Finance & Performance Committee

Wed 21 June 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 the 11th January 2023

Attached *Chair*

1.4 Draft Minutes Finance Performance Committee 11 Jan 2022 Chair approved.pdf (7 pages)

1.5. Committee Action Log

Attached *Chair*

1.5 Finance & Performance Committee Action Log - March 2023.pdf (2 pages)

2. Items for Approval/Ratification/Decision

There are no items for inclusion in this section.

3. Items for Discussion

3.1. Outpatient Transformation

Attached *Chief Operating Officer*

Assurance in Respect of Organisational Performance Management

3.1 Interim Performance Report - June 23 v1.pdf (10 pages)
3.1a Appendix 1 Integrated Performance Report.pdf (2 pages)

3.2. Performance Overview Report with Exception Reporting

Attached *Director of Planning & Performance*

Assurance in Respect of Organisational Performance Management

3.2 Finance and Performance Committe - OPD Transformation june 23 final.pdf (17 pages)
3.2a Appendix A- SOS and PIFU Plans.pdf (9 pages)
3.2b Appendix B (tab1 All Clinics)- Over Booking Clinics.pdf (1 pages)

3.2c Appendix B (Tab 2 Filter New, Follow Up) Over Booking Clinics.pdf (1 pages)
3.2d Appendix C- Benefits Realisation.pdf (4 pages)
3.2e Appendix D- RTT Outpatients.pdf (2 pages)

3.3. Monthly Finance Report & Monitoring Returns, including Savings Reporting Month 2 review

Attached *Director of Finance & Procurement*

Assurance in respect of Financial Management and Performance

3.3 FPC Finance Report 23-24 M2 v0.4.pdf (26 pages)
3.3a Appendix 1- Finance Report – May (Month 2) 2023-24.pdf (27 pages)
3.3b Appendix 2-WG Monthly Monitoring Return (MMR) tables.pdf (29 pages)

3.4. Value based Healthcare Report 22/23

Attached *Director of Finance & Procurement*

Assurance in respect of Financial Management and Performance

3.4 VBHC Annual Report 22-23.pdf (36 pages)

3.5. Efficiency Opportunities

Attached *Director of Finance & Performance*

Assurance in respect of Financial Management and Performance

3.5 FPC efficiency report June 23.pdf (5 pages)
3.5a Efficiency Board_TOR_final.pdf (2 pages)
3.5b Costing Data - Potential Opportunites June 2023 final.pdf (7 pages)
3.5c GIRFT Vs ABUHB ENT BI Version May 2023.pdf (12 pages)
3.5d Letter from JP re NHS Wales Utilisation of Resources Group April 2023.pdf (3 pages)

4. Items for Information

4.1. Committee Annual Report

Attached *Director of Corporate Governance*

4.1 FPC Annual Report 2022.23.pdf (23 pages)

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 is Thursday 7th September 2023

Oral *Chair*

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DATE OF MEETING	Tuesday 11th January 2023
VENUE	Microsoft Teams

PRESENT	Richard Clark (Chair)
	Iwan Jones (Vice Chair)
	Shelley Bosson
	Dafydd Vaughn
IN ATTENDANCE	Rob Holcolmbe, Director of Finance, Procuremnt & Value
	Chris Dawson-Morris, Interim Director of Planning & Performance
	Nicola Prygodzicz, Chief Executive
	Rani Dash, Director of Corporate Governance
	Leanne Watkins, Director of Operations
	Ian Jenkins, Head of System Planning
	Neil Miles, Clinical Futures Programme Director
	Greg Bowen, Assistant Finance Director
	Suzanne Jones, Interim Assistant Finance Director - Financial Strategy, Planning
	David Hanks, Head of Service Planning
	Simon Roberts, Senior Programme Manager, Planning
	Laura Howells, Principal Auditor, Internal Audit
	Lucy Windsor, Corporate Services Manager
APOLOGIES	None Received

FPC/1101/01	**Welcome and Introductions** The Chair welcomed members to the meeting.
FPC/1101/02	**Apologies for Absence** No apologies were received.
FPC/1101/03	**Declarations of Interest** There were no Declarations of Interest raised relating to items on the agenda.
FPC/1101/04	**Committee Action Log**

	It was noted that all actions within the Committee's action log had been completed or were in progress, as outlined within the paper. The following amendment to action reference FPC/0510/06 was requested; - • Remove the reference to 'In Committee.' The item would be taken through the formal meeting. **Action:** • Secretariat to amend the wording of Action FOC/0510/06.
FPC/1101/05	**Minutes of the Previous Meeting** The minutes of the meeting held on 5th October 2022 were agreed as a true and accurate record.
FPC/1101/06	**Committee Governance** There were no items scheduled for discussion.
FPC/1101/07	**Performance Overview Report with Exception Reporting:** **Performance Dashboard** Chris Dawson Morris (CDM), Interim Director of Planning and Performance, presented the dashboard, highlighting progress against wait times in some outpatient departments as well as longest waits in planned care services, but noted that progress against the 26-week target was not gaining traction. Iwan Jones (IJ), Independent Member commented that a number of measures and actions outside of the dashboard were being undertaken and wanted to understand how those were impacting on the formal measures contained within the dashboard. CDM responded to say that Welsh Government had recognised the national challenge with achieving the 26-week target and noted the ministerial focus had shifted to 52 week waits for first outpatient appointments and 104 week waits for treatment. CDM provided reassurance that resources were being optimised to address the immediate backlog of long waits, as well as work to ensure that the right change programmes were being implemented to deliver long-term sustainability. CDM explained that the quarterly Integrated Medium-Term Plan (IMTP) report provided an overview of Health Board

activity and outcomes, and that where reporting aligned, reports would be presented to the Finance and Performance Committee.

Planned Care Recovery Programme Report
CDM provided an overview of the Planned Care Recovery Programme Report and stated that the profiles in the IMTP had been updated to reflect what could be achieved in the current operating environment. The most difficult areas to reduce waiting lists in were Ear Nose & Throat (ENT), Ophthalmology, and Trauma and Orthopaedics (T&O), but there were targeted actions in place to deliver improvements.

The Committee requested that phrasing within the report be more specific, as some of the language used made it difficult for members to gain assurance. The inclusion of timeframes and outcomes were also requested to allow progress to be assessed. Furthermore, where information about specific specialties were referenced in several sections of the report, to ensure there was a link so the context could be understood in its entirety.

Action

- Interim Director of Planning & Performance to implement the Committee's requests in the next iteration of the report.

Six Goals for Urgent and Emergency Care
CDM presented a report on performance in Urgent and Emergency Care linked to the Six Goals Programme up to the end of November.

CDM provided an overview of the report, noting that there had been some progress in ambulance handover times and patients spending more than 12 hours in the Emergency Department (ED), but acknowledged that the performance data for December would be challenged due to a number of factors related to winter pressures.

Shelley Bosson (SB), Independent Member, questioned the correlation between average attendance at the Same Day Emergency Care (SDEC) unit and the resource and asked if the resource was redeployed to areas of greater need when demand for SDEC was low. Neil Miles (NM), Clinical Futures Programme Director, responded to say resources were shared among SDEC, the Medical Assessment Unit

	(MAU), and the Surgical Assessment Unit (SAU) based on demand. 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. The Committee **NOTED** the report for assurance.
FPC/1101/3.2	**Getting it Right First Time Reviews (GIRFT):** **Review of Stroke Services Report** David Hanks, (DH) Head of Service Planning presented the report on behalf of Peter Carr, Director of Therapies and Health Science. DH provided an overview of the report and the approach to optimising patient care and outcomes, as well as an update on progress toward the recommendations to date. A report would be presented to the Executive Committee to request support for both short and long-term actions. To receive assurance from the action plan, the Committee requested that, following discussion at the Executive Committee meeting, a short paper be presented at a future meeting with timeframes for the actions and an assessment of the resource implications associated with the recommendations/actions. **Action:** • Committee Secretariat to schedule an update report in the Committee's Forward Work Programme. **Update on Orthopaedic Improvement Programme** Leanne Watkins (LW), Director of Operations, provided an update on the Orthopaedic Improvement Programme noting the key focus was to streamline the structure to avoid duplication of effort. The 3 key areas of focus were noted as: - 1) Reduce clinical variation 2) Reduce the backlog 3) Value for money

	Ian Jenkins, Head of System Planning, presented slides outlining the financial costs and savings expected for prosthetics procurement in 2023/24. The Committee was encouraged to see the level of savings and efficiencies that could be realised through changes in practice. The Committee requested that the slide deck be distributed for information. **Action:** • Director of Operations to circulate the slide deck to the Committee. SB requested that timeframes and milestones be added to the action plan and future reports to reflect the potential efficiencies that could be realised. LW agreed to simplify future iterations of the report and provide a dashboard to enable the Committee to gain assurance on performance against targeted actions. The Committee **NOTED** the update reports for assurance.
FPC/1101/08	**Financial Outlook & 2023/24 Allocation letter Briefing** Rob Holcombe (RH) Director of Finance, Procurement and Value presented the report to provide assurance on the key financial issues going into the next financial year. RH highlighted that the Health Board would be going into 2023/24 with a significant deficit, and as a result the organisational focus would need to be on cost reductions and savings. Furthermore, Welsh Government would expect Health Boards to develop a plan to support an additional 2.5% cost reduction savings. When developing the IMTP, IJ requested that the financial position be made explicit within the financial plan in terms of proposed reductions/savings over a set period of time in order to achieve financial balance. **Action:** • Director of Finance and Procurement The Committee **NOTED** the report for assurance.
FPC/1101/09	**2022/23 Forecast Closing Underlying Position**

	Rob Holcombe (RH) Director of Finance, Procurement and Value presented the 2022/23 Forecast Closing Underlying Position Report, in conjunction with a request to approve the potential underlying financial deficit being used as part of the draft 2023/24 financial plan. The Committee **APPROVED** the report and **NOTED** the potential underlying financial deficit.
FPC/1101/10	**2023/24 Budget Planning (Delegation) Principles** Suzanne Jones, (SJ) Interim Assistant Finance Director - Financial Strategy (Planning), presented the Committee with the proposed Budget Planning (Delegation) Principles. SJ provided an overview on the proposed approach to delegating funding at the start of the 2023/24 financial year within the expected total available resources (£1.6bn). The budget planning methodology would consider current spend levels, adjust 2023/24 IMTP decisions and reflect a reasonable savings expectation at divisional level. This process would require budgets to be moved between historical budget heads/divisions to match the 'cost based' methodology. As part of the process the delegation letters would include budgets and wider performance accountability expectations, which the Chief Executive Officer would expect to be signed. SB was concerned about contingency funding and divisions not looking for efficiencies within services if savings were realised through revised budgets achieving break even at the end of the year. RH responded by stating that the Health Board would investigate options for mitigating the risk of the Health Board's underlying deficit increasing. The Committee acknowledged that achieving the additional 2.5% savings, on top of reducing spending and finding savings to impact the underlying deficit, would be challenging. The Committee **NOTED** the report and **APPROVED** the proposed changes to the budget planning approach for 2023/24.
FPC/1101/11	**Efficiency Opportunities 2023/24**

	Greg Bowen (GB), Assistant Finance Director, presented the Efficiencies Opportunities 2023/24 Report. GB provided an overview noting the key opportunities for 2023/24 were in the following areas: 1) Operating Theatres 2) Compliance with British Association of Day Surgery (BADS) guidance 3) Productivity improvements for Cataract surgery in line with Getting It Right First Time (GIRFT) Recommendations The Committee was encouraged by the report and the evidence that supported the efficiency opportunities. The Committee offered its support in implementing the findings to improve efficiencies and patient experience. Recognising the need for more detailed work with clinical and corporate teams to operationalise the improvements, the Committee requested that a paper be bought back to a future meeting to provide an update on progress. **Action:** • Committee Secretariat to schedule an update report in the Committee's Forward Work Programme. The Committee **NOTED** the report and **APPROVED** the approach as a mechanism for how ABUHB should use this data to drive efficiency improvements moving in to 2023-24.
FPC/1101/5.0	**Items For Information** There were no items scheduled for discussion.
FPC/1101/6.1	**Items to be Brought to the Attention of the Board and Other Committees** • Identification of the level of savings required to impact the underlying deficit going into 2023/24
FPC/1101/6.2	**Any Other Urgent Business** • Nothing Raised
FPC/1101/6.3	**Date of the Next Meeting:** Wednesday, 21st June 2023 via Microsoft Teams

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	21 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.
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.

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

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) Update on Orthopaedic Improvement Programme	The slides presenting the financial costs and savings expected for prosthetics procurement in 2023/24 are to be shared with Committee Members.	Director of Operations	March 2023	Slides shared with members on the 30th of March 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		To be added to the Finance & Performance Committee Forward Work Programme.

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:**	21 June 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Interim Performance Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jennifer Keyte, Senior Planning and Service Development Manager

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to provide the Finance and Performance Committee with an interim progress report against the Aneurin Bevan University Health Boards Integrated Medium Term Plan (IMTP).

This report provides an interim update on key performance areas where information is available since the 2022/23 Quarter 4 Outcomes and Performance Report with a full 2023/24 Quarter 1 report being produced in July.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report summarises the Health Board's progress for April/May 2023 against the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, and planning scenarios.

The Health Board has remained under sustained operational pressure at the levels that, pre Covid, would have been seen in the winter period only. Covid-19 bed occupancy decreased over the reporting period, however, overall bed occupancy continued to increase along with sickness levels across all clinical teams. This has continued to present challenges in maintaining consistent services across primary and secondary care.

Despite these challenges there have been performance improvements as the organisation aims to return to pre-pandemic levels of service, manage the operational and clinical risks and to deliver service transformation.

During the previous period the Health Board delivered:

✓ Sustained levels of GMS activity with more face-to-face activity,

✓ Maintenance of Urgent Care performance within expected range,
✓ Maintenance of childhood immunisations rates,
✓ Increased compliance against the 62 day target for definitive cancer treatment,
✓ Increased capacity for new outpatient appointments and reduction in the number of patients waiting over 36 weeks for a new outpatient appointment,
✓ Target met for the percentage of adults who smoke, decreasing from 18% to 12%,
✓ Increased in national screening programme rates from 64.2% to 70.2%.

The sustained urgent care pressures and challenges faced by the social care system continue to impact on service recovery, and the organisation therefore did not revise forecasts for planned activity for quarter 4. These were realistic position based on the Health Board's current performance, staff sickness rates, the number of patients delayed but medically fit for discharge.

The key areas of risk in terms of balance of capacity with demand (current and backlog) and quality pressures are found in the following pathways:

- For planned care in ophthalmology, ENT and Orthopaedic Spines
- Single Cancer Pathway, specifically diagnostics
- Sustainability of Primary Care access
- Urgent Care system, including ambulance waits
- Mental Health Interventions

Cefndir / Background

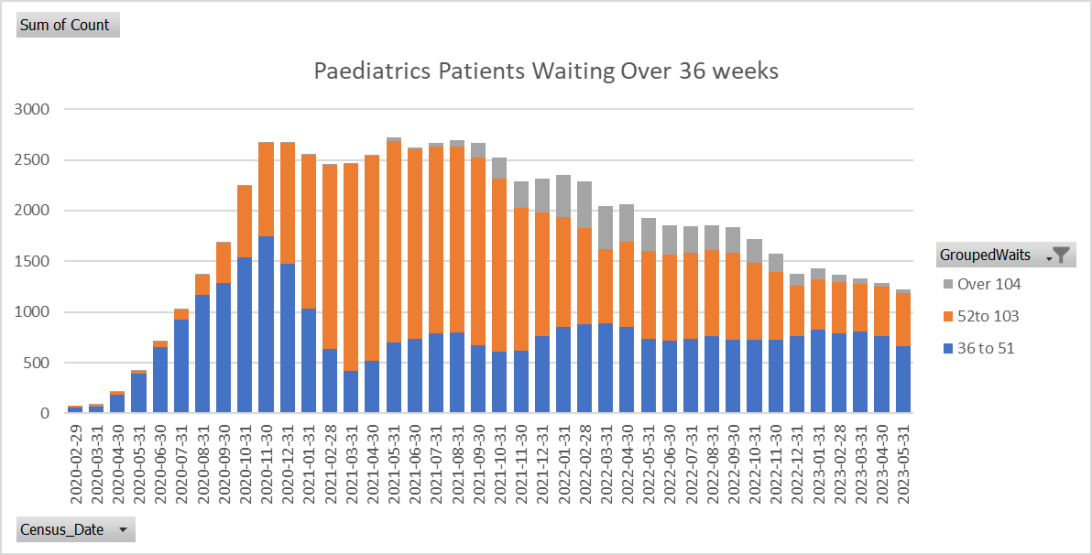
The IMTP for 2022 to 2025 sets out the vision for the organisation, that is to improve population health and reduce health inequalities experienced by our communities. In order to achieve this vision, the IMTP focusses on 5 life course priorities.

This report provides a high-level overview of activity and performance updates where available as at the end of April/May 2023, with a focus on delivery against key national targets included within the performance dashboard.

Asesiad / Assessment

1.1 Priority 1 – Every child has the best start in life

The number of children on the Health Board's waiting lists who have been waiting over 36 weeks for an outpatient appointment and treatment increased during the pandemic and peaked during the summer of 2021. There has been a focused effort to reduce the number of children waiting, with a particular focus on those waiting the longest. Over the last 12 months, the number of children waiting over 36 weeks has more than halved from 2725 to 1218 and is continuing to decrease. 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.



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.

1.2 Priority 2 – Getting it right for children and young adults

Access to services on the CAMHS Neurodevelopmental (ND) pathway has a target of children waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment. The service has unfortunately not seen an improvement in April 2023 with 36.3% compliance against target compared with 53.2% reported in April 2022 against the target of 80%, with the current adjusted waiting time averaging 33 weeks.

Increase in demand, the impact of the easing of COVID-19 lockdown and the restarting of face-to-face appointments has resulted in a backlog of follow up appointments for children undergoing an assessment. A mapping of wait times for the Neurodevelopment pathway has been undertaken and recovery plans (working with Local Education teams, with the help of our Schools In-Reach, School Nurses, the Locality Community support services and school staff) have been put in place and as such, full recovery is forecasted in Quarter 2 of 2023/24.

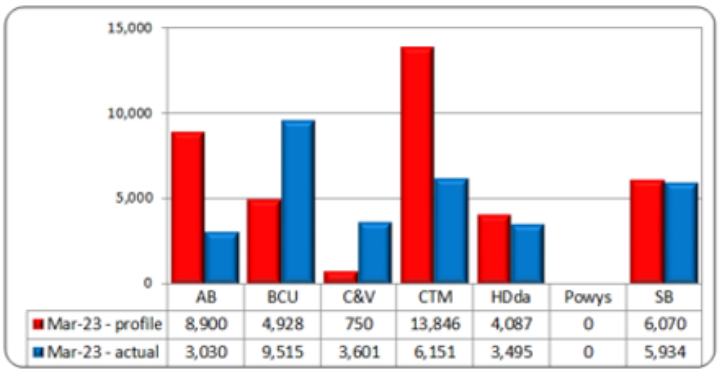
1.3 Priority 3 – Adults in Gwent live healthily and age well

Time-based waiting measures form a large element of the Minister's priority delivery measures. In this report, a smaller number of core measures have been selected to represent key areas of delivery as proxy measures of effective use of an individual's time.

Planned Care

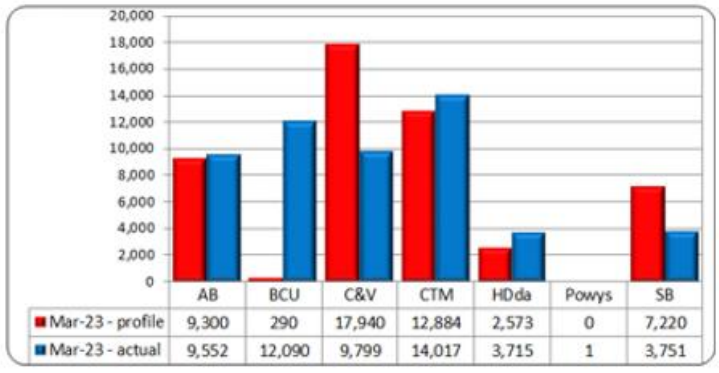
Maximising an individual's time is a core element of planned care. There has been much progress during 2022/23 and the year end position exceeded projections following active decisions to target long waiting patients with a 55% reduction in 104 week waiters in year. This achievement has resulted in the Health Board having the smallest proportion of patients waiting over 104 weeks for treatments across Wales.

No of patients waiting >104 weeks for referral to treatment



	AB	BCU	C&V	CTM	HDda	Powys	SB
Mar-23 - profile	8,900	4,928	750	13,846	4,087	0	6,070
Mar-23 - actual	3,030	9,515	3,601	6,151	3,495	0	5,934

No of patients waiting >52 weeks for new outpatient appointment

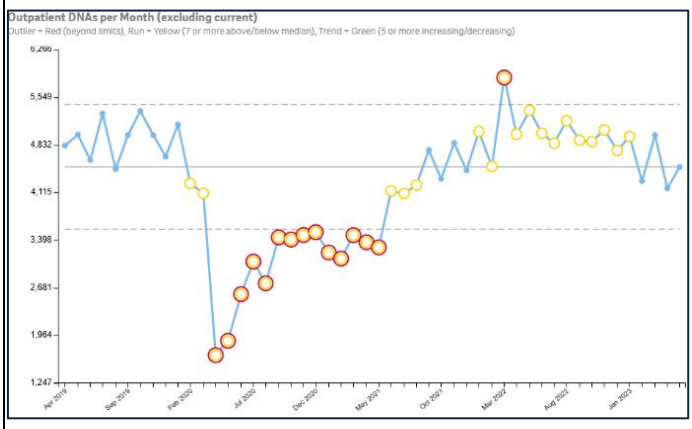


	AB	BCU	C&V	CTM	HDda	Powys	SB
Mar-23 - profile	9,300	290	17,940	12,884	2,573	0	7,220
Mar-23 - actual	9,552	12,090	9,799	14,017	3,715	1	3,751

Additionally, there has been an improved position in the number of patients waiting more than 36 weeks for treatment, however, this does still remain above target. Despite achieving the trajectories, there remains a number of speciality areas where the majority of long waiters are reported within (Orthopaedics, Opthalmology and ENT). There continues 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 Opthalmology, 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.

Improvement in outpatient performance remains essential to make the most of an individuals time and is a core focus on the Planned Care Programme. Despite tracking just above trajectory, Aneurin Bevan UHB has one of the smallest proportion of patients waiting more than 52 weeks for a new outpatient appointment.



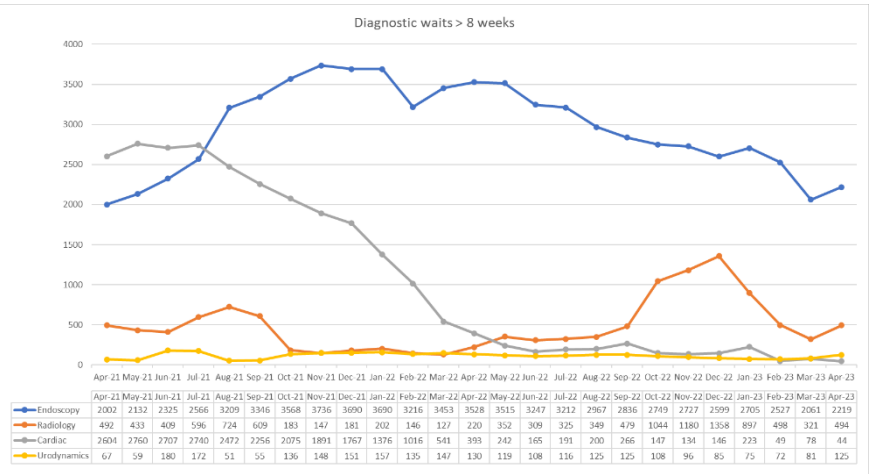
The outpatient transformation programme is focussing on its outpatient DNA plan, of which the current rate has reduced to 6.5% (target of 55) and the hospital cancellation plan has also reduced significantly from 40,952 (2021/22) to 18,950. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus this 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 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.

Diagnostics

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

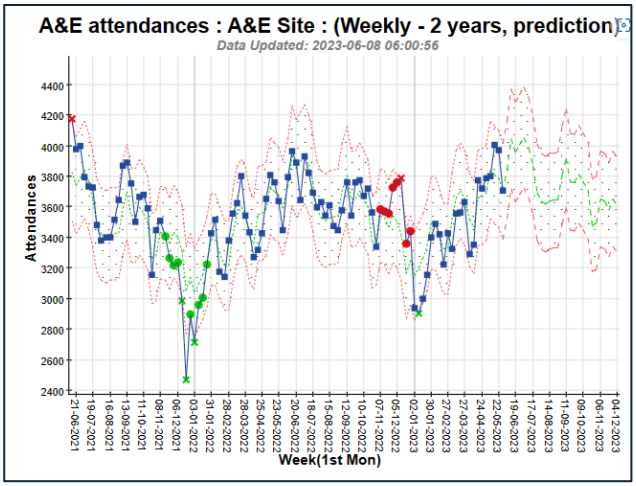
- Continued insourcing of additional endoscopy capacity has supported a maintenance in the 8-week backlog with a small decrease in the numbers of people waiting at the end of April (2219)
- Radiology diagnostics have seen a sustained increasing trend in the numbers waiting in MRI and ultrasound.
- The future development of the RGH endoscopy unit has progressed with approval to recruit ahead of the new unit opening in 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening, this will continue to be monitored.



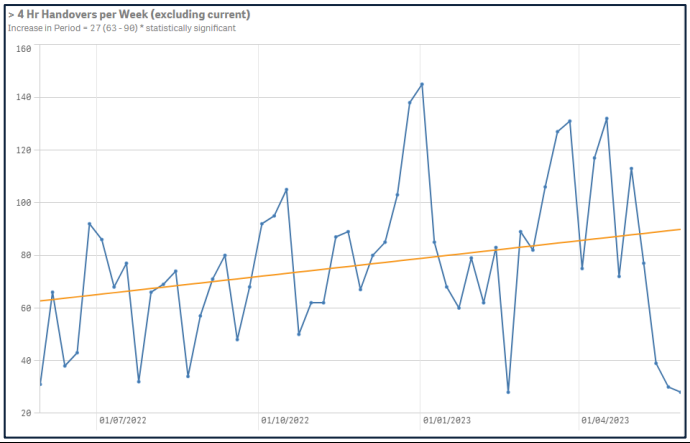
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
Endoscopy	2002	2132	2325	2566	3209	3346	3568	3736	3690	3690	3216	3453	3528	3515	3247	3212	2967	2836	2749	2727	2599	2705	2527	2061	2219
Radiology	492	433	409	596	724	609	183	147	181	202	146	127	220	352	309	325	349	479	1044	1180	1358	897	498	321	494
Cardiac	2604	2760	2707	2740	2472	2256	2075	1891	1767	1376	1016	541	393	242	165	191	200	266	147	134	146	223	49	78	44
Urodynamics	67	59	180	172	51	55	136	148	151	157	135	147	130	119	108	116	125	125	108	96	85	75	72	81	125

Urgent Care

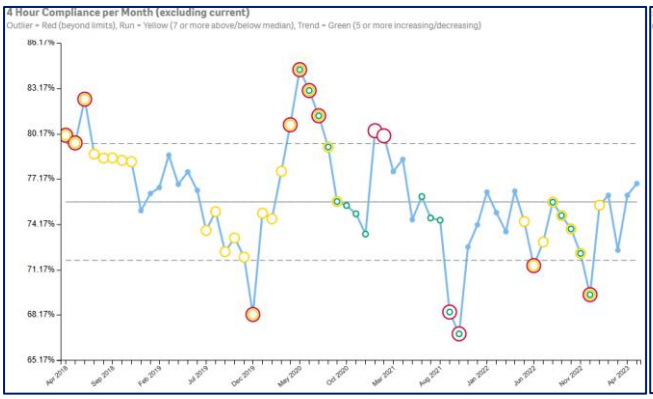
Urgent care services continue to be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. This is in the context of significant workforce challenges, increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity linked to post lockdown impact, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.

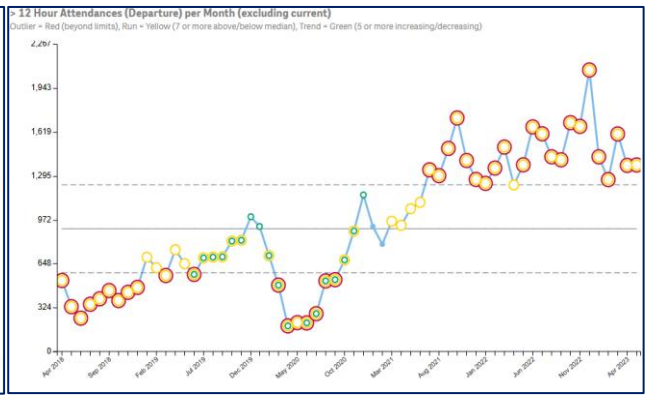


This pressure on the urgent care system has resulted in patients staying in hospital for longer. The average length of stay for emergency admissions is at its highest point ever. During May, a total of 287 patients waited over 4 hours to be transferred to the Emergency Department from an Ambulance. This is a result of poor flow through the system for those who need to be admitted, and the pressure to enable patients who are medically fit to return home.



The extreme pressures upon the urgent care system have impacted on the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments. During May, compliance against patients treated within 4 hours improved from 74.6% to 76.9% since the same reporting period last year and additionally, during May, compliance against the 12 hour target has been maintained with 1377 patients.





Six Goals for Urgent and Emergency Care

The Health Board has seen broadly positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continues to build momentum with Welsh Government and national goal lead representation at programme board. Below is a summary of some of the areas of progress made to date.

Goal 1: A ' High intensity User Service Model' exists within ABUHB where referrals are made to a Lead Nurse who is able to make the right community or social referral required to support the patient in safe discharge.

Goal 2: Urgent Primary Care (UPC) centres are already established with a number of referral streams including 111 and re-directions from Minor Injury Units or A&E. Recently the National UPC programme led a peer review of our service and the findings will be analysed and action plan developed in early 2023.

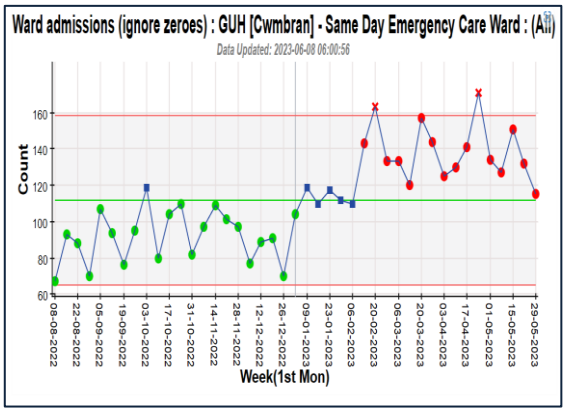
Goal 3: Same Day Emergency Care (SDEC) at the Grange opened in August 22, largely receiving General Surgery Patients, however, there are plans to maximize the capacity offered by SDEC by integrating Acute Medicine into the model. SDEC at Ysbyty Ystrad Fawr (YYF) opened in Quarter 4 2023/24, seeing 'ambulatory' medical patients referred from the AMU. Further services based on the same day ambulatory care model have been implemented in the organisation. Respiratory Ambulatory Care (RACU) funding has been extended to March 2024 with the centre established in the Royal Gwent Hospital. A Gastroenterology Ambulatory Care (GACU) model provides consistent service and admission avoidance.

Goal 4: ABUHB has received funding via the Six Goals national 'Innovation Fund' to support implementation of an electronic Triage solution for ED and MIUs, in order to improve clinical visibility and improve patient experience. Ambulance handover improvement is a key focus of Goal 4 and there is a plan to pilot a push model of flow during the this quarter. This would encourage timely referrals of limited patients to specialities at given times of the day ensuring that clinical risk is more equitable across a hospital site.

Goal 5: A re-energized Discharge planning framework was launched in January 2023 in collaboration with the Delivery Unit. So far, training has been completed at eLGH sites with

focused engagement led on 3 wards at each site to engage staff and generate ideas for improvement linked to Multi Disciplinary Team Board rounds, daily huddles, red/green days and criteria led discharge.

Goal 6: A business case was approved to provide additional First Front Door Therapies staff dedicated to ED to support a 'home first' approach. The first team member started in late December with on-going recruitment to additional therapies posts. Homeward bound Nurse led wards have been developed at 2x eLGH sites for Medically Fit For Discharge patients with the aim that this provides more suitable care for those not requiring regular medical intervention and encouraged reablement. An Integrated Discharge Hub has been established at RGH, staffed by Health Board and Local Authority, including rolling out the WG Optimising Patient Flow Framework and realignment of discharge assistant within the hub.

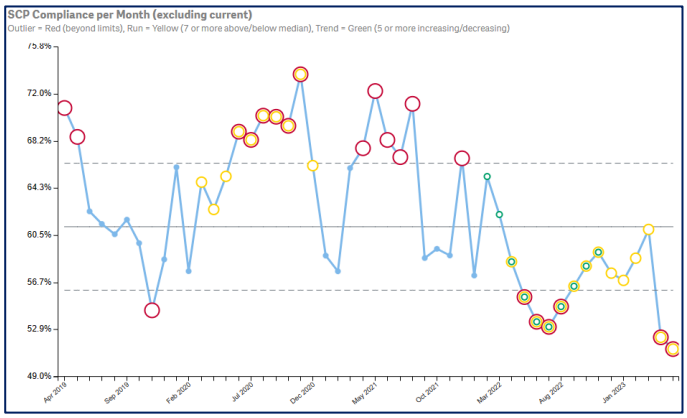


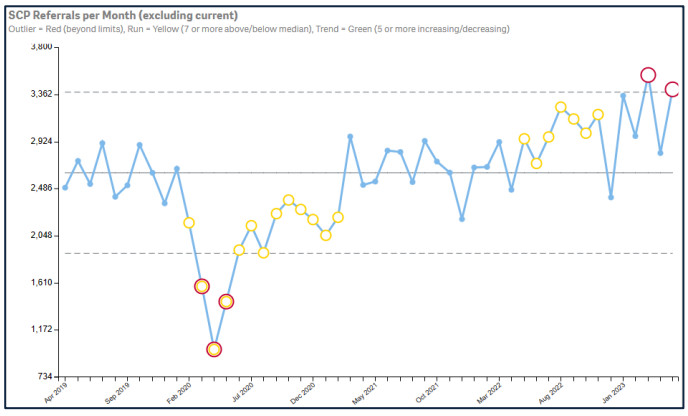
The establishment of SDEC is an important addition to our emergency care services and provides significant opportunities to stream patients from same day to next day and act as a catalyst for speciality ambulatory service development. Since opening the SDEC at the GUH, over 4,875 patients have been seen (average 20-25 daily attendances) all discharged the same day with a median length of stay time of 3.6 hours. Since the opening of SDEC at YYF, 838 patients have been seen.

Cancer services including Single Cancer Pathway

Compliance against the 62-day target for definitive cancer treatment has decreased from 55.5% (May 2022) to 51.3% at the end of May 2023. Significant increases in demand relating to suspected cancer referrals have continued to increase and exceed 3,000 referrals per month and 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.

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.





Stroke Care

The Health Board monitors a number of key quality metrics for urgent intervention in stroke that determines whether a patient was able to have a CT scan within 1 hour and be admitted

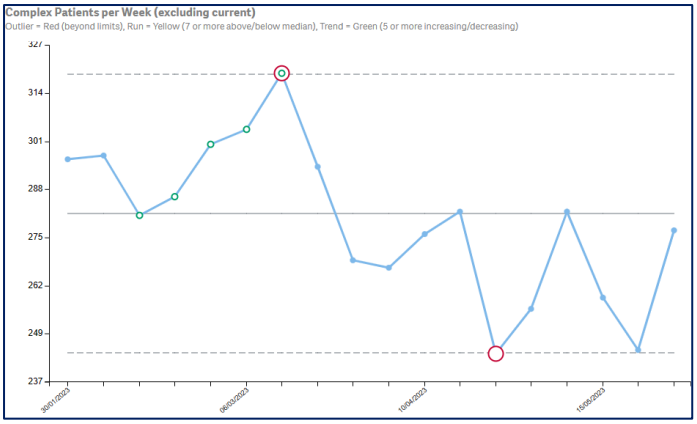
to the HASU within 4 hours of arriving at the hospital. Whilst stroke patients will receive necessary care interventions in the Emergency Department, and often pre-hospital by the paramedics, a timely scan and HASU care are critical for optimal outcomes.

The proportion of patients with a confirmed stroke directly admitted within 4 hours has remained low over the past year which reflected similar performance across Wales. The position deteriorated further in April with 11% compared with 18.3% in April 2022. However, in April 2023, the Health Boards position of the percentage of patients assessed by a stroke consultant within 24 hours improved to 96% surpassing the 85% national target.

The measure of the percentage of stroke patients receiving the required minutes for speech and language therapy was 31.1% compared with 20% in April 2022. A stroke audit has been undertaken, along with scenario modelling for reconfiguration of stroke services to address stroke sustainability issues. Quarter 1 will see the mapping of workforce elements across medical, nursing and therapies.

1.4 Older adults are supported to live well and independently

Timely patient discharge or transfer of care to another provider is essential to ensure the timely admission of patients from the Health Board's Emergency Department, or the transfer of patients from one site to another within the Health Board. The number of these patients was a formal reporting measure prior to the COVID-19 pandemic but was suspended by Welsh Government at the start of the pandemic in March 2020. The Health Board still monitors the number of these patients for internal use, however the actual number is unvalidated and may be higher or lower.



Prior to the COVID-19 pandemic, there were typically 160 patients who had their discharge or transfer of care delayed. Since July 2021, this number has rarely dropped below 200 and at its highest in June 2022 has been in excess of 360. The position at the end of May 2023 is 277 and with the pressure across the health system this number may increase in the coming months.

Argymhelliad / Recommendation

The Committee is asked to note the contents of this report.

Appendix

Appendix 1: Integrated Performance Dashboard

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of organisational risks are a key element of the Health Board's assurance framework.
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 an interim performance 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	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	This report has no Equality and Diversity impact but the assessments will form part of the objective setting and mitigation processes
Rhestr Termau: Glossary of Terms:	New terms are explained within the body of the document.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	No does not meet requirements

Equality Impact Assessment (EIA) completed	
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 Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

Integrated Performance Dashboard - 08/06/2023

Integrated Performance Dashboard — April 23

Appendix 1

Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	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
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	Apr-23	95%	**61.3%**	62.5%	↓		61.2%	61.4%	62.1%	62.1%	61.2%	60.9%	62.0%	61.4%	60.3%	60.9%	61.6%	62.5%	61.3%
		Patients waiting more than 36 weeks for treatment	Apr-23	0	**35375**	33997	↓		33177	32959	33570	34998	36051	35395	34750	34921	35342	34723	34324	33997	35375
		Patients waiting more than 8 weeks for a specified diagnostic	Apr-23	0	**2882**	2541	↓		4305	4266	3871	3882	3641	3706	4048	4137	4188	3900	3146	2541	2882
		Patients waiting more than 14 weeks for a specified therapy	Apr-23	0	**572**	521	↓		574	412	403	371	419	518	516	450	362	541	572	521	572
	Follow Up	Number of patients waiting for a follow-up outpatient appointment	Apr-23	69268	**121927**	123304	↑		114624	113809	114441	117711	117586	119848	116844	117900	120202	119754	120688	123304	121927
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Apr-23	3903	**22106**	21871	↓		18787	18402	19055	21650	21306	21676	20894	20622	21233	21297	21604	21871	22106
	HRF	% of R1 patients who are waiting within 25% in excess of their clinical target date	Apr-23	95%	**50.8%**	52.5%	↓		57.7%	56.8%	55.4%	53.6%	54.4%	54.7%	55.6%	56.8%	55.8%	54.5%	53.8%	52.5%	50.8%
	STROKE	% stroke patients directly admitted to acute stroke unit ≤4 hours	Apr-23	50%	**11.0%**	19.6%	↓		18.3%	26.7%	25.0%	9.1%	17.5%	22.0%	14.7%	6.3%	11.9%	16.9%	31.8%	19.6%	11.0%
		% of stroke patients assessed by a stroke consultant ≤24 hours	Apr-23	85%	**96.0%**	84.0%	↑		96.7%	100.0%	94.5%	89.7%	50.0%	92.7%	80.0%	91.7%	91.3%	97.1%	96.6%	84.0%	96.0%
		% of stroke patients receiving the required minutes for speech and language therapy	Apr-23	57%	**31.1%**	33.8%	↓		20.0%	46.9%	39.0%	39.4%	33.1%	26.7%	30.0%	32.2%	39.1%	50.0%	48.3%	33.8%	31.1%
		Percentage of stroke patients who receive mechanical thrombectomy	Mar-23	10%	**1.5%**	1.7%	↓		0.8%	1.6%	1.9%	3.4%	0.0%	0.9%	1.8%	2.1%	0.3%	2.4%	1.7%	1.5%	
	ED	Category A ambulance response times within 8 minutes.	Apr-23	65%	**56.3%**	52.1%	↑		59.6%	59.3%	55.0%	62.7%	56.1%	59.3%	56.4%	55.2%	41.5%	49.3%	51.9%	52.1%	56.3%
		Number of ambulance handovers over one hour	Apr-23	0	**925**	1048	↑		794	847	793	808	782	789	882	841	802	920	846	1048	925
		% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	Apr-23	95%	**76.1%**	72.5%	↑		76.4%	74.2%	71.4%	73.0%	75.6%	74.8%	73.9%	72.3%	69.5%	75.4%	76.1%	72.5%	76.1%
		Number patients waiting > 12 hrs in ABUHB A&E departments	Apr-23	0	**1374**	1606	↑		1229	1378	1658	1607	1437	1415	1689	1662	2078	1437	1269	1606	1374
	Cancer	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Apr-23	75%	**51.6%**	58.2%	↓		56.9%	53.4%	49.4%	50.4%	53.0%	54.2%	53.3%	55.6%	54.0%	54.3%	56.0%	58.2%	51.6%
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	Jul-22	80%	**91.6%**	78.3%	↑		65.6%	82.7%	78.3%	91.6%									
		Interventions ≤ 28 days following assessment by LPMHSS.	Jul-22	80%	**27.8%**	18.1%	↑		11.2%	14.6%	18.1%	27.8%									
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-22	80%	**72.0%**	72.0%	↑		69.3%	72.0%	72.0%										
	CAMHS	4+ Weeks Waiting List	Jul-22	80%	**98.1%**	97.7%	↑		96.3%	98.3%	97.7%	98.1%									
		Neurodevelopmental (iSCAN) Waiting List	Apr-23	80%	**36.3%**	39.7%	↓		53.2%	47.3%	47.5%	47.2%	47.7%	47.7%	47.7%	47.8%	44.4%	42.1%	42.2%	39.7%	36.3%
	HCAIS	Cases of e coli per 100k population (rolling 12m)	Mar-23	67	**52.66**	53.83	↑		56.84	57.51	55.67	55.02	57.17	56.84	55	54.33	54.33	53.16	53.83	52.66	
		Cases of staph aureus per 100k pop (rolling 12m)	Mar-23	20	**23.07**	23.24	↑		22.07	22.07	23.07	22.01	22.74	23.24	23.91	23.74	22.9	23.24	23.24	23.07	
		Clostridium difficile cases per 100k pop (rolling 12m)	Mar-23	25	**32.26**	32.1	↓		34.94	35.27	32.93	33.51	32.6	33.77	34.1	32.93	32.26	33.43	32.1	32.26	
		Cases of klebisella per 100k population (rolling 12m)	Mar-23		**19.73**	19.73	↑		15.88	15.88	15.38	18.51	15.38	17.22	16.22	16.88	17.55	18.72	19.73	19.73	
		Cases of aeruginosa per 100k population (rolling 12m)	Mar-23		**3.01**	3.01	↑		5.18	4.85	4.68	3	4.35	4.18	4.01	3.51	3.51	3.34	3.01	3.01	
		Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Mar-23	8	**7**	12	↑		10	9	9	9	8	15	5	11	12	11	12	7	
		Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	Mar-23	2	**2**	0	↓		0	1	3	2	3	1	3	1	0	2	0	2	
	COVID	Percentage of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Apr-23	42%	**52%**	55%	↑		25%	39%	38%	39%	40%	38%	43%	33%	55%	46%	55%	55%	52%
		Percentage of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Apr-23	18.62%	**28.3%**	25.5%	↓		15.8%	16.7%	12.7%	19.3%	20.2%	16.1%	16.6%	9.8%	19.0%	26.4%	25.6%	25.5%	28.3%
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	Dec-22	95%	**90%**	na	↓				91%			90%			90%				
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Dec-22	95%	**94%**	na	↓				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%**	99%	↓		99%	99%	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%**	80%	↓		78%	80%	75%										

Integrated Performance Dashboard - 08/06/2023

Aim 3:The health and social care workforce is motivated and sustainable	W&D	% PADR / medical appraisal in the previous 12 months	Feb-23	85%	**67%**	67%	↑		59%	60%	62%	63%	64%	66%	66%	66%	66%	67%	67%		
		Monthly % hours lost due to sickness absence	Feb-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	Feb-23	85%	**82%**	82%	↓		75%	81%	81%	82%	82%	84%	84%	84%	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	Mar-23	92%	**94%**	94%	↑		91%	91%	91%	91%	91%	92%	93%	93%	93%	93%	94%	94%	
	CODING	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jan-23	95%	**75%**	86%	↓		87%	86%	87%	88%	85%	87%	88%	80%	86%	75%			
	AGENCY	Agency spend as a percentage of total pay bill	Feb-23	9%	**8%**	9%	↑		9%	10%	10%	10%	9%	8%	9%	8%	8%	9%	8%		
Efficiency & Productivity	Readmissions	Readmission Rate Within 28 Days (CHKS)	Feb-23	10%	**10%**	10.2%	↓		10.9%	9.8%	10.5%	10.4%	9.7%	9.8%	9.1%	9.2%	9.2%	10.2%	10.1%		

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:**	21 June 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Outpatient Transformation
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Caroline Mills, Consultant Dermatologist and Julie Poole, Outpatient Transformation Lead

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to update the Committee on the work ongoing in the Outpatient Transformation Programme following a presentation in April 2022. As part of efficient and effective use of resources, regular updates were requested via the then Audit, Risk and Assurance Committee, but now to the Finance and Performance Committee.

Cefndir / Background

This paper provides an update on the progress with the programme. The focus of the previous update detailed the approach within Gynaecology, and outlined the aim to roll this out to all specialities, the details of which are now included within this report.

In addition, it describes a number of the transformational schemes implemented, their impact, along with the programme plan for 23/24.

The programme of work links to the Planned Care Improvement and Recovery agenda.

Asesiad / Assessment

1. **Efficiencies**

See on Symptom (SoS) and Patient Initiated Follow-ups (PIFU)

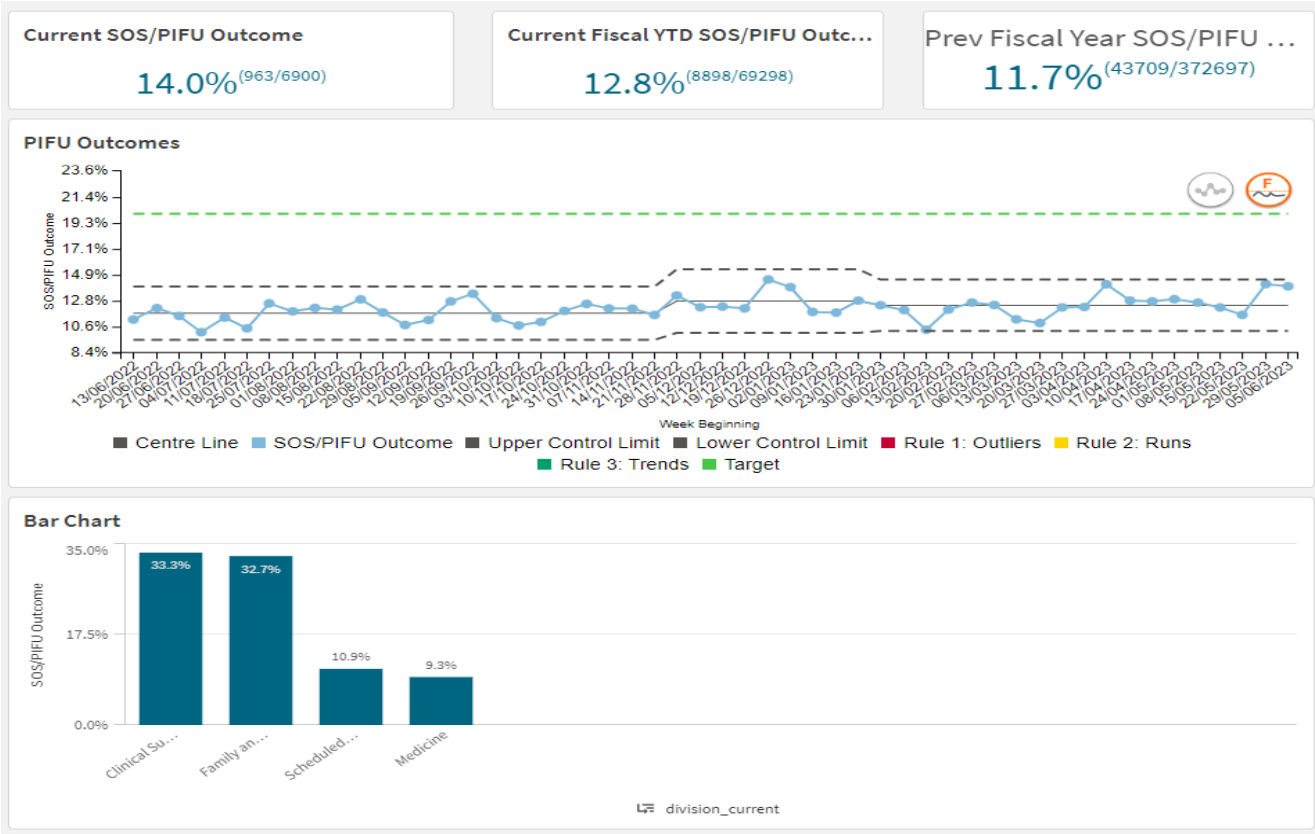
SoS and PIFU are approaches that have been introduced to assist with reducing the number of people on the follow-up waiting lists and working towards more sustainable ways of managing patients care. SoS and PIFU empower patients to manage their own condition and to take responsibility for arranging the appointments they need, and play a key role in enabling shared decision making and self- management.

PIFU is where a patient initiates the next Follow Up when required, based on their understanding of their condition and when support is needed to maintain their health and wellbeing. This is used for more chronic conditions. With SoS, a patient will be supplied with a contact number which can be used usually within 6 to 12 months should the patient need to do so. If the patient remains healthy and without any further need to see the consultant they will be discharged.

There is a target of 20% in terms of the use of SoS and PIFU. Our Health Board is currently 12.8% (year to date). Our Health Board has been concentrating on improving the use of SoS/PIFU within surgical specialities where the waiting list numbers and waiting times are the highest. 36 new/revamped pathways have been introduced since the latter part of 22/23. Please see **Appendix A attached** which outlines each of the pathways.

We are in the top 2 performing Health Boards in Wales. In respect of the NHS Benchmarking comparison, of those who participated from England and Wales, our Health Board is showing as the top performer, first out of 34 organisations.

Table 1: Outlines the current performance



The table below demonstrates the number of patients who have been diverted to SoS/PIFU within the Health Board, taking into account the patients who re-attended within the same financial year. Based on these patient numbers this has resulted in a saved outpatient appointment due to the patient being put onto SoS/PIFU instead of having another follow-up appointment. Since 2019/20 the number has been increasing year on year, with an overall number of 31,950 patients and a total cost avoidance of £2,140,650.

Table 2: Diversion of Patients to SoS/PIFU

Financial Year	Patients with a target date within FY	Patients that received a follow up appointment	%	Patients that did not receive a fup appointment	Clinic cost	Cost avoidance
2019-20	3,404	3,345	98%	59	67	3,953
2020-21	6,679	2,698	40%	3,981	67	266,727
2021-22	13,826	4,436	32%	9,390	67	629,130
2022-23	31,187	15,947	51%	15,240	67	1,021,080
2023-24 (M1&2)	6,563	3,283	50%	3,280	67	219,760
Grand Total	**61,659**	**29,709**	**48%**			**2,140,650**

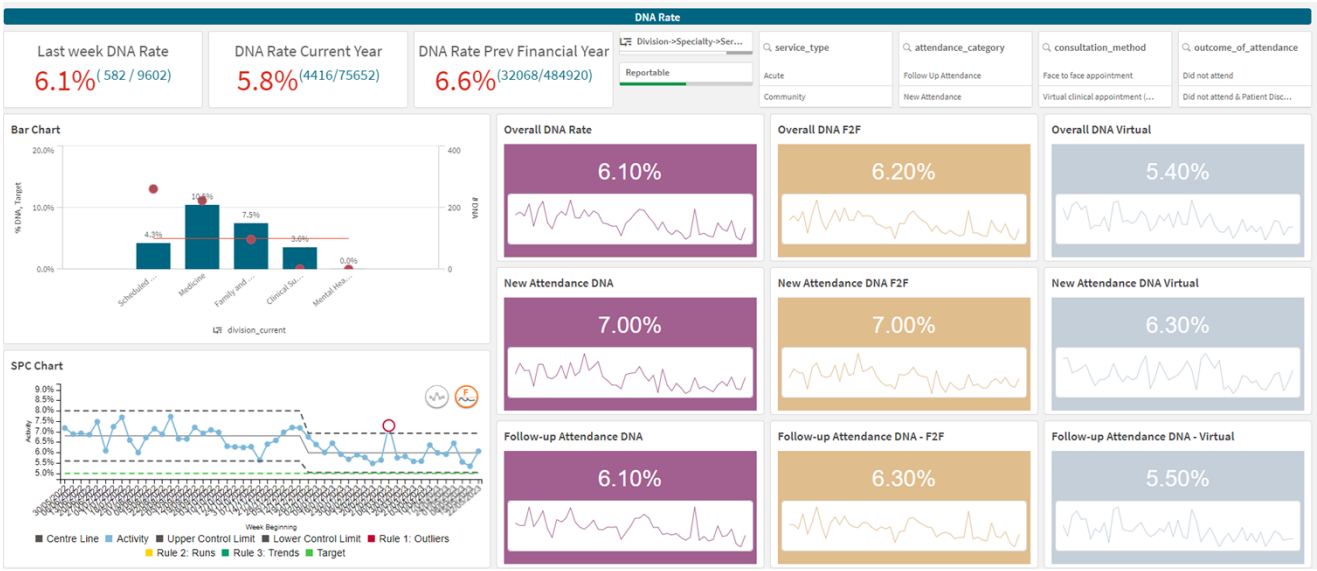
Did Not Attend

One of the Welsh Government Targets for the Health Board is to reach a DNA rate of 5%. In 2022 the rate was 6.9%.

The table below shows a reduction of 1.7% to 5.8% since the last financial year. The DNA cost avoidance opportunity of 1.7% based on a Waiting List Initiative (WLI) equates to the saving of 5,300 slots and a cost avoidance of £540,600.

We are among the top performing Health Boards in Wales. In respect of the NHS Benchmarking comparison, of those who participated from England and Wales, our Health Board is showing us as 16 out of 43 organisations.

Table 3: DNA Rates by division



A task and finish group was set up to improve DNA rates with a particular focus on tumour sites. Actions include:

- Data regularly reviewed by clinical leads and managerial teams
- Generic actions undertaken for example; ensuring clinics are partially booked, text reminders in place, sufficient notice for booking of clinics, telephone contact for certain cohorts of patients etc
- Specific actions relating to a speciality – e.g., changed a morning session to an afternoon session for sleep patients. Higher DNA with chronic, longer-term conditions such as diabetes. Service reviewing communication with patients.
- Audits have been undertaken to establish why a patient has DNAd, but there are wide ranging responses. More recently cost of living is now being cited as a reason for not being able to attend. Expansion of non face to face appointments, appointments closer to home and un-necessary follow-ups have a role to play with this. In addition, Dr doctor are being utilised to undertake a wider sample of patients
- Focus on tumour sites – down to gender, location, ethnicity. Again, not one specific theme. More work required around the initial message via the GP in terms of 'suspected cancer' for booking teams to be able to strengthen importance of attendance to patients

- Divisions also have information on discharge rates to review alongside the DNA element, i.e. how many DNAs are reappointed. 68% were reappointed and 32% DNA and discharge

Overbooking clinics - One of the recommendations from the Clinically Led Speciality Outpatient Guide (GIRFT) was 'to overbook outpatient clinics where DNAs are frequent and more likely'. Although the term 'overbooking' is used, what it means that agreed templated activity can be compensated for a DNA or last-minute CNA. The performance team have produced a report which shows the potential impact and Divisions/Directorates have been asked to consider this, alongside the risk assessment of lost activity versus the very long waits. Outcomes to be discussed at the June Health Board Outpatient Steering group meeting.

The impact of appointing 1 x DNA to compensate, equates to an additional 29,464 per annum or 41,993 if x 2 DNA appointed to compensate. **Appendix B outlines the details**.

Hospital Cancellations under six weeks where a patient is affected

The Outpatient Transformation Team are focussing on improving hospital cancellations under six weeks, this has become a key priority due to the increased cancellations. There has been improvement with the annual/study leave reason which is detailed further in the report, however, there were 36,000 cancellations during 21/22 and 38,000 in 22/23, showing an upward trend. These hospital cancellations are 7.6% of the overall activity for both years.

The top reasons are outlined below, and these areas were chosen as a priority for improvement:

Table 4: Hospital Cancellations under 6 weeks top reasons

Top Reasons	**22/23**
Clinician unavailable due to AL/SL	8,933
Clinician sick/special leave	6,535
Admin Error	3,533
Clinician unavailable – on call	3,125
Clinician unavailable - meeting	2,135

The actions agreed were:

- All Service Managers to monitor performance monthly to reduce the number of cancellations 23/24
- Clinical Outpatient Leads to receive quarterly information
- Ensuring users were using the correct Clinic Cancellation codes
- All Service Managers to re -engage with their Clinical Teams regarding the six weeks' notice period for Annual Leave & Study Leave.
- Strengthening of Annual Leave & Study Leave approval process by the Directorate Team (DM, ADM & CD)
- Cancellation form (RBC) to be used for all specialities
- Quarterly Meetings held with Directorate Teams to monitor progress

- Hospital x 3 cancellation information is a key focus with an escalation policy being revised

In respect of the approval of annual/study leave under six weeks. Samples of a number of the specialities' improvements are:

Table 5: Sample of annual/leave study leave improvements

Speciality	21/22	22/23	23/24 to date
General Surgery	565	362	46
Orthodontics	115	56	0
Maxillo Facial	261	236	0
Rheumatology	286	364	8

Remote Guidance and Advice

The Health Board has a number of processes in situ which assist with giving both referrers and patients advice. With the introduction of Healthpathways it is anticipated that these processes will form part of the overall pathway and will provide clearer guidelines for referrers. In the interim there are a number of avenues that can be taken:

1. Use of existing advice lines/telephone lines within specialities
2. Hybrid advice system
3. E: Advice
4. Consultant Connect

Hybrid Advice Process

A new 'hybrid' advice process was implemented mid 20/21. This enables clinicians to give advice following a referral, instead of seeing the patient in clinic or as a virtual consultation. The clinician will write to the patient/GP with the outcome. The benefits to patients and the Health Board were outlined in the previous paper. The table below shows the activity since 20/21, the appointments saved and the efficiency:

Table 6: Activity – 'Hybrid' Advice

Period	Activity	Consultation Not required	Consultation Not required	Cost of Advice Only (£)	Appointment Saved (£)	Efficiency (£)
20/21	4886	77.3%	3,777	82,231	253,051	170,819
21/22	8745	77.3%	6,760	147,178	452,912	305,734
22/23	11350	77.3%	8,774	191,021	587,828	396,807
23/24 to date	2088	77.3%	1,614	35,141	108,140	72,999
Total	**27069**	**77.3%**	**20,924**	**455,571**	**1,401,931**	**946,359**

*Average Staffing Resource cost per consultant led outpatient appointment

In terms of financial benefits, the cost avoidance of the advice process of 27,069 patients is £946,359.

E: Advice

The All-Wales E: Advice system is due to go live, which enables referrers to select E: Advice when sending in their request, as opposed to the clinician reviewing a referral and making that decision (of course this can always continue). Work is currently underway to streamline current advice processes to ensure that there is clarity on what needs to be used for what advice. This aim of the E: Advice is to help decrease demand onto the Health Board outpatient waiting lists.

Consultant Connect

The previous report outlined the use of consultant connect within the Health Board, which is a telephone/messaging helpline that primary care can call/message for medical advice about patients who previously may have been sent straight to ED or referred for an outpatient appointment.

Table 7: Acute call summary

	Pt navigated to clinic or OPD	**Patient Treated out of hospital**	**Outcome – patient admitted**
Acute – No. Of calls 515 No. Answered 394 Answer rate 77%	28%	52%	20%

Table 8: Elective call summary

Admission Avoided	**Admission Made**	**Diagnostic required**	**Patient Admitted Or clinic (1%)**	**Patient Treated out of Hospital**	**Referral Avoided**	**Referral Made**
6%	4%	5%	6%	8%	50%	20%

Outlined below is a summary of the key areas and outcomes:

Table 9: Successes

Area	**Speciality**	**Patient Navigated to clinic/OPD**	**Treated at outside Hospital**	**Admission Avoided**	**Referral Avoided**
Elective	Gastro – Hepatology			**40%**	**20%**
	Paediatrics				**66%**
	Urology			**17%**	
	Gynaecology			**50%**	
	Flow Centre		**45%**		
	COTE			**33%**	**17%**

	Vascular Surgery			**44%**	
Acute	Paediatric Urgent	**24%**	**54%**		
	RACU	**75%**	**25%**		

A workshop was held at the beginning of May, which had a broader agenda, but included discussions in relation to utilising consultant connect, in line with six goals, with the areas outlined below:

- Acute Medicine
- Cardiology- In process (messaging)
- COTE (Care of the Elderly)
- Gastroenterology (potentially)
- Respiratory

In addition, the outpatient transformation team are re-engaging with a number of specialities' clinical teams to explore the use of Consultant Connect where waiting list times and numbers are the highest. These are listed below:

Gynaecology
Dermatology
ENT
Ophthalmology
Trauma and Orthopaedics
General Surgery
Urology

Validation – Patient Contact

A rolling programme has been developed to contact outpatients to establish if they still wish to have their appointment and has been clinically endorsed via the Medical Director and Clinical Lead for Outpatients, which follows RTT rules and regulations. The results to date are as follows:

Table 10: Outcomes of patient contact

Specialty	52W Did Not Respond	No Local Reason Captured	52W Condition resolved	52W Treated Privately	52W Not Specified	52W Treated Elsewhere	Not Applicable	52W Treated by GP	Validation Did Not Respond	52W Treatment Following	Validation Condition Resolved	Validation Treated Privately	Grand Total
Ear Nose & Throat	1043	13	130	64	28	24	12	12	3	1			1330
Maxillo-Facial	206	20	29	3	6	3	5				4	1	277
Ophthalmology	570	116	35	104	34	36	2	3	2	2			904
Trauma & Orthopaedic	173	103	73	40	32	19	19	8					467
Urology	459	29	42	12	3	11	3	5	8	1			573
Gastroenterology	4	49	5	1	1	3							63
Orthoptic - Medical Eyes		8											8
Grand Total	2455	338	314	224	104	96	41	28	13	4	4	1	3622

The cost avoidance of 3,622 patients is £242,674.

In respect of 22/23 the following table shows the removal of 3130 patients, with a cost avoidance of £209,710.

Table 11: Removals for 22/23 only

Specialty	Patients Removed
Ear Nose & Throat	1040
Maxillo-Facial	252
Ophthalmology	810
Trauma & Orthopaedic	441
Urology	516
Gastroenterology	63
Orthoptic - Medical Eyes	8
Grand Total	**3130**

Clinic Utilisation

Monthly meetings are held with each outpatient sister and a member of the outpatient transformation team with the aim of increasing the use of clinic capacity within the Health Board, to match job plan requirements, increase backfills and help prioritise use of space.

Below is a summary of the outcome from requests for clinic space. A lot of requests are for Royal Gwent Hospital only which is mostly full, but other alternatives are given to requestors for space on other sites

Table 12: Summary

Outcome of Clinic Allocation Request	Number of Clinic Room Requests
Allocated	55
Allocated - Part	9
Unable to Allocate	27
Request In progress	22
Request Withdrawn/On Hold	8
Grand Total	**121**

In order to automate this process a specification has been developed for a booking system and a draft business case has been written which requires up-to-date costs for inclusion in the case. This will further enhance the increase in clinic usage, and expedite backfill requests, as well as nursing staff being fully aware if a clinic is not going ahead so that they can redeploy and rota staff more effectively.

In addition, although Divisions have various methods of reviewing clinic utilisation in terms of adherence to templates, the performance team are developing an overarching 'tool' which can be used for both prospective and retrospective use. It is imperative that the cleansing of templates is also undertaken in parallel. The timeframe is the end of June for this to be available. This will enable the Health Board to have a more accurate picture of clinic utilisation and undertake action where required.

Clinically Led Speciality Outpatient Guide (GIRFT)

The above guide has been circulated to all Divisions and the subsequent action plan signed off. Progress against the agreed recommendations will be monitored through the Outpatient Steering Group.

Clinical Leads

Each speciality has an agreed designated outpatient clinical lead within their directorate. These leads provide a key link for the Transformation Team to work with. Information packs are provided to Clinical Directors, Clinical Leads and Directorate Mangers and the Outpatient Clinical Lead has regular meetings with the clinical leads, in terms of taking forward improvement plans.

Some of the improvement plans have been the introductions of the use of PIFU for Hip and Knee Patients, implementation of new SoS/PIFU pathways for specialities such as Urology and General Surgery, development of new pathways for the Outpatient Treatment Unit and implementation of Tele-ENT.

Table 13: Summary of Cost Avoidance as a result of Efficiency Plans – 22/23

In order to demonstrate the cost avoidance outcomes for the **year 22/23 only**, a summary is provided below:

Scheme	**Cost Avoidance 22/23**
SoS/PIFU	£1,021,080
DNA reduction	£ 540,600
Advice process	£ 396,807
Validation	£ 209,750
Total	**£2,168,237**

2. Transformation Schemes

Example of Transformation Schemes – supported by Welsh Government Monies

2.1 Outpatient Treatment Unit – Royal Gwent Hospital

The Outpatient Transformation Team were successful in obtaining monies to set up and run an Outpatient Treatment Unit. The unit was set up as part of the Outpatient Vision/Strategy to deliver one stop complex/treatment clinics.

The team were successful in obtaining part funding for the unit from Welsh Government for a total of £404K (202K- 22/23 and 202K - 23/24).

There was staggered implementation of the Unit, from September 2022, and the throughput for the part-funding equates to 2,090 patients per annum.

A business case will be submitted in July for continued funding of the unit, and on a fully operational basis, which will equate to a of total of 3,734 patients per annum.

Table 14: Planned Activity (partial running of the Unit in line with funding)

Speciality	No Pats per Session	No of lists	Total Patients per week	Total no patients – 42 weeks
Max fax	2	1.5	3	126
GS Col Infusions			3	126
GS lumps and bumps	5	1.5	7.5	315
Telederm	4	2	8	336
Telederm – separate list	3	1	3	126
Derm one stop	4	1	4	168
ENT- starting sept*	3	1.5	4.5	95
Nephrology	3	3	9	378
Neurology	4	2	8	336
Ophthalmology – minor ops starting 15/5/23	3	0.75	2	84
Summary	**31**	**14.25**	**52**	**2090**

Table 15: Actual Activity from September 22 to date

Speciality	Total No of Patients
GS minors ops	133
GS infusions	126
Dermatology	368
Nephrology	47
Max Fax	51
ENT	13
Neurology	78
Ophthalmology	2
Total	**818**

To help support the business case, an independent review of the efficiencies of the Unit was undertaken by the Value/Corporate Finance team. **Appendix C is attached for reference.**

The costing approach taken uses a mixture of TDABC (Time Driven Activity Based Costing) and PLICS (Patient Level Information Costing System) to deliver costs on the variation between existing pathways and the OPTU pathway.

For each pathway where there is variation a cost efficiency per patient has been derived. Efficiency drivers include:

- No preoperative assessment required for an OPTU procedure
- Less resource is required in a treatment room compared to a traditional theatre setting.
- Use of lower banded staffing than currently being used for infusions.

The overall efficiency is showing as £148,316 per annum. Albeit more services are interested in utilising the unit and will bring greater efficiencies, for example, such fractured nose pathway.

2.2 Tele-ENT

A new patient pathway was implemented for identified patients (mainly inner ear conditions) whereby following referral triage; patients attend Medical Photography for Imaging with a subsequent review of the Images by agreed Medical Personnel. This will have potential to reduce the need for some face-to-face appointments that can be better utilised for USC and other complex conditions.

The process commenced late December 2022, with the following results:

- 135 patients have gone through the system
- 58 required face -to face consultant review
- 17 of which were identified as high-risk disease on imaging
- 16 of which were wax obstruction
- 50 were discharged (of which 30 required further radiology with a virtual review)
- Approximately 15 patients a week being triaged (currently reviewing whether this can be increased)

3. Savings Plans – Outpatient Transformation 23/24

A savings plan was submitted as part of the IMTP 23/24 relating to Outpatient Transformation **(see Appendix D).** The source data behind this plan is as a result of the Health Board's membership of the NHS Benchmarking Network where 40 organisations across the UK have submitted data to this network on % of Virtual Attendances and First to Follow Up attendances.

As part of the Outpatient Transformation Programme a large volume of outpatient clinics were analysed over the course of a year to determine the following variables:

- F2F / Mixed / Virtual
- No of patients per clinic
- No of HCSW per clinic (by band and whether specialty or OPD supplied)
- No of RN per clinic (same criteria as above)
- Lead Clinician (same criteria as above)

Based on pay scales at the time this was then calculated to arrive at a total staffing cost per session, and in turn a cost per patient.

The cost saving 'opportunity' relates to staffing resource only, any non-pay cost has not been considered. The costs are driven from the Outpatient Transformation project where Clinics were resource mapped, giving an opportunity:

- of £53 is derived when comparing F2F to a Virtual Appointment
- of £67 is derived when saving an outpatient appointment

ABUHB is ranked as 25th out of 40 for Virtual Attendances, and 15th out of 40 for First to Follow Up Ratios.

Based on the latest benchmarking submissions, the Assistant Finance Director has indicated that the Health Board is delivering 25.1% of appointments virtually vs an average of 26.8% against the peer groups. This drives an opportunity of 1.7% for an additional 31,652 appointments. Along with an opportunity to reduce follow up appointments in Cardiology, Dermatology, Respiratory Medicine and Paediatrics; in total 15,952 appointments.

With the more recent Benchmarking information becoming available in the forthcoming months, Divisions will be able to work with the Corporate Finance Team to identify what is achievable.

For the first time there is a change in the data provided whereby it is visible who the other Health Boards/Trusts are that participated in the benchmarking returns and gives Directorates an opportunity to make contact with their counterparts to explore areas of good practice.

4. Plans for 23/24

Attached for 23/24 is the Programme of Work for the Outpatient Transformation Team- **please see Appendix E**. The priority areas are:

4.1 Outpatient Treatment Unit

Submission of the business case for a fully operational Outpatient Treatment Unit. Increased activity outlined in section 2.1. A PREMs questionnaire is planned to go out to patients to gain patient feedback on their experience of the Unit.

4.2 Automated Clinic Booking System

Submission of the business case for the Automated Booking System.

4.3 Centralisation of Outpatient Nursing Structures

Outpatient services are often the first point of contact that most elective patients have and represents the largest proportion of NHS contact with the public. Getting things right at this stage of the pathway can have significant benefits in terms of patient safety, quality and cost further downstream. The management and delivery of outpatient services is frequently complex, often requiring the co-ordinated delivery of parallel and/or sequential process steps by a range of clinical and non-clinical staff across many disciplines and departments.

The basic model for delivering outpatient services has remained relatively unchanged for many years. However current and anticipated changes in demography, science and technology, patient expectation and workforce mean that the way in which we provide outpatient care is likely to become increasingly unsustainable.

This workstream is exploring options to bring outpatient structures under one umbrella within both Primary and Community Care and Secondary Care where clinics are held. The latter stage will also include a review of the establishment of outpatient staff and skill mix. In particular in terms of how the generic clinic staff work with individual specialities in terms of nurse practitioners, to develop a flexible and sustainable workforce and meet the modernised outpatient agenda.

The key deliverables anticipated with this approach are:

- Ability to readily prioritise the allocation of clinic space for specialities
- Align management structure with the proposed booking system
- Improve clinic utilisation and decrease vacant clinic space
- Improve booking system and ability to offer backspace
- To develop a clear management structure aligned to organisational priorities
- Increased motivation of staff in terms of other opportunities to broaden their skill sets, such as the Outpatient Treatment Unit
- Flexible use of staff resources
- Ability to share equipment resources
- Improve and standardise policies and procedures where applicable
- Ability to streamline and respond to specialities requirements within one management structure
- Nursing workforce equipped to support new ways of working
- Opportunity to develop a training programme to meet the needs across all sites
- To redefine clinic space, for example, ensuring services that require a location with co-dependencies such as x-ray facilities are appropriately situated.

The initial scoping exercise has been completed to understand what clinics are held where; what is delivered in the clinics; staffing workforce and budgets. This information will be reviewed in June to decide what is in or out of scope and next steps agreed, along with timelines.

4.4 **Outpatient Models**

As part of the Outpatient Transformation Programme, sessions are being arranged with Clinical Directors and Outpatient Clinical Leads to review their outpatient model and transformation plans for the forthcoming year. This will feed into the overall plans for the Health Board. These will be clinically led with Directorate teams presenting their plans as well as giving them an opportunity to present any barriers /challenges they may have.

One of the objectives is to understand to what extent it is clinically appropriate to introduce or expand on some of the new ways of working such as SoS/PIFU as well as the impact these will have on patient safety, reduced waiting times and waiting list numbers. The clinical teams have been asked to present plans which reference:

- SoS/PIFU (see on symptom and patient- initiated follow-ups)
- Reduction of follow-up waiting lists and 100% past target follow-ups (if appropriate)

- Non face to face consultations - including video group consultations
- Use of advice only
- Reduction of Clinic Cancellations under six weeks
- Self-management schemes
- INNU (interventions not normally undertaken) where appropriate
- Details of Outpatient Transformation schemes – e.g., new pathways, new technology, use of different roles within the service
- Reduction in DNA rates (where appropriate)

These sessions will be held for all directorates, starting in July with Ophthalmology, Urology, ENT, Spines, Gastroenterology.

We also consult with Llais on a regular basis on the changes to models, and they are a core member of the OPSG.

These plans will enable the Transformation Programme to be clear on the efficiencies that can be gained from an outpatient perspective.

Argymhelliad / Recommendation

The Finance and Performance Committee is asked to:

- Note the progress with the financial modelling for all outpatient specialities with the Divisions of Scheduled Care, Family and Therapies and Medicine
- Note the progress on Outpatient Transformation
- Note the level of cost avoidance for 22/23
- Note the level of risk pertaining to Outpatient Transformation savings
- Note the Outpatient Programme Plan priorities for 23/24

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):	5. Timely Care 5.1 Timely Access 3.1 Safe and Clinically Effective Care Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Planned Care Improvement and Recovery.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance

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

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

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

Appendices	

Appendix A	Appendix A_SOS and PIFU Plans Upd
Appendix B	Appendix B_Over Booking Clinics v2.xl
Appendix C	Appendix C_Benefits Realisatic
Appendix D	Appendix D_Outpatients.pdf

ABuHB

SOS/PIFU Plans

Updated Plan – May 2023

Proposed & Revamped Pathways

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
Medicine				
Diabetes - Diabetes - PIFU	TBC			
Cardiology - Heart Failure – PIFU	New Heart Failure PIFU Protocol signed off and started 16th January 2023	3-month pilot - small cohort of specific criteria patients (10-15 patients). Process and pathway will be reviewed in April 2023 in aim of wider roll out if successful.		Additional PIFU training and education will also be undertaken within the Heart Failure nursing team during the 3-month pilot.
Respiratory - SOS / PIFU		Currently 40 SOS 984 PIFU patients identified. Cohort to expand pending further validation. Only small numbers per annum (approx. 30 p.a.)	Add patients onto the PIFU pathway following initial consultation or following treatment.	Respiratory patients need to be regularly monitored due to their condition and monitoring requirements (e.g., lung function, listening to lungs) as required for appropriate treatment and medication and therefore only a small cohort of patients are able to be added to PIFU or SOS.
Respiratory - physiology (Sleep)		Currently 93 SOS and 1960 PIFU patients identified. Patients to be added to the appropriate pathway following the implementation of the sleep pathway Only small numbers per annum (approx. 30 p.a.)		Patients need to be contacted either yearly or 3 yearly to conform to DVLA requirements if drivers. Sleep patients who are not required to drive are added to the PIFU pathway.

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
Gastroenterology – Stable IBD - PIFU	Dec 2023	At present unable to give any figures of projected PIFU but will be monitoring update 15/05/23	Signed off	
Family and Therapies				
Gynaecology - Endometriosis- PIFU	September 2022 - started	Endometriosis outcomes should be PIFU and not SOS due to the condition being chronic. The PIFU numbers will not increase significantly in 23/24 because they are currently inflated due to some clinicians incorrectly selecting SOS rather than the appropriate outcome of PIFU. The current cohort of PIFU outcomes is being validated to amend the outcomes to the correct outcome selection. The full list is being validated and clinicians are being further educated on the correct selection. However, from data kept by the Endometriosis Nurse Specialist we know that 249 patients have had a PIFU outcome in 24 months which equates to 11.5 % of appointment outcomes. We would anticipate 5 - 6% of outcomes will be added to PIFU for initial appointments equating to approx. 125 if referral remain static.	Add patients onto the PIFU pathway following initial consultation or following treatment. Endometriosis Nurse Specialist to monitor PIFU requests through the endometriosis email or via telephone.	
Gynaecology - Oncology Pathway – SOS	September 2022 - started	SOS is regularly used for symptom led FU patients. 158 patients have been added to SOS since April 2022 with 114 PIFU. The oncology conversion rates remain fairly static and it is predicted that the average will continue therefore equating to approx. 268 over the year.	Add patients onto the SOS pathway following treatment. Oncology Nurse to monitor SOS requests.	

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
Gynaecology - Post- Menopausal for women with ovarian cysts - SOS	October 2022 – on track	To determine this specific cohort an audit of individual records from PMB clinic attendances would need to be undertaken. TBC	Introduction of biweekly NLED virtual clinics. Add patients to the SOS pathway following treatment. Nurse led triage system for SOS patients accessing advice/ appointment to ensure appropriate support and use of capacity	
Gynaecology - Benign Gynaecology OPD Pathway – SOS	15/08/2022 - started	This cohort should be outcomed as SOS as PIFU is only suitable for endometriosis and pelvic pain conditions. PIFU numbers are currently inflated at 1377 for this cohort because some clinicians have been incorrectly selecting PIFU rather than the appropriate outcome of SOS. SOS numbers for this cohort are 302. The current cohort of PIFU outcomes is being validated to amend the outcomes to the correct outcome selection. It is anticipated that at least 80% of PIFU should have been SOS (approx..1130). The full list is being validated and clinicians are being further educated on the correct selection. The ongoing validation will see 1130 (approx.) converted to SOS some of which may have already passed the 6-month time frame and will be removed. Reviewing this fiscal's year activity, it is anticipated that approx. 1870 PIFU/SOS outcomes	Introduction of biweekly NLED virtual clinics. Add patients to the SOS pathway following treatment. Nurse led triage system for SOS patients accessing advice/ appointment to ensure appropriate support and use of capacity	

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
		will be added (in this requested to a 10% growth on this year)		
Gynaecology - Menstrual Disorder Pathway – SOS	October 2022 – on track	Dedicated menstrual disorder clinics are due to commence but the schedule is still being determined due to gaps in the medical workforce rota. Figures for this cohort are currently included in the general benign gynae GOPD figures	Introduction of biweekly NLED virtual clinics. Add patients to the SOS pathway following treatment. Nurse led triage system for SOS patients accessing advice/ appointment to ensure appropriate support and use of capacity	
Gynaecology - Pelvic Pain – PIFU	September 2022 - started	Are included in the Endometriosis data.	Introduction of biweekly NLED virtual clinics. Add patients to the SOS pathway following treatment. Nurse led triage system for SOS patients accessing advice/ appointment to ensure appropriate support and use of capacity	
Gynaecology - Fertility Pathway – SOS		In the period July 2022 to January 2023, 564 patients were reviewed in the NLED clinic. 215 patients have been put on SOS which equates to 38%. It is important to note that a significant amount of clinical validation was undertaken on this cohort of patients to identify those suitable to progress to the next stage of the pathway. As this work has been completed the model should see patients either discharged or move to treatment. SOS outcomes	Introduction of fertility link nurse. Weekly NLED virtual clinics. Ensure women have all necessary baseline tests/ investigations complete before first appointment	

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
		should significantly drop. Approx. 20 p.a.		
Dietetics -Suitable IBS patients – SOS.	Start date 23/02/23 .	Approx. 103	Sent for authorisation w/c 16/01/23 Signed off by CD.	
Weight Management	SOS/PIFU Pathways are in development			
Orthotics	SOS/PIFU Pathways are in development			
Paediatrics * *General Paediatrics,* *Sub specialty paediatrics (Gastroenterology, Diabetes & Endocrinology, Asthma & Allergy, Cardiology, Epilepsy, Renal, Metabolic)* *Tertiary Outreach Cardiology & Neurology* *Community Paediatrics*	Ongoing	There were 647 (8.6%) additions to PIFU/SOS between April and December 2022. To realise the 20% goal in this period would have required more than doubling this number (1503). All things being equal, a similar % of SOS/PIFU additions can be expected in 2023/24. Approx. 862 pa	Currently, PIFU/SOS is used on an individual child basis rather than wholesale for condition specific pathways. The Service will renew its focus on SOS/PIFU in 2023, working in conjunction with the Outpatient Transformation team and benchmarking with Wales and England.	Paediatric referrals from General Practice are triaged by a select team of consultant paediatricians who aim to offer Advice to GPs and families as a safe alternative to consultation. The Service has developed a repository of standard advice letters to support the process. Many children attending General Paediatric clinics are discharged at first consultation or soon afterwards. PIFU/SOS is unsuitable for some chronic condition pathways e.g., diabetes where NPDA Standards require follow up at prescribed intervals. The Service is has recently embarked on Data

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
				Transformation to enable statistical analysis at sub specialty level, including SOS/PIFU
Scheduled Care				
T&O - Hips and Knees – PIFU	Ongoing	Circa 16% of all hip and knee attendances Approx. 800 p.a.	Change to Hip and Knee Arthroplasty follow up protocol. BOA best practise. Consultants to move patients to PIFU outcome upon satisfactory 12 month follow up review.	
T&O - Hand Pathway PIFU	Ongoing	Circa 24% of all hand attendances Approx. 500 p.a.	Signed off by Directorate	
Dermatology – Urticaria patients – Omalizumab – PIFU	Commenced May 22	Development of PIL Approx. 6 p.a.	Clinical Review - patients meet criteria for Omalizumab - have a monthly injection for 6 months then PIFU	
Urology - Clinically led as appropriate (SOS or PIFU Pathway)	November 2022 – Commenced	Currently 1604 on the PIFU pathway. Cohort expected to expand with further validation of SOS patients	Expected to continue to utilise this pathway going forward in lieu of SOS in appropriate instances determined by the relevant consultant	N/A
Urology - Holistic Needs Assessment (PIFU)	Unable to get data. TBC			N/A
Urology – Stone (PIFU)	March 2018 - Commenced	Currently 83 on the PIFU pathway. Cohort expected to expand with further validation of SOS patients.	Expected to continue to utilise this pathway going forward in lieu of SOS in appropriate instances	N/A

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
			determined by the relevant consultant.	
Urology – Erectile Dysfunction (PIFU)	April 2017 – commence	Currently 274 on the PIFU pathway. Cohort expected to expand with further validation of SOS patients.	Expected to continue to utilise this pathway going forward in lieu of SOS in appropriate instances determined by the relevant consultant.	N/A
Urology - Nurse Led Long Term Cancer Surveillance Follow Ups added to a PIFU Pathway	November 2022 – Commenced	Long-term cancer patients are amalgamated into one PIFU list with the others.	PIFU patients can come back to us if symptoms return/worsen. Our team will be notified via contact from the GP or the patients themselves and an appropriate appointment can be made in due course.	N/A
Urology - Self-Management Pathway PSA (PIFU/SOS)	Commenced June 2023			
		Estimate of 1300 for all pathways		
ENT - PIFU - Chronic Otitis externa with acute infection flare	Started 02/2018	90% NP patients with chronic otitis externa with acute infection flare to be managed via PIFU, but will require routine appointments when infected.	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Positive patient feedback Reviewed when required Care provision timely*
ENT - PIFU - Eczematous/Psoriasis Otitis Externa	Started 02/2018	90% NP patients with eczema and psoriasis otitis externa to be managed via PIFU	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Positive patient feedback Reviewed when required Care provision timely*
ENT - PIFU - Chronic Central Tympanic Perforation	Started 02/2018	90% NP patients with chronic tympanic perforation	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Positive patient feedback Reviewed when required Care provision timely*

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
ENT - PIFU - Children & vulnerable adults with altered ear anatomy and wax impaction	Started 02/2018	90% NP patients with altered ear anatomy	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Positive patient feedback* *Reviewed when required* *Care provision timely*
ENT – SOS Minor post operative ear procedure & Wax impaction – those with a moderate hearing loss &/or who are hearing aid dependant	Started 09/2022	5% NP patients with wax impaction and/or minor ear surgical procedures	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Ensures Tx management is appropriate, with access for unresolving Tx if required* *Provides reassurance*
ENT - SOS - Moderate hearing loss > hearing aid dependency with infection and/or occlusion	Started 09/2022	10% NP patients with moderate hearing loss and who are hearing aid dependent	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Ensures Tx management is appropriate, with access for unresolving Tx if required* *Provides reassurance*
ENT - SOS - Isolated acute otitis externa with an acute infection flare	Started 09/2022	40% NP patients with an isolated acute otitis externa, remainder discharged	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Ensures Tx management is appropriate, with access for unresolving Tx if required* *Provides reassurance*
ENT - SOS - Wax impaction (children & vulnerable adults)	Started 09/2022	10% NP patients with wax impaction that are vulnerable and children	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Safety netting provision* *Confidence in service provision*
ENT - SOS - Chronic &/or acute fungal otitis externa	Started 09/2022	40% NP patients with an acute/chronic fungal otitis externa, remainder discharged	OPD Clinics running with four NPs, with PIFU, SoS, New and Follow-up slots.	*Safety netting provision*
ENT	A percentage of the NP patients with each certain condition / diagnosis that will be managed on the PIFU and/or SoS waiting list over 2023 and 2024. For example: 90% of NP patients with chronic otitis externa with intermittent acute infection flares to be managed via PIFU (with routine appointments when infected). • **Most of the NHH NP follow-up patients suitable are converted to either or PIFU/SoS** • **Patients dip in and out of the PIFU/SoS and routing pathways as condition dictates**			

Brief Description of Pathway	Start date or Anticipated Start date	Projected Number of patients to be added to the SOS/PIFU Pathway in 23/24	If the pathway is still to be implemented, please outline what action remains e.g., sign off by Directorate CD	Any other relevant comments
	• **Currently on average 67 ENT NP patient reviews weekly > an estimated 4% will be added to PIFU and/or S0S for the first time (three patients a week).** **Approximately 156 p.a.**			
General Surgery - Emergency & Elective patients SOS/PIFU Pathway	1.4.23 Awaiting re vised Date	480 (It is envisaged that 1 in 5 will opt to take an appointment)	Final paperwork back through to Directorate in June 2023 as soon as we have it back, we will go live.	
General Surgery - Proposed PIFU Breast Surgery Mammogram surveillance 5-year pathway	SOS already in place, some updating of pathway underway to include PIFU	240	Already agreed	
Pain Management - A functioning SOS pathway in place in the chronic pain service SOS time frame: 6-12 months. Patients on SOS list are- • Repeat injections • Stable patients who may request further input from pain service within the SOS time frame • Patients awaiting investigations/interventions from another speciality • Other reasons at consultant discretion	Already established	Minimal numbers, due to natures of service. PIFU not suitable for service. Current pain follow- up waiting list has been reduced significantly with changes to pathway management and following of national guidance. A small cohort of patients meet criteria for SOS, the service wouldn't look to expand numbers due to nature of chronic pain management. Approx. 80 p.a.	N/A	

May 2023

J Poole/Charlotte Ames

Over Booking Outpatient Clinics

Assumption that clinics were booked to full capacity on the day.

Financial Year 2022/23

service_name	All
staff_grade	All

Row Labels	Number of Clinics	DNA RateAll	CNA on Day RateAll	Average Booked Patients Per ClinicAll	% Clinics Over Booked (1 Additional Patient)	No. Clinics Over Booked +1	% Clinics Over Booked (2 Additional Patients)	No Clinics Over Booked +2
Clinical Support Services	175	8.63%	6.96%	7.15	49.71%	87	66.86%	117
Family and Therapies	5315	7.62%	4.66%	5.70	44.80%	2381	69.65%	3702
Medicine	17062	9.28%	5.66%	4.89	48.62%	8295	69.63%	11881
Scheduled Care	36079	4.94%	3.56%	6.69	52.00%	18761	73.16%	26395
Grand Total	58521	6.18%	4.14%	6.09	50.35%	29464	71.76%	41993

Over Booking Outpatient Clinics (Filter by Attendance Category)

Assumption that clinics were booked to full capacity on the day.

Financial Year 2022/23

staff_grade	All
attendance_category	New Attendance

Row Labels	Number of Clinics	DNA Rate	CNA on Day Rate	Average Booked Patients Per Clinic	% Clinics Over Booked (1 Additional Patient)	No Clinics Over Booked +1	% Clinics Over Booked (2 additional patients)	No Clinics Over Booked +2
Clinical Support Services	**112**	**11.39%**	**7.58%**	**4.88**	**43.75%**	**49**	**70.54%**	**79**
Family and Therapies	**3975**	**6.25%**	**3.84%**	**3.48**	**60.28%**	**2396**	**81.18%**	**3227**
Medicine	**11269**	**9.05%**	**4.23%**	**2.59**	**62.36%**	**7027**	**81.91%**	**9230**
Scheduled Care	**19271**	**5.75%**	**3.73%**	**4.28**	**58.75%**	**11322**	**78.28%**	**15086**
Grand Total	**34531**	**6.59%**	**3.87%**	**3.65**	**60.06%**	**20741**	**79.74%**	**27536**

Appendix C – Benefits Realisation

The development of the Outpatient Treatment Unit (OTU) was originally agreed as part of the Outpatient Transformation Programme during 21/22 and a new area revamped in quarter 4 of 22/23 to deliver the one stop services from. The Outpatient Transformation Team were successful in obtaining part funding from Welsh Government for a two-year period whilst the business case was being completed. The funding was initially agreed over a 12-month period, and was further agreed under the same fund until the end of the 2023-24. Approval for recurrent funding is being sought.

The patient benefits have already been discussed during the paper and this section will attempt to provide a benefits realisation case for the cost efficiency that the Outpatient Treatment Unit will deliver.

Approach to Costing

The costing approach taken uses a mixture of TDABC (Time Driven Activity Based Costing) and PLICS (Patient Level Information Costing System) to deliver costs on the variation between existing pathways and the OPTU pathway.

For each pathway where there is variation a cost efficiency per patient has been derived. Efficiency drivers include;

- No preoperative assessment required for an OPTU procedure
- Less resource is required in a treatment room compared to a traditional theatre setting.
- Use of lower banded staffing than currently being used for infusions.

Timings of procedures show a relatively small positive variation which is not material but is reflected in the following figures.

Variation in Costs per Procedure/Infusion

	Variation Only		
	Current Pathway cost per Patient (£)	New Pathway cost per Patient (£)	Efficiency Per Patient (£)
Maxillofacial	411	100	311
General Surgery - Infusions	30	23	7
General Surgery - Operating Procedures	243	100	142
Ear, Nose, and Throat	230	100	129
Nephrology		21	(21)

Dermatology (including Telederm), are excluded in the table above as there is no variation in the pathway. The opening of the OPTU has created space in the Dermatology Procedure Rooms at St Woolos, resulting in extra capacity for more complex cases at this site.

Nephrology Patients are currently seen in Cardiff and Vale Health Board (CAV) where a historic Service Level Agreement (SLA) is in place. As a result of the SLA, any Nephrology patients who are seen for procedures in our health board will result in inefficiency as the health board will continue to pay CAV for this service under the agreement. The SLA for Nephrology is being renewed for a further 12 months in April.

OPTU at Expected Capacity

		Expected Capacity - Variation		
	Total Patients at Expected Capacity	Annual Cost Current Pathway (£)	Annual Cost New Pathway (£)	Efficiency (£)
Maxillofacial	126	51,838	12,659	39,179
General Surgery - Infusions	126	3,815	2,912	903
General Surgery - Operating Procedures	504	122,342	50,634	71,708
Ear, Nose, and Throat	289	66,425	29,034	37,390
Nephrology	42	-	865	(865)
	1,087	244,420	96,104	148,316

Expected Capacity has been provided in the table above which shows an efficiency of £148,316 for the specialties currently agreed to be within the unit.

Further applications are being considered for Ophthalmology, and Neurology to make use of the treatment space.

Treatment Space Utilisation

Current expected capacity is shown to be at 8.5 sessions per week however, full capacity of the unit with its 2 treatment rooms, operating Monday to Friday, with a morning and afternoon list would run at 20 sessions per week. The business case is aimed at staffing lists for 8.5 to 10 sessions per week but further opportunity may exist in the future as the space develops.

Sessional Utilisation

For the OPTU to run effectively and efficiently it must recognise the need to have minimal non-patient contact time.

	No of Sessions Per Week	Total Patients per week	Total Session Minutes Per Week	Avg Minutes per patient	Procedure Time advised	Total Procedure Time	Utilisation %
Maxillofacial	1.5	3	315	105	45	135	43%
General Surgery - Operating Procedures	1.5	6	315	52.5	45	270	86%
Teledermatology	2	8	420	52.5	45	360	86%
Dermatology One Stop	2	8	420	52.5	45	360	86%
Ear, Nose, and Throat	1.5	4.5	315	70	45	202.5	64%

At 43% and 64% planned utilisation, it would be suggested that Maxillo-Facial and Ear, Nose and Throat should complete more procedures per list to reach a Utilisation of 86%, in line with other specialties. As both specialties are new to the unit, and in operating in this manner it is anticipated that activity levels will increase as training is completed and list utilisation will be achieved nearer that of specialties which are already operating from the unit. At 86%, 29 minutes of the 210 minute session will be non-patient contact time. This time will be used to clean and prepare between patients. Current health board operating room utilisation is 66% for 2022-23 YTD (to December) which indicates that the OPTU will be more efficient at 86% than current surgical pathways. It could also be suggested that our current core elective sessional theatre room utilisation should be improved to enable greater throughput in existing operating sessions for more complex procedures.

Carbon Savings

A Reduction in the number of times patients visit our hospital site will have a positive impact on the amount of carbon omitted.

It is estimated that as a result of saving 2 extra visits to the health board (pre-operative assessment and procedure), carbon reduction will be seen at 46kgCO2e per patient(1), a total of over 50 tonnes in total per annum at expected capacity.

Ongoing Performance

In order to measure performance, it is important that the unit uses one source of recording data. It currently uses multiple sources, including Clinical Workstation and Ormis depending on specialty or procedure. The use of multiple sources, and differing information being collated make it difficult to assess performance from each system. To enable consistent performance measurement and reporting, the use of Ormis would enable a range of metrics to be produced including, session timeliness, cutting times and utilisation and therefore, a direct comparison to traditional theatres can be made. This will assist with ongoing reporting between current and future pathways to ensure productivity is at the desired level.

Summary

The OPTU will provide additional space for patients to be seen and in a more timely manner. In current surgical pathways this cohort of patients would have been placed on the waiting list and likely by RCS priority 4 (the lowest priority) and therefore, would experience longer wait times.

While costs per procedure appear to be lower predominantly due to no pre-operative assessment, the unit must be run efficiently and have a minimum number of procedures per list. The number per list would depend on the complexity of cases. The case time must be similar to a procedure performed in a theatre and have minimal downtime per session or it will not be a cost effective option.

The efficiencies described are non-cash releasing. The efficiencies will assist us in seeing our patients who are on waiting lists quicker, particularly those who may be waiting longer for their procedures. The efficiencies will not become cash releasing until our waiting list have been cleared and a full review of theatre estate requirements can take place to meet ongoing demand. We currently hold an above average number of theatres than our national benchmarking peers, however we have less dedicated day case surgery estate (NHS Benchmarking 2021-22).

RTT – Outpatient Transformation

F2F and Virtual Attendances

Specialty	first remote tel	first remote video	f-up remote tel	f-up remote vid	first f2f	f-up f2f	Remote Attendances (Numerator	All Attendances (Denominat	Percentage of attendances	AB Benchmarking Position	Benchmark Mean	Difference to Mean	Move from F2F to Virtual (Attendan	Efficiency @ Mean (£)*
Ophthalmology	426	7	14	2	13450	28123	449	42,022	1.1%	18 of 28	5.4%	4.3%	1,803	95,579
Trauma & Orthopaedics	2	0	112	48	22117	30598	162	52,877	0.3%	33 of 33	20.1%	19.8%	10,466	554,713
Cardiology	792	4	5568	133	2505	6364	6,497	15,366	42.3%	18 of 37	38.6%	-3.7%		
Dermatology	1519	57	8299	480	5255	11690	10,355	27,300	37.9%	1 of 26	16.1%	-21.8%		
Gynaecology	66	16	901	0	7863	6071	983	14,917	6.6%	32 of 35	18.4%	11.8%	1,762	93,372
Urology	455	209	4845	68	4963	6179	5,577	16,719	33.4%	22 of 33	39.9%	6.5%	1,094	57,976
Ear, Nose & Throat (ENT)	258	27	268	42	6112	8084	595	14,791	4.0%	25 of 31	17.8%	13.8%	2,038	108,003
General Surgery	1022	1	1653	0	14334	9523	2,676	26,533	10.1%	26 of 32	31.6%	21.5%	5,708	302,547
Respiratory Medicine (Thoracic Medicine)	1892	2	8253	4	4677	11436	10,151	26,264	38.6%	21 of 35	45.5%	6.9%	1,799	95,353
Clinical Haematology	2471	0	10224	1	3231	18595	12,696	34,522	36.8%	29 of 32	57.0%	20.2%	6,982	370,022
Paediatrics	344	558	1153	1907	2194	4883	3,962	11,039	35.9%	8 of 35	24.1%	-11.8%		
Other (all other specialities not listed)	9798	782	27502	406	16888	31554	38,488	86,930	44.3%	1 of 38	28.5%	-15.8%		
Total for all specialities	**19045**	**1663**	**68792**	**3091**	**103589**	**173100**	**92,591**	**369,280**	**25.1%**	**25 of 40**	**26.8%**	**1.7%**	**31,652**	**1,677,564**

- Data sourced from NHC Benchmarking Network, where ABUHB are 25th out of 40 for F2F and Virtual
- Largest opportunities in T&O, Gen Surg and Haemotology
- £1.7m opportunity, by reducing clinic volumes if driving Virtual appointments to benchmarking mean

RTT – Outpatient Transformation

First to Follow Up Ratios

Specialty	Follow Up Attendances	New Attendances	AB FU:N Ratio	AB Benchmarking Position	Benchmark Mean	Difference to Mean	Saved Appointments @ Mean Appointments	Efficiency @ Mean (£)
Ophthalmology	28139	13883	2.03	3 of 28	2.95	- 0.92		
Trauma & Orthopaedics	30758	22119	1.39	15 of 33	1.55	- 0.16		
Cardiology	12065	3301	3.65	30 of 37	2.15	1.50	4,968	332,846
Dermatology	20469	6831	3.00	17 of 26	2.39	0.61	4,143	277,575
Gynaecology	6972	7945	0.88	9 of 35	1.12	- 0.24		
Urology	11092	5627	1.97	2 of 33	2.66	- 0.69		
Ear, Nose & Throat (ENT)	8394	6397	1.31	15 of 31	1.40	- 0.09		
General Surgery	11176	15357	0.73	8 of 32	1.38	- 0.65		
Respiratory Medicine (Thoracic Medicine)	19693	6571	3.00	29 of 35	2.26	0.74	4,843	324,450
Clinical Haematology	28820	5702	5.05	6 of 32	8.37	- 3.32		
Paediatrics	7943	3096	2.57	8 of 35	1.92	0.65	1,999	133,912
Other (all other specialities not listed)	59462	27468	2.16	14 of 38	2.74	- 0.58		
Total for all specialities	**244983**	**124297**	**1.97**	**15 of 40**	**2.48**	**- 0.51**	**15,952**	**1,068,783**

- Data sourced from NHC Benchmarking Network, where ABUHB are 15th out of 40 for First 2 Follow Up Ratios
- Largest opportunities in Cardiology, Dermatology, Respiratory and Paeds
- £1m opportunity, by reducing clinic volumes if driving Virtual appointments to benchmarking mean

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 June 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Performance Report – May 2023 (2023/24 Month 2)
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 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.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at May 2023 (month 2).

The 2023/24 financial performance is measured by comparing actual expenditure with the budgets as delegated as approved in the Budget Delegation papers at the March 2023 Board meeting. 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.

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

Target	Unit	Current Month	Year to Date	Trend	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	15,979	29,473	↑	**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 £50,676	3,578 7.1%	6,228 12.3%	↑	**2,071**
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)	%	96.3%	96.4%	↑	**>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	✓				

Underlying Financial Position (Brought Forward ULP)	**20/21**	**21/22**	**22/23**
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**

At Month 2, the reported revenue position is a £29.5m deficit (submitted IMTP profile was £24.6m) and the reported capital position is break-even. The forecast year end revenue position is £112.8m deficit (capital forecast is £2.1m deficit). There are significant risks in achieving the reported forecast, there are also risks in achieving the Capital forecast position.

Cefndir / Background

Key points to note for month 2 include:

- A reported year to date position of **£29.473m deficit** compared with the IMTP planned profile variance of £24.532m. The reported forecast is a **£112.848m deficit** however there are considerable savings and operational risks to the forecast position.
- Income – includes anticipated funding for the 1.5% consolidated 2022/23 pay award paid in May 2023 and specific National Covid-19 schemes,
- Pay Spend – has increased by c.£2.1m (3.4%). The main reasons are:
    - Agency pay - £0.9m increase including back-dated ophthalmology costs
    - Additional enhancement costs (inc. Easter Bank holidays), £1.0m increase.

- Non–Pay Spend (excluding capital adjustments) - has increased by c.£3m (3.6%) due to increased funded contractor, maintenance costs and expenditure related to external projects.
- Savings – overall forecast achievement is £21.5m, against the IMTP savings plan of £51.5m
    - Year to date achievement of £2.1m against Year to date plan of £3m.
    - The remaining £30m of stretch targets requires further Divisional action to deliver and other mitigating actions may be required.

Asesiad / Assessment

- **Revenue Performance**

The month 2 position is reported as a **£29.473m deficit**, The forecast position was agreed by the Board as part of the IMTP on the 29th of March 2023 as **a likely deficit of £112.848m**.

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

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

The table below describes the IMTP in summary:-

	£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 - May 2023 (M02)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	275,687	793	513	280
Prescribing	111,125	1,502	647	855
Community CHC & FNC	66,837	1,741	766	975
Mental Health	116,976	3,291	1,644	1,647
Director of Primary Community and Mental Health	209	(7)	35	(42)
Total Primary Care, Community and Mental Health	**570,834**	**7,319**	**3,605**	**3,715**
Scheduled Care	189,539	1,150	121	1,028
Clinical Support Services	59,626	45	(163)	209
Medicine	142,365	2,732	940	1,793
Urgent Care	33,109	1,025	489	536
Family & Therapies	125,826	156	15	141
Estates and Facilities	90,570	(248)	(64)	(184)
Director of Operations	7,659	137	23	115
Total Director of Operations	**648,694**	**4,998**	**1,361**	**3,637**
Total Operational Divisions	**1,219,528**	**12,317**	**4,965**	**7,352**
Corporate Divisions	124,031	(682)	(361)	(321)
Specialist Services	182,322	0	0	0
External Contracts	88,335	0	0	0
Capital Charges	41,837	(0)	(0)	(0)
Total Delegated Position	**1,656,052**	**11,635**	**4,604**	**7,031**
Total Reserves	(93,202)	17,838	8,890	8,947
Total Income	(1,562,850)	0	0	(0)
Total Reported Position	**(0)**	**29,473**	**13,494**	**15,979**

Summary of key operational pressures for Month 2

- During May 2023, pay expenditure has increased by c.£2.1m (3.4%) compared with April.
  - Consolidated 2022/23 pay award costs were paid in May 2023, costs incurred year to date are c.£1.6m and this funding has been anticipated.
  - Medical agency pay has significantly increased partly due to some back-dated claims and payments (in Ophthalmology as well as other specialities) for shifts undertaken in previous months.
  - Variable pay costs remain significant (£8.8m in month 2) and are mainly within nursing and medical staff categories to provide cover for vacancies, sickness and enhanced care and operational pressures.
  - HCSW costs in estates and facilities remain high linked to the continuation of enhanced cleaning standards.

- Non–Pay Spend (excluding capital adjustments) - has increased by c.£3m (3.6%) due to increased funded contractor, maintenance costs and expenditure related to external projects.

- 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 283 inpatients who are fit for discharge as at the end of May, approximately 28% of the blocked bed days are health related, 56% are social care and package of care related with the remaining 16% relating to other reasons e.g. patient/family related and nursing homes.

- The estimated cost for the year of continued blocked bed days which are social care and package of care related is c.£20m using a £200 cost per bed day (actual costs are likely to be more due to agency usage). These delays contribute to the patient flow challenges across the UHB and the surge bed capacity required for these continues to result in overspends across the UHB. The aim 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 May other significant issues include:-

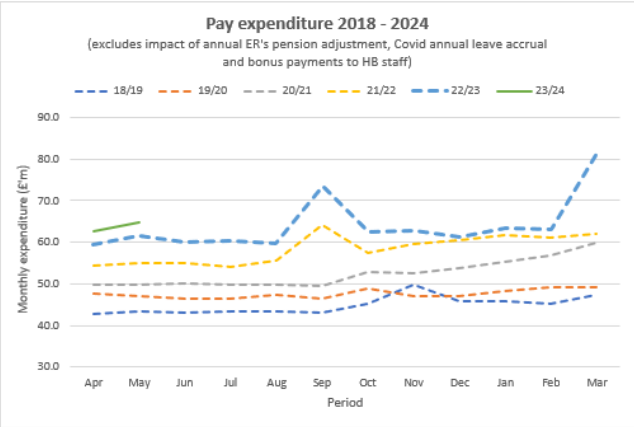
    - Prescribing spend increased by £2.5m in month, of which £1.8m was due to increased average cost per item (forecast increase from £7.20 in the IMTP to £7.55 in February PAR), noting a month 1 to month 2 movement in forecast from £7.44 to £7.55,
    - CHC spend increase of £0.7m due to;
        - CHC growth pressures (Adult complex care growth, high-cost Paediatric packages and Mental Health),
        - CHC fees uplift (current forecast uplift of 12% compared with IMTP assumption of 6%),
    - Enhanced cleaning, additional security and other unfunded Covid-19 legacy costs.

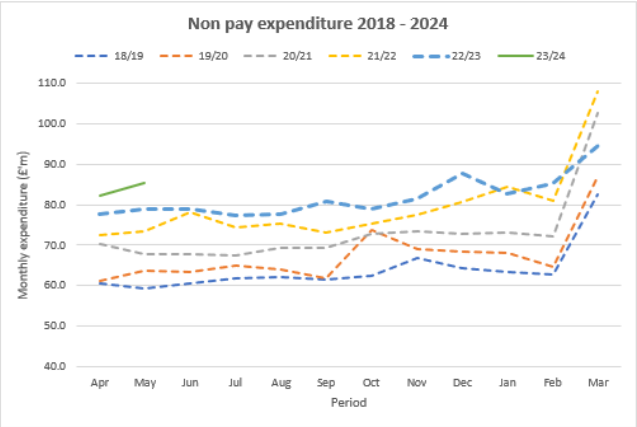
Key areas of focus for mitigating actions for the Health Board remain:

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- Urgent care pathways and elective care re-design,
- Demand and flow management, - reviewing the social care community actions,
- 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 start to decrease in 2023/24 to meet the IMTP target.

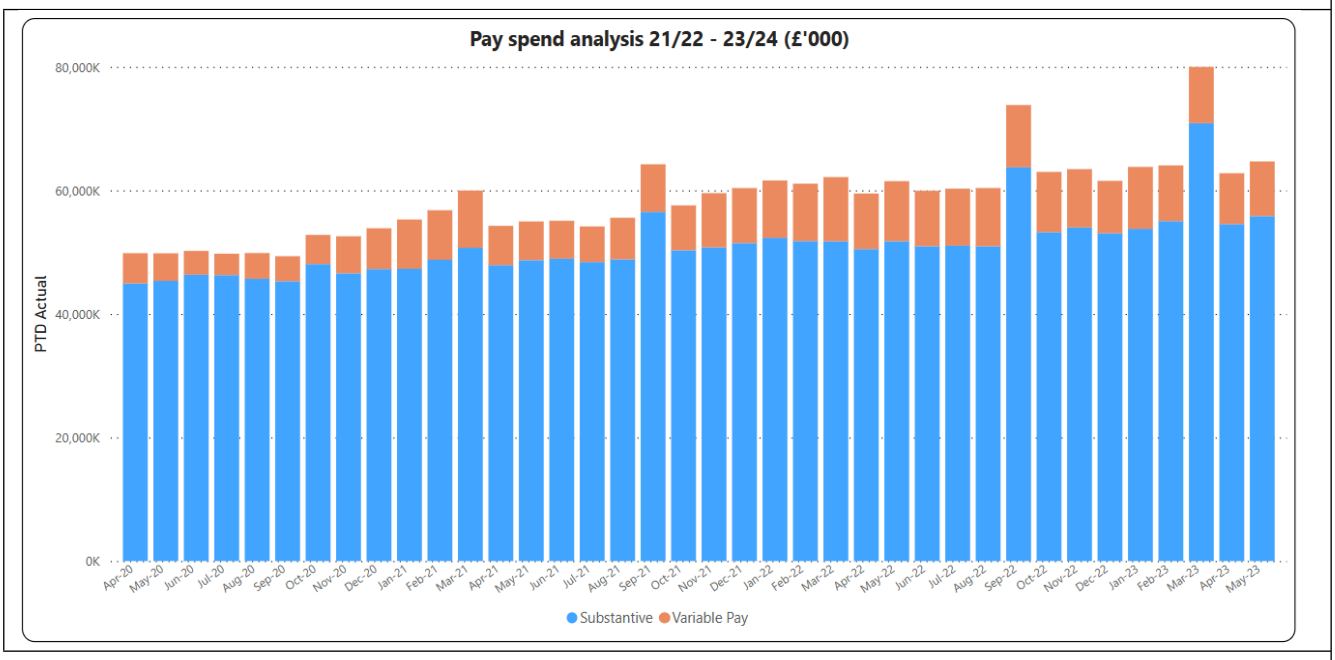




Workforce

The Health Board spent £64.7m on workforce in month 2 23/24 an increase of £1.9m compared with month 1 (22/23 monthly average of £64.1m).

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



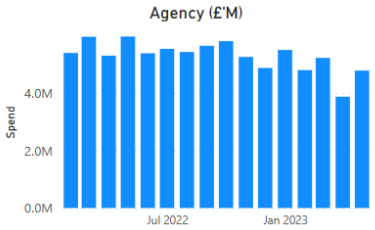
Substantive staff

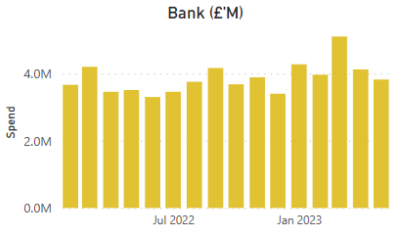
Substantive pay was £55.9m in May. The consolidated 22/23 wage award for April and May (at 1.5%, £1.6m) was paid in May. Enhancement costs increased given the payment of bank holidays and for 5 weeks rather than the usual 4, whilst waiting list payments also increased in May compared with April.

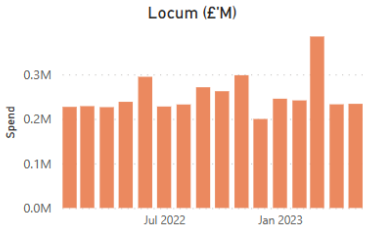
[1] *To enable useful comparisons and trends all references to 22/23 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£27.5m).*

Variable pay

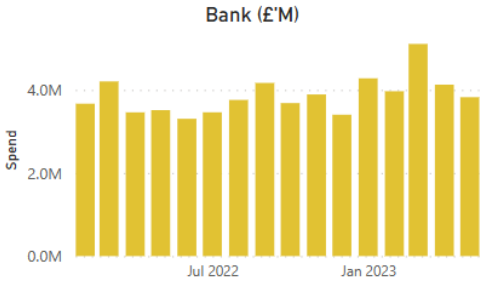
Variable pay (agency, bank and locum) was £8.8m in May (£8.2m in April). Vacancy cover along with sickness and enhanced care continue to drive a financial pressure. Mental Health remains an area of concern with a general increase in acuity which subsequently impacts variable pay expenditure.







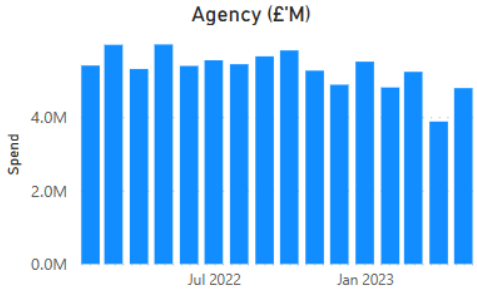
Bank staff



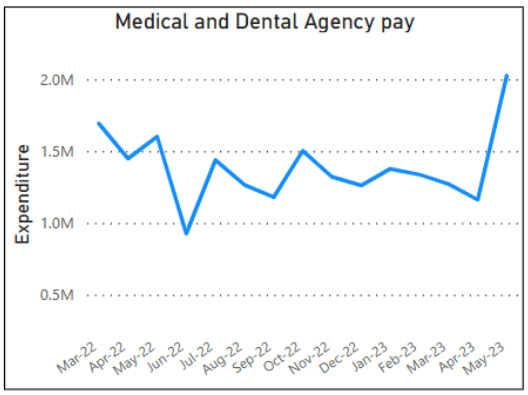
In-month spend of £3.8m, a £0.3m decrease compared with April.

- 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.
- £0.42m expenditure within medicine wards in YYF.
- Noted on-going significant use of flexible rewards presenting a financial pressure across several Divisions.
- Flexible rewards are due to end in August 23.

Agency

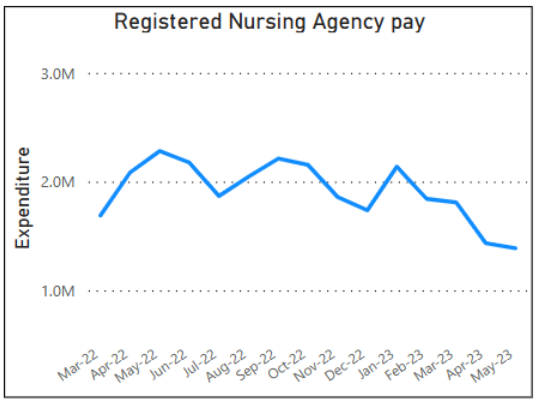


Total agency spend in May was £4.8m compared with £3.8m in April.



- In-month spend of £2.0m, a £0.9m increase compared with April.
  - Ophthalmology elective shifts including back-dated claims and costs (c.£0.5m)
  - Continued pressures in Medicine wards, GUH ED and community hospitals to cover operational pressures (c.£0.2m).
  - COTE expenditure (£0.15m) for operational pressures.
  - Trauma & orthopaedics costs (c.£0.2m) for operational and additional activity.
  - On-going costs for managed practices (£0.2m)
  - Mental Health pressures for vacancy cover (c.£0.2m).

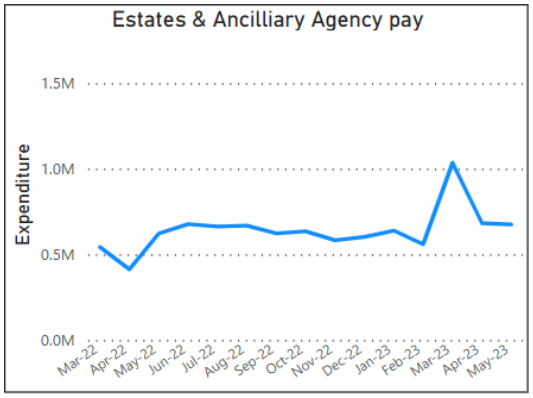
- Medical agency spend averaged c.£1.3m per month in 2022/23.



- In-month spend of £1.4m, a similar level compared with April.
- 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.£0.4m) 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 £0.7m on Estates & Ancillary agency, a similar level compared with April.
- 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).

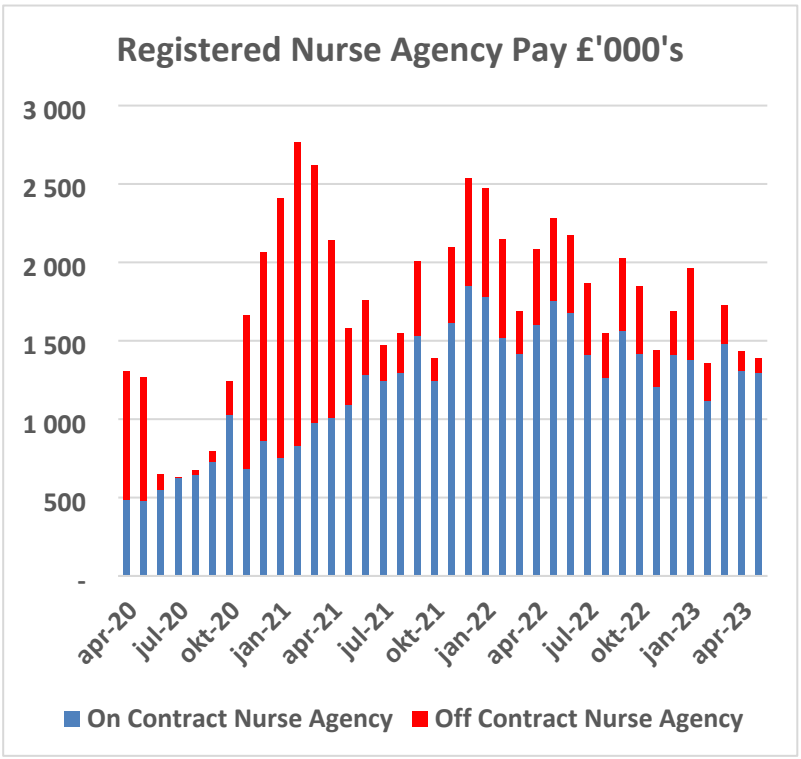
- Estates and Ancillary agency spend averaged c.£0.65m per month 2022/23.

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 May 2023 is £1.4m which is a similar value compared with April.

The use of "off-contract" agency – not via a supplier on an approved procurement framework – usually incurs higher rates of pay is decreasing but remains a pressure.

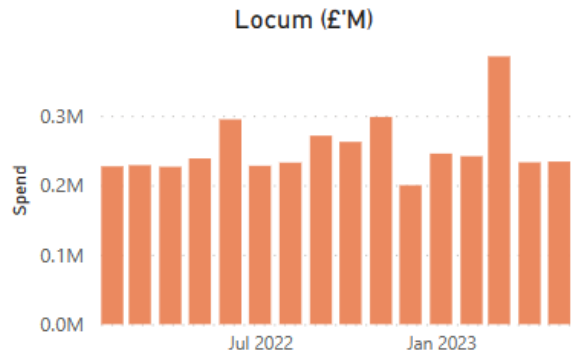


The Health Board spent £0.1m on **"off" contract** RN agency in May. These costs reflect the on-going vacancy cover as well as smaller usage for other operational pressures such as:

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

It should be noted that the number of unfilled registered nursing shifts remains at a high level throughout the HB. If all these shifts were filled (c.150wte in May) through variable pay the cost impact would be significantly increased.

Medical locum staff

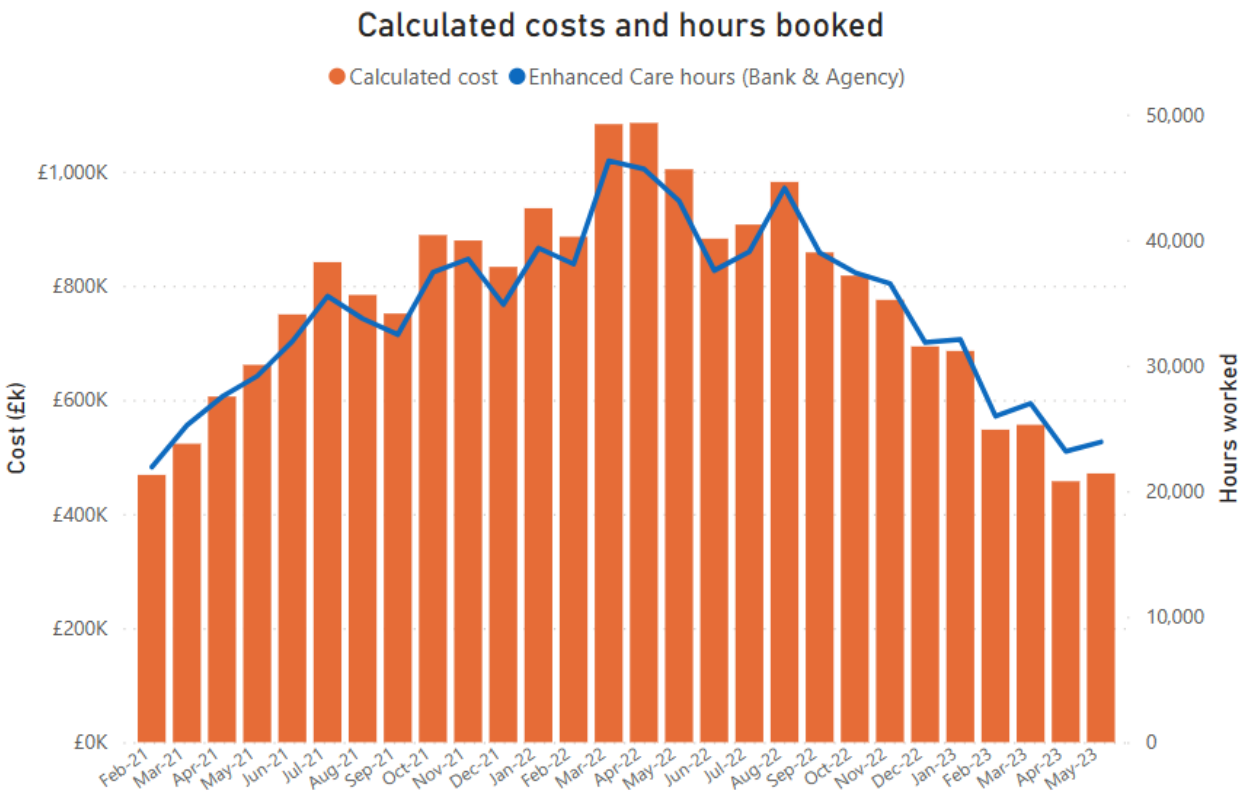


- Total locum spend of £0.2m, a similar level compared with April.
  - Radiology, COTE and GUH ED are the specialties with the greatest in-month expenditure.
  - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.
  - Adult Mental Health in-month expenditure 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 February 2021 to May 2023 using bank and agency registered nurses and health care support workers.

Enhanced Care bank and agency calculated costs and hours booked



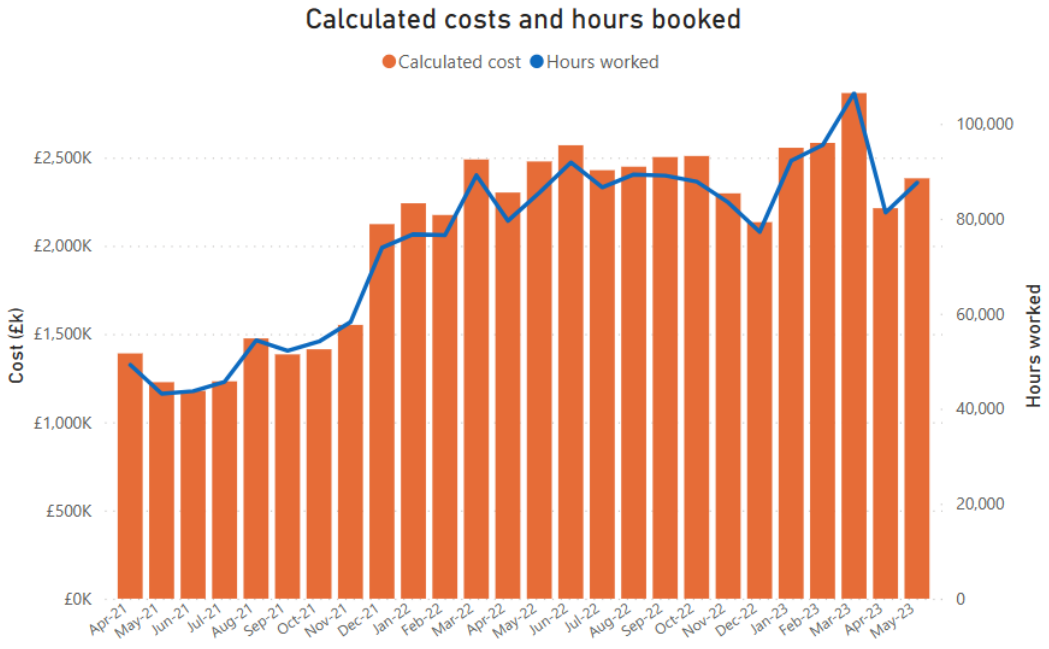
The level of the provision of enhanced care for patients within the Medicine Division for April to May 2023 shows no reductions, this is shown below:

Enhanced Care by Hospital Site as a percentage of total bed capacity	M1	M2
RGH		
Total no of Medicine beds	192	192
Monthly average enh care patients	59	59
%age of beds in receipt of enh care	31%	31%
NHH		
Total no of Medicine beds	164	164
Monthly average enh care patients	19	19
%age of beds in receipt of enh care	12%	12%
GUH		
Total no of Medicine beds	91	91
Monthly average enh care patients	30	30
%age of beds in receipt of enh care	33%	33%
YYF		
Total no of Medicine beds	148	148
Monthly average enh care patients	46	46
%age of beds in receipt of enh care	31%	31%
Total		
Total no of beds	**595**	**595**
Total monthly average enh care patients	**154**	**154**
	26%	**26%**

Nursing vacancy cover

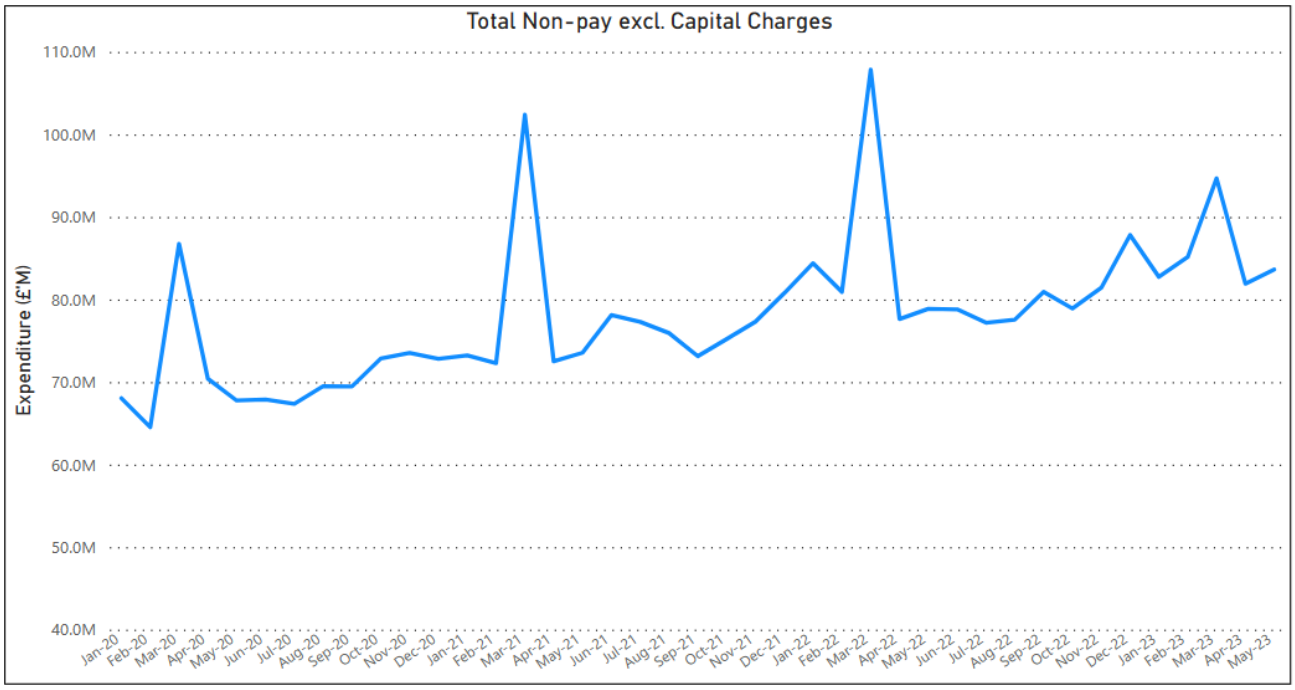
The graph below presents the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in May 2023 variable pay relating to vacancies remains significant and is c.£2.4m of 'notional calculated' expenditure.

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



Non-Pay

Spend (excluding capital) was £85.3m in May which is a £3m increase when compared with April, this is due to increased maintenance, contractual costs as well as expenditure related to external projects (e.g. 6 goals for emergency care). A graph demonstrating non-pay expenditure since January 2020 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. In-month expenditure is £1.6m with a current forecast of £16.6m for the 2023/24 financial year. This is significantly lower than the IMTP forecast expenditure of £29.3m.

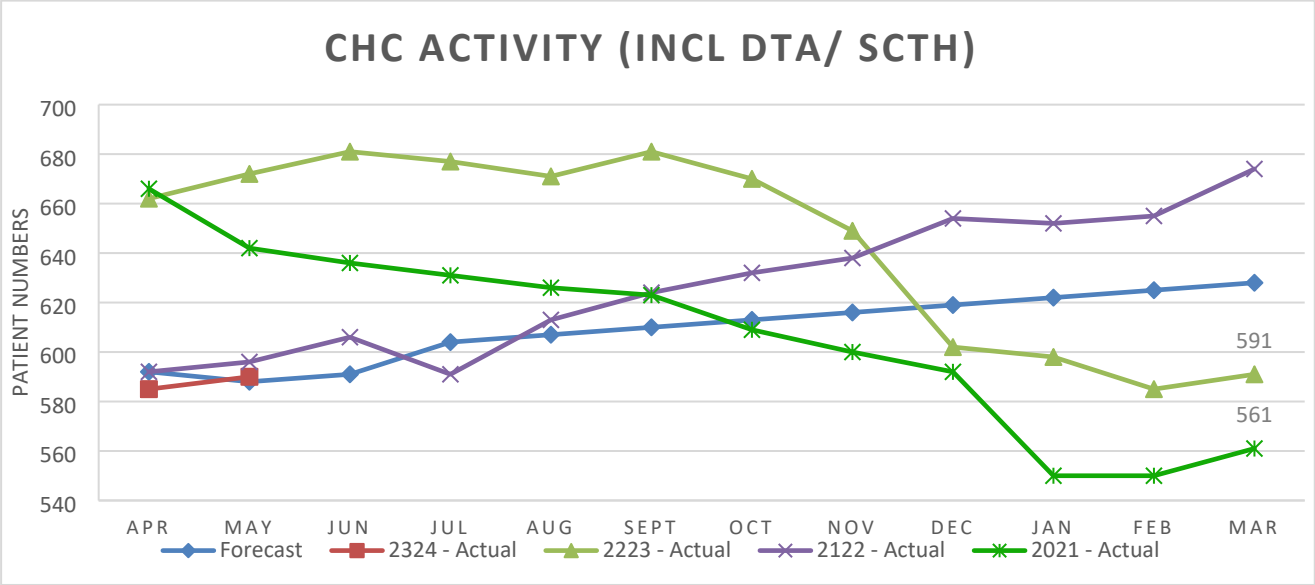
CHC

- CHC Mental Health – the patient numbers at the end of May were 422 at a cost in May of £4.5m (420 patients at a cost of £4.3m in April).
- CHC Adult / Complex Care - 590 total active placements (increase of 5 from April). There was a decrease of 11 D2A patients and a decrease of 3 placement on the 'Step Closer to Home' pathway (12 total) in May. The overall cost in May was £5.3m compared to £5m in April. The table below summarises the current position:

Activity	May 2023	April 2023	Movement
D2A	32	43	-11
Step Closer to Home	12	15	-3
All Other CHC	546	527	+19
Total	590	585	+5

- FNC - currently 992 active placements at a cost in May of £0.95m (April cost was £0.86m), and an increase 30 placements from April to May.

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

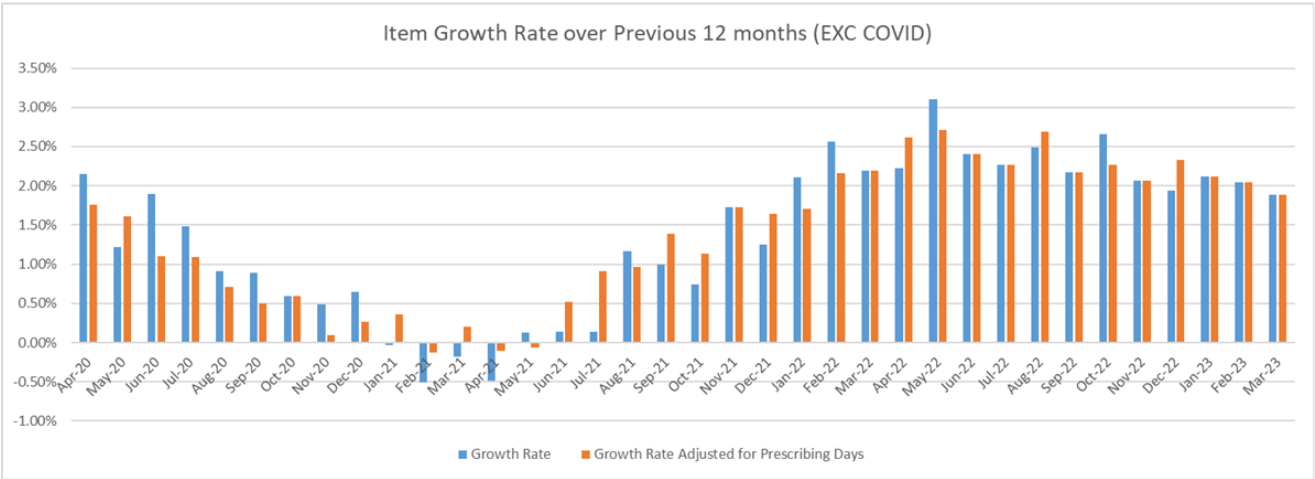


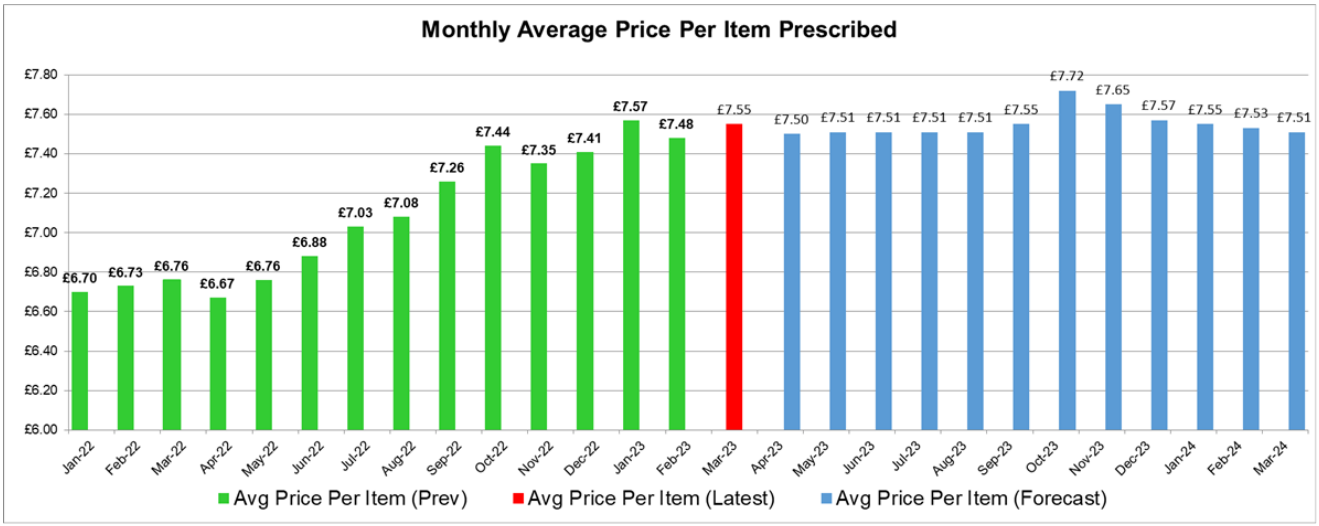
- CHC Paediatric – currently 20 Out of County patients (2023/24 year to date cost of £0.3m) and 9 internal packages. There were 2 high cost patients which continue to be a cost pressure against funded levels. Procedures are being reviewed to improve the quality of patient information on the management database.

Prescribing

- Primary Care prescribing – the expenditure year to date is £20m. The May 2023 costs are based on:-
    - Item growth rate in the 12 months April 2022 to March 2023 of 1.88% (forecast items for 2023/24 is c.16.8m)
    - Average cost per item price forecast for 2022/23 was £7.20.
    - Average cost per item price forecast for 2023/24 is £7.55.

The graphs below describe the Monthly average price per item and item growth:-

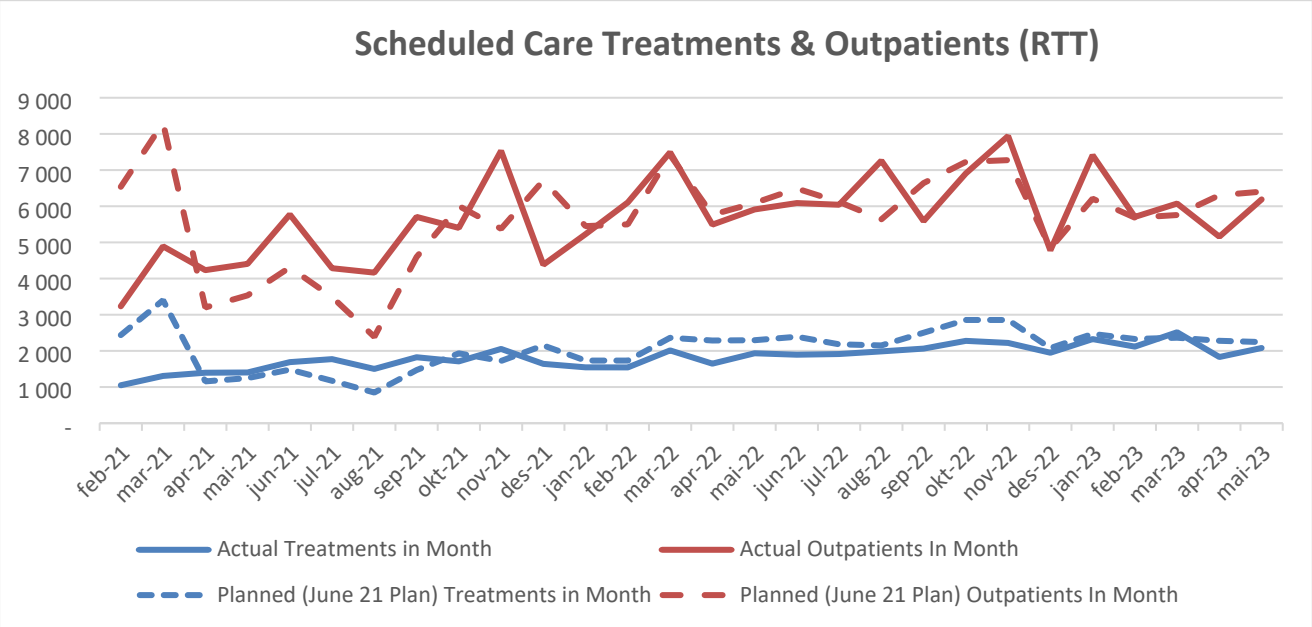




Scheduled Care treatments and outpatients

Elective activity in May has increased compared with April (which was negatively impacted by the flood in RGH E-block). Activity remains below planned levels (164 treatments under plan). Outpatient activity increased significantly compared with April but remains below planned levels.

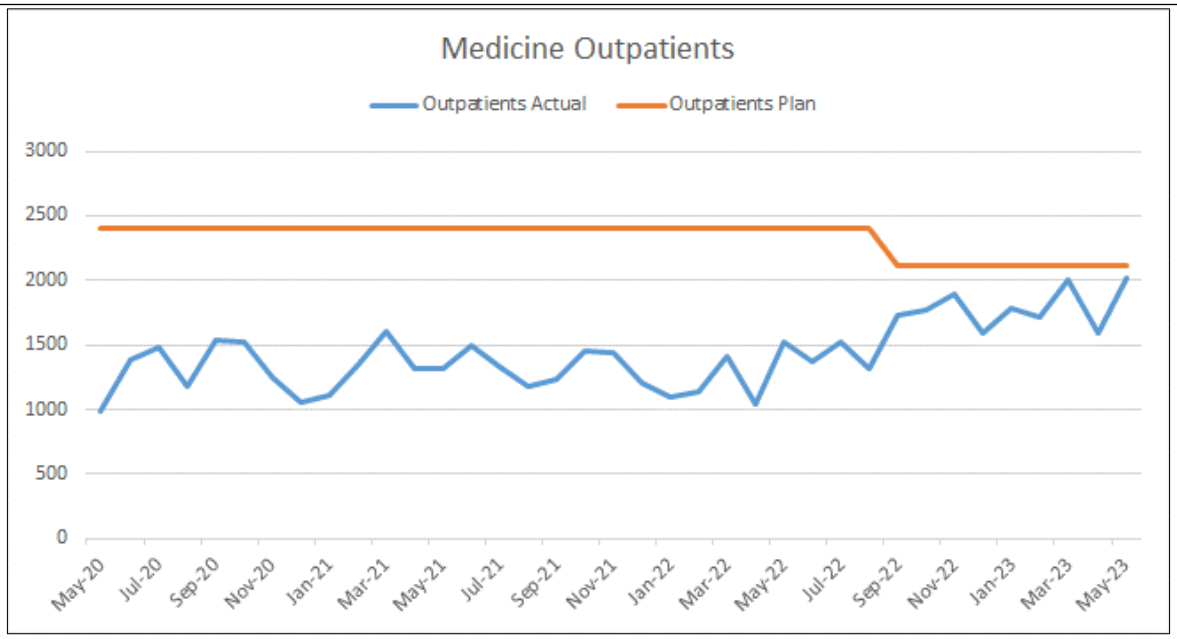
There are significant efficiency opportunities in the delivery of elective care which will be progressed as part of the Planned Care programme, delivery of these are part of the IMTP savings plans.



- Elective Treatments for May '23 was 2,080 (April '23 was 1,831).
- Outpatient appointments for May '23 was 6,189 (April '23 was 5,158).

Medicine Outpatient Activity

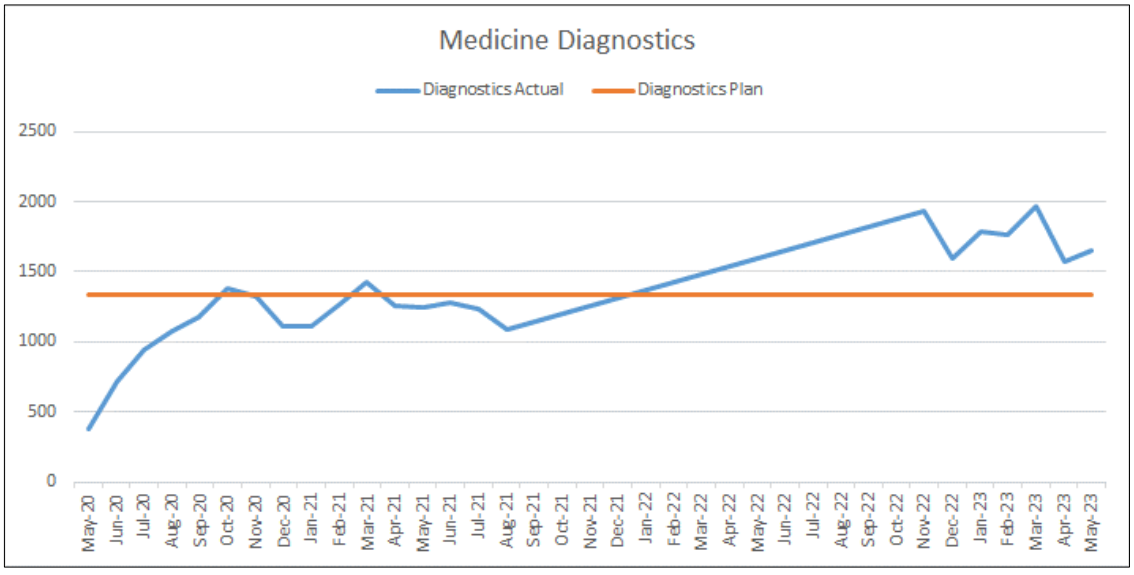
Medicine Outpatient activity for May '23 was 2,017 attendances (April '23 was 1,596 attendances) the activity is presented by specialty below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for May '23 was 1,651 procedures which is 317 cases more than plan (April '23 activity was 1,571). Additional services have been commissioned to deliver planned levels.

The activity undertaken since April '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 for reference.

The table below demonstrates the risk by Division of achieving the IMTP financial target of a £112m deficit.

	Annual budget £000s	Full-year Forecast at M02 £000s
Operational Divisions:-		
Primary Care and Community	275,687	6,156
Prescribing	111,125	10,362
Community CHC & FNC	66,837	7,183
Mental Health	116,976	16,967
Scheduled Care	189,539	7,675
Clinical Support Services	59,626	1,114
Medicine	142,365	13,184
Urgent Care	33,109	4,145
Family & Therapies	125,826	1,383
Estates and Facilities	90,570	(1,730)

Covid-19 – 2023/24 Revenue Financial Assessment

No funding for 'local' Covid-19 response costs will be provided for 2023/24.

Covid-19 funding of £17.1m (£0.75m received, c.£16.3m anticipated) is only for specific schemes in 2023/24 which are:

- Nosocomial investigation (received) - £0.753m

Anticipated funding

- *Immunisation (Mass Vaccination) - £8.100m*
- *Surveillance (TTP) - £4.800m*
- *Adferiad (Long Covid) - £1.216m*
- *Covid public inquiry - £0.776m*
- *PPE - £1.5m*

Costs will continue to be reviewed linked to approved service models.

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.

The following reserves, relating to WG Funding, were approved for delegation by the CEO in Month 2.

£5.5m 2022/23 Pay award impact: LTAs, WHSSC and EASC – delegate funding issued directly to UHB providers	£250k Regional Innovation Coordination Funds (RIIC) – delegate funding to CEO as part of UHB baseline
£20.3m DEL depreciation baseline adjustment – delegate to capital as per allocation letter	£4.4m IFRS 16 DEL depreciation – delegate to Capital as per allocation letter
£9.4m 23/24 impact of the 22/23 pay award – delegate to Divisions as per payroll analysis.	

Long Term Agreements (LTA's)

ABUHB is currently agreeing LTA documentation with organisations.

ABUHB has prepared and sent to commissioners LTA proposals for 2023-24 where AB is provider of services. These are in line with the Deputy DoFs proposed framework despite ABUHB's preference for an alternative approach.

To date only Velindre NHS Trust have sent a provider LTA document for consideration and other agreements are being proactively followed up.

Significantly there is an ongoing discussion with Cwm Taf Morgannwg UHB regarding an LTA adjustment following a recurrent change in patient service delivery. It is planned that an appropriate baseline adjustment can be agreed prior to the LTA sign off deadline as emergency treatment activity at CTMUHB for ABUHB residents is materially below current contracting baselines following the change in demand. ABUHB will require this adjustment prior to signing the CTM provider LTA and negotiations continue.

The deadline for signed agreements is 30th June 2023, an update will be provided as part of month 3 reporting.

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.

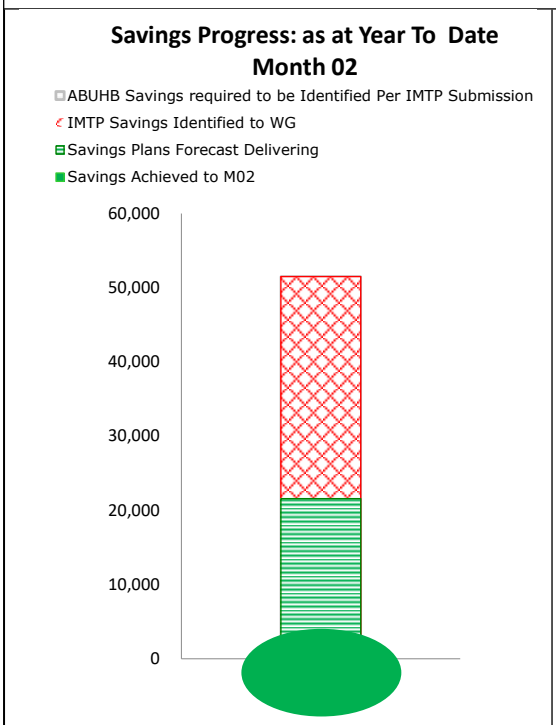
Savings delivery

As part of the IMTP submitted by the Board to Welsh Government (March 2023), the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 2 forecast achievement in 23/24 is reported as £51.5m, however, this contains a significant level of risk.

Actual savings delivered to May amounted to £2.1m against a year to date plan of £3m.

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

	£m	
RAG Rating	**IMTP Plan**	**Month 2 draft assessment**
Green	24.0	13.7
Amber	8.0	7.8
Stretch targets	19.5	30.0
Total	**51.5**	**51.5**



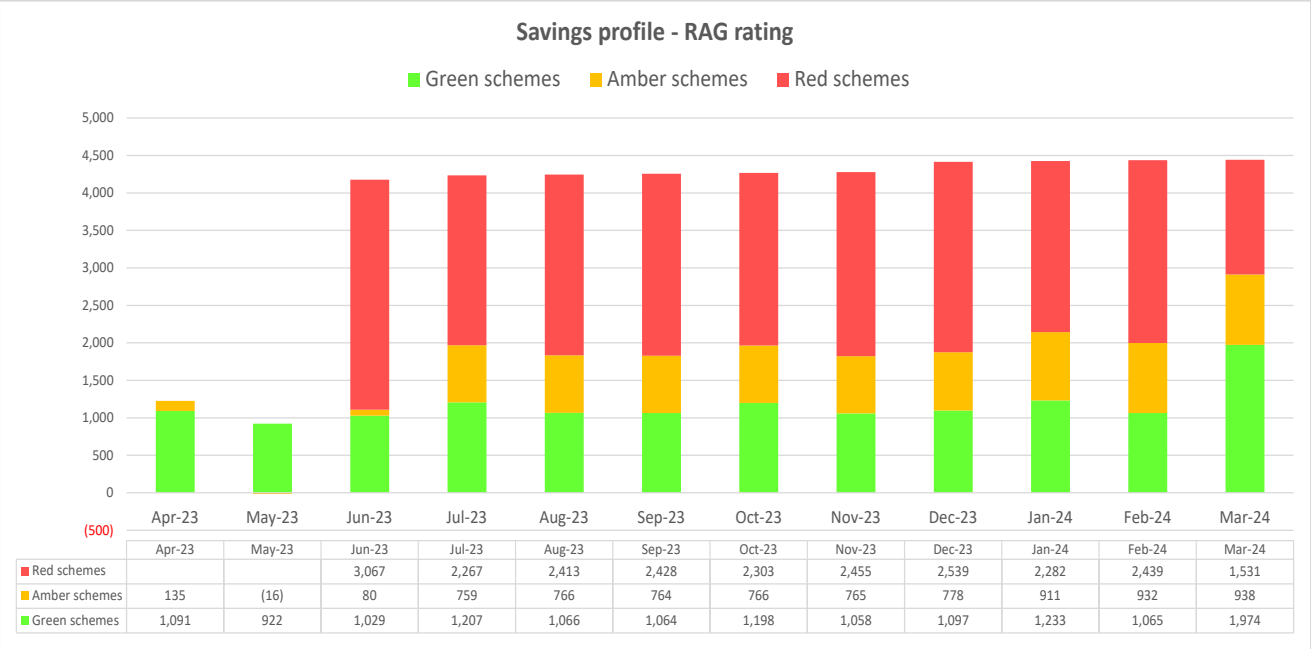
Month 2 Forecast Savings Plans

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	3,650	0	3,650	3,650
Commissioned Services	2,000	0	2,000	2,000
Medicines Management (Primary and Secondary Care)	2,136	0	2,136	2,136
Pay	7,503	0	7,503	7,503
Non Pay	6,298	4,754	1,544	1,547
Total	**21,587**	**4,754**	**16,833**	**16,836**

Month 2 Forecast Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	**3,650**	**0**	**3,650**	**3,650**
Commissioned Services	**2,000**	**0**	**2,000**	**2,000**
Medicines Management (Primary and Secondary Care)	**1,914**	**0**	**1,914**	**1,914**
Pay	**4,432**	**0**	**4,432**	**4,432**
Non Pay	**1,734**	**754**	**980**	**983**
Total	**13,730**	**754**	**12,976**	**12,979**

Divisional savings are described in the analysis section earlier in the report, the graph below describes the current profile of savings:



	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Red schemes			3,067	2,267	2,413	2,428	2,303	2,455	2,539	2,282	2,439	1,531
Amber schemes	135	(16)	80	759	766	764	766	765	778	911	932	938
Green schemes	1,091	922	1,029	1,207	1,066	1,064	1,198	1,058	1,097	1,233	1,065	1,974

It is vitally important that all departments continue to pursue savings & cost reduction plans to meet the ABUHB financial plan.

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 2 position is described as follows:-

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	13.49	15.98	8.50	8.70	8.70	8.70	8.71	8.80	8.80	8.81	8.80	4.83	**112.85**

Risks & Opportunities (2023/24)

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

- Ensuring full delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial pressures identified outside of the IMTP saving plan,
- Receipt of all anticipated allocations,
- Workforce absence and vacancies, availability of staff for priority areas,
- Delayed transfers of care due to both NHS and 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 growth & 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,
- Inflationary impacts including provisions and supplies,
- 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,
- Not committing to new investments,
- Making choices to reduce costs and implications of those, 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 2 totalled £50.676m. The forecast outturn at Month 2 is £52.747m resulting in a forecast overspend of £2.071m caused by in year overspends on various All-Wales Capital Programme (AWCP) schemes (detailed below). The position has worsened by £0.813m during month 2 which mainly relates to the approval required to fund E Block replacement equipment (flood damage). As mitigation, Discretionary Capital programme (DCP) schemes totalling £1.981m are on hold temporarily until the forecast position improves or more funding can be obtained. A Welsh Risk Pool Claim will also be submitted in relation to the E Block damaged equipment (replacement cost £753k); however, this is only estimated to cover around £200k of the capital replacement costs.

The works to the Well-being Centre at LGH completed in April. The final VAT recovery on the GUH main scheme is being worked through with the intention of submitting to HMRC at the end of June.

The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £423k in 2023/24. The total forecast overspend for the scheme is £512k with the balance of this amount falling into 2024/25. 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 £1.056m 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. This needs to be addressed urgently to mitigate the current overspend position and impact on DCP. In addition to the costs identified above, further risks in relation to two disputed compensation events (re-design of the foundations (£753k plus VAT) and costs associated with the cancellation of the brick supply (£644k plus VAT) are not currently built into the forecast outturn. If these claims are found to be valid, they will increase the reported overspend position.

Works on the NHH Satellite Radiotherapy Centre Scheme are continuing, the anticipated completion date is now December 2024. At month two the scheme is reporting a forecast overspend of £0.995m as the contractors cashflow provided in April 2023 has increased above the figure requested in February 23. The contractor and external cost advisor have been requested to rereview the expected outturn to confirm the forecast overspend as expenditure in the first two months has been behind profile. Any required adjustments will then be actioned in period 3.

The YYF Breast scheme is currently forecasting an overspend against the approved CRL of £0.159m, however, a further £0.330m 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.

The Newport Health & Well-being Centre scheme forecasting an overspend of £0.591m at Month 2 based on the updated cash flow received from the cost advisors. Expenditure in the first two months is £ 138k ahead of profile and will therefore be monitored closely to ensure the overspend is not going to increase.

Works are continuing on the RGH Endoscopy scheme and are expected to complete on 2nd October 2023. The scheme is forecasting an underspend of £232k at Month 2 because of estimated VAT savings.

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting an overspend of £100k due to higher than anticipated asbestos removal costs. There are also potential delays due to nesting birds that are being worked through. 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 anticipated to commence shortly.

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £6.614m 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)

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £6.613m generating an underspend of £1k. An allocation of £753k was approved during the month to fund the replacement of damaged equipment at RGH E block which has utilised all the remaining contingency budget. As described above, schemes totalling £1.981m are on hold temporarily until the forecast position improves or more funding can be obtained.

There are also further significant requirements that are not currently included in the approved DCP funding total including GUH ED Extension fees (£460k), capital works associated with the lease at Ty Gwent (£1.1m), HSDU equipment to support the business case for the Urology robot (£400k), costs associated with the surveys and remedial works required in relation to RAAC (currently unknown) and the RGH Pharmacy robot replacement (£710k).

Potential additional funding sources are available to offset some of the pressures which will be progressed early in the financial year. These include determining the reimbursement from the Welsh Risk pool in respect of the NBV of assets written off as a result of the E Block flood and the additional funding bids in relation to Tredegar H&WBC and the YYF Breast Centralisation Unit. The potential reimbursement of fees (previously funded from DCP) are dependent on the business cases for these schemes being approved within the current financial year.

Cash

The cash balance on the 31st of May is £4.795m, 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 May (96.3%). We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in May is 89.3%. 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. A review and improvement exercise is progressing with budget holders.

Argymhelliad / Recommendation

The Committee is asked to note for assurance:

- The financial performance at the end of May 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 May 2023,
- The Health Board's underlying financial position, and
- The capital position

Note the appendices attached providing further information. Appendix 2 provides the Month 2 (May 2023) Monthly Monitoring Return tables sent to WG on the 13th June 2023.

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

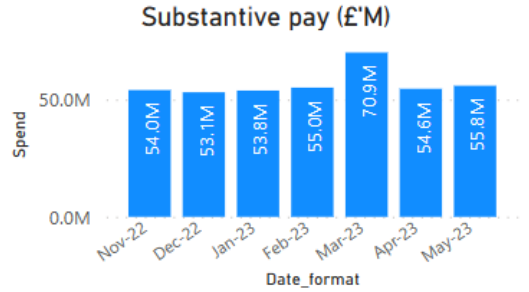
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan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

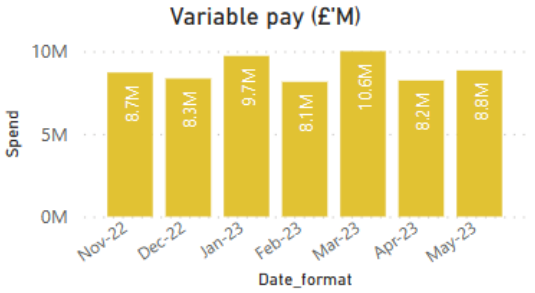
Aneurin Bevan University Health Board

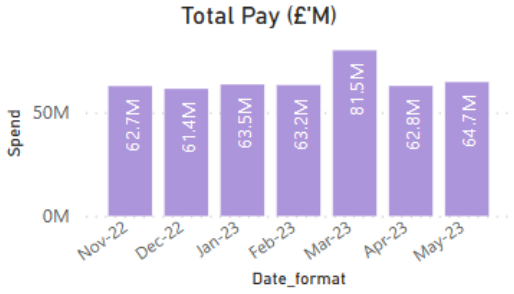
Finance Report – May (Month 2) 2023/24

Appendices

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







Substantive (£'000)

Pay category	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Change	%	Avg 22/23
ADD PROF SCIENTIFIC AND TECHNICAL	1,955	1,978	1,970	1,981	2,644	1,975	1,989	13	0.7%	2,027
ADDITIONAL CLINICAL SERVICES	7,084	6,660	6,829	7,242	8,982	7,299	7,742	443	6.1%	7,113
ADMINISTRATIVE & CLERICAL	9,312	9,287	9,410	9,367	12,548	9,660	9,674	13	0.1%	9,427
ALLIED HEALTH PROFESSIONALS	3,751	3,709	3,751	3,829	5,039	3,773	3,817	44	1.2%	3,839
ESTATES AND ANCILLIARY	2,732	2,623	2,595	2,769	3,589	2,735	2,875	139	5.1%	2,781
HEALTHCARE SCIENTISTS	988	1,014	1,015	1,039	1,368	1,055	1,071	16	1.5%	1,039
MEDICAL AND DENTAL	12,797	12,776	13,247	13,312	16,582	12,849	12,877	28	0.2%	13,085
NURSING AND MIDWIFERY REGISTERED	15,375	15,019	14,964	15,494	20,127	15,206	15,802	596	3.9%	15,604
STUDENTS	7	7	7	7	9	4	4	0	-0.3%	9
Total	**54,002**	**53,072**	**53,789**	**55,041**	**70,889**	**54,556**	**55,849**	**1,294**	**2.4%**	**54,923**

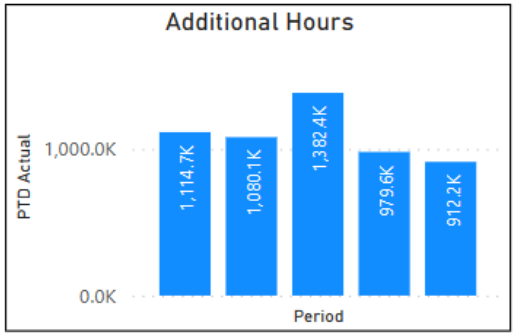
Variable pay (£'000)

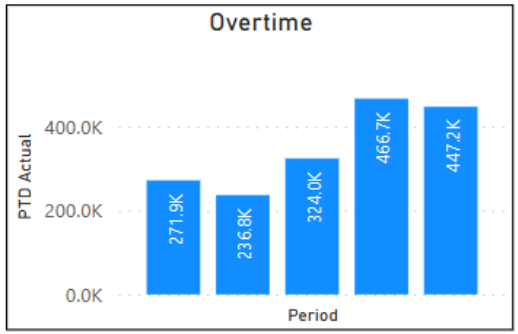
Pay category	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Change	%	Avg2023
Agency	4,523	4,745	5,195	3,941	5,075	3,873	4,781	908	23.5%	5,074
Bank	3,889	3,402	4,277	3,966	5,105	4,125	3,823	-302	-7.3%	3,831
Locum	298	200	245	241	385	233	234	1	0.5%	260
Total	**8,710**	**8,346**	**9,717**	**8,149**	**10,564**	**8,230**	**8,838**	**608**	**7.4%**	**9,165**

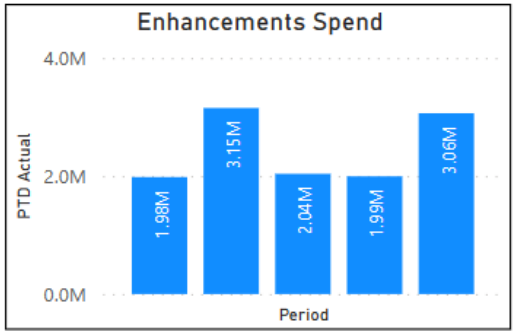
Total pay (£'000)

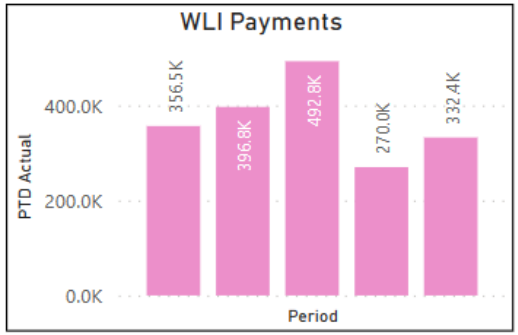
Pay category	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Change	%	Avg2023
Pay	**62,712**	**61,418**	**63,506**	**63,190**	**81,453**	**62,786**	**64,687**	**1,901**	**3.0%**	**64,089**

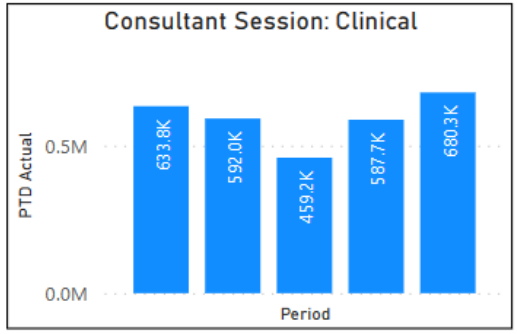
Pay Summary (2): Substantive Pay

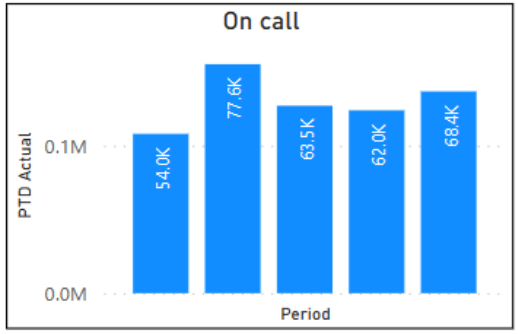










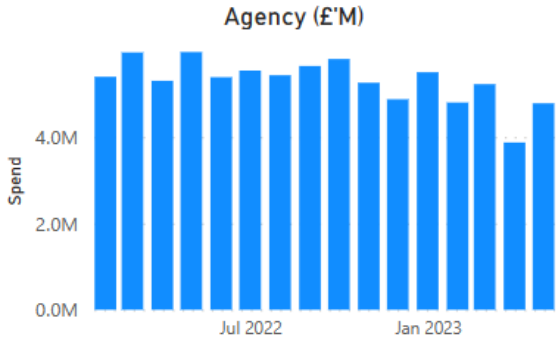


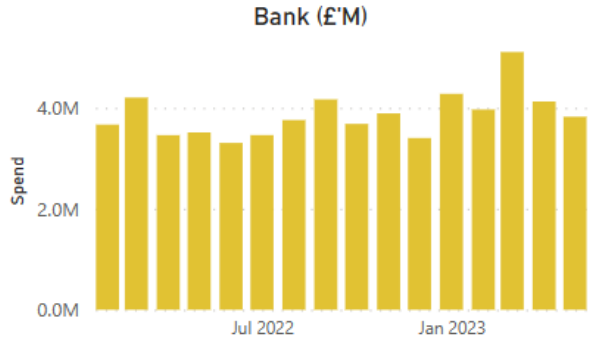
Analysis type by Division

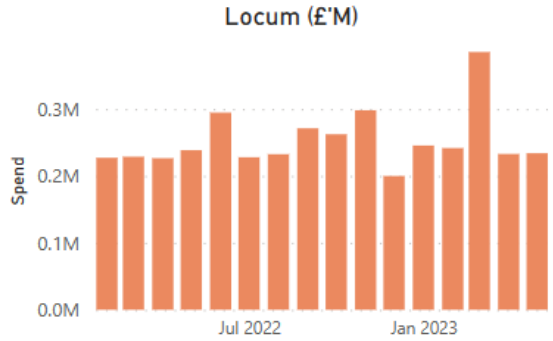
Analysis type	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Total
⊟ Enhancements						
⊞ Medicine	301	505	309	353	542	2,010
⊞ Scheduled Care	301	482	318	304	451	1,856
⊞ Estates and Facilities	292	435	310	299	446	1,782
⊞ Primary Care & Community	250	435	247	246	430	1,608
⊞ Family & Therapies	252	385	260	250	371	1,517
⊞ Mental Health	173	283	180	182	274	1,091
⊞ Urgent Care	159	250	157	150	239	955
⊞ Clinical Support Services	92	128	89	86	129	524
⊞ CHC/FNC	87	133	88	84	128	520
⊞ Corporate	74	115	79	38	55	361
Total	1,980	3,150	2,036	1,994	3,063	12,224
⊞ ADDITIONAL HOURS	1,115	1,080	1,382	980	912	5,469
⊞ CONSULTANTS SESSION: CLINICAL	634	592	459	588	680	2,953
⊟ WAITING LIST PAYMENTS: CONSULTANTS						
⊞ Clinical Support Services	125	89	143	130	140	627
⊞ Scheduled Care	146	126	134	53	75	534
⊞ Medicine	84	80	98	80	118	461
⊞ Corporate		100	100		0	199
⊞ Mental Health		1	11	8	0	21
⊞ Family & Therapies	1		6		0	7
Total	356	397	493	270	332	1,848
⊞ Overtime	272	237	324	467	447	1,747
⊞ ON CALL	54	78	64	62	68	325
Total	4,411	5,534	4,758	4,360	5,503	24,566

Pay Summary (3): Variable Pay

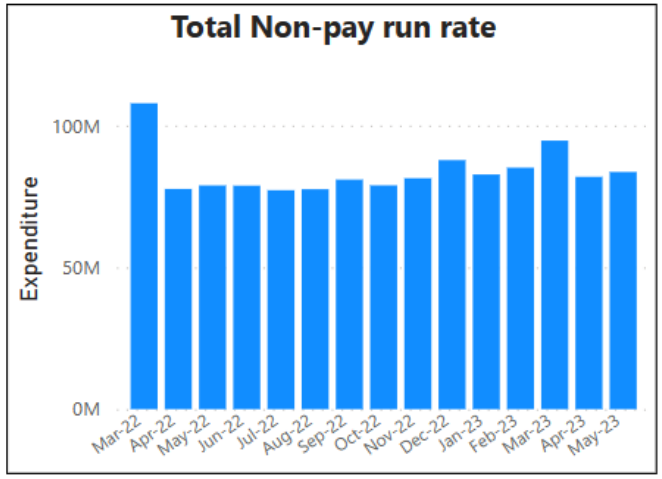
Pay category	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Change	%
Agency																		
Admin & Clerical Agency	237	412	148	179	164	204	126	118	85	124	152	79	10	147	72	64	-8	-10.7%
Allied Health Prof Agency	155	213	108	136	169	155	97	319	187	279	108	232	188	165	171	219	49	28.4%
Estates & Ancilliary Agency	44	544	413	622	677	663	669	623	635	583	602	639	560	1,036	683	675	-8	-1.1%
Medical Agency	1,688	1,693	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	863	74.3%
Nurse HCA/HCSW Agency	951	1,020	1,101	1,086	1,185	1,122	1,080	1,092	1,135	975	977	980	798	690	293	339	46	15.7%
Other Agency	170	390	-1	61	87	88	146	100	105	116	37	53	64	105	58	70	12	21.0%
Registered Nurse Agency	2,148	1,687	2,084	2,282	2,175	1,867	2,048	2,213	2,155	1,859	1,737	2,139	1,842	1,810	1,434	1,387	-47	-3.3%
Total	**5,395**	**5,958**	**5,301**	**5,968**	**5,384**	**5,538**	**5,430**	**5,644**	**5,806**	**5,256**	**4,873**	**5,500**	**4,798**	**5,224**	**3,873**	**4,781**	**908**	**23.5%**
Bank																		
Admin & Clerical Bank	102	117	104	111	102	101	105	136	104	108	80	109	88	123	94	86	-7	-7.7%
Estates & Ancilliary Bank	142	173	159	168	172	181	192	217	169	151	155	156	158	204	138	142	4	3.0%
Nurse HCA/HCSW Bank	1,397	1,427	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	-113	-7.1%
Other Bank	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-347.9%
Registered Nurse Bank	2,026	2,486	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	-185	-8.1%
Total	**3,667**	**4,203**	**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**	**-302**	**-7.3%**
Locum																		
Medical Locum	227	229	226	238	294	228	232	271	262	298	200	245	241	385	233	234	1	0.5%
Total	**227**	**229**	**226**	**238**	**294**	**228**	**232**	**271**	**262**	**298**	**200**	**245**	**241**	**385**	**233**	**234**	**1**	**0.5%**
Total	**9,289**	**10,389**	**8,986**	**9,718**	**8,982**	**9,226**	**9,420**	**10,082**	**9,749**	**9,443**	**8,475**	**10,022**	**9,006**	**10,713**	**8,230**	**8,838**	**608**	**7.4%**

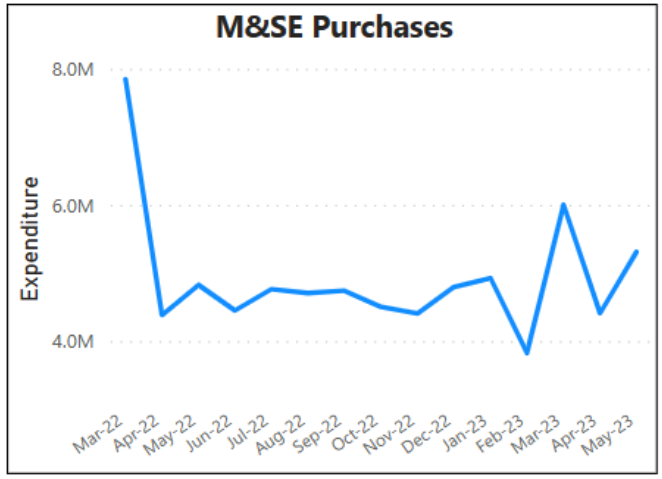


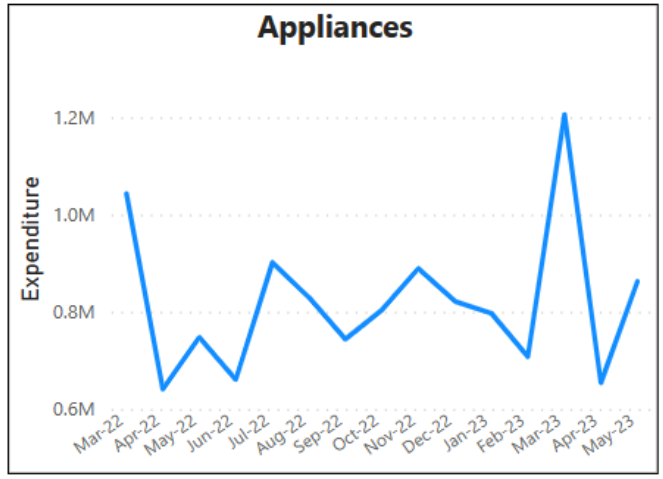


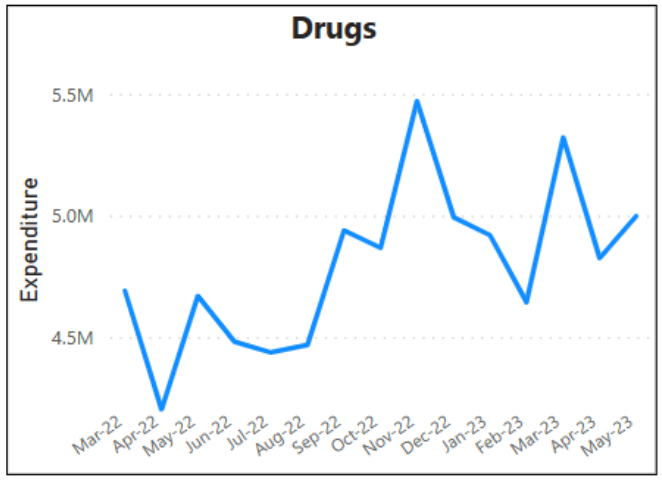


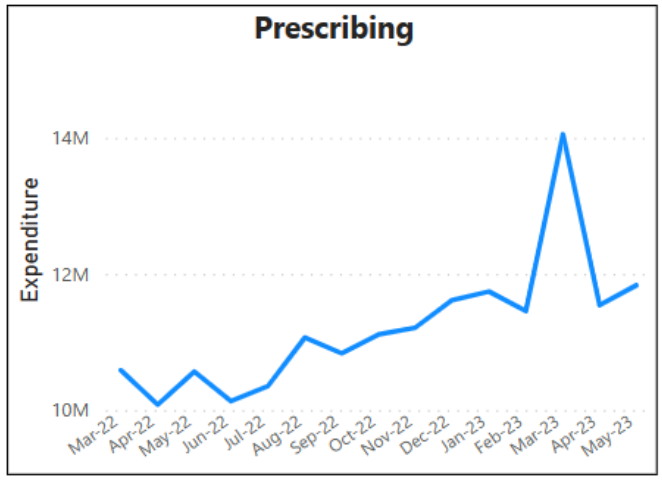
Non-Pay Summary (subject to audit review / adjustments):

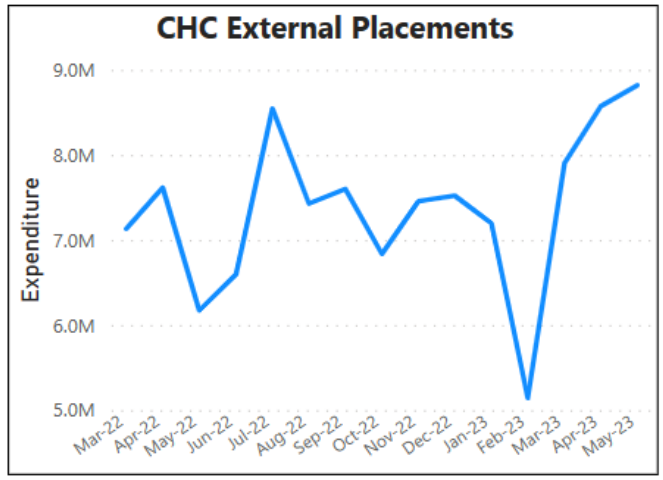












Referral to Treatment (RTT):

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 May '23 was 2,080 (April '23 was 1,831 2022/23 total was 22,327, 2019/20 total was 28,004)

Planned Treatments (M02)					
Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	226	0		0	226
N147-ENT	112	0		0	112
N105-General Surgery	269	56		0	325
N146-Oral Surgery	119	12		0	131
N148-Ophthalmology	483	0		0	483
N108-Rheumatology	0	0		0	0
N115-Trauma & Orthopaedics	361	138		0	499
N106-Urology	467	0		0	467
	2,038	206	0	0	2,244

Actual Treatments (M02)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	197	0	15	0	212
ENT	109	6	0	0	115
GS	244	112	0	0	356
Max Fax	186	0	0	0	186
Ophth	245	10	0	0	255
Rheum	0	0	0	0	0
T&O	408	48	0	0	456
Urology	445	19	36	0	500
	1,834	195	51	0	2,080

Treatment Variance (M02)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	(29)	0	15	0	(14)
ENT	(3)	6	0	0	3
GS	(25)	56	0	0	31
Max Fax	67	(12)	0	0	55
Ophth	(238)	10	0	0	(228)
Rheum	0	0	0	0	0
T&O	47	(90)	0	0	(43)
Urology	(22)	19	36	0	33
	(204)	(11)	51	0	(164)

- Outpatient activity for May '23 was 6,189 (April '23 was 5,158, 2022/23 total was 65,873, 2019/20 total was 75,707)

Planned Outpatients (M02)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,300	0		0	1,300
N147-ENT	569	0		0	569
N105-General Surgery	1,660	0		0	1,660
N146-Oral Surgery	277	40		0	317
N148-Ophthalmology	936	0		0	936
N108-Rheumatology	177	0		0	177
N115-Trauma & Orthopaedics	705	287		0	992
N106-Urology	435	18		0	453
	6,059	345	0	0	6,404

Actual Outpatients (M02)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	1,061	0	0	0	1,061
ENT	529	0	0	0	529
GS	2,036	57	32	0	2,125
Max Fax	295	0	0	0	295
Ophth	557	20	0	0	577
Rheum	183	0	0	0	183
T&O	659	302	0	0	961
Urology	430	0	28	0	458
	5,750	379	60	0	6,189

Outpatient Variance (M02)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	(239)	0	0	0	(239)
ENT	(40)	0	0	0	(40)
GS	376	57	32	0	465
Max Fax	18	(40)	0	0	(22)
Ophth	(379)	20	0	0	(359)
Rheum	6	0	0	0	6
T&O	(46)	15	0	0	(31)
Urology	(5)	(18)	28	0	5
	(309)	34	60	0	(215)

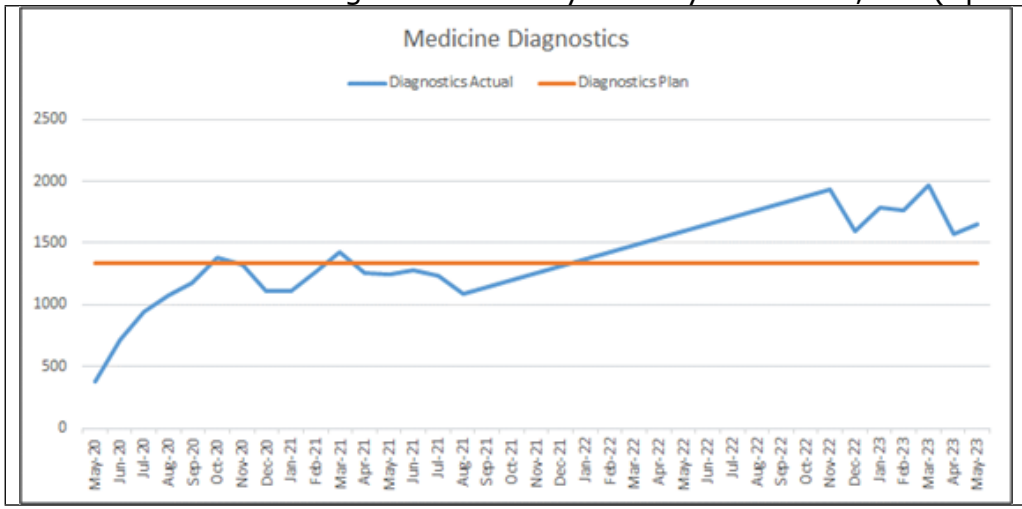
- Medicine Outpatients activity for May ’23 was 2,017 (April ‘23 was 1,596 and for 2022/23 was 19,258):

May-23

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	445	-30
Cardiology	430	406	-24
Respiratory (inc Sleep)	455	476	21
Neurology	257	269	12
Endocrinology	186	188	2
Geriatric Medicine	313	233	-80
Total	**2116**	**2017**	**-99**

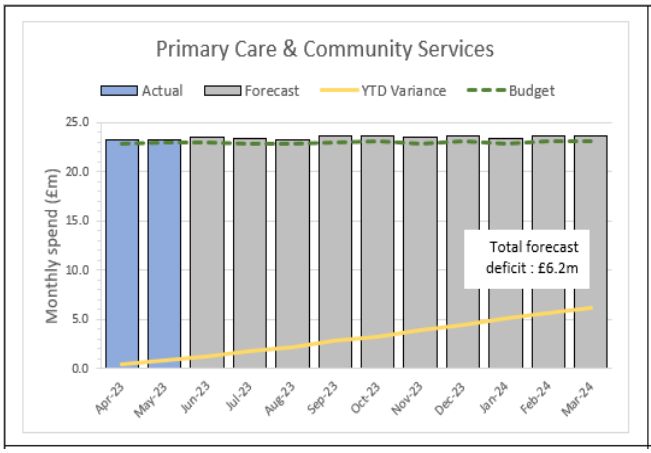
YTD May-23	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	950	715	-235	25%
Cardiology	860	786	-74	9%
Respiratory (inc Sleep)	910	947	37	-4%
Neurology	514	448	-66	13%
Endocrinology	372	319	-53	14%
Geriatric Medicine	626	398	-228	36%
Total	**4232**	**3613**	**-619**	**15%**

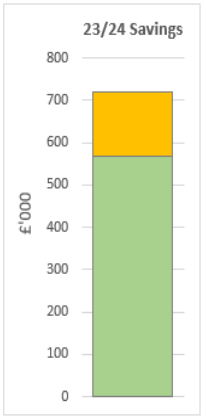
- Medicine Diagnostics activity for May ’23 was 1,651 (April ‘23 was 1,571):



YTD May 23	YTD Plan	YTD Actual	Variance	Variance
Endoscopy	2668	3222	554	-21%
Total	**2668**	**3222**	**554**	**-21%**

Divisional analysis – Primary Care and Community

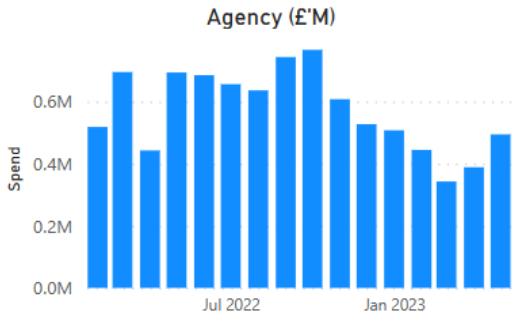


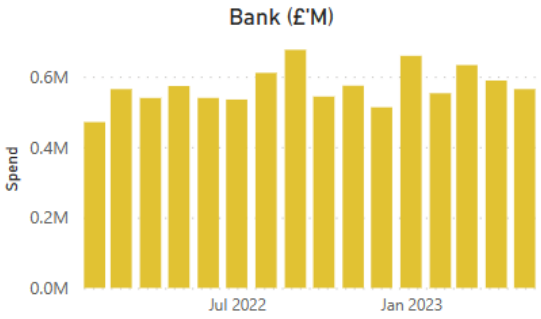


Primary Care & Comm. Division reporting a £6.2m forecast deficit

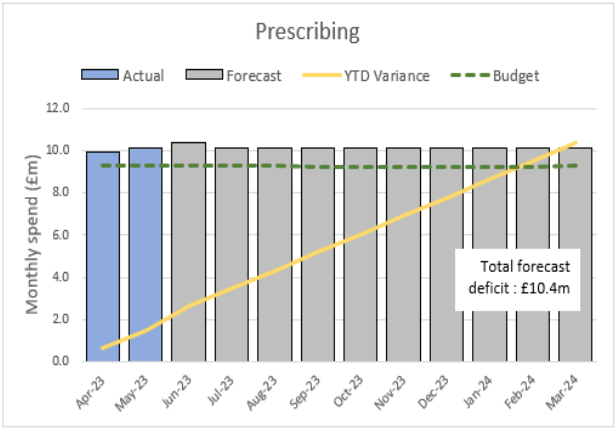
1. Savings unachievement forecast £3.451m
2. GMS overspend due to sustainabilty/prior year release - £0.8m
3. Managed Practices pressure due to additional practice (now 5) increased sessional rates and additional locum/agency support. Forecast - £0.5m
4. Hospital pharmacy £0.5m - ED front door case
5. GMS forecast pressure due to increased GP patient lists
6. Community Hospitals (nursing) pressure - £0.8m
7. Further pressures in EHEW and GPOOH

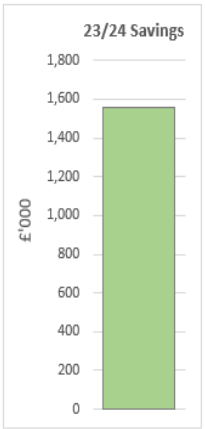
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Primary Care and Community	Primary Care and Community	PCC-01	Generic CIP - Pay	R	Green	46	70	24	278	278	0
Primary Care and Community	Primary Care and Community	PCC-02	Generic CIP - Non-Pay	R	Green	49	70	21	291	291	0
Primary Care and Community	Primary Care and Community	PCC-04	Beds (1 ward Community)	R	Red	371	0	(371)	2,223	0	(2,223)
Primary Care and Community	Primary Care and Community	PCC-05	Procurement	R	Red	14	0	(14)	85	0	(85)
Primary Care and Community	Primary Care and Community	PCC-06	Rostering Efficiencies	R	Amber	168	0	(168)	1,008	50	(958)
Primary Care and Community	Primary Care and Community	PCC-08	Managed practices	R	Amber	17	0	(17)	100	100	0
Primary Care and Community	Primary Care and Community	PCC-10	procurement	R	Red	31	0	(31)	185	0	(185)
						695	**140**	**(555)**	**4,170**	**719**	**(3,451)**





Divisional analysis – Prescribing



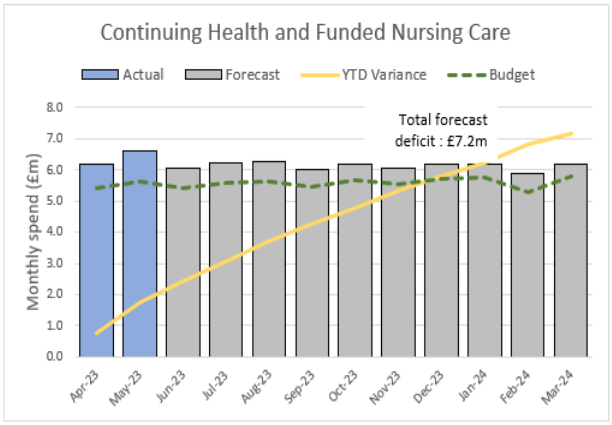


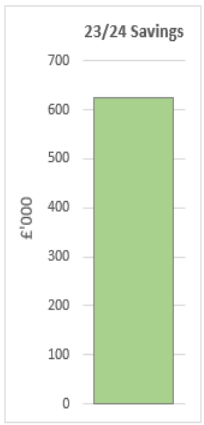
The full year Prescribing forecast overspend is £10.4m for the year.

1. Savings unachievement forecast £0.650m
2. Average cost per item is £7.55 for the year (up by 35p)
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	72	88	16	435	435	0
Prescribing	Prescribing	PCC-07	Medicines management	R	Green	77	77	0	1,125	1,125	0
Prescribing	Prescribing	PCC-09	Medicines management	R	Red	108	0	(108)	650	0	(650)
						258	**165**	**(93)**	**2,210**	**1,560**	**(650)**

Divisional analysis – Complex Care

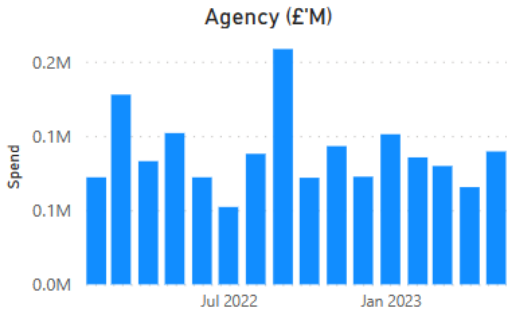


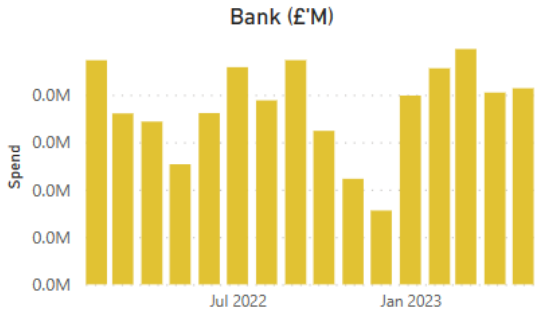


Complex Care Division reporting a £7.2m forecast deficit

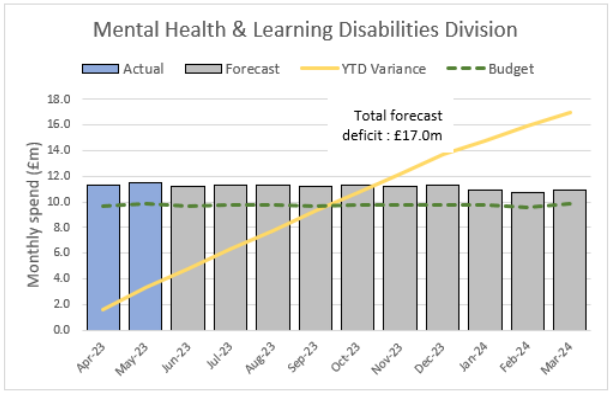
1. CHC prior year releases £4.5m
2. CHC fee increases (12%) greater than IMTP assumption - £2.7m
3. Savings unachievement forecast currently £1.26m
4. Awaiting confirmation of Ty-Bryn wood model (£0.8m)
5. (£0.4m) all other changes/issues

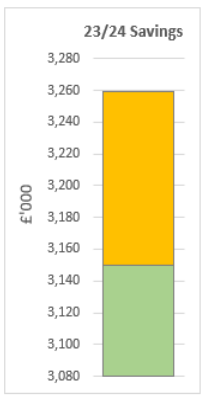
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Complex Care	Complex Care	CHC-01	Generic CIP - Pay	R	Red	6	0	(6)	34	0	(34)
Complex Care	Complex Care	CHC-02	Rostering Efficiencies	R	Red	51	0	(51)	305	0	(305)
Complex Care	Complex Care	CHC-03	Adult CHC Care at home team	R	Green	17	19	2	100	124	24
Complex Care	Complex Care	CHC-04	Adult CHC high cost packages, 1:1 & chages for	R	Red	17	0	(17)	100	0	(100)
Complex Care	Complex Care	CHC-05	Adult CHC (balance to NP plan (3m target @40	R	Red	167	0	(167)	1,000	0	(1,000)
Complex Care	Complex Care	CHC-06	procurement	R	Red	9	0	(9)	56	0	(56)
Complex Care	Complex Care	CHC-07	Generic CIP - Non-Pay	R	Red	48	0	(48)	288	0	(288)
Complex Care	Complex Care	CHC-08	Right Sizing Commitments	R	Green	0	0	0	0	500	500
						314	**19**	**(295)**	**1,883**	**624**	**(1,260)**





Divisional analysis – Mental Health and Learning Disabilities

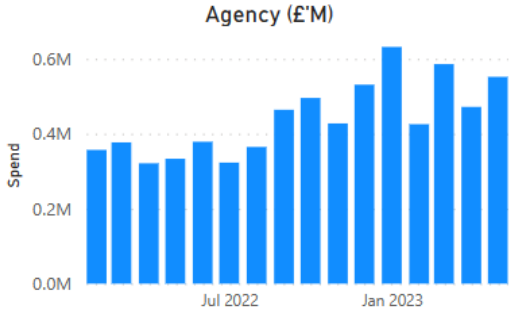


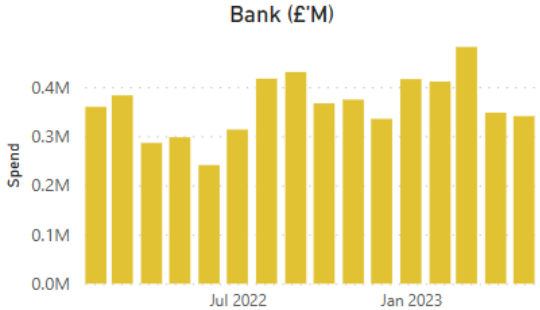


Mental Health & LD Division reporting a £17m forecast deficit

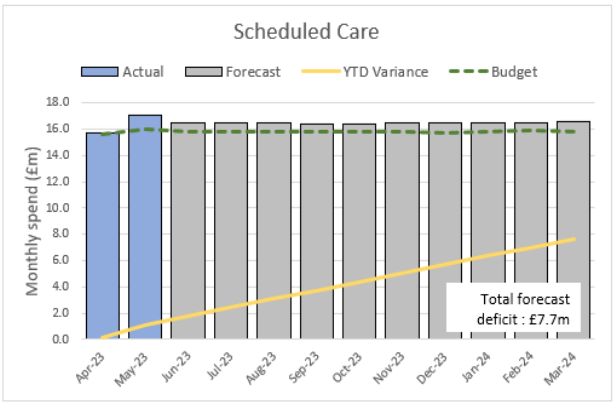
1. Savings unachievement forecast £2.1m
2. CHC prior year releases £3.5m
3. CHC Fees increases (12%) greater than IMTP assumption £3.6m
4. MH&LD CHC numbers total 422
5. Service Improvement funding assumptions £5m
6. Ward pressures & medical cover forecast £3.1m

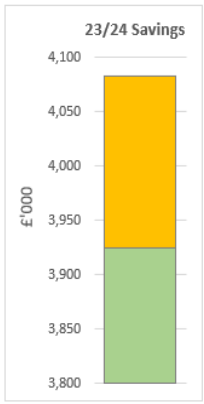
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01	Generic CIP - Pay	R	Red	51	0	(51)	308	0	(308)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-02	Generic CIP - Non-Pay	R	Red	48	0	(48)	289	0	(289)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-03	Rostering Efficiencies	R	Red	94	0	(94)	562	0	(562)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-04	MH CHC - LD	R	Red	154	0	(154)	922	0	(922)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-05	MH CHC High cost packages	R	Red	42	0	(42)	250	0	(250)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-06	MH Older Adults Beds	R	Red	59	0	(59)	356	0	(356)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-07	Review of Mental Health expenditure	NR	Red	333	0	(333)	2,000	0	(2,000)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-08	MH CHC (balance to NP plan (3m target @60%	R	Red	105	0	(105)	628	0	(628)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-09	procurement	R	Red	9	0	(9)	55	0	(55)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-10	CHC Eligibility Reviews	R	Green	0	8	8	0	59	59
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-11	CHC Repatriations to in house wards	R	Green	61	44	(18)	856	884	28
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-12	CHC Right Size Packages	R	Green	11	13	2	83	93	11
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-13	CHC Step Down	R	Green	52	53	2	449	346	(103)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-14	CHC Change in Need	R	Green	119	70	(49)	1,313	1,318	5
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-15	Structured Clinical Management	R	Green	0	0	0	450	450	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-16	Paliperidone HC FYE	R	Amber	36	20	(16)	57	20	(37)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-17	Paliperidone Non HC FYE	R	Amber	73	26	(47)	106	26	(80)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-18	Clozapine repatriation FYE	R	Amber	17	9	(7)	183	59	(124)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-19	Clozapine price reduction	R	Amber	6	0	(6)	64	4	(60)
						1,269	**243**	**(1,026)**	**8,930**	**3,259**	**(5,671)**





Divisional analysis – Scheduled Care

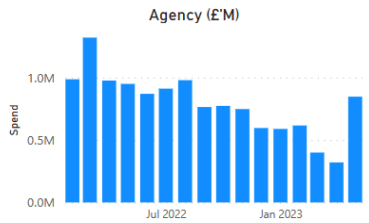


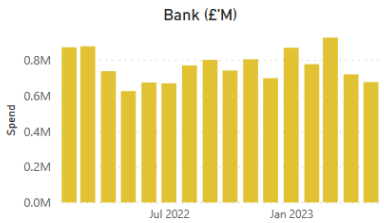


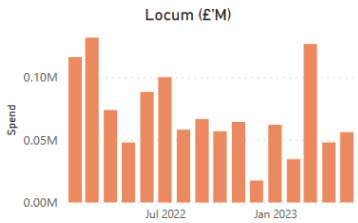
Scheduled care divisions are currently reporting a forecast overspend for year-end of £7.675m.
The key reasons for this forecast position are as follows:

1. Un-achieved savings target £4.551m
2. D7E open for the full year £700k
3. T&O non pay activity costs (net of WLI reduction) £445k
4. PPE £159k
5. Plus further variable and operational pressures for review

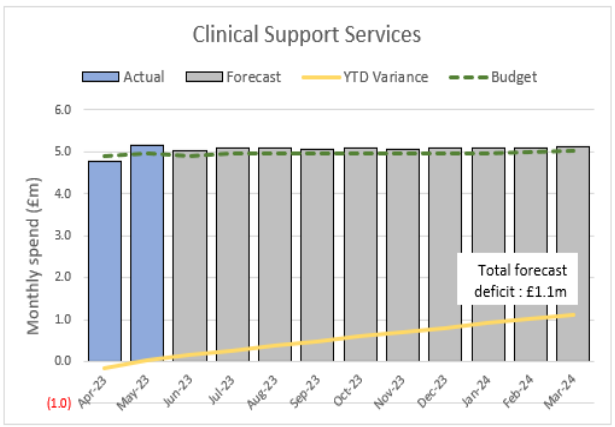
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Scheduled Care	Scheduled Care	SCH-01	Generic CIP - Pay	R	Red	117	0	(117)	703	0	(703)
Scheduled Care	Scheduled Care	SCH-02	BADS	R	Red	80	0	(80)	478	0	(478)
Scheduled Care	Scheduled Care	SCH-03	RTT WLI	R	Green	383	348	(35)	2,296	2,261	(35)
Scheduled Care	Scheduled Care	SCH-04	RTT Backfill	R	Green	160	91	(70)	962	91	(871)
Scheduled Care	Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	Red	248	0	(248)	1,490	0	(1,490)
Scheduled Care	Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up	R	Red	46	0	(46)	277	0	(277)
Scheduled Care	Scheduled Care	SCH-07	SAU rostering	R	Red	26	0	(26)	155	0	(155)
Scheduled Care	Scheduled Care	SCH-08	Procurement	R	Red	116	0	(116)	586	0	(586)
Scheduled Care	Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre cor	R	Amber	0	0	0	38	38	0
Scheduled Care	Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	Amber	0	0	0	72	72	0
Scheduled Care	Scheduled Care	SCH-09	Rostering Efficiencies	R	Green	157	360	203	895	807	(88)
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	25	41	16	150	766	616
Scheduled Care	Scheduled Care	SCH-11	procurement	R	Red	28	0	(28)	166	0	(166)
Scheduled Care	Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	Red	53	0	(53)	317	0	(317)
						1,439	**840**	**(599)**	**8,634**	**4,083**	**(4,551)**

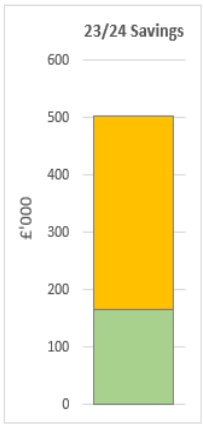






Divisional analysis – Clinical Support Services

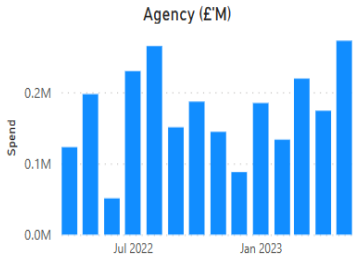


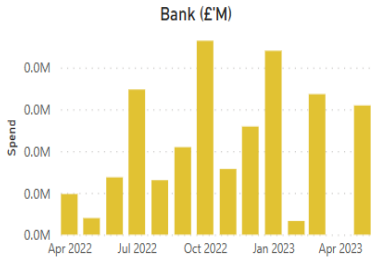


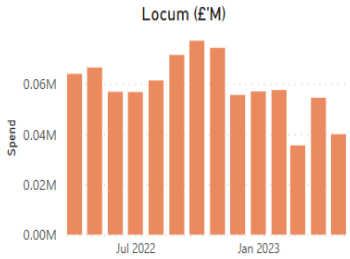
Clinical Support Division reporting a £1.1m forecast deficit

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

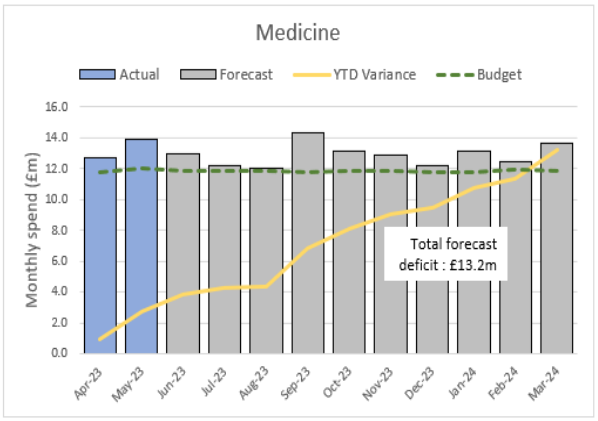
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Clinical Support Services	Clinical Support Services	CSS-01	Generic CIP - Pay	R	Green	32	8	(24)	190	166	(24)
Clinical Support Services	Clinical Support Services	CSS-02	Procurement	R	Amber	23	0	(23)	138	115	(23)
Clinical Support Services	Clinical Support Services	CSS-03	Rostering Efficiencies	R	Amber	23	0	(23)	139	116	(23)
Clinical Support Services	Clinical Support Services	CSS-04	procurement	R	Amber	4	0	(4)	21	17	(4)
Clinical Support Services	Clinical Support Services	CSS-05	Generic CIP - Non-Pay	R	Amber	18	0	(18)	105	88	(18)
						99	**8**	**(91)**	**593**	**502**	**(91)**

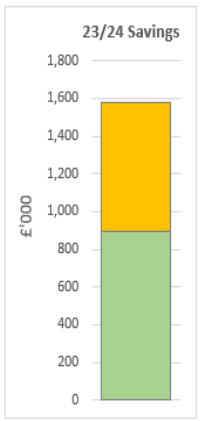






Divisional analysis – Medicine

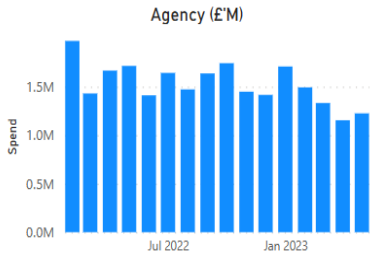


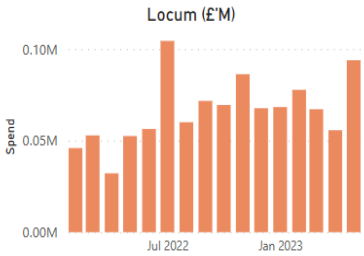


Medicine Division reporting a £13.2m forecast deficit

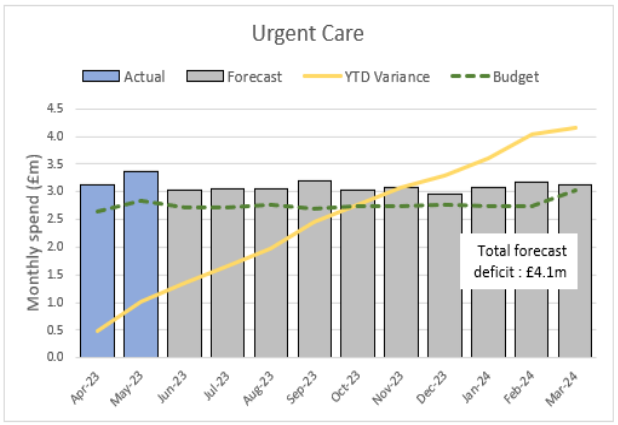
1. Un-achieved savings forecast £8.1m
2. YYF SDEC - £1m
3. Non-pay (inc. PPE) - £1.1m
4. Drugs/IVIG - £2.3m
5. Operational nursing pressures £0.7m

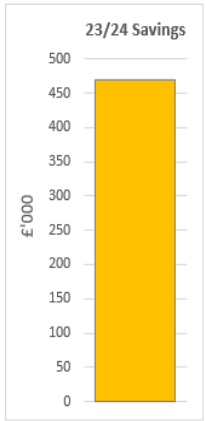
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	Medicine	MED-01	Generic CIP - Pay	R	Amber	86	0	(86)	516	387	(129)
Medicine	Medicine	MED-02	Outpatient transformation (F2F and Virtual)	R	Red	16	0	(16)	95	0	(95)
Medicine	Medicine	MED-03	Outpatient transformation (New to Follow Up	R	Red	109	0	(109)	656	0	(656)
Medicine	Medicine	MED-04	Beds (1 ward Med)	R	Red	371	0	(371)	2,223	0	(2,223)
Medicine	Medicine	MED-05	Procurement	R	Amber	4	0	(4)	25	19	(6)
Medicine	Medicine	MED-06	Rostering Efficiencies	R	Green	123	279	156	738	894	156
Medicine	Medicine	MED-07	Insourcing review	R	Red	178	0	(178)	1,066	0	(1,066)
Medicine	Medicine	MED-08	Medicines management	R	Amber	25	0	(25)	150	113	(38)
Medicine	Medicine	MED-09	procurement	R	Amber	6	0	(6)	35	26	(9)
Medicine	Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	Red	667	0	(667)	4,000	0	(4,000)
Medicine	Medicine	MED-11	Generic CIP - Non-Pay	R	Amber	31	0	(31)	184	138	(46)
						1,615	**279**	**(1,336)**	**9,688**	**1,577**	**(8,112)**





Divisional analysis – Urgent Care

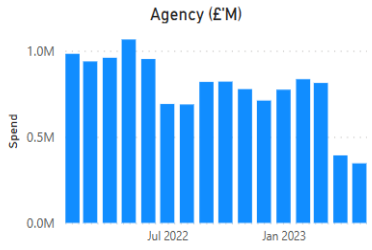


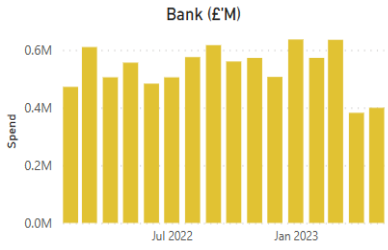


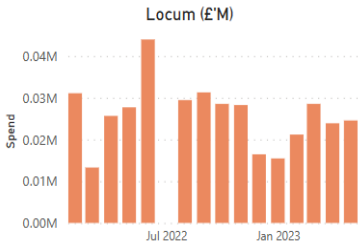
Urgent Care Division reporting a £4.1m forecast deficit

1. Screening and Testing Unit (SATU) - Forecast £0.6m pressure
2. ED Middle grade cover and consultant sessions (£2.1m pressure)
3. Premium medical agency and nursing additional coverage
4. MIU opening times savings assumed unachieveable - £0.45m

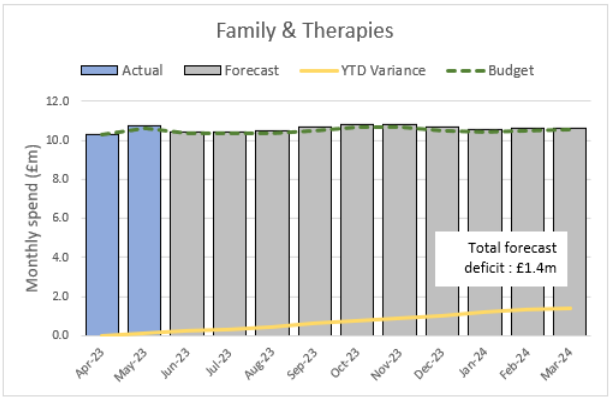
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Urgent Care	Urgent care	URG-01	Generic CIP - Pay	R	Amber	0	0	0	198	198	0
Urgent Care	Urgent care	URG-02	Procurement	R	Amber	0	0	0	25	25	0
Urgent Care	Urgent care	URG-03	Rostering Efficiencies	R	Amber	0	0	0	170	170	0
Urgent Care	Urgent care	URG-04	Reduce opening times of MIU	R	Amber	0	0	0	500	50	(450)
Urgent Care	Urgent care	URG-05	procurement	R	Amber	0	0	(0)	4	4	0
Urgent Care	Urgent care	URG-06	Generic CIP - Non-Pay	R	Amber	0	0	0	22	22	0
						0	**0**	**(0)**	**919**	**469**	**(450)**

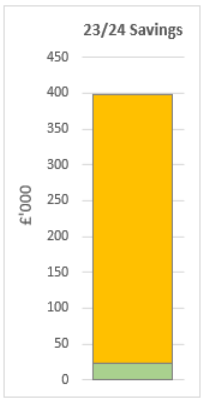






Divisional analysis – Family & Therapies

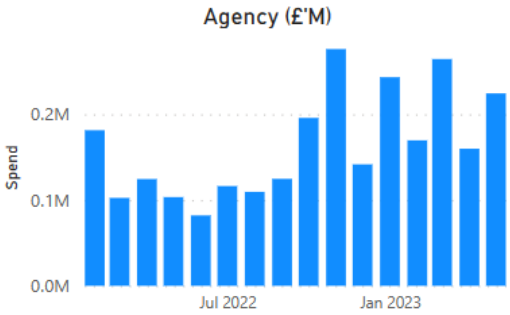


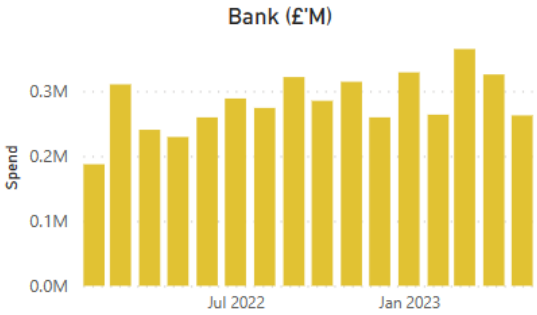


Family & Therapies Division reporting a £1.4m forecast deficit

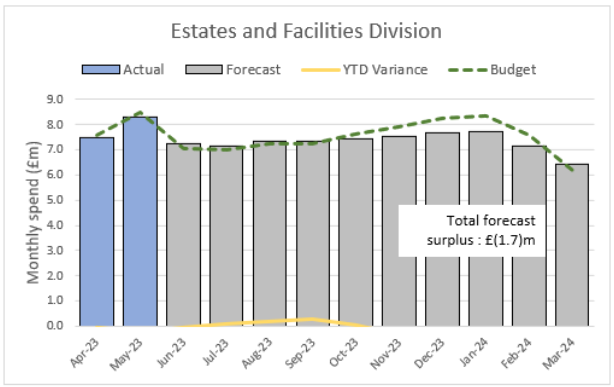
1. Forecast unachievement of savings £1.676m
2. Off-set by operational benefits (e.g. therapies)

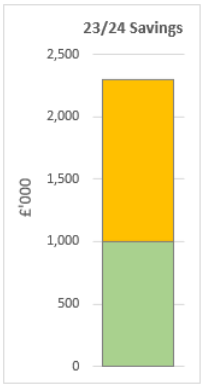
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Families and Therapies	Families and Therapies	FAT-01	Generic CIP - Pay	R	Amber	93	36	(57)	558	211	(347)
Families and Therapies	Families and Therapies	FAT-02	BADS	R	Red	4	0	(4)	25	0	(25)
Families and Therapies	Families and Therapies	FAT-03	Outpatient transformation (F2F and Virtual)	R	Red	16	0	(16)	93	0	(93)
Families and Therapies	Families and Therapies	FAT-04	Outpatient transformation (New to Follow Up	R	Red	22	0	(22)	134	0	(134)
Families and Therapies	Families and Therapies	FAT-05	Procurement	R	Red	4	0	(4)	25	0	(25)
Families and Therapies	Families and Therapies	FAT-06	Rostering Efficiencies	R	Amber	170	28	(142)	1,021	164	(857)
Families and Therapies	Families and Therapies	FAT-07	Medicines management	R	Green	8	6	(2)	50	23	(27)
Families and Therapies	Families and Therapies	FAT-08	procurement	R	Red	12	0	(12)	72	0	(72)
Families and Therapies	Families and Therapies	FAT-09	Generic CIP - Non-Pay	R	Red	16	0	(16)	96	0	(96)
						346	**70**	**(276)**	**2,074**	**398**	**(1,676)**





Divisional analysis – Estates & Facilities



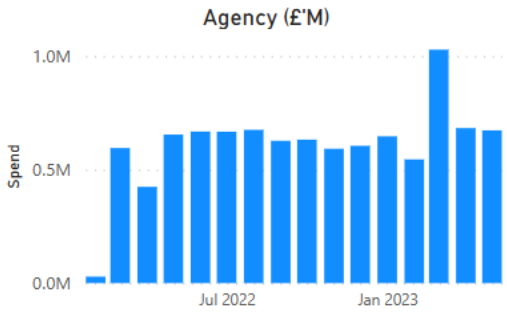


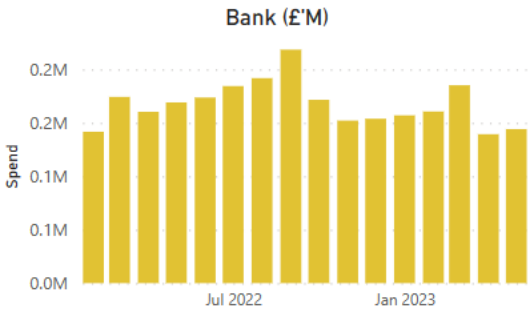
Estates and facilities Division reporting a £1.7m forecast surplus

1. Forecast unachievement of savings £3.539m
2. Energy forecast £12.3m underspend (exc. Decarb savings)
3. Enhanced Cleaning, security, portacabin £3.7m
4. Additional capcity £2.3m
5. Catering income pressure £1.4m

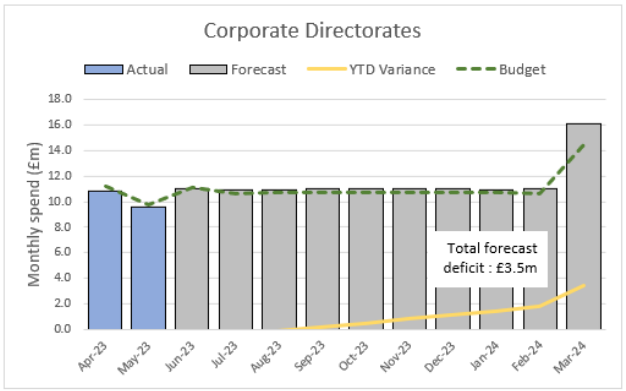
Note costs for flood in E block (c.£0.1m)

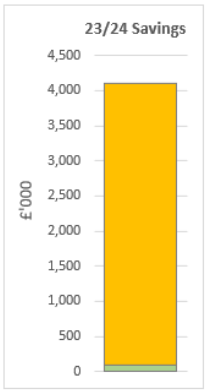
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Estates and Facilities	Estates and Facilities	ESF-01	Generic CIP - Pay	R	Red	27	0	(27)	161	0	(161)
Estates and Facilities	Estates and Facilities	ESF-02	Parking	R	Green	35	35	0	210	210	0
Estates and Facilities	Estates and Facilities	ESF-03	Procurement	R	Green	7	0	(7)	40	33	(7)
Estates and Facilities	Estates and Facilities	ESF-04	Rostering Efficiencies	R	Amber	107	0	(107)	642	482	(161)
Estates and Facilities	Estates and Facilities	ESF-05	estates and facilities strategy	R	Red	28	0	(28)	170	0	(170)
Estates and Facilities	Estates and Facilities	ESF-06	Decarbonisation	R	Red	167	0	(167)	1,000	0	(1,000)
Estates and Facilities	Estates and Facilities	ESF-07	WAST Intersite Transport	R	Red	167	0	(167)	1,000	0	(1,000)
Estates and Facilities	Estates and Facilities	ESF-08	Estates Opps / leases (running costs)	R	Red	167	0	(167)	1,000	0	(1,000)
Estates and Facilities	Estates and Facilities	ESF-09	procurement	R	Red	30	0	(30)	181	0	(181)
Estates and Facilities	Estates and Facilities	ESF-10	Estates and Facilities avoid agency premiums (	R	Amber	183	0	(183)	1,095	821	(274)
Estates and Facilities	Estates and Facilities	ESF-11	Generic CIP - Non-Pay	R	Red	57	0	(57)	340	0	(340)
Estates and Facilities	Estates and Facilities	ESF-12	Rates Rebates	NR	Green	0	0	0	754	754	0
						973	**35**	**(938)**	**6,593**	**2,300**	**(4,293)**





Divisional analysis – Corporate

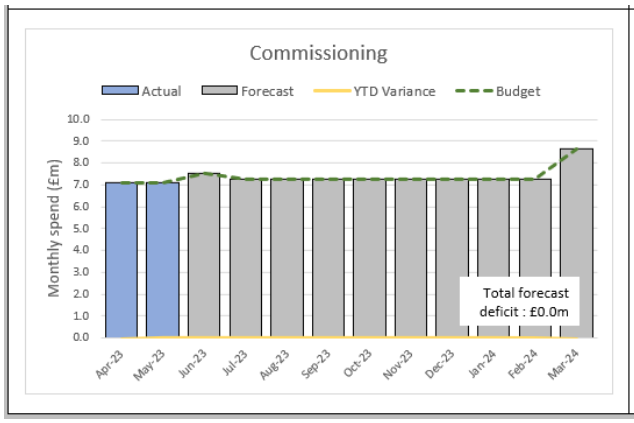


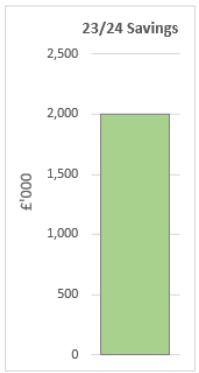


1. Medical Director underspend due to IPTR
2. Non-recurrent vacancies providing underspend positions in some areas
3. Forecast unachievement of savings £2.526m
4. Health Protection savings assumed achievable

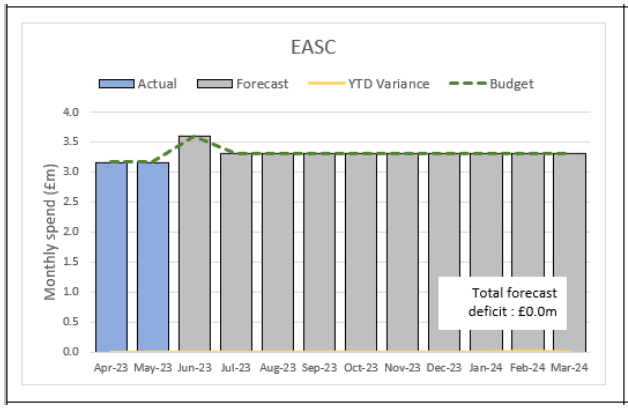
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Corporate-ABCi	Corporate-ABCi	CORP-01	Generic CIP - Non-Pay	R	Red	1	0	(1)	4	0	(4)
Corporate-CEO	Corporate-CEO	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	50	0	(50)	300	0	(300)
Corporate-CEO	Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	Red	200	0	(200)	1,200	0	(1,200)
Corporate-CEO	Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	Red	69	0	(69)	415	0	(415)
Corporate-DirFin	Corporate-DirFin	CORP-06	Generic CIP - Pay	R	Green	8	0	(8)	46	46	(0)
Corporate-DirFin	Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	Green	1	0	(1)	5	5	0
Corporate-DirNurs	Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	Red	6	0	(6)	34	0	(34)
Corporate-DirNurs	Corporate-DirNurs	CORP-09	procurement	R	Red	0	0	(0)	1	0	(1)
Corporate-DirNurs	Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	Red	1	0	(1)	6	0	(6)
Corporate-DirOps	Corporate-DirOps	CORP-11	Generic CIP - Pay	R	Red	10	0	(10)	61	0	(61)
Corporate-DirOps	Corporate-DirOps	CORP-12	procurement	R	Red	0	0	(0)	2	0	(2)
Corporate-DirOps	Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	Red	3	0	(3)	16	0	(16)
Corporate-DirPCMH	Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	Red	0	0	(0)	2	0	(2)
Corporate-DirPH	Corporate-DirPH	CORP-15	Generic CIP - Pay	R	Green	6	0	(6)	33	33	(0)
Corporate-DirPH	Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	Green	0	0	(0)	3	3	0
Corporate-DirPH	Corporate-DirPH	CORP-17	Health protection review	NR	Amber	167	0	(167)	1,000	1,000	(0)
Corporate-DirPH	Corporate-DirPH	CORP-18	procurement	R	Green	0	0	(0)	1	1	(0)
Corporate-DirPH	Corporate-DirPH	CORP-19	Health protection review	NR	Amber	500	0	(500)	3,000	3,000	0
Corporate-DirTher	Corporate-DirTher	CORP-20	Generic CIP - Pay	R	Red	1	0	(1)	6	0	(6)
Corporate-DirTher	Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	Red	0	0	(0)	2	0	(2)
Corporate-DirTher	Corporate-DirTher	CORP-22	Rostering Efficiencies	R	Red	8	0	(8)	47	0	(47)
Corporate-Governance	Corporate-Governance	CORP-23	Generic CIP - Pay	R	Green	1	0	(1)	7	7	0
Corporate-Governance	Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	Green	0	0	(0)	2	2	0
Corporate-Litig	Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	Red	2	0	(2)	11	0	(11)
Corporate-Litig	Corporate-Litig	CORP-26	procurement	R	Red	0	0	(0)	2	0	(2)
Corporate-MedDir	Corporate-MedDir	CORP-27	Generic CIP - Pay	R	Red	3	0	(3)	19	0	(19)
Corporate-MedDir	Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	Red	2	0	(2)	10	0	(10)
Corporate-PlanICT	Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	Red	17	0	(17)	102	0	(102)
Corporate-PlanICT	Corporate-PlanICT	CORP-30	procurement	R	Red	19	0	(19)	113	0	(113)
Corporate-PlanICT	Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	Red	14	0	(14)	83	0	(83)
Corporate-WOD	Corporate-WOD	CORP-32	Generic CIP - Pay	R	Red	7	0	(7)	43	0	(43)
Corporate-WOD	Corporate-WOD	CORP-33	procurement	R	Red	1	0	(1)	6	0	(6)
Corporate-WOD	Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	Red	7	0	(7)	43	0	(43)
						1,104	**0**	**(1,104)**	**6,622**	**4,097**	**(2,526)**

Divisional analysis – External Commissioning / WHSSC / EASC

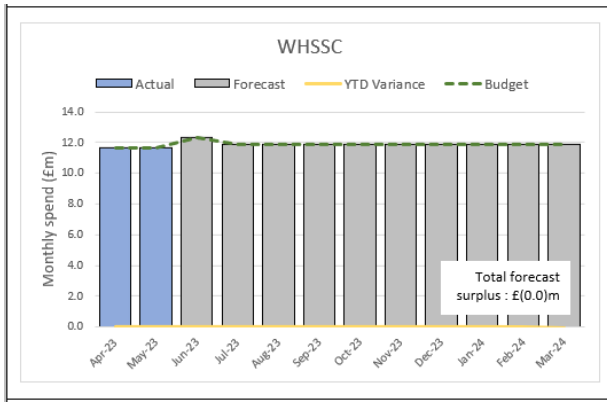




Cwm Taf LTA is subject to a significant reduction in delivery of c.2000 treatments as this has been the profile of delivery over recent years and is not expected to recover.
The agreement may be problematic.



1. EASC costs as per budget plan at present pending agreement



1. WHSSC costs as per budget plan at present pending agreement

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
Contracting and Commissioning	Contracting and Commissioning	CON-01	External Contracts	R	Green	333	333	0	2,000	2,000	0
WHSSC	WHSSC	WHC-01	WHSSC	R	Red	250	0	(250)	1,500	0	(1,500)
						583	333	(250)	3,500	2,000	(1,500)

National Covid-19 Funding Assumptions

The Health Board has received £0.753m 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
	Total Confirmed Covid-19 Allocations	**753**
HCHS	Adferiad Programme	1,216
HCHS	23-24 C19 Vaccination programme	8,100
HCHS	23-24 C19 TTP	4,800
HCHS	Covid Public enquiry	776
HCHS	PPE	1,500
	Total Anticipated Covid-19 Allocations	**16,392**
	Total Covid-19 Allocations	**17,145**

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	AHP project support	50,000
Anticipated	NR	PPE 23-24	1,500,000
Confirmed	NR	Speech and Language Therapy	82,013
Anticipated	NR	CAMHS Santuary provision (F&T)	50,000
		Confirmed Allocations to be apportioned	**2,532,013**

7788-COMMITMENTS TO BE DELEGATED

Description	23/24
Innovation and Development Fund (£10m)	9,739,312
Further National Pressures	1,000,000
Allocation risks / ULD risks	874,769
Further Inflationary Pressures	5,500,000
Total Commitments	**17,114,081**

7565-CONTINGENCY

Description	23/24
23/24 recurrent deficit	(112,848,200)
Confirmed Allocations to be apportioned	**(112,848,200)**

Reserves Delegation:

The UHB Board approved the budget delegation paper on the 29th March. Budget delegation letters have been sent to Executive Directors for their consideration. Specific issues have been returned for consideration by the CEO. Any subsequent changes will then be actioned before Divisional letters are distributed.

£0.26m has been delegated from the Innovation and Development fund in relation to recruitment and retention posts. The remaining funding of £9.7m is shown pending further delegations.

There are further allocations which are to be delegated. Where known and confirmed, this will be delegated in month 3. There are allocations which require further information and discussion before delegation can be confirmed.

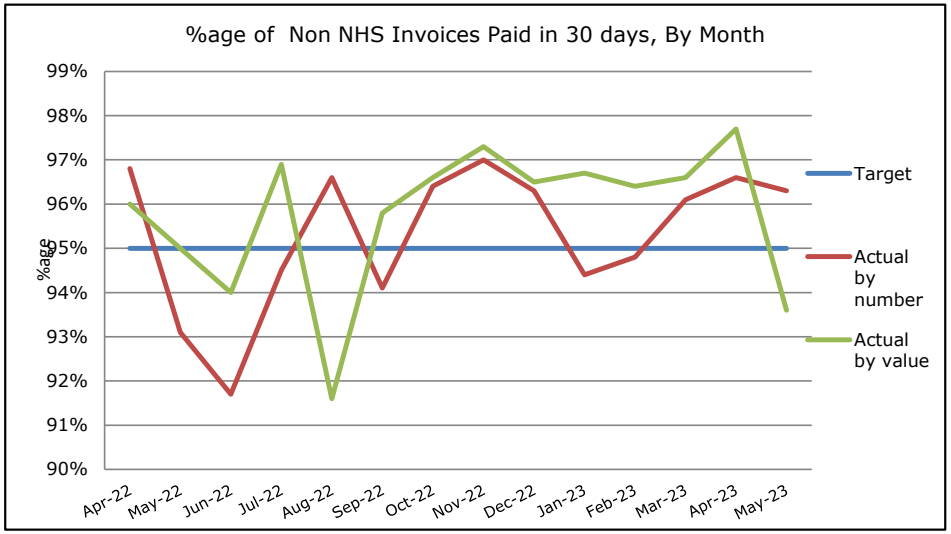
Cash Position

- The cash balance at the 31st of May is £4.795m, 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 May (96.3%). 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.

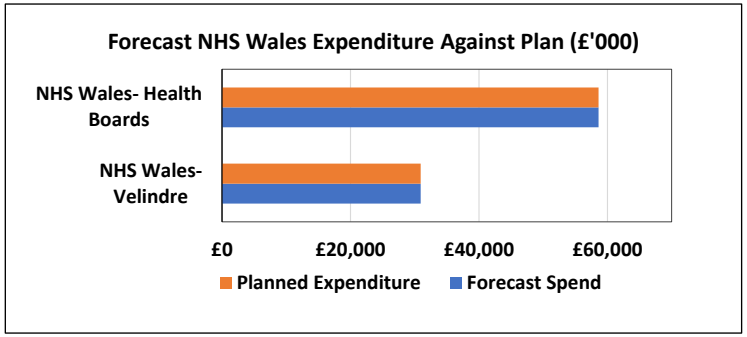
The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in May is 89.3%. The level of performance is below the 95% target as a result of delays in raising and receipting the purchase orders to enable the invoices to be paid promptly and within the payment terms. Areas of concern are laboratory tests with English NHS Trusts, secondments, Northumbria lease car invoices, 111 project invoices and other SLA invoices. We will work 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

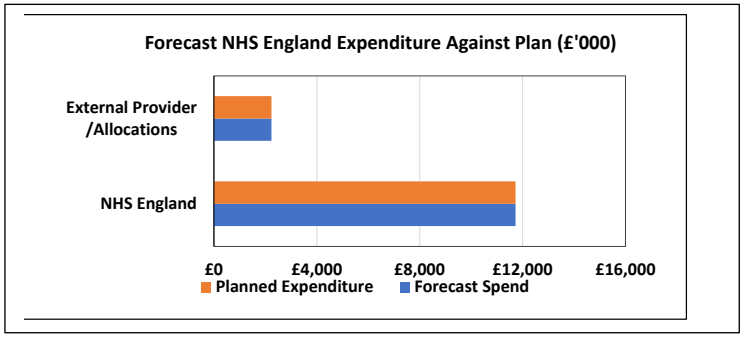
Month/Financial Year:- Month 2 (May) 2023/24

At Month 2 the financial performance for Contracting and Commissioning is a breakeven position against the delegated budget, The key elements contributing to this position at Month 1 are as follows:



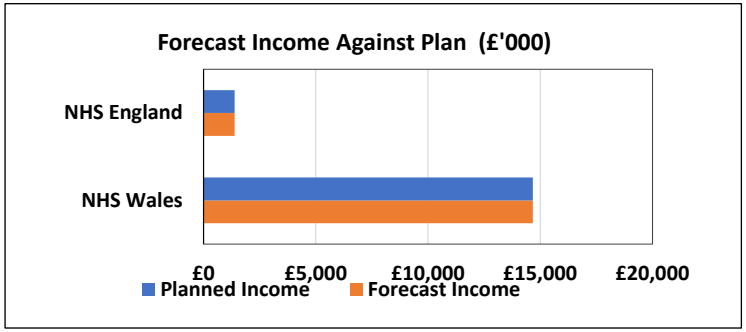
NHS Wales Expenditure

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



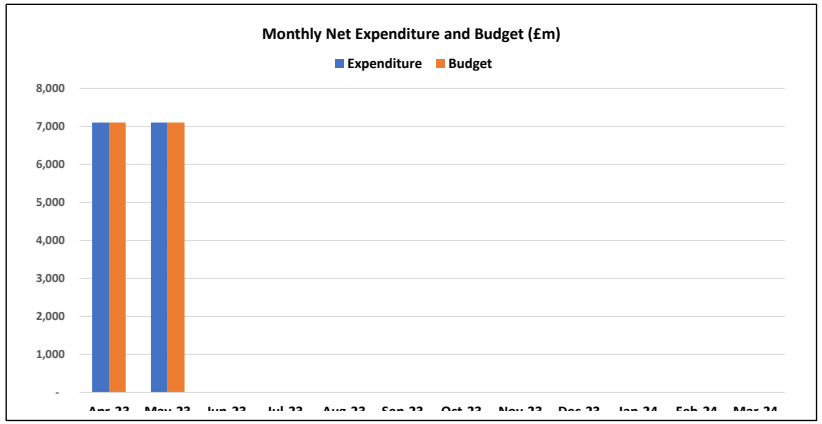
NHS England Expenditure

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.

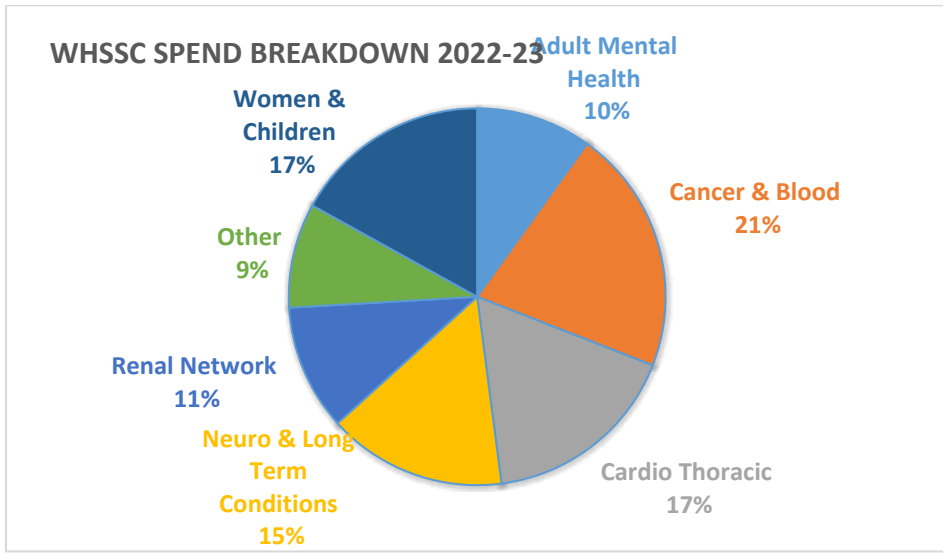


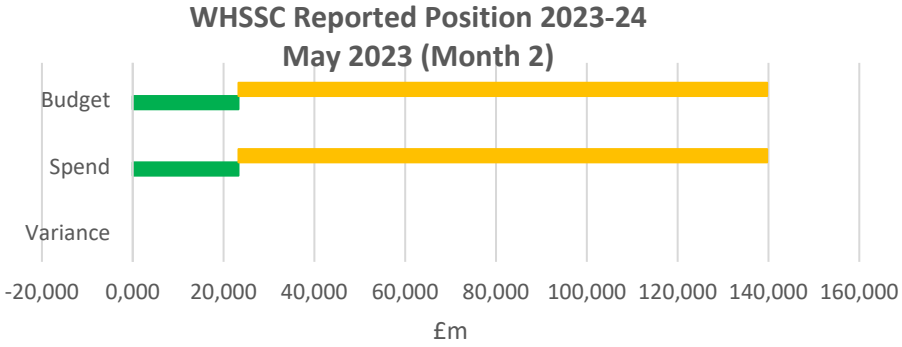
Key Issues 2023-24

- All LTAs are required to be signed agreed by the end of June 2023 WG deadline.
- 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 Performance Period: Month 2 2023-24

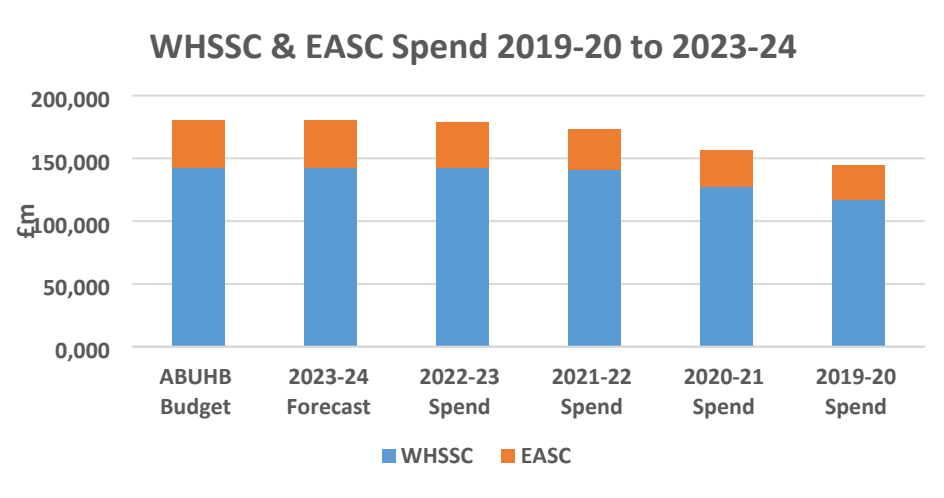
The Month 2 financial performance for WHSSC & EASC is a breakeven position. The Month 2 position reflects the agreed IMTP with WHSSC and EASC.

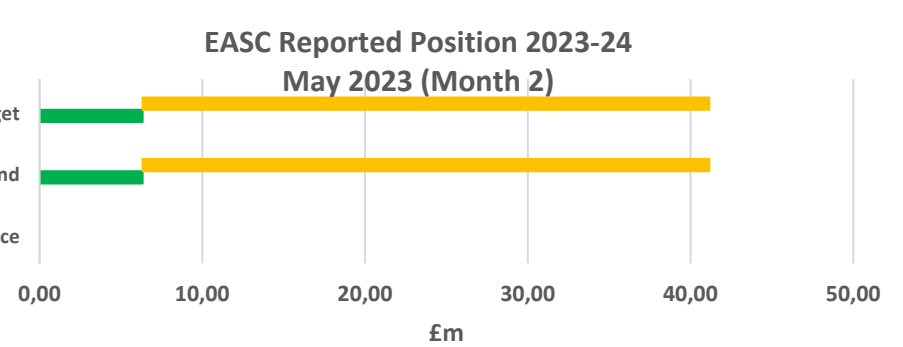




Key Variances

- The WHSSC outturn position reflects the 2023-24 WHSSC IMTP agreed by Chief Executives at the WHSSC Joint Committee





Key Variances

- The EASC outturn position reflects the 2023-24 EASC IMTP agreed by Chief Executives at the EASC Joint Committee.

Balance Sheet

Balance sheet as at 31st May 2023	2023/24 Opening balance £000s	31st May 2023 £000s	Movement £000s
Fixed Assets	893,408	906,382	12,974
Other Non current assets	83,283	82,693	-590 *
Current Assets			
Inventories	9,576	9,297	-279
Trade and other receivables	152,220	143,472	-8,748 *
Cash	4,704	4,795	91
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	166,500	157,564	-8,936
Liabilities			
Trade and other payables	242,817	225,251	-17,566
Provisions	168,466	170,835	2,369
	411,283	396,086	-15,197
	731,908	**750,553**	**18,645**
Financed by:-			
General Fund	552,859	563,929	11,070
Revaluation Reserve	179,049	186,624	7,575
	731,908	**750,553**	**18,645**

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 a decrease in Welsh Risk Pool claims due in more than one year £0.3m and a decrease in intangible assets £0.4m and an increase in ICR income due in more than one year of £0.1m since the end of 2022/23.

Inventories

- The decrease in year relates to changes in stock held within the divisions.

Current Assets, Trade & Other Receivables:

The main movements since the end of 2022/23 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2022/23 to the end of March £14.1m. An increase in the value of both NHS & Non-NHS accruals of £1.9m, of which £0.1m relates to an increase of Welsh Risk Pool claims due in less than one year and £2.3m relates to an increase in NHS & Non NHS accruals and £0.3m relates to VAT/other debtors increase. There is an increase in the value of prepayments held of £3.5m.

Cash:

- The cash balance held at the end of May is £4.795m.

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 (£1.8m), an increase in NHS Creditor accruals (£3.3m), a decrease in the level of invoices held for payment from the year end (£14.9m), an increase in non NHS accruals (£3.3m), an increase in Tax & Superannuation (£2.4m), a decrease in other creditors (£12.7m), a decrease in payments on account (£0.1m).
- Due to the increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £2.8m and the decrease in pensions & other provisions £0.4m.

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

Confirmed Allocations as at May 2023 (M2 2023/24)

	£'000
HCHS	1,332,952
GMS	107,879
Pharmacy	33,407
Dental	32,654
Total Confirmed Allocations - May 2023	**1,506,892**
Plus Anticipated Allocation - May 2023	**43,584**
Total Allocations - May 2023	**1,550,476**

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 £103.2m. (£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 £1.65bn (£1.75bn for 22/23).

WG anticipated allocations: £43.6m

Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
GMS	Primary Care Improvement Grant	142	R
HCHS	(Provider) Substance Misuse & increase	3,184	R
HCHS	(Provider) SPR's	125	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	251	R
HCHS	CAMHS In Reach Funding	778	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,800	R
HCHS	Informatics - Virtual Consultations	1,065	R
HCHS	Invest to Save Omnicell	(410)	R
HCHS	National Clinical Lead for Falls & Frailty	26	R
HCHS	National Clinical Lead for Primary and Community Care	113	R
HCHS	AHW:Prevention & Early Years allocation	1,171	R
HCHS	WHSSC - National Specialist CAMHS improvements	271	R
HCHS	Same Day Emergency Care (SDEC)	1,560	R
HCHS	Strategic programme Primary Care within A Healthier Wales (a	130	R
HCHS	Learning Disabilities-Improving Lives	64	R
HCHS	Nurse Operation lead pump-prime funding 22-23 (18mths)	34	R
HCHS	Memory Assessment Services - Gwent RPB (ANEHFS 37 21/22)	565	R
HCHS	Adferiad Programme	1,216	NR
HCHS	Exceptional-Incremenntal Real Living Wage	5,404	NR
HCHS	Urgent Primary Care	1,400	R
HCHS	PSA self-management Programme Platform development	465	R
HCHS	Invest to Save - Overseas Nurse Recruitment	(313)	R
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	Digital Medicines transformation team	236	R
HCHS	23-24 C19 Vaccination programme	8,100	NR
HCHS	23-24 C19 TTP	4,800	NR
HCHS	New Medical Training Posts 2017-2022 cohorts	1,100	R
HCHS	Covid Public enquiry	776	R
HCHS	E-triage	318	R
HCHS	EASC WAST Improvements in MH emergency calls (issued R in 2	51	R
HCHS	RIF-Integrated Autism uplift 23-24	113	NR
HCHS	RIF-Ringfenced Dementia 23-24	1,611	NR
HCHS	RIF-Short breaks for Carers 23-24	247	NR
HCHS	DEPN-AME Donated Assets Depreciation	332	NR
HCHS	Mental Capacity Act 23-24	377	NR
HCHS	Mental Capacity Act Advocacy 23-24	433	NR
HCHS	Consolidated pay award 1.5% Apr-23	9,321	NR
HCHS	C19 PPE 23/24	1,500	NR
HCHS	CAMHS Sanctuary provision	50	R
HCHS	DEPN-AME Reversal of impairments	(6,930)	NR
	Total Anticipated: Per Ledger	**43,584**	

Capital Planning & Performance

Summary Capital Plan Month 2 2023/24	2023/24				
	Original Plan £000	Revised Plan £000	Spend to M2 £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
Total Approved Discretionary Funding	7,420	6,614		6,614	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	43,396	44,062		44,062	0
Total Approved AWCP Funding	43,396	44,062		44,062	0
Total Capital Funding / Capital Resource Limit (CRL)	**50,816**	**50,676**		**50,676**	**0**
Applications:					
Discretionary Capital:					
Commitments B/f From 2022/23	321	610	239	650	39
Statutory Allocations	576	590	144	590	0
Divisional Priorities	2,868	3,712	123	3,712	0
Corporate Priorities	300	300	162	300	0
Informatics National Priority & Sustainability	2,170	1,362	156	1,362	0
Remaining DCP Contingency	1,185	40	0	0	-40
Total Discretionary Capital	**7,420**	**6,614**	**825**	**6,613**	**-1**
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517	-3,130	88	-3,130	0
Tredegar Health & Wellbeing Centre Development	4,019	3,375	866	3,798	423
NHH Satellite Radiotherapy Centre	17,675	17,133	1,582	18,128	995
YYF Breast Centralisation Unit	8,685	8,482	826	8,641	159
Newport East Health & Wellbeing Centre Development	10,362	9,427	834	10,018	591
RGH Endoscopy Unit	4,004	4,914	1,078	4,682	-232
RGH – Block 1 and 2 Demolition and Car Park	404	554	0	654	100
EFAB Schemes	1,764	1,776	21	1,808	32
EOY Funding Schemes	0	239	37	243	4
MH SISU Development	0	136	1	136	0
ICF Schemes	0	48	0	48	0
HCF Schemes	0	15	0	15	0
ED Waiting Area Funding	0	111	86	111	0
CAHMS Sactuary Hub	0	889	0	889	0
National Imaging Programme	0	55	0	55	0
Digital Eye Care	0	10	6	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	0	9	0
SDEC Equipment	0	19	-21	19	0
Total AWCP Capital	**43,396**	**44,062**	**5,403**	**46,134**	**2,072**
Total Programme Allocation and Expenditure	**50,816**	**50,676**	**6,228**	**52,747**	**2,071**
Forecast Overspend against Overall CRL					**2,071**

Aneurin Bevan University Health Board

Finance Report – Appendix 2 (May 2023) 2023/24

WG Monthly Monitoring Return (MMR) tables

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MONITORING RETURN FOR MONTH 02 2023/24

Director of Finance Commentary for the Period Ended 31st May 2023

Introduction

The purpose of this narrative is to provide a commentary on the financial monitoring returns being submitted to the Welsh Government (WG) by the Aneurin Bevan University Health Board (ABUHB) for the period to 31st May 2023 (Month 02, 2023/24). This commentary will provide an overview of the financial position and performance of the Health Board as at month two of the 2023/24 financial year. It will also provide a detailed narrative, where required, on each of the tables within the accompanying returns, in the format prescribed by WG.

This commentary will also respond, as far as is possible, to the issues highlighted in the WG response letter, the Health Board's response is recorded in the action log included as an Annex 1 to this commentary.

For the 2023/24 financial year, it is assumed that the Health Board will aim to operate within the IMTP financial plan however there remain external factors that remain a risk. There are some specific exceptions for which funding has been anticipated or received. These include the immunisation framework (Mass Vaccination), surveillance (Test, Trace, Protect), Adferiad/Long Covid, Covid public enquiry, PPE and nosocomial investigation work.

The Health Board is working to increase activity in line with IMTP assumptions especially in areas that have suffered during the Covid periods. There continues to be additional surge and DToC beds open on all sites outside of the IMTP bed plan and the workforce demands remain a risk to delivering the financial target identified in the IMTP financial plan.

Pay award costs resulting from the additional consolidated 1.5% in 2022/23 have been assumed with anticipated funding for 2023/24. No further pay award costs or funding are included at this time. The Health Board financial plan assumes that any pay award and cost impact from changes to terms and conditions will be fully funded by WG. No estimate is included due to the lack of a current agreement.

Energy costs have been revised based on latest data from NWSSP and will continue to be monitored and updated for revised information from Shared Services. In addition, reduced usage and price reductions form a part of the cost savings as part of the IMTP plan.

As at Month 02, ABUHB is reporting *a deficit of £29.5m with the IMTP forecast deficit of £112.8m. There are **material risks** associated with maintaining this forecast position, particularly the achievement of savings plans, prescribing cost growth, CHC fee uplifts and workforce pressures, more detail is provided in this report.*

Actual YTD

The month two reported financial position shows a **£29.5m overspend position;** this is presented as such on the face of ***Table B – Monthly Positions***. The table below details the outturn financial position analysed across the Health Board's organisational structure of Divisions and Corporate Directorates, funding has been delegated following Board approval and subsequent Chief Executive agreement: -

Summary Reported position - May 2023 (M02)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	275,687	793	513	280
Prescribing	111,125	1,502	647	855
Community CHC & FNC	66,837	1,741	766	975
Mental Health	116,976	3,291	1,644	1,647
Director of Primary Community and Mental Health	209	(7)	35	(42)
Total Primary Care, Community and Mental Health	**570,834**	**7,319**	**3,605**	**3,715**
Scheduled Care	189,539	1,150	121	1,028
Clinical Support Services	59,626	45	(163)	209
Medicine	142,365	2,732	940	1,793
Urgent Care	33,109	1,025	489	536
Family & Therapies	125,826	156	15	141
Estates and Facilities	90,570	(248)	(64)	(184)
Director of Operations	7,659	137	23	115
Total Director of Operations	**648,694**	**4,998**	**1,361**	**3,637**
Total Operational Divisions	**1,219,528**	**12,317**	**4,965**	**7,352**
Corporate Divisions	124,031	(682)	(361)	(321)
Specialist Services	182,322	0	0	0
External Contracts	88,335	0	0	0
Capital Charges	41,837	(0)	(0)	(0)
Total Delegated Position	**1,656,052**	**11,635**	**4,604**	**7,031**
Total Reserves	(93,202)	17,838	8,890	8,947
Total Allocations	(1,550,476)	0	0	0
Other Corporate Income	(12,374)	0	0	(0)
Total Reported Position	**(0)**	**29,473**	**13,494**	**15,979**

Key messages for Month 02

The financial position at the 31st May 2023 shows a £29.5m deficit position, with the key issues in the month being:

Expenditure in the Health Board for pay has increased in comparison with April 2023 due to enhanced costs paid in May coupled with an increase in medical agency. An element of the medical agency costs incurred in May relates to shifts worked in earlier months particularly in Ophthalmology. Non-pay expenditure has increased due to a range of general factors including bed/mattress maintenance and externally funded programmes (e.g. 6 goals for emergency care).

Agency costs have increased due to medical shifts in Ophthalmology, managed practices and within the medicine specialities. It is noted that the majority of these costs relate to shifts worked in previous months. Enhanced bank payments (flexible rewards) and increased variable pay staffing in Divisions such as Mental Health are being reviewed to mitigate operational pressures for future months.

CHC cost inflation for Adult, Mental Health & Learning Disabilities and children are causing a significant financial pressure compared with IMTP forecasts. An increase in high-cost paediatric patients has resulted in an on-going cost pressure coupled with fee uplifts for CHC packages which are anticipated to be c.12% which is significantly higher than the 6% assumption in the IMTP. Mitigating actions are being considered to reduce these pressures.

Prescribing costs present a significant financial pressure compared with IMTP financial forecasts. The average cost per item has increased from £7.20 (IMTP) to £7.55 (March PAR), one of the highest price uplifts seen in the last 10 years. This will also require mitigating actions to offset the pressure. There is also continued growth in item numbers (1.88% growth from April 2022 to March 2023) which is likely to present a future financial pressure.

Energy costs are lower than IMTP estimates which presents a favourable financial forecast although usage was higher than forecast in May across the main hospital sites, but the overall forecast continues to decrease. The price and usage is being monitored internally with usage reduction plans (linked with de-carbonisation) being implemented to maximise price/volume reductions.

1. Actual YTD and Forecast Under / Overspend (Tables A, B, B2 & B3)

Table A – Movement of Opening Financial Plan to Outturn

The over-riding objectives of the ABUHB IMTP financial plan are to improve financial sustainability for service delivery and use transformation as a vehicle for value based improvement and efficiency delivery.

The preferred approach to financial sustainability identified in the IMTP is through transformation, however, the operational challenges faced during 2022/23 has meant the pace of delivery of efficiencies has been insufficient to meet the financial improvements required to break even.

The IMTP submitted to Welsh Government in March 2023 identified a challenging financial deficit of £112.8m assuming funding for National Covid-19 costs and a range of other areas such as Real living wage, wage awards and 6 goals. It should also be noted that there are on-going significant financial risks for 2023/24 which require mitigation.

A break-down of the submitted IMTP for 2023/24 is summarised below:

- Underlying deficit brought forward of £89.6m
- Cost pressures identified of £84m
- Anticipated WG recurrent funding of £9.2m
- Savings of £51.5m

Savings plans/opportunities have been identified as c.£51.5m, the Health Board Divisions are working to translate the remaining amber / red schemes into specific plans. Presentational changes have been made to the list as provided in the IMTP and this is likely to continue in months 2 and 3 as specific narrative is included for schemes. More detail is included later in the report.

A more comprehensive breakdown of the IMTP is shown in the table below:-

	£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**

In response to Action point 1.1; the financial profile aligns with the UHB IMTP March submission. This presents a number of savings plans starting in Month 3 acknowledging the ability to implement these plans at pace, this delay results in a higher profile for Months 1 and 2. Table A has been amended for the revised savings profile which results in a reduced RRL profile adjustment.

In response to Action point 1.2; the financial profile for the IMTP re-submission as at 31st May remains the same. Table A has been amended for the in-year issues referred to noting an increased pressure for CHC and Prescribing which net off the benefit resulting from energy prices.

In response to Action point 1.3; the financial profile used for line 31 has been updated given the changes in savings profile (Action-point 1.1 response above).

In response to Action point 1.4; the funding for exceptional PPE costs have now been anticipated.

In response to Action point 1.5; Table A and A1 has been updated to match the IMTP submission of £129.762m deficit. As a result, line 28 has been adjusted accordingly.

In response to Action point 1.6; table A1 has been amended to show an increased FYE and adjusted c/f underlying position.

Table B - Monthly Positions

The year to date reported position is a £29.5m deficit position (compared with the IMTP plan of £24.5m deficit).

Material differences of actual expenditure from month 1 are as follows:

- *RRL* – The material differences are in relation to the revenue aspects of Capital, i.e. the depreciation / DEL / AME impairment costs.

- *Primary Care Contractor* – GMS contract (global sum) costs have increased due to increases in registered patient numbers. Following clarification from WG finance colleagues the allocation will now be anticipated in month 3.

- *Provider Services – Pay* – this reflects the continued high levels of expenditure relating to surge capacity and costs above establishment levels. It also includes additional expenditure relating to enhancement costs as well as medical agency costs. It should also be noted that the 2023/24 pay award is not reflected in this submission neither in terms of income nor expenditure.

- *Provider Services – Non-Pay* – this reflects the further reduction in energy costs below forecast levels.

- *Healthcare Services provided by other NHS bodies* – increase in funded costs linked to 111 (clinical support hub).

- *Continuing Care and Funded Nursing Care* – increase in costs linked to external paediatric and Mental Health placements, also linked to the fees increase which is larger than previous forecasts.

Further allocations will be anticipated for areas such as Mental Health SIF and Regional planned care once WG correspondence has been received. This will affect the forecast expenditure and be reflected in future updates.

In response to Action point 1.8; the financial forecast profile continues to be updated linked to Divisional forecast expenditure submissions.

Section B has been completed based on IMTP planned levels.

The depreciation figures included in Table D are currently based on the baseline DEL depreciation allocation and an anticipated allocation for AME Donated Assets depreciation. The Health Board will work through the forecast indexation and approved capital programme impacts to provide the anticipated baseline shortfall / strategic support required. The figures also do not currently include any anticipated requirements for IFRS16 Leases depreciation over and above the already confirmed funding letter of £4.363m. The overall requirements will be calculated and reported in the month 3 monitoring return and the June Non-Cash return.

AME Impairments estimates have not yet been included. The reversals of impairment funding required is based on the effect of indexation and has been provisionally calculated. Both will be confirmed in the month 3 monitoring and June non-cash return. The anticipated allocations included at month 2 are detailed in the table below:

	M02
Anticipated Allocations	**£000**
DEL - Baseline Depreciation Shortfall	TBC
DEL Strategic depreciation Support Required	TBC
DEL Accelerated Depreciation Required	TBC
DEL IFRS16 Leases Depreciation	TBC
Total DEL Anticipated Funding	**TBC**
AME Forecast Donated Asset Depreciation	332
AME Impairment Funding	TBC
AME Reversals of Impairment Funding	(6,930)
AME IFRS16 Leases Depreciation	TBC
Total AME Anticipated Funding	**(6,598)**
Total Forecast Anticipated Allocations	**(6,598)**

Table B2 – Pay & Agency (Section A)

This table has been completed in line with the guidance.

Table B3 – Covid-19

Total Covid-19 costs are shown as £17.1m with funding received of £0.8m (Nosocomial) and anticipated funding of £16.3m. The Covid-19 anticipated funding assumptions are: -

- Immunisation (Mass Vaccination) - £8.100m
- Surveillance (TTP) - £4.800m
- Adferiad (Long Covid) - £1.216m
- PPE - £1.500m
- Covid public inquiry - £0.776m

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur extra costs across a number of areas which were previously part of Covid-19 reporting. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and rental of portacabins
- Reduced dental income

The Health Board continues to review and mitigate costs wherever possible and is assuming full receipt of anticipated funding for Covid-19 schemes included in table E.

2. Underlying Position (Tables A1)

The Underlying (U/L) forecast position is in line with the March submitted IMTP submission. It should be noted that energy costs have decreased but prescribing/CHC costs have increased by an equivalent amount.

Financial sustainability is a priority and focus for the Health Board.

3. Risk Management (Table A2)

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

- Ensuring full delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial pressures identified outside of the IMTP,
- Receipt of all anticipated allocations,
- Workforce absence / vacancies, availability of staff for priority areas,
- Delayed transfers of care due to 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,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

In response to Action point 1.7; the opportunities will be pursued but the UHB focus remains on the challenging IMTP savings plan. CHC and Prescribing continue to be a significant cost pressure and have worsened in-month across the UHB.

The under-delivery risk of amber schemes has been updated in this table.

4. Ring Fenced Allocations (Tables B, N & O)

This table is not required for month 2.

Tables N (GMS) and O (Dental) will be completed from month 6.

5. Agency / Locum (Premium) Expenditure (Tables B2 Sections B & C)

Agency expenditure continues at the high level of previous months, increasing by £1m compared with April.

Medical agency expenditure was the key reason for this increase some of which related to previous months shifts. Ophthalmology costs for elective activity, managed practice costs covering vacant gaps/areas and mental health vacancy cover were the most significant reasons for the increased expenditure.

Agency expenditure across nursing and additional clinical services is predominantly linked to enhanced care as well as to cover additional service demands including ED, opening surge beds and step-down hospital beds.

6. Savings (inc Accountancy Gains & Income Generation) (Tables C, C1, C2 & C3)

As part of the IMTP submitted by the Board to Welsh Government (March 2023), the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 2 forecast achievement in 23/24 continues to be reported as £51.5m, however, this contains a **significant level of risk in** order to ensure full delivery.

Actual savings delivered to May amounted to £2.1m. The amber and red schemes listed are being finalised internally by local Divisional teams and are shown as amber schemes within the table C4. In addition, as specific schemes are finalised, the narrative on several schemes may change to reflect further detail on the relevant savings plan.

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

	£m	
RAG Rating	**IMTP Plan**	**Month 2 draft assessment**
Green	24.0	13.7
Amber	8.0	7.8
Stretch targets	19.5	30.0
Total	**51.5**	**51.5**

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.

In response to Action point 1.9; the UHB continues to progress all opportunities to achieve the challenging savings plan. An 'Efficiency Board' has been established as part of financial recovery arrangements.

7. Income Assumptions 2023/24 (Tables D, E & E1)

Table D – Welsh NHS Assumptions

This table has been completed in line with the guidance.

Table E - Revenue Resource Limit

The Month 02 financial position is based on total allocations of £1,550.5m, of which £1,506.9m are received and £43.6m are anticipated.

Allocations are anticipated on receipt of a notification from WG, including Policy Leads and finance colleagues. A list of anticipated allocations is included in Table E.

As advised, PPE costs have been anticipated with forecast costs included in the Covid-19 return (Table B3).

No 2023/24 pay award allocation has been anticipated in month 2 but is expected to fully fund any related costs. In addition, no additional global sum allocation has been anticipated despite the increase in patient numbers across the UHB, this is due to the timing of WG confirmation of funding.

Further allocations will be anticipated for areas such as Mental Health SIF and Regional planned care once WG correspondence has been agreed.

8. Healthcare Agreements and Major Contracts

ABUHB is currently agreeing LTA documentation with organisations.

ABUHB has prepared and sent to commissioners LTA proposals for 2023-24 where AB is provider of services. These are in line with the Deputy DoFs proposed framework despite ABUHB's preference for an alternative approach.

To date only Velindre NHS Trust have sent a provider LTA document for consideration, but draft agreements are being proactively chased.

In response to Action point 1.8; significantly there is an ongoing discussion with Cwm Taf Morgannwg UHB regarding an LTA adjustment following a recurrent change in patient flow because of the opening of the Grange University Hospital. It is planned that an appropriate baseline adjustment can be agreed prior to the LTA sign off deadline as Emergency Activity at CTMUHB for ABUHB residents is materially below current contracting baselines following the change in flow. ABUHB will require this adjustment prior to signing the CTM provider LTA.

The deadline for signed agreements is 30th June 2023, an update will be provided as part of month 3 returns.

9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

Table F – Statement of Financial Position

This table is not required for month 2.

Table M - AGED WELSH NHS DEBTORS

At the end of May 2023, the Health Board had 20 invoices outstanding with other Welsh Health Bodies totalling £191,825.

Cwm Taf Morgannwg University Health Board – 4 invoices outstanding totalling £31,350. 1 invoice for £852 has since been paid. The remaining 3 invoices totalling £30,498 were agreed as part of the month 12 agreement of balances process. We have requested a confirmed payment date regarding these outstanding invoices.

Powys Teaching Local Health Board – 16 invoices outstanding totalling £160,475. 14 invoices totalling £17,975 have since been paid. The remaining 2 invoices totalling £142,500 were agreed as part of the month 12 agreement of balances process. We have requested confirmed payment dates regarding these outstanding invoices.

10. Cash Flow Forecast (Table G)

The cash balance held at the end of May is £4.795m which was made up of £0.183m relating to revenue and £4.611m relating to Capital. The balance held is within the advisory figure set by Welsh Government of £6m.

The Health Board reported a year to date deficit as at month 2 is £29.473m with a reported forecast year end deficit of £112.848m. The deficit position will have a significant impact on the Health Boards ability to pay suppliers later in the year with a requirement for additional strategic cash and working cash balances cash support to ensure that we can continue to pay our creditors on a timely basis and within the PSPP target. There is no ABUHB mitigation available as this was fully used in 2022/23 to reduce the strategic cash requirement in that year.

11. Public Sector Payment Compliance (Table H)

This table is not required for month 2.

12. Capital Schemes & Other Developments (Tables I, J & K)

Table I has been completed in line with the latest CRL issued on 11th May 2023.

The approved Capital Resource Limit (CRL) as at Month 2 totalled £50.676m. The forecast outturn at Month 2 is £52.747m resulting in a forecast overspend of £2.071m caused by in year overspends on various All-Wales Capital Programme (AWCP) schemes (detailed below). The position has worsened by £0.813m during month two which mainly relates to the approval required to fund E Block replacement equipment (flood damage).

As mitigation, planned Discretionary Capital programme (DCP) schemes totalling £1.981m are on hold temporarily until the forecast position improves or more funding can be obtained. A Welsh Risk Pool Claim will also be submitted in relation to the E Block damaged equipment (replacement cost £753k); however, this is only estimated to cover around £200k of the capital replacement costs.

Table J indicates a validation error against Grange University Hospital - Brokerage pending VAT reclaim minimum in year forecast. This is due to the current YTD spend being more than the minimum spend forecast. The validation error will be corrected in month 7 reports when the expected credit will be factored into the minimum spend validation calculation.

AWCP Schemes

Tredegar HWBC

The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £423k in 2023/24 which is currently being offset by the Discretionary Capital Programme (DCP). The total forecast overspend for the scheme is £512k with the balance of this amount falling into 2024/25. 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 £1.056m 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. This needs to be addressed urgently to mitigate the current overspend position and impact on DCP. In addition to the costs identified above, further risks in relation to two disputed compensation events (re-design of the foundations (£753k plus VAT) and costs associated with the cancellation of the brick supply (£644k plus VAT) are not currently built into the forecast outturn. If these claims are found to be valid, they will increase the reported overspend position.

Newport East HWBC

Works are progressing well, with the old health centre fully demolished with no further asbestos issues. Groundworks have begun on removing existing foundations and preparation for the new building foundations. The design for the substation enclosure has been agreed and will incur an additional cost of circa £20k. The cashflow profile for 23/24 received from the project cost advisors suggests a forecast outturn of £10.018m against the current year allocation of £9.427m. Further discussions will need to take place with Welsh Government Capital Colleagues in the coming months to request the acceleration of additional funding.

NHH Satellite Radiotherapy Centre

Works on the NHH Satellite Radiotherapy Centre Scheme are continuing, the anticipated completion date is now December 2024. At month two the scheme is reporting a forecast overspend of £0.995m as the contractors cashflow provided in April 2023 has increased above the figure requested in February 23. The contractor and external cost advisor have been requested to re-review the expected outturn to confirm the forecast overspend as expenditure in the first two months has been behind profile. Any required adjustments will then be actioned in period 3.

EFAB – National Programmes: Infrastructure / Fire / Decarbonisation

Following acceleration of £321k of schemes into the 2022/23 programme, the revised AWCP allocation for this year is £1.776m. Project teams have commenced delivery of the schemes, with some works due to begin imminently. Full spend and completion by 31st March 2024 is expected.

YYF Unified Breast Unit

Works are ongoing, with project completion due before the end of the year. The allocation for 2023/24 is currently £8.482m, excluding an inflation allowance of £0.330m which is included in the unapproved section of the CRL. The revised project cashflow provided by the cost advisors indicates a requirement of £8.641m currently. Performance against these estimates will continue to be monitored throughout the year.

CAMHS – Sanctuary Hub

Stage 2 costs have been received. Stage 3 will now be commenced and is anticipated to complete by the end of July. This funding allocation is part funding for the total scheme. The additional £975k CRL allocation from the Housing Care Fund is still awaited and will be required before contracts can be entered into. An award letter has been received and it is expected that the CRL transfer will be confirmed before the end of June following the first supplementary budget.

Grange University Hospital Remaining Works

The works to the Well-being Centre at LGH completed in April – final costs are being agreed. The VAT recovery on the GUH main scheme contract is being worked through by the HB's VAT advisors with the intention of submitting to HMRC at the end of June.

RGH Endoscopy

Works are continuing on the RGH Endoscopy scheme and are expected to complete on 2nd October 2023. The scheme is forecasting an underspend of £232k at Month 1 because of estimated VAT savings.

RGH Blocks 1 & 2 Demolition and Car Park

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting an overspend of £100k due to higher than anticipated asbestos removal costs. There are also potential delays due to nesting birds that are being worked through. This overspend is currently being offset by the DCP.

ICF Assessment Unit MV and CCH

This scheme is not continuing – the allocation can therefore be repaid.

Fees for MH SISU

The Outline Business Case for the Mental Health SISU has been submitted to WG for approval. The scrutiny process is anticipated to commence shortly.

B/F – End of Year Funding – November 2022

These slippage schemes are awaiting delivery / works completion but expected to complete early in the financial year.

Emergency Department Waiting Area Improvements

These slippage schemes are awaiting delivery / works completion but expected to complete early in the financial year.

Housing Care Fund

These slippage schemes are awaiting delivery / works completion but expected to complete early in the financial year.

Digital Eye-Care

The remaining funding will support the staff costs incurred in 2024/25 until the system goes live.

ICF Discretionary Funded Schemes

Full spend is expected to be achieved on these small schemes during the year.

SDEC Equipment

Full spend is expected to be achieved during the year. The credit in month relates to a cancelled order as the equipment has been purchased via a managed service contract.

Imaging National Programme

These slippage schemes are awaiting delivery but expected to complete early in the financial year.

Discretionary Capital Programme (DCP)

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £6.614m 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)

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £6.613m generating an underspend of £1k. An urgent allocation of £753k was approved during the month to fund the replacement of damaged equipment at RGH E block which has utilised all the remaining contingency budget. As described above, schemes totalling £1.981m are on hold temporarily until the forecast position improves or more funding can be obtained.

There are also further significant requirements that are not currently included in the approved DCP funding total including:

- GUH ED Extension fees (planned to be undertaken at risk on the assumption that they will be refunded in year if the BJC is approved) - £0.460m

- Capital works associated with consolidating Health Board accommodation leases into one lease at Ty Gwent (generates revenue savings) - £1.1m

- HSDU equipment to support the business case for a Urology Robot - £0.400m

- Costs (currently unknown) associated with the surveys and remedial works required in relation to RAAC - £TBC

- Replacement of the RGH Pharmacy robot - £0.710m

Potential additional funding sources to offset some of the pressures will be progressed early in the financial year. These include determining the reimbursement from the Welsh Risk pool in respect of the NBV of assets written off because of the E Block flood and the additional funding bids in relation to Tredegar H&WBC (described above) and the YYF Breast Centralisation Unit (inflation allowance). The potential reimbursement of fees (previously funded from DCP) in relation to the GUH ED extension, NHH Cancer Centre and the RGH Decontamination Unit Business Justification cases. These reimbursements are dependent on the business cases for these schemes being approved within the current financial year.

13. Other Issues

<u>Risk Management</u>

Claims submitted to the Welsh Risk Pool at the end of May 2023 total £6.956m.

No claims have been reimbursed as at the end of May.

Creditors

Attached to the returns is a separate file containing the following information in relation to outstanding creditors: -

- All outstanding creditors we currently have identified with other Welsh Health bodies as at 12th June 2023.

- Response to the month 1 list of creditors circulated as part of the monthly reply letter.

14. Authorisation

Financial Performance is reported consistently in Board papers and external reporting including the MMR, however, internally these are presented in a more user-friendly way. The MMR Narrative and key tables are usually submitted for review to Finance and Performance Committee, as a sub-committee of the Board.

The next date for the Finance and Performance Committee meeting is Wednesday 21st June 2023.

In accordance with the MMR guidance, the Health Board will endeavour to ensure that the MMR submission is agreed, and the narrative signed by two parties, by the Chief Executive and the Director of Finance. Where timescales and availability prevent this the Deputy Chief Executive will sign on behalf of the Chief Executive and the Deputy / Assistant Director of Finance (Financial Planning) will sign on behalf of the Director of Finance.

Robert Holcombe
Director of Finance, Procurement and Value
Cyfarwyddwr cyllid a chaffael

Nicola Prygodzicz
Chief Executive Officer
Prif Weithredwr

Table A - Movement:

		In Year Effect	Non Recurring	Recurring	FYE of Recurring
		£'000	£'000	£'000	£'000
1	Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-89,600	0	-89,600	-89,600
2	Planned New Expenditure (Non Covid-19) (Negative Value)	-101,947	0	-101,947	-107,361
3	Planned Expenditure For Covid-19 (Negative Value)	-17,146	-17,146		
4	Planned Welsh Government Funding (Non Covid-19) (Positive Value)	26,663	0	26,663	26,663
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	17,146	17,146		
6	Planned Provider Income (Positive Value)	535	0	535	535
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0
8	Planned (Finalised) Savings Plan	51,502	11,500	40,002	40,003
9	Planned (Finalised) Net Income Generation	0	0	0	0
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0		
12		0	0		
13	Planning Assumptions still to be finalised at Month 1	0	0		
14	**Opening IMTP / Annual Operating Plan**	**-112,847**	**11,500**	**-124,347**	**-129,760**
15	Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0		
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0		
18	Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-4,516	0	-4,515	-4,513
20	Additional In Year Identified Savings - Forecast	4,514	754	3,760	3,760
21	Variance to Planned RRL & Other Income	-278	-278		
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0		
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0		
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	0	0		
25	In Year Accountancy Gains (Positive Value)	0	0	0	0
26	Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0		
27	Savings plans / mitigating actions to be finalised	0	0		
28	In-month operating benefits/pressures	241	241		
29	CHC pressures (uplift/growth)	-5,906	-906	-5,000	-5,000
30	Prescribing	-4,835	-835	-4,000	-4,694
31	Energy	12,172	1,726	10,446	10,446
32	Medical agency (backdated) - Ophthalmology plus other specialities	-900	-900		
33	RGH E-block flood / bed mattress contract additional costs	-493	-493		
34		0	0		
35		0	0		
36		0	0		
37		0	0		
38		0	0		
39		0	0		
40	**Forecast Outturn (- Deficit / + Surplus)**	**-112,848**	**10,808**	**-123,657**	**-129,762**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**			
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-112,849**			

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year Effect
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-14,933	-89,600
2	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-16,991	-101,947
3	-1,456	-1,668	-1,399	-1,249	-1,114	-1,761	-1,892	-1,627	-1,171	-1,209	-1,245	-1,356	-3,124	-17,146
4	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,221	4,444	26,663
5	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	3,124	17,146
6	45	45	45	45	45	45	45	45	45	45	45	45	89	535
7	-2,725	-514	543	336	324	463	302	291	155	144	133	548	-3,239	0
8	4,155	1,944	4,399	4,456	4,468	4,478	4,490	4,501	4,637	4,648	4,659	4,669	6,099	51,502
9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10													0	0
11													0	0
12													0	0
13													0	0
14	**-12,266**	**-12,266**	**-8,754**	**-8,904**	**-8,904**	**-8,754**	**-8,904**	**-8,904**	**-8,904**	**-8,904**	**-8,904**	**-8,480**	**-24,531**	**-112,847**
15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16													0	0
17													0	0
18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19	-3,074	-1,135	-570	67	46	31	32	4	-80	52	40	69	-4,209	-4,516
20	146	97	257	432	307	307	432	307	307	432	307	1,186	243	4,514
21	1,433	-278	39	-589	-360	-596	-175	-35	-149	-310	-296	1,035	1,155	-278
22	0	-201	-37	51	68	47	52	-35	43	46	52	-87	-201	0
23													0	0
24	-96	297	37	-51	-68	-47	-52	35	-43	-46	-52	87	201	0
25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26													0	0
27													0	0
28		241										0	241	241
29	-417	-1,324	-417	-417	-417	-417	-417	-417	-417	-417	-417	-417	-1,741	-5,906
30	-333	-1,169	-333	-333	-333	-333	-333	-333	-333	-333	-333	-333	-1,502	-4,835
31	1,112	1,152	1,272	1,040	956	1,057	660	574	770	674	798	2,106	2,264	12,172
32		-900											-900	-900
33		-493											-493	-493
34													0	0
35													0	0
36													0	0
37													0	0
38													0	0
39													0	0
40	**-13,494**	**-15,979**	**-8,505**	**-8,704**	**-8,704**	**-8,705**	**-8,705**	**-8,803**	**-8,805**	**-8,805**	**-8,804**	**-4,834**	**-29,473**	**-112,848**
41	**-96**	**96**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	**-13,399**	**-16,075**	**-8,505**	**-8,704**	**-8,704**	**-8,705**	**-8,705**	**-8,803**	**-8,805**	**-8,805**	**-8,804**	**-4,834**	**-29,473**	**-112,849**

Table A1 – Underlying Position

	Section A - By Spend Area	IMTP Underlying Position b/f £'000	Full Year Effect of Actions: Recurring Savings (+ve) £'000	Full Year Effect of Actions: Recurring Allocations / Income (+ve) £'000	Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures / £'000	IMTP Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members	(500)			(500)	(500)	(1,000)
2	Pay - Medical & Dental	(17,293)			(17,293)	(7,500)	(24,793)
3	Pay - Nursing & Midwifery Registered	(16,738)			(16,738)	(9,708)	(26,446)
4	Pay - Prof Scientific & Technical	(257)			(257)	(750)	(1,007)
5	Pay - Additional Clinical Services	(9,000)			(9,000)	(5,776)	(14,776)
6	Pay - Allied Health Professionals	(0)			(0)		(0)
7	Pay - Healthcare Scientists	(115)			(115)	0	(115)
8	Pay - Estates & Ancillary	(513)			(513)	(2,328)	(2,841)
9	Pay - Students	0			0		0
10	Non Pay - Supplies and services - clinical	(16,937)			(16,937)	(12,200)	(29,137)
11	Non Pay - Supplies and services - general	(740)			(740)		(740)
12	Non Pay - Consultancy Services	0			0		0
13	Non Pay - Establishment	0			0		0
14	Non Pay - Transport	0			0		0
15	Non Pay - Premises	(13,600)			(13,600)	0	(13,600)
16	Non Pay - External Contractors	0			0		0
17	Health Care Provided by other Orgs – Welsh LHBs	(1,400)			(1,400)		(1,400)
18	Health Care Provided by other Orgs – Welsh Trusts	0			0		0
19	Health Care Provided by other Orgs – WHSSC	(2,000)			(2,000)		(2,000)
20	Health Care Provided by other Orgs – English	0			0		0
21	Health Care Provided by other Orgs – Private / Other	(10,506)			(10,506)	(1,400)	(11,906)
22	**Total**	**(89,600)**	**0**	**0**	**(89,600)**	**(40,162)**	**(129,762)**

	Section B - By Directorate	IMTP Underlying Position b/f £'000	Full Year Effect of Actions: Recurring Savings (+ve) £'000	Full Year Effect of Actions: Recurring Allocations / Income (+ve) £'000	Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures / £'000	IMTP Underlying Position c/f £'000
1	Primary Care	(17,000)			(17,000)	(8,250)	(25,250)
2	Mental Health	(10,000)			(10,000)	(2,000)	(12,000)
3	Continuing HealthCare	0			0	(7,500)	(7,500)
4	Commissioned Services	(2,000)			(2,000)		(2,000)
5	Scheduled Care	(23,000)			(23,000)	(8,000)	(31,000)
6	Unscheduled Care	(20,000)			(20,000)	(10,584)	(30,584)
7	Children & Women's	(2,000)			(2,000)	(1,000)	(3,000)
8	Community Services	0			0		0
9	Specialised Services	(2,000)			(2,000)		(2,000)
10	Executive / Corporate Areas	0			0		0
11	Support Services (inc. Estates & Facilities)	(13,600)			(13,600)	(2,828)	(16,428)
12	**Total**	**(89,600)**	**0**	**0**	**(89,600)**	**(40,162)**	**(129,762)**

Table A2 - Risks

Table A2 - Overview Of Key Risks & Opportunities		FORECAST YEAR END	
		£'000	Likelihood
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker	(29,915)	Medium
5	Continuing Healthcare	(8,000)	High
6	Prescribing	(10,000)	High
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Regional planned care funding (variance against plans)	0	Medium
13	Wage award / terms & conditions changes	0	Low
14	CHC growth and further inflationary pressures (outside of above)	0	High
15	Funding for National Covid response (Immunisation / Surveillance)	0	Low
16	Further inflationary impacts	0	Medium
17	Additional infection control guidelines (enhanced cleaning), security and associated items	(4,300)	High
18	Deputy Dof's proposed LTA framework 23/24 (tolerances not built into IMTP)	TBC	Medium
25			
26	**Total Risks**	**(52,215)**	
	Further Opportunities (positive values)		
27	Energy prices fluctuation outside of forecast	5,000	Medium
33			
34	**Total Further Opportunities**	**5,000**	
35	**Current Reported Forecast Outturn**	**(112,848)**	
36		**(112,848)**	
37	**Worst Case Outturn Scenario**	**(160,063)**	
38	**Best Case Outturn Scenario**	**(107,848)**	

Table B – Monthly Positions

	A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Revenue Resource Limit	Actual/F'cast	126,659	121,997	131,825	129,626	129,126	129,875	129,375	129,376	129,525	130,125	130,876	132,091	248,656	1,550,476
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1,837	1,739	1,959	1,959	1,959	1,959	1,959	1,959	1,959	1,959	1,959	1,959	3,576	23,164
4	WHSSC Income	Actual/F'cast	896	896	914	914	914	914	914	914	914	914	914	914	1,792	10,935
5	Welsh Government Income (Non RRL)	Actual/F'cast	(369)	419	80	80	80	80	80	80	80	80	80	7,080	50	7,850
6	Other Income	Actual/F'cast	5,070	5,044	5,100	5,100	5,100	5,100	5,100	5,100	5,100	5,100	5,100	5,100	10,114	61,114
7	**Income Total**		**134,093**	**130,095**	**139,878**	**137,679**	**137,179**	**137,928**	**137,428**	**137,429**	**137,578**	**138,178**	**138,929**	**147,144**	**264,188**	**1,653,538**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	15,621	16,175	15,800	15,500	15,500	15,500	15,500	15,500	15,500	15,800	15,800	15,350	31,796	187,546
9	Primary Care - Drugs & Appliances	Actual/F'cast	9,911	10,119	10,000	10,200	10,200	10,200	10,200	10,300	10,300	10,300	10,300	10,300	20,030	122,330
10	Provided Services - Pay	Actual/F'cast	59,888	62,050	61,000	59,000	58,500	59,250	58,750	58,750	58,750	58,750	59,500	60,000	121,938	714,188
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	12,972	12,216	12,250	12,350	12,350	12,350	12,350	12,350	12,500	12,800	12,800	11,800	25,188	149,088
12	Secondary Care - Drugs	Actual/F'cast	4,901	4,918	4,650	4,650	4,650	4,650	4,650	4,650	4,650	4,650	4,650	4,562	9,819	56,231
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	25,297	27,471	25,800	25,800	25,800	25,800	25,800	25,800	25,800	25,800	25,800	25,800	52,768	310,768
14	Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15	Continuing Care and Funded Nursing Care	Actual/F'cast	10,665	11,144	10,438	10,438	10,438	10,438	10,438	10,438	10,438	10,438	10,438	10,384	21,809	126,131
16	Other Private & Voluntary Sector	Actual/F'cast	1,176	1,236	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	1,200	2,412	14,412
17	Joint Financing and Other	Actual/F'cast	3,049	2,775	2,882	2,882	2,882	2,882	2,882	2,882	2,882	2,882	2,882	9,882	5,824	41,642
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	441	440	133	133	133	133	133	133	133	133	133	133	881	2,214
19	Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20	Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21	Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22	DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	3,638	4,434	4,203	4,203	4,203	4,203	4,203	4,203	4,203	4,203	4,203	2,540	8,072	48,435
23	AME Donated Depreciation\Impairments	Actual/F'cast	28	(6,902)	28	28	28	28	28	28	28	28	28	27	(6,875)	(6,598)
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	0	(0)	0	0	0	0	0	0	0	0	0	0	(0)	(0)
26	**Cost - Total**	Actual/F'cast	**147,587**	**146,075**	**148,383**	**146,383**	**145,883**	**146,633**	**146,133**	**146,233**	**146,383**	**146,983**	**147,733**	**151,978**	**293,661**	**1,766,386**
27	**Net surplus/ (deficit)**	Actual/F'cast	**(13,494)**	**(15,980)**	**(8,505)**	**(8,704)**	**(8,704)**	**(8,705)**	**(8,705)**	**(8,804)**	**(8,805)**	**(8,805)**	**(8,804)**	**(4,834)**	**(29,473)**	**(112,848)**

Table B1 – SOCNE Movement

Ref														
1	TABLE B: MONTHLY POSITIONS - **MONTHLY MOVEMENT ANALYSIS**													
2	Income & Expenditure Categories	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Total
3	Revenue Resource Limit	0.0	(4.9)	4.8	2.6	2.1	2.8	2.3	2.3	2.5	3.1	3.8	6.6	**28.0**
4	Capital Donation / Government Grant Income	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
5	Welsh NHS Local Health Boards & Trusts Income	0.0	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(0.1)**
6	WHSSC Income	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(0.0)**
7	Welsh Government Income (Non RRL)	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
8	Other Income	0.0	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(0.1)**
9	**Total Income**	**0.0**	**(5.0)**	**4.8**	**2.6**	**2.1**	**2.8**	**2.3**	**2.3**	**2.5**	**3.1**	**3.8**	**6.6**	**27.8**
10	Primary Care Contractor (excl. drugs, incl. NRL expenditure)	0.0	0.6	0.2	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	(0.1)	0.2	0.2	(0.3)	**0.3**
11	Primary Care - Drugs & Appliances	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
12	Provided Services - Pay	0.0	2.6	2.9	0.9	0.4	1.2	0.7	0.7	0.7	0.7	1.4	1.9	**13.8**
13	Provider Services - Non Pay (excluding drugs & depreciation)	0.0	(1.3)	(0.6)	(0.5)	(0.5)	(0.5)	(0.5)	(0.5)	(0.3)	0.0	0.0	(1.0)	**(5.4)**
14	Secondary Care - Drugs	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	**0.0**
15	Healthcare Services Provided by Other NHS Bodies	0.0	0.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.7**
16	Non Healthcare Services Provided by Other NHS Bodies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
17	Continuing Care and Funded Nursing Care	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.4**
18	Other Private & Voluntary Sector	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
19	Joint Financing and Other	0.0	(0.1)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(0.1)**
20	Losses, Special Payments and Irrecoverable Debts	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.1**
21	Exceptional (Income) / Costs - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
22	Total Interest Receivable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
23	Total Interest Payable - (Trust Only)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
24	DEL Depreciation\Accelerated Depreciation\Impairments	0.0	2.5	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	2.2	**24.7**
25	AME Donated Depreciation\Impairments	0.0	(6.9)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	(0.0)	**(6.9)**
26	Uncommitted Reserves & Contingencies	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**0.0**
27	Profit\Loss Disposal of Assets	0.0	(0.0)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	**(0.0)**
28	**Total Expenditure**	**0.0**	**(1.3)**	**4.8**	**2.6**	**2.1**	**2.8**	**2.3**	**2.3**	**2.5**	**3.1**	**3.8**	**2.9**	**27.8**
29	**Forecast Outturn**	**0.0**	**(3.7)**	**(0.0)**	**0.0**	**0.0**	**(0.0)**	**(0.0)**	**0.0**	**(0.0)**	**(0.0)**	**0.0**	**3.7**	**(0.0)**

Table B2 – Pay & Agency

A - Pay Expenditure		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	3,826	3,824	3,800	3,700	3,700	3,650	3,500	3,500	3,500	3,500	3,500	3,550	19,650	115,550
2	Medical & Dental	14,244	15,137	15,000	14,500	14,300	14,150	14,100	14,100	14,100	14,100	14,250	14,550	29,381	172,531
3	Nursing & Midwifery Registered	18,335	19,239	19,000	18,428	18,128	18,778	18,578	18,578	18,578	18,578	18,378	18,378	38,234	224,836
4	Prof Scientific & Technical	2,316	2,344	2,296	2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265	2,265	4,660	27,341
5	Additional Clinical Services	3,192	3,567	3,500	3,725	3,725	3,025	3,950	3,950	3,950	3,950	3,150	3,150	18,759	108,834
6	Allied Health Professionals	3,601	3,687	3,500	3,575	3,575	3,575	3,550	3,550	3,550	3,550	3,550	3,550	7,288	42,813
7	Healthcare Scientists	1,112	1,133	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	1,100	2,245	13,245
8	Estates & Ancillary	3,556	3,692	3,550	3,450	3,450	3,450	3,450	3,450	3,450	3,450	3,450	3,600	7,248	41,998
9	Students	4	4	4	7	7	7	7	7	7	7	7	7	8	75
10	TOTAL PAY EXPENDITURE	62,786	64,687	63,750	61,750	61,250	62,000	61,500	61,500	61,500	61,500	62,250	62,750	127,473	747,223
	Analysis of Pay Expenditure														
11	LHB Provided Services - Pay	53,888	62,050	61,000	59,000	58,500	59,250	58,750	58,750	58,750	58,750	59,500	60,000	121,938	714,188
12	Other Services (incl. Primary Care) - Pay	2,898	2,637	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	2,750	5,535	33,035
13	Total - Pay	62,786	64,687	63,750	61,750	61,250	62,000	61,500	61,500	61,500	61,500	62,250	62,750	127,473	747,223

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	72	64	50	50	50	50	50	50	50	50	50	50	136	636
2	Medical & Dental	1,185	2,048	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	1,000	3,233	13,233
3	Nursing & Midwifery Registered	1,434	1,387	1,300	1,300	1,300	1,300	1,250	1,250	1,200	1,100	1,100	1,100	2,821	15,021
4	Prof Scientific & Technical	(1)	6	0	0	0	0	0	0	0	0	0	0	5	5
5	Additional Clinical Services	235	341	250	250	250	250	200	200	200	200	200	200	636	2,836
6	Allied Health Professionals	171	219	160	160	160	160	160	160	160	120	120	120	390	1,870
7	Healthcare Scientists	57	63	50	50	50	50	50	50	50	50	50	50	120	620
8	Estates & Ancillary	682	675	600	600	600	600	550	550	550	500	500	500	1,357	6,907
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,895	4,803	3,410	3,410	3,410	3,410	3,260	3,260	3,210	3,020	3,020	3,020	8,698	41,128
11	Agency/Locum (premium) % of pay	6.2%	7.4%	5.3%	5.5%	5.6%	5.5%	5.3%	5.3%	5.2%	4.9%	4.9%	4.8%	6.8%	5.5%

C - Agency / Locum (premium) Expenditure - Analysed by Reason for Using Agency/Locum (premium)		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	2,500	3,000	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	2,500	5,500	30,500
2	Maternity/Paternity/Adoption Leave	5	5	5	5	5	5	5	5	5	5	5	5	10	60
3	Special Leave (Paid) - inc. compassionate leave, interview	5	5	5	5	5	5	5	5	5	5	5	5	10	60
4	Special Leave (Unpaid)	3	3	3	3	3	3	3	3	3	3	3	3	6	36
5	Study Leave/Examinations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Additional Activity (Winter Pressures/Site Pressures)	1,117	1,525	682	682	682	682	532	532	482	342	342	342	2,642	7,942
7	Annual Leave	15	15	15	15	15	15	15	15	15	15	15	15	30	180
8	Sickness	250	250	200	200	200	200	200	200	200	150	150	150	500	2,350
9	Restricted Duties	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	Jury Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	WLI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Exclusion (Suspension)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
														0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,895	4,803	3,410	3,410	3,410	3,410	3,260	3,260	3,210	3,020	3,020	3,020	8,698	41,128

Table B3 – COVID-19

Health Promotion (including Testing, Tracing and Surveillance) - Additional costs due to C19		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
A1	*Enter as positive values*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	**Health Protection (including Testing, Tracing and Surveillance) (Additional costs due to C19) enter as positive values - actual/forecast**														
2	**Provider Pay (Establishment, Temp & Agency)**														
3	Administrative, Clerical & Board Members	280	282	251	143	96	117	96	93	93	94	96	88	**562**	**1,728**
4	Medical & Dental	5	5	7	13	5	8	5	5	5	5	5	4	**10**	**70**
5	Nursing & Midwifery Registered	21	21	20	15	16	21	18	19	15	15	13	10	**42**	**203**
6	Prof Scientific & Technical	0	7	8	13	11	14	13	24	13	15	13	14	**7**	**145**
7	Additional Clinical Services	186	186	168	117	55	67	45	58	64	83	84	80	**372**	**1,192**
8	Allied Health Professionals	60	66	52	55	43	50	34	49	35	35	89	94	**126**	**661**
9	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
10	Estates & Ancillary	18	20	16	15	12	14	13	10	10	10	10	10	**38**	**158**
11	Students	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
12	**Sub total Health Protection (including Testing, Tracing and Surveillance) Provider Pay**	**570**	**587**	**522**	**370**	**238**	**291**	**224**	**258**	**234**	**255**	**310**	**299**	**1,157**	**4,158**
13	Primary Care Contractor (excluding drugs)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
14	Primary Care - Drugs	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
15	Secondary Care - Drugs	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
16	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) **Exclude PPE - see A3 - Complete Analysis to the Right**	120	161	20	60	10	50	20	10	45	59	52	35	**282**	**642**
17	Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
18	Non Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
19	Continuing Care and Funded Nursing Care	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
20	Other Private & Voluntary Sector	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
21	Joint Financing and Other (includes Local Authority)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
22	Other (only use with WG agreement & state SoCNE/I line ref)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
23														**0**	**0**
24														**0**	**0**
25														**0**	**0**
26	**Sub total Health Protection (including Testing, Tracing and Surveillance) Non Pay**	**120**	**161**	**20**	**60**	**10**	**50**	**20**	**10**	**45**	**59**	**52**	**35**	**282**	**642**
27	**Total Health Protection (including Testing, Tracing and Surveillance)**	**690**	**748**	**542**	**430**	**248**	**341**	**244**	**268**	**279**	**314**	**361**	**334**	**1,438**	**4,800**
28	**Planned Health Protection (including Testing, Tracing and Surveillance) (In Opening Plan)**	690	748	542	430	248	341	244	268	279	314	361	334	**1,438**	**4,800**
29	**Movement From Opening Planned Health Protection (including Testing, Tracing and Surveillance) Expenditure**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Health Promotion (including Testing, Tracing and Surveillance) - Funding / Income														
30	**Planned Funding**	690	748	542	430	248	341	244	268	279	314	361	334	**1,438**	**4,800**
31	**Actual/Forecast Funding for C19 Health Protection (including Testing, Tracing and Surveillance)**	690	748	542	430	248	341	244	268	279	314	361	334	**1,438**	**4,800**
32	**Internal Budget Virement into Covid-19 Health Protection (including Testing, Tracing and Surveillance) (incl pay awards)**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
33	**Total Actual/Forecast Funding**	**690**	**748**	**542**	**430**	**248**	**341**	**244**	**268**	**279**	**314**	**361**	**334**	**1,438**	**4,800**
34	**Movement from Plan**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
35	**Actual/ Forecast Net Outturn - Health Protection (including Testing, Tracing and Surveillance)**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Table B3 – COVID-19

COVID-19 Vaccination Programme (immunisation)- Additional costs due to C19		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
A2	*COVID-19 Vaccination Programme ((immunisation) (Additional costs due to C19) enter as positive values - actual/forecast*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
30	**Provider Pay (Establishment, Temp & Agency)**														
31	Administrative, Clerical & Board Members	225	179	200	220	220	220	220	220	220	220	220	220	404	2,584
32	Medical & Dental	2	4	1	1	4	0	0	12	3	3	3	3	6	36
33	Nursing & Midwifery Registered	153	99	140	140	140	140	140	140	140	140	140	140	252	1,652
34	Prof Scientific & Technical	25	13	25	25	25	25	50	57	17	27	25	24	38	338
35	Additional Clinical Services	55	12	54	49	50	50	49	50	45	48	50	50	67	562
36	Allied Health Professionals	13	3	3	2	15	15	15	15	15	15	15	15	16	141
37	Healthcare Scientists	0	0	0	0	0	0	0	0	0	0	0	0	0	0
38	Estates & Ancillary	2	2	2	2	2	3	2	2	2	2	2	2	4	26
39	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40	**Sub total COVID-19 Vaccination (Immunisation) Programme Provider Pay**	476	311	426	438	456	453	476	496	442	455	455	455	787	5,340
41	Primary Care Contractor (excluding drugs)	0	0	0	0	0	550	700	300	0	0	0	0	0	1,550
42	Primary Care - Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43	Secondary Care - Drugs	0	0	0	0	0	0	0	0	0	0	0	0	0	0
44	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PF	90	29	91	87	95	100	150	156	100	100	100	112	119	1,210
45	Healthcare Services Provided by Other NHS Bodies	0	0	0	0	0	0	0	0	0	0	0	0	0	0
46	Non Healthcare Services Provided by Other NHS Bodies		0	0	0	0	0	0	0	0	0	0	0	0	0
47	Continuing Care and Funded Nursing Care		0	0	0	0	0	0	0	0	0	0	0	0	0
48	Other Private & Voluntary Sector		0	0	0	0	0	0	0	0	0	0	0	0	0
49	Joint Financing and Other (includes Local Authority)		0	0	0	0	0	0	0	0	0	0	0	0	0
50	Other (only use with WG agreement & state SoCNE/I line ref)													0	0
51														0	0
52														0	0
53														0	0
54	**Sub total COVID-19 Vaccination (Immunisation) Programme Non Pay**	90	29	91	87	95	650	850	456	100	100	100	112	119	2,760
55	**Total COVID-19 Vaccination (Immunisation) Programme Expenditure**	566	340	517	525	551	1,103	1,326	952	542	555	555	567	906	8,100
56	**Planned COVID-19 Vaccination (Immunisation) Expenditure (In Opening Plan)**	566	541	514	489	514	1,068	1,296	1,032	513	525	522	519	1,106	8,100
57	**Movement From Opening Planned COVID-19 Vaccination (Immunisation) Program**	0	201	(2)	(36)	(37)	(34)	(30)	80	(29)	(30)	(33)	(48)	201	0
	COVID-19 Vaccination Programme (immunisation)- Funding/Income														
58	**Planned Funding**	566	541	514	489	514	1,068	1,296	1,032	513	525	522	519	1,106	8,100
59	**Actual/Forecast Funding for COVID-19 Vaccination Programme (immunisation)**	566	340	517	525	551	1,103	1,326	952	542	555	555	567	906	8,100
60	**Internal budget Virement into COVID-19 Vaccination Programme (immunisation)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0
61	**Total Actual/Forecast Funding**	566	340	517	525	551	1,103	1,326	952	542	555	555	567	906	8,100
62	**Movement from Plan**	0	(201)	2	36	37	34	30	(80)	29	30	33	48	(201)	(0)
63	**Actual / Forecast Net Outturn - COVID-19 Vaccination Programme (immunisation)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table B3 – COVID-19

Nosocomial, PPE, Long Covid & Other - Additional costs due to C19		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
A3	Nosocomial, PPE, Long Covid & Other (Additional costs due to C19) enter as positi	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
64	**Provider Pay (Establishment, Temp & Agency)**														
65	Administrative, Clerical & Board Members	78	23	30	45	55	55	55	55	55	55	55	55	**101**	**613**
66	Medical & Dental	4	54	23	32	42	42	47	44	44	45	42	42	**58**	**464**
67	Nursing & Midwifery Registered	40	39	38	38	38	38	38	38	38	38	38	38	**79**	**458**
68	Prof Scientific & Technical	0	0	5	10	10	10	15	15	15	15	15	10	**0**	**120**
69	Additional Clinical Services	0	3	3	6	16	16	16	16	16	16	16	15	**3**	**139**
70	Allied Health Professionals	26	9	10	18	18	20	18	20	18	19	19	19	**35**	**212**
78	**Sub total Other C-19 Provider Pay**	**148**	**129**	**109**	**149**	**179**	**181**	**189**	**188**	**186**	**188**	**185**	**179**	**277**	**2,006**
79	Primary Care Contractor (excluding drugs)	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
80	Do not Use	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
81	Primary Care - Drugs	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
82	Secondary Care - Drugs	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
83	Provider - Non Pay (Clinical & General Supplies, Rent, Rates, Equipment etc) Exclude PF	18	63	66	70	77	57	57	57	57	57	64	62	**81**	**705**
84	Provider - Non Pay - PPE	96	90	128	127	128	127	128	127	150	140	132	128	**185**	**1,500**
85	Healthcare Services Provided by Other NHS Bodies	35	0	0	0	0	0	0	0	0	0	0	0	**35**	**35**
98	**Sub total Other C-19 Non Pay**	**149**	**153**	**194**	**197**	**205**	**184**	**185**	**184**	**207**	**197**	**196**	**190**	**302**	**2,240**
99	**Total Other C-19 Expenditure**	**296**	**282**	**303**	**346**	**384**	**365**	**374**	**372**	**393**	**385**	**381**	**368**	**578**	**4,246**
100	**Planned Other C-19 Expenditure (In Opening Plan)**	200	379	342	330	352	351	352	327	379	369	361	503	**579**	**4,246**
101	**Movement From Opening Planned Other C-19 Expenditure**	**(96)**	**96**	**40**	**(15)**	**(31)**	**(13)**	**(21)**	**(45)**	**(14)**	**(16)**	**(20)**	**135**	**1**	**(0)**
	Nosocomial, PPE, Long Covid & Other - Funding/Income														
102	**Planned Funding**	200	379	342	330	352	351	352	327	379	369	361	503	**579**	**4,246**
103	**Actual/Forecast Funding for C19 Nosocomial, PPE, Long Covid & Other**	200	378	303	346	384	365	374	372	393	385	381	368	**579**	**4,246**
104	**Internal budget Virement into Covid-19 Nosocomial, PPE, Long Covid & Other - Additional costs due to C19 (incl pay awards)**													**0**	**0**
105	**Total Actual/Forecast Funding**	**200**	**378**	**303**	**346**	**384**	**365**	**374**	**372**	**393**	**385**	**381**	**368**	**579**	**4,246**
106	**Movement from Plan**	**0**	**(0)**	**(40)**	**15**	**31**	**13**	**21**	**45**	**14**	**16**	**20**	**(135)**	**(0)**	**0**
107	**Actual / Forecast Net Outturn - Nosocomial, PPE, Long Covid & Other - Additional costs due to C19**	**(96)**	**96**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
	Overall Covid-19 Position														
108	**Total Planned COVID-19 Expenditure**	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	**3,124**	**17,146**
109	**Total Actual/Forecast COVID-19 Expenditure**	1,551	1,371	1,362	1,301	1,182	1,808	1,944	1,592	1,214	1,254	1,297	1,269	**2,923**	**17,145**
110	**Movement from Planned Expenditure**	**(96)**	**297**	**37**	**(51)**	**(68)**	**(47)**	**(52)**	**35**	**(43)**	**(46)**	**(52)**	**87**	**201**	**0**
111	**Total Planned Funding**	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	**3,124**	**17,146**
112	**Total Actual/Forecast COVID-19 Funding excluding Virements**	1,456	1,467	1,362	1,301	1,182	1,808	1,944	1,592	1,214	1,254	1,297	1,269	**2,923**	**17,146**
113	**Total Actual/Forecast COVID-19 Virements**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
114	**Total Actual/Forecast Funding**	**1,456**	**1,467**	**1,362**	**1,301**	**1,182**	**1,808**	**1,944**	**1,592**	**1,214**	**1,254**	**1,297**	**1,269**	2,923	17,146
115	**Movement from Planned Funding**	**0**	**(201)**	**(37)**	**51**	**68**	**47**	**52**	**(35)**	**43**	**46**	**52**	**(87)**	**(201)**	**0**

Table C1 Savings schemes

			1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast		Full-Year Effect of Recurring Savings
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			YTD variance as %age of YTD	Green	Amber	non recurring	recurring	
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000	£'000
1	CHC and Funded Nursing Care	Budget/Plan	150	150	150	150	150	150	150	150	150	150	150	151	300	1,800		0	1,800			
2		Actual/F'cast	43	145	339	514	389	389	514	389	389	514	389	514	188	4,528	4.14%	3,650	878	0	4,528	4,528
3		Variance	(107)	(5)	189	364	239	239	364	239	239	364	239	363	(112)	2,728	(37.44%)	3,650	(922)			
4	Commissioned Services	Budget/Plan	292	292	292	292	292	292	292	292	292	292	292	291	583	3,500		2,000	1,500			
5		Actual/F'cast	167	167	317	317	317	317	317	317	317	317	317	316	333	3,500	9.53%	2,000	1,500	0	3,500	3,500
6		Variance	(125)	(125)	25	25	25	25	25	25	25	25	25	25	(250)	0	(42.85%)	0	0			
7	Medicines Management (Primary & Secondary Care)	Budget/Plan	117	128	138	149	161	172	183	194	205	216	227	238	244	2,125		1,325	800			
8		Actual/F'cast	139	41	199	223	234	245	256	267	278	290	301	312	180	2,786	6.44%	1,914	872	0	2,786	2,786
9		Variance	22	(87)	61	74	74	74	74	74	74	74	74	75	(65)	661	(26.46%)	589	72			
10	Non Pay	Budget/Plan	1,389	1,390	1,390	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,395	1,395	2,779	16,724		987	15,737			
11		Actual/F'cast	101	93	1,479	1,926	1,925	1,882	1,882	1,882	1,882	2,016	2,053	2,783	193	19,904	0.97%	1,734	18,170	8,254	11,650	11,654
12		Variance	(1,289)	(1,297)	90	531	530	487	487	487	487	621	658	1,388	(2,586)	3,181	(93.06%)	747	2,433			
13	Pay	Budget/Plan	2,207	2,207	2,207	2,248	2,248	2,248	2,248	2,248	2,373	2,373	2,373	2,368	4,415	27,352		5,545	21,807			
14		Actual/F'cast	778	461	1,752	1,975	1,955	1,983	1,984	1,956	1,997	1,996	1,947	1,998	1,239	20,782	5.96%	4,707	16,075	4,000	16,782	16,782
15		Variance	(1,429)	(1,747)	(456)	(273)	(293)	(265)	(265)	(292)	(376)	(377)	(427)	(371)	(3,176)	(6,570)	(71.94%)	(839)	(5,732)			
16	Primary Care	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
17		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0	0
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0			
19	Total	Budget/Plan	4,155	4,166	4,177	4,234	4,245	4,256	4,267	4,279	4,414	4,426	4,437	4,444	8,321	51,501		9,857	41,644			
20		Actual/F'cast	1,227	906	4,086	4,955	4,821	4,816	4,953	4,812	4,864	5,132	5,006	5,924	2,132	51,500	4.14%	14,005	37,496	12,254	39,246	39,249
21		Variance	(2,928)	(3,261)	(91)	721	575	560	686	533	449	706	569	1,480	(6,189)	(1)	(74.38%)	4,148	(4,148)			
22	Variance in month		(70.48%)	(78.26%)	(2.17%)	17.02%	13.55%	13.16%	16.07%	12.46%	10.18%	15.96%	12.82%	33.31%	(74.38%)							
23	In month achievement against FY forecast		2.38%	1.76%	7.93%	9.62%	9.36%	9.35%	9.62%	9.34%	9.44%	9.97%	9.72%	11.50%								

Table D – Welsh NHS Assumptions

	LHB/Trust	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Contracted Expenditure	Total Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University	286	732	**1,018**	984	3,008	**3,992**
2	Aneurin Bevan University	0	0	**0**	0	0	**0**
3	Betsi Cadwaladr University	0	61	**61**	0	1,260	**1,260**
4	Cardiff & Vale University	1,423	1,178	**2,601**	34,457	3,874	**38,331**
5	Cwm Taf Morgannwg University	1,484	337	**1,821**	20,292	2,110	**22,402**
6	Hywel Dda University	301	26	**327**	401	849	**1,250**
7	Powys	11,077	3,677	**14,754**	164	159	**323**
8	Public Health Wales	0	4,156	**4,156**	0	1,765	**1,765**
9	Velindre	0	9,289	**9,289**	25,402	53,398	**78,800**
10	NWSSP	0	0	**0**	0	0	**0**
11	DHCW	0	1,068	**1,068**	0	6,156	**6,156**
12	Wales Ambulance Services	0	251	**251**	0	10,837	**10,837**
13	WHSSC	11,466	55	**11,521**	155,221	0	**155,221**
14	EASC	0	0	**0**	43,498	0	**43,498**
15	HEIW	0	12,720	**12,720**	0	43	**43**
16	NHS Executive	0	0	**0**	0	0	**0**
17	**Total**	**26,037**	**33,550**	**59,587**	**280,419**	**83,459**	**363,878**

Table G – Cash Flow

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	148,150	133,350	146,250	127,350	130,150	130,850	112,080	121,580	128,530	107,860	112,050	110,440	1,508,640
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	0	0	0	0	0	0	0	0	0	0	0	(883)	(883)
3	WG Revenue Funding - Other (e.g. invoices)	242	265	300	280	500	350	280	310	250	320	500	1,200	4,797
4	WG Capital Funding - Cash Limit - LHB & SHA only	5,000	2,700	7,000	6,300	6,700	5,900	1,000	3,500	3,700	3,600	2,900	2,376	50,676
5	Income from other Welsh NHS Organisations	7,346	3,999	4,200	4,300	3,600	4,100	4,300	4,700	3,800	5,000	4,000	7,000	56,345
6	Short Term Loans - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
7	PDC - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Interest Receivable - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sale of Assets	5	1	0	0	0	0	0	0	0	0	0	0	6
10	Other - (Specify in narrative)	13,119	4,565	5,910	3,510	3,810	4,200	4,850	3,970	4,290	3,650	5,420	10,960	68,254
11	TOTAL RECEIPTS	**173,862**	**144,880**	**163,660**	**141,740**	**144,760**	**145,400**	**122,510**	**134,060**	**140,570**	**120,430**	**124,870**	**131,093**	**1,687,835**
	PAYMENTS													
12	Primary Care Services : General Medical Services	9,763	7,601	9,084	7,324	7,821	8,683	8,065	9,211	9,891	9,353	8,133	9,765	104,694
13	Primary Care Services : Pharmacy Services	5,256	5	5,300	6	2,605	5,100	10	2,580	5,300	8	2,650	2,710	31,530
14	Primary Care Services : Prescribed Drugs & Appliances	20,731	14	19,520	10	8,920	18,970	12	8,750	19,105	8	8,690	9,980	114,710
15	Primary Care Services : General Dental Services	2,788	2,822	2,755	2,722	2,818	2,650	2,710	2,799	2,626	2,740	2,680	2,850	32,960
16	Non Cash Limited Payments	(143)	(65)	(728)	559	(60)	(708)	508	(45)	(586)	437	(42)	(10)	(883)
17	Salaries and Wages	59,942	62,122	58,237	62,822	54,826	50,692	51,960	50,281	51,194	49,958	51,856	50,509	654,399
18	Non Pay Expenditure	73,409	66,399	64,728	62,441	60,260	55,708	57,492	56,045	50,586	53,563	47,042	52,999	700,672
19	Short Term Loan Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Capital Payment	4,851	3,150	6,746	6,695	6,710	5,854	1,009	3,509	3,709	3,652	2,896	3,966	52,747
22	Other items (Specify in narrative)	5	1	0	0	0	0	0	0	0	0	0	0	6
23	TOTAL PAYMENTS	**176,602**	**142,049**	**165,642**	**142,579**	**143,900**	**146,949**	**121,766**	**133,130**	**141,825**	**119,719**	**123,905**	**132,769**	**1,690,835**
24	Net cash inflow/outflow	(2,740)	2,831	(1,982)	(839)	860	(1,549)	744	930	(1,255)	712	965	(1,677)	
25	Balance b/f	4,704	1,964	4,795	2,813	1,974	2,834	1,285	2,029	2,959	1,704	2,415	3,380	
26	Balance c/f	1,964	4,795	2,813	1,974	2,834	1,285	2,029	2,959	1,704	2,415	3,380	1,704	

Table I – Capital RLM

Ref:	Performance against CRL / CEL	Year To Date				Forecast		
		Plan £'000	Actual £'000	Variance £'000		Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure							
	All Wales Capital Programme:							
	Schemes:							
1	Primary Care - Fees - Tredegar - Main scheme	798	866	68		3,375	3,798	423
2	Primary Care Fees - Newport East	696	834	138		9,427	10,018	591
3	Radiotherapy Satellite - Main Scheme	2,098	1,582	(516)		17,133	18,128	995
4	Efab - Infrastructure	21	21	0		1,035	1,067	32
5	Efab - Fire	0	0	0		597	597	0
6	Efab - Decarbonisation	0	0	0		144	144	0
7	Breast Centralisation YYF	826	826	0		8,482	8,641	159
8	Plaid Agreement - Mental Health Sanutary Hubs	0	0	0		889	889	0
9	Grange University Hospital - Brokerage pending VA	0	0	0		(3,517)	(3,517)	0
10	Endoscopy Expansion - RGH	1,400	1,078	(322)		4,914	4,682	(232)
11	Royal Gwent Demolition	150	0	(150)		554	654	100
12	Grange University Hospital	200	88	(112)		387	387	0
13	ICF Assessment Unit MV and CCH	0	0	0		32	32	0
14	Specialist inpatient services Unit - Development Fee	20	1	(19)		136	136	0
15	B/F - End of Year Funding – November 2022	37	37	0		239	243	4
16	Emergency Department Waiting Area Improvements	86	86	0		111	111	(0)
17	Housing Care fund	0	0	0		15	15	0
18	Sanctuary Provision for Children and Young People	6	6	0		0	10	10
19	Eye Care Transfer from C&V	0	0	0		10	8	(2)
20	ICF - Trethomas Feasibility	0	0	0		8	8	0
21	ICF - Pontllanfraith Feasibility	0	0	0		8	9	1
22	RadiotherapySatellite Centre at Nevill Hall Hospital -	(21)	(21)	0		9	19	10
23	SDEC	19	0	(19)		19	55	36
24	National Programme - Imaging P2	0	0	0		55	0	(55)
42	**Sub Total**	**6,335**	**5,403**	**(932)**		**44,062**	**46,134**	**2,072**
	Discretionary:							
43	I.T.	337	337	0		2,182	2,182	0
44	Equipment	96	96	0		1,248	1,248	0
45	Statutory Compliance	145	145	0		620	620	0
46	Estates	247	247	0		2,564	2,563	(1)
47	Other			0				0
48	**Sub Total**	**825**	**825**	**0**		**6,614**	**6,613**	**(1)**

Table J – Capital In-year schemes

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000	In Year Forecast Max. £'000	Capital Expenditure Monthly Profile April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	Total £'000	Risk Level
1	Primary Care - Fees - Tredegar - Main scheme	Lorraine Morgan	3,798	5,448	139	727	766	853	879	434	0	0	0	0	0	0	866	3,798	High
2	Primary Care Fees - Newport East	Lorraine Morgan	10,018	10,018	110	725	575	580	608	750	831	585	1,022	1,305	1,310	1,618	834	10,018	High
3	Radiotherapy Satellite - Main Scheme	Lorraine Morgan	18,128	18,128	734	848	1,750	2,109	2,136	1,511	1,054	1,122	1,697	1,932	1,530	1,705	1,582	18,128	High
4	Efab - Infrastructure	Mark Arscott	1,067	1,067	1	20	23	70	141	244	194	170	154	50	0	0	21	1,067	Low
5	Efab - Fire	Mark Arscott	597	597	0	0	0	0	75	75	75	75	118	95	42	42	0	597	Low
6	Efab - Decarbonisation	Mark Arscott	144	144	0	0	15	111	18	0	0	0	0	0	0	0	0	144	Low
7	Breast Centralisation YYF	Hannah Capel	8,641	8,641	313	513	1,129	1,043	1,155	1,581	1,224	944	394	169	116	59	826	8,641	Medium
8	Plaid Agreement - Mental Health Sanutary Hubs	Kola Gamede	889	889	0	0	89	89	89	89	89	89	89	89	89	89	0	889	Medium
9	Grange University Hospital - Brokerage pending VAT reclaim	Hannah Evans	(3,517)	(3,517)	0	0	0	0	0	0	(3,517)	0	0	0	0	0	0	(3,517)	Medium
10	Endoscopy Expansion - RGH	Lorraine Morgan	4,682	4,682	866	213	1,000	900	600	400	390	314	0	0	0	0	1,078	4,682	Low
11	Royal Gwent Demolition	Hannah Capel	654	654	0	0	150	150	150	104	100	0	0	0	0	0	0	654	Medium
12	Grange University Hospital	Hannah Capel	287	387	70	18	100	100	99	0	0	0	0	0	0	0	88	387	Low
13	ICF Assessment Unit MV and CCH	David Powell	32	32	0	0	0	0	0	0	0	0	0	0	0	32	0	32	Low
14	Specialist inpatient services Unit - Development Fees	Andrew Walker	30	136	1	(0)	5	5	5	5	0	0	0	0	0	115	1	136	Low
15	B/F - End of Year Funding – November 2022	Various	243	243	0	36	98	64	25	20	0	0	0	0	0	0	37	243	Low
16	Emergency Department Waiting Area Improvements	Various	111	111	85	1	21	0	4	0	0	0	0	0	0	0	86	111	Low
17	Housing Care fund	Various	15	15	0	0	3	3	3	3	0	0	0	0	0	5	0	15	Low
18	Eye Care Transfer from C&V	Glenys Mansfield	10	10	3	3	3	1	0	0	0	0	0	0	0	0	6	10	Low
19	ICF - Trethomas Feasibility	David Powell	8	8	4	(4)	2	2	2	2	0	0	0	0	0	0	0	8	Low
20	ICF - Pontllanfraith Feasibility	David Powell	8	8	3	(3)	2	2	2	2	0	0	0	0	0	0	0	8	Low
21	RadiotherapySatellite Centre at Nevill Hall Hospital – Enabling Work	Lorraine Morgan	9	9	0	0	9	0	0	0	0	0	0	0	0	0	0	9	Low
22	SDEC	Paul Underwood	19	19	0	(21)	0	40	0	0	0	0	0	0	0	0	(21)	19	Low
23	National Programme - Imaging P2	Arvind Kumar	55	55	0	0	0	55	0	0	0	0	0	0	0	0	0	55	Low
34	**Sub Total**		**45,928**	**47,784**	**2,328**	**3,075**	**5,740**	**6,177**	**5,990**	**5,220**	**440**	**3,299**	**3,474**	**3,640**	**3,087**	**3,665**	**5,403**	**46,134**	
	Discretionary:																		
35	I.T.	Various	2,000	2,200	171	166	594	184	167	105	54	129	129	149	179	154	337	2,182	Low
36	Equipment	Various	1,100	1,300	16	80	226	75	100	124	100	75	200	75	75	100	96	1,248	Low
37	Statutory Compliance	Various	500	700	99	45	88	37	37	37	37	52	37	37	37	79	145	620	Low
38	Estates	Various	2,400	2,700	35	212	138	209	306	378	228	111	111	186	186	462	247	2,563	Medium
39	Other	Various															0	0	
40	**Sub Total**		**6,000**	**6,900**	**321**	**503**	**1,046**	**505**	**610**	**644**	**419**	**367**	**477**	**447**	**477**	**795**	**825**	**6,613**	
62	**Total Capital Expenditure**		**51,928**	**54,684**	**2,649**	**3,579**	**6,785**	**6,682**	**6,600**	**5,864**	**859**	**3,666**	**3,952**	**4,087**	**3,564**	**4,460**	**6,228**	**52,747**	

Table M – Aged NHS Debtors

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
CWM TAF MORGANNWG UHB	221820	18 January 2023	40236.36	28,733.25	Yes, valid entry for period		28,733.25	17 May 2023	Agreed as part of AOB process - no notification of payment date
CWM TAF MORGANNWG UHB	222038	26 January 2023	112.50	112.50	Yes, valid entry for period		112.50	25 May 2023	Agreed as part of AOB process - no notification of payment date
CWM TAF MORGANNWG UHB	222039	26 January 2023	1652.50	1,652.50	Yes, valid entry for period		1,652.50	25 May 2023	Agreed as part of AOB process - no notification of payment date
CWM TAF MORGANNWG UHB	222626	15 March 2023	852.00	852.00	Yes, valid entry for period	852.00		12 July 2023	Paid 02.06.2023
POWYS HEALTH BOARD	221430	08 December 2022	4928.71	4,928.71	Yes, valid entry for period		4,928.71	06 April 2023	Paid 02.06.2023
POWYS HEALTH BOARD	221436	08 December 2022	1958.40	1,958.40	Yes, valid entry for period		1,958.40	06 April 2023	Paid 02.06.2023
POWYS HEALTH BOARD	221440	08 December 2022	400.20	400.20	Yes, valid entry for period		400.20	06 April 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222093	31 January 2023	522.31	522.31	Yes, valid entry for period		522.31	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222094	31 January 2023	379.20	379.20	Yes, valid entry for period		379.20	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222095	31 January 2023	734.40	734.40	Yes, valid entry for period		734.40	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222096	31 January 2023	734.40	734.40	Yes, valid entry for period		734.40	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222097	31 January 2023	979.20	979.20	Yes, valid entry for period		979.20	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222098	31 January 2023	734.40	734.40	Yes, valid entry for period		734.40	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222099	31 January 2023	418.20	418.20	Yes, valid entry for period		418.20	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222100	31 January 2023	1484.40	1,484.40	Yes, valid entry for period		1,484.40	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222101	31 January 2023	2224.56	2,224.56	Yes, valid entry for period		2,224.56	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222102	31 January 2023	1923.48	1,923.48	Yes, valid entry for period		1,923.48	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222103	31 January 2023	553.50	553.50	Yes, valid entry for period		553.50	30 May 2023	Paid 02.06.2023
POWYS HEALTH BOARD	222478	28 February 2023	105002.40	105,002.40	Yes, valid entry for period	105,002.40		27 June 2023	Agreed as part of AOB process - no notification of payment date
POWYS HEALTH BOARD	222517	08 March 2023	37497.47	37,497.47	Yes, valid entry for period	37,497.47		05 July 2023	Agreed as part of AOB process - no notification of payment date
			203,328.59	**191,825.48**		**143,351.87**	**48,473.61**		

Invoices paid since the end of the month	852.00	17,975.36
Total outstanding as per MR submission date	**142,499.87**	**30,498.25**

CELEBRATING THE SUCCESS OF VALUE-BASED HEALTHCARE IN ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ANNUAL REPORT 2022-23

Better health & well-being, better value, better outcomes

ValueTeam.ABB@Wales.nhs.uk

Aneurin Bevan University Health Board
VALUE BASED **HEALTHCARE**

REFLECTION

Over the past year, the Value-Based Health Care Team (VBHCT) has experienced significant changes in its operational model and team structure. Despite the ongoing imminent challenges facing the Health Board, including the COVID-19 pandemic recovery, the recent workforce crisis, the reduction in funding, coupled with the ever-growing ageing population and growing demand for Health Care services, VBHCT remains committed to supporting improving Health Care delivery across the Aneurin Bevan University Health Board.

Now more than ever, these unprecedented challenges highlight opportunities to use innovative ways of working using Value-Based principles to support service transformation. As such, we have seen some critical staff transition from the VBHCT into key roles within services to support service improvement. We will continue to promote this model by sharing knowledge and skills to build the capability and capacity to support many of our services during 2023-24.

This year we have continued to work in partnership with colleagues across ABUHB to support and enhance services. We are working to align the skills and limited resources and improve high-quality care for all our patients. A shared purpose of supporting the Health Board is to develop new knowledge and understanding, continuously improve, think, and work in new and different ways to increase and evidence value across the organisation.

Executive Sponsorship and Clinical leadership are crucial if we are to continue to strive to become truly Value-Based and continue to place patients at the heart of all we do. Using Value-Based Health Care as the approach means we focus on achieving the best patient care, outcomes, and experiences by ensuring we use our resources most effectively and efficiently. We use a range of outcome measurement 'tools' to understand how well we achieve the most critical outcomes for our patients.

We have continued to focus our efforts on developing systems and processes to improve how we access and use data to evidence unwarranted variation, provide support to shared decision making and improve access in line with Prudent principles. This means we will be able to improve the quality of care we provide to our patients, now and in the future. As always, we aim to ensure we are helping the people in our care to lead a meaningful life.

This Annual report looks back at our achievements and challenges of 2022-23. All our activities and success stories would not have been possible without the support of our staff, key stakeholders, patients, and partner organisations. We want to extend our gratitude to all those who have supported our journey thus far, and we eagerly anticipate the future of Value-Based Health Care within ABUHB.

Adele Cahill
Assistant Director for Innovation & Value-Based Healthcare

Dr Gareth Roberts
Assistant Medical Director for Value-Based Healthcare

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

OUR HIGHLIGHTS OF 2022-23:

Overall Value-Based Health Care Programme.

- Championing the approach and sustaining a historical portfolio during challenging times with limited resources.
- Staff Transition: Critical staff members from VBHCT have transitioned into key roles within operational services, contributing to service improvement and promoting the Value-Based approach.
- Collaboration: VBHCT has developed a closer working partnership with Research & Development and ABCi (Aneurin Bevan Continuous Improvement) teams, focusing on innovation using value-based principles with the aim of aligning resources to provide high-quality care for all patients.
- Benefits and Impact Framework: VBHCT have developed a draft framework that will be adopted during 2023-24 for all associated projects managed under their portfolio.

Service Improvement/Transformation: Enabling cultural change by supporting a methodological approach towards Value-Based Health Care.

- Whole patient pathway mapping, and the digital collection of outcomes assessment across a small number of new services.

Digital & Data: Enabling cultural change by collecting and triangulating data as evidence to support Value across the Health Board.

- Compliance in partnership with the Welsh Value in Health Centre in support of the **PROMs Standard Operating Model (PSOM).**
  - The design of a national specification for the procurement of an Outcomes Based Framework that will provide a systematic approach for outcome collection and measurement (A common operating model for Wales)
  - The creation of local data change notices (DSCNs) to support and reduce data linkage challenges with outcome data, and enable aggregation, comparison and benchmarking across NHS Wales.
  - The creation of data change notice Pathway Guides for outcomes to the agreed specification.
  - The design and production of an Information Strategy
  - The development of a range of outcomes (PROMs) data flow approaches
  - In partnership with the Health Boards current platform provider developed a new User Case that provides the functionality for outcomes to be collected at multiple points within the patient's pathway "Patient Lists"

OUR HIGHLIGHTS OF 2022-23:

- Business Intelligence & Insights - Developing and deploying a dedicated virtual server, with backup, to meet reporting and business intelligence needs set out in our Information Strategy. This virtual server offers complete access to all outcomes data across various sources. The insights and intelligence generated from the outcomes data will support clinicians and healthcare delivery teams to improve decision making in line with prudent healthcare principles.
- Data visualisation – the production of Outcome Measurement Tools and Insight Dashboards: VBHCT has refined its use of outcome measurement tools and developed insight dashboards to support shared decision-making and improve the quality of care through their use in direct care and at an aggregate level.
- PROM Data Standards and Data Processing – the first health board in Wales to automate the processing of its PROM data to the National Value in Health Centre ensuring compliance with National Data Standards and with the Welsh Health Circular (WHC (2020) 003).

Enable cultural change by fostering a culture of partnership and collaboration.

- Working in partnership with the Bevan Commission to promote and coordinate cohort 8 of the Bevan Exemplar Programme. A record six applicants have been accepted onto the years programme. ABUHB had the most applicants and approved exemplar out of all the Health Boards in Wales.
- In partnership with Bangor University, the VBHCT continue to support research for patient and public benefit for a realist and social return on investment evaluation of the use of patient-reported outcomes in Value-Based Health Care Programmes.
- Developing a strategic partnership with Industry in developing an Outcomes-based procurement contract to introduce high-risk surgical wound management. VBHC principles will be used to evidence improved outcomes and impact.

Education, Engagement and Communication.

- Developed the first-of-its-kind local Person-Centred Value-Based Health Care Education and Training Programme. This programme will form part of a great education strategy.
- The VBHCT has developed a **Business Development strategy** to support the adoption of Value-Based Health Care. By focusing on key areas that promote growth, sustainability, and practical implementation, we aim to provide the skills and experience to adopt VBHC principles while identifying and celebrating success to inspire others to embed outcomes into their services.

FOREWORD

'It has been another challenging year for the NHS, and it is with great pride that despite those challenges, we can demonstrate the benefits of the demanding work that has continued to deliver Value-based Health Care (VBHC) across a range of priorities for the Health Board during 2022/23. Improving patient outcomes through our service delivery models and systems is key to sustainable health for our population. The Health Board's ambitious transformation agenda will be a key team focus on the future to embed value-based principles into programme delivery for 2023/24 and onwards.'

Robert Holcombe

Director of Finance, Procurement
& Value-Based Healthcare & Innovation

EXECUTIVE SUMMARY

INTRODUCTION AND BACKGROUND

Prudence and Value Based Healthcare

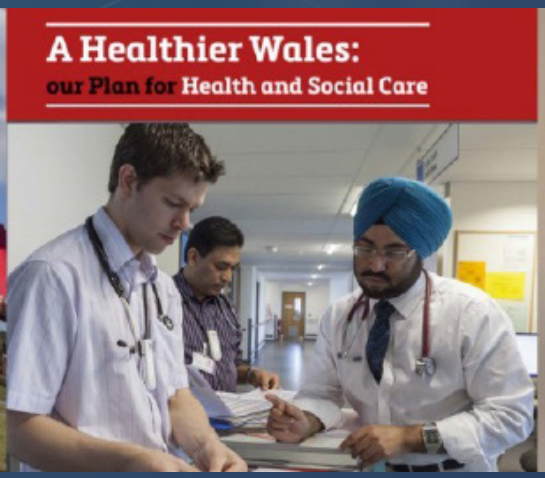
Value-Based Health Care is a person-centric approach to Health Care delivery that focuses on improving patient outcomes while minimising costs. At the core of Value-Based Health Care is maximising value for people: that is, achieving the best outcomes for patients using the finite resources that the system has available; moving away from a supply-driven system, organised around what clinical and medical teams do, towards a person-centred approach around what matters to people.

"A Healthier Wales; Long term plan for Health and Social Care" is to bring health and social care services together so that they are designed and delivered around the needs and preferences of individuals with a much greater emphasis on keeping people healthy. We want a seamless whole-system approach to health and social care. We will need broader and deeper partnerships, new skills, and ways of working, and we will need people to take more responsibility for their own health and wellbeing.

The guiding principles of the Value-Based Health Care work at the Health Board are consistent and coherent with the Quadruple Aims and design principles of A Healthier Wales and the Welsh Value in Health Delivery Plan. These are key enablers to delivering higher value for health and social care.

The Health Board's Strategy in support of Value underpins the methodology to enable the design and delivery of new models of care to ensure innovative and transformative ways of organising and delivering care around the patient and their families. Re-designed models will be data and evidence-driven, focusing on improving outcomes that matter to people. The VBHCT are one of the multi-disciplinary teams that help to support this holistic approach across the Health Board.

The Health Board continues to be ambitious in its vision to build and implement a Value-Based Health Care system at scale, working within an already established and complex health and care system, with increased financial pressures, and set clear goals for delivery during 2023-24.



AMBITION

Our Vision: Better health & well-being, better value, better outcomes

Our Mission: To measure and act on what matters to people

Our Strategic Aims:

Leading healthcare services to adopt Prudent and Value-Based principles

Designing Person-centred care; better outcomes and experiences

Enabling financially sustainable, and resilient services

Supporting staff health and wellbeing to feel healthy, engaged, proud and belonging

Our Values:

People first (Person-Centred)

Personal responsibility

Passion for improvement

Pride in what we do

Our principles - This strategy is designed with the following principles in mind:

- Public and professionals are equal partners through co-production
- Care for those with the greatest need first
- Do only what is needed and do no harm
- Reduce inappropriate variation through evidence-based approaches

WHAT WE SET OUT TO ACHIEVE

GOAL 1

Transformation Through A Value Lens

Supporting Health and Care professionals to consider a Value-Based approach in transforming their services, typically providing support for pathway mapping, design, and digital collection of outcomes, combined with other appropriate data to identify unwarranted variation and provide insights that provide a spotlight on the opportunities available to transform and re-design.

GOAL 2

Embedding a Value Culture, Improving Knowledge, Skills, and Experience

Design and develop the culture, knowledge, skills, and expertise by providing education, training, and material to build the capacity and capability across the organisation and wider NHS to apply the principles of Value-Based Health Care into practice.

GOAL 3

Develop Strategic Partnerships

Develop strategic partnerships working with key stakeholders to maintain our reputation as a global leader in this field

PROGRESS ACHIEVED 2022/23

Like all other services within ABUHB, the effects of the COVID-19 pandemic persisted into 2022-23, impacting service provision, demand, and capacity, particularly in addressing waiting lists. The Health Board has relentlessly tried to maintain value as a central theme. A key focus has been encouraging clinical and management teams to adopt a person-centred approach to changes in their working practices. This commitment is demonstrated by the continuous investments in services throughout 2022-23, with a commitment from WG and local funding streams.

The Value-Based Healthcare Team

The small team provides the skills, expertise, and knowledge to Health Care professionals across the organisation on adopting a Value-Based approach, providing tools, techniques, and advice on how to apply the tools in practice. A small team made up of professionals with expertise in;

- Strategic Leadership in Transformational Change
- Service Improvement and Innovative Thinking
- Programme and Project Management
- Digital Systems
- Data Analytics
- Engagement and Communication
- Partnership Development
- Clinical Leadership

The team is unique in the Health Board in its advice and support around the collection, design and implementation of local, national, and internationally recognised outcome data sets.

The team has been operating as a dedicated resource within the Finance directorate for the past few years, providing support to clinical and operational teams wishing to use holistic reviews of pathways and outcomes collection as evidence for transformation. It is an agile team that spends time dedicated to ensuring that their skills and expertise are maintained and transferable within and across the services, through working closely with Directorates and Divisions.

PROGRESS ACHIEVED 2022/23

GOAL 1

Transformation through a value lens

The VBHCT has worked with clinical service users to design and develop the value-based approach to transformation across the Health Board, around how we use outcomes to meet the requirements and needs of our public and Health Care professionals. As a result, we continue to utilise the User Cases previously designed by the team. These use cases are now well established and in use across multiple Health Boards and are a fundamental part of the new service specification embedded into the national PROMs Standard Operating Model.

Key: Remote (Out of Hospital). In Clinic (At a Health Care setting)

1. Direct Care

Remote (out of hospital) or in-clinic (at hospital) collection of outcomes immediately in advance of patient appointments for consideration and use during cycles of care and or through consultation and shared decision making

2. Whole cycle of care

The ability to 'routinely' collect outcomes and or data remotely (out of hospital) or in-clinic (at hospital) at specific time points of a pathway (e.g. diagnosis, pre-intervention, post-intervention and periodically thereafter.

3. Remote monitoring

The ability to monitor patients in a 'virtual' or remote capacity, reducing the need for patients to present for appointments or clinics at points where they are stable and not in a state of need

4. Greatest Need First

The ability to request outcomes capture remotely (out of hospital), at a referral stage to aide assessment and planning of treatment, in conjunction with diagnostics and clinical data to better manage demand based on level of need and complexity.

5. Follow up Management

Remote (out of hospital) to reduce unnecessary follow-up appointments by enabling virtual follow-up of patients, supported by outcomes, and provide the ability for rapid access at points of flare-up, and/or deterioration initiated by patients' needs.

6. Patient Lists:

The ability to schedule automated outcomes collection at specific points within a patient pathway including in-patients and out-patients.

PROGRESS ACHIEVED 2022/23

Service: Gastroenterology

Project: Hepatology Cirrhosis Service
Project Lead: Dr Andrew Yeoman, Medical Consultant

Background: The Covid pandemic and the relocation of Gastroenterology services to GUH (Grange University Hospital) have led to a significant increase in waiting lists, resulting in a reduction of elective clinical sessions for all consultants. Currently, new patient waiting lists are managed by sub-specialty, such as Hepatology, Inflammatory Bowel Disease (IBD), or General Gastroenterology, and are divided between Consultant and Clinical Nurse Specialist (CNS) clinics for triage purposes.

Service Challenge: Currently, there are around 1500 patients between the stable and unstable cirrhosis lists, with significantly fewer on the autoimmune and transplant lists. The Hepatology service has created watch lists to monitor patients' follow-up demand remotely. As a result, approximately 90% of patients are clinically coded into the relevant category upon their first clinic visit.

Due to the unpredictable nature of the condition and the rapid changes in patient stability, consultant-led resource demand is managed weekly. Incorporating patient-reported and clinical outcomes into the triage and review process will enhance management, prioritisation, and access for stable and unstable cirrhosis patients. This approach will enable access based on need, eliminate unnecessary routine appointments and reviews for those who may not require them (based on PROMs and CROMs), and make these slots available for patients on the waiting list.

Value Solution: Executives initially requested VBHC support for the Outpatient Transformation Programme to address challenges faced by the Gastroenterology outpatient service. The project lead believed collecting and utilising outcomes would help manage demand and capacity issues. Waiting lists have grown significantly due to both Covid and the relocation of Gastroenterology services to GUH, which led to fewer elective clinical sessions for all consultants. As a result, new patient waiting lists are triaged by sub-speciality (e.g., Hepatology, IBD, or general gastroenterology) and divided between Consultant and Clinical Nurse Specialist (CNS) clinics.

The project aims to utilise outcomes to support the clinical team in managing stable patients more effectively. The outcome data collected will result in a reduction in the need for an outpatient appointment and will enable and support remote monitoring of stable patients while providing access to appointments when needed in a timely manner.

Update: The VBHCT have worked with the service to research relevant PROM Standard Sets, the CLDQ (Chronic Liver Disease Questionnaire) was agreed as the most suitable set. Working with the Welsh ViH Centre and the National Liver Network the licence has been secured for use and for use across Wales, with central funding of £15,000. The next phase will ensure the adoption and implementation of this outcome set to meet the project aims.

PROGRESS ACHIEVED 2022/23

Service: Cardiology

Project: Community Hubs & Cardiac Rehabilitation in Gwent
Project Lead: Linda Edmunds, Consultant Nurse Specialist

Challenge: In Gwent, heart failure prevalence is high, leading to unnecessary readmissions to secondary care, delayed medication optimisation, and limited patient access to rehabilitation. Aneurin Bevan has been focusing on a value-based approach to delivering care for heart failure patients across the region for many years. A comprehensive programme is aligned with the National Clinical Network priorities to develop optimum care pathways. Consequently, national funding has been secured to expand a community-based cardiac rehabilitation model for heart failure patients.

Value Solution: The project replicates the successful Community Hub pilot from 2020-2021, an innovative model that reduces readmissions, increases rehabilitation uptake, and enhances health outcomes and quality of life. Emphasising rehabilitation and medication optimisation, this model enables stable patients to access rehabilitation services and reserves specialist capacity for complex cases. Anticipated efficiency and outcome improvements include:

- Prompt medication optimisation for HF (Heart Failure) patients during cardiac rehabilitation.
- Reduced morbidity, hospital readmissions, and improved quality of life through timely optimisation.
- Expanded access to care closer to home via community or home-based rehabilitation.
- Increased capacity for HF specialist nurses to review complex patients through programme optimisation.
- Prompt optimisation and discharge from the HF hub for a greater volume of patients or referral for further investigation.
- Enhanced patient use of PROMs (Patient Reported Outcome Measures) to monitor symptoms.
- Improved patient self-management, as measured by a Likert scale.
- Reduced optimisation time for critical HF medications.
- Decreased readmission rates within 30 days of programme enrolment.
- Improved quality of life upon programme completion, as measured by PROMs.
- Increased number of patients optimised on medical therapy during cardiac rehabilitation.

Update: The project builds upon the existing clinic work in Caerphilly and will expand to Torfaen, Newport, Monmouthshire, and Blaenau Gwent over its three-year life cycle.

Performance: The project has had a promising start, and preliminary data indicates that its performance may surpass the achievements of the Caerphilly pilot, which faced challenges due to Covid-19 and staff learning the nuances of the new model. With a more experienced team who fully support the model, having witnessed the success in Caerphilly, the project's results are eagerly anticipated throughout Aneurin Bevan.

OUR HIGHLIGHTS OF 2022-23:

Programme: Planned Care

Early in 2022 the VBHCT were approached to participate in the development of a business case to support existing operational pilot projects; SDEC and RACU. Following careful consideration and research of similar approaches in wider healthcare systems, it was deemed that the demonstration of value to support these cases would not benefit from the inclusion of PROMs or clinical outcomes and would be focused on activity and process measures such as RTT and LoS etc. But both services wanted to record patient experience measures routinely to form part of continued reactive service improvement measures.

Service: Urgent & Emergency Care

Objective: To support the service, to digitise the collection and evaluation of patient experiences pre and post (SDEC).

Background: There are four Ambulatory Emergency Care (AEC/SDEC) delivery models as outlined in the article "Ambulatory emergency care – improvement by Design" from the Royal College of Physicians – Clinical Medicine (Fig 1 1).

ABUHB aims to develop an optimum pathway for patients, making SDEC the default pathway for appropriate patients. However, given the immaturity of our systems, starting with a pull model in the initial stages (instead of a pathway-led model) is preferred.

Challenge: SDEC did not have a mechanism for collecting patient feedback after attendance to the unit and wanted to consider the completion of a PREM without impacting the patient's experience within the unit.

Value Solution: Our tailored solution enabled SDEC to gather invaluable insights into patient experiences, informing service improvements and enhancing patient satisfaction. This accomplishment highlights the importance of collaboration and evidence-based strategies in driving positive change within the NHS.

The solution – After being discharged, patients are contacted within a 4–14-day period, allowing them sufficient time to reflect on their SDEC experience and evaluate its effectiveness. The VBHCT developed a process to send an electronic Patient-Reported Experience Measure (PREM) to the patient's mobile number during this post-discharg period. The PREM evaluates various aspects of the patient's experience, from referral and information vprovided upon arrival at SDEC to treatment times and aftercare. This data is then transformed into a virtual dashboard, which has become an essential tool for both the department and its staff.

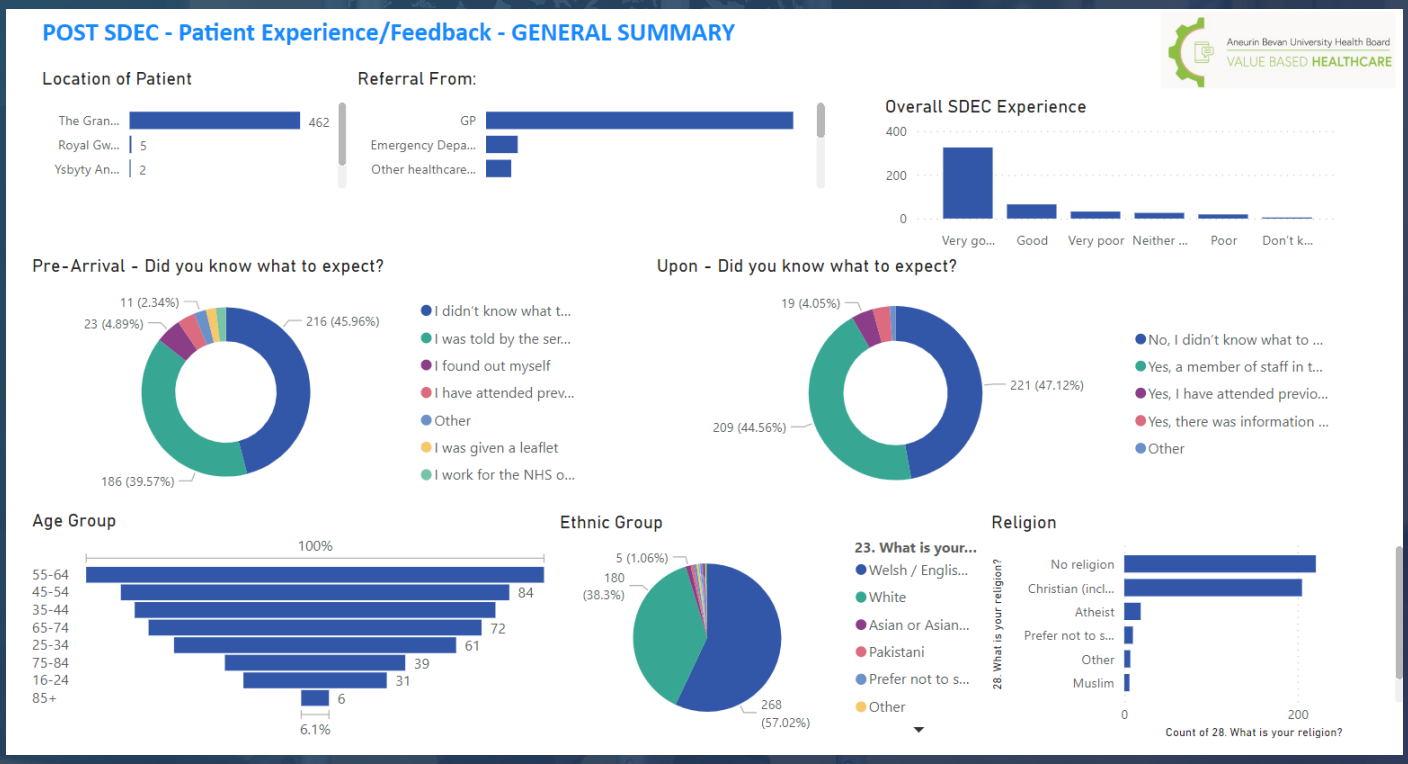
OUR HIGHLIGHTS OF 2022-23:

Update: Following the success of SDEC in GUH, the model has been extended to Ysbyty Ystrad Fawr. There is also an SDEC Theatre in the Royal Gwent Hospital. Both are being monitored via the data gathered from the PREMs. The operational team continuously review the data to establish impact and any opportunities arising from the PREM feedback.

The VBHCT continues to support and maximise collection of PREMs completion rates. Routinely running a process of PREM requests via a digital platform to all discharged patients within 3 – 17 days of discharge. The patient completion rates of PROMS increased by 45% after the roll out of post discharge electronic PREM.

Working with the service the VBHCT has developed and implemented a PREM interactive dashboard. Available 24/7, and refreshed with source PREM data every 2 weeks, the dashboard provides insights to the service on all completed patient reported experiences. The dashboard is available to the service and lead executives.

Outcome: Use of the PREM in this service, provides the operational teams with vital information to determine how best to utilise their resources.



Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

OUR HIGHLIGHTS OF 2022-23:

Service: Urgent & Emergency Care

Project: Alternatives to Admission: Rapid Access Care Unit (RACU)
Project Lead: Sara Fairbairn, Consultant Chest Physician

Phase 1: To support the service, collect and evaluate patient experiences pre and post (RACU).

Background: The Respiratory Ambulatory Care Unit (RACU) is an initiative led by the Respiratory Directorate which commenced in October 2021, initially on a temporary basis to support winter pressures and challenges within the respiratory directorate clinical model. The role of the unit is to provide same day emergency assessment for respiratory patients, with access to same day diagnostics and respiratory consultant review.

Service Challenge: RACU allows and supports admission avoidance of respiratory patients directly from the flow centre and primary care. This impacts directly on reducing respiratory presentations to ED and the MAU/AMU both in GUH and in the eLGH's. SDEC in relation to medical component has not opened and therefore there is no data or experience yet, and therefore these patients are presenting at RACU. It allows more directive care from respiratory with the patient being able to be seen and reviewed by the correct team of specialists at the point of initial assessment significantly avoiding lengthy waiting, delays in treatment, hospital admission and inappropriate investigations. Diagnostic clarity is achieved early in the patient's pathway which affords improved patient satisfaction and reduced repeated attendances to hospital or primary care contacts.

Value Solution: The VBHC worked closely with the service to understand the challenges, identify the necessary systems, processes, and outcomes that will enable better decision-making, and ultimately pinpoint interventions to support service improvement. The team developed a patient experience questionnaire for collection to measure the experience of patients using the service.

Outcome: The VBHCT continues to support the collection of PREMs to ensure we maximise the completion rates.

As with SDEC, VBHCT has developed and implemented a PREM interactive dashboard. Available 24/7 and refreshed with source PREM data every 2 weeks it provides insights to the service on patient experience. The dashboard is available to staff within service and lead executives.

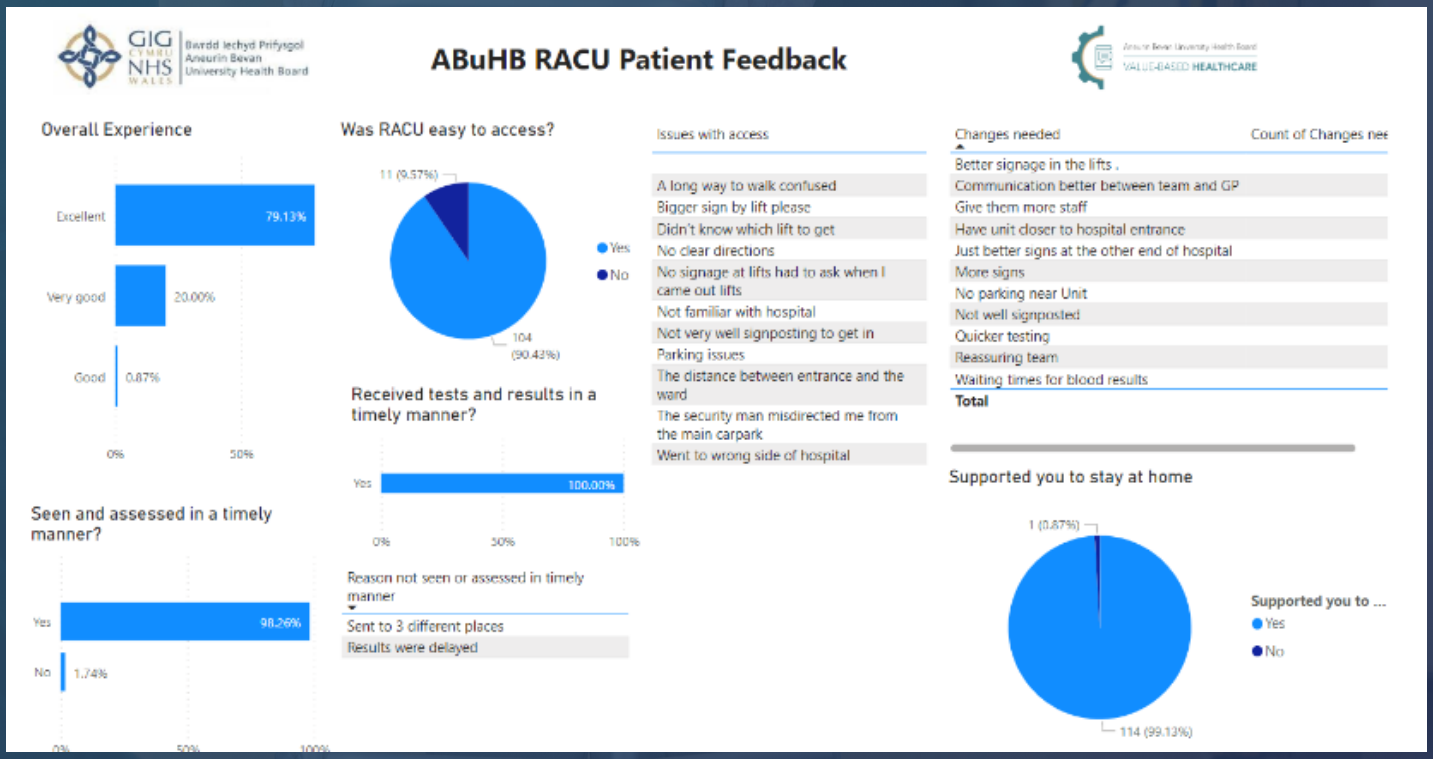
Analysis of the feedback showed many services users were frustrated by the lack of parking or by the distance they had to walk from the car park to their appointment exacerbating their medical

OUR HIGHLIGHTS OF 2022-23:

conditions. To remedy this specific allocated parking was introduced for this clinic to enable patients to park close to the hospital.

Additionally, patients commented on lack of clear signage, many using the wrong entrance and getting lost in the building, increasing their time in the hospital, and impacting on their experience. Additional signage was installed and the instances of comments about signage, directions, getting lost in the hospital have all decreased considerably.

It may seem a simple solution but without the collection of PREMS the scale and impact of these issues would have remained unknown. Once known proportionate and appropriate actions can be immediately actioned to reduce the instances and the impact on the patient.



OUR HIGHLIGHTS OF 2022-23:

Programme: Redesigning Services for Older People

Project: Hot Clinics Review

Background: The health board offers several hot clinics, defined as; "A specialist ambulatory care clinic that provides same day* rapid diagnostic, assessment and treatment with the aim of avoiding a hospital admission." *Same day referrals to the patient visit rather than the time from a Profession (HCP) referral. It is, however, unclear where they are, what they are and how to access them. This RSFOP Programme work will identify existing hot clinics across the organisation and provide detail on each of the services, including days and hours of operations, their locations and how they can be accessed.

Service Challenge: ABUHB and the Redesigning Services for Older People Programme were aware that many services and specialities have adopted the use of clinics aimed at reducing inpatient admissions where suitable patients require minor, rapid access for their care/treatment. As a result, a number of these clinics have been adopted with varying descriptions with similar or the same aims, I.e., Rapid access clinics, HOT clinics etc. Without these clinics we are aware that patients end up with admissions to secondary care, resulting in a length of stay, exposing further risk where potentially this could be avoided with the right access to the necessary services dedicated and provided by these such clinics.

Services and the subsequent specialties within them currently have the freedom and flexibility to create and adopt these types of clinics to meet the needs of their patients resulting in unwarranted variation. Following several work stream reviews and workshops held by the RSfOP programme, it became apparent that many of these clinics have been established in isolation across the 5 boroughs, with variation in; definition, referral criteria, location, capacity, service availability and integration with community services and local authorities. In addition to this it also became clear that Health Care Professionals (in particular GP's) are not aware of this wider offer (what they are, where they are, and how to access them). It was therefore recognised that there was some work required to map the existing offer across all specialties. VBHCT was asked to support the RSfOP Programme by conducting a review into Hot Clinics to answer the above questions and provide feedback to the Programme Board.

VBHC Solution: The VBHC team agreed to work with the relevant services to compile an evaluation matrix aimed at answering the following specific questions for Hot Clinics across COTE and Frailty:

- What Hot Clinics exist?
- Where they exist?
- Why they exist?
- When do they operate?
- What needs do they serve?

OUR HIGHLIGHTS OF 2022-23:

- How/What services can access/use them?
- Intended outcome/Impact (e.g., avoid admissions)

Update: In October 2022, VBHC supported by the RSfOP Programme Board engaged with multiple services and boroughs within the Health Board to obtain the information required to answer the 7 questions. An evaluation matrix was developed to catalogue the relevant information and to present initial findings in-line with the request. The initial information gathering was achieved through email communication and a combination of in person / virtual meetings to validate the information received. Following the Programme Board, it was confirmed that as part of the next steps, VBHC would begin patient level mapping of a cohort of patients who have accessed the Hot Clinic pathway.

VBHC continued to work with the RSfOP Resource Group and individual CRTs (Community Resource Team) to obtain patient information pertinent to the necessity of patient level mapping. VBHC worked in partnership with Finance colleagues to assist in Validation mapping exercises for the CRTs which enabled VBHCT to have greater access to staff within the CRTs. VBHCT also undertook a period of shadowing activity in the CRTs and met the Clinical teams across the Boroughs to confirm and expand upon initial findings.

Outcomes: Following the validation mapping exercises and working with the CRTs, VBHCT expanded the evaluation matrix and compiled a list of findings which were outlined in an Executive paper and presented back to the services at:

- RSfOP Programme Board
- CRT Clinical Leads Meeting
- RSfOP Ambulatory Care Steering Group

These findings now form part of the wider programme re-design.

OUR HIGHLIGHTS OF 2022-23:

Project: Collecting Patient Reported Outcomes in Epilepsy Services
Service Challenge: Demand outstripping capacity, and long waiting lists

Aims:

- Desire to collect outcomes from referral (entry into the service) through the monitoring stage and patient-initiated follow-up (PIFU) across the patient pathway.
- Use outcome data to determine and stratify patients based on need and introduce telephone-led review clinics.
- Shift demand from face-to-face to virtual reviews, remotely monitoring via telephone and re-directing patients based on specific needs, for example, onto Mental Health Services, Speech and Language Services. Use outcome data to review the mental and physical symptoms of patients following changes in medication.

Intervention:

- Collected a range of Patient Reported Outcome Measures as part of a single patient assessment, (HADs, PGIc, PHQ-2, PHQ-9)
- Costed parts of the pathway and service changes to evidence improved efficiencies in order to demonstrate value.
- Used PROMs for multiple use cases, including Direct Care and Follow Up management (Fig 1), and management of patient symptoms as part of a longitudinal study (Fig 2)

Impact:

- This reduces unnecessary follow-ups through effective triage based on the needs of patients through the collection and use of outcomes to facilitate follow-up decisions.
- Improved access at the point of need – assessments and outcomes used in conjunction with patient-initiated contacts to the service at a point of need.
- The shift to virtual/tele-review, where appropriate, releases the capacity to enable clinicians to see more appropriate face-to-face patients
- Quicker access to alternative treatment interventions for patients with mild-moderate anxiety & depression to proven resources while waiting for medical treatment (I.e. Online CBT)

Fig 1

Fig 2

Form **Neurological Assessment PROM**

Completed by | Due **Monday, 15 May 2023** | Completed **Friday, 12 May 2023**

Form instances

Completion date	13 Dec 2020	04 Apr 2021	26 Jun 2021	18 Sep 2021	25 Nov 2021	07 May 2022	06 Oct 2022	12 May 2023
hADS anxiety score HADS Scale Scoring: ...	15	13	15	12	16	17	18	16
hADS depression score HADS Scale Scori...	14	6	10	11	9	10	10	10
pGIC scale score	9	8	8	3	5	8	7	7
pHQ-2 score If the score is 3 or greater, m...	6	2	6	4	6	5	5	2
pHQ-9 score Depression Severity: 0-4 non...	22	14	18	14	19	21	22	20

Fig 3 (Provides an overview of assessment collected and completion rate with average days to complete)

Assessments Overview

Date Range: 01/01/2020 – 16/05/2023

Provider: All

Specialty: All

Clinic Code: All

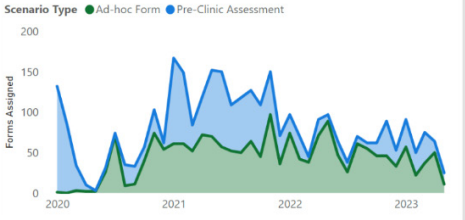
Scenario Type: All

Scenario Name: All

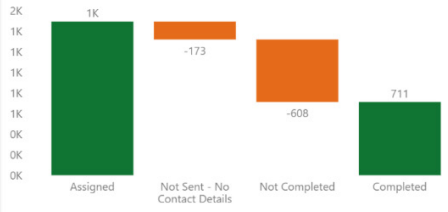
Form Name: Multiple selections

3,307	1,694	51.2%	1,198	2.4
Forms Assigned	Forms Completed	Assigned to Completed Rate	Patients Contacted	Average Days to Complete

Forms Assigned by Scenario Type



Form Drop Off (Excluding Ad-hoc Assessments)



Month	Forms Assigned	Form Notifications Sent	Form Reminders Sent	Forms Completed	Forms Reviewed	Assigned to Notified Rate	Notified to Compl
January 2020	132	132	77	63	0	100.00%	
February 2020	85	85	58	33	0	100.00%	
March 2020	34	34	24	13	0	100.00%	
April 2020	10	10	4	5	0	100.00%	
May 2020	3	3	1	2	0	100.00%	
June 2020	31	26	17	12	0	83.87%	
July 2020	74	74	42	37	0	100.00%	
August 2020	35	31	16	14	0	88.57%	
Total	**3,307**	**3,055**	**1,887**	**1,694**	**0**	**92.38%**	

Assessments Overview

Date Range: 01/01/2020 – 16/05/2023

Provider: All

Specialty: All

Clinic Code: All

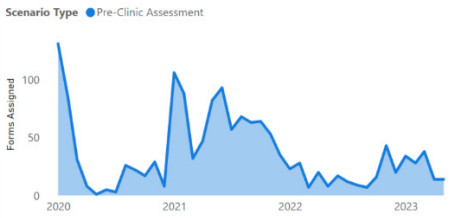
Scenario Type: Pre-Clinic Assessment

Scenario Name: All

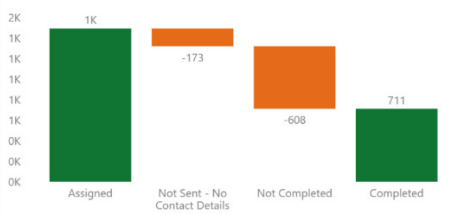
Form Name: Multiple selections

1,492	711	47.7%	912	2.9
Forms Assigned	Forms Completed	Assigned to Completed Rate	Patients Contacted	Average Days to Complete

Forms Assigned by Scenario Type



Form Drop Off (Excluding Ad-hoc Assessments)



Month	Forms Assigned	Form Notifications Sent	Form Reminders Sent	Forms Completed	Forms Reviewed	Assigned to Notified Rate	Notified to Compl
January 2020	131	131	77	62	0	100.00%	
February 2020	85	85	58	33	0	100.00%	
March 2020	31	31	24	12	0	100.00%	
April 2020	8	8	4	4	0	100.00%	
May 2020	1	1	1	1	0	100.00%	
June 2020	5	5	3	3	0	100.00%	
July 2020	3	3	2	1	0	100.00%	
August 2020	26	22	11	11	0	84.62%	
Total	**1,492**	**1,319**	**835**	**711**	**0**	**88.40%**	

OUR HIGHLIGHTS OF 2022-23:

THE USE OF DIGITAL, BUSINESS INTELLIGENCE AND INSIGHTS AS KEY ENABLERS IN EVIDENCING VALUE

Introduction: The importance of digital and data in VBHC lies in enabling better patient outcomes and experiences, promoting cost-effectiveness, and fostering informed decision-making. It also encourages transparency, accountability, collaboration, and continuous improvement in Health Care delivery.

Better patient outcomes: Data-driven decision-making enables effective interventions, improving health outcomes and overall well-being.

Enhanced patient experience: Analysing patient-reported experience measures (PREMs) helps tailor care delivery, fostering trust and satisfaction.

Cost-effectiveness: VBHC focuses on value rather than volume, optimising resource allocation and reducing Health Care costs.

Informed decisions: Data analysis promotes evidence-based decisions, targeted interventions, and continuous improvement in care.

Transparency and accountability: Outcome data promotes responsibility for the quality and value of care.

Collaboration: Digital and data-driven approaches facilitate information sharing and collaboration across disciplines and care settings.

Continuous improvement: VBHC is an ongoing process, encouraging Health Care providers to refine their practices in line with advances in knowledge and technology.

OUR HIGHLIGHTS OF 2022-23:

CCAPU Collecting, Combining, Analysing, Presenting, and Using outcome data

Collecting, combining, analysing, presenting, and using outcomes are essential steps in the Value-Based approach, as they enable Health Care providers to make data-driven decisions and improve the quality of care. Outlined below is a summary overview of each step:

Collect: The first step involves gathering data related to patient outcomes, including patient-reported outcomes (PROs), clinical outcomes, and patient-reported experience measures (PREMs). Data can be collected through various methods, such as electronic health records, surveys, wearable devices, and patient interviews.

Combine: Once the data is collected and acquired, it must be combined and integrated into a single, coherent dataset. This process involves merging data from various sources, ensuring data quality, and standardizing data formats to enable seamless analysis.

Analyse: With the combined dataset, Health Care providers can analyse the data to identify trends, patterns, and relationships. Advanced analytics techniques, such as descriptive, predictive, and prescriptive analytics, can be employed to gain insights into the current state of care, forecast future outcomes, and identify the most effective interventions for improving patient outcomes.

Present: The analysed data should be presented in a clear and concise manner, using visualizations and dashboards that enable Health Care providers to quickly grasp the key findings and insights. Effective presentation of data allows Health Care teams to understand the implications of the analysis and make informed decisions based on the available evidence.

Use: Finally, the insights derived from data analysis should be used to inform decision-making and drive improvements in patient care. This may involve implementing new interventions, changing existing practices, or reallocating resources to better align with patient needs and preferences. The goal is to improve patient outcomes and experiences while maximizing the value of Health Care services.

Over the past 12 months, substantial efforts have been made to lay the foundations for enabling this approach. Achieving 'true value' requires the ability to Collect, Combine, Analyse, Present, and Use data (CCAPU) to make informed decisions about service delivery. The challenge of handling data is real, and the interoperability of systems across the health board and other Welsh health boards adds complexity. Services have long faced barriers to collecting, combining, and using data for service design and redesign, with standardised data collection and presentation being the key solution. Despite these obstacles, innovative solutions have been found to revolutionise VBHC, enabling interoperability, personalised pathway triggers for PROMs, real-time dashboards for shared decision-making, and demonstrating health improvement with patients.

Considerable time and resources have been invested in improving support and access to CCAPU. The projects described above highlight the commitment to building a solid foundation for scaling VBHC across the entire ABUHB Health Care system. Automation has been a primary focus, ensuring that the right individuals have access to accurate data and information at the right time.

OUR HIGHLIGHTS OF 2022-23:

The VBHCT continue to build the systems and processes to enable services to (CCAPU) data. Enabling use of the information to make changes, monitor patients remotely, assess and triage patients and react to the data for immediate reactive changes and improvements.

Project: Procurement of an all Wales National Outcome Collection Platform

The Health Board have used a digital outcomes collection system since 2015, namely Dr-Dr. It is well rehearsed that Dr-Dr have been unable to meet all the technical, clinical and functional requirements of the Health Board, and in collaboration with NHS Wales agreed to participate in a common operation model for a standard specification to support the systematic collection and use of outcomes. The VBHCT, Finance, Informatics and Information teams at ABUHB have been integral in designing the specification and supporting the National Procurement for the National PROMS collection platform.

Locally in ABUHB we have development a framework that fulfils all the requirements for useful and successful PROMs collection. This was then used as the basis for a steering group consisting of members from value across Wales to design and procure a national platform.

There have been several challenges with the procurement resulting in delays in awarding to the new provider, this has resulted in a 6-month extension with our incumbent provider. The next 12 months will be crucial in testing the functionality available in line with the Health Boards Digital Strategy, in addition to the affordability to evidence any return on investment.

Project: Improved functionality - Patient Lists User Case

Challenge: As highlighted in this report, clinical services persistently face challenges such as rising demand, constrained resources and funding, which result in reduced capacity and staff shortages. Despite these obstacles, it is essential now more than ever to employ service improvement principles to enhance the efficiency and effectiveness of Health Care delivery. Clinical services consistently provide feedback, indicating their limited capacity to support service improvement projects that involve outcome collection. Services were requested outcome collection at multiple points within the patients' pathways, and the functionality was not readily available.

Background: Outcome collection is essential for implementing Value-Based principles, which aim to enhance patient care, optimise outcomes, and efficiently use resources. By gathering and analysing clinical outcomes and patient-reported outcome measures (PROMs), Health Care providers can understand service effectiveness, identify improvement areas, and make data-driven decisions.

OUR HIGHLIGHTS OF 2022-23:

This continuous feedback loop fosters ongoing improvement, leading to better patient experiences, improved health outcomes, and a more sustainable Health Care system.

Update: Over the past year, we've achieved remarkable success through our partnership with industry experts, developing a new use case. By working closely with our external platform provider, we've created an innovative user functionality called "patient lists." This feature allows assessments to be collected at specific points in a patient's pathway, such as at referral, post-operation, and discharge. This achievement highlights the potential of collaborative efforts in driving advancements in patient care and service delivery.

The new use case enables the automatic collection of assessments at crucial points in a patient's pathway, offering numerous benefits to patients and Health Care providers. These advantages include improved data accuracy, reduced administrative workload, timely insights into patient outcomes, and better-informed decision-making for service delivery. This functionality fosters a more efficient and responsive Health Care system, ensuring effective resource allocation and consistent optimisation of patient care.

Impact: The automatic assessment collection will impact ABUHB by enhancing patient care, increasing efficiency, and facilitating data-driven decision-making at scale. It will streamline care pathways, enable

OUR HIGHLIGHTS OF 2022-23:

Project: Information Strategy (combine and analyse)

Background: As the saying goes, "Every number has a story, and every story has a number", which highlights the importance of data in decision-making. Access to clean, reliable data is crucial for making informed decisions. Unfortunately, in the past, accessing the correct data at the right time and in the proper format has been a challenge for many years.

Challenge: There is a positive drive to embed a VBHC approach in how we deliver our healthcare to local NHS residents through a holistic overview by combining information from different sources to create a more accurate and current snapshot of a patient's health profile. Initial pilot projects tested the feasibility of collecting data, specifically PROMS electronically, and looked at developing better ways of delivering care and evidencing value along with the benefit of any changes resulting from this work and data.

Thankfully, through previous hard work and projects, a large amount of the information required is already pooled in data warehouses both locally and nationally, vastly improving potential ease of access, reducing the number of sources required, and minimising the necessary scope of this proposal. The approach is to leverage this strength by predominantly using existing infrastructure locally and nationally and to combine this information into the one view. This further helps to limit any form of disruption as it allows for a BAU approach with existing systems and practices; this is merely a combined view across the data, pulling it together and working alongside the current infrastructure, not a replacement system.

Update: The VBHC Digital and Data team has developed an innovative Information Strategy that proposes the design and build of a Dedicated Virtual Server solely for VBHC use. The server will be hosted by the Informatics team, providing a reliable and secure platform for accessing and utilising outcome data in support of service improvement using the VBHC principles.

Impact: This initiative not only improves access to data, enabling us to scale the scope of VBHC to wider services, but it also reduces pressure on the Information department in terms of time and money. The innovative solution of a Dedicated Virtual Server for specific areas is currently under review to determine its potential for scaling to support other areas within ABUHB.

OUR HIGHLIGHTS OF 2022-23:

Project: Data Visualisation (present and use)

Background: Outcome dashboards enable Health Care providers to track and monitor patient outcomes over time. These dashboards visually represent data, making it easier for Health Care providers to identify trends, track progress, and make informed decisions based on accurate and up-to-date information. Outcome dashboards have become increasingly popular in recent years. By using outcome dashboards, Health Care providers can measure the effectiveness of their interventions and treatments, identify areas for improvement, and ultimately improve the overall quality of care provided to patients.

Challenge: Some challenges associated with outcome dashboards in Health Care include data quality, data privacy and security, user adoption, interoperability, and maintenance and updates. These challenges need to be addressed to ensure that the dashboard is effective in improving patient outcomes and delivering high-quality, value-based care.

Update: The team has defined its skills and knowledge to support outcome measurement tools and developed insight dashboards to promote shared decision-making and improve the quality of care. These data visualisation tools enable health care providers to present and use data more effectively, providing valuable insights into patient outcomes and allowing for informed decision-making. The use of these tools supports a patient-centred approach to care and helps to improve the overall quality of care provided.

The VBHCT has worked in partnership with clinical services to design, build, test, and maintain outcome dashboards. The business intelligence team follows several steps to achieve this process, including discovery, planning, design, development, testing, launch, and maintenance. The team works with the clinical services to gather requirements and objectives, creates a project plan, designs the dashboard, codes the functionality, tests the functionality, launches it, and performs ongoing maintenance.

The VBHCT has produced Insights dashboards for Same Day Emergency Care (SDEC), Respiratory Ambulatory Care Unit (RACU), Heart Failure with Children Weight Management (in design stage). Also National VBHC dashboards developed for Lymphodema, Epilepsy and Heart Failure.

What Next: The progress we have made in the last 12 months was merely a dream just a few years ago – a vision of "what if we could...!" Possibilities. Now, it has become a reality. We have ambitious plans for the coming 12 months. In the next year, we will introduce this functionality to other services currently collecting PROMs, enhancing their data collection and usage. This will enable PROMs collections at crucial points along a patient's pathway, ensuring that data is not limited to the constraints of a clinic code, ultimately enriching the care and services provided.

OUR HIGHLIGHTS OF 2022-23:

Project: Digital collection of Outcomes, Patient and Clinically Reported Assessments And experience

Background:
Value Based Health Care is aligned with key policy directives in A Healthier Wales, the National Clinical Framework, and the National Planning Framework and in order to evidence Value across the Health Board and support the delivery of the objectives of A Healthier Wales, the Health Board has invested considerable time and effort in building clinical engagement, committing resource and buy-in to the concept of value and clinical stewardship of all resources. This has already resulted in successful proofs of concept where disinvestment in low value activity has been led by clinicians who have subsequently influenced decision making around high value reinvestment, thereby improving outcomes, and reducing costs simultaneously.

Back in 2016 ABUHB awarded a contract to an external digital provider ICNH DrDoctor with the aim of developing the capability to **digitally issue appointment reminder services and the collection of assessments, experience and reported outcomes** to support a Value Based approach to delivering services across Gwent. This was a 4-year contract, which was further extended for 2 years until March 2023, which a further option to extend for up to an additional 2-years.

Assessment and Challenges:
Since awarding this contract, the Health Board has successfully implemented the electronic collection of outcomes and or experience measures across more than 34 clinical disease areas, resulting in the return of more than 43k assessments and over 24k patients being contacted via this method. These volumes are some of the highest across Wales, resulting in ABUHB being recognised by provider and peers as leaders in this field.

There are over 102 active users, consultants and clinical teams accessing the assessments for use in direct care (forming part of their consultation with patients and assessing changes over time). An average of 1408 assessments are collected and used in this way every month with some clinical teams quoted as stating that they could no longer manage the demands within their services without the capability to digitally collect, access and use assessments in this way. Some of the biggest users are recognised and ranked below in terms of collection and use of digital assessments (PROMs):

1. Cardiology - Heart Failure
2. Dermatology - Psoriasis
3. Neurology – Epilepsy
4. Cancer Services
5. Obstetrics & Gynaecology

OUR HIGHLIGHTS OF 2022-23:

Clinicians in a range of areas are using PROM data to;

- Triage patients based on need and urgency of care, and re-arranging outpatients' clinics to respond to these needs.
- Inform and improve shared decision making with patients – as PROM data is discussed during appointments and used for shared decision making, For Example Heart Failure services
- Through the creation and use of dashboards to be used at a patient level, to support symptom checking and changes between appointments.

The use of PROMs at an aggregate level, and visibility of a PROM within CWS has not been possible. ABUHB have been instrumental in influencing this work at a National level and look forward to seeing implementation in 2023-24. A list of functionality that is currently not available is highlighted below in Table 1

Table 1

ID	Description of functionality	Options	New PSOM provider capability
1	**Integration** of outcomes platform provider (OPP) and clinical systems, to support the ability for consultants to view the assessment directly in portal	Currently an option for clinical teams to log into the OPP directly to view the PROMs in order to support direct care. **Consultants do not wish to use this option** (102 users currently utilising) Use of a dashboard to support longitudinal views of the PROMs – currently an option and in use via an independent business intelligence APP, accessed via Share point) **(Consultants do not wish to use this option)**	Built into specification for new OPP, but unproven yet within Wales. Potentially 12 -18 months before capability available to the Health Board.
2	**Data Quality and Standards** In order to comply with the National PROMs Standard Operating model and Welsh Governments' Welsh Health Circular there is a requirement to map data items, the HB's current OPP can only partially meet this requirement, and therefore does not fully meet National requirements.	VBHCT developed a workaround solution, which is not sustainable and does not fully meet National requirements – this is currently in use in order to partially comply. Current OPP can support a workaround solution but this is not the preferred Industry standard defined by the National Specification.	Built into specification for new OPP and proven functionality, ready for deployment on implementation.
3.	**Patient Initiated Assessments** Capability for patients to initiate an assessment (PROM) at any stage within a pathway of care. E.g., Under remote monitoring for a long-term chronic condition. Current OPP can provide workaround (used in Epilepsy) but not acceptable to national standard or local Informatics Team.	Current OPP provides workaround (in use in epilepsy) but not supported for adoption and scale up across multiple condition areas	Built into specification for new OPP and proven functionality, to be tested with workflow.
4	Ability of patients to access their own PROM data to help their own self-care easier and earlier	Unable to offer this functionality currently, anticipate direct links with the recently launches NHS App	Built into specification for new OPP not yet proven in Wales
5.	Patient Initiated Follow Up Functionality	Patients wishing to push a completed PROM into the service without the need to contact a clinical team beforehand, this PROM will then prompt the next course of action by the clinical team. Functionality currently available in existing in OPP but not functional.	Built into specification for new OPP

OUR HIGHLIGHTS OF 2022-23:

In response to these challenges, both locally and nationally, a national procurement has recently been undertaken by the Welsh Value in Health Centre enabling a collaborative approach to collecting and sharing of clinical audit and patient-reported outcome measures (PROM) data. A PROMs Standard Operating Model (PSOM) has been developed to support the consistent and timely collection of outcomes data embedded in and supporting direct care and Value-Based care models.

On implementation, PSOM will simplify linkages with other datasets such as costing measurements, analysis and creating relevant insights at a local and national level. PSOM is defined through a requirements specification approved by all HBs and underpins a framework based procurement to deliver an All-Wales PROMs framework. The original intent of the framework was for HBs to award a contract with their chosen PROMs supplier and then locally manage and support the service thereafter.

This framework is now available for Health Boards to access, but it will be between 12-18 months before any of these additional functional benefits will be available.

GOAL 2

Embedding a Value Culture, improving Knowledge, Skills, and experience

Our Business Development team has been hard at work developing a comprehensive strategy to **support** the enablement of the Value-Based Health Care (VBHC) programme. By focusing on key areas that promote growth, sustainability, and effective implementation, we aim to provide the skills and experience to adopt VBHC principles while identifying and celebrating success to inspire others to embed outcomes into their services.

Project: Developing a Person-Centred Value-Based Health Care Training Programme.

Scope: To design, develop and deliver a VBHC training programme to raise the profile of the VBHCT, and the principles of VBHC, whilst promoting collaboration across networks and multi-disciplinary teams.

Update: We are thrilled to provide an update on the progress of the planned Phase 1: Inspire of the Person-Centred Value-Based Health Care (PCVBHC) Training Programme, hosted in collaboration with global Health Care leaders Sprink. This two-day event will bring together 65 staff members from across ABUHB, representing a diverse range of professionals attending the event. The attendees include:

- 27 staff from Corporate Services, including Planning, Finance, Workforce & OD, etc.
- 19 staff from Clinical Services, including Cancer, COTE, Diabetes, and more.
- 7 staff from Operations, Urgent Care, and Support Services.
- 6 staff from Child, Family, and Community Health Services.
- 5 enrollees for this year's Bevan Exemplar Programme.

As a result of the first two days of the programme, participants have formed teams to work collaboratively and tackle some tricky challenges we are facing in ABUHB. We have identified 18 potential project ideas. These ideas will be formed into a project brief which will be assessed to ensure the appropriate support from the VBHC team, Finance, Informatics and Planning. These projects' aims, scope and outcomes will be recorded in the 23-24 VBHC annual plan and reported in next year's annual report.

This broad representation of departments and services showcases the commitment to implementing PC-VBHC principles across various fields within ABUHB. By bringing together professionals from these different areas, the training programme will foster collaboration and innovation in pursuit of improved patient care, outcomes, and experiences. Attendees will have the opportunity to learn from faculty members, renowned international experts, including;

- Dr Thomas Kelley, CEO of Sprink.
- Professor Robert Baatenburg de Jong, professor and chairman of the Department of Otorhinolaryngology and Head and Neck Surgery at the Erasmus Medical Center, Netherlands.

OUR HIGHLIGHTS OF 2022-23:

- Professor Alf Collins, Clinical Director NHS England, Personalised Care Group.
- Professor Hamish Laing, Professor of Enhanced Innovation, Engagement & Outcomes. Swansea University
- Professor Anne Stiggelbout, Professor of Medical Decision Making at the Department of Biomedical Data Sciences at the Leiden University Medical Center, Netherlands.
- Dr Idris Baker, Consultant in Palliative Medicine at Swansea Bay University Health Board

ABUHB's innovative nurse-led heart failure service was showcased as example of person-centred care. Participants engaged in interactive workshops, panel discussions, and networking sessions, which allowed them to develop their skills and understanding of Value-Based Health Care. We hope the event will spark thought-provoking ideas and discussions, setting the stage for **Phase 2: Implementing Value** of the PCVBHC Training Programme.

Over the next 12 months, we will implement a comprehensive programme to support staff and groups adopting the VBHC framework. This programme will guide participants through the entire VBHC process, from idea generation and design to delivery and evaluation, ensuring that these service improvements become integral to our daily operations.

Value-Based Health and Care Academy

Our Value-Based Health Care Team has been actively engaged in designing and delivering various educational modules as part of the Value-Based Health and Care Academy. By collaborating with academia, we have contributed to executive education programs and shared our expertise on implementing value-based Health Care.

Key initiatives include:

Swansea University Partnership: The VBHCT has been involved in presenting the Value-Based Health and Care Academy program at Swansea University as part of its Intensive Learning Academy education program.

Bringing Value to Life: Our team has shared ABUHB's experience in implementing value-based Health Care with three cohorts of 50 executives at Hywel Dda, showcasing real-life applications of VBHC principles.

National Finance Delivery Unit Collaboration: We have provided leadership and insights on VBHC in four sessions for the same group of 15 individuals, further promoting knowledge sharing and best practices in value-based Health Care.

Our active involvement in these educational initiatives demonstrates our commitment to promoting value-based Health Care principles and fostering a culture of continuous learning and improvement. We look forward to sharing more updates on our education and training activities during our upcoming meetings.

GOAL 3: Develop Strategic Partnerships

World Economic Forum – Global Coalition

The VBHCT continue to be a part of the World Economic Forum's Global Coalition for Value in Health Care, which is a public-private platform that accelerates value-based health system transformation on a global scale. This partnership has allowed us to share our learnings, develop best practices, and guide the development of value-based health systems worldwide, cementing our reputation as a global leader in health systems transformation.

AstraZeneca Change Academy

The Change ACADEMY Programme offered by AstraZeneca to clinical and non-clinical NHS professionals. The 12-month programme will provide training in delivering system level pathway change utilising Change methodology and will be provided via a blend of face to face and virtual learning. Delegates will be required to deliver a real world, system-level, Quality Improvement initiative at the end of the 12-month programme and this will be presented to the ACADEMY programme leads. Delegates completing this course will lead local pathway improvements by accelerating time to diagnosis and optimal management that will benefit patients locally and the wider NHS. 2 successful applications to lead of VBHC projects were nominated and accepted from the Health Board.

1. Karen Hazel, Cardiology Heart Failure Specialist Nurse; Heart Failure Project, and
2. Michael Pynn, Respiratory Care, Consultant. Asthma Project

The programme will be led by Dr Richard Jones, MBBS, FRCP, MSc, who is a Clinical Director & Cardiologist and expert in delivering Change Management and Laura Cook, Strategic Change Manager, NHS E&I. Supporting the delivery of the programme will be other NHS colleagues who have themselves delivered a system wide pathway change.

The role of AstraZeneca: This programme is a non-promotional AstraZeneca initiative provided under the Donated Goods and Services framework.

Programme Overview & Criteria

- 20 delegate places
- Ability to influence system change in Severe Asthma or HF pathways
- Commitment to deliver a system wide QI project to embed learning

OUR HIGHLIGHTS OF 2022-23:

RfPPB Grant Successful application to Health and Care Research Wales

Key Stakeholders:
Principle Investigating Officer: Dr Gareth Roberts, Assistant Medical Director for VBHC
Co-Investigator: Professor Jane Noyes, Professor in Health & Social Services Research and Child Health, Bangor University

Our Value-Based Health Care Team (VBHCT) is proud to support Bangor University in researching Patient & Public Benefit (RfPPB) for a "Realist and Social Return on Investment evaluation of the use of Patient-Reported Outcomes (PROMs) in Value-Based Health Care Programmes." This two-year research project commenced in Q4 on 21-22 and aims to enhance our understanding of measuring and improving outcomes at scale, focusing on practical application in identified health systems.

Considering the increased use of remote monitoring due to the pandemic, key objectives of this research collaboration include:

- Assessing the relevance of current PROMs in capturing outcomes that matter to patients.
- Evaluating the impact of PROM collection on improving patient care in Parkinson's disease, epilepsy, and cataract services, such as timeliness, proximity, direct referrals, and reduced hospital visits.
- Identifying small-scale changes for continuous improvement, including service redesign and enhanced Health Care utilisation.
- Measuring the social value of PROMs within our populations.
- Developing logic models to outline the necessary inputs, context, mechanisms of change, and potential impacts for effective use of PROMs in clinical decision-making.
- Gaining insights into the Welsh population not currently completing PROMs remotely.
- Understanding and addressing barriers associated with electronic PROMs collection to ensure inclusivity, particularly for elderly patients, those in poorer health, and individuals from deprived areas or BAME communities.

This research collaboration with Bangor University underscores our commitment to advancing value-based Health Care and improving patient outcomes through evidence-based strategies. We look forward to sharing the findings of this project and discussing the implications for our VBHC programmes during our upcoming meetings.

Professor Jane Noyes the researcher leading the team at Bangor University said:

> *"'We have really enjoyed working in partnership with the VBHC team at ABUHB. It's been a collective effort to deliver the research study. We are now on the last push to recruit patients and staff members from the Cataract Surgery, Heart Failure, Epilepsy and Parkinson's Disease services. There is a wealth of fascinating data to analyse, and the findings will help shape delivery of the VBHC programme looking forward as well as coming up with some actionable recommendations for VBHC teams working across Wales."*

OUR HIGHLIGHTS OF 2022-23:

Value Based Procurement

PICO Wound Management: A value-based approach to high-risk surgical wound management

The PICO Wound Management Business Case presents a value-based approach to addressing the challenges associated with surgical site infections and complications. PICO Dressings, a portable negative pressure wound system (NPWS), offer a solution to improve postoperative wound management.

Key benefits of PICO Dressings include:

- Enhanced clinical effectiveness: PICO Dressings have been shown to be clinically effective in managing high-risk surgical wounds, reducing the risk of surgical site infections and complications.
- Increased patient mobility: As a portable NPWS, PICO Dressings enable patients to move more freely, contributing to faster recovery and better overall patient experience.
- Improved discharge process: With the ability to safely discharge patients home with the device in situ, PICO Dressings facilitate a more efficient discharge process and reduce hospital stay durations.
- Value for all stakeholders: The implementation of PICO Dressings not only benefits patients but also provides value to Health Care providers and the Health Board, optimising resources and improving overall Health Care outcomes.

By partnering with industry experts and embracing a value-based approach, we are committed to driving advancements in high-risk surgical wound management, ultimately enhancing patient care and promoting more efficient Health Care practices.
We look forward to sharing further updates on this strategic partnership and discussing the ongoing progress of our value-based procurement contract during our upcoming meetings.

> *"This project is an excellent example of how well the Health Board and Industry can work collaboratively and innovatively to improve outcomes for our patients and Smith & Nephew are looking froward to working with the Health Board and Value Based Healthcare teams moving forward to reduce SSC rates and reduce the overall Burden of Wound Care in Wales as a whole."*

Paul Carey Head of Business Development and Industry Engagement
Welsh Value in Health Centre

OUR HIGHLIGHTS OF 2022-23:

Conclusion

The dedication of teams within the organisation has yielded significant advancements locally and nationally over 2022-23. As we move forward into 2023-24 we remain dedicated to supporting healthcare professional teams in pursuing their approach to transformation, using Value-Based principles, ensuring a sustainable and efficient healthcare system. We appreciate your continued support and look forward to updating you on our progress during the next year through our re-energised Value Steering group.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	21 June 2023
CYFARFOD O: **MEETING OF:**	Finance and Performance Committee
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Efficiency Opportunities
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: **REPORTING OFFICER:**	Mark Ross & Greg Bowen, Assistant Finance Directors

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- 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).

These reports were presented to the Efficiency Board on the 14th June 2023.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

ABUHB is reporting an IMTP planned deficit of £112m, in order to achieve this planned figure significant savings, income generation and cost reductions need to be delivered as part of the £51m savings plan.

As part of financial recovery in ABUHB an Efficiency Board has been established (terms of reference attached), the inaugural meeting was held on the 14th June and the 3 reports were included for consideration by the Group.

Cefndir / Background

Cost comparison and service benchmarking is a good practice approach to identifying areas of focus to review and is a key business intelligence tool to identify continuous improvement and cost effectiveness opportunities.

Benchmarking is only the starting point and requires management action to review, investigate and understand the detailed underpinning opportunities for possible improvement of service and cost effectiveness, based on value based healthcare principles.

The costing and GIRFT reports are different lenses of services and offer different insights, they should be used with other data to inform actions to improve.

The UOG letter from the Director General H&SC Wales identifies areas of opportunity considered by the national group for implementation by NHS Wales organisations, update reports will be expected from ABUHB and will be developed through the Efficiency Board.

It should be noted that these sources of information, where published, are utilised by Welsh Government and Finance Delivery Unit colleagues to assess NHS organisations relative performance.

Asesiad / Assessment

Costing Data

The Costing report identifies a potential £26m opportunity for ABUHB when comparing our service costs with English peers, summarised below;

Areas of Activity	Total Opportunity Cost £	Total Opportunity LOS
Neonatal Disorders	7,243,330	3,274
Respiratory System Procedures and Disorders	4,795,510	8,166
Poisoning, Toxic Effects, Special Examinations, Screening and Other Healthcare Contacts	3,598,610	5,818
Nervous System Procedures and Disorders	3,329,807	12,351
COVID-19 Infection	3,252,732	698
Orthopaedic Non-Trauma Procedures	3,176,873	2,050
Interventional Cardiology for Acquired Conditions	2,574,112	3,445
Cardiac Disorders	2,447,946	4,390
Orthopaedic Disorders	1,882,256	4,063
Paediatric, Musculoskeletal or Connective Tissue Disorders	1,842,813	39
Other areas	-7,882,683	-5,576
Grand Total	**26,261,306**	**38,718**

Divisions have been requested to engage with the finance team to get a better understanding of the key analysis and opportunities.

GIRFT (ENT)

The GIRFT report identifies areas for efficiency improvement across a range of areas summarised below;

	ABUHB*	National GIRFT Recommendations	National Mean/ GIRFT Target	National Mean/ GIRFT Upper Quartile	Welsh Peers
Day Case Rates	58.7%	INCREASE			64.4%
Adult Day case Tonsillectomies (%)	40.9%	INCREASE	70.1%	84.7%	62.5%
Paediatric Day Case Tonsillectomies (%)	6.3%	INCREASE	58.0%	80.6%	37.0%
Adult Readmission -Tonsillectomies (%)	22.7%	REDUCE	18.5%	14.3%	6.7%
Paediatric Readmission Tonsillectomies (%)	8.3%	REDUCE	9.4%	7.6%	9.9%
Non-Elective Admissions with no Procedure (%)	68.0%	REDUCE	50.8%	45.5%	59.0%
Adult Septoplasty (per 100k Population)	7.6	REDUCE	34.7	24.3	N/A
Day of Surgery Cancellations	10.0%	REDUCE	5.1%	3.7%	N/A
Outpatient Follow-up to New Ratio - Adult	1.44	REDUCE	1.49	1.49	N/A
Outpatient Follow-up to New Ratio - Paediatrics	1.03	REDUCE	1.25	1.25	N/A
Outpatient activity provided by non-consultant (%)	13.0%	INCREASE	4.8%	4.8%	N/A

** Based on 2022/23 data April - Oct*

The ENT team will be progressing improvement plans based on the analysis provided by this report.

UOG themes

The UOG report identifies 3 key areas for focus:

- Hip & Knee prosthesis and treatment – to be progressed through Planned care transformation programme board.
- Medicines Management opportunities – to be progressed through the Medicines management programme board.
- Estates rationalisation opportunities – to be progressed through the Capital and estates governance structure.

Key documents are attached:
Costing Data Potential Opportunities
GIRFT vs ABHUHB ENT
Letter re NHS Wales Utilisation of Resources Group

Argymhelliad / Recommendation

The Committee is asked to note for assurance:

The efficiency opportunities identified to improve ABUHB performance, support financial and service sustainability, reduce costs and improve patient value.

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:	WG – Welsh Government GIRFT – Getting it right first time (best practice) UOG – Utilisation of resources group (WG national group) ENT – Ear Nose & Throat (directorate) H&SC – Health & Social Care
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

Efficiency Board

Terms of Reference

Objective:

To improve the efficiency of service delivery across all elements of the business of the Health Board.

Background:

ABUHB are reporting a significant level of deficit for 2023/24 and is in a state of financial recovery, as part of the recovery process the CEO, as part of the IMTP has identified the establishment of an 'Efficiency Board' to progress improvement in efficiency to deliver greater service levels and lower costs to improve the value of services provided to the people of Gwent.

Aims:

Provide oversight and clarity on the savings plan delivery 23/24, current efficiency position and opportunities for improvement across all aspects of the Health Board business functions (service and corporate).

Establish a record of all efficiency projects being progressed, target delivery expected and KPI metric monitoring.

Provide support & challenge to projects that are being progressed.

Ensure reporting mechanisms are developed that provide clarity to the organisation of the progress against improvement plans.

Identify a pipeline of project work - Focus on 23/24 and develop 3 year work plan as part of future IMTP.

Ensure cross system opportunities are developed in partnership between divisions/directorates.

Membership:

Director of Finance (Chair) – Rob Holcombe

TUPF rep – George Puckett tbc

Asst. Information Director – Lloyd Bishop

Divisional Director (or GM/senior rep) – each division

- Scheduled Care – Tom Morgan Jones
- Clinical Support Services – Chris Chick

- Families & Therapies – Claire Lipetz
- Medicine – Phil Campbell
- Urgent Care – Owain Chandler
- Primary & Community – Lloyd Hambridge
- Mental Health – Chris O'Connor

Asst. Workforce Director – Shelley Williams tbc

Deputy COO - Richard Morgan - Evans

IT lead – Janice Jenkins tbc

Asst. Nurse Director – Tracey Partridge Wilson

Asst. Medical Director – Stephen Edwards tbc

AFDs - All

Asst. Director VBHC – Adele Cahill

PMO lead – Terry Watkins

Planning Lead – Trish Chalk

Responsibilities of members:

All members are expected to attend meetings or send an appropriate and briefed deputy, contribute effectively to the programme, ensure they progress agreed actions and provide requested information & reports on time and actively engage in delivery as part of the ABUHB recovery process.

Meeting Frequency

Monthly.

Reporting:

To Executive Team and to Finance & Performance Committee.

Costing Data – Potential Opportunities
Presentation to the Efficiency Board

Costing Team
June 23

Overview

The Costing team have highlighted potential opportunities for service improvement using costing information. This assessment has been done using existing benchmarks available which compares the Health Board against English and Welsh peers.

Against English peers, the potential opportunity is £26m.

In addition, as requested by the medical director we have identified the highest volume HRGs within each specialty and have been able to highlight further potential opportunities against the peer groups.

Assessment – Benchmarking against English peers

Areas of Activity	Total Opportunity Cost £	Total Opportunity LOS
Neonatal Disorders	7,243,330	3,274
Respiratory System Procedures and Disorders	4,795,510	8,166
Poisoning, Toxic Effects, Special Examinations, Screening and Other Healthcare Contacts	3,598,610	5,818
Nervous System Procedures and Disorders	3,329,807	12,351
COVID-19 Infection	3,252,732	698
Orthopaedic Non-Trauma Procedures	3,176,873	2,050
Interventional Cardiology for Acquired Conditions	2,574,112	3,445
Cardiac Disorders	2,447,946	4,390
Orthopaedic Disorders	1,882,256	4,063
Paediatric, Musculoskeletal or Connective Tissue Disorders	1,842,813	39
Other areas	-7,882,683	-5,576
Grand Total	**26,261,306**	**38,718**

The Health Board has a £26m cost opportunity against the English peer group. Areas with greatest opportunity, focused on by examining the top 10 HRGs are :

- Neonatal Disorders (£7.2m)
  - HRG - Neonatal Diagnoses, Admitted from Other Location or Born in Hospital - contributed to £6.7m of the total opportunity for the top 10 HRGs.
- Respiratory (£4.8m)
  - HRG - Lobar, Atypical or Viral Pneumonia, without Interventions - contributed to 6 of the top 10 HRGs amounting to £3m.
- Poisoning (£3.6m)
  - HRG - Tendency to Fall - related to 6 of the top 10 HRGs amounting to £2.6m.
- Nervous System (£3.3m)
  - Stroke with CC Score 16+ (£1.2m opportunity)
- Orthopaedic Non Trauma Procedures (£3.2m)
  - Minor Hand Procedures for Non-Trauma, 19 years and over (£0.5m)
  - HRGs relating to Hips and Knees feature in 7 of the top 10 HRGs totalling £1.2m.
- Cardiac Disorders (£2.4m)
  - Actual or Suspected Myocardial Infarction, with CC Score 13+ (£0.4m opportunity)

Assessment – Benchmarking against Wales

All Wales Variance against expected costs

LHB Name	No. of Activities	Actual Total Cost	Expected Total Cost	Total Variance
Aneurin Bevan Health Board	960,720	1,383,022,456	1,483,085,507	-100,063,051
Cardiff & Vale Health Board	927,308	1,426,844,000	1,465,739,197	-38,895,197
Cwm Taf Morgannwg Health Board	888,920	1,114,725,000	1,121,868,528	-7,143,528
Velindre NHS Trust	156,336	137,023,308	135,706,638	1,316,670
Swansea Bay Health Board	800,113	1,177,164,835	1,164,248,903	12,915,932
Betsi Cadwaladr Health Board	1,165,815	1,736,872,319	1,707,760,987	29,111,331
Powys Health Board	59,548	296,989,973	266,209,839	30,780,135
Hywel Dda Health Board	591,986	961,862,634	889,884,925	71,977,708
Total	**5,550,746**	**8,234,504,525**	**8,234,504,525**	**0**

- AB performs better overall than its Welsh peers, with spend £100m less than the all Wales average for the same expected activity.
- However, there are some individual areas where there are potential opportunities and most significant of these are show below.
- Interventional Cardiology for Acquired Conditions (£0.8m)
  - HRGs relating to Standard and Complex Cardiac Catheterisation contribute to £0.6m variance against expected cost.
- Orthopaedic Non Trauma Procedures (£0.4m)
  - Minor Hand Procedures for Non Trauma 19 years and over (£0.3m variance against expected cost)
  - HRGs relate to Hip and Very Major Knee procedures feature in 6 of the top 10.

Assessment – HRG analysis by volume

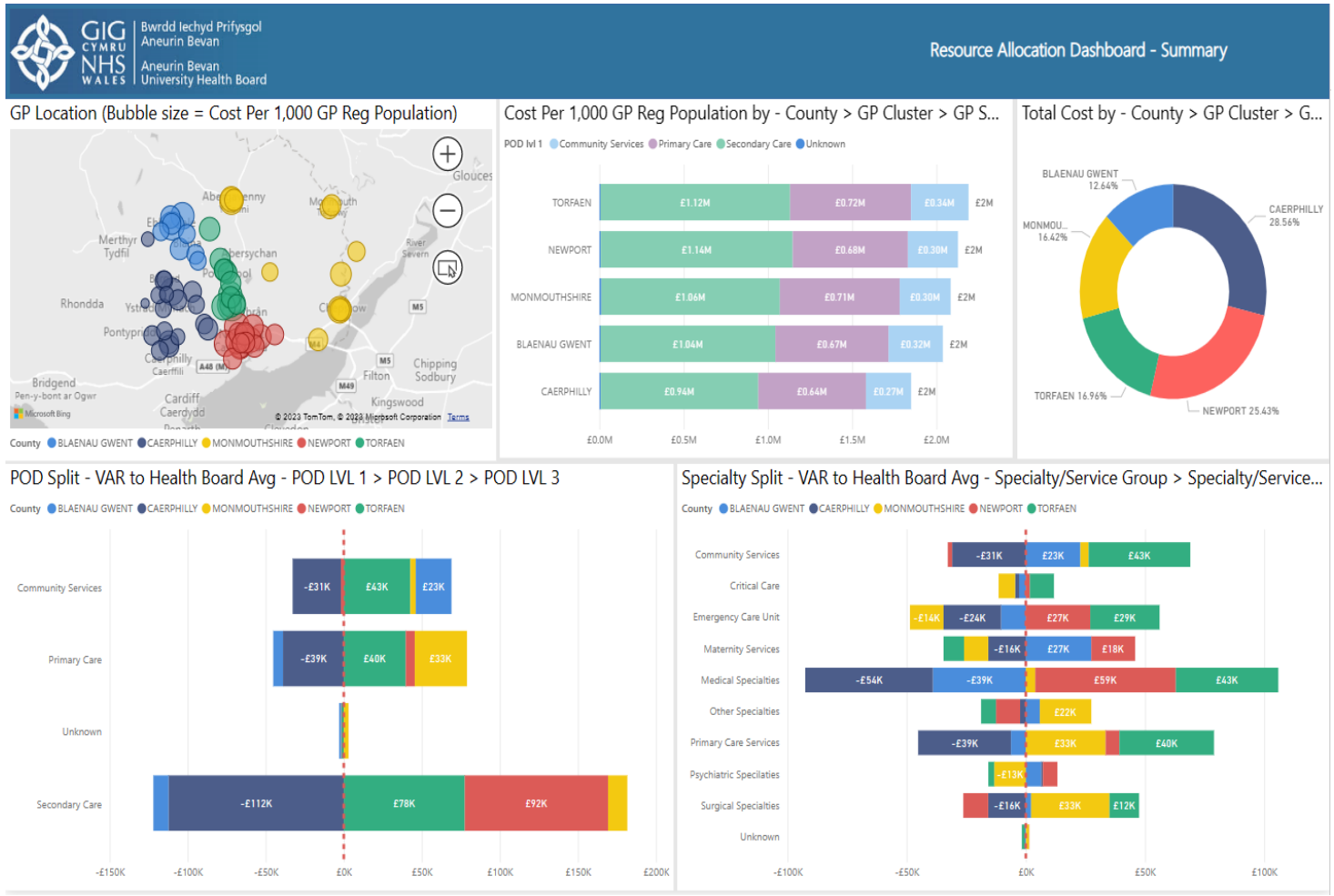
We have used the same two dashboards to identify the top three HRGs by volume within each specialty, as requested by the Medical Director. Having analysed the top 3 HRGs against the peer groups, we have excluded HRGs with no opportunity and only highlighted those with potential opportunities below.

Areas of interest with an opportunity or cost variance over £100k:

- Geriatrics - HRG - Tendency to Fall
- Cardiology
  - HRG - Standard cardiac catheterisation
  - HRG – Arrhythmia Conduction Disorders
- T&O
  - HRG - Minor Hand Procedures for Non Trauma 19 years and over
  - HRG - Very major Knee
- Urology - HRG - Extracorporeal Lithotripsy
- Gastroenterology - HRG – Diagnostic Colonoscopy with biopsy, 19 years and over
- General Medicine - HRG – Unspecified Chest Pain
- Obstetrics - HRG – Normal Delivery

Assessment – via Resource Dashboard

Internal variance by geographical areas



- The Costing team have developed a dashboard which highlights internal variation of the Health Board's resource across geographical areas.
- Includes Admitted Patient Care, Outpatients, Primary Care and Community.
- Resource allocation can be viewed by:
  - Location
  - GP Cluster or Surgery
  - POD
  - Speciality
- There are a number of ways to compare and view the data, with the ability to drill further into the detail.

Assessment – via Resource Dashboard

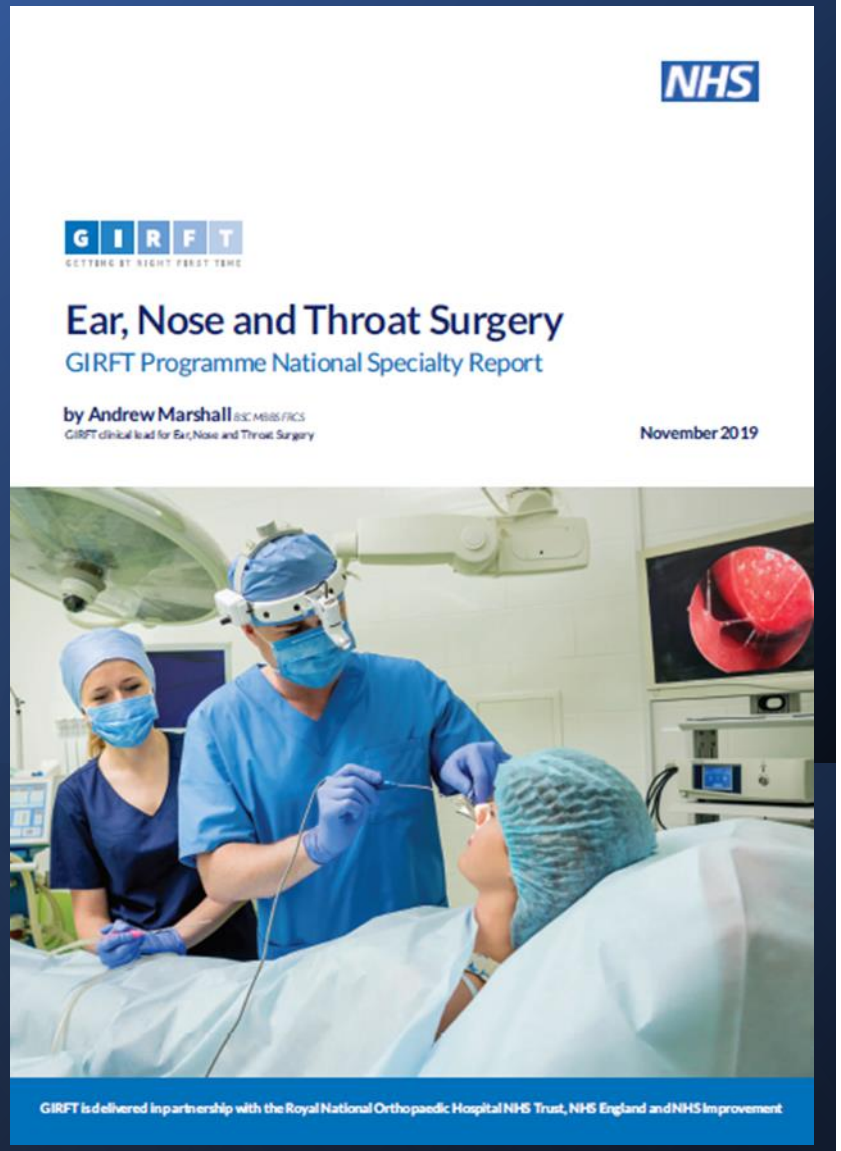
Internal variance by geographical areas

- The dashboard allows drilldown by County, Specialty, GP clusters and individual GP Practices, which can highlight potential opportunities.
- Below are three examples where specific areas have been identified for further investigation, however there are a number of ways to compare the data.

Variation analysis starting view	County	Drilldown	GP Practice	Practice population	Cost per head	Health Board average cost per head	Variance per head	Variance opportunity
County	Torfaen	Non Elective Rehabilitation Medicine	Cwmbran Village	11,321	£97	£53	£44	£498,124
Specialty	Newport	Non Elective Geriatrics	Grange GP Clinic	7,691	£191	£103	£88	£676,808
Point Of Delivery	Blaenau Gwent	Thoracic Medicine	Pen Y Cae Surgery	6,944	£71	£33	£38	£263,872

Ear Nose & Throat
Getting It Right First Time – Review

Finance Business Intelligence Team
May 2023



Aim

Understand recommendations of GIRFT ENT Specialty Report

Current performance of ABUHB versus Recommendations

Identify key performance improvements

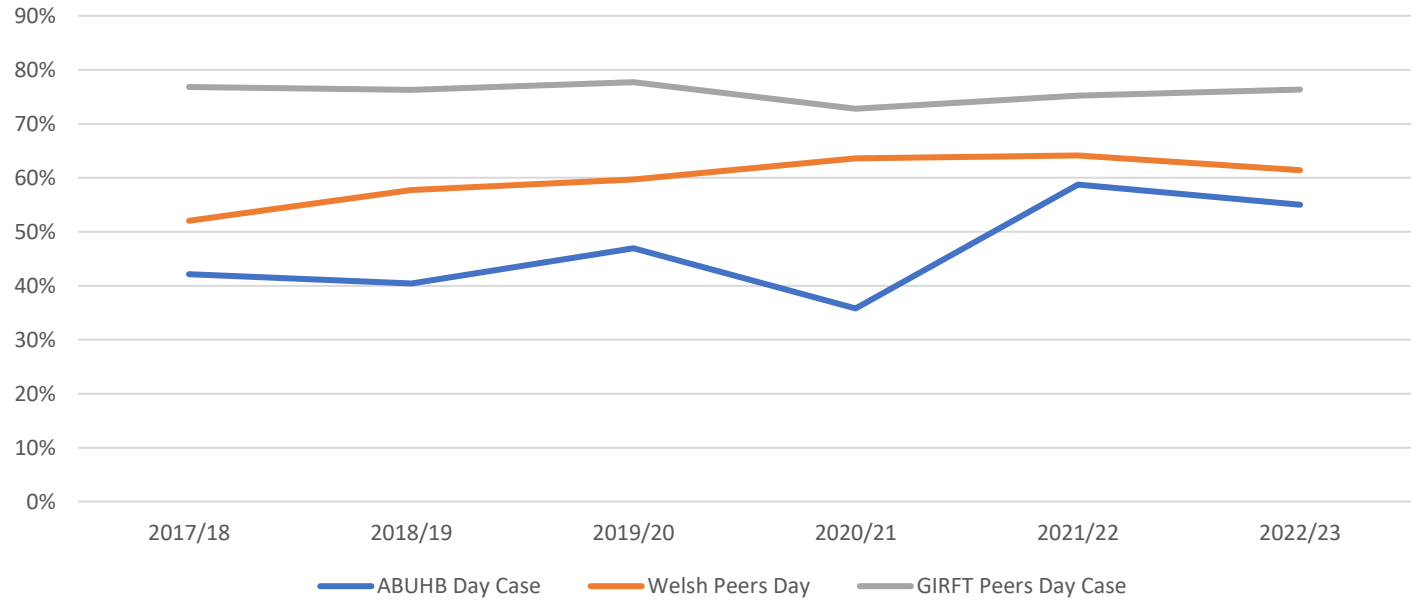
GIRFT Recommendations

Increase	Day Case Treatment
Increase	Tonsillectomy Day Case rate – Paediatrics and Adults
Reduce	Tonsillectomy re-admissions – Paediatrics and Adults
Reduce	Non-Elective Admissions with No Dominant Procedure
Reduce	Rate of Adult Septoplasty
Reduce	Day of Surgery Cancellations
Reduce	Outpatient follow-up rates – Adult and Paediatrics
Increase	Proportion of outpatient activity provided by non-consultant

Day Case Treatment

> "There is a huge opportunity for more of the national ENT caseload to be treated on a day case basis if the right facilities and expertise can be put in place. **Increasing the use of day case treatment in ENT** would benefit patients as well as ENT units and their trusts." GIRFT 2019

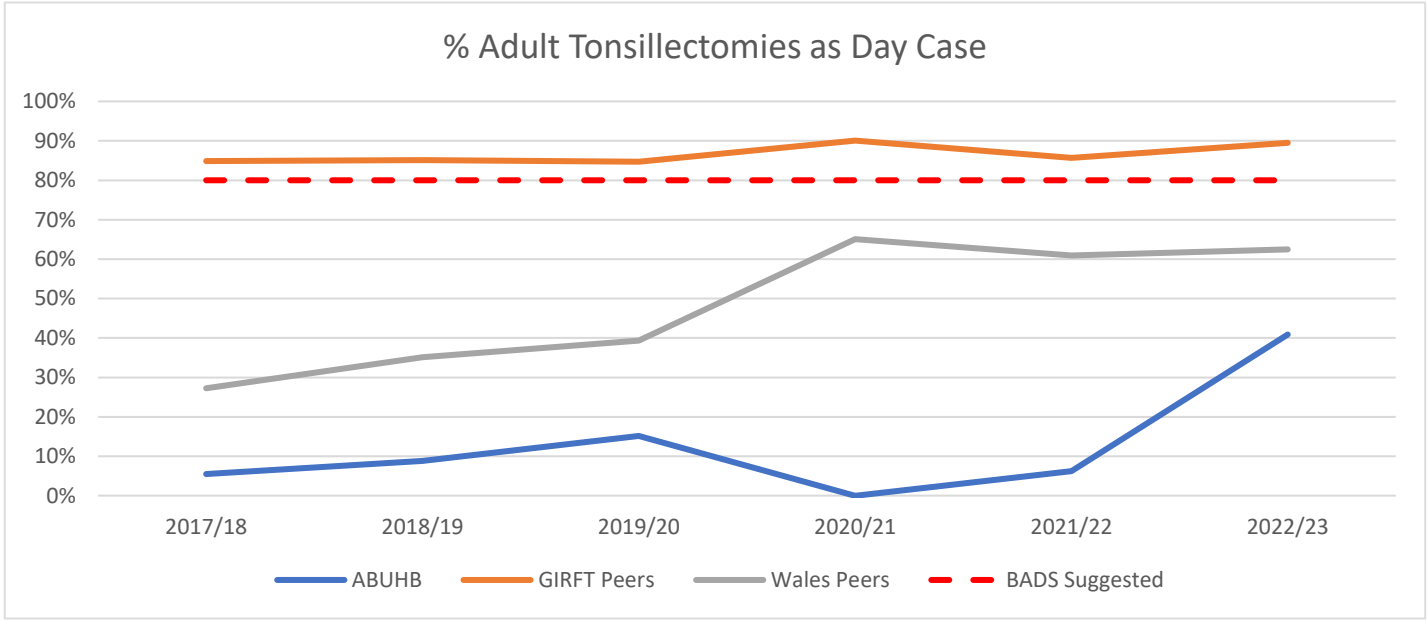
Day Case: Elective Care

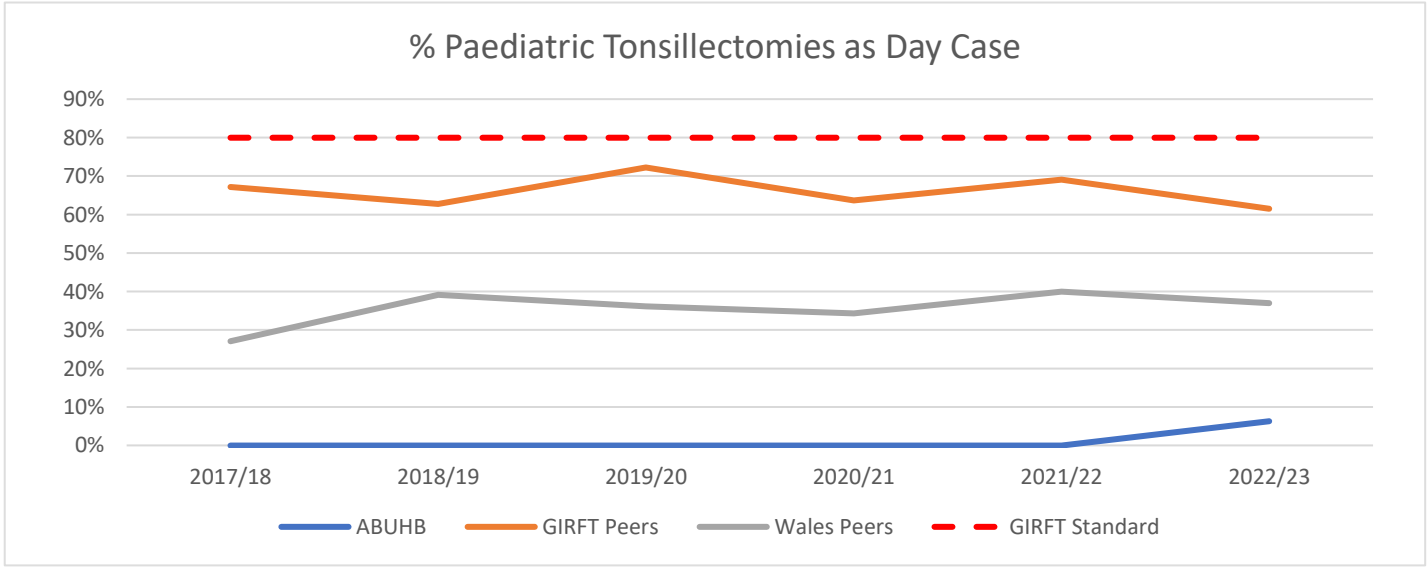


	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
ABUHB Day Case	42.13%	40.42%	46.92%	35.78%	58.74%	54.98%
Welsh Peers Day	52.04%	57.71%	59.67%	63.63%	64.15%	61.38%
GIRFT Peers Day Case	76.80%	76.29%	77.69%	72.77%	75.21%	76.37%

Tonsillectomies

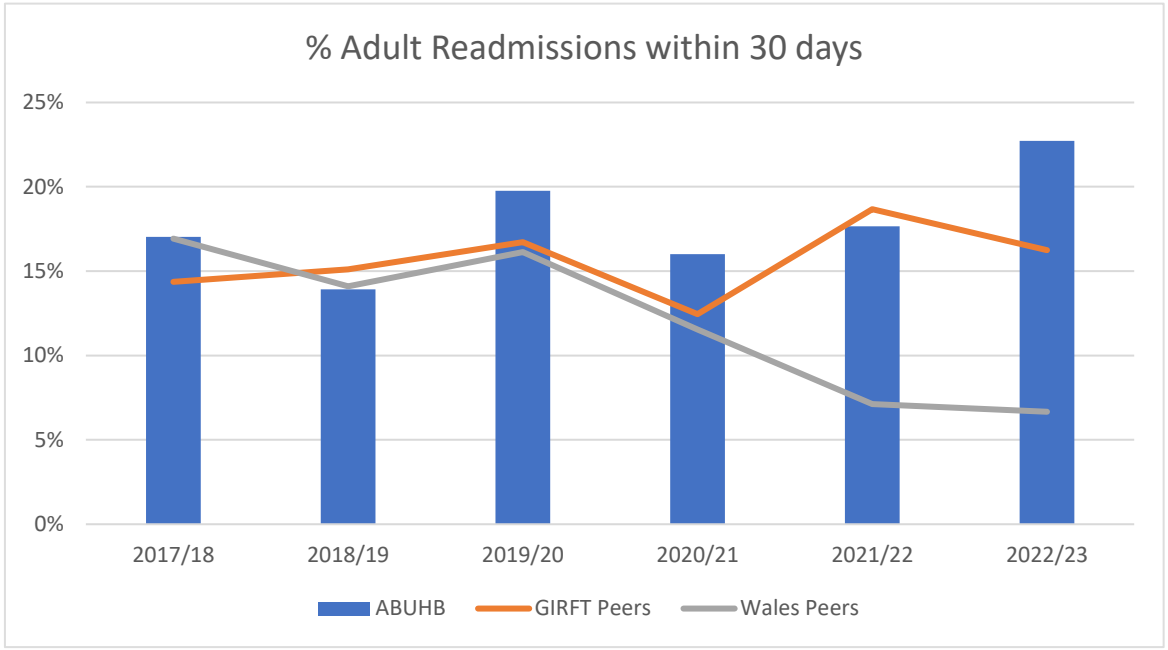
"There is huge variation in the rate of paediatric tonsillectomies treated as day cases. The average day case rate (any diagnosis code) was 55.8% with a range of 2.5% to 100%." GIRFT 2019

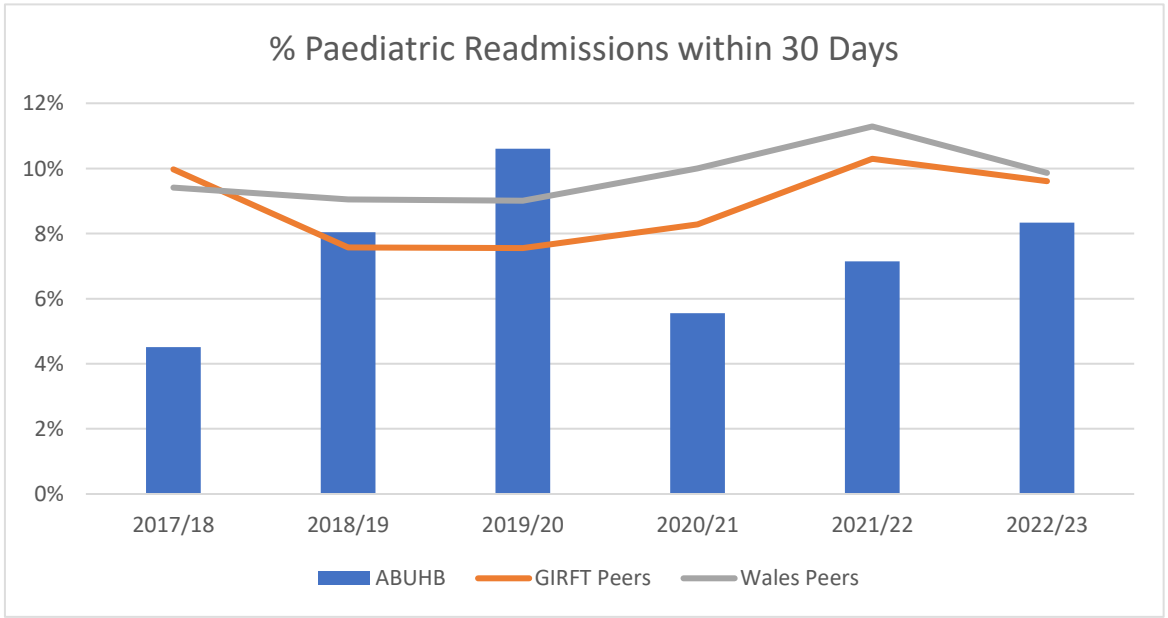




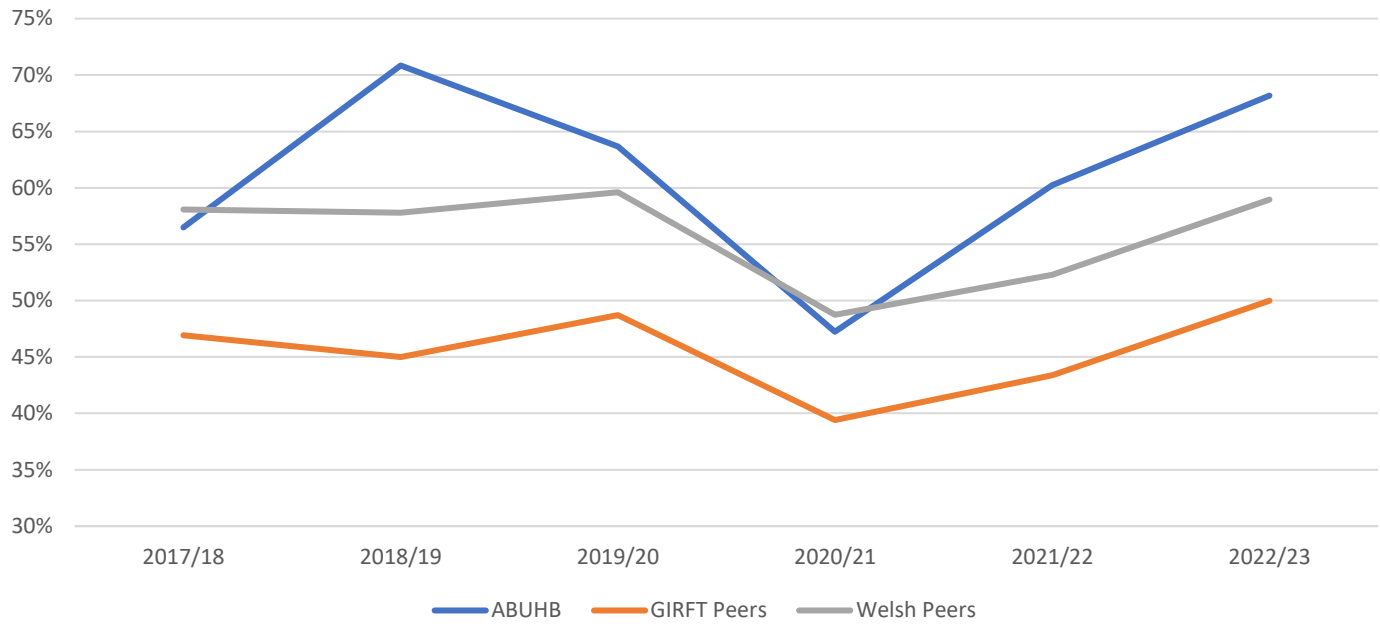
Tonsillectomies – Readmissions within 30 days

"Reduction in readmission and return to theatre rates presents a key opportunity for improvement in patient experience, outcomes, and demand on emergency ENT services." GIRFT 2019





Non-Elective Admissions with no Procedure



"A non-elective admission not followed by a dominant procedure is where a patient has been admitted, but has not undergone a procedure (other than minor or routine diagnostic procedure, such as x-rays and scans)." GIRFT 2019

"The number of non-elective spells not followed by a dominant procedure is high and there is significant variation between providers " GIRFT 2019

NON ELECTIVE ADMISSIONS	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
ABUHB Total Spells - Non Elective No Procedure	588	800	780	324	489	358
ABUHB Total Spells - Non Elective	1041	1129	1225	686	812	525
% of Non Elective Admissions - No Procedure	56%	71%	64%	47%	60%	68%
GIRFT Peers	47%	45%	49%	39%	43%	50%
Welsh Peers	58%	58%	60%	49%	52%	59%

Adult Septoplasty

"During our deep dive visits, we found that ENT units have very different clinical opinions about when it is appropriate to carry out septoplasty. For example, some consultants routinely choose to offer a septoplasty for indications of improving the ability of intra-nasal medications to reach more of the nasal cavity; others would no longer consider this an appropriate treatment.." GIRFT 2019

England Mean
34.7
England Upper Quartile
24.3
per 100k population

ABUHB	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Total Spells	117	131	111	3	43	36
Average length of Stay (spells)	0.32	0.47	0.47	2	0	0.027
Total bed Days	38	61	52	6	0	1

GIRFT PEERS	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Total Spells	130	111	109	41	76	39
Average length of Stay (spells)	0.105	0.117	0.096	0.123	0.108	0.124
Total bed Days	13.7	13	10.5	0	8.2	0

Procedures per 100k Population*	24.66	27.61	23.39	0.63	9.06	7.59

*ABUHB: Adult Population (18 years+): 474,525

Day of Surgery Cancellations

"Some providers are cancelling as many as one in 10 of their elective in-patient and day case ENT admissions. There is wide variation of 1.5% to 10% between providers, with an unacceptable average 5%" GIRFT 2019

England Mean
5.1%
England Upper Quartile
3.7%

	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
Total Procedures	1689	1840	1625	279	862	627
Cancelled Day of Surgery Ops	387	309	292	22	96	61
% Day of Surgery cancellation	23%	17%	18%	8%	11%	10%

43%
Of Cancellations - No Ward Bed Available

Average **14%**
of Elective Procedures have resulted in Day of Surgery Cancellation since 2017-2022

Outpatient Follow-up to New Ratio

"The overall follow-up ratios are 1.49 for adult out-patients and 1.25 in paediatrics. With a follow-up attendance costing an average of around £88,reducing this level of variation offers a significant financial opportunity." GIRFT 2019

England Adult Mean

1.49

England Paediatric Mean

1.25

	2019/20	2020/21	2021/22	2022/23
New Attendances	11,235	3,574	6,402	3,887
Follow-Up Attendances	13,205	7,736	8,411	5,605
Total Patients Seen	24,440	11,310	14,813	9,492
New to Follow-up Ratio Overall	1.18	2.16	1.31	1.44
New to Follow-up Ratio Paediatric	1.01	1.88	0.85	1.03
New to Follow-up Ratio Adult	1.21	2.21	1.41	1.52

Outpatient activity provided by non-consultant

"We found significant unwarranted variation in the grade of clinical professional performing a number of activities. This was true for many different conditions and treatments. We believe there is a significant opportunity to use consultant out-patient time more effectively by making better use of skill mix." GIRFT 2019

GIRFT TARGET

4.8%

	2019/20	2020/21	2021/22	2022/23
No Patient seen by Consultant	18,415	9,872	12,311	8,233
No Patient Seen by Non Consultant*	6,025	1,438	2,502	1,259
Total Patients Seen	24,440	11,310	14,813	9,492

% of Patient seen by Consultant	75%	87%	83%	87%
% of Patient seen by Non-Consultant	25%	13%	17%	13%

* *Non-Consultant = Nurse titled Clinics*

Summary

	ABUHB*	National GIRFT Recommendations	National Mean/ GIRFT Target	National Mean/ GIRFT Upper Quartile	Welsh Peers
Day Case Rates	58.7%	INCREASE			64.4%
Adult Day case Tonsillectomies (%)	40.9%	INCREASE	70.1%	84.7%	62.5%
Paediatric Day Case Tonsillectomies (%)	6.3%	INCREASE	58.0%	80.6%	37.0%
Adult Readmission -Tonsillectomies (%)	22.7%	REDUCE	18.5%	14.3%	6.7%
Paediatric Readmission Tonsillectomies (%)	8.3%	REDUCE	9.4%	7.6%	9.9%
Non-Elective Admissions with no Procedure (%)	68.0%	REDUCE	50.8%	45.5%	59.0%
Adult Septoplasty (per 100k Population)	7.6	REDUCE	34.7	24.3	N/A
Day of Surgery Cancellations	10.0%	REDUCE	5.1%	3.7%	N/A
Outpatient Follow-up to New Ratio - Adult	1.44	REDUCE	1.49	1.49	N/A
Outpatient Follow-up to New Ratio - Paediatrics	1.03	REDUCE	1.25	1.25	N/A
Outpatient activity provided by non-consultant (%)	13.0%	INCREASE	4.8%	4.8%	N/A

** Based on 2022/23 data April - Oct*

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

NHS Wales Chief Executives

24th May 2023

Dear Colleagues

RE: NHS Wales Utilisation of Resources Group – April 2023

I have made a commitment to write to you, for your personal and organisational awareness of the key opportunities discussed at each of the Utilisation of Resources meetings. I have outlined below, the content and outcome of the April, NHS Wales Utilisation of Resources Group meeting. We had an excellent discussion and focus on material areas of opportunity, for improved patient experience and outcomes, and resource utilisation across the system.

2023/24 – Outlook & Approach: We received an update from Hywel Jones on the emerging financial challenges and outlook for the year ahead, and the actions required to manage the position across Wales.

The update highlighted two key challenges for the system:

- The challenge this financial year and the actions needed to manage in year activity and develop improvement solutions in the short term; alongside,
- Longer term sustainability and the required actions and solutions, noting the broader context of challenges facing public finances and our services.

It was noted, part of the role of group members, is to enhance visibility and communication of the outputs and opportunities presented at the group, through different forums and the wider system. This is to support translation of the outputs to delivery of improvements, to maximise benefits to patients and the system and support the parallel challenge of short- and long-term sustainability. The group considered how opportunities can be clearly packaged and presented to organisations, along with strengthening the links into the planning process. **Following the discussion, it was confirmed that this letter will be added to the agenda for the NHS Wales Leadership Board to facilitate conversation and pick up and follow-up actions. I am also expecting Health Boards to play a wider role in cascading the outputs from this group and make further progress towards delivering the opportunities presented to date.**

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Caerdydd • Cardiff
CF10 3NQ

Ffôn • Tel 0300 0251182
Judith.Paget001@gov.wales

Gwefan • website: www.wales.gov.uk

VBHC: Delivering Value in Orthopaedics; Hips & Knees – The Story so Far: We received a presentation from Mr Phil Thomas (Consultant Orthopaedic Surgeon) and Amanda Willacott (Programme Manager, Welsh Value in Health Centre) on the key findings and opportunities from the review of the Value Based Healthcare approach in orthopaedics; hips and knees. The presentation highlighted the challenges faced in understanding what good looks like, how to deliver value across a pathway, and the process undertaken in developing and creating value products (including PROMS standardisation, live PROMS data reporting and insights from the development of the variation atlas; including incorporation of GIRFT metrics).

The creation of the value products has helped to identify the improvement opportunity associated with reduced variation and high value interventions in six key areas:

- Choice of most effective type of fixation for a hip replacement: potential benefits include cost saving, minimised complications and return to surgery and increased survivorship of the implant
- Length of stay variation across Wales
- Prehabilitation opportunities: potential benefits include reduced length of stay and minimised readmissions
- Access opportunities – currently less activity from most deprived areas
- Poorer outcomes connected to patient BMI
- The use of PROMS to assess outcomes and reduce outpatient appointment demand

It was noted this was a novel approach to triangulating and presenting insights within orthopaedics. The group agreed that the new methodology of presenting the insights and opportunities, was very impactful and impressive and we will be considering how we systemise implementation and monitoring of such opportunities. It was also noted the products developed will iterate and expand in coming months and become the blueprint of combining activity data, utilisation of resources data, clinical outcome, patient outcome and audit data, to further support the system in making evidence-based decisions to drive improvement, in patient outcomes and resource utilisation. **Following our discussion, I am expecting Health Boards to engage on the detailed information for their organisations, with a view of progressing towards delivering these opportunities at pace, to deliver their maximum potential and improvement opportunity.**

NWSSP: - Pharmacy division current and future opportunities: We received a presentation from Gareth Tyrrell and Mark Francis on the current achievements and future opportunities within the Pharmacy Division within Shared Services in the following areas:

- Manufacturing Service Delivery Benefits (releasing capacity)
- Finance Benefits
- Contracting
- Medicines Value Unit (Pharmacy and Medicines procurement part of Shared Services)

The group agreed that there are material opportunities available that at times require quick action. It was noted that measurement and reporting mechanisms are being implemented with the support from the Financial Planning & Delivery Directorate along with the

development of benchmarking dashboards. **The group discussed the critical need for organisations to engage in the wide range of opportunities presented as well as the prospective Medicines Management work programme.**

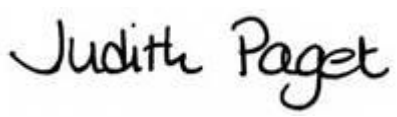
NWSSP: - Estates Division: Opportunities: We received a presentation from Stuart Douglas regarding opportunities based on underutilised space within our Estates throughout NHS Wales. Opportunities highlighted include:

- Current estimation is around 7% of space is currently unutilised.
- Opportunities for financial savings and decarbonisation improvements.
- Opportunity to create multi agency spaces.

It was noted that the Financial Planning & Delivery Directorate are working with NWSSP to visualise the wider estates data and variation and opportunities. This will be shared with the group at a future meeting. **Following discussions, the group agreed that this is a vital area for review and agreed that Stuart Douglas would be invited to a meeting of Planning Directors to engage and better understand the opportunities associated with estate utilisation.**

I will continue to write to you with the output of future meetings and ask you to ensure your organisations are fully engaging and implementing the opportunities and improvement actions identified and captured above.

Yours Sincerely,



Judith Paget CBE

Copied to:

Nick Wood, Deputy Chief Executive NHS Wales

Hywel Jones, Director – Finance Delivery Unit

Members of NHS Wales Utilisation of Resources Group

Finance and Performance Committee

Annual Report for 2022-23

May 2023

CONTENTS

Foreword

Chair's Foreword

I am pleased to present the Finance and Performance Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee in the ongoing development of an improving performance culture and acknowledge the significant financial challenges faced by the Health Board in 2022/23, which will continue into 2023/24.

I would like to express my personal appreciation to all who contributed to the finance and performance agenda and the development of the Finance and Performance Committee during its first year.

Diolch yn Fawr / Thank you

Richard Clark
Chair
Finance and Performance Committee

1. Introduction

1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB', 'the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.2 The Term of Reference of the Finance and Performance Committee (referred to throughout this document as 'FPC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

1.3 The purpose of the FPC is to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee has sought assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. Included within this, the Committee has sought assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

1.4The FPC was a new Committee in 2022-23 and this report describes how the FPC discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023.

2. 2022-23 Work Programme

2.1 The Finance and Performance Committee did not have a work plan in place for 2022-23, instead a risk based approach was taken to develop the agendas, based on the financial position and areas of performance requiring further focus.

2.2 The FPC agreed a set of priorities for 2022-23:

- Development and Implementation of a Performance and Outcomes Framework for 2022-25

- Overall Delivery of the IMTP 2022-25, including Enabling Priorities, e.g. Digital, Estates
- Delivery of the Planned Care Programme, aligned to the National Programme
- Delivery of the Six Goals for Urgent and Emergency Care Programme
- Achievement of Financial Performance and Delivery of actions identified to achieve internal Financial Turnaround
- Embedding of the Health Board's Efficiency Framework
- Consider Efficiency Reviews on a Speciality Basis (phased approach)
- Delivery of Regional Integration Fund (RIF) Schemes
- Any Arising Strategic Risks and Gaps in Assurance (BAF

3 FPC Committee Meetings and Membership

3.1 During 2022-23, the FPC met three times via Microsoft Teams- July 2022, October 2022 and January. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Richard Clark Chair
- Iwan Jones Vice Chair (from 1.11.22)
- Shelley Bosson
- Dafydd Vaughan (from 1.11.22)
- Pippa Britton (until 1.11.22)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's website in advance of meetings.

4 FPC Reporting Arrangements

4.1 Following each meeting, the FPC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern

and areas of risk. All Board papers can be accessed via the following link

5. FPC Work Programme: 2022-23

5.1 Amongst the key issues considered by the Committee during 2022-23 were the following:

Finance

- **Financial Performance** the update outlining the Health Board's financial performance, financial targets, statutory financial duties and forecast position.
- The Health Board's **approach to sustainability** to deliver financial balance as part of the IMTP.
- Overview of the '2022/2023 Efficiency Review' of the Health Board, and a presentation of the '**Efficiency Opportunities Compendium'**, which captured business intelligence to support Divisions to improve efficiencies, based on best practice.
- Overview of the utilisation of **Covid Recovery funding** received in financial year 2021-22.
- **Value Based Healthcare Achievement Annual Report 21/22**, which demonstrated the collaborative work between the Value-Based healthcare teams and operational teams to deliver Value-Based healthcare across a range of priority programmes.
- Presentation of the **Variable Pay Savings Plan** (Agency Reduction), which would be monitored and reported to the Health Boards Strategic Nursing Workforce Group.
- Financial Understanding of **Health Board Commissioned Services**, including assessing needs, planning, and prioritising, purchasing, and monitoring health services, providing the best health outcomes for the Health Board's population.
- Update on the **forecast revenue resource position** for the financial year 2022/23.
- **Budgetary Control and Finance Control Procedure,** describing key financial controls and governance rules and behaviours which the organisation had established to ensure expenditure is managed within available resources.
- Financial Outlook & 2023/24 Allocation letter Briefing.
- 2022/23 Forecast Closing Underlying Position.
- 2023/24 Budget Planning (Delegation) Principles.
- Efficiency Opportunities 2023/24.

Performance

- A live demonstration of the Health Board's automated version of the **Performance Management Dashboard**.

- Performance Exception Reporting:
    - **Cancer,** illustrating the current cancer performance and identifying improvements to address any challenges.
    - **Six Goals of Urgent and Emergency Care**, outlining the Health Board's "Six Goals for Urgent and Emergency Care" Programme and associated performance and financial status.
- **Information Governance Performance Indicators** providing performance information regarding the Health Board's compliance with the General Data Protection Regulation and Data Protection Act 2018.
- Getting it Right First Time Reviews (GIRFT):
    - Overview of the **Review of Stroke Services Report** and the approach to optimising patient care and outcomes.
    - Update on **Orthopaedic Improvement Programme**, noting 3 key areas of focus - reduce clinical variation, reduce the backlog and value for money.

5.2 Financial Recovery 2022-23

At Month 06, 2022/23, the Health Board reported a year-to-date position of £22.785m deficit, with a forecast year-end out-turn of £37m deficit.

This forecast position was agreed by the CEO (Accountable Officer) and the Board on the 12th of October 2022. As a consequence, a CEO accountability letter was sent to the Director General for NHS Wales to accompany the WG monthly monitoring return on the 13th October 2022.

In response to this, governance arrangements for financial recovery were established. Whilst the Board resolved to reserve for itself the oversight, monitoring and scrutiny of financial recovery for the remainder of the 2022/23 financial year; the Board requested that the FPC dedicate a focus to financial planning for 2023/24, and in particular to seek assurance on actions underway to develop a robust medium-term financial plan for inclusion in the Board's Integrated Medium-Term Plan 2023-26.

6. Self-assessment and Evaluation

6.1 The Board has undertaken an overall assessment of its effectiveness during 2022/23 using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance

Developmental Reviews.

The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements and has a strong focus on integrated governance and leadership across quality, finance and operations as well as an emphasis on organisational culture, improvement and system working.

From 2023/24, Committees will undertake a mid-year self-assessment of their effectiveness to inform the Board's end of year assessment.

7. Key Areas of focus in 2023-24

7.1 To maintain focus on financial planning for 2023/24, organisational performance, with attention to risk-based exception reporting.

8. Committee Oversight of Risk

8.1 At each Committee meeting during 2022/23 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

8.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **5** organisational risks that relate to various aspects of Finance and Performance. A breakdown of the current risks is depicted below:

High	**5**
Moderate	**0**
Low	**0**

A high-level breakdown of the themes are as follows:

- **Financial performance (current year)**
- **Financial Performance (long term strategy)**
- **Full/partial failure of IT systems and cyber security**
- **Health Board estate not fit for purpose**
- **Failure to comply with the full set of civil protection duties**

9. Conclusion

9.1 This report provides a summary of the work undertaken by the FPC during 2022-23, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Appendix One

Finance and Performance Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Finance and Performance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

2.1 The purpose of the Finance & Performance Committee will be to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

2.2 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
b. that services are improving efficiency and productivity and financial plans are being delivered;
c. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:

- the allocation of revenue budgets, based on allocation of funding and other forecast income;
- the monitoring of financial performance against revenue budgets and statutory financial duties;
- the monitoring of performance against capital budgets;
- the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
- the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
- the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
- the monitoring of arrangements to ensure efficiency, productivity and value for money, including delivery of the Health Board's Efficiency Framework; and
- the monitoring of delivery against the agreed Discretionary Capital Programme

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:
    - the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
    - the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes;
    - the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
    - the monitoring of performance information across directly provided services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;
    - the monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, WHSCC, EASC and NHS Wales Shared Services Partnership;
    - the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
    - the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:
    - the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
    - the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
    - the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
    - the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
    - the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
    - the monitoring of arrangements to support the continued development of business intelligence and capacity.

D. Seek assurance that arrangements for the **performance management** of **digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:
   - the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Priorities; and
   - the monitoring of the annual business plan for IM&T.

E. Seek assurance that arrangements for the **performance management** of **capital**, **estates and support services related standards and systems** are sufficient, effective and robust, including:
   - the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
   - the monitoring of compliance with Health Technical Memorandums;
   - the monitoring of progress in delivery Board-approved capital business cases and programmes of work.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

3.5

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.
This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	2 x Independent member of the Board
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance, Procurement and VBHC
- Director of Planning, Performance, Digital & IT

4.3 By invitation:
The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.

5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing

so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on

activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix Two

Finance and Performance Committee: Attendance at meetings in 2022-23

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	6th July	5th October	11th January
Independent Members			
Richard Clark			
Iwan Jones			
Shelley Bosson			
Dafydd Vaughan			
Pippa Britton			
Executive Directors			
Rob Holcombe			
Nicola Prygodzicz			
Chris Dawson-Morris			