

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

AGENDA

Date and Time	Wednesday 22nd May 2024 at 10.15am	
Venue	Conference Centre, Headquarters, St Cadoc's Hospital	
PRESENT	Ann Lloyd Nicola Prygodzicz James Calvert Sarah Simmonds Jennifer Winslade Hannah Evans Robert Holcombe Paul Solloway Leanne Watkins Tracy Daszkiewicz Paul Deneen Dafydd Vaughan Iwan Jones Prof Helen Sweetland Neil Patrick Penny Jones Pippa Britton Louise Wright	Chair Chief Executive Medical Director Director of Workforce and OD Director of Nursing Director of Strategy, Planning and Partnerships Director of Finance & Procurement Director of Digital Chief Operating Officer Director of Public Health Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (University) Independent Member (Community) Independent Member (Community) Vice Chair Independent Member (Trade Union)
ALSO IN ATTENDANCE	Rani Dash Michelle Jones Jemma Morgan Tanya Strange Julie Hopkins	Director of Corporate Governance Head of Board Business Regional Director, Llais Cymru Head of Nursing Patient Centred Care Relative of Patient
APOLOGIES	Martin Blakebrough Richard Clark Phil Robson Peter Carr	Independent Member (Third Sector) Independent Member (Local Authority) Special Advisor to the Board Director of Therapies and Health Science

ABUHB 2205/01	<p>Welcome and Introductions</p> <p>The Chair welcomed members to the meeting, in particular members of the public who were able to join the meeting to observe in person and on-line. It was noted that the meeting would be recorded and published on the Health Board’s website following the meeting.</p> <p>The Chair paused to reflect on the consequences for those individuals affected in Gwent by the infected blood scandal and acknowledged that although compensation was to be paid this would not recompense for the pain and suffering for all those affected.</p>
ABUHB 2205/02	<p>Declarations of Interest for Noting</p> <p>There were no declarations of interest.</p>
ABUHB 2205/03	<p>Draft Minutes of the Health Board Meeting, held on 27th March 2024 and 10th April 2024 , for Approval</p> <p>The minutes of the meeting held on 27th March 2024 and 10th April 2024 were agreed as a true and accurate record.</p>
ABUHB 2205/04	<p>Board Action Log for Review</p> <p>It was noted that all actions within the Board’s action log had been completed or were in progress as outlined within the paper.</p> <p>It was noted that an action from the previous minutes (2701/10) had been omitted from the action log in error and this would be added in following the meeting.</p>
ABUHB 2205/05	<p>Report on Sealed Documents and Chair’s Actions</p> <p>Rani Dash (RD), Director of Corporate Governance, provided an overview of the use of the Health Board’s Seal and Chair’s Actions that had been undertaken during the period 5th March 2024 to 30th April 2024.</p>

The Board **NOTED** and **RATIFIED** the use of the common seal and Chair's Actions in line with Standing Orders, as set out within the paper.

**ABUHB
2205/06**

Report from the Chair

The Chair provided her verbal report, with an overview of the activities she had undertaken, outside of her routine meetings and visits, as follows:

- Continued to chair the NHS Chairs meetings to discuss the financial position and the reorganisation of services that may be necessary as a result of the financial position.
- Noted that the Joint Commissioning Committee (JCC) had been established and that work continued to ensure that the Health Board was enabled to better hold the JCC to account for the commissioning of services for the population.
- The Ministerial Advisory Group report in respect of accountability arrangements had been submitted to the Minister for Health and Social Care for consideration.
- Attended two visits, accompanied by Leader of Monmouthshire County Council to Nevill Hall Hospital to observe the level of RAAC and the integrated work and digitally enabled facilities at Chepstow Hospital.
- A number of meetings with Chairs and the Leads of Regional Partnership Boards (RPB's) had been held. The Chair noted that a draft Welsh Government (WG) consultation document had been issued that sought to change the RPB's scope and the terms of reference. The Board was advised that this would be discussed at a future meeting of the Gwent RPB.
- A meeting of the Public Services Board (PSB) had been held and a report on the progress of the implementation of the Marmot Standards was received. The Chair reflected that the work of the PSB and RPB should be more closely aligned and a further meeting with the Chair of the PSB, had been arranged.
- The Chair noted that the performance reviews of Independent Members had commenced and that meetings with various individuals had taken place which included, the new Special Advisor to the Cabinet Secretary, Chair of the NHS Vice Chairs, the CEO of the Health Inspectorate Wales, Gwent Council Leaders and the Chair of CEO Group.
- The Chair confirmed that the Minister for Health and Social Care had established a new suite of meetings to ensure that the Health Board continued to deliver improved performance. The Chair confirmed that this was an enhancement to the WG escalation framework within which the Health Board operates.

Report from the Chief Executive

Nicola Prygodzicz (NP), Chief Executive, provided her verbal report, with a focus on the following areas:

- In response to the Infected Blood Inquiry, NP expressed her deepest sympathies for those affected and assured the Board that collaborative work with NHS Bodies and Welsh Government would consider the recommendations and next steps for those affected.
- BMA had suspended the planned industrial action and had progressed negotiations with Welsh Government.
- NP noted that the Executive Team had held its Joint Executive Team meeting with Welsh Government which had provided opportunity to identify progress made and to acknowledge the priorities and challenges faced during 2023/24. In addition, the Executive Team was in the process of holding end-of-year divisional reviews within the organisation, in-line with the Health Board's Performance Management and Accountability Framework. NP reflected that while 2023/24 had been challenging there were many examples of positive improvement, innovation and service development of which to be proud. NP provided some headlines in respect of 2023/24 performance which would be formally reported to the Board in due course:
 - Good progress had been made through the recruitment and retention of staff, which included an £18m reduction in the use of agency staffing, and reduced staff turnover.
 - The financial deficit had been reduced from £112m to £49m, with £43m savings secured. More work was required to achieve future sustainability.
 - A revised quality strategy had been implemented with the quality improvement agenda invigorated. This included a greater focus on learning from deaths and patient experience. NP noted that the Patient Advice Liaison Service (PALS) had been introduced and that there had been an improvement when responding to complaints.
 - Performance remained a key priority and good progress was evident in reducing backlogs in planned care, diagnostics, cancer and the reduction of long waits in a number of specialities.
 - New estates developments had been completed which included the Breast Unit at YYF, Endoscopy provision and the Bevan Health and Well Being Centre.

- In respect of primary care the Health Board had increased its offer for pharmacy, optometry, dentistry and overall GP access had increased, although challenges remained in meeting demand. Five GP practices had been returned to independent contractor management status. 111 press 2 for mental health had been successfully introduced.
- During the year the joint strategic needs assessment was commissioned and a new focus on diabetes and cardiovascular preventions had been launched.

NP noted that challenges remain with acuity and demand increases. Significant increases in Cancer, Planned Care and Mental Health services were noted. Challenges remained with Urgent and Emergency Care, despite significant efforts with partners being made across the system, and NP advised that whilst signs of improvement were visible sustainability remained a concern.

NP confirmed that feedback from WG on the annual plan had been received and new KPI's had been released across the main priority areas. NP noted that a response and revised Annual Plan would need to be submitted to WG by 31st May 2024.

Louise Wright (LW), Independent Member, sought clarification as to the timeframe for the finalisation of the stroke reconfiguration proposal. LW advised that conversations continued with Llais and the redevelopment work planned for Nevill Hall Hospital was a key consideration.

The Board **NOTED** the CEO's Report.

**ABUHB
2205/08**

Patient Story – Respecting patient's wishes at end of life, improving communication with families and our bereavement offer

Jennifer Winslade (JW), Director of Nursing, supported by Tanya Strange (TS), Head of Nursing, and Julie Hopkins (JH), relative of a patient introduced the story.

JW reported that the organisation had reflected upon the end of life and bereavement services over the past year, with the work culminating in the production of the Bereavement collaborative report.

JH introduced her story and experience at the end of her husband's life and the support received following his death which included the lack of availability of nursing/ clinical staff to speak with to understand his care, and the failure to respect his religious views. JH advised that this

had culminated with the submission of a formal complaint, with a response which focussed upon her husband's clinical care and not the questions that had been raised as part of the complaint. JH confirmed that subsequently the matter had been referred to the Ombudsman who found no failings with her husband's care but upheld the complaint in respect of the handling of the complaint submitted.

TS provided an overview of the work completed to respond to these concerns. The Board noted that the learning from the case, which included a report submitted to Patient Quality Safety Outcomes Committee, drop-in sessions for staff, and a Big Conversation event that was held in March 2024 with the assurance that experiences would be used to secure improvements.

The Board was advised that the event had been informed by the bereavement standards and various themes which included, religion, advanced and future care standards, cultural needs of individuals, anticipatory grief, baby loss under 20 weeks and community deaths. TS advised that following the event a number of actions had been progressed which included participants seeking to become volunteers, engagement with CRUISE to better support anticipatory grief, national discussion to better support community death, staff training, the changing place of religion, including pastoral support and the terminology used of care after death.

The Board noted the proposed way forward and was informed that 80 individuals had joined the bereavement collaborative and that a further event was scheduled to take place with a view to developing GRACE's place.

Nicola Prygodzicz (NP), Chief Executive, reflected upon the need to improve the consistency of communication when dealing with complaints and provided an overview as to how individuals were now engaged in the process.

The Chair thanked all for attending and extended her apologies to JH for the experience encountered.

A Big Conversation (Bereavement) Evaluation Report

Jennifer Winslade (JW), Director of Nursing, introduced the report and advised that the National Bereavement Framework for Wales aimed to ensure that people who were bereaved are treated with compassion, with their needs and grief reactions recognised, and that there was appropriate and timely support available. JW advised the Board that

the Health Board and its commissioned services were required to report progress against the Standards to Welsh Government and that the evaluation report had previously been shared with the Patient Quality, Safety and Outcomes Committee.

The Chair sought clarification in respect of advanced and future care planning and the ability to enact actions, noting that the approach may vary. JW acknowledged that conversations could be difficult and vary across pathways and provided the Board with assurance of the holistic offer in place and noted that the end-of-life programme was included within the six-goal programme and recognised the importance of public engagement to do things in the right way.

The Board **NOTED** the Big Conversation Evaluation Report and the progress and potential implications for organisational/regional implementation.

**ABUHB
2205/09**

Report from Llais, Gwent Region

Jemma Morgan (JM), Regional Director, Llais, presented Llais' report to the Board, which provided an overview of the current issues of concern and positive observations being addressed by the Llais Gwent Region in relation to the planning and delivery of health services. JM confirmed that this would be her last meeting and that Lisa Charles as her successor would attend future Board meetings.

JM reflected upon the patient experience story and noted that within Llais there had been an increase in Ombudsman submissions with many avoidable escalations had earlier engagement taken place with individuals. Jennifer Winslade (JW), Director of Nursing, reflected upon the learning from complaints and reassured the Board that earlier conversations with those who had a concern now take place.

JM provided an overview of the work that was ongoing and noted that the service had been engaged in the development plans for the stroke rehabilitation service, wider eLGH reconfiguration model and welcomed further engagement at an appropriate time once the preferred approach had been agreed.

In terms of engagement across Gwent, JM advised that the focus of work featured upon three local and two national priorities. JM noted that key themes which had emerged involved communication in other languages and an increase in concerns raised from people who had been discharged without an appropriate package of care being in place or a delay in the package of care being secured. JM confirmed that Llais

planned to publish a survey regarding delayed discharge and the experience of accessing a community service upon discharge and noted that the Board would be updated as themes emerged from the survey.

The Board noted that engagement with young people was now reflected within the Llais report and from the engagement undertaken for this group, the key themes that emerged related to waiting times for GP and mental health appointments, and the dismissive approach by some when considering the needs of this group.

JM confirmed that the trauma, hips and knees survey had concluded with a number of responses from the Gwent population. A key theme that had emerged from the survey was the level of pain and discomfort experienced whilst waiting, despite access to other services such as physiotherapy and pain medication, but acknowledged that the Health Board was to launch its' keeping well service.

Nicola Prygodzicz (NP), Chief Executive, welcomed the feedback and placed on record on behalf of the Executive team her thanks to JM. This was echoed by the Board who noted that JM had been most helpful in informing the approach to the key issues facing the Health Board and the population.

The Board **NOTED** the report.

**ABUHB
2205/10**

Multiple Sclerosis (MS) Service Expansion

Leanne Watkins (LW), Chief Operating Officer, presented the report which proposed the expansion of the MS Team to support the implementation of Fampridine and Siponimod drugs as well as ensuring that all MS patients received an annual review.

LW advised the Board that the business case for service expansion had been subject to robust scrutiny including that of the Pre-Investment Panel process which had been shared with Board separately due to the commercial sensitivities of the case. LW advised that approximately 1,500 patients live with Multiple Sclerosis (MS) across Gwent and if approved this would align the prescribing of drugs with national guidance and end the inequity for the population of Gwent. The Board was apprised of the benefits which included admission avoidance, the impact upon the wider economy and would ensure that the Health Board was aligned with the service offered in other Health Boards.

LW confirmed that the MS Team within the Neurology Directorate was responsible for diagnosing, assessing and treating MS patients. At

present, the team did not have sufficient staffing capacity to adhere fully to clinical guidelines and consequently the Health Board was not able to prescribe two highly effective therapies, Fampridine and Siponimod, or undertake annual review of all MS patients.

LW provided an overview of the proposed implementation arrangements, including reviews and noted costs of £455k for the first 12 months, with an estimate of recurrent costs of circa £1m, subject to the outcome of a service review. If approved, LW assured the Board that from a service perspective recruitment to the team would commence with the intention of initiating a number of clinics with immediate effect. In the short term, LW confirmed that the implementation would take routine capacity for neurology in the short term but noted that this would improve once staff had been recruited.

LW advised, that the MRI department would be able to cope with the demand, had been engaged in the development of the business case and confirmed that work continued to ensure that diagnostic targets were prioritised as part of planned care. LW reflected that careful communication would be key and confirmed that this was detailed within the implementation plan.

Neil Patrick (NP), Independent Member, sought assurance as to whether or not the costs within the business case were additional or included within the Health Boards current budget. NP was advised that the funding for this proposal was included within the current years financial plan.

Iwan Jones (IJ), Independent Member, sought clarification about the level of dependency between the two elements of the business case. LW, supported by James Calvert (JC), Medical Director, advised that to have considered the two aspects of the drugs and workforce resource separately would not have been purposeful as there was a need to ensure an appropriate infrastructure was in place. The Board noted that individual drugs treat specific elements of the condition and in bringing the proposal together as a package of care, there were benefits for both the individual and society.

Nicola Prygodzicz (NP), Chief Executive, reported that in bringing the business case forward as a multifaceted proposal, whilst adding to the timescales, this enabled the provision of an appropriate infrastructure to be developed which was an enabler when considering future arrangements. JC concluded that the Health Board would be in a position to offer treatment to those who had previously not been able to be treated and that an efficient infrastructure was a key consideration given the complicated decision making involved.

The Board **APPROVED** the implementation of Option 3 with a review period of one year and to enact Option 2 for the financial year 2024/25, in line with the phased approach set out in the paper.

**ABUHB
2205/11**

Royal Gwent Hospital Decontamination Unit BJC

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report which detailed the Business Justification Case (BJC) for a Central Decontamination Unit at the Royal Gwent Hospital (RGH) and the associated capital and revenue considerations. HE advised that the BJC was Phase 2 of the endoscopy development and featured as a key consideration within the annual plan and associated capital investment priorities.

HE advised that the development was required to respond to capacity constraints and compliance with standards and the management of risk. HE confirmed that following the development of the provision at RGH there had been an increase in decontamination demand, coupled with increased provision for urology and bowel screening Wales and noncompliance considerations with the JAG standards, which challenged the current arrangements across a number of areas. HE concluded that if agreed, the urology and endoscopy provision would be brought together in a centralised provision at the RGH and confirmed that the mobile endoscopy service would cease. The proposal would result in further capital investment and noted the revenue considerations associated with bringing urology within scope would leave a small cost pressure. In terms of delivery, HE confirmed that a completion date of July 2025 was achievable and advised that work continues with WG about whether or not the timeframe could be improved.

The Board discussed the practical considerations associated with the proposal and noted that the inclusion of the urology mobile unit would negate the need to manage the most extreme risks. The Board noted that the lease on the mobile unit would be terminated as the mobile unit would not be repurposed for alternative use. In terms of staffing, the Board was advised that opportunities existed to secure further savings as a result of the colocation of services and this would assist in mitigating the small cost pressure identified within the report.

The Board **APPROVED** the BJC and **AGREED** for it to be submitted to Welsh Government based on Option 3 at a capital cost of £4.714 million and **NOTED** the revenue implications of option 3 equating to

£140k (part year effect from 25/26) but off set against the discontinuation of the mobile decontamination (£120k a year).

**ABUHB
2205/12**

Gender Pay and Ethnicity Pay Gap Annual Report

Sarah Simmonds (SS), Director of Workforce and OD, presented the Gender Pay and Ethnicity Pay Gap Annual reports, at 31st March 2023.

SS advised that in respect of the gender pay gap report this had been submitted in line with the statutory duty requirement and noted that the report identified that for agenda for change staff, women were paid 83p for every £1 a man was paid. For those staff within the non-agenda for pay group women were paid 96p. SS confirmed that in general more men were represented in the higher payrolls and the next steps within the Strategic Equality Plan included the women's network, health promotion and leadership being taken forward.

Whilst in terms of the equality pay gap report, the Board was advised that there was no specific legal requirement to publish an ethnicity pay gap report. SS confirmed that the key findings identified where that for those staff paid within the agenda for change pay groups 96p was paid compared with the £1 comparator. The Board noted that the next steps were aligned with other plans and included working closely with a statistician to better understand the reasons for the differentiation.

Pippa Britton (PB), Vice Chair, asked whether there was an opportunity to broaden the focus of the pay gap reports to include those with protected characteristics such as those with a disability and in response was advised that this would be part of the work of the statistician.

The Board **APPROVED** the publication of both the Health Boards detailed Gender pay gap and Ethnicity pay gap reports.

**ABUHB
2205/13**

Finance Report: Budget Delegation –Second Stage Proposals 2024/25

Robert Holcombe (RH), Director of Finance and Procurement, presented the report which outlined the principles and proposed approach to delegating funding from reserves for the 2024/25 financial year. RH reminded the Board that the initial budget-setting paper approved by the Board at the 27th March 2024 meeting provided revised budgets for the start of 2024/25 and at that meeting the Board had agreed to a two-stage budget setting process to allow for a review of how budgets could be delegated to best manage performance delivery.

RH advised of the initial phase that had been completed and that the proposed two-stage process identified a deficit of £48.9m during 2024/25. RH confirmed that the approach sought to set budgets within income levels aligned to the annual plan, whilst recognising that the plan generated a deficit. RH confirmed that the paper proposed the establishment of a negative corporate reserve that mirrors the deficit and would enable the delegation of budgets within an established governance framework, which promoted accountability and performance. RH provided an overview of the stepped process of the methodology to be used, which includes the annual plan cost pressures, new intelligence, adjustments for savings and opportunities, with the aim of setting budgets that were reasonable, achievable and with an element of stretch in securing efficiencies as part of the plan for 2024/25.

The Chair sought confirmation as to whether or not budget holders would operate within the delegated budget allocation and in response was advised that savings of a minimum of £40m in 2024/25 would be secured, delivering a best case of £48.9m. RH advised that the plan was ambitious and that there were presently £11m of saving opportunities being developed of which some were clearly deliverable. Without delivery of this position there was a worst-case risk of £60m.

The Board sought confirmation of the levels of confidence amongst the Executive team in delivering the savings, with a particular emphasis on those patients that could not be discharged back into the community as a result of a care package not being available at the time of discharge. The Chair confirmed that at a recent meeting with the Minister this had been identified as a key consideration that she wished to address.

RH reflected that the overarching governance arrangements which had been put in place during 2023/24 with the introduction of the Value and Sustainability Board would show the full year effect of this impact. Whilst in respect of the discharge arrangements, RH advised that the figures were based upon the current profile being maintained but acknowledged that work continues to address the discharge arrangements through the Six Goals Programme and Healthcare Pathways and noted that there was an anticipation that these processes would begin to impact positively upon the budget. It was noted that the issue of discharge was one that was recognised nationally.

Nicola Prygodzicz (NP), Chief Executive, reflected that there was a need to continue to nurture an environment to improve the position and confirmed that the monthly budget monitoring process would continue. The Value and Sustainability Board would review savings opportunities

and monitor the run rate. NP reassured the Board that effective mechanisms were in place to maintain good oversight.

The Board **APPROVED** the proposed budget delegations, including:

- revised revenue budgets to be delegated for the 2024/25 financial year and:
- those budgets to be held in reserve.

Tracy Daszkiewicz (TD), Director of Public Health, joined the meeting.

**ABUHB
2205/14**

Finance Performance Report – Month 1, 2024/25

Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining the financial performance at the end of April 2024, Month 1, 2024/25.

RH highlighted that the revenue position at month 1 was a deficit of £4.9m that was aligned to the forecasted plan deficit; capital spend was £5.1m with an expectation to break even; public sector pay performance was 96% against a 95% target, and a cash balance of £2.7m was held which was within WG expectations. RH noted that the planned deficit was £48.9m was maintained. This figure remained above the control deficit of £13m set by WG. From an income perspective this included anticipated allocations of £65m from WG conditional on the Health Board making progress in achieving the WG control target of £13m. RH advised the Board that confirmation had been sought from WG but noted that should this income not be forthcoming the deficit level would be impacted. The Board was informed that pay was £5m lower than in March 2024, variable pay was £6m, which was below the average for 2023/24 and demonstrated an improvement upon the previous years' performance at this time. Whilst non-pay was £10m lower in month when compared with March 2024 expenditure RH noted that much of this was attributable to changes to hosting arrangements.

During the month, RH advised the Board that £1.2m savings had been realised against a yearly forecast of £29m. RH advised that the savings had been reprofiled during the month with a positive movement reported in the categorisation of savings which would continue to be built upon.

RH confirmed that from an operational viewpoint pressures continue to be witnessed in respect of delayed transfers of care, increases in prescribing prices and noted that whilst volume had decreased, prices vary on a monthly basis. RH concluded that Month 1 activity was in line with plan, as was CHC and FNC, and that as a result of the agreed stage

2 budget setting process this would provide greater clarity in understanding performance against individual delegated budgets.

Nicola Prygodzicz (NP), Chief Executive, advised that from the data reviewed as part of the recent WG escalation meeting the Health Board did not appear to be an outlier when compared with others in terms of cost growth. NP advised that from the meetings with WG there was a request to understand the issues in more detail in respect of planned care as well as a refresh of the Grange University Hospital model to better understand costs versus the benefits of the reconfigured operating model. RH advised that the Health Board had received positive feedback, noting that the plan was clear on cost drivers and estimates that enabled a focus on the future.

The Board **NOTED** the report.

**ABUHB
2205/15**

Quarter 4 - Performance and Outcomes Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Board with a progress report against the Integrated Medium-Term Plan (IMTP) 2023/26. HE advised that the report summarised the progress during Quarter 4, through the following:

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

HE advised that during the period there had been mixed performance in line with forecasted activity levels, with increases in activity coupled with increasing demand preventing progress in some areas. In particular the Board was advised that the planning assumptions, in aggregate form, largely followed as predicted by the services as set out in the IMTP and that these were in line with expected delivery.

HE noted positive improvements in the following areas: CAHMS; patients waiting for diagnostics had improved particularly for those with cancers, with 1900 patients waiting over 8 weeks for an endoscopy reducing to circa 1300 in March 24, and noted similar improvements evidenced in radiology. Whilst in terms of a key Ministerial priority of extreme long waits with patients waiting over 156 weeks there were 643 patients waiting in April 2023, which had reduced to 31 patients in March 2024, as well as improvements in the reduction in ambulance handovers of more than 1hr from 1500 in January 2024 to 1100 in March 2024.

HE confirmed that challenges remained in other areas which included the performance of adult Mental Health standards, with compliance of 1a of

the Mental Health Act for accessing assessment performance being 6% against an 8% target. Similarly, the intervention standard for treatment was 6.9% in March 2024, and the Board was advised that this remained a key priority for the Executive team. An overview of the deep dive that had taken place was provided. In particular, the Board noted the growth in total Mental Health waiting lists with an increase in the number of patients waiting over 2 years having grown for 3083 to 4102 at the end of the year.

HE concluded that in terms of progress against wider deliverables the acute frailty response team had been launched, YYF breast centre opened in February 2024, health pathways launched in April 2024 with 50 pathways going live and with phase 2 scheduled.

Paul Deneen (PD), Independent Member, sought clarity about the issues that existed in completing mental health assessments within the prescribed timeframe. Leanne Watkins (LW), Chief Operating Officer, advised that the performance of WCCIS system had impacted upon the Divisions ability to access and inform performance, coupled with work that had been completed with the team and the operational impact that the system had upon the team. LW confirmed that the model of assessment was a traditional model and noted that a revised operating model had been introduced and that performance would improve over time in line with the expected WG targets. LW confirmed that the issues within adult and CAHMS services were different in context noting that CAHMS involved a backlog of assessments.

Dafydd Vaughan (DV), Independent Member, asked whether or not the impact of WCCIS upon service delivery had been quantified and assessed.

LW confirmed that opportunities would exist to quantify the impact of WCCIS. Paul Solloway (PS), Director of Digital, advised the Board that there were planned improvements scheduled to be implemented to WCCIS but noted that work continues with the Mental Health Division in relation to the service improvement programme. PS confirmed that from a medium-term perspective, progress had been made in relation to WCCIS and advised that an update would be provided to the next Board meeting and that a deep dive into the issues would be included as part of the report.

ACTION: Director of Digital to provide an update on WCCIS to the July Board meeting that would include the issues identified from within the deep dive.

Nicola Prygodzicz (NP), Chief Executive, reflected that it was important that the Health Board captured the operational impact that the WCCIS system had upon the organisation. NP advised that it was also important that in month performance was measured alongside the backlog.

The Board discussed how the improvements in performance were impacting upon staff morale and was provided with an overview about the different methods deployed to capture this, which included the staff survey, Executive drop-in sessions and planned visits. The Board sought assurance about how well staff were engaged and informed of the improvements planned. It was assured that they were engaged in the planned improvements to processes through regular engagement events which take place.

The Board **NOTED** the report and the performance position across the IMTP.

**ABUHB
2205/16**

Quarter 4 – Patient Safety & Quality Reports

Jennifer Winslade (JW), Director of Nursing, provided the Board with an overview of the progress report for Quarter 4 performance and noted that the framework continued to evolve.

During the period, JW advised that Patient Quality and Safety Outcomes Committee (PQSOC) had approved the listening and learning framework with a view to reducing harm. Particular improvements in RAMI and accrued mortality were noted, with a key focus on how learning from deaths would be developed to improve performance. The Board was advised that an average of 700 PALS referrals were being received per month. Work continues to be addressed through the Putting Things Right framework. PQSOC would receive a report at a future meeting in respect of the work across the Health Board in respect of human factors and never events, noting that the last incident recorded had been in November 2023.

JW assured that Board that there had been improvements in the uptake of safeguarding level 1 and 2 training, with level 3 still a concern and confirmed that work continued to find new ways of improving take-up. JW advised of a number of quality improvement projects that had been nationally recognised which included patients being returned back to the community project with Monmouthshire County Council.

The Board was advised of those areas of performance where further improvement was required which included combatting an increase in

the level of infection rates for C Diff and other infections being reported which, although below the Wales average meant that the Health Boards performance was breaching WG targets. JW assured the Board that an improvement collaborative was in existence to address these concerns and noted that the work was focussed on cleaning, good IPC practice and the prescribing of certain drugs.

JW advised that work continued in respect of those Divisions in escalation and noted that in respect of the Mental Health and Learning Disabilities Division the focus continued to be on engaging staff in the improvement journey with a focus upon quality and safety. In respect of Urgent Care the focus had been upon improving performance and the safety of care. JW informed the Board that the level of falls remained variable and during the period the Health Board had received a Section 28 notification from the coroner. JW assured the Board that work continues to ensure that the basics of care were in place. JW confirmed that the Putting Things Right (PTR) compliance continued to be impacted by historic complaints and noted that although improvements had been made the intention was for 70% of complaints to be closed within 30 days of receipt by October 2024. Over the next year a greater focus of the pillars of quality from Board to ward level would continue to be developed, which would include ward and team accreditation.

In response to a question, JW advised that the intention was to broaden the focus of the Pillars to include families and communities and confirmed that a communication standard would be developed and implemented.

The Board **NOTED** the report and the associated mitigating and improvement actions in place.

**ABUHB
2205/17**

Annual Nurse Staffing Levels (Wales) Act, Annual Report

Jennifer Winslade (JW), Director of Nursing, introduced the report which detailed the outcomes of the Bi- annual and Spring and Autumn nurse staffing re-calculations as well as the exceptional re-calculations following the reconfiguration of Stroke services for the period 6th April 2023 to 5th April 2024 as required by the Nurse Staffing (Wales) Act. JW noted that there were no financial considerations arising from the annual report. JW informed the Board of the findings from the Health and Social Care Select Committee on the revisions to the Act which would remain in place.

The Board **NOTED** the report.

**ABUHB
2205/18**

Six Goals Programme Update

Jennifer Winslade (JW), Director of Nursing, introduced the report which provided an update on progress made in 2023/24 and the priorities for the year ahead in respect of the Six Goals for the Urgent and Emergency Care Programme. JW advised that the programme had been consolidated into three key overarching work streams, with a focus on those areas that would have the greatest impact.

JW highlighted to the Board the key areas of improvement that included the pilot that commenced in January 2024 regarding the acute frailty response service. JW updated the Board that a nurse consultant had been appointed and that the service continues to be embedded and was making a difference regarding the avoidance, where appropriate, of unnecessary admissions of older and frail people. The Board was informed that the phase 1 model included a professional hub that sought to redirect individuals and ambulance services to CRT services. JW advised that there was a focus on high-risk adults and noted that more work was required in respect of delivering a comprehensive care model to improve future care planning for these individuals

JW advised that in respect of Goals 2-4 actions were aligned to the escalation arrangements for this service. JW noted the system navigation work that was occurring, notably the progress on same day emergency care and increased medical admissions to the SDEC. JW advised that a new falls pathway had been introduced and noted that 47% of patients had been conveyed to eLGHs with no concerns in terms of care. An improvement collaborative with WAST was ongoing with the aim of reducing conveyances as well as an IT pilot that sought to reduce admission to wards. Other work of note included the redirection of self-care referrals, work with urgent primary care and 111 with a view to redirecting demand to other services and in doing so lessening the burden upon 111/ 999 service.

JW was pleased to note that following the introduction of patient safety events, improvements to the performance of Goals 5 and 6 had been identified. These improvements included the reduction of delayed discharges, the launch of a discharge lounge at RGH; the launch of a ready to go unit that focussed upon those patients optimised for discharge, with the model based upon the care that they would receive in their own environment.

The Board noted two further initiatives which included the implementation of a hospital to home initiative, as part of an early supportive discharge model, with a pilot agreed with Monmouthshire CC and the second initiative of Move it May which focussed on re-enabling patients to address deconditioning with the continuation of this programme throughout the year.

The Board noted the extensive progress made in addressing the six Goals programme and sought assurance in respect of the relaunch of e-triage system. It was advised that the relaunch would occur in June 2024. It noted that patient safety events would continue to be held with a focus upon enacting the learning and continually engaging with staff to ensure cultural change occurs. The Board noted that to date the work regarding falls redirection had not yet had the desired impact in reducing the number of ambulances attending urgent and emergency care that in turn would enable the provision of care for those most in need. The Board also discussed the communication methods available for use and the variation across the age profile of the population.

JW concluded that key to the success of the six goals programme had been a collaborative approach. JW reflected that this approach had been underpinned by greater accuracy in the coding of patients to better understand their needs and to enable the actions to better support the transfer and care of patients.

The Board **NOTED** the report and the priorities for 24/25 which were aligned to the Annual Plan and urgent and emergency care de-escalation framework.

**ABUHB
2205/19**

Planned Care Programme Update

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, and Leanne Watkins (LW), Chief Operating Officer, presented the report which detailed the position with respect to planned care. This included a recap of national policy context and targets, the recent Welsh Government request for further planned care improvements and new national planned care milestones and actions required, planned care commitments as approved by Board in March 24 and a summary of progress across the Health Board Planned Care Programme and associated workstreams.

HE advised of the five themes about which WG had sought an update. HE confirmed that many of these were included within the plan. New milestones associated with the Ministerial priorities and delivery targets had been included. HE advised that in terms of activity, variation continues amongst specialities with an increase in demand into primary care in all areas noted. The Board was advised of the work

that was being progressed in the challenged specialities that included ENT, Ophthalmology and Orthopaedics and that the Executive team was scheduled to meet to discuss the approach and the response to the recent Ministerial correspondence.

The Chair advised that it was important that the Board was sighted on the planned improvement programme particularly for those challenged specialities. The Chair also noted that the Minister for Health and Social Care wished to be assured that productivity had been optimised.

Nicola Prygodzicz (NP), Chief Executive, confirmed that the targets for long waits were not aligned to the Ministerial targets. Whilst in respect of those waits in excess of 104 weeks, NP advised that these related to three specialities and deep dives were being completed to better understand the position, with the views of practitioners being sought about how improvements could be addressed. NP advised that in conclusion there was more work to be completed to understand the work required to achieve the Ministerial priorities.

The Board discussed the challenges in delivering the revised Ministerial targets with particular focus upon the Ministerial aspirations for elective care to run 52 weeks per year, 7 days per week for 15 hours per day. LW advised that there was a workforce shortfall which when coupled with weekend working at enhanced rates, against the current financial backdrop at present was aspirational.

The Board considered the methodology of funding and the need for equity. An overview of funding for planned care had been provided with the funding used to target those Health Boards with the longest waits. More recently NP advised that the Health Board had been disadvantaged through the current funding distribution arrangements in respect of planned care and noted that these concerns had been shared with WG. The Board also noted the wellbeing considerations for staff functioning within the challenging operational circumstances and the need to be mindful of placing individuals under more pressure within the context of developing a sustainable model.

The Board NOTED:

- the recent request from Welsh Government for an additional Planned Care Improvement plan to be submitted by 31st May,
- the work in train to respond to the recent WG request, targets and actions in train for the three challenges elective specialties, and,
- the scope and progress of the Health Board's Planned Care Programme and its workstreams.

**ABUHB
2205/20**

Progress Update Nursing, Midwifery and SCPHN Workforce Strategy 2023-26

Jennifer Winslade (JW), Director of Nursing, accompanied by Linda Alexander (LA), former Deputy Director of Nursing, provided the Board with an update against the priority action plan articulated within the strategy.

LA provided an overview of the key actions progressed during the year and placed on record her gratitude to the staff engaged in delivering the priorities. The Board noted that the improvements identified included:

- 75 international trained nurses had been recruited.
- Significant focus was placed on health care support workers. This included the opening up of flexible routes into nursing education through university and open university capacity and placing 10 Mental Health support workers on to the nurse education and registration route.
- Continued to implement nurses working as advance practitioners across a range of specialities, and noted that this would include provision within Mental Health.
- Continued to work with the University to support those individuals who demonstrated aptitude at interview and to support them in gaining access.
- Success of the nursery midwifery academy with many individuals progressing into leadership opportunities.
- Increased engagement with communities where the profile of nursing as a future career opportunity had been highlighted, supplemented by improved branding and the retention of staff including a reduction in the number of vacancies, staff absences and variable pay.

The Board was advised that the priorities for the year ahead had been agreed. The Board placed on record the thanks to LA for leading the strategy and the associated improvements.

The Board **NOTED** the progress made against the priority actions and the 2024-25 priorities.

**ABUHB
2205/21**

All Wales Individual Patient Funding Request (IPFR) Report

James Calvert (JC), Medical Director, presented a report outlining the IPFR policy and process in place within the Health Board and how this linked with wider national work streams.

JC advised that the Health Board consistently adhered to the policy criteria, as noted by the All-Wales IPFR Quality Assurance Committee,

and was seen as an exemplar for the way in which the IPFR panel conducted its business, and for the way in which the IPFR policy had been implemented.

JC provided a summary of IPFR activity, confirming that the number of new IPFR applications received for the financial year 2023/24 had been 203, an increase over the 148 received in 2022/23. This was in-line with pre-pandemic levels.

The Board welcomed oversight of IPFR activity in 2023/24 and **NOTED** the report.

**ABUHB
2205/22**

Communications and Engagement Update Report

Nicola Prygodzicz (NP), Chief Executive, supported by Karen Newman (KN), Assistant Director of Communication, provided, for assurance, an overview of the Health Board's Communications and Engagement activities during 2023/24.

NP thanked the team for their work and advised that during the year the communication and engagement strategy had been refreshed, the approach to staff engagement had been amended and a focus upon targeting engagement with a younger audience and a focus on the prevention agenda had been implemented. NP concluded that the Health Board had reached a huge proportion of the population using social media which presented both benefits and challenges. The Board noted that the team continued to support the 10-year strategy and considered how the community engagement offer could be strengthened further.

The Board considered the communication and engagement report and provided feedback about how the approach must be strengthened, which included a formal feedback report to the Board similar to that presented by Llais, highlighting the outcomes of the feedback to top themes identified.

NP advised that it would be helpful to provide a 6- month report on the impact of key aspects of the work, including feedback on top themes to be regularly reported and agreed for a report to be submitted to a future meeting of the People and Culture Committee.

ACTION:

	<p>Rani Dash (RD), Director of Corporate Governance, to schedule reporting on communications and engagement activity into the People and Culture Committee’s forward work plan.</p> <p>The Board NOTED the progress with the Communications and Engagement agenda over the past 12 months and CONSIDERED the future priorities.</p>
<p>ABUHB 2205/23</p>	<p>Strategic Risk Report, May 2024</p> <p>Nicola Prygodzicz (NP), Chief Executive, presented the report which provided an assessment of strategic risks associated with achieving the Board's strategic priorities for assurance.</p> <p>The Board noted that the report proposed to reduce the level of risk associated with the threat of industrial action. There were eight high level strategic risks, with six of these managed outside the risk appetite. The Board was assured that actions plans were in place to mitigate these risks.</p> <p>The Board NOTED the Strategic Risk Report for May 2024.</p>
<p>ABUHB 2205/24</p>	<p>Regional Partnership Board Update</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on Regional Partnership Board activities since the March 2024 report to Board.</p> <p>HE noted that the RPB was scheduled to meet next week and would consider matters around RIF expenditure, delivery against the RIF during 2023/24 and the reporting requirements including the identification of key themes and the indicative allocations for 2024/25. The Board noted that in addition to the RIF reporting there was a need to report on “further faster” monies and how these would be aligned. The Board was advised that the outcomes of the governance review continued to be progressed including the alignment of the two teams who supported the operational running of the RPB.</p> <p>The Chair noted that recently the RPB had considered the issues relating to the “Care Collective” which had been unable to operate. The Chair advocated that a market analysis report was required of the 3rd sector, to include a mapping of provision to provide an informed view of the strength of this sector. The Chair, in her role as Chair of the RPB, confirmed that she was meeting with representatives of the Third Sector</p>

	<p>to obtain a better understanding of the longer-term planning process for the sector, including the governance and commissioning arrangements.</p> <p>The Board NOTED the update.</p>
<p>ABUHB 2205/25</p>	<p>Executive Committee Chair’s report</p> <p>Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held between 18th March 2024 – 2nd May 2024. From the report the Board attention was drawn to the following areas:</p> <ul style="list-style-type: none"> • Learning from Deaths Report and the need to understand the mortality data, when compared with national comparators. • The annual Volunteering report would be discussed at the patient Quality and Safety Outcome Committee together with the impact of the volunteers work upon the organisation. • Maternity, neonatal care and the Maternity Neonatal programme including improvements. A key theme which had emerged had been the lack of provision for a transitional care unit within the Health Board. Work was being progressed on this. • Work of the System Leadership Group and the innovation that was taking place across the organisation. The Board was advised that a future presentation on the geonomics partnership and innovation in radiology through an Artificial Intelligence project, which had secured improvements, would be provided. <p>The Board NOTED the report.</p>
<p>ABUHB 2205/26</p>	<p>Key Matters from Committees of the Board, including Annual Reports 2023/24</p> <p>The Board RECEIVED Assurance Reports in respect of Committee meeting held during the period and 2023/24 Annual reports from the following Committees:</p> <ul style="list-style-type: none"> • Charitable Funds Committee- 7th March 2024 • Finance and Performance –14th March 2024 • Audit, Risk and Assurance Committee – 16th April 2024 . • Partnerships, Population Health and Planning Committee 16th April 2024 • Patient, Quality & Safety Outcomes Committee -30th April 2024 • MHAMC – 2023/24 Annual Report
<p>ABUHB 2205/27</p>	<p>An overview of Joint Committee Activity</p>

Nicola Prygodzicz (NP), Chief Executive, provided an update on the issues discussed and agreed at recent meetings of the Joint Commissioning Committee and the NHS Wales Shared Services Partnership Committee as Joint Committees of the Board. NP advised that the JCC at their most recent meeting had determined the approach to the review of EMRTS and noted that four recommendations had been agreed with a further two recommendations progressed, in respect of lessons learnt and a progress report on the implementation plan to be received.

The Board **NOTED** the report.

ABUHB
2205/28

Date of the Next Meeting:

- Thursday 11th July – Approve Annual report and accounts
- Wednesday 17th July