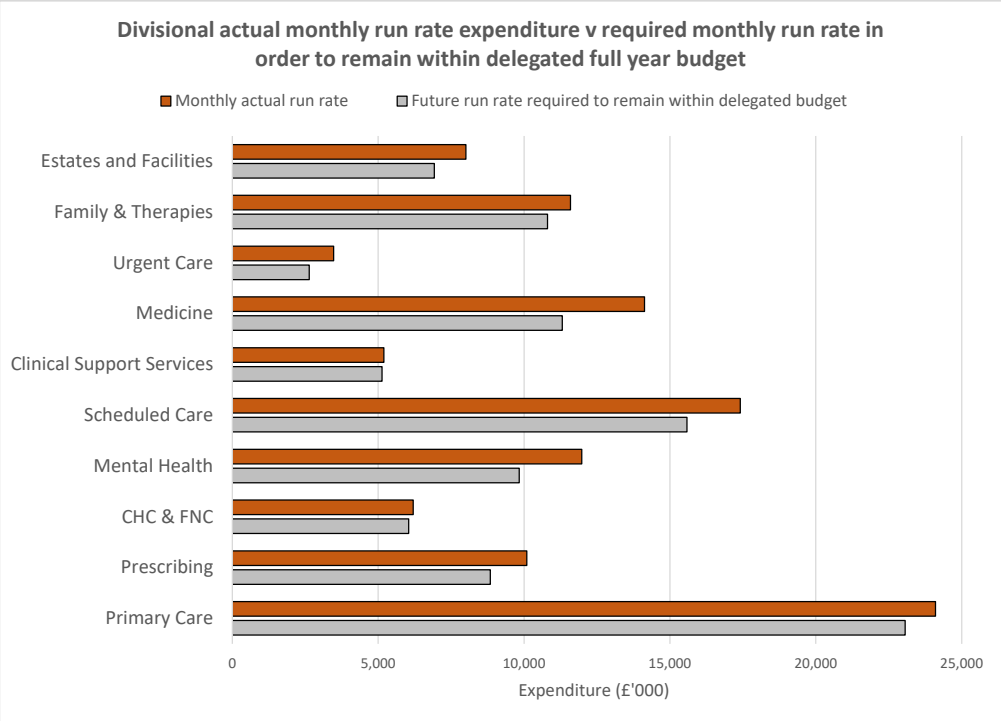
Expenditure run-rates

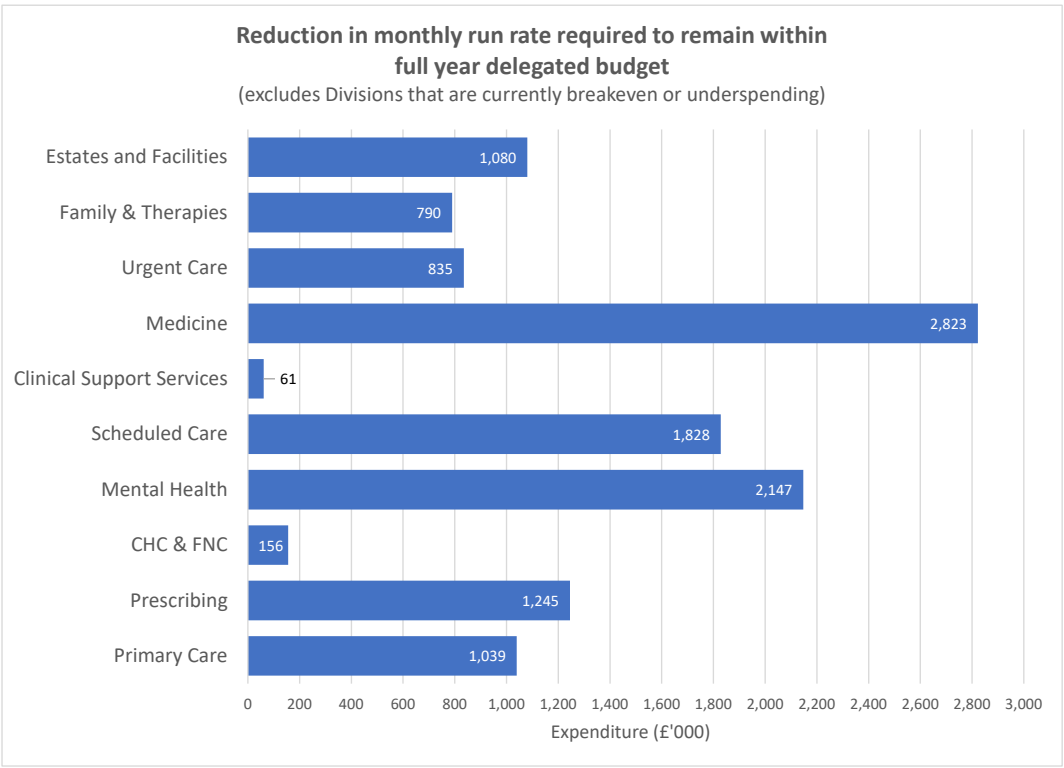
Pay and Non-Pay expenditure run-rates for the last four financial years are shown below to demonstrate the on-going step change in expenditure in 2022/23 which needs to decrease in 2023/24 to meet the IMTP target.





The expenditure run-rates need to reduce substantially in the remaining eight months of the financial year in order to meet the IMTP target. The graphs below describe the current Divisional run-rate alongside the reduction requirement.

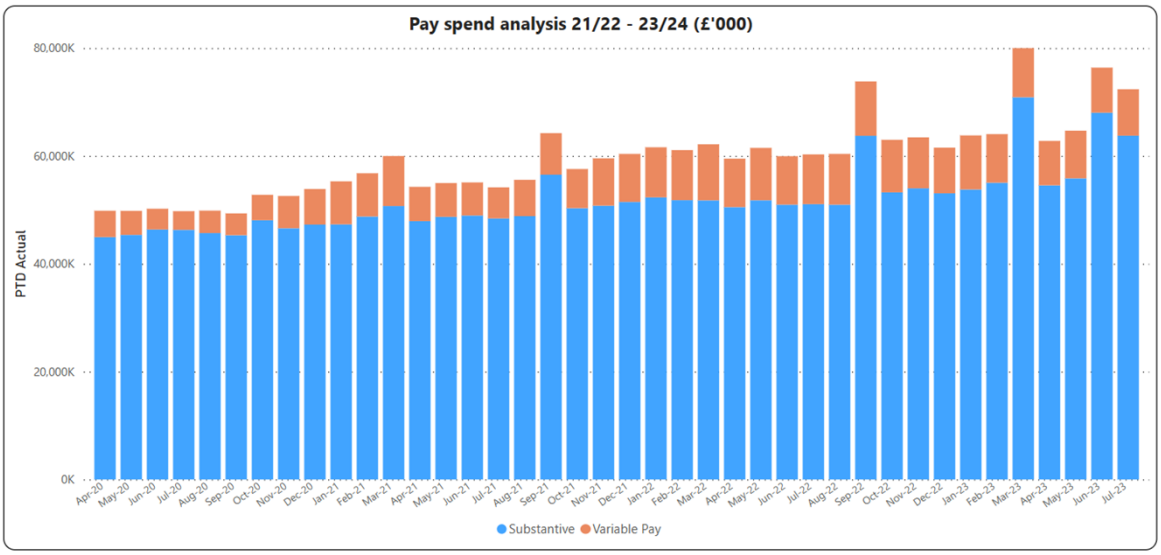




Workforce

The Health Board spent £72.4m on workforce in month 4 23/24, a decrease of £4m compared with month 3 (22/23 monthly average of £64.1m). Month 3 included £12.7m relating to the 2022/223 recovery payment, month 4 includes £8.3m of expenditure relating to the 2023/24 pay award.

Workforce expenditure is shown below differentiating between substantive and variable pay[1]:

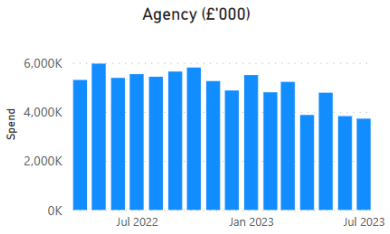


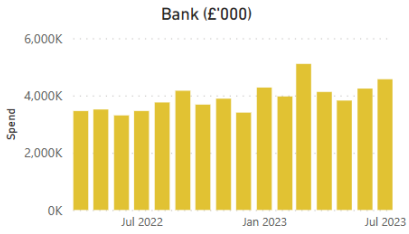
Substantive staff

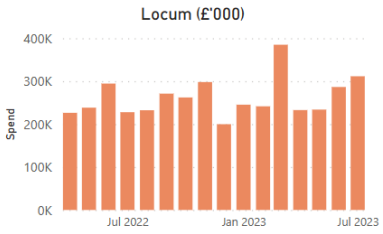
Substantive pay was £63.8m in July. The 22/23 recovery payments (£12.7m) were paid in June. £8.3m of 2023/24 5% pay award was paid in July (full year estimate of £26.5m with WG funding assumed).

Variable pay

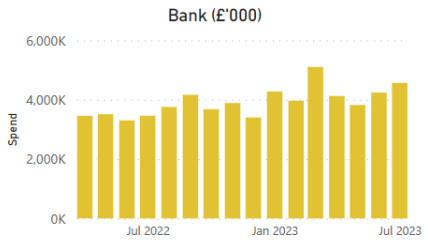
Variable pay (agency, bank and locum) was £8.6m in July. Vacancy cover, along with sickness and enhanced care, continue to drive a financial pressure. Mental Health remains an area of concern with a sustained increase in acuity which subsequently impacts variable pay expenditure.







Bank staff



In-month spend of £4.5m, a £0.3m increase compared with June.

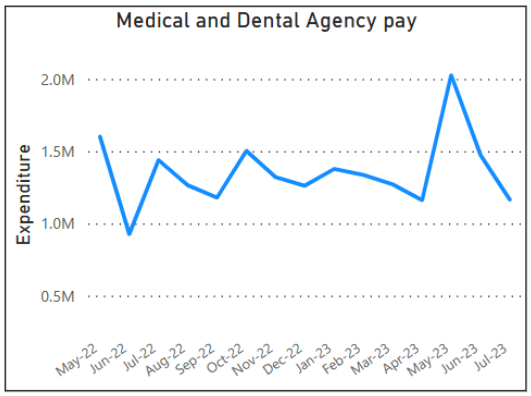
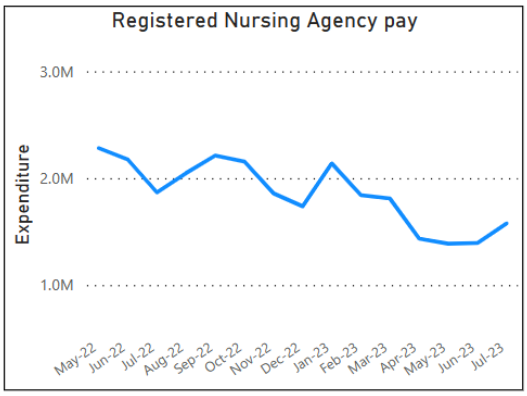
- Continued pressures in Medicine wards, GUH Acute Medicine and GUH ED.
- Enhanced care / observation shifts particularly linked to Mental Health.
- Continued expenditure in Critical Care, general surgery and Trauma & Orthopaedics for operational pressures / elective activity.
- £0.45m expenditure within medicine wards in YYF.

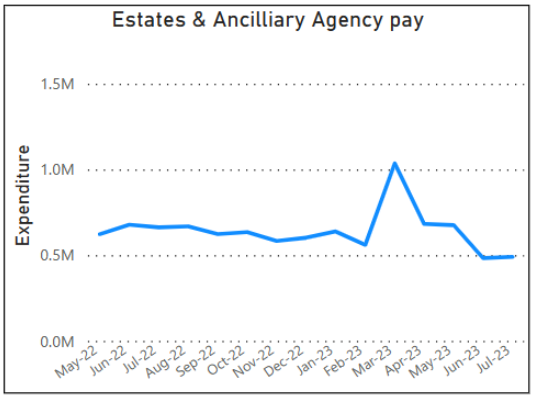
[1] *To enable useful comparisons and trends all references to 22/23 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£27.5m).*

	○ Noted on-going significant use of flexible rewards presenting a financial pressure across several Divisions. ○ Flexible rewards are due to end in August 23. Flexible rewards costs were £0.5m in-month (£2.1m year to date).

Agency

Total agency spend in July was £3.7m compared with £3.8m in June.

	• In-month spend of £1.2m, a £0.3m decrease compared with June. ○ Ophthalmology elective shifts including back-dated costs (c.£0.1m). ○ Continued pressures in Medicine wards, GUH ED and community hospitals to cover operational pressures. ○ COTE expenditure (c.£0.15m) for operational pressures. ○ Trauma & orthopaedics costs (c.£0.25m) for junior rota (vacancies), sickness and orthogeriatric cover that was implemented post GUH. ○ On-going costs for managed practices and Caerphilly Rapid Response (c.£0.1m). ○ Mental Health pressures including vacancy cover (c.£0.18m). ○ Urgent care (c.£0.1m) at GUH. ○ F&T (c.£0.05m) primarily within Gynaecology. • Medical agency spend averaged c.£1.3m per month in 2022/23.
	• In-month spend of £1.6m • Reasons for use of registered nurse agency include: ○ Vacancy cover ○ Additional service demand and support for recovering Covid-19 patients, ○ Enhanced care and increased acuity of patients across all sites, and ○ On-going sickness and international recruitment costs, • On-going significant costs in GUH Emergency Department (c.£0.3m) and medicine wards (c.£0.74m) linked to enhanced care, sickness pressures as well as vacancy cover. • Registered Nursing agency spend averaged c.£1.8m per month in 2022/23.

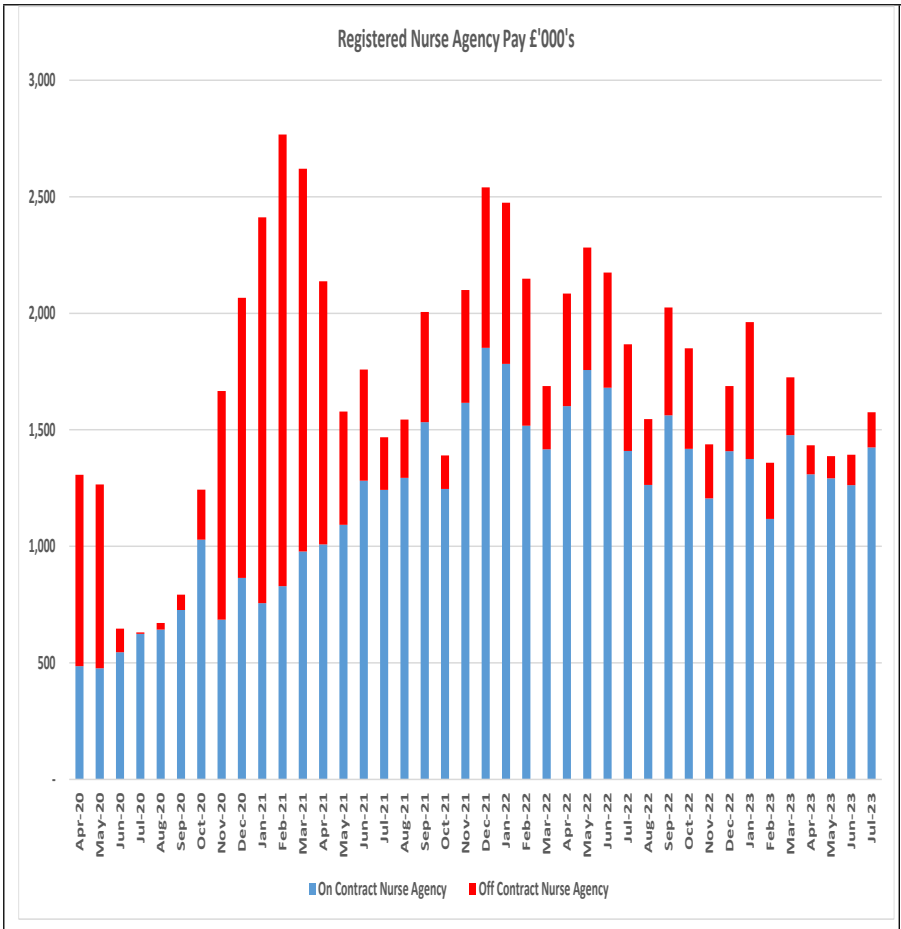


- In month spend of £0.5m on Estates & Ancillary agency, a similar level compared with June.
- Reasons for use of agency include:
  - Meeting enhanced cleaning standards,
  - Other additional surge capacity
  - Enhanced care and increased acuity of patients,
  - Sickness,
  - Vacancies and
  - Supporting National Covid-19 programmes (Mass Vaccination).
- Estates and Ancillary agency spend averaged c.£0.65m per month 2022/23.

Registered Nurse Agency

Registered nurse agency spend totalled £22m in 2022/23, £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

Health Board spend in July 2023 is £1.6m which is an increase of £0.2m compared with June. The straight-line forecast for 2023/24 is £17.4m. The use of "off-contract" agency i.e. not via a supplier on an approved procurement framework usually incurs higher rates of pay, is decreasing but remains a pressure.

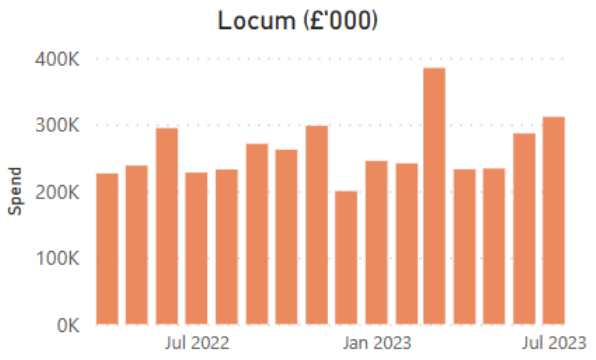


The Health Board spent £0.15m on **"off" contract** RN agency in July. These costs reflect the on-going vacancy cover as well as smaller usage for other operational pressures such as:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety, and
- Increased sickness and cover for staff in isolation.

It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In July there were over 200 unfilled registered nursing shifts and 400 unfilled HCSW shifts, which could in total result in a further c.£0.2m if these shifts were filled.

Medical locum staff



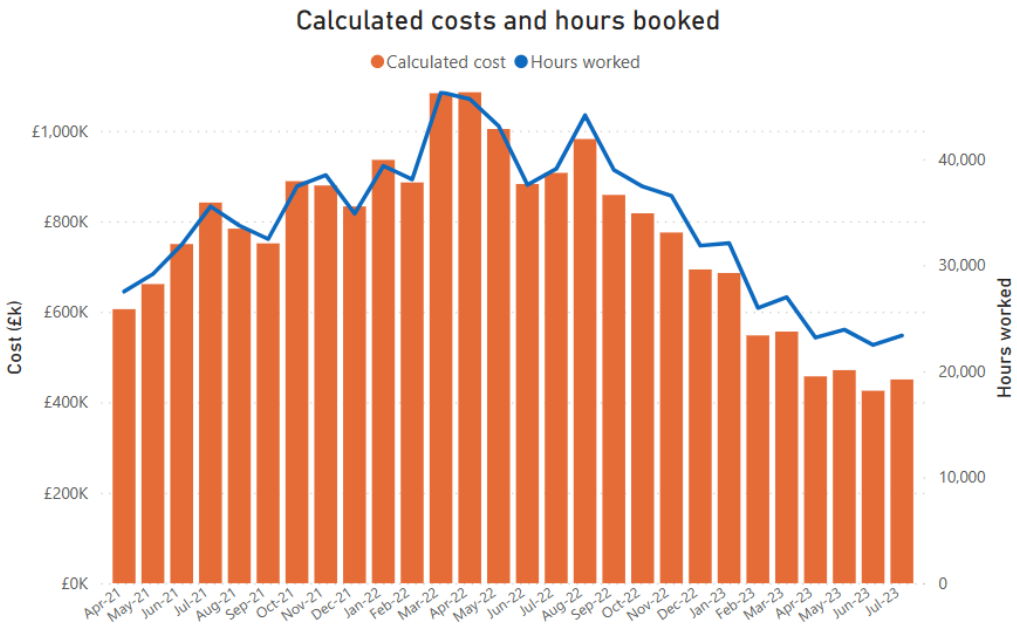
- Total locums spend of £0.3m, a similar level compared with June.
  - Radiology, COTE, AMU NHH, and GUH ED are the specialties with the greatest in-month expenditure.
  - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.
  - Adult Mental Health in-month expenditure covering vacancies.

Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to help a patient mobilise or avoid falls, through to one-to-one patient monitoring. Enhanced care is designed to ensure an appropriate level of safety and supervision for patients with additional care needs.

The following graph highlights the increase in hours attributed to enhanced care for the period April 2021 to July 2023 using bank and agency registered nurses and health care support workers. The trend suggests that targeted actions may be having a positive impact on enhanced care usage. This reduction needs to be considered in conjunction with trends for other reasons for variable pay usage.

Enhanced Care bank and agency calculated costs and hours booked.



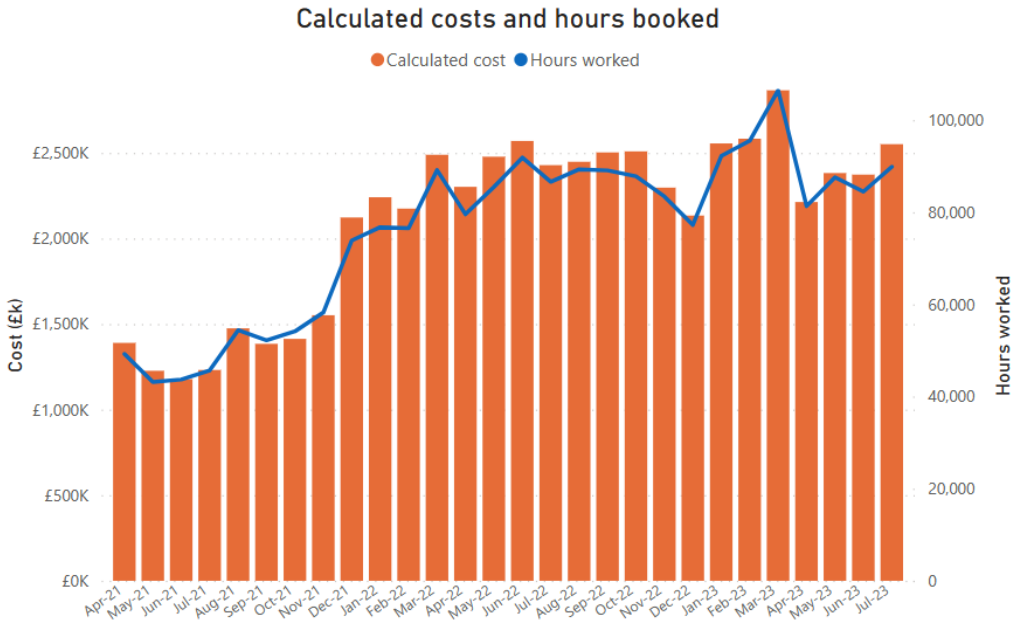
The level of the provision of enhanced care for patients within the Medicine Division for April to July 2023 shows a continued reduction in July. This will continue to be monitored to determine if this is the result of a sustained action or a system / recording issue:

Enhanced Care by Hospital Site as a percentage of total bed capacity	M1 (revised)	M2 (revised)	M3	M4
RGH				
Total no of Medicine beds	192	192	192	192
monthly average enh care patients	46	38	32	31
%age of beds in receipt of enh care	24%	20%	17%	16%
NHH				
Total no of Medicine beds	164	164	164	164
monthly average enh care patients	17	17	23	23
%age of beds in receipt of enh care	10%	10%	14%	14%
GUH				
Total no of Medicine beds	91	91	91	91
monthly average enh care patients	14	12	12	11
%age of beds in receipt of enh care	15%	13%	13%	12%
YYF				
Total no of Medicine beds	148	148	148	148
monthly average enh care patients	33	35	30	27
%age of beds in receipt of enh care	22%	24%	20%	18%
Total				
Total no of beds	**595**	**595**	**595**	**595**
Total monthly average enh care patients	**110**	**102**	**97**	**92**
	18%	**17%**	**16%**	**15%**

Nursing vacancy cover

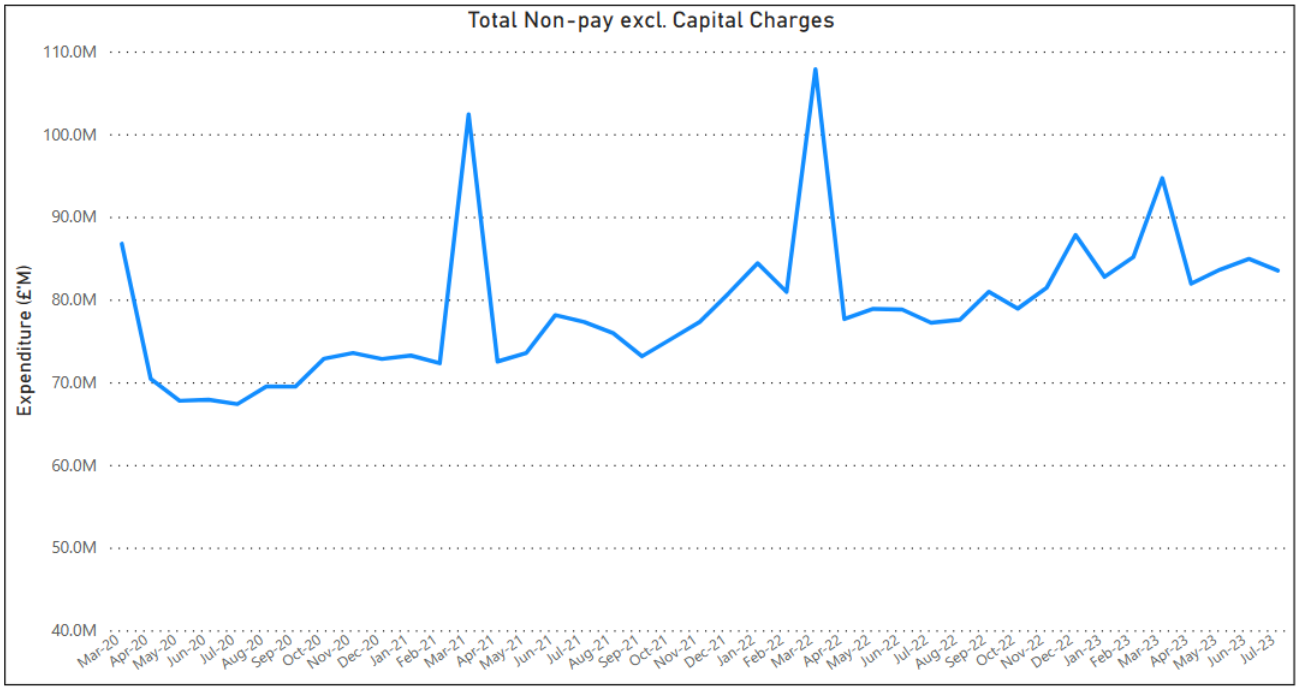
The graph below presents the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in July 2023 variable pay relating to vacancies remains significant and is c.£2.6m of 'notional calculated' expenditure.

Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Non-Pay

Spend (excluding capital) was £84m in July, which is a £1.5m decrease when compared with June. This decrease is partly as a result of the recognition of the WHSSC internal savings plan and decreased EASC costs in line with their financial plan. A graph demonstrating non-pay expenditure since February 2021 is shown below (it should be noted that the peaks are year-end adjustments and Month 12 items):-



Energy

Energy costs remain a volatile cost pressure, additional non-recurrent funding received in 2022/23 was c.£13.7m with total expenditure of c.£22.2m. 2023/24 forecasts will continue to be updated in line with the latest data received from

NWSSP and internally for those energy costs outside of this arrangement. Energy costs have been based on the Welsh Energy Group's advice to maintain the month 3 forecast, this is due to possible discrepancies between provider estimates. It is expected that this will be resolved for month 5 reporting.

CHC

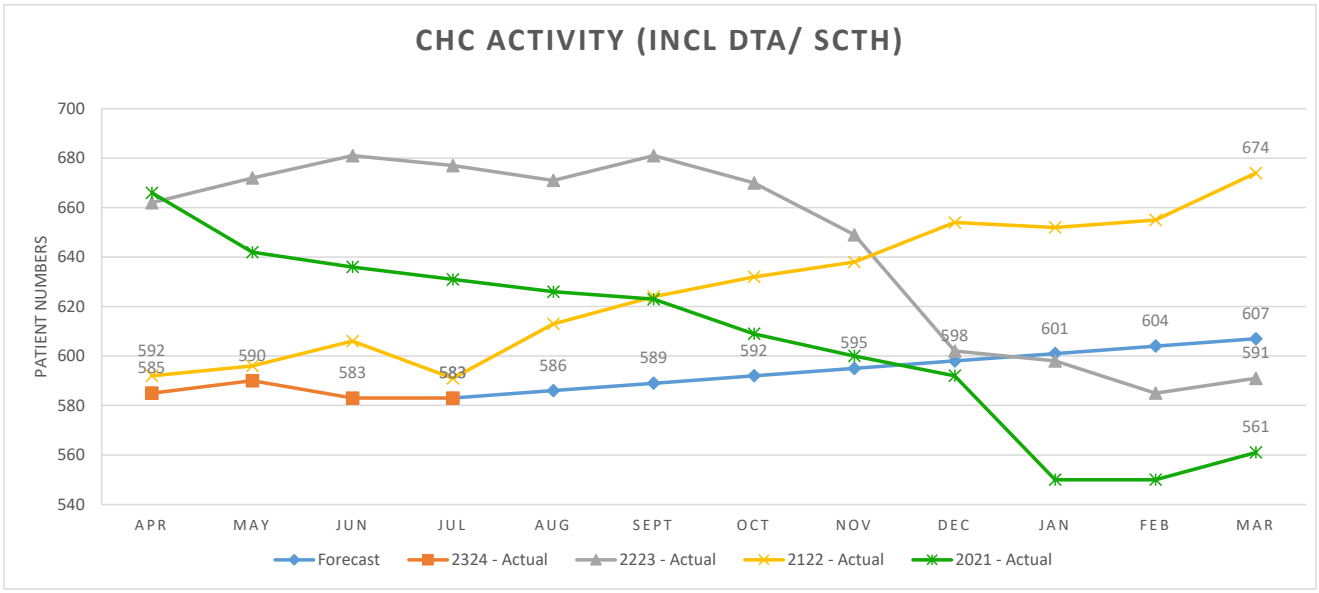
- CHC Mental Health – the patient numbers at the end of July were 417 at a cost of £4.5m (420 patients at a cost of £4.4m in June).
- CHC Adult / Complex Care - 583 total active placements on 31st July at a cost of £5m in-month (reduction of 7 from previous month). There was a decrease of 7 D2A patients and an increase of 2 placements on the 'Step Closer to Home' pathway (13 total) in July. The table below summarises the current position (patients and forecast costs):

Activity	July 2023	June 2023	Movement
D2A	22	29	-7
Step Closer to Home	13	11	+2
All Other CHC	548	543	+5
Total	583	583	0

£'000	M03 Forecast	M04 Forecast
D2A	3,882	2,995
Step closer to home	196	681
All other CHC	42,273	42,703
Total	46,351	46,379

- FNC - currently 1,013 active placements, which is an increase of 15 from the number of placements in June (expenditure of £0.94m in July).

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

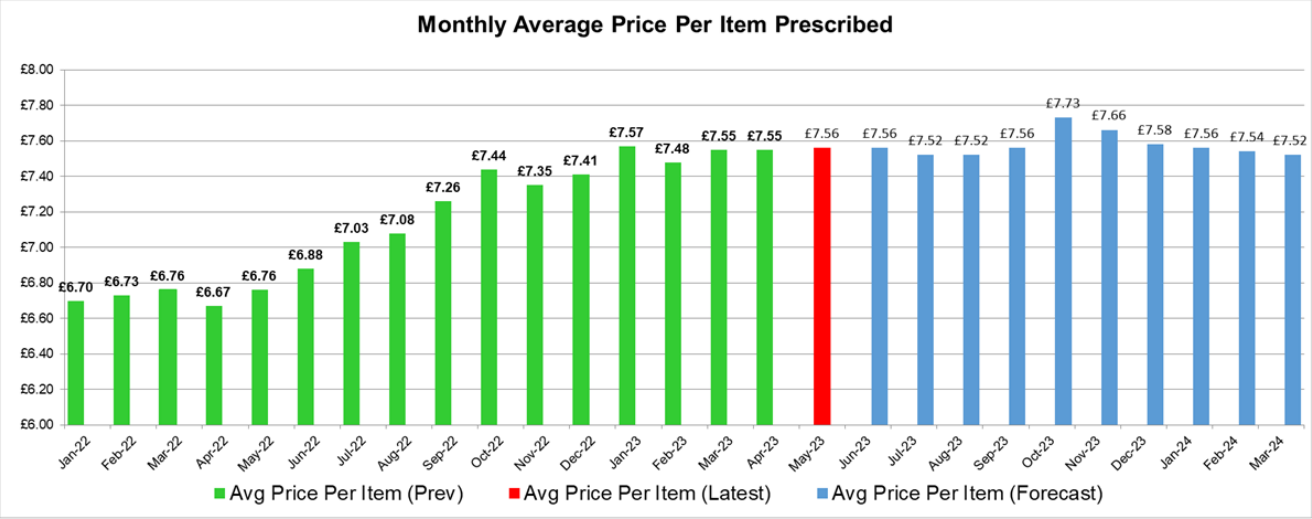


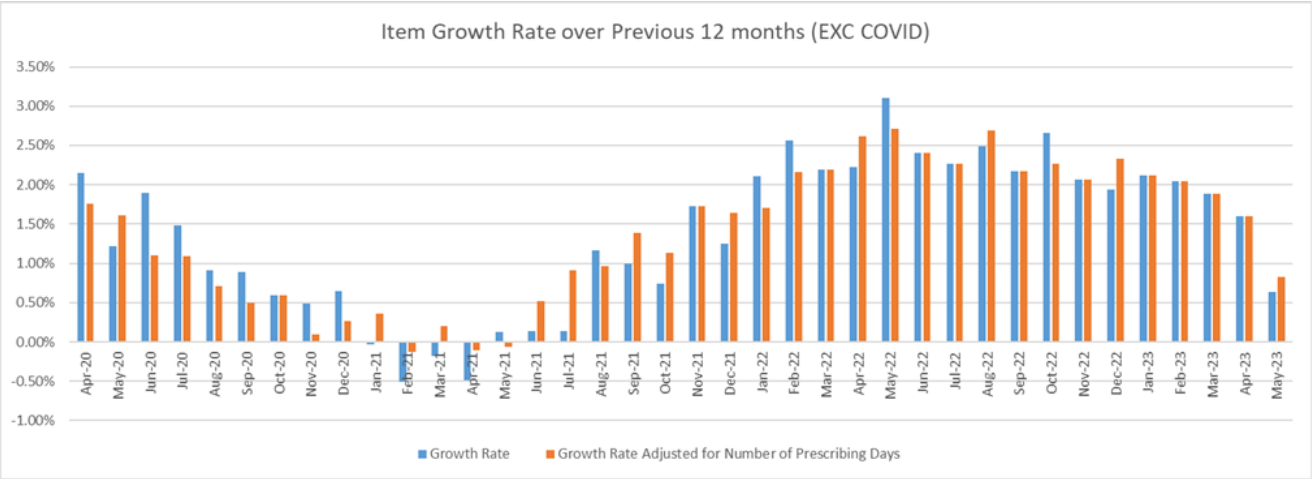
- CHC Paediatric – currently 20 Out of County patients (2023/24 year to date cost of £0.7m) and 9 internal packages. There were 2 high cost patients which continue to be a cost pressure against funded levels. Procedures are being reviewed given this forecast deficit for 2023/24.

Prescribing

- Primary Care prescribing – the expenditure year to date is £40.4m. The July 2023 costs are based on May PAR data: -
    - Item growth rate for 2023/24 of 0.8% (forecast volume of items (number of prescriptions) for 23/24 is c.16.8m)
    - IMTP average cost per item was £7.20.
    - Average actual cost per item for 2022/23 was £7.21.
    - Average cost per item price forecast for 2023/24 is £7.57.

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

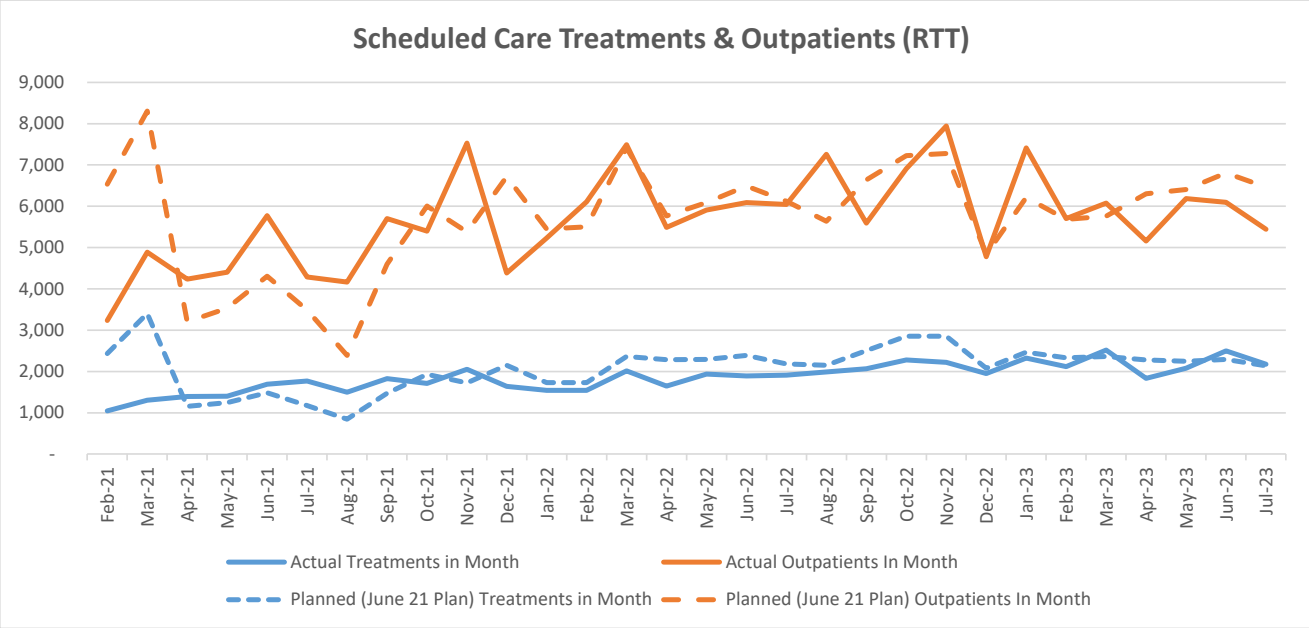




Scheduled Care treatments and outpatients

Elective activity in July has decreased compared with June (partly planned activity and annual leave). In month treatments have exceeded the plan by 35 cases, however, cumulatively activity remains below planned levels (364 treatments under plan year to date). Outpatient activity decreased compared with June and remains significantly below planned levels on a year to date basis (3,094 cases). It is noted that a number of consultants have been moved to key specialities to ensure treatment numbers are maintained, however, this is having a detrimental effect on outpatient activity.

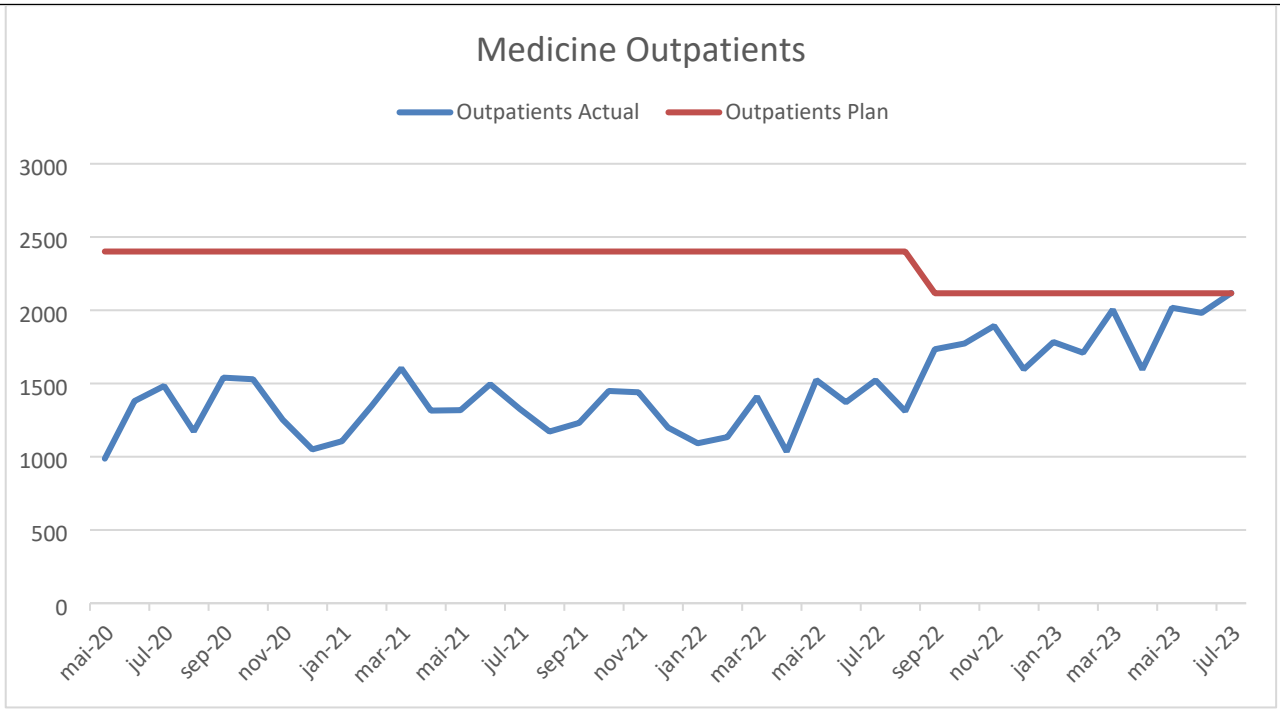
There remain significant efficiency opportunities in the delivery of elective care which need to be progressed as part of the Planned Care programme.



- Elective Treatments for July '23 was 2,175 (June '23 was 2,502).
- Outpatient appointments for July '23 was 5,442 (June '23 was 6,096).

Medicine Outpatient Activity

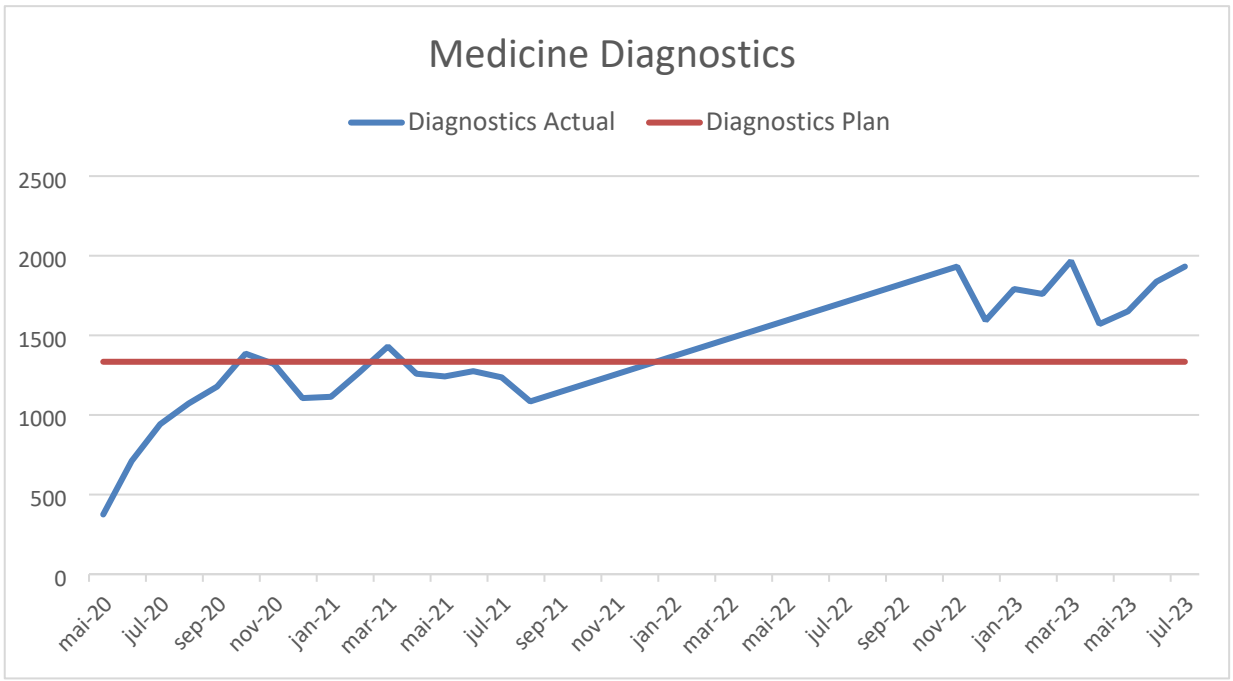
Medicine Outpatient activity for July '23 was 2,118 attendances (June '23 was 1,982 attendances) the activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for July '23 was 1,932 procedures which is 598 cases more than plan (June '23 activity was 1,837). Additional services have been commissioned.

The activity undertaken since May '20 is shown below.



Divisional analysis

Summaries of the Divisional forecast positions are included in the attached appendices. These include expenditure and budget profiles along with a list of savings schemes and their current progress. Bank, agency and locum expenditure graphs are alongside key forecast issues (although noting that these are not exhaustive).

The table below identifies operational divisional forecasts before the new opportunities are factored into forecasts.

Summary Reported position - July 2023 (M04)	Annual Year Budget £000s		Full-year forecast at m04 £000s
Operational Divisions:-			
Primary Care and Community	280,918		6,613
Prescribing	111,133		10,757
Community CHC & FNC	73,122		(35)
Mental Health	126,582		13,999
Scheduled Care	194,323		9,552
Clinical Support Services	61,836		20
Medicine	146,988		15,299
Urgent Care	34,948		4,999
Family & Therapies	132,787		1,299
Estates and Facilities	87,428		5,532

Covid-19 – 2023/24 Revenue Financial Assessment

Covid-19 funding of £16.85m (£4.3m received, £12.55m anticipated) is only for specific schemes in 2023/24 which are:

- Nosocomial investigation (received) - £0.753m
- PPE (quarter 1) - £0.29m
- Health Protection (quarter 1) - £1.981m
- Immunisation/Mass Vaccination (quarter 1) - £1.267m

Anticipated funding

- *Immunisation (Mass Vaccination) (quarters 2-4) - £6.833m*
- *Surveillance (TTP) (quarters 2-4) - £2.819m*
- *Adferiad (Long Covid) - £1.216m*
- *Covid public inquiry - £0.776m*
- *PPE (quarters 2-4) - £0.91m*

Costs will continue to be reviewed as detailed service delivery plans and models are approved, however, the HB's plan depends on the receipt and retention of the full levels of funding anticipated.

The Health Board continues to incur additional costs for enhanced cleaning standards, security and rental costs. These costs result in an on-going financial pressure for the Health Board.

- **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. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose.

A summary of Health Board reserves on 31st July, along with details of amounts approved for delegation by the CEO in Month 4 can be found in the appendices.

Long Term Agreements (LTA's)

ABUHB has signed LTA documentation with all organisations apart from Cwm Taf (where ABUHB is the Commissioner).

ABUHB instigated a discussion with Cwm Taf Morgannwg UHB, in November 2022, regarding an LTA adjustment following a recurrent change in patient flow of ABUHB residents to Cwm Taf.

ABUHB submitted an arbitration case to WG on the 3rd July 2023 to facilitate the resolution of this dispute. WG have indicated a 6-8 week period for their decision. It should be noted that ABUHB financial plan reflects this reduction in patient flows and any deviation from this assumption will result in a risk to the HB's delivery of the best case as described in this report.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position was a brought forward value of £89.6m. The current carry forward position for the 2024/25 financial year is assessed to be £129.76m deficit in line with the IMTP.

The analysis of the c/f underlying deficit is as follows: -

- Forecast 2023/24 deficit - £112.8m
- Non Recurrent Savings - £11.5m
- FYE Cost Pressures - £5.46m
- **Total £129.76m**

Financial sustainability is an on-going priority and focus for the Health Board.

It is noted that this assumes Health Board savings and mitigating actions for 2023/24 are implemented in line with the plan.

Savings delivery

As part of the IMTP submitted by the Board to Welsh Government, the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 4 forecast achievement in 23/24 for green and amber schemes is reported as £21.7m. The Health Board Divisions & Directorates are working to translate new 'ideas' into schemes that could replace and exceed these original plans. The impact of these being delivered are reflected in the waterfall graph in the situation section of this report.

A list of the top 10 new ideas and mitigations are shown below which totals c.£36m but gives an indication of the level of risk associated with these proposals.

PROPOSAL	Division/Directorate Impacted	RAG rating	2023/24 financial worth (£'000)
Innovation and Development fund (£10m)	Reserves - Innovation fund	Green	8,756
Stop all backfill from September	Scheduled Care	Green	2,275
Medical fit demand - re-provide care	Medicine	Amber	3,667
South West Region Planned Care funding	Allocations - regional planning	Amber	3,540
Shutdown of elective activity for 6 months	Scheduled Care	Red	5,751
GMS - WG - withdraw all Directed Enhanced Services	PCCS	Red	2,846
Reduced capacity	Estates & Facilities	Red	2,500
RIF unallocated funds	RIF	Red	2,311
Enhanced Care - cease all 1:1 provided via CHC placements	Complex Care	Red	2,230
RIF Programme Managed Capital arrangement	RIF	Red	2,000
Sub-total - Top 10			**35,876**
All other schemes			25,876

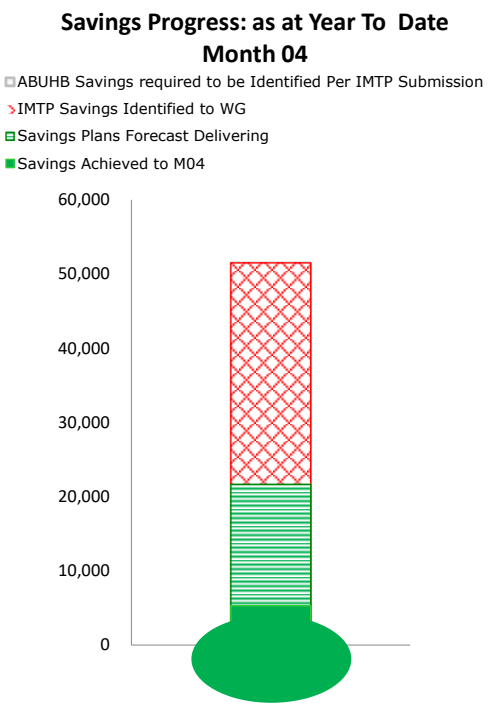
Each of the ideas are undergoing impact assessments and where appropriate a review by the Clinical Adisory Board will be undertaken. As these progress they will be included on the savings tracker.

Actual savings delivered to July amounted to £5.3m. The red schemes listed are being reviewed internally by local Divisional teams with additional opportunities analysed which have been presented to the Board on the 9th August. The narrative on several schemes may change to reflect further detail on the relevant savings plan in future months as this review progresses.

Welsh government support may be required to bring some savings proposals to fruition.

The risk rating of the savings plans is described as follows:

	£m			
RAG Rating	IMTP	Month 2	Month 3	Month 4
Green	24.0	13.7	15.4	19.3
Amber	8.0	7.8	7.5	2.4
Red	19.5	30.0	28.7	29.8
Total	**51.5**	**51.5**	**51.5**	**51.5**



Month 4 Forecast Savings Plans

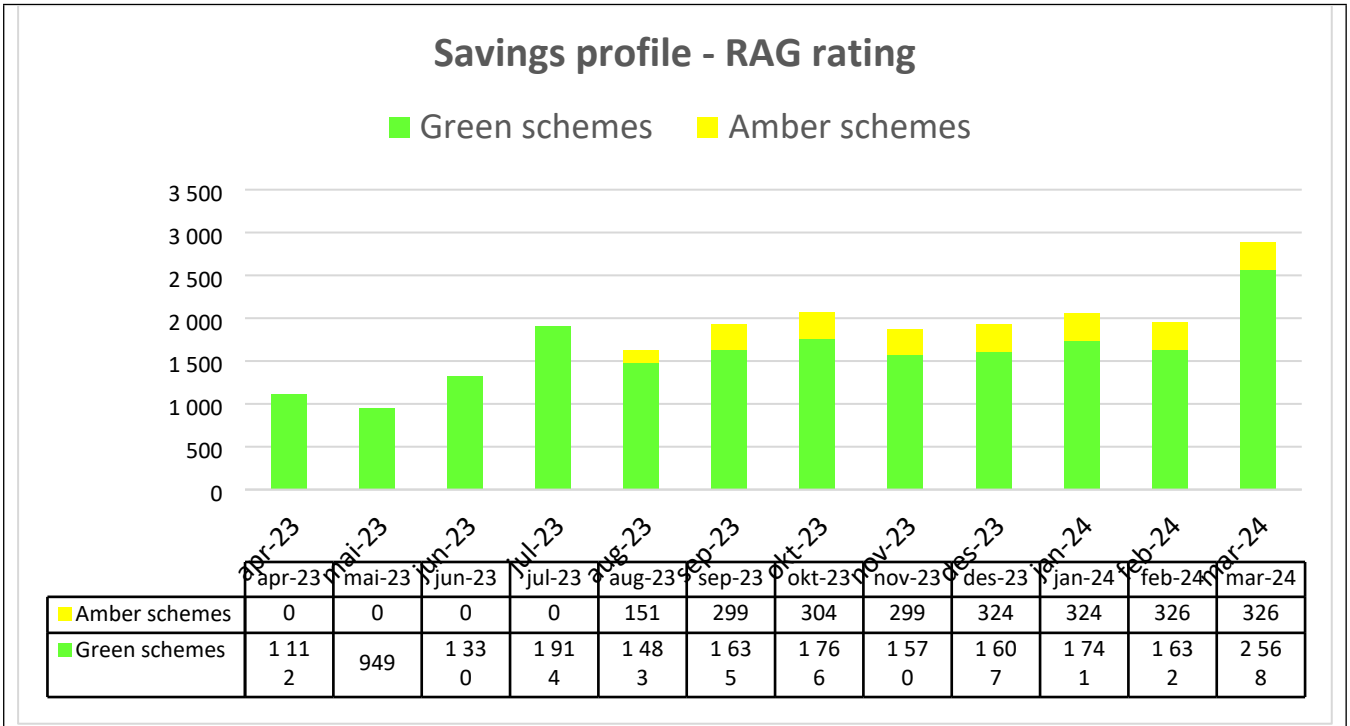
	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	4,253	41	4,212	4,477
Commissioned Services	3,400	0	3,400	3,400
Medicines Management (Primary and Secondary Care)	2,455	0	2,455	2,489
Pay	7,569	150	7,419	7,630
Non Pay	3,981	1,399	2,582	2,772
Total	**21,658**	**1,590**	**20,068**	**20,768**

Month 4 Forecast Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	**4,253**	**41**	**4,212**	**4,477**
Commissioned Services	**3,400**	**0**	**3,400**	**3,400**
Medicines Management (Primary and Secondary Care)	**2,342**	**0**	**2,342**	**2,376**
Pay	**5,531**	**150**	**5,381**	**5,487**
Non Pay	**3,780**	**1,399**	**2,381**	**2,491**
Total	**19,306**	**1,590**	**17,716**	**18,231**

To achieve the submitted financial plan, the Health Board needs to ensure that savings plans are achieved. The IMTP narrative notes potential risks that require mitigation either through additional savings plans or other solutions.

The graph below describes the current profile of green and amber savings (£21.7m), noting that the delivery of red rated schemes (£29.8m), not reflected in the graph, will be essential to support achievement of the £112m deficit target.



	apr-23	mai-23	jun-23	jul-23	aug-23	sep-23	okt-23	nov-23	des-23	jan-24	feb-24	mar-24
Amber schemes	0	0	0	0	151	299	304	299	324	324	326	326
Green schemes	1 112	949	1 330	1 914	1 483	1 635	1 766	1 570	1 607	1 741	1 632	2 568

It is vitally important that all budget holders continue to pursue savings plans to meet the ABUHB financial target and mitigate operational pressures.

2023/24 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP for 2023/24 is presented below:

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	12.27	12.27	8.75	8.90	8.90	8.75	8.90	8.90	8.90	8.90	8.90	8.48	**112.85**

The revised profile for 2023/24 with current savings assessment and noting the month 4 position is described as follows: -

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Forecast as at Month 4	13.49	15.98	14.52	13.11	14.32	13.97	13.68	12.83	6.97	(3.25)	(2.30)	(0.46)	**112.85**

The Health Board is reporting a **£15m** adverse variance compared to the plan for the year to date. A significant reduction in cost run rates is required and is presented as a forecast surplus in quarter 4 based on the 'red' rated schemes described in the savings section above. There is a risk with this profile as delivery relies on full achievement of these savings plans.

Risks & Opportunities (2023/24)

There are significant challenges to achieving the financial forecast for 2023/24, which include: -

- Full / part delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial pressures identified outside of the IMTP,

- Full receipt and retention of all anticipated allocations,
- Workforce absence / vacancies, availability of staff for priority areas,
- Delayed transfers of care due to both NHS & LA service challenges,
- Funding for any wage award or change in terms and conditions,
- Prescribing growth in items and average cost per item,
- Further CHC fee uplifts above forecast levels,
- Establishment increases relating to patient safety issues,
- Covid legacy costs to adhere to specific guidelines, e.g. enhanced cleaning costs, ED screening and testing unit,
- Inflationary impacts including provisions and supplies,
- Additional costs (including legal/penalty costs) in relation to LINC,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs,
- Additional national costs such as LINC, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

Capital

The approved Capital Resource Limit (CRL) as at Month 4 totalled £51.230m. In addition, Charitable funds donations totalling £0.150m (YYF Breast scheme contributions) and disposals proceeds of £0.299m (E Block flood damaged equipment) have been confirmed**. The forecast outturn at Month 4, after accounting for anticipated AWCP funding adjustments, is breakeven.** The position has been brought back in line with budget through a reduction in the NHH SRU spend forecast, additional AWCP funding of £0.591m in relation to Newport East H&WBC and by removing Discretionary Capital Programme (DCP) schemes that had been placed on hold. A prioritisation exercise is now being completed to determine the highest priority schemes to utilise the unallocated DCP contingency (£0.834m).

The works to the Well-being Centre at LGH completed in April and the final account is being agreed. The final VAT recovery on the GUH main scheme is still being reviewed by the HB's VAT advisors with the intention of submitting to HMRC in August.

The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £0.478m in 2023/24. The total forecast overspend for the scheme is £0.646m with the balance of this amount falling into 2024/25. The increase in the forecast overspend in month is due to additional works CE's and further fee allocations being requested for the external advisors due to the prolongation of the programme. The completion of Phase 1 of Tredegar H&WBC is anticipated to be November 2023. The overspend is due to significant cost pressures including the inclusion of EV charging points, culvert diversion, Heart building stabilisation and inflation. The cost advisor has reported costs of £1.134m ex VAT in relation to unfunded inflation allowances on works and fees, EV charging and other required changes that are intended to be submitted as an additional funding request to WG. In addition, further risks are identified in relation to three unresolved compensation events (re-design of the foundations (£0.753m plus VAT), costs associated with the cancellation of the brick supply (£0.644m plus VAT) and the delay associated with the remedial works to the heart floor slab (£0.376m plus VAT)). If these claims are found to be valid, they will significantly increase the reported overspend position.

Works on Phase one of the NHH Satellite Radiotherapy Centre Scheme are progressing satisfactorily. There is a potential 4-week delay to phase 2 due to ground conditions under the now demolished Ante Natal Clinic. The revised completion date is to be confirmed but likely to be early 2025 (from Dec 24). The contractors cashflow has been reduced in month which has removed the previously reported overspend. The 2023/24 forecast position at the end of month 4 is an underspend of £0.136m. The overall scheme remains within budget.

The YYF Breast scheme is currently forecasting an overspend against the approved CRL of £0.099m, however, a further £0.268m of funding is available within the unapproved section of the CRL in relation to inflationary uplifts which need to be evidenced before the funding is released.

Additional funding of £0.591m has been provided in month for the Newport Health & Well-being Centre scheme which brings the forecast spend for 2023/24 in line with budget. However, the July cost reports are forecasting an overall overspend on the scheme of circa £0.300m which will potentially impact on the DCP in 2024/25 unless additional savings or funding can be achieved. The forecast overspend is mainly due to high levels of contingency spend incurred to date for additional asbestos removal and utility connection costs.

The contractor's handover of the RGH Endoscopy scheme is now planned for the 20th October. The scheme is forecasting an underspend of £0.232m at Month 4 because of estimated VAT savings on works costs.

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting an overspend of £0.106m due to higher than anticipated asbestos removal costs and the requirement to board up the building whilst the scheme is delayed due to nesting birds. This overspend is being offset by the DCP.

The Outline Business Case for the Mental Health SISU has been submitted to WG for approval. The scrutiny process is on-going. The forecast outturn for the OBC stage has been reduced by £0.126m in month. The underspend will need to be returned to WG once confirmed.

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £6.913m made up of:

- 2023/24 DCP Funding - £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution – (£0.629m)
- Less 2022/23 AWCP scheme brokerage – (£2.278m)
- NBV of Assets Disposed (E Block disposals) - £0.299m

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £6.325m generating an underspend of £0.588m. This saving is being used to offset overspends on AWCP schemes (mainly Tredegar H&WBC £0.478m and RGH Blocks 1&2 £0.106m). During the month schemes that were on hold totalling £1.973m were removed. Two new schemes have been approved for GUH ED Extension fees (£0.516m) and Phase one NHH RAAC Urgent Works (£0.250m). A prioritisation exercise is now being completed to determine the highest priority schemes to utilise the unallocated DCP contingency (£0.834m).

There are also further significant requirements that are not currently included in the approved DCP funding total including capital works associated with the lease at Ty Gwent (£1.1m), costs associated with phase two remedial works required in relation to RAAC at NHH (costs TBC) and the RGH Pharmacy robot replacement (£710k). These risks are in addition to the high number of bids submitted by divisions for essential works and end of life IT and equipment replacements.

Potential additional funding sources are available to offset some of the pressures. These include the additional funding bid in relation to Tredegar H&WBC unfunded inflation and costs outside of the FBC approval and the potential reimbursement of fees (previously funded from DCP) in relation to the GUH ED Extension (£0.626m) and RGH Decontamination (£0.114m) schemes. These reimbursements are dependent on the business cases for these schemes being approved within the current financial year.

Cash

The cash balance on the 31st of July is £4.932m, which is within the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in July (96.9%). We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and at the NHS payment rate.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in July is 84.1%. The level of performance is below the 95% target due to delays in raising and receipting the purchase orders to enable the invoices to be paid promptly and within the payment terms. Areas of concern are laboratory tests with English NHS Trusts, secondments, Northumbria lease car invoices, 111 project invoices and other SLA invoices. The finance team are working with the departments concerned to ensure that the correct type of order is raised, call off, estimated etc and that the department understand the importance of timely receipting to eliminate the late payment going forward.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of July 2023 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of July 2023,
- The Health Board's underlying financial position, and
- The capital position

Note the appendices attached providing further information.

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:	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 DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time HCHS – Health Care & Hospital Services HCSW – Health Care Support Worker HIV – Human Immunodeficiency Virus HSDU – Hospital Sterilisation and Disinfection Unit H&WBC – Health and Well-Being Centre IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken

	IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership 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 PSNC –Pharmaceutical Services Negotiating Committee PSPP – Public Sector Payment Policy PCR – Patient Charges Revenue PPE – Personal Protective Equipment PFI – Private Finance Initiative RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St.Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) T&O – Trauma & Orthopaedics TAG – Technical Accounting Group

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

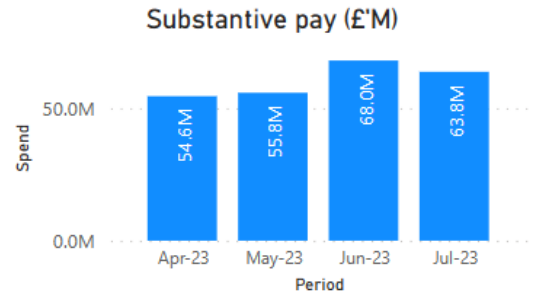
Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation 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

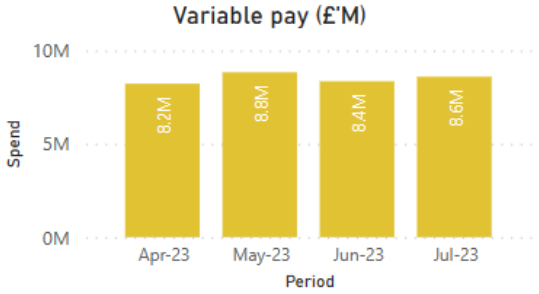
Aneurin Bevan University Health Board

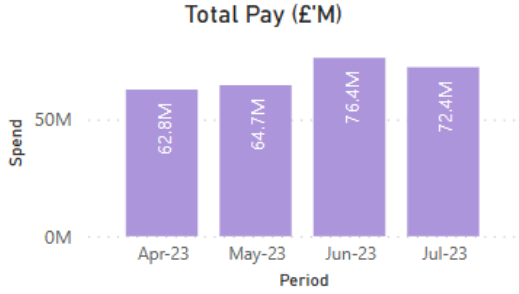
Finance Report – July (Month 4) 2023/24

Appendices

Pay Summary (1) (subject to change excluding annual leave effect Pension employer costs):







Substantive (£'000)

Pay category	Apr-23	May-23	Jun-23	Jul-23
ADD PROF SCIENTIFIC AND TECHNICAL	1,975	1,989	2,427	2,429
ADDITIONAL CLINICAL SERVICES	7,299	7,742	10,215	9,152
ADMINISTRATIVE & CLERICAL	9,660	9,674	12,471	11,514
ALLIED HEALTH PROFESSIONALS	3,773	3,817	4,803	4,508
ESTATES AND ANCILLIARY	2,735	2,875	3,777	3,342
HEALTHCARE SCIENTISTS	1,055	1,071	1,334	1,238
MEDICAL AND DENTAL	12,849	12,877	13,153	13,297
NURSING AND MIDWIFERY REGISTERED	15,206	15,802	19,843	18,278
STUDENTS	4	4	6	5
Total	**54,556**	**55,849**	**68,028**	**63,763**

Change	%	Avg 22/23
3	0.1%	2,027
-1,063	-10.4%	7,113
-957	-7.7%	9,427
-294	-6.1%	3,839
-435	-11.5%	2,781
-96	-7.2%	1,039
144	1.1%	13,085
-1,565	-7.9%	15,604
-1	-17.6%	9
-4,265	**-6.3%**	**54,923**

Variable pay (£'000)

Pay category	Apr-23	May-23	Jun-23	Jul-23
Bank	4,125	3,823	4,242	4,568
Agency	3,873	4,781	3,827	3,724
Locum	233	234	286	311
Total	**8,230**	**8,838**	**8,355**	**8,603**

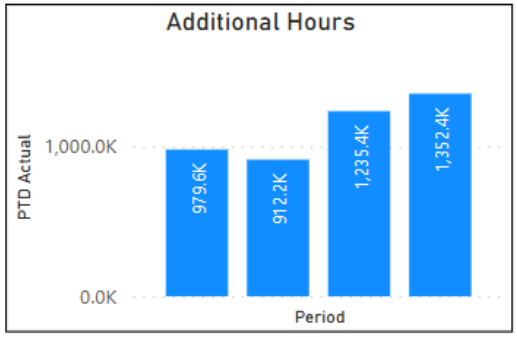
Change	%	Avg 20/23
-103	-2.7%	5,074
326	7.7%	3,831
25	8.7%	260
248	**3.0%**	**9,165**

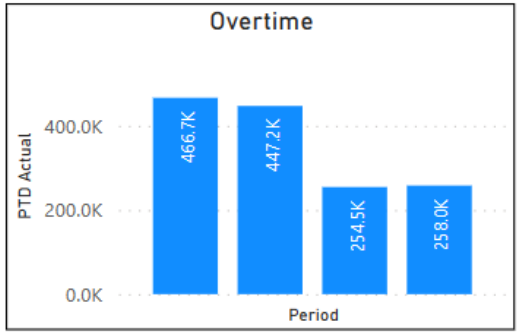
Total pay (£'000)

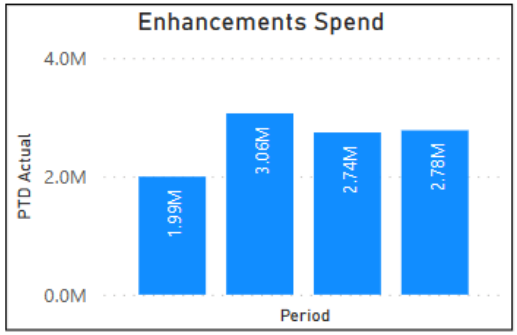
Pay category	Apr-23	May-23	Jun-23	Jul-23
Pay	**62,786**	**64,687**	**76,383**	**72,366**

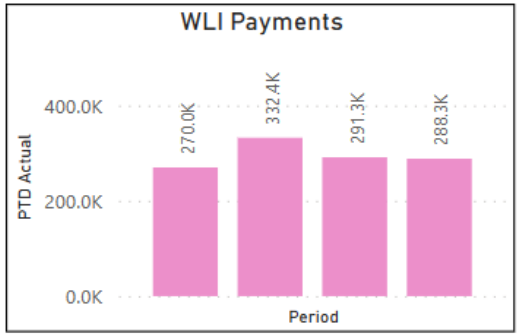
Change	%	Avg 20/23
-4,017	**-5.3%**	**64,089**

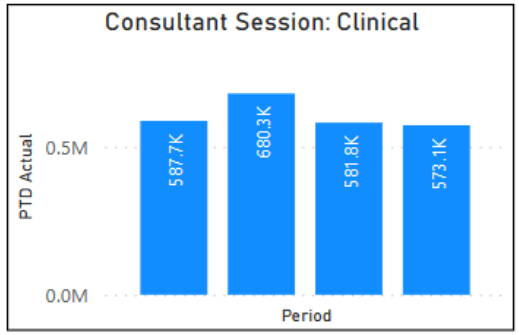
Pay Summary (2): Substantive Pay

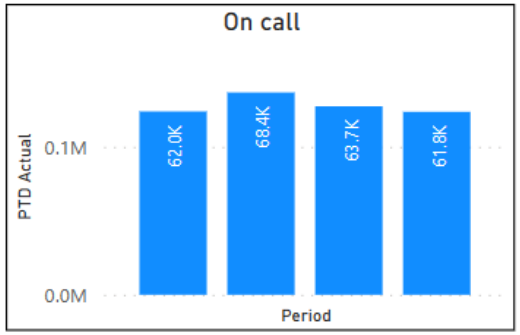










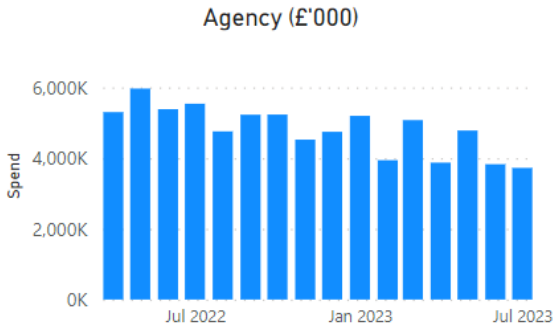


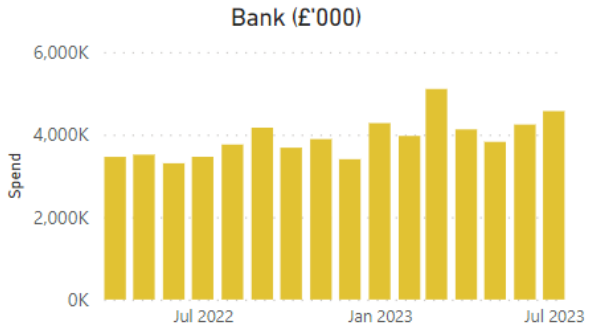
Analysis type by Division

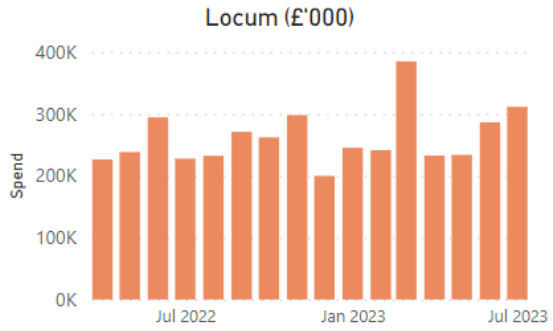
Analysis type	Apr-23	May-23	Jun-23	Jul-23	Total
⊞ Enhancements	1,994	3,063	2,740	2,776	10,573
⊞ ADDITIONAL HOURS	980	912	1,235	1,352	4,480
⊞ CONSULTANTS SESSION: CLINICAL	589	679	582	573	2,423
⊟ Overtime					
⊞ Clinical Support Services	93	81	64	63	301
⊞ Medicine	64	68	32	33	197
⊞ Family & Therapies	66	57	24	19	166
⊞ Mental Health	64	48	23	31	166
⊞ Primary Care & Community	50	51	32	30	163
⊞ CHC/FNC	42	50	28	29	148
⊞ Estates and Facilities	41	39	23	29	131
⊞ Scheduled Care	17	22	10	11	60
⊞ Corporate	17	16	9	7	49
⊞ Urgent Care	14	15	9	7	45
Total	467	447	255	258	1,426
⊟ WAITING LIST PAYMENTS: CONSULTANTS					
⊞ Clinical Support Services	130	140	157	131	556
⊞ Medicine	80	118	95	102	395
⊞ Scheduled Care	53	75	43	53	223
⊞ Mental Health	8	0			8
⊞ Corporate		0			0
⊞ Family & Therapies		0	-3	3	0
Total	270	332	291	288	1,182
⊞ ON CALL	62	68	64	62	256
Total	4,361	5,502	5,167	5,310	20,339

Pay Summary (3): Variable Pay (£'k)

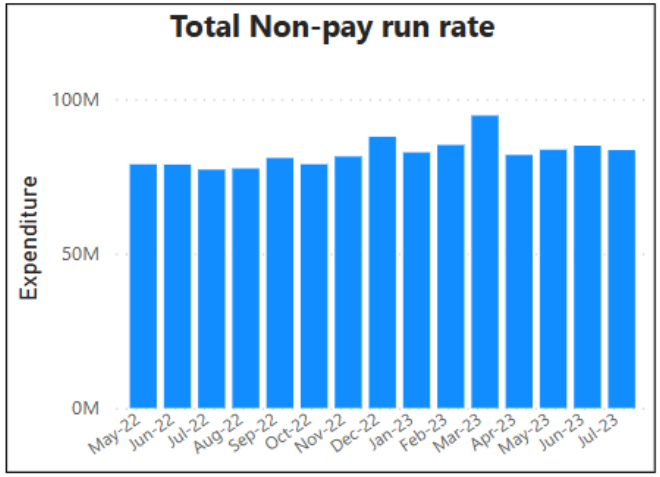
Pay category	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Change	%
Agency																		
Admin & Clerical Agency	148	179	164	204	126	118	85	124	152	79	10	147	72	64	77	49	-29	-37.1%
Allied Health Prof Agency	108	136	169	155	97	319	187	279	108	232	188	165	171	219	147	196	49	33.1%
Estates & Ancilliary Agency	413	622	677	663	669	623	635	583	602	639	560	1,036	683	675	483	490	7	1.5%
Medical Agency	1,448	1,602	927	1,439	1,265	1,179	1,503	1,321	1,261	1,377	1,336	1,271	1,162	2,025	1,474	1,165	-309	-21.0%
Nurse HCA/HCSW Agency	1,101	1,086	1,185	1,122	908	863	867	663	898	853	423	625	293	339	209	160	-50	-23.8%
Other Agency	-1	61	87	88	146	100	105	116	37	53	64	105	58	70	43	90	47	111.3%
Registered Nurse Agency	2,084	2,282	2,175	1,867	1,546	2,025	1,849	1,437	1,688	1,962	1,359	1,726	1,434	1,387	1,394	1,575	182	13.0%
Total	**5,301**	**5,968**	**5,384**	**5,538**	**4,756**	**5,228**	**5,232**	**4,523**	**4,745**	**5,195**	**3,941**	**5,075**	**3,873**	**4,781**	**3,827**	**3,724**	**-103**	**-2.7%**
Bank																		
Admin & Clerical Bank	104	111	102	101	105	136	104	108	80	109	88	123	94	86	108	114	6	5.8%
Estates & Ancilliary Bank	159	168	172	181	192	217	169	151	155	156	158	204	138	142	166	216	50	30.1%
Nurse HCA/HCSW Bank	1,276	1,313	1,140	1,243	1,408	1,660	1,378	1,455	1,249	1,614	1,452	1,765	1,598	1,485	1,635	1,811	176	10.8%
Other Bank	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	3271.6%
Registered Nurse Bank	1,919	1,920	1,889	1,934	2,052	2,154	2,031	2,175	1,918	2,397	2,268	3,014	2,295	2,110	2,332	2,425	93	4.0%
Total	**3,458**	**3,512**	**3,304**	**3,460**	**3,757**	**4,166**	**3,681**	**3,889**	**3,402**	**4,277**	**3,966**	**5,105**	**4,125**	**3,823**	**4,242**	**4,568**	**326**	**7.7%**
Locum																		
Medical Locum	226	238	294	228	232	271	262	298	200	245	241	385	233	234	286	311	25	8.7%
Total	**226**	**238**	**294**	**228**	**232**	**271**	**262**	**298**	**200**	**245**	**241**	**385**	**233**	**234**	**286**	**311**	**25**	**8.7%**
Total	**8,986**	**9,718**	**8,982**	**9,226**	**8,746**	**9,666**	**9,176**	**8,710**	**8,346**	**9,717**	**8,149**	**10,564**	**8,230**	**8,838**	**8,355**	**8,603**	**248**	**3.0%**

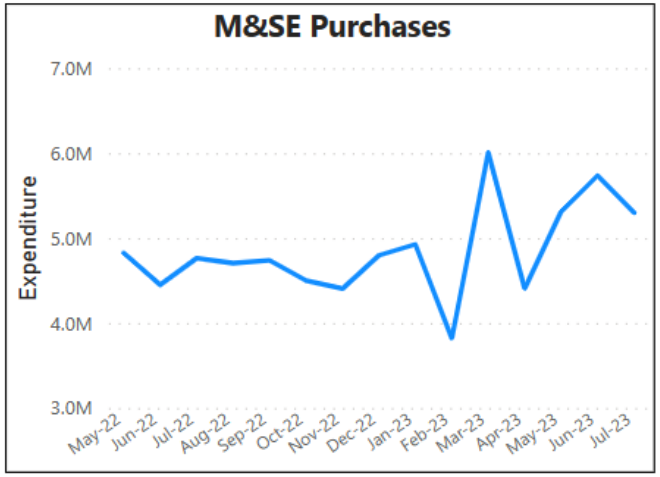


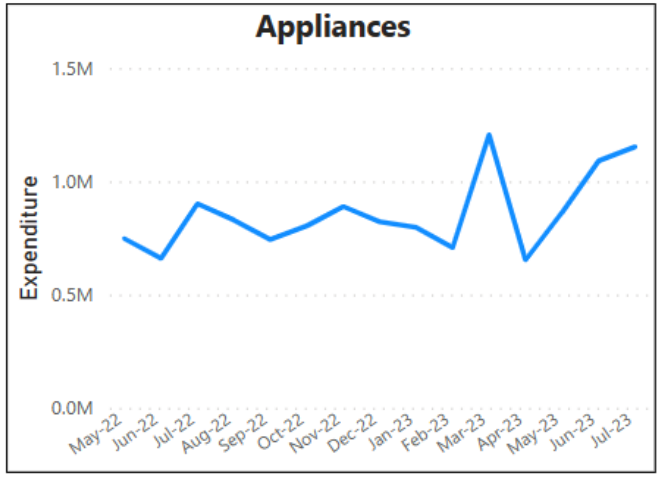


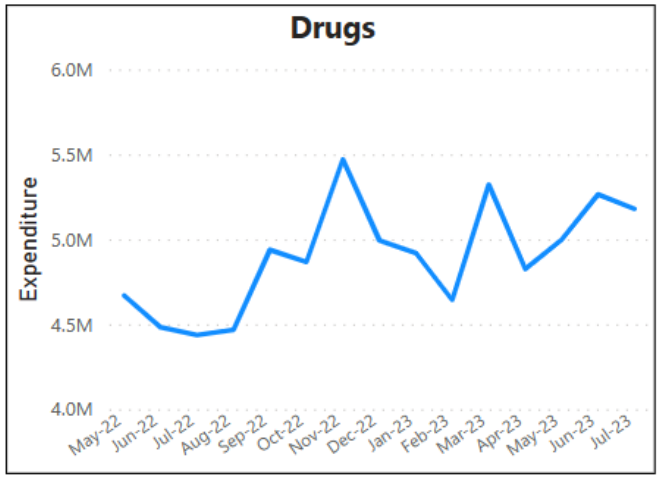


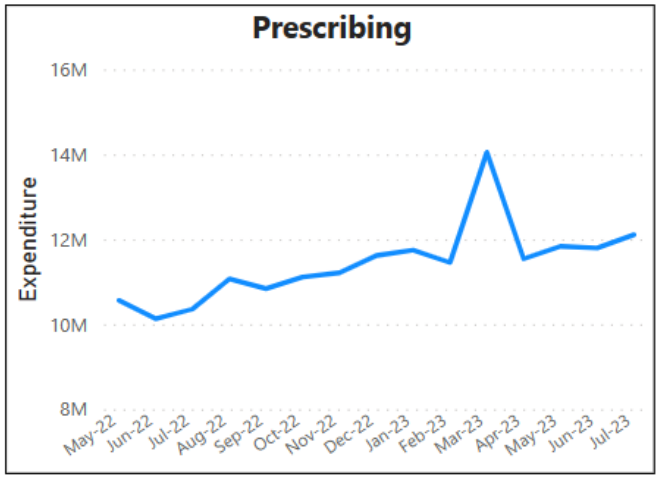
Non-Pay Summary (subject to audit review / adjustments):

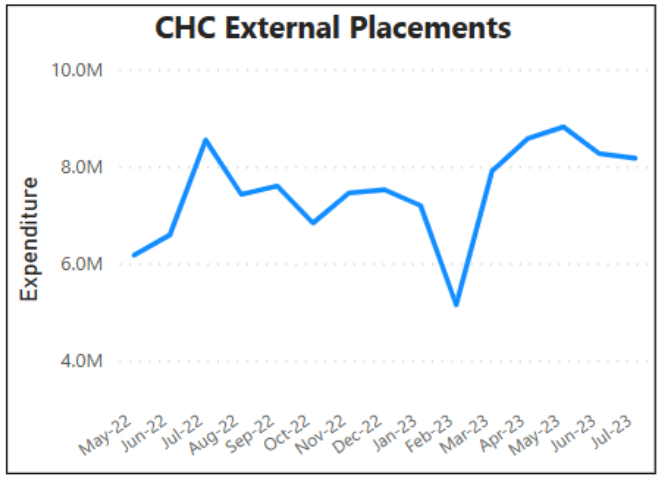












Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

- Elective Treatments for July '23 was 2,175 (June '23: 2,502, 2022/23 total: 22,327, 2019/20 total: 28,004)

Planned Treatments (M04)					
Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	231	0		0	231
N147-ENT	124	0		0	124
N105-General Surgery	288	40		0	328
N146-Oral Surgery	120	6		0	126
N148-Ophthalmology	389	0		0	389
N108-Rheumatology	0	0		0	0
N115-Trauma & Orthopaedics	337	90		0	427
N106-Urology	516	0		0	516
	2,004	136	0	0	2,140

Actual Treatments (M04)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	208	0	13	0	221
ENT	108	0	0	0	108
GS	235	140	0	0	375
Max Fax	194	0	0	0	194
Ophth	228	33	0	0	261
Rheum	0	0	0	0	0
T&O	431	93	0	0	524
Urology	483	9	0	0	492
	1,887	275	13	0	2,175

Treatment Variance (M04)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	(23)	0	13	0	(10)
ENT	(16)	0	0	0	(16)
GS	(53)	100	0	0	47
Max Fax	74	(6)	0	0	68
Ophth	(161)	33	0	0	(128)
Rheum	0	0	0	0	0
T&O	94	3	0	0	97
Urology	(33)	9	0	0	(24)
	(117)	139	13	0	35

- Outpatient activity for July '23 was 5,442 (June `23: 6,096, 2022/23 total: 65,873, 2019/20 total: 75,707)

Planned Outpatients (M04)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,327	0		0	1,327
N147-ENT	615	0		0	615
N105-General Surgery	1,741	0		0	1,741
N146-Oral Surgery	278	40		0	318
N148-Ophthalmology	833	0		0	833
N108-Rheumatology	180	0		0	180
N115-Trauma & Orthopaedics	805	140		0	945
N106-Urology	484	18		0	502
	6,263	198	0	0	6,461

Actual Outpatients (M04)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	962	0	0	0	962
ENT	376	0	0	0	376
GS	1,684	76	33	0	1,793
Max Fax	210	0	0	0	210
Ophth	554	11	2	0	567
Rheum	198	0	0	0	198
T&O	729	158	8	0	895
Urology	412	0	29	0	441
	5,125	245	72	0	5,442

Outpatient Variance (M04)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	(365)	0	0	0	(365)
ENT	(239)	0	0	0	(239)
GS	(57)	76	33	0	52
Max Fax	(68)	(40)	0	0	(108)
Ophth	(279)	11	2	0	(266)
Rheum	18	0	0	0	18
T&O	(76)	18	8	0	(50)
Urology	(72)	(18)	29	0	(61)
	(1,138)	47	72	0	(1,019)

Medicine Outpatients activity for July ’23 was 2,118 (June ’23: 1,982, 2022/23: 19,258):

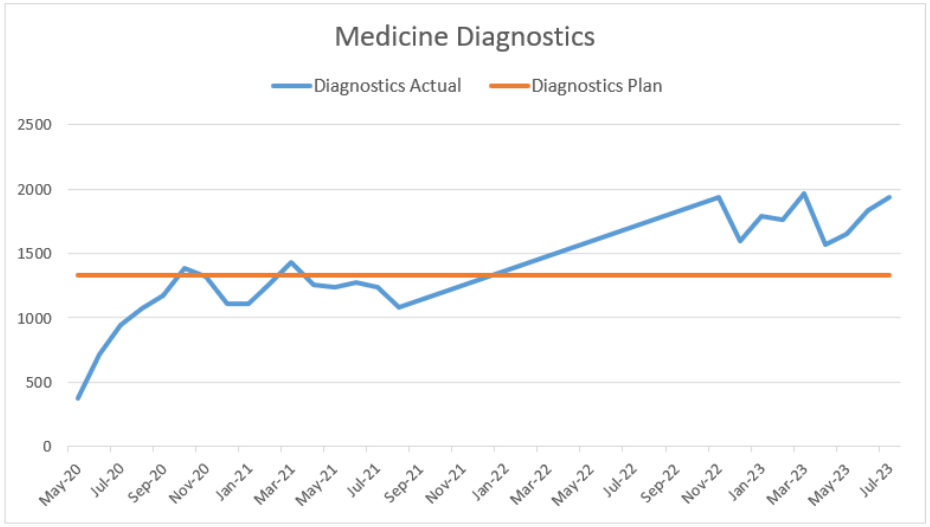
Jul-23

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	476	1
Cardiology	430	463	33
Respiratory (inc Sleep)	455	473	18
Neurology	257	286	29
Endocrinology	186	173	-13
Geriatric Medicine	313	247	-66
Total	**2116**	**2118**	**2**

Jul-23

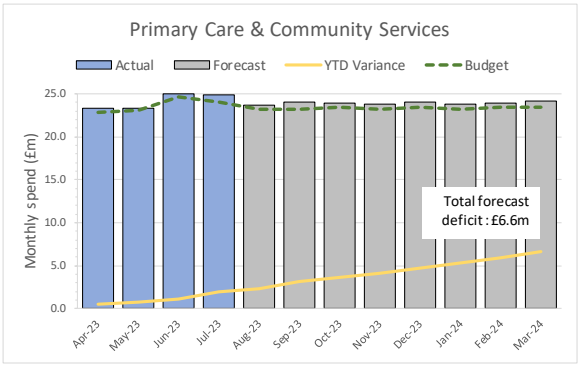
YTD Jul-23	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	1900	1622	-278	15%
Cardiology	1720	1695	-25	1%
Respiratory (inc Sleep)	1820	1906	86	-5%
Neurology	1028	1035	7	-1%
Endocrinology	744	671	-73	10%
Geriatric Medicine	1252	784	-468	37%
Total	**8464**	**7713**	**-751**	**9%**

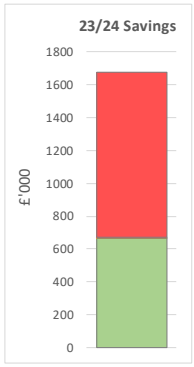
Medicine Diagnostics activity for July ’23 was 1,932 (June ’23: 1,837, 2022/23: 36,246):



YTD July 23	YTD Plan	YTD Actual	Variance	Variance
Endoscopy	5336	6991	1655	-31%
Total	**5336**	**6991**	**1655**	**-31%**

Divisional analysis – Primary Care and Community



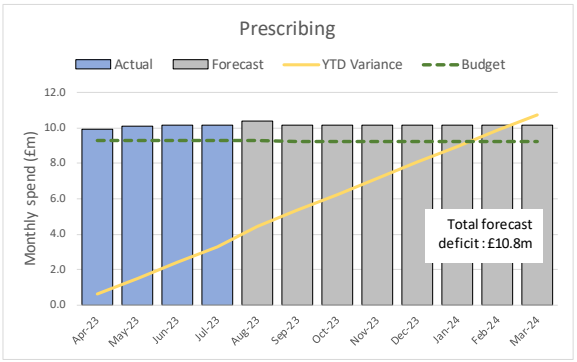


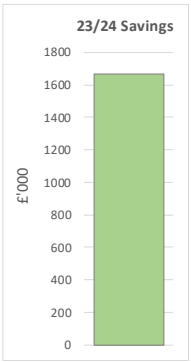
Primary Care & Comm. Division reporting a £6.6m forecast deficit

1. Savings unachievement forecast £3.5m
2. GMS overspend due to sustainabilty/prior year release
3. GMS forecast pressure due to increased GP patient lists
4. Managed Practices pressure due to additional practice (now 5) increased sessional rates and additional locum/agency support.
5. On-going community Hospitals (nursing) pressure
6. Further pressures in EHEW, Palliative Care and GPOOH

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Primary Care and Community	Primary Care and Community	PCC-01	Generic CIP - Pay	R	Green	93	122	29	278	278	0
Primary Care and Community	Primary Care and Community	PCC-02	Generic CIP - Non-Pay	R	Green	97	120	23	291	291	0
Primary Care and Community	Primary Care and Community	PCC-04	Beds (1 ward Community)	R	Red	593	0	(593)	2,223	766	(1,457)
Primary Care and Community	Primary Care and Community	PCC-05	Procurement	R	Amber	28	0	(28)	85	5	(80)
Primary Care and Community	Primary Care and Community	PCC-06	Rostering Efficiencies	R	Red	269	0	(269)	1,008	50	(958)
Primary Care and Community	Primary Care and Community	PCC-08	Managed practices	R	Green	33	0	(33)	100	100	0
Primary Care and Community	Primary Care and Community	PCC-10	procurement	R	Red	62	0	(62)	185	185	0
						1,175	**242**	**(933)**	**4,170**	**1,675**	**(2,495)**

Divisional analysis – Prescribing



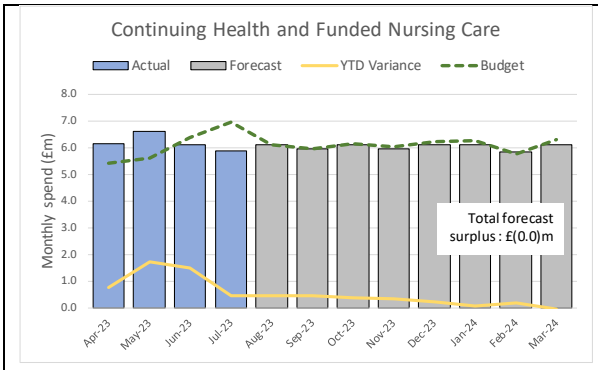


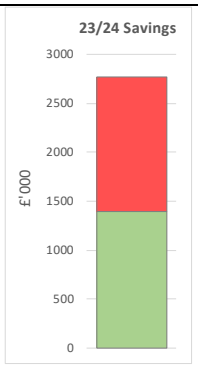
The full year Prescribing forecast overspend is £10.8m

1. Savings unachievement forecast £0.5m
2. Average cost per item is £7.57 for the year (up by 37p)
3. Underlying growth assumed at 0.8% above 2022/23 item numbers
This growth equates to 218k items
4. Actual 2022/23 growth 1.88%
5. On-going effect of 56-day prescribing

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Prescribing	Prescribing	PCC-03	Generic CIP - Non-Pay	R	Green	145	173	28	435	338	(97)
Prescribing	Prescribing	PCC-07	Medicines management	R	Green	198	198	0	1,125	1,125	0
Prescribing	Prescribing	PCC-09	Medicines management	R	Green	173	66	(107)	650	201	(449)
						516	**437**	**(79)**	**2,210**	**1,664**	**(547)**

Divisional analysis – Complex Care



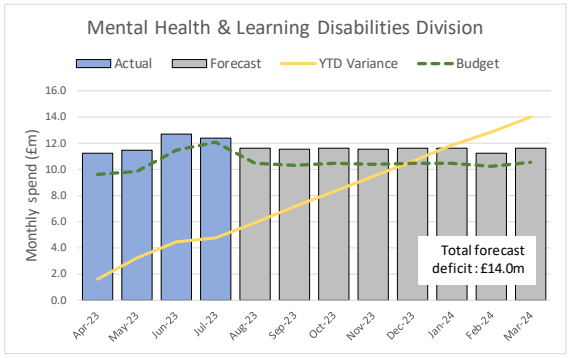


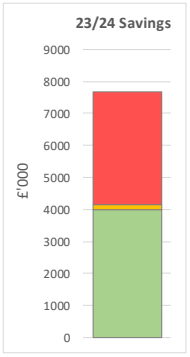
Complex Care Division reporting a £0.04m forecast surplus

1. Savings unachievement forecast currently £0.5m
2. (£0.5m) all other changes/issues

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Complex Care	Complex Care	CHC-01	Generic CIP - Pay	R	Red	11	0	(11)	34	31	(3)
Complex Care	Complex Care	CHC-02	Rostering Efficiencies	R	Red	102	0	(102)	305	282	(23)
Complex Care	Complex Care	CHC-03	Adult CHC Care at home team	R	Green	33	17	(17)	100	119	19
Complex Care	Complex Care	CHC-04	Adult CHC high cost packages, 1:1 & chages for	R	Red	33	0	(33)	100	228	128
Complex Care	Complex Care	CHC-05	Adult CHC (balance to NP plan (3m target @40%	R	Red	333	0	(333)	1,000	500	(500)
Complex Care	Complex Care	CHC-06	procurement	R	Green	19	0	(19)	56	0	(56)
Complex Care	Complex Care	CHC-07	Generic CIP - Non-Pay	R	Red	96	0	(96)	288	331	43
Complex Care	Complex Care	CHC-08	Right Sizing Commitments	R	Green	0	39	39	0	500	500
Complex Care	Complex Care	CHC-09	Enhanced care working group and panel	R	Green	0	0	0	0	235	235
Complex Care	Complex Care	CHC-10	CHC review assessments	NR	Green	0	9	9	0	41	41
Complex Care	Complex Care	CHC-11	Enhanced care cohort model - TBC	R	Red	0	0	0	0	0	0
Complex Care	Complex Care	CHC-12	CHC placements review	NR	Green	0	500	500	0	500	500
						627	**565**	**(63)**	**1,883**	**2,766**	**883**

Divisional analysis – Mental Health and Learning Disabilities



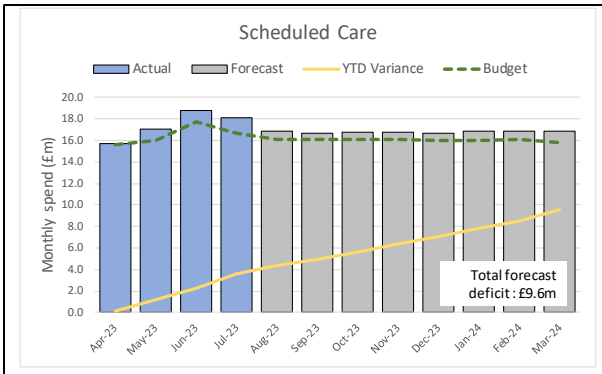


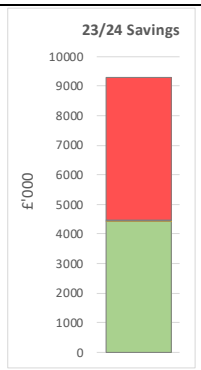
Mental Health & LD Division reporting a £14m forecast deficit

1. Savings unachievement forecast £3.5m
2. CHC Fees increases (12%) greater than IMTP assumption
3. MH&LD CHC numbers total 417
4. Service Improvement funding assumptions £5m deficit to forecast
5. Ward pressures & medical cover forecast £3.1m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01	Generic CIP - Pay	R	Red	86	0	(86)	107	0	(107)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01a	MH Adults - Reduction of agency costs due to a	R	Amber	0	0	0	142	142	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01b	OAMH - Reduction in LT Med Agency due to su	R	Green	17	17	0	50	50	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01c	Flexi rewards ceasing	R	Red	0	0	0	9	301	292
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-02	Generic CIP - Non-Pay	R	Red	96	0	(96)	289	289	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-02a	Maximise ECT Income generation from private	NR	Green	0	23	23	0	70	70
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-03	Rostering Efficiencies	R	Red	187	0	(187)	562	0	(562)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-04	MH CHC - LD	R	Red	307	0	(307)	922	0	(922)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-05	MH CHC High cost packages	R	Red	83	0	(83)	250	250	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-06	MH Older Adults Beds	R	Red	119	0	(119)	356	0	(356)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-06a	OAMH - Capped beds on Annwylfan (YYF) resul	NR	Green	0	30	30	0	150	150
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-07	Review of Mental Health expenditure	NR	Red	534	0	(534)	2,000	2,100	100
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-08	MH CHC (balance to NP plan (3m target @60%	R	Red	209	0	(209)	628	518	(110)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-09	procurement	R	Red	18	0	(18)	55	55	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-10	CHC Eligibility Reviews	R	Green	0	26	26	0	385	385
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-11	CHC Repatriations to in house wards	R	Green	0	176	176	0	1,186	1,186
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-12	CHC Right Size Packages	R	Green	0	45	45	0	274	274
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-13	CHC Step Down	R	Green	0	123	123	0	450	450
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-14	CHC Change in Need	R	Green	0	178	178	0	731	731
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-15	Structured Clinical Management	R	Green	0	0	0	0	450	450
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-16	Paliperidone HC FYE	R	Green	0	29	29	0	61	61
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-17	Paliperidone Non HC FYE	R	Green	0	33	33	0	137	137
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-18	Clozapine repatriation FYE	R	Green	0	19	19	0	59	59
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-19	Clozapine price reduction	R	Red	0	0	0	0	0	0
						1,656	**700**	**(955)**	**5,369**	**7,660**	**2,290**

Divisional analysis – Scheduled Care





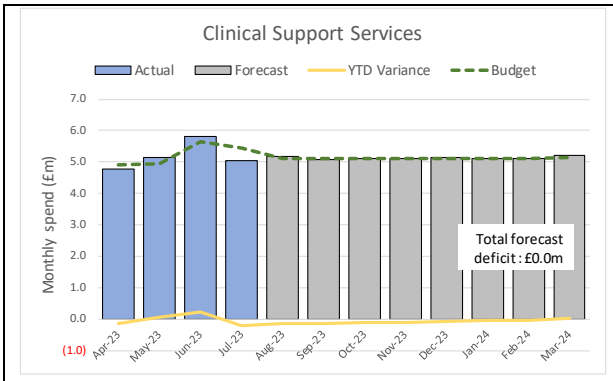
Scheduled care division is currently reporting a forecast overspend for year-end of £9.6m.

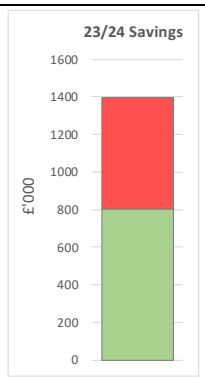
The key reasons for this forecast position are as follows:

1. Un-achieved savings target £4.800m
2. D7E open for the full year £700k
3. T&O backfill costs (net of WLI reduction) £871k
4. PET transfer £1m
5. Plus further variable and operational pressures for review

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Scheduled Care	Scheduled Care	SCH-01	Generic CIP - Pay	R	Red	234	0	(234)	703	703	0
Scheduled Care	Scheduled Care	SCH-02	BADS	R	Red	159	0	(159)	478	478	0
Scheduled Care	Scheduled Care	SCH-03	RTT WLI	R	Green	765	624	(141)	2,296	2,155	(141)
Scheduled Care	Scheduled Care	SCH-04	RTT Backfill	R	Green	321	91	(230)	962	91	(871)
Scheduled Care	Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	Red	397	0	(397)	1,490	1,490	(0)
Scheduled Care	Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up	R	Red	92	0	(92)	277	277	0
Scheduled Care	Scheduled Care	SCH-07	SAU rostering	R	Red	52	0	(52)	155	155	0
Scheduled Care	Scheduled Care	SCH-08	Procurement	R	Red	220	0	(220)	586	110	(476)
Scheduled Care	Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre cor	R	Green	4	0	(4)	38	34	(4)
Scheduled Care	Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	Green	8	0	(8)	72	64	(8)
Scheduled Care	Scheduled Care	SCH-09	Rostering Efficiencies	R	Green	314	600	285	895	1,356	460
Scheduled Care	Scheduled Care	SCH-09a	Ortho Geriatric variable pay saving	R	Amber	0	0	0	48	48	0
Scheduled Care	Scheduled Care	SCH-10	Medicines management	R	Green	50	152	102	150	732	582
Scheduled Care	Scheduled Care	SCH-11	procurement	R	Red	55	0	(55)	166	166	0
Scheduled Care	Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	Red	106	0	(106)	317	1,421	1,104
						2,778	**1,467**	**(1,312)**	**8,634**	**9,279**	**645**

Divisional analysis – Clinical Support Services



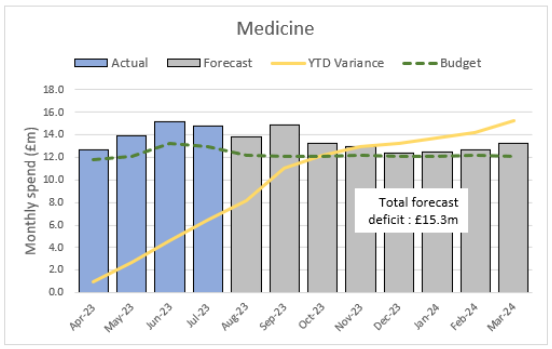


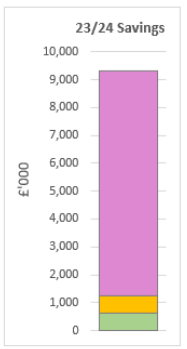
Clinical Support Division reporting a £0.02m forecast deficit

1. Radiology medical pay pressures (vacancy cover/WLIs).
2. Pathology year-to-date underspend linked to scheme slippages

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Clinical Support Services	Clinical Support Services	CSS-01	Generic CIP - Pay	R	Red	64	0	(64)	190	190	0
Clinical Support Services	Clinical Support Services	CSS-02	Procurement	R	Red	46	0	(46)	138	138	0
Clinical Support Services	Clinical Support Services	CSS-03	Rostering Efficiencies	R	Red	46	0	(46)	139	139	0
Clinical Support Services	Clinical Support Services	CSS-04	procurement	R	Red	7	0	(7)	21	21	0
Clinical Support Services	Clinical Support Services	CSS-05	Generic CIP - Non-Pay	R	Red	35	0	(35)	105	105	0
Clinical Support Services	Radiology	CSS-06	Radiology - IPFR patients via WhSSC	R	Green	0	15	15	0	50	50
Clinical Support Services	Radiology	CSS-07	Radiology - WHSSC other Commissioning Costs	R	Red	0	0	0	0	0	0
Clinical Support Services	Radiology	CSS-08	Radiology - Reduce Dosage of CT IV Contrast	R	Green	0	16	16	0	50	50
Clinical Support Services	Radiology	CSS-09	Radiology - PICC Line - change of supplier / cha	R	Green	0	23	23	0	70	70
Clinical Support Services	Radiology	CSS-10	Radiology - Review Agency Sonographers	R	Green	0	0	0	0	100	100
Clinical Support Services	Radiology	CSS-11	Radiology - Review of overtime CT & MR	R	Green	0	0	0	0	50	50
Clinical Support Services	Radiology	CSS-12	Radiology - Non Pay All Other	R	Green	0	23	23	0	81	81
Clinical Support Services	Pathology	CSS-13	Pathology - Agency Scientist cost reduction	R	Green	0	30	30	0	214	214
Clinical Support Services	Pathology	CSS-14	Pathology - KPI rebates on MSC's - Siemens and	NR	Green	0	0	0	0	75	75
Clinical Support Services	Pathology	CSS-15	Pathology - SLA's - Income review	R	Green	0	20	20	0	60	60
Clinical Support Services	Pathology	CSS-16	Pathology - repatriation of tests	R	Green	0	0	0	0	42	42
Clinical Support Services	Pathology	CSS-17	Pathology - DHCW SLA Haemonetics	R	Green	0	4	4	0	13	13
						198	**131**	**(67)**	**593**	**1,398**	**806**

Divisional analysis – Medicine



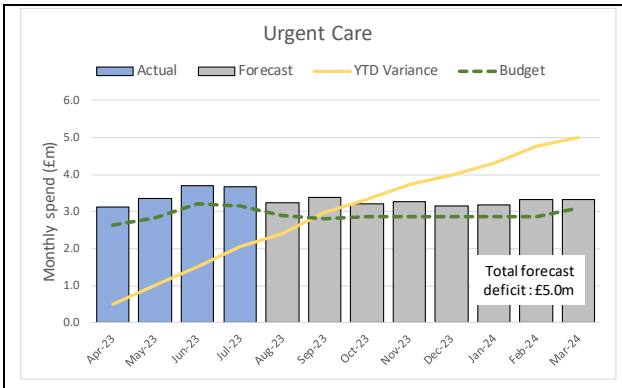


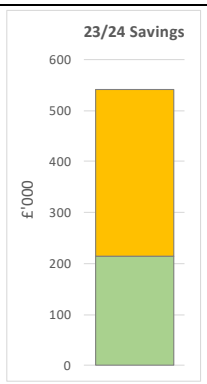
Medicine Division reporting a £15.3m forecast deficit

1. Un-achieved savings forecast £8.4m, element to be checked
2. YYF SDEC - £0.7m
3. Non-pay (inc. PPE) - £0.8m
4. Drugs/IVIG - £3.2m
5. Operational nursing pressures above savings unachieved £0.7m
6. Operational medical pressures above savings unachieved £0.5m
7. Cardiology insourcing £1.0m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	Medicine	MED-01	Generic CIP - Pay	R	Amber	172	0	(172)	516	387	(129)
Medicine	Medicine	MED-02	Outpatient transformation (F2F and Virtual)	R	Red	32	0	(32)	95	95	0
Medicine	Medicine	MED-03	Outpatient transformation (New to Follow Up	R	Red	175	0	(175)	656	656	0
Medicine	Medicine	MED-04	Beds (1 ward Med)	R	Red	593	0	(593)	2,223	2,223	(0)
Medicine	Medicine	MED-05	Procurement	R	Amber	8	0	(8)	25	19	(6)
Medicine	Medicine	MED-06	Rostering Efficiencies	R	Green	197	186	(11)	738	569	(168)
Medicine	Medicine	MED-07	Insourcing review	R	Red	284	0	(284)	1,066	1,066	0
Medicine	Medicine	MED-08	Medicines management	R	Amber	50	0	(50)	150	112	(38)
Medicine	Medicine	MED-09	procurement	R	Green	12	12	0	35	41	6
Medicine	Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	Red	1,067	0	(1,067)	4,000	4,000	(0)
Medicine	Medicine	MED-11	Generic CIP - Non-Pay	R	Amber	62	0	(62)	184	125	(59)
						2,651	**198**	**(2,453)**	**9,688**	**9,294**	**(394)**

Divisional analysis – Urgent Care



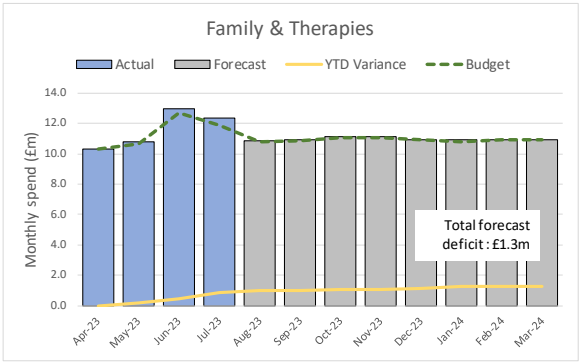


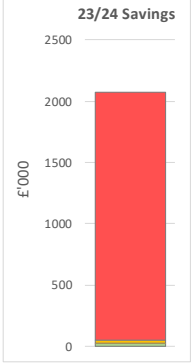
Urgent Care Division reporting a £5.0m forecast deficit

1. ED Middle grade cover and consultant sessions (£2.1m pressure)
2. Nursing vacancy premium (£2.3m)
3. SATU - £0.2m
4. MIU opening times savings assumed unachieveable - £0.4m
5. Drugs pressure - £0.1m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Urgent Care	Urgent care	URG-01	Generic CIP - Pay	R	Green	22	2	(20)	198	214	16
Urgent Care	Urgent care	URG-02	Procurement	R	Amber	3	0	(3)	25	26	1
Urgent Care	Urgent care	URG-03	Rostering Efficiencies	R	Amber	19	0	(19)	170	176	6
Urgent Care	Urgent care	URG-04	Reduce opening times of MIU	R	Amber	0	0	0	500	100	(400)
Urgent Care	Urgent care	URG-05	procurement	R	Amber	1	0	(1)	4	3	(1)
Urgent Care	Urgent care	URG-06	Generic CIP - Non-Pay	R	Amber	2	0	(2)	22	22	0
						47	**2**	**(45)**	**919**	**542**	**(377)**

Divisional analysis – Family & Therapies



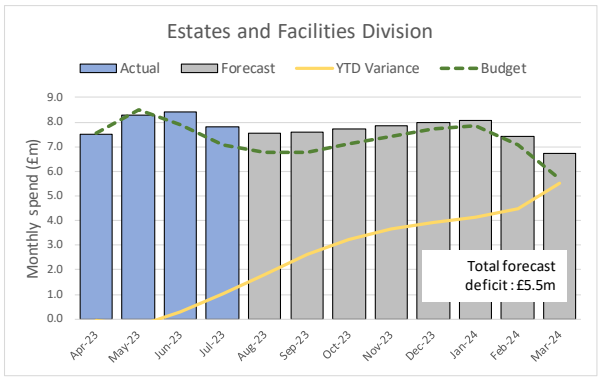


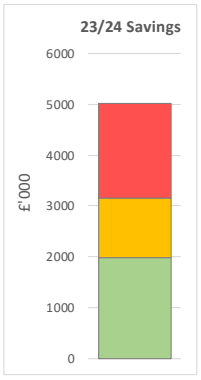
Family & Therapies Division reporting a £1.3m forecast deficit

1. Forecast unachievement of savings £2.023m
2. Off-set by operational benefits (e.g. therapies)

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Families and Therapies	Families and Therapies	FAT-01	Generic CIP - Pay	R	Red	186	0	(186)	558	211	(347)
Families and Therapies	Families and Therapies	FAT-02	BADS	R	Red	8	0	(8)	25	25	0
Families and Therapies	Families and Therapies	FAT-03	Outpatient transformation (F2F and Virtual)	R	Red	31	0	(31)	93	93	0
Families and Therapies	Families and Therapies	FAT-04	Outpatient transformation (New to Follow Up	R	Red	45	0	(45)	134	134	0
Families and Therapies	Families and Therapies	FAT-05	Procurement	R	Red	8	0	(8)	25	25	0
Families and Therapies	Families and Therapies	FAT-06	Rostering Efficiencies	R	Red	272	0	(272)	1,021	164	(857)
Families and Therapies	Families and Therapies	FAT-07	Medicines management	R	Green	17	13	(4)	50	27	(23)
Families and Therapies	Families and Therapies	FAT-08	procurement	R	Red	24	0	(24)	72	72	0
Families and Therapies	Families and Therapies	FAT-09	Generic CIP - Non-Pay	R	Red	32	0	(32)	96	1,299	1,203
Families and Therapies	Families and Therapies	FAT-10	ABUHB Exec decision to cease Flexible Reward	R	Amber	0	0	0	0	27	27
						624	**13**	**(611)**	**2,074**	**2,077**	**3**

Divisional analysis – Estates & Facilities



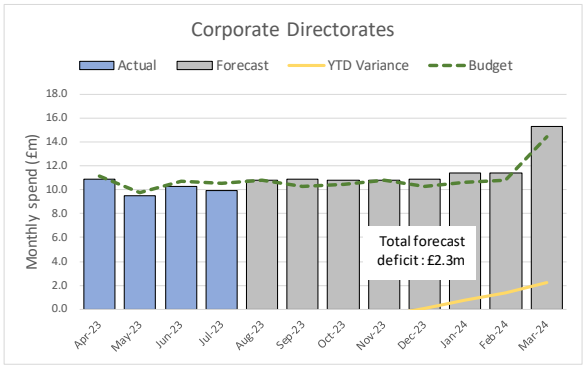


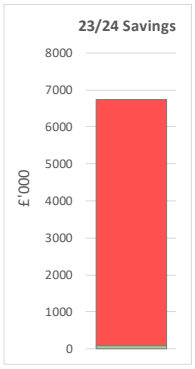
Estates and facilities Division reporting a £5.5m forecast deficit

1. Forecast unachievement of savings £1.7m
2. Energy forecast £4.1m underspend (excl. Decarb savings)
3. Covid legacy Enhanced Cleaning, security, portacabin £7.4m
4. Other items £0.5m including waste and E block flood

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Estates and Facilities	Estates and Facilities	ESF-01	Generic CIP - Pay	R	Red	54	0	(54)	161	161	0
Estates and Facilities	Estates and Facilities	ESF-02	Parking	R	Green	70	70	0	210	210	0
Estates and Facilities	Estates and Facilities	ESF-03	Procurement	R	Green	13	0	(13)	40	27	(13)
Estates and Facilities	Estates and Facilities	ESF-04	Rostering Efficiencies	R	Amber	214	0	(214)	642	428	(214)
Estates and Facilities	Estates and Facilities	ESF-05	estates and facilities strategy	R	Red	57	0	(57)	170	170	0
Estates and Facilities	Estates and Facilities	ESF-06	Decarbonisation	R	Green	267	332	66	1,000	1,000	(1)
Estates and Facilities	Estates and Facilities	ESF-08	Estates Opps / leases (running costs)	R	Red	267	0	(267)	1,000	1,000	(0)
Estates and Facilities	Estates and Facilities	ESF-09	procurement	R	Red	60	0	(60)	181	181	0
Estates and Facilities	Estates and Facilities	ESF-10	Estates and Facilities avoid agency premiums (	R	Amber	292	0	(292)	1,095	730	(366)
Estates and Facilities	Estates and Facilities	ESF-11	Generic CIP - Non-Pay	R	Red	114	0	(114)	340	364	24
Estates and Facilities	Estates and Facilities	ESF-12	Rates Rebates	NR	Green	0	0	0	0	754	754
						1,407	**402**	**(1,004)**	**4,840**	**5,024**	**184**

Divisional analysis – Corporate



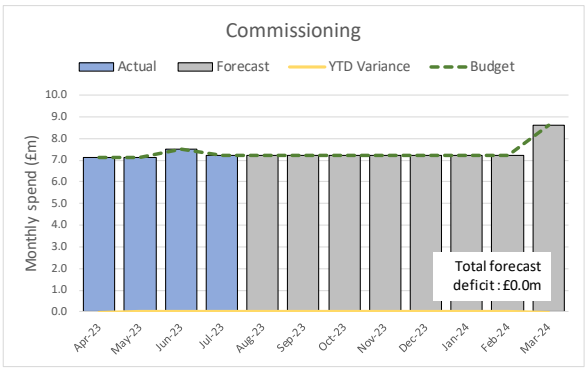


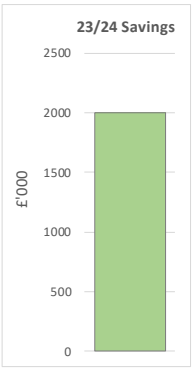
Corporate Directorates reporting a £2.3m forecast deficit

1. Welsh Risk Pool revised estimate (£0.9m pressure)
2. Non-recurrent vacancies providing underspend positions in some areas
3. Forecast unachievement of savings £2.6m (exc. £4m IHPS)

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Corporate-ABCi	Corporate-ABCi	CORP-01	Generic CIP - Non-Pay	R	Red	2	0	(2)	4	4	0
Corporate-CEO	Corporate-CEO	CORP-02	Generic CIP - Pay	R	Red	0	0	0	0	0	0
Corporate-CEO	Corporate-CEO	CORP-03	Review of RIF expenditure	NR	Red	100	0	(100)	300	300	0
Corporate-CEO	Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	Red	400	0	(400)	1,200	1,200	0
Corporate-CEO	Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	Red	138	0	(138)	415	415	0
Corporate-DirFin	Corporate-DirFin	CORP-06	Generic CIP - Pay	R	Green	16	5	(10)	46	46	(0)
Corporate-DirFin	Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	Green	2	1	(1)	5	5	0
Corporate-DirNurs	Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	Red	12	0	(12)	34	34	0
Corporate-DirNurs	Corporate-DirNurs	CORP-09	procurement	R	Red	0	0	(0)	1	1	0
Corporate-DirNurs	Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	Red	2	0	(2)	6	6	0
Corporate-DirOps	Corporate-DirOps	CORP-11	Generic CIP - Pay	R	Red	20	0	(20)	61	61	0
Corporate-DirOps	Corporate-DirOps	CORP-12	procurement	R	Red	1	0	(1)	2	2	0
Corporate-DirOps	Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	Red	5	0	(5)	16	16	0
Corporate-DirPCMH	Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	Red	0	0	(0)	2	2	0
Corporate-DirPH	Corporate-DirPH	CORP-15	Generic CIP - Pay	R	Green	11	4	(8)	33	33	(0)
Corporate-DirPH	Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	Green	1	1	0	3	3	0
Corporate-DirPH	Corporate-DirPH	CORP-17	Health protection review	NR	Red	267	0	(267)	1,000	1,000	(0)
Corporate-DirPH	Corporate-DirPH	CORP-18	procurement	R	Green	0	1	1	1	1	0
Corporate-DirPH	Corporate-DirPH	CORP-19	Health protection review	NR	Red	800	0	(800)	3,000	3,000	0
Corporate-DirTher	Corporate-DirTher	CORP-20	Generic CIP - Pay	R	Red	2	0	(2)	6	6	(0)
Corporate-DirTher	Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	Red	1	0	(1)	2	2	0
Corporate-DirTher	Corporate-DirTher	CORP-22	Rostering Efficiencies	R	Red	16	0	(16)	47	47	0
Corporate-Governance	Corporate-Governance	CORP-23	Generic CIP - Pay	R	Green	2	1	(1)	7	7	0
Corporate-Governance	Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	Green	0	1	1	2	2	1
Corporate-Litig	Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	Red	4	0	(4)	11	11	0
Corporate-Litig	Corporate-Litig	CORP-26	procurement	R	Red	1	0	(1)	2	3	1
Corporate-MedDir	Corporate-MedDir	CORP-27	Generic CIP - Pay	R	Red	6	0	(6)	19	19	0
Corporate-MedDir	Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	Red	3	0	(3)	10	10	0
Corporate-PlanICT	Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	Red	34	0	(34)	102	102	0
Corporate-PlanICT	Corporate-PlanICT	CORP-30	procurement	R	Red	38	0	(38)	113	113	0
Corporate-PlanICT	Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	Red	28	0	(28)	83	83	0
Corporate-WOD	Corporate-WOD	CORP-32	Generic CIP - Pay	R	Red	14	0	(14)	43	43	0
Corporate-WOD	Corporate-WOD	CORP-33	procurement	R	Red	2	0	(2)	6	6	0
Corporate-WOD	Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	Red	14	0	(14)	43	142	99
Corporate-DirOps	Corporate-DirOps	CORP-35	NEPT & INTERSITE	R	Red	267	0	(267)	1,000	0	(1,000)
						2,208	**14**	**(2,194)**	**7,622**	**6,723**	**(899)**

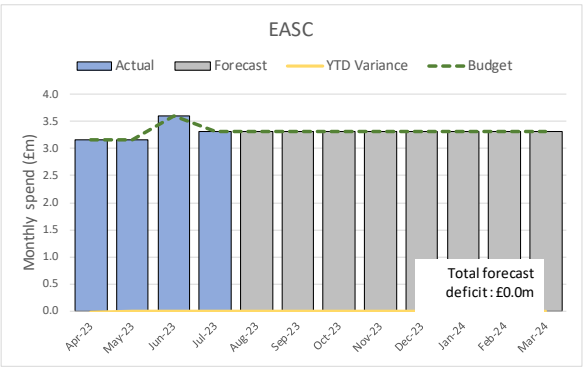
Divisional analysis – External Commissioning / WHSSC / EASC

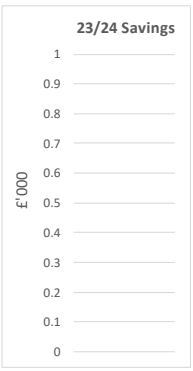




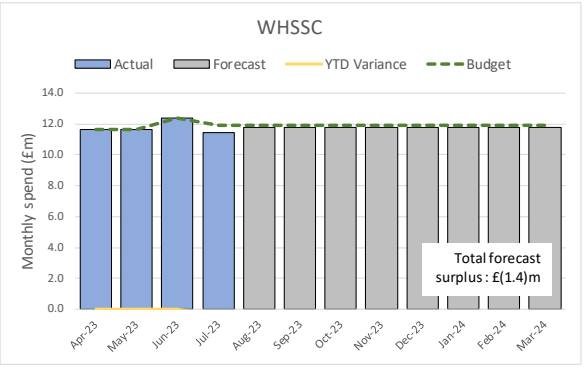
Cwm Taf LTA is subject to a significant reduction in delivery of c.2000 treatments as this has been the profile of delivery over recent years and is not expected to recover.

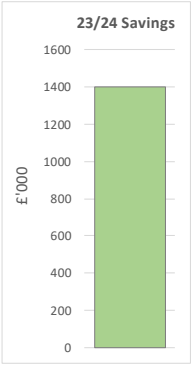
This is currently under the arbitration process, and will be reviewed by Welsh Government





EASC costs as per budget plan at present pending agreement





WHSSC underspend forecast of £1.4m in line with organisational savings plan

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD Plan £'000	YTD Forecast £'000	YTD Variance £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
Contracting and Commissioning	Contracting and Commissioning	CON-01	External Contracts	R	Green	667	667	0	2,000	2,000	0
WHSSC	WHSSC	WHC-01	WHSSC	R	Green	400	467	67	1,500	1,400	(100)
						1,067	**1,133**	**67**	**3,500**	**3,400**	**(100)**

National Covid-19 Funding Assumptions

The Health Board has received £4.291m of funding relating to Covid-19 schemes. Anticipated WG funding for Covid-19 is listed below;

Type	Covid-19 Specific allocations - May 2023	£'000
HCHS	Nosocomial Covid 19 cases - Investigation and learning	753
HCHS	C19 PPE Q1	290
HCHS	C19 Health Protection Q1	1,981
HCHS	C19 Vaccination programme Q1	1,267
	Total Confirmed Covid-19 Allocations	**4,291**
HCHS	Adferiad Programme	1,216
HCHS	C19 Vaccination programme	6,833
HCHS	C19 Health Protection	2,819
HCHS	Covid Public enquiry	776
HCHS	C19 PPE	910
	Total Anticipated Covid-19 Allocations	**12,554**
	Total Covid-19 Allocations	**16,846**

In addition, legacy costs for areas such as enhanced cleaning, security, portacabins continue and provide a significant forecast pressure for 2023/24 (forecast c.£7.3m).

Reserves

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	23/24
Confirmed	R	Effective use of AHP (share of £5m)	850,000
Confirmed	R	Effective use of AHP - Project support	50,000
Confirmed	NR	Speech and Language Therapy	82,013
Confirmed	NR	Primary Care Improvement Grants	94,686
Confirmed	NR	Mental Health SIF 23-24	470,929
Confirmed	NR	Mental Health SIF 22-23	3,037,489
Confirmed	NR	Learning disabilities additional funding 23-24	50,000
Anticipated	NR	CAMHS Santuary provision	50,000
Anticipated	NR	Planned Care funding-Opthalmology	2,500,000
Anticipated	NR	Planned Care funding-Diagnostics	3,540,000
Anticipated	NR	Trans Funding-Outpatient Transformation Unit	202,919
Anticipated	NR	Trans Funding-AB Central support costs	431,252
Anticipated	NR	Trans Funding-Telemax/TeleENT project	72,204
Anticipated	NR	Trans Funding-Glaucoma optom	81,607
Anticipated	NR	Trans Funding-Medical retina	81,607
Anticipated	NR	PPE 23-24	1,200,000
		Confirmed Allocations to be apportioned	**12,794,706**

7788-COMMITMENTS TO BE DELEGATED

Description	23/24
Innovation and Development Fund (£10m)	9,527,312
Further National Pressures	1,000,000
Allocation risks / ULD risks	874,769
PET recovery from Scheduled Care	1,000,044
Total Commitments	**12,402,125**

7565-CONTINGENCY

Description	23/24
23/24 recurrent deficit	(112,848,200)
Balance of Pay award funding RECOVERY	468,684
Recurrent transfer from PHW	323,360
Velindre SLA central income reduction	(286,313)
Other (IT Revenue to Capital etc)	338,226
Confirmed Allocations to be apportioned	**(112,004,243)**

Reserves Delegation:

A number of confirmed and anticipated allocations have remained in reserves for month 4 reporting (£12.8m). This funding will need to be reviewed by the Executive Team to determine whether it is appropriate to delegate to Divisions in the context of the budget setting methodology for 23/24 and the Health Board deficit.

The following amounts were approved for delegation by the CEO in month 4:

- *Development of National GP Demand and Capacity Tool:* **£0.4m** ABUHB hosted funding to develop the tool. Delegated to Strategic Programme for Primary Care.
- *Recurrent transfer from Public Health Wales for AB Local Public Health team*: **£1.3m** Delegate to Director of Public Health for recurrent PHW TUPE staff costs for 23/24.
- *Mental Capacity Act Consortium additional funding*: **£97k** – Further funding allocated for 23/24 to manage waiting lists on behalf of the Consortium. Delegated to Primary Care.
- *Digital Medicine Transformation Team*: **£70k** Increase in funding for the programme to a revised total of £305k. Delegate to Director of Digital Services.
- *Pay award 23/24 (5% backdated to April-23)*: **£26.5m** Anticipate funding for the 23/24 pay award of 5% paid to staff (with arrears) in July 23. Delegate budget to Divisions for the estimated full year impact of the pay award, calculated from the actual arrears payments as per the payroll files.

There are further allocations which are to be delegated. Where known and confirmed, these will be delegated in month 5. There are allocations which require further information and discussion before delegation can be confirmed.

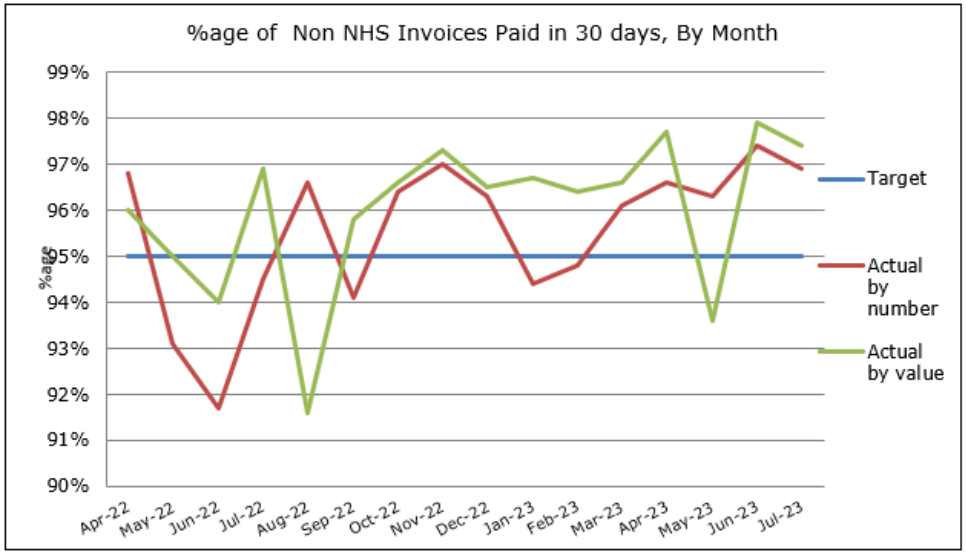
Cash Position

The cash balance at the 31st July is £4.932m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in July and cumulatively. There has been a slight reduction in the number of NHS invoices paid within 30 days of delivery of goods/services. We are contacting the requisitioners concerned to establish the cause for the delay in payment and to put processes in place to ensure achievement of the 95% target going forward.

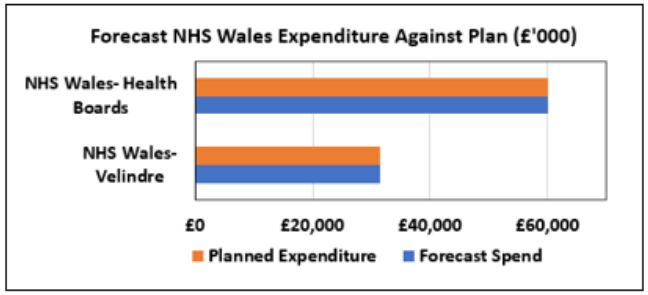
The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in June is 84.2%. The level of performance is below the 95% target as a result of delays in raising and receipting the purchase orders to enable the invoices to be paid promptly and within the payment terms. Areas of concern are laboratory tests with English NHS Trusts, secondments, Northumbria lease car invoices, 111 project invoices and other SLA invoices. We are working with the departments concerned to ensure that the correct type of order is raised, call off, estimated etc and that the department understand the importance of timely receipting to eliminate the late payment going forward.



Contracting & Commissioning – LTA Spend & Income

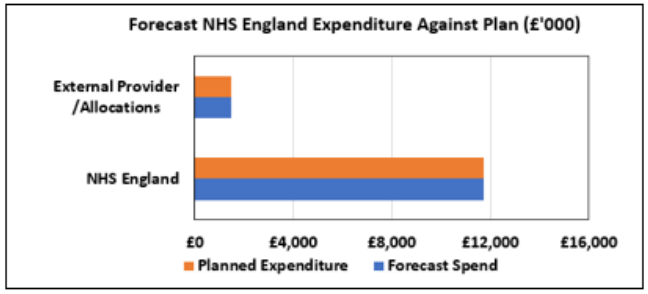
Month/Financial Year:- Month 4 (July) 2023/24

At Month 4 the financial performance for Contracting and Commissioning is a breakeven position against the delegated budget, The key elements contributing to this position at Month 4 are as follows:



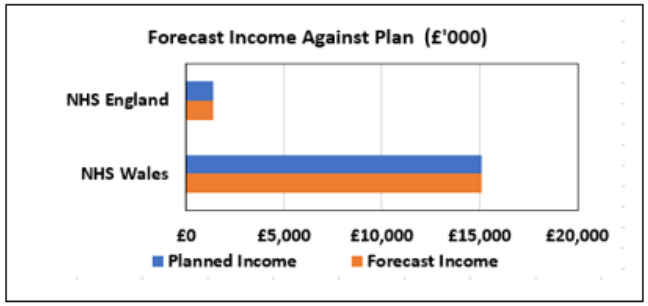
NHS Wales Expenditure

ABUHB are pursuing an additional £2m saving (underperformance) from Cwm Taf Morgannwg UHB to reflect reduced activity being provided for Gwent residents



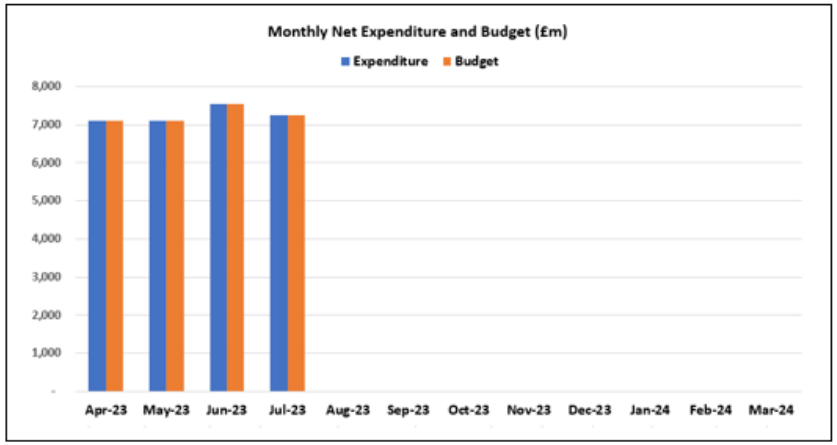
NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£12m in 2023/24 and will continue to be monitored and managed regularly



Provider Income

Provider income of c£16m is being planned and forecast in 2023/24 and will continue to be monitored and managed regularly

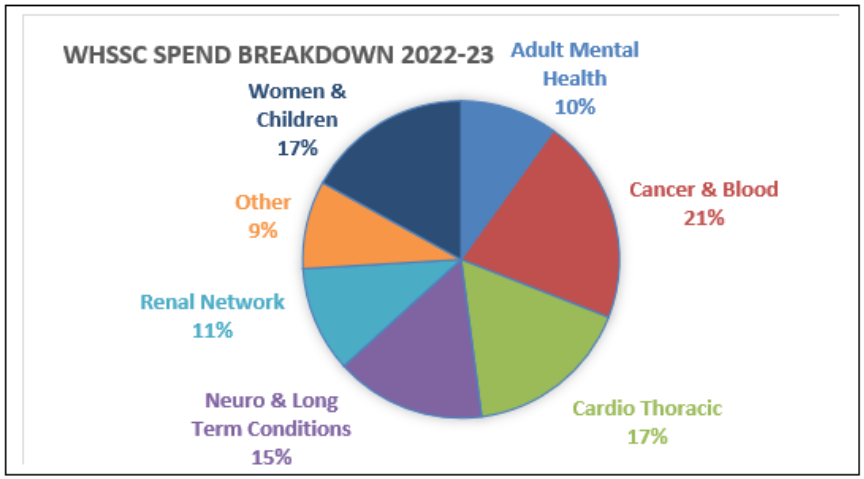


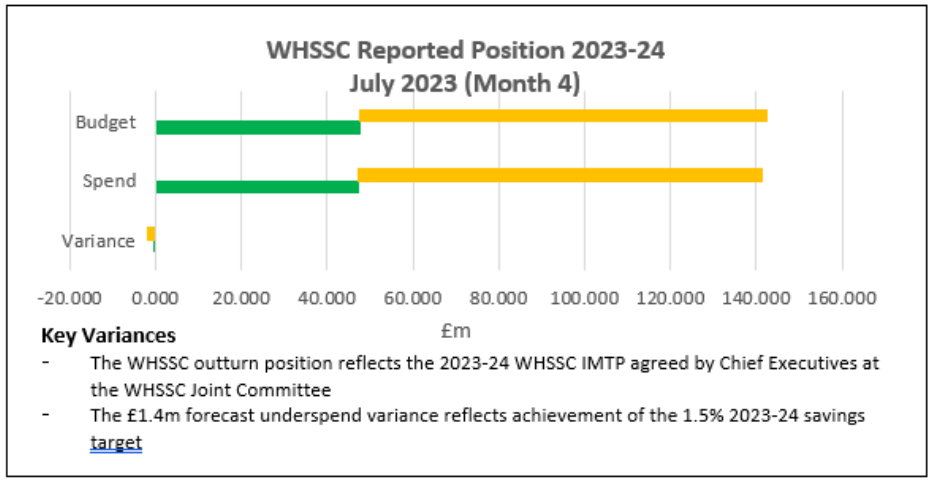
Key Issues 2023-24

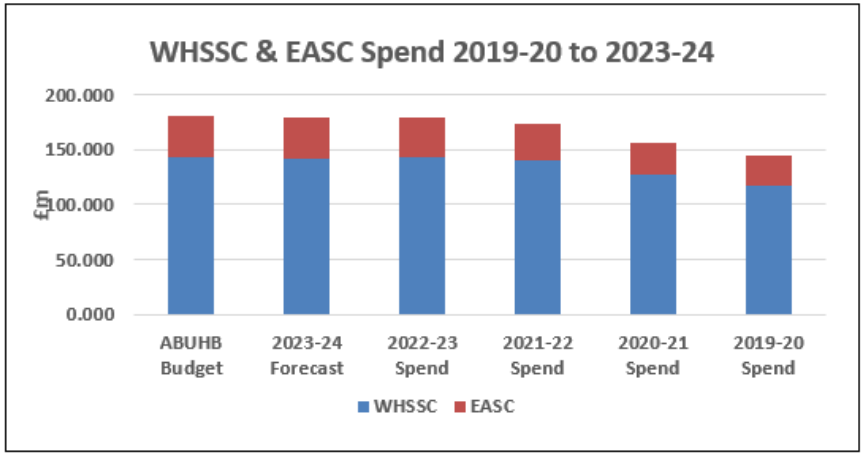
- All LTAs have been signed by the end of June 2023 WG deadline with the exception of the Cwm Taf LTA as ABUHB are pursuing additional underperformance from the LTA.
- The nationally agreed inflationary uplift of 1.5% has been funded and is reflected in the above position
- The forecast position anticipates the full achievement of a £2m savings target from additional underperformance from Cwm Taf Morgannwg UHB
- The forecast spend at Velindre Trust is in line with the provider IMTP however there is a degree of uncertainty around NICE and activity forecasts and the implementation of new service developments
- The plan and forecast takes into account the full year effect of the regional vascular centralisation project in Cardiff and the phased contract reduction for Powys patients in relation to reduced GUH flows (income)

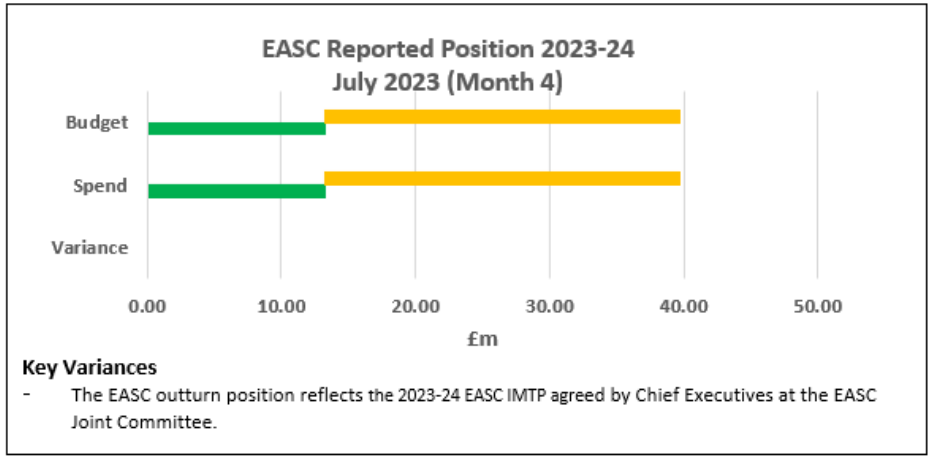
WHSSC & EASC Financial Position 2022-23: Month 4 2023-24

The Month 4 financial performance for WHSSC & EASC is an underspend of £0.466m. The Month 4 position reflects the agreed IMTP with WHSSC and EASC.









Balance Sheet

Balance sheet as at 31st July 2023	2023/24 Opening balance £000s	31st July 2023 £000s	Movement £000s	
Fixed Assets	893,408	905,713	12,305	
Other Non current assets	83,283	83,914	631	*
Current Assets				
Inventories	9,576	9,605	29	
Trade and other receivables	152,220	196,125	43,905	*
Cash	4,704	4,932	228	
Non-current assets 'Held for Sale'	0	0	0	
Total Current Assets	166,500	210,662	44,162	
Liabilities				
Trade and other payables	242,817	221,450	-21,367	
Provisions	168,466	221,942	53,476	
	411,283	443,392	32,109	
	731,908	**756,897**	**24,989**	
Financed by:-				
General Fund	552,859	570,277	17,418	
Revaluation Reserve	179,049	186,620	7,571	
	731,908	**756,897**	**24,989**	

Fixed Assets:-

- An increase in net additions of £6.2m in relation to new 2023/24 capital expenditure incurred.
- A reduction of £7m for depreciation charges. A reduction of £0.7m for IFRS16 related charges.
- An increase in indexation costs of £14.5m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £1.0m, a decrease in intangible assets of £0.5m and an increase in ICR income due in more than one year of £0.1m since the end of 2022/23.

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

Current Assets, Trade & Other Receivables: The main movements since the end of 2022/23 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2022/23 to the end of July £13.1m;
- An increase in the value of both NHS & Non-NHS accruals of £53.6m, of which £49.6m relates to an increase of Welsh Risk Pool claims due in less than one year, £3.9m relates to an increase in NHS & Non NHS accruals and £0.1m relates to a decrease in VAT & other debtors since the end of 2022/23;
- An increase in the value of prepayments held £3.4m.

Cash: The cash balance held at the end of July is £4.932m.

Liabilities, Provisions:

- The movement since the end of 2022/23 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£2.1m), an increase in NHS Creditor accruals (£4.1m), a decrease in the level of invoices held for payment from the year end (£9.0m), an increase in non NHS accruals (£0.2m), an increase in Tax & Superannuation (£1.0m), a decrease in other creditors (£13.3m), a decrease in the liability for lease payments (£1.1m), an increase in payments on account (£1.2m).
- Due to the increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £53.8m and the decrease in pensions & other provisions £0.3m.

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: £1.6bn

Funding Allocations as at July 23 (M04 2023/24)

	£'000
HCHS	1,356,342
GMS	108,516
Pharmacy	33,407
Dental	32,654
Total confirmed allocations	**1,530,919**
Anticipated allocations	**82,913**
Total Allocations	**1,613,832**

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 £109.3m. (£108m for 22/23). 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 £1.72bn (£1.75bn for 22/23).

WG anticipated allocations: £82.9m

Funding Type	Description	Hide this column	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	R	1,603	R
HCHS	(Provider) Substance Misuse & increase	R	3,184	R
HCHS	(Provider) SPR's	R	125	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	R	251	R
HCHS	Technology Enabled Care National Programme (ETTF)	R	1,800	R
HCHS	Informatics - Virtual Consultations	R	1,065	R
HCHS	National Clinical Lead for Falls & Frailty	R	26	R
HCHS	AHW:Prevention & Early Years allocation	R	1,171	R
HCHS	WHSSC - National Specialist CAMHS improvements	R	271	R
HCHS	Same Day Emergency Care (SDEC)	R	1,560	R
HCHS	Memory Assessment Services - Gwent RPB (ANEHFS 37 21/22)	R	565	R
HCHS	Adferiad Programme	NR	1,216	NR
HCHS	Exceptional-Incrementnal Real Living Wage	NR	5,404	NR
HCHS	Urgent Primary Care	R	1,400	R
HCHS	Trans Funding-PSA self-management Prog Platform development	R	232	R
HCHS	VBH: Heart Failure and Rehab in the Community	R	506	R
HCHS	Digital Medicines transformation team	NR	306	NR
HCHS	23-24 C19 Vaccination programme	NR	6,833	NR
HCHS	23-24 C19 TTP	NR	2,819	NR
HCHS	New Medical Training Posts 2017-2022 cohorts	R	1,100	R
HCHS	Covid Public enquiry	R	776	R
HCHS	E-triage	R	318	R
HCHS	EASC WAST Improvements in MH emergency calls (issued R in 22/23)	R	51	R
HCHS	RIF-Integrated Autism uplift 23-24	NR	113	NR
HCHS	RIF-Ringfenced Dementia 23-24	NR	1,611	NR
HCHS	RIF-Short breaks for Carers 23-24	NR	247	NR
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	NR	180	NR
HCHS	Capital - DEL Depreciation - Strategic	NR	269	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	NR	(51)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	NR	116	NR
HCHS	Capital - AME Depreciation - Donated Assets	NR	333	NR
HCHS	Capital - AME Depreciation - Impairments	NR	22,859	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	NR	(200)	NR
HCHS	IFRS16 Leases New / Renewals Revenue Reduction	NR	(4,008)	NR
HCHS	Mental Capacity Act 23-24	NR	189	NR
HCHS	Mental Capacity Act Advocacy 23-24	NR	217	NR
HCHS	Consolidated pay award 1.5% Apr-23	NR	9,321	NR
HCHS	Capital - AME Depreciation - Impairment reversals	NR	(10,447)	NR
HCHS	C19 PPE 23/24	NR	910	NR
HCHS	CAMHS Sanctuary provision	R	50	R
HCHS	Trans Funding-Outpatient Transformation Unit	NR	101	NR
HCHS	Trans Funding-AB Central support costs	NR	216	NR
HCHS	Trans Funding-Glaucoma optom	NR	41	NR
HCHS	Trans Funding-Medical retina	NR	41	NR
HCHS	Trans Funding-Telemax/TeleENT project	NR	36	NR
HCHS	Welsh Risk Pool Risk Share agreement 23-24	NR	(4,455)	NR
HCHS	Mental Capacity Act 23-24 - Gwent consortium	NR	49	NR
HCHS	Planned Care Funding-Opthalmology	NR	2,500	NR
HCHS	Planned Care Funding-Diagnostics	NR	3,540	NR
HCHS	A4C Pay award 23-24	R	26,554	R
	Total Anticipated: Per Ledger		**82,913**	

Capital Planning & Performance

	2023/24				
	Original Plan £000	Revised Plan £000	Spend to M4 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	9,521	9,521		9,521	0
Less EFAB Contribution	-629	-629		-629	0
Less AWCP Brokerage 22/23	-1,472	-2,278		-2,278	0
Grant Income Received	0	0		0	0
NBV of Assets Disposed	0	299		299	0
Total Approved Discretionary Funding	7,420	6,913		6,913	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	43,396	44,616		44,616	0
Anticipated return of AWCP Slippage / Underspends	0	0		-663	-663
Anticipated YYF Breast Inflation Funding (in Unapproved section of CRL)	0	0		268	268
Charitable Donations YYF Breast Centralisation Unit	0	150		150	0
Total Approved AWCP Funding	43,396	44,766		44,371	-395
Total Capital Funding / Capital Resource Limit (CRL)	**50,816**	**51,679**		**51,284**	**-395**
Applications:					
Discretionary Capital:					
Commitments B/f From 2022/23	321	614	354	705	91
Statutory Allocations	576	590	283	587	-3
Divisional Priorities	2,868	2,471	544	2,471	0
Corporate Priorities	300	716	471	716	0
Informatics National Priority & Sustainability	2,170	1,012	349	1,012	0
Remaining DCP Contingency	1,185	1,510	0	834	-676
Total Discretionary Capital	**7,420**	**6,913**	**2,000**	**6,325**	**-588**
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517	-3,130	170	-3,130	0
Tredegar Health & Wellbeing Centre Development	4,019	3,375	2,007	3,853	478
NHH Satellite Radiotherapy Centre	17,675	17,133	3,184	16,997	-136
YYF Breast Centralisation Unit	8,685	8,632	2,447	8,731	99
Newport East Health & Wellbeing Centre Development	10,362	10,018	1,536	10,018	0
RGH Endoscopy Unit	4,004	4,914	2,318	4,682	-232
RGH – Block 1 and 2 Demolition and Car Park	404	554	13	660	106
EFAB Schemes	1,764	1,776	26	1,776	0
EOY Funding Schemes	0	239	127	243	4
MH SISU Development	0	136	2	10	-126
ICF Schemes	0	16	7	16	0
HCF Schemes	0	10	0	10	0
ED Waiting Area Funding	0	111	86	111	0
CAHMS Sanctuary Hub	0	889	17	889	0
National Imaging Programme	0	55	0	55	0
Digital Eye Care	0	10	10	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	1	9	0
SDEC Equipment	0	19	-21	19	0
Total AWCP Capital	**43,396**	**44,766**	**11,928**	**44,959**	**193**
Total Programme Allocation and Expenditure	**50,816**	**51,679**	**13,928**	**51,284**	**-395**
Forecast Overspend / (Underspend) against Overall Capital Resource Limit					**0**

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Report – Savings analysis update 2023/24 (as at month 4)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: **REPORTING OFFICER:**	Tristan Harris – Interim Head of Financial Strategy Finance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

The Health Board has a £51.5m savings plan as approved by the Board as part of the IMTP.

The savings analysis describes the current plan, actual performance and forecast achievement by theme area as at month 4 (July 2023). This analysis is also RAG rated and highlights the significant risk across theme areas.

This paper sets out the:-

- IMTP plan of £51.5m across theme area,
- Current performance as at month 4,
- Forecast achievement RAG rated, and
- Any further relevant assumptions or points to note.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The table below sets out the IMTP £51.5m by category

Category	2023/24 (£m)
Generic savings	6.3
Specific savings plans	17.9
Focussed opportunities	7.9
Further savings and targets	19.4
Total (£m)	**51.5**

The table below sets out the IMTP £51.5m of planned savings by theme area:-

Theme (PMO Category)	Initial budget-setting (£'000)
Variable Pay	22,506
Procurement / non-pay	6,298
Commissioning	4,500
Continuing Health Care (CHC)	3,683
Health Protection	5,200
Decarbonisation	1,000
Planned Care - Outpatient Transformation	2,745
Medicines Management	2,000
Mental Health & Learning Disabilities	3,569
Total (£'000)	**51,501**

The divisional & corporate split of this plan is shown as follows:-

Theme (PMO Category)	Initial budget-setting (£'000)	Division											
		Primary Care & Community	Complex Care	Mental Health	Scheduled Care	Clinical Support Services	Medicine	Urgent Care	Family & Therapies	Estates & Facilities	Corporate	Other	Total
Variable Pay	22,506	3,148	0	0	5,584	341	8,564	871	1,617	1,938	443		**22,506**
Procurement / non-pay	6,298	1,580	0	0	1,142	252	222	48	182	1,901	971		**6,298**
Commissioning	4,500									1,000		3,500	**4,500**
Continuing Health Care (CHC)	3,683		1,883	1,800									**3,683**
Health Protection	5,200										5,200		**5,200**
Decarbonisation	1,000									1,000			**1,000**
Planned Care - Outpatient Transformation	2,745				1,767		751		227				**2,745**
Medicines Management	2,000	1,650			150		150		50				**2,000**
Mental Health & Learning Disabilities	3,569			3,569									**3,569**
Total (£'000)	**51,501**	**6,378**	**1,883**	**5,369**	**8,643**	**593**	**9,687**	**919**	**2,076**	**5,839**	**6,614**	**3,500**	**51,501**

Cefndir / Background

The Health Board's IMTP was based on an income assumption of £1.535bn with a forecast expenditure of c.£1.649bn creating a forecast deficit of £112.8m. This is summarised in the table below:-

Category	2023/24 (£m)
Baseline allocation	1,481
Anticipated allocations	22
Anticipated allocations - non-recurring	21
Central income	13
IMTP funding / income assumption	**1,536**
Expenditure starting point 2023/24	1,605
IMTP planned savings	(52)
National cost pressures	3
Inflationary cost pressures	17
Demand / Service growth	17
Executive recognised costs 2023/24	11
Innovation / Development fund	10
Further Inflationary & National pressures	7
Expenditure relating to specific allocations	30
Total expenditure forecast for IMTP	**1,649**
Total	**113**

This assumed £51.5m of savings as set out in the tables above.

As at month 4, the Health Board has a RAG rated schemes summarised as follows:-

	£m			
RAG Rating	**IMTP**	**Month 2**	**Month 3**	**Month 4**
Green	24.0	13.7	15.4	19.3
Amber	8.0	7.8	7.5	2.4
Red	19.5	30.0	28.7	29.8
Total	**51.5**	**51.5**	**51.5**	**51.5**

Actual savings delivered to July amounted to £5.3m.

Asesiad / Assessment

As at month 4, the forecast assessment of the £51.5m savings plan is as follows:-

Green schemes - £19.3m

These schemes are summarised by theme and the Divisional breakdown is shown below:-

Theme (PMO Category)	Green savings schemes as at M4	Division											
		Primary Care & Community	Complex Care	Mental Health	Scheduled Care	Clinical Support Services	Medicine	Urgent Care	Family & Therapies	Estates & Facilities	Corporate	Other	Total
Variable Pay	5,212	378			3,602	364	569	214			85		**5,212**
Procurement / non-pay	2,210	629			98	441	41			991	10		**2,210**
Commissioning	3,400											3,400	**3,400**
Continuing Health Care (CHC)	4,422		1,395	3,027									**4,422**
Health Protection	0												**0**
Decarbonisation	1,000									1,000			**1,000**
Planned Care - Outpatient Transformation	0												**0**
Medicines Management	2,343	1,326		258	732				27				**2,343**
Mental Health & Learning Disabilities	720			720									**720**
Total (£'000)	**19,306**	**2,333**	**1,395**	**4,005**	**4,432**	**805**	**610**	**214**	**27**	**1,991**	**95**	**3,400**	**19,306**

Amber schemes - £2.4m

These schemes are summarised by theme and the Divisional breakdown is shown below:-

Theme (PMO Category)	Amber savings schemes as at M4	Division							
		Primary Care & Community	Mental Health	Scheduled Care	Medicine	Urgent Care	Family & Therapies	Estates & Facilities	Total
Variable Pay	1,896			48	387	276	27	1,158	**1,896**
Procurement / non-pay	201	5			144	52			**201**
Medicines Management	112				112				**112**
Mental Health & Learning Disabilities	142		142						**142**
Total (£'000)	**2,351**	**5**	**142**	**48**	**643**	**328**	**27**	**1,158**	**2,351**

Red schemes - £29.8m

These schemes form part of the Health Board's forecast which is above the IMTP submitted deficit of £112.8m

These schemes are summarised by theme and the divisional breakdown is shown below:-

Theme (PMO Category)	Red savings schemes as at M4	Division											
		Primary Care & Community	Complex Care	Mental Health	Scheduled Care	Clinical Support Services	Medicine	Urgent Care	Family & Therapies	Estates & Facilities	Corporate	Other	Total
Variable Pay	11,906	816			2,625	329	7,289		375	161	312		**11,906**
Procurement / non-pay	5,371	185			1,697	264			1,396	715	1,114		**5,371**
Commissioning	1,000									1,000			**1,000**
Continuing Health Care (CHC)	2,140		1,372	768									**2,140**
Health Protection	5,200										5,200		**5,200**
Decarbonisation	0												**0**
Planned Care - Outpatient Transformation	1,481				478		751		252				**1,481**
Medicines Management	0												**0**
Mental Health & Learning Disabilities	2,745			2,745									**2,745**
Total (£'000)	**29,843**	**1,001**	**1,372**	**3,513**	**4,800**	**593**	**8,040**	**0**	**2,023**	**1,876**	**6,626**	**0**	**29,843**

Value and Sustainability Board

Welsh Government have established the Value and Sustainability Board which replaces the Utilisation of Resources Board.

ABUHB is intending to establish a similar board and structure to report to the Finance & Performance committee with a focus on the following themes:-

- Workforce
- Non-pay
- Medicines Management
- Service re-design/re-configuration

- Prevention
- CHC

Summary

This paper describes the current RAG rated savings position by scheme and by Division. This process is under constant review and therefore the figures described are as at month 4 (July-23) with amendments to be made in all categories for month 5 as per Divisional reporting of schemes. It highlights the £29.8m red savings scheme pressure, further savings proposals are being impact assessed in order to mitigate this pressure as part of delivering the financial target for 2023/24.

Further detailed analysis is provided within the Month 4 (July-23) Board Finance report.

Argymhelliad / Recommendation

The Committee is asked to note:

- The savings analysis as described above,
- Further opportunities given the RAG rating of the above, and
- The Divisional and thematic analysis provided.

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	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item.

Strategic Equality Objectives 2020-24	Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children's Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital

	EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time HCHS – Health Care & Hospital Services HCSW – Health Care Support Worker HIV – Human Immunodeficiency Virus HSDU – Hospital Sterilisation and Disinfection Unit H&WBC – Health and Well-Being Centre IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership 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

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

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	07 September 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	A review of national benchmarking reports, and analysis of the Health Board's performance against key 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
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Executive Summary

The annual review and analysis of the national benchmarking publications has highlighted significant efficiency opportunities in several key service areas, with a calculated worth/benefit totalling £17.256m. As in previous years this analysis has been deposited in the Health Board Efficiency Compendium and is available to all staff. The key findings are summarised below:

Table 1: Summary of Calculated Worth by Benchmarking Source:

Summary by Division 2023/24

Summary	CHKS Efficiency Opportunities		STATSWales Efficiency Opportunities	NHSBN Efficiency Opportunities - (released to date)		Efficiency Opportunities
	Bed Gains £m	Annual OP slots Gained £m	GP Referrals £m	Theatre Sessions Gained £m	Others…	TOTAL £m
SC	£3.777	£0.419	£1.065	£1.747		£7.008
Medicine	£7.810	£0.324				£8.134
F&T	£1.100	£0.102		£0.418		£1.620
PC&Comm	£0.495					£0.495
TOTAL	**£13.182**	**£0.844**	**£1.065**	**£2.165**		**£17.256**

Beds:
There is substantial opportunity for efficiency improvements in terms of bed days, totalling 240 beds (calculated worth of £13.182m). Relating to:

- More proactive discharge planning for the acute phase of care (180 beds),
- Improved Readmission rates (43 beds),
- Improved day case rates (13 beds), and
- Improved day of surgery admission (4 beds).

Outpatients:
Efficiency gains relating to Outpatient capacity have a calculated worth, or value, of circa £2m and comprise of:

- Reducing Outpatient DNA rates to the national target of 5%, releasing approximately 7,800 appointment slots per annum,
- Reducing New to FUP ratios would also release significant capacity in outpatients (16,000 slots per annum), and
- Reducing GP referrals to lowest in Wales per annum would release circa 30,500 slots.

Theatres:
The key areas of focus for theatre productivity efficiency improvement, at a total calculated worth of £2.165m are:

- Reducing cancelled operations (with 1 or less days of scheduled operation) thereby providing an additional annual capacity of 1,677 theatre sessions,
- Increasing cases per theatre list to the benchmarking upper quartile, improving capacity by an additional 2,653 theatre sessions per annum.

The Compendium also incorporates analysis of elements that could act as vehicles for change, helping to make the theatre improvements noted above. Namely:

- ✓ Reasons for short notice cancellations – there were circa 4,000 short notice cancellations in 2022/23,
- ✓ Turnaround time – approximately 950 additional sessions/ annum
- ✓ Anaesthetic time - approximately 660 additional sessions/ annum

A new functionality of the Compendium is the full disclosure of the new CHKS product commissioned by the Health Board. In this CHKS tab specialty leads are able to easily view performance (positive and negative) for each specialty by service category. In addition, there is also a summary cut of the benchmarking analysis for the specialties that feature heavily in the efficiency opportunity space, namely General Surgery, Orthopaedics, ENT and Urology. An example of the specialty analysis is set out in **Appendix 1**. It includes not only areas for improvement but also where the specialty is outperforming peer groups, as it is important to recognise these achievements and provides examples of internal sources of good practice.

Other:
In addition, the benchmarking analysis has also revealed areas that are worthy of further investigation, even though the Health Board compares well with peer groups. For example, Heath Board services where length of stay has significantly increased since last year.

As and when further national benchmarking reports are finalised, the analysis and conclusions will be included in the Compendium and where appropriate a calculated worth of opportunity added to the Efficiency Summary.

The Compendium can be found here 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 savings and efficiencies throughout divisions and focussed saving and transformational working groups eg. Planned care programme board.

Recommendation:

Given the significant financial challenges facing the Health Board in 2023/24 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.

Sefyllfa / Situation

The purpose of this report is to provide the Finance and Performance Committee with a review of the national NHS Benchmarking Network (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, and the statistical data for Wales held on StatsWales.

Performance measures are relative to 3 peer groups. This annual benchmarking exercise enables the Health Board to make an assessment of 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 opportunity. It is important to note that the calculated worth is an improvement value associated with the increased efficiency, and not necessarily a cash releasing saving.

The calculated worth of the CHKS, NHSBN and StatsWales efficiency assessment of the Aneurin Bevan University Health Board is £17.256m. This is analysed by Division and set out in the Tables 1.1 and 1.2 below:

Table 1.1 Summary of Calculated Worth by Benchmarking Source:

Summary by Division 2023/24

Summary	CHKS Efficiency Opportunities		STATSWales Efficiency Opportunities	NHSBN Efficiency Opportunities - (released to date)		Efficiency Opportunities
	Bed Gains	Annual OP slots Gained	GP Referrals	Theatre Sessions Gained	Others…	TOTAL
	£m	£m	£m	£m	£m	£m
SC	£3.777	£0.419	£1.065	£1.747		£7.008
Medicine	£7.810	£0.324				£8.134
F&T	£1.100	£0.102		£0.418		£1.620
PC&Comm	£0.495					£0.495
TOTAL	**£13.182**	**£0.844**	**£1.065**	**£2.165**		**£17.256**

To note CHKS: Coding causes a time lag to publication, so Jan 2023 to March 2023 data not available for this report.

To note CHKS: Uncoded activity is at its lowest rate in the Aneurin Bevan Health Board (87% of FCEs coded in 2022/23), and will impact on certain analysis that drills down to HRG levels.

Table 1.2 Summary of Bed Gain opportunity by Treatment Category:

Summary	Bed Opportunity	
	Bed Gain Opportunity	SubTotal £m
Elective ALOS	19	1.045
Non elective ALOS	161	8.837
Readmission Rates	43	2.365
Day of Surgery Admission	4	0.220
Day Case Rate	13	0.715
TOTAL	**240**	**13.182**

Cefndir / Background

CHKS:
CHKS is a prominent provider of healthcare intelligence services using acute setting data submitted by the Welsh Health Boards and English Trusts. CHKS produces an annual report focussing on selected comparative efficiency indicators that have been agreed with the Welsh Government (WG). The report is produced every autumn and informs the agenda of the national Utilisation Resource Group.

However, this Health Board wishes to engage Divisions in the benchmarking review far earlier than the autumn, and therefore the Aneurin Bevan University Health Board undertakes a CHKS benchmarking exercise in the spring using coded activity from the previous January to December.

In this local exercise the CHKS benchmarking compares across the same 3 Peer Groups used in the national exercise, and if the Health Board is a significant outlier when compared against at least 2 peer groups, it is 'flagged' as an area of opportunity for improvement. The 3 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)

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

StatsWales:
StatsWales is the WG's free-to-use online repository for detailed statistical data for Wales. It allows users to view and manipulate datasets, including a comprehensive set of information on health services. This report has accessed the StatsWales section on outpatient referrals, and standardised the 2022/23 dataset output by using HB comparisons per 10,000 population.

NHS Benchmarking Network:
The NHS Benchmarking Network (NHSBN) was established in 1996 and hosts the benchmarking service for the NHS. It has over 250 registered member organisations and is a not-for-profit organisation, hosted by East London Foundation Trust. All

subscription fees fund the work programme. The Network provides members with unique and definitive benchmarks on areas that are not covered by existing national comparisons. This includes analysis of population demographics, the NHS workforce, finance, outcomes, service effectiveness and productivity. The Network publishes findings in regular reports, good practice bulletins and shares innovative practice at member events.

The work programme is determined by members so that those areas of most importance are prioritised. Although UK participation is optional, in 2023/24 the WG led Utilisation of Resources Group mandated health board participation in 6 topic areas, namely Intermediate care, Emergency care including SDEC, Pharmacy and Medicines Optimisation, Community Services, Frailty and Mental Health. It should be noted that this Health Board will be fully compliant with this request, as per the NHSBN scheduled submission dates.

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 2023/24 refresh of all the benchmarking products contained in the Compendium is available now on the various Health Board network sites. Following publication finance business partners division leads are expected 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:

- FBI
- Finance Share Point
- ABHB applications site 

Asesiad / Assessment

Assessment - CHKS:
As stated above, the use of CHKS comparisons and performance measurement is being monitored by the Utilisation Resource Group, chaired by Judith Paget. Judith Paget's letter of February 2023 stated:

> *"The group discussed the critical need for organisations to engage and utilise not only the annual performance report but the live data via the CHKS portal. I am expecting organisations to increase and optimise the opportunities reported, including delivering British Association of Day Surgery (BADS) rates of best practice implementation as per the CHKS recommendations."*

In May 2023 as part of its annual benchmarking process the Health Board commissioned a detailed analysis from CHKS as part of its local contract. The overall total opportunity identified by the analysis of the January to December 2022 CHKS data sets amounted to circa 240 beds and 24,000 OP slots, at a calculated opportunity worth of £14m. This is included in the summary below in Table 2. This Table also includes the high level value analysis related to GP referrals (StatsWales), and Theatre benchmarking (NHSBN) which brings the total value of the calculated worth to £17.2m:

Table 2: Summary of by Efficiency Opportunities 2022-23

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**
	Elective ALOS	SC	18	£0.990
		Medicine	1	£0.055
	Non elective ALOS	SC	13	£0.697
		Medicine	124	£6.820
		F&T	15	£0.825
		PC&Comm	9	£0.495
	Readmission Rates	SC	23	£1.265
		Medicine	16	£0.880
		F&T	4	£0.220
	Day of Surgery Admission	SC	4	£0.220
	Day Case Rate	SC	11	£0.605
		Medicine	1	£0.055
		F&T	1	£0.055
	Total Bed Gain Opportunity		**240**	**£13.182**
	Annual OP Appointments (Jan to Dec 2022)		**Annual Appointment Slots Gained**	**Ave releasable OP costs @ £35 per slot**
	OP DNAs reduced to 5%	SC	2,032	£0.071
		Medicine	3,862	£0.135
		F&T	1,866	£0.065
	Reduce FUP to NEW ratio	SC	9,932	£0.348
		Medicine	5,387	£0.189
		F&T	1,048	£0.037
	Total Annual OP Appointments		**24,126**	**£0.844**
	TOTAL OPPORTUNITY - CHKS			**£14.026**
STATS Wales	**GP Referrals (Apr 2022 to Mar 2023)**		**Avoided Referrals**	**Ave releasable OP costs @ £35 per slot**
		SC	30,428	£1.065
	TOTAL OPPORTUNITY - GP Referrals STATS WALES 2022/23		**30,428**	**£1.065**
NHSBN	**Theatres (AB 2022-23 data compared to Peer 2021-22 datasets)**		**Theatre Sessions Opportunity Gain**	**Estimated Lower End Releasable Theatre costs @ £500 per session**
	Cancelled Operations (zero/1 day cancellation)	SC	1,480	**£0.740**
		F&T	197	**£0.099**
	Cases per list	SC	2,014	**£1.007**
		F&T	639	**£0.319**
	TOTAL OPPORTUNITY - Theatres, NHSBN		**4,331**	**£2.165**
	GRAND TOTAL			**£17.256**

To note: Mandated 2023/24 NHSBN reports are not yet available. Table 2 and the Compendium will be updated as and when results are published.

To note: Since the opening of the Grange Hospital it is difficult to make some specialty comparisons across the peer groups in CHKS, as transfers between the 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 LOS 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 which are no longer visible. Table 3 below illustrates how the English Trusts' LOS has worsened since 2019, but the Health

Board's LOS has artificially "improved" due to the increase in spells to total days ratio, compared to 2018/19 data set (last year of non-COVID impacted activity):

Table 3: GUH model impact on counting of spells: Bed Gain Opportunities in 2018/19

		2018-19 CHKS benchmarking			2022-23 CHKS benchmarking		
	Specialty	**AB AVLOS**	**Top Peer AVLOS**	**Bed gain opportunity –CHKS**	**AB AVLOS**	**Top Peer AVLOS**	**Bed gain opportunity –CHKS**
Non elective	General Surgery	5.81	4.70	21 beds	4.94	5.35	0 beds
	Cardiology	8.49	6.60	8 beds	7.37	8.16	0 beds

Having made CHKS aware of the 'step down' model in this Health Board, they are reviewing the systems to establish whether a more robust methodology using 'super spells' could be created in the future.

However, at this point in time it is possible to review the 2022/23 Health Board elective and non-elective ALOS performance via additional lenses; by comparing ALOS performance to:

a) that of the Health Board's own ALOS performance in 2021/22 – ie has the HB improved or deteriorated from last year? and also comparing to
b) Northumbria Healthcare NHS Foundation Trust - as the model hospital for GUH, Northumbria will also have a similar 'step up/down' model that is reflected in its LOS.

(It should be noted that Health Board ALOS for non-elective general surgery and cardiology have both increased/worsened compared to last year).

These additional performance trend comparisons are also included in the analysis below.

Areas of efficiency opportunity - CHKS

Non-Electives (ALOS) – overall the analysis shows a worsening performance in this Health Board compared to that of 2021-22, (for example +3.37 days in Endocrinology & Diabetes). Table 4 below shows a significant bed gain opportunity across the divisions, totalling 161 beds with a calculated worth of £8.8m. Particularly material in Rehabilitation medicine and Geriatric medicine, 39 and 75 beds respectively, and a worsening in ALOS when compared to last year of +4.56 days.

It is also recommended that the areas of material increase in ALOS where there is no comparative opportunity with peer groups, (see for example Ophthalmology where the Health Board had an increase of 3.3 days on last year), should be looked at in greater detail to determine if ALOS has been impacted by the GUH model, and if the increase in ALOS is a continuing trend.

Table 4: Non-Elective Bed Gain Opportunity

		Average Length of Stay (excludes 0 LOS)					
		AB	Top Hospital Peer Group	Northumbria - Peer	Bed Gain Opportunity (compared to best peer group)	Calculated worth of opportunity £M	AB ALOS (days) change from 2021/22
Scheduled care	Urology	4.69	4.95	**1.00**	**13**	**0.697**	**+0.50**
Medicine	Endocrinology & Diabetes	18.00	**9.94**		**10**	**0.550**	**+3.37**
	Rehabilitation Medicine	31.41	**22.31**	27.20	**39**	**2.145**	**+4.56**
	Geriatric Medicine	21.55	**15.80**	18.82	**75**	**4.125**	**+4.58**
	Obstetrics	2.49	2.60	**1.96**	**7**	**0.385**	**+0.41**
F&T	Paediatrics	3.50	2.82	**1.93**	**8**	**0.440**	**-0.07**
PC&Comm	General Practice (Other)	46.30	**32.11**	Only comparable in Wales	**9**	**0.495**	**+2.62**
	Bed Gain Opportunity				**161**	**8.837**	
	General surgery	No opportunity in bed gains, but there has been an increase in ALOS for Aneurin Bevam Health Board since 2021-22					**+0.45**
	T&O						**+0.49**
	Ophthalmology						**+3.30**
	Neurology						**+3.11**

Electives (ALOS) – when compared to previous years there are notable improvements for the Health Board in ALOS for ENT, Ophthalmology and Oral surgery. Cardiology, Respiratory medicine, Vascular and Urology have increased ALOS since 2021-22, and should be reviewed to determine if this is a continuing trend.

Orthopaedic ALOS has remained unchanged but when compared with peers there is a bed gains opportunity of between 6 (CQC peer group) and 16 beds (Northumbria). A proportion would appear to be related to the pre operative and/or day of surgery admissions segment of the spell (further detail in the Compendium).

Ophthalmology has seen an improvement in ALOS performance of 23.7% on last year, but a comparative bed gain of 1 bed opportunity remains. This opportunity appears to be in the Post Operative segment of the spell (further detail in the Compendium).

In total the bed gain opportunity for Elective ALOS reduction is 19 beds, as detailed below in Table 5:

Table 5: Elective Bed Gain Opportunity

Opportunity if reduce Elective ALOS - Beds gained (Jan 2022 to Dec 2022 data)

		Average Length of Stay (excludes 0 LOS)					
		AB	Top Hospital Peer Group	Northumbria - Peer	Bed Gain Opportunity (compared to best peer group)	Calculated worth of opportunity £m	AB ALOS (days) change from 2021/22
Scheduled care	Trauma & Orthopaedics	4.22	3.35	**1.90**	**16**	**0.880**	**0.00**
	Ohthalmology	6.87	**1.57**		**1**	**0.055**	**-2.54**
	Oral Surgery	4.35	2.48	**1.00**	**1**	**0.055**	**-0.65**
Medicine	Cardiology	8.35	**2.98**	3.89	**1**	**0.055**	**+0.91**
	Bed Gain Opportunity				**19**	**1.045**	
	Vascular	No opportunity in bed gains, but there has been an increase in ALOS for Aneurin Bevam Health Board since 2021-22					**+0.82**
	Urology						**+0.31**

Day of Surgery Admissions (DOSA) – in general the performance is down slightly on the previous year's rates, with the exception of ENT which has increased its DOSA rates by 69.25%, and is operating at a similar level to peer groups (95%).

General Surgery and T&O have deteriorated by 2.25% and 19.17% respectively, resulting in a bed gain opportunity of 4 beds as set out in Table 6 below:

Table 6: DOSA Bed Gain Opportunity

Opportunity if Increase Day of Surgery Admissions Rates - In Patient Beds gained (Jan 2022 to Dec 2022 data)

		Average Length of Stay (excludes 0 LOS)			
		AB	Top Hospital Peer Group	Beds Gained Opportunity	Calculated worth of opportunity £m
Scheduled care	General surgery	69.92%	95.46%	**1**	**0.055**
	Trauma & Orthopaedics	28.57%	93.21%	**3**	**0.165**
	Bed gain Opportunity			**4**	**0.220**

Day case Rates - Overall the previous level of performance has been maintained by most of the specialities. However, there remain the following (Table 7) opportunities of 13 beds/ £0.715m should the day case rate be improved to peer group levels:

Table 7: Day Case Rate Bed gain opportunity

Opportunity if Increase Day Case Rates - In Patient Beds gained (Jan 2022 to Dec 2022 data)

		AB	Top Hospital Peer Group	Beds Gained Opportunity	Calculated worth of opportunity £m
Scheduled Care	Urology	77.64%	82.62%	**3**	**0.165**
	Trauma & Orthopaedics	54.96%	60.49%	**4**	**0.220**
	ENT	58.12%	76.61%	**1**	**0.055**
	Ophthalmology	94.64%	98.51%	**3**	**0.165**
Medicine	Respiratory	70.96%	91.72%	**1**	**0.055**
F&T	Gynacology	65.27%	77.77%	**1**	**0.055**
	Bed gain Opportunity			**13**	**0.715**

This bed gain opportunity has been calculated using a comparison of the ALOS of the specialty inpatient stay in 2022/23, with the ALOS peer group performance. Please note, a similar review conducted by the Business Intelligence (BI) finance team, in close liaison with Divisional teams, looked at the actual inpatient stay for each specific procedure in the Aneurin Bevan Health Board (2022/23 data set), compared to the BADS target. It identified a similar opportunity gain of circa.10 beds (see Table 8) if the BADS targets alone were achieved by this Health Board. This confirms the CHKS peer comparison findings and reinforces the need to review this area of service delivery:

Table 8: Additional analysis revealing bed day gain if BADS target achieved.

Bed Gain Oppportunity if BADS target achieved

	At BADS Target
Orthopaedic Surgery	2.7
General Surgery	3.3

Note: This bed gain opportunity is not in addition to that in Table 7, it is supplementary affirmative information.

Readmission Rates – Overall the previous level of performance has been maintained by most of the specialities, except for Urology (worsened by 52.64%).

The specialties with the largest number and % of readmissions when compared to peer groups are General Surgery, T&O, General Medicine and Gynaecology. In total the bed gain opportunity is 43 beds/ £2.4m, see table 9 below.

It should be noted that Gynaecology has been a Readmissions Rates outlier for a number of years, and has previously been explained as a coding issue by the Division. The Division is asked to ensure this is corrected to avoid national reports continuing to report it as an area of improvement opportunity.

Table 9: Readmission Rate reduction bed gain opportunity

Opportunity if reduce Readmissions - Beds gained (Jan 2022 to Dec 2022) data

		Readmission Rates			
		AB	Top Hopsital Peer Group	Beds Gained Opportunity	Calculated worth of opportunity £m
SC	General Surgery	9.68%	4.89%	**14**	**0.770**
	Urology	6.39%	2.94%	**3**	**0.165**
	Trauma & Orthopaedics	5.14%	2.40%	**6**	**0.330**
Medicine	General Internal Medicine	8.74%	6.29%	**13**	**0.715**
	Endocrinology and Diabetes	10.27%	3.00%	**2**	**0.110**
	Gastroenterology	1.46%	1.19%	**1**	**0.055**
F&T	Gynaecology	11.84%	4.20%	**4**	**0.220**
	Bed gain Opportunity			**43**	**2.365**

It should also be noted that although Neurology and Interventional Radiology have relatively low numbers of discharges and readmissions, (less than 200 discharges per annum), their readmission rates have worsened since last year by 292% and 179.43% respectively. As these specialties have a relatively small number of annual discharges, they have not been included in the above opportunities table, but a review of these areas is recommended in order to understand reasons for the increase.

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:

- ✓ The 5% rate for NEW OP DNAs is already being achieved by Haematology, Dermatology, Rheumatology, and Gynaecology.

- ✓ The 5% rate for FUP DNAs is being achieved by Urology, Ophthalmology, Oral surgery, Haematology, and Dermatology.

If lessons could be learnt from these top performing specialties, greatest gains could be found in the specialties as set out in Table 10:

Table 10: OP DNA rates reduction – capacity gains

Opportunity if reduce DNAs ro 5% - OP appointments gained Jan 2022 to Dec 2022 data

		NEW OP appointments gained if Reduced to 5% DNAs			FUP OP appointments gained if Reduced to 5% DNAs			TOTAL OP		
		Slots/ annum	Slots/ week	Reduction in DNAs	Slots/ annum	Slots/ week	Reduction in DNAs	Total slots per annum	Total Slots per week	Calculated worth of opportunity £m
SC	GS	505	10	32%	110	2	15%	615	12	0.022
	T&O	713	14	33%	453	9	19%	1,166	22	0.041
	ENT				251	5	32%	251	5	0.009
Medicine	Gastro	402	8	54%	457	9	53%	859	17	0.030
	Endo & Diabetes	202	4	53%	804	15	58%	1,006	19	0.035
	Cardiology				325	6	35%	325	6	0.011
	Geriatric				371	7	53%	371	7	0.013
	Respiratory	417	8	47%	884	17	47%	1,301	25	0.046
F&T	Paediatric	130	2	57%	748	14	57%	878	17	0.031
	Gynaecology				233	4	32%	233	4	0.008
	Obstetrics				621	12	45%	621	12	0.022
	Midwifery				134	3	44%	134	3	0.005
	Appointment Slots gain Opportunity	**2,369**	**46**		**5,391**	**104**		**7,760**	**149**	**0.272**

It should also be noted that although performance comparisons to peers is positive, there has been notable deterioration in DNA performance rates in the following specialties, see table 11.

Table 11: OP DNA Performance rate comparison: 2021-22 to 2022-23:

NEW OP DNA rates	Performance change
Haematology	56.23%
Renal Medicine	61.11%
Obstetrics	35.59%
Midwifery	25.49%

FUP OP DNA rates	Performance change
T&O	54.88%
Gastroenterology	37.73%
Endocrinology and Diabetes	24.39%
Palliative Medicine	37.83%
Infectious Diseases	80.32%
Renal Medicine	29.08%
Neurology	28.07%
Rheumatology	24.26%
Geriatric Medicine	42.71%

<u>OP Follow Up to New ratios</u> – in general the specialties have improved performance from previous years; however, the following specialties set out in Table 12 below are still being outperformed by the Peer Groups:

Table 12: OP FUP to New ratios reduction – capacity gains

Opportunity if reduce FUP to NEW Ratio - Appointment slots gained Jan 2022 to Dec 2022 data

Appointment slots gained if Reduced FUP to New Ratio				
	Top			Calculated

It should be noted that Respiratory Medicine, Renal Medicine and Rheumatology compare well with the English peer groups but are outliers against the Welsh Peer Group. As they are not outliers against more than one peer group, they have not been included, however, further investigation is recommended.

Areas of efficiency opportunity – StatsWales:

Table 13 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 are standardised per 10,000 population. The calculated worth if each referral converted into an outpatient appointment would be circa £1m, spread across the specialties as detailed below:

Table 13:

ANNUAL REFERRALS AVOIDED

		ABHB average Annual referrals	ABHB referral rate	"Lowest" referral rate in Wales	Avoided Referrals to "Lowest" in Wales	Per week	£m	TOTAL £m
GP Referrals per 10k								
	General Surgery	23632	33.47	18.56	10,529	202	0.369	
	Urology	8135	11.52	8.92	1,838	35	0.064	
	Orthopaedics	16863	23.89	10.37	9,542	184	0.334	
	ENT	10848	15.37	13.46	1,346	26	0.047	
	Ophthalmology	7347	10.41	2.00	5,935	114	0.208	
	Oral Surgery	3476	4.92	3.17	1,238	24	0.043	**1.065**

Further detail on referral comparators is available in the compendium, and a review of GP referral behaviour for significant outlying areas is recommended.

Areas of efficiency opportunity – NHSBN:

Theatres:

The NHSBN report on Theatres uses benchmarking of peer groups for cancelled operations, cases per list, turnaround time, and anaesthetic time. Within the Compendium analysis of these areas is captured and there are improvements against all areas identified for this Health Board. However, for the purpose of this report and the assessment of improving efficiency that has a potential cost releasable value, only cancelled operations and cases per list have been included in the summarised efficiency total.

It is expected that improving turnaround time and anaesthetic time would be two vehicles for supporting case list increases, and therefore may have a risk of double counting if included.

The latest NHSBN report for Theatres using 2021/22 data submissions has been compared to the Health Board's 2022/23 performance, and the results displayed in the table 14 below:

Table 14: NHSBN benchmarking outputs (2021/22) compared to Aneurin Bevan Health Board 2022/23 performance.

Data Period	**2022-23**
Benchmarking Period	**2021-22**
Benchmarking Peer	**Upper Quartile**

		NHSBN			No. of Operations gained	Ave Ops per session	Theatre Sessions Gained	Theatre Sessions Opportunity - Calculated worth @ £500/ session
		ABHB Annual number of Elective Ops	ABHB % of Cancelled ops	BM Upper Quartile	Compared to Upper Quartile	ABUHB	Compared to Upper Quartile	£
Cancelled Ops (AB)	Ear Nose & Throat	1,199	15%	2.5%	156	1.8	84	£ 42,216
	General Surgery	3,795	14%	3.61%	402	1.5	261	£ 130,346
	Obs and Gynae	2,363	15%	1.87%	317	1.6	197	£ 98,610
	Ophthalmology	2,954	17%	2.46%	430	3.5	122	£ 61,039
	Oral and Maxillofacial Surgery	1,845	10.7%	1.94%	161	1.8	92	£ 45,959
	Trauma & Orthopaedics	5,809	20.0%	2.19%	1034	2.3	447	£ 223,610
	Urology	1,776	36.7%	1.58%	623	1.3	474	£ 236,934
Note - cancelled within zero/ 1day of booking/ electives only							**1677**	**£ 838,713**

		NHSBN			Sessions	Sessions	Theatre Sessions Gained	Theatre Sessions Opportunity - Calculated worth @ £500/ session
		ABHB Annual number of Sessions	ABHB Avg Cases Per List	BM Upper Quartile	AB	Compared to Upper Quartile	Compared to Upper Quartile	£
Cases Per List	Ear Nose & Throat	1,199	1.8	2.4	651	502	149	£ 74,663
	General Surgery	3,795	1.5	1.7	2,461	2219	242	£ 120,851
	Obs and Gynae	2,363	1.6	2.8	1,471	832	639	£ 319,479
	Ophthalmology	2,954	3.5	4.5	838	658	180	£ 90,047
	Oral and Maxillofacial Surgery	1,845	1.8	3.0	1,052	609	443	£ 221,545
	Trauma & Orthopaedics	5,809	2.3	2.6	2,513	2243	270	£ 135,071
	Urology	1,776	1.3	2.9	1,351	621	730	£ 365,010
							2,653	**£ 1,326,666**
							4,331	**£ 2,165,380**

In previous years the metric used to cost the value of the associated opportunity would have been the waiting list initiative (WLI) rate, however, as the Executive decision this financial year has been to avoid using WLIs, this year a cost per session (lower end average estimate taken from the Unit Analyser Costing System) has been used. This has resulted in a total of circa £2.1m efficiency value, by reducing cancellations and increasing cases per list. However, if a WLI value had been used, this value would increase to £10.3m.

The Compendium incorporates details of the NHSBN reports including the work undertaken by the Finance BI team with the Theatre team to profile theatre metrics and outputs, including the reasons for short notice cancellations – a critical data source to addressing cancellation issues as there were circa 4,000 short notice cancellations in 2022/23.

To note: for turnaround and anaesthetic time, the efficiency opportunity calculated worth of these 2 elements would be circa £1m, increasing to circa £4m if WLI rate was applied. As stated above, these values have not been included in the Table 14 analysis due to the risk of double counting, but the materiality of the calculated value emphasises the importance of addressing these areas, particularly as a means to help deliver the case per list to peer group level.

Other NHSBN reports for 2023-24:
As stated above, in 2023/24 the WG led Utilisation of Resources Group mandated health board participation in 6 topic areas, namely Intermediate care, Emergency care including SDEC, Pharmacy and Medicines Optimisation, Community Services, Frailty and Mental Health. The Health Board has also participated in benchmarking exercises in a number of other service areas. As and when these reports are finalised, the analysis and conclusions will be included in the Compendium and where appropriate a calculated worth of opportunity added to the Efficiency Summary.

Costing Data analysis – External variance
This report has concentrated on benchmarking performance to peer group, but we can also look at benchmarking through the costing lens. The outputs from the costing benchmarking will not be added to the efficiency opportunity summary of the non financial peer benchmarking, 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.

The Patient Cost Benchmarking (PCB) dashboard hosted by the company IQVIA provides analysis of the Health Board's costing output compared to other Welsh Health Boards and English Trusts. Table 15 below shows a comparison of the Health Board against a selected peer group by Health Resource Group (HRG) sub chapter for the year 2021/22. The table highlights the top 10 opportunities by cost (£26m against English peer group) and length of stay opportunity (38,718 bed days or 106 beds):

Table 15: Cost and LOS difference to Peer Group by HRG sub chapter (2021/22)

Sub Chapter	Total Opportunity Cost £	Total Opportunity LOS
PB - Neonatal Disorders	7,243,330	3,274
DZ - Respiratory System Procedures and Disorders	4,795,510	8,166
WH - Poisoning, Toxic Effects, Special Examinations, Screening and Other Healthcare Contacts	3,598,610	5,818
AA - Nervous System Procedures and Disorders	3,329,807	12,351
DX - COVID-19 Infection	3,252,732	698
HN - Orthopaedic Non-Trauma Procedures	3,176,873	2,050
EY - Interventional Cardiology for Acquired Conditions	2,574,112	3,445
EB - Cardiac Disorders	2,447,946	4,390
HE - Orthopaedic Disorders	1,882,256	4,063
.....		
UZ - Undefined Groups	-3,662,268	-11,904
Grand Total	**26,261,306**	**38,718**

note: Uncoded ('Undefined Groups') data can be seen within the variation, at 14% of overall variation, it will potentially impact other variances.

To

The top 10 in table 15 includes reference to similar areas highlighted by the non financial analysis, including respiratory, orthopaedics and cardiology/cardiac procedures. To help divisions pinpoint outliers at a more granular level, the PCB system can be interrogated further to reveal the top 10 HRG chapters with the largest cost opportunity. Table 16 below illustrates this interrogation of Orthopaedic Disorders:

Table 16: Top 10 HRG Chapters by cost opportunity – Orthopaedic Disorders

In

HRG	Total Opportunity Cost £	Total Opportunity LOS Per FCE
HN45A - Minor Hand Procedures for Non-Trauma, 19 years and over	523,088	0
HN22D - Very Major Knee Procedures for Non-Trauma with CC Score 2-3	260,923	3
HN44B - Intermediate Hand Procedures for Non-Trauma, 19 years and over, with CC Score 0-1	253,928	0
HN65Z - Minor Elbow Procedures for Non-Trauma	218,136	1
HN12E - Very Major Hip Procedures for Non-Trauma with CC Score 2-3	210,669	2
HN16A - Minimal Hip Procedures, 19 years and over	203,513	0
HN22E - Very Major Knee Procedures for Non-Trauma with CC Score 0-1	155,137	2

summary, the most significant cost opportunity is under HRG HN45A – Minor Hand Procedures for Non-Trauma, 19 years and over (£0.5m). However, HRGs relating to Hips and Knees feature in 7 of the 10 HRGs, highlighted in orange.

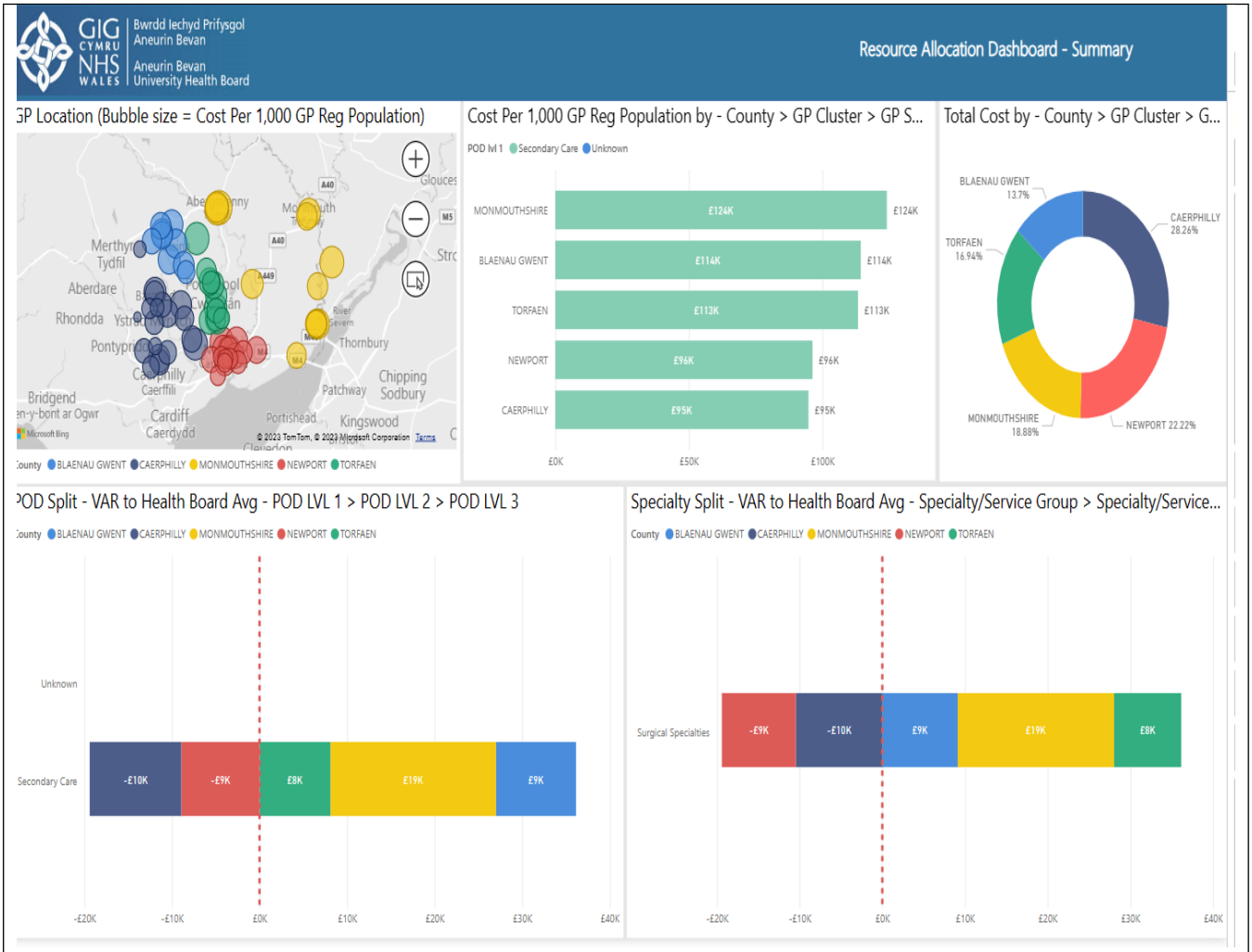
Costing Data analysis – Internal variance

The Resource Analysis Dashboard (RAD) hosted by the Costing team shows the allocation of the Health Board's resources by geographical area. The dashboard can drill into counties, GP clusters and individual GP Practices.

The display below is an example of a dashboard that can be created showing resource consumption of Health Board resources per GP registered population, eg secondary orthopaedic services.

Drill down functions enable the user to analyse further by county level, point of delivery, and GP practice level.

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:



Conclusion:
Although there have been some improvements when compared against the Health Board performance in 2021/22 and compared to Peer Groups, there has also been some deterioration in performance.

There is considerable opportunity for efficiency improvements in terms of bed days, totalling 240 beds (calculated worth of £13.182m). In particular:

- More proactive discharge planning for the acute phase of care (180 beds).
- Improved Readmission rates (43 beds),
- Improved day case rates (13 beds), and
- Improved day of surgery admission (4 beds).

A push towards a 5% Outpatient DNA rate and reducing New to FUP ratios would also release significant capacity in outpatients (24,126 slots per annum; £0.8m).

Reducing GP referrals to lowest in Wales has an efficiency calculated worth of circa £1m.

Reducing cancelled operations (with 1 or less days of scheduled operation) would provide additional capacity by 1,677 theatre sessions to the value of at least £0.8m, whilst increasing cases per theatre list to the upper quartile would improve capacity by an additional 2,653 theatre sessions at a calculated worth of at least £1.4m.

The Compendium also incorporates analysis of the short notice cancellations – a critical data source to addressing cancellation issues as there were circa 4,000 short notice cancellations in 2022/23.

In addition, the benchmarking analysis has also revealed areas that are worthy of further investigation, even though the Health Board compares well with peer groups. They include a review of:

- areas of material increase in Health Board ALOS compared to last year, to determine if the deterioration is a continuing trend,
- whether the counting of spells under the GUH model is masking an increase in ALOS,
- Neurology and Interventional Radiology in order to understand reasons for the significant increases in readmission rates,
- GP referral behaviour for Respiratory Medicine, Renal Medicine and Rheumatology as these specialties are significant outlying areas when compare to Welsh Per Group (but compare well with English Peers),
- The material calculated worth of turnaround and anaesthetic time, as a means to help deliver the case per list to peer group level, and
- costing data analysis for a more granular lens for areas of interest.

There are BI and costing analysers that facilitate drill down into specific areas of interest to identify outliers eg. Outpatients BI, Theatres BI, HRG costing analyser and GP practice level resource allocation analyser. These toolkits can be found via links in the Compendium.

Argymhelliad / Recommendation

Given the significant financial challenges facing the Health Board in 2023/24 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.

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 All Health & Care Standards Apply Governance, Leadership and Accountability 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:	ALOS – Average Length Of StayBADS – British Association of Day Surgery CHKS - Comparative Health Knowledge System DNA – Did Not Attend FUP – Follow Up (Out Patient) GUH – Grange University Hospital LoS – Length of Stay NHSBN - NHS Benchmarking Network (OP - Out Patient WG – Welsh Government
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. 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**	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Choose an item.

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

APPENDIX 1a

Example from CHKS Product Tab: these tables are replicated for each service delivery category. They provide easy reference for specialty leads

Pre-Operative Average Length of Stay (excludes 0 total los) - Bed Day Opportunity (BDO)										
Specialty	**Total Days**	**ABUHB Spells**	**ABUHB ALoS**	**performance change**	**Wales ALoS**	**Capita Peer ALoS**	**CQC Outstanding Foundation Trusts ALoS**	**Wales BDO**	**CP BDO**	**CQC BDO**
100 - General Surgery	3159	2962	1.07	-4.59%	1.31	1.11	1.43			
101 - Urology	721	1100	0.66	23.42%	0.64	0.46	0.54	22	220	132
107 - Vascular Surgery	179	115	1.56	38.55%	3.95	-	-		-	-
110 - Trauma & Orthopaedics	3605	3522	1.02	21.02%	0.98	0.80	0.84	141	775	634
120 - Ear Nose and Throat	88	400	0.22	-64.31%	0.55	0.37	0.39			
130 - Ophthalmology	37	65	0.57	177.03%	0.84	0.26	0.25		20	21
140 - Oral Surgery	59	217	0.27	-1.88%	0.53	0.42	0.23			9
190 - Anaesthetics	172	108	1.59	-50.63%	1.82	-	-		-	-

* BDO Bed Day Opportunity

APPENDIX 1b

Example of Specialty Summary – Available for General Surgery, Orthopaedics, Urology and ENT

ABUHB - CHKS ANALYSIS (12 months Jan 2022 to Dec 2022)

GENERAL SURGERY

	Benchmarking	Specialty	Total Days/ Day cases/ OP Rates	ABUHB Spells/ Elective Admissions/ OP Rates	ABUHB ALoS/ DC %/ OP rates	Wales ALoS/ DC %/ OP rates	Top 40 Hospitals average ALoS/ DC %/ OP rates	Top 40 Hospitals Best Quartile ALoS DC%/ OP rates	Northumbria ALoS	DNA rate reduced to 5%	Wales	Top Hospitals	Top Hospitals Best Quartile	Bed Opportunity	Theatre sessions gained	Efficiency Opportunity Value £'000	performance change
											BDO*/ DCO*/ OP Rates/ Readmissions Avoided						
CHKS	Non Electives AVLOS	100 - General Surgery	33606	6797	4.94	7.04	6.02	7.25	5.35								10.19%
CHKS	Electives AVLOS	100 - General Surgery	4945	1463	3.38	4.91	4.25	5.42	3.43								-0.21%
CHKS	Pre operative AVLOS	100 - General Surgery	3159	2962	1.07	1.31	1.11	1.43									-4.59%
CHKS	Post operative AVLOS	100 - General Surgery	11211	2962	3.78	5.86	5.86	6.74									7.40%
CHKS	Weekend discharge rate as % of weekdays	100 - General Surgery															
CHKS	Day Case Rates	100 - General Surgery	6145	7809	78.69%	77.02%	78.17%	83.49%			Only one peer group better						-3.62%
CHKS	OP FUP to New Ratios	100 - General Surgery			0.60	1.10	1.56	1.25									-33.91%
CHKS	NEW - OP DNA Rates	100 - General Surgery			7.36%					5.00%	505					18	18.12%
CHKS	FUP - OP DNA Rates	100 - General Surgery			5.87%					5.00%	110					4	-2.25%
CHKS	Readmission Rates (within 7 days)	100 - General Surgery	2017	20847	9.68%	6.41%	6.73%	4.89%			682	615	999	14		770	1.32%
StatsWales	GP Referrals	100 - General Surgery	23,632 annual referrals		33.47 per pop'n	18.56 per pop'n					10,529 referrals avoided					369	
NHSBM	Theatre efficiency - late cancellations	100 - General Surgery		3,795	14%			3.61%					402		261	130	
	Theatre efficiency - Cases per list	100 - General Surgery		3,795	1.54			1.71							242	121	
NHSBM	Theatre efficiency - Turmaround time	100 - General Surgery		3,795	29			14.29					930		248		
NHSBM	Theatre efficiency - Anaesthetic time	100 - General Surgery		3,795	27			25					142		38		

* BDO Bed day opportunity

* DCO Day Case opportunity

APPENDIX 2

Peer Groups

Welsh Health Boards
Aneurin Bevan University Heath 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.