Aneurin Bevan University Health Board - Public Board

Conference Centre, Headquarters, St Cadoc's Hospital

Agenda

1.
PRELIMINARY MATTERS

1.1.
Welcome and Introductions

1.2.
Apologies for Absence for Noting

1.3.
Declarations of Interest for Noting

1.4.
Draft Minutes of the Health Board Meeting, held on 27th March 2024 and 10th April 2024

1.5.
Board Action Log for Review

1.6.
Report on Sealed Documents and Chair's Actions

1.7.
Report from the Chair

1.8.
Report from the Chief Executive

2.
PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

2.1.
Patient Story – Respecting patient's wishes at end of life, improving communication with families and our bereavement offer

2.1.1.

2.2.
Report from Llais, Gwent Region

3.
ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1.
Multiple Sclerosis Service Expansion

3.2.
RGH Decontamination Unit

3.3.
Gender Pay and Ethnicity Pay Gap Annual Report

3.4.
Finance Report Budget Delegation- Second Stage Proposal 2024/25

4.
ITEMS FOR DISCUSSION

4.1.

Finance Performance Report – Month 1, 2024/25

4.2.
Quarter 4 - Performance and Outcomes Report

4.3.
Quarter 4 – Patient Safety & Quality Reports

4.4.
Annual Nurse Staffing Levels (Wales) Act, Annual Report

4.5.
Six Goals Programme Update

4.6.
Planned Care Programme Update

4.7.
Progress Update Nursing, Midwifery and SCPHN Workforce Strategy 2023-26

4.8.
All Wales Individual Patient Funding Request Report

4.9.
Communications and Engagement Update Report

4.10.
Strategic Risk Report, May 2024

4.11.
Regional Partnership Update

4.12.
Executive Committee Chair's report

4.13.
Key Matters from Committees of the Board, including Annual Reports 2023/24

4.14.
An overview of Joint and Partnership Committee Activity

a. Joint Commissioning Committee

b. NHS Wales Shared Services Partnership Committee

4.14.1.

5.
OTHER MATTERS

5.1.
Date of the Next Meetings

Thursday 11th July – Approve Annual report and accounts

Wednesday 17th July

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

AGENDA		
Date and Time	Wednesday 27th March 2024 at 9.30am	
Venue	Conference Centre, Headquarters, St Cadoc's Hospital	
PRESENT	Ann Lloyd	Chair
	Nicola Prygodzicz	Chief Executive
	James Calvert	Medical Director
	Peter Carr	Director of Therapies and Health Science
	Sarah Simmonds	Director of Workforce and OD
	Jennifer Winslade	Director of Nursing
	Hannah Evans	Director of Strategy, Planning and Partnerships
	Robert Holcombe	Director of Finance & Procurement
	Paul Solloway	Director of Digital
	Leanne Watkins	Chief Operating Officer
	Paul Deneen	Independent Member (Community)
	Dafydd Vaughan	Independent Member (Digital)
	Philip Robson	Special Advisor to the Board
	Iwan Jones	Independent Member (Finance)
	Prof Helen Sweetland	Independent Member (University)
	Shelley Bosson	Independent Member (Community)
	Penny Jones	Independent Member (Community)
	Pippa Britton	Vice Chair
ALSO IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Michelle Jones	Head of Board Business
	Jemma Morgan	Regional Director, Llais Cymru
	Tanya Strange	Deputy Director of Nursing
	Kathryn Thomas	Volunteer Co-ordinator
	Letitia Hawkins	Volunteer
	Fern Cook	Governance Support Officer
APOLOGIES	Louise Wright	Independent Member (Trade Union)
	Martin Blakebrough	Independent Member (Third Sector)
	Richard Clark	Independent Member (Local Authority)

ABUHB 2703/01	Welcome and Introductions 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.
ABUHB 2703/02	Declarations of Interest for Noting There were no declarations for noting.
ABUHB 2703/03	Draft Minutes of the Health Board Meeting, held on 24th January 2024, for Approval The minutes of the meeting held on 24th January 2024 were agreed as a true and accurate record.
ABUHB 2703/04	Board Action Log for Review It was noted that all actions within the Board's action log had been completed or were in progress as outlined within the paper.
ABUHB 2703/05	Report on Sealed Documents and Chair's Actions 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 3rd January 2024 to 4th March 2024. 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 2703/06	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:

	Chaired two Regional Partnership Board (RPB) meetings and a workshop to explore cost effectiveness and to ensure that the themes were aligned to the work of the RPB; reorganisation of the governance arrangements of the RPB and the determination of strategic aims and noted that this was a valuable exercise with children identified as a key priority within this work. Chaired five meetings of the Ministerial Advisory Group that was reviewing the accountability of Health Boards in Wales. The Board noted that the report was nearing completion prior to submission to the Minister. Chaired the Health Board Chairs peer group and noted that the focus of the work had been on resources and the ability to meet the ever-rising demand and the associated pressures that this places on the system staff and patients. Attended a Ministerial Away Day with Health Board Chairs where concerns were shared as to the challenges that that all Health Boards face. Attended a meeting with Minister and CEOs and the interfaces with social care. The Chair noted that all attendees were of the same mind in relation to concerns and noted the enthusiasm that exists to collectively resolve the issues which exist between Health and Social Care. The Board NOTED the Chair's Report
ABUHB 2703/07	Report from the Chief Executive Nicola Prygodzicz (NP), Chief Executive, provided her verbal report, with a focus on the following areas: A substantial amount of work in the development of the annual and financial plan in the context of increasing demands and concluded that the balance between ambition and deliverability had been a key consideration. The impact of industrial action at a challenging time over the Easter holiday period and thanks were extended to all staff involved. The breast unit at Ysbyty Ystrad Fawr had opened and noted that cancer continued to be a top priority for the Health Board. Attended the SEEN project that had been developed with Race Council Cymru, Welsh Government and celebrated art through multi-ethnic groups Received a visit from the Children's Commissioner for Wales to the CAHMS team and noted the complimentary work that was ongoing amongst the challenges faced.

	Attended the Women's Health Network launch that builds on the challenges around women's health and associated inequalities. Noted the significant amount of national work ongoing, which included the joint commissioning agenda, EMRTS and the work of the Value and Sustainability Board. Noted that the staff workforce survey had been completed and the Executive Team were due to look at the findings. Strengthened the communication strategy internally and advised that the Executive team was now undertaking drop-in sessions every month across the health board. Noted that a record number of nominations for the staff recognition awards were being received which recognised the excellent work that was ongoing by staff. The Board NOTED the CEO's Report.
ABUHB 2703/08	Patient Story – Volunteer to Career Tanya Strange (TS), Deputy Head of Nursing, supported by Kathryn Thomas (KT), Volunteer Co-ordinator, introduced the item and presented the volunteer to career story. Kathryn Thomas (KT), Volunteer Co-ordinator, advised that the process of providing opportunities for volunteer to career was embedded practice within the Health Board. An explanation of the process was provided that supported the exploration of options personal to individuals' needs. KB noted that the majority of roles have a befriending focus and advised that to date 12 volunteers had gained employment with several others signposted to work experience. Leticia Hawkins (LH), Volunteer, provided an overview of her background and advised that the opportunity that she had been provided was significant, and concluded that the volunteer to career approach had changed her life outcomes. LH advised that the skills that she had developed had been beneficial in both her personal and professional life and was appreciative of the opportunity provided. The Chair thanked the individual for attending and extended her best wishes on behalf of the Board for the future. Sarah Simmonds, (SS), Director of Workforce and OD, extended her congratulation and advised that there was a need to turn such opportunities into meaningful employment opportunities and acknowledged that feedback had been received in terms of the volunteer policy and the widening opportunities for employment.

	Pippa Britton (PB), Vice Chair, sought confirmation as to how volunteers may be able to assist with difficulties encountered by those with physical limitations and was advised that the lived experience framework needed to be reviewed to reflect how issues raised may be better addressed. Nicola Prygodzicz (NP), Chief Executive, sought clarification as to how an individual finds out about such opportunities and whether more could be done to improve this. The Board was advised that the individual had been signposted to the opportunity by a support group and acknowledged that more could be done through improved communication including the use of leaflets. The Board noted that the team visited careers fairs to raise the profile of the opportunities which exist and that the Charitable Funds Committee may be able to assist in supporting the work of volunteers. The Chair thanked all for attending and noted the excellent work of volunteers.
ABUHB 2703/09	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 also advised of a new matter that wasn't included in the report which was in relation to the EMRTS engagement on a national level. Nicola Prygodzicz (NP), Chief Executive, advised that the letter from Llais had been included in the Board papers for todays meeting under the EASC update. Paul Deneen (PD), Independent Member, sought clarification as to whether Llais had learnt any lessons following their 12 months of existence. JM reflected that the remit of social care with five local authorities was a challenge and noted that there was a need to rebalance the work of Llais to move forward in a strategic way with its strategy being launched in April. PD acknowledged that there was also a need to strengthen the Llais report to include the voice of children and young people and was advised that Llais was exploring opportunities to better engage the voice of children and young people in its work.

	The Board NOTED the report.
ABUHB 2703/10	Strategic Planning for 2024/25: a. IMTP and Annual Plan 2024/25 Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an overview of the report and noted that the Health Board had a statutory responsibility to submit an approved Integrated Medium-Term Plan (IMTP) that could financially balance over a three period to Welsh Government. HE advised that on 16th February 2024 the Health Board issued an Accountable Officer letter to Welsh Government confirming that, due to the ongoing financial challenges, the Health Board would submit an Annual Plan with a three-year intent to balance the immediate system sustainability challenges with the population health and care needs. The Board noted that the stated ambition of the plan was for the health board to be in financial balance by 2026/27. HE acknowledged that the plan had been developed with high level engagement across all teams and provided an overview of the engagement that had taken place. HE provided an overview of the documents appended to the plan and noted that the plan was framed around shorter-term priorities and longer-term priorities and that the life-course approach was applied to the longer term. The Board noted that the plan had been strengthened in terms of deliverables and outcomes as a result, to aid understanding. HE noted that the plan outlined the priorities and system changes required under the five priority areas: 1. Embedding Prevention and Population Health in all that we do; 2. Improving patient experience and timeliness of care in our urgent and emergency care system focusing on access and discharge pathways; 3. Continuing to prioritise cancer, urgent and the longest waiting patients for planned care; 4. Progressing our place-based models of care in primary and community services; 5. Improving our Mental health services. HE advised that there had been a greater focus upon children and the work with partners on the best start in life, a focus on long waiting patients, a commitment to sustain no patient waiting over 156 weeks and to reduce the number of specialities not waiting over 104 weeks.

HE noted that to sustain this improvement this would take a significant effort . Within the plan there were quarterly ambitions articulated which would aid accountabilities within the plan. HE noted that certain elements of the plan were dependent upon capital investment and the capacity to deliver the plan in year whilst working on future years.

Paul Deneen (PD), Independent Member, acknowledged the work that was ongoing around children and young people.

Nicola Prygodzicz (NP), Chief Executive, advised that a key message to impart was the need to deliver improved outcomes whilst developing a sustainable plan that achieves financial balance. NP advised that the plan was ambitious given the financial savings for the coming year of up to £50m in addition to significant savings in 2023/24 and acknowledged that more work needed to be done to demonstrate the improved efficiencies.

The Chair asked if the targeted intervention from Welsh Government had commenced. NP advised that a meeting was scheduled for 9th April to determine the approach and the associated de-escalation arrangements.

Pippa Britton (PB), Independent Member, acknowledged the significant amount of work in developing the plan and sought confirmation as to whether the plan was ambitious enough in terms of timescales. PB also queried whether the plan was clear enough for the lay person, and asked whether further clarification could be provided to the reader. HE advised that the specifics on a page would be reviewed following today's feedback. In terms of timescales, HE noted that there had been a conscious balance to deliver within year and over the longer term. HE acknowledged that there was a balance between ambition and realism and noted that some of the processes that were required to be followed had determined the timescales for delivery.

Robert Holcombe (RH), Director of Finance and Procurement, acknowledged that the challenge for the Health Board was to live within the parameters provided and that the ambition was to achieve financial balance within 3-years. RH advised that to identify headroom to improve there was a need to determine the priorities for delivery and the approach to delivery.

Iwan Jones (IW), Independent Member sought assurance as to how the financial plan would be realised through the provision of greater detail to the Board and in doing so reduce the risks associated with delivery of the plan.

HE advised that the route map to delivery remained a key consideration and the detail on more significant changes need to be regularly reported to Board.

NP advised that by July 2024 further granularity would be provided around the three-year route map to sustainability and that a report would be submitted to the Board with this detail. NP reflected upon the size and scope of the ask and confirmed that a reflection on this year's financial performance would be undertaken to test the assumptions within the plan. NP concluded that there was a delivery framework in place, with efficiency being a key consideration.

Action: Chief Executive, Director of Strategy, Planning and Partnerships & Director of Finance and Procurement, to provide a more detailed report on the three-year route map to sustainability to the Board in July 2024

Dafydd Vaughan (DV), Independent Member, reflected that those aspects that could make the biggest different were dependent upon substantial capital investment and acknowledged that the level of investment was limited although essential.

The Board:

APPROVED the annual plan 2024/25 and appendices which include the capital prioritisation for submission to Welsh Government.

NOTED the ongoing action to develop a more detailed report on the 3-year route map to sustainability.

NOTED the ongoing actions to further improve delivery of the 104 weeks planned care target.

b. Financial Plan 2024/25

Rob Holcombe (RH), Director of Finance and Procurement, presented the report which outlined that the Health Board had two statutory financial duties.

RH advised that to achieve the duties the Health Board is required to set a financial plan as part of the annual plan for 2024/25. RH noted that in view of the deficit in 2022/23 and forecast deficit in 2023/24 as well as the associated levels of risk there had been increased oversight by the Board, the Executive Committee and the Finance and Performance Committee. RH advised that these arrangements would continue in 2024/25 and acknowledged that it was anticipated that there would be further financial scrutiny through Welsh Government arrangements as part of 'targeted intervention' arrangements.

RH advised that whilst developing the draft financial plan, which had been supported by the Finance and Performance Committee, it was identified that the Health Board would be unlikely to deliver a balanced financial plan for 2024/25 or on a rolling 3- year basis. As a result, an Accountable Officer letter had been sent to Welsh Government.

The Board noted that when developing the financial plan the following had been included:

- Allocation & income funding of £1.7bn that included an uplift of 3.67% for all of Wales
- Assumption that conditional funding of £65m was retained.

RH noted that the approach to development of the financial plan focused on ensuring safe service provision to patients and improved efficiency, whilst minimising new investments.

RH reported that in respect of the plan for 2024/25 a best-case position of a deficit of £48.9M would be reported which included an underlying deficit of £81m. This had been discussed and supported by the Finance and Performance Committee. RH advised that the report also identified those items which drive the deficit which included, investments in safe staffing, nursing pressures, beds remaining open, CHC inflation, medicines both prescribing and NICE high-cost drugs and specialised services commissioning.

Iwan Jones (IJ), Independent Member, reflected that within the deficit reported there were a number of variables that could impact further upon the level of deficit being forecast. RH confirmed that the plan, was the best-case forecast, was ambitious and risks would need mitigating. Phil Robson (PR), Special Advisor recognised the proposed ambition and supported the plan.

The Board APPROVED the annual financial plan for the 2024/25 financial year as a forecast deficit of £48.9m, recognising the risks of savings delivery and opportunities for further mitigation and REQUESTED further updates on the progress of the work to be completed in developing and achieving the road map to sustainability over the three-year period.

c. Delegation of Revenue Budgets 2024/25

Rob Holcombe (RH), Director of Finance and Procurement, presented the report and advised that the Health Board was required to set budgets prior to the beginning of the financial year, which were in accordance with the aims and objectives of the annual plan for 2024/25. Specifically,

the Board was advised that this means preparing and setting budgets within available funds. RH noted that the final Financial Plan identified a forecast deficit for the Health Board of £48.9m for 2024/25 and that an Accountability letter had been submitted to Welsh Government recognising the need to develop a longer-term financial plan to balance the budget.

RH advised the Board that the 2024/25 Health Board financial plan assumed the following:

- Baseline allocation 2023/24 £1,480m
- Allocation letter funding uplift of £156m
- Anticipated allocation income of £65m
- Additional confirmed GMS allocation £4m
- Other income of £11m

RH advised that the report detailed the principles and proposed approach to delegating funding at the start of the 2024/25 financial year from the total available resources of £1.716bn.

RH commented that the proposed approach involved 2-part budget setting plan which initially delegated the proposed levels and then for a second delegation to be performed during quarter 1 of 2024/25. This would be part of finalising the 2024/25 financial savings and cost pressure plans at a divisional/budget holder level.

The Board noted that the annual financial plan was underpinned by a focus on developing a budget strategy that:

Ensures budget delegation plan reconciles with Allocation funding.

Budget allocations were in line with WG allocative planning therefore prioritised to 2024/25 pressures.

Budget delegation includes recurrently approved budgets, 3.67% NHS Wales LTA's pass through (£8.8m) and regional planned recovery monies (£3.9m) where applicable.

Reserves were established pending finalisation of some anticipated allocations

Budget holders should operate & deliver within delegated budgets noting that some areas forecast to be overspent.

An innovation reserve had been established for a number of key priorities (£3m)

No contingency reserves were established

All other risks & pressures will need to be pro-actively managed & mitigated.

The Board APPROVED the proposed budget delegations, including:

	Initial revenue budgets to be delegated for the 2024/25 financial year, and Those budgets to be held in reserve – both in terms of planned commitments and any contingency (uncommitted reserve).
ABUHB 2703/11	Corporate Parenting Charter Jennifer Winslade (JW), Director of Nursing, advised that the report outlined the responsibilities upon public sector bodies such as the Health Board to safeguard and promote the rights and life chances of care-experienced children and young people. JW noted that the proposed charter for adoption was closely aligned with the UN Convention for the Rights of the Child (UNCRC) and the paper sought to develop the understanding of this work for children in care. Phil Robson (PR), Independent Member, advised that corporate parenting was a key challenge for those young people in care and acknowledged that there were opportunities for further work and asked whether the Public Services Board (PSB) could assist in this field. The Chair and Chief Executive agreed to consider this through the PSB as members. The Board AGREED to the signing of the Pledge to become a corporate parent.
ABUHB 2703/12	Strategic Equality a. Annual Report Sarah Simmonds (SS), Director of Workforce and OD, advised that the report provided the background and context to the Annual Equality Report 2023-24 and the associated improvements made. SS noted that the annual report was required to be published by the 31 March 2024 in line with the requirements set out in the Public Sector Equality Duty (PSED) 2011. The Board noted that the annual report was a useful tool in communicating information about the work the Health Board was undertaking on Equality, Diversity and Inclusion (EDI). SS acknowledged that within the last 12 months there had been improvements in the gender pay gap, staff diversity networks had been supported and the anti- racist action plan had progressed. The Board APPROVED the Strategic Equality Report.

b. Strategic Plan

Sarah Simmonds (SS), Director of Workforce and OD, introduced the report which provided the background context to the Strategic Equality Plan (SEP) and Equality Objectives for 2024 – 2028 following the public consultation and feedback that had been received. SS advised that the revised SEP was due to be published by the 31 March 2024, to comply with the requirements set out in the Public Sector Equality Duty 2011.

The Board was advised that the SEP had been developed following extensive engagement to ensure that the objectives that were set were realistic and relevant. From the engagement several themes emerged that were:

- Meaningfully engaging and actively listening to our people and patients
- Co-production and design
- Access to our services and environment
- Culture and leadership
- Data and systems
- Equal opportunities

SS advised that in developing the plan the context post covid had changed and three core objectives had emerged that were:

- Patients – access to services
- People -Diversity of workforce
- Population - Addressing health inequalities

SS advised that an action plan had been developed and that work was ongoing to identify appropriate measures to track the progress and impact of the plan.

Pippa Britton (PB), Independent Member, recalled an example of accessibility matters across the estate and asked whether this could be linked with the volunteer programme to assist those with physical limitations when accessing services.

The Board discussed the accessibility of accessing certain sites and heard that some sites require improvement and noted that the front of house services were key and that the inclusion of the work of volunteers may further assist.

Action: Director of Workforce and OD to meet with Director of Nursing to explore the use of volunteers in better managing access considerations.

	In response to a question the Board was advised that sufficient resources existed to deliver the SEP and noted that a network was being established to support the better delivery of the equalities agenda and positive steps had been made including the use of protected time to grow staff networks. The Board APPROVED the updated SEP.
ABUHB 2703/13	Major Incident Plan Hannah Evans (HE), Director of Strategy, Planning and Partnerships, advised that the Health Board has a statutory responsibility under the Civil Contingencies Act 2004, to plan for and respond to a wide range of incidents and emergencies that could impact on health or patient care. HE advised that the plan had been considered by the Partnerships, Population Health and Planning Committee prior to submission to Board. HE noted that the Major Incident Plan outlines the roles and responsibilities of ABUHB in an emergency response, including its activation and deactivation arrangements, command and control structures and recovery arrangements. The Board was advised that a Major Incident exercise was planned for later this year to test the plan across a wide range of response services. Helen Sweetland (HS), Independent Member, sought assurance as to the effectiveness of communication to those delivering services and was advised that rigorous governance arrangements were in place to ensure that regular communication around the plan and its detail were in place. The Board was also provided feedback on some of the details within the plan and noted that the helipad was now open and queried whether a further option should be included as the Grange was now operational and whether the plan could be further enhanced through the inclusion of operational organisations that could also assist when dealing with a major incident. Action : Director of Strategy, Planning and Partnerships to reflect the comments of the Board within the final plan. The Board APPROVED the revised Major Incident plan for immediate implementation.
ABUHB 2703/14	Establishment of the NHS Wales Joint Commissioning Committee Nicola Prygodzicz (NP), Chief Executive, presented the report that detailed the proposed implementation and governance arrangements of the NHS Wales Joint Commissioning Committee that was scheduled to

come into effect on 1st April 2024. The Board was advised that the proposal was for Health Boards to establish a Joint Committee that would be operational from 1 April 2024, which would supersede the Welsh Health Specialised Services Committee and the Emergency Ambulance Services Committee and National Collaborative Commissioning Unit (NCCU). The Board noted that the new Joint Committee would be hosted by Cwm Taf Morgannwg University Health Board.

NP advised that the Director of Corporate Governance had provided significant support to this workstream and the proposal when implemented would also include the 111 programme that the Health Board presently hosts.

In response to a question regarding efficiency savings generated as a result of the establishment of the Joint Committee, NP advised that the reorganisation would not cost any more than that of EASC and WHSSC combined and acknowledged that further work was to be undertaken to achieve efficiencies.

The Board:

a. NOTED the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1st April 2024, as directed by Welsh Ministers;

b. NOTED that the JCC would supersede the Board's current joint committees, Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1st April 2024;

c. NOTED the development of the JCC's governance framework, as a key component of the Health Board's governance framework;

d. ADOPTED the amendments to Model Standing Orders and Reservation and Delegation of Powers for Local Health Boards; and the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18th March 2024 (Appendix A);

e. ADOPTED the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19th March 2024 (Appendix B); and

f. NOTED the JCC's Accountability Map for information (Appendix C).

ABUHB 2703/15	Director of Public Health Annual Report 2023/24: Our Future, Our Voice - Babies, Children and Young People of Gwent Tracy Daszkiewicz (TD), Director of Public Health, informed the Board that the Director of Public Health (DPH) holds a statutory requirement to produce an annual report. The Board noted that the Annual Report was a vehicle for informing local people about the health of their communities, as well as providing necessary information for decision-makers in local health services and authorities on health gaps and priorities that need to be addressed. TD advised that this year's report, had been informed by families, children, and young people across Gwent, with the intention of producing a report written by those who had informed the report about their experiences. TD provided examples of the findings from the engagement and noted that individuals had shared their stories and experiences of living through and coming out of the Covid-19 pandemic. The Board noted that the report concludes with an open letter to all asking that their voices and instructions on how services could be better delivered were listened to and in turn would enable the outcomes for children and young people in Gwent to improve. In particular the following was noted as key priorities: Vaccination and how children would be kept safe Challenging the word gap and the difference in language development across the population by area of deprivation Infant mortality Obesity and healthy weight and the influences of trauma on weight to remove the stigma associated with this. TD noted that when engaging with older children it was identified that there was a need to better understand what a healthy relationship was and also the giving and hearing of consent. TD also noted that more work was required in order to address the following themes: teenage pregnancies were higher than the Welsh average Vape use. Children's perspective of safety and contextual safeguarding TD reflected that all children and young people were very knowledge age about climate change and the impact upon specific health conditions, such as asthma. In terms of next steps the Board were informed that further engagement with children and young people on the development a babies and children young people's strategy would take place.

	The Board provided helpful feedback on the report and advocated that the report be shared with partners and wider groups through various fora. The Board NOTED the report.
ABUHB 2703/16	Cancer Services Annual Report 2023 James Calvert, (JC), Medical Director, reminded the Board that within the Integrated Medium-Term Plan 2023-26, the Board had set out a priority to progress an action to maximise cancer outcomes for the population of Gwent . JC noted that whilst progress has been made in recent years, the Health Board was committed to accelerating the rate of improvement and that this year's annual report described the key achievements, challenges and progress over the past 12 months of a key strategic priority of the Health Board. In particular the following points were noted: Public health plan had been developed to improve the updates in respect of cancer screening and addressing harmful behaviours Patient steering group had been established and was informing the design of cancer pathways Cancer self-optimisation tool was in use Integrated support workers to support patients through their treatment were in place Significant challenges for some cancer pathways and the requirement for cancer treatment to start within 62 days against a backdrop of increased cancer referrals Reduction in the backlog of patients on the single cancer pathway Corporate Cancer team had moved to core clinical services and this has eradicated urgent pathology waits. YYF Breast Unit has opened and the satellite radiotherapy unit an Nevill Hall was progressing well. The Board NOTED the report and welcomed the update on work progressed to-date.
ABUHB 2703/17	Quarter 3 - 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 3, through the following:

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

In particular, the following points were noted:

Improvement against the best start in life priority 1, particularly notable increase in breastfeeding uptake
Cancer pathway improvements
Good progress in eliminating waits over 156 weeks as of the of end January 2024, with 11 patients waiting for treatment compared to 500 at the same time last year

In terms of the challenges the following was noted:
Waiting lists for planned care continue to grow in 3 speciality areas
ND pathway for under 5-year-olds and a 600% increase of referrals in the past few years
Adult Mental Health Service part 1a and 1b measures
Urgent and Emergency Care System

In terms of broader performance the Board noted that:
Endoscopy Unit has resulted improvements in cancer performance
Bed reconfiguration implemented
Establishment of the YYF Breast Unit
Phase 1 of Tredegar development had been completed with Phase 2 commenced
Regional cataracts provision in place
Launch of the joint strategic needs assessment
Acute frailty model within urgent and emergency care progressed

Nicola Prygodzicz (NP), Chief Executive, advised that despite work being undertaken across the CAMHS service there remained specific challenges around part A and noted that a proposal to address this was being developed for the ND pathway. The Chair requested that an update be provided to a future Board on the ND action plan.

Action Chief Operating Officer to provide an update on the ND Action plan at a future Board meeting.

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

ABUHB 2703/18	Quarter 3 – Patient Safety & Quality Reports

	Jennifer Winslade (JW), Director of Nursing, provided the Board with a progress report during Quarter 3. JW advised that public and transparent reporting was a key consideration and a quality outcomes framework had been developed and would be shared with Improvement Cymru. JW advised that areas of escalation for the Mental Health & LD Division and the Urgent Care Division had been included and noted that in respect of the Mental Health & LD Division, whilst the completion of the 30-60-90 day action plan was complete further work was required to embed actions within sustained working practices. The Chair expressed concern around the increase of violence and aggression against staff and noted the work that had been ongoing including the need for mandatory training to be prescribed from April. Peter Carr, Director of Therapies and Health Sciences, advised that from a staff viewpoint there was an improved understanding that such incidents were taken seriously and would be a key focus for the future. The Board NOTED the report.
ABUHB 2703/19	Finance Performance Report – Month 10, 2023/24 Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining the financial performance at the end of January 2024. (Month 10) RH noted the following: Deficit of £48.2 m which was an improvement to the forecast of £52.9 m as at month 10 Capital budget was breakeven Public sector performance was above minimum level of 95% Assumptions included : o £88m would be retained and includes the conditional funding assumptions o Full funding of pay awards An improvement in the level of deficit since month 9 that resulted in an overall reduction of £3.5m to the deficit. In terms of month 11, RH provided a verbal update and advised that additional funding had been received from Welsh Government that had reduced the deficit to £49m. The Board NOTED the Month 10 Financial Performance.

ABUHB 2703/20	Decarbonisation Update Rob Holcombe (RH), Director of Finance and Procurement, presented the report that provided an update on the Decarbonisation Programme, including progress against the Decarbonisation Action Plan and progress made in achieving the National Programme goal of Net Zero emissions by 2050 and for the pubic sector to be Net Zero by 2030 . The Board NOTED the progress update.
ABUHB 2703/21	Strategic Risk Report, March 2024 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. The Board noted that two risks had been deescalated in the period and would be managed at a divisional level, with a further two risk scores being reduced but maintained on the corporate risk register. The Board noted that new strategic risks had been introduced on the corporate register in respect of performance and financial planning. The Board NOTED the Strategic Risk Report for March 2024.
ABUHB 2703/22	Strategic Partnership Updates: - a. Public Services Board Tracy Daszkiewicz (TD), Director of Public Health, provided a verbal update on the Public Service Board activities. TD advised that a learning event had been held last month and that the Health Board was the only representative from the Gwent PSB. The Board advised that discussions continue regarding achieving cohesion across the strategic partners to better serve the population. The Board NOTED the update. b. Regional Partnership Board Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided a verbal update on Regional Partnership Board activities with the latest meeting being held on 19th March 2024. HE advised that the RPB had received a detailed update on the governance review and that further work was to be completed in determining priorities and how strategically these matters were progressed. From the data it was noted that the following themes were emerging; prevention, longer term, early years and citizen needs.

	The Board noted the utilisation of the RIF had been discussed and that tapering wouldn't be applied until 2027 and that the RPB had endorsed a staged evaluation approach. HE advised that there was a small element of RIF funding that had not been deployed and the Children's Partnership would address this. The Board NOTED the update.
ABUHB 2703/23	Executive Committee Chair's report Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held between 18th January 2024 – 15th March 2024. From the report the Board attention was drawn to the following areas: Diabetes CAhMS / ND additional capacity MS Business case to be considered at a future board Maternity and neonatal services Cardio vascular prevention programme being developed Electronic prescribing medicines programme The Board NOTED the report.
ABUHB 2703/24	Key Matters from Committees of the Board The Board RECEIVED Assurance Reports from the following Committees: Charitable Funds Committee- 22nd January 2024 Partnerships, Population Health and Planning Committee – 31st January 2024 Audit, Risk and Assurance Committee – 8th February 2024 Mental Health Act Monitoring Committee -21st February 2024 People and Culture Committee – 22nd February 2024 Patient Quality, Safety and Outcomes Committee – 23rd February 2024 Shared Services Partnership Committee: 18th January 2024.
ABUHB 2703/25	An overview of Joint Committee Activity Nicola Prygodzicz (NP), Chief Executive, provided an update on the issues discussed and agreed at recent meetings of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), as joint committees of the Board.

	NP advised of the WHSCC cost pressures and that further work was ongoing as to how costs could be further reduced given the financial context In terms of EASC, NP advised of the work in respect of the EMRTS service and noted that at present there was an unmet need in Wales and the current base configuration for the service did not meet demand. NP provided an overview of the matter and the three phases of engagement. The Board noted that Llais had raised concerns in relation to the engagement approach and that strong representations had been made by a range of stakeholders including the Powys community. NP advised that discussions continue with a view to reaching a decision by the end of April, noting that the decision would need to be agreed by the Joint Committee and individual Health Boards. NP noted that an extra ordinary meeting may be required prior to the end of April to receive the outcome of the consultation. In response to a question, clarification was sought on the thrombectomy rate and was advised that the rate across Wales was low and the aspiration was for a more sustainable plan with discussions continuing regarding Cardiff & Vale UHB becoming a thrombectomy centre for South Wales. The Board NOTED the report.
ABUHB 2703/26	Date of the Next Meeting: Wednesday 22nd May 2024

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

AGENDA		
Date and Time	Wednesday 10th April at 2.30pm	
Venue	Conference Centre, Headquarters, St Cadoc's Hospital	
PRESENT	Ann Lloyd Nicola Prygodzicz James Calvert Peter Carr Sarah Simmonds Jennifer Winslade Hannah Evans Robert Holcombe Paul Solloway Leanne Watkins Paul Deneen Dafydd Vaughan Philip Robson Prof Helen Sweetland Penny Jones Louise Wright Richard Clark	Chair Chief Executive Medical Director Director of Therapies and Health Science Director of Workforce and OD Director of Nursing Director of Strategy, Planning and Partnerships Director of Finance & Procurement Director of Digital Chief Operating Officer Independent Member (Community) Independent Member (Digital) Special Advisor to the Board Independent Member (University) Independent Member (Community) Independent Member (Trade Union) Independent Member (Community)
ALSO IN ATTENDANCE	Rani Dash Michelle Jones Jemma Morgan Fern Cook	Director of Corporate Governance Head of Board Business Llais Governance Support Officer
APOLOGIES	Pippa Britton Martin Blakebrough Iwan Jones Stephen Harry	Independent Member (Third Sector) Independent Member (Community) Independent Member (Finance) Chief Ambulance Services Commissioner

ABUHB 1004/01	Welcome and Introductions The Chair welcomed members to the extraordinary meeting, in particular members of the public who were able to join the meeting to observe in person and online. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting. The Chair welcomed Ross Whitehead, (RW) Deputy Chief Ambulance Services Commissioner to the meeting.
ABUHB 1004/02	Declarations of Interest for Noting There were no declarations for noting.
ABUHB 1004/03	Emergency Medical Retrieval and Transfer Service (EMRTS) The Chair noted that the NHS Wales Joint Commissioning Committee (JCC) had requested that each Health Board meet to consider the proposals contained within the paper that had been developed and to provide advice and an outcome of the decision, prior to the JCC meeting scheduled for 23rd April 2024 at which the proposal would be determined. Nicola Prygodzicz (NP), Chief Executive, advised that a substantial amount of work had been completed on this matter, with considerable discussion and welcomed the local consideration as to how the proposals would impact upon ABUHB's population. Ross Whitehead (RW), Deputy Chief Ambulance Services Commissioner, provided an overview of the paper and noted that in autumn 2022 following receipt of a proposal from EMRTS, the Emergency Ambulance Services Committee (EASC) asked the Chief Ambulance Commissioner to undertake a wider review of the EMRTS Service. The Board was advised that EMRTS provides specialised pre-hospital critical care in Wales, in partnership with the Wales Air Ambulance Charity, that provide 2/3rds of funding for the service. RW advised that the purpose of the review was to explore the following four broad areas:

Unmet need - Across Wales, the Board noted that 2 -3 patients a day across Wales cannot access the service, this was mainly at night and that within the ABUHB boundary this equated to 15%.
Utilisation of the various bases and assets. - The Board noted a significant variation across bases Wales, with bases in South Wales being utilised far more than those in Mid / North Wales bases.
Equity of Geographical coverage. The Board noted that there was one asset based in Cardiff that covers the whole of Wales. The Board was advised that the findings identified that by air, there was a significant difference in respect of timely coverage in the north.
Rapid Response Vehicles: The Board noted significant variation in use. The Board was advised that this was being driven by the closeness of bases to population density.

RW advised that alongside the review a period of engagement took place, utilising a range of approaches and feedback mechanisms, that included engagement with Llais. The Board noted that during Phase 3, the final phase of engagement, 5 online responses from residents of ABUHB were received and this represented circa 1% of the overall feedback received.

The Board noted that the outcome of the review was submitted to EASC in March 2024, that built upon the reports that had been submitted during the period of the review. The final report provided a structured evaluation of the Emergency Medical Retrieval and Transfer Service (EMRTS) within Wales, and outlined the process and methodology used to review the service. In conclusion the report identified four recommendations. RW advised that recommendations 1 to 3 focussed upon the consolidation of the Caernarfon and Welshpool bases into a central location close to the A55, with recommendation 4 focussing upon the development of a bespoke road based enhanced and/or critical care services in rural and remote areas. The Board noted that this was in response to the concerns raised during the engagement around the provision of services. RW noted that, if agreed, a Task and Finish group would be established with a view to report on this recommendation, in September 2024. In conclusion the Board was advised that within the ABUHB geographical area the modelling of the reconfigured service suggested that there would be an improvement in better meeting the level of unmet needs and an improvement in the average response time.

NP reflected that the clarification in respect of the impact upon unmet need and response time was beneficial in terms of ABUHB population and all other Health Board areas in Wales.

Hannah Evans (HE), Director of Strategy, Planning and Partnerships acknowledged that there hadn't been a significant response from the population, notwithstanding the robust communication that had been shared by the Health Board to engage the population and to provide opportunities for feedback.

NP advised that it was clear that benefits existed for ABUHB's population and that clinicians from within ABUHB that support the EMRTS service had verified this. RW advised of the wider perspective and the impact on other health boards and noted that the timing and alignment of recommendation 4 was key.

Jemma Morgan (JM), Regional Director, advised the Board that service development to meet unmet needs must be the primary goal. In terms of engagement, the feedback from the population was clear. JW advised that whilst ABUHB response rate was low, from a national viewpoint the Welshpool/ North Wales population was not assured that enough detail had been provided as to how the proposal affects those communities. JM confirmed that Llais remained unclear as to the rationale for the need for an urgent decision to be made and suggested that the work of the Task and Finish group be progressed, prior to the decision on the other three recommendations being made. JM advised that this would provide the public and Llais with greater assurance.

The Chair sought clarification of the services that would be provided in the more rural areas that would benefit from an EMRTS service and asked whether any diminishment would occur. RW advised that in respect of the areas of Powys and North Wales there would be an overall reduction in unmet need and a reduction in response times and reassured the Board that those services in place now would continue and concluded that overall, the model suggested an overall improvement in provision across all areas in Wales, but not an eradication of unmet need. RW noted that this proposal would not be final development of the service as work would continue to further reduce the level of unmet need.

Sarah Simmonds, (SS), Director of Workforce and OD, sought clarification as to whether changing the location of bases in the north would in turn impact the availability of current staff and impact the 24-7 service. RW advised that there was a mixed picture amongst staff from both affected bases and advised that the EMRTS operational team had provided assurance as to their ability to staff the services. RW

	reflected that Recommendation 4 provided further opportunities for staff. The Chair asked the Board to consider the recommendations as described on the basis that the proposal identifies an improvement of unmet need, with no diminishment of services in rural areas and that the essential work in respect of the bespoke proposal for cover of road services would proceed at pace, with an outcome to be reported upon no later than September 2024 The Board AGREED the four recommendations and urged the JCC to progress the work required in respect of recommendation 4 with a view to reporting back to Health Boards in September 2024.
ABUHB 1004/26	Date of the Next Meeting: Wednesday 22nd May 2024

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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
24th January 2024	ABUHB 2401/12.2	St Woolos Hospital Consolidation The Chair requested that an overview of the impact of Patient Safety events, be presented to the Board.	Director of Nursing	March 2024	Complete <u>May 2024:</u> A report on the Six Goals Programme, including an update on Patient Safety Events, is included on the Board's agenda at item 4.4
24th January 2024	ABUHB 2401/17-	All Wales Individual Patient Funding Request (IPFR) Policy The Chair requested a report on Individual Patient Funding Requests, including numbers and outcomes, to be presented to a future meeting.	Medical Director	May 2024	Complete <u>May 2024:</u> A report on IPFR, is included on the Board's agenda at item 4.9
27h March 2024	ABUHB 2703/12	Strategic Equality Plan To explore the use of volunteers in better managing access considerations across Health Board sites	Director of Workforce and OD & Director of Nursing	May 2024	Complete <u>May 2024:</u> Patient Quality, Safety & Outcomes Committee will receive the Volunteering

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					Annual report at the June meeting. Volunteers have a real impact within our hospitals, enhancing the care we provide and the overall hospital experience for our patients as well as playing an important role in supporting our staff. The Health Board continues to develop and grow the contribution of volunteers across sites. A 'Meet and Greet' service, delivered by the Ffrind i Mi, League of Friends and Age Cymru Gwent Robin Service, is currently available at Ysbyty Ystrad Fawr, Nevill Hall Hospital and Royal Gwent Hospital. Meet and Greet Volunteers welcome outpatients and visitors to the hospital and

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					help them to find their way around. All Health Board Volunteers undertake Equality, Diversity and Inclusion and Welsh Language Awareness Training during their induction to ensure that they are aware of the Health Board's obligations under the Equality Act 2010 and the Welsh Language Standards. In addition, bespoke Visual Impairment Awareness Training is being delivered to Volunteers by the Health Board's Disability Inclusion Officer to raise awareness of how to support a person with a visual impairment, reasonable adjustments to ensure you comply with The Equality Act 2010 and sighted guiding principles.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					The Health Board's Patient Experience and Involvement and Equality, Diversity and Inclusion Teams continue to work collaboratively to support Health Board services in meeting the accessibility needs of patients and the public across sites. Volunteers have been instrumental in supporting referrals made into the Equality, Diversity and Inclusion Team regarding the accessibility needs of patients on wards.
27h March 2024	ABUHB 2703/13	Major Incident Plan Plan to be updated to include comments made at the Board meeting held on 27th March 2024.	Director of Strategy, Planning and Partnerships	April 2024	Completed <u>May 2023:</u> Major Incident Plan has been updated to incorporate the comments from the Board and has been published on the Health Boards intranet

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
27h March 2024	ABUHB 2703/17	Quarter 3 - Performance and Outcomes Report Update on the CAMHS/ND Action plan to be provided at a future Board meeting.	Chief Operating Officer	July 2024	Not Yet Due

All actions in this log are currently active and are either part of the Board'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 Board meeting will be ready.
Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

Agenda Item: 1.6

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This report is presented for compliance and assurance purposes to ensure the Health Board fulfils the requirements of its Standing Orders in respect of documents agreed under seal and situations where Chair's Action has been used for decisions.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between the 5th March 2024 and 30th April 2024.

The Board is asked to note that there have been three (3) documents that required the use of the Health Board's seal during the above period.

Chair's Action in Standing Orders requires approval by the Chair, Chief Executive and two Independent Members, with advice from the Board Secretary (the Director of Corporate Governance). All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 5th March 2024 and 30th April 2024, there were four (4) Chairs Actions agreed.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may

only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as: Chair's action on urgent matters: There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practical to call a meeting of the Board. In these circumstances, the Chair and the Chief Executive, supported by the Board Secretary, may deal with the matter on behalf of the Board - after first consulting with at least two other Independent Members. The Board Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Board for consideration and ratification.

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Three documents were sealed between the 5th March 2024 and 30th April 2024, as outlined below.

Date	Title
11.03.24	Contract signature for Bettws Ward Refurbishment for new CAMHS (Child and Adolescent Mental Health Services) Sanctuary Hub between Aneurin Bevan University Health Board and The Joint Contracts Tribunal Ltd (JCT) located at St Cadoc's Hospital and consisting of several group rooms and two sanctuary spaces for CAHMS patients.
14.03.24	Deed of surrender relating to the Day Surgery and Endoscopy Unit at Nevill Hall Hospital, Brecon Road, Abergavenny between Aneurin Bevan University Health Board and Abergavenny Facilities Ltd.
10.04.24	Delivery Agreement between Aneurin Bevan University Health Board and Morgan Sindall Construction and Infrastructure Ltd for works and services of construction of a new build extension with the remodelling of existing emergency department entrance and waiting area.

3.2 Chair's Action

The Chair's Actions approved between 5th March 2024 and 30th April 2024 are provided below:

Date	Title
11.03.24	To award a contract extension for the provision equipment to support a Network Edge Refresh for the period 1st March 2024 to 31st March 2024 to a value of £600,000 including VAT
11.03.24	To award a contract for the provision of Molecular testing for Sexual Health (Chlamydia) for the period 1st May 2024 to 30th April 2029 (with 1+1year optional extension) to a value of £1,412,526.83.
16.04.24	To award a contract for the replacement of the robotic dispensing system within the pharmacy at Royal Gwent Hospital to a value of £ 1,124,434 – The Board had previously agreed funding of £709,406 for this case and so the Chair's action agreed the additional requirements of £415,028 resulting in an overall contract value of £1,124,434.
23.04.24	To award a contract for the provision of Picture Archiving Communication System (PACS) for the period 2012-2019 to a value of £2,489,217.84 ex VAT

Asesiad / Assessment

In endorsing this report the Health Board will comply with its own Standing Orders.

Argymhelliad / Recommendation

The Board is asked to note the documents that have been sealed and to ratify the action taken by the Chair on behalf of the Board.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

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	Not applicable to this report

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

Agenda Item:2.1

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Big Conversation (Bereavement) Evaluation Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Tanya Strange, Head of Nursing, Patient Experience and Involvement

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The National Bereavement Framework for Wales aims to ensure that people who are bereaved are treated with compassion, that their needs and grief reactions are recognised, that there is appropriate and timely support when people need it and that people with protected characteristics can access information and support that meets their needs.

The Bereavement Standards define the responsibilities of Health Boards and Commissioned Services and there is a requirement to report progress against the Standards to Welsh Government. Aneurin Bevan University Health Board needs to ensure that it develops an accessible bereavement service in partnership with our population and stakeholders. The model must consider and embed the Standards.

The Board is asked to RECEIVE the Big Conversation Evaluation Report and DISCUSS progress and potential implications for organisational/regional implementation.

Cefndir / Background

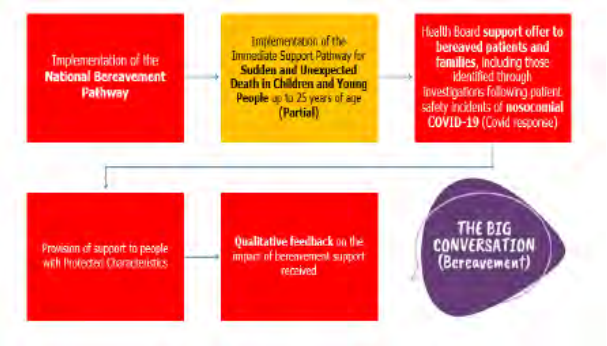
The Aneurin Bevan University Health Board has an established End of Life Care (EoLC) Board. Implementation of the Bereavement Standards for Wales is now integral to the EoLC work programme and is also included in the work programme of the Six Goals for Urgent Care. The Executive Director of Nursing is the Executive Lead for Bereavement, the Assistant Medical Director is Clinical Lead, the Head of Nursing for Patient Experience and Involvement is the Strategic Lead, and the Clinical Lead Nurse for Bereavement is the Operational Lead. Progress against the Bereavement Standards is reported through the EoLC Board, 6 Goals for Urgent Care Board, Executive Committee, Patient Quality, Safety and Outcomes Committee and Board.

The National Bereavement Standards for Wales had not been robustly considered prior to alignment with the End-of-Life Care Board. The needs of bereaved people had not been heard and the support available had not been scoped. The Big Conversation (Bereavement) brought together people who had been bereaved, families, staff, charities, public and voluntary sector, care homes, policy leads etc and provided an opportunity to both raise awareness of the Standards and listen to the experiences of those bereaved and those offering bereavement support. People's feedback will inform a co-produced bereavement model.

Asesiad / Assessment

Bereavement Pathway Implementation

The immediate support pathway for sudden and unexpected death in children and young people up to 25 years old, is being partially met by Aneurin Bevan University Health Board. The remaining 4 aspects of the National Bereavement Pathway, whilst work is progressing, are unmet.



The Big Conversation Event

To develop a new bereavement model and better understand what our local bereavement offer should look like, it was agreed that the Health Board and our partners should reach out to our population through a Big Conversation. 170 people attended the event on 20th March. The morning session consisted of several presentations themed around the Standards. The afternoon session consisted of 9 topic specific round table discussions with feedback from each discussion being 'fed' into the big conversation. Facilitators supported group discussions on people's bereavement experience, how they were supported, what would have made a difference and what they wanted to see in the bereavement model.

Overall Evaluation

Feedback received was overwhelmingly positive with many people stating that these conversations should be ongoing, not just locally but across Wales. People were empowered to talk about their experiences openly and they felt heard. For some, the event helped people recognise that they were 'not alone'. Despite their

personal experiences of loss and the limited support they received at the time, many people expressed an interest in working with us to develop a co-produced and informed model of bereavement support. 50 attendees have indicated that they wish to join our bereavement collaborative.

Themes for Consideration

The Big Conversation Evaluation Report outlines the themes from each of the round table discussions and indicate what people wish to see in the new bereavement model. In summary:

- There needs to be greater awareness of Advance and Future Care Planning (AFCP), to empower the person who has a life limiting condition and to help prepare families for loss. An AFCP public awareness campaign is needed.
- AFCP for people of all cultures and religious beliefs should be informed by needs. One size does not fit all.
- More needs to be done around anticipatory grief to prepare people for loss.
- There needs to be recognition of baby loss under 20 weeks. There is currently national consideration of this.
- People do not want to be 'signposted' to a website. More face to face or telephone contact is needed and people should be asked when they wish to be contacted.
- Peer led support groups throughout communities would enable people to access informal support. These should be run by people who have been bereaved and those who support bereaved people.
- Support for families who have been bereaved by suicide needs to be enhanced. Short term funding compounds sustainability. An all age model is needed.
- Support for families impacted by sudden loss and child loss needs dedicated resource and improved staff training. A national pathway for people who have lost children and young people is under consideration.
- Bereavement experiences of women who lose babies after 20 weeks differs significantly to baby loss under 20 weeks. Service protocols in maternity and gynaecology services for such occurrences need to be reviewed to ensure an improvement in loss and bereavement.
- More support is needed for people whose loved ones pass away in the community. There are inequities in contact when people die outside of a hospital environment.
- Staff training needs to be focussed on all aspects of the bereavement pathway, not least for staff to be able to recognise that someone is at risk of bereavement and how to communicate compassionately.
- There is a need to recognising the changing landscape of religion and the provision of both secular and non-secular support needs closer consideration.
- Targeted conversations with people and communities with protected characteristics need to take place to better understand needs and access/barriers to bereavement support.
- Dedicated family rooms should be available in all hospitals both for when people are at end of life and following bereavement.
- Consideration of the terminology 'Care After Death' is needed as a number of people find this title 'horrendous'.

The process of obtaining death certificates needs to be ‘speeded up’ as people wait too long. The Medical Examiner changes may positively impact this.
The bereavement model must be framed with cultural competency underpinning the model from the outset.
Single point of contact for End of Life and bereavement support would help care navigation.
More conversations are needed at local level. Events planned across all 5 boroughs.

GRACE Bereavement Model

Attendees were asked to comment on the ‘Grace’ bereavement branding. Grief, respect, advice, compassion and empathy will be overarching principles within the model, supporting the Health Board’s Values and Behaviours Model. Feedback indicated that the principles of Grace were fully supported, although the draft logo needed to change as it was viewed as too spiritual. A new logo has been agreed.

Risk Assessment

Staffing

The Health Board has employed a Clinical Lead Nurse for bereavement within the Patient Experience and Involvement Team. The team also has access to 1 day a week of a clinical skills trainer to support our End-of-Life Companion training. The implementation programme for bereavement is significant. A funding proposal for a dedicated PALS officer for bereavement, Volunteer Co-ordinator and additional resource for training and extension of the End-of-Life Care Companion model through Further Faster funding has not been fruitful. This will impact on the organisations ability to embed a ‘keeping in touch’ model of support.

Despite bereavement being separated from the Care After Death provision, no identified resource could be redeployed to support the bereavement agenda. The PALS team are now proactively supporting a number of bereaved relatives.

Training

The Bereavement Lead nurse has undertaken a Bereaved by Suicide ‘Train the trainer’ programme. There is a need to scope, develop and deliver a suite of staff training to support compassionate communication, anticipatory loss, AFCP, End of Life Care and bereavement. This is being considered through the education workstream of the End-of-Life Care work programme. Commissioned training is expensive. To develop structured education across the organisation and region will take time and will need to be supported by appropriate trainer resource.

Bereavement Experience

The new bereavement model and support required to improve people's bereavement experience must be informed by the NICE 3 Component model of support (universal, selected and indicated). There is a need to review our organisational bereavement offer and the offer from commissioned services to ensure that support is accessible and equitable based on people's grief experience. There is a requirement that Health Boards survey bereaved people. A bereavement survey is being developed and this will be accessible through CIVICA, PALS and in written format.

Financial

The new bereavement model will require an equality and financial impact assessment.

Representation has been made to Charitable Funds to determine whether there is any funding that would enable the increase the Clinical Skills Trainer post to two days a week. This would allow the trainer to train Companions and other staff to support our organisational bereavement offer. This is being considered. There is also a need to secure funding to support the wider bereavement agenda including training, memory boxes, and specialist grief support (e.g. indicative counselling for those bereaved by suicide). A review of all commissioned services needs to be undertaken to ensure value for money, avoidance of duplication and gap analysis.

Argymhelliad / Recommendation

The Board is asked to RECEIVE the Big Conversation Evaluation Report and DISCUSS progress and potential implications for organisational/regional implementation.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	5.1 Timely Access 3.2 Communicating Effectively 6.3 Listening and Learning from Feedback 5.1 Timely Access
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Dying Well as part of life Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require mental health and learning disability services Improve the wellbeing and engagement of our staff

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	National Bereavement Pathway for Wales
Rhestr Termau: Glossary of Terms:	Within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	End of Life Care Board Quality and Patient Safety Operational Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
Workforce	Yes, outlined within the paper
Service Activity & Performance	Yes, outlined within the paper
Financial	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available 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/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

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

THE BIG CONVERSATION (Bereavement)

20TH MARCH 2024

Evaluation Report

Introduction

The Aneurin Bevan University Health Board has an established End of Life Care (EoLC) Board. Bereavement is integral to the EoLC work programme and is also included on the work programme of The 6 Goals for Urgent Care. Senior level oversight has been identified:

- The Executive Director of Nursing is the Executive Lead for Bereavement.
- The Assistant Medical Director is Clinical Lead.
- The Head of Nursing for Patient Experience and Involvement is the Strategic Lead.
- The Clinical Lead Nurse for Bereavement is the Operational Lead.

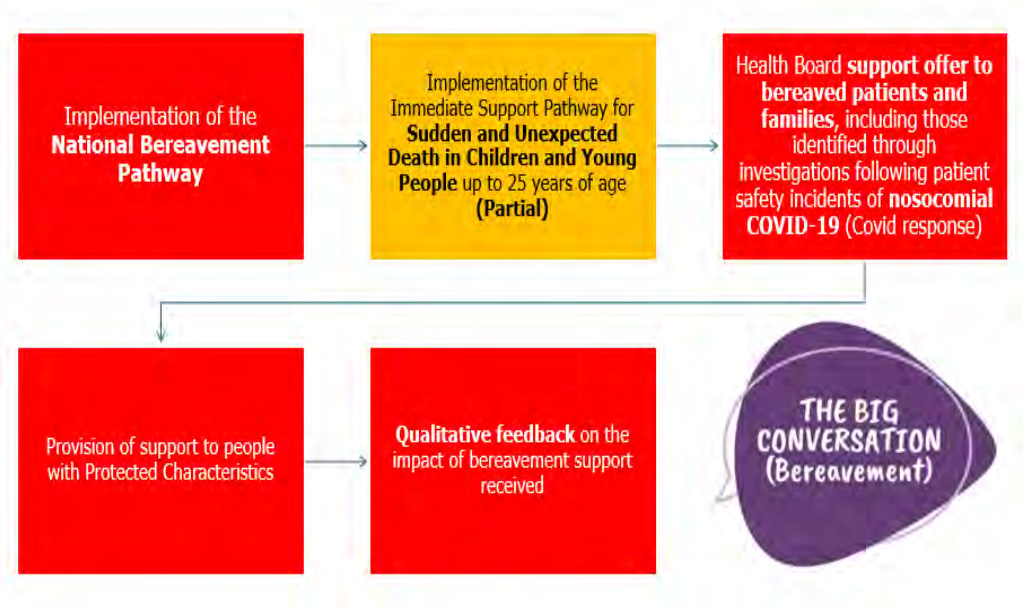
Progress against the Bereavement Standards is reported through the EoLC Board, 6 Goals for Urgent Care Board, Executive Committee, Quality and Patient Safety Committee and Board.

The National Bereavement Framework states that:

- People who are bereaved will be treated with compassion, empathy, and kindness, have their wishes, choices and beliefs listened to, considered and respected by all (including pre-bereavement).
- Their needs and grief reactions are recognised and acknowledged as being different at different times, (e.g. the need for practical help and/or emotional support).
- There is help to know where to turn for additional support when it is needed, this should be available for bereaved people affected by any cause of death, at a time and place when they can access it easily.
- The needs of bereaved people with protected characteristics (Equality Act 2010) are recognized.

These key standards will be integral to our local bereavement model.

NATIONAL BEREAVEMENT STANDARDS: OUR POSITION



The immediate support pathway for sudden and unexpected death in children and young people up to 25 years old, is being partially met by Aneurin Bevan University Health Board. The remaining 4 aspects of the National Bereavement Pathway, whilst work is progressing, are unmet.

Through the End-of-Life Care (EOLC) Board, an action plan to direct the work needed to implement the standards is being monitored. The Big Conversation event will enable the Health Board and our partners to understand people's experience, determine what would have helped, prioritorise actions and ensure our bereavement offer is improved.

Attendee Feedback on the Big Conversation:

" I found today so very useful. Timely too, having lost my son in ICU in December. I am very grateful for this day."

WHY 'THE BIG CONVERSATION: BEREAVEMENT?'

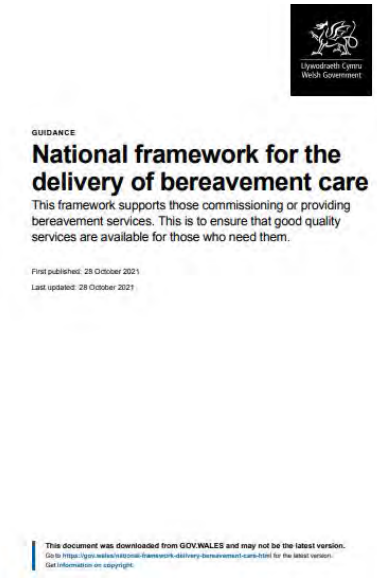
To develop a new bereavement model and better understand what our local bereavement offer should look like, it was agreed that the Health Board and our partners should reach out to our population through a Big Conversation.

This would help us to better understand their experiences of bereavement support, what 'good' looks like and what needs to change. The model would be co-produced, and people's feedback would be used to shape the model.

The Big Conversation held on 20th March 2024, was representative of bereaved people, those who support bereaved people, the wider public, partners and a range of interested stakeholders and organisations.

THE BIG CONVERSATION (Bereavement)

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



GUIDANCE

National framework for the delivery of bereavement care

This framework supports those commissioning or providing bereavement services. This is to ensure that good quality services are available for those who need them.

First published: 28 October 2021

Last updated: 28 October 2021

This document was downloaded from GOV.WALES and may not be the latest version.

PLANNING

Invitations:

Invitations to the Big Conversation were managed through Eventbrite with the option for people to secure a place by telephone or direct email. Consideration of people's specific dietary requirements and accessibility requirements, including access to an interpreter, were captured through the booking process. The event was publicised 6 weeks in advance of the day and 220 booked via Eventbrite.

Information:

Attendees were sent the National Bereavement Framework prior to the event. An information leaflet with a QR code was provided to all attendees. Scanning the QR code took the reader direct to the Health Boards bereavement page where information on local and national bereavement support is available. Bereavement organisations attended and provided information stands on the day.

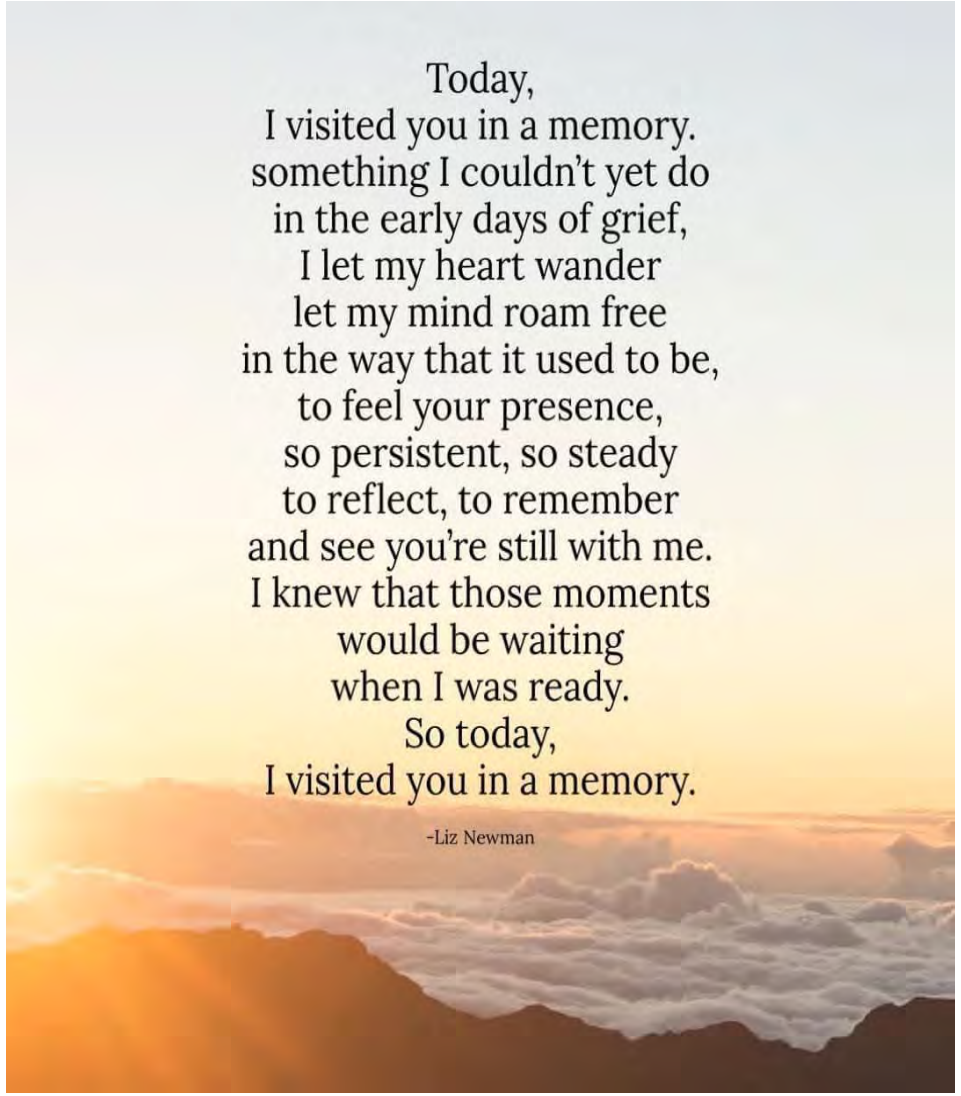
Ramadan:

Being held of the 20th March, some of the attendees were observing Ramadan. Two prayer rooms for males and females were secured at the adjoining hotel. The Health Boards Imam, Farid Kahn, led the prayers.

The Big Conversation: Bereavement

Hear to Listen

Recognising that the day would be emotive, evoking many memories, 10 dedicated **'Hear to Listen'** staff from within and outside the organisation (who had expert experience in dealing with bereaved people and difficult conversations) were identified to support people on the day. These staff wore *'Hear to Listen'* badges and were identified at the start of the day.



MESSAGES TO LOVED ONES

Peoples experience matters. To ensure we are reminded of the reason for improving our bereavement offer, attendees were provided with a paper heart and asked, if they so wished, to write messages to loved ones they have lost and hang them on the Trees of Hope.

At the end of the Big Conversation, 51 messages adorned the Trees of Hope.

These messages will be used within the new bereavement model as a constant reminder that **people's memories** and peoples experience matters.

Feedback from an attendee:

"I loved the remembrance tree where I left a memory for my brother. A lovely idea".

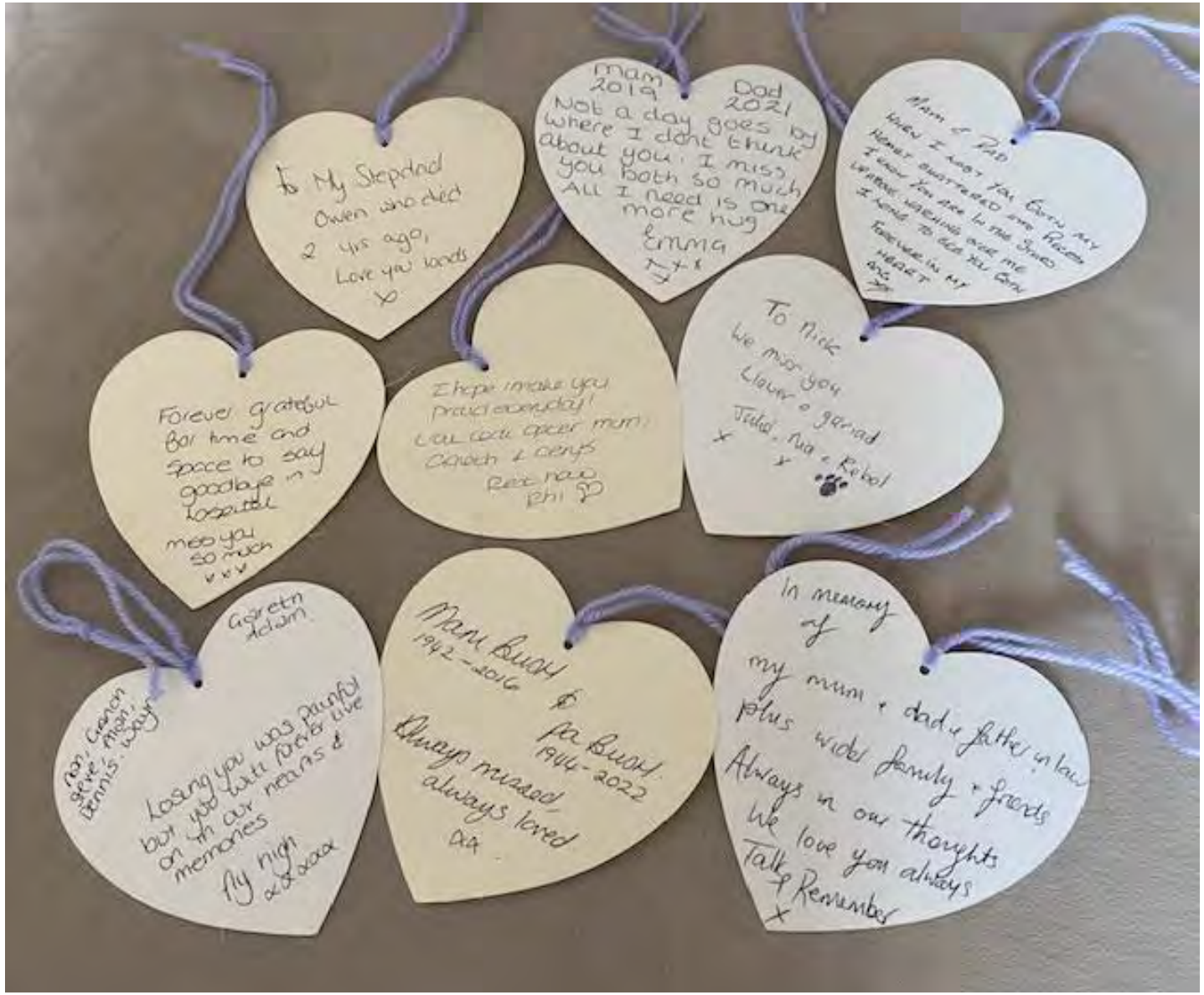
MESSAGES TO LOVED ONES

"Personally, pre-death was not an option, actual death too quick and post-death is an eternal commitment to changing who I was to who I have become.

It is a dawn of realisation that the end of my relationship with my husband was the start of a whole new life. The 'who am I?' 'Where do I belong?

The current bereavement model, processes and procedures experienced and seen so far, have not helped me or mine understand what happened".

(Feedback from attendee at the Big Conversation 20.03.24)



ATTENDEES: 170 PEOPLE WITH REPRESENTATION FROM:

Members of the Public (including those bereaved)	Carers	NHS Staff Clinical and non-clinical	National Bereavement Lead	Government Policy Leads	Public Health Teams
Police	Voluntary Sector Staff and Organisations	Charities	Care Homes	Welsh Ambulance Service	Bereavement Support Staff
Diverse Cymru	Sight Cymru	Muslim Doctors Cymru	Religious Leaders	Equality Leads	Counsellors
Patient Advocacy	Llais	Funeral Directors	NHS Executive	Hospice of the Valleys	Cardiff University Health Board

THE BIG CONVERSATION (Bereavement)

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

Morning Programme

9:00am	**Arrival, Registration and Refreshments**
9:25am	**Chair's Welcome** Carol Taplin, Specialist Chaplain, Aneurin Bevan University Health Board
9:30am	**Opening Remarks** Jenny Winslade, Executive Director of Nursing/Executive Lead for End-of-life Care and Bereavement, Aneurin Bevan University Health Board.
9:40am	**Opening Address** Nicola Prygodzicz, Chief Executive Officer, Aneurin Bevan University Health Board
9:50am	**Improving bereavement support in Wales: The new national framework for the delivery of bereavement care and the research which informed it** Dr Emily Harrop, Marie Curie Research Fellow, Cardiff University
10:10am	**Advance and Future Care Planning: Making your wishes known** Dr Clifford Jones, Assistant Medical Director, Aneurin Bevan University Health Board
10:25am	**Living with Loss and Post Traumatic Growth** Rhian Mannings, Chief Executive Officer 2 Wish
10:40am	**The 'Hard to Reach' Myth** Chris Dunn, Chief Executive Officer, Diverse Cymru
10:55am	**Bereavement Support for People Affected by a Death by Suicide** Bethan Bowden, Consultant in Public Health, Aneurin Bevan Gwent Local Public Health Team
11:10am	**Refreshments**
11.30am	**Bereavement Support for People with Sensory Loss** Non Ellis, Equality, Diversity, and Inclusion Specialist, Aneurin Bevan University Health Board
11.45am	**Religion, Spirituality and Pastoral Care** Alan Tyler, Senior Chaplain and Farid Khan, Imam, Aneurin Bevan University Health Board
12:00pm	**The Impact of the New Death Certification Reforms** Dr Jason Shannon, Lead Medical Examiner for Wales
12:15pm	**The Local Vision for Improved Bereavement Services** Tanya Strange, Head of Nursing, Patient Experience and Involvement and Louise Jones, Bereavement Lead Nurse, Aneurin Bevan University Health Board
12:30pm	**Lunch and Networking**

MORNING PROGRAMME

National and local bereavement discussions identified the importance of attendees understanding the national bereavement priorities and the expectations for Health Boards and commissioned services to improve the bereavement offer.

Through the End-of-Life Care Board, the opening address confirmed the Aneurin Bevan University Health Board's and partners commitment to improving the bereavement offer across our communities. Assurance was provided that the new bereavement model would be developed in partnership and co-produced with bereaved people, those who supported bereaved people and wider stakeholders.

The morning session focused on presentations that would highlight the bereavement standards across all ages and loss circumstances, including expected, sudden, and unexpected loss. It was not possible to cover all circumstances of loss, and the round table conversations held in the afternoon were an opportunity for attendees to raise questions and advise what they wished to see in the new bereavement model.

PRESENTATION 1: *IMPROVING BEREAVEMENT SUPPORT IN WALES: THE NEW NATIONAL FRAMEWORK FOR THE DELIVERY OF BEREAVEMENT CARE AND THE RESEARCH WHICH INFORMED IT*

To ensure the attendees understood the national bereavement priorities, Dr Emily Harrop, Marie Curie Research Fellow at Cardiff University outlined the scoping review of bereavement care in Wales commissioned by the National End of Life Care Board in 2018/2019.

This research identified the gaps and challenges of bereavement service provision across Wales and what we need to consider when developing our local bereavement offer.

Additional challenges identified during the scoping review included:

Lack of framework for commissioning and delivery of bereavement services.

Non-prioritisation of bereavement care.

Restricted access to training.

Restricted access to specialist support.

Long waiting lists and inability to meet demand.

Restrictive eligibility criteria.

Unclear referral pathways.

Challenges of rurality and geographical access.

PRESENTATION 2: *ADVANCE AND FUTURE CARE PLANNING (AFCP): MAKING YOUR WISHES KNOWN.*

Prior to focussing on the bereavement standards, it was important to discuss and raise the awareness of Advance and Future Care Planning (AFCP). It is evidenced that where people are supported to make their wishes known at end of life, and these wishes are respected, the impact of grief on the bereaved person can be lessened.

Dr Cliff Jones, Assistant Medical Director at Aneurin Bevan University Health Board, outlined the importance of making your wishes known through an AFCP, whether this be at the point of a diagnosis of a life limiting condition, when health deteriorates and at end of life. Key considerations included:

- Why have an Advance and Future Care Plan?
- When to do one? What is the trigger? What to include?
- Involving family, friends and carers.
- Principles of making Best Interest Decisions.
- ACP vs Treatment plans.

The presentation outlined the legal and non-legal aspects of a range of clinical decision-making tools, including Do Not Attempt Cardiopulmonary Resuscitation, Lasting Power of Attorney for Health and Welfare, Statement of wishes etc and confirmed that the basis of an AFCP was simply:

- An inventory of **what's important** to the person.
- An instruction manual of what matters to the individual.
- A file note to store important information.
- A goodbye letter to loved ones and
- Encompasses other information such as '**This is Me'.**

This presentation focussed on what mattered to people and was highlighted as one of the most important presentations of the day by those who provided written feedback.

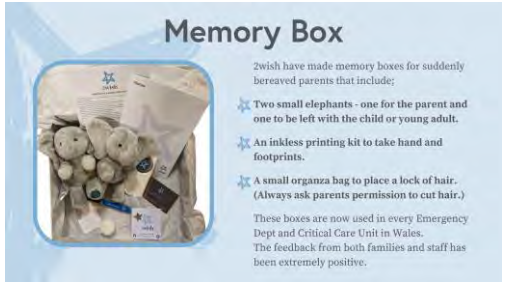
PRESENTATION 3: *LIVING WITH LOSS AND POST TRAUMATIC GROWTH*

Rhian Mannings MBE, Founder and Chief Executive Officer of *2wish* provided a very impactful personal insight into the devastating loss of her son, George, followed by the traumatic loss of her husband Paul. *2wish* was created in their memory and now supports other parents, witnesses and professionals affected by the sudden and often traumatic death of a child or young person aged 25 years and under.

Rhian's presentation reinforced the need to ensure there are no delays in the bereavement offer and the importance of considering how to support those who may not be identified as the next of kin, for example, friends, work colleagues, emergency services etc. The compassionate provision of memory boxes and family rooms was also discussed.

2wish has now extended to support those who have experienced sudden deaths of children and young people in England. This presentation received specific inspirational acknowledgement in attendee feedback.

2wish

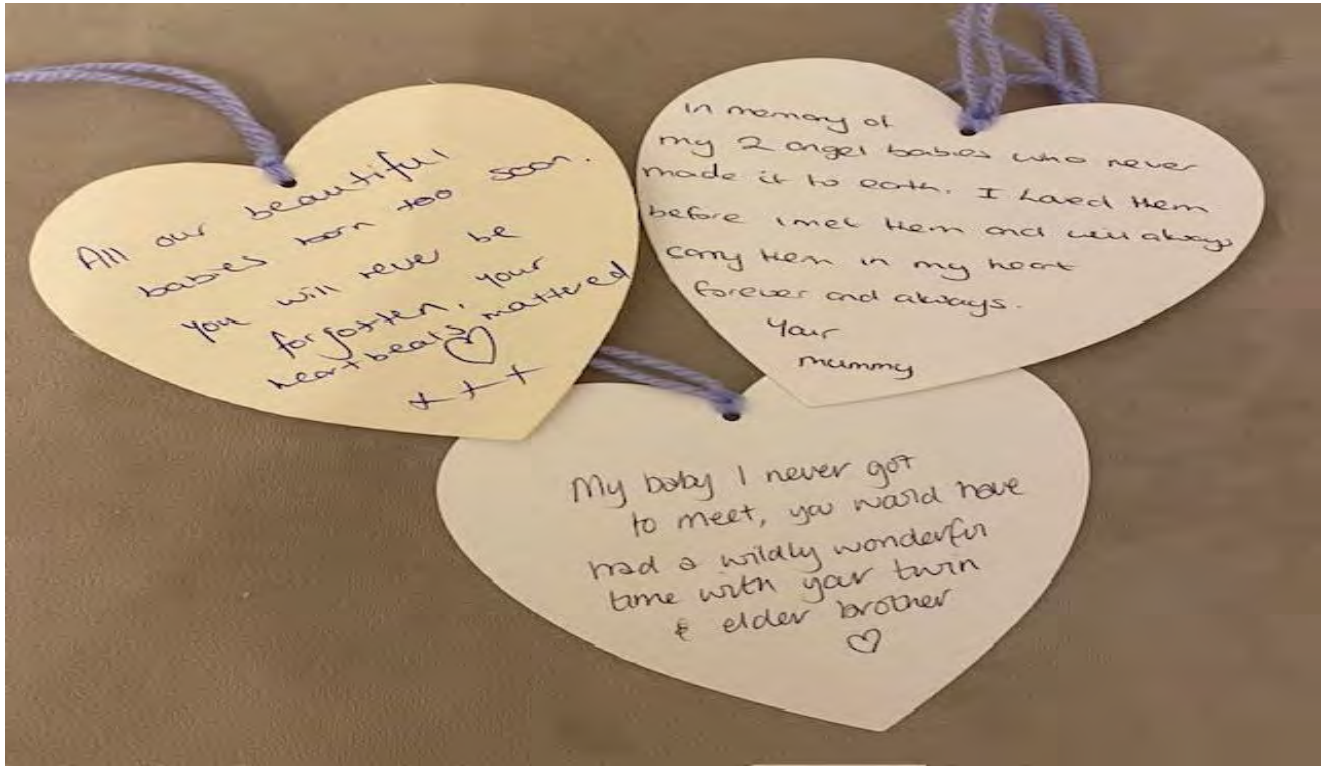


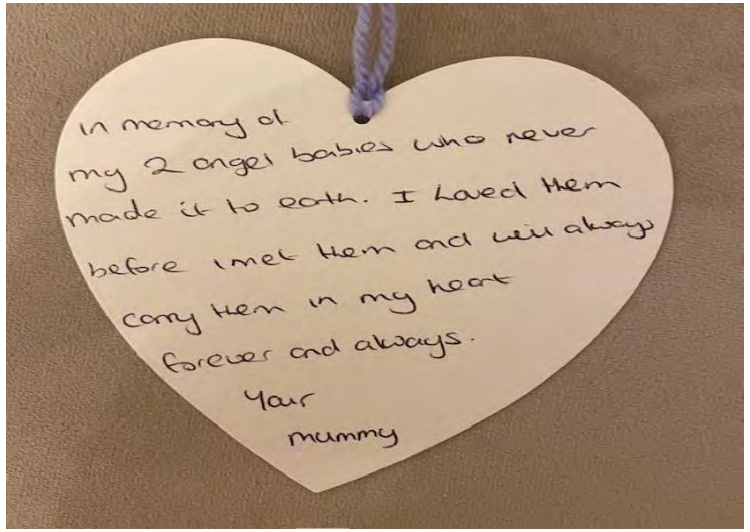
MESSAGES TO LOVED ONES

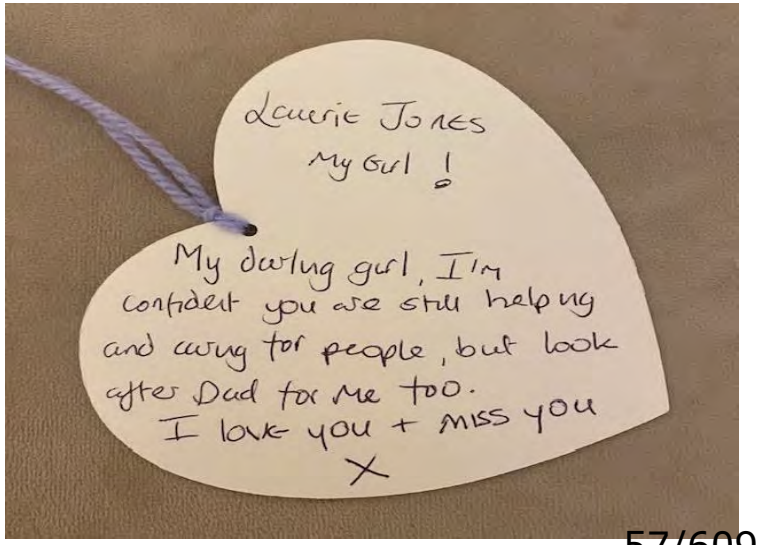
Child loss (including pre-birth), loss of young people and support for siblings was a key theme at The Big Conversation.

There were emotive arguments for the need to acknowledge child loss under 20 weeks gestation.

'A life is a life when the heart starts beating'.







PRESENTATION 4:
THE 'HARD TO REACH' MYTH

diverse cymru
Promoting equality for all
Hyrwyddo cydraddoldeb i bawb

Chris Dunn, Chief Executive Officer at Diverse Cymru outlined the importance of considering cultural competency in developing the bereavement model and bereavement offer. Cultural Competency is a journey, not a tick box. Having translated leaflets and guides yet sticking to the same playbook is not enough.

He asserted that the **'hard to reach'** label is lazy, inaccurate, creates barriers and puts the emphasis of blame on the communities rather than the services which are inaccessible for some. He reinforced that services and institutions are 'hard to reach', not people. There are barriers and challenges but it's how we overcome them that should be the first thought not 'they are hard to reach'.

We learned that we need to bring communities with us on this journey, be prepared to be uncomfortable, be prepared to adapt the ways you work and be prepared to accept change. In summary:

Representation Matters

Language of loss Matters

Being flexible Matters

Given the multicultural nature of our society, how we grieve, and the cultural variation need to be acknowledged so stereotypes do not occur. We need to gain greater insight into how beliefs, religion, spirituality and the supernatural can affect access to services as well as responses to support.

"There is great power in being present with a mourner from any culture. Visiting, calling, showing concern, and offering help and suggestions based on your assessment of their needs goes a long way. Often, all people need is to know that someone cares".

PRESENTATION 5: *BEREAVEMENT SUPPORT FOR PEOPLE AFFECTED BY A DEATH BY SUICIDE.*

Dr Bethan Bowden provided an insightful talk around the bereavement experiences for people affected by death by suicide. The audience learned that losing people in this way means they experience:

Intense feelings of guilt

Shock and questioning, searching for answers

Abandonment and rejection

Re-awaken earlier losses

'What if's'

Blame and self-questioning

Shame, stigma and isolation

Specialist support is often needed

What we need locally to support people affected by a death by suicide.

- Bereavement service for people affected by suicide to reduce their risk.
- All-age service provision.
- Equitable and sustainable provision.
- Immediate support for those bereaved.
- Medium to long term support.
- Adaptable provision for different ages and different needs.
- Integrated into a wider bereavement service.

Sustainable specialist model offering tailored support.

More awareness of the support available for bereaved people and families.

When we get it right

Bereaved Partner

"With the support of my counsellor, I have begun to work through the pain and grief and somewhere deep inside I know one day I will be ok again. I would never have been able to achieve this without the support I have received. I have 2 kids who need their mum and the support I am receiving is enabling me to carry on being a mum. Thank you from the bottom of my heart."

Bereaved Sister

The support I've received has been essential to recovery in such a difficult time. The support is prompt which I cannot express how I needed this. With so many mental health services being stretched with long waiting lists. I've had the time to receive support and counselling at the time I've needed it most allowing me to function through daily tasks and gain understanding of my thoughts and feelings."

Bereaved Friend

"The support I have received has helped me immensely, I believe that my grief journey would be far more difficult than it is if it wasn't for this support. I feel comfortable and totally understood and can reach out whenever I need."

PRESENTATION 6: *BEREAVEMENT SUPPORT FOR PEOPLE WITH SENSORY LOSS*

Non Ellis, Equality, Diversity and Inclusion Specialist, talked about how aaccessing bereavement support can be difficult for some groups of people, including those with sensory loss. This can result in their grief being unsupported and unresolved. Two very powerful patient stories highlighted such issues and what should have been done to improve people's experience at end of life and immediately after loss.

The new bereavement model needs to ensure that communication is key :

- To ensure people are supported by people who can communicate with them.
- Consider the importance of all the senses in helping someone navigate grief.
- Tailored support and services.

PRESENTATION 7: *RELIGION, SPIRITUALITY AND PASTORAL CARE*

Alan Tyler Chaplain and Farid Khan, Imam discussed the religious, spiritual and pastoral consideration at end of life and after loss. The Bereavement Model will need to be supported by awareness and training so that people understand that the expression of grief varies greatly between different cultures and religions.

Cultural and religious beliefs help people cope with and express their grief, providing a sense of structure and routine at a distressing time. It is important to have an understanding of people's particular customs and funeral rites. How a person grieves will be different for each individual.

The Bereavement Model must consider the specific cultures and religions in regard to:

Age, Gender , Cultural Behaviour, Children, Relationships/Partners Memorials.

FAITH AND SPIRITUALITY

"The landscape of faith and spirituality in Wales is changing and it is really important for us to be aware and responsive to these changes.

The language and understanding may have evolved, but supporting people spiritually when they seek that care, is fundamental to a good and compassionate bereavement experience".

(Alan Tyler, Senior Chaplain)

PRESENTATION 7: *THE IMPACT OF THE NEW DEATH CERTIFICATION REFORMS*

Dr Jason Shannon, Lead Medical Examiner for Wales, outlined the key changes the new death certification reforms will have. From April these reforms will mean that delays in receiving a death certificate and delays in a bereaved person being able to arrange a funeral should significantly reduce. Key changes will mean that:

- No requirement for the Certifying Doctor to see the deceased.
- Digital MCCD (from July) .
- Aim to widen the pool of potential certifying doctors and eliminates cremation form.
- Medical examiner will ensure the bereaved have a voice and identify opportunities for health care improvement.
- Coroner changes and less bureaucracy.
- Removal of some Registrar forms- reduced bureaucracy.

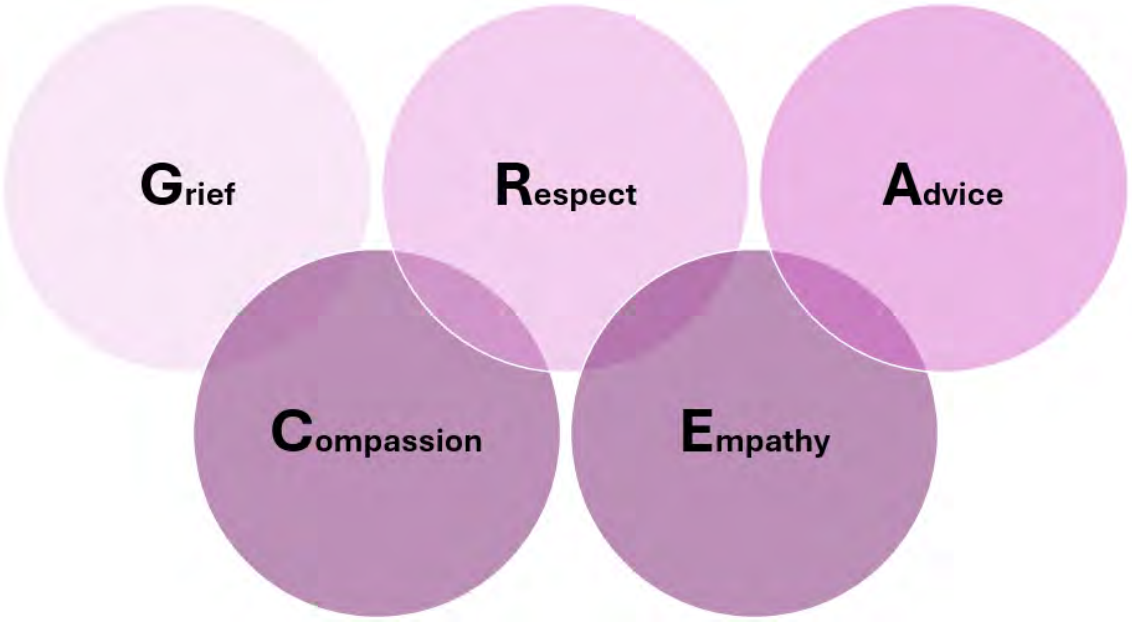
Fundamentally- Families must be given the opportunity to drive, not be driven by, the process.

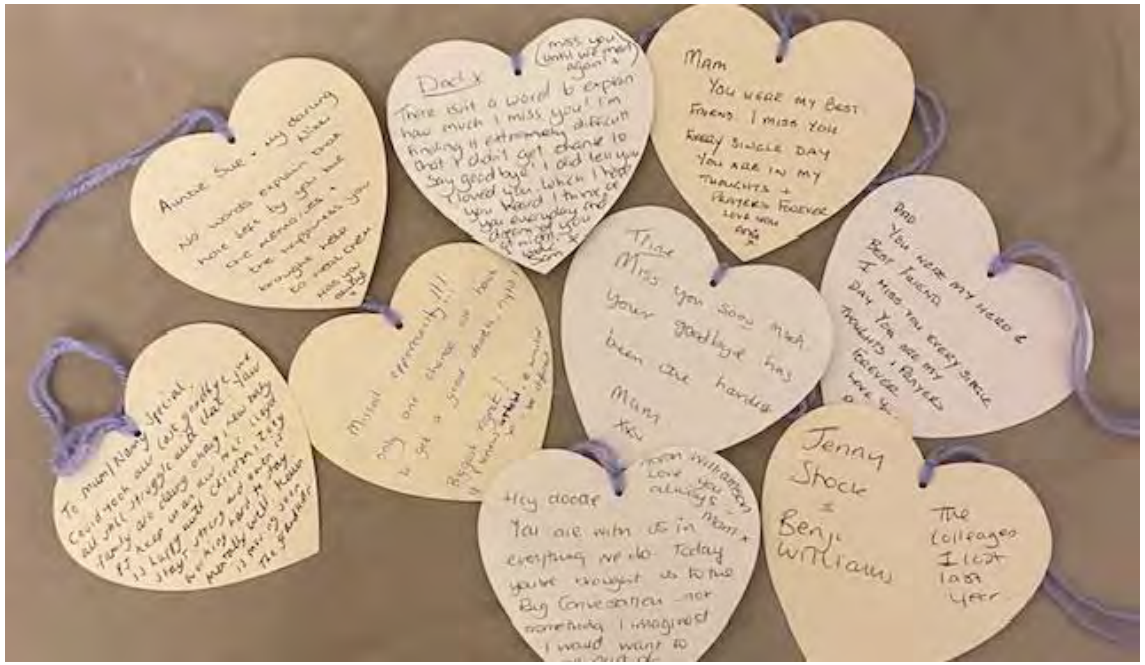
PRESENTATION 8: OUR LOCAL VISION FOR BEREAVEMENT SUPPORT

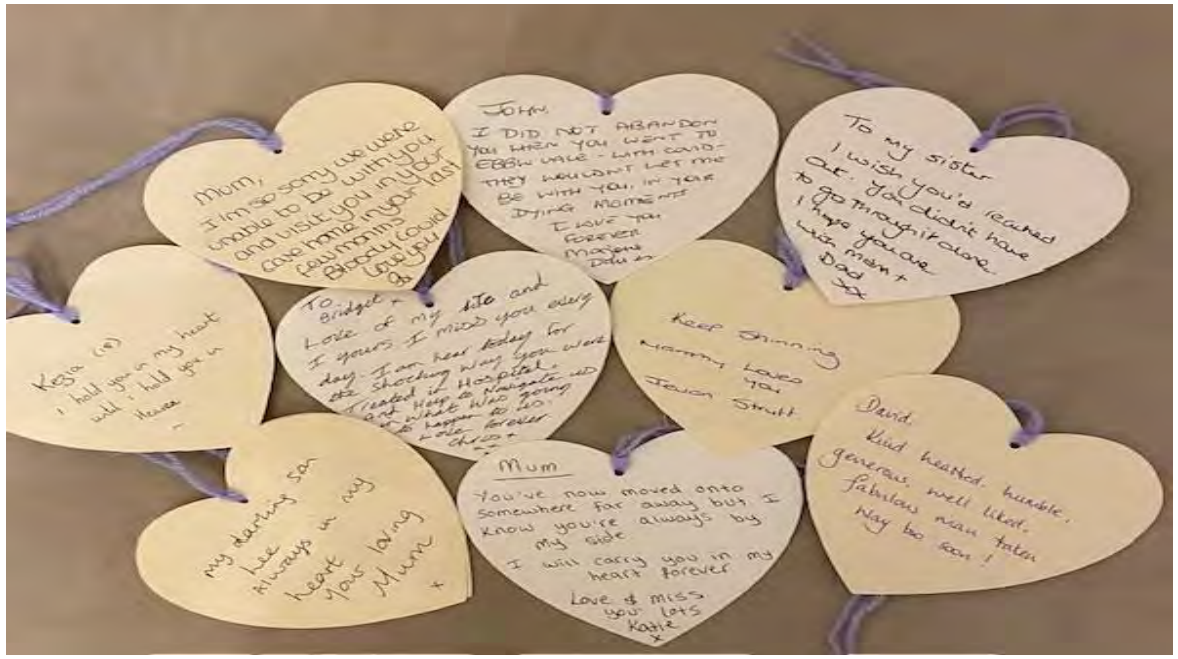
Tanya Strange, Head of Nursing and Louise Jones, Lead Bereavement Nurse outlined the Health Boards current position towards implementing the National Bereavement Standards, feedback received to date, the actions already taken, and the staff training being scoped. The vision is to ensure that pathways are inclusive of anticipatory loss, deteriorating conditions, palliative care, end of life care and bereavement. **People's feedback** will be used to inform the new bereavement model.

The concept of co-production, putting people at the centre, determining what matters, and 'branding' the new bereavement model were explained. The vision and ethos of GRACE to improve experience and embed the bereavement standards was outlined.

Attendees were asked to consider and provide feedback on whether they supported the principles of GRACE and whether they liked the proposed logo.







MESSAGES TO LOVED ONES.
PEOPLE'S EXPERIENCE MATTERS.

The Bereavement Model must consider **'what matters'** to the person and their families. We must be mindful that support needs to extend beyond the 'next of kin' and be offered at a time when people need it. Giving leaflets and signposting to a website is not enough. We should be asking people when they want to be contacted and their chosen communication methods e.g. face to face, telephone etc.

Afternoon Programme

To encourage conversations around both the key priorities within the National Bereavement Framework and Health Boards strategic programmes, (eg End of Life Care, Bereavement, Equality Plan, Dementia etc), 9 round table conversations took place. These were facilitated by a number of partners who had expertise in the areas. Attendees were asked to select their chosen conversation ahead of the event although many chose on the day. Targeted facilitator questions asked participants to discuss:

- Their experiences of bereavement.
- Whether people were contacted/offered bereavement support?
- Access to bereavement support/barriers.
- What would have helped at the time?
- Whether they supported the principles of GRACE and the logo?
- What they hoped to see included in the Bereavement Model?
- Further comments and suggestions.

Top themes from each discussion were then discussed at the Big Conversation.

THE BIG CONVERSATION (Bereavement)

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

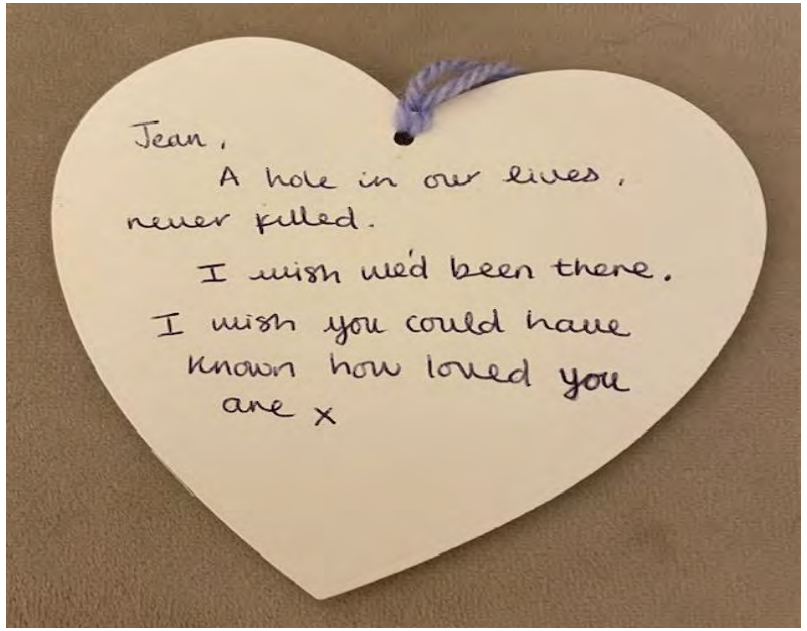
Afternoon Programme

Please see Room/Table Numbers in Main Foyer	
1:15pm	**Round Table Conversations - Preparing for loss and bereavement support for:**
• People with **sensory loss and disabilities**	
• People from **Black, Asian and Minority Ethnic** Communities	
• People who have lost a **child or young person**	
• People who have lost someone under **traumatic circumstances** (including suicide)	
• People whose loved ones have died in **hospital/inpatient** setting	
• People who have lost loved ones in the **community**	
• People with identified **religious and spiritual**, and pastoral support at end of life	
• End of life care and bereavement support for people with **cognitive impairment** (including dementia)	
• **Advance and Future Care Planning**: Making your wishes known	
2:15pm	**The Big Conversation - Attendees to return to Main Hall**
2:15pm	**Feedback from all discussion groups to inform the Big Conversation** Chairs: Grant Usmar, CEO Hospice of the Valleys; Carol Taplin, Specialist Chaplain; Tanya Strange, Head of Nursing, Patient Experience and Involvement
3:15pm	**Closing Remarks** John Moss, National Bereavement Framework Programme Manager, NHS Wales Executive
3:30pm	**Event Close**

THE BIG CONVERSATION BEREAVEMENT: FEEDBACK

Conversation 1:

Preparing for loss and bereavement support for people with Sensory Loss and Disabilities and People from Black, Asian and Minority Ethnic Communities.



Bereavement is a journey over weeks, months and years.

Can't just give a leaflet. Find out what matters and who can support the discussions.

E-learning alone does not work- experiential learning needed.

Flexibility- one size doesn't fit all.

Determine whether people need interpreters early on.

What does compassion feel and look like for people and communities- focused engagement.

Importance of language- always refer to the person by name.

Review Medical Examiner reports- what are the themes for people with sensory loss, people from Black, Asian and Minority Ethnic Groups.

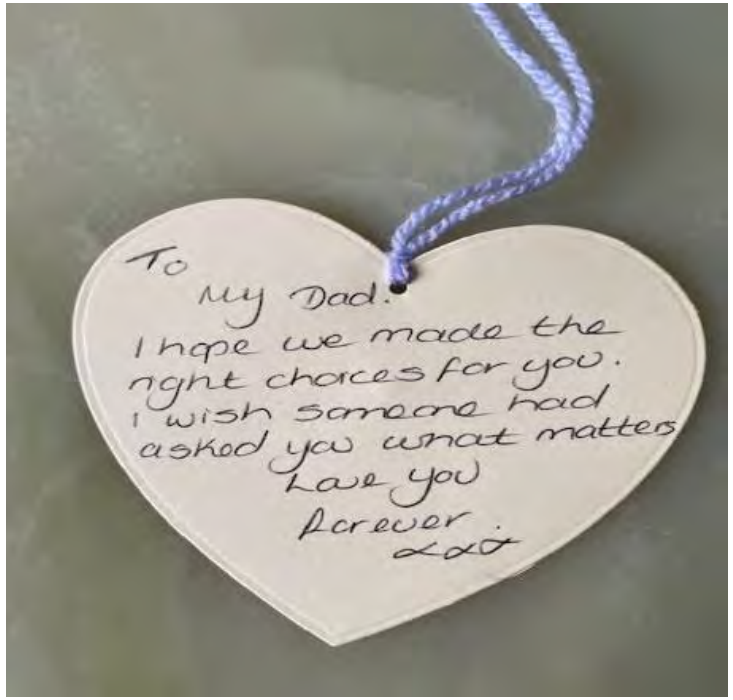
Wrap around support needed. Engage with community leaders and champions.

Consider needs of the bereaved. Informing a bereaved person that someone is wearing their favourite necklace can bring them comfort.

Equality, Diversity and Inclusion to be integral to the Bereavement Model.

Conversation 2

Preparing for loss and bereavement support- Advance and Future Care Planning.



AFCP should be everyone's business- more understanding and awareness needed.

Distrust since COVID- No discussions with families around DNACPR.

Staff need to be confident to have discussions- training.

Lack of information about AFCP in different languages.

Need more engagement with diverse communities.

When is the right time- people and families need to be empowered to ask about AFCP.

Consider public information campaign.

Discuss earlier in the persons care journey.

What Matters conversations must be held and recorded.

Bereavement Model to include AFCP, anticipatory loss, end of life and palliative care training and awareness throughout the pathway.

Conversation 3

Preparing for loss and bereavement support for people who have lost a child or young person.

Need to consider grief impacts on parents, staff, volunteers etc.

Person-centred support essential- don't just rely on guidelines.

Make contact sooner rather than later.

Explain options and choices- including making memories.

No excuses when delays in contact and answers- this adds to bereaved person's 'burden'.

Private rooms needed for breaking bad news and for grieving.

Preserve persons clothing and belongings. These are important to people.

Parents voice- make sure they are heard.

Also needs to consider loss of the unborn child whatever stage of pregnancy- '*a life is a life when the heart starts beating*' .

Bereavement model needs to consider wider impacts of grief on siblings and friends.

Conversation 4

Preparing for loss and bereavement support for people who have lost someone under traumatic circumstances (including suicide).

Lack of local support- people feel alone and scared.

Specialist support needs to be available when needed, for the bereaved and those supporting bereaved people.

People (including staff) do not know what is available, how to access support. Connections are poor.

National Bereavement Standards and bereavement offer is explicit- short term funding leads to inequity and risks cessation of services.

Digital and telephone support not always helpful 'in the moment'. Needs to be proactive and timely.

Need to consider siblings.

Offer to men needs further consideration- how do men wish to be supported.

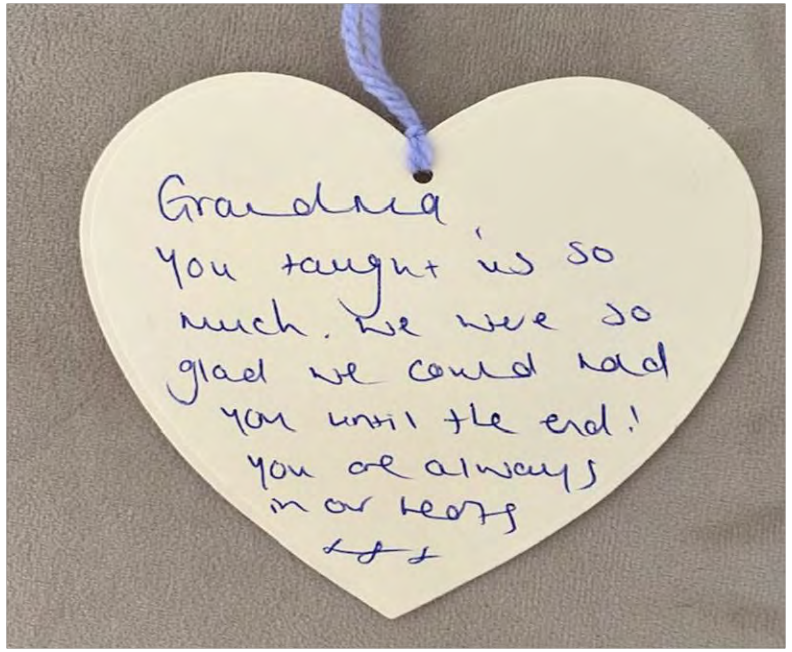
Flexibility- needs to be different support at different times.

Bereavement Model must focus on equity- people's experiences are very different, lack of equity on how people are supported.

A number of attendees wished to see further discussions around sudden/traumatic loss.

Conversation 5

Preparing for loss and bereavement support for people who have lost someone who died in hospital.



Largest of all round table conversations.

Care After Death- title not viewed positively. Should be changed- varying experiences.

'Too much **pressure'** on families to make decisions e.g. DNACPR- reduce the burden on families.

Death must be dignified and respectful of person and family.

Timely contact needed. Ask families when they want to be contacted. Single point of contact needed.

Staff need to recognise grief and complications. Named NOK isn't the only family member grieving. Can impact negatively on wider family grief.

Rules need to be broken- open visiting, allowing pets in, family time and private room. Families should say what the rules are at such sensitive times.

Medical conversations- talk to the person and the family.

Communication and collaboration- what matters to the person and the family.

Bereavement Model must include what matters to person and those closest to them.

Conversation 6

Preparing for loss and bereavement support for people who have lost someone who died in the community.

Different experience to when people die in hospital- less support.

Often unexpected or sudden- people don't know who to contact first.

Red tape/bureaucracy- delays in being able to visit the deceased can impact on bereavement.

Anticipatory grief- need to invest in training staff to have what matters conversations.

Staff resilience- need to make sure staff are confident to be 'present in the moment'.

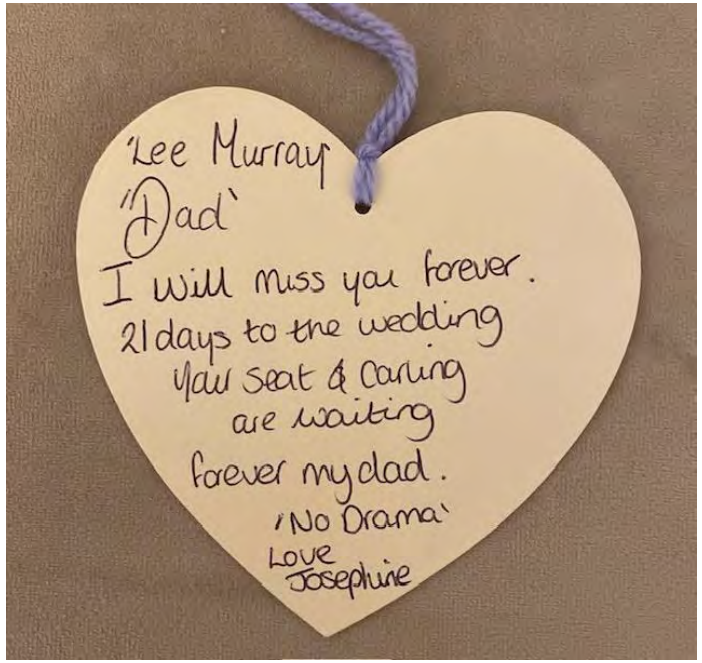
Need to consider support for all who work in the community including NHS, volunteers, police, paramedics etc.

No right or wrong time to contact but ask people.

Bereavement Model needs to consider the support needed for families when someone dies in the community or care home- *'The door closes to support when someone dies outside of hospital'*

Conversation 7

Preparing for loss and bereavement support for people with identified religious spiritual, and pastoral support at end of life.



Needs to be a greater awareness of cultural aspects at end of life and when bereaved.

AFCP will need more focussed discussions with diverse groups considering religion and culture.

Greater awareness of grief and complex grief needed.

Better engagement with diverse/religious groups needed.

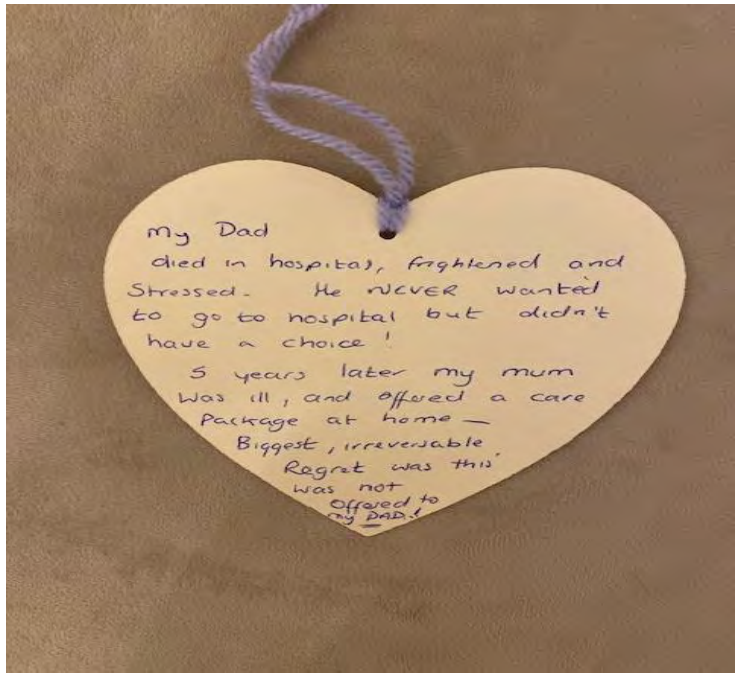
Needs wider recognition of spiritual care being part of holistic, person-centred care.

Staff need to be skilled and confident to ask questions around spiritual, religious and faith needs and better understanding of care of the person and cultural expectations (e.g. time of funerals).

Bereavement Model needs to be modelled within a culturally competent framework.

Conversation 8

Preparing for loss and bereavement support during end-of-life care and bereavement support for people with cognitive impairment (including dementia).



Bereavement and loss can start before death.

Traditional 'leave contact for a couple of months' needs to be replaced- ask people when and how they want to be supported.

Offer practical support and signposting- Lasting Power of Attorney, capacity assessments, best interest decisions, benefits advice etc.

Emotional support at all stages.

More consideration to anticipatory loss, for the family and staff.

Varying experiences- inconsistent support. Needs to be timely.

Carer support- right through the pathway. Consider what bereavement support would help as will lose the person and their caring role.

On going support after loss e.g. **grief café's**, peer support.

Bereavement Model should include supporting people who are diagnosed with life limiting conditions and their families early.

COMMENTS AND SUGGESTIONS

"Maybe, once someone loses a loved one in hospital, let staff take them into another room and talk to them, and explain what services are available and maybe tell them you will be in touch with them to arrange a meeting with a bereavement councillor within the Health Board to see how the family are doing"?

"Pregnancy loss under 20 weeks' gestation needs to be made as important as those pregnancies over 20 weeks. Maternity has protected bed status and 1:1 care. Gynaecology staff deal with baby loss daily, but no protected beds. All baby loss matters, to support our women, we need to be supported to protect them and give the best care possible".

"We need to be confident we can meet strict funeral timelines depending on culture".

*"Look at allocating **'Bereavement Champions"** like Dementia Champions across the Health Board to raise awareness and improve education".*

"Could the model follow a model similar to the 6 principles of trauma informed practice as this follows a lot of what has been missing".

COMMENTS AND SUGGESTIONS

"Make sure people are aware of the services available and knowing where to direct people to access those services."

" Have conversations with EoL or Palliative patients and families about bereavement, grief and available services prior to death. A lot of what is said after someone dies doesn't sink in".

" The Bereavement Model must recognise that bereavement encompasses quite a timeline from pre-death, actual death and post death".

"There is a long way to go before GRACE becomes the norm".

"Knowing what is available and how to access it would be helpful."

"Is the Memorial Service provided by the Chaplaincy department going to be re-established? It was greatly supported and gave relatives and loved ones of those who died support and helped to provide the beginning of closure".

"The waiting list for PTSD counselling is too long. How do people access it? A 9-month waiting list is too long for someone who has flashbacks. I know there is a shortage of trauma counsellors so how can the gap be filled while traumatised people wait?"

"Think about the words you use. One senior member of staff said, 'tell your mam not to die on Christmas Day'. Sadly, mam died Boxing Day".

FEEDBACK ON GRACE

Attendees were asked to make comment on whether they:

a) were supportive of what GRACE represents (grief, respect, advice, compassion and empathy) and

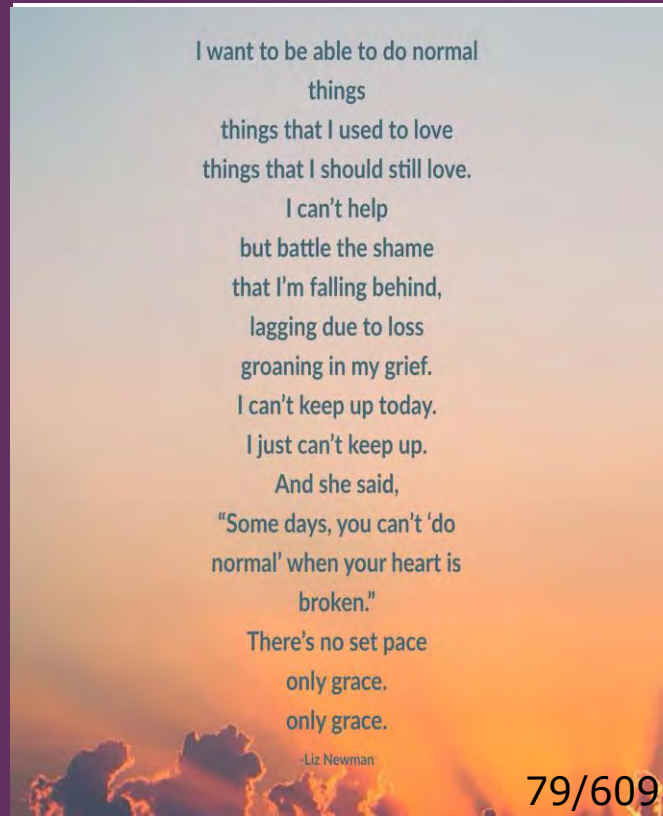
b) whether they liked the logo.

Written feedback confirmed that the majority of attendees supported what GRACE stood for. However, the overwhelming feedback was that the logo appeared too 'religious' and spiritual and should be changed.

Several attendees suggested a logo of a tree (representing strong roots and long life). This is now being considered with a local artist and graphic designers.

The logo looks too spiritual and appears too ***'Westernised'****.*

Really like what GRACE represents but the logo is too religious looking.



FEEDBACK: *WHAT DID YOU FIND MOST USEFUL ABOUT TODAY (COMMON THEMES)*

To know I am not alone in my grief	Having honest conversations- ability to speak freely	Power of personal stories (numerous mentions)
Networking and variation of attendees in conversation groups	Variety of presentations and round table discussions	Learning about the changes of the new Death Reform process
'Eye opening' informative presentations	AFCP (numerous mentions)	Awareness of what's available
Really good programme, various contributors	Hearing about the lived experience of participants (numerous mentions)	That change is coming- we need to listen to people's experience

Learning that there is an obvious need to talk about bereavement.

Lack of support can result in negative grief.

Sensory loss and bereavement- opened my mind.

Round table conversations.

Need to learn so other families don't go through what we did.

Knowing you are not alone.

Ability to share experiences.

Everyone now knows that change is needed.

Presentations highlighted the fact that grief is widespread

Emotional day but very worthwhile.

Information available.

That grief can affect all ages.

" Today, my voice was heard".

FEEDBACK: DO YOU THINK WE NEED TO HAVE MORE CONVERSATIONS ABOUT BEREAVEMENT

100% of feedback received supported the need for more conversations

"Absolutely **more conversations"**

"Yes**, and allow people to know what's available"**

"We need more Big Conversations as it raises important **issues from all the public including diverse groups"**

"Yes**, death is feared and not talked about enough"**

"Yes- could have a rolling conference focussing on different themes**?"**

"Yes, if points raised are listened to and acted upon and not just a tick box."

"Definitely- more conversations should be **encouraged to normalise death and dying"**

"Yes. We also need more education across the sector to help bereaved people."

"Yes, specifically around pregnancy/baby loss."

"Absolutely! Bereavement still feels like a taboo topic despite everyone experiencing it."

"Yes. Need a broader range of people's experiences with bereavement services."

"Yes, the more the better."

"Absolutely necessary."

"Yes, sharing people's stories to implement change is vital."

"Yes, this is just the start."

"Yes, so people know they are not alone."

"Need to have these discussions across Wales!"

FEEDBACK: HOW COULD WE HAVE IMPROVED THE BIG CONVERSATION

"Longer breakout sessions to enable further conversations and listening to be heard and **reflected on".**

"Perhaps hold over more than one day as time constraints prevented longer discussions."

"Maybe get a family member who has lost someone to talk about their loss, what they went through, etc. with Q&A straight after. Need **positive and negative experiences to learn".**

"No improvements needed but could maybe open to a wider audience."

"Maybe avoid Ramadan as many Muslims may be unable to attend. Need more topics **on ethnic minority taboos".**

"Excellent day. I would have liked to have been able to join more than one discussion."

"More time for conversations. Listening more important than transmitting."

"More public feedback if future days planned."

"Invite more on the ground staff."

"Some positive experiences of what worked well would help learning."

"Really good- needs more information and discussion around sudden death- very different experiences."

FEEDBACK: STAYING CONNECTED AND BEREAVEMENT COLLABORATION

We asked: *Would you be interested in helping us shape the bereavement model?*

58 people provided written feedback. Of those, 50 people said they wanted to work with us to develop the new bereavement model.

Including the people already engaged, and those who have asked to be involved through social media, this means we will have around 80 people engaged through our bereavement collaborative.

It is likely that more people will come forward as we engage in Big Conversations across all 5 boroughs.

OTHER FEEDBACK

"Thank **you for hosting such an important event"**

"I loved the remembrance tree where I left a memory for my brother. A lovely idea."

"Would like more presentations on organ donation, PRUDIC, coroner, maybe police presenting, and more information needed on sudden **death."**

"Excellent day- **thank you".**

"A really interesting day, a lot of food for thought".

"Needs **to be advertised more".**

"A very informative day. Good venue, good programme and well planned".

"A great and informative day. Important to highlight"

"Would like more information on services and referral pathways".

"Very insightful, and I would like to continue working with the team to support and improve"

"A well organised event (numerous affirmations)".

"This feels like a poorly managed change programme, clinically led thus ignoring many principles of change management".

"Need to look at why things close down over a Bank Holiday. Delays in death certificate causes anxiety for the family of the deceased".

"Enlightening from a personal and professional perspective".

"Today has been enlightening and I do hope that the processes and procedures improve".

"The pathways need to change as the system failed me when I lost my son"

"Found it so very useful. Timely too having lost my son in ICU in December. I am very grateful for this day".

"Every Health Board needs to have this conversation""

BIG CONVERSATION: CLOSING REMARKS

In his closing remarks, John Moss, National Bereavement Framework Programme Manager, reflected that whilst grief is an entirely natural and individual process and not an illness, its effects can be devastating. We often underestimate the significance of the actions we can, and do take, for example the visits and phone calls we make, the cards and messages we send, the practical support we offer to those who have lost someone; these are all part of what makes us compassionate and are incredibly important in providing support to bereaved people .

He commented on the amazing work taking place to support bereaved people outlined today, and to Aneurin Bevan University Health Boards commitment and vision for improving support. He expressed his grateful thanks to the Aneurin Bevan team, the speakers, and everyone who attended and so generously gave of their time and shared their experiences.

NEXT STEPS

The Big Conversation provided valuable insight into the experiences of people who have been bereaved.

People's feedback is now being collated. This will enable the Health Board and our partners (through the Bereavement Collaborative) to prioritorise the actions needed to improve our bereavement offer across the geographical area and to develop our new bereavement model.

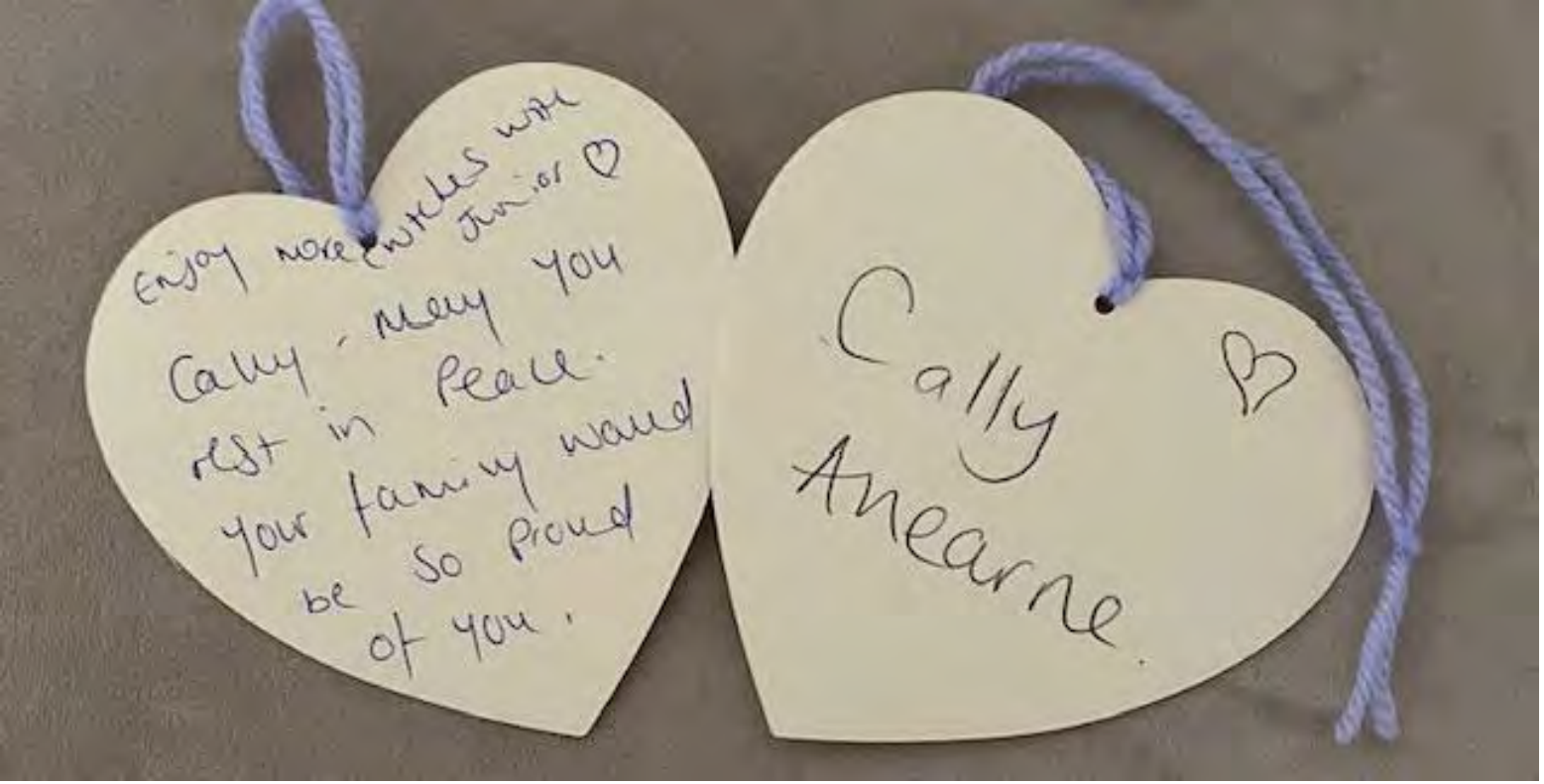
Our existing bereavement implementation plan will be reviewed to ensure people's feedback is prioritorised. This will be discussed and approved at the End-Of-Life Care Board.

People have told us that they want to see and get involved in more conversations around anticipatory loss, end of life care and bereavement across the geographical area. We are now organising a Big Conversation across the 5 boroughs between May and July 2024.

Aneurin Bevan University Health Board and our partners extend a sincere thank you to everyone who attended the Big Conversation and to those who have reached out to express an interest in working with us to improve the experiences of bereaved people. Anticipatory loss, end of life care, bereavement and people's experience is really important.

Together we can use our collective passion to develop a model that is compassionate, responsive and inclusive to the needs of all bereaved people living in our area.

GRACE: BECAUSE PEOPLE'S EXPERIENCE MATTERS



NEVER FORGOTTEN

EVALUATION REPORT

5TH APRIL 2024

If you would like to tell us about your bereavement experience or be involved in further conversations about bereavement, please scan the QR code or contact us:

abb.PALS@wales.nhs.uk

The Big Conversation: Bereavement

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

THE BIG CONVERSATION (Bereavement)

Llais Gwent region – report for aneurin Bevan university health board
public board meeting

n Board of current issues of concern, and positive observations, or public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health services.

Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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gwentenquiries@llaiscymru.org

Llais Gwent Region,

Raglan House,

William Brown Close

Cwmbran

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About Llais

We believe in a healthier Wales where people get the health and social care services, they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure decision-makers use your feedback to shape your services.

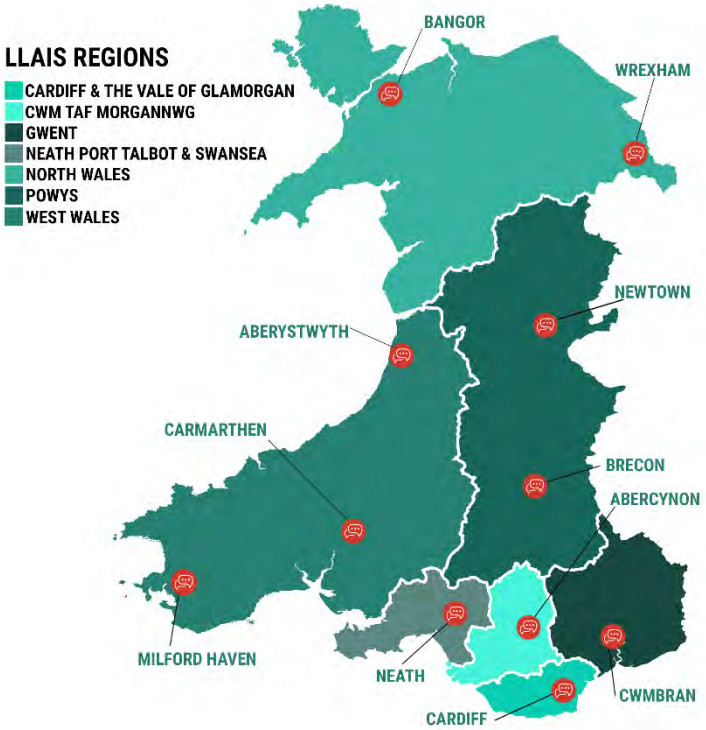
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong, we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.



introduction

The purpose of this report is to inform Aneurin Bevan University Health Board of current issues of concern and positive observations, or public feedback being addressed by Llais Gwent Region in relation to the planning and delivery of health services.

Llais continues to work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS and social care, to monitor and consider routine and urgent service changes. We also continue to provide independent Complaints Advocacy Service.

A national conversation: Llais strategic plan 2024-2027

We now have our first national strategic plan. This plan has been created using what we have been told by the people of Wales, by our staff and volunteers and other bodies and groups we work with.

When this plan was being created, we thought about our legal duties and responsibilities such as the Quality and Engagement Act 2020, Equality Act 2010, The Well-being of Future Generations Act 2015, The Welsh Language Standards 2016, The Socio-Economic Duty, the Public Sector Duty, and national plans and commitments such as the LGBTQ+ and the Anti-racist Wales Action Plan, as well as our remit letter.

Building on what we have learned in our first year, we have grouped things into five main priorities:[1]

1) Drive a national conversation about the future of health and social care services

2) Push for services that meet everyone's needs.

3) Work together better.

4) Help people and services to use technology in ways that work for them.

Llais Gwent region

[1] https://www.llaiswales.org/about-us/national-conversation-llais-strategic-plan-2024-2027

Current activities and feedback:

1. Public feedback from our Advocacy services

From the 1st of April 2024 to the 8th of May 2024, our Advocacy service has received 39 new contacts from members of the public with enquiries or formal concerns about health or social care.

35 of those contacts were about the NHS and 4 of those contacts was in relation to Social Care.
The concerns regarding the NHS vary greatly, and issues span multiple services like GP, T&O, Paediatrics, Stroke, Cancer, Dermatology, District Nursing and Radiology.

2. Representations that we have made or been involved in

We have a duty to make representations to health and social care services on behalf of our population when services may change or when we hear about health and social care performance matters that impact on people's experiences (positively or negatively). We might make these representations via formal letter, in emails or by attending planned service groups/meetings hosted by our health and social care partners.

Since March 2024, we have been involved in or made representations about:

A&E handovers from ambulance crew and people's experiences when waiting in the Emergency Department
Stroke rehabilitation service developments – ongoing conversations with the Planning Team
eLGH department/unit reconfiguration proposals and public engagement process – ongoing conversations with the Planning Team.
ABUHB's Strategic plan 2035 engagement session with the Planning Team, Llais Volunteers and the Gwent Citizens' panel.
ABUHB outpatient steering group
ABUHB enhances services operational group and primary care sustainability panel.

Patient Quality, Safety and Outcomes Committee
ABUHB Adferiad plans

3. Engagement in Gwent

As of the start of April until the end of June, we have planned two weeks engagement per borough in Gwent. We have arranged to attend, day centres, community hubs, groups in the community, and supermarkets etc.

Whilst we are engaging with the community and continuing to raise the profile of Llais, we have also created feedback forms for each of our regional priorities:

1) Community Services (health and social services)
2) Mental Health Services
3) Getting care quickly when you need it.

Since April we have carried out engagement in Newport, here is some of the key feedback we have received:

- NHS: Information leaflets in different languages required (specific services were not discussed)
- NHS: People being discharged without an appropriate care package in place.

When we have completed engagement in all of the boroughs in Gwent, a briefing will be produced and sent to the UHB and Local Authorities for their information.

4. Engagement with young people

We attended Coleg Gwent Health and Wellbeing Roadshow events at Crosskeys and Usk Campus.' We spoke with students about their experiences of accessing health and social care services.

Some key feedback from **both** campuses:

We received mixed feedback from students when they told us about their access to their GP Practice or Dentist.

GP Access:

- One person told us "Access to my GP is good. I prefer a phone call, it's better than a face-to-face appointment."
- However, one person told us that they have been unable to get a GP appointment in three years re their eczema. They have been told that their issue is not urgent and is unable to book an appointment in advance.

Dentist Access:

- Most students we spoke with were still registered as an NHS patient and their dentist and were regularly called back for a check-up. However, one person told us "I haven't seen a dentist since I was 16! I'm 24 now. I haven't seen one since because I can't register with an NHS dentist, and I can't afford to pay privately."

- A student told us they had to wait a very long time to have their braces put on. They were then asked to send a photo of their teeth to their dentist, which resulted in them being seen quicker.

Mental Health Services:

Some students completed our feedback forms in relation to mental health services. Comments:

"Wating times and help wasn't useful"

"Access to NHS support services – not the best. Waiting list can be too long."

One student told us they had recently contacted NHS 111 and selected option 2 for mental health help. This person told us this was the first service they contacted, and they helped them become "a much happier person."

Someone told us that they had been waiting three years to receive an appointment from a mental health service provider. They were referred by their GP and have not yet received an appointment. When they call the team to find out when it is likely they are going to receive an appointment they are told they will be "gotten around to" but not given any further information.

5. Survey: Trauma & Orthopaedic – Hip and Knee

We received 47 responses to this survey.

Key feedback received:

> Most people, at the time of completing our survey told us they had been waiting for their surgery between 1-4 years.
>
> People told us they do not receive any updates or communication from the hospital or clinic whilst they wait for their planned surgery.
>
> Most people told us they are in pain or discomfort, despite being offered Physiotherapy and pain medication whilst they wait.
>
> People told us that their general condition has deteriorated, and their quality of life has been affected.
>
> People told us their independence has been affected and have to rely on others around them to help.

We would like to thank the Health Board for their support with this project. They kindly displayed posters and copies of our survey in the relevant outpatient clinic sites.

The report is in draft and will be submitted to the UHB when finalised.

Thanks

We thank everyone who took the time to share their views and experiences with us about their health and social care services and also sharing their ideas with us.

Feedback

Contact details

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raglan house,
Llantarnam business park,
Cwmbran,
np44 3ab.

Telephone: 01633 838516
Email: gwentenquiries@llaiscymru.org
Website: www.llaiscymru.org
Facebook: @gwentllais
twitter: Llais_wales

Agenda Item: 3.3a

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gender Pay Gap Report 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Non Ellis, Equality, Diversity & Inclusion Specialist

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper provides the Board with the proposed Gender Pay Gap Statement to be published by the Health Board as part of our statutory obligations.

This paper went to the Executive Committee on 02 May 2024 where the report was endorsed. The Board is asked to receive assurance that the Health Board is compliant with its legal duty to publish its Gender Pay Gap annually in compliance with Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and is asked to approve the publication of this report as the Health Board's organisations detailed pay gap report.

Cefndir / Background

Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Health Board, along with all public bodies with more than 250 employees, is required to publish gender pay gap information by 30 March each year.

The Health Board's pay gap data was uploaded to the Gender Pay Gap government website portal in line with the statutory deadline of 31 March 2024 (for the 2023 report).

Producing a narrative report is not a requirement but is good practice.

The gender pay gap shows the difference in average pay between all men and women in an organisation. It is different to equal pay, which examines the pay differences between men and women who carry out the same or similar jobs, or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

The Health Board aspires to be an employer of choice who provides a great place to work and can recruit and retain the right talent with the wide range of knowledge, skills and capabilities we need. We are committed to a diverse and inclusive culture which supports the fair treatment and reward of all colleagues, irrespective of gender, and our pay framework is based on the principles of fairness, transparency, and consistency.

Asesiad / Assessment

The Health Board has a statutory duty to publish our organisation's Gender Pay Gap data annually. This paper provides a formal report to the Board of the Health Board's Gender Pay Gap at March 2023.

The report includes information about the:

- mean and median gaps in hourly and bonus pay
- proportion of men and women who received bonuses
- proportion of male and female employees in each pay quartile.

The data is based on a snapshot of all employees as of 31 March 2023. The calculations used are those set out in the relevant legislation to ensure the data is calculated consistently across organisations.

The report fulfils the Health Board's reporting requirements and also explains what we are doing as an organisation to address the gender pay gap. The Health Board are committed to addressing its gender pay gap and are taking a wide range of actions to continue to reduce this.

It is important to note that the Health Board, and indeed the NHS nationally, has Job Evaluation and national Pay systems that set the grade for a job regardless of gender. Anyone in that job would receive the grade and pay attached to it regardless of gender.

The Gender Pay Gap work is an opportunity to look at societal and organisational factors or characteristics that may impact pay parity e.g. education, working time, occupational segregation, skills and experience. The initial data is a starting point, and the action plan provides for early actions around further data analysis to better understand the specific issues found in this Health Board and put in place actions to address them.

The data for the report is drawn from the national Electronic Staff Record (ESR) Business Intelligence standard report.

For the purposes of these calculations, pay includes basic pay, full paid leave, including annual, sick, maternity, paternity, adoption or parental leave, bonus pay, area and other allowances, shift premium pay, pay for piecework. Pay does not include overtime pay, expenses (payments made to reimburse expenditure

wholly and necessarily incurred in the course of employment, e.g. mileage for use of vehicle), remuneration in lieu of leave, the value of salary sacrifice schemes, benefits in kind (e.g. child-care vouchers), redundancy pay and tax credits.

Bonus pay relates to the National Clinical Impact Award (NCIA) scheme for consultants, following the NHS Employers Gender Pay Gap Guide.

Gender Pay Gap 2023, Appendix 1

When comparing median hourly pay for Agenda for Change employees, in the Health Board, women earn 83p for every £1 that men earn.

The mean and median pay gap numbers have however reduced since 2022; The mean pay gap has dropped from 2.70% to 2.66% and the median pay gap from 18.72% to 16.20%.

When comparing median hourly pay for Non-Agenda for Change employees, in the Health Board, women earn 96p for every £1 that men earn.

Benchmarking

Benchmarking data is available from the Government Gender Pay Gap web site but because NHS organisations in our region generally published their pay gaps in March of the following year this data is not available to review if our pay gap reductions are shared by other similar organisations.

Financial

There are no specific financial considerations associated with this report.

Compliance – Legal/Regulatory

This paper is relevant to compliance with the Equality Act 2010 including s.149 of the Act, the Public Sector Equality Duty.

The paper supports the specific requirement in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 to publish our pay gap data annually.

Risk Assessment

Should appropriate actions to address our gender pay gap not be taken, the potential reputational risk for the Health Board is that it could be perceived as less than fully committed to fair pay, promotion and development opportunities for women.

Next steps

The Health Board will be working in collaboration with Cardiff University during 2024, engaging the support of a statistician, to support the Health Board in better understanding the reasons for our pay gap and undertaking the analysis and action required by the ‘equal pay duty’. The Health Board will then be better placed to report accurately and effectively on actions that can positively close the gender pay gap.

The current Equality, Diversity and Inclusion programme of work will also be reviewed in light of this report to ensure that the recommendations consider the analysis.
Argymhelliad / Recommendation The Board is asked to receive assurance that the Health Board is compliant with its legal duty to publish its Gender Pay Gap annually in compliance with Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and is also asked to approve the publication of this report as the Health Board's detailed pay gap report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Gender and pay - Develop a fuller understanding of the reasons for any differences and take the necessary action to address this Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ESR – Electronic Staff Register NCIA - National Clinical Impact Award
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
Workforce	Not Applicable
Service Activity & Performance	Not Applicable
Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs.

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

GENDER PAY GAP

The following report provides a summary of conclusions drawn from the analysis of statistics in relation to the gender pay gap (snapshot of 31 March 2023), together with an outline of intended aims and future positive action.

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SUMMARY

The Health Board's workforce is predominantly female, this is similar to most NHS organisations. Whilst national pay scales, supported by local starting salary and pay progression processes are designed to support equity and fairness, we have identified a gender pay gap across the workforce.

INTRODUCTION

The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (the "Regulations") set out a public authority's gender pay gap reporting duties, which form part of its public sector equality duty under the Equality Act 2010.

The Regulations set out the requirements for organisations with more than 250 employees to calculate and publish their gender pay gap information.

Greater transparency in pay gap reporting is designed to help organisations better understand the issues that give rise to, and sustain gaps in average pay between men and women, and to encourage organisations to take steps to tackle them.

BACKGROUND

The publication of the Agenda for Change white paper in 1999 set out a consistent set of pay bands and job evaluations that cut across occupational groups and aimed to provide equal pay for work of equal value. An important goal of Agenda for Change (AfC) was to ensure the NHS had a pay system that addressed unwarranted differences in the pay of men and women in the NHS.

All Aneurin Bevan University Health Board staff, except for medical staff, executives and very senior managers are paid on the AfC pay, terms and conditions of service. For this report, this group of staff will be referred to as Non-Agenda for Change (Non-AfC). Around 94% of Aneurin Bevan University Health Board staff are included in the AfC system. The pay and terms of conditions of Non-AfC staff are determined through other locally and nationally negotiated contracts.

USEFUL DEFINITIONS

EQUAL PAY AND GENDER PAY GAP

The NHS Terms and Conditions of Service ensure that pay within the NHS is consistent with the requirements of equal pay law.

It is important to appreciate that the gender pay gap and equal pay are two distinct concepts:

- Equal pay is concerned with men and women earning equal pay for the same, or similar, work.
- The gender pay gap is about the difference between men's and women's average pay within an organisation.

MEAN AND MEDIAN GENDER PAY GAP

Calculating the mean gender pay gap involves adding the hourly rates for all male full pay employees and then for all female full pay employees in two groups and then dividing these totals by the number of male or female full pay employees in each list. The employer then needs to subtract the standard female hourly rate from the standard male hourly rate, divide the total by the standard male hourly rate, and multiply the figure by 100. This will give a percentage difference in pay. A positive percentage means women are paid a lower average hourly rate.

To calculate the median, the hourly rates need to be ranked from lowest to highest in two groups: one male and one female.

The median is the midpoint in each ranked list. Again, a percentage calculation is to be carried out. The employer needs to subtract the median female hourly rate from the median male hourly rate, divide by the median male rate and multiply by 100. The median figure can be seen as the most representative of the average male and female employee but pay distribution and increases amongst staff are rarely even and so the median figure does not account for a concentration of high earners. The mean can be seen as more accurately reflecting the gender pay gap where there are more men in high paying senior positions.

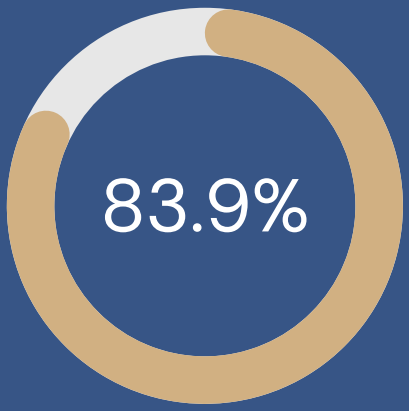
GENDER IDENTITY

It is important to note that sex and gender are terms that are often used interchangeably but they are in fact two different concepts. The World Health Organisation describes sex as characteristics that are biologically defined and identified at birth, whereas gender is based on socially constructed features and is a personal, internal perception of oneself. We recognise that an individual can identify as more than male or female. The Gender Pay Gap mandates the use of male and female as comparators and therefore may not be representative of everyone at Aneurin Bevan University Health Board.

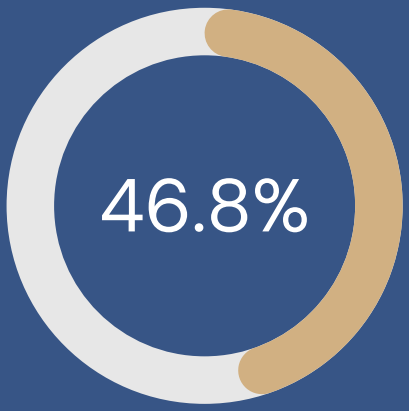
GENDER PROFILE

Our workforce is predominately female, which is reflective of the majority of NHS Health Boards in Wales.

On the 31 March 2023, ABUHB employed 12207 (10134.65 FTE) women and 2757 (2554.26 FTE) men therefore, 81.58% of the workforce was female, total headcount is 14964.



AfC breakdown was 11770 (9762.66 FTE) women and 2261 (2096.41 FTE) men, therefore 83.89% of AfC workforce was female.



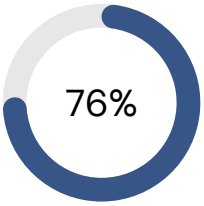
Non-AfC employee breakdown was 437 (371.99 FTE) women and 496 (457.85 FTE) men, therefore 46.84% of Non-AfC workforce was female.

OUR ANALYSIS

Positioning of male and female AfC employees across quartile pay bands

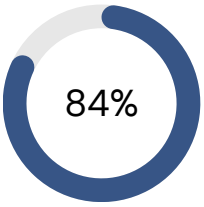
Organisations are required to publish details of the positioning of male and female employees according to quartile pay bands.

The hourly pay rate for each AfC employee has been established, and all employees (male and female together) are ranked from lowest to highest paid and then divided into four pay bands. The gender split in each quartile is then calculated as a percentage.



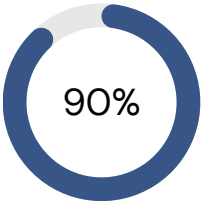
Quartile 1: Lower Quartile (Lowest Paid)

76% Female
24% Male



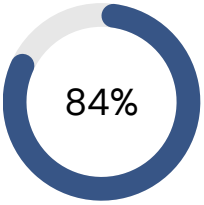
Quartile 2: Lower Middle Quartile

84% Female
16% Male



Quartile 3: Upper Middle Quartile

90% Female
10% Male



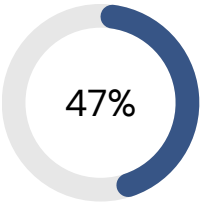
Quartile 4: Upper Quartile (Highest Paid)

84% Female
16% Male

Positioning of male and female Non-AfC employees across quartile pay bands

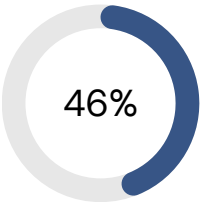
Organisations are required to publish details of the positioning of male and female employees according to quartile pay bands.

The hourly pay rate for each Non-AfC employee has been established, and all employees (male and female together) are ranked from lowest to highest paid and then divided into four pay bands. The gender split in each quartile is then calculated as a percentage.



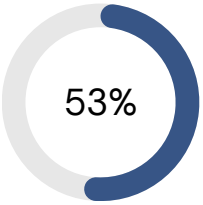
Quartile 1: Lower Quartile (Lowest Paid)

47% Female
53% Male



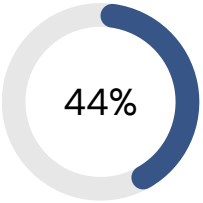
Quartile 2: Lower Middle Quartile

46% Female
54% Male



Quartile 3: Upper Middle Quartile

53% Female
47% Male



Quartile 4: Upper Quartile (Highest Paid)

44% Female
56% Male

AfC Mean and Median Hourly Rates

Table 1 outlines our mean and median gender pay gap in hourly pay between our female and male AfC workforce, the mean hourly pay gap is 2.66% and the median hourly pay gap is 16.20%.

	Mean Hourly Rate	Median Hourly Rate
Male	£16.57	£18.46
Female	£16.13	£15.47
Difference	£0.44	£2.99
Pay Gap %	2.66%	16.20%

When comparing median hourly pay for AfC employees, in this Health Board, women earn 83p for every £1 that men earn.

The mean and median pay gap numbers have however reduced since 2022; The mean pay gap has dropped from 2.70% to 2.66% and the median pay gap from 18.72% to 16.20%.

Non - AfC Mean and Median Hourly Rates

Table 2 outlines our mean and median gender pay gap in hourly pay between our female and male Non-AfC workforce, the mean hourly pay gap is 3.32% and the median hourly pay gap is 5.41%.

	Mean Hourly Rate	Median Hourly Rate
Male	£47.22	£43.44
Female	£45.65	£41.09
Difference	£1.57	£2.35
Pay Gap %	3.32%	5.41%

When comparing median hourly pay for Non-AfC employees, in this Health Board, women earn 96p for every £1 that men earn.

Mean and Median Bonus Gender Pay Gap

Table 3 outlines our mean and median bonus gender pay gap. For this year's calculations, relevant bonus pay relates to the National Clinical Impact Award (NCIA) scheme in England and Wales - formerly the National Clinical Excellence Awards (NCEA) scheme. The scheme aims to reward the consultants who contribute most to the delivery of safe and high-quality care and the improvement of NHS services. This includes consultants and senior academic GPs who do so through their contribution to academic medicine.

	Mean Bonus Pay	Median Bonus Pay
Male	£36,934	£36,934
Female	£36,934	£36,934
Difference	0	0
Pay Gap %	0%	0%

The NCIAs awarded to eligible consultants who applied for 2023, were all given the same amount, resulting a 0% difference

Table 4 outlines the proportion of males and females receiving a bonus payment. For this year's calculations, relevant bonus pay relates to the NCIA scheme

Gender	Number of Employees receiving a bonus	Total Relevant Employees Eligible for Bonus	%
Male	4	496	0.81%
Female	1	437	0.23%

CONCLUSIONS

The gender pay gap within the Health Board is showing a mean pay difference in favour of males by 2.66% and a median in favour of males of 16.20% difference. Both of which have shown a steady decrease over the time the Helath Board has been reporting on the gender pay gap.

The Health Board has seen a decrease in the AfC median gender pay gap over the last year from 18.72% to 16.20%, this represents a 2.52% decrease from 2022, moving in the right direction. However, the gap between men's and women's pay remains notable, particularly in an organisation where women are employed in significantly greater proportions than men at almost all levels.

It is important to note that NHS terms and conditions determine the pay structure for those on AfC contracts. The Job Evaluation system matches job roles to nationally agreed profiles and pay bands. Pay increases in each band are determined by the length of service, and pay rises occur when an individual reaches a "pay step". When the top of the pay band is reached, there are no further rises in that pay band.

AfC is having a positive impact on our gender pay gap, and we are seeing a steady decline. However, we know that female representation in the Medical and Dental staff group, as well as the most senior levels of our organisation, needs to be improved.

Indeed, the Medical and Dental staff group is the only staff group where there are more males employed than females (56% male to 44% female ratio). Overall, whilst the numbers involved in the Health Board's data are relatively small they make a significant difference to the percentage. Historically there has been an over-representation of males in the Consultant workforce (largely due to a lack of females recruited as students in medical school) and there is a recognition that the medical profession still has some way to go to be fully inclusive. This historical context and legacy working conditions will take some time to change. This impacts our ability to make progress at pace to decrease the gender pay gap within the Medical and Dental Consultant body. However, we are confident that this will change as more women progress in the profession.

In the quartile analysis of the AfC workforce, when considering the AfC data set, the gender split across the pay quartiles is generally representative of the overall 82:18 female-male split in the organisation. However, when considering the Non-AfC data set, this is not the case, demonstrating the inverse proportion of men in the high-paying staff groups, for example, Medical and Dental.

It is also worth noting that the largest staff group is Nursing and Midwifery, which amounts to just under 30% of our workforce. This staff group makes up the majority of the AfC clinical workforce at the Health Board and 92% of this staff group are female. When considering that entry-level is Band 5, this may account for why we have a larger proportion of females in Band 5 and 6 positions. Indeed, historically, we have seen more females than males in this profession, although this is changing.

One explanation which is often given for the gender pay gap is that women, generally, work fewer hours. Due to societal factors, females have traditionally taken career breaks, or been carers and this has led to more female staff working less than full-time to balance family life and child care. The cost of childcare has been identified as a particular problem that affects women's participation in the labour market. A 2017 report from Working Families found that childcare costs account for a significant proportion of family expenditure and that the high cost of childcare has a great influence on whether parents, particularly mothers, choose to either give up work or reduce their working hours. Moreover, generally, women are more likely than men to be carers.

A survey carried out by Carers UK in 2022 found that 80% of carers are female. For many women, these factors have resulted in barriers to progression for women, resulting in fewer women progressing into the higher quartile pay bands, contributing to a gender pay gap.

In addition, generally, hourly rates of pay for part-time work tend to be lower than for full-time work and, with such a high percentage of women working part-time, their low hourly rates of pay mean that the gender pay gap for all employees is greater than that for full-time employees alone.

The introduction of policies around maternity and paternity leave, flexible working, and more inclusive working practices has brought more flexibility around family life and career choices. If we control for this dimension of effort or activity, we would expect to see that men and women earn similar salaries. To make meaningful comparisons, in future reporting, we will need to further split the sample into staff groups according to their contract types and explore the relationship between salary and hours worked. Furthermore, given that the ONS UK Labour Force Survey highlights that men tend to work part-time at the beginning and end of their working lives, whereas women do so in their middle years, it also recommended that the sample is further split into age groups according to their contract types and explore the relationship between salary and age.

NEXT STEPS

We are not content with reviewing the Gender Pay Gap data each year and hoping that things will change with time. Before we develop dedicated and detailed actions in collaboration with our diversity steering groups, Trade Unions and other stakeholders, we would like to engage the support of a statistician to enable the Health Board to better understand the reasons for the pay gap. We will be working in collaboration with Cardiff University during 2024 to undertake the analysis and action required by the 'equal pay duty', to ensure its effectiveness and to make a lasting impact on gender pay disparities in the Health Board.

In the interim, we will further develop our Women's Network, established in March 2023, for the support and development of female staff. We recognise that the Network holds the potential not only to support co-production in the reduction of gender inequality like the pay gap but to also build up stronger peer-to-peer support and confidence amongst staff, as well as being a safe place for women to talk about the issues that mean most to them at work such as how to navigate work-life balance, flexible working, women's health, and upskilling for promotion opportunities.

We will also work to increase access to leadership and development opportunities - We need to ensure our female staff at lower bands have the confidence, skills and support to apply for posts at band 8A and above. Positive action plans are being developed in line with the Strategic Equality Plan for 2024 – 2028.

Finally, we know that the gender pay gap is about more than just gender. When we analyse our data, we need to consider the diversity of our workforce. The gender pay gap can also be impacted by protected characteristics and wider intersectionality. As we progress our work to better understand our gender pay gap, we will apply an intersectional lens to our gender pay gap analysis.

GET IN TOUCH

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https://abuhb.nhs.wales/

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Agenda Item: 3.3b

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Ethnicity Pay Gap Report 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director Workforce & Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Non Ellis, Equality, Diversity & Inclusion Specialist

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA / SBAR REPORT

Sefyllfa / Situation

This paper provides the Board with the proposed Ethnicity Pay Gap Statement to be voluntarily published by the Health Board as part of its anti-racist approach.

This paper went to the Executive Committee on 02 May 2024 where the report was endorsed. The Board is asked to approve the publication of this report as the Health Board's detailed ethnicity pay gap report.

Cefndir / Background

The UK government in 2017 published the first report to examine the barriers people from Ethnic Minorities face in employment, named Race in the Workplace. Their report highlighted the need to first be able to measure the disadvantage some ethnic groups face in order to address the barriers to earning as much as their white colleagues. In 2018, the Race Disparity Unit and CIPD led the call for the introduction of ethnicity pay gap reporting in "Our Manifesto for Work". This led to the government consultation on whether to introduce mandatory ethnicity pay gap reporting, which ran from October 2018 to January 2019. The Women and Equalities Committee published a report calling for the Government to implement mandatory reporting of ethnicity pay by April 2023. The Government confirmed no mandatory ethnicity pay gap reporting.

As of March 2022, the Health Board has committed to report on its ethnicity pay gap as part of its anti-racist approach and our obligations under the Welsh Government's Anti-Racist Wales Action Plan.

In the absence of a mandatory framework for ethnic pay gap reporting, organisations who do take the steps to report their ethnicity pay gaps have to select their own reporting measures.

The Health Board aspires to be an employer of choice who provides a great place to work and can recruit and retain the right talent with the wide range of knowledge, skills and capabilities we need. We are committed to a diverse and inclusive culture which supports the fair treatment and reward of all colleagues, irrespective of gender, and the Health Board's pay framework is based on the principles of fairness, transparency, and consistency.

Asesiad / Assessment

The Health Board has chosen to replicate the measure used in gender pay gap reporting with some changes, to account for the different data sets. The gender pay gap report compares two distinct groups – male and female – whereas ethnicity recorded on ESR can fall into one of four broad categories: White, Black, Asian and Minority Ethnic, blank (not recorded) and unspecified (chose not to answer).

The way that gender is recorded on ESR means that there can be no blank or unspecified records. In calculating the mean and median differences, we have chosen to focus on those who have specified their ethnicity to give the most precise view of the ethnicity pay gap in the Health Board, as people with blank or undeclared ethnicities could either be Black, Asian and Minority Ethnic or White. The blank and unspecified records are included in the Health Board average.

The report includes:

- The mean and median ethnicity pay gaps.
- The mean and median ethnicity bonus pay gap.
- The proportion of Black, Asian and Minority Ethnic and White employees who received a bonus.
- The proportions of Black, Asian and Minority Ethnic and White employees in each pay quartile.

The data for the report is drawn from the national ESR Business Intelligence standard report.

The ethnicity pay gap is different to equal pay. Ethnic pay disparities are not primarily about those from a white background and other ethnic groups being paid differently for the same job. The Equality Act 2010 makes it unlawful to discriminate (both directly and indirectly) against employees (and people seeking work) because of their race. Therefore, unless there is a failure to comply with existing law, pay disparities between ethnic groups are likely to be due to other factors that impose disadvantage on people from ethnicity minorities.

It is important to note that the Health Board, and indeed the NHS nationally, has Job Evaluation and national Pay systems that set the grade for a job regardless of gender. Anyone in that job would receive the grade and pay attached to it regardless of ethnicity.

Ethnicity Pay Gap 2023, Appendix 1

In the Health Board, Black, Asian & Minority Ethnic Agenda for Change staff earn 96.69p for every £1 that White staff earn when comparing the mean (average) hourly rate.

Black, Asian and Minority Ethnic and White Agenda for Change staff's median hourly rates are equal.

When comparing median hourly pay for Non-Agenda for Change employees, in this Health Board, Black, Asian and Minority Ethnic staff earn 85p for every £1 that White staff earn.

Benchmarking

As there is currently no mandate for Health Board's in Wales to report ethnicity pay gap, benchmarking data is not available.

Financial

There are no specific financial considerations associated with this report.

Risk Assessment

Should appropriate actions to address the Health Board's ethnicity pay gap not be taken, the potential reputational risk for the Health Board is that it could be perceived as less than fully committed to fair pay, promotion and development opportunities for Black, Asian and Minority Ethnic employees.

Next steps

It is important to recognise that the group referred to as "Black, Asian and Minority Ethnic" is not homogeneous. We recognise the need to ensure that the pay gap data analysis considers the significant differences in pay gaps between staff from within the groups otherwise defined as Black, Asian and Minority Ethnic within this report. With this in mind, future reporting will include detailed ethnic breakdown.

In-depth analysis is needed to investigate warranted and unwarranted pay differences and to better understand and quantify the relative contributions of different reasons leading to the overall pay gap across all staff. An intersectional lens to this analysis is vital to ensure a deeper understanding of pay inequalities and actions to address these. For example, rather than looking at the effect of gender or ethnicity in isolation, we need to explore the combined impact of gender and ethnicity on pay and position in the workforce.

We will be working in collaboration with Cardiff University during 2024, engaging the support of a statistician, to support the Health Board in better understanding the reasons for the pay gap and undertaking the analysis and action required by the 'equal pay duty'. The Health Board will then be better placed to report accurately and effectively on actions that can positively close the ethnicity pay gap.

Argymhelliad / Recommendation

The Board is asked to approve the publication of this report as the Health Board's detailed ethnicity pay gap report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Gender and pay - Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	CIPD – Chartered Institute of Personnel and Development ESR – Electronic Staff Register
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not Applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans;

	investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
Workforce	Not Applicable
Service Activity & Performance	Not Applicable
Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

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

ETHNICITY PAY GAP

The following report provides a summary of conclusions drawn from the analysis of statistics in relation to the ethnicity pay gap (snapshot of 31 March 2023), together with an outline of intended aims and future positive action.

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INTRODUCTION

In 2017, the UK government published the first report to examine the barriers people from Ethnic Minorities face in employment, named "Race in the Workplace". Their report highlighted the need to first be able to measure the disadvantage some ethnic groups face to address the barriers to earning as much as their white colleagues.

A year later in 2018, the Race Disparity Unit and Chartered Institute of Personnel and Development (CIPD) led the call for the introduction of ethnicity pay gap reporting in "Our Manifesto for Work". This led to the Government consultation on whether to introduce mandatory ethnicity pay gap reporting, which ran from October 2018 to January 2019. The Women and Equalities Committee published a report calling for the Government to implement mandatory reporting of ethnicity pay by April 2023. The Government confirmed no mandatory ethnicity pay gap reporting. Nevertheless, the Health Board voluntarily started to report on its ethnicity pay gap as part of its anti-racist approach in 2022.

In the absence of a mandatory framework for ethnic pay gap reporting, Health Boards who do take the steps to report their ethnicity pay gaps have to select their own reporting measures. As a Health Board, we have aligned our reporting framework with the gender pay gap, but recognise the complexity of ethnicity pay reporting compared with gender pay reporting. We have chosen to replicate the measure used in gender pay gap reporting with some changes, to account for the different data sets. The gender pay gap report compares two distinct groups – male and female – whereas ethnicity recorded on Electronic Staff Record (ESR) can fall into one of four broad categories: white, Black, Asian and minority ethnic, blank (not recorded) and unspecified (chose not to answer).

The way that gender is recorded on the ESR (Electronic Staff Register) system means that there can be no blank or unspecified records. In calculating the mean and median differences, we have chosen to focus on those who have specified their ethnicity to give the most precise view of the ethnicity pay gap in the Health Board, as people with blank or undeclared ethnicities could either be Black, Asian and minority ethnic or White. The blank and unspecified records are included in the Health Board average.

The ethnicity pay gap report shows the difference in the average pay between Black, Asian and minority ethnic staff in our workforce. Where there is a positive percentage, this means that the pay of white staff is higher than the pay of Black, Asian and minority ethnic employees; the higher the percentage, the greater the ethnicity pay gap.

BACKGROUND

The publication of the Agenda for Change white paper in 1999 set out a consistent set of pay bands and job evaluations that cut across occupational groups and aimed to provide equal pay for work of equal value. An important goal of the Agenda for Change (AfC) was to ensure the NHS had a pay system that addressed unwarranted differences in the pay of employees in the NHS.

Around 94% of Health Board staff are included in the AfC system. The pay and terms of conditions of non-AfC staff – largely senior managers and doctors – are determined through nationally negotiated contracts.

It is important to recognise that collating both AfC and non-AfC data sets can have an impact on overall data and averages. Our data tells us there is a difference in the ethnicity pay gap depending on your role. Therefore, for this report, we have analysed the data so we can see the differences between those who are on AfC contracts, and those who are not, this will help us focus our efforts where it is most needed.

EQUAL PAY AND ETHNICITY PAY GAP

The ethnicity pay gap is different from equal pay. Ethnic pay disparities are not primarily about those from a white background and other ethnic groups being paid differently for the same job. The Equality Act 2010 make it unlawful to discriminate (both directly and indirectly) against employees (and people seeking work) because of their race. Therefore, unless there is a failure to comply with existing law, pay disparities between ethnic groups are likely to be due other factors to that impose disadvantage on people from ethnic minorities.

This report aligns the ethnicity pay reporting with gender pay reporting but recognises the differences. All calculations relate to the pay period in which the snapshot day falls - 31 March 2023. Health Board staff report their ethnicity. Ethnicity was not known for 13.43% of AfC staff assignments and 41.80% of non-AfC staff assignments.

ETHNICITY PROFILE

BREAKDOWN OF AFC WORKFORCE BY ETHNICITY

On the 31 March 2023, Aneurin Bevan University Health Board employed 14031 members of staff, equating to 11859.07 FTE on Agenda for Change (AfC) contracts.

Table 1 below shows the proportions of the relevant workforce from a Black, Asian and minority ethnic background and a white background, as well as those who had not completed their ethnicity on Electronic Staff Record (ESR) ("Blank") and those who had indicated they did not wish to disclose their ethnicity ("Not Stated").

	Heads (Number)	Heads (%)
Black. Asian & Minority Ethnic	956	6.81%
White	11191	79.76%
Blank/Not stated	1884	13.43%
Grand Total	14031	100.00%

BREAKDOWN OF NON-AFC WORKFORCE BY ETHNICITY

On the 31 March 2023 the Health Board employed 933 members of staff which equates to 829.84 FTE on Non-AfC contracts, (this is predominately Medical and Dental employees).

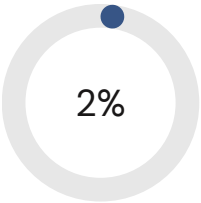
Table 2 below shows the proportions of the relevant Non-AfC workforce from a Black, Asian and minority ethnic background and a white background, as well as those who had not completed their ethnicity on Electronic Staff Record (ESR) ("Blank") and those who had indicated they did not wish to disclose their ethnicity ("Not Stated").

	Heads (Number)	Heads (%)
Black. Asian & Minority Ethnic	260	27.87%
White	390	30.33%
Blank/Not stated	283	41.80%
Grand Total	933	100.00%

OUR ANALYSIS

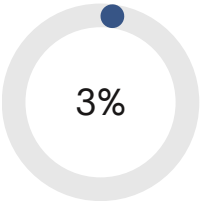
Positioning of Black, Asian & Minority Ethnic and White AfC employees across quartile pay bands

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of Black, Asian and minority ethnic and White staff in each. The employees identified as 'Blank/Not Stated' ethnicity equates to 13.43%.



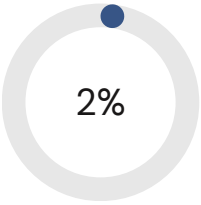
Quartile 1: Lower Quartile (Lowest Paid)

2% Black, Asian & Minority Ethnic
22% White



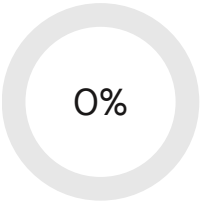
Quartile 2: Lower Middle Quartile

3% Black, Asian & Minority Ethnic
29% White



Quartile 3: Upper Middle Quartile

2% Black, Asian & Minority Ethnic
27% White

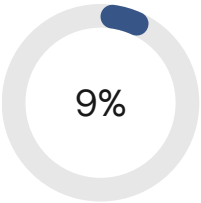


Quartile 4: Upper Quartile (Highest Paid)

0% Black, Asian & Minority Ethnic
2% White

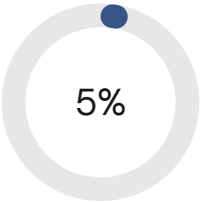
Positioning of Black, Asian & Minority Ethnic and White Non-AfC employees across quartile pay bands

The quartile data ranks our Non-AfC employees from highest to lowest paid, this is divided into four equal parts or quartiles and then works out the percentage of Black, Asian and Minority Ethnic and White staff in each. The employees identified as 'Blank/Not Stated' ethnicity equates to 41.80%.



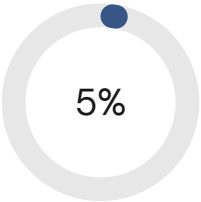
Quartile 1: Lower Quartile (Lowest Paid)

9% Black, Asian & Minority Ethnic
6% White



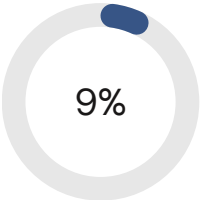
Quartile 2: Lower Middle Quartile

5% Black, Asian & Minority Ethnic
5% White



Quartile 3: Upper Middle Quartile

5% Black, Asian & Minority Ethnic
9% White



Quartile 4: Upper Quartile (Highest Paid)

9% Black, Asian & Minority Ethnic
22% White

AfC Mean and Median Hourly Rates

The mean ethnicity pay gap is defined as the difference between the mean hourly rate of pay of all white full-pay relevant employees and the mean hourly rate of relevant employees from a Black, Asian and minority ethnic background.

The median ethnicity pay gap is defined as the difference between the median hourly rate pay of all white full-pay relevant employees and that of full-pay relevant employees from a Black, Asian and minority ethnic background.

Table 3 outlines our mean and median ethnicity pay gap in hourly pay between our Black, Asian & Minority Ethnic and White AfC workforce, the mean hourly pay gap is 3.31% and the median hourly pay gap is 0%.

	Mean Hourly Rate	**Median Hourly Rate**
Black, Asian & Minority Ethnic	£15.75	£17.32
White	£16.29	£17.32
Difference	£0.54	£0
Pay Gap %	3.31%	0%

In this Health Board, Black, Asian & minority ethnic staff earn 96.69p for every £1 that White staff earn when comparing the mean (average) hourly rate.

Black, Asian and Minority Ethnic and White staff's median hourly rates are equal.

Non - AfC Mean and Median Hourly Rates

Table 2 outlines our mean and median ethnicity pay gap in hourly pay between our Black, Asian and Minority Ethnic and White Non-AfC workforce, the mean hourly pay gap is 15.81% and the median hourly pay gap is 15.46%.

	Mean Hourly Rate	Median Hourly Rate
Black, Asian & Minority Ethnic	£41.79	£37.78
White	£49.64	£44.69
Difference	£7.85	£6.91
Pay Gap %	15.81%	15.46%

When comparing median hourly pay for Non-AfC employees, in this Health Board, Black, Asian and Minority Ethnic staff earn 85p for every £1 that White staff earn.

CONCLUSIONS & NEXT STEPS

Currently, there is a legal requirement for organisations employing over 250 people to routinely report gender pay gaps but no requirement for ethnicity pay gaps. This is the second voluntary Ethnicity Pay Gap Statement published by Aneurin Bevan University Health Board, demonstrating our active commitment to better understand recruitment, staff development and retention in relation to the experiences of our ethnic minority staff.

In 2023, our reported median ethnicity pay gap was 34.16% (based on data from the 31st March 2022). It is important to note that this pay gap was calculated including the pay of AfC staff and non-AfC staff. Recognising that collating both AfC and non-AfC data sets can have an impact on overall data and averages and that there is a difference in the ethnicity pay gap depending on your role, for this year's report, we have analysed the data so we can see the differences between those who are on AfC contracts, and those who are not, to help us focus our efforts where it is most needed. The pay of doctors and consultants and staff such as senior managers, which is not covered by AfC, has a disproportionate impact on aggregate pay differences across all Health Board staff. Their pay is usually higher than other staff groups and they also have a very different ethnic composition.

This report has found a significantly greater proportion of Black, Asian and minority ethnic staff (27.87%) not covered by AfC than Black, Asian and minority ethnic staff paid under the terms and conditions of AfC (6.81%).

There are several aspects to note about the distribution of ethnicity within the pay bands. There is no significant variation in the proportion of people who chose not to declare their ethnicity throughout the quartiles for staff who are paid under the terms and conditions of AfC. The highest proportion of people with no ethnicity completed is within the upper quartile of the non-AfC staff group, suggesting the records of those paid the most are more likely to be incomplete.

Black, Asian and minority ethnic staff are broadly under-represented across the majority of the AfC pay bands with the proportion of Black, Asian and minority ethnic staff declining across the higher pay bands.

The highest proportion of Black, Asian and minority ethnic staff are in the Band 5 pay band. We know that the Health Board's largest staff group is Nursing and Midwifery, which amounts to just under 30% of our workforce and Nurses make up the majority of the AfC clinical workforce at the Health Board. The Health Board employs approximately 500 Internationally Educated Nurses, with the majority from the Philippines and India. The entry-level is Band 5, which may partly explain why we have a larger proportion of Black, Asian and minority ethnic staff in Band 5 roles.

For the 94% of Aneurin Bevan University Health Board staff paid under the terms and conditions of AfC, the ethnicity pay gap between White staff and Black, Asian and minority ethnic staff is equal. However, this disguises the complexities of pay inequalities within the Health Board, particularly when considering that Black, Asian and Minority Ethnic staff on non-AfC contracts mean hourly rate is 15.81% lower than White staff on non-AfC contracts. Much of this seems due to the concentration of Black, Asian and minority ethnic staff under non-AfC contracts (largely Medical and Dental). Whilst for staff paid under the terms and conditions of AfC, there is an under-representation of Black, Asian and minority ethnic staff in the highest bands. To get the full story, we need to distinguish between different ethnic groups and analyse the pay gap at lower levels, for example, by staff group and within pay bands for AfC staff.

Furthermore, in-depth analysis is needed to investigate warranted and unwarranted pay differences and to better understand and quantify the relative contributions of different reasons leading to the overall pay gap across all staff. An intersectional lens to this analysis is vital to ensure a deeper understanding of pay inequalities and actions to address these. For example, rather than looking at the effect of gender or ethnicity in isolation, we need to explore the combined impact of gender and ethnicity on pay and position in the workforce. Expanding to other sources of pay (such as overtime payments) would also add a further perspective on the extent of pay differences, whilst comparing pay gaps within staff groups and occupations may provide another view; We know that staff numbers vary considerably for different ethnic groups and occupation – and this will have a bearing on pay and, in turn, on pay differences between groups.

It is also important to note that this gap is a combined estimate for all ethnic minorities – comparing White staff with specific ethnic groups would reveal a more nuanced picture (there are 47 ethnic groups specified within the ESR data set).

In line with the recommendations made in last year's report, we have:

- Expanded the Health Board's Cultural Competence Scheme with Diverse Cymru to more divisions;
- Developed a reverse mentorship programme aimed at raising awareness of the barriers faced by Black, Asian and minority ethnic staff;
- Developed a 'buddy scheme' to support International Medical Graduates (IMGs) with personalised guidance that facilitates the transition of new IMGs into their roles; and
- Endorsed protected time and Executive Sponsorship for our staff diversity networks.

We aim to continue to reduce our gender and ethnicity pay gap year on year, to create greater equality in our pay frameworks. To effectively reduce the pay gaps a holistic approach is needed to attraction, recruitment, development and retention initiatives.

Given the proportion of employees identified as 'Blank/Not Stated' ethnicity equates to 13.43% (AfC) and 41.80% (non-AfC), we will seek to improve staff ethnicity disclosure rates by encouraging staff to speak about their lived experiences to their managers and identify and record their ethnicity on ESR.

We will work to increase access to leadership and development opportunities - We need to ensure our female staff at lower bands have the confidence and skills and are supported to apply for posts at band 8A and above. Positive action plans are being considered as part of the revised Strategic Equality Plan for 2024 – 2028, this includes the delivery of a Reverse Mentorship programme for ethnic minority staff.

Structured interviews with balanced recruitment panels who have received unconscious bias training is a key process change that can improve access to external and internal roles for diverse candidates. We, therefore, need organisational commitment to diversify interview panels for all positions at Band 8+ and to provide culturally competent and active bystander training as part of recruitment training for managers. As a first step towards achieving this ambition, a Recruitment and Retention Policy is being developed with embedded Equality, Diversity and Inclusion measures.

Before we develop dedicated and detailed actions to address our ethnicity pay gap in collaboration with our diversity steering groups, Trade Unions and other stakeholders, we would like to engage the support of a statistician to enable the Health Board to better understand the reasons for the pay gap. We will be working in collaboration with Cardiff University during 2024 to undertake the analysis and action required by the 'equal pay duty', to ensure its effectiveness and to make a lasting impact on ethnicity pay disparities in the Health Board.

GET IN TOUCH

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abb.edi@Wales.nhs.uk

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – April 2024 (2024/25 Month 1)
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 April 2024 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 30th of April 2024,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The Capital position.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, at the 30th of April 2024 (month 1) for the financial year 2024/25.

The 2024/25 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

Apr-24
Performance against key financial targets 2024/25
+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Movement	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. *This confirms the YTD and forecast variance.*	£'000	4,959	4,959		**48,860**
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 £53,551	5,105 9.5%	5,105 9.5%		**0**
Public Sector Payment Policy To pay a minimum of **95%** of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	96.0%	96.0%		**>95%**

Performance against requirements 23/24		**21/22**	**22/23**	**23/24**	**3 Year Aggregate (21/22 to 23/24)**
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	**(249)**	**36,842**	**49,754**	**86,347**
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	**(50)**	**(43)**	**(41)**	**(134)**
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	**20/21**	**21/22**	**22/23**	**23/24**
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	**£16.261m Deficit**	**£20.914m Deficit**	**£89.6m Deficit**	**£81.410m Deficit**

The 2024/25 financial year budget performance as at month 1 is an adverse variance of £4.959m.

The 2024/25 reported forecast is a £48.860m deficit reflective of the annual plan however there are risks to the forecast position in relation to the delivery of pipeline opportunities and other operational factors.

The 2024/25 forecast of £48.860m is £36m greater than the Welsh Government control total of a £13m deficit.

Cefndir / Background

Key points to note for month 1 include:

Year to date position is a deficit of £4.959m.

A reported full year position of £48.860m deficit, this is in line with the submitted annual plan financial forecast.

Income includes anticipated funding for a number of areas including; 2023/24 pay awards, Mental Health Service Improvement funding and CHC real living wage funding.

Pay Spend (excluding the notional pension adjustment from March 2024), is £5.6m lower compared with March. Reasons are linked to a reduction in managed GP practices and reduced variable pay.

Non–Pay Spend (excluding capital adjustments) – has decreased by c.£10m due to funded areas of spend in March.

Savings – overall in-month achievement is £1.22m, against the annual identified savings plan of £29.1m. Further pipeline opportunities of £11.4m are included in the plan which are assumed will be achieved.

At Month 1, the reported revenue position is a £4.959m deficit and the reported capital position is break-even. The revenue position is in deficit and there are risks in achieving the reported forecast.

The underlying financial deficit coming into the 2024/25 financial year is £81.4m, the revised underlying financial deficit for 2024/25 is currently assessed as £51.9m in line with the 2024/25 annual plan forecast deficit position.

Asesiad / Assessment

Revenue Performance

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

Stated underlying deficit - £81.4m
New year cost pressures - £59.8m
Additional discretionary funding – (£51.8m)
Savings plans and pipeline opportunities –(£40.5m)
Total 2024/25 forecast deficit - £48.9m

The table below describes the annual plan in further detail:-

Financial Plan 2024/25	2024/25 Deficit /

	(surplus) (£'m)
2023/24 forecast position (as at Month 9)	56.4
WG non-recurrent funding	14.4
Underlying deficit - accounting to reflect recurrent implications	10.6
Underlying deficit going into 2024/25	**81.4**
National Pressures	14.4
Inflationary Pressures	21.7
Contractual and Unavoidable Pressures	15.7
Local Investment Pressures	8.0
Sub-total 2024/25 including new cost pressures	**141.2**
Discretionary funding	(51.8)
Sub-total 2024/25 inc. discretionary funding	**89.4**
2024/25 savings	(29.1)
Total 2024/25 position before further pipeline opportunities	**60.3**
Additional amber opportunities	(6.9)
Total 2024/25 position before red pipeline opportunities (Likely case)	**53.4**
Red pipeline opportunities (67% assumption)	(4.5)
ABUHB financial plan 2024/25 total (best case)	**48.9**

Note
Additional QIA plans of £6.2m - assumption of 20% achievement would result in c.£47.8m deficit

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

Summary Reported position - April 2024 (M01)	Full Year Budget £000s	YTD Reported Variance £000s
Operational Divisions:-		
Primary Care and Community	288,290	206
Prescribing	114,518	354
Community CHC & FNC	72,004	68
Mental Health	124,481	1,335
Total Primary Care, Community and Mental Health	**599,293**	**1,963**
Surgery	133,253	1,037
Clinical Support Services	123,176	225
Medicine	148,795	957
Urgent Care	34,514	307
Family & Therapies	129,264	465
Estates and Facilities	86,897	983
Director of Operations	8,283	48
Total Director of Operations	**664,180**	**4,022**
Total Operational Divisions (Chief Operating Officer)	**1,263,473**	**5,985**
Corporate Divisions	91,608	627
Specialist Services	188,073	92
External Contracts	89,992	341
Capital Charges	48,197	(0)
Total Delegated Position	**1,681,343**	**7,044**
Total Reserves	34,753	(2,085)
Total Income	(1,716,096)	(0)
Total Reported Position	**0**	**4,959**

Summary of key operational pressures for Month 1

During April 2024, pay expenditure (excluding the effect of the notional pension costs adjustment from March 2024) was £64.2m a decrease of c.£5.6m (8%) compared with March.
Substantive pay spend was £58.3m (March £62.3m).
Variable pay spend was £6m (March £7.5m).

Key Pay issues include:

- Specific Sessional GP and Managed Practice expenditure accounted for in March 2023 - £1.5m reduction
- Substantive consultant pay reductions linked to Managed Practice and Industrial Action (off-set by Medical agency increase) - £1.4m reduction
- Nursing agency pay - £0.5m reduction through reduced usage to cover vacancies
- Bank, overtime and WLI usage reduced - £1.4m reduction
- Administration & Clerical substantive decrease relating to Managed Practices becoming independent contractors and externally funded posts (6 goals/111) - £0.8m reduction

Non–Pay Spend (excluding capital adjustments) was £88.1m a decrease of c.£10m (10.2%) due to funded expenditure for JCC (WHSSC/EASC) pass through costs, RPB and TEC Cymru/E-system spend reported in March. 111/6 goals costs are now transferred outside of the Health Board for 2024/25.

Demand pressures for elective and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. There are 289 inpatients who are fit for discharge as at the end of April; approximately 28% of the blocked bed days are health related, 45% are social care and package of care related with the remaining 27% relating to other reasons e.g. patient/family related, nursing homes, etc.

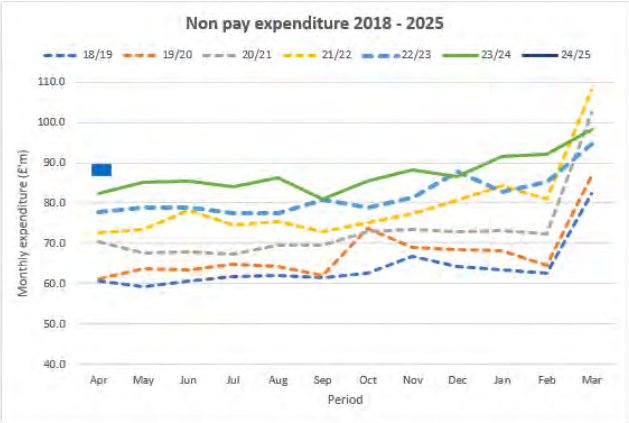
The estimated cost for the year of continued blocked bed days for all reasons is c.£15.5m using a £150 cost per bed day. The challenges in terms of demand and flow across the Health Board drive surge bed capacity requirements which result in increased demand in high cost temporary staff, impacting overspends across the Health Board. The delays need to reduce to avoid the requirement for this capacity and optimise appropriate bed capacity to support financial sustainability for 2024/25, through the discharge and bed reduction saving programme.

In month other significant issues include:-

- Prescribing average price per item of £7.44 is significantly above the annual plan estimate of £7.29, this is only reflected in the year to date position as limited data is currently available to revise the forecast
- CHC fees and growth pressures continue in Mental Health off-set by FNC numbers below annual plan
- Enhanced cleaning, additional security and other facilities legacy costs continue
- Continued diabetes pump costs
- Surgery – homecare drug cost increases
- Additional WLI and backfill costs above plan to support cancer and 156 week targets.
- On-going use of variable pay by mental health wards for acuity as well as sickness and vacancy cover, (Mental Health nursing variable pay estimated over 45% linked to enhanced care),
- A number of Payment in Lieu of Notice (PILON) claims and associated costs, and
- Increased non-pay costs driven by inflationary growth across a number of areas including facilities provisions.

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last six financial years are shown below, along with a chart showing annual total pay and the impact of pay awards;

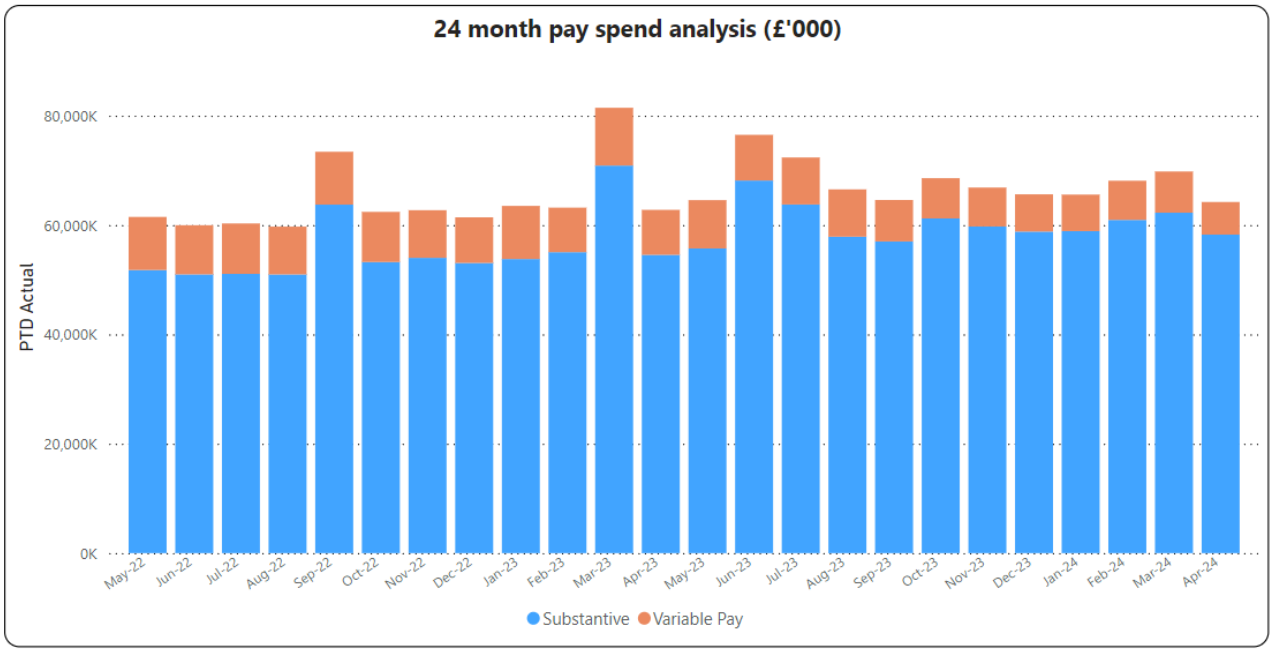


The expenditure run-rates need to significantly reduce in order for the Health Board to progress towards its annual plan deficit and to a break-even position in future financial years.

Workforce

The Health Board spent £64.2m on workforce in month 1 24/25, a decrease of £5.6m compared with March (excluding the notional pension uplift in month 12). To note 2023/24 monthly average expenditure was £67.7m.

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

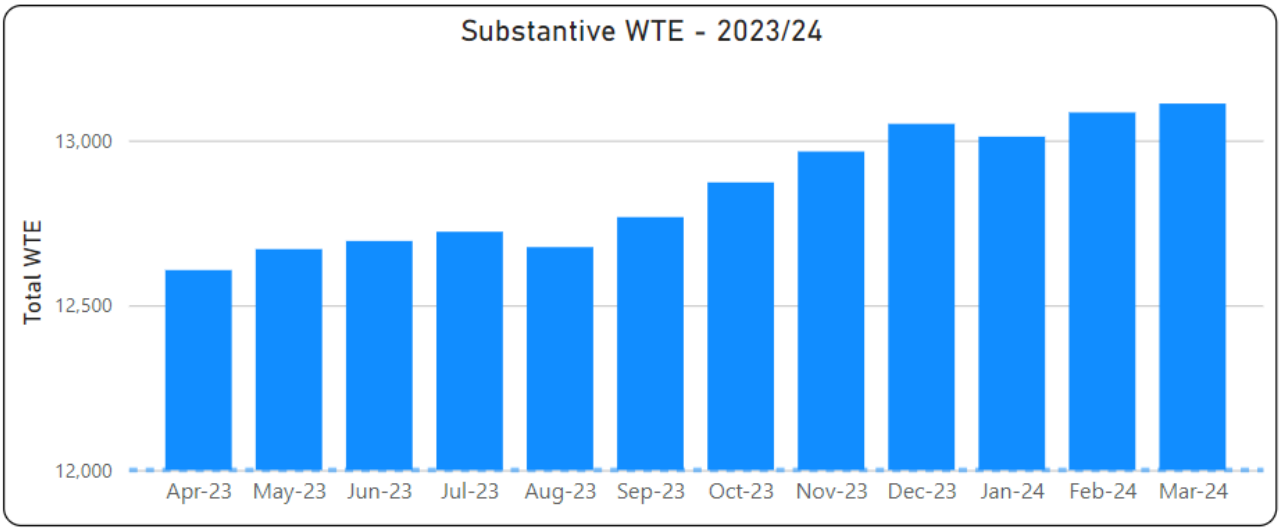


Substantive staff

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

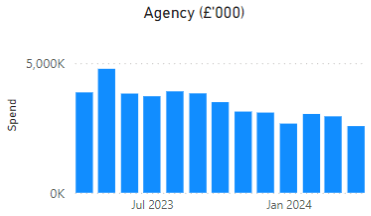
Substantive pay was £58.3m in March (excluding notional pension contributions) - costs decreased by £4m compared with March.

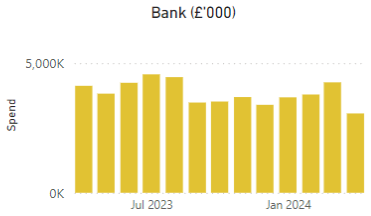
Month 1 includes 12,937 wte employed staff, a decrease of 175 wte over the prior month much of this relates to funded posts now moved outside of the HB as well as managed practice staff which are now part of independent contractor costs.

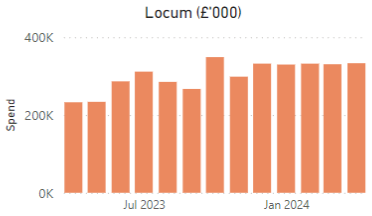


Variable pay

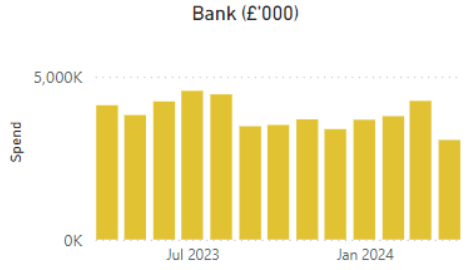
Variable pay (agency, bank and locum) was £6m in April. The monthly average variable pay was £7.75m for 2023/24 (£9.2m average 22/23). Vacancy cover along with sickness and enhanced care continue to drive a financial pressure as well as pressure on our workforce.







Bank staff

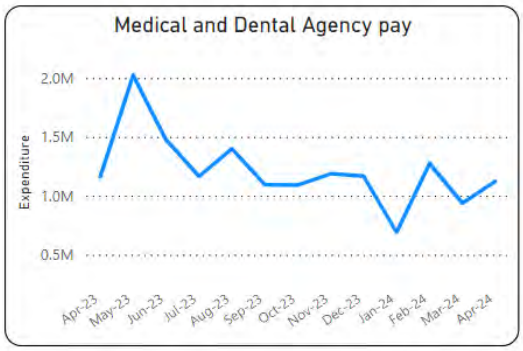
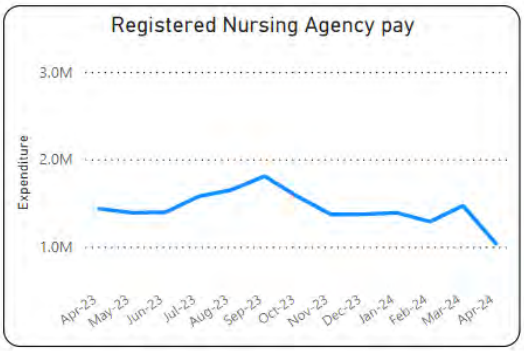
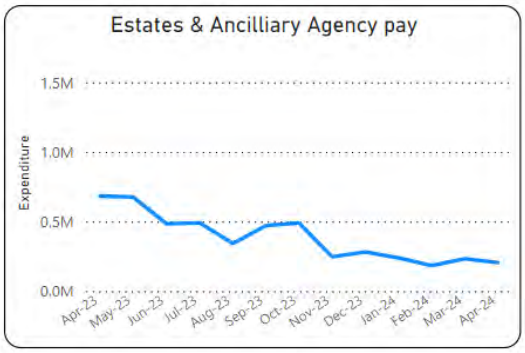


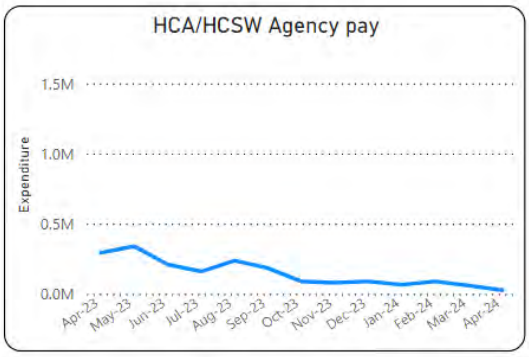
In-month spend of £3m, a £1.2m decrease compared with March, (2023/24 average monthly spend £3.9m).

- Continued pressures in Medicine wards/ Urgent Care, GUH Acute Medicine and GUH ED - £1.3m
- Facilities bank staff - £0.2m
- Community Hospitals/localities - £0.4m
- Enhanced care / observation shifts particularly linked to Mental Health - £0.4m
- Continued expenditure in Critical Care, General Surgery and Trauma & Orthopaedics for operational pressures / elective activity - £0.4m

Agency

Total agency spend in April was £2.6m compared with £2.9m in March.

	In-month spend of £1.1m, a £0.2m increase compared with March (2023/24 average monthly spend of c.£1.2m). o On-going expenditure in specialist Mental Health, Managed Practices and Community Hospitals - £0.2m o Continued pressures in Medicine wards and Urgent Care to cover operational pressures - £0.4m o Trauma & Orthopaedics costs for junior rota (vacancies) and orthogeriatric cover that was implemented post GUH - £0.2m
	In-month spend of £1m, a £0.4m decrease compared with March. (2023/24 average monthly spend of c.£1.5m). Reasons for use of registered nurse agency include: o Vacancy cover o Additional service demand o Enhanced care and increased acuity of patients across all sites, and o On-going sickness and international recruitment costs On-going costs in GUH Emergency Department £0.15m and medicine wards £0.45m linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health agency costs of £0.1m mainly linked to enhanced care cover.
	In month spend of £0.2m on Estates & Ancillary agency. Reasons for use of agency include: o Meeting enhanced cleaning standards, o Other additional surge capacity, o Sickness, o Vacancies Estates and Ancillary agency spend averaged £0.65m per month 2023/24.



In month spend of £0.03m on HCSW agency, a decrease of £0.03m compared with March (2023/24 average monthly spend of c.£0.16m). Areas where spend remains are:

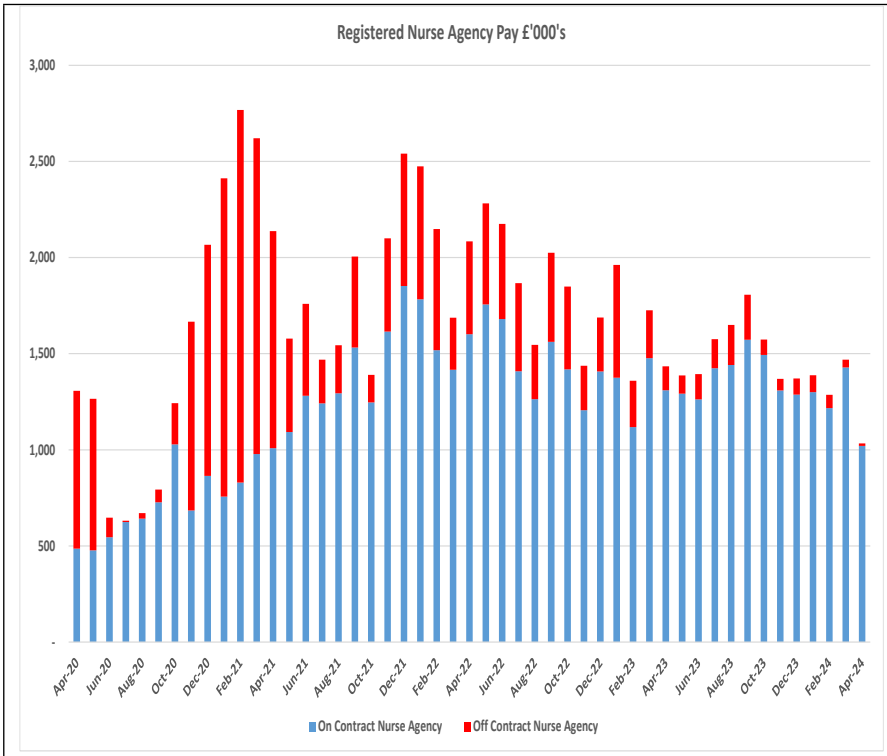
- MH&LD £14k,
- PCCS £2k,
- Medicine £6k
- Family & Therapies £12k

Registered Nurse Agency

Health Board spend in April 2024 on RN agency is £1m which is a £0.5m decrease compared with March.

Registered nurse agency spend totalled £17.7m in 2023/24, £22m in 2022/23, £22.8m in 2021/22, £18.1m in 2020/21 and £10.2m in 2019/20.

The use of "off-contract" agency i.e. not via a supplier on an approved procurement framework usually incurs higher rates of pay, is decreasing but remains a pressure and last resort for the Health Board.



The Health Board spent £0.01m on "off" contract RN agency in April which is a lower level compared with March. These costs reflect the on-going vacancy cover as well as smaller usage for other operational pressures such as:

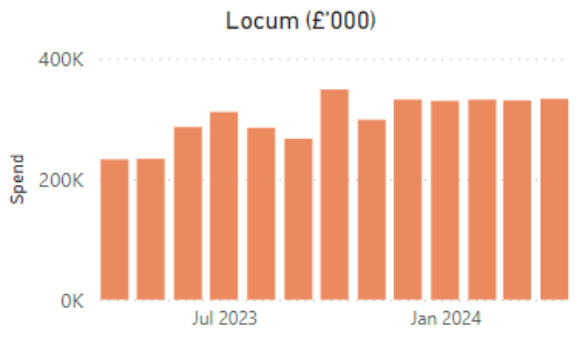
Enhanced care,
Additional capacity, and
Increased sickness

Implications of Nursing Shift 'Fill Rate'

It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In April there were approximately 100 unfilled registered nursing shifts and

420 unfilled HCSW shifts, which could have increased the spend by a further c.£0.2m if these shifts were filled. The increase in substantive appointments has now decreased the level of unfilled shifts which demonstrates a service improvement but presents a financial risk in terms of the variable pay saving opportunity due to possible increased availability to cover more shifts.

Medical locum staff



Total locums spend of £0.3m, a similar level compared with March (23/24 average £0.3m).

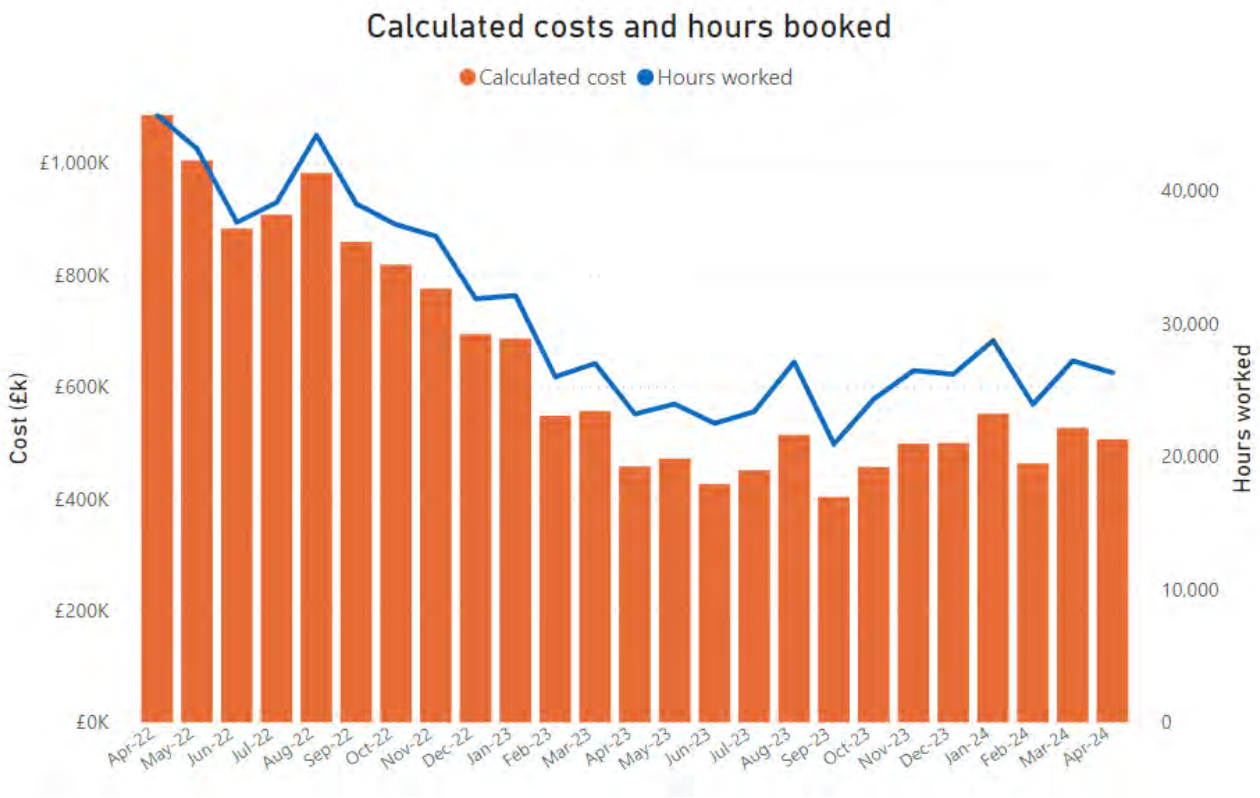
- Radiology, Pathology, Gastro and YYF medicine are the specialties with the greatest in-month expenditure.
- Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to mobilise a patient or avoid falls through 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 hours attributed to enhanced care for the period April 2022 to April 2024 (£0.5m 'notional calculated' expenditure in April) using bank and agency registered nurses and health care support workers.

Enhanced Care bank and agency calculated costs and hours booked.



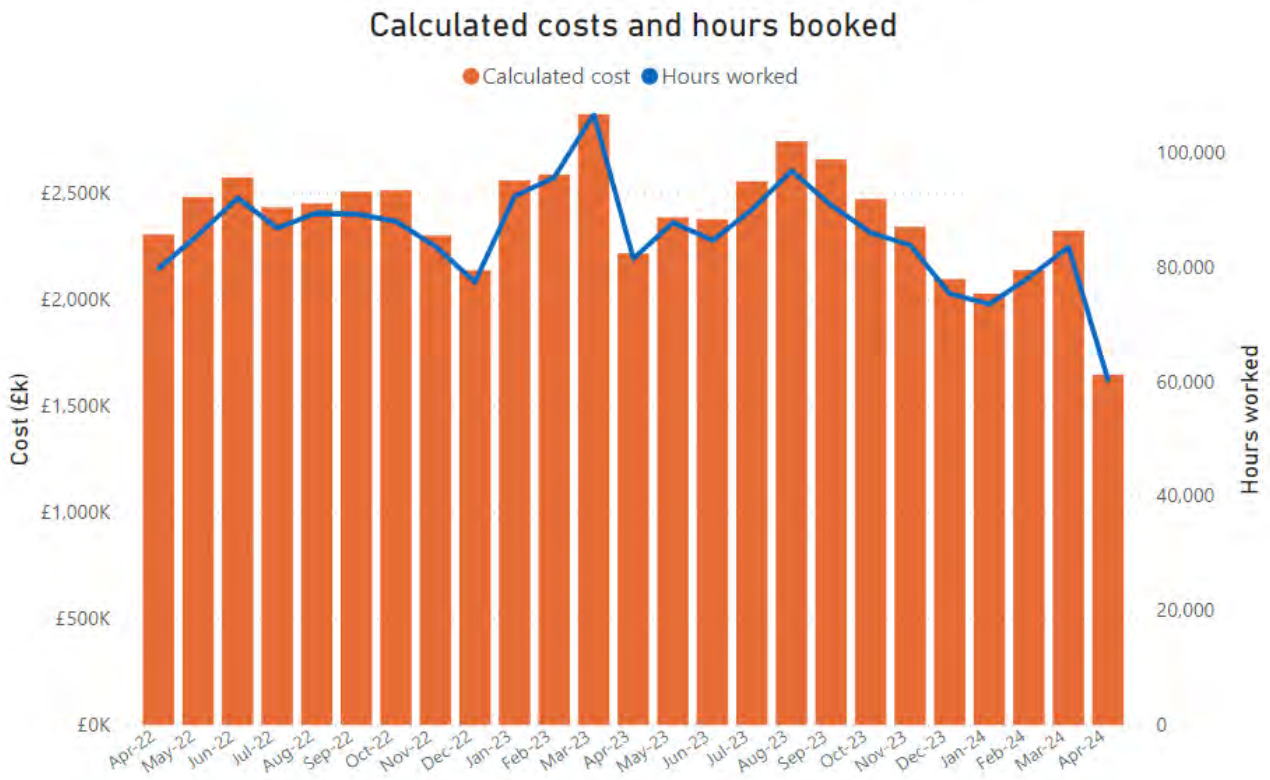
The level of the provision of enhanced care for patients within the Medicine Division for 2024/25 is shown below and will be monitored throughout 2024/25 in order to review further progress against enhanced care in the Division.

	2023/24 average	Apr-24
RGH		
Total no of Medicine beds	192	192
Monthly average enh care patients	34	28
%age of beds in receipt of enh care	18%	15%
NHH		
Total no of Medicine beds	164	164
monthly average enh care patients	22	23
%age of beds in receipt of enh care	13%	14%
GUH		
Total no of Medicine beds	91	91
monthly average enh care patients	12	13
%age of beds in receipt of enh care	13%	14%
YYF		
Total no of Medicine beds	148	148
monthly average enh care patients	24	27
%age of beds in receipt of enh care	16%	18%
Total		
Total no of beds	**595**	**595**
Total monthly average enh care patients	**92**	**91**
	15%	**15%**

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The graph highlights that in April 2024 variable pay relating to vacancies is c.£1.6m ('notional calculated' expenditure). There was a significant reduction in April which is being reviewed as this may be as a result of reduced annual leave taken in April.

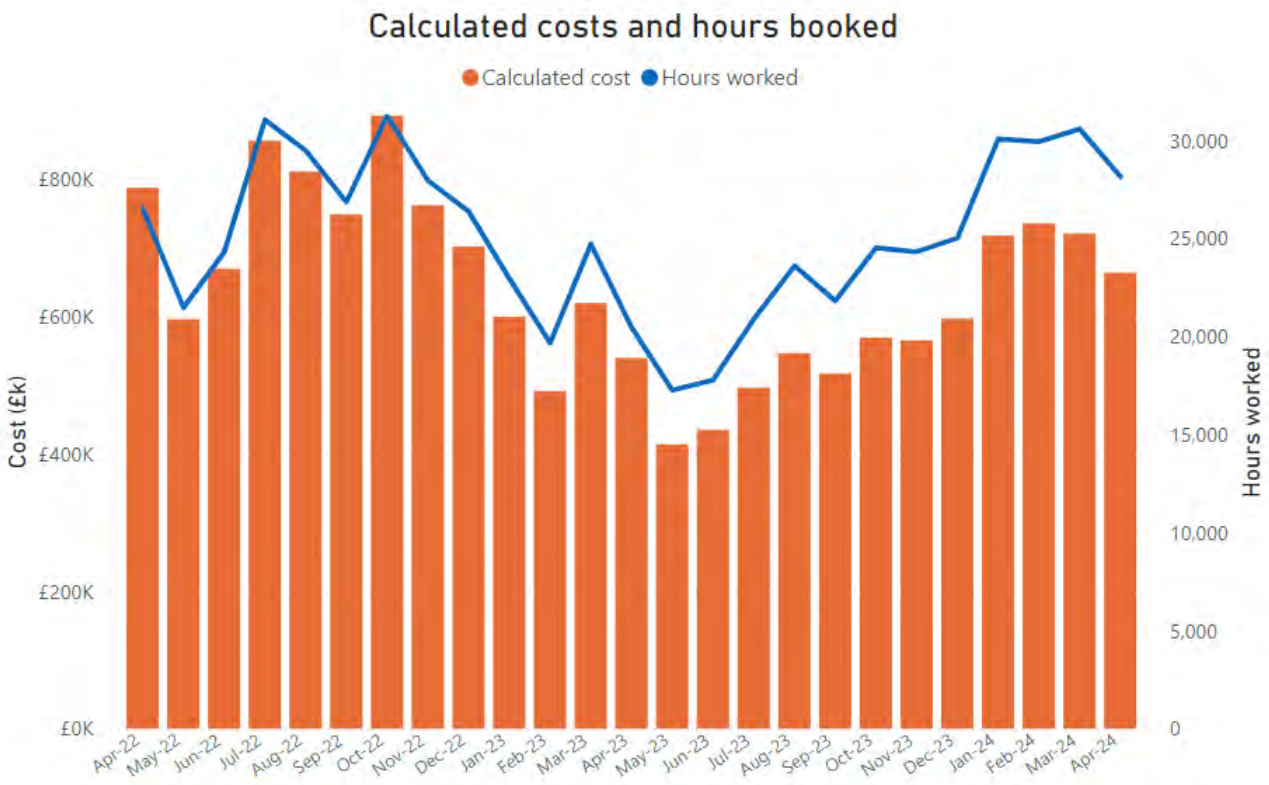
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in April 2024 variable pay relating to sickness is c.£0.7m ('notional calculated' expenditure).

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

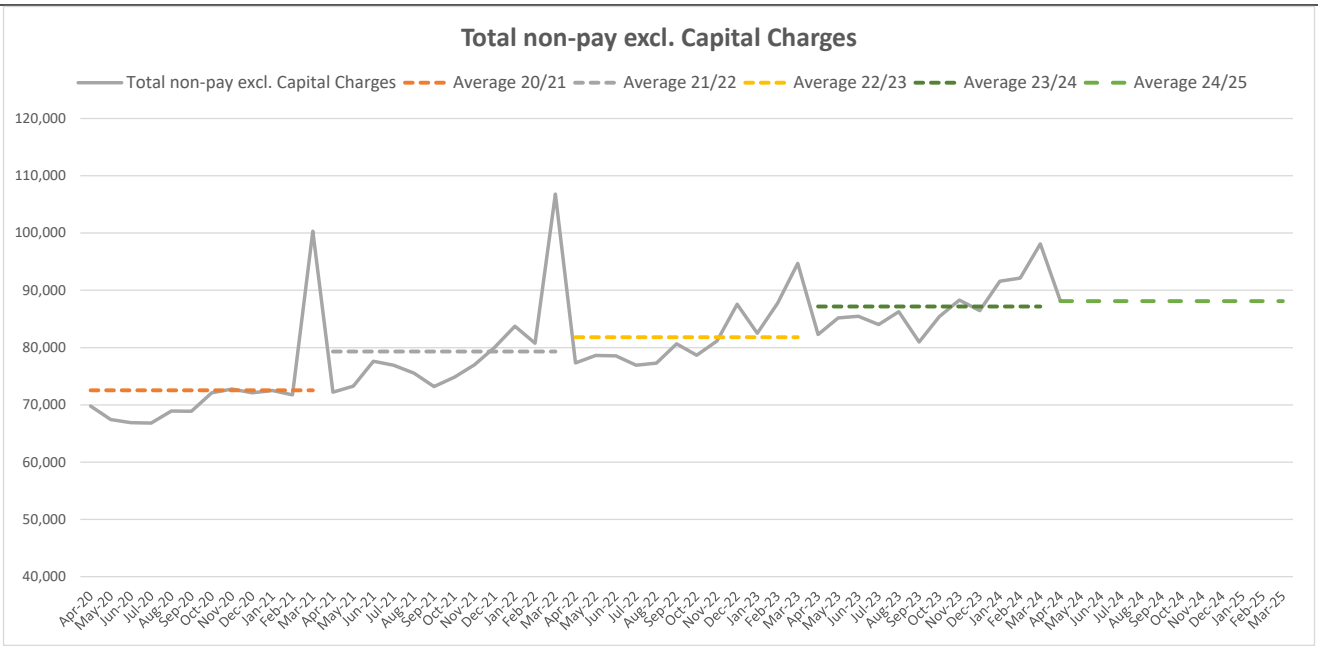


Non-Pay

Spend (excluding capital) was £88.1m in April, which is a £10m decrease when compared with March. Key reasons include:-

- Funded WHSSC, EASC costs incurred in March - £3m
- 111/6 goals cost reduction, now moved to NHS Executive - £3m
- RIF funded spend in March - £2m
- Funded TEC Cymru and E-system cost reductions - £1.5m
- Various other areas including CHC / FNC cost reductions - £0.5m.

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



Energy

Energy costs remain a volatile cost pressure with a forecast annual growth of £1.8m compared with 2023/24 expenditure using the latest data estimates received. The following table reflects the current position for 2024/25:-

Gas & Electricity	2022/23 Actuals £'000s	2023/24 Actuals £'000s	2024/25 Forecast £'000s
Total Shared Service Contract Energy Cost	21,612	16,834	18,961
Total Other Energy costs	571	777	447
Total	22,183	17,611	19,408

Note 2022/23 experienced a significant energy cost increase over 21/22 of £13.7m.

CHC

CHC Mental Health – the patient numbers at the end of April were 421 at a cost of £4.6m (419 patients at a cost of £4.3m in March).

CHC Adult / Complex Care - 547 total active placements on 30th of April at a cost of £4.8m in-month (increase of 5 from previous month). There was a decrease in the number of D2A patients but no change to the number of 'Step Closer to Home' (SCTH) patients in April.

Delays in the step closer to home pathway, where patients are not eligible for CHC, are being caused due to delays in confirming social care support. This is impacting the number of patients being discharged.

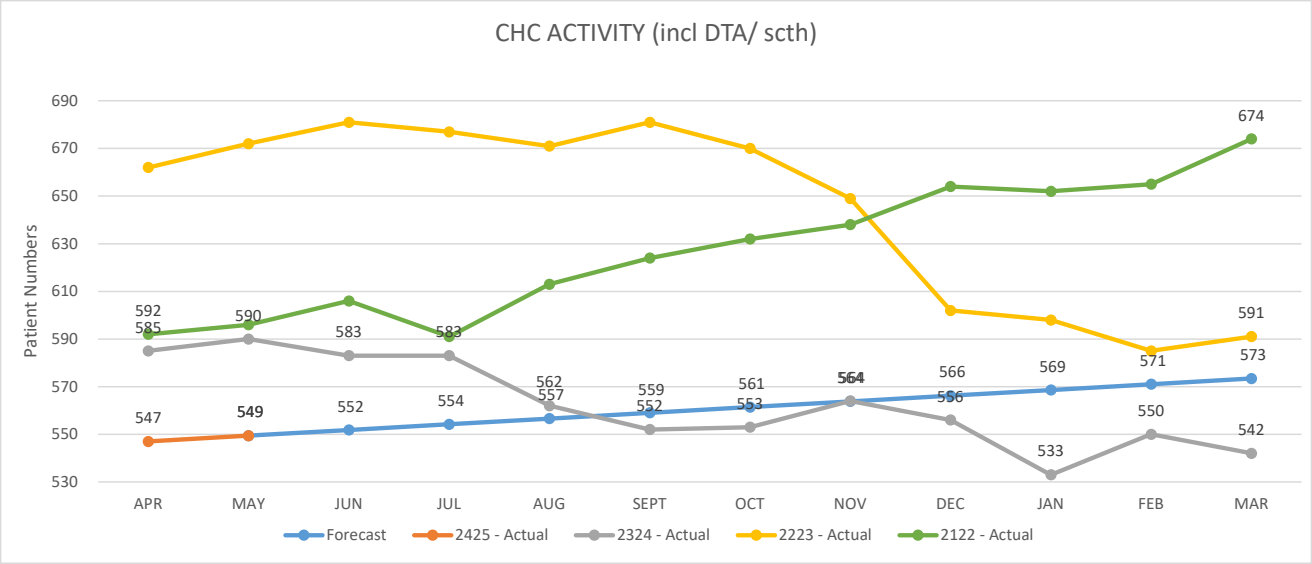
The table below summarises the current position (patient numbers and costs):

Activity	Apr 2024	Mar 2024	Movement
D2A	18	22	-4
Step Closer to Home	4	4	0
All Other CHC	529	520	+9
Total	547	542	+5

£'000	2024/25 forecast	2023/24 out-turn position
D2A	1,677	2,093
Step closer to home	563	407
All other CHC	43,136	41,053
Total	45,376	43,553

FNC - currently 1,040 active placements, which is a decrease of 19 compared with March (expenditure of £1m in April).

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



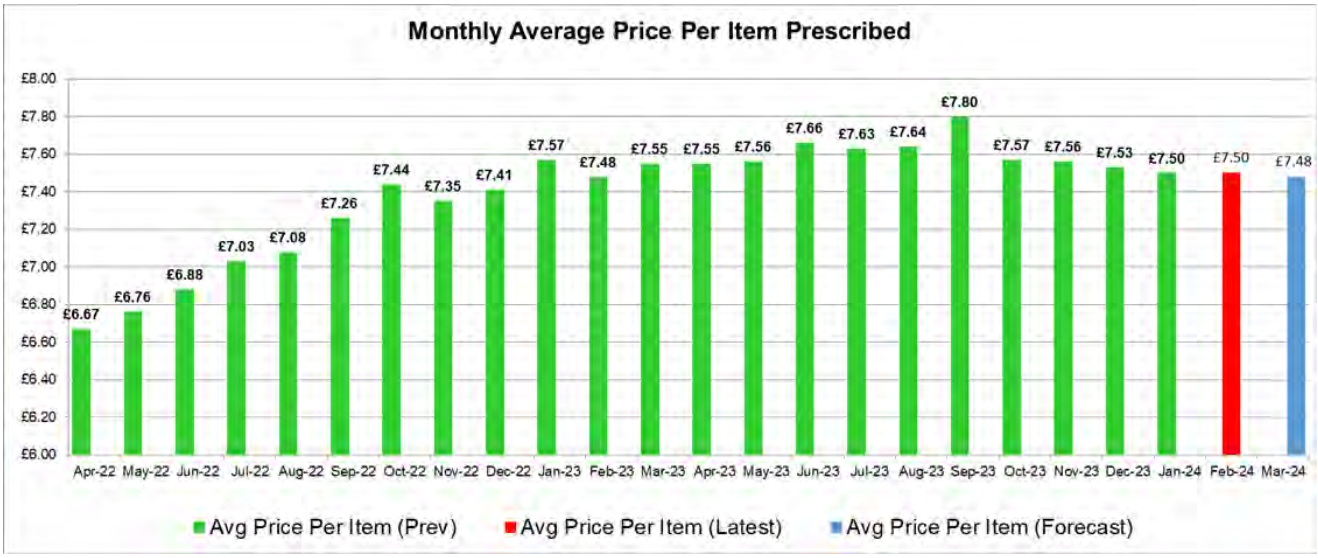
CHC Paediatric – currently 20 Out of County patients (April in-month cost of £0.18m, 2023/24 total cost of £4.1m) and 17 internal packages (15 patients). There are 6 external and 4 internal high cost packages which continue to be a cost pressure (>£100k expenditure). There is also a high cost case awaiting a dispute panel discussion.

Prescribing

Primary Care prescribing – April 2024 expenditure is £9.9m (2023/24 expenditure is £121.9m). The April 2024 costs are based on February PAR data, but is only reflected in the year to date reporting: -

- Annual Plan item growth rate for 2024/25 of 0.8%, (forecast volume of items based on the number of prescriptions for 24/25 is c.16.9m)
- Current growth rate for 2023/24 (Apr-Feb) is 0.36%, taking into account the number of prescribing days.
- 2024/25 Annual Plan average cost per item is estimated as £7.29.
- Average cost per item price for 2023/24 (April-March) is estimated at £7.58.
- Average cost per item price for April reporting is currently estimated at £7.25.

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



Scheduled Care treatments and outpatients

Elective Treatments for April '24 is 1,985 (March '24 was 1,783).
Elective Activity in April has increased by 202 treatments compared with March (11% increase). The number of in month treatments are 71 above plan for April.

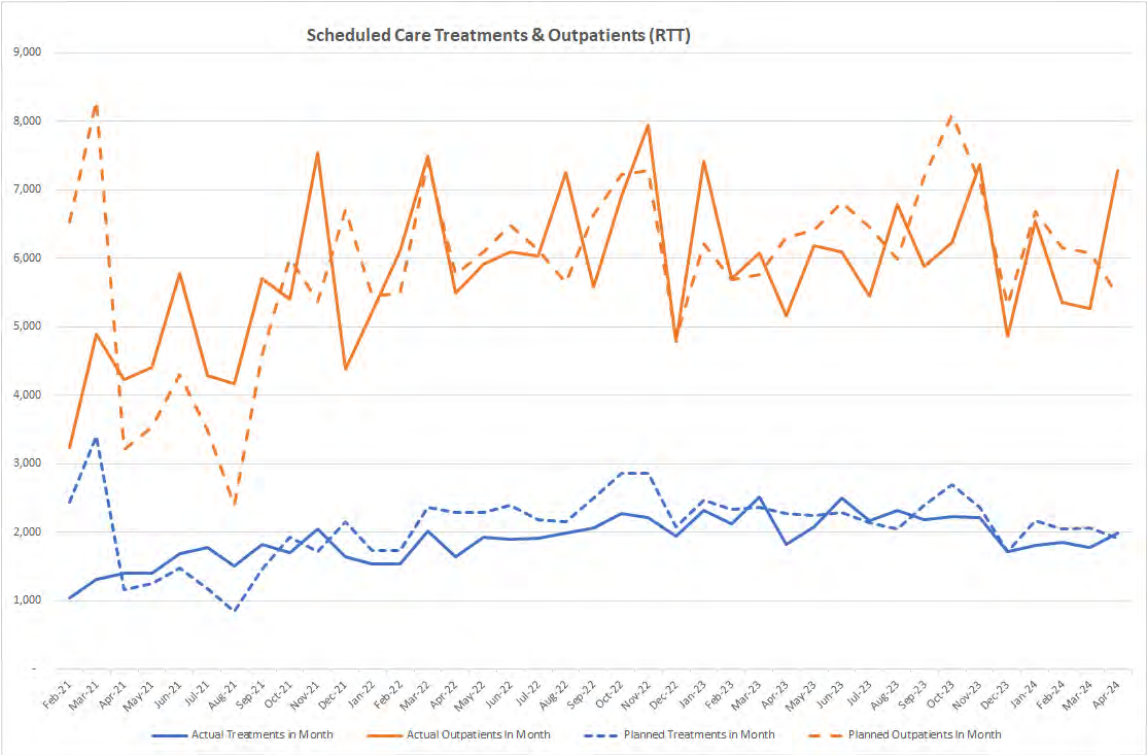
Outpatient activity for April '24 is 7,288 (March '24 was 5,265).

Outpatient activity has increased in comparison with the level achieved in March and is considerably above planned levels, part of this is in relation WLI/backfill activity (increase of 2,023 attendances above March and 1,822 above plan).

There were WLIs in-month for cancer treatments and elective work to improve the 156 week position for ENT (298 outpatients).

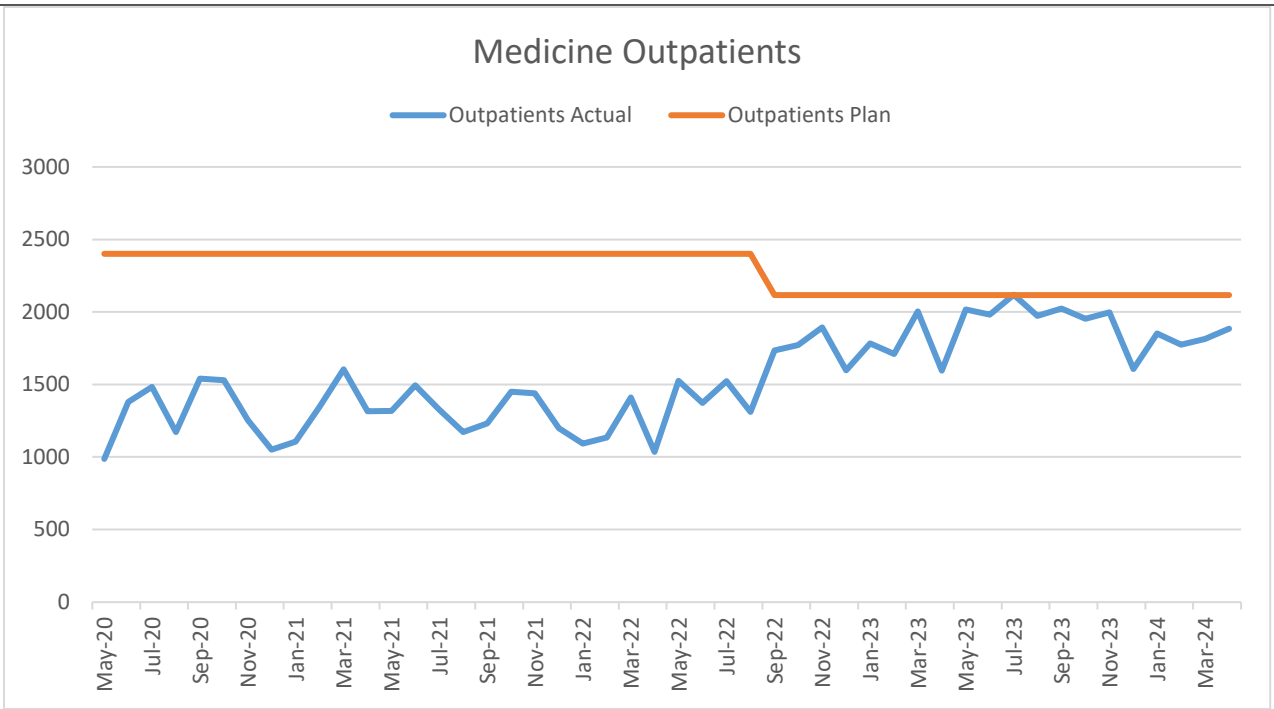
There are instances where WLI rates are being paid for backfill sessions outside of the agreed rate card.

There remain significant efficiency opportunities in the delivery of elective care which need to be progressed as part of the Planned Care programme. The graph below presents performance compared to the current plan.



Medicine Outpatient Activity

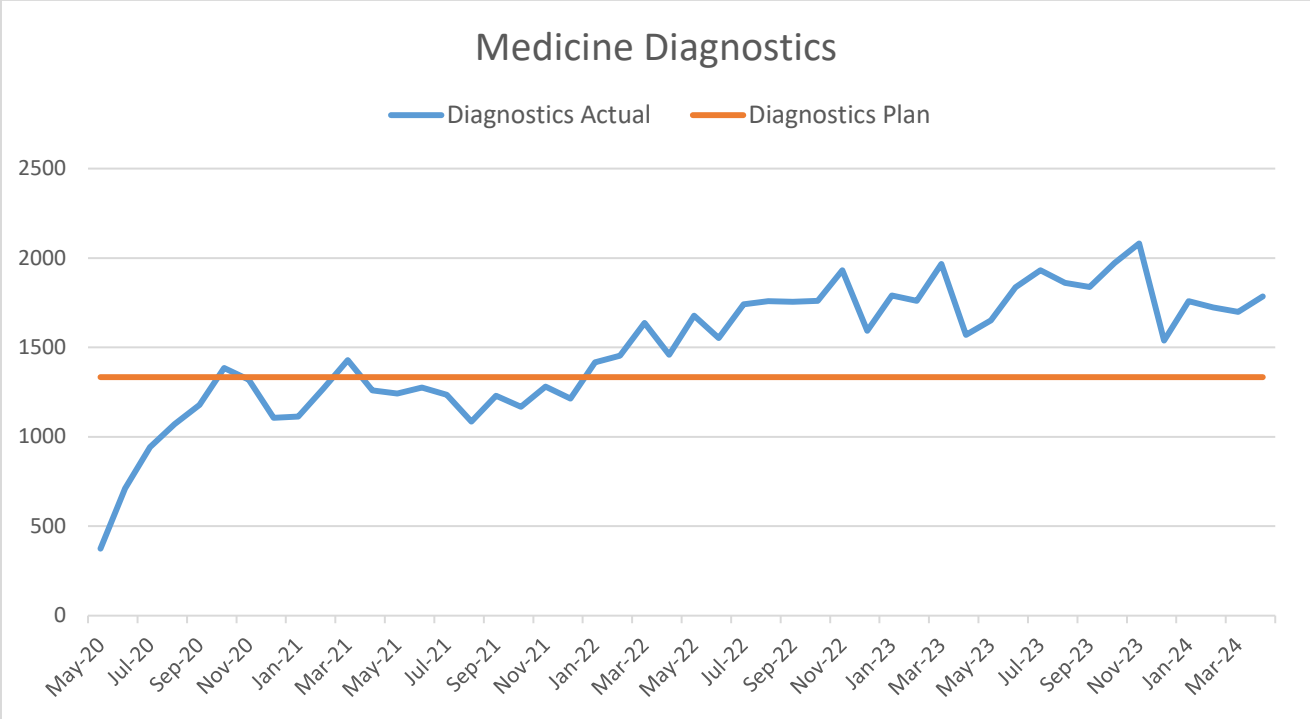
Medicine Outpatient activity for April '24 was 1,884 attendances, which was 232 below plan (March '24 was 1,815 attendances), the activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for April '24 was 1,785 procedures which is 451 cases more than plan (March '24 activity was 1,699).

The activity undertaken since May '20 is shown below.



Divisional analysis

Summaries of the Divisional financial positions are included in the appendices. These include expenditure and budget profiles along with a list of savings schemes and their current progress.

The table below identifies operational divisional forecasts which continue to be reported in line with the annual plan for month 1, these will be reviewed in month 2 and revised following stage 2 budget delegation and savings review.

Summary Reported position - April 2024 (M01)	Annual Year Budget £000s		Full-year forecast at M1 £000s
Operational Divisions:-			
Primary Care and Community	288,290		4,362
Prescribing	114,518		1,042
Community CHC & FNC	72,004		(169)
Mental Health	124,481		17,455
Surgery	133,253		6,592
Clinical Support Services	123,176		1,240
Medicine	148,795		9,184
Urgent Care	34,514		5,097
Family & Therapies	129,264		5,297
Estates and Facilities	86,897		11,260

Covid-19 – 2024/25 Revenue Financial Assessment

Covid-19 funding of £12.4m has been received as part of the 2024/25 allocation letter and is broken down as follows:

PPE - £1.120m
Health Protection, Immunisation and Mass Vaccination - £10.080m made up of:-

- Public Health – Health Protection costs – £8m
- Covid Anti-Viral costs - £1.4m
- All other related costs - £0.7m

Adferiad (Long Covid) - £1.216m

The Health Board is forecasting costs in line with the funding received.

The Health Board continues to incur additional costs that were originally related to Covid-19 responses, these include enhanced cleaning standards, security and rental costs. These costs are expected to be incurred into the future and form part of the Health Board's underlying deficit.

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 approved by the Board in March 2024 as part of budget setting have been actioned. Some allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose or they remain subject of further delegation approval as part of the 2024/25 two stage process.

A summary of all Health Board reserves on 30th of April, along with details of amounts approved for delegation by the CEO in Month 1 can be found in the appendices.

As agreed by the Board, the Finance Director on behalf of the Chief Executive Officer will present the stage two budget setting recommendation to the Board under separate cover to finalise the 2024/25 delegated budget plan.

Long Term Agreements (LTA's)

ABUHB is currently agreeing LTA documentation with organisations, there are discussions regarding the application of the directed uplift of 3.67%.

During 2023/24 ABUHB went through the WG arbitration process with CTMUHB to settle the LTA dispute, this secured ABUHB a significant financial saving related to underperformance in commissioned activity. Meetings have continued with CTMUHB to establish an appropriate revised future activity and cost plan for the LTA for 2024/25, currently there remain continued differences between the positions of each Health Board and discussions has been escalated to the Directors of Finance.

The deadline for signed agreements is 30th of June 2024.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position is a brought forward opening deficit of £81.4m. The closing underlying position assumes recurrent savings planned are fully delivered and is reported in line with the 2024/25 forecast of a £51.9m deficit.

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

- Forecast 2024/25 deficit - £48.9m
- Non-recurrent savings – £3m
- Total £51.9m

Financial sustainability is an on-going priority and focus for the Health Board and a 3 year recovery plan is being developed.

The cost drivers underpinning the b/f underlying position are summarised as follows;

Underlying deficit 2024/25	2024/25 Deficit / (surplus) (£'m)
WG 2023/24 non-recurrent funding utilised to support workforce cost growth including variable pay	14
Medical staffing cost increases due to operational acuity including ED safer staffing and demand	13
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and urgent care	12
CHC	10
Medicines management (prescribing and acute drug costs)	19
Covid legacy (estates & facilities)	7
WHSSC / EASC (service growth in excess of funded levels)	6
Total underlying deficit b/f into 2024/25	**81**

It should be noted that although the 2023/24 £64.5m mid-year support allocation is recurrent in the Health Board's 2024/25 allocation letter, it is conditional on making progress towards achievement of the WG target control total currently a £13m deficit for ABUHB.

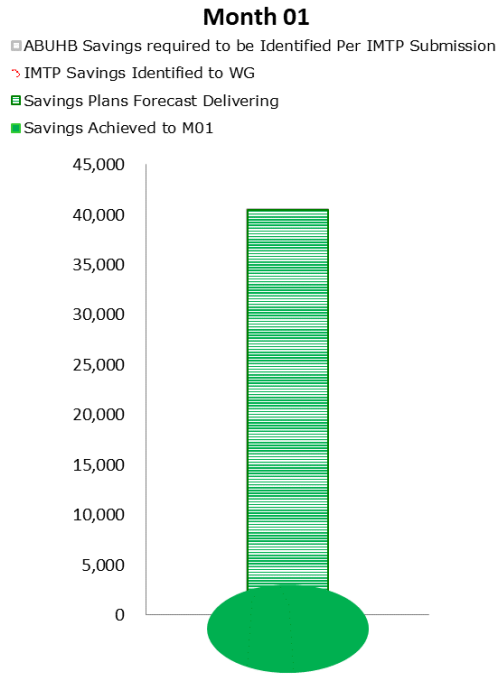
Savings delivery

As part of the annual plan submitted by the Board to Welsh Government, the financial plan for 2024/25 identified £9.7m of full year effect savings brought forward from 2023/24 and an ambitious new savings target of £40.5m in 2024/25 (total savings 2024/25 of £50.2m). The £40.5m is made up of £29.1m of savings plans plus a further £11.4m of pipeline opportunities.

Actual savings delivered to date for 2024/25 is £1.22m.

The table below presents the updated savings profile:

	£m	
RAG Rating	MDS	Month 1 forecast
Divisional plans - Green	1.6	16.9
Divisional plans - Amber	26.9	12.2
Divisional plans - Red	0.6	-
Pipeline Opportunities	11.4	11.4
Total	**40.5**	**40.5**

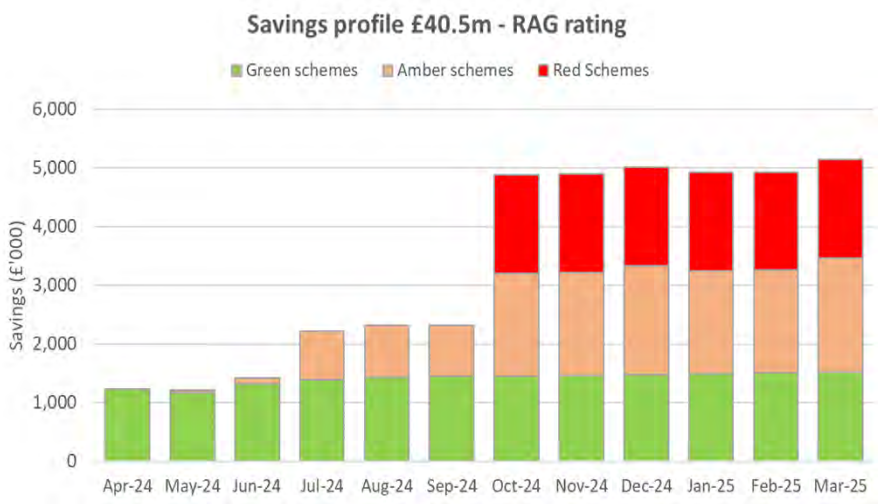


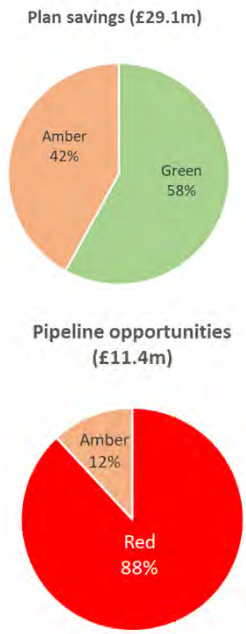
Month 1 Savings Plans

WG Category	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	5,543	1,440	4,103	4,103
Commissioned Services	2,805	0	2,805	2,805
Medicines Management (Primary and Secondary Care)	2,188	1	2,187	2,187
Pay	16,848	575	16,273	16,274
Non Pay	13,124	813	12,311	12,312
Total	**40,508**	**2,828**	**37,680**	**37,681**

Month 1 Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	3,357	0	3,357	3,357
Commissioned Services	0	0	0	0
Medicines Management (Primary and Secondary Care)	2,188	1	2,187	2,187
Pay	6,219	575	5,644	5,644
Non Pay	5,110	517	4,593	4,593
Total	**16,874**	**1,092**	**15,782**	**15,782**





Risks & Opportunities (2024/25)

There are significant challenges to achieving the financial forecast for 2024/25, which include:-

- Ensuring full delivery of the savings plans identified in the annual plan including the pipeline opportunity values,
- Identifying savings to mitigate any further financial pressures identified outside of the annual plan,
- Receipt of all anticipated allocations,
- Workforce absence / vacancies, availability of staff for priority areas,
- Delayed transfers of care due to LA service challenges (estimated pressure £0.6m for year to date using £150 per bed day),
- Funding for any wage award or change in terms and conditions,
- Prescribing growth in items and average cost per item,
- Further CHC growth and fee uplifts above forecast levels,
- Impact of any further strike action,
- Long Term agreements sign off, possible arbitration on financial quantum and how the 3.67% pass through should be used
- Establishment increases relating to patient safety issues,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16,
- Specific economic factors such as supply chain issues and non-pay inflation including travel expense costs, and
- VAT rebate opportunities,
- Re-review of previously 'discounted' and other savings ideas, 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 1 totalled £53.551m. A forecast over-spend of £1.340m against All-Wales Capital Programme (AWCP) schemes (detailed further below) is being offset by a corresponding under spend against the Discretionary Capital Programme (DCP). The forecast outturn at Month 1 is breakeven.

The VAT reclaim for the Grange University Hospital scheme continues to be progressed with HMRC and should be finalised during 2024/25.

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is continuing and is anticipated to complete in October 2024. The scheme is forecasting an overspend of £0.822m in 2024/25 which is being offset by the DCP. Discussions continue with the contractor in relation to the resolution of a number of disputed compensation events. An additional funding bid

to WG is also planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes. These currently total circa £1.2m plus VAT.

Works at NHH Satellite Radiotherapy Centre are progressing well with planned completion currently forecast to be 30th January 2025. The overall scheme is currently forecast to be £0.523m under budget largely as a result of additional VAT recovery savings. The impact on the 2024/25 allocation will be worked through in May and reported at Month 2.

Works on Newport East H&WBC continue with scheme completion expected to be April 2025. The overall project budget remains under pressure due to additional asbestos and utility costs. There is a forecast overspend of £0.406m on the project overall which is being funded via the DCP.

A forecast over-spend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme as a result of additional asbestos and delays due to nesting birds. Plans for the new car park are expected in the next month. The programme will be confirmed once these plans have been received and agreed.

Works are on-going on the CAMHS Sanctuary Hub scheme with scheme completion currently anticipated to be August 2025.

The GUH Emergency Department extension scheme is underway with completion of the extension currently estimated to be February 2025. The scheme is forecast to be in line with budget.

The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.770m made up of:

- 2024/25 DCP Funding - £10.814m
- Less 30% EFAB contribution – (£0.725m)
- Less 2023/24 AWCP scheme brokerage – (£1.669m)
- Plus 2023/24 DCP scheme brokerage - £0.350m

The opening DCP for 2023/24 was approved at the January 2024 Board meeting. The current forecast spend for approved DCP schemes is £7.430m. This equates to an under spend of £1.340m that is required to offset the overspends on AWCP schemes. The DCP contingency remaining as at Month 1 is £0.735m.

Cash

The cash balance on the 30th of April is £2.780m, 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 April (96.0%). ABUHB is continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and where the NHS payment rate is below target.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in April is 96.4%, which is encouraging. NHS Invoices in breach of the 30-day payment terms continue to be followed up accordingly with Divisional Managers as necessary.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end April 2024 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 30th of April 2024,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: The April 2024 Monthly Monitoring Return is included for reference.

Note: the appendices attached providing further detailed information.

Appendices:

Board%20Finance%20Report%20appen | Appendix%202%20-%20WG%20MMR%20 | ABUHB%20MMR%20Commentary-Mont

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 – March (Month 12) 2023/24

Appendices

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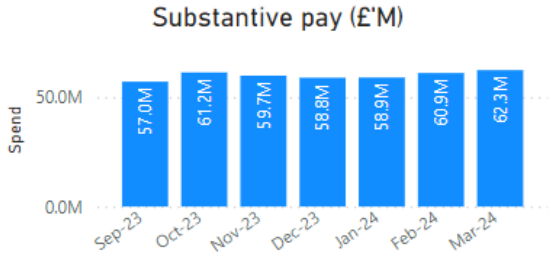
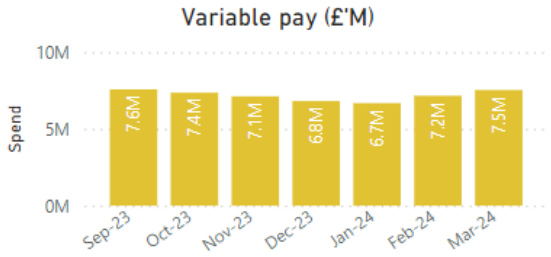
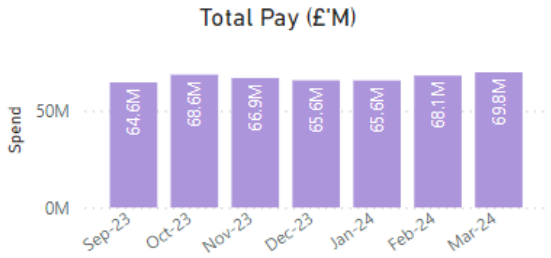
Pay Summary (1) (subject to change excluding annual leave effect Pension employer costs):







Substantive (£'000)

Pay category	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Change	%	Avg 22/23
ADD PROF SCIENTIFIC AND TECHNICAL	2,150	2,139	2,305	2,334	2,335	2,342	2,351	9	0.4%	2,027
ADDITIONAL CLINICAL SERVICES	7,755	7,816	8,001	7,746	7,712	8,226	7,866	-360	-4.4%	7,111
ADMINISTRATIVE & CLERICAL	9,893	10,076	10,379	10,192	9,962	10,305	10,502	197	1.9%	9,419
ALLIED HEALTH PROFESSIONALS	4,009	4,035	4,152	4,171	4,111	4,140	4,159	19	0.4%	3,839
ESTATES AND ANCILLIARY	2,875	2,868	2,973	2,888	2,900	3,049	2,920	-129	-4.2%	2,781
HEALTHCARE SCIENTISTS	1,111	1,112	1,136	1,131	1,160	1,146	1,167	21	1.9%	1,039
MEDICAL AND DENTAL	13,213	16,884	14,212	13,998	14,178	14,942	16,450	1,508	10.1%	13,085
NURSING AND MIDWIFERY REGISTERED	15,996	16,281	16,582	16,346	16,539	16,797	16,848	50	0.3%	15,603
STUDENTS	4	2	2	4	2	1	2	0	7.9%	9
Total	**57,006**	**61,213**	**59,741**	**58,810**	**58,899**	**60,948**	**62,264**	**1,315**	**2.2%**	**54,913**

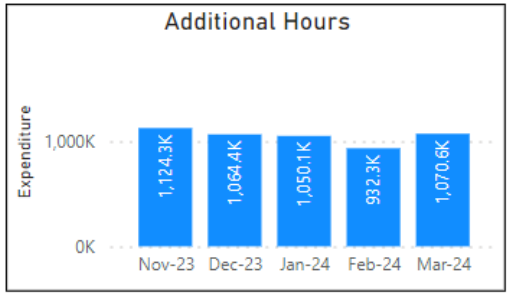
Variable pay (£'000)

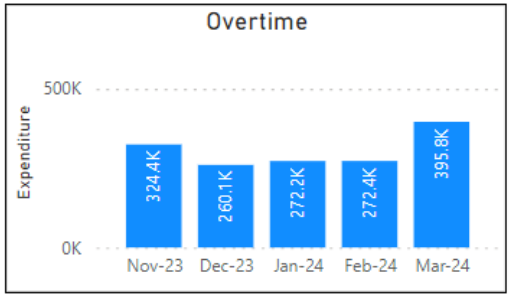
Pay category	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Change	%	Avg 22/23
Agency	3,835	3,497	3,132	3,093	2,668	3,040	2,948	-91	-3.0%	5,077
Bank	3,480	3,519	3,692	3,392	3,681	3,790	4,259	468	12.4%	3,831
Locum	267	349	299	332	330	332	330	-2	-0.5%	260
Total	**7,582**	**7,365**	**7,122**	**6,817**	**6,678**	**7,162**	**7,537**	**375**	**5.2%**	**9,169**

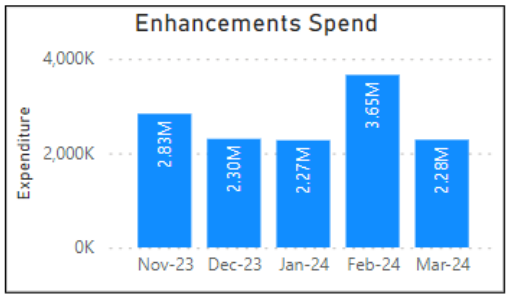
Total pay (£'000)

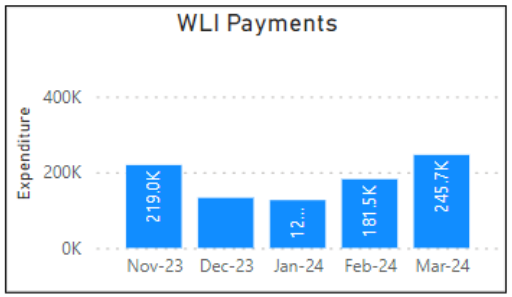
	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Change	%	Avg 22/23
Pay	**64,588**	**68,578**	**66,863**	**65,627**	**65,577**	**68,110**	**69,801**	**1,691**	**2.5%**	**64,082**

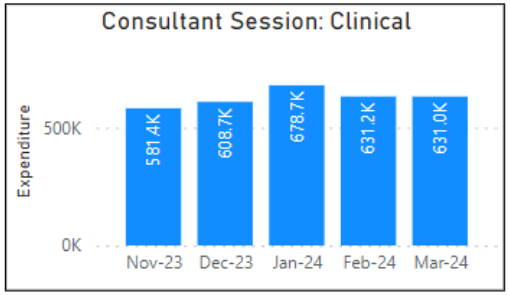
Pay Summary (2): Substantive Pay

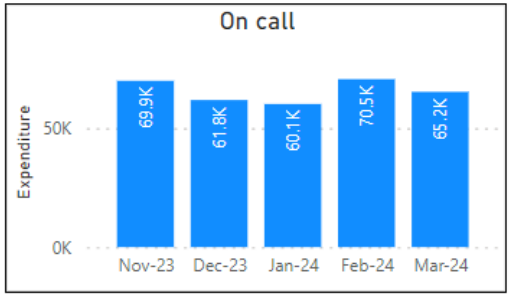












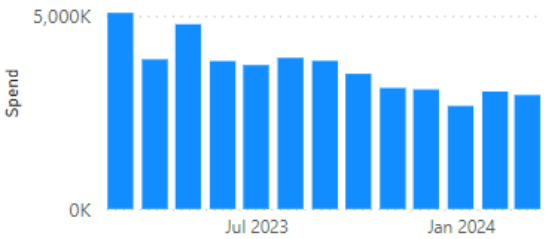
Analysis type by Division

Analysis type	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Total
ENHANCEMENTS						
Medicine	540	437	438	726	445	**2,587**
Scheduled Care	454	363	361	573	369	**2,120**
Estates and Facilities Division	382	316	315	469	316	**1,798**
Primary Care and Community	336	268	268	510	278	**1,660**
Family and Therapies	351	295	280	428	284	**1,638**
Mental Health and LD	257	212	207	338	207	**1,221**
Urgent Care	240	191	187	288	175	**1,081**
CHC and FNC	120	96	93	143	88	**539**
Clinical Support Services	113	89	90	132	88	**512**
Corporate	38	32	32	47	30	**179**
Total	**2,831**	**2,300**	**2,270**	**3,654**	**2,281**	**13,336**
Additional Hours	**1,120**	**1,068**	**1,050**	**932**	**1,071**	**5,242**
CONSULTANTS SESSION: CLINICAL	**581**	**609**	**679**	**631**	**631**	**3,131**
OVERTIME	**324**	**260**	**272**	**272**	**396**	**1,525**
Waiting List Payments: Consultants	**219**	**132**	**126**	**181**	**246**	**905**
ON CALL	**70**	**62**	**60**	**71**	**65**	**328**
Total	**5,146**	**4,432**	**4,457**	**5,742**	**4,689**	**24,466**

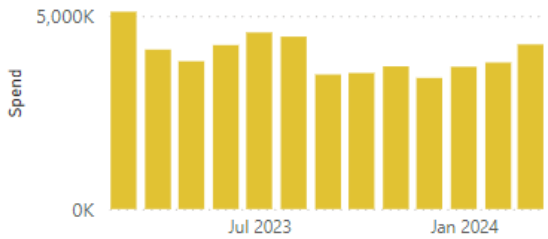
Pay Summary (3): Variable Pay (£'k)

Pay category	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Change	%	Avg 22/23
Agency																
Admin & Clerical Agency	147	72	64	77	49	41	39	86	38	29	67	82	59	-23	-27.5%	128
Allied Health Prof Agency	165	171	219	147	196	196	192	123	165	135	120	86	82	-4	-4.5%	179
Estates & Ancilliary Agency	1,036	683	675	483	490	341	471	489	246	281	239	184	232	48	26.1%	644
Medical Agency	1,271	1,162	2,025	1,474	1,165	1,399	1,093	1,091	1,187	1,166	690	1,274	938	-337	-26.4%	1,327
Nurse HCA/HCSW Agency	625	293	339	209	160	236	183	89	79	89	65	88	59	-29	-33.3%	883
Other Agency	105	58	70	43	90	49	50	46	47	21	99	39	109	70	182.4%	84
Registered Nurse Agency	1,726	1,434	1,387	1,394	1,575	1,650	1,807	1,574	1,369	1,371	1,388	1,286	1,469	183	14.2%	1,833
Total	**5,075**	**3,873**	**4,781**	**3,827**	**3,724**	**3,913**	**3,835**	**3,497**	**3,132**	**3,093**	**2,668**	**3,040**	**2,948**	**-91**	**-3.0%**	**5,077**
Bank																
Admin & Clerical Bank	123	94	86	108	114	92	92	82	89	87	95	84	119	35	41.9%	106
Estates & Ancilliary Bank	204	138	142	166	216	201	215	216	224	243	254	235	263	29	12.2%	174
Nurse HCA/HCSW Bank	1,765	1,598	1,485	1,635	1,811	1,816	1,438	1,520	1,572	1,473	1,711	1,523	1,784	261	17.1%	1,413
Other Bank	0	0	0	0	1	-1	0	2	-2	0	0	0	0	0	-782.1%	0
Registered Nurse Bank	3,014	2,295	2,110	2,332	2,425	2,352	1,736	1,699	1,808	1,589	1,620	1,949	2,093	144	7.4%	2,139
Total	**5,105**	**4,125**	**3,823**	**4,242**	**4,568**	**4,460**	**3,480**	**3,519**	**3,692**	**3,392**	**3,681**	**3,790**	**4,259**	**468**	**12.4%**	**3,831**
Locum																
Medical Locum	385	233	234	286	311	285	267	349	299	332	330	332	330	-2	-0.5%	260
Total	**385**	**233**	**234**	**286**	**311**	**285**	**267**	**349**	**299**	**332**	**330**	**332**	**330**	**-2**	**-0.5%**	**260**
Total	**10,565**	**8,230**	**8,838**	**8,355**	**8,603**	**8,658**	**7,582**	**7,365**	**7,122**	**6,817**	**6,678**	**7,162**	**7,537**	**375**	**5.2%**	**9,169**

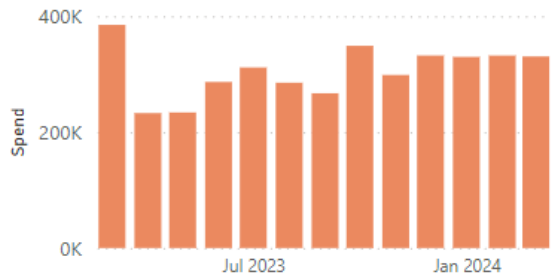
Agency (£'000)



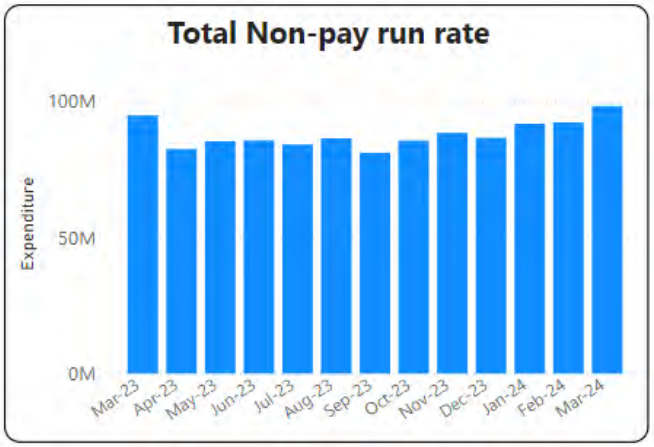
Bank (£'000)

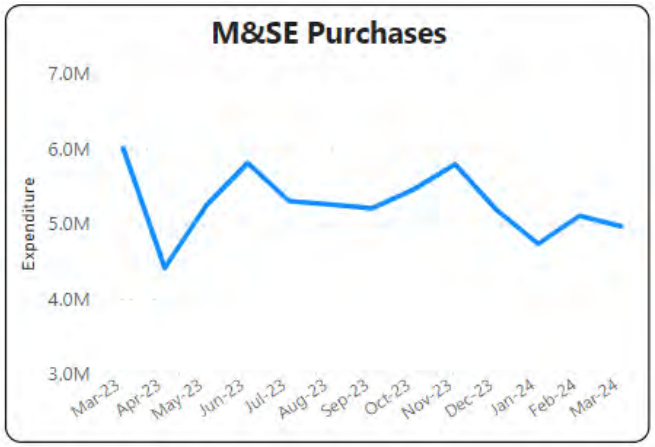


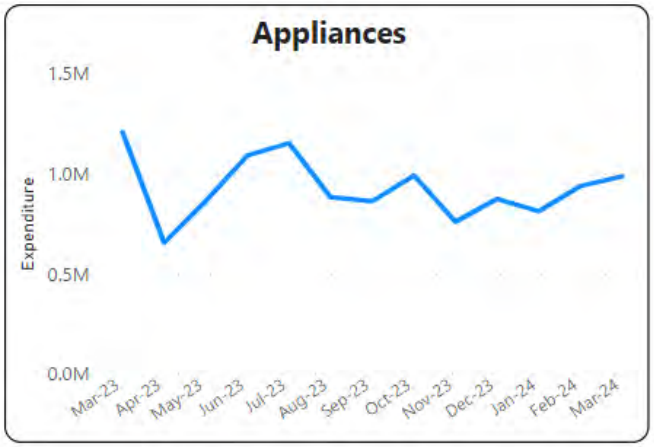
Locum (£'000)

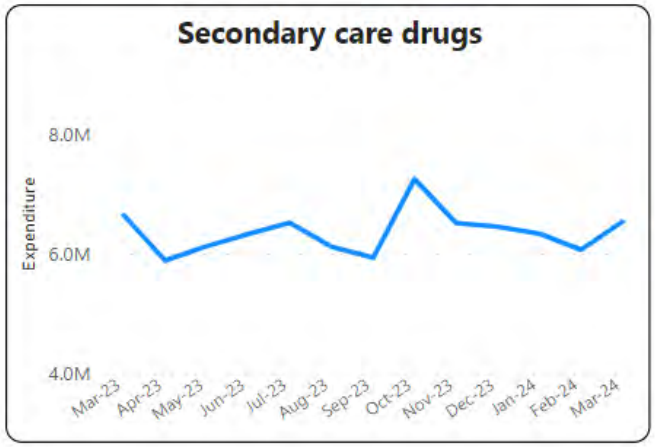


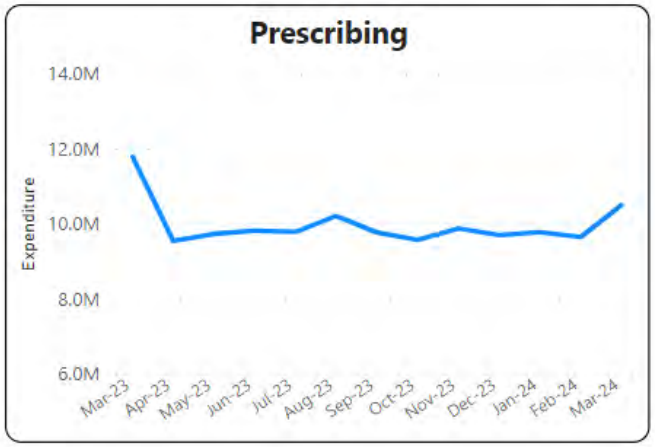
Non-Pay Summary:

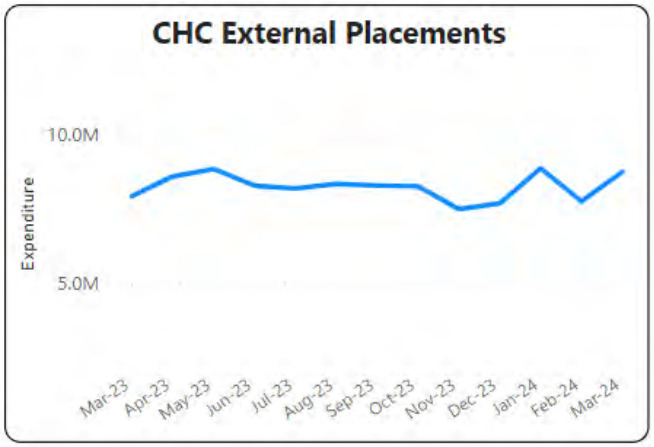












Referral to Treatment (RTT):

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 March '24 was 1,783 (February '24: 1,854. 2022/23 total: 22,327, 2019/20 total: 28,004)

Planned Treatments (M12)					
Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	187	0		0	187
N147-ENT	111	0		0	111
N105-General Surgery	249	56		0	305
N146-Oral Surgery	147	12		0	159
N148-Ophthalmology	333	0		0	333
N108-Rheumatology	0	0		0	0
N115-Trauma & Orthopaedics	349	138		0	487
N106-Urology	490	0		0	490
Total	1,866	206	0	0	2,072

Actual Treatments (M12)					
Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	219	16	0	0	235
N147-ENT	119	16	0	0	135
N105-General Surgery	274	17	0	0	291
N146-Oral Surgery	181	0	0	0	181
N148-Ophthalmology	312	0	0	0	312
N108-Rheumatology	0	0	0	0	0
N115-Trauma & Orthopae	360	25	2	0	387
N106-Urology	239	3	0	0	242
	1,704	77	2	0	1,783

Treatment Variance (M12)				
Treatment	Core	Backfill	WLI	Total
Derm	32	16	0	48
ENT	8	16	0	24
GS	25	(39)	0	(14)
Max Fax	34	(12)	0	22
Ophth	(21)	0	0	(21)
Rheum	0	0	0	0
T&O	11	(113)	2	(100)
Urology	(251)	3	0	(248)
	(162)	(129)	2	(289)

Outpatient activity for March '24 was 5,265 (February '24: 5,359. 2022/23 total: 65,873, 2019/20 total: 75,707)

Planned Outpatients (M12)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,075	0		0	1,075
N147-ENT	552	0		0	552
N105-General Surgery	1,623	0		0	1,623
N146-Oral Surgery	314	40		0	354
N148-Ophthalmology	690	0		0	690
N108-Rheumatology	112	0		0	112
N115-Trauma & Orthopae	897	287		0	1,184
N106-Urology	468	18		0	486
Total	5,731	345	0	0	6,076

Actual Outpatients (M12)					
Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	923	0	0	0	923
N147-ENT	369	20	101	0	490
N105-General Surgery	1,455	52	48	0	1,555
N146-Oral Surgery	281	0	37	0	318
N148-Ophthalmology	595	15	0	0	610
N108-Rheumatology	188	0	0	0	188
N115-Trauma & Orthopaed	534	4	1	0	539
N106-Urology	637	0	5	0	642
	4,982	91	192	0	5,265

Outpatient Variance (M12)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	(152)	0	0	0	(152)
ENT	(183)	20	101	0	(62)
GS	(168)	52	48	0	(68)
Max Fax	(33)	(40)	37	0	(36)
Ophth	(95)	15	0	0	(80)
Rheum	76	0	0	0	76
T&O	(363)	(283)	1	0	(645)
Urology	169	(18)	5	0	156
	(749)	(254)	192	0	(811)

Medicine Outpatients activity for March '24 was 1,815 (February '24: 1,775, 2022/23: 19,258):

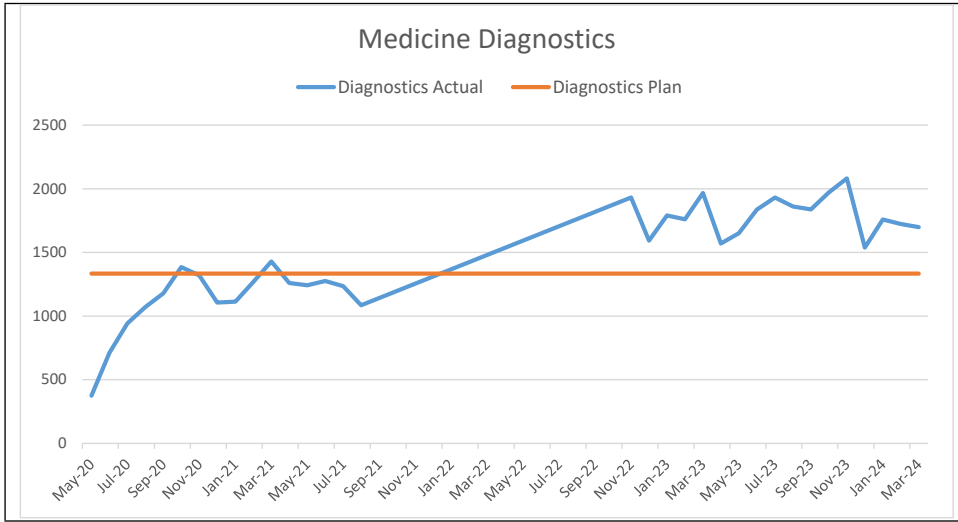
Mar-24

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	418	-57
Cardiology	430	331	-99
Respiratory (inc Sleep)	455	410	-45
Neurology	257	304	47
Endocrinology	186	167	-19
Geriatric Medicine	313	185	-128
Total	**2116**	**1815**	**-301**

Mar-24

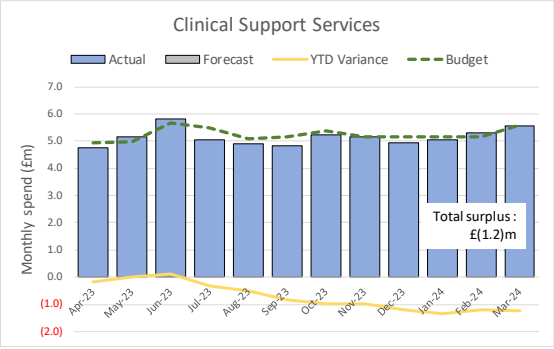
YTD Mar-24	YTD Plan	YTD Actual	Variance
Gastroenterology	5700	4325	-1375
Cardiology	5160	4966	-194
Respiratory (inc Sleep)	5460	5333	-127
Neurology	3084	3619	535
Endocrinology	2232	1969	-263
Geriatric Medicine	3756	2496	-1260
Total	**25392**	**22708**	**-2684**

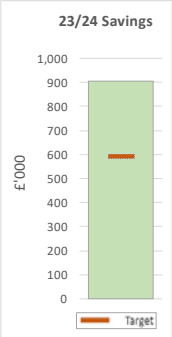
Medicine Diagnostics activity for March '24 was 1,699 (February '24: 1,723, 2022/23: 36,246):



YTD March 24	YTD Plan	YTD Actual	Variance
Endoscopy	16008	21466	5458
Total	**16008**	**21466**	**5458**

Divisional analysis – Clinical Support Services



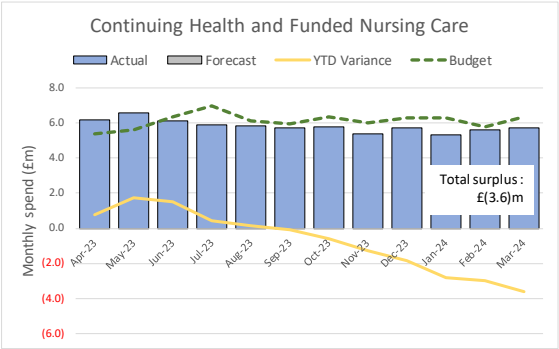


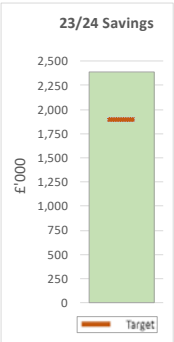
Clinical Support Division is reporting a surplus of £(1.2)m

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

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Clinical Support Services	CSS-01	Generic CIP - Pay	R	IMTP	Red	190	0	(190)
Clinical Support Services	CSS-02	Procurement	R	IMTP	Red	138	0	(138)
Clinical Support Services	CSS-03	Rostering Efficiencies	R	IMTP	Red	139	0	(139)
Clinical Support Services	CSS-04	procurement	R	IMTP	Red	21	0	(21)
Clinical Support Services	CSS-05	Generic CIP - Non-Pay	R	IMTP	Red	105	0	(105)
Radiology	CSS-06	Radiology - IPFR patients via WhSSC	R	In Year	Green	0	25	25
Radiology	CSS-07	Radiology - WHSSC other Commissioning Costs	R	In Year	Red	0	0	0
Radiology	CSS-08	Radiology - Reduce Dosage of CT IV Contrast	R	In Year	Green	0	50	50
Radiology	CSS-09	Radiology - PICC Line - change of supplier / change of consum	R	In Year	Green	0	30	30
Radiology	CSS-10	Radiology - Review Agency Sonographers	R	In Year	Green	0	100	100
Radiology	CSS-11	Radiology - Review of overtime CT & MR	R	In Year	Green	0	50	50
Radiology	CSS-12	Radiology - Non Pay All Other	R	In Year	Green	0	75	75
Pathology	CSS-13	Pathology - Agency Scientist cost reduction	R	In Year	Green	0	214	214
Pathology	CSS-14	Pathology - KPI rebates on MSC's - Siemens and Sysmex	NR	In Year	Green	0	145	145
Pathology	CSS-15	Pathology - SLA's - Income review	R	In Year	Green	0	60	60
Pathology	CSS-16	Pathology - repatriation of tests	R	In Year	Red	0	0	0
Pathology	CSS-17	Pathology - DHCW SLA Haemonetics	R	In Year	Green	0	13	13
Pathology	CSS-18	Pathology - All Wales Non Pay Procurement scheme	R	In Year	Green	0	47	47
Radiology	CSS-19	Radiology - Decommission YYF Room 2 - maintenance contrac	R	In Year	Green	0	10	10
Pathology	CSS-20	Pathology - Figrinogen concentrate - change of supplier	R	In Year	Green	0	12	12
Pathology	CSS-21	Pathology - Use of Taxis	R	In Year	Green	0	29	29
Radiology	CSS2	Radiology - Decommission Flouroscopy Equipt NHH - mainte	R	In Year	Green	0	6	6
Radiology	CSS3	Radiology	NR	In Year	Red	0	0	0
Radiology	CSS4	Radiology - restricted GP access MSK scans	R	In Year	Green	0	40	40
						593	**906**	**313**

Divisional analysis – Complex Care



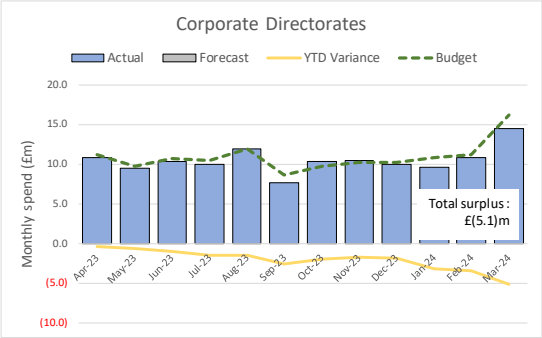


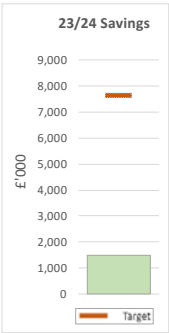
Complex Care Division reporting a surplus of £(3.6)m

1. Reduction in CHC/DTA (£3.6m)
2. 79 FNC places above plan +£726k
3. Other underspending areas including IRPs (£700k)

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Complex Care	CHC-01	Generic CIP - Pay	R	IMTP	Red	34	0	(34)
Complex Care	CHC-02	Rostering Efficiencies	R	IMTP	Red	305	0	(305)
Complex Care	CHC-03	Adult CHC Care at home team	R	IMTP	Green	100	112	12
Complex Care	CHC-04	Adult CHC high cost packages, 1:1 & chages for hospital visits	R	IMTP	Red	100	0	(100)
Complex Care	CHC-05	Adult CHC (balance to NP plan (3m target @40% of spend for	R	IMTP	Red	1,000	0	(1,000)
Complex Care	CHC-06	procurement	R	IMTP	Red	56	0	(56)
Complex Care	CHC-07	Generic CIP - Non-Pay	R	IMTP	Red	288	0	(288)
Complex Care	CHC-08	Right Sizing Commitments	R	In Year	Green	0	463	463
Complex Care	CHC-09	Enhanced care working group and panel	R	In Year	Green	0	266	266
Complex Care	CHC-10	CHC review assessments	NR	In Year	Green	0	41	41
Complex Care	CHC-11	Enhanced care cohort model - TBC	R	In Year	Red	0	0	0
Complex Care	CHC-12	CHC placements review	NR	In Year	Green	0	1,312	1,312
Complex Care	CHC1	Enchanced care	R	In Year	Green	0	199	199
Complex Care	CHC3	Hospital admissions	R	In Year	Red	0	0	0
Complex Care	CHC4	Days after death	R	In Year	Red	0	0	0
Complex Care	CHC5	Deputyship SLA	R	In Year	Red	0	0	0
						1,883	**2,393**	**510**

Divisional analysis – Corporate



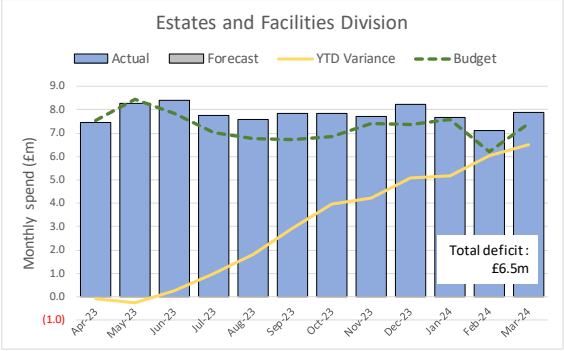


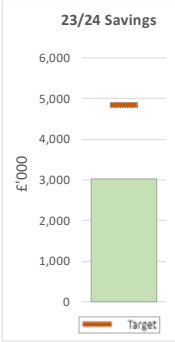
Corporate Directorates reporting a surplus of £(5.1)m

1. Litigation (incl. Welsh Risk Pool) £2.2m pressure
2. Non-recurrent vacancies providing underspend positions in some areas
3. unachievement of savings offset by other operational and benefits in year
4. Higher than plan VAT recovery
5. Accruals releases including pensions, health rosters, aged AP invoices and IPTR

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Corporate-ABCi	CORP-01	Generic CIP - Non-Pay	R	IMTP	Red	4	0	(4)
Corporate-CEO	CORP-02	Generic CIP - Pay	R	IMTP	Green	0	130	130
Corporate-CEO	CORP-03	Review of RIF expenditure	NR	IMTP	Red	300	0	(300)
Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	IMTP	Red	1,200	0	(1,200)
Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	IMTP	Green	415	203	(212)
Corporate-DirFin	CORP-06	Generic CIP - Pay	R	IMTP	Green	46	322	276
Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	IMTP	Green	5	5	0
Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	IMTP	Red	34	0	(34)
Corporate-DirNurs	CORP-09	procurement	R	IMTP	Red	1	0	(1)
Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	IMTP	Red	6	0	(6)
Corporate-DirOps	CORP-11	Generic CIP - Pay	R	IMTP	Red	61	0	(61)
Corporate-DirOps	CORP-12	procurement	R	IMTP	Red	2	0	(2)
Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	IMTP	Red	16	0	(16)
Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	IMTP	Green	2	76	74
Corporate-DirPH	CORP-15	Generic CIP - Pay	R	IMTP	Green	33	17	(16)
Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	IMTP	Green	3	38	35
Corporate-DirPH	CORP-17	Health protection review	NR	IMTP	Red	1,000	0	(1,000)
Corporate-DirPH	CORP-18	procurement	R	IMTP	Green	1	13	12
Corporate-DirPH	CORP-19	Health protection review	NR	IMTP	Red	3,000	0	(3,000)
Corporate-DirTher	CORP-20	Generic CIP - Pay	R	IMTP	Green	6	58	52
Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	IMTP	Green	2	6	4
Corporate-DirTher	CORP-22	Rostering Efficiencies	R	IMTP	Red	47	0	(47)
Corporate-Governance	CORP-23	Generic CIP - Pay	R	IMTP	Green	7	7	0
Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	IMTP	Red	2	0	(1)
Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	IMTP	Red	11	0	(11)
Corporate-Litig	CORP-26	procurement	R	IMTP	Red	2	0	(2)
Corporate-MedDir	CORP-27	Generic CIP - Pay	R	IMTP	Red	19	0	(19)
Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	IMTP	Green	10	3	(7)
Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	IMTP	Red	77	0	(77)
Corporate-PlanICT	CORP-30	procurement	R	IMTP	Green	113	113	0
Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	IMTP	Red	63	0	(63)
Corporate-WOD	CORP-32	Generic CIP - Pay	R	IMTP	Green	43	304	261
Corporate-WOD	CORP-33	procurement	R	IMTP	Green	6	6	0
Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	IMTP	Green	43	130	87
Corporate-DirOps	CORP-35	NEPT & INTERSITE	R	IMTP	Red	1,000	0	(1,000)
Corporate-PlanICT	CORP-36	Generic CIP - Non-Pay	R	IMTP	Green	20	20	0
Corporate-PlanICT	CORP-37	Generic CIP - Pay	R	IMTP	Green	25	25	0
Corporate-DirOps	FAC-41	Reduced Bed Capacity	R	In Year	Red	0	0	0
Corporate - CAPITAL CHARGE	CAP1	Disposal of unused equipment	NR	In Year	Green	0	22	22
						7,623	**1,497**	**(6,126)**

Divisional analysis – Estates & Facilities



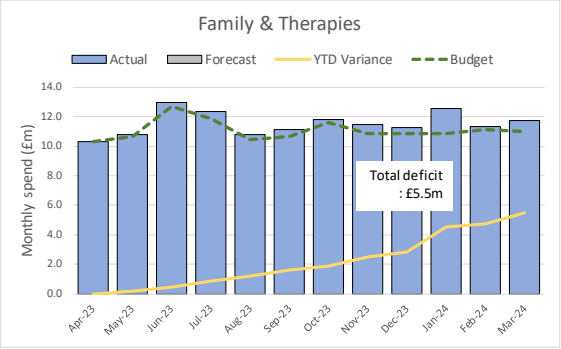


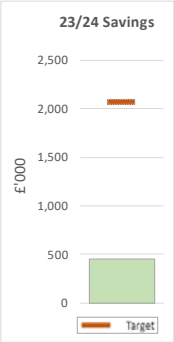
Estates and facilities Division reporting a deficit of £6.5m

1. unachievement of savings £1.8m
2. Energy £4.0m underspend (excl. Decarb savings)
3. Covid legacy Enhanced Cleaning, security, portacabin £7.2m
4. Other items £0.5m including waste and E block flood
5. Bed contract £1.4m

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Estates and Facilities	ESF-01	Generic CIP - Pay	R	IMTP	Red	161	0	(161)
Estates and Facilities	ESF-02	Parking	R	IMTP	Green	210	210	0
Estates and Facilities	ESF-03	Procurement	R	IMTP	Green	40	27	(13)
Estates and Facilities	ESF-04	Rostering Efficiencies	R	IMTP	Red	642	0	(642)
Estates and Facilities	ESF-05	estates and facilities strategy	R	IMTP	Red	170	0	(170)
Estates and Facilities	ESF-06	Decarbonisation	R	IMTP	Green	1,000	1,000	(1)
Estates and Facilities	ESF-08	Estates Opps / leases (running costs)	R	IMTP	Red	1,000	0	(1,000)
Estates and Facilities	ESF-09	procurement	R	IMTP	Red	181	0	(181)
Estates and Facilities	ESF-10	Estates and Facilities avoid agency premiums (50%)	R	IMTP	Green	1,095	391	(704)
Estates and Facilities	ESF-11	Generic CIP - Non-Pay	R	IMTP	Red	340	0	(340)
Estates and Facilities	ESF-12	Rates Rebates	NR	In Year	Green	0	584	584
Estates and Facilities	FAC-02	Pod-point chargers	R	In Year	Green	0	4	4
Estates and Facilities	FAC-03	Catering Subsidy Removal	R	In Year	Green	0	117	117
Estates and Facilities	FAC-04	Hot Vending	R	In Year	Green	0	14	14
Estates and Facilities	FAC-12	Security @ GUH	R	In Year	Red	0	0	0
Estates and Facilities	FAC-13	Security @ NHH	R	In Year	Red	0	0	0
Estates and Facilities	FAC-14	Security @ STC	R	In Year	Red	0	0	0
Estates and Facilities	FAC-15	Security @ RGH	R	In Year	Red	0	0	0
Estates and Facilities	FAC-17	Enhanced Cleaning - reduced WTE's	R	In Year	Green	0	170	170
Estates and Facilities	FAC-22	GUH Carparking	R	In Year	Green	0	38	38
Estates and Facilities	FAC-23	All Wales Buying Group Credit for sale of energy procured	NR	In Year	Green	0	423	423
Estates and Facilities	FAC-24	NCC Parking - Kingsway & Park Square	R	In Year	Green	0	39	39
Estates and Facilities	FAC-28	Window Cleaning	R	In Year	Green	0	15	15
Estates and Facilities	FAC-29	Removal of water coolers	R	In Year	Green	0	2	2
						4,840	**3,034**	**(1,806)**

Divisional analysis – Family & Therapies



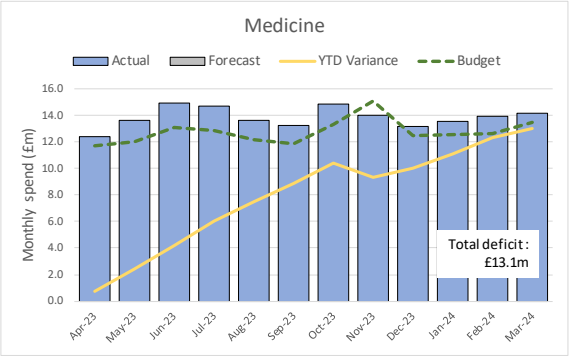


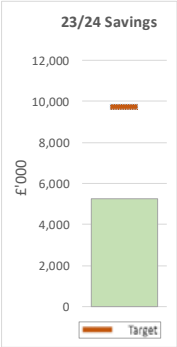
Family & Therapies Division reporting a deficit of £5.5m

1. unachievement of savings £1.6m
2. CHC out of county placements £2.7m
3. Other operational pressures off-set by operational benefits (e.g. therapies) £1.1m

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Families and Therapies	FAT-01	Generic CIP - Pay	R	IMTP	Green	558	211	(347)
Families and Therapies	FAT-02	BADS	R	IMTP	Red	25	0	(25)
Families and Therapies	FAT-03	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	93	0	(93)
Families and Therapies	FAT-04	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	134	0	(134)
Families and Therapies	FAT-05	Procurement	R	IMTP	Red	25	0	(25)
Families and Therapies	FAT-06	Rostering Efficiencies	R	IMTP	Green	1,021	164	(857)
Families and Therapies	FAT-07	Medicines management	R	IMTP	Green	50	42	(8)
Families and Therapies	FAT-08	procurement	R	IMTP	Red	72	0	(72)
Families and Therapies	FAT-09	Generic CIP - Non-Pay	R	IMTP	Red	96	0	(96)
Families and Therapies	FAT-10	ABUHB Exec decision to cease Flexible Rewards from end of	R	In Year	Green	0	26	26
Families and Therapies	FAT-11	Medicines management (VRIII Fluids - supplier Switch)	R	In Year	Green	0	1	1
Families and Therapies	FAT-12	Procurement - Bakri Balloons	R	In Year	Green	0	5	5
						2,074	**449**	**(1,624)**

Divisional analysis – Medicine



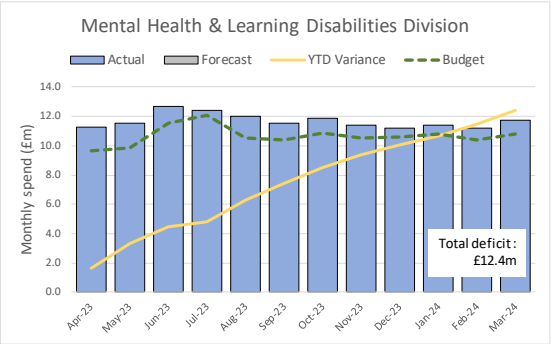


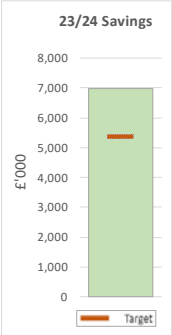
Medicine Division reporting a deficit of £13.1m

1. Un-achieved savings £4.5m
2. Operational medical pressures £5.4m
3. Operational non-pay (incl Diabetic Pumps, CPAPS, OSN's) £3.8m
4. Drugs/IVIG - £90k

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Medicine	MED-01	Generic CIP - Pay	R	IMTP	Green	516	42	(474)
Medicine	MED-02	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	95	0	(95)
Medicine	MED-03	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	656	0	(656)
Medicine	MED-04	Beds (1 ward Med)	R	IMTP	Red	2,223	0	(2,223)
Medicine	MED-05	Procurement	R	IMTP	Red	25	0	(25)
Medicine	MED-06	Rostering Efficiencies	R	IMTP	Green	738	609	(128)
Medicine	MED-07	Insourcing review	R	IMTP	Red	1,066	0	(1,066)
Medicine	MED-08	Medicines management	R	IMTP	Green	150	189	39
Medicine	MED-09	procurement	R	IMTP	Green	35	77	42
Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	IMTP	Green	4,000	3,987	(13)
Medicine	MED-11	Generic CIP - Non-Pay	R	IMTP	Red	184	0	(184)
Medicine	Med-12	Green Schemes - Drugs MED 12 & MED 13	R	In Year	Red	0	0	0
Medicine	Med-13	Green Sheme - Medical MED 05 & MED 19	R	In Year	Green	0	83	83
Medicine	Med-14	Green Schemes - Non Pay Wound Clinic REF MED-06	R	In Year	Green	0	25	25
Medicine	Med-15	Green Schemes - Income Spy Glass MED-07	R	In Year	Red	0	0	0
Medicine	Med-16	Green Scheme - Virtual Outliers	R	In Year	Green	0	96	96
Medicine	Med-18	RGH reduction in bed base	R	In Year	Green	0	140	140
Medicine	Med-22	Green Scheme - HCRU	R	In Year	Red	0	0	0
						9,688	5,249	(4,439)

Divisional analysis – Mental Health and Learning Disabilities



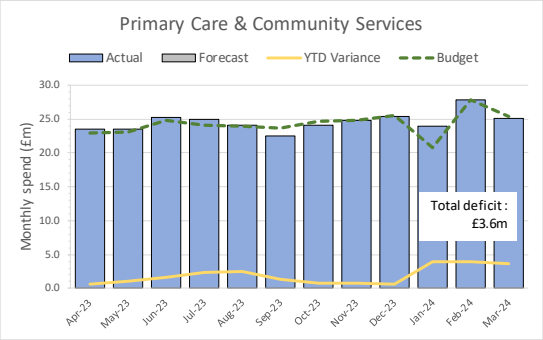


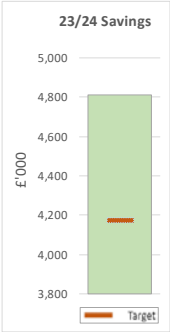
Mental Health & LD Division reporting a deficit of £12.4m

1. Overachievement of savings £1.6m
2. CHC Fees increases greater than IMTP assumption £8.1m
3. Ward pressures & medical cover £5.3m
4. Other operational costs including drugs £0.6m

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Mental Health and Learning Disabilities	MHLD-01	Generic CIP - Pay	R	IMTP	Red	107	0	(107)
Mental Health and Learning Disabilities	MHLD-01a	MH Adults - Reduction of agency costs due to appointment o	R	IMTP	Green	142	122	(20)
Mental Health and Learning Disabilities	MHLD-01b	OAMH - Reduction in LT Med Agency due to successful recrui	R	IMTP	Green	50	50	0
Mental Health and Learning Disabilities	MHLD-01c	Flexi rewards ceasing	R	IMTP	Red	9	0	(9)
Mental Health and Learning Disabilities	MHLD-02	Generic CIP - Non-Pay	R	IMTP	Red	0	0	0
Mental Health and Learning Disabilities	MHLD-02a	Maximise ECT Income generation from private patient referr	R	IMTP	Green	70	70	0
Mental Health and Learning Disabilities	MHLD-02b	PCMHS Counselling commissioning	R	IMTP	Green	218	100	(118)
Mental Health and Learning Disabilities	MHLD-02c	SLA Recovery works & Sanctuary	NR	In Year	Green	0	285	285
Mental Health and Learning Disabilities	MHLD-03	Rostering Efficiencies	R	IMTP	Red	562	0	(562)
Mental Health and Learning Disabilities	MHLD-04	MH CHC - LD	R	IMTP	Red	922	0	(922)
Mental Health and Learning Disabilities	MHLD-05	MH CHC High cost packages	R	IMTP	Green	250	200	(50)
Mental Health and Learning Disabilities	MHLD-06	MH Older Adults Beds	R	IMTP	Red	206	0	(206)
Mental Health and Learning Disabilities	MHLD-06a	OAMH - Capped beds on Annwylfan (YYF) resulting in lower v	R	IMTP	Green	150	30	(120)
Mental Health and Learning Disabilities	MHLD-07	Review of Mental Health expenditure	NR	IMTP	Red	2,000	0	(2,000)
Mental Health and Learning Disabilities	MHLD-08	MH CHC (balance to NP plan (3m target @60% of spend for M	R	IMTP	Red	628	0	(628)
Mental Health and Learning Disabilities	MHLD-09	procurement	R	IMTP	Red	55	0	(55)
Mental Health and Learning Disabilities	MHLD-10	CHC Eligibility Reviews	R	In Year	Green	0	403	403
Mental Health and Learning Disabilities	MHLD-11	CHC Repatriations to in house wards	R	In Year	Green	0	1,123	1,123
Mental Health and Learning Disabilities	MHLD-12	CHC Right Size Packages	R	In Year	Green	0	432	432
Mental Health and Learning Disabilities	MHLD-13	CHC Step Down	R	In Year	Green	0	727	727
Mental Health and Learning Disabilities	MHLD-14	CHC Change in Need	R	In Year	Green	0	1,349	1,349
Mental Health and Learning Disabilities	MHLD-15	Structured Clinical Management	R	In Year	Green	0	157	157
Mental Health and Learning Disabilities	MHLD-16	Paliperidone HC FYE	R	In Year	Green	0	110	110
Mental Health and Learning Disabilities	MHLD-17	Paliperidone Non HC FYE	R	In Year	Green	0	81	81
Mental Health and Learning Disabilities	MHLD-18	Clozapine repatriation FYE	R	In Year	Green	0	71	71
Mental Health and Learning Disabilities	MHLD-19	Clozapine price reduction	R	In Year	Green	0	6	6
Mental Health and Learning Disabilities	MHLD-20	Flexi Rewards Ceasing	R	In Year	Green	0	301	301
Mental Health and Learning Disabilities	MH2	Step 9 People Down From Secure Placements	R	In Year	Green	0	336	336
Mental Health and Learning Disabilities	MH3	Repatriate Individuals From OOA And In House Placements	R	In Year	Green	0	75	75
Mental Health and Learning Disabilities	MH6	Review SIF SLAs	NR	In Year	Green	0	200	200
Mental Health and Learning Disabilities	MH10	Review secure transport options	R	In Year	Green	0	10	10
Mental Health and Learning Disabilities	MH11	Flexi Rewards Ceasing	R	In Year	Red	0	0	0
Mental Health and Learning Disabilities	MH4	West Sussex Dispute	NR	In Year	Green	0	742	742
Mental Health and Learning Disabilities	MH12	Non Pay Reduction	R	In Year	Green	0	10	10
						5,369	6,990	1,621

Divisional analysis – Primary Care and Community



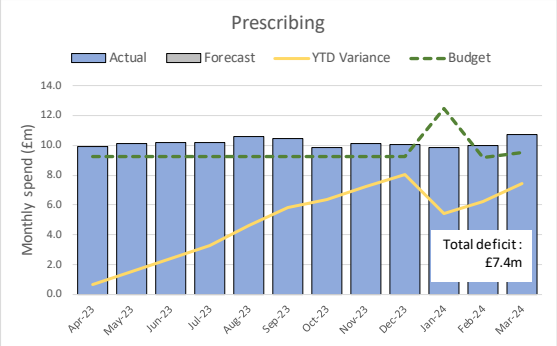


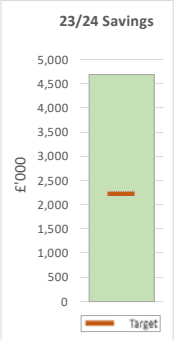
Primary Care & Comm. Division reporting a deficit of £3.6m

1. Increased Medical spend (mainly COTE) - £0.459k
2. On-going community Hospitals (nursing) pressure £0.783m
3. Further pressures in EHEW, Palliative Care and GPOOH
4. Ready to go ward £0.285m
5. Delayed ward closures - savings reduced
6. Managed practices

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Primary Care and Community	PCC-01	Generic CIP - Pay	R	IMTP	Green	278	278	0
Primary Care and Community	PCC-02	Generic CIP - Non-Pay	R	IMTP	Green	291	291	0
Primary Care and Community	PCC-04	Beds (1 ward Community)	R	IMTP	Green	2,223	215	(2,009)
Primary Care and Community	PCC-05	Procurement	R	IMTP	Red	85	0	(85)
Primary Care and Community	PCC-06	Rostering Efficiencies	R	IMTP	Green	1,008	116	(892)
Primary Care and Community	PCC-08	Managed practices	R	IMTP	Green	100	100	0
Primary Care and Community	PCC-10	procurement	R	IMTP	Red	185	0	(185)
Primary Care and Community	PCCS11	Reduce Face To Face CPD Cost	NR	In Year	Green	0	15	15
Primary Care and Community	PCCS2	NCN Development Programme Manager No Backfill	NR	In Year	Green	0	37	37
Primary Care and Community	PCCS20	Non-Pay Cas Gwent	NR	In Year	Red	0	0	0
Primary Care and Community	PCCS21	Non Pay DNS	NR	In Year	Green	0	13	13
Primary Care and Community	PCCS3	Dental Professional Collaborative On Hold	NR	In Year	Green	0	25	25
Primary Care and Community	PCCS36	GMS IT Services	NR	In Year	Green	0	33	33
Primary Care and Community	PCCS37	GMS Improvement Grants	NR	In Year	Green	0	270	270
Primary Care and Community	PCCS4	Uncommitted SPPC Funding	NR	In Year	Green	0	27	27
Primary Care and Community	PCCS45	Withdraw Band 7 Advert PC Contracting Team	NR	In Year	Green	0	37	37
Primary Care and Community	PCCS58	Remove Band 3 Admin Post Newport	NR	In Year	Green	0	20	20
Primary Care and Community	PCCS6	Hold Current SPCC Vacancy Band 4	NR	In Year	Green	0	10	10
Primary Care and Community	PCCS7	Reduce Spend On SPCC Promotion	NR	In Year	Green	0	5	5
Primary Care and Community	PCCS8	Delay Recruitment Of Band 8A Academy Nurse	NR	In Year	Green	0	24	24
Primary Care and Community	PCCS9	Delay Recruitment Of Lead Pharmacist for academy	NR	In Year	Green	0	24	24
Primary Care and Community	PCCS1	NCN Academy Funding	NR	In Year	Green	0	175	175
Primary Care and Community	PCCS10	Amendment to ANP Programme	NR	In Year	Green	0	9	9
Primary Care and Community	PCCS26	GMS LES Additional Clinics	NR	In Year	Green	0	139	139
Primary Care and Community	PCCS30	GDS UDA Clawback 22/23	NR	In Year	Green	0	282	282
Primary Care and Community	PCCS32	GDS CR Clawback 22/23	NR	In Year	Green	0	1,187	1,187
Primary Care and Community	PCCS67	Review ONN Overnight vehicle hire	NR	In Year	Green	0	5	5
Primary Care and Community	PCCS69	Reduce GP & Nurse mobiles	NR	In Year	Green	0	18	18
Primary Care and Community	PCCS33	GDS CR Clawback 23/24	NR	In Year	Green	0	1,194	1,194
Primary Care and Community	PCCS73	Review Current Workforce In Managed Practies	NR	In Year	Green	0	28	28
Primary Care and Community	PCCS59	Non Pay Stock Review	NR	In Year	Green	0	10	10
Primary Care and Community	PCCS79	Flexi rewards saving	NR	In Year	Green	0	200	200
Primary Care and Community	PCCS77	Reduce Variation In Managed Practices	NR	In Year	Green	0	26	26
						4,170	**4,812**	**642**

Divisional analysis – Prescribing



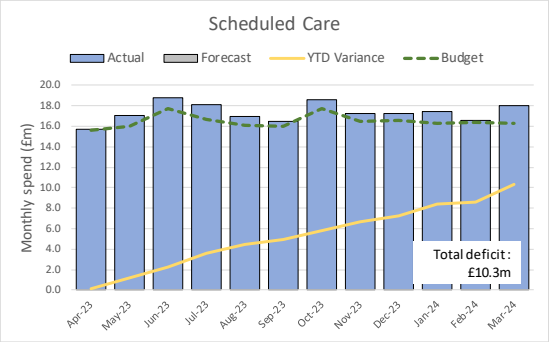


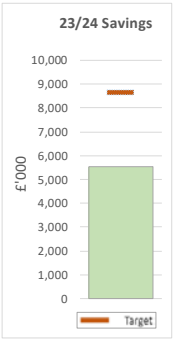
The full year Prescribing deficit is £7.4m

1. Savings over-achievement £2.4m
2. Average cost per item reduced by 4p to £7.58 for the year
3. Underlying growth assumed at 0.7% above 2022/23 item numbers
4. Actual 2022/23 growth 1.3%
5. On-going effect of 56-day prescribing

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Prescribing	PCC-03	Generic CIP - Non-Pay	R	IMTP	Green	435	435	0
Prescribing	PCC-07	Medicines management	R	IMTP	Green	1,125	1,125	0
Prescribing	PCC-09	Medicines management	R	IMTP	Green	650	495	(156)
Prescribing	PCC-11	LOE - Apixaban	R	In Year	Green	0	2,382	2,382
Prescribing	PCC-12	LOE - Sitagliptin	R	In Year	Green	0	225	225
Prescribing	PCCS51	Specials And Liquid Preps Review	NR	In Year	Green	0	5	5
Prescribing	PCCS52	ONPOS/NWOS Expanded To GP Surgeries	NR	In Year	Green	0	12	12
						2,210	4,678	2,468

Divisional analysis – Scheduled Care





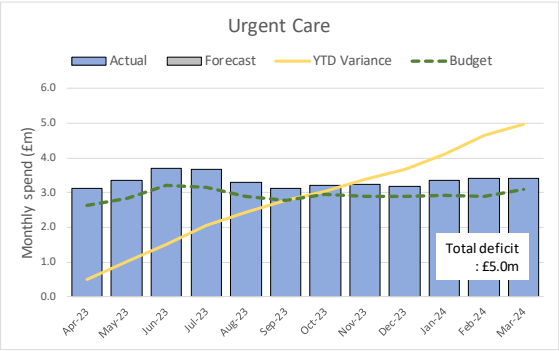
Scheduled care division is reporting a deficit of £10.3m

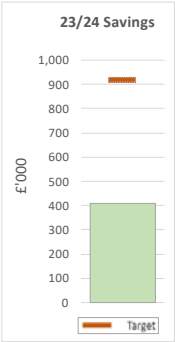
The key reasons for this position are as follows:

1. Un-achieved savings target £3.03m
2. D7E open for the full year £700k
3. T&O backfill costs (net of WLI reduction) £2.7m
4. Additional activity costs £1.1m
5. Plus further variable and operational pressures for review

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Scheduled Care	SCH-01	Generic CIP - Pay	R	IMTP	Red	703	0	(703)
Scheduled Care	SCH-02	BADS	R	IMTP	Red	478	0	(478)
Scheduled Care	SCH-03	RTT WLI	R	IMTP	Green	2,296	1,746	(550)
Scheduled Care	SCH-04	RTT Backfill	R	IMTP	Green	962	91	(871)
Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	1,490	0	(1,490)
Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	277	0	(277)
Scheduled Care	SCH-07	SAU rostering	R	IMTP	Red	155	0	(155)
Scheduled Care	SCH-08	Procurement	R	IMTP	Red	586	0	(586)
Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre consumables	R	IMTP	Green	38	40	2
Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	IMTP	Green	72	40	(32)
Scheduled Care	SCH-09	Rostering Efficiencies	R	IMTP	Green	895	1,243	348
Scheduled Care	SCH-09a	Ortho Geriatric variable pay saving	R	IMTP	Green	48	24	(24)
Scheduled Care	SCH-10	Medicines management	R	IMTP	Green	150	946	796
Scheduled Care	SCH-11	procurement	R	IMTP	Red	166	0	(166)
Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	IMTP	Red	317	0	(317)
Scheduled Care	SCH11	Stop backfill	NR	In Year	Green	0	46	46
Scheduled Care	SCH2	Christmas shutdown of elective activity	NR	In Year	Green	0	57	57
Scheduled Care	SCH23	Retinue accruals hold for 3 months not 6 months	NR	In Year	Green	0	111	111
Scheduled Care	SCH6	Nursing - Reduction of flexible rewards for agency / bank	R	In Year	Green	0	700	700
Scheduled Care	SCH13	Non-uk resident patient spend target	R	In Year	Green	0	48	48
Scheduled Care	SCH12	Purchasing off frameworks	R	In Year	Green	0	33	33
Scheduled Care	SCH22	Switch all patients from originator drugs to biosimilar	R	In Year	Green	0	348	348
Scheduled Care	SCH24	Rationalisation of Uni Knee and removing Zimmer	R	In Year	Green	0	8	8
Scheduled Care	SCH9	Limit value of study leave with a cap	NR	In Year	Green	0	5	5
Scheduled Care	SCH3	Medical staff agency spend reduction	NR	In Year	Green	0	68	68
Scheduled Care	SCH NEW	Specialist Rates ITU / Theatres	NR	In Year	Red	0	0	0
						8,634	**5,554**	**(3,079)**

Divisional analysis – Urgent Care



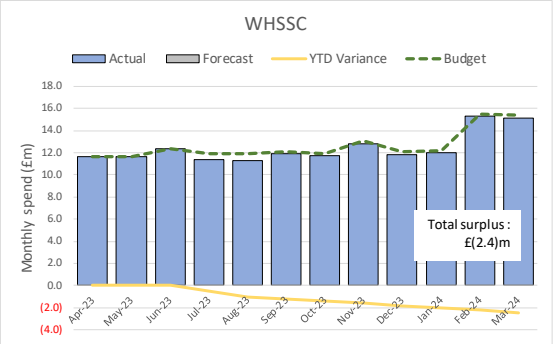


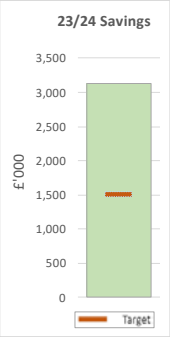
Urgent Care Division reporting a deficit of £5.0m

1. ED Middle grade cover and consultant sessions (£2.0m pressure)
2. Nursing vacancy premium (£2.5m)
3. SATU - £0.2m
4. MIU opening times savings assumed unachieveable - £0.4m
5. Drugs pressure - £0.1m

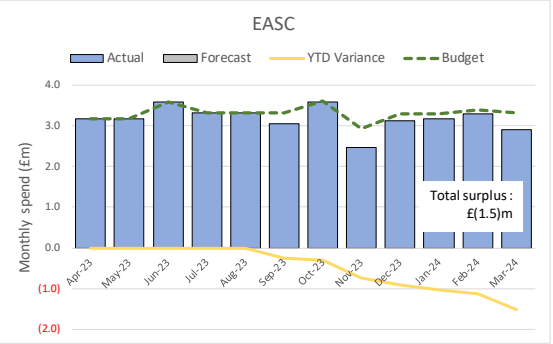
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Urgent care	URG-01	Generic CIP - Pay	R	IMTP	Green	198	231	33
Urgent care	URG-02	Procurement	R	IMTP	Red	25	0	(25)
Urgent care	URG-03	Rostering Efficiencies	R	IMTP	Green	170	70	(100)
Urgent care	URG-04	Reduce opening times of MIU	R	IMTP	Red	500	0	(500)
Urgent care	URG-05	procurement	R	IMTP	Green	4	41	37
Urgent care	URG-06	Generic CIP - Non-Pay	R	IMTP	Green	22	16	(6)
Urgent care	MMUC01	Variable Fluids Rate	R	In Year	Green	0	1	1
Urgent care	MMUC02	Monifer	R	In Year	Green	0	7	7
Urgent care	UC-01	Hold Rectuiting Assistant PFCs	NR	In Year	Green	0	26	26
Urgent care	UC-02	Hold Flow Centre Manager Recruitment	NR	In Year	Green	0	17	17
						919	**410**	**(509)**

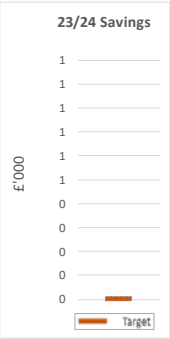
Divisional analysis – External Commissioning / WHSSC / EASC



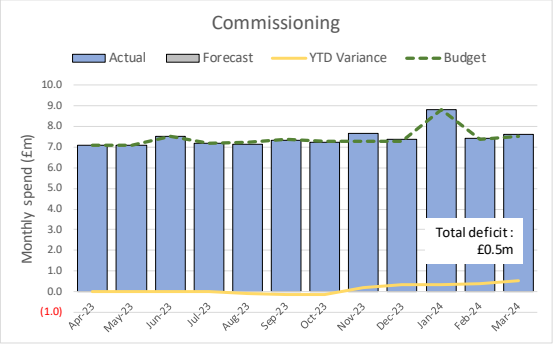


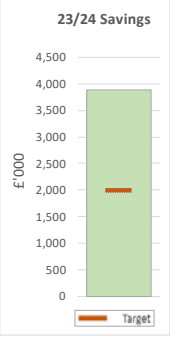
WHSSC reporting a surplus of £(2.4)m in line with the agreed WHSSC position





EASC currently reporting a surplus of £(1.5)m against the plan





Commissioning currently reporting a deficit of £0.5m

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.

Savings exceeding target due to renegotiation of Velindre LTA

Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	Full year		
						Plan £'000	Forecast £'000	Variance £'000
Contracting and Commissioning	CON-01	External Contracts	R	IMTP	Green	2,000	2,000	0
Contracting and Commissioning	CON-02	External Contracts	R	In year	Green	0	331	331
Contracting and Commissioning	CON-03	External Contracts	NR	In year	Green	0	207	207
Contracting and Commissioning	CON-04	External Contracts (English)	R	In Year	Green	0	1,350	1,350
WHSSC	WHC-01	WHSSC 1% pathways savings	R	IMTP	Red	1,363	(0)	(1,363)
WHSSC	WHC-01a	WHSSC 1% pathways savings	R	IMTP	Green	138	138	1
WHSSC	WHC-02	WHSSC 10-20-30% savings	NR	In Year	Green	0	554	554
WHSSC	WHC-03	WHSSC Integrated Commissioning Plan Savings	NR	In Year	Green	0	2,434	2,434
						3,500	7,014	3,514

National Covid-19 Funding Assumptions

The Health Board has received £15.637m of funding relating to Covid-19 schemes. There is no further funding anticipated from Welsh Government during 23/24 for Covid-19.

Type	Covid-19 Specific allocations - March 2024	£'000
HCHS	Nosocomial Covid 19 cases - Investigation and learning	753
HCHS	C19 PPE	1,400
HCHS	C19 Health Protection	6,311
HCHS	C19 Vaccination programme	5,532
GMS	GMS Covid19 Vaccinations (Q2+Q3)	757
HCHS	Adeferiad Programme	884
	Total Confirmed Covid-19 Allocations	**15,637**

In addition, Estates & Facilities legacy costs for areas such as enhanced cleaning, security, portacabins continue and provide a significant forecast pressure for 2023/24 (forecast c.£7.2m).

Reserves

Reserves Delegation:

The final reserves position at 31st March 24 is £891k surplus. This consists of the recurrent deficit for 23/24 of £112m, offset in part by specific funding received from Welsh Government to address some of the issues within the deficit (£88.4m), additional allocations received in year which have been retained to support the deficit position, and a number of other in-year movements taken to, and retained within, reserves.

Funding has been reviewed throughout the year to determine whether it was appropriate to delegate to Divisions in the context of the budget setting methodology for 23/24 and the Health Board deficit.

A net total of £2.6m was approved and delegated into 23/24 Divisional positions from reserves in month 12. Significant delegations in-month were:

WHSSC Vertex funding Q4 £2.3m – Delegated to WHSSC in line with spend plan (NR)

Regional Ophthalmology £300k - Delegated to Commissioning and Scheduled Care in line with spend (NR)

7769-ALLOCATIONS TO BE DELEGATED

Description	23/24
Regional Planned Care funding-Ophthalmology	160,405
PPE 23-24	662,642
Non-consolidated Consultant Pay award 23-24	87,000
New Medical Training post cohorts (addtl)	331,571
RLW: Additional funding 23-24	2,664,000
SAS Pay award adjustment	16,753
Total	**3,922,371**

7788-COMMITMENTS TO BE DELEGATED

Description	23/24
Innovation and Development Fund (£10m)	219,615
Total	**219,615**

7501-SUPPORTING FINANCIAL POSITION

Description	23/24
Balances at month 11	11,352,037
NWSSP Distribution 23-24 (MG/P12)	197,000
National Imaging Academy underspend 23-24	11,221
ANEHFS 121-Pay award funding tranche 2	648
IT Laptops Revenue to Capital M12	11,373
Further National Pressures	1,000,000
Allocation risks / ULD risks	624,769
Innovation and Development Fund (£10m)	8,000,000
Total	**21,197,048**

7515-IMTP 23/24 DEFICIT

Description	23/24
23/24 recurrent deficit	(112,848,200)
Underlying deficit	28,800,000
Inflationary uplift (conditional recurrrent)	35,700,000
Inflationary uplift (non-recurrrent)	14,400,000
Energy	9,500,000
Total	**(24,448,200)**

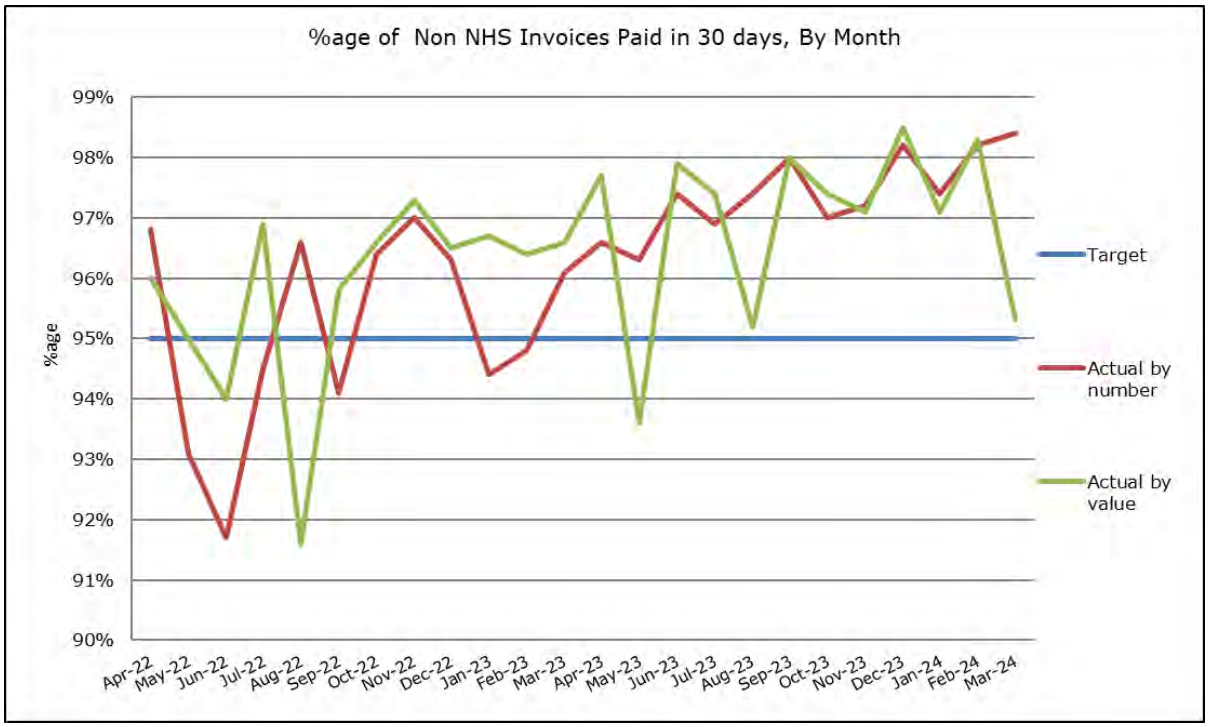
Totals	**890,834**

Cash Position

The cash balance at the 31st of March is £4.145m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in February and cumulatively. There has been a slight decrease in the number & value of NHS invoices paid within 30 days this month. NHS Invoices in breach of the 30 day payment terms have been analysed for months 4-10. Divisional managers are in the process of being contacted to make them aware of the non-compliance with a request to take the appropriate action.

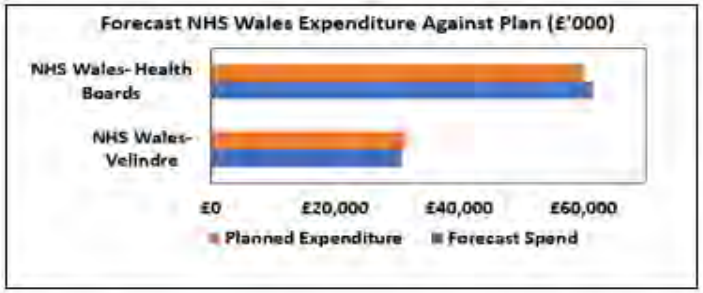


Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 12 (March) 2023-24

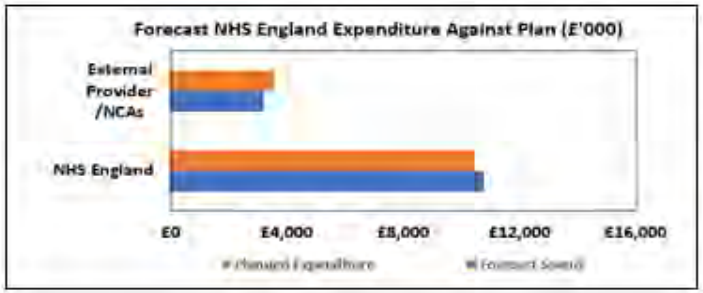
At Month 12 the financial performance for Contracting and Commissioning is a £536k overspend against the delegated budget

The key elements contributing to this position at Month 12 are as follows:



NHS Wales Expenditure

ABUHB pursued additional underperformance from Cwm Taf Morgannwg UHB to reflect reduced activity being provided for Gwent residents WG had to arbitrate on the disputed position and the outcome was a reduction of c£2m compared to the 22-23 LTA

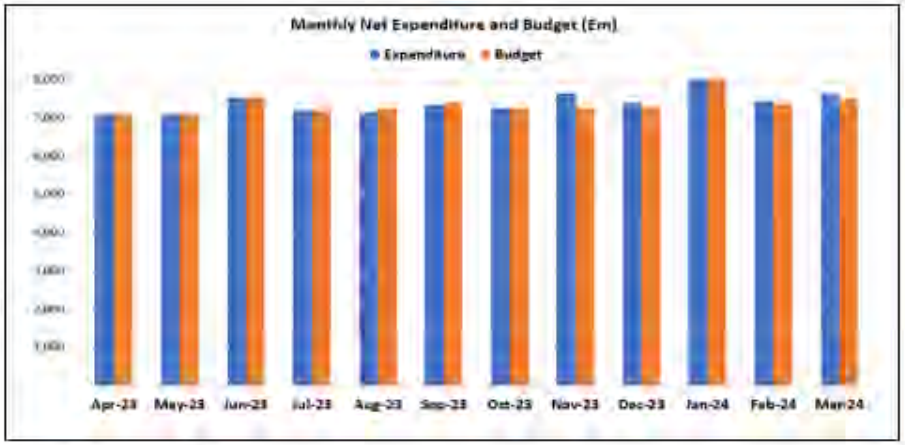


NHS England Expenditure

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

Provider Income

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

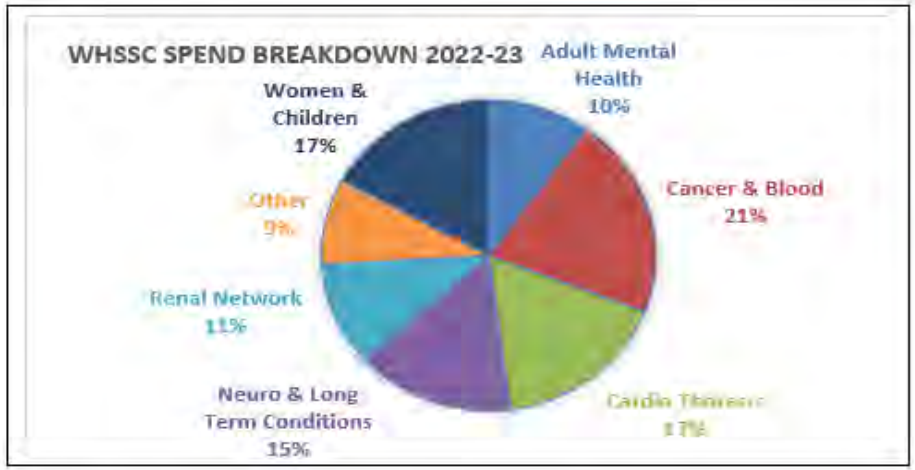


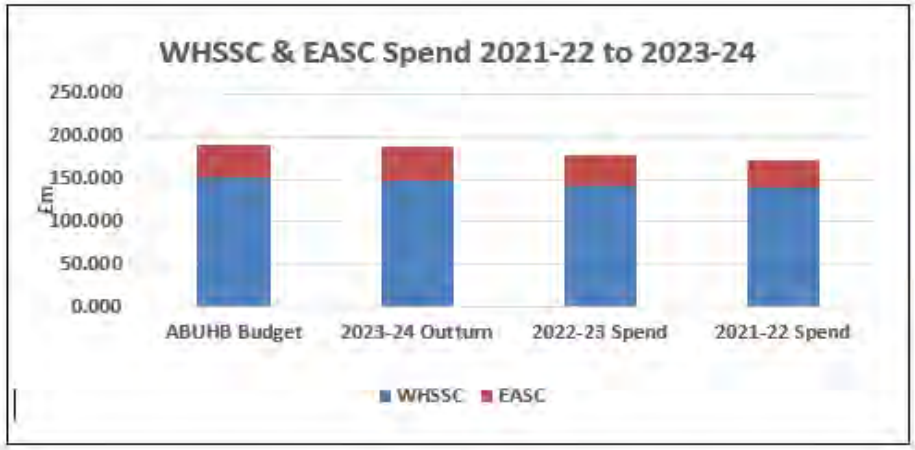
Key Issues 2023-24

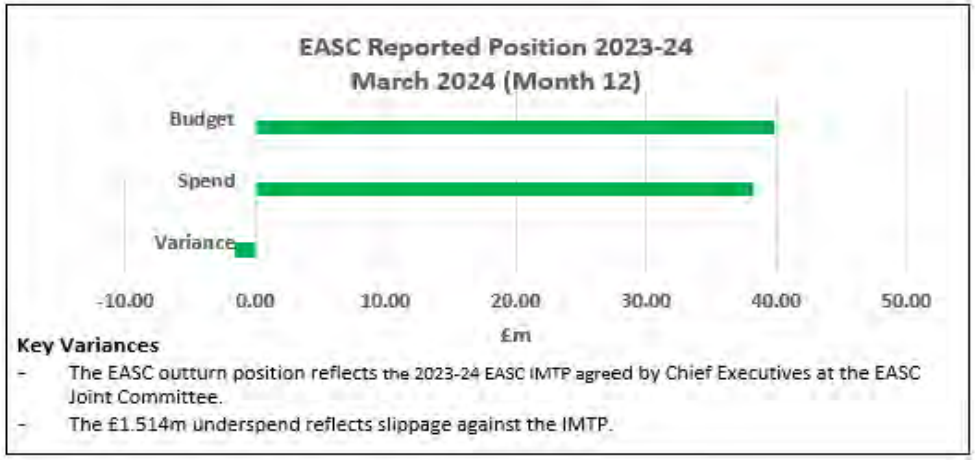
- All LTAs have been signed by the end of June 2023 WG deadline with the exception of the Cwm Taf LTA. A Heads of Agreement has now been signed by both parties reflecting the WG arbitration which resulted in c£2m reduction in expenditure compared to 22-23 terms and conditions.
- The nationally agreed inflationary uplift of 1.5% has been funded and is reflected in the above position
- The forecast spend at Velindre Trust is broadly 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.
- A new saving of £331k was achieved in month 5 from negotiating additional underperformance from the Velindre contract
- A cost pressure of c£123k was incurred for increased delivery of pancreatic cancer surgery and thyroid surgery for AB patients at Swansea Bay UHB
- The plan and forecast takes into account the full year effect of the regional vascular centralisation project in Cardiff and the phased contract reduction for Powys patients in relation to reduced GUH flows (income)

WHSSC & EASC Financial Position 2023-24: Month 12

The Month 12 financial performance for WHSSC & EASC is an underspend of £3.929m. The Month 12 position reflects the agreed IMTP with WHSSC and EASC.







Balance Sheet

Balance sheet as at 31st March 2024	2023/24 Opening balance £000s	31st March 2024 £000s	Movement £000s
Fixed Assets	893,408	910,187	16,779
Other Non current assets	83,283	149,418	66,135 *
Current Assets			
Inventories	9,576	9,843	267
Trade and other receivables	152,220	136,632	-15,588 *
Cash	4,704	4,145	-559
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	166,500	150,620	-15,880
Liabilities			
Trade and other payables	242,817	217,281	-25,536
Provisions	168,466	221,474	53,008
	411,283	438,755	27,472
	731,908	**771,470**	**39,562**
Financed by:-			
General Fund	552,859	582,146	29,287
Revaluation Reserve	179,049	189,324	10,275
	731,908	**771,470**	**39,562**

Fixed Assets:-

An increase in net additions of £28.3m in relation to new 2023/24 capital expenditure incurred.

A reduction of £43.0m for depreciation charges. A reduction of £6.5m for IFRS16 related charges.

An increase in indexation costs of £37.9m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £66.5m, a decrease in intangible assets of £0.4m, an increase in ICR income due in more than one year of £0.1m and a decrease in Other Financial Assets of £0.1m since the end of 2022/23.

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

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

A decrease in the value of debts outstanding on the Accounts Receivable system since 2022/23 to the end of March £8.6m

A decrease in the value of both NHS & Non-NHS accruals of £8.4m, of which £14.0m relates to a decrease of Welsh Risk Pool claims due in less than one year, £5.9m relates to an increase in NHS & Non NHS accruals, £0.1m relates to a decrease in VAT & other debtors and £0.2m relates to an increase in the Bad Debt Provision since the end of 2022/23.

An increase in the value of prepayments held £1.4m

Cash: The cash balance held at the end of March is £4.145m.

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 (£0.8m), an increase in NHS Creditor accruals (£7.5m), a decrease in the level of invoices held for payment from the year end (£6.9m), a decrease in non NHS accruals (£18.0m), a decrease in Tax & Superannuation (£0.7m), an increase in other creditors (£0.7m), a decrease in the liability for lease payments (£7.2m), an increase 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 £50.4m and a increase in other provisions of £2.6m.

General Fund: This represents the difference in the year to date resource allocation budget and actual cash draw down including capital.

Health Board Income
WG Funding Allocations: £1.8bn

Confirmed Allocations as at March 2024 (M12 2023/24)

	£'000
HCHS	1,583,329
GMS	116,441
Pharmacy	34,917
Dental	34,643
Total Confirmed Allocations - March 2024	**1,769,330**
Plus Anticipated Allocation - March 2024	-
Total Allocations - March 2024	**1,769,330**

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 £114m. (£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 £1.88bn (£1.75bn for 22/23).

WG anticipated allocations: £0.0m

All anticipated funding has been received by the Health Board for 2023/24.

Summary Capital Plan Month 12 2023/24	2023/24				
	Original Plan £000	Revised Plan £000	Spend to M12 £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
Plus AWCP Brokerage 23/24	0	1,669		1,669	0
Less DCP Brokerage 23/24	0	-350		-350	0
NBV of Assets Disposed	0	550		550	0
Total Approved Discretionary Funding	7,420	8,483		8,483	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	43,396	50,831		50,831	0
Total Approved AWCP Funding	43,396	50,831		50,831	0
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	3,259		3,259	0
IFRS16 CRL Reduction for Leased Asset Disposals	0	-5,281		-5,281	0
NBV of IFRS16 Leased Assets Disposed	0	5,281		5,281	0
Total Approved IFRS16 Lease funding	0	3,259		3,259	0
Total Capital Funding / Capital Resource Limit (CRL)	**50,816**	**62,573**		**62,573**	**0**
Applications:					
Discretionary Capital:					
Commitments B/f From 2022/23	321	277	236	236	-40
Statutory Allocations	576	660	597	597	-63
Divisional Priorities	2,868	4,442	3,831	3,831	-611
Corporate Priorities	300	1,126	1,961	1,961	836
Informatics National Priority & Sustainability	2,170	1,979	1,833	1,833	-146
Remaining DCP Contingency	1,185	0	0	0	0
Total Discretionary Capital	**7,420**	**8,483**	**8,459**	**8,459**	**-24**
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517	-154	-154	-154	0
Tredegar Health & Wellbeing Centre Development	4,019	3,375	3,475	3,475	100
NHH Satellite Radiotherapy Centre	17,675	14,987	14,987	14,987	0
YYF Breast Centralisation Unit	8,685	8,371	8,371	8,371	0
Newport East Health & Wellbeing Centre Development	10,362	10,046	10,046	10,046	0
RGH Endoscopy Unit	4,004	4,910	4,910	4,910	0
RGH – Block 1 and 2 Demolition and Car Park	404	275	275	275	0
EFAB Schemes	1,764	1,303	1,303	1,303	0
EOY Funding Schemes	0	239	216	216	-23
MH SISU Development	0	10	13	13	3
ICF Schemes	0	8	6	6	-2
Housing with Care Fund - 2022/23 Schemes	0	10	10	10	0
ED Waiting Area Funding	0	201	201	201	1
CAMHS Sanctuary Hub	0	638	638	638	0
National Imaging Programme - 2022/23 Old year schemes	0	55	51	51	-4
Digital Eye Care	0	10	10	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	9	9	0
SDEC Equipment	0	19	22	22	3
Housing with Care Fund - 2023/24 Schemes	0	272	273	273	1
DPIF - RISP, Cyber, End of Year and WNCR Funding	0	1,480	1,491	1,491	11
GUH ED Extension	0	2,937	2,827	2,827	-110
Diagnostics Funding	0	424	424	424	0
Ty Gwent	0	81	81	81	0
EOY Funding 2023/24	0	403	403	403	0
NHH RAAC Funding	0	757	770	770	13
EOY - Imaging Funding	0	404	395	395	-9
VAT Provision release IT AWCP Schemes	0	-239	-239	-239	0
Total AWCP Capital	**43,396**	**50,831**	**50,815**	**50,815**	**-16**
Total IFRS16 Lease Expenditure	**0**	**3,259**	**3,258**	**3,258**	**-1**
Total Programme Allocation and Expenditure	**50,816**	**62,573**	**62,532**	**62,532**	**-41**
Forecast Break Even against Overall Capital Resource Limit					**-41**
		56,742	*WG CRL Figures*		

Aneurin Bevan University Health Board
Finance Board Report – April 2024 (Month 1 – 2024/25)
Appendix 2 – Welsh Government Monthly Monitoring Return (MMR)

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Note: further detail available upon request

Table A – Movement of Opening Financial Plan to Forecast Outturn

	In Year Effect	Non Recurring	Recurring	FYE of Recurring	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	£'000	£'000	£'000	£'000
Opening IMTP / Annual Operating Plan	-48,870	2,828	-51,697	-51,922	-4,959	-4,980	-4,980	-4,980	-4,980	-4,980	-3,200	-3,200	-3,200	-3,200	-3,200	-3,011	-4,959	-48,870
Forecast Outturn (- Deficit / + Surplus)	-48,860	2,827	-51,687	-51,911	-4,959	-4,980	-4,980	-4,980	-4,980	-4,980	-3,200	-3,200	-3,200	-3,200	-3,200	-3,001	-4,959	-48,860

Table A1 - Underlying Position

	Section A - By Spend Area						
	Total	(81,410)	37,467	51,830	7,887	(59,798)	(51,911)

Table A2 - Risks and Opportunities

ble A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END	
	£'000	Likelihood
Risks (negative values)		
Total Risks	(11,500)	
Further Opportunities (positive values)		
Total Further Opportunities	0	
Current Reported Forecast Outturn	(48,860)	
	(48,860)	
Worst Case Outturn Scenario	(60,360)	
Best Case Outturn Scenario	(48,860)	

Table B– Monthly Summarised Statement of Comprehensive Net Expenditure/Statement of Comprehensive Net Income

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income													—	
Income Total	150,540	153,363	151,237	151,098	151,384	150,991	151,749	150,440	150,693	151,243	151,240	152,402	150,540	1,816,380
Cost - Total	155,499	158,343	156,217	156,078	156,364	155,971	154,949	153,640	153,893	154,443	154,440	155,403	155,499	1,865,241
Net surplus/ (deficit)	(4,959)	(4,980)	(4,980)	(4,980)	(4,980)	(4,980)	(3,200)	(3,200)	(3,200)	(3,200)	(3,200)	(3,001)	(4,959)	(48,860)

Table B2 - Pay Expenditure Analysis

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														9,760	116,415
2														15,120	180,348
3														18,828	224,577
4														2,757	32,886
5														9,372	111,786
6														3,794	45,255
7														1,157	13,800
8														3,431	40,923
9														2	22
10	TOTAL PAY EXPENDITURE	64,221	65,768	64,737	64,221	64,221	64,221	63,705	62,674	62,674	62,674	64,221	62,674	64,221	766,012

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														28	432
2														1,124	17,331
3														1,034	15,943
4														27	416
5														26	401
6														102	1,573
7														27	416
8														205	3,161
9														0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,573	3,300	3,500	3,600	3,600	3,600	3,400	3,300	3,200	3,200	3,200	3,200	2,573	39,673
11	Agency/Locum (premium) % of pay	4.0%	5.0%	5.4%	5.6%	5.6%	5.6%	5.3%	5.3%	5.1%	5.1%	5.0%	5.1%	4.0%	5.2%

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														1,544	23,804
2														27	417
3														0	0
4														39	595
5														0	0
6														520	8,014
7														48	734
8														396	6,110
9														0	0
10														0	0
11														0	0
12														0	0
														0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	2,573	3,300	3,500	3,600	3,600	3,600	3,400	3,300	3,200	3,200	3,200	3,200	2,573	39,673

D - Variable Pay Excluding 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														68	887
2														333	4,345
3														1,345	17,548
4														0	0
5														1,428	18,631
6														0	5
7														0	0
8														218	2,844
9														0	5
10	TOTAL VARIABLE PAY	3,393	3,923	3,892	4,068	4,160	4,180	3,841	3,606	3,406	3,270	3,280	3,248	3,393	44,266

Table B3 - COVID-19

	Overall Covid-19 Position	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total YTD	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
108	Total Planned COVID-19 Expenditure													781	12,416
109	Total Actual/Forecast COVID-19 Expenditure													781	12,416
110	Movement from Planned Expenditure	0	0	0	0	0	0	0	0	0	0	0	0	0	0
111	Total Planned Funding													781	12,416
112	Total Actual/Forecast COVID-19 Funding excluding Virements													781	12,416
113	Total Actual/Forecast COVID-19 Virements													0	0
114	Total Actual/Forecast Funding	781	828	986	1,075	1,004	1,007	1,018	1,016	1,230	1,164	1,170	1,137	781	12,416
115	Movement from Planned Funding	0	0	0	0	0	0	0	0	0	0	0	0	0	0
116	Net Planned Position													0	0
117	Actual / Forecast Net Impact on overall Financial Position due to Covid-1													0	0
118	Net Movement from Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation and Accountancy Gains)

Table D - Welsh NHS Assumptions – Income/Expenditure Assumptions Annual Forecast

LHB/Trust	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
	£'000	£'000	£'000	£'000	£'000	£'000
			1,154			3,762
			0			0
			138			1,474
			3,199			44,303
			2,657			22,114
			346			1,253
			14,658			373
			4,253			1,588
			11,055			85,357
			0			0
			1,307			7,549
			257			10,305
			13,948			208,689
			14,596			40
			0			0
Total	27,042	40,526	67,568	301,737	85,070	386,807

Table F - Statement of Financial Position

Not required for Month 1

Table G - Monthly Cashflow Forecast

Not required for Month 1

Table H - Prompt Payment of Invoice Performance

Not required for Month 1

Table I - Capital Resource/Expenditure Limit Management

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							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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39							
40							
41							
42	Sub Total	4,903	5,005	102	43,461	44,801	1,340

Table J - In Year Capital Scheme Profiles - not required for month 1

Table K - Capital Disposals

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Feb 25)	£'000	£'000	£'000	£'000	
1									

Table M - Debtors Schedule

Debtor	Inv #	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date

Table N - General Medical Services Financial Position - not required in month 1

Table O - Dental Services Financial Position - not required in month 1

Table P – Ringfenced - not required in month

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MONITORING RETURN FOR MONTH 1 2024/25

Director of Finance Commentary for the Period Ended 30th April 2024

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 30th April 2024 (Month 1, 2024/25). This commentary will provide an overview of the financial position and performance of the Health Board as at month one of the 2024/25 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.

As at Month 01, ABUHB is reporting *a year to date deficit of £4.959m with a forecast year end deficit of £48.9m in line with the annual plan. There are risks associated with this forecast position, particularly achievement of pipeline opportunities, prescribing and acute drug cost growth, CHC fee uplifts, non-pay inflationary uplifts and operational demand & workforce pressures, more detail is provided in this report.*

For the 2024/25 financial year, the Health Board has received Covid-19 monies in relation to Health Protection, immunisation (Mass Vaccination) and Long Covid (Adferiad) on a recurrent basis. The Health Board has forecast costs within this funding envelope. The Health Board has residual costs which form part of its underlying deficit in relation to the legacy impact for areas such as enhanced cleaning, security and additional facilities above previous baselines. These areas are under continual review in order to minimise and/or increase efficiency where possible.

Pay award costs resulting from the 2023/24 consolidated pay awards have been assumed with anticipated funding for 2024/25. No further pay award costs 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 are based on latest data from NWSSP and will continue to be monitored and updated for revised information from Shared Services. The estimated energy growth for 2024/25 of c.£2.1m which is reflected in these forecasts is based on the All Wales WEG groups figures.

Actual YTD

The month one reported financial position shows a **£4.959m 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, further delegation of reserve budgets to services is ongoing: -

Summary Reported position - April 2024 (M01)	Full Year Budget £000s	YTD Reported Variance £000s
Operational Divisions:-		
Primary Care and Community	288,290	206
Prescribing	114,518	354
Community CHC & FNC	72,004	68
Mental Health	124,481	1,335
Total Primary Care, Community and Mental Health	**599,293**	**1,963**
Surgery	133,253	1,037
Clinical Support Services	123,176	225
Medicine	148,795	957
Urgent Care	34,514	307
Family & Therapies	129,264	465
Estates and Facilities	86,897	983
Director of Operations	8,283	48
Total Director of Operations	**664,180**	**4,022**
Total Operational Divisions	**1,263,473**	**5,985**
Corporate Divisions	91,608	627
Specialist Services	188,073	92
External Contracts	89,992	341
Capital Charges	48,197	(0)
Total Delegated Position	**1,681,343**	**7,044**
Total Reserves	34,753	(2,085)
Total Allocations	(1,704,364)	0
Other Corporate Income	(11,732)	(0)
Total Reported Position	**0**	**4,959**

Key messages for Month 1

The financial position at the 30th of April 2024 shows a £4.959m deficit position, with the key issues in the month being:

Expenditure in the Health Board for pay is reduced in comparison with March 2024 due to notional pension costs in month 12, Managed Practice costs moved to independent contractors and other Primary Care costs in month 12.

Non-pay expenditure has significantly reduced compared with March due to funded expenditure for JCC (WHSSC/EASC) pass through costs, RPB and TEC Cymru/E-system

spend reported in March. Also 111/6 goals cost are now transferred outside of the Health Board for 2024/25.
Variable pay costs reduced significantly compared with March 2024. Some of this relates to funded elements such as RPB and 111/6 goals transferring outside of the Health Board. Managed Practices moving to independent contractors reduced costs as well as reduced industrial action. There was a decrease in the level of variable pay linked to vacancy cover and reduced annual leave taken in April which suggests that the increased availability alongside substantive appointments have reduced costs. The focus remains on minimising variable pay in line with a range of operational and savings plans.

Enhanced care shifts have remained at a similar level compared with the previous 6 months. This is significantly lower than the 2022/23 and early 2023/24 levels. Work continues to review enhanced care including the implementation of a Patient Safety exercise reviewing current usage and configurations across all Health Board sites.

CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present an underlying financial pressure. Fee uplifts have been assumed at around 7.7% for Adult and Mental Health packages however there is a risk that these could be higher. Additional specific high-cost packages within Learning Disabilities and Paediatrics may present a further pressure in future months. The real living wage impact from 2022/23 and 2023/24 has been anticipated however this has been reduced in line with the correspondence sent in 2023/24 which reduced the funding by c.£2.8m. No real living wage for 2024/25 has been anticipated at present pending further analysis.

In January 2024 there was a specific very high-cost package of 'emergency' care for a paediatric patient which has been in place since the start of the financial year (23/24) but has only been presented and discussed at the Children's CHC panel in January 2024. Whilst CHC eligibility is not being disputed, the Divisional Director is continuing to dispute the commissioning / governance around the care package process and the level of healthcare provided. Legal advice is currently being obtained, with a date being established for a dispute panel meeting (awaiting confirmation of date in 2024).

Prescribing costs present a financial pressure compared with IMTP financial forecasts. The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.44 (February PAR). Growth is assumed to be 0.8% for 2024/25 and will be reviewed for March and April PAR data. The current forecast has not been updated for this cost change given the likely effect of 56 day prescribing now being reflected. The forecast for prescribing will be continually monitored.

Energy costs are broadly in line with annual plan estimates which presents an adverse forecast of £2.069m (off-set by reduced costs for non-NWSSP energy). The price and usage are being monitored.

On-going non-pay costs across a number of areas continue including growth in diabetes pumps/consumables, respiratory equipment and hearing aids. Homecare

drugs continue to present an overall cost pressure due to increased activity whilst non-pay inflation impacts across a wide range of provisions and consumables. These are being reviewed in specific service areas to present efficiency opportunities where possible alongside mitigating actions through procurement and Divisions. The national V&SB procurement savings opportunities are being worked through to determine a likely saving forecast deliverable for ABUHB in 24/25.

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

Table A – Movement of Opening Financial Plan to Outturn

The Board's identified aims for the 2024/25 financial plan are to achieve an improved revenue position compared with 2023/24, a positive movement towards achieving the WG control total and an improved underlying deficit, through achieving at least 2% savings. Additionally a 'road map' to recurrent financial recovery is being developed.

The 2023/24 financial deficit alongside the on-going financial challenges faced by the Health Board meant an annual plan, rather than a 3 year balanced plan, was presented to the Board on the 27th March and was subsequently signed off and submitted to WG, this included narrative and the minimum data set.

The annual plan submitted to Welsh Government in March 2024 identified a challenging forecast financial deficit of £48.9m assuming anticipated funding for a range of areas such as Real living wage (22/23 & 23/24), wage awards and Mental Health Service improvement funding.

A break-down of the submitted annual plan for 2024/25 is summarised below:

Underlying deficit brought forward of +£81.4m
Cost pressures identified of +£59.8m
WG discretionary recurrent funding of (£51.8m)
Identified savings requiring progression of (£29.1m)
Pipeline opportunities described of (£11.4m)
Total deficit forecast £48.9m

The carry forward underlying deficit for 2025/26 is currently £51.9m in line with the 2024/25 forecast deficit. This is due to non-recurrent savings being off-set with mitigating actions and assumed funding for specific issues.

Annual plan savings plans have been identified at £29.1m, the Health Board Divisions are working to ensure delivery of these plans using the National Value & Sustainability themes. In addition, pipeline opportunities of £11.4m were identified by Divisions as part of internal Divisional annual plan submissions.

The Executives and Board have allocated leads for the National Value & Sustainability themes as part of revised escalation arrangements and have formed the local Value and Sustainability Board to progress savings, mitigations and delivery of core themes:-

CHC
Medicines Management
Non-pay
Workforce
Service reconfiguration
Prevention
Digital

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

Financial Plan 2024/25	2024/25 Deficit / (surplus) (£'m)
2023/24 forecast position (as at Month 9)	56.4
WG non-recurrent funding	14.4
Underlying deficit - accounting to reflect recurrent implications	10.6
Underlying deficit going into 2024/25	**81.4**
National Pressures	14.4
Inflationary Pressures	21.7
Contractual and Unavoidable Pressures	15.7
Local Investment Pressures	8.0
Sub-total 2024/25 including new cost pressures	**141.2**
Discretionary funding	(51.8)
Sub-total 2024/25 inc. discretionary funding	**89.4**
2024/25 savings	(29.1)
Total 2024/25 position before further pipeline opportunities	**60.3**
Additional amber opportunities	(6.9)
Total 2024/25 position before red pipeline opportunities (Likely case)	**53.4**
Red pipeline opportunities (67% assumption)	(4.5)
ABUHB financial plan 2024/25 total (best case)	**48.9**
Note Additional QIA plans of £6.2m - assumption of 20% achievement would result in c.£47.8m deficit	

Table B - Monthly Positions

The year to date reported position is a £4.959m deficit position (compared with the annual plan year to date deficit of £3.420m).

Material differences of actual expenditure from the annual plan are as follows:-

RRL – The material difference to plan are in relation to the revenue aspects of Capital, i.e. the depreciation / DEL / AME impairment costs. These elements were excluded in the annual plan whilst the 24/25 figures were being finalised. In addition, allocation adjustments have been actioned for CHC RLW alongside

other anticipated allocations which have reduced the month 1 in comparison with the annual plan.

WG income / other income – this reflects movement in non-cash limited income with equivalent spend implications. Other WG income was higher than forecast but non-cash limited (NCL) adjustments have resulted in the assumed repayment of funding to WG. This was due to prescribing/dispensing off-set by ophthalmic income. These areas have large fluctuations so it is forecast to revert to previous levels throughout 2024/25.

Primary Care Contractor – this is mainly the movement of managed practices to independent contractors which resulted in increased costs in Primary Care Contractor compared with annual plan, with an equivalent decrease in Provider Pay is shown.

Primary Care - Drugs & Appliances – costs are above forecast due to the average price per item forecast currently £7.44 which is above the planned value of £7.29, however, this is only reflected in the year to date position not the full year forecast,

Provider Services – Pay – costs are lower than forecast linked to managed practice movements and the transfer of 111/6 goals outside of the Health Board.

Provider Services – Non-Pay – expenditure is slightly lower than annual plan partly due to energy costs but also due to the changes in 111/6 goals provision.

Further allocations will be anticipated for areas such as Real living wage (24/25) and dispensing Drs (PADM) once WG correspondence has been received.

Section B has not been completed as per guidance and will be assumed to be removed for 2024/25.

The depreciation figures included in Table D are currently based on the baseline DEL depreciation allocation and anticipated allocations for AME Donated Assets and IFRS16 lease depreciation requirements for existing leases. The Health Board needs to work through the forecast indexation and approved 2024/25 capital programme impacts to provide the anticipated baseline shortfall / strategic support required. The overall requirement will be calculated and reported in the Month 2 monitoring return and June Non-Cash return.

AME Impairment estimates have not yet been included. The reversals of impairment funding required is dependent on the effect of indexation. Both will be confirmed in the Month 2 monitoring return and June non-cash return. The anticipated allocations included at Month 1 are detailed in the table below:

	Reported to WG
Allocations	**£000**
DEL - Baseline Depreciation Shortfall	TBC
DEL Strategic depreciation Support	TBC
DEL Accelerated Depreciation	TBC
DEL IFRS16 Leases Depreciation	3,690
DEL Impairment Funding	TBC
Total DEL Funding	**3,690**
AME Donated Asset Depreciation	326
AME Impairment Funding	TBC
AME Reversals of Impairment Funding	TBC
AME IFRS16 Leases Depreciation	109
Total AME Funding	**435**
Donated & Granted Assets Credit	**TBC**
Total Allocations (excluding DEL Baseline)	**4,125**

Section F describes the 2024/25 energy costs forecast, the breakdown of the full year energy cost forecast is as follows:-

Shared service contract element - £18.961m
Other gas and electricity costs - £0.447m
Total forecast energy costs in section F - £19.408m

It should be noted that this forecast does not include energy management related contracts, water, sewage, staffing and other fuel costs which are part of the utilities directorate within the Health Board.

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 £12.4m for which funding has been received as part of the Health Board's allocation letter and is broken down as follows:-

Health Protection and Immunisation (Mass Vaccination) - £10.080m
PPE - £1.120m
Adferiad (Long Covid) - £1.216m

The expenditure profile is reflective of the Health Protection funding.

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur legacy costs which form part of

the underlying deficit linked to estates & facilities costs. The list below is not exhaustive but includes: -

Enhanced Cleaning
Additional security and rental of portacabins
Covid Public Inquiry

2. Underlying Position (Tables A1)

The Underlying (U/L) position is a brought forward value of £81.4m with a carry forward deficit into 2025/26 of £51.9m reflective of the annual plan submission.

3. Risk Management (Table A2)

There are significant challenges to the financial forecast for 2024/25, which include:

Ensuring full delivery of the savings plans identified in the annual plan including the pipeline opportunity values,
Identifying savings to mitigate any further financial pressures identified outside of the annual plan,
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,
Impact of any further strike action,
Impact on service delivery and performance on waiting times because of savings required.
Long Term agreements sign off, possible arbitration on financial quantum and how the 3.67% pass through should be used,
Establishment increases relating to patient safety issues,
Covid legacy costs to adhere to specific guidelines, e.g. enhanced cleaning costs, additional leases and security,
Inflationary impacts including provisions and supplies,
Impact of any further strike action,
Additional revenue costs due to IFRS 16,
Specific economic factors such as supply chain issues and non-pay inflation including travel expense costs,
H&S fines,
VAT rebate opportunities
Re-review of previously 'discounted' and other savings ideas, and
Maximising the opportunity to change services resulting in improved health outcomes for the population.

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

This table is not required for month 1.

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

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

Variable and agency expenditure continues at the high level of previous months, albeit reduced compared to March.

Variable and agency expenditure across nursing and additional clinical services is predominantly to cover vacancies as well as enhanced care. Medical agency expenditure has remained high due to on-going elective activity, vacancies and service pressures. The impact of managed practices converting to independent contractors have resulted in some reduction in variable pay in-month.

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

As part of the annual plan submitted by the Board to Welsh Government (March 2024), the financial plan for 2024/25 identified 2 elements to the savings plans for 2024/25:-

Divisional plans alongside Corporate schemes and targets - £29.1m
Pipeline opportunities - £11.4m

The Divisional plans of £29.1m are progressing with savings forecast for this section reported as delivering £29.1m with some re-profiling.

The pipeline opportunities of £11.4m are currently assumed to be delivered from October. There will inevitably be some risk to this plan and further mitigating actions are being reviewed.

The month 1 delivery of savings plans is £1.221m. Planned savings for month 1 in the annual plan were £2.2m these had been profiled on a straight-line basis, these have now been re-profiled.

The UHB continue to operate a Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

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

This table has been completed in line with the guidance. The Month 01 financial position is based on total allocations of £1,704.4m, of which £1,636.6m are received and £67.8m 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.

The Capital MMR table shows the outturn capital charges position for the Health Board. The position confirms the DEL and AME outturn positions which includes the allocation adjustments agreed with WG colleagues. All figures are subject to change.

Further allocations will be anticipated for areas such as CHC Real living wage 2024/25, outpatient transformation and Mental Capacity Act costs once WG correspondence has been agreed.

8. Healthcare Agreements and Major Contracts

ABUHB is commissioning services based on patient need and forecast activity, recognising the 3.67% funding uplift will be applied for agreements to recognise cost inflation and service developments. ABUHB is currently finalising LTA agreements with most provider and commissioner organisations. Velindre NHS Trust and CTMUHB agreements will require greater focus to finalise.

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 1.

Table M - AGED WELSH NHS DEBTORS

At the end of April 2024, the Health Board had 10 invoices outstanding with other Welsh Health Bodies totalling £248,445.

Cwm Taf Morgannwg University Health Board – 3 invoices outstanding totalling £15,617. The invoices 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 – 6 invoices outstanding totalling £210,646. One invoice for £71,253 has since been paid. Out of the remaining 5 invoices 2 are in excess of 17 weeks. All 5 outstanding invoices were agreed as part of the month 12 agreement of balances process. We have not been made aware of any issues with these invoices. The HB has requested urgent payment of all 5 outstanding invoices.

Velindre NHS Trust – 1 invoice totalling £22,182. This invoice was agreed as part of the month 12 agreement of balances process. We have requested confirmed payment date regarding this outstanding invoice.

10. Cash Flow Forecast (Table G)

This table is not required for month 1.

11. Public Sector Payment Compliance (Table H)

This table is not required for month 1.

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

Table I has been completed in line with the latest CRL issued on 2nd May 2024.

The approved Capital Resource Limit (CRL) as at Month 1 totalled £53.551m. A forecast over spend of £1.340m against All-Wales Capital Programme (AWCP) schemes (detailed further below) is being offset by a corresponding under spend against the Discretionary Capital Programme (DCP). The forecast year-end outturn at Month 1 is breakeven.

AWCP Schemes

Newport East HWBC
Works on Newport East H&WBC continue with scheme completion expected to be April 2025. The overall project budget remains under pressure due to additional asbestos and utility costs. There is a forecast overspend of £0.406m on the project overall which will impact on the 2024/25 DCP unless mitigated by additional funding and / or value engineering savings.

NHH Satellite Radiotherapy Centre (including RAAC works)
Works at NHH Satellite Radiotherapy Centre are progressing well with planned completion currently forecast to be 30th January 2025. The overall scheme is currently forecast to be £0.523m under budget largely as a result of additional VAT recovery savings. The impact on the 2024/25 allocation will be worked through in May and reported at Month 2.

EFAB – National Programmes: Infrastructure / Fire / Decarbonisation
A number of the larger EFAB schemes that commenced in 2023/24 continue into 2024/25 including Glan Usk roof replacement, St Cadoc's Hospital Ducts safety upgrades, and the Fire alarm replacements at RGH and St Cadoc's. All schemes are due to complete during 2024/25.

CAMHS – Sanctuary Hub (Plaid agreement and HCF Funding)
Works are on-going on the CAMHS Sanctuary Hub scheme with scheme completion currently anticipated to be August 2025.

Grange University Hospital – VAT Reclaim
The final VAT recovery claim for the main scheme was submitted to HMRC in September 2023. The Health Board is currently responding to Information requests from HMRC and anticipate the final claim will be agreed in 2024/25.

GUH Emergency Department Extension
The GUH Emergency Department extension scheme is underway with completion of the extension currently estimated to be January 2025. The scheme is forecast to be in line with budget.

Ty Gwent
The building lease was signed in early March following WG approval. The initial set up works and IT infrastructure requirements are being progressed with full spend expected to be achieved this financial year.

RGH Blocks 1 & 2 Demolition and Car Park
A forecast over spend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme as a result of additional asbestos and delays due to nesting birds. This overspend is being funded via the DCP. Plans for the new car park are expected in the next month. The programme will be confirmed once these plans have been received and agreed.

YYF Unified Breast Unit
The final account is being agreed for the new Unified Breast Unit at YYF. Once agreed, the final VAT recovery claim can be made to HMRC. The allocation of £0.111m confirmed for 2024/25 is being used to support additional equipment / IT requirements for the unit.

RGH Endoscopy
RGH Endoscopy unit was opened on the 6th November. The small carry forward into 2024/25 relates to an outstanding IT cost which is expected to be spent in quarter one.

DPIF – Digital Year End Funding – January 2024
The slippage amount of £20k is expected to be spent in quarter one of 2024/25.

ICF – Pontllanfraith Feasibility
This scheme is now complete. The funding remaining will need to be repaid via the RPB process.

Emergency Department Improvements – 2023/24
The slippage amount of £55k is expected to be spent in quarter one of 2024/25.

Housing with Care Fund

The slippage amounts totalling £21k are expected to be spent in quarter one of 2024/25.

DPIF – Digital Year End Funding – February 2024
The slippage amount of £53k is expected to be spent in quarter one of 2024/25.

Diagnostic Equipment
The slippage amount of £35k is expected to be spent in quarter one of 2024/25.

Year End funding – January 2024
The slippage amount of £49k is expected to be spent in quarter one of 2024/25.

IRCF - Monmouth Health and Wellbeing Centre and Dixton Surgery
The external team has been appointed for this project and work is commencing. A cashflow profile is awaited to confirm the 2024/25 spend profile.

IRCF - Aber Valley Health and Wellbeing Centre and Aber Practice Development
The external team has been appointed for this project and work is commencing. A cashflow profile is awaited to confirm the 2024/25 spend profile.

Tredegar HWBC
Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is continuing and is anticipated to complete in October 2024. The scheme is forecasting an overspend of £0.822m in 2024/25 which is being offset by the DCP. Discussions continue with the contractor in relation to the resolution of a number of disputed compensation events. An additional funding bid to WG is also planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes. These currently total circa £1.2m plus VAT.

Discretionary Capital Programme
The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.770m made up of:

- 2024/25 DCP Funding - £10.814m
- Less 30% EFAB contribution – (£0.725m)
- Less 2023/24 AWCP scheme brokerage – (£1.669m)
- Plus 2023/24 DCP scheme brokerage - £0.350m

The opening DCP for 2023/24 was approved at the January 2024 Board meeting. The current forecast spend for approved DCP schemes is £7.430m. This equates to an under spend of £1.340m that is required to offset the overspends on AWCP schemes. The DCP contingency remaining as at Month 1 is £0.735m.

Other Issues

Risk Management

Claims submitted to the Welsh Risk Pool at the end of April 2024 total £3.679m. No significant claims have been reimbursed up to the end of April 2024 leaving a total £3.679m to be reimbursed.

The total payments made by the HB equate to £28,978m of which we have submitted reimbursement claims for £3.679m leaving a balance of £25.299m relating to claims not yet reimbursed.

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 10th May 2024.
>
> Response to the month 12 list of creditors circulated as part of the monthly reply letter.

13. 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 submitted for review to Finance and Performance Committee, as a sub-committee of the Board.

The dates for future Board meetings are as follows:-

> Wednesday 22nd May 2024
> Wednesday 17th July 2024
> Wednesday 25th September 2024

The dates for future Finance and Performance Committee meetings are as follows:-

> Monday 17th June 2024
> Monday 9th September 2024
> Monday 16th December 2024
> Monday 17th February 2025

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

Submitted with this report are:

Monthly Monitoring return Tables
All outstanding creditors we currently have identified with other Welsh Health bodies as of 10th May 2024, and the
Response to the month 12 list of creditors circulated as part of the monthly reply letter.

Appendix 1

Aneurin Bevan Health Board

Monthly Monitoring Returns – Current Period Action Points 2024/25

Month	Action Point	How responded to
2023/24 Month 12	No action-points	

Agenda Item:4.2

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Medium Term Plan (IMTP) 2023/26 Quarter 4 Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans (Director of Strategy, Planning and Partnerships)
SWYDDOG ADRODD: REPORTING OFFICER:	Marie-Claire Griffiths (Head of Strategic Planning) Jennifer Keyte (Senior Corporate Planning & Service Improvement Manager)

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide the Board with a progress report against the Aneurin Bevan University Health Board's Integrated Medium-Term Plan (IMTP) 2023/26. This report summarises the Health Board's progress during Quarter 4, through the lens of the following chapters:

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

A complementary Performance report has been developed to provide assurances to committee and Board in the intervening months between full outcome reports.

The Board is asked to:
Note the progressed achieved during Quarter 4

Cefndir / Background

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

Outcomes and Performance Framework

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

The aim is to provide information and measurement at a system and population level to support the understanding of progress against the IMTP. Alongside this, the report provides a high-level overview of activity and performance at the Quarter 4 of 2023/4, with a focus on delivery against key national targets included within the performance dashboard. This section of the report also includes improvement actions against those indicators where there has been deterioration.

Progress on Priorities: Ministerial Priorities and Clinical Futures Programmes

Through the templates underpinning the IMTP in 2023/24, the health board made a number of commitments in response to the Minister's priorities for delivery. Progress in delivering against these commitments is set out in this chapter. Additionally, the IMTP set out key priority programmes, which, based on the understanding of the system, will deliver the biggest impact and improve the sustainability of the health and care system. By their very nature, these key strategic priorities are complex, system wide and the programmes of work are designing to implement these changes during the course of the IMTP. This report provides an update against the key milestones and progress made against each of the key programme areas, aligned to the relevant ministerial priority.

IMTP Planning Scenario

The report provides an update against the dynamic modelling and forecasting that was included in the IMTP, what was planned, what took place and forward projections.

This information has supported refreshed profiles included in the updated Minimum Data Set for Quarter 4, this is required to be submitted to Welsh Government as part of the IMTP process.

Asesiad / Assessment

In Quarter 4 there has been mixed performance in line with the forecasted activity levels, with increases in activity coupled with increasing demand preventing progress in some areas. Our planning assumptions, in aggregate form, largely followed as predicted by the services as set out in the IMTP and they are in line with expected delivery.

Outcomes and Performance Framework

Of the 41 indicators included in the Outcomes Framework, 21 have newly available data to be reported upon during this quarter. 14 of the 21 measures have either improved or are statistically similar and 7 indicators have deteriorated since the last reporting period.

Outcome measures for 'Every child has the best start in life' demonstrates all indicators sustaining performance levels. Getting it right for children and

young adults have two measures that have improved included achieving 100% compliance with Child and Adolescent mental health choice referrals.

There is mixed progress across the adult life course outcomes with 4 indicators having deteriorated across three areas. 2 of these are within the 'maximising an individual's time' outcomes, 1 in the 'adults living healthily and aging well' outcome measure and 1 in maximising cancer outcomes.

For Older People two outcomes are similar and two have deteriorated. The two deteriorating indicators are reduction in number of emergency admissions over 65 years of age and increase in accepted referrals to Rapid Response Services. Across the Dying well as part of life priority area mixed progress with deteriorated performance in inpatient mortality rate, improved performance for increase in referrals to Palliative Care services and similar performance for proportion of Palliative Care referrals assessed within two days.

Under each life course section, clarity is provided on improvement actions initiated to recover performance where required.

Progress on Priorities: Ministerial Priorities and Clinical Futures Programmes

Variable progress continues to be made across the Ministerial priorities and priority programmes with some notable achievements that deliver system change as well as some service areas with persistent challenges. The current financial context has limited progression of service developments in some areas.

There continues to be high demand on services. Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number of new patients accessing NHS Optometry services has increased. Both areas are exceeding forecasted levels Quarter 4.

Cancer demand continues to increase, despite prioritisation of capacity, performance against the forecast in reduction in backlog of cancer patients waiting over 62 days and percentage of patients starting definitive cancer treatment within 62 days from point of suspicion has not been achieved.

The Health Board is ahead of trajectory in eliminating waits of over 156 weeks for treatment, with 10 patients waiting at the end of March 2024 compared to the March 2023 position of 553.

Improvements have been made with 104 week waits for treatment which has reduced from 1,935 in March 2023 to 1,430 at the end of March 2024. Despite this reduction, the Health Board remains off track to meet the Quarter 4 104-week treatment trajectories by 1,184.

An area of concern remains the growth in the total waiting list, largely driven by the outpatient (stage 1) component. At the end of March 2024, there were 2,169 patients waiting over 104 weeks for a first outpatient appointment. There is mixed progress across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory.

Challenges remain in timely provision of mental health interventions. The provision of assessment by mental health service within 28 days from referral is currently 17.1% (Feb 24) and interventions less than 28 days from assessment which is currently 7.3%. Both of these areas are significantly below target and a 90-day action plan to improve performance is in place and being monitored by Executive Committee.

The performance of our Urgent & Emergency Care system remains a priority due to its fragility. The number and rate of patients waiting over 60 minutes to be transferred to the Emergency Department from an Ambulance increased

during the winter period and peaked in January 2024 (1,537 – 44.7%). However, this has since reduced significantly during March 2024 (1,107 – 36.7%) to the lowest levels seen over the last two financial years. Whilst this remains high, as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers.

IMTP Planning Scenario

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

The Health Board continues to make progress reducing the number of the longest waiting patients for planned care treatments. With the rate of referrals and current focus on treat in turn, there is a risk of greater wating list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity. The Quarter 4 forecasts were in line with the actual activity for ED attendances with a total of 45,620 attendances during the quarter across all sites. The bed plan has continued to follow the overall expected occupancy levels and demand patterns with Medicine Division running at 99% occupancy against their bed plan and the Community Division at 107%.

This Quarter 4 assessment sets out the organisation's understanding of its system. The plan remains robust and the priority decisions made in the IMTP remain valid areas of focus of the 2024/25 annual plan.

Argymhelliad / Recommendation

The Board is asked to:

NOTE the position against IMTP 2023/24 commitments as at Quarter 4 and the mitigating and improvement actions in place.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. This is a Quarterly report against the Integrated Medium-Term Plan and the key organisational

	priorities informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item.
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

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:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
Workforce	Choose an item.
Service Activity & Performance	Choose an item.
Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

Priority Indicator Summary

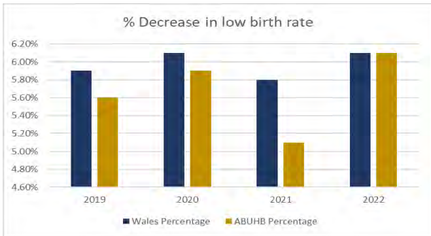
Quarter 4

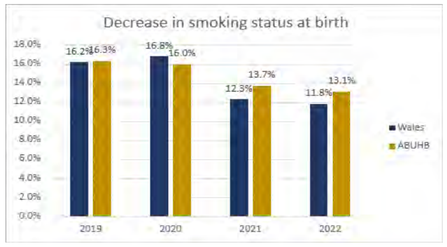
Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

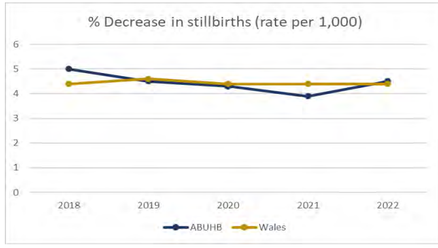
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
						15
						14
						12
Total indicators	**8**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

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life										

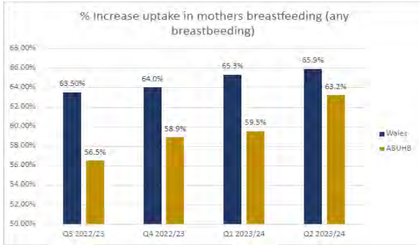
Improving Good Health in Pregnancy

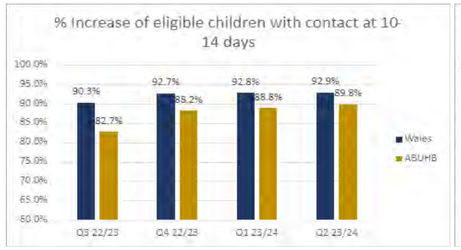


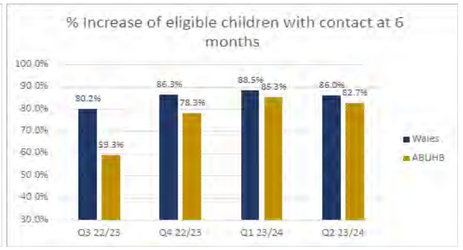




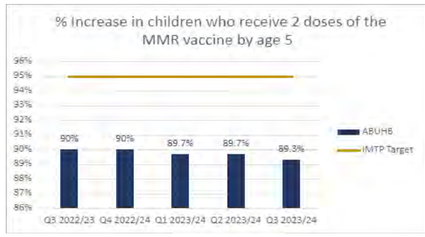
Optimising a child's long term potential

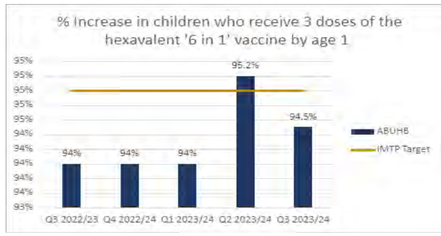






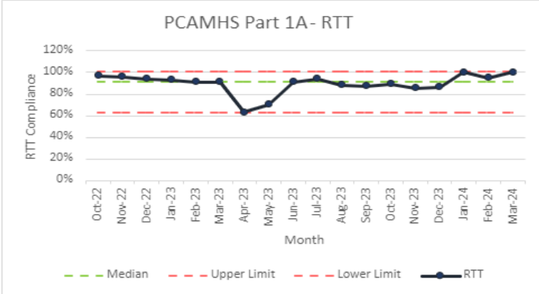
Increasing childhood immunisation

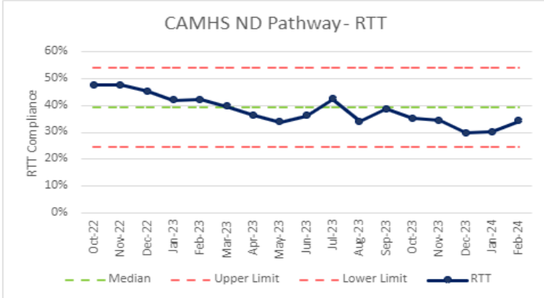




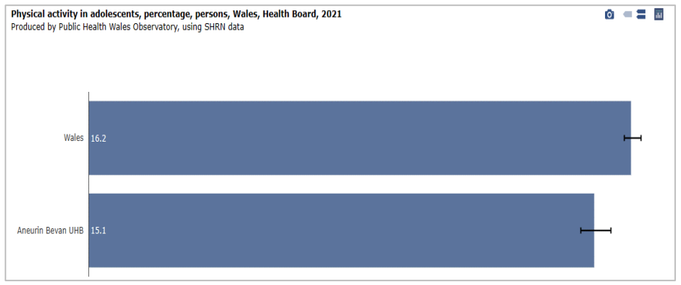
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults										

Improve mental health resilience

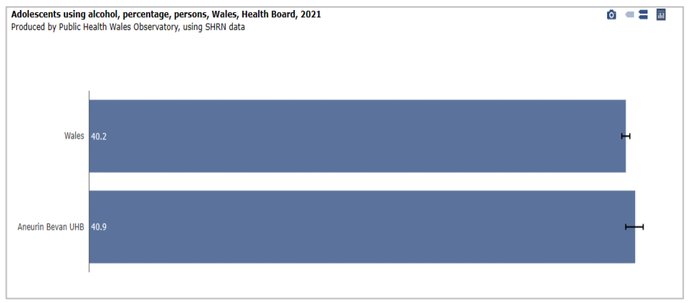


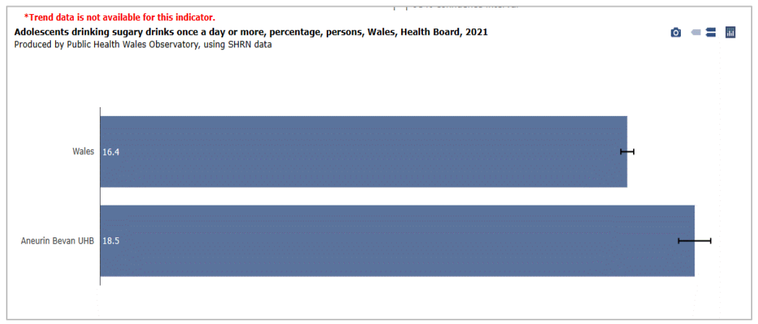


Support being a healthy weight



Improve healthy lifestyle behaviours

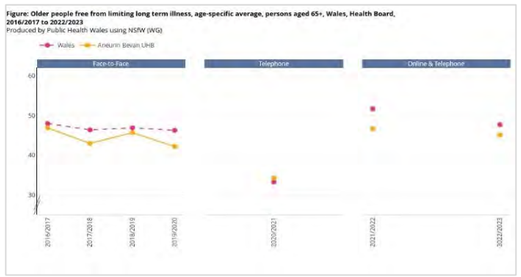


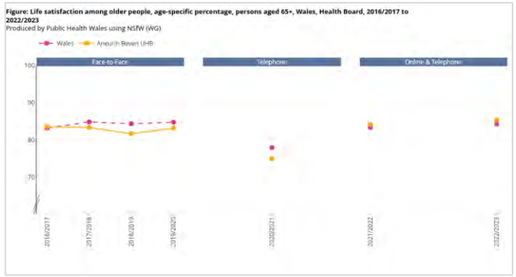


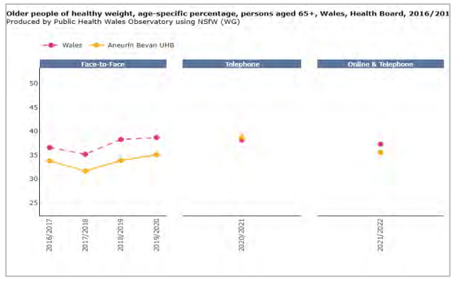
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well										

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently										

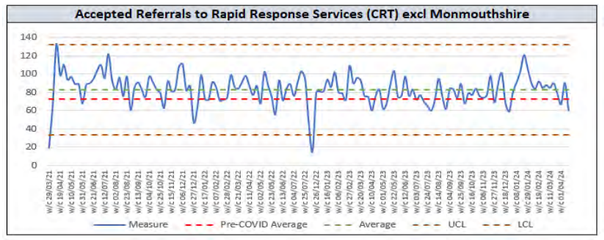
Prevention and keeping older adults well

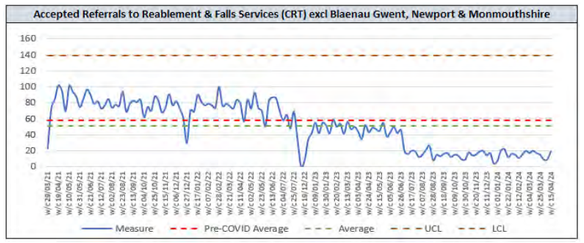




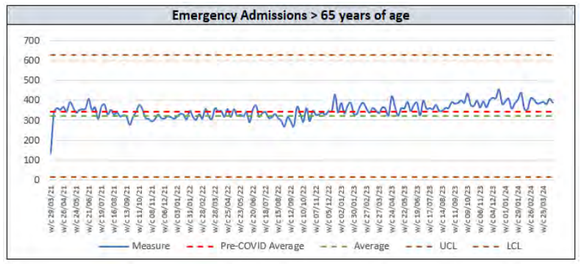


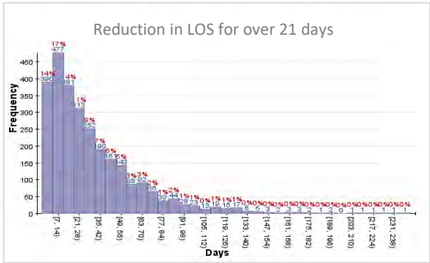
Delivering care closer to home





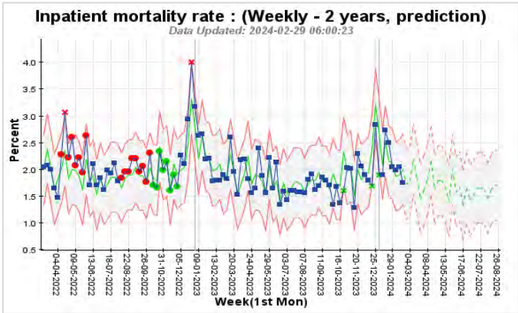
Reducing admissions and time spent in hospital

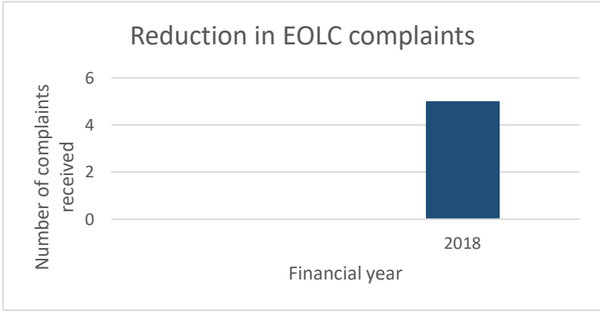




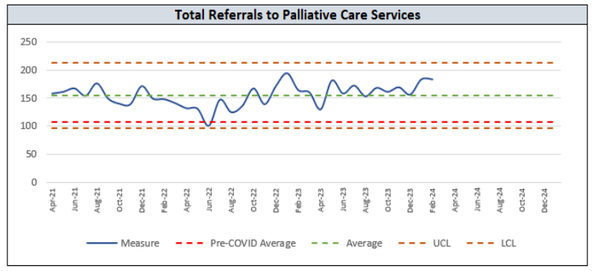
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life										

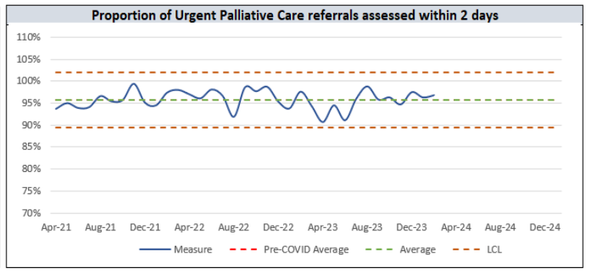
Improved end of life care experience



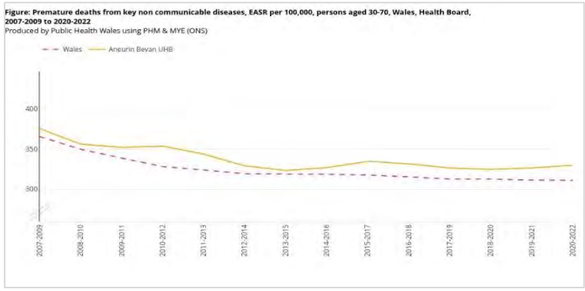


Improved planning and provision of end of life care





Minimising avoidable ill health



Aneurin Bevan University Health Board

IMTP 23/26

Integrated Medium-Term Plan

Quarter 4

Outcomes and Performance Report

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

1. INTRODUCTION

This report summarises the Health Board's progress for Quarter 4 of 2023/24 against the commitments set out in the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes, Ministerial Priorities and a review of the underpinning planning scenarios.

Key achievements from Quarter 4 include:

- ✓ Welcoming our first patients into the Breast Care Unit at Ysbyty Ystrad Fawr,
- ✓ Good progress towards eliminating waits of over 156 weeks for treatment, with 10 patients waiting at the end of March 2024 compared to the March 2023 position of 553,
- ✓ Outpatient Did Not Attend (DNA) rate has sustained its performance from January to March at 6.1% (4,682),
- ✓ Child and Adolescent Mental Health Services choice referrals have achieved 100% in March 24 compared to 87.5% December 2023 exceeding the national target,
- ✓ Sustained compliance with national target of 95% of children receiving 3 doses of the hexavalent '6 in 1' vaccine by age 1,
- ✓ Community Pharmacy have achieved 4,866 claims under common ailment scheme during 23/24, compared to 2,962 during 22/23,
- ✓ Opening of new Endoscopy suite at Royal Gwent Hospital at the start of November. The impact of this investment has resulted in the number of people waiting over 8 weeks at the end of March 2024 reducing to 1,368 compared to 1,890 (Nov 23),
- ✓ Same Day Emergency Care: volume sustained during Q4 with weekly average of 138 attendances at GUH and 49 at YYF.

Risks across a number of pathways have endured into Quarter 4 with the addition of slightly deteriorated performance against the single cancer pathway measures. Addressing underlying capacity constraints and sustained urgency profiles across these pathways will result in continued challenges around reducing the numbers of patients waiting:

- Compliance against the 62-day target for definitive cancer treatment has decreased from 62.9% at the end of December 2023, to 60.8% in March 2024,
- Number of patients waiting more than 104 weeks for treatment in planned care, predominantly in the specialities of Orthopaedics (mainly spines), Ear Nose and Throat and Ophthalmology,
- Delivery of Mental Health interventions in a timely way with concerns on the provision of assessment by mental health service within 28 days from referral which is currently at 17.1% (Feb 24) and interventions less than 28 days from assessment which is currently 7.3%,
- The proportion of Child and Adolescents Mental Health waiting on the neurodevelopmental waiting list has increased to 34.3% from 29% but still significantly below national target of 80%.

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

Structure

This report is structured across four sections as follows:

CHAPTER	PAGE
Outcomes Framework and Performance Summary – This section reports against the life cycle priority outcome measures.	3
Progress of Priorities – This section reports on the key milestones and actions against the Ministerial and Clinical Futures priorities as set out in the IMTP	15
IMTP Planning Scenarios - This section reports against the planning scenarios as set out in the Minimum Data Set of the IMTP.	23

2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY

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

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

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

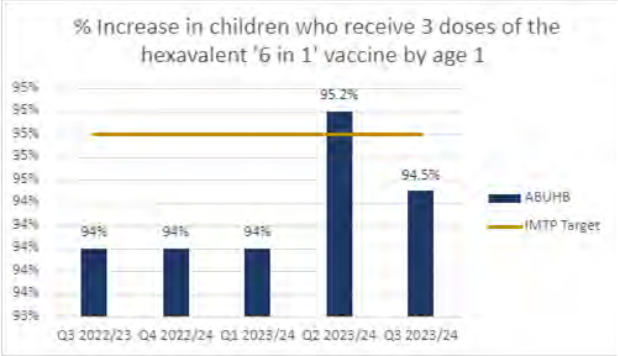
Of the 41 indicators included in the Outcomes Framework, 21 have newly available data to be reported upon during this quarter. 14 of the 21 measures have either improved or are statistically similar and 7 indicators have deteriorated since the last reporting period. The full Outcomes Framework can be found in Appendix 1 and a breakdown of the type of change by priority between Quarter 3 and 4 can be seen in the table below:

Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	0	2	5	0	1	**8**
Similar	2	0	1	2	1	**6**
Deteriorated	0	0	4	2	1	**7**
Total indicators	**2**	**2**	**10**	**4**	**3**	**21**

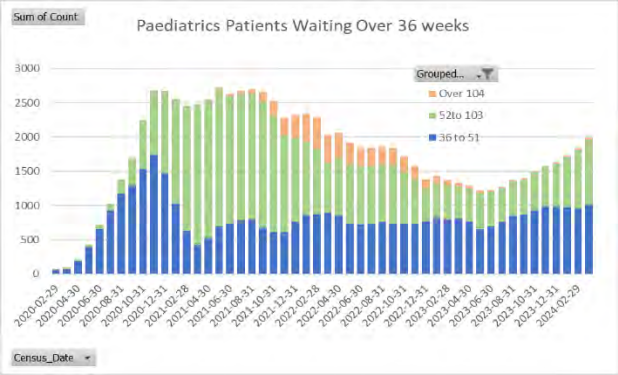
Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board's IMTP committed to working with partners to take forward actions and activities that have a positive impact on the first 1,000 days of life. The table below sets out three core outcomes to be achieved in this area. Alongside identified measures, this information is used to target actions and identify priorities for the organisation.

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q2 2023/24	89.7%	Q3 2023/24	89.3%	Similar	Indicator value has remained stable.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q2 2023/24	95%	Q3 2023/24	94.5%	Similar	Indicator value has remained stable.

The position in the reported indicators in the outcome **'Increasing childhood immunisation and preventing outbreaks**' has remained broadly stable. Uptake of the complete three-dose course of the hexavalent '6 in 1' vaccination by age 1 is reported at just below 95% during Quarter 4, demonstrating strong sustained performance levels and is consistent with national levels. Torfaen and Monmouthshire have the lowest uptake within Gwent with an uptake rate of 90.9%. Blaenau Gwent had the highest uptake rate of 95.1%.



The MMR vaccine protects against three infections – measles, mumps and rubella. The uptake rate in Gwent of the MMR 2 dose vaccine (age 5 years) was below the uptake for Wales between 2019 and 2021. From 2022 the uptake rate in Gwent and Wales have fallen, with Gwent now sharing the same uptake rate of 89.3% as Wales in quarter 4. Newport has the lowest uptake within Gwent, with a rate of 86.7%. Caerphilly had the highest uptake rate of 92.5%.



The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased during the pandemic and peaked during the summer of 2021. As of March 2024, there were 495 children waiting over 52 weeks for a new outpatient appointment. There continues to be focused efforts to reduce

paediatric waiting times and consequently, intensive plans have been developed to reduce and maintain the waiting time for first outpatient appointments across all specialities.

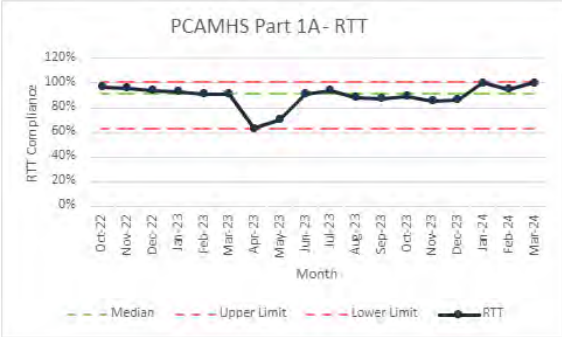
Priority 1 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Children who received who received 2 doses of the MMR vaccine by age 5:	School Health Nurses undertaking robust vaccination plan coupled with dedicated MMR catch up clinics are being delivered using a combination of Vaccination Centre appointments and pop-up clinics in areas of low uptake.	Divisional Assurance meetings
Children who received three doses of the hexavalent '6 in 1' vaccine by age 1:	Referral pathways being embedded to ensure that professionals within Health Visiting are able to directly refer to the Vaccination Service to allow vaccinations or immunisations to be delivered outside the usual route.	Divisional Assurance meetings
Children waiting over 52 weeks for a new outpatient appointment:	Service improvement developments including referral triage team and advice letters as an alternative to consultation where appropriate. Continued use of GP triage.	Divisional Assurance meetings

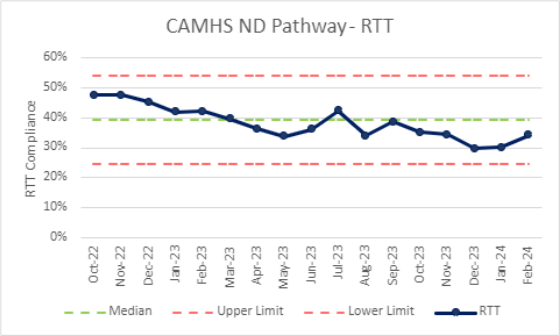
Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; therefore, targeting actions to improve outcomes in these areas has a long-lasting impact on delivery. Young adult mental health is a Ministerial Priority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

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Dec-23	86.2%	Mar-24	100.0%	Improved	Indicator has improved significantly since last reporting period. National target of 80% remains achieved at 100% compliance.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Dec-23	29.9%	Feb-24	34.3%	Improved	Indicator has gradually improved over the last 3 months by 14.7%. However, this remains below the IMTP target.

Progress within the **'Improve Mental health Resilience in Children and Young Adults'** outcome remains mixed. The CAMHS Neuro-developmental (ND) Service remains committed to achieving the 80% target of completing ND assessments within 26 weeks. Quarter 4 of 2023/24 has seen a continued demand of referrals requesting consideration of an ND assessment. There are on average 220 new referrals a month which is a 200% increase on the monthly average for 2019/20

and this challenge has resulted in an RTT compliance for the end of February 2023 of 34.3%. A recovery plan was implemented in April 2023 to be able to support the current waiting lists across the 0-18 years pathway by separating the cohorts of 0-5 years and the 5-18 years.





PCAMHS 1a performance against the ministerial target of 80% compliance has remained steady since 2022. As of March 2024, the reported position increased significantly to 100%, surpassing the ministerial target. However Part 1b remains significantly off track at 7.5% compliance (March 2024). Despite workforce constraints, the waiting list is reducing. CAMHS Part 2 RTT has seen increased compliance since April 2023, however there is a slight decrease in the reported March 2024 position at 72.4%.

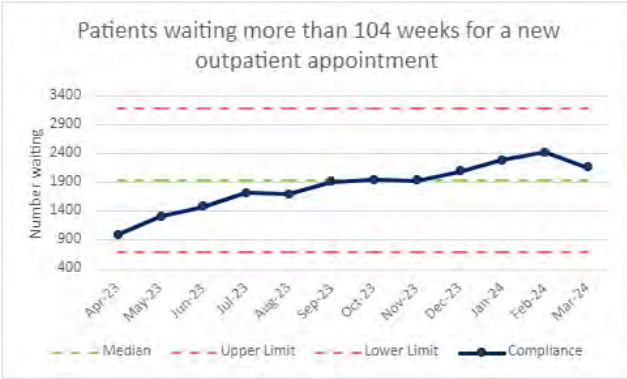
Priority 2 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
PCAMHS Part 1a and 1b compliance	Following additional funding, undertake procurement of private provider to support with 80 Children and Young People currently on the waiting list (1b); Scope of CAMHS workforce take up offer of overtime/ additional hours – Saturday clinics proposed (1b); Continued weekly performance meetings and validation of CHOICE assessment and waiting times demand and capacity; Expressions of interest sought for Clinical CTP Lead for Care and Treatment planning to ensure the quality of CTPs and completion in a timely manner.	Divisional Assurance meetings / PCAMHS performance meeting
CAMHS Neuro-developmental (ND) Service 80% target of completing ND assessments within 26 weeks	Continued implementation of the CAMHS recovery plan with a particular focus on: Workforce plan – including recruitment of assistant psychologists during, Speech and Language Therapists, and additional community Paediatrician sessions to increase capacity; Pan-Gwent pathway to be developed and merged into one multi-disciplinary group including the membership from a community paediatrician, speech and language therapist and psychologist with training and experience in working with ND children and young people. This will provide a single point of access for referrals to the autism team.	Divisional Assurance meetings

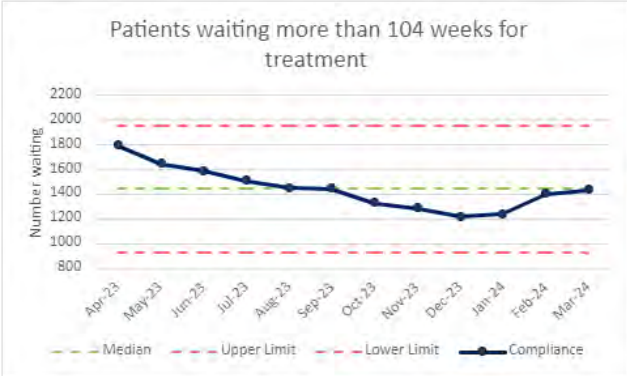
Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area, particularly in relation to maximising an individual's time. The outcomes and performance set out below underpin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

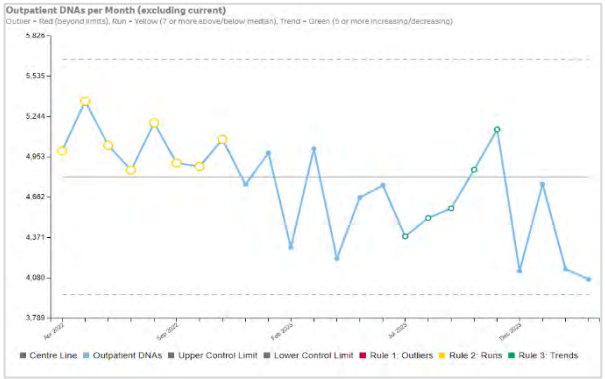
Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well										

Maximising an Individual's Time-Planned Care

Maximising an individual's time is a core element of planned care. During the Junior Doctor Industrial Action on the 25th-29th March 2024, a total of 1,361 outpatient appointments and 152 treatments were cancelled and this loss of capacity has had an impact upon performance levels. The Health Board has made good progress towards eliminating waits of over 156 weeks for treatment, with 10 patients waiting at the end of March 2024 compared to the March 2023 position of 553. Improvements have also been made with 104 week waits for treatment which has reduced from 1,935 in March 2023 to 1,430 at the end of March 2024. Despite this reduction, the Health Board remains off track to meet the Quarter 4 104-week treatment trajectories by 1,184.



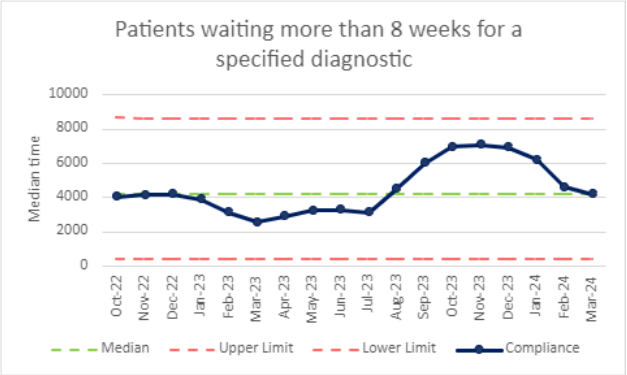




There is a particular challenge within ENT where demand has outstripped capacity, along with reduced outpatient capacity. A 'GP gatekeeper model' has been introduced and is being piloted to review demand with the purpose of managing demand in the most appropriate way, and early indicators show that the additions to the waiting list have reduced. Ophthalmology have launched a new technician diagnostic hub to address the backlog of Glaucoma patients on the follow-up waiting list, with a particular focus on those waiting over 100% past their follow-up target date.

Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus of the Planned Care Programme. At the end of March 2024, there were 2,169 patients waiting over 104 weeks for a first outpatient appointment. There is mixed progress across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory. There are extensive recovery plans in place across ENT and Urology including a clinical review of patients on the waiting list along with other solutions (e.g. audiology) supporting ENT and a focus on improving treat in turn prioritisation across all specialities. However, despite plans being implemented it is likely to take time to recover the 104-week position, although significant improvements have been noted within the ENT 52-week position due to the implementation of the recovery plan.

The outpatient transformation programme is focussing on the outpatient Did Not Attend (DNA) plan, of which the current rate for new outpatient appointments has been sustained at 6.1% (4,070) in March 2024. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

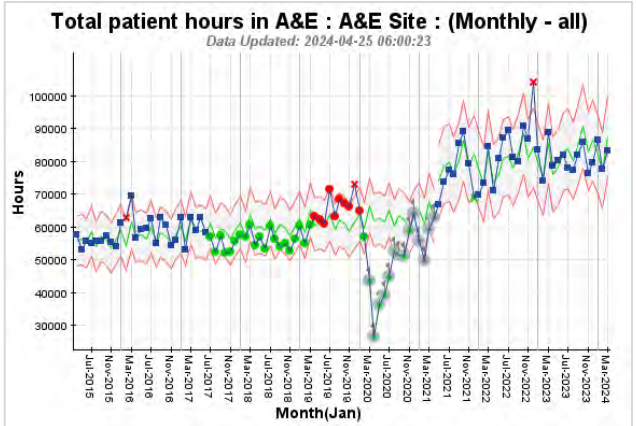


Maximising an Individual's Time - Diagnostics

The overall eight week diagnostic breach position has seen an improvement since November 2023. Key areas in diagnostics include:

- Royal Gwent Hospital endoscopy unit opened in November 2023, with the purpose to sustain services and reduce backlog of those waiting. The impact of this investments has resulted in the number of people waiting at the end of March 2024 reducing to 1,368, compared to 1,890 (Nov 23);

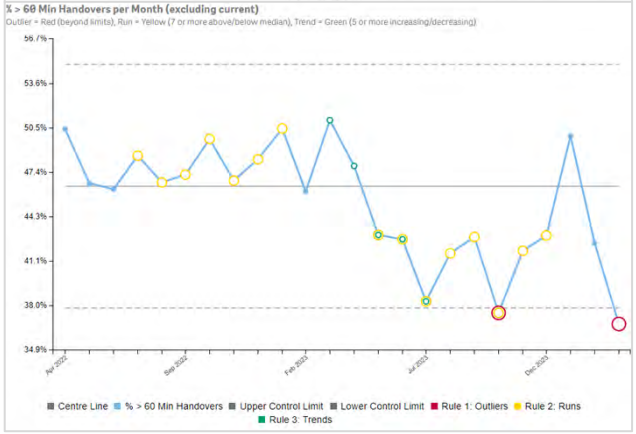
Radiology diagnostics patients waiting over 8 weeks has decreased from 3,802 (November 2023) to 1,600 (March 2024);
Cardiology position has been maintained at 206 breaches in March 2024.



Maximising an Individual's Time- Urgent Care

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

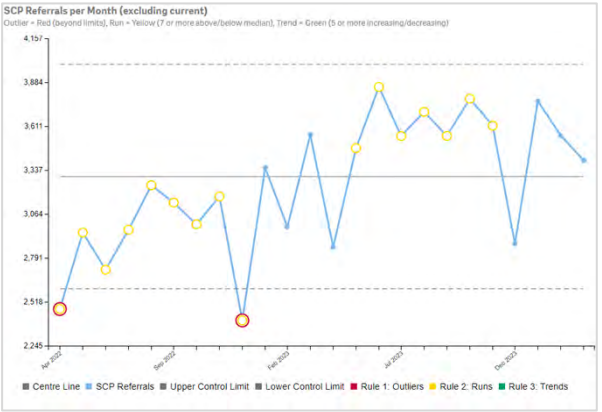
Over the last three months, there have been on average 501 daily attendances to the Emergency Department or a Minor Injury Unit, compared to 422 during the previous quarter, and the pressure on the urgent care system has resulted in patients staying in hospital for longer. The average time from arrival to departure in the GUH Emergency Department continues to be above target, with the total number of patient hours spent in A&E increasing significantly above pre-covid levels as the chart on the right demonstrates. The number and rate of patients waiting over 60 minutes to be transferred to the Emergency Department from an Ambulance increased during the winter period and peaked in January 2024 (1,537 – 44.7%). However, this has since reduced significantly during March 2024 (1,107 – 36.7%) to the lowest levels seen over the last two financial years. Whilst this remains high, as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers.

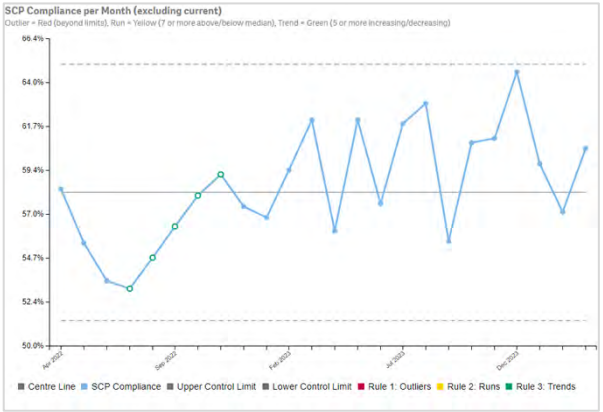


Despite the extreme pressures upon the urgent care system, the performance measures of patients waiting fewer than four hours in ED has been maintained during the winter period and last quarter, and is currently reported at 73.8% (March 24) against a target of 73%. The most recent national performance data reports that the Health Board's performance is higher than the Welsh average of 68%. Patients waiting over 12 hours in Emergency Departments was 1,477 in March 2024, compared to 1,588 in January 2024.

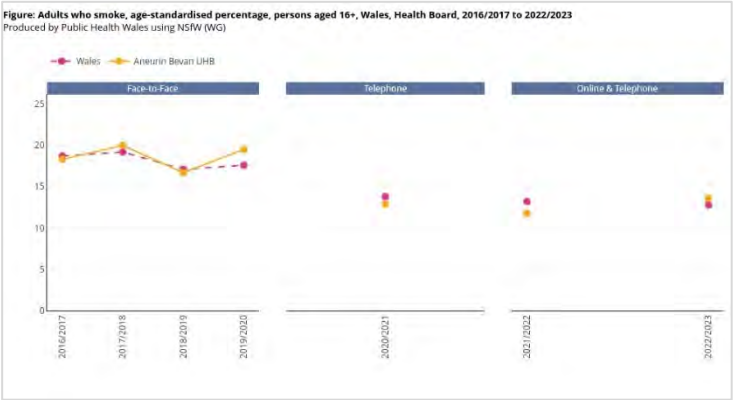
Maximising cancer outcomes

Compliance against the 62-day target for definitive cancer treatment has decreased from 62.9% at the end of December 2023, to 60.8% in Jan 2024. This is behind the performance ambition set in the IMTP. Drivers for this include the significant increase in demand alongside the focus on reducing the over 62 day waits, which will affect compliance. Significant increases in demand relating to the suspected cancer referrals have continued to exceed 3,500 referrals per month compared to pre-covid levels of 2,500.





The number of SCP treatments undertaken has increased by 5.5% over the last 12 months and is continuing to increase month by month. Despite the pressures of increased demand and capacity challenges, there has been an improving position in the number of patients waiting over 62 days over the last 6 months, with 388 waiting over 62 days at the end of September 2023 compared to 346 at the end of March 2024.



Adults living healthily and aging well.

Lifestyle factors such as diet and physical activity are closely associated with chronic health conditions such as cancer, diabetes, obesity and cardiovascular disease. The outcome 'Adults living healthily and aging well' has seen a deterioration in the measure of the percentage of adults smoking. The rate has increased to 13.6% in 2022/23 compared to 11.8% in 2021/22 and is higher than the national average.

Over the next year the Health Board will be developing a cardiovascular disease risk assessment programme to tackle preventable cardiovascular disease focusing on behavioural risk factors including smoking which is the second highest risk factor following hypertension. This will be a holistic assessment and support model deployed across the neighbour care networks in Gwent.

Mental Health in Working Adults

Mental wellbeing and life satisfaction result in better subsequent health outcomes on some physical health indicators, health behaviours and psychosocial indications, including depressive symptoms. Mental wellbeing remains a key priority for the organisation and sustained performance levels have been observed in the 'improved mental health resilience in adults' outcome. As of Feb 2024, 68% of Health Board residents over 18 in receipt of secondary mental health services have a valid care and treatment plan. There are concerns on the provision of assessment by mental health service within 28 days from referral which

is currently at 17.1% (Feb 24) and interventions less than 28 days from assessment which is currently 7.3% both areas are being addressed in a 90 day action plan monitored by Executive Committee to ensure targeted assurance.

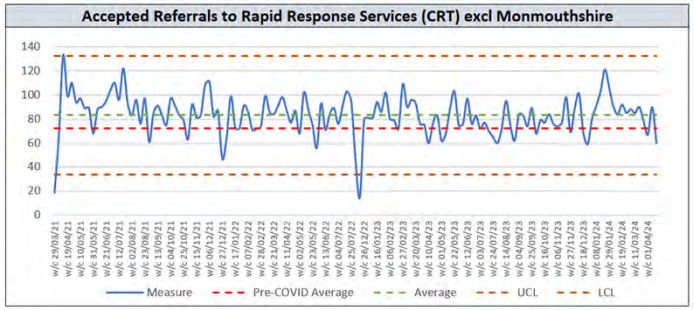
Priority 3 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Reduction in the number of patients waiting more than 156 weeks for treatment	Targeted approach for T&O and ENT to maintain improvements in December 2023 position. 85% theatre utilisation in Max Fax and Ophthalmology drive for 24/25; Treat in turn – speciality specific targets to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 position. ENT - agreed funding for additional activity to support longest waiters (treatments and outpatients)	Divisional Assurance meetings
Patients waiting over 104 weeks for a first outpatient appointment	Actions in the challenged services include: ENT – joint model with audiology, GP review of lists, treat in turn rates; Ophthalmology – progress with regional solution to increase capacity for cataract outpatient and inpatient stages; Spines - a lower backpain pathway is in development between MSK therapy and orthopaedic services. This work has already redirected patients from the spinal waiting list to the physio waiting list; Increased volume lists (colorectal UGI) and increase productivity; Continuation of outsourcing of Ophthalmology patients during Quarter 1 through spa medica and Vanguard.	Divisional Assurance meetings
Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	Optimal pathway work to reduce volume of breaching patients through reviewing capacity scheduled with specialities, with a particular focus on Urology, Gynaecology, Head & Neck and Lower GI. Close working with Radiology regarding Accelerated Imaging and Pathology regarding turnaround times. Continued rollout of Did Not Attend (DNA) reduction pilot schemes Joint working with tertiary centres on shared pathways	Divisional Cancer Weekly Assurance meeting
Maximising and Individual's Time- Diagnostics	Radiology continue to prioritise clinically urgent cases and maternity ultrasound	Divisional Assurance meetings
Maximising and Individual's Time- Urgent and Emergency Care	Enhanced monitoring improvement plan in place focusing on: o ED actions on triage time and wait to see a clinician, o Assessment models to facilitate timely ambulance handover	Enhanced monitoring arrangements

	o Actions in the 6 goals programme including Acute Frailty model	
Assessment by mental health service within 28 days from referral	90-day improvement plan in place with targeted actions to address part 1 performance.	Executive Committee via escalation arrangements
Interventions <28 days following assessment by mental health service	Embedding of mental health services in Neighbourhood care networks continues in piloted areas with a view to expand across all boroughs. Further progress matched care model and implementation of therapy pathways.	Executive Committee via escalation arrangements

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

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Jan-24	392	Mar-24	377	Deteriorated	Deterioration in indicator during Quarter 4 by 3.8%, however IMTP target remains met.
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Jan-24	71	Mar-24	76	Similar	Sustained levels in the number of accepted referrals between Jan 24 (71) and Mar 24 (76).
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1297	1000	Jan-24	1539	Mar-24	1738	Deteriorated	Significant increase in the number of emergency admissions by 12.9% between Jan 24 and Mar 24.
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q3 2023/24	55%	Q4 2023/24	55%	Similar	Statistically similar to last reported position.

The indicator values for '**Delivering Care Closer to Home'** outcome are mixed. As of March 2024, there were 377 accepted referrals to the Rapid Response Services and 76 to the Reablement & Falls Services. Goal 1 of the Urgent & Emergency Care Transformation programme has progressed the development of redesign of frailty services, including a Nurse-led Acute Frailty Response team at the Grange University Hospital (GUH) front door and the expansion and capacity build across Community Resource Teams via RPB funding to enable people to remain at (or close to) home, where this is safe and appropriate.



The outcome **'Reducing admissions and time spent in hospital'** has seen mixed progress, with the number of emergency admissions for over 65 years of age increasing during Quarter 4 and currently reported at 1,738 at the end of March 2024. The indicator 'decrease in the length of stay over 21 days' has remained statistically similar to the previous reported position of 55% in March 2024, which has resulted in the IMTP target of 55% being met.

Priority 4 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Increase in accepted referrals to Rapid Response Services (CRT)	Infrastructure in place to commence the implementation of findings of CRT review (principles work) that aims to optimise and standardise offer across ABUHB footprint.	Divisional Assurance meetings Six Goals for Urgent & Emergency Care
Increase in accepted referrals to Reablement & Falls Services (CRT)	Redesign of services for older people programme taking forward actions to increase referrals to reablement and falls. Development of a consistent offer across Gwent monitoring service availability across the Health Board and relevant Local Authorities.	Divisional Assurance meetings Six Goals for Urgent & Emergency Care
Reduction in the number of Emergency Admissions >65 years of age	Plan to implement an Acute Frailty Unit (AFU) are underway with appropriate stakeholders. Realigning resource to provide daytime Urgent Primary Care support and utilisation of HCSWs to support keeping patients at home.	Divisional Assurance meetings Six Goals for Urgent & Emergency Care

Priority 5

Dying well as a part of life

Our Outcomes:

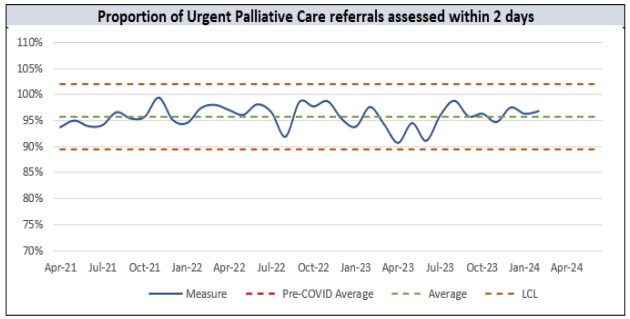
Improved end of life care experience

Improved planning and provision of end of life care

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

Priority	Outcome Description	Indicator	Baseline Value	IMTP Target	Last reported position (Jan 24)		Current reported position (Mar 24)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q3 2023/24	1.8%	Q4 2023/24	2.1%	Deteriorated	Increase in inpatient mortality rate from 1.8% in Q3 23/24 to 2.1% in Q4 23/24.
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Dec-23	156	Feb-24	183	Improved	Indicator has increased significantly by 17% between reporting periods.
		Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Dec-23	97%	Feb-24	97%	Similar	Despite significant increase in referrals, the propotion of Urgent Palliative Care referrals assessed within 2 days has been sustain and compliance with target remains.

Progress against all two of the outcomes of this life course priority vary. For the outcome measure **'Improve care at the end of life'**, it is recognised that the relationship between mortality rates and the quality of patient care is a complex one. For this reason, the indicator 'decrease inpatient mortality rate' is used as a measure and trigger for further investigation, understanding that it may not indicate any deficiency in the quality of care. The rate in inpatient mortality increased slightly from 1.8% during Quarter 3 to 2.1% during Quarter 4.

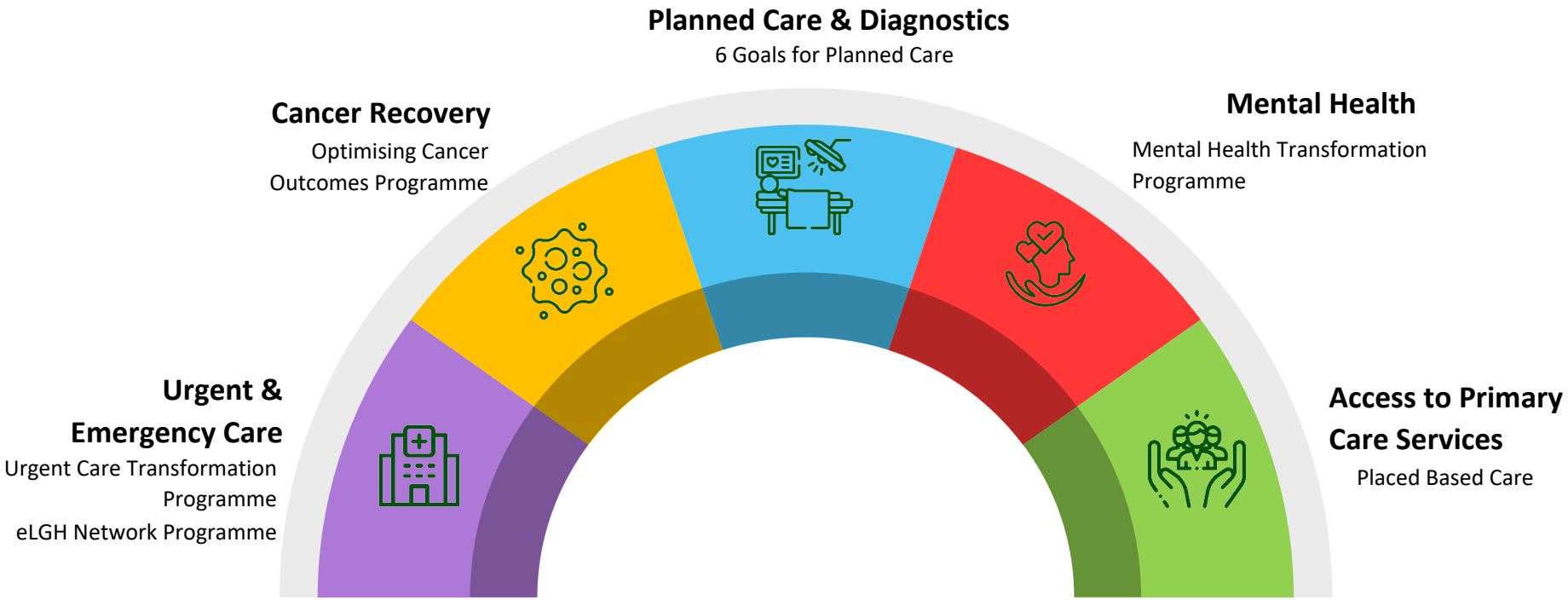


Good progress has been made within the outcome **'Improved planning and provision of end-of-life care'**, with the number of referrals to palliative care services increasing significantly from 156 (Dec 2023) to 183 (Feb 2024). Despite this increase, the proportion of urgent palliative care referrals assessed within 2 days has been sustained at 97% and the IMTP target remains met. Over the next year we will implement the National Bereavement Pathway for Wales, including the development of a single point of contact for death and offer surveys to bereaved people to obtain feedback on the quality of support received.

Priority 5 Improvement Actions		
Indicator	**Improvement Action**	**Monitoring Arrangement**
Increase in referrals to Palliative Care Services	Continued collaborative approach to advanced care planning programme working with primary care, secondary care, care homes and voluntary sectors, driven by the End of Life Care delivery plan to raise awareness.	Divisional Assurance meetings

3. PROGRESS OF PRIORITIES

This chapter of the report updates on delivery against the Ministerial Priorities and Clinical Futures programmes. There is a high degree of synergy between the Ministerial Priorities for 2023/24 that are designed to support a swift recovery of business as usual and to reduce growing waiting lists and waiting times. All priorities are underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services. This chapter provides a quarterly update on progress made against key milestones, planned actions for the next quarter and measurement against trajectories.



3.1 URGENT AND EMERGENCY CARE

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

Ministerial key focus should be on delivering:

Honour commitments that have been made to reduce handover waits.

Reduction in backlog of delays transfers of care (Pathways of Care).

Implementation of Same Day Emergency Care services.

Where we are now:

Ambulance Handovers: Ambulance handovers over 1 hour at 1,107 in March 24 compared to 1,537 in Jan 24.

Delayed Transfers of Care (DTOC): DTOCs reduced from 264 in Nov 23 compared to 232 in Mar 24.

Same Day Emergency Care: volume sustained during Q4 with weekly average of 138 attendances at GUH and 49 at YYF.

Quarter 4 update against actions & milestones

Goal 1:

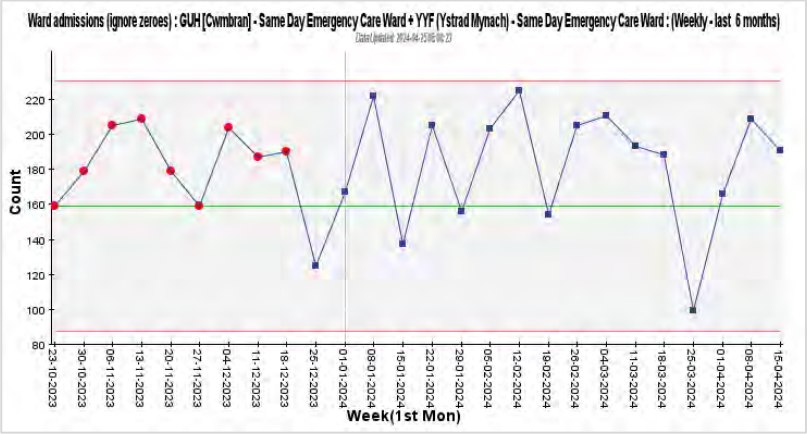
Acute Frailty Response (AFR) Team launched and substantive staff recruitment underway.

Community Response Team (CRT) Work commenced to bring together GUH front door teams including service delivery and evaluation (AFR, CAATT, Home First, AMU SAS Dr).

Care Home workstream established and Luscii technology pilot in care homes agreed (pending start date).

Goals 2, 3 and 4:

Same Day Emergency Care patient volume sustained at an average of 138 weekly attendances at GUH and 49 at YYF.



Reducing Conveyance Collaborative Workshop with WAST held on 19th February 2024 to discuss opportunities including strengthening falls response in community and a 111 first pathway.

Urgent Primary Care Demand: Analysis completed to understand the increase in demand from Primary Care at start of 2024. Single phone number for Urgent Care launched February 2024.

Flow Centre Transitioning to a Nurse led model.

Fracture Liaison Service development funding received.

Goals 5 & 6:

Step Down Improvement Optimising Hospital Flow Framework Refresher training being delivered as part of a development programme. Patient Safety Events continue at GUH with a specific focus on patients planned for step down.

Hospital 2 Home team now fully appointed, working with Monmouthshire and Newport Localities.

Discharge/Transfer Lounge Royal Gwent Hospital (RGH) Discharge Lounge Capital works complete and leadership role appointed. NHH Discharge Lounge now operating under new pull model. Modelling undertaken for GUH Discharge Lounge

Optimising Patient Flow Discharge to Assess digital solution piloted across three wards, wider roll out now underway. Two Future Flow Design workshops delivered, and two areas of work identified – bed allocation and workforce model.

Enhanced Local General Hospital Configuration:

Relocation of two wards and repurpose of one ward at St Woolos Hospital (SWH) to RGH, end of February 2024.

NHH Clinical Service Model, series of workshops planned for Q1.

Medical Model Workshop held on 15 April 2024, to scope the optimal clinical model for acute emergency admissions.

Joint clinical and operational workshop with Velindre to scope opportunities and model for SACT outreach services (critical to inform NHH future size and scope)

Planned actions & milestones for next quarter

Goal 1:

AFR Team to undertake a formal 3-month evaluation, complete recruitment and agree Phase 2 plans (including plans to further draw together front door teams).

CRT acceptance of referrals to 5pm to undertake additional data interrogation and consider implications for staffing cohorts e.g., changes to demand on Therapies. Further engagement with referrers to encourage increase in referrals planned.

Care Homes Formally commence of Luscii Technology Pilot.

Goals 2, 3 and 4:

Same Day Emergency Care/Ambulatory Care to hold a workshop with stakeholders to agree an approach to strategy design. Bring together project teams from across six goals to improve service offer for older people.

ED Main Wait and e-Triage pilot re-start at a slower pace over 3 weeks. Complete GUH ED attendances re-audit for Primary Care for appropriateness of referral.

Flow Centre Development to develop proposals following WAST Collaborative. Review advanced paramedic practitioner models in other Health Boards to explore if such model could enhance our existing structure of navigation.

Goals 5 & 6:

Patient Safety Team to roll out weekly Patient Safety deep dives in RGH and agree new format for future GUH step down events.

Discharge/Transfer Lounge to implement changes to performance and function of RGH/NHH Discharge Lounges. 'Road map' for delivery of proposed GUH Discharge Lounge extension. Develop business case, workforce model and metrics to inform decision.

Step Down Improvement to submit revised transfer/hand over document for sign off by the Executive Committee.

Hospital to Home to work with all Localities to spread and scale Hospital 2 Home service.

Ready to Go Unit to be opened at RGH.

Data and Digital to complete the Discharge to Assess digital solution roll out and finalise reporting arrangements.

Enhanced Local General Hospital:

NHH Clinical Service Model – Scheduled Care and Family and Therapies workshops to be held in May and June 2024

Plan for further bed reductions across sites, aligned to the Clinical Futures model.

3.2 CANCER RECOVERY

Why is this a priority? Cancer outcomes need to be improved. The Single Cancer Pathway, supported by Optimal Cancer Pathways for individual tumour sites, provides the roadmap to shorten diagnostic and treatment pathways once a person is suspected as having cancer. The Cancer Strategy, Delivering a Vision 2020-25, sets out the broader context with prevention, early detection, patient experience, living and dying with cancer, cancer research and access to novel therapies also key components to transforming cancer services for our population.

Ministerial key focus should be on delivering:

Reduction in backlog of patients waiting over 62 days, to enable delivery of 75% if patients starting their first definitive cancer treatments 62 days.

Implement the agreed national cancer pathways within the national target, demonstrating annual improvement towards achieving target by March 2026.

Where we are now:

62 days: 60.8% achieved in Mar 24 against forecasted target of 75%.

Quarter 4 update against actions & milestones

YYF Breast Centre on Monday 5th February 2024, the brand-new Breast Care Unit at Ysbyty Ystrad Fawr welcomed Gwent patients for the very first time. This resulted in an improvement of the single cancer pathway compliance for Breast in March treating a total of 47 patients.

Acute Oncology Service Bevan Commission project between VCC treatment helpline and ABUHB Acute Oncology Service and SDEC teams has been completed and the report and poster submitted

Public Health Inequalities Workshop was held in January and subsequent paper and Inequalities Action Plan have been produced and agreed by Cancer Board in March 2024.

SACT Outreach Partnership A SACT Outreach Workshop was held between with Velindre Cancer Centre in February 2024.

Enhanced Psychological Programme for those living with and beyond cancer/person successfully recruited a Clinical Psychology Lead in March 2024.

Radiotherapy Satellite Centre Estates and Facilities meeting between the Health Board and VCC to discuss operational modelling held.

Planned actions & milestones for next quarter

SACT Outreach Partnership to develop Project Initiation Documentation and workstream model.

Public Health Inequalities reducing Cancer Inequalities Group inaugural meeting to be held in April 2024. Patient website development continues in readiness for launch.

Workstreams for pathway improvements, including National Optimal Pathways, Task and Finish Groups continue.

Continued development of Regional Cancer Work, in particular around data.

3.3 PLANNED CARE AND DIAGNOSTICS

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

Ministerial key focus should be on delivering:

Implementation of regional diagnostic hubs, to reduce waiting times and meet waiting time ambition in Spring 2024.

Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary.

52 week Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT.

Address capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025.

Where we are now:

Straight to test: implementation of bladder cancer STT service in progress.

52 Week Outpatients: 14,846 against a target of 9,802.

104 weeks treatment: 1,430 against a target of 0.

Capacity Gaps: Improvement in job planning of junior doctors to increase capacity.

Health Pathways - Health Pathways launch date of 19th April 2024 agreed with first 50 pathways. Phase 2 pathways allocated, to be reviewed against national and local priorities. Project manager commenced in post.

Patient Access and Activation Welsh Government funding confirmed for 2024/25. Recruitment of Call Handlers ongoing, along with communication to raise awareness of the service.

Outpatients Welsh Government part-funded RGH OP Treatment Unit until March 2024. Business case drafted for full funding of the unit. Work ongoing with DHCW to progress Automated Clinical Booking System on MS Teams App.

Diagnostics Continuing to engage in regional diagnostic developments e.g. CDH, Path and Endoscopy.

Theatres Embedding new dashboard through scheduling meetings and performance reporting. Draft data pack from GIRFT shared, and work progressing on data quality issues.

Planned Care Academy 3 workstreams are progressing objectives (e.g. draft training plan has been developed)

Planned actions & milestones for next quarter

Health Pathways continue to develop pathways and launch is planned for 19th April 2024. Workplans being finalised for 2024-25. Delivery of Comms & Engagement plan continues to realise opportunities for embedding Health Pathways across the Health Board

Patient Access and Activation Engagement sessions being planned and engagement awareness sessions e.g. LMC, Outpatients Steering Group are ongoing.

Outpatients – Business Case for Outpatient Treatment Unit developed and going through governance in March for Executive Committee approval.

Theatres developing project document to outline scope of work and support delivery of key milestones over the next year.

Planned Care Academy – Develop and agree training plans for forthcoming year including the development of planned care career pathway in more detail.

Deep Dives into three challenged surgical specialities of ENT, orthopaedics and ophthalmology

3.4 MENTAL HEALTH AND CAMHS

Why is this a priority? The detrimental impact of COVID-19 on the mental health and wellbeing of our population has been significant. Demand is likely to exceed capacity threefold over the next three to five years. Demand for mental health and CAMHs services is sharply increasing and we need to find ways of supporting people earlier to better support crisis prevention and recovery.

Ministerial key focus should be on delivering:

Implement 111 press 2 for urgent mental health issues (24/7)

Recover waiting time performance to performance framework standards of 18+ LPMHSS assessment and intervention.

Recover waiting time performance to performance framework standards for Specialist CAMHS.

Recover waiting time performance to performance framework standards of under 18 LPMHSS assessment and intervention.

Where we are now:

18+ LPMHSS: Sustained position of 68% in Mar 24.

CAMHS: 100% in Mar 24 CAMHS choice referrals compared to 87.5% Dec 23.

Under 18 LPMHSS: 74.8% in Mar 24 compared to 63.2% in Apr 23.

Quarter 4 update against actions & milestones

All planned quarter 4 milestones for **implementation of 111 press 2** are off track due to capacity constraints impacting on delivery of service improvements. Emergency funding from Welsh Government is being used to deliver core service. The move of the service into new accommodation is being considered as part of wider organisational work on estates.

Hub based model operating across Neighbourhood Care Network (NCN) areas is significantly off track as funding constraints impacted estates availability. At present this is on hold until other avenues that require less investment can be agreed.

The Welsh Community Care Information Systems (WCCIS) backlog continues to be reduced.

Further progressed is being made regarding the **Matched Care Model.**

Weekly performance meetings continue and are responsive to the demand ensuring effective use of capacity.

CAMHs have surpassed 80% compliance for **CHOICE (New referrals) to assessment within 28 days** for Quarter 4 at 100% compliance. Monthly demand and capacity review undertaken to ensure that job plans have sufficient capacity to meet CHOICE demand. Continued implementation of workforce plans including efficient recruitment into vacancies.

PCAMHS is continuing to flex capacity to meet the **Initial Assessment Part 1A 80% target** with March 24 position 78.12% despite significant vacancies and workforce deficits.

Under 18s Initial Assessment Part 1B recovery plan continues to be implemented making reasonable progress.

Planned actions & milestones for next quarter

Initial Assessment and Intervention by LPMHSS continued implementation of recovery plan towards Welsh Government targets.

Explore funding options for **hub-based model** across Neighbourhood Care Network areas.

To maintain over **80% RTT Target Compliance for New Choice referrals to assessment within 28 days** - CORE CAMHS and CET ED Teams

CCIH to continue to work closely with Gwent wide SPACE Wellbeing partners and continue to hold weekly performance meetings to review capacity and demand and expedite potential breachers.

PCAMHS Initial Assessment Part 1A maintain steady state RTT 80% Target and **PCAMHS Initial Intervention Part 1B Recovery.**

melo

3.5 ACCESS TO PRIMARY CARE SERVICES

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

in this together
yn hwn gyda'n gilydd

Quarter 4 update against actions & milestones

Ministerial key focus should be on delivering:

Improved use of community pharmacy.
Increase access to dental services.
Improved access to GP and Community Services.
Improved use of optometry services.

Where we are now:

Community Pharmacy: 4,866 claims under common ailment scheme during 23/24, compared to 2,962 during 22/23.

Dental Services: Weekly average of 688 community dental attendances during 23/24, compared to 644 during 22/23.

UPCC: 9,916 contacts in Mar 24 compared to 9,469 in Dec 23.

Optometry Services: Monthly average of 4,090 claims for Eye Health Examinations Wales during 23/24, compared to 3,416 in 22/23.

Professional Collaboratives formalised governance arrangements for professional collaborative leads and agreed priorities for each professional collaborate.

Access Standard – 100% of GP practices have reported access standards quarterly.

Community Pharmacies has demonstrated continued success achieving a 46% increase in common ailment consultations over this year.

Continuing to progress the units and levels of patients accessing NHS and **Community Dental Services-** over this year 325,904 patients have received dental care of which 24,182 were new Patients. Development of new dental contract as part of Tredegar Development is currently in progress and on track to open on 1st April 2024.

Supported the roll out of Wales National Workforce and Reporting System (WNWRS).

Development of a **Palliative Care** Medical Champions Programme

Pharmacy career pathways defined and scheduling of phase 1 undergraduate MPharm student placement scheme

Urgent Primary Care contacts increased by 22% from 2022-23 to 2023-24

All Managed **GP practices** transferred to independent providers from 1st April 2024

Wellbeing collaboratives continues to be developed alongside **NCN**s.

Planned actions & milestones for next quarter

Development of **Professional Collaboratives** induction toolkit.

Commence implementation of 2024/25 localised delivery projects

Engagement and delivery of **NCN** workforce planning programme

Develop a plan to establish a range of services identified as best delivered at a NCN level or for a pan- NCN population.

Increase number of Pharmacy Independent Prescribing Service (PIPS) in **Pharmacy**.

Continue to progress the units and levels of patients accessing NHS and **Community Dental Services** and Contract monitoring to ensure all Dental practices are meeting standards.

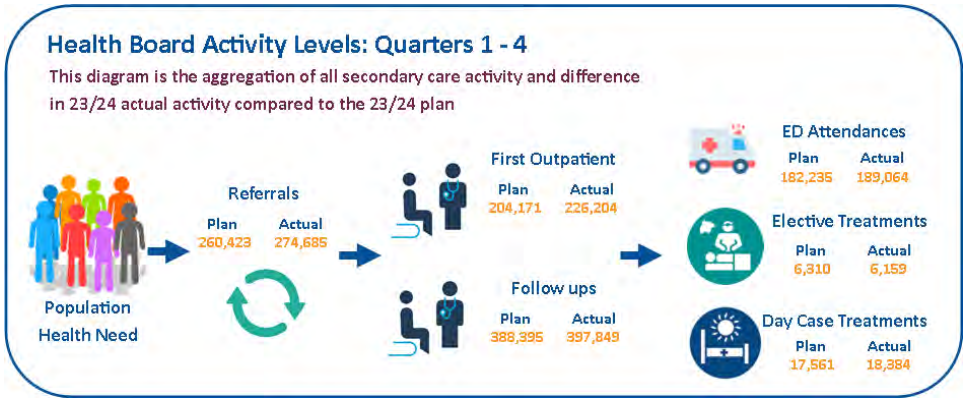
Continue development of information resources / service directories to facilitate collaborative working between GP Practices with Urgent Care Teams, Frailty Consultants, Allied Health professionals, Nursing Teams and other services.

Implementation of the contract requirements for **Wales General Ophthalmic Services (WGOS)** in 2024/25 and Contract monitoring to ensure all Optometry practices are meeting performance standards (including WGOS activity)

Scoping remote care service for patients with uncontrolled hypertension for 2024/25

4. IMTP PLANNING SCENARIO

In line with Welsh Government IMTP requirements, the organisation submitted a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information and this information is reviewed quarterly.



The planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressures on the availability of capacity due to delayed discharges and length of stay. Outpatient and inpatient treatments were ahead of projections, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand. During 2023/24:

Referrals were slightly higher than forecasted.

Both new and follow-up outpatient levels have been operating significantly above forecasted levels. This is particularly noted in a number of specialties including: Cardiology, Dermatology, Gynaecology, Neurology, Rheumatology, T&O and Urology.

In its totality, treatment activity is operating above the forecasted scenario, despite staffing challenges and urgent pressures. This is attributed to the significant drive to increase activity levels to meet demand and reduce waiting times.

Waiting Lists	Urgent Care	Primary Care	Bed Plan
The Health Board continues to make progress reducing the number of the longest waiting patients for planned care treatments and outpatient appointments. With the rate of referrals and current focus on treat in turn, there is a risk of greater wating list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity.	Overall, the Quarter 4 forecasts were aligned with the actual activity for ED attendances with a total of 45,620 attendances during the quarter across all sites. Emergency attendances are the same as the forecasted position and therefore forward projections will not be amended.	GMS activity levels have gradually started to decrease from April with more face-to-face activity and is currently ranging between 17,000 – 20,000 a week. Increased demand is reported by practices. GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment Units have increased against pre-covid level.	The bed plan has continued to follow the overall expected occupancy levels and demand patterns. Medicine Division have running at 99% occupancy against their bed plan and the Community Division at 107%. Beds occupied by patients cared for by Care of the Elderly was in line with the forecast and continues to drive the need for additional inpatient capacity which presents associated workforce challenges.

5. SUMMARY

Of the 41 indicators included in the Outcomes Framework, 21 have newly available data to be reported upon during this quarter. 14 of the 21 measures have either improved or are statistically similar and 7 indicators have deteriorated since the last reporting period. The outcome measures for every child has the best start in life are broadly stable since quarter 3. Progress in improving Mental health Resilience in Children and Young Adults remains mixed. Improvements have been observed in Primary Care CAMHS 1a performance significantly to 100%, surpassing the ministerial target of 80%.

In relation to our adult population, progress is mixed. In longer term outcomes, we are sustaining progress in improved Mental Health resilience. Our compliance in the number of patients starting cancer treatment within 62 days has slightly deteriorated since quarter 3. For making the best use of an individual's time, we have improved our position for the urgent and emergency care system metrics however we still have a considerable number of patients wating for planned care procedures and this position has deteriorated since quarter 3. This demonstrates the importance of the Ministerial priorities and Clinical Futures programmes in focussing upon urgent care, planned care and services for older people. Similarly, in relation to supporting people to live well in the community, the system is holding too many patients in hospitals, and this is a key focus area for our population.

Across both the Ministerial and Clinical Futures there are noted key achievements that deliver system change coupled with enabling actions to improve service delivery and ultimately patient outcomes. There continues to be high demand on service which is evidenced in performance against forecast in areas. We continue to work in partnership to deliver regional solutions for planned care and cancer. Our six goals and E-LGH programme continue to embed system change that to deliver the right care in the right place at the right time. Performance remains challenging within our Mental Health services with enhanced governance and scrutiny in place to ensure we deliver against the agreed quality improvement plan. Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number new patients accessing NHS Optometry services has increased.

This Quarter 4 assessment sets out the organisation's understanding of its system. The plan remains robust and the priority decisions made in the IMTP remain valid areas of focus of the 2024/25 annual plan.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Executive Commttee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jenny Winslade - Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Kelly Downes - Deputy Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Board is required to consider and have due regard for the duty on them, under Section 25A of the Act, to provide sufficient nurses to allow time to care for patients sensitively wherever they are receiving nursing services. The report, therefore, outlines the actions taken to comply with Section 25A of the Nurse Staffing (Wales) Act.

This report covers the period April 6th, 2023, to April 5th, 2024, and summaries the outcomes of the Bi-annual Spring and Autumn nurse staffing re-calculations, as well as the exceptional re-calculations following the reconfiguration of Stroke services.

Cefndir / Background

The Nurse Staffing (Wales) Act (NSLWA) became law in 2016. The Act sets out the Health Board's overarching responsibility to ensure robust workforce plans are in place to make provision for appropriate nurse staffing levels and ensure sufficient nurses are provided to allow nurse's time to care (Section 25A). This requirement extends to all care environments whereby NHS Wales provides or commission a third party to provide nurses.

Further duties, Sections 25B and 25C, came into effect from April 2018. The responsibility for meeting the requirements of the Act applies to staff at all levels with the Board and the Chief Executive being ultimately responsible for ensuring compliance with the Act.

Section 25E of 'the Act' requires Health Boards to report their compliance in maintaining the nurse staffing levels for each acute medical, surgical, and paediatric in-patient ward. The report provides ongoing assurances on the approach, mechanisms, monitoring, and management of risks relating to Nurse Staffing Levels and the overall compliance with the requirements of 'the Act' over the past 12-month period.

Asesiad / Assessment

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses required and staff to whom nursing duties have been delegated by a registered nurse to deliver the planned roster. It is acknowledged there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment; however, these staff are not included within the data for this report.

Themes from the Spring re-calculations, identified high acuity, and enhanced care needs of patients on the Care of the Elderly wards. A need to increase HCSW by night was identified on four medical wards, but changes were put on hold in view of the reconfiguration of the Stroke service. However, the Executive Committee agreed planned roster amendments on D2W RGH and Bedwas Ward YYF.

Following the Autumn re-calculations, the planned rosters to most wards were deemed appropriate to meet the needs of patients. The Scheduled Care division made cost neutral adjustments to rosters by reallocating the nurse pool resource to the wards and small savings were made to an elective surgery ward (D2E) by reducing HCSW's by night.

Exceptional re-calculations were undertaken on four wards in January /February 2024 on completion of the Stroke service re-configuration. As a result, the only changes to planned rosters involved cost neutral transition to the Core Care model on Oakdale, a newly designated Stroke rehabilitation ward.

The information below outlines the work that has been completed over the past 12-month reporting period; 6th April 2023 to 5th April 2024:

Date	Position	Status
March/ April 2023	Spring recalculations based on January Acuity Audit and challenge and support meeting held with the Nurse Director on January acuity recalculation	Completed
May 2023	Annual Assurance Report 2022-23 on compliance with the Nurse Staffing Levels (Wales) Act 2016 presented to Board	Completed
June 2023	June Acuity Audit Undertaken	Completed
October/ September 2023	The Autumn re-calculations undertaken based on June Acuity audit and challenge and support meetings held with Nurse Director.	Completed
November 2023	Mandatory Annual Presentation 2022-23 report on compliance with the Nurse Staffing Levels (Wales) Act 2016; paper taken to Board	Completed

January /February 2024	Exceptional re-calculations were undertaken on four wards on completion of the Stroke service re-configuration.	Completed

Argymhelliad / Recommendation

The Board is asked to formally receive and NOTE the information contained within the Nurse Staffing Levels (Wales) Act 2016 Annual Assurance Report 2023-24.

This report does not come with an additional financial request and is for Assurance only.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 5. Timely Care 3.1 Safe and Clinically Effective Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Nurse Staffing Levels (Wales) Act 2016
Rhestr Termau: Glossary of Terms:	25A Duty to have regard to providing sufficient nurses. 25B Duty to calculate and take steps to maintain nurse staffing levels. 25C Nurse staffing levels: method of calculation 25D Nurse staffing levels: guidance

	25E Nurse staffing levels: report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well, Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

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Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee			
Health board/trust	Aneurin Bevan University Health Board (ABUHB)		
Date annual assurance report is presented to Board	Presented to Board 29 May 2024 This report includes data from April 6th, 2023- April 5th, 2024. *This annual report refers only to year 2023/ 2024* but this report forms part of the 3 yearly assurance report that will be presented to Welsh Government in October 2024 for the *reporting period from April 2021- April 2024.*		
	Adult acute medical inpatient wards	Adult acute surgical inpatient wards	Paediatric inpatient wards
During the last year the lowest and highest number of wards	Lowest 21 Highest 21	Lowest 13 Highest 13	Lowest 1 Highest 1
During the last year the number of occasions (wards where section 25B applies) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	4 wards in the Division of Medicine required re-calculations, following reconfiguration of the stroke service. (January/February 2024)	0	0

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Date approved by All Wales Nurse Staffing Group: 25/09/2023.

The process and methodology used to calculate the nurse staffing level.	In accordance with the Nurse Staffing Levels Wales Act 2016 (NSLWA), a systematic and well embedded triangulated approach to review and recalculate the nurse staffing levels on all 25B wards (Adult and Paediatric) has been applied as stipulated in legislation. The Spring and Autumn recalculations include in-depth discussions with the Divisional/Deputy Nurse, Senior Nurse, Ward Manager, Nurse Staffing Act Programme Lead as well as representation from the e-rostering and finance teams. Professional judgement is at the forefront of decisions in regards recalculation to ensure sufficient staffing levels and resources are deployed for each individual ward. Discussions include: Ward speciality, bed base, planned roster. Funded establishment and aligned budget. E-roster housekeeping and Safecare compliance. Patient acuity levels from the January and June audits are scrutinised alongside patient flow and activity data. Staffing levels deployed, including bank and agency usage and variable pay figures. Additional roles to support the ward but not included in the template, such as ward clerk, ward assistant, activities coordinator, discharge coordinator. Care quality indicators-which include incidences of hospital acquired pressure ulcers, patient falls with harm, medication errors, Serious Incidences (SI's), infection rates, complaints, and incidences of infiltration/extravasation on the paediatric ward. All learning taken from the incidences is shared. Staff related data including PADR and mandatory training compliance and sickness percentage/management. Ward managers are given the opportunity to discuss ward initiatives and improvement projects. An agreed All-Wales template for each 25B ward is subsequently completed and presented to the Designated Person, (Executive Director of Nursing), Deputy Director of Nursing and Nurse Staffing

	Act Programme Lead by way of challenge and support meetings held in June and October respectively. In line with the requirements of the Act assurance is sought that: All Section 25B wards have a 26.9% uplift applied to the Registered Nurse workforce within their calculated establishments to allow for annual, sick and study leave. Ward Managers are supernumerary to the planned rosters. The 26.9% uplift has also been applied to the Ward Manager establishment to cover sick leave, study leave and to enable the continuing provision of the supervisory role in the ward manager's absence. Following completion of the Spring and Autumn calculations for 2023, the annual presentation of the nurse staffing levels was presented to board on 22 November 2023. Spring 2023 Calculations: Themes during the calculation processes continued to identify high dependency on Care of the Elderly wards and the need to provide enhanced care to cognitively impaired patients who pose a risk to themselves and others. The Medical Division discussed new and innovative ways of working to improve the patient experience for this cohort of patients. Evidence shows, providing increased mental and physical stimulation prevents deconditioning, therefore, the introduction of an "Activity Coordinator" role is being trialled to further improve and enhance the patient experience. On completion of the Spring recalculations, six wards in total were identified as requiring amendments to previously agreed rosters, these recalculations were presented to the Executive Committee in August 2023. However, the Spring recalculations were undertaken shortly before the decision to re-configure stroke services. It was, therefore, recommended alterations to staffing rosters on the affected wards be put on hold. The requirement to continue to staff these wards to

the proposed new establishments with temporary staffing in the interim was recognised, with a plan to undertake additional recalculations on the wards once the reconfiguration is complete.

In August, the Executive Committee approved the proposed planned roster amendments for:

D2W Royal Gwent Hospital, (professional discussions and acuity data confirmed the ward did not require a Health Care Support worker by night).

Bedwas ward Ysbyty Ystrad Fawr, the budget and roster template were aligned to reflect 1WTE supernumerary ward manager.

Autumn 2023 Calculations:

Following the recalculation processes, the planned rosters to most wards were deemed appropriate to meet the needs of patients. As a result, no alterations were required to rosters on the medical wards apart from those awaiting the outcome of the stroke reconfiguration service. The Scheduled Care division made cost neutral adjustments to rosters by reallocating the nurse pool resource to the wards and small savings were made to an elective surgery ward (D2E) by reducing HCSW's by night.

The Below Table demonstrates the required amendments to the 3 Wards within Scheduled Care following the Autumn recalculations:

Scheduled Care						
Ward	Pre-Calculation			Post-Calculation		
	RN WTE	HCSW WTE	Total WTE	RN WTE	HCSW WTE	Total WTE
A0 GUH	25.85	25.20	51.05	25.85	27.99	53.84
B0 GUH	25.85	25.20	51.05	25.85	27.99	53.84
D2W RGH	12.65	03.59	16.24	11.23	03.59	14.82

	There were no required changes to the paediatric ward or the gynaecological ward at the Grange University Hospital in the Spring and Autumn Calculations. Stroke ward re-calculations January/February 2024: On completion of the re-configuration of Stroke rehabilitation services to Ysbyty Ystrad Fawr (YYF) the following wards were repurposed and underwent a re-calculation: Elderly Frail Unit known previously as Oakdale ward, relocated to ward 1-1 in YYF. Outcome- no change to planned roster. Bargoed Ward YYF- Previously a combined Care of the Elderly (COTE)/Stroke rehabilitation ward, repurposed to a 30 bedded Stroke rehabilitation ward. Outcome - core care model established no change to planned roster. Oakdale Ward YYF (previously known as Bedwas ward), relocated to Oakdale ward and repurposed to a 30 bedded Stroke rehabilitation ward. Outcome - convert to core care model, cost neutral. Ward 3-4 NHH previously Stroke rehabilitation ward, repurposed to 24-28 bedded COTE ward. Core care model established. Outcome - no change to planned roster at this time.
Informing Patients	In compliance with the 2016 Act following the six-monthly calculations cycle, the All Wales bi-lingual templates displayed at the entrance to each 25B ward are updated to confirm the date and roster changes agreed by the Health Board.

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	Information leaflets in English and Welsh detailing frequently asked questions on the Act and how to raise concerns regarding staffing levels are available on each ward and under patient information on the Health Board website. Ensuring this information is displayed can pose a challenge for the Health Board when wards are re-purposed or temporarily relocated for deep cleaning. The recently introduced ward accreditation programme requiring monthly ward audits will provide additional assurance this information is accurately displayed on 25B wards.

Section 25E (2a) Extent to which the nurse staffing level has been maintained.

As the nurse staffing level is defined under the NSLWA as comprising of both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained during the period of this annual report

Extent to which the required establishment has been maintained within adult acute medical and surgical wards.		Period Covered 6th April 2023-5th April 2024		
		Number of Wards:	RN (WTE)	HCSW (WTE)
	Required establishment (WTE) of adult acute medical and surgical wards calculated during first cycle (May)	34	601.1	713.85
NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit	WTE of required establishment of adult acute medical and surgical wards funded following first (May) calculation cycle	34	595.47	700.46
	Required establishment (WTE) of adult acute medical and surgical wards calculated during second calculation cycle (Nov)	34	599.6	720.22
	WTE of required establishment of adult acute medical and surgical wards funded following second (Nov) calculation cycle	34	594.05	706.24
	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE:** 34		

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	Accompanying narrative: The staffing rosters on Ward B4 Acute Stroke in GUH have been aligned to reflect the eight medical beds funded by the Medical Division. There remains a discrepancy between the required and funded establishments following the Spring and Autumn calculations, until the stroke reconfiguration is complete. In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses and other staff to whom nursing duties have been delegated by a registered nurse - required to deliver the planned roster. It is acknowledged that there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment. However, these staff are not included within the data for this report. Vacancy Position: Workforce sustainability continues to be considered the greatest corporate risk in the delivery of safe, efficient, and sustainable patient care and experience, this is not unique to ABUHB, with all Health Boards across Wales facing similar recruitment and retention challenges. The Registered Nurse vacancies for the Health Board for the end of January 2024 was 290 WTE. This is an improved position from the previous year where there were circa 376 WTE Registered Nurse vacancies. Recruitment and Retention: The Health Board is now one year into the three-year Midwifery and SCPHN Workforce Strategy 2023-2026. In recognition of the competitive market and a similar position across Wales, ABUHB

	aims to deliver its People Plan ambition of being an employer of choice and for nursing to be the career of choice. The Nursing, Midwifery and SCPHN Workforce Strategy 2023-2026 focuses on: Recruitment Effectiveness Recruitment Experience Brand and Marketing Career Development and Educational Opportunities – Growing-our-Own Attraction and Retention

Extent to which the required establishment has been maintained within paediatric inpatient wards NB: First cycle: spring 2022 following January audit Second cycle: autumn 2022: following June audit		Period Covered 6th April 2023-5th April 2024		
		Number of Wards:	RN (WTE)	HCSW (WTE)
	Required establishment (WTE) of paediatric inpatient wards calculated during first cycle (May)	1	70.22	17.06
	WTE of required establishment of paediatric inpatient wards funded following first (May) calculation cycle	1	70.22	17.06
	Required establishment (WTE) of paediatric inpatient wards calculated during second calculation cycle (Nov)	1	70.22.	17.06
	WTE of required establishment of paediatric inpatient wards funded following second (Nov) calculation cycle	1	70.22	17.06

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	WTE Supernumerary band 7 sister/charge nurse (funded but excluded from planned roster)	**WTE:**
	Accompanying narrative: Spring calculations: Ward C1 an acute 50 bedded paediatric inpatient area inclusive of 2 funded HDU beds. The spring calculations included discussions centred on acuity and bed occupancy, with an average daily occupancy of 32 patients. The Acuity data recorded daily at 9a.m. does not guarantee an accurate capture of workload and activity but does allow capture of HDU level 4 patients, of which there were fifteen during January. Most patients (67%) were assessed at level 2. Bank staff usage of 6.63% which were predominantly substantive staff and therefore does not compromise the standard of care provided. Autumn Calculations: The Autumn calculations noted a small rise in the average bed occupancy and patient acuity when compared to January figures. Discussions acknowledged high RN vacancies (19.4 WTE), a junior workforce and continued usage of Bank staff to maintain patient safety. Professional discussions concluded despite holding vacancies, both the Spring and Autumn calculations did not require adjustments to the planned rosters.	

Extent to which the planned roster has been maintained within adult acute medical and surgical wards and Paediatric wards	To date the Health Board has been unable to accurately report the extent to which the planned staff roster has been maintained within 25B wards due to the lack of appropriate digital capability.
Process & systems for capturing data on the extent to which the planned roster has been maintained on wards where section 25B applies.	NHS Wales is committed to using a national informatics system to enable health boards/trusts to provide consistent reporting on the extent to which nurse staffing levels have been maintained as per the requirements of the Act. All Health Boards/Trusts are committed to implementing the Allocate Safecare system prioritising 25B wards. Further developments are necessary to the Safecare system to enable HB/Trust to extract the necessary data to report on the extent to which rosters have been maintained on 25Bwards. We anticipate these developments will be completed by April/May 2024, which will enable us to include this data in future reports. The Safecare system (an add on to E-roster) was rolled out to all 25B wards in the Health Board by June 2023, and most wards have embedded the twice daily acuity census. Insight from the professional judgement report extracted from Safecare for the month of June 2023 are set out below. Reasons recorded for raising red flags in the system included: High patient Acuity. Surge beds Open. Boarding of Patients. Unforeseen short notice sickness. Last minute cancellation of bank and agency staff.

	High levels of enhanced care patients' level 4 and 5. Deficits not covered by bank and agency. RN shortfall. Themes around mitigation and escalation of red flags raised include: Escalation to senior nurse/site teams. Re-deployment of staff from other wards. Ward manger stepped into the numbers to fill the deficit. Cohorting of enhanced care level 4 patients with increased observation. Patients on the ward divided equally between available RN's. Staffing appropriate to manage patients on the ward. Block booked agency nurse who is familiar with the ward. The e-rostering team monitor Safecare and present each 25B ward with monthly compliance reports. Additional support is provided to areas below 90% compliance. During the Bi-annual recalculation meetings ward managers are reminded of the importance of raising a red flag for individual issues of concern. Consequently, professional judgement must be noted against each red flag to escalate or mitigate the risk.
Process for maintaining the Nurse staffing level	Processes to manage and escalate nurse staffing deficits is now well established to ensure all reasonable steps have been followed to maintain nurse staffing levels, which includes: A ratified Nurse Staffing Operational Policy, to standardise and inform staff groups of their responsibilities to ensure all areas where nurses are deployed are staffed appropriately to meet the needs of patients.

	A weekly reporting and escalation process by which staffing deficits across the Health Board are reported include: ➢ Filled and unfilled Registered Nurse (RN) shifts against planned rosters ➢ Filled and unfilled Health Care Support Worker (HCSW) shifts against planned rosters ➢ Percentage of substantive staff versus agency staff populating rosters to gauge quality, safety, and continuity of care. ➢ Serious incidents considered to have been attributed to a deviation from the planned ward nursing roster. A workforce tracker is presented to the Executive Team detailing progress on recruitment, bank, and agency usage, turnover and absenteeism. A monthly Strategic Workforce (NSLWA) meeting is held with representation from all clinical Divisions, with the purpose of overseeing the implementation of the Act and monitoring key workforce and staffing metrics. Daily review of nurse staffing levels by all divisions – to manage and mitigate risk. Unfilled shifts escalated to bank/agency at the earliest opportunity to give best opportunity of securing staff. Clear Divisional escalation procedures to ensure and manage timely escalation of unfilled shifts. The development of new and innovative roles has been crucial in maintaining nurse staffing levels across the Health Board.

	The deployment of staff between wards and across sites to fill short notice deficits. Senior nurses and site teams are encouraged to use the sunburst view in the Safecare system to assess staffing levels, staffing deficits and patient acuity. Red flags and professional judgements assigned to 25B wards help inform decision making when considering the deployment of staff.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on adult acute medical and surgical inpatient wards				
Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.	3	6		44
Total number of incidents/ complaints not closed and to be reported on/during the next year				

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Date approved by All Wales Nurse Staffing Group: 25/09/2023.

Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was not maintained				
Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor				

Accompanying Narrative:

Based on a review of the health boards/trusts first 3 yearly reports and feedback from operational leads on their experience completing the reports; an SBAR was presented to the Executive Directors of Nursing & Midwifery and the Chief Nursing Officer for Wales in 2021 requesting a review of the current reporting process. A sub-group of the All-Wales Nurse Staffing Group was set up to improve and refine the reporting process; standardise reporting in line with the Duty of Candour set out in the Health and Social Care (Quality & Engagement Act) (Wales) Act 2020 and to broaden the reporting scope of incidences of harm to provide more meaningful data.

The findings and recommendations of the Reporting Sub-Group were presented to the Executive Nurse Directors in August 2023 who approved the recommendations to take effect from the next reporting period i.e. 6th April 2024 – 5th April 2027.

The quality indicators for the adult in-patient wards will be as follows:

Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
Falls resulting in moderate harm, serious harm, or death (i.e., level 3, 4 and 5 incidents).
Medication errors resulting in moderate harm, severe harm, death & never events (i.e., level 3, 4, 5 and never events incidents).

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Any complaints received about nursing care (complaints refer to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR).

The measures going forward will include:

Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
Total number of incidents / complaints not closed and to be reported on /during the next year.
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained.
Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor.
Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained.
Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

Following the Executive Nurse Directors agreeing the recommendations in August 2023 it became apparent that the Duty of Candour (DoC), which came into force on 1st April 2023, would impact the reporting metrics.

Previous reports have reported on the actual harm sustained without validation, as opposed to the number of incidents found to be resulting from an act or omission when in receipt of NHS Care. This change to reporting is not specific to ABUHB but will impact on reporting from all Health Boards.

Therefore, to align with patient safety incident reporting to Welsh Government from 6th April 2023 this report, and all future reports, will report on closed patient safety incidents which have been validated with a reportable level of harm (as per patient safety incident definition) and whether the nurse staffing levels contributed to the incident.

Consequently, despite the afore mentioned broadening of reporting criteria, the number of incidents reported within this annual assurance reports may be lower than those in previous years.

Section 25E(2b) Impact on care due to not maintaining the nurse staffing levels on paediatric inpatient wards					
Incidents of patient harm with reference to quality indicators and complaints about nursing care	Hospital acquired pressure damage (grade 3, 4 and unstageable)	Falls resulting in serious harm or death (i.e. 4 and 5 incidents).	Medication errors never events	infiltration and extravasation injuries	Any complaints received about nursing care (NOTE: Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)
	TOTAL	TOTAL	TOTAL	TOTAL	TOTAL
Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.					
Total number of incidents/ complaints not closed and to be reported on/during the next reporting period					
Number of closed incidents/ complaints occurring when the nurse staffing level (planned roster) was <u>not</u> maintained					

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Number of closed incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor					

The work of the Reporting Sub-Group, mentioned previously, included the measures for the paediatric inpatient wards and these were presented to the Executive Nurse Directors in August 2023, along with the amended measures for the adult medical and surgical wards. The changes to the paediatric measures were agreed, with the intention that the amended measures come into effect at the beginning of the next reporting period i.e. April 2024.

The quality indicators for the paediatric inpatient wards will be as follows:

Avoidable hospital acquired pressure damage (grade 3, 4 and unstageable).
Falls resulting in moderate harm, serious harm or death (i.e., level 3, 4 and 5 incidents).
Medication errors resulting in moderate harm, severe harm, death & never events (i.e. level 3, 4, 5 and never events incidents).
Infiltration and extravasation injuries
Any complaints received about nursing care (Complaints refers to those complaints managed under NHS Wales complaints regulations (Putting Things Right (PTR)

The data to be reported for each of the above will be:

Number of closed incidents/complaints occurring during current year & those that were carried forward from the previous year.
Total number of incidents/ complaints not closed and to be reported on/during the next year.
Number of incidents/ complaints occurring when the nurse staffing level (planned roster) had not been maintained.

Number of those incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor. Number of incidents/complaints occurring when the nurse staffing level (planned roster) had been maintained. Number of those incidents/complaints when the nurse staffing level was deemed to have been a contributing factor, even when planned roster had been maintained.

	Section 25E (2c) Actions taken if the nurse staffing level is not maintained (or maintained but not appropriate *)
Actions taken if the nurse staffing level <u>was not</u> maintained in wards where section 25B applies.	By way of assurance, the Health Board has in place: Well embedded process to investigate all Health Care Acquired Pressure Ulcers (HAPU's) through root cause analysis (RCA) which considers a range of variables which may have contributed to the incident. Any HAPU's considered to have been deemed avoidable are reported to Welsh Government and are reviewed at the Redress Panel, enabling a process of reflection and learning. A Falls Review Panel is well established, where all variables are considered. Falls that meet the duty of Candour as moderate level of harm or above are reviewed at the Redress Panel. Organisational shared learning events have taken place in relation to falls. Complaints is a complex metric to capture due to the multi-faceted nature of complaints. Never event medication errors will be investigated as a serious incident and reported to the Delivery Unit. A small number of outstanding incidents requiring root cause analyses, will be included in the next reporting period.

	Hospital Acquired pressure ulcers (HAPU) Grade 3,4 and unstageable. There have been 3 HAPUs deemed avoidable (2 carried over from last year and 1 from this reporting period) staffing levels were a contributary factor in one incident. There were 23 closed HAPUs, deemed unavoidable and 3 awaiting root cause analyses which will be carried over to the next reporting period. Patient Falls There has been a total of 7 falls closed on DATIX as severe or catastrophic, the planned roster was met on all occasions. Staffing levels were deemed a contributing factor in 1 incident as enhanced care needs were not met. Infiltration/Extravasation There has been 1 incidence of extravasation/infiltration injury on the paediatric ward, with no serious harm.
	Section 25A: Duty to have regard to provide sufficient nurses
Requirements of Section 25A (NB: Section 25A refers to the Health Boards/Trusts overarching responsibility to ensure appropriate nurse staffing levels in any area where nursing services are provided or commissioned,	In accordance with the NSLWA the Health Board is required to ensure there are sufficient nurses (including those to whom registered nurses delegate the delivery of care) to allow nurses time to care for patients sensitively wherever nursing care is provided and/ or commissioned. District Nursing: In line with the National and Strategic direction, and National Community Nursing Specification, positive progress has been made against 3 of the 7 key milestones, whilst on target to complete all 7 within the desired timeframe.

not only wards where section 25B applies)	CNO / WG funding allocated for the implementation of the Band 4 Assistant Practitioner Model, supported by a robust training / mentoring programme. Full implementation of the CIVICA Scheduling Tool has enabled the Division to adopt a capacity v demand model. This will be formally evaluated to inform full implementation across all 5 boroughs within 2024. This will help inform future workforce modelling. ABUHB has participated in the National NHS Benchmarking Programme which has provided useful data to support the ongoing District Nursing Service workforce review. Medical Assessment Units: A review has been completed using the principles of the re-calculations deep dives used in 25B wards. The Division is finalising an SBAR to take to SMT for approval. Maternity Services: Maternity Services within the Health Board use Birthrate Plus. Birthrate Plus is a midwifery-specific, national tool that provides intelligence and insight needed to be able to model midwifery numbers, skill mix and deployment. This also supports decision making when planning safe and sustainable services. Birth Rate Plus recommends, the ratio of midwives to band 3 maternity support workers is discretionary to meet the needs of the service. In our Health Board the ratio equates to 94/6% split. If Band 4 practitioners were to be included in this ratio it would demonstrate a 93%/7% split.

	In view of significant workforce challenges maternity services were centralised in September 2023 to ensure the safety of mothers and babies. There has subsequently been a pro-active and targeted approach to recruitment, maternity services have seen a significant reduction in vacancies to those reported in July 2022. July 2022 Midwife Vacancies: 25.4 WTE band 6/5 Midwife 1.1 WTE band 7 Midwife Further 5.2 WTE band 6 Midwives about to leave the service. February 2024: 5.6WTE vacancies Emergency Departments: Urgent Care constantly review ED staffing to ensure the models are correct in line with the RCN Nursing Workforce Standards for Type 1 Emergency Departments. A review of all minor injury Units has been undertaken in terms of operating hours, number of attendances and the staffing profile to ensure equity across all sites. Deep dives are undertaken of all areas using the same principles as the 25B wards and the establishment templates are agreed using the same principles of triangulating acuity, attendances, staffing and professional judgement.

	Mental Health & Learning Disabilities: The MH & LD Division has undertaken a review of all staffing models, using 5 of the Safe Staffing Principles which are directly workforce related. The ward manager should be supervisory and supernumerary. Each ward must have a minimum of 1WTE administrative support. There should be a registered nurse to patient ratio of 1:5 per day shift and 1:8 per night shift. Each ward should have access to 3 staff on duty per shift who are trained in the use of restraint. Each ward should have 24 hours, 7 days a week, band 6 cover within their establishment to provide clinical leadership to the nursing team. There is a plan to invest in Health Care Support Workers (HCSW's) by providing education/training and development opportunities, with a view of ensuring band 4's are incorporated into all units. The Division aims to increase the Advanced Nurse Practitioner workforce to encourage a focus on high quality nursing care.
	Conclusion & Recommendations
	The Health Board has a well-developed process embedded in practice for calculating nurse staffing levels in 25B wards with the principles being applied in all service areas where nurses are deployed.

	Established processes are in place to scrutinize quality indicators and determine if nurse staffing levels were a contributing factor. Robust re-calculation processes confirmed nurse staffing levels in the majority of 25B wards were appropriate to meet the needs of patients, requiring minimal changes to planned rosters and establishments. The Nursing, Midwifery and SCPHN Workforce Strategy has been implemented. Safecare has been rolled out to all 25B wards with a plan to extend to other areas. Anticipated development in digital informatic systems will improve the quality and accuracy of future reporting on nurse staffing levels on 25B wards. Recommendations: Ensure compliance in displaying planned versus actual rosters on 25B wards as well as information informing the public of the Nurse Staffing Act. Future reports to include new quality Metrix agreed by the All-Wales Nurse Staffing Group (AWNSG). Future reports to include the extent to which the planned roster has been maintained on 25B wards.

Appendix: Annual Assurance Report

Health board/trust:	
Period of the report	
adult acute medical wards	

Adult Acute Medical Inpatient wards

	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
Name of Ward		**TOTAL WTE RN (band 5,6)**	**TOTAL WTE HCSW (bands 2,3,4)**		**TOTAL WTE RN (band 5,6)**	**TOTAL WTE HCSW (bands 2,3,4)**	**Completed (Yes/No)**	**Changed**	**Rationale**	**Completed (Yes/No)**	**Date**	**Changed**	**Rationale**
A2 GUH	1WTE	20.16	16.78	1WTE	20.16	16.78	Yes	No	Deemed Appropriate	No			
A4 GUH	1WTE	25.86	22.38	1WTE	25.86	22.38	Yes	No	Deemed Appropriate	No			
B4 GUH	1WTE	17.32 (23.01) on hold	16.77 (22.37) on hold	1WTE	23.01	22.37	Yes	Changed foolowing Autumn recalulation	Needed to include the establishment and funding for 8 medical beds	No			
C4 GUH	1WTE	40.07	27.97	1WTE	40.07	27.97	Yes	No	Deemed Appropriate				
C4 GUH	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No	Deemed Appropriate	No			
C5E RGH	1WTE	14.48	16.48 (19.56) on hold	1WTE	14.48	16.48 (19.56) on hold	Yes	On Hold	Awaiting completion of stroke reconfiguration	No- plans to close			
C5W RGH	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No	Deemed Appropriate	No-plans to close			
C6E RGH	1WTE	14.48	22.42	1WTE	14.48	22.42	Yes	No	Deemed Appropriate	No			
C6W RGH	1WTE	17.48	22.42	1WTE	17.48	22.42	Yes	No	Deemed Appropriate	No			
D4E RGH	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No	Deemed Appropriate	No			
D4W RGH	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No	Deemed Appropriate	No			
3.1 NHH	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No	Deemed Appropriate	No			
3.2 NHH	1WTE	14.48	22.42 (25.2) on hold	1WTE	14.48	22.24 (25.2) on hold	Yes	On Hold	Awaiting completion of stroke reconfiguration	No- need more acuity data			
3.3 NHH	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No	Deemed Appropriate				
3.4 NHH	1WTE	14.48	22.24 (25.2) on hold	1WTE	14.48	22.24 (25.2) on hold	Yes	On Hold	Awaiting completion of stroke reconfiguration	Yes	29/01/2024	Awaiting challenge & support	ward repurposed to COTE, staff adjusting. Increased EC needs
4.3 NHH	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No	Deemed Appropriate	No			
4.4 NHH	1WTE	20.16	13.98	1WTE	20.16	13.98	Yes		Deemed Appropriate	No			
Bedwas YYF(Moved to Oakdale- in November 2023 renamed Oakdale stroke rehab)	0.5 budget 1WTE in place	17.32	22.36	1WTE	17.32	22.36	Yes	Yes	Budget and roster aligned to reflect 1WTE Wm	Yes	01/02/2024	Awaiting challenge & support	Ward moved location and changed name and repurposed- stroke rehab
Oakdale YYF (Moved to 1st floor renamed EFU)	1WTE	17.32	22.36	1WTE	17.32	22.36	Yes	No	Awaiting completion of stroke reconfiguration	Yes	01/02/2024	Awaiting challenge & support	Ward moved location and repurposed to full ward EFU
Bargoed YYF	1WTE	14.48	25.2	1WTE	14.48	25.2	Yes	No		Yes	01/02/2024	Awaiting challenge & support	Al beds now stroke rehab.
Risca YYF	1WTE	17.32	22.36	1WTE	17.32	22.36	Yes	No	Deemed Appropriate	No			

Appendix: Annual Assurance Report

Health board/trust:	
Period of the report	
adult acute surgical wards	

Adult Acute Surgical Inpatient wards

	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
Name of Ward		**TOTAL WTE RN (band 5,6)**	**TOTAL WTE HCSW (bands 2,3,4)**		**TOTAL WTE RN (band 5,6)**	**TOTAL WTE HCSW (bands 2,3,4)**	**Completed (Yes/No)**	**Changed**	**Rationale**	**Completed (Yes/No)**	**Date**	**Changed**	**Rationale**
A0 GUH	1WTE	25.85	25.2	1WTE	25.85	27.99	Yes	Yes	Pool resourse moved to ward budget	No			
B0 GUH	1WTE	25.85	25.2	1WTE	25.85	27.99	Yes	Yes	Pool resourse moved to ward budget	No			
C0 GUH	1WTE	25.85	25.2	1WTE	25.85	27.99	Yes	No	Deemed Appropriate	No			
A3 GUH	1WTE	20.16	13.98	1WTE	20.16	13.98	Yes	No	Deemed Appropriate	No			
C7E RGH	1WTE	14.48	22.4	1WTE	14.48	22.4	Yes	No	Deemed Appropriate	No			
C7W RGH	1WTE	14.48	19.61	1WTE	14.48	19.61	Yes	No	Deemed Appropriate	No			
D2E RGH	1WTE	14.48	8.38	1WTE	14.48	8.38	Yes	No	Deemed Appropriate	No			
D2W RGH	1WTE	12.65	2.8	1WTE	12.23	3.59	Yes	Yes	Cost Saving- Spring recalculation-reduction of HCSW by night Mon-Fri Autumn recalculation -RN reduced to 1WTE from Sat pm- Mon am	No			
D3E RGH	1WTE	17.32	19.61	1WTE	17.32	19.61	Yes	No	Deemed Appropriate	No			
D3W (formerly D5W)	1WTE	14.48	22.46	1WTE	14.48	22.46	Yes	No	Deemed Apprpriate	No			
D7E RGH	1WTE	11.64	11.22	1WTE	11.64	11.22	Yes	No	Deemed Appropriate	No			
OSU SWH	1WTE	16.91	8.39	1WTE	16.91	8.39	Yes	No	Deemed Appropriate	No			
4.2 NHH	1WTE	14.48	22.4	1WTE	14.48	22.4	Yes	No	Deemed Appropriate	No			

Appendix: Annual Assurance Report

Health board/trust:	
Period of the report	6th April 2023-5th April 2024
paediatric inpatient wards	

Paediatric Inpatient wards

	TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the start of this report (Spring calculation cycle) including uplift 26.9%		TOTAL (WTE) band 7 supernumerary ward sister/Charge nurse	Required Establishment at the end of the period of this report (autumn calculation cycle) including uplift 26.9%		Biannual calculation cycle reviews, and rationale for any changes made			Any reviews outside of biannual calculation, if yes provide rationale for any changes made			
Name of Ward		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)		TOTAL WTE RN (band 5,6)	TOTAL WTE HCSW (bands 2,3,4)	Completed (Yes/No)	Changed	Rationale	Completed (Yes/No)	Date	Changed	Rationale
C1 GUH	1WTE	70.22	17.06	1WTE	70.22	17.06	Yes	No	Deemed Appropriate				

Agenda Item:4.7

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Nursing, Midwifery and SCPHN Workforce Strategy 2023-2026
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Jones - Head of Nursing Education, Development and Regulation

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Aneurin Bevan University Health Board (ABUHB) launched its 2023-26 Nursing, Midwifery and SCPHN Workforce Strategy in May 2023. The Strategy sets out our ambition and vision to support continued growth, development and innovation in Nursing and Midwifery practice.

The purpose of this report is to provide Board with an update against the priority action plan articulated within the strategy.

Cefndir / Background

Five strategic ambitions underpin and guide the delivery of the strategy, each ambition is centered on providing excellent and compassionate care to everyone who touches our services.

The five strategic aims are:

- Staff development and career progression
- Excellence in leadership at all levels
- Quality improvement, innovation and learning in pursuit of excellence in patient safety, outcomes and experience.
- Research and Innovation

Professional identity & influence

It was agreed that the strategic ambitions would be achieved through the delivery of a detailed overarching action plan with identified clear milestones and lines of accountability.

By way of assurance, overall progress on delivery of the strategy is monitored by the Executive Director of Nursing. Progress features as a regular agenda item at the Senior Nursing & Midwifery Leadership Group.

Asesiad / Assessment

The development and delivery of the strategy represents a collaborative approach with an ambition to produce meaningful priorities which can be recognised, understood and proud to implement as a profession.

Since its launch positive progress has been made to deliver against the priority action plans, which are:

Recruitment Effectiveness
- Clear link to IMTP
- International recruitment
- Succession and career planning
- Innovation in the way we recruit
- Innovation in the roles we recruit into

Recruitment Experience
- Innovative use of social media to create visibility
- Process to ensure “every contact counts”
- Key Performance Indicators

Brand and Marketing
- Marketing and branding support
- Innovative use of social media
- Focus on NHS incentives
- Create an environment where people feel proud to work for ABUHB

Career Development/Educational Opportunities
- Embrace career progression
- Endeavour to support development by way of education and training
- Provide career opportunities at the highest level

Retention
- Understand why people stay and leave
- Focus on turnover data
- Identify what really matters to our staff
- Focus on flexible working arrangements

Appendix one demonstrates the progress made against each priority action plan in the first year since the inception of the strategy.

Although it is pleasing to note the positive progress against 2023-24 priorities, a focus on 2024-25 is now required to ensure the full extent of the strategy is realised.

To this end, 2024-25 priorities are:

A continued focus on the achievements of 2023-24 to ensure progress is tracked against expected outcomes.

Career Development/ Educational Opportunities:

- Focus on nurse led services, providing career opportunities and a platform for nurses in transforming and re-designing services.
- Integrate the Professional Framework for Enhanced, Advanced and Consultant Practice to enable practitioners to utilise their skills to their full potential, optimising their contribution to meeting population health needs whilst contributing to the support and leadership within the Health Board.
- Align education and resource to ensure standardisation, relevant and equitable access and opportunity.
- Ensure the Health Board is closely aligned to the Registered Nurse Associate work being progressed with Welsh Government.
- Secure a fit for purpose education facility for nursing and midwifery education.

Retention:

- Support the implementation of the career-spanning support for supervision recommendations. To include:
  - Ensuing a positive preceptorship experience for newly registered nurses.
  - Implementing and embedding restorative clinical supervision to support reflective practise and help build resilience within the nursing workforce.
- Upscale the use of self-rostering, with an aim for this to be piloted in all Divisions.
- Identify career aspirations of the current workforce with a focus on talent mapping

Recruitment Experience:

- Focus on hard to recruit vacancies, such as, health visiting, mental health and learning disabilities. Placing attention on career advancement, career pathways, training and support, incorporate flexibility and work-life balance opportunities.
- Introduce the all-Wales recruitment for International Educated Nurses to support onboarding and induction
- Refresh and evaluate the nurse & HCSW induction programmes to support retention and improve turnover in the first 12 months
- Review recruitment process for Flexible route student nurses to ensure wrap around of Health Board to support them into substantive posts.

Recruitment Effectiveness:

- Attract and engage staff through retire and returns and return to practice.

- Map commissioned student numbers for the duration of this strategy.

Brand and Marketing:

- Explore SLA with Coleg Y Cymoedd to secure the future HCSW workforce.
- Marketing Career Pathways (to include enhanced, advanced & consultant practice) at Student Streamlining events, at the point of job advertisement

Argymhelliad / Recommendation

The Board is asked to:

Take assurance that the Nursing, Midwifery and SCPHN Strategy is being progressed in collaboration with key stakeholders and the priority actions delivered in order to achieve the vision of the strategy.

Note the 2024-25 priorities.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
Workforce	Yes, outlined within the paper

Service Activity & Performance	Yes, outlined within the paper
Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves

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

NURSING, MIDWIFERY, SCPHN WORKFORCE STRATEGY PRIORITY ACTION PLANS 2023-2026

Priority Action Plan – Recruitment Effectiveness

Action	What will this achieve?	Progress:
Develop an annual recruitment Plan	Ensure a co-ordinated, sustainable flow of candidates linked to the Health Board's Workforce Plan Ensure a planned approach to on-boarding and training needs	Annual planner in place that includes recruitment of: - 75 IENs per year - 20 nurse cadets (exceeded - 37 cadets for 23'24) - RCN connect students - Offers Coleg Gwent H&SC students' opportunity to join bank - Centralised HCSW recruitment to recruit to turnover
Continue to invest in internationally trained nurses	Address long term vacancies and contribute to the ongoing supply of nurses into ABUHB	- 75 IENs being recruited each year until end of 2025, plan to recruit family / friends and local IEN's employed by AB. - Accommodation secured for next 2 years. - Support café - pastoral & educational
Recruit to the future nurse and midwifery academy	Ensure a future pipeline of candidates to undertake under-graduate nursing and midwifery training Attraction and Retention Nursing career becomes a career of choice	- Internal HCSWs identified to progress to nurse training - Apprentice HCSW and HCSW adverts being advertised with the addition of a future nurse advert - Using social media platforms top advertise adverts/posters - Engaging early with H&SC students in schools and colleges and explaining the routes to nursing including the flexi route - RCN Healthcare Connect students – 4 in first cohort (one is exploring the flexi route) - 10 MH nurses supported to access K102 – OU flexible route
Develop succession and career planning approach for ABUHB	Attract and retain nurses to work and stay within ABUHB Offer developmental and career opportunities within all fields of nursing	Future nurse adverts Internal HCSWs identified to progress to nurse training N&M Academy, LEAD6, N&M bespoke Academy for 8b's planned for Sept 24. JOE programme being rewritten – will incorporate leadership / succession of band 5 – 6. Assistant Practitioner governance / developmental group - meeting being arranged with all Divisional representation

Priority Action Plan: Recruitment Experience

Actions	What will this achieve?	Progress:
Easy to find and refreshed Recruitment intranet and internet pages to include recruitment and selection training for managers	• Managers will know where to go for all things Recruitment	In progress Significant improvement in job advertising via social media platforms
Introduction of talent pools	• A space to hold appointable candidates that have already been interviewed to offer future posts for high turnover posts • Create a mechanism for the public to register their interest to work for the Health Board	HCSWs are being recruited centrally into talent pools by location (to improve retention) Plans to expand this to include a talent pool for those interested in a future nurse role (starting at apprentice or band 2 HCSWs level)
Engagement with local community	• Attract local population and develop Employer of Choice recognition	Working with comms to link in with their communication strategy 2023 – 2026 to ensure job vacancies and career opportunities are published to our communities to develop a sense of employer of choice. Work underway to visit schools and colleges to share the career opportunities available within N&M
Review and streamline recruitment processes to ensure they support equality and diversity for our local communities	• Supports our workforce to reflect the diversity of the community • More enjoyable experience for the candidate	Undertaking events in various community locations such as schools, colleges and with job centres. In doing so we are offering unemployed residents an opportunity to gain employment.
Introduction of KPIs for Bank and continue to monitor General Recruitment KPIS	• Monitoring of time to hire and identify key areas for immediate intervention	Bank KPIs in place Monitoring time to hire and working on clearing old records in Trac (where people have started in post before checks complete)
Continued training and retention for Recruitment Teams	• Improvements for on-boarding leading to reduction in time to hire	NWSSP training sessions and drop-in sessions in place. Resource team to offer training to manager to reduce time to hire and best practice tips

Priority Action Plan: Brand and Marketing

Actions	What will this achieve?	Progress:
Uniform standardisation of brand	Strong connection and promotion of ABUHB	Posters developed with ABUHB colours and all in same format Link with Comms to better incorporate recruitment into comms strategy ie HCSW week etc Job of the week advertising being progressed
Increase attendance and visibility in the community	Community awareness of ABUHB as an employer (for all jobs)and mutually beneficial links with partner HEI's Improve relationships with key stakeholders	Developed strong connections with Coleg Gwent, DWP and Careers Wales and have a strong presence at events being run across ABUHB patch. Further work to be done with linking in with comms on this point for community awareness.
Review internal processes for staff engagement and feedback	A greater sense of belonging and feeling valued	NWSSP to re-design the manager and candidate surveys on the recruitment process
Review current advertising platforms and seek all opportunities	Effective advertising and best value for money	Social media platforms reach a large audience at no cost. Advertising newly created RN vacancies to Bristol and Birmingham universities Work on-going to review current platforms and other platforms available

Priority Action Plan: Career Development/Educational Opportunities

Actions	What will this achieve?	Progress:
Review service developments and potential opportunities for clinical nurse specialists, advanced practise and consultant nurse roles.	Opportunities to develop, educate and retain existing workforce and attract staff form outside the Health Board.	ACP role – JD standardisation. Implementation of the multiprofessional framework – including network of ACP's, portfolio workshops, research workshop planned. First multi-professional framework meeting to share and standardise practice across professions in line with framework. Services now being developed around the role of Nurse Consultants/ANP's
Secure a fit for purpose education facility for nursing and midwifery education	Provision for essential education, timely progression of IEN's to NMC registration, efficient use of resources	Raised to Accommodation Committee – discussion to be picked up at Exec level in relation to equitable education resource for all Health Board staff.
Develop clear and ambitious pathways and opportunities.	Will support individuals to reach their ambition, improve job satisfaction and ensure a skilled workforce.	Future Nurse Academy – clear pathway from school to RN – ability to step in and step out.
Increase opportunity for professional support and development.	A supportive culture.	12 PNA places secured to implement RCS framework Current supervisors scoped as a priority for training 2 courses supervision secured for MH/LD which will support 24 new supervisors Constant flow of access to ILM coaching qualifications Coaching conversations to be included as a master class at next Alumni – rolled out as "business as usual". Prerceptorship programme under review to strengthen support for new registrants. Support to undergraduate students strengthened through coffee and connect sessions, points of contact, education / support opportunities.

Priority Action Plan: Retention

Actions	What will this achieve?	Progress:
Implement exit questionnaires	Feedback on what we need to do to be the employer of choice and improve retention of current staff.	Questionnaires now on ESR and are autogenerated prior to individuals leaving the organisation. Benchmarking across Wales taking place to design and implement 'stay conversation' to complement exit questionnaire process. Retention group established with the purpose of identifying and designing support systems in retaining our staff. This includes interrogating data from multiple sources.
Encourage and support the use of self-rostering	Increased staff satisfaction, reduce sickness absence.	Retention self assessment plan being piloted within Community and Childrens Nursing. Tracker developed for all Wales Retention Action Plan
Retire and Return Initiative	Encourage experienced staff to return to work.	Poster being developed to encourage retirees back to work on FTCs or bank
Optimise flexible working opportunities	Work-life balance Return to practice Make the profession more attractive	Poster being developed to encourage retirees back to work on FTCs or bank. Retention engagement chat cafes across the organisation have taken place with engagement of over 500 staff. Self rostering trial on ICU and NICU

Priorities 2024-25

Actions
A continued focus on the achievements of 2023-24 to ensure progress is tracked against expected outcomes
Career Development/ Educational Opportunities: Focus on nurse led services, providing career opportunities and a platform for nurses in transforming and re-designing services. Integrate the Professional Framework for Enhanced, Advanced and Consultant Practice to enable practitioners to utilise their skills to their full potential, optimising their contribution to meeting population health needs whilst contributing to the support and leadership within the Health Board. Align education and resource to ensure standardisation, relevant and equitable access and opportunity. Ensure the Health Board is closely aligned to the Registered Nurse Associate work being progressed with Welsh Government. Secure a fit for purpose education facility for nursing and midwifery education.
Retention: Support the implementation of the career-spanning support for supervision recommendations. To include: o Ensuing a positive preceptorship experience for newly registered nurses. o Implementing and embedding restorative clinical supervision to support reflective practise and help build resilience within the nursing workforce. Upscale the use of self-rostering, with an aim for this to be piloted in all Divisions. Identify career aspirations of current workforce with a focus on talent mapping.
Recruitment Experience: Focus on hard to recruit vacancies, such as, health visiting, mental health and learning disabilities. Placing attention on career advancement, career pathways, training and support, incorporate flexibility and work-life balance opportunities. Introduce the all-Wales recruitment for International Educated Nurses to support onboarding and induction Refresh and evaluate the nurse & HCSW induction programmes to support retention and improve turnover in the first 12 months Review recruitment process for Flexible route student nurses to ensure wraparound of Health Board to support them into substantive post.
Recruitment Effectiveness: Attract and engage retire and returns and return to practice. Map commissioned student numbers for the duration of this strategy.
Brand and Marketing: Explore SLA with Coleg Y Cymoedd to secure the future HCSW workforce. Marketing Career Pathways (to include enhanced, advanced & consultant practice) at Student Streamlining events, at the point of job advertisement

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	18 April 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Individual Patient Funding Requests (IPFR)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Dr James Calvert Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Ann-Marie Matthews Lead for Clinical Commissioning/IPFR

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Individual Patient Funding Request (IPFR) process enables requests for funding to be submitted to the Health Board for NHS healthcare that falls outside of the range of services and treatments that the Health Board has arranged to routinely provide.

This paper seeks to provide the Board with assurance in relation to the operation of the IPFR policy process within Aneurin Bevan University Health Board and how this links with wider national work streams.

Cefndir / Background

Individual Patient Funding Requests (IPFR's) are defined as requests to a Health Board to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board has arranged to routinely provide or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device, or piece of equipment.

Such requests will normally be for treatments that are either new, novel, developing or unproven and are not within the Health Board's routine schedule of service and treatments, such as a cancer drug not yet approved for use in that a particular condition; or for a treatment that is provided by the Health Board in certain clinical circumstances, but the patient is not eligible in accordance with the clinical policy criteria, such as varicose vein treatment for cosmetic reasons alone.

The IPFR policy also confirms that NHS Wales does not operate a blanket ban for any element of NHS healthcare, equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients.

Each IPFR is considered on its individual merits and in accordance with the arrangements set out in the All-Wales IPFR Policy. Each Health Board has a dedicated IPFR Panel comprising of clinical and lay representatives in accordance with the IPFR policy's terms of reference. The policy sits within a legal framework and often gains political interest; therefore, adherence to a robust process is paramount when considering IPFRs. Each IPFR is considered on its own merits and in accordance with the arrangements set out in the policy. Panel members will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment, based on the evidence available, and whether the cost of the treatment is in balance with the expected clinical benefits.

Asesiad / Assessment

Aneurin Bevan University Health Board continues to be the Health Board with the highest number of IPFR requests for medicines. The Joint Commissioning Committee (JCC), formerly know as the Welsh Health Specialised Services Committee (WHSSC) receives the highest number of non-medicines IPFRs, however this number is made up of a high percentage of requests for PET scans that fall outside of the current commissioning policy criteria.

The Health Board consistently adheres to the policy criteria, as noted by the All-Wales IPFR Quality Assurance Committee, and is therefore seen an exemplar for the way in which our IPFR panel conduct its business, and for the way in which the IPFR policy is implemented.

Decision Making Process

IPFR requests are submitted by the patient's clinician. Generally, this is the patients secondary care consultant, however requests are also received from GP's and other health professionals.

Each request will contain the patient's current clinical status, along with their clinical history and details of the treatment required. In the application, the clinician must explain why the patient is likely to gain a significantly clinical benefit from a treatment when compared to other patients with the same/similar conditions, and why the value for money for the treatment is likely to be reasonable. The panel in reaching its decision will consider: -

Evidence base – the purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective. This will include any guidelines from the National Institute for Health and Care Excellence (NICE), Health Technology Wales (HTW), One Wales Medicines Advisory Group (OWMAG), clinical journal publications etc.

Cost effectiveness - this includes the likely overall costs to the NHS compared with the next best alternative treatment that is routinely funded, any potential offset costs, and any quality-adjusted life year (QUALY) data provided that is relevant to the case.

Ethical considerations – there is always an ethical challenge of meeting the needs of individuals within the resources available and to ensure justice in

the allocation of those resources. Decisions must be based on the evidence both about the effectiveness of those interventions and their cost to ensure they are fair and not arbitrary.

Approvals provided by the IPFR panel are usually time limited. This ensures the efficacy of a treatment is demonstrated before a longer-term financial commitment is made. In the case of requests for a medicine, the panel will usually approve a treatment for the minimum timeframe in which the patient is expected to receive a response, usually 3-6 months. A clinical report outlining the patient's response to treatment is required before further funding is provided. In the case of non-medicines, approval of funding is in place for a period of 12 months. If the treatment is not received within this timeframe, re-authorisation is required with confirmation that the clinical status of the patient has not changed.

All-Wales Oversight

The IPFR process links in with a number of all-Wales processes thus helping to identify any cohorts or trends in new treatments, whilst monitoring consistency in approach to quality assurance. The processes in place are as follows: -

All-Wales IPFR Database

Each IPFR received is recorded on a central All-Wales database hosted by the All-Wales Therapeutics and Toxicology Centre (AWTTC). The database is regularly monitored and any cohorts (usually 3 or more requests for the same treatment, for the same indication) identified will trigger a review by the One Wales Medicines Advisory Group for requests for medicines, or Health Technology Wales for non-medicine requests. Data collected is also used to populate the IPFR annual report.

The Health Board also receives input from our local Quality Assurance Pharmacy Team. Evidence summaries are produced to support requests for medicines. These summaries are uploaded to the evidence library on the All-Wales IPFR database.

Quality Assurance Group

The IPFR Quality Assurance Group was established to monitor and support IPFR panels to ensure quality in decision-making and consistency across Wales. The group meet on a quarterly basis to review a randomly selected IPFR request from each IPFR panel across Wales. The quality assurance group consider each case for compliance against the IPFR policy criteria, ensuring that there is completeness of the application, timeliness for consideration, and efficiency in communication with the requesting clinician and patient. The group report to the Deputy Chief Medical Officer for Wales highlighting any concerns through the existing quality and clinical governance processes.

Aneurin Bevan consistently achieves high rates of concordance with the IPFR policy and the IPFR panel recently received extremely positive feedback following a panel observation by a member of the quality assurance group.

Annual IPFR Workshop

Each year an IPFR workshop is held. The workshop is usually well attended by individuals across Wales who are either directly involved in the IPFR process or are clinicians and/or other health professionals who may have either submitted an IPFR or want to learn more about the process.

The workshop is a full day event, with the morning focusing on key topics such as 'value for money' and the afternoon comprising of 'mock' IPFR panels. The mock

panels are made up of attendees who are given sample cases to discuss. This encouraged the sharing of experiences across health boards and discussion about the different factors that IPFR panels need to consider when making their decisions. This exercise develops good practice and helps ensure consistency in decision-making across all the IPFR panels in Wales.

IPFR Annual report

Each year an annual report is compiled to report the data available for IPFR requests across Wales. The report also seeks to highlight the work being done at a national level and within individual IPFR panels in relation to guidance for clinicians completing forms, promoting the collection of outcome data, internal audits, and training for new members.

One Wales Medicines Process

The One Wales Medicines process enables one decision for all of NHS Wales about access to a medicine that is not routinely available for a group of patients (a patient 'cohort') who have an unmet clinical need. This includes medicines that are used 'off-label' and also licensed medicines, where it is a chance to collect more data before health technology assessment.

Analysis of IPFR submission data from Health Boards across Wales has been used to inform part of the work programme of the One Wales Medicines Assessment Group (OWMAG). The OWMAG considers the evidence on the effectiveness of the medicine and makes a recommendation on the use of the medicine in NHS Wales.

Ongoing monitoring of the IPFR data has shown that soon after publication of a positive OWMAG decision, applications are no longer submitted for these indications. This positively demonstrates that the process effectively reduces the burden on IPFR panels and encourages equity of access to these medicines across Wales.

In 2022-23 eight medicines/medicine combinations were assessed through the One Wales process, all were supported for use and are now routinely available for patients in Wales.

Health Technology Wales (HTW)

Similar to that for OWMAG, IPFR submissions also inform part of the work programme for HTW. Their role is to assess non-medicine health and social care technologies, and issue independent authoritative guidance based on the best available evidence and expertise. Their work informs commissioning by NHS Wales and supports evidence-informed decision for both technology investments and disinvestments. In addition, they will produce rapid evidence-based appraisals for IPFR panels on request.

Interventions Not Normally Undertaken (INNU)

The NHS has historically identified marginally effective and ineffective interventions (tests, procedures, and medicines) that are deemed to have no or limited clinical value. These are routinely considered to be a low priority and should not normally be undertaken by Health Boards. This is because: -

- There is insufficient evidence of clinical/and or cost effectiveness; and/or
- The intervention is considered to be of a relatively low priority for NHS resources.

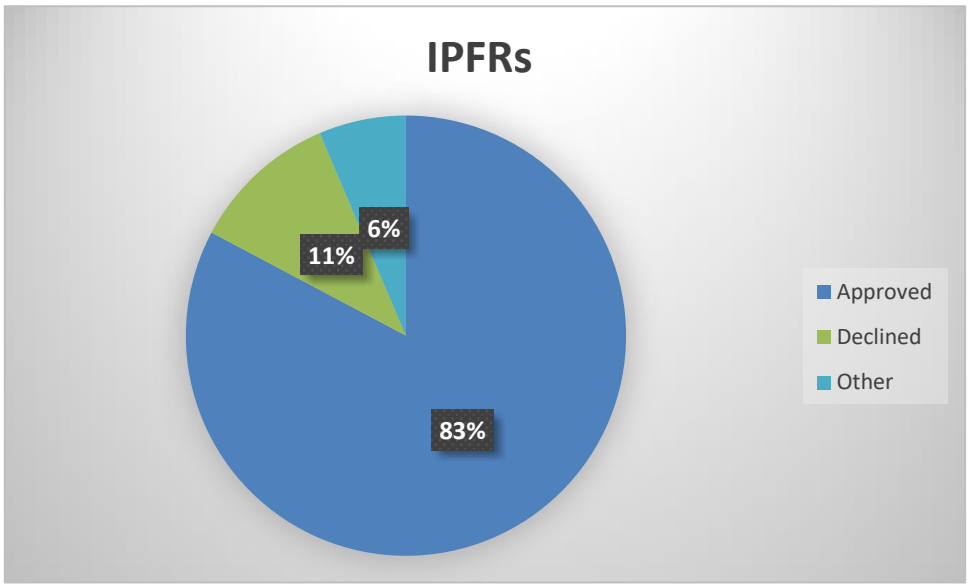
Each Health Board across Wales currently have their own INNU policy detailing a number of interventions that should not be undertaken unless they meet strict criteria for use. Should an intervention not list any criteria for use, or should a patient not meet the eligibility criteria, an exemption can be requested where it can be demonstrated that the intervention is likely to provide particular clinical benefit to the individual and provide value for money.

It has been recognised that inconsistencies exist, in part, due to locally held INNU policies. Whilst health boards have tried to work collaboratively, efforts have been supported with the development of an all- Wales approach to INNUs. This work is currently ongoing and will remain aligned to the IPFR process.

IPFR DATA

The number of new IPFR application received for the financial year 2023/24 was 203, an increase on the 148 received in 2022/23, which are now back in line with pre-COVID levels. This figure is reflective of the position across Wales which saw an increase for both medicine and non-medicine request by 5% and 6% respectively.

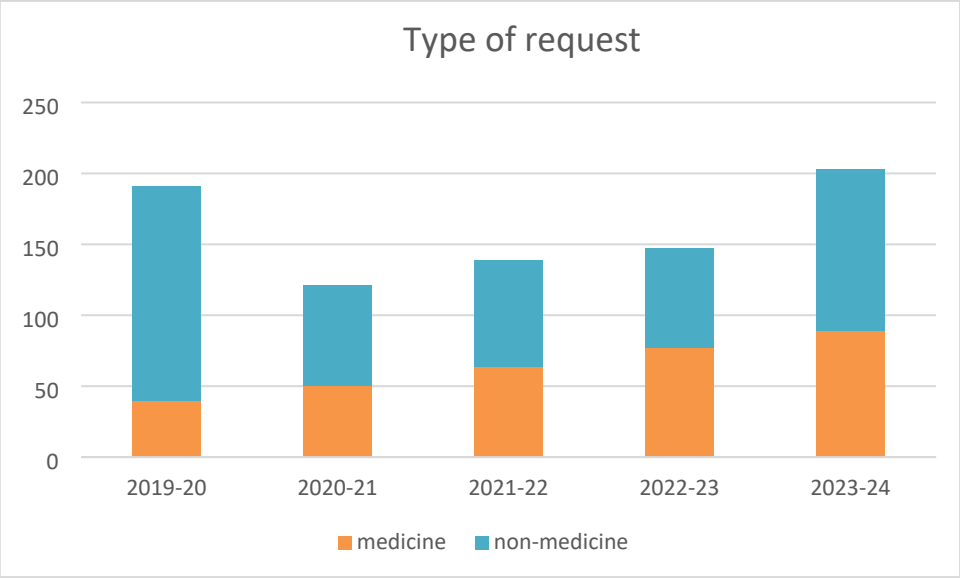
The percentage of applications approved and declined for the financial year 2023/24 can be found in the table below. Those marked as other would include cases deferred, waiting further information, or were later withdrawn due to a possible change in the patients' clinical circumstances.



In addition to new applications, additional requests for continued funding were also received following a patient's positive response to the initial treatment approval.

The number of IPFRs approved across Wales increased from previous years. Data collected by the All-Wales Therapeutics and Toxicology Centre for the IPFR annual report outlines that 79% of all IPFRs were approved in 2022–2023. The approval rate for medicine IPFRs increased from 80% in 2021–2022 to 85% in 2022-2023. A similar approval rate for non-medicines was seen over the last two years, with 73% approved in 2022-2023 compared with 70% approved in 2021–2022. The data for the 2023/24 report is currently being collated.

The number of applications received by Aneurin Bevan University Health Board since 2019 are as follows.



The data has been broken down into the number of medicine and non-medicine requests received. Non-medicine requests include interventions such as surgical procedures, specialist assessments and therapies.

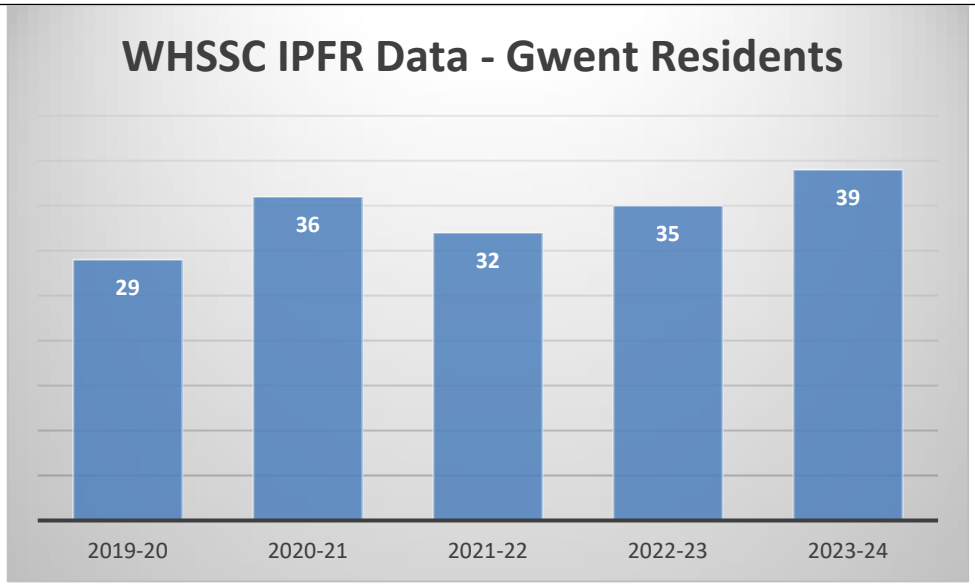
The decrease in non-medicine applications for 2020-22 is linked to the COVID-19 pandemic and reflects the move from routine hospital work to emergency care. The number of 'off label' medicines requests increased, with the aim of patients avoiding hospital attendance for routine drug administration, especially for immunosuppressed patients.

IPFR's for the use of a medicine would happen for three main reasons:

> Advice in relation to a licensed indication for that medicine is not available from the All-Wales Medicines Strategy Group (AWMSG) or the National Institute for Health and Care Excellence (NICE).
>
> AWMSG or NICE has given advice and has not recommended the medicine or is unable to recommend it.
>
> The medicine is being used 'off-label', that is: used outside the terms of the medicine's marketing authorisation (product licence).

The largest number of medicine requests relate to haematology and oncology conditions, followed by neurology and rheumatology.

In addition, the Welsh Health Specialised Services Committee (WHSSC), now known as the Joint Commissioning Committee (JCC), also consider IPFR requests for Gwent residents. The number of requests for 2019-24 are detailed in the table below.



These requests were for treatments that fell within WHSSC's commissioning remit, and would include requests for interventions such IVF, plastic surgery, paediatric treatment, and requests for PET scans for patients who did not fulfil the policy criteria.

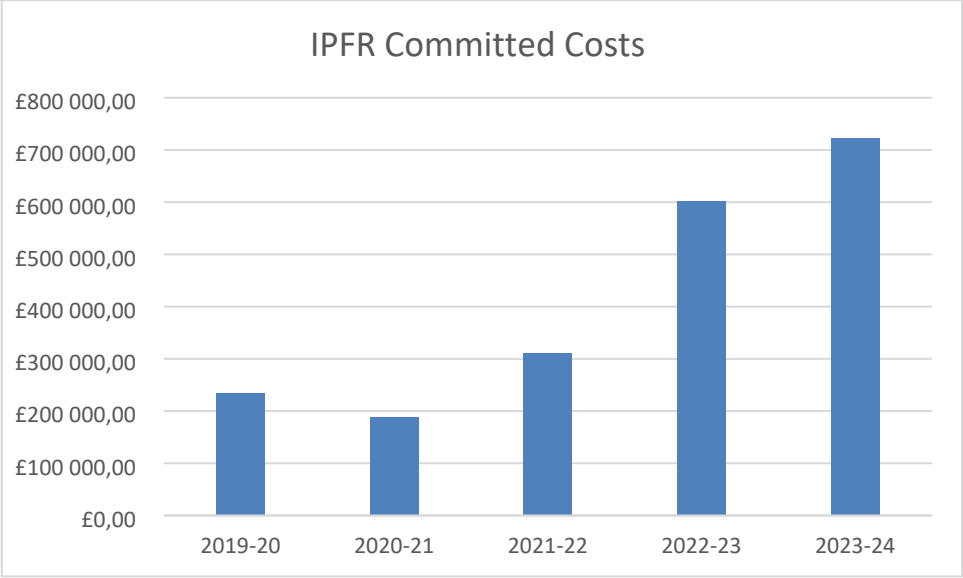
Finance

It has long been recognised by those involved in the IPFR process, including members of the finance team, of the unpredictable nature of IPFR.

It is not only difficult to predict the volume of IPFR's we will receive each year, but we can't foresee how patients will respond to treatments which are approved, nor for how long. We also can't predict when a patient is likely to receive a treatment.

For most medicine requests we would expect the patient to commence treatment within a few days/weeks of approval, however for non-medicine requests most patients will be added to a waiting list which could result in the treatment being approved in one financial year, but not received until the next.

The IPFR budget currently stands at £839,332. Current commitments against this budget for the period 2023/24 are £723,024.38, however due to the unpredictable nature of IPFR, this figure is likely to alter subject to a patient's response to treatment and/or any additional costs which may be received following approval of treatment in Trusts in NHS England.



The significant increase in cost from 2021-22 to 2022-23 relates to patients who received approval for high cost medication in addition to the changing picture following the COVID 19 pandemic.

Applications are considered, and decisions are made based on the evidence provided to conclude whether a patient is likely to gain significant clinical benefit from the intervention requested. As part of the decision-making process, the panel will exercise its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.

Any decision resulting in a financial cost in excess of the panels authorisation limit will be reported to the Executive Medical Director and Chief Executive officer for authorisation.

Judicial Review

Following a Judicial Review of an IPFR decision made by the Welsh Health Specialised Services Committee (WHSSC) in December 2021, the Judge found that the WHSSC IPFR Panel had not acted legally. In this respect, the Judge deemed that the correct comparator group had not been used, the documentation of the decision was inadequate, and the relevant guidance had not been interpreted properly.

In response to the comments raised, WHSSC implemented a number of changes including, an increased number of panel meetings from monthly to every two weeks, a review of the WHSSC IPFR panel terms of reference to help quoracy of meetings and to ensure robustness and appropriate governance support and strengthened documentation, economic evaluation, and use of references.

As part of the response to the Judicial Review, Welsh Government instructed WHSSC to undertake a de minimis review of the IPFR policy. This has been done in collaboration with the IPFR Quality Assurance Group and the IPFR Policy Implementation Group, alongside the health board panels. With legal support, the changes to the policy have strengthened the wording around the approach to decision-making by the IPFR panels and the process for documentation and

included an update to the complaints process. The updated all-Wales IPFR policy is due to be implemented imminently.
Argymhelliad / Recommendation
The Board is asked to note the contents of this report as assurance that the Health Board is managing the operation of the IPFR in line with the Welsh IPFR Policy and Processes

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 4. Dignified Care Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	N/A
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 Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Communications and Engagement Annual Report 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Karen Newman, Assistant Director of Communications and Engagement

Pwrpas yr Adroddiad Purpose of the Report
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

To provide assurance to the Board on the Health Board's Communications and Engagement activities during 2023/24.

Cefndir / Background

The report highlights the Health Board's Communications and Engagement activities over the past 12 months and details initiatives and campaigns that have been delivered to enhance both internal and external communications and engagement. The requirement to adapt and change the way we communicate and engage with our staff and the public has become more obvious over the last 12 months as we tested how staff and the public want to receive and share information. The Health Board has also developed an approach to storytelling that ensures our content is authentic, captures lived experience and is inspiring to others.

The past year has also seen a focus on staff communication and engagement and the approval of the Communications and Engagement Strategy in September 2023. It has also been a very challenging time with a number of very difficult reactive issues that threatened to damage the reputation of the Health Board, including periods of industrial action, medical and technological incidents, outbreaks and negative patient experiences. The Communications and

Engagement team has used its experience and skills to manage these issues and the proactive work to highlight the amazing work of our staff and services has helped to counteract negativity, raise staff morale and protect the reputation of the Health Board during very difficult times for the NHS across Wales and the UK.

Assessment

The Annual Report for 2023/24 describes the Communications and Engagement activity over the past 12 months and the work that has been done to support the Health Board to meet its aims and objectives. During the year the Health Board launched its new Communications and Engagement Strategy to ensure the Health Board continues to reach key audiences across Gwent, future proof our communications and innovate our approaches. All communication and engagement activity is planned around a number of key priority areas including the Health Board IMTP, Six Goals for Urgent and Emergency Care and a number of national policies which can be found in our Communications and Engagement Strategy. The aim set out in the Communications and Engagement Strategy is to deliver a 'best in class' communications and engagement approach to support staff, patients and the public and the report sets out how progress is being made against this aim.

Over the 12 months, the Health Board further developed its staff communications and engagement, with an ambitious Staff Communications Plan guiding the work to strengthen engagement with staff across the Health Board. The 'One AB' brand was launched for this important work, developing engaging content on the AB Pulse Intranet site, and introduced a programme of Executive Team drop-in sessions with staff. The introduction of the online 'Catch up with Nicola' sessions for all staff, where staff have the opportunity to engage with the CEO and ask questions have also proved to be very popular.

There has also been a continuation of refining and expanding the Health Board's social media presence, with a particular focus on growing the Health Boards visibility and engagement on the increasingly popular TikTok platform, with the aim of engaging with a younger audience. Over the last 12 months social media engagement has significantly exceeded expectations with:

Post reach of 20million+
3 million+ minutes of Health Board videos viewed
1.2million+ reactions
30,000 inbox messages received from the public and responded to
3,383 posts published on the Health Boards social media platforms.

The team have dealt with a significant number of reactive queries from the public and media, whilst also producing a variety of proactive content for our audiences in Gwent to demonstrate the positive work our staff are doing to address the priorities set out in our IMTP, Clinical Futures programme, Six Goals for Urgent and Emergency Care, Building a Fairer Gwent and other important programmes.

We continued to focus on helping the public to access our services appropriately and the launch of the Gwent Health Guide this year has provided a bespoke tool to help them navigate our model of healthcare in Gwent. Social Media comments and questions have provided an opportunity to gather the views of our patients and communities, enabling us to feed back to service leads and managers and the

intelligence gathered from our engagement sessions directly informing our communications and services.

The Communications approach has helped to relieve service pressures through public messaging - particularly on how to access local NHS services appropriately. Despite all the pressures in 2023/24, many positive sentiments towards staff have been seen and shared internally to help raise morale. A number of successful events, awards ceremonies, and ministerial and media visits have also been a key component of the Communications and Engagement work programme

The Health Board has continued with its ambitious engagement programme over the last 12 months and has visited over 175 venues across Gwent, engaging directly with our communities and with partner organisations. A new initiative for 2023/24 was to engage with employers in order to reach working people who otherwise would not have the opportunity to engage with the Health Board. Starting in Newport on a trial basis, we have visited Eastman Chemical Company, the Celtic Manor Resort, Wales and West Utilities, Hasbro, Newport City Council, Office for National Statistics and Asda Duffryn to speak with staff members about Health Board Services. This initiative has proved successful and will continue throughout 24/25.

The work over the past year has set a foundation for the further development of the Health Board's powerful, engaging, and innovative Communications and Engagement approach.

Argymhelliad / Recommendation

The Board is asked to note the progress with the Communications and Engagement agenda over the past 12 months and to consider the future priorities set out at the end of the report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All
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	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	IMTP – Integrated Medium Term Plan NCN – Neighbourhood Care Network
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

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

Communications and Engagement

Annual Report 2023/24

Foreword

I am proud to present this 2023/24 Annual Report, which showcases the incredible work of the Health Board's Communications and Engagement Team throughout a very challenging past 12 months for the Health Board. Building on lessons learned from previous years and taking into account analytics, we have continued to develop and progress our practices to offer first class communications and engagement to our staff and the public.

Our public communications and engagement activities enable us to effectively inform and listen to patients, people and communities across Gwent. The Health Board's Communications and Engagement Team has used its experience and skills to manage difficult issues and the proactive work we have done to highlight the amazing work of our staff and services has helped to counteract negativity, raise staff morale and protect the reputation of the Health Board during very difficult times for the NHS across Wales and the UK.

We have also further developed our internal communications, with an ambitious Staff Communications Plan guiding our work to strengthen engagement with staff across the Health Board. We launched the 'One AB' brand for this important work, continued to develop content on the AB Pulse Intranet site, and introduced a programme of Executive Team engagement with staff.

The team has also continued to refine and expand our social media presence to ensure we keep up with technological advancements and meet the demands of our communities, exemplified by our focus on developing the increasingly popular TikTok platform to reach younger audiences. We have dealt with a large amount of reactive queries from the public and media, whilst also producing a variety of proactive content for our audiences in Gwent to demonstrate the positive work our staff are doing to address the priorities set out in our IMTP, Clinical Futures programme, Six Goals for Urgent and Emergency Care, Building a Fairer Gwent and other important programmes. We continued to focus on helping the public to access our services appropriately and the launch of the Gwent Health Guide this year has provided a bespoke tool to help them navigate our model of healthcare in Gwent. Community Engagement and Social Media comments and questions have provided an opportunity to gather the views of our patients and communities, enabling us to feed back to service leads and managers.

I am immensely proud of all we have achieved and the challenges we have overcome over the past year. I would also like to thank the Executive Team and Board for their continued support and encouragement.

Nicola Prygodzicz
Chief Executive

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

Driving change through priority

This year the Health Board launched its new Communications and Engagement Strategy to ensure we continue to reach and interact with our patients and communities across Gwent, future proof our communications, and innovate our approaches.

All of our communication and engagement activity is planned around a number of key priority areas, including the Health Board's IMTP, Six Goals for Urgent and Emergency Care programme, and a number of national policies outlined in our Communications and Engagement Strategy.

A summary of our Year in Numbers

1.Social Media

153K+ Social Media Followers

- 110,000 +
- 27,000+
- 13,000+
- 1800+
- 1400+

Our Engagements in a nutshell

- Post reach 20 million +
- Minutes of video viewed 3 Million+
- Reactions 1.2 million +
- Link clicks 40,000
- Inbox messages 30,000+
- Posts published 3,383

BREAKING NEWS

2.Press & Media

Press Enquiries Received: **397**

Proactive Press Releases Sent: **42**

3.Internal Communications

- All Staff Bulletins 100+
- Ask the CEO Questions 340+

4.Community Engagement

- Conversations 3000+
- Venues Visited 175+
- Stakeholder Emails 190+
- WhatsApp Messages 115+

5.Website

- Total Views 1.2 Million +
- Unique Visitors 399,000+

Popular Web Pages

- Grange Hospital 44K Views
- Vaccinations 25K Views
- Sexual Health 24K Views

Our Internal Communications

Keeping our staff informed and engaged...

ONE AB
Everyone Together

1.From AB Pulse to One AB

During the past year, the Health Board has developed and launched an internal communications brand that aims to bring staff together and helps them to feel informed and engaged with the organisation. They key objectives of the 'One AB' brand are based on the *Staff Communications and Engagement Plan,* which is centred around improving on existing channels and the quality of communications that reach staff, as well as providing better access to these, such as making SharePoint available on personal phones and devices. It also explores staff being a more integral part of the conversation to share stories, ideas, and help us recognise positive achievements and raise awareness of teams across all departments.

2.Executive Drop-in Sessions

Between January and April 2024, there have been 19 Exec Team Drop-ins across 12 Health Board sites. The Communications & Engagement team play an active role in advertising and offering on-the-day support for these sessions.

Each session is typically attended by between 2 and 8 staff, and most staff are made aware of the drop-ins via AB Pulse, email, word of mouth, or posters. Along with providing a tremendous opportunity for Executive staff to be visible and available to all staff, it also provides a transparent two-way communication process for staff to easily highlight any issues.

The majority of reasons behind staff wanting to speak to the Executive team are related to areas of concern. However, most feedback received from staff on the process itself has been positive and supportive. As one staff member said recently after speaking to an Executive: "I feel like a load has been lifted from my shoulders." Sessions at Mamhilad and Llanarth House have been added to the ongoing schedule.

3.One AB Champions

To support our staff communications and engagement, One AB champions have been recruited across the Health Board, with the main purpose of helping to achieve the above goals whilst also providing valuable communications experience and guidance to champions that seek this pathway in their development. Champions become part of an online informal group, receive bitesize / key updates, and future training to help support their involvement and personal development.

4.Future Developments

Other avenues are also being explored for further growth over the next period, such as Digital / Communications clinics, which staff could use to get more connected to communications channels such as SharePoint and Outlook with assistance. A closed staff-only Facebook group has been set up as a pilot involving One AB Champions, with a view to a wider role out in the future.

Having recently introduced a new way of working within the Communications & Engagement team, where each site has a designated Communications representative, this goes hand-in-hand with the new One AB brand and its approach. This new initiative will offer an opportunity for more connection to the grassroots of staff areas, and getting to know staff is key to truly representing, celebrating and communicating with our staff going forward.

5.Chief Executive's online catch-up...

As part of the One AB brand, the Chief Executive has been hosting a bi-monthly 'Catch-up with Nicola', which features as an all-staff briefing that gives ABUHB staff a chance to learn about important things that are going on, give their views, and ask questions. There have been 3 meetings throughout this period, with a positive turnout of typically 100+ staff per session. Each session is informal, provides a detailed update of particular important areas at that time, and allows any staff member to ask Nicola a question to be answered.

6.Ask the CEO

Over the past year, this Intranet staff forum feature generated **346** questions from staff members across the Health Board.

The **Top 3 themes** of the queries were:

1. **Parking** – particular issues include difficulties in parking across sites (especially GUH and RGH), concerns in relation to inconsiderate parking, staff parking inappropriately in disabled bays, and EV charging bays.
2. **Staff restaurants** – highlighted issues include pricing, the variety and quality of food, and the use of non-recyclable containers.
3. **Smoking** – many concerns were raised in relation to staff and visitors smoking on hospital grounds.

7.All-staff emails & the AB Pulse News Round-Up...

Over the year, we sent 101 email bulletins to every member of staff in the Health Board.

Every Friday, the ***AB Pulse News Round-up*** is sent to all staff via email to highlight these key stories. Feedback for the weekly bulletins has been very favourable, with staff telling us they look out for them and find them useful - particularly when they don't have time to check the news articles on AB Pulse each day.

OUR PLATFORMS

Across the Press

This year remained an incredibly busy time for press and media activity, with themes of press enquiries involving a broad range of topics; from ED waits, flow issues and ambulance handover times; to vaccinations, waiting lists, and GP Practice closures. This year was arguably the most challenging yet, due to the vast majority of the press enquiries received focusing on negative elements of the Health Board's services and actions. Through media monitoring, we are able to learn valuable lessons about how the public perceive the organisation and its services.

Press Enquiries Received

397

In the Headlines

The Health Board featured heavily in a wide range of local, national and international media outlets this year due to some high-profile events which made news-worthy stories. Our relationship with local and national media outlets continued to strengthen as we distributed proactive news stories in an effort to inform and educate our population.

We did this by sharing essential health and service messages via the media, including asking relatives to help loved ones leave hospital; promoting public engagements; and warning of busy periods during the junior doctor strikes.

Stories also included praise from previous patients and their families, or those raising awareness of the signs of illnesses and conditions, as well as releases celebrating staff achievements, and new services and initiatives.

Yahoo News UK
Health board could save thousands of pounds by giving patients paracetamol tablets
CHANGES to the way one GWent hospital administers paracetamol could save £13,000 and nearly half a tonne of plastic waste each year

South Wales Argus
Ysbyty Ystrad Fawr breast care unit welcomes first patients
The Breast Care Unit at Ysbyty Ystrad Fawr serves to collate expertise from across the health board area and provide a more "effective"

South Wales Argus
Grateful Newport teen thanks NHS staff that saved her life
A 17-year-old from Newport has expressed gratitude to NHS health care staff who saved her life, after being diagnosed with a rare form of

42 Proactive Press Releases Sent

Cwmbran Life
The 1am to 7am overnight minor injuries unit at Nevil Hall Hospital recommended for closure - Cwmbranlife
HEALTH chiefs are being recommended to approve the overnight closure of a hospital's minor injuries unit when they meet this week.

Our Website

Throughout the year, we have seen a large amount of traffic through the website, which the team have worked hard to update based on demand of information. As we move into the next year, we will be looking to improve the navigation of the Health Board website.

- **398,000+ Total Visitors**
- **1.2M+ Views**

Popular Pages

- Grange University Hospital **44K Views**
- Vaccinations **25K Views**
- Sexual Health **24K Views**
- Royal Gwent Hospital **23K Views**

About our page visitors

Devices used:
- Mobile - 66%
- Desktop - 30.9%
- Tablet - 3.1%

Browser:
- Safari - 162k
- Chrome - 131k
- Edge - 60k

Geography of visitors:
- Newport - 38k
- Cardiff - 32k
- Cwmbran - 19k
- Pontypool - 9k
- Caerphilly - 8k
- Abergavenny - 7k
- Merthyr - 6k
- Abergavenny - 5k

Languages of visitors:
- English- 394,965
- Welsh - 524
- Polish - 500
- Chinese - 356
- Spanish - 253
- German - 176
- French - 174
- Russian - 170
- Italian - 165

OUR PLATFORMS

Across Our Social Media

Through social media, the Health Board has a chance to connect with and involve hundreds of thousands of individuals daily. This past year has been exceptionally successful and active for social media in the Health Board. We began the year by reviewing all of our Social Media channels and planning the way in which each were to develop through the year.

Our goal was to elevate our social media presence and expand our audience – and the work has paid off! With more than 150k followers on our four main channels and a reach of 20 million throughout the year, our key messages have resonated widely.

TikTok LIVE

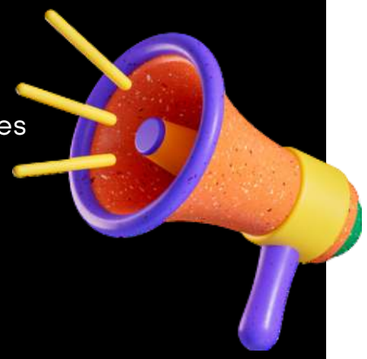
Over the past year, we have continued to make the development of our TikTok channel a key priority of our day-to-day social media agenda. In line with key Health Board objectives, our key objectives for TikTok are to engage with younger audiences about health and empower younger communities to live well through self-care and healthy living. In addition to this, we see our channel inspiring young people to a future role in health.

In the past year, we have grown our following to over 1.8k - with our top performing post reaching over 342k views - and we have engaged with our growing community by listening to their questions and feedback, and providing them with the content they want.

What our communities had to say on Social Media

With a combined total of over 30k messages and comments, our social media team had a busy year responding. Key topics of conversation from our followers included:

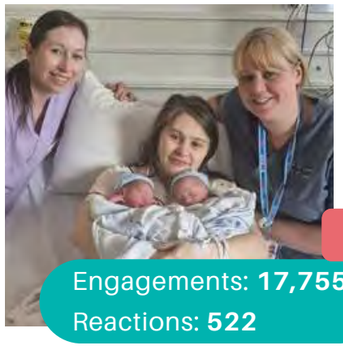
- Positive feedback to our patient stories
- Positive feedback for Staff
- Primary Care waiting times and access to appointments
- Outpatient appointment queries and missed calls from the Booking Team
- NHS Wales App / My Health Online closure
- Booking Centre text messages - are they a scam?
- Concerns about waiting times in ED and or ambulances
- Concerns about waits for operations



Our Top 3 Posts

Engagements: **19,230**
Reactions: **1,394**

This was a post announcing the opening of our brand-new, purpose-built Endoscopy Unit at the Royal Gwent Hospital.



Engagements: **17,755**
Reactions: **522**

A post celebrating Mother's Day with a series of photos and stories from those who became Mothers on Mother's Day at The Grange University Hospital.

Engagements: **16,401**
Reactions: **1,477**

This post celebrated our Cancer Clinical Nurse Specialists who support people through their diagnosis and treatment of cancer.

153K+ Social Media Followers

Facebook	110,000 +
X	27,000+
Instagram	13,000+
TikTok	1800+
YouTube	1400+

Our Engagements in a nutshell

- **Post reach 20 million +**
- **Minutes of video viewed 3 Million+**
- **Reactions 1.2 million +**
- **Link clicks 40,000**
- **Inbox messages 30,000+**
- **Posts published 3,383**

Our Communication Campaigns

Introducing the Gwent Health Guide

To further improve knowledge of local urgent care services in the area, the Health Board developed and launched the Gwent Health Guide – a free web tool to help patients choose the right urgent care service for them, first time.

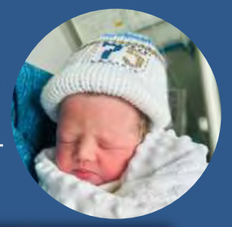
To establish this new tool, the Health Board's NCN team, working with Primary Care professional collaborative leads, distributed a survey to Care Navigators in the area to find out which services they were navigating to most frequently and from where they were retrieving the information to do this. The insight gained from the survey results informed the content of the Gwent Health Guide. All content on the guide was then reviewed and approved by the clinical leads for all relevant services.

Launched in December 2023, promotional material for the Gwent Health Guide was then distributed to all areas of Primary Care in Gwent, as well as hospital sites, local businesses, and public areas.

Celebrating #NHS75

In 2023, we celebrated 75 amazing years of our NHS! To mark the occasion, we highlighted a number of long-standing services and staff across Gwent.

On the day, we travelled to all of our hospitals to cover the festivities happening across the different areas of Gwent. From tea parties, fancy dress, games, face paints, choirs, themed afternoons, singers - and even a baby born on the birthday of the NHS - we saw it all!



ITV News joined us at The Grange University Hospital to cover the action, where they interviewed 103 year old Owen Filer, who visited the GUH site each week when it was being built. He is a huge supporter of the NHS and is also very proud of his granddaughter, Sarah, who works at the hospital.

Primary care services were celebrated through a series of videos filmed at long-standing local primary care providers. These included two pharmacies, a GP Practice, and a local optician's, all of which have been serving their communities for over a Century.

"It doesn't matter what role you're in, any NHS job is really special and is something to be proud of."

Dyfodol Clinigol
Clinical Futures

1.Endoscopy Unit Opens at RGH

"We're so proud to be able to offer our patients the service they deserve."- Endoscopy Team

The opening of the Endoscopy Suite at the Royal Gwent Hospital in November 2023 was another key milestone in the Clinical Futures strategy, with the reconfiguration of services across our hospitals offering a new, larger space for Endoscopy in the former maternity birthing unit. Now in a purpose-built facility and having doubled their patient capacity, the Endoscopy team were delighted to be in their new home.

2. Breast Care Unit Opens at YYF

Opening the brand new Breast Care Unit at Ysbyty Ystrad Fawr in February 2024 was a significant highlight for the Health Board, and provided an opportunity to showcase the hard work, dedication and thought that went into the design. This good news story was received positively by patients, staff, stakeholders, public and local media.

3. Construction Begins on Satellite Radiotherapy Unit, NHH

Construction of the Satellite Radiotherapy Unit at Nevill Hall Hospital began this year, with the build now well underway and very much visible at the Nevill Hall site. This progress has also offered good news opportunities for the Health Board and for Velindre NHS Trust.

Our Communication Campaigns

Primary Care Communications

Throughout the year, the Health Board has continued efforts to enhance awareness and understanding of our Primary Care services across Gwent. This included spotlighting the Neighbourhood Care Network Development Programme and launching campaigns centred around Primary Care initiatives.

The Neighbourhood Care Network (NCN) Development Programme

This year saw a notable acceleration of the Neighbourhood Care Network (NCN) Development Programme, leading to considerable communications and engagement efforts. Our work has helped services amid pressures, aimed to increase low staff morale, and enhanced care navigation by promoting a "right place, first time" approach.

The NCN Intranet site serves as a portal for sharing local initiatives and NCN resources.

The site has gained momentum. In the last 90 days (up to 31/03/24), the site received 7,506 visits. NCN news is also shared via a monthly Pulse newsletter, distributed across Primary Care and NCN/locality teams, as well as through a quarterly PDF newsletter disseminated to the Health Board's 2,000-strong stakeholder list.

Our New Community Sites

1.The Bevan Health & Wellbeing Centre

The Bevan Health & Wellbeing Centre in Tredegar opened its doors to patients in January 2024.
The Communications and Engagement team provided support to ensure the local community and patients were aware of developments and which services are available at the new centre.

2.19 Hills Health & Wellbeing Centre

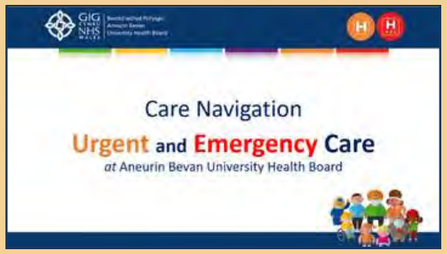
The Health & Wellbeing Centre being built in Ringland has been named as '19 Hills' to reflect the biodiversity and ecology of the local area.
The Communications and Engagement Team has been engaging with all stakeholders and working with Newport City Homes to ensure the local community feel part of the project.

Key Highlights

Pharmacy Services Videos

1.New Videos to Promote Pharmacy Services

News videos have been produced to increase awareness of the Contraceptive Service and Sore Throat Test and Treat Service in community pharmacies. The videos were posted on the Health Board website and promoted through our communications channels.



Care Navigation

2.Care Navigation guide for staff

A new guide was created for Care Navigators to help when signposting to urgent and emergency care at Aneurin Bevan University Health Board.

This has helped staff to understand our unique model of healthcare in Gwent so they can better direct patients and communities.

HealthPathways Project (sharepoint.com)

3.HealthPathways Programme

The communication of the Health Pathways programme has been vital to ensure that our GPs and other healthcare professionals engage with the programme.

A promotional video was created to help communicate the purpose of HealthPathways and its benefits

Recruitment Pilot (sharepoint.com)

4.Recruitment Campaign Pilot

A pilot recruitment campaign was launched in Monmouthshire. Its goal: enhance recruitment in primary care and community services and raise the Health Board's employer profile.

Working closely with NCN Leads and healthcare professionals across Monmouthshire, gaps in service were identified, and a recruitment campaign produced.

Following evaluation of the pilot project, the campaign will now be rolled out Health Board wide.

ABUHB GP Screen Presentation

5.NEW ABUHB Screen Presentation

A presentation containing health messages, campaigns and service information has been created for use on public facing screens.
The presentation has been sent to all GP Practices across the Health Board area.

Our Communication Campaigns

Public Health Communications

Helping Gwent Live Well

LEARN MORE

As part of the priority of supporting the public to easily access information to support their physical and mental wellbeing, we developed the new 'Live Well' Hub, containing a number of key topics to empower and support our communities to live well.

These include:

- Eating Well
- Moving More
- Cost of Living
- Mental Health and Wellbeing
- Stopping Smoking
- Immunisations
- In your local area

The information has been developed in collaboration with a number of divisions, including Public Health and Family & Therapies. To springboard the launch of this page, we developed the '*Let's Feel Good For Life, not just for January*' campaign. This was in partnership with Dietetics and was a miniseries that focused on building healthy habits; setting goals; what to do when you hit bumps in the road; and how to get support from those around you. The miniseries was accompanied by a downloadable guide, meal planners and recipe cards developed to support those on a budget.

Helping Fans Get Fit..

Working with the EFT Trust and Dragons RFC, we developed a number of case study videos to promote the free 12 week Fit Fans programme in Gwent. Utilising a number of current and former participants in the programme, we were able to capture the benefits and successes gained by the programme. The campaign video saw 1,248 link clicks through to the website for sign up information.

Health Protection

This year was the toughest year in vaccination uptake for both public and staff. The Communications & Engagement team coordinated the Health Board's Winter vaccination communications, ensuring alignment of messaging and maximising of campaigns across Gwent using partners.

We also took a direct marketing approach and utilised SMS messaging in certain campaigns, enabling us to put information into the hands of our communities. We worked hard to promote vaccine uptake using human stories from across Gwent with both video content and written quotes about why people get their vaccine.

We worked with Welsh Government and the BBC to use a Health Board trusted voice to talk about the importance of vaccine uptake. Dr Ami Jones very kindly supported this work by delivering a very sobering message of what Winter could look like if vaccine uptake remained low.

Our future, our voice: babies, children and young people of Gwent

***WARNING: Contains dangerous animals**

This year's Director of Public Health Report aimed to amplify the voices of babies, children and young people. Having done away with the traditional formalities of a Director of Public Health Report, this report was written with babies, children and young people at the heart of everything to help us to understand the legacy the pandemic has left and the impact on our children, along with what health means to them. As part of the research process, we hosted interactive engagement sessions at a number of local schools to listen to children and young people. Then, through words, art and expression, they shared their lived experiences with us, which formed the beating heart of this report.

There are a number of key areas within the report:

- A Glimpse into Gwent Child Health & Wellbeing
- Covid-19 through children & young people's eyes
- Pandemic Park: Covid-19 Zoo Safari
- How can we get it right for our babies, children and young people? - An email from our children

LEARN MORE

The report was launched to over 2000 stakeholders, as well as across social media channels. The feedback has been highly positive from both partners as well as parents across Gwent, who were able to get a glimpse into how their children felt through a very unknown time.

Our Community Engagement

With over 600,000 residents living across the Aneurin Bevan University Health Board area, we know we cannot engage with them alone. Together with our partners, we can achieve so much more.

Partnership Working

Engaging with young people and their families is a key priority for us. Throughout the year, the Health Board attended **Coleg Gwent** Health & Wellbeing Fairs, Freshers Fayres and Learner Services sessions across all campuses to share information and speak to young people and college staff about their health needs and experiences. The team also attended the **University of South Wales** Freshers Fair and spoke with students new to the area.

Information is shared with all **Gwent schools** on a regular basis, and the team attend Parents' evenings, coffee mornings and provide support and guidance at events throughout the year in order to speak with families. The Engagement team attended the **Gwent Youth Question Time** event organised by the **Office of Police and Crime Commissioner for Gwent,** where young people from across Gwent were able to ask questions and share feedback about services that mattered to them.

In conjunction with **Local Authorities** and other partners such as **WAST; GAVO (Gwent Association of Voluntary Organisations); TVA (Torfaen Voluntary Alliance)** and **Age Connects**, we have had many opportunities to engage with our communities at local events and sessions including warm hubs, food banks and community fridge groups, along with specific activities for older people and carers at Luncheon Clubs, Wellbeing Cafes and 50+ Forums. The team has also attended Carers Rights Day, Lets Connect Newport, International Older Persons Day and the 999 Emergency Services Day events.

The team has developed good links with local organisations including the **Regional Partnership Board**, **Bron Afon**, **Newport City Homes** and the **Caerphilly Parent Network** to deliver different sessions together for staff and customers.

Our Engagement in Numbers

- Conversations 3000+
- Stakeholder Emails 190+
- WhatsApp Message 115+
- Venues Visited 175+
- 33 in Blaenau Gwent
- 37 in Caerphilly
- 31 in Torfaen
- 47 in Newport
- 29 in Monmouthshire

Nye's Community Champions

Nye's Community Champions continue to support the Health Board to share its important messages and to be the eyes and ears on the ground in our communities. Champions share valuable insight from our communities at our 6-weekly meetings and help us to shape future delivery of services. Champions receive up-to-date factual information that they share with their networks and have the opportunity to listen to guest speakers at each meeting.

Our Talks to Groups

This year, the Health Board was asked to deliver 12 Talks to groups about its services as part of its annual community engagement program. Groups included:
Cwmbran Community Council; Maesycwmmer Ladies Craft group; Fourteen Locks Seniors; the NHS Retired Fellowship; Chepstow Stroke Experience Group plus 50+ Forums across Gwent.

Supporting our Diverse Communities

We attended the Kidcare4u Iftar Breaking Fast session in April and a Family Fun event at Pill Millennium Centre in August. The Health Board also organised health events across Mosques in Newport that the team were able to attend to speak with people about a range of health board services.

Our Community Engagement

Engaging with Employers across Gwent

A new initiative for 2023/24 was to engage with employers in order to reach working people who otherwise would not have the opportunity to engage with the Health Board. Starting in Newport on a trial basis, we have visited Eastman Chemical Company, the Celtic Manor Resort, Wales and West Utilities, Hasbro, Newport City Council, Office for National Statistics and Asda Duffryn to speak with staff members about Health Board Services. This initiative has worked well and we will continue to engage with large employers across Gwent starting with Blaenau Gwent in 2024/25.

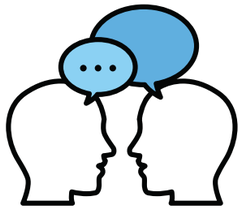
Listening, insight and information

Topics of Conversations included:

- **Primary Care Services:**
  - Difficulties in accessing GP appointments
  - Common Ailments Service not consistently offered
- **Access to emergency and urgent care services**
  - People told us it is very confusing knowing which hospital to go to and to know what a minor injury is
  - many people told us they were passed from hospital to hospital due to a lack of staff available to do procedures such as X-rays
  - we received reports of 111 call handlers signposting people to the wrong hospitals
- **Information being online** - many older people told us that they do not access the internet or have smart phones so would prefer printed information

Information we have shared:

- How to appropriately access NHS services including when to visit the Emergency Department or Minor Injuries Units
- Gwent Health Guide
- Common Ailments Service
- NHS 111 Wales & 111 Option 2 - Urgent Mental Health Support
- Chat Health Text Service
- NHS Wales App
- Boots Pharmacy Closures
- Emergency Eye Care Changes
- YYF Breast Care Unit
- Measles and MMR vaccine



Green Healthcare

Following on from the development of the 'Green Healthcare' space last year, a regular flow of activity and awareness pieces have taken place based upon the initial 'Green Healthcare Communications and Engagement Plan', with the key objectives of assisting the Decarbonisation group in publicising messaging internally and externally, utilising a transparent and accessible approach. The plan aims to raise awareness of decarbonisation, encourage staff to get involved with activities and feel inspired and empowered to conduct their own sustainable changes; and to support the announcement and roll out of major organisational changes that ensure net zero carbon.

Paramount to supporting the messaging of decarbonisation and sustainable healthcare is the need to humanise achievements by focusing on success stories, such as revolutionary paracetamol practices and developments of green spaces and wildflower meadows.

The first newsletter for the group was released in the Winter of 2023, which highlighted key Health Board projects and offered encouragement for staff to get involved and learn more. A list of champions has been developed and as part of this, a community will be put together for these staff online to support their involvement and development in helping make sustainable changes all across the Health Board. We have also developed further stories for the next period that highlight and celebrate colleagues in primary care, estates and facilities and more.

Our Priorities for 2024/25

As you can see from the volume and variety of the work outlined in this report, we have certainly had a challenging, but productive, year. As we look forward to the next 12 months, we plan to focus on the following Communications and Engagement priorities in line with the Health Board's IMTP, our own Communications and Engagement Strategy, our Social Media Strategy, and Staff Communications Plan:

- Continue to build on the work already started in the last year to improve the way we communicate and engage with our staff
- Develop further our social media platforms in particular Tiktok to engage with our younger residents and patients
- Support the work internally and externally with the 10 Year Strategy
- Enhance our community engagement work with large employers, community groups and our diverse communities, supporting the public to understand how to access our services
- All communication and engagement work will be focussed to support the delivery of our IMTP
- Using behaviour change principles and the data available to us to deliver a number of targeted prevention campaigns to support and improve the health and well being of our communities inline with global priorities for Public Health

Agenda Item: 4.10

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)
Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an assessment of strategic risks associated with achieving the Board's strategic priorities and assurance that the strategic risks are effectively managed.

This report also provides an assessment of any newly identified risk(s) that require Board oversight and inclusion on the Strategic Risk Register.

Cefndir / Background

At its last meeting in March 2024, the Board approved changes to the Strategic Risk Register as described below and broken down in Table 1.

The Board was assured that the current controls and mitigating actions were acceptable to reduce the likelihood and impact of four sub-risks, two of which were no longer considered to be strategic risks and were de-escalated to divisional risk registers and monitored at the divisional level. In addition, two sub-risks were reframed to account for changes in the risk environment and subsequent scope of the risks, and a new risk was identified in response to internal and external activity.

Table 1 – Breakdown of approved changes – March Board

Overarching Strategic Risk Description	Status	Sub Risk Description	Lead Director
SRR 001 - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population.	Risk description reframed	g) Due to the failure to deliver a sustainable financial position and longer-term financial plan.	Director of Finance
	Risk score and level reduced	h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.	Director of Public Health
	New Risk	i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	Director of Strategy, Planning and Partnerships
SRR 003 - There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse.	Deescalated to MH&LD Divisional Risk Register	b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placements.	Chief Operating Officer
SRR 007 - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	Risk description reframed	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	Director of Strategy, Planning and Partnerships
SRR 009 - The Health Board will be unable to protect those most vulnerable to serious disease.	Deescalated to the Public Health Directorate Risk Register	a) Due to delays in providing COVID-19 vaccinations because of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme.	Director of Public Health
SRR 010 - The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	Risk score and level reduced	a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements.	Director of Therapies and Health Science

At the end of March 2024, the Strategic Risk Register contained eight high-level strategic risks and 20 sub-risks for which the Board delegates responsibility to various committees for receiving and scrutinising assurances against specific strategic risks in line with the Committee's agenda.

Asesiad / Assessment

In accordance with risk management best practices, all strategic risks have been reviewed to ensure that the control environment is adequate to manage the risk; if not, the implementation of additional controls has been documented, and action is

being taken to address the gaps. Similarly, assurances are reviewed to ensure that there is adequate assurance across all three lines of defence to determine whether the controls in place are effective in risk management; if not, gaps in assurance are identified and the control environment is reassessed.

All risks have been updated where necessary in line with the agreed-upon review period for the severity of the risk and subjected to focused scrutiny by the delegated Committee (Table 2).

The full Strategic Risk Register is included as Appendix A and the individual risk assessments for the 20 sub-risks are included as Appendix B.

Table 2

Overarching Strategic Risk Description	Number of Sub-Risks	Risk Level		Sub-Risk Theme	Delegated Committee
		High (8 – 12)	Extreme (15 – 25)		
*SRR 001 - There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	9 (A-I)	3	1	People	People and Culture Committee
		2	1	Service Delivery	Partnerships, Public Health & Planning Committee
		-	1	Financial Sustainability	Finance and Performance Committee
		-	1	Compliance and Safety	Finance and Performance Committee
SRR 002 - There is a risk that there will be significant failure of the Health Board's estate.	2 (A -B)	1	1	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 004 - There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	1	1	-	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 005 - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	1	1	-	Service Delivery	Patient Quality, Safety & Outcomes Committee
SRR 006 - There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	3 (A – C)	2	1	Service Delivery	Finance and Performance Committee

SRR 007 - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	2 (A – B)	2	-	Transformation & Partnership Working	Partnerships, Public Health & Planning Committee
SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	1	-	1	Transformation & Partnership Working	Patient Quality, Safety & Outcomes Committee
SRR 010 - The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	1	-	1	Compliance and Safety	Patient Quality, Safety & Outcomes Committee
Total	20	12	8		

*Change proposed

As previously stated, the Strategic Risk Register currently includes eight high-level risks and 20 sub-risks. Since the last presentation of this report to the Board and subsequent review of all strategic risks, the strategic risk environment has remained relatively stable, with only one risks (SRR 001D) requesting approval for a change in its risk score and level, as shown below.

Reduction in Risk Score and Exposure

SRR 001D - There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population, *due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.*

The likelihood of the risk occurring has been reduced from 'Likely' (score of 4) to 'Possible' (score of 3) as a result of the British Medical Association's (BMA) agreement to suspend all industrial action in Wales in order to resume negotiations with the Welsh Government over the 2023/24 pay award. It is also worth noting that the dispute has been settled in England.

Although the risk environment has remained stable, the Board should be aware of six sub-risks that exceed the risk threshold for their domain. As a result, the Board must decide whether it is willing to tolerate all risks outside of appetite. The six risks are shown below (Table 3).

Table 3

Overarching Strategic Risk Description	Sub-Risk Description	Risk Profile	Current Risk Score & Level Likelihood x Impact =
SRR 001 There is a risk that the Health Board will be unable to deliver and maintain high-quality	g) Due to long-term financial sustainability plans not being achieved through underachievement of strategic and operational	Theme Financial Sustainability Appetite	5 x 4 = 20 Extreme

quality safe and sustainable services which meet the changing needs of the population	delivery plans to reduce costs to funded levels and improve outcomes.	Minimal - Score 8 and below	
	i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	Theme Safety & Compliance Appetite Minimal - Score 8 and below	4 x 4 = 16 Extreme
SRR 002 There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	Theme Safety & Compliance Appetite Minimal - Score 8 and below	3 x 5 = 15 Extreme
	b) Due to significant levels of backlog maintenance and Structural Impairment		3 x 4 = 12 High
SRR 004 There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.	Theme Safety & Compliance Appetite Minimal - Score 8 and below	3 x 5 = 15 Extreme
SRR 010 The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	b) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements	Theme Safety & Compliance Appetite Minimal - Score 8 and below	3 x 4 = 12 High

The infographic below depicts the Health Board's current risk exposure to the 20 strategic sub-risks, demonstrating that the majority of the strategic risks are in the upper right quadrant of the risk matrix, indicating a high level of risk exposure, and as previously stated in the report, five of those risks fall outside the Board's agreed-upon appetite level.

Risk Scoring Matrix					
Likelihood/ Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)				1 x (Extreme)	
4. Likely (61-90%)				3 x (Extreme)	
3. Possible (41-60%)			1 x (High)	9 x (High)	3 x (Extreme)
2. Unlikely (11-40%)				3 x (Moderate)	
1. Rare (1-10%)					

The Corporate Governance Directorate continues to work with risk owners to assess and improve controls and assurances, as well as to increase transparency on the work being undertaken to implement mitigation in the short, medium, and long term. This will be demonstrated through a revised risk assessment template that will have a greater focus on the high-level actions in place to implement additional controls to bring the risk to within appetite or to a level at which the Board is willing to tolerate the risk. The revised template will be implemented as of June 2024 and will be included in the Board's next report in July.

It should be noted that the Board will only be asked to consider tolerating a risk outside of appetite where there is nothing further that the Health Board can do to mitigate the risk.

If the Board accepts its strategic risk position, the Strategic Risk Register will include eight high-level strategic risks and 20 sub-risks, six of which are managed outside of their predefined risk appetite level.

Corporate Risk Register

Initial meetings with Directors have been held to discuss any potential high-level operational risks in their areas of responsibility that require the Executive Team's support and management via the Corporate Risk Register. The draft corporate risk portfolio will be discussed at the Executive Time Out session in June, during which a focused assessment of these risks, as well as strategic risks, will be conducted to ensure they are reflective of the operating environment and are recorded and reported at the appropriate level. A full report, including the status of strategic and corporate risks, will be presented to the Board at its next meeting in July 2024 to determine the Board's position on the current risk exposure and treatment.

Argymhelliad / Recommendation

The Board is requested to:

REVIEW the strategic risks identified, ensuring that these remain fully reflective of any direct threat to the Board's strategic priorities;

CONSIDER whether it has sufficient assurance that strategic risks are being assessed, managed, and reviewed appropriately and effectively;

NOTE the risks outside of the agreed-upon appetite for the risk domain; and,

NOTE the continued work to ensure risks are being mitigated as far as possible.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
Workforce	Not Applicable
Service Activity & Performance	Not Applicable
Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements

	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

Risk ID	Monitoring Committee	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Actions to Reduce Risk to Target	Assurance that the Risk is being manged effectively	Target Risk Score				Review of Risk	
							Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level	Last Reviewed	Next Review
	People & Culture Committee	People	Director of Workforce and Organisational Development		a)Due to an inability to recruit and retain staff across all disciplines and specialities.	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Reliance on agency and bank staff •Litigation & Financial Penalties	4	4	16	Extreme	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Staff Attendance: Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work., "Hot spot" areas identified and plans in place to support. Recruitment: Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor, Annual programme of Apprentice recruitment, Overseas Nursing (All Wales), Nursing Workforce Strategy, Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22) , Partnerships with employability schemes such as Kickstart and Restart, Actively working with Local Authorities to promote joint recruitment activities and Registration – Temporary register extended for 2 years to enable staff to return to practice. Retention: Development of career pathways (e.g., non-clinical to clinical), Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR, Internal Exit interview group has been established with a view to 1) Increase the numbers of people completing the forms and 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts, Changes in pension regulation and flexile retirement options from October 23 and reduced break in service required following retire and return, Agency reduction and Plan in place to monitor and review all agency, bank pay incentives supply and demand. E-Systems: Effective deployment of current staff - Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff, Development of alternative and new roles , Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP, Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. and Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. Training: The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2022 and beyond which are required to support turnover and existing vacancies, HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy, Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) started with 3 cohorts in September 2022 and recruiting the 4th cohort to start Oct 23. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programs fully booked. Core Leadership prog currently delivering to 200 Staff: Vacancy Numbers and establishment control Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period March 23 there were circa 728 WTE vacancies and Development of ESR establishments commenced on a national basis w/c 03/09/23.	Medium	3	2	6	Low	01/05/2024	01/06/2024
					b) Due to a deterioration in, and a failure to improve, the well-being of our staff	•High absence levels, with some sustained long periods •Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Reputational damage to the health board as an employer •Work-related industrial injury claims •Moral injury	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST & Powys delivering well-being webinars)., Increase wellbeing initiatives: Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites, Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders), Train Mediators so there is team and organisational resilience and network, Regular Schwartz rounds arranged across the Health Board, Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme, Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes for that can be used during breaks for meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision. Chaplaincy service for staff , Re-launching Chill out in the Chapel, Recruitment of staff counsellors, Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being , Scope, design and deliver a programme of research 'Healthy Working Day', Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management, Drafting of a 10-year plan focusing on optimising the employee experience of work , The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations. Occupational Health Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes, Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted, Support equality and diversity of workforce Review of staff diversity networks, Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing. Other Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC, Reducing fatigue poster developed	Medium	3	3	9	Moderate	01/04/2024	01/07/2024

SRR 001				There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	c) Due to insufficient and ineffective leadership levels throughout the organisation.	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve sustainability •Poor levels of accountability and delivery •Reputational damage to the health board as an employer •Adverse impacts on staff recruitment and retention	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Talent and Succession Planning lead appointed in July 2023 on a 6-month secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding. 2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September. Development leadership capabilities Designing learning journeys and access to Gwella Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23- open for current and aspiring CDs 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.	Medium	3	2	6	Low	01/04/2024	07/07/2024
					d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Litigation & Financial Penalties •Reputational damage to the health board and loss of public confidence	3	4	12	High	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Services Business continuity plans in place. All Wales training sessions provide by legal and risk to support industrial action. Ensure early identification of mandated Statutory, and core critical clinical services. Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employees. Such information will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces. Reducing impact on patients - Support for early supported discharge prior to industrial action. Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action). Establish WOD hub with emergency planning to stand up as required Ensure early identification of mandated Statutory, and core critical clinical services. Review of business continuity plans Map services and staff provision and impacts of industrial action. Assess variable pay usage in case of work to rule applies. Assess current vacancies. Working with partners in Gwent on a system wide basis. Implementation of business continuity plans. Communication plans. Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer).	Medium	2	4	8	Moderate	01/04/2024	01/07/2024
	Partnerships, Public Health & Planning Committee	Service Delivery	Director of Strategy, Planning and Partnerships.		e) Due to inadequate strategic plans which respond to population health and socio-economic needs	•Increased demand •Increased patient acuity levels •Worsening of health inequalities •Worsening of health outcomes •Failure to train teams in multi-morbidity management •Failure to comply with the Wellbeing of Future Generations Act (Wales) •Reputational damage and loss of public confidence	2	4	8	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.	Medium	2	3	6	Low	01/04/2024	01/07/2024

					f) Due to unsustainable service models	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Increased demand •Increased patient acuity levels •Worsening of health inequalities •Worsening of health outcomes •Failure to deliver health board priorities, required improvements and achieve sustainability •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy – to launch Summer 2024.	Medium	2	3	6	Low	01/04/2024	01/07/2024
	Finance & Performance Committee	Financial Sustainability	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	•Breach of statutory duty to breakeven over 3 years •Instigation of NHS Wales Escalation & Intervention Arrangements •Non – delivery of health board priorities, required improvements and achieve longer-term sustainability •Prioritisation and possible disinvestment in service delivery •Reputational damage and loss of public confidence	5	4	20	Extreme	Above Appetite Level	Cautious = 12 or below - Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	Update performance management framework Assessment of financial control environment within divisions and corporate teams.	Medium	2	4	8	Moderate	01/05/2024	01/06/2024
	Partnerships, Public Health & Planning Committee	Service Delivery	Director of Public Health and Strategic Partnerships		h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Unable to substantially improve the health of the population ➢ Reputational damage and loss of public confidence ➢ Multi-year CIP calculated on non-recurrent funding ➢ Major grants subject to funding cuts 24/25 ➢ No determined staffing establishment ➢ Possible at-risk TUPE posts ➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts ➢ Government grants focused on particular risk factors	4	4	16	Extreme	Within Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Business cases being written for PIP to increase core funding to deliver objectives. Through Pip process work towards a funded establishment reduce risks associated with permanent staff being funded through temporary funding which impacts on the ability to plan long term.	Negative	2	3	6	Moderate	01/04/2024	01/07/2024
		Compliance and Safety			I) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	➢ Unintended patient harm ➢ Negative patient/public experience ➢ Loss of patient/public trust and confidence ➢ Reduced staff morale leading to potential absence from work Scrutiny from external organisations (AW/HIW/WG) ➢ Punitive Action ➢ Adverse publicity ➢ Financial implications	4	4	16	Extreme	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Performance Management and Assurance Framework Executive Accountability letters – to be issued by the end of May 2024 Divisional Directors Accountability letters – to be issued by the end of May 2024 Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reporting through to the Finance and Performance Committee via Executives Specific areas of focus are discussed at the Value & Sustainability Board System-wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. Embed in the regional programmes of work i.e. ophthalmology, diagnostics, and orthopaedics.	Medium	2	4	8	Moderate	01/05/2024	01/06/2024

SRR 002	Partnerships, Public Health & Planning Committee	Compliance and Safety	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with Health & Safety legislation •Litigation & Financial Penalties	3	5	15	Extreme	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	At this stage, the controls in place are appropriate and practicable to monitor the issues and prepare medium-term responses in line with the timelines within the expert report.	Medium	1	2	2	Very Low	01/05/2024	01/06/2024
					b) Due to significant levels of backlog maintenance and Structural Impairment	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with Health & Safety legislation •Litigation	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.	Medium	3	2	6	Low	01/05/2024	01/07/2024
SRR 004	Partnerships, Public Health & Planning Committee		Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Harm or injury to patients and/or staff •Health Board breaches statutory duties under the Civil Contingencies Act 2004 •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	5	15	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Testing programme of business continuity plans. Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. Repository being created on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies. Joint planning with PH response in response to infection disease and public health incidence. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. Continue to promote awareness in a timely manner. Continue to promote awareness of the requirement for BC across the Health Board. A tabletop BC exercise is planned for the 10th of October 2023. Continuing participation in multi-agency exercises. Programme plan to be developed to address the weaknesses in business continuity planning. Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Development of Pandemic Plan.	Medium	2	3	6	Low	01/05/2024	01/08/2024
SRR 005	Patient, Quality, Safety and Outcomes Committee	Service Delivery	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a) Due to inadequate arrangements to support system-wide patient flow	•Avoidable deaths or significant harm •Delays in releasing ambulances from hospital sites back into the community •Delayed discharges from acute and non-acute settings resulting in deteriorating patients •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans are put in place to ensure: Focus Processing power Capacity Mental health-focussed flow meeting – implement a MH-focussed daily forum to ensure the flow requirements and risk profile is understood across all MH sites. Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions. Regional flow processes not always supported with neighbouring HBs (Health Board)	Medium	3	3	9	Moderate	01/04/2024	01/07/2024

SRR 006	Finance & Performance Committee	Service Delivery	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a)Due to the full or partial failure of existing digital infrastructure and systems	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Data breaches •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	5	15	Extreme	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Implement the recommendations from Templar report: • Outline a step by step process of how the proposed risk treatments need to be implemented. This should include the activities to be performed, who is responsible and deadlines for completion. • Complete any outstanding policy and process development, ensuring there is engagement with non ICT teams including the SIRO and board • Ensure ICT disaster recovery policies are complete and refer to any system specific recovery processes. • Ensure non ICT teams are aware of disaster recovery policies and processes and engaged in developing system breach/failure response definition. • Complete a policy and process review after each incident to identify if anything could be improved in detection, resolution or prevention of a cyber security incident. Also, ensure the same is done whenever there are significant system changes. • Develop the policy and processes for identity and access management to ensure that privileged and critical system accounts are reviewed periodically e.g. 6 to 12 months, with other accounts reviewed through joiners/starters, movers and leavers processes. • Investigate circumstances where dedicated devices can be used for critical system access • Consider plans for certification of users and devices and how those certifications can be used. • Consider how to monitor privileged accounts e.g. with additional logs managing not just by exception but random and planned audits • Assess whether MFA can be implemented for privileged user accounts • Review any critical system logs that are created • Update systems or request updates to create additional logs where possible and include creation of logs on user devices in any investigation • Investigate a means of alerting for specific log conditions • Consider collective identification of appropriate tools and working with other OES within NHS Wales to identify appropriate tools.	Medium	2	4	8	Moderate	01/05/2024	01/06/2024
					B)Due to an adverse impact on service delivery in the implementation of new digital systems	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Data breaches •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security • An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects • Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation • Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success	Medium	2	3	6	Low	07/04/2024	01/07/2024
					c)Due to a failure to develop digital solutions that are sustainable and fit for the future	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve sustainability •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• New governance structures to be put in place by the end of 2023. • Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities • Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process • New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee • Automation of request process via 'Seren' the ICT Portal • Portfolio optimisation to ensure the resources of the service are aligned to key priorities	Medium	2	4	8	Moderate	07/04/2024	01/07/2024
					a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	•Unmet patient need resulting in harm •Ineffective use of combined resources •Delayed decision making •Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve longer-term sustainability •Reputational damage and loss of public confidence	2	4	8	Moderate	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• Governance review of Regional Partnership Board undertaken in August 2023. • Renewed Strategy for strategic partnership Capital in place and revised governance processes. • New Long-Term Strategy for Health Board to focus on Partnership approach. .	Medium	2	2	4	Low	10/04/2024	10/07/2024

SRR 007	Partnerships, Public Health & Planning Committee	Transformation and Partnership Working	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	b) Due to the impact of fragile services across the regional and supra regional geography	Changes of regional flow in an unplanned way Additional demand on UHB workforce to support fragile services Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence	3	3	9	High	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - • An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. • The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions. Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work	Reasonable	2	2	4	Low	16/04/2024	16/07/2024
SRR 008	Patient, Quality, Safety and Outcomes Committee	Transformation and Partnership Working	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff, the public and partners	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	•Adverse impact on patient experience •Failure to deliver health board priorities, required improvements and achieve longer-term sustainability •Reputational damage and loss of public confidence •Failure to deliver Duty of Quality	2	4	8	Moderate	Below Appetite Level	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	• Corporate Engagement Team • Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback • Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning. • Patient Experience and Involvement Strategy • DATIX	Medium	2	2	4	Low	01/04/2024	01/07/2024
SRR 010	Patient, Quality, Safety and Outcomes Committee	Compliance and Safety	Executive Director of Therapies and Health Science	The Health Board will fail to protect the Health and Safety of staff, patients and visitors in line with its duties under the Health and Safety at Work Act 1974	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	• Unintended physical harm; • Punitive actions from the Health and Safety Executive (HSE); • Increased levels of staff sickness; • Loss of estate due to unsafe environments; • Financial implications; • Adverse publicity; and, • Reputational damage	3	4	12	High	Above Appetite Level	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	• Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established.	Negative	2	3	6	Moderate	01/05/2024	01/07/2024

Strategic Risk Dashboard

Reference				Risk Score Matrix
				2 / 4 / 5 / 6 / 8 / 9 / 10 / 12 / 15 / 16 / 20 / 25
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a)Due to an inability to recruit and retain staff across all disciplines and specialities.	
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff	
			c) Due to insufficient and ineffective leadership levels throughout the organisation.	
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	
	Director of Strategy, Planning and Partnerships.		e) Due to inadequate strategic plans which respond to population health and socio-economic needs	
			f) Due to unsustainable service models	
	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	
	Director of Public Health & Strategic Partnerships		h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants	
			i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	
			b) Due to significant levels of backlog maintenance	
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	
SRR 005	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a) Due to inadequate arrangements to support system-wide patient flow	
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	
			b) Due to an adverse impact on service delivery in the implementation of new digital systems	
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future	
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	
			b) Due to the impact of fragile services across the regional and supra regional geography	
SRR 008	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	
SRR 010	Director of Therapies and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	

Assessment of adequacy of assurances	
	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insuffcent in telling us that the conrols in place are working effectively with substantial gaps identified which need to be addressed.

Key		
	Current Score	•
	Target Score	×
	Appetite Threshold	◊
	Current to target	◄ –

RISK THEME	PEOPLE			
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	**a)** Due to an inability to recruit and retain staff across all disciplines and specialties.	**Publication Status**	Public	**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Reliance on agency and bank staff ➢ Litigation & Financial Penalties			**Risk Appetite Threshold - Score 16 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN the** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	4 *(Likely)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	01 May 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*
Next Review Monthly based on the current risk score	01 June 2024			

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Monitoring Framework to support roll-out of the People Plan. Workforce Dashboard to track activity – recruitment, turnover, sickness absence. Supply and demand tracker (Nursing and HCSW). People Plan tracker to support delivery of actions within the People Plan 2022-25. Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. Management of attendance through All Wales Management Attendance at Work Policy. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Nurse Staffing Levels (Wales) Act 201625b/25c. Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. Workforce planning supported by Compendium of new roles to support innovative workforce models. Recruitment KPI's. IMTP (Integrated Medium-Term Plan) Educational Commissioning. Workforce Establishment controls national working group has been instigated. Value and Sustainability Board. **Recruitment** Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. Annual programme of Apprentice recruitment	**Retention** Development of career pathways (e.g., non-clinical to clinical). Talent management and succession planning framework in process of internal assurance. Presented to TUPF through a development session and going to Exec Committee on 06 June 2024. Career conversations and succession planning resources designed, will be available on intranet from 07 June 2024. Career conversation workshops designed, plans in place to advertise dates post 06 June 2024. All Wales self-assessment retention tool being completed at organisational level for Nursing and Midwifery to provide a baseline. **E- Systems** Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Workforce reports to the Nurse Strategic Workforce Group. Monthly sickness monitoring reports. Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. Medical Staffing Co-ordinator review of medical rotas. Cross site operational calls. Occupational Health and Wellbeing dashboards report KPIs. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. Measurements of Wellbeing through the ABUHB (Aneurin Bevan University Health Board) Staff Survey.	**Gaps in Assurance** Detailed intelligence on the issues surrounding retention. **Action to Address Gaps in Assurance** Outcome of the Internal Audit Staff Culture Review Q3 2024/25	**Positive Assurance**

Overseas Nursing (All Wales Recruitment programme) Nursing Workforce Strategy agreed Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022) Partnerships with employability schemes and FE/HE to widen access. Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. Registration – Temporary register extended for 2 years to enable staff to return to practice ending March 2024. **Retention:** Retention lead appointed with programme action plan in place for the next two years. Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR. Week of events planned to support retention agenda in June 2024. This will include a mixed method of online webinars, videos and retention materials. Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts. Changes in pension regulation and flexile retirement options from October 2023 and reduced break in service required following retire and return. **Variable pay reduction.** Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board. **E- Systems** Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. eLocum Bank, eJob Planning, eAgency systems are all 'live' and rolled out within the Health Board. eRostering is planned to go live shortly following ESR interface testing. **Development of alternative and new roles** A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent, and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management. **Training** The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2024 and beyond which are required to support turnover and existing vacancies**.** HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW	**Development of alternative and new roles** Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. Looking to increase assistant band 4 in Community/Mental Health Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity. Increasing consultant therapy and nurse practitioners Nurses with skills to support chronic disease management in Primary Care **Training** HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy Workforce planning within new competency framework commencing June 2024. Development opportunity being scoped for Business support staff and Masterclasses being launched across the organisation for key business critical themes.	Routine Reporting against nurse staffing levels. Variable Pay Programme Board reporting to Value and Sustainability Board **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Long Term Sickness Absence Management (Q4) 2023 - 24 – Outcome Reasonable Assurance Internal Audit Flexible Working 2023/24 (Q4) – Scheduled to be received in Q2 2024/25 External quarterly vacancy reporting to WG External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges - The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.		

funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience. RN/HCSW Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (6 supported this year) Cadet Nursing programme in place (20 candidates last year) K102 bridging model now being offered to support HCSW pathways into registered nursing. Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) is in its second year. Similar program developed for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group which commenced 23 April 2024. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff. **Vacancy Numbers and establishment control** Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period December 2024 there were circa 619 WTE vacancies. Reduction 109 WTE from March 2023. Next reporting update is due mid-May 2024. Development of ESR establishments commenced on a national basis w/c 03 September 2023. Local delivery action plan has been developed and approved by Executive Committee in April 2024. Project workstream established and work commenced. **Staff attendance** Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. “Hot spot” areas identified and plans in place to support.				

RISK THEME	PEOPLE
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**

Strategic Threat	**b)** Due to a deterioration in, and a failure to improve, the well-being of staff.	**Publication Status**	Public

Risk Appetite Level – Open
Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.

Impact

- High absence levels, with some sustained long periods
- Adverse impacts on delivery of care to patients across acute and non-acute settings
- Non-compliance with safe staffing principles and standards
- Reputational damage to the health board as an employer
- Work-related industrial injury claims
- Moral injury

Risk Appetite Threshold – Open Score 16 and below.
Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.

SUMMARY
The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

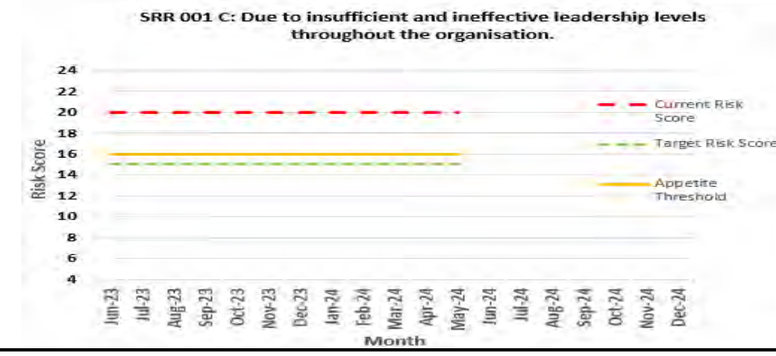
		Risk Exposure	**Current Level**	**Target Level**
Lead Director	Director of Workforce & Organisational Development			
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* x	**3** *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**3** *(Moderate)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*
Next Review Due Quarterly based on the current risk score	01 August 2024			

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall)*
Monitoring Framework to support roll out of the People Plan. Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. Strategic Equality plan Rest and Facilities charter – monitoring and compliance. Staff related policies. National Staff Survey and Health Board Employee Experience Survey External Employee Assistance Programme Speaking up Safely action plan Race/LGBT groups. Wellbeing resources Occupational Health Service Staff diversity networks Regular Schwartz rounds arranged across the Health Board Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own.	Increase wellbeing initiatives: Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders). Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. Trained mediators so there is team and organisational resilience and network. Scope, design and deliver a programme of research 'Healthy Working Day'. Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Dashboard reporting Reporting to monitor the rollout of the People Plan 22-25 Reporting to monitor of demand on wellbeing services **Level 2 Organisational** *(Executed by risk management and compliance functions.)* People and Culture Committee reports (People Plan 22-25) Local wellbeing surveys LNC – reporting of compliance of BMA Rest and Facilities **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* National workforce surveys Monitoring and compliance of BMA Rest and Facilities via NHS Employers Staff Welfare Charter	**Gaps in Assurance** Understand if support is reaching all staff and if staff fell wellbeing is a priority for the organisation. **Action to Address Gaps in Assurance** Meetings with Divisions ongoing to ensure all areas are aware of what's available. Outcome of the Internal Audit Staff Culture Review Q3 2024/25	**Positive Assurance**

Close links with the Arts in Health programme Chaplaincy service for staff Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB. This workstream began in October 2023 and will be developed over the next 12 months with a strong emphasis on evidence analysis and culture. The initial SUS Steering group was held on 14 March 2024, and an externally commissioned SUS hotline will be piloted in April 2024. An external Employee Assistance Programme (Vivup) has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative. **Occupational Health** – Additional occupational health resources secured to reduce waiting times. Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes. Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. **Support equality and diversity of workforce.** A part time Disability Inclusion Officer has been seconded to the EDI Team (December 2023 – December 2024). Band 5 EDI Officer appointed and commence in post at the end of March 2024. Inclusive Leadership sessions embedded in the Leading People Programme from January 2024 onwards. Reverse Mentorship Programme launched February 2024. **Other** Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC Reducing fatigue poster developed.	**Occupational Health**. Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. **Support equality and diversity of workforce.** Review of staff diversity networks. Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing.	Internal Audit Long Term Sickness Absence Management (Q4) 2023 - 24 – Outcome Reasonable Assurance		

RISK THEME	PEOPLE			
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	**c)** Due to insufficient and ineffective leadership levels throughout the organisation	**Publication Status**	Public	**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Failure to deliver health board priorities, required improvements and achieve sustainability; ➢ Poor levels of accountability and delivery; ➢ Reputational damage to the health board as an employer; ➢ Adverse impacts on staff recruitment and retention			**Risk Appetite Threshold - Score 16 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	2 *(Minor)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024			



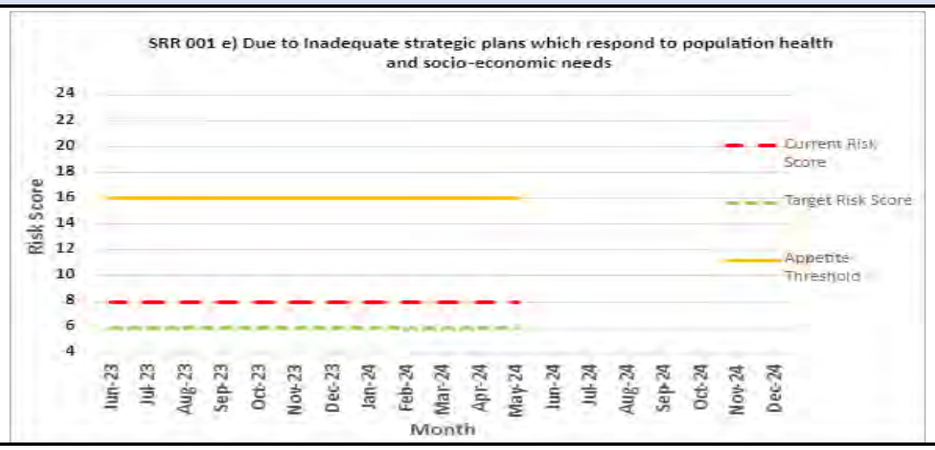
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Talent and Succession Planning Monitoring Framework to support roll out of the People Plan- focus on Talent and Succession Planning Monitoring frameworks with HEIW Lead appointed in July 2023 on a secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify, and develop talent for critical roles across ABUHB. HEIW schemes 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. **Development leadership capabilities** Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Leadership development offer now available for entry level leaders and managers, Clinical Directors, Directorate Manager development programme (DMx) to launch Q1 2024/25, Senior Nurses and multi-disciplinary teams. Learning Masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing teams, and having courageous conversations. Leading People Programme (starting cohort 8 May 2024) 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.	**Talent and Succession Planning** Pilot planned for Finance, Occupational Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy. **Development leadership capabilities** Currently exploring leadership funding options with USW in order to maximise Governmental Grants and utilisation of the apprentice levy. Continued commitment to NHS graduate schemes.	Level 1 Operational *(Implemented by the department that performs daily operation activities)* WOD Divisional reporting Evaluation of internal leadership programmes and regular review of our internal offer Level 2 Organisational *(Executed by risk management and compliance functions.)* Reporting to People and Culture Committee - progress against People Plan 22-25 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Review Talent and Succession Board	**Gaps in Assurance** The effectiveness of the controls in delivering improvements in sufficient and effective leadership. **Action to Address Gaps in Assurance** Outcome of the Internal Audit Staff Culture Review Q3 2024/25	**Positive Assurance**

RISK THEME	PEOPLE			
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	**d)** Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	**Publication Status**	Public	**Risk Appetite Level – Open** Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Litigation & Financial Penalties ➢ Reputational damage to the health board and loss of public confidence			**Risk Appetite Threshold – Open Score 16 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	People & Culture Committee	**Likelihood**	*3 (Possible)* *x*	**2** *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**4** *(Major)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024			

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
All Wales Industrial Action Planning Group Local Health Board planning arrangements Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and CODE OF PRACTICE Industrial Action Ballots and Notice to Employers Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture Effective derogation processes including Christmas Day cover definition. Local Negotiating Committee (LNC) Services Business continuity plans in place. Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. Command and control structure and leads established. Derogation test completed. Executive and Senior Manager leads established links with national planning cells. All Wales training sessions provide by legal and risk to support industrial action. Reducing impact on patients - Support for early supported discharge prior to industrial action. Picketing guidance supported and agreed	Agreement reached in England for Medical & Dental Staff – re-commencement of negotiations in Wales for Medical & Dental Staff. Issue of WHC AFC non pay elements of collective agreement 2022-24. Response to WG on immediate assurance by end May 2024 Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). Communication plans- public, stakeholders and partners Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application. Consideration of further additional national legal advice	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Local Staff re-deployments assessment Divisional engagement and service planning arrangements in place Local Negotiating Committee (LNC) Trade Union Partnership meetings **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Reporting to Executive team Business Continuity groups Command and control structure in place to be implemented as required. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* All Wales IA group and Welsh Government planning group. Debriefing session planned to reflect and capture learning for any potential future action	**Gaps in Assurance** Further industrial action **Action to Address Gaps in Assurance**	**Reasonable Assurance**

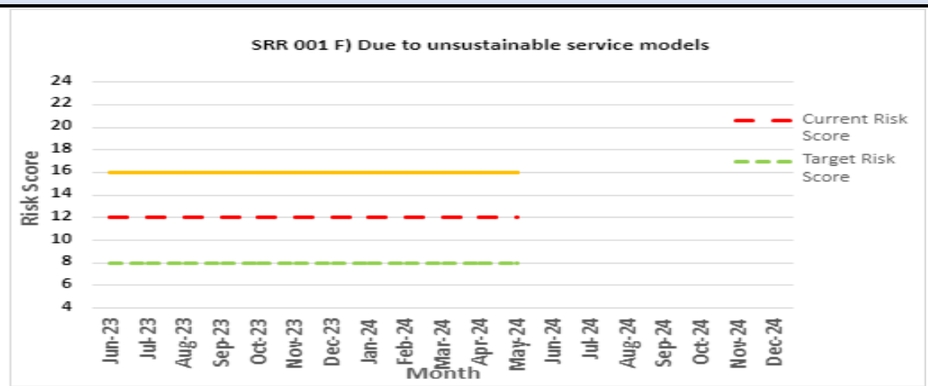
RISK THEME	SERVICE DELIVERY			
Strategic Risk - SRR 001	**There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.**			
Strategic Threat	**e)** Due to inadequate strategic plans which respond to population health and socio-economic needs.	**Publication Status**	Public	**Risk Appetite Level - Open** Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Increased demand ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Failure to train teams in multi-morbidity management ➢ Failure to comply with the Wellbeing of Future Generations Act (Wales) ➢ Reputational damage and loss of public confidence			**Risk Tolerance Level - Open Score 16 and below.** Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all relating risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** the set appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	2 *(Unlikely)*	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 (*Major*)	3 *(Moderate)*
Last Reviewed	01 May 2024	**Risk rating**	**= 8** *(High)*	**= 6** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	Plans to Improve Control *(Are further controls possible to reduce risk exposure within tolerable range?)*	Sources of Assurance *(Evidence that the controls/ systems which we are placing reliance on are effective)*	Gaps in Assurance/ Actions to Address Gaps *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	Assurance Rating *(Overall Assessment)*
Health Board IMTP and associated KPIs Public Health Wales surveillance data Qliksense – performance dashboard Population Needs Assessment and Area Plan Marmot Region Programme	Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Qliksense – performance information SFN – performance information **Level 2 Organisational** *(Executed by risk management and compliance functions.)* IMTP Delivery and Outcomes Reporting to Board Marmot Region Programme RPB reporting to Board and Population Health, Planning and Partnerships Committee Regional Planning reporting to Population Health, Planning and Partnerships Committee Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Reviews 2023-24 1. IMTP Planning (Q1) Outcome – Reasonable Assurance	**Gaps in Assurance** Effectiveness of the plans in delivering improvements **Action to Address Gaps in Assurance** Outcome of the Internal Audit Partnership Arrangements Q1 2024/25	**Reasonable Assurance**

RISK THEME	SERVICE DELIVERY			
Strategic Risk - SRR 001	**There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.**			
Strategic Threat	**f)** Due to unsustainable service models.	**Publication Status**	Public	**Risk Appetite Level - Open** Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Harm or injury to patients and/or staff; ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Increased demand; ➢ Increased patient acuity levels; ➢ Worsening of health inequalities; ➢ Worsening of health outcomes; ➢ Failure to deliver health board priorities, required improvements and achieve sustainability; ➢ Reputational damage and loss of public confidence.			**Risk Tolerance Level - Open Score 16 and below.** Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** the set appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Strategy, Planning and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	Plans to Improve Control *(Are further controls possible to reduce risk exposure within tolerable range?)*	Sources of Assurance *(Evidence that the controls/ systems which we are placing reliance on are effective)*	Gaps in Assurance/ Actions to Address Gaps *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	Assurance Rating *(Overall Assessment)*
The Health Board IMPT and associated KPIs Clinical Futures Transformation programmes. Public Health Wales surveillance data – Covid, flu and other communicable diseases. Qliksense – performance information. Population needs assessment and area plan development by the RPB. Southeast Wales Plan for fragile services.	Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy – to launch Summer 2024.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Public Health Wales surveillance data – COVID, flu and other communicable diseases. Qliksense – performance information. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* IMTP delivery and outcomes reporting to Board. RPB reporting to Board and Population Health, Planning and Partnerships Committee. Regional Planning reporting to Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Reviews 2023-24 1. IMTP planning Q1 Outcome – Reasonable Assurance.	**Gaps in Assurance** Effectiveness of individual arrangements in place to deliver service plans. **Action to Address Gaps in Assurance** Internal Audit Q3 2024/25 IMTP – Service Delivery Plans	**Reasonable Assurance**

RISK THEME	FINANCIAL SUSTAINABILITY			
Strategic Risk- SRR 001	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**			
Strategic Threat	**g)** Due to the failure to deliver a sustainable financial position and longer-term financial plan	**Publication Status**	Public	**Risk Appetite Level - Cautious.** Preference for safe, through accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.
Impact	➢ Breach of statutory duty to breakeven over 3 years. ➢ Instigation of NHS Wales Escalation & Intervention Arrangements. ➢ Non–delivery of health board priorities, required improvements, and achieving longer-term sustainability. ➢ Prioritisation and possible disinvestment in service delivery. ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold - Score 12 and below.** Risks relating to all aspects of our financial performance and our ability to manage cost and efficiencies. **SUMMARY** The current risk level is **OUTSIDE** of the target and **OUTSIDE** of the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Finance and Procurement	**Risk Exposure**	**Current Level**	**Target**
Monitoring Committee	Finance & Performance Committee	**Likelihood**	5 *(Almost certain)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	01 May 2024	**Risk rating**	**= 20** *(Extreme)*	**= 8** *(Moderate)*
Next Review Monthly review based on current risk score	01 June 2024			

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
IMTP 2023/24-25/26 IMTP Delivery Framework Accountability Framework Performance Framework Scheme of Delegation Standing Financial Instructions (SFIs) Standing Orders (SOs) Financial Control Procedure (FCP) Budgetary control Financial Budget Intelligence (FBI) Budget holder training Cost intervention procedures 23/24 savings plans & opportunities. Health Board financial escalation processes. Health Board Pre-Investment Panel (PIP) process. Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. Executive groups and structures established to deliver statutory duties. Assessment of financial control environment within divisions and corporate teams. Financial Escalation Meetings Regular organisational Recovery plan meetings and briefings	Control mechanisms evaluated favourably by Audit. Revised V&SB approach for 2024/25 to help drive financial recovery, separating thematic and divisional scrutiny.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Adherence to SO/SFI/FCPs Regular AFD meetings to discuss position and performance. Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. Performance escalation meetings established. Financial assessment and review report to the Board and Finance & Performance Committee Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. Board Briefing sessions on the financial position. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023 - 24**	**Gaps in Assurance** Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. Development of 3-year recovery plan. **Action to Address Gaps in Assurance** 2024/25 IMTP plans focussed on 'living within budget levels. 2024/25 savings plans to be delivered. Initial budget delegation approved - revised Budget delegations to be issued Q1. Work underway to develop a 3-year recovery plan. Internal Audit 2024/25 - Financial Sustainability	**Reasonable Assurance**

Value & Sustainability Board established. Revised accountability arrangements part of Executive governance.		1. Savings Programmes Q3 2023/24 - Not yet reported. Report expected Q1 2024/25 2. Financial Controls Q2 2023/24 – Not yet reported. Report expected Q1 2024/25 3. Asset Management Q3 – Reasonable Assurance reported to ARAC April 2024 **External Audit Reports 2023 -24** 1. Efficiency Review Q3/Q4 – Not yet reported. 2. Structured Assessment - Received at ARAC November 2023. 3. Audit of Financial Statements Q4 2023/24 – Not yet reported. Financial assessment and review reports to Welsh Government – monthly Enhanced monitoring meetings with Welsh Government – monthly		

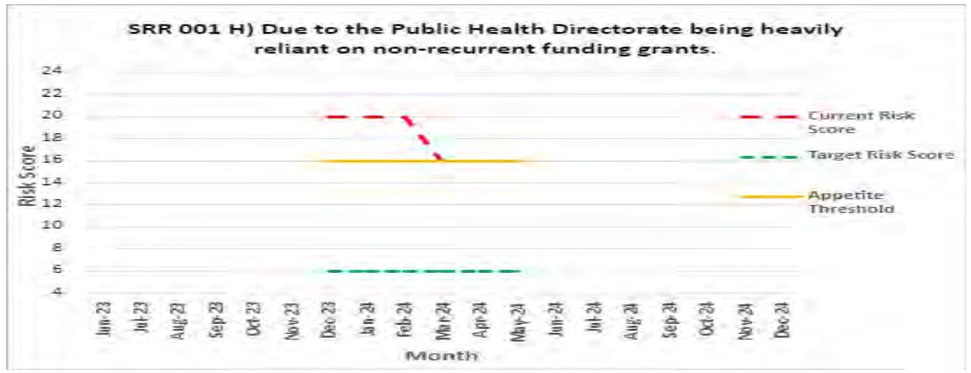
RISK THEME	SERVICE DELIVERY
Strategic Risk - SRR 001	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population.**

Strategic Threat	**h)** Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.	**Publication Status**	Public
Impact	➢ Avoidable harm ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening health inequalities ➢ Worsening health outcomes ➢ Unable to substantially improve the health of the population. ➢ Reputational damage and loss of public confidence	➢ Multi-year CIP calculated on non-recurrent funding. ➢ No determined staffing establishment ➢ Possible at-risk TUPE posts ➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts ➢ Government grants focused on particular risk factors	

Risk Appetite Level – OPEN
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure**.**

Risk Appetite Threshold – SCORE 16 AND BELOW
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy

SUMMARY
The current risk level is **OUTSIDE** of the target level but **WITHIN** the set appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



Lead Director	Director of Public Health & Strategic Partnerships	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Population Health, and Planning Committee	**Likelihood**	**4** *(Likely)* *x*	**2** *(Unlikely)* *x*
Initial Date of Assessment	01 December 2023	**Impact**	**4** (*Major)*	**3** *(Moderate)*
Last Reviewed	01 May 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*
Next Review Due Monthly based on current risk score	01 June 2024			

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Organisational Change Process (OCP) instigated which will enable change to the ways of working and moving to a fully funded permanent structure. Meetings with finance to determine TUPE level and CIP calculation. Local public health risk register. Identified risk relating to structure and finance. Business cases being written for PIP for preventative adverse deaths, Health Protection, and other public health areas. SMT meetings to discuss progress on delivery of objectives linked to the available budget. £11.2M recurrent funding has been agreed and received for Health Protection and vaccination. Work has commenced transferring operational delivery of the vaccination service to Primary Care with oversight from Public Health to ensure effective delivery of programmes (funded by the new recurrent funding from WG to fund Health Protection and vaccination locally)	Business cases being written for PIP to increase core funding to deliver objectives. Through the PIP process work towards a funded establishment to reduce risks associated with permanent staff being funded through temporary funding which impacts the ability to plan long-term. Establish a Health Protection offer within the core Public Health Team to do strategic planning and mitigation and assurance around vaccination delivery.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Monthly finance meetings in place with the Director and Assistant Director Monthly reporting on finance levels **Level 2 Organisational** *(Executed by risk management and compliance functions)* Escalation to the Strategic Risk Register for Board oversight Highlighted and discussed at Corporate Review **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies)* Report delivery of local progress against the national public health strategy through Public Health Peer Group	**Gaps in Assurance** Unable to assess the full impact of gaps in delivering the Public Health offer against the prevention agenda **Action to Address Gaps in Assurance** Through the OCP process we will be able to establish the appropriate areas to place Public Health business for efficient and effective health protection and vaccination delivery. Developing a clear evidence base to understand population need for long-term public health planning.	**Negative Assurance**

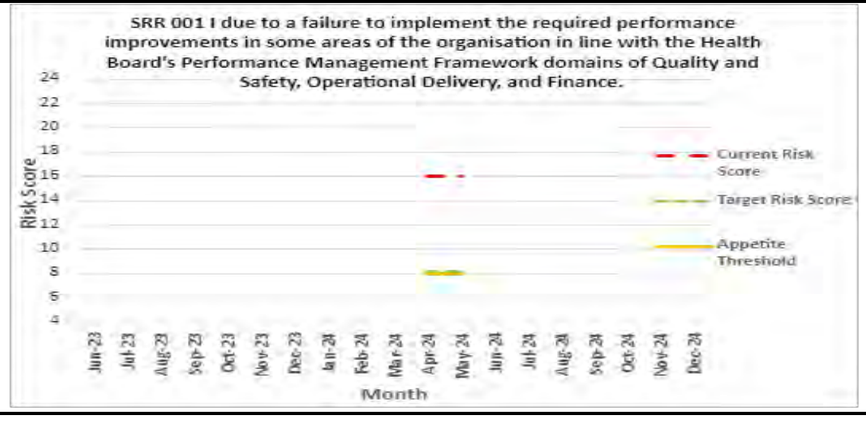
RISK THEME	COMPLIANCE AND SAFETY
Strategic Risk - SRR 001	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population
Strategic Threat	**i)** Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance. — Public
Impact	➢ Unintended patient harm ➢ Negative patient/public experience ➢ Loss of patient/public trust and confidence ➢ Reduced staff morale leading to potential absence from work ➢ Scrutiny from external organisations (AW/HIW/WG) ➢ Punitive Action ➢ Adverse publicity ➢ Financial implications

Risk Appetite Level
Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.

Risk Appetite Threshold – Score 8 and Below
Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.

SUMMARY
The current risk level is **OUTSIDE** of target and **OUTSIDE** of the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

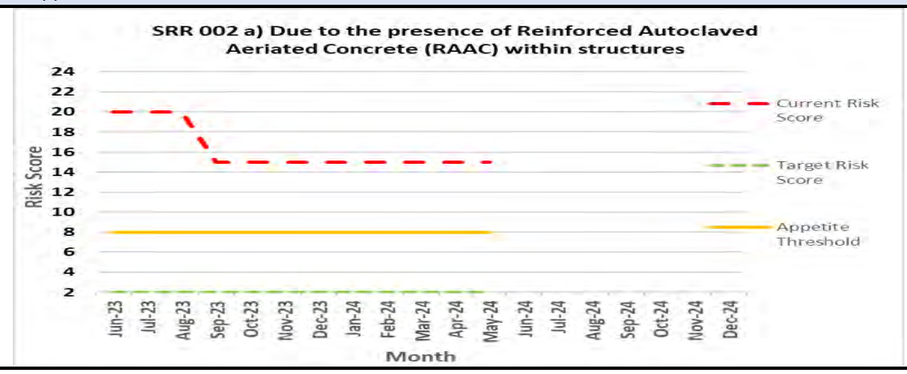
			Current Level	Target Level
Lead Director	Director of Strategy, Planning & Partnerships	**Risk Exposure**		
Monitoring Committee	Finance and Performance Committee	**Likelihood**	*4 (Likely)* x	2 *(Unlikely)* x
Initial Date of Assessment	19 April 2024	**Impact**	***4** (Major)*	4 *(Major)*
Last Reviewed	09 May 2024	**Risk rating**	***= 16 (Extreme)***	***= 8 (Moderate)***
Next Review (Monthly based on current score)	09 June 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Performance Management and Accountability Framework Executive Accountability letters – to be issued by end of May 24 Divisional Directors Accountability letters – to be issued by end of May 24 Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reporting through to Finance and Performance Committee via Executive Committee Specific areas of focus are discussed at Value & Sustainability Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc.	6-month review of Performance Management and Accountability Framework Alignment of internal mechanisms to national escalation framework Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Implement the performance framework. Appropriate Business Partnering Support and analytical support. Review of JD to explicitly include in Assistant Director of Planning and Performance role. Will realign capacity and/or redefine roles to provide explicit support	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* DMTs in place for all Divisions Divisional oversight arrangements – monthly/fortnightly meetings Divisional plans in place and focussed agendas Cross Divisional meeting monthly – progress the wider system way of working. System Leadership Team for awareness and updates **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Established reporting to the Executive Committee Established reporting to the Finance and Performance and Patient, Quality and Safety Committee Established reporting to the Board. Routine reporting through the IQPD process **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* HIW Inspections Llais for feedback	**Gaps in Assurance** How effective the Performance and Accountability Framework is delivering improvements. **Action to Address Gaps in Assurance** Internal Audit 2024/25 Plan - Review of the Performance Management and Accountability Framework (Q3) Internal Audit 2024/25 Plan - Review Divisional Governance Arrangements (Q2)	**Reasonable Assurance**

RISK THEME	COMPLIANCE AND SAFETY			
Strategic Risk - SRR 002	**There is a risk that there will be significant failure of the Health Boards Estates.**			
Strategic Threat	**a)** Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.	**Publication Status**	Public	**Risk Appetite Level - MINIMAL** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact	➢ Harm or injury to patients and/or staff. ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➢ Non-compliance with health and safety legislation. ➢ Litigation and financial penalties			**Risk Appetite Threshold - SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. **SUMMARY** The current risk level is **OUTSIDE** of the target level and **OUTSIDE** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold

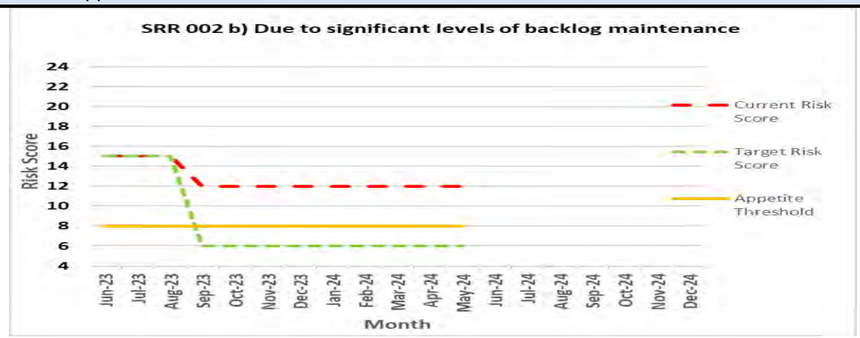
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	1 (*Rare*) x
Initial Date of Assessment	01 June 2023	**Impact**	5 *(Catastrophic)*	2 *(Minor)*
Last Reviewed	01 May 2024	**Risk rating**	**= 15** *(Extreme)*	**= 2** *(Low)*
Next Review Due Monthly based on the current risk score	01 June 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Work to assess the risk has been undertaken with expert external surveyor advice and repeat surveys have recently been completed. Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance. Remediation work to areas of high-risk areas	Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Fortnightly checks in place for the props in place Ongoing engagement with expert surveyor and monitoring of RAAC with additional surveys continuing and reinspection of conditions (a regular 6 monthly inspection) scheduled for June 2024 The estate's function has controlled access to roof areas and has developed and implemented toolbox talks for awareness for estate teams and contractors to work in those areas. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management. Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. Risk assessments completed by the Health and Safety function in those departments with props to manage any consequences of the presence of props. Note: H&S assessments were around the location of props not of RAAC itself and they flagged no issues or alterations. Formal update to full Board in May 2024 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Estates Assurance - Estate Condition audit completed and been shared with Audit Committee and Finance and Performance Committee Fortnightly dialogue with Welsh Government and Shared Services Estates. Links with NHS England and other Health Boards in Wales for shared learning. Ongoing engagement of external surveyors for regular monitoring of the situation in line with recommended timelines.	**Gaps in Assurance** Ongoing management of the issues. **Action to Address Gaps in Assurance** Repeat surveys have been completed and additional more specific and technical surveys have been commissioned and will be undertaken as promptly as possible through the contractor to provide assurance on the work to date as well as determine further management of the risk/issues. Internal Audit Review Nevill Hall RAAC Q1 2024/25	**Reasonable Assurance**

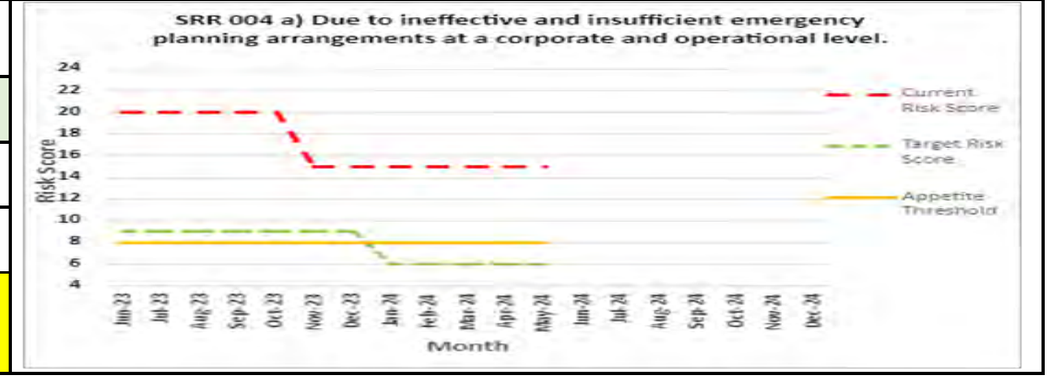
RISK THEME	COMPLIANCE AND SAFETY			
Strategic Risk - SRR 002	**There is a risk that there will be a significant failure of the Health Board Estates.**			
Strategic Threat	**b)** Due to significant levels of backlog maintenance and structural impairment.	**Publication Status**	Public	**Risk Appetite Level – MINIMAL** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.
Impact	➢ Harm or injury to patients and/or staff. ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➢ Non-compliance with health and safety legislation. ➢ Litigation and financial penalties.			**Risk Appetite Threshold – SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. **SUMMARY** The current risk level is **OUTSIDE** of the target level and **OUTSIDE** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Of	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Health Protection & Planning Committee	**Likelihood**	3 *(Possible)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	**2** *(Minor)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Health Board Estates Rationalisation Strategy Health Board Estates Strategy Health Board policies and procedures related to the maintenance of Health Board estate. 6 Facet survey completed in 2019. Divisional Risk Register Multiple policies and SOPs published and communicated to staff. A robust internal training programme in place covering all aspects of estate management including food hygiene. Asbestos reinspection programme (over the next 3 years) Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation	Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. Drive clinical service engagement in compliance meetings where engagement is low. Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Estates and Facilities division improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) Divisional reporting of Statutory and Mandatory training of staff Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Outcome of the Asbestos reinspection programme Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023- 24** Estates Assurance - Estate Condition audit completed and been shared with Audit Committee and Finance and Performance Committee Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level	**Gaps in Assurance** AE reports have shown a deterioration in ratings last year. Membership of HB-wide compliance groups continues to be extended providing wider HB intelligence of the issues. **Action to Address Gaps in Assurance** The Divisional Director (and DP) has implemented a clear approach to compliance monitoring and escalation of AE reports. HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants. Internal Audit Estates Assurance – Energy Management Review (Q4) 2024-25	**Reasonable Assurance**

RISK THEME	COMPLIANCE AND SAFETY			
Strategic risk SRR 004	**There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.**			
Strategic Threat	**a)** Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.	**Publication Status**	Public	**Risk Appetite Level – Minimal** Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls**.**
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Harm or injury to patients and/or staff; ➢ Health Board breaches statutory duties under the Civil Contingencies Act 2004; ➢ Litigation & Financial Penalties; ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold – Minimal Score 8 and below.** Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications. **SUMMARY** The current risk level is **OUTSIDE** of target level and **OUTSIDE** of the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships			
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Risk Exposure**	**Current Level**	**Target Level**
Initial Date of Assessment	01 June 2023	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Last Reviewed	01 May 2024	**Impact**	5 *(Catastrophic)*	3 *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 August 2024	**Risk rating**	**= 15** *(Moderate)*	**= 6** *(Moderate)*



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Major Incident Major Incident Plan – Refreshed and approved at March Board Local/Divisional action cards are in place. Training undertaken service-specific relating to local response. **Business Continuity (BC) /Critical Incident** BC Policy BC Response Guidance BC Template BC Exercise BC debrief learning. HB and LRF Plans. 3 C (Command/Control, Communication) structure in place to respond to incidents. EPRR Group Established. Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. Awareness raising of the requirement for BC across the Health Board through various training programmes. **Infectious Diseases** Joint plan with PH in response to infectious diseases and public health incidence response. **Overall**	Major Incident Exercise 'Euclid' planned for 20th June 2024 – Faculty in place to plan scope and detail of exercise. Testing programme of business continuity plans. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. Develop further training programmes to support staff preparedness to response to an incident. Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. (as this is not fully implemented, it is still	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Departmental debrief following an incident to inform learning and enhance controls. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Debrief with key stakeholders following an incident to inform learning and enhance controls. Report to the EPRR Group from debrief of incidents. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Review(s)** Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance Outcome and feedback from national exercises	**Gaps in Assurance** Robustness of service business continuity plans within Divisions **Action to Address Gaps in Assurance** Recommendations for strengthening resilience following testing of service business continuity plans	**Reasonable Assurance**

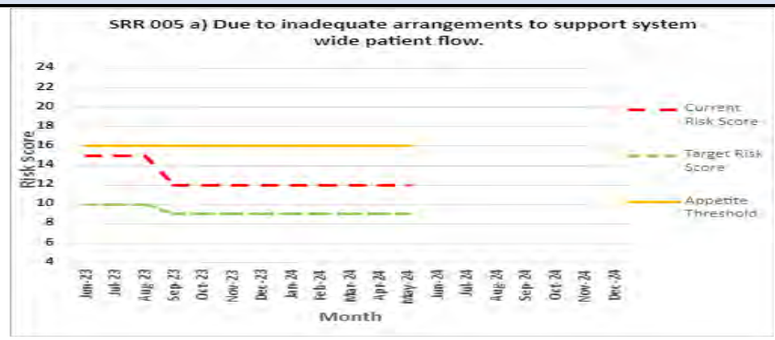
Internal strategic on call training Executive Team attending 2-day strategic training. Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).	being worked through thus would make it additional control until in place)			

RISK THEME	SERVICE DELIVERY			
Strategic Risk - SRR 005	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.**			
Strategic Threat	a) Due to inadequate arrangements to support system-wide patient flow	**Publication Status**	Public	
Impact	➢ Avoidable deaths or significant harm ➢ Delays in releasing ambulances from hospital sites back into the community ➢ Delayed discharges from acute and non-acute settings resulting in deteriorating patients; ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	3 *(Possible)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Catastrophic)*	3 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*
Next Review Due Quarterly based on the current risk score	01 July 2024			

Risk Appetite Level - Open
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.

Risk Appetite Threshold – Open SCORE 16 AND BELOW
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

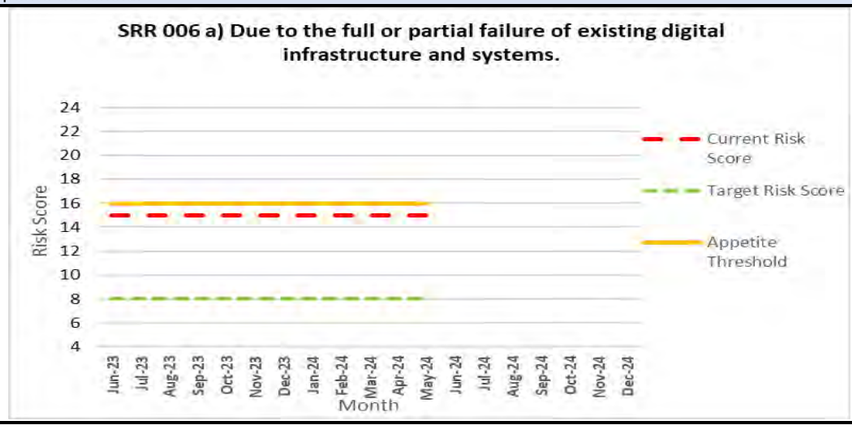
SUMMARY
The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Escalation Policy. Performance and Accountability Framework Major incident Procedures Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team. fortnightly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. Enhanced monitoring in place for U&EC Range of performance measures/metrics in place Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards. Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. Planned care recovery meetings with the NHS execs. Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. WG – IQPD meetings to review areas of focus.	Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. Workshops in diary. Improve regional acceptance of flow processes with neighbouring Health Boards.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* The Escalation Framework has been enacted and is effective in mitigating threats and impact to services. Performance report against measures/metrics **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Divisional Assurance reviews. Performance against measures/metrics reported to the Executive Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews** 1. Intra-site Patient Transfers (Q1) - Not Yet Reported (expected to be received at Audit, Risk & Assurance Committee in February 2024. External inspections/visits.	**Gaps in Assurance** Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. The impact of the Performance and Accountability framework in improving patient flow **Action to Address Gaps in Assurance** Close monitoring and reporting of the frameworks in practice to support learning and improvements. Internal Audit 2024/25 Plan - Review of the Performance Management and Accountability Framework24/25 plan.	**Reasonable Assurance**

RISK THEME	SERVICE DELIVERY			
Strategic Risk - SRR 006	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**			
Strategic Threat	**a)** Due to the full or partial failure of existing digital infrastructure and systems.	**Publication Status**	Public.	**Risk Appetite Level - OPEN** Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Harm or injury to patients and/or staff; ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Data breaches; ➢ Litigation & Financial Penalties; ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold - Score 17 and below.** Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	5 *(Catastrophic)*	4 *(Major)*
Last Reviewed	01 May 2024	**Risk rating**	**= 15** *(Extreme)*	**= 8** *(Moderate)*
Next Review Due Monthly based on the current score	01 June 2024			

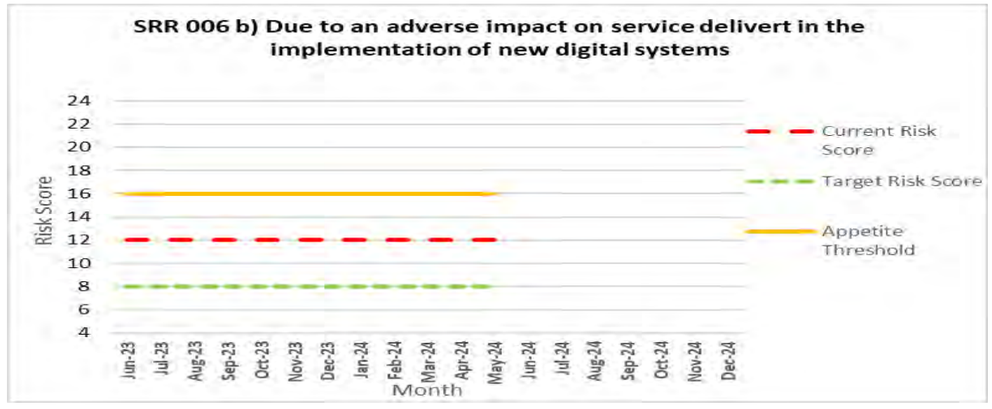


Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall)*
Cyber has developed a Remedial Action Plan to address issues identified within the NIS CAF assessment 2021. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually. Fo0llowing the CRU Assessment in Jan 24, the action plan has been revised and updated to capture further recommendations against NIS CAF. Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. Governance group terms of reference agreed. Meetings started in November 2023. Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff Cyber now undertakes scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report. Cyber has also worked with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber and the Teams to review compliance levels against policy. Results are captured within the monthly Cyber Report.	Implement the recommendations from Templar report: Develop detailed action plan to address recommendations highlighted in CRU assessment report. Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Regular reporting on progress to the Finance & Performance Committee on our cyber security action plan. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal audit Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems.	**Gaps in Assurance** Oversight from NHS Wales Cyber Resilience Unit. **Action to Address Gaps in Assurance** An assessment against CAF was undertaken by CRU in January '24 and the report along with its recommendations has been circulated to key stakeholders.	**Reasonable assurance**

Cyber has worked with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The less service impacting Version 1 is being managed through ICT Departmental risk management process. Cyber has maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. Cyber has begun the roll out simulated phishing campaigns. The initial phish has been tested on ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff. Cyber has also introduced scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023				

RISK THEME	SERVICE DELIVERY			
Strategic Risk - SRR 006	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**			
Strategic Threat	**b)** Due to an adverse impact on service delivery in the implementation of the new digital systems.	**Publication Status**	Public	**Risk Appetite Level - OPEN** Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Data breaches ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold - Score 17 and below** Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold

Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* *x*	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	01 April 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 July 2024			

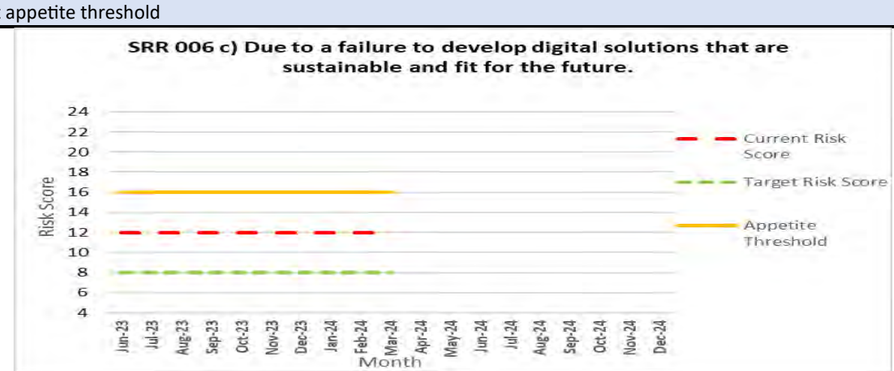


Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services. Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services. Business change team in place to support services in improvement of clinical and administrative processes. Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. Projects support backfilling of clinical time where required.	Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Project Boards meet monthly and report into the quarterly Digital Portfolio Progress Group Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Risk management approach and escalation processes in place in line with the Health Board's Risk Framework **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Regular Reporting to the Finance & Performance Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)*	**Gaps in Assurance** Oversight from NHS Wales Cyber Resilience Unit **Action to Address Gaps in Assurance** Internal Audit Technical Continuity Review Q3 2024/25	**Reasonable assurance**

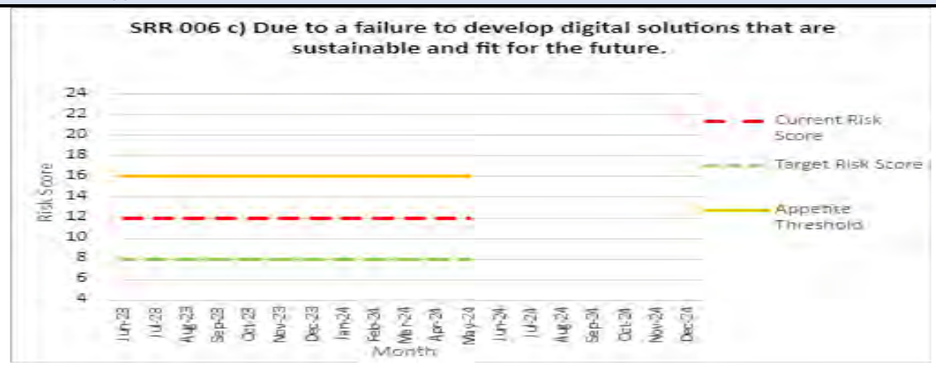
Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects. Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success. Information Governance Sub Committee and Cyber Security Subgroup established		Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. **Internal Audit** Benefits Management review – Outcome Substantial Assurance Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance		

RISK THEME	SERVICE DELIVERY			
Strategic Risk - SRR 006	**There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.**			
Strategic Threat	**c)** Due to failure to develop digital solutions that are sustainable and fit for the future.	**Publication Status**	Public	**Risk Appetite Level – OPEN** Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.
Impact	➢ Harm or injury to patients and/or staff; ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Data breaches; ➢ Litigation & Financial Penalties; ➢ Reputational damage and loss of public confidence.			**Risk Appetite Threshold - Score 17 and below.** Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold

		Risk Exposure	Current Level	Target Level
Lead Director	Director of Digital			
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	07 April 2024	**Risk rating**	**= 12** (High)	**= 8** *(Moderate)*
Next Review Due Quarterly based on current risk score	01 July 2024			



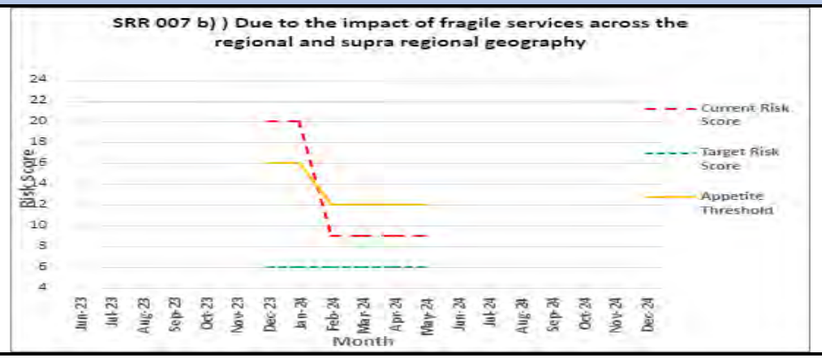
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
New Digital Service Request process in place which provides governance in several key areas: 1. Information Governance – ensuring new services have appropriate controls to keep patient information safe. 2. Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. 3. Patient Safety – ensuring services do not introduce any patient safety risks. 4. Records – ensuring new systems comply with the requirements of records management. Strong business analysis function in operation which ensures the "as-is" and "to-be" process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require. Business change function which ensures implemented systems are effective and deliver the benefits required. Formal framework in place for the adoption of new digital services and best practice guidance followed. Operational delivery aligned to ITIL standards Annual operational plan completed and aligned with IMTP.	New governance structures to be put in place by the end of 2023. Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities. Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process. New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee. Automation of request process via 'Seren' the ICT Portal Portfolio optimisation to ensure the resources of the service are aligned to key priorities. NDSR process redrafted pending ratification. Prioritisation & Optimisation Framework redrafted pending ratification.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Live Microsoft Team Planning Board (Kanban) to manage new digital service requests Fortnightly internal New Digital Service Requests meetings Internal directorate meetings setup monthly to monitor risks and to regularly update and to provide assurance over outstanding action plans **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Regular Reporting to the Finance & Performance Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. **Internal Audit** LINC Programme 23/24 – Not yet published. Network Infrastructure (VPN) 23/24 Q3 - Outcome reasonable assurance	**Gaps in Assurance** **Action to Address Gaps in Assurance**	**Reasonable assurance**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				
Strategic Risk - SRR 007	**There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.**				
Strategic Threat	**a)** Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	**Publication Status**	Public		**Risk Appetite Level - OPEN** Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact	➢ Unmet patient need resulting in harm; ➢ Ineffective use of combined resources; ➢ Delayed decision making; ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability; ➢ Reputational damage and loss of public confidence.				**Risk Appetite Threshold** - **SCORE 16 AND BELOW** All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Strategy, Planning, and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	2 *(Unlikely)* x	2 *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*	
Last Reviewed	01 April 2024	**Risk rating**	**= 8** *(Moderate)*	**= 4** *(Moderate)*	
Next Review Due Quarterly based on current risk score	01 July 2024				

Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including: 1. **The Gwent Public Services Board (Gwent PSB)** brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. 2. **The Gwent Regional Partnership Board** As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care and support is in place to best meet the needs of their respective population. Through these statutory forums formal partnership arrangements take place. In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners. Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams	Governance review of Regional Partnership Board undertaken in August 2023. Renewed Strategy for strategic partnership Capital in place and revised governance processes. New Long-Term Strategy for Health Board to focus on Partnership approach.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Governance Review 2023/24 (Q2) – Underway – due to be reported to the Audit, Risk & Assurance Committee in July 2024.	**Gaps in Assurance** Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements **Action to Address Gaps in Assurance** Implementation plan to be developed following RPB governance review. Health Board strategy development approach to focus on partnership approach. Internal Audit Partnership Arrangements Review (Q1) 2024/25	**Reasonable Assurance**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk - SRR 007	**There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population**			
Strategic Threat	**b)** Due to the impact of fragile services across the regional and supra regional geography	**Publication Status**	Public	**Risk Appetite Level - OPEN** Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.
Impact	➢ Unmet patient need resulting in harm; ➢ Ineffective use of combined resources; ➢ Delayed decision making; ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability; ➢ Reputational damage and loss of public confidence.			**Risk Appetite Threshold - SCORE 12 AND BELOW** All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Strategy Planning and Partnerships	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	04 January 2024	**Impact**	*3 (Moderate)*	2 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	***= 9*** *(High)*	**= 4** *(Moderate)*
Next Review Due Quarterly based on the current risk score	01 July 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.	The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - An absolute commitment to delivering on the existing regional programmes of work but with these 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions (collaborative work has been undertaken in March with a parallel WG review of fragile services across south Wales, to ensure alignment of assumptions and priorities) A further workshop (to include Chairs, Executives and clinicians) has been arranged for June. Discussion ongoing at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Service Divisions reporting to the Chief Operational Officer **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. Regular touchpoint meetings of all key players to review progress and issues arising **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)*	**Gaps in Assurance** Alignment and effectiveness of partners to deliver integrated services **Action to Address Gaps in Assurance** Internal Audit Partnership Arrangements Review (Q1) 2024/25	**Reasonable Assurance**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING
Strategic Risk - SRR 008	**There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.**

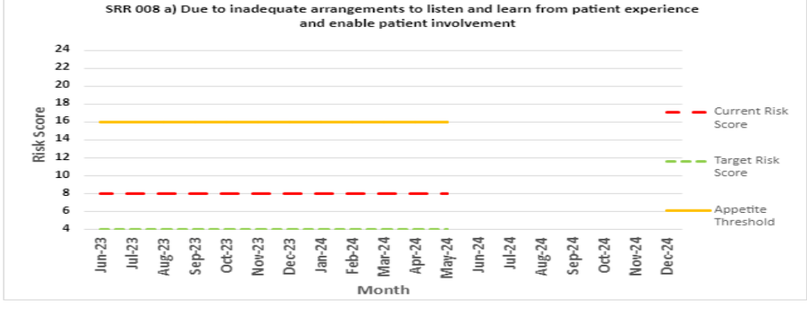
Strategic Threat	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.	**Publication Status**	Public
Impact	➢ Adverse impact on patient experience; ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability; ➢ Reputational damage and loss of public confidence; ➢ Failure to deliver Duty of Quality.		

Lead Director	Director of Nursing	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	2 (Unlikely) x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	**= 8** *(High)*	**= 4** *(Moderate)*
Next Review Due Quarterly based on the current score	01 July 2024			

Risk Appetite Level – Open
Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure

Risk Appetite Threshold – Open SCORE 17 AND BELOW
All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.

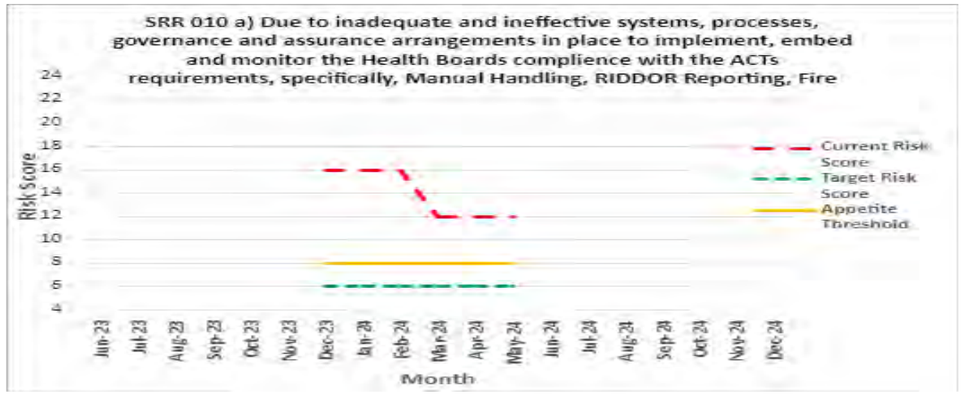
SUMMARY
The current risk level is **OUTSIDE** of target but **WITHIN** the appetite threshold. The target level is **WITHIN** the set appetite threshold.



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence that the controls/ systems which we are placing reliance on are effective)*	**Gaps in Assurance/ Actions to Address Gaps** *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	**Assurance Rating** *(Overall Assessment)*
Corporate Engagement Team Patient Experience and Involvement Strategy- organisational ownership Person Centred Care (PCC) Surveys via CIVICA PCC KPI's (support PCC Quality pillar) 'You said…… we did' public facing information for service areas. PLO service at GUH Introduction of PALS Service (Oct 23) Volunteer Patient Experience Feedback Collaboration to recruit community listeners to support Dementia Awareness Digital patient stories to support listening and learning. Patient Experience and Involvement Strategy DATIX Oversight of Medical Examiner reports to determine patient experience actions. Public Engagement- Big Conversation Bereavement held 20th March 2024 People Participation Panel ED in Progress PALS Single point of contact is established. PALS officers have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. Ned to have discussions with facilities around rooms.	Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. PCCT staff training to support Civica data entry and retrieval. Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. Employment of dedicated PALS team who will have a key role in gaining feedback from patients, staff, and relatives. Monthly reporting in place and quarterly updates to QPSOG Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data National directives around new national surveys that need to be managed additional to internal roll out programme. Volunteer feedback to be reviewed to identify themes. Need to develop bereavement model and improve bereavement offer to meet Bereavement Standards. Resources being scoped. Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams. Concerns are fed back to divisional teams when identified. Outcome of the volunteer feedback to drive improvements. Patient Experience and Involvement Team undertaking Culturally Competent Accreditation Immediate feedback and escalation to clinical teams following PALS queries and concerns. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO) Listening and Learning reported through QPSOG/ Outcomes Committee Implemented PALS DATIX Module **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* LLais Reports HIW inspections Advocacy reports	**Gaps in Assurance** No SMS provision to increase the number of PCC surveys. Scope of the bereavement offer needed. Detailed assessment of patient experience across different themes. **Action to Address Gaps in Assurance** Discussions with VBHC team to consider SMS through DrDoctor with pilot at ED. Patient experience KPI's and common themes need to be identified and reported through the PCC Survey. These will be added to a template patient experience report and CIVICA surveys will be built into ward accreditation.	**Reasonable Assurance**

RISK THEME	COMPLIANCE & SAFETY			
Strategic Risk - SRR 010	**There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974**			
Strategic Threat	**a)** Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	**Publication Status**	Public	**Risk Appetite Level - MINIMAL.** Any risk that has a MINIMAL risk appetite level should be managed to a **Score of 8 or below**. **Risk Appetite Threshold -** Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls**.**
Impact	➢ Unintended physical harm; ➢ Punitive actions from the Health and Safety Executive (HSE); ➢ Increased levels of staff sickness; ➢ Loss of estate due to unsafe environments; ➢ Financial implications; ➢ Adverse publicity; and, ➢ Reputational damage			**SUMMARY** The current risk level is **OUTSIDE** of target level and **OUTSIDE** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Therapies & Health Science	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	**Likelihood**	3 (*possible*) **x**	**2** (*Unlikely*) **x**
Initial Date of Assessment	01 December 2023	**Impact**	***4*** *(Major)*	**3** *(Moderate)*
Date Reviewed	01 May 2024	**Overall Risk Rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Date of Next Review Quarterly based on the current score	01 August 2024			



Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	Plans to Improve Control *(Are further controls possible to reduce risk exposure within tolerable range?)*	Sources of Assurance *(Evidence that the controls/ systems which we are placing reliance on are effective)*	Gaps in Assurance/ Actions to Address Gaps *(Insufficient evidence as to the effectiveness of the controls or negative assurance)*	Assurance Rating *(Overall Assessment)*
Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. Health and Safety Policies and Procedures Dedicated Health and Safety site on ABPULSE Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) Partial Programme of Health and Safety Monitoring (Active & Reactive) Corporate and Directorate Health and Safety Risk Register established. Board Training / Development (delivered on 24 Apr 2024)	Health and Safety Governance and reporting arrangements (Health and Safety Committee) Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) Consultation and communication with the workforce regarding compliance with the Act New ways of working with Divisions to ensure accountability for health and safety is recognised. Implement key performance indicators to monitor health and safety compliance. Review the governance arrangements for the Health & Safety Committee Health and Safety Policies and Procedures to be reviewed. Onboard further Manual Handling trainers across the organisation to improve compliance. Scope for training non-Health Board staff	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* Health and Safety compliance data extracted from ESR and Datix and reported **Level 2 Organisational** *(Executed by risk management and compliance functions.)* Established monitoring of H&S at the Executive Committee Corporate H&S report risk and assurance to the Health and Safety Committee Established monitoring of H&S at the PQSO Committee **Level 3 Independent**	**Gaps in Assurance** Implementation of a health and safety performance report Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act. Compliance on completion of risk assessments and mitigating actions **Action to Address Gaps in Assurance** Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework. Review the membership and ToRs of the Health and Safety Committee	**Reasonable Assurance**

Implementation of the Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern.	Learning from events to be documented and communicated to the organisation.	*(Implemented by both auditors internal and external independent bodies.)* Performance reviews at All Wales Health and Safety Management Steering Group South Wales Fire & Rescue Service fire safety audit programme. Health and Safety Executive reviews/inspections.	Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan Internal Audit Health and Safety Review 2024/25 (Q4)	

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Activity: 18th March 2024 – 2nd May 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report
Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an overview of a range of issues discussed by the Executive Committee during the period 18th March 2024 – 2nd May 2024. Due to the nature of the Executive Committee's business, not all issues will be suitable for disclosure into the public domain.

Cefndir / Background

The Chief Executive Officer is responsible for the overall organisation, management and staffing of the Health Board and its arrangements related to quality and safety of care as well as matters of finance, together with any other aspect relevant to the conduct of the Health Board's business in pursuance of the strategic directions set by the Health Board's Board, and in accordance with its statutory responsibilities.

The Executive Committee is the executive decision-making committee of the organisation, which is chaired by the Chief Executive as Accountable Officer.

The Executive Committee is responsible for ensuring the effective and efficient co-ordination of all functions of the organisation, and thus supports the Chief Executive/Accountable Officer to discharge her responsibilities.

Asesiad / Assessment

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A quarterly Clinical Futures Board, which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development
- Strategic Partnership Arrangements
- Transformational programmes (IMTP/Clinical Futures).

During the period 18th March 2024 –2nd May 2024 the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Executive Committee has also maintained a focus on the performance of the urgent and emergency care system, including ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the entire system.

Other matters discussed include:

- Management of Higher Risk Surgical Patients in RGH POCU: The Executive Committee received an update on the use of the Surgical High Care (SHC) Unit (previously known as POCU), at RGH for higher risk surgical patients. This was

also presented to the Patient Quality and Safety Committee at its meeting on 30th April 2024.

Health, Safety and Fire Improvement Plan: The Executive Committee received an update on the oversight and governance arrangements, and current progress of the Health and Safety Improvement Plan 2023/24. The Executive Committee approved the following:

- The terms of reference and membership of the revised Health and Safety Committee.
- Endorsed the development of a 3-year health and safety strategy and culture plan, and for the strategy and plan to be presented to the Executive Committee by the end of September 2024.

Learning from Death Report: The Executive Committee received an overview of the Learning from Death Report and noted that the aim was to publish a bi-annual report on the Health Boards Learning from Death, with a Primary Care Death Report being available by the end of the year. The framework would allow the Health Board to ensure that services were safe and effective as well as enabling the scrutiny of outcomes of care. This was also presented to the Patient Quality and Safety Committee at its meeting on 30th April 2024.

Volunteering Annual Report: The Executive Committee received the Volunteering Annual Report which identified the key achievements over the past 12 months and recognised the key contribution that volunteers play in enhancing services provided by paid staff, with the aim of improving the experience for patients, their families. This will be presented to the Patient Quality and Safety Committee at its next meeting.

Race Pay Audit and Gender Pay Audits: The Executive Committee considered the audit reports prior to consideration by the Board at its meeting on 22nd May 2024.

Delivery, Performance & Efficiencies

The Executive Committee has monitored and discussed the Health Board's financial position continuously and implemented mitigating actions to improve the forecasted financial position. To ensure a consistent sufficient focus on delivery and to explore further opportunities across the Health Board, an Executive Value and Sustainability Board has been established, with progress reported through the Financial Performance Report presented to the Board.

Other matters discussed include:

Welsh Health Circulars (WHCs): The Executive Committee received several WHCs, issued by Welsh Government, including Preceptorship & Clinical Supervision - Position Statement, Vaccination to Staff to protect against measles, Implementation of the Non-pay Elements of the 2022-24 Collective Agreement, Changes to Dietary Advice on feeding young children and National Clinical Guidance for Stroke.

PROMPT Action Plan: The Executive Committee received an evaluation of compliance against the PROMPT Wales standards, during the period of 1

September 2022 and 31 August 2023. The Executive Committee noted improvements made and action plans to achieve compliance.

Inquiry Programme Update: The Executive Committee received an update on the Health Boards response to date and preparedness for the UK COVID-19 inquiry as a core participant of Module 3.

Complex and Long-Term Care Division: The Executive Committee supported a proposal to realign the Complex and Long-Term Care Directorate to a delegated function of the Primary and Community Care Division.

MBRRACE-uk Perinatal Report 2021: Still Birth Update 2022 & 2023 (IUD Rates): The Executive Committee received an update on the perinatal mortality rates for 2022 and 2023, the ongoing work to reduce mortality rates, and improve outcomes for mothers and babies in the Health Board. The Executive Committee noted the report and discussed the actions taken as a result of the review, noting the improvements made and the positive reduction of mortality rates.

Mat/Neo Programme: The Executive Committee received an update, noting the ongoing collaborative work regarding maternity and neonatal services and the response to the Maternity Neonatal Support Programme. The Executive Committee requested further discussions to strengthen the governance structure and a review of the ToR of Maternity Neonatal Group.

British Association of Perinatal Medicine (BAPM) Standards: The Executive Committee received an update on NICUs current compliance with the British Association of Perinatal Medicine (BAPM) standards. The Executive Team noted the update outlining NICU's current compliance and its ambition and plans for improvement in areas such as Transitional Care, Medical Staffing and the establishment of Allied Health Professionals, including psychology and pharmacy.

Interim All Wales 2024/25 FNC rate: The Executive Committee approved an interim FNC rate for NHS contributions with effect from the 1st of April 2024, pending finalisation of the National FNC rate for 2024/2025.

System Flow Dashboard: The Executive Committee received a demonstration of a newly developed System Flow Dash Board which provides an overview of the management of data across the Health Board.

Request for approval & release of external AHP funding to support the scale & spread of the Community Admission Avoidance Therapy Team (CAATT) 2024/2025 onwards: The Executive Committee re-considered a proposal to utilise external funding to support the scale and spread of the CAATT for 2024/25 onwards which includes the recruitment of a substantive Therapy team. The Executive Committee requested that the expansion of the service be aligned to the demand across the Medical Assessment Units at Ysbyty Ystrad Fawr Hospital and Royal Gwent Hospital.

Welsh Intensive Care Information System: The Executive Committee received an update on the position of the Welsh Intensive Care Information System (WICIS) and was updated in relation to the clinical assurance review and further detailed user acceptance testing that had been carried out by the Health Board. The Executive Committee considered the options around progressing with this system in the context of the national contract.

Strategic Planning & Service Development

The Executive Committee received regular updates in relation to the Health Board strategic planning, service developments and sustainability, including business cases and programmes of work. The following key items were presented:

Pharmacy Robot: The Executive Committee received an updated proposal for the pharmacy robot in the Royal Gwent Hospital and noted the additional costs. The additional costs were mainly due to dispensary alterations, a new fridge and IT costs that were essential for the dispensary to work effectively. It was noted that the new robot at RGH would be sufficient to support all robot services from NHH, minus the services currently provided at Nevill Hall Hospital (NHH) for Powys Teaching Health Board. The Executive Committee supported the additional costs required to replace the Robotic Dispensing System at the Royal Gwent Hospital and requested a Chairs Decision to agree the additional costs.

HEIW Undergraduate Commissioning Numbers 2024-25: The Executive Committee received an update outlining the Health Education and Improvement Wales (HEIW) undergraduate educational commissioning numbers for the 2024-25 Integrated Medium-Term Plan (IMTP) submission. The Executive Committee approved the HEIW undergraduate educational commissioning numbers for the 2024-25 annual IMTP submission.

Development of a Transitional Care Unit The Executive Committee received an update on the key issues for sustaining women and children's services in the Grange University Hospital (GUH) and noted the pressures on midwifery, gynaecology and neonatal service and discussed the proposed changes outlined in the report for the requirement for a Transitional Care unit at GUH.

Strategic Partnership Arrangements

The Executive Committee received updates on the Health Boards arrangements with strategic partners. The updates included:

RPB Lead Organisation- Third Sector Partner Closure & Risks: The Executive Committee received the report requesting Executive Committee support for the continuity of hub provision for unpaid carers as a partner to the Regional Partnership. The Executive Committee noted the contents of the report, and the assurance provided that the governance arrangements put in place by the Partnership PMO had mitigated any financial liabilities being realised to the Health Board, associated with both revenue service provision and the capital asset as the banker/fund manager to the RPB.

Other Formal Business

As standing agenda items, the Executive Committee receives:

- Internal Audit reports issued;
- Routine reporting against Audit Recommendations Tracking; and
- Published Welsh Health Circulars and Ministerial Guidance.

In this reporting period, the Executive Committee has also considered development of papers ahead of Board and Committee consideration, including:

- Quality and Safety Performance Report
- Workforce Performance Dashboard
- Strategic Risk Report
- Financial Performance Report
- Activity & Performance Report
- Limited Internal Audit Reports; Risk Management Final Internal Audit Report April 2024 & Follow up of High Priority, YYF Breast Care Unit Final Audit, and the Internal Audit 2024/25 Workplan.
- Financial Control Procedures
- Race Pay Audit
- Gender Pay Audit
- Endoscopy Business Justification Case

System Leadership Group

The Executive Team established monthly System Leadership Group meetings in 2023, which have continued throughout 2024 with leaders from across the Health Board. The meetings have been used to discuss system wide priorities, including a focus on development of the Annual Plan 2024-25, Genomics Partnership Wales, and Innovation in Radiology, including GAE surgery and the artificial intelligence diagnostic imaging pilot.

Executive Team Development

The Executive Team continues to hold monthly sessions to focus on team development, informal discussion on the development of cultural and strategic aspects as well as enable dedicated attention to key risks and issues. In the last reporting period, the Executive Team has dedicated informal time to focus on team key risks, challenges and opportunities allowing space to explore matters in an informal and collective way.

Argymhelliad / Recommendation

The Board was asked to NOTE the update of the Executive Committee and the overview of some of its activities.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Linked to all IMTP priorities.
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 Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	IMTP- Integrated Medium-Term Plan RAAC- Reinforced Autoclaved Aerated Concrete NICU- Neonatal Intensive Care Unit CMO- Chief Midwifery Officer MHLD- Mental health and Learning Disabilities SHC- Surgical High Care HEIW- Health Education and Improvement Wales OCP- Organisational Change Process FNC- Funded Nursing Care WHC- Welsh health Circulars RGH- Royal Gwent Hospital GUH- Grange University Hospital ToR- Terms of Reference EHCR- Electronic Health & Care Record

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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/	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 Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

Agenda Item:4.13

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee and Advisory Group Update including Assurance and Committee Annual Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

Pwrpas yr Adroddiad Purpose of the Report
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with the Health Board's Standing Orders, a number of Board Committees and Advisory Groups have been established. This report provides, for assurance,

an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required, and,

the Annual report of each Committee of its activities in 2023/24.

Cefndir / Background

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

Audit, Risk and Assurance Committee
Charitable Funds Committee
Patient Quality, Safety and Outcomes Committee
Mental Health Act Monitoring Committee
People and Culture Committee
Remuneration and Terms of Service Committee

Partnerships, Population Health and Planning Committee
Finance and Performance Committee

Assurance Reporting

The following Committee assurance reports for the period are included at Appendix 1:

Charitable Funds Committee- 7th March 2024
Finance and Performance –14th March 2024
Partnerships, Population Health and Planning Committee – 16th April 2024
Audit, Risk and Assurance Committee – 16th April 2024
Patient, Quality & Safety Outcomes Committee -30th April 2024

The annual reports of each Committee are included at Appendix 2 a-f. These reports comprehensively detail the activities of the committee throughout the 2023/24 year and provide further assurance.

Asesiad / Assessment

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

Argymhelliad / Recommendation

The Board is asked to NOTE for assurance this report, and the updates provided from Health Board Committees.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

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/	Not applicable to this specific report, however WBFGA considerations are included within committee's considerations

Appendix 1

Name of Committee:	Charitable Funds Committee
Chair of Committee:	Paul Deneen
Reporting Period:	18th March 2024

Key Decisions and Matters Considered by the Committee:

Finance Report

The Committee received the Finance Report for the period ending 2023/24 noting that:

The financial position of funds as of 31st January 2024 was £5852
Expenditure of £1044K had been incurred in respect of increased expenditure on equipment specifically Ophthalmology and Urology and defibrillators in the community. There has also been increased expenditure for staffing costs relating to grant funded schemes in 2023-2024.
CCLA investment unrealised gains of £244K
Overall financial gain of the funds
No accounts were overdrawn as of 31st January 2024 with no accounts being closed in the period.
5 funds have been merged since start of the financial year
expenditure as a percentage of overall fund balance should increase as the year progresses and so far, to date there had been 730 donations.
At Month 9, 411 funds had decreased in value compared to the previous quarter and 29 static funds had increased compared to the previous quarter.

The Committee was asked to approve two new grant funds as restricted funds, namely:

Grant - The Health Foundation Grant – Head & Neck Cancer (Reducing the delay from referral to diagnosis for Head and Neck Cancer patients
Grant – NHS CT – Stage 2 Community Partnership (Person Centred Meaningful Activities and Engagement)

The Committee was informed that a bid was to be submitted to the Greener Communities 2024 Programme for Decarbonisation Work.

The Committee NOTED the report and APPROVED for the two new grant funds to be established as restricted funds.

Financial Control Procedure Annual Review

The Committee received amendments to the Charitable Funds Financial Control Procedure for approval and was provided an overview of the proposed changes. The Committee was asked to approve three new sections into the procedure which were:

11.7 Team Building
11.7 Staff Wellbeing
11.7 Appendix 1 including information on accessing funds

The Committee APPROVED the amendments.

Briefing Pack for Divisional Managers for Accessing Charitable Funds – Funds Available/Applications

The Committee received the report which introduced a new guide on Accessing Charitable Funds for staff of the Health Board. The Committee was asked to approve the guide and agree for it to be published on the Staff Intranet.

The Committee was informed that once the Accessing Charitable Funds Guide was published the increased visibility and access would help increase the number of applications received.

The Committee APPROVED the Accessible Charitable Funds Guide and AGREED for it be added to the Financial Control Procedure and published.

Charitable Funds – Small Grants Scheme Funds Available and Applications for Consideration

The Committee was notified of the funds available for use in the general account, £22.5K, and was provided with an overview of two bids for consideration.

The Committee was informed that the two bids enclosed were in excess of 5K and both had Executive Director sponsorship. The Committee noted that at present no other source of funding could be found to fully fund the bids

The Committee was informed of the details of the two bids:

> CFC-266 - bid for Staff Recognition Awards and requested funding of £25K.
> CFC-265 - bid for staff resource for the Decarbonisation Programme at ABUHB and requested funding of 13.5K.

The Committee AGREED the Media Fund should fund bid CfC-266 in its entirety. The Committee AGREED CFC-265 would be funded in its entirety from the general pot but firstly other departments/funds would be contacted to see if they could assist with funding.

Development of Committee Annual Programme of Business 2024/25

The Committee was updated that the Corporate Governance Team was developing a programme of business for 2024/25.

The Committee NOTED the Annual Programme of Business.

Committee Annual Report 2023/24

The Committee received the Annual Report.

The Annual Report was welcomed with the request for future reports to note the post/lead rather than their name.

The Committee NOTED the report.

CCLA Investments Review

The Committee was appraised regarding the ratio of Charitable Funds managed by CCLA and funds that were invested in and noted the following proportions:

85% in an Ethical Investment Fund
15% in a Property Investment Fund

The Committee was asked to consider the following options: -

The Committee could decide to do nothing and keep situation review
The Committee could change the proportion of the investment in the property fund but this would result in the loss of an annual income stream

The Committee NOTED the report and decided to review the property fund allocation in 6 months' time.

Legislation Changes

The Committee received an oral update and NOTED there were no changes to legislation regarding the regulation of charitable funds at this point.

Small Grant Scheme – Well Being Pop-Up Event – Terms of Reference Update

The Committee received an update in respect of the Well Being Pop Up events that had previously been funded by the small grant scheme and was assured by the memorandum of understanding document put in place.

The Committee NOTED the Update.

Spending Plans Over £25K

The Committee received the report for information.

The Committee considered how assurance could be provided in respect of those funds where balances are in excess of £25K and how the funds were to be spent.

The Committee agreed that in the first instance those fundholders with no spending plans should be invited to the Committee to provide an overview of their spending plans.

The Committee NOTED the report and agreed to firstly invite high value fund holders to present their spending plans to the Committee.

Matters Requiring Board Level Consideration or Approval:
Board briefing on Charitable Funds
Key Risks and Issues/Matters of Concern:
None Noted

Planned Committee Business for the Next Reporting Period:
Forward work plan for 2024/25
Date of Next Meeting: 3rd July 2024

Name of Committee:	Finance and Performance Committee
Chair of Committee:	Richard Clark
Reporting Period:	14th March 2024
Key Decisions and Matters Considered by the Committee:	

Review of Committee Programme of Business – Committee Self-Assessment

The Committee received the outcome of the annual Committee self-assessment process that confirmed that the Committee was meeting the standards of performance.

The Committee NOTED the performance information contained within the report and NOTED that the improvement actions would be included within the Committee Forward Plan 2024/2025 and wider Board Business Improvement Plan.

Committee Strategic Risk Report

The Committee was informed that no new risks had been delegated by the Board to the Committee since the end of January 2024.

The Committee NOTED the report.

Estates Compliance Report, including Internal Audit Review of Estates and Facilities

The Committee received the Estates Condition Report which provided limited assurance and the Committee was assured that significant matters raised in the report that required management attention was with the Planning Department and Estates Team who were addressing these actions.

The Committee NOTED the report.

The Committee received the Internal Audit Review of Estates and Facilities. The Audit gave:

Reasonable assurance to the Committee for bank process and rostering and,

Unsatisfactory assurance was provided regarding stock management

The Committee was assured that an action plan would be developed to resolve the issues by the end of April 2024.

The Committee NOTED the report.

Performance Overview Report with Exception Reporting

The Committee received the Integrated Medium-Term Plan 2023/26 Quarter 3 Progress Report.

The Committee was updated on the progress that had been made on the Outcomes and Performance Framework.

The Committee was informed that:

22 of the 31 measures had either improved or were statistically similar with 9 deteriorated.
Outcome measures for 'Every child has the best start in life' demonstrated good progress.
There was mixed progress across the adult life course
5 out of the 7 outcome indicators for Older People had improved or was similar.
Across the Dying well as part of life priority area good progress was evidenced

The Committee was also updated on the progress in relation to Ministerial Priorities and the Clinical Futures Programmes:

Variable progress continued to be made
High demand continued for services
Cancer demand continues to increase
The Health Board was ahead of trajectory in eliminating waits of over 156 weeks for treatment
Growth in the total waiting lists
Challenges remain in the timely provision of mental health assessment and interventions
The performance of Urgent & Emergency Care system remains a priority

The Committee was also updated on the IMTP Planning scenario and the following progress was noted:

The planning scenario had largely followed as predicted
Outpatient and inpatient treatments was ahead of projections as of Quarter 3
Progress had been made in reducing the number of the longest waiting patients for planned care treatments
The Quarter 3 forecasts were in line with the actual activity for ED attendances

The Committee NOTED the position against IMTP 2023/24 commitments as at Quarter 3 and the mitigating and improvement actions in place.

Quarterly Update on Implementation of the Performance Management Framework

The Committee received an oral update on updates to the performance management framework.

The Committee was informed:

- Mental Health & Learning Disabilities and Urgent Care Divisions in accordance with the Escalation Framework had been placed into a state of escalation
- Welsh Government escalated the Health Board's level from enhanced monitoring to targeted intervention
- Corporate reviews had been held

The Committee NOTED the oral update.

Monthly Finance Report and Monitoring

The Committee received the Monthly Finance and Monitoring Report.

The Committee received the following assurance:

- The financial performance as at the end of January 2024 and forecast position against the statutory revenue and capital resource limits reported performance was £48.259m
- The savings position for 2023/24 is forecasted as £43.3m
- The Health Board's underlying financial position was a brought forward value of £89.6m
- The capital position as at the end of January was breakeven.

The Committee NOTED the report.

Draft Annual Plan 2024/25, including Draft Financial Plan

The Committee received the draft Financial Plan.

The Committee was advised the draft financial plan was predicated based on:

- Income assumption of £1,716m
- Aims to improve the revenue outturn; improve the underlying deficit identifies savings in excess of 2% that was the minimum set by Welsh Government; identifies medium and long-term opportunities to achieve a 3- year financial balance

The Committee reviewed the draft 2024/2025 forecast which had identified:

£81.4m deficit at the start of 2024/25
From analysis of national pressures £142.8m was identified
New discretionary funding of £51.8m was included
A worst-case position for 2024/25 position was £61.9m
The best-case financial position for 2024/25 was £ 49.5m

The Committee SUPPORTED the draft financial plan to go forward to the Board for approval.

The Committee received the Draft Annual Plan 2024/25. The Committee was informed:

The NHS Wales Planning Framework 2024-2027 Checklist
Three Year Intent to achieve sustainable services by 2027
How Success would be measured in each of the system change areas and priorities
The Health Board was ahead of trajectory in eliminating waits of over 156 weeks for treatment. Improvements had also been made to wait times for treatments with a reduction in patient wait times although the Health Board remains off track to achieve Quarter 3 target.
The growth in total waiting list remains an area of concern largely driven by the outpatient (stage 1) component. Mixed progress was noted across specialities with ENT, Orthopaedics and Ophthalmology currently behind trajectory.

The Committee SUPPORTED the draft annual plan to go forward to the Board for approval.

Operational Control Checklist

The Committee received a Governance and Control Escalation – Operational Control Checklist 2024 report.

The Committee was assured that:

Divisional budget holders had been completing a Governance Operational Control Checklist for their respective areas since October 2023.
The report showed progress at Divisional level since its inception and,
The report demonstrated the agreed calculation method used to arrive at an overall Divisional Governance score
An internal assessment checklist had been created by the Finance Team to improve financial control and governance with the aim to improve financial sustainability and this work was ongoing

The Committee NOTED the report.

An Approach to Reporting Benefits Realisation

The Committee received a report on the approach to Benefits Realisation from Business Case Investment report.

The Committee noted that:

- The Health Board's approach to benefits realisation process was completed through the Pre-Investment Panel (PIP)
- The PIP process scrutinises Business Cases against a set criterion to ensure they were fit for funding
- Benefits realisation was a key element of a business case and constitutes a key part of the PIP's review

The Committee was assured that benefits realisation was also monitored by:

- Digital, Data and Technology Directorate operates a benefits and business change process
- Value in Health Projects and Investments; reporting and evaluation was required nationally
- Regional Partnership Board evaluates Regional Investment Fund schemes
- Post Project evaluations were part of the HM Treasury Models
- Ad hoc requests from Welsh Government on reporting against ringfenced monies were also received

The Committee NOTED the report and next steps.

Matters Requiring Board Level Consideration or Approval:
Draft Annual Plan 2024/25, including Draft Financial Plan
Key Risks and Issues/Matters of Concern:
None Noted
Planned Committee Business for the Next Reporting Period:
Forward work plan for 2024/25
Date of Next Meeting: 17th June 2024

Name of Committee:	Partnerships, Population Health and Planning Committee
Chair of Committee:	Ann Lloyd
Reporting Period:	18th April 2024

Key Decisions and Matters Considered by the Committee:

Committee Strategic Risk Report

The Committee considered the Committee Risk Register, based on the Board's Strategic Risk Register, which included four high level strategic risks and corresponding nine sub-risks delegated to the Committee.

Public Service Board (PSB) Update and Action Plan

The Committee was informed that an action plan had been produced to ensure alignment of priorities with Marmot principles and would focus on key areas . The work of the Public Health team would support these improvements in conjunction with the Strategic Well-Being Action Group.

Two stakeholder workshops had taken place with a focus upon on the best start in life and that PSBs in Wales had been approached to join three national learning cohorts as part of the agenda to shape places for wellbeing in Wales.

Regional Partnership Board (RPB) Update

The Committee was updated on the work of the Regional Partnership Board and was assured that progress was being made against actions arising from the RPB's Governance Review.

The tapering of Regional Integrated Funding would not be applied for the remainder of the funded programme (to 2027). The Committee noted that the RPB was in receipt of a number of revenue grant funding streams to a value of £27m, with £26m allocated to existing projects and £1m available for allocation.

The Committee was updated on the Market Stability Report and noted that increased collaboration was ongoing, with relationships and productivity across all market segments identified as strong.

Regional Planning Update

The Committee was updated on the progress of a number of ongoing regional and South Wales service planning programmes, including Ophthalmology, Diagnostics, Spinal Surgery and Interventional Radiology

The Committee noted that the first phase of the cataracts programme continued to progress to schedule and a business case for longer term cataract development was being developed.

In respect of diagnostics planning, business case development was ongoing and focussed on solutions around a managed service approach for a diagnostics hub and endoscopy service.

The Committee received an update on spinal surgery planning and noted that a spinal surgery operational delivery network for South Wales was established, hosted by Swansea Bay University Health Board.

The Committee noted that in respect of interventional radiology planning focussed on options for delivering longer-term sustainability were under urgent consideration.

Vaccination Programme Update

The Committee was updated on the progress of the vaccination programme and noted that uptake for vaccinations was variable with Flu uptake for over 65s being the best in Wales at 75%, whilst for the younger age group an uptake of 42% was achieved. In respect of uptake for Covid, this focussed on eligibility groups and involved the vaccine being delivered through a blended approach, with a move away from vaccination centres. The Committee noted that an outbreak of MMR had been reported and work was ongoing to ensure that staff were vaccinated.

Integrated Medium-Term Plan 2024-27

Following the Board's discussion in March 2024, the Committee discussed next steps in the delivery of the IMTP and the focus of work to be undertaken in developing the detailed delivery plan for the Board to receive in July 2024.

Clinical Futures Programme Update

The Committee was updated on progress to date in the Clinical Futures Priority Programmes and was advised that:

- the Acute Frailty Response Service commenced in January 2024 with performance identified as positive;
- the etriage system that had recently been launched was paused due to technical issues and would be relaunched in the first quarter of 2024/25;
- Health Pathways Clinical Editors continue to develop pathways with subject matter experts. A launch date was scheduled for mid- April 2024 with 40-50

pathways ready to go live, with a number in draft or in development; with Phase 2 discussions continuing; the line management of Theatres had been transferred into the Clinical Support Services Division and an improvement plan had been developed for the current financial year; the Satellite Radiotherapy Unit development was on track for opening in February 2025;a joint workshop had been held with Velindre University NHS Trust to explore opportunities to increase levels of Systematic Anti- Cancer Therapy (SACT); and a workshop had taken place on the medical model and outputs of service models of Enhanced Local and General Hospital Configuration.
Matters Requiring Board Level Consideration or Approval:
None noted
Key Risks and Issues/Matters of Concern:
None noted
Planned Committee Business for the Next Reporting Period:
As per the Forward work plan for 2024/25
Date of Next Meeting: 1st July 2024

Name of Committee:	Audit, Risk and Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	16th April 2024

Key Decisions and Matters Considered by the Committee:

Apologies for Absence

The Committee was informed that due to apologies, the meeting was not quorate in line with the Committee Terms of Reference; however, a decision was made to proceed on the basis that two independent members were in attendance which met the requirements of the NHS Wales Audit Committee Handbook, it was agreed that all items for decision, where appropriate would be approved in principle with a summary of the reports would be presented for formal approval at the Committee's next meeting. This would be documented and reported in the Annual Governance Statement (AGS).

External Audit Progress Report 2023/24

The Committee received the External Audit Progress Report, which included five planned performance audits, outlined below. One had been completed, one in progress, three are in the planning stage.

- Follow-up of Primary Care Services - - Completed
- Unscheduled Care Arrangements – In progress
- Structured Assessment deep dive - Planning
- Follow-up Quality Governance Review - Planning
- Tackling NHS waiting lists - Planning

To Review the Primary Care Follow-up Report

The Committee reviewed the Primary Care Follow-up report following amendments made to the management responses by the Health Board.

Internal Audit Progress Report

The Committee received the Internal Audit Progress Report. The Committee was informed that from the 2023/24 Internal Audit Plan 13 audits had been reported in final, 6 had been produced in draft, 7 remain in progress and 1 remains at the planning stage.

Internal Audit Reports

The Committee received five reports from the Internal Audit Plan 2023-24 for assurance, three of which concluded reasonable assurance, one concluded substantial assurance and one not-rated.

Unified Breast Unit at Ysbyty Ystrad Fawr – Substantial Assurance

The audit sought to review the management arrangements in place to progress the Ysbyty Ystrad Fawr Unified Breast Unit – in the period after the prior audit which was completed in December 2022.

The Committee was informed that the project was forecast to generate a small surplus of £200,000.

Asset Management – Reasonable Assurance

This internal audit had been undertaken to provide an opinion over the effectiveness of the Health Board's processes to create and maintain accurate and up-to-date records of its equipment assets.

The Committee that positive progress to introduce the RFID process at 67% with an anticipated completion date of March 2025.

Risk Management & Assurance – Reasonable Assurance

The audit sought to assess on the effectiveness of the risk management and assurance arrangements in place within the Health Board in order to ensure that strategic objectives are achieved.

Long-Term Sickness Absence Management – Reasonable Assurance

The audit sought to review the compliance with the NHS Wales Managing Absence at Work Policy. This was not an audit on the number of sickness absence episodes but whether the Health Board is acting promptly and managing the interests of all parties within the process of managing long term sickness absence.

The Committee was informed that the review took place over a sample of areas to determine compliance. Overall, a good level of compliance with the policy was found, particularly within the facilities department.

Follow-up of High Priority Recommendations – Not-Rated

The audit sought to assess whether high priority internal audit recommendations have been implemented and the completeness and accuracy of the updates provided to the Audit, Risk and Assurance Committee via the Audit Recommendation Tracking Tool (the 'Tracker').

To Receive an Early Indication on the Head of Internal Audits Final Opinion Report

The Committee was informed that the number of limited assurance reports had improved, and Internal Audit was hopeful that this trend would continue, as it was seeing increased engagement and improvement as a result of previous audit recommendations, as well as greater visibility of risk management practices in place.

To Receive and Endorse the Internal Audit Annual Workplan for 2024/25

The Committee received an overview of the proposed Internal Audit Annual Workplan 2024/25.

Committee Risk and Assurance Report

The Committee received the report and noted that the strategic risks associated with achieving the Boards strategic priorities were effectively managed for assurance.

The Committee noted that two risks had been de-escalated, there had been a reduction in the risk score and exposure of a further two risks and one new strategic risk had been identified and that seven risks were being managed outside of the agreed appetite for the risk domain. The Committee was assured that the seven actions outside of the Health Board's risk appetite would be assessed and action plans established to bring them to within appetite/tolerance.

Audit, Risk and Assurance Committee Work Plan 2024/25.

The committee received the proposed 2024/25 committee workplan which had been produced in line with the Committees Terms of Reference (ToR) and delegated responsibilities.

The Committee was informed that it would retain responsibility for receiving and approving the Clinical Audit plan, as per the NHS Wales Audit Committee Handbook, however, the outcomes of clinical audit activity would be monitored by the Patient, Quality, Safety and Outcomes Committee.

Audit, Risk and Assurance Annual Report 2023/24.

The Committee received the Audit, Risk and Assurance Committee Annual Report 2023/24.

Internal and External Audit Recommendations Tracking

The Committee was provided with an overview of the report, which included 116 audit recommendations that had been identified as overdue during Quarter 4 (January 2024 – March 2024).

28 recommendations resulting from audits conducted between 2017 and 2021, with an additional 88 arising from audits conducted between 2022-2024 were outstanding; of the 116 recommendations, 61 had revised timescale requests, 5 had been completed, and 5 were overdue with no revised timescale for implementation.

Following Committee approval of the 61 revised timescale requests and 50 completed, the closing position of the Audit Tracker as of 31 December 2023 concluded with 105 live recommendations, 100 not yet due, and 5 overdue.

Single Tender Waivers

The Committee received and noted the ten Single Tender Actions, listed below awarded between 20 January 2024 and 22 March 2024, totalling £1,443,455.97 excluding VAT.

Mobile Decontamination Unit Extension
Security
Bespoke Cot Bed/Safe Space for Child LP
Bespoke Cot Bed/Safe Space for Child ES
Nurses Accommodation
Domestic Violence and abuse (DVA) training, support and referral programme NCN Primary/Community.
Fibro scan Mini Machine – YYF Outpatients
Gritting North Gwent
Educational update for GP Practices CPD
International Nurses Accommodation

Financial Governance, Reporting and Control Procedures

The Committee approved in principle the three financial control procedures listed below.

Accounts Receivable
Counter Fraud Communication Strategy
Contract Management

The Committee noted that the NHS Public sector payment fell just short of the 95% target but was assured that efforts to achieve and maintain the target were being made. The non-NHS payment continued to exceed the 95% target.

Matters Requiring Board Level Consideration or Approval:

No items

Key Risks and Issues/Matters of Concern:

No Items.

Planned Committee Business for the Next Reporting Period:

Formally approve the recommendations contained in the reports listed below from the Committee meeting on 16 April 2024.
Counter Fraud Annual Report
Counter Fraud Annual Work Plan 2024/25
Clinical Audit Annual Report
Clinical Audit Annual Work Plan 2024/25
Review of the Health Boards Annual Report (Overview and Performance section) Part 1
Draft/Final Accounts and Financial Statements (Part 3), including losses and special payments
Review of Audit Enquires to those charged with Governance and Management
Internal Audit Progress Report
Internal Audit Reports

External Audit Work Plan 2024/25 Audit, Risk & Assurance Committee Programme of Business
Date of Next Meeting: Tuesday 21st May 2024 at 09:30

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	30th April 2024

Key Decisions and Matters Considered by the Committee:

Quality Report (interim)

The Committee received the performance report for the period ending April 2024.

The report included an update on the following areas :-

Bereavement Collaborative
Volunteering Case Study
Duty of Candor
Complaints
Health & Safety
HIW
Planned Care
Never Events
mortuary incidents

The key issues arising from this report were:

A big conversation event was held on 20th March 2024, with 170 attendees. During the event 50 expressions of interest to join the bereavement collaborative were received.
A Volunteer to Career story was shared and the Committee noted that there had been a reduction in people volunteering since Covid. The Committee noted that the aspiration was to recruit more volunteers into Mental Health and Emergency Department services.
Improvement in patient experience feedback was noted, and a text option had been made available to patients.
Since April 2023 24,895 Duty of Candour incidents had been reported with 42 incidents during this quarter.
HIW inspections had taken place at Ty Lafant and Talygran Unit.
ENT gate keeper was being used to screen outpatient referrals to facilitate a quicker return on advice and to better guide the patient to the correct pathway. 50 health care pathways were live. Phase 2 strategy was in place with a call centre providing advice to patients who require an outpatient's appointment, with oversight provided by the nursing team.

Listening and Learning Framework

The Committee received the Listening and Learning Framework. The framework would complement and build on Divisional and Directorate assurance arrangements by supporting the Health Board to learn lessons from a range of internal and external sources, with the framework acting as a learning repository for future use.

Development of Committee Annual Programme of Business 2024/25

The Committee received the Committee Annual Programme of Business for 2024/25. The programme was developed with regard to recommendations from the Committee Self-Assessment 2023/24 to enable the Committee to: -

Fulfil its Terms of Reference; and,
Seek assurance and provide scrutiny on behalf of the Board, in relation to those items identified within the Committees terms of reference.

The Committee was assured that there would be a balance of primary and community care and acute reporting throughout the year with a focus on primary care being included in the quality performance report.

Committee Annual Report 2023/24

The Committee received the Committee Annual report for 2023/24, which outlined the work of the Committee during 2023/24.

Committee Risk Report

The Committee received an overview of the risk reporting for assurance, that included a summary of the current strategic risks that had been delegated to the Patient Quality, Safety, and Outcomes Committee for monitoring.

The following 3 risks were reported at a risk level of High and Extreme:-

SRR 005 - There is a risk that the Health Board would be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. (High)
SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public. (High)
SRR 010 - There is a risk that the Health Board would fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974. (Extreme)

Overview of Audit Recommendations Tracking

The Committee received an overview of the internal and external recommendations resulting from planned audit reviews that fall under the remit of the PQSO Committee.

The Committee noted that there were presently 26 outstanding with 3 overdue actions in relation to this Committee.

The Committee was assured that the 3 overdue actions would be closed, with two actions included within the health and safety improvement plan, with the remaining action relating to o the Health Board failing to build positive relationships with patients, staff and the public to be completed by the next Committee meeting.

Learning from Death Report to include an update on the Learning from Death Framework

The Committee received the Learning from Death Framework that had been developed to include a number of mortality indicators. The Committee noted that the aim was to publish a bi-annual report on the Health Board's learning from deaths of patients with the hospitals and would would allow the Health Board to report on a Ward-to-Board level.

The Committee was advised the framework would allow the Health Board to ensure services are safe and effective and would facilitate scrutiny of outcomes of care. It was highlighted that to date the Health Board was coding 80% of learning from deaths.

Update on the Management of Higher Risk Surgical Patients in the Royal Gwent Hospital (RGH) POCU

The Committee received an update on the management of higher risk surgical patients in the Royal Gwent Hospital. The Committee was reminded that approval had been given by the Executive Committee to use the Surgical High Care Unit at RGH for patients with a pre-op mortality.

The Committee was assured the patients at risk on long waiting lists had been removed and provided with elective surgery and confirmed that to date the governance process was working effectively, with no patients being harmed.

3-year Welsh Government Assurance Report on Compliance with the NSLWA 2021-2024

The Committee received for assurance an overview of the 3-year performance of nurse staffing levels in respect of Compliance with the Nurse Staffing Levels Wales Act that provides the framework for the provision of sufficient nurses to allow time to care for patients sensitively wherever they were receiving nursing services.

The Committee was made aware of the measures taken to calculate and maintain nurse staffing levels throughout the 3-year reporting period and was assured of the Health Boards compliance with the Act.

Clinical Audit Annual Plan and Clinical Audit Annual Activity Report

The Committee received the report for information.

Healthcare Inspectorate Wales Annual Report The Committee received the report for information. WHSSC QPSC Chairs report presented to the JCC meeting on 23 April 2024 The Committee received the report for information.
Matters Requiring Board Level Consideration or Approval:
None Noted
Key Risks and Issues/Matters of Concern:
None Noted
Planned Committee Business for the Next Reporting Period:
Review of Committee Programme of Business 2024/25 Committee Risk Report NHS Wales Joint Commissioning Quality Committee Report Performance Report on the Pillars of Quality to include Mental Health and Learning Disabilities assurance Commissioning Assurance Framework, Development, and Implementation Falls and Bone Health Management Annual Report Clinical Audit Outcomes Report Internal and External Audit Reports relevant to the remit of the Committee Child and Adolescent Mental Health Crisis Hub and Safe Accommodation Covid 19 – key learning from programme Annual volunteering report
Date of Next Meeting: Tuesday 4th June 2024

AUDIT, RISK AND ASSURANCE COMMITTEE

ANNUAL REPORT FOR 2023-24

March 2024

Approved by: Audit Risk & Assurance Committee Date Approved: 16 April 2024

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FOREWORD

I am pleased to present the Audit, Risk and Assurance Committee's (the Committee's) Annual Report for the year ended 31 March 2024.

In this report we provide an overview of the work of the Committee and describe the steps taken to strengthen audit, risk management and assurance arrangements in the last 12 months.

The Committee has welcomed the main conclusion of the Auditor General for Wales' in the Structured Assessment for 2023 which concluded that Aneurin Bevan University Health Board: 'has broadly sound arrangements in place for governance, strategic planning and resource allocation and is making good progress in developing and refining its systems of assurance.' The report highlighted further opportunities for improvement in key areas, which will be monitored by the Committee.

The Committee has also acknowledged its role in overseeing the important work that is still being carried out in several areas to improve governance and assurance arrangements. This remains a key focus of the Committee's work in the year ahead.

Finally, I would like to express my personal thanks to all who contributed to the audit, risk, and assurance agenda over the last 12 months.

Special thanks must be extended to Shelley Bosson, whose term as an Independent Member of the Health Board came to an end in March 2024, and Paul Deneen, who served on the Committee until August 2023. Both provided invaluable perspective, challenge, and support to enable the Committee to carry out its duties.

Diolch yn Fawr / Thank you

Iwan Jones
Chair, Audit, Risk and Assurance Committee

INTRODUCTION

The Standing Orders[1] of Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB' or the 'Health Board') state that: "*The Board may and, where directed by the Welsh Government must, appoint Committees 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 all its business extends equally to the work carried out on its behalf by committees*". [Section 3]

The Term of Reference of the Audit & Assurance Committee (referred to throughout this report as 'the Committee') that applied in 2023/24 were approved by the Board in March 2022 (see Appendix 1). These were not changed during the reporting year, 2023/24.

The Committee formally adopted its Terms of Reference, following the Board's approval, on 23 March 2022.

The purpose of the Committee is to undertake scrutiny and review of matters related to audit, financial accounting, assurance, and risk management. In doing so, the Committee will support the Board and the Accountable Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

The remainder of this report describes how the Committee complied with and satisfied the requirements set out within its Terms of Reference during the period 1 April 2023 to 31 March 2024.

2023-2024 WORK PROGRAMME

ABUHB Standing Orders require the Director of Corporate Governance to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

When the Committee's Work Programme (see Appendix 2) was agreed care was taken to ensure that this was aligned to its Terms of Reference and the requirement for the Committee to 'proactively seek information to gain assurance for itself and/or on behalf of the Board'.

[1] abuhb-model-standing-orders-reservation-and-delegation-of-powers-september-2023

The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

FREQUENCY OF COMMITTEE MEETINGS AND MEMBERSHIP

The Terms of Reference state that the committee should meet at least bi-monthly. During 2023-24, the Committee met six times virtually via Microsoft Teams

18 April 2023
23 May 2023 (draft annual accounts)
18 July 2023 (final annual accounts)
12 September 2023
28 November 2023
8 February 2024

The Terms of Reference state that the Committee should have four members; the Committee consisted of the following Independent Members across 2023/24:

Iwan Jones - Chair
Richard Clark – Vice Chair
Shelley Bosson *(up until March 2024)*
Paul Deneen *(up until August 2023)*

As several Board Members' tenures on the Board have come to an end, membership across the committee structure is being reviewed to ensure the right skill mix across the committees to ensure they discharge their responsibilities effectively and to satisfy the Committee's Terms of Reference regarding membership.

Detail of the members and executive directors who attended these meetings is provided at Appendix 3.

Committee meetings were regularly attended by representatives from:

Audit Wales; the Health Board's external auditor;
Audit & Assurance Services NHS Wales Shared Services Partnership (Internal Audit) and;
Local Counter Fraud Services

In 2023-24, the Committee received private briefings (without officers' present) from auditors and the local counter-fraud lead as below:

Internal Audit (*November 2023*)
External Audit (*April 2023 & February 2024*)
Counter Fraud (September 2023)

COMMITTEE REPORTING ARRANGEMENTS

The minutes of Committee meetings are routinely submitted to the Board by way of an Assurance Report, these are included in an overarching Committee Assurance Report.

All Board papers can be accessed via the following link:
Audit Risk and Assurance Committee

COMPLIANCE WITH THE COMMITTEE'S WORK PROGRAMME

Among the key issues considered by the Committee during 2023-24, as outlined in the Committee's Work Programme, the following were also considered:

Health Board Update Report on the Clinical Audit Plan
Health Board Update Report on Clinical Audit Activity
Audit Wales Orthopaedic Services in Wales: Tackling the Waiting List Backlog – National and Local Report
Audit Wales Primary Care Follow-Up Report
Audit Wales Stakeholder Perception Research Report

ASSURANCE AND IMPROVEMENT

The Committee reviewed and approved the audit strategies and plans for the auditors as listed below and received audit reports produced in support of them during 2023-24: -

External Auditors, Audit Wales
Internal Auditors, NWSSP Audit & Assurance Services

In approving the strategies and plans, the Committee ensured that they were robust and linked to the health board's risk profile.

Where reports received a less than reasonable assurance audit rating or where there were specific areas of concern, the appropriate Executive Directors were requested to attend Committee meetings. This process provided opportunities to discuss the reports more fully, and for the Committee to satisfy itself that the findings and recommendations raised in the reports were being addressed in a timely manner and implemented to address control weaknesses or compliance issues.

Certain reports were referred to other Committees of the Board for ongoing monitoring, for example reports relating to clinical governance issues were referred for further consideration by the Patient Quality Safety and Outcomes Committee.

EXTERNAL AUDIT – AUDIT WALES (AW)

The Auditor General for Wales is the statutory external auditor for the NHS in Wales. Audit Wales (AW) undertakes the external auditor role for the Health Board on behalf of the Auditor General.

The Audit Wales 2023 Structured Assessment work reviewed the Health Board's corporate governance and financial management arrangements, particularly the progress made in addressing the previous year's recommendations. Findings from the 2023 review were reported to the Committee in November 2023, prior to submission to the Board in January 2024.

Overall, the Audit Wales report stated: "Overall, we found that while the Health Board governance arrangements are reasonably effective there is scope to provide clarity on both the impacts of actions set out in plans and actions taken to improve performance.'

The report went on to say that:

> Board transparency, effectiveness, and cohesion – the Health Board's Board and Committee arrangements are reasonably effective; however, there are opportunities to improve the quality and timeliness of information to ensure effective oversight over the Health Board's key challenges.
>
> Corporate systems of assurance – the Health Board is making good progress in developing and refining its systems of assurance. However, it will need to effectively embed new arrangements across the organisation to manage the finance, performance, and quality risks it faces.

Corporate approach to planning – the Health Board is developing a new long-term strategy that provides an opportunity to plan more sustainable services. There are reasonably effective arrangements for developing corporate plans; however, progress reports do not provide enough detail to demonstrate delivery is on track.

Corporate approach to managing financial resources - The Health Board is facing significant financial challenges. Whilst there are reasonably effective financial planning and financial management arrangements, the Health Board needs to establish control over savings delivery to prevent the financial position from deteriorating.

Audit Wales was pleased to hear from Committee Members that they fully recognised the conclusions drawn and the key issues that required further improvement in the year ahead.

Copies of reports produced by Audit Wales can be accessed via the following link: Audit Wales Publications.

Each meeting of the Committee received a progress report from Audit Wales and during 2023-24 the Committee received two External Audit reports, relating to the Health Board's External Audit Plan.

Audit Wales Orthopaedic Services in Wales: Tackling the Waiting List Backlog Local Report
Audit Wales Primary Care Follow-Up Report

The following reports are expected to be received in Quarters 1 and 2 of the 2024-25 financial year: -

Structured Assessment – Deep dive review of investment in digital (Q1)
Follow up review of Quality Governance (Q1)
Biodiversity and the Resilience of Ecosystems Duty (Q2)

INTERNAL AUDIT - NHS WALES SHARED SERVICES PARTNERSHIP (NWSSP)

During the first quarter of 2023-24, the Committee received Internal Audit reports from the schedule for 2022-23 as well as reports from

the 2023-24 schedule, including management responses from the relevant Executive Director.

At the time of writing this report, 26 audit reviews have been reported to the Committee. These are detailed in the assurance rating sections.

The Committee will receive the following five final reports from the 2023-24 Internal Audit Plan at its April meeting. These are detailed in the assurance rating sections.

Asset Management
Risk Management & Assurance
Follow-up of High Priority Recommendations
Long Term Sickness Absence Management
Unified Breast Unit at Ysbyty Ystrad Fawr

The three reviews listed below from the 2023 -2024 plan have been deferred.

The Health & Social Care (Quality & Engagement) (Wales) Act
Job Planning
Allegations against Staff Policy

The following 16 reports form the 2023-24 audit scheduled will be presented at Committee meetings during Quarters 1 and 2 of the 2024-25.

Savings Programmes
Financial Controls
Decarbonisation
Medical Equipment and Devices
Waiting List Management
Directorate Review - Theatres
Providing Care to Asylum Seekers
Early Supported Discharge - Stroke
Intra-site Patient Transfers
Regional Partnership Board
Maternity Action Plan
Flexible Working (Advisory)
LINC Programme
Bevan Health and Wellbeing Centre
Newport HWBC
NHH Satellite Radiotherapy

The assurance sections that follow provide a summary of the scope of the Internal Audit Reviews that have been completed and received by the Committee during the financial year, April 2023 to March 2024.

Substantial Assurance

In the following review areas, it was reported that the Board could take substantial assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively. The few matters that required attention were compliance or advisory in nature with low impact on residual risk exposure.

Cyber Security (2022 - 2023)
Executive Lead – Chief Executive Officer
The review sought to provide assurance that the organisation is working to improve its cyber security position, and that appropriate reporting is in place that shows the current status.

Unified Breast Unit at Ysbyty Ystrad Fawr (2023-2024)
Executive Lead – Chief Operating Officer
The audit sought to review the management arrangements in place to progress the Ysbyty Ystrad Fawr Unified Breast Unit – in the period after the prior audit, which was completed in December 2022

Reasonable Assurance

In the following review areas, it was reported that the Board could take reasonable assurance that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively.

Some matters required management attention in either control design or operational compliance and these had low to moderate impact on residual risk exposure until resolved.

Robotic Process Automation (2022-2023)
Executive Lead – Chief Executive Officer
The review sought to ensure that the organisation has an appropriate process in place to securely develop the Robotic Process Automation (RPA) function.

IT Strategy (2022-2023)
Executive Lead – Chief Executive Officer
The review sought to ensure that the organisation has developed an appropriate target operating model to enable to delivery of the Digital Strategy.

Financial Sustainability (2022-2023)
Executive Lead – Director of Finance and Procurement
The review sought to review the key financial management controls within Aneurin Bevan University Health Board including the development and monitoring of savings programmes required for financial sustainability.

Risk Management (2022 - 2023)
Executive Lead – Director of Corporate Governance
The review sought to provide an opinion of effectiveness of the risk management arrangements in place within a sample of divisions. To complete this, we considered key sections of the Risk Management Strategy and Framework.

Monitoring Action Plans (2022-2023)
Executive Lead – Director of Corporate Governance
The review sought to review the arrangements in place within the Health Board for the logging, tracking and implementation of actions arising from external inspectorates (specifically Health Inspectorate Wales (HIW) and Health and Safety Executive (HSE).

Development of a Regional Radiotherapy Satellite Centre (RSC) at Nevill Hall Hospital (2022-2023)
Executive Lead – Director of Strategy, Planning and Partnerships.
The audit sought to review the delivery and management arrangements in place to progress the development of a Regional Radiotherapy Satellite Centre (RSC) at Nevill Hall Hospital, and the performance to date against its key delivery objectives i.e. time, cost, and quality.

Royal Gwent Hospital – Redevelopment & Expansion of Endoscopy Services (2022-2023)
Executive Lead – Director of Strategy, Planning and Partnerships
The audit sought to review the delivery and management arrangements in place to progress the Royal Gwent Hospital Endoscopy Redevelopment & Expansion of Endoscopy Services project, and the performance to date against its key delivery objectives i.e., time, cost, and quality.

Infection Prevention and Control (2022-2023)
Executive Lead – Director of Nursing
The review sought to assess adherence to organisational policies and the Health and Care Standards in Wales.

Integrated Wellbeing Networks (2022-2023)
Executive Lead – Director of Public Health
The review sought to provide an opinion on the Health Board's plan to further develop Integrated Wellbeing Networks across the region.

Dementia Services (2022-2023)
Executive Lead – Director of Nursing
The review sought to ensure that Aneurin Bevan University Health Board has an appropriate process for Dementia Services.

Contract Management (2022-2023)
Executive Lead – Chief Operating Officer
The audit sought to provide a review of the effectiveness of themanagement of operational contracts entered into by Aneurin Bevan University Health Board.

Mental Health Transformation (2022-2023)
Executive Lead – Chief Operating Officer
The audit sought to provide a review of the controls in place for the projects that support the transformation of mental health services within Aneurin Bevan University Health Board.

Bank Office and Temporary Workers (2022-2023)
Executive Lead – Director of Workforce and Organisational Development
The review sought to provide an opinion over the Bank Office and Temporary Workers process. As well as undertook a follow-up audit work on the process for contract and off-contract agency nursing.

IMPT (2023-2024)
Executive Lead – Director of Strategy, Planning and Partnerships.
The review sought to provide an opinion over the controls to ensure the delivery of the IMTP / strategic objectives.

Safeguarding (2023-2024)
Executive Lead – Director of Nursing
The audit sought to review the arrangements in place to ensure that the Health Board discharges its statutory responsibilities.

Clinical Coding (2023-2024)
Executive Lead – Director of Digital
The review sought to provide an opinion over the timely recording of Finished Consultant Episodes (FCE), in accordance with clinical coding standards.

Business Continuity Planning (2023-2024)
Executive Lead – Director of Strategy, Planning and Partnerships.
The review sought to review the arrangements that the Health Board has in place to maintain business continuity in the event of a critical incident, including how learnings from the Covid-19 pandemic have been considered.

Integrated Performance Dashboard – Data Quality (2023-2024)
Executive Lead – Director of Digital
The review sought to assess the accuracy of data utilised within the Integrated Performance Report (IPR) dashboard. In particular, focused on the accuracy of a sample of data used within the reporting of key metrics within the IPR dashboard i.e. that the source data utilised was consistent with the figures within the dashboard.

Stakeholder Engagement on IT Projects (2023-2024)
Executive Lead – Director of Digital
The audit sought to review the framework in place for stakeholder engagement on key IT projects.

Asset Management (2023-2024)
Executive Lead - Director of Finance and Procurement / Director of Digital
This review provided an opinion on the effectiveness of the Health Board's processes to create and maintain accurate and up-to-date records of its equipment assets. The review focused on the roll-out of Radio Frequency (RFID) tagging.

Risk Management & Assurance (2023-24)
Executive Lead – Director of Corporate Governance
This review sought to assess the effectiveness of the risk management and assurance arrangements in place within the Health Board, to ensure that strategic objectives are achieved. This review focused on the management of risks within the Digital Services Directorate

Long-Term Sickness Absence Management (2023-24)
Executive Lead – Director of Workforce and Organisational Development
The review sought to determine compliance with the NHS Wales Managing Absence at Work Policy and whether the Health Board is acting promptly and managing the interests of all parties within the process of managing long-term sickness absence.

Limited Assurance

In the following review areas, it was reported that the Board could take only limited assurance that arrangements to secure governance, risk management, and internal control, within those areas under review, were suitably designed and applied effectively.

More significant matters required management attention with a moderate impact on residual risk exposure until resolved.

Bevan Health and Wellbeing Centre (2022-2023)
Executive Lead – Interim Director of Primary Care, Community and Mental Health
The audit sought to review the management arrangements in place to progress the Bevan Health & Wellbeing Centre.

Discharge Planning (2022-2023)
Executive Lead – Interim Director of Primary Care, Community and Mental Health
The review sought to provide an opinion on the discharge planning process of Aneurin Bevan University Health Board. It has focussed on the management and delivery of planned discharges and has included sample testing of patients admitted during April and May 2022.

Facilities (2023-2024)
Executive Lead – Chief Operating Officer
The review sought to provide assurance over whether appropriate stock processes are in place and whether applicable controls within the process for allocating/approving bank shifts are effective.

Estates Condition (2023-2024)
Executive Lead – Director of Strategy, Planning and Partnerships.
The audit sought to evaluate the arrangements put in place by the UHB to identify and manage key risks associated with the existing estate and the implementation of resulting strategies to manage/mitigate the risk.

No Assurance

There were no audited areas that reported no assurance.

Assurance Rating Not Applicable

The following reviews were undertaken as part of the audit plan and reported or closed by correspondence without the standard assurance rating indicator, owing to the nature of the audit approach.

Clinical Futures - Care Closer to Home (2022-2023)
Executive Lead – Director of Strategy, Planning and Partnerships.
The review sought to provide Aneurin Bevan University Health Board with a consolidated summary of audit work reported as part of the 2022/23 Internal Audit Plan that covers the area of Clinical Futures – Care Closer to Home, and whether the Health Board is on track to implement its overall objective of Care Closer to Home.

Putting Things Right (2023-2024)
Executive Lead – Director of Nursing
To review sought to determine if there are alternative processes or approaches that can be adopted by the Health Board to improve the overall management of Putting Things Right.

Follow-up of High Priority Recommendations (2023-2024)
Executive Lead – Director of Corporate Governance
The review sought to assess whether high-level internal audit recommendations have been implemented and the completeness and accuracy of the updates provided to the Committee via the Audit Recommendation Tracking Tool (the 'Tracker')

MONITORING AND IMPLEMENTATION OF AUDIT RECOMMENDATIONS

At each meeting, the Committee received an update on the status of internal and external audit recommendations. At the February 2024 meeting, assurance reports for pre-2022 audit recommendations were submitted to provide a greater level of assurance regarding the work being undertaken to implement and close any legacy recommendations.

The development of simplified processes and strengthened relationships with service leads and executive directors has resulted in improvements in the implementation of recommendations.

In April 2024, the Committee will receive an internal audit review of the monitoring and tracking of high-level recommendations, whilst this is an advisory report, there were a couple of findings with one medium-rated recommendation. The findings of the report will be used as a baseline to inform the areas of focus for 2024/25.

RISK MANAGEMENT

RISK MANAGEMENT FRAMEWORK

In May 2023, the Board reviewed its strategic risks to ensure they were consistent with its strategic objectives and ministerial priorities. This provided an opportunity to review the Health Board's risk management processes and update the Risk Management Framework, to enable the Health Board's risk management maturity to develop and progress.
The Committee received the revised Risk Management Framework, Policy, and Risk Appetite Statement for review and endorsement at its November

meeting before submitting it to the Board for formal approval in January 2024.

The Risk Management Framework, Policy, and Appetite Statement provide assurance that the Health Board has robust risk management processes in place, with a clear structure of risk escalation via hierarchical risk registers and assurance meetings to ensure delivery of operational and strategic objectives.

Since the refreshed approach and the establishment of the Strategic Risk Register, it has been determined that a greater emphasis on assurance mapping across the Three Lines of Defence Model to demonstrate assurance sources is necessary. Furthermore, reporting of the Corporate Risk Register will commence in 2024 to provide a holistic view of strategic and corporate risks (high-level operational risks).

To strengthen the internal control system, a system-wide assurance mapping exercise linked to the Quality Assurance and Performance Management Frameworks will be carried out to provide the Committee with the assurances it requires regarding its delegated responsibilities.

In late 2024, the Committee will receive an updated report on risk management that includes an assessment of the Health Board's risk management maturity.

Internal Audit completed its annual review of Risk management in March 2024. The purpose of the review was to assess the effectiveness of the risk management and assurance arrangements in place across divisions in order to ensure that strategic objectives are met. The review concluded with a reasonable assurance outcome and only one medium-rated recommendation, which is concerned with risk recording on the electronic risk management system, Datix, which is underway.

The development of a 'Once for Wales' risk management module is still in progress, with an implementation date postponed until the national group is satisfied that the system is fit for purpose and includes all the functions required for a robust and effective risk management system.

In the forthcoming financial year, 2024/25, the Corporate Governance Directorate will begin a period of communication and engagement with staff to launch the Risk Management Framework. To coincide with the launch, the Head of Corporate Risk and Assurance will increase visibility across the Health Board, raising awareness and providing staff with the knowledge and skills needed to incorporate risk management into their daily processes. This will be undertaken in a structured way, meeting with departments/directorates and divisions to begin embedding the Health

Board's agreed-upon approach to risk management and the escalation process to mature the Health Board's risk management practices.

FREQUENCY OF RISK REVIEWS AND REPORTING

At each meeting of the Committee, an overview of the Strategic Risk Register is provided with detailed risk assessments of the risks. The Board then receives the overview of the Strategic Risk Register, and any areas of concern are highlighted, as appropriate.

COMMUNITY OF PRACTICE – RISK MANAGEMENT

The Risk Management Community of Practice (CoP) has been temporarily suspended while its Terms of Reference are reviewed, and its purpose determined.

The risk management group will be refreshed in 2024 to enhance its value, promote risk maturity, and share best practices for risk management and organisational learning.

SELF ASSESSMENT & EVALUATION

The Committee undertook its first mid-year self-assessment in September 2023 with the findings reported to the Committee in November 2023.

Overall, the Committee agreed it was discharging its responsibilities effectively, that reports were appropriate and provided the necessary detail for assurance, though this assurance can be reinforced through appropriate questioning.

There were four specific actions the Committee felt would add value to the Committee's Programme of Business, these have been considered and included in the draft 2024/25 Committee Programme of Business for consideration by the Committee.

The similarities in findings across the Committee structure from the mid-year self-assessments are being considered as part of the wider Board Business Improvement Plan that will be implemented throughout 2024/25.

The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, the interconnectedness of the committees

and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

KEY AREAS OF FOCUS IN 2024-25

In the year ahead the Committee will continue to focus on those matters that will strengthen audit, risk, and assurance arrangements. The Committee Work Programme has been designed to ensure that in relation to all aspects of audit:

- internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information;
- adequacy of disclosure statements (Governance Statement) which are supported by the Head of Internal Audit Opinion and other opinions;
- internal and external audit recommendations continue to be monitored, reviewed, and evaluated to ensure compliance and where compliance is not evidenced, clear, agreed rationale is provided;
- the policies and procedures related to fraud and corruption, and;
- that the system for risk management is robust in identifying and mitigating risks.

Thus, enabling the Committee to provide the Board with assurance that the risks impacting on the delivery of the Health Board's objectives are being appropriately managed.

The annual Committee Programme of Business will be reported to each meeting for discussion.

Hardcopies of the Work Programme can be obtained from the Director of Corporate Governance, Headquarters, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3XQ.

CONCLUSION

This report provides a summary of the work undertaken by the Committee over the past 12 months and demonstrates how the Committee has complied with the Terms of Reference.

APPENDICES

Appendix 1 – Audit, Risk & Assurance Committee Terms of Reference 2023/24

Appendix 2 - Audit, Risk & Assurance Committee 2023/24 Work Plan

Appendix 3 - Independent Members and Lead Executives Attendance at the Audit, Risk & Assurance Committee Meetings 2023/24

Appendix 1

Terms of Reference & Operating Arrangements

Document Title:	Audit, Risk & Assurance Committee Terms of Reference – 2023/24
Date of Document:	March 2022
Current version:	Approved
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

Version: Approved

Date: March 2022

1. INTRODUCTION

1.1 Section 2 of Aneurin Bevan University Health Board's Standing Orders (referred to in this document as 'ABUHB or the 'Health Board') Standing Orders provides that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the THB 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 all its business extends equally to the work carried out on its behalf by committees*".

1.2 The Board has established a committee to be known as the Audit, Risk and Assurance Committee (referred to throughout this document as 'the Committee'). The Committee has been established in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.

1.3 The detailed Terms of Reference and operating arrangements approved by the Board for this Committee are detailed below.

2. PURPOSE

2.1 The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:

- independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;
- advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;
- Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and

- Working with the other committees of the Board to provide assurance that governance and risk management arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Audit, Risk and Assurance Committee will advise the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisation's activities;
- the Annual Accountability Report, which includes the Annual Governance Statement;
- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;
- the planned activity and results of internal and external audit;
- adequacy of management response to issues identified by audit activity, including external audit's management letter;
- assurances relating to the management of risk and corporate governance requirements for the organisation;
- systems for financial reporting to the Board (including those of budgetary control);
- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and
- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

The Audit, Risk and Assurance Committee will also periodically review its own effectiveness and report the results of that review to the Board.

3.2 The Committee's workplan will include:

- a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;

- a progress report from the Head of Internal Audit summarising:

  - ✓ work performed (and a comparison with work planned);
  - ✓ key issues emerging from the work of internal audit;
  - ✓ management response to audit recommendations;
  - ✓ changes to the agreed internal audit plan; and
  - ✓ any resourcing issues affecting the delivery of the objectives of internal audit;

- a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the Audit Wales, for example, Value for Money reports and good practice findings);

- management assurance reports;

- reports (where appropriate) on action taken within the Board's Scheme of Delegation as regards:
  - use of single tender waivers;
  - extensions of contracts:
  - writing off of losses; or
  - the making of special payments;

- A report summarising progress in the implementation of audit recommendations, together with a copy of the Audit Recommendations Tracker;

and when appropriate the Committee will be provided with:

- proposals for the terms of reference of internal audit / the internal audit charter;

- the internal audit strategy;

- the Head of Internal Audit's Annual Opinion and Report;

- quality assurance reports on the internal audit function;

- the draft accounts of the organisation;
- the draft Annual Accountability Report which includes the Annual Governance Statement;
- a report on any changes to accounting policies;
- external Audit's management letter;
- a report on any proposals to tender for audit functions;
- a report on co-operation between internal and external audit;
- the organisation's Risk Management strategy;
- periodic reporting on Post Payment Verification Audits, and arrangements for managing declarations of interest and gifts and hospitality; and
- annual review of the Board's Standing Orders and Standing Financial Instructions, monitoring compliance and reporting any proposed changes to the Board for consideration and approval.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 The Committee's programme of work will also be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;
- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Experience, Quality & Safety Committee;

- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the Board and the Accountable Officer or through the work of the Board's committees;

- the work carried out by key sources of external assurance, in particular, but not limited to the health board's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;

- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply; and

- the results of audit and assurance work specific to the health boards, and the implications of the findings of wider audit and assurance activity relevant to the HB's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

3.5 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. It 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, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.6 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, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.7 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit, Risk & Assurance Committee.

3.8 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.9 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.10 The Committee may, subject to the approval of the LHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 Membership will comprise a minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	Independent Member of the Board x 2
	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 members of the Executive Team will be regular attendees:

- The Accountable Officer
- Director of Finance, Procurement and VBHC
- Director of Corporate Governance

Other attendees will be:

- Head of Internal Audit
- Local Counter Fraud Specialist
- Representative of the Auditor General/External Audit

4.3 By invitation: The Committee Chair may extend invitations to attend committee meetings to the following:

- other Executive Directors; 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 secretariat for the Committee will be provided by the Office of the Director of Corporate Governance.

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 notify the Committee Chair or Committee Secretariat that they are unable to attend a meeting, and there is a danger that the Committee will not be quorate, the Chair can invite another independent member to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings. However, meetings shall be held as a minimum on a Bi-Monthly basis (six times per year) and in line with the health board's annual plan of Board Business. However, additional meetings will be called, in agreement with the Chair of the Committee, if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.4 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

5.5 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, it retains overall responsibility and accountability for the audit and assurance. 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, through its Chair and members, shall 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
- appropriate escalation of concerns.

In doing so, contributing 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 corporate standards, priorities and requirements, e.g., equality and human rights 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, on behalf of the Board, 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

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

The Board and Board Committee Handbook provides detailed guidance on the conduct of the Committees business.

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 2

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AUDIT, RISK & ASSURANCE COMMITTEE
PROGRAMME OF BUSINESS 2023/24

The purpose of the Audit, Risk and Assurance Committee is to support the Board and Accountable Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

This Annual Programme of Business has been developed with due regard to guidance set out in NHS Wales' Audit Committee Handbook (June 2012), to enable the Audit, Risk and Assurance Committee to: -

- fulfil its Terms of Reference as agreed by the Board (March 2023);
- seek assurance and provide scrutiny on behalf of the Board, in relation to the delivery of the key elements of the health boards internal and external audit, counter fraud and PPV arrangements (second and third lines of defence);
- seek assurance that governance, risk and assurance arrangements are in place and working well;
- seek assurance in relation to the preparation and audit of the Annual Accounts; and
- ensure compliance with key statutory, national, and best practice audit and assurance requirements and reporting arrangement.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24					
			18 April 2023	May 23 *Draft Accounts*	July 18 *Final Accounts*	12 Sept	28 Nov	08 Feb 2024
Preliminary Matters								
Attendance and Apologies	Standing Item	Chair	√	√	√	√	√	√
Declarations of Interest		All Members	√	√	√	√	√	√
Minutes of the Previous Meeting		Chair	√	√	√	√	√	√
Action Log and Matters Arising		Chair	√	√	√	√	√	√
Committee Requirements as set out in Standing Orders								
Development of Committee Annual Programme of Business 2023/24	Annually	Chair & Director of CG	√					√
Review of Committee Programme of Business	Standing Item	Chair	√			√	√	
Annual Review of Committee Terms of Reference 2023/24	Annually (April)	Chair & Director of CG	√					
Annual Review of Committee Effectiveness 2022/23	Annually (September)	Chair & Director of CG					√	
Committee Annual Report 2022/23	Annually (April)	Chair & Director of CG	√					
Corporate Governance, Risk & Assurance								
Receive assurance on implementation of the Governance	Quarterly	Director of CG					√	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24					
			18 April 2023	May 23 *Draft Accounts*	July 18 *Final Accounts*	12 Sept	28 Nov	08 Feb 2024
Priorities set out within the IMTP 2022-25								
Review and report upon the adequacy of arrangements for declaring, registering and handling interests	Annually	Director of CG			√			√
Receive full report of all offers of gifts and hospitality as declared	Annually	Director of CG			√			√
Compliance with Ministerial Directions	Bi-Annually	Director of CG			√		√	
Compliance with Welsh Health Circulars (WHCs)	Bi-Annually	Director of CG			√		√	
Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation	Annually	Director of CG						√
Audit Recommendations Tracking Report	Standing Item	Director of CG	√	√	√	√	√	√
Annual Review of Risk Management Strategy	Annually	Director of CG						√
Report on the Implementation of the Risk Management Strategy Realisation Plan	Bi-Annually	Director of CG	√				√	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24					
			18 April 2023	May 23 *Draft Accounts*	July 18 *Final Accounts*	12 Sept	28 Nov	08 Feb 2024
Annual Review of the Board Assurance Framework Process	Annually	Director of CG	√					√
Committee Risk & Assurance Report	Standing Item	Director of CG	√	√	√	√	√	√
Financial Governance and Control								
Report of the use of Single Tender Action	Standing Item	Director of FPV	√			√	√	√
Report of Losses and Special Payments *(May report will be included in the Accounts)*	Bi-Annually	Director of FPV		√			√	
Reviewed and Updated Financial Control Procedures	As Required	Director of FPV	√			√	√	√
Annual Report and Accounts								
To consider the approach and timelines for the Annual Report and Accounts	Annually	Director of FPV & Director of CG	√					
Review the Health Board's Annual Report (Overview & Performance Section) (Part 1)	Annually	Director of CG		√	√			
Review Draft/Final Accountability Report, including Annual Governance Statement (Part 2)	Annually	Director of CG		√	√			
Review Draft/Final Annual Accounts and Financial Statements (Part 3)	Annually	Director of FPV		√	√			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24					
			18 April 2023	May 23 *Draft Accounts*	July 18 *Final Accounts*	12 Sept	28 Nov	08 Feb 2024
Audit Enquiries to those charged with Governance and Management	Annually	Director of FPV		√				
Audit Wales, Audit of Accounts (ISA 260) including Letter of Representation	Annually	External Audit			√			
Final Annual Accounts Memorandum	Annually	External Audit					√	
Receive the Annual Head of Internal Audit Opinion (including Specialised)	Annually	Internal Audit			√			
Agree a recommendation to the Board in respect of the audited annual report and accounts	Annually	Chair			√			
Anti-Fraud								
Review of the Counter Fraud, Bribery and Corruption Policy	3-Yearly (Feb 2026)	Director of FPV	-	-	-	-	-	-
Receive the Counter Fraud Annual Report	Annually	Head of CF	√					√
Agree the Counter Fraud Annual Workplan	Annually	Head of CF	√					
Receive a Quarterly Report on Counter Fraud Activity	Quarterly	Head of CF			√		√	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24					
			18 April 2023	May 23 *Draft Accounts*	July 18 *Final Accounts*	12 Sept	28 Nov	08 Feb 2024
Agree the Counter Fraud Functional Standard Return Declaration	Annually	Head of CF			√			
Receive the Post Payment Verification Annual Report	Annually	PPV Manager (Amanda Legge)				√		
Agree the Post Payment Verification Annual Workplan	Annually	PPV Manager		√				
Receive a Mid-Year update in respect of Post-Payment Verification Activity	Annually	PPV Manager					√	
Clinical Audit								
Ratify the Clinical Audit Plan 2023 – 2024 to be overseen by the PQSO Committee	Annually	Medical Director			√			
Receive an Annual Report 2023 – 2024 on Clinical Audit Activity	Annually	Medical Director						√
Internal Audit (Including Specialised Audit) – NWSSP Audit & Assurance Services								
Agree the Internal Audit Annual Workplan	Annually	Head of Internal Audit		√				
Receive Internal Audit Progress Reports	Standing Item	Head of Internal Audit	√	√	√	√	√	√

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24					
			18 April 2023	May 23 *Draft Accounts*	July 18 *Final Accounts*	12 Sept	28 Nov	08 Feb 2024
Receive Internal Audit Review Reports, reviewing the adequacy of executive & management responses to any issues identified, ensuring that they are acted upon	As Scheduled within Annual Work plan	Head of Internal Audit Plan						
Review and approve Internal Audit terms of reference (charter) and the effectiveness of internal audit	Annually	Head of Internal Audit with Chair			√			
External Audit – Audit Wales								
Receive the External Audit Annual Audit Report	Annually	Audit Wales						√
Agree the External Audit Annual Plan	Annually	Audit Wales		√				
Receive the 2023 Structured Assessment	Annually	Audit Wales					√	
Receive External Audit Progress Report 2023-24	Standing Item	Audit Wales	√	√	√	√	√	√
Review of External Audit Reports including results & the adequacy of executive & management responses	As Scheduled within Annual Work plan	Audit Wales						

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24					
			18 April 2023	May 23 *Draft Accounts*	July 18 *Final Accounts*	12 Sept	28 Nov	08 Feb 2024
to any issues identified, ensuring that they are acted upon								
Consider any Audit Wales National Value for Money Examinations & Performance Reports	Ad-hoc	Audit Wales						
Audit, Risk and Assurance Committee Members to meet Independently with:								
External Audit Team	Bi-Annually	Chair	√					√
Internal Audit Team	Bi-Annually	Chair					√	
Local Counter Fraud Team	Bi-Annually	Chair				√		

KEY	
D of CG	Director of Corporate Governance
D of FPV	Director of Finance, Procurement and Value
Head of CF	Head of Counter Fraud
PPV	Post Payment Verification

KEY	
√	Received at the scheduled meeting
X	Not received / Deferred to future meeting
Received √	Received deferred Item
	Draft & Final Accounts

Appendix 3

Attendance at 2023-24 Audit, Risk and Assurance Committee Meetings: Independent Members and Lead Executives

Meeting Dates	18 April 2023	23 May 2023	18 July 2023	12 September 2023	28 November 2023	08 February 2024
MEMBERS						
Iwan Jones (Chair)	√	√	√	√	√	√
Richard Clark (Vice Chair)	√	√	Apologies	√	√	√
Shelley Bosson	√	√	√	√	√	√
Paul Deneen	√	√	√	No longer a member of the Committee		
OFFICERS						
Chief Executive	√	Apologies	Apologies	Apologies	√	Apologies
Director of Finance & Procurement	Apologies *(Representative attended)*	√	√	√	√	√
Director of Corporate Governance	√	√	√	√	√	√

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

Charitable Funds Committee

Annual Report for 2023-24

DATE March 2024

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Chair's Foreword

I took on the role of Chair of the Charitable Funds Committee (CFC) in the summer of 2023, and I am very pleased to present this Annual Report for the year ended 31st March 2024.

In this report we provide an overview of the work of the committee over the last 12 months. CFC ensures that the Board's policies and procedures for charitable funds investments are followed in relation to legislative framework. The CFC also has responsibility of administering all charitable funds and providing information via an Annual Report to the ABUHB of its work. The funds are also audited annually by Audit Wales.

I take this opportunity to thank all members of the committee for their input and advice over the past 12 months. I also place on record my particular thanks to all the staff at ABUHB and others who have been involved with the CFC work for their support and professionalism, which is much appreciated.

Diolch yn Fawr / Thank you

Paul Deneen
Chair
Charitable Funds Committee

1. Introduction

1.1 Section 1 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 Charitable Funds (referred to throughout this document as 'CFC' 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 Charitable Funds Committee is to Ensure the stewardship and effective management of funds which have been donated, bequeathed, and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.

1.4 This report describes how the CFC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

2 2023-24 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for CFC in 2023-24 is attached to this report (see Appendix 2).

A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives CFC flexibility to identify changing priorities or any need for further assurance or information.

2.2

In January 2024, the Committee received the Charitable Funds Annual Accounts report for 2022/23 which provided Members with greater assurance of the work of the charity, this included the position of the financial actives or year ended 31st March 2023.

Donations, Legacies and Grants, had decreased by £54K from the previous year to £614k.
Income from the Chartable activities, had increased by £118k, mainly due to the funds received for the filming at St Cadocs Hospital.
Investment income had increased by £13k from the previous year to £200k due to an increase of investments.
Expenditure had increased by £118k due to the spends relate to staff education & welfare and new equipment.
Loss on Investment Assets, there had been a loss of £370k due to the stock market increases on underlying investments.

The Annual Account report for the period can be accessed via this link on item 2.1____

2.3 Throughout the year the Committee received the Finance report on the current financial position for each quarter, providing Members with assurance of income, total spend, donations, grant income and total losses.

The charities position at the end of the finical year was reported as: -

Income increased to £630k, although this was £254K less than last year due to a decrease in donations, legacies, and other incomes.
Total expenditure was £113k, this was an increase compared to last year due to expenditure in relation to equipment and staff funding costs in the first 8 months of the year.
CCLA investment was £80k.
Overall deficit of £103k.
£443k in the current account.
No overdrawn accounts or new fund requests.
5 merged funds during the year.
609 donations with a total of £168k.

This provided the Committee with assurance that the charity was in a positive financial position going into the next financial year.

2.4 The Committee approved several small grants throughout the year, with each grant having a positive impact on the Health Boards duties.

Throughout the year the Committee received updates on the projects that had previously been agreed that included:

Incontinence fund bid, 8k had previously been agreed to support the setup of the incontinence project, to date this project was still in progress and that a further update of the outcome of this project, would be presented at the March's Meeting.
Value Based Conference, £4.5k had previously been agreed to support the education programme and the running of the conference. The outcome of the conference was positive and other projects had been identified during the conference that included:

- MRI development
- Increasing the uptake of breastfeeding.
- Urgent suspected cancer referrals, patient health optimisation using digital forms.

The Committee was assured as to the benefits of the conference and noted that plans were in place for repeating the conference albeit on a more affordable basis.

During the year the Committee has agreed to support investment into the following projects :-

Health Board Decarbonisation programme funding request of £1k agreed to support this project that will provide materials to support the Decarbonisation Programme.
Value Based Conference, funding request of £4.5K to support the Person Centred Value Based Health Care (PCVBHC) Education Programme.
Clinical Supervision, funding request of £3.5K to support the development a Clinical Supervision Programme based in the Quality and Safety Department, Mental Health and LD based at St Cadoc's Hospital.
Advanced Communication Skills Training, Cancer Services, funding request of £3k towards the cost of the course provided by Reach Communication Skills.
Well Being Pop Up Event Across ABUHB, funding request of £5K to continue with the development of the Well Being pop ups across the organisation for a further 6 to 8 months.
Mental Health & Learning Disabilities Well Being Space, funding request of £3k to set up of a QR code to gather feedback from having the Well Being pop up in place.

Televisions for Bedwas Ward, Ysbyty Ystrad Fawr, a funding request of £23k to allow new televisions on the Bedwas Ward at Ysbyty Ystrad Fawr Hospital.

2.5 The Committee also received assurance arising from the routine Annual Audit Wales Report regarding the 2023/23 financial statements which confirm that of ABUHB Charitable Funds and other related charities for the year ending 31st March 2023 were true and fair unqualified application was provided by Audit Wales. and noted: -

A few minor changes to the Audit report with these now being corrected and no recommendations from Audit Wales.
Audit Wales would be issuing an unqualified audit opinion.

2.6 The Committee approved the Levels of Reserves for 2023/24 at £396k. This would be utilised to cover any downwards movement in the stock market, and mitigate any risks and therefore provided Members with further assurance.

2.7 During the year, the Committee received regular updates on spending plans over £25K. The Committee noted that the Charity held a total value of £5.763M consisting of 419 individual funds as of 31st March 2023. Of these funds there were 56 that had balances over £25K.

2.8 Assurance was provided from CCLA Investments, including the current position for the charity's investments valuation at September 2023 was £803,368 with a forecast income for 2024 of £43,939.

There was a request from the Committee as part of strengthening their investments to have oversight of the current model being used and what other options the Charity had available to them. It was agreed that this would be presented to the March 2024 Committee meeting.

3 CF Committee Meetings and Membership

3.1 During 2023-24, the CFC met Four times via Microsoft Teams- June 2023, November 2023, January 2024, and March 2024. Detail of the members and executive directors who attended these meetings is provided at Appendix 3.

3.4 The Committee comprised the following Independent Members:

- Paul Deneen (Chair)
- Louise Wright Vice Chair

- Iwan Jones

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

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 CFC Reporting Arrangements

4.1 Following each meeting, the CFC 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. Self-assessment and Evaluation

5.1 The Board has undertaken an overall assessment of its effectiveness during 2023/24 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.

The outcome of the current years self-assessment that was reported to the Committee on 22nd January 2024 confirms that, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Charitable Funds Committee is performing to the required standard in this area. There may be room for improvement, but the Charitable Funds Committee can be seen to be discharging its responsibilities effectively.

Further, all of the respondents confirmed that the Committee was either meeting or excelling the standard for the effectiveness of this Committee.

Then main areas for improvement identified as part of the self-assessment are shown below:

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder
1. Committee Processes: Composition, Establishment, and Ways of Working	A programme of training for independent members to be developed Agendas to include an item on reflection upon the meeting Improved transition arrangements when the chairing of the committee changes	All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval	Director of Corporate Governance with Head of Board Business

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to

the Board, as well as the culture between the Health Board and its auditors, regulators and partners.

6. Key Areas of focus in 2024-25

6.1 There are no planned changes to the key areas of focus within the workplan for 2024/25 but from the findings of the Annual Committee Self-Assessment the approach will be better supported through:-

A programme of training for independent members to be developed.

The regular charitable funds reporting the Committee receives from the Finance team ensure Members are aware of the position of the Charitable Funds charity.

7. Conclusion

7.1 This report provides a summary of the work undertaken by the CFC during 2023-24, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

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Appendix One

Charitable Funds Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Charitable Funds Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide 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 all its business extends equally to the work carried out on its behalf by committees".

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Charitable Funds Committee.

Aneurin Bevan University Local Health Board (ULHB) Charitable Fund and Other Related Charities, also known as Aneurin Bevan Health Charity, is registered with the Charity Commission following a Deed of Amendment dated 7th January 2011 with Aneurin Bevan University Local Health Board as the Corporate Trustee, registration number 1098728.

The Aneurin Bevan ULHB was appointed as corporate trustee of the charitable funds by virtue of the Supplemental Deed of Declaration and that its Board serves as its agent in the administration of the charitable funds held by the ULHB.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document. The Health Board, acting as trustee must approve any changes to these terms of reference.

2. Purpose of the Committee

The purpose of the Charitable Funds Committee ("the Committee") is to:

Ensure the stewardship and effective management of funds which have been donated, bequeathed and given to the Aneurin Bevan Health Charity for charitable purposes by making and monitoring arrangements for the control and management of the Health Board's Charitable Funds.

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised with the responsibility for

Overseeing the day-to-day management of the investments of the charitable funds in accordance with the investment strategy set down from time to time by the trustee and the requirements of the ULHB's Standing Financial Instructions;

Scrutinising requests for use of the charitable funds to ensure that any such use is in accordance with the aims and purpose of any charitable fund or donation and are clinically and ethically appropriate. Committee members will bear in mind due diligence to Charity Commission and ULHB guidance regarding the ethical use of funds and acceptance of donations;

The appointment of an investment manager (where appropriate) to advise it on investment matters and may delegate day-to-day management of some or all of the investments to that investment manager. In exercising this power the Committee must ensure that:

The scope of the power delegated is clearly set out in writing and communicated with the person or persons who will exercise it;

There are in place adequate internal controls and procedures which will ensure that the power is being exercised properly and prudently;

The performance of the person or persons exercising the delegated power is regularly reviewed;

Where an investment manager is appointed, that the person is regulated under the Financial Services Act 1986;

Acquisitions or disposal of a material nature must always have written authority of the Committee or the Chair of the Committee in conjunction with the Director of Finance and Performance;

Ensuring that the banking arrangements for the charitable funds should be kept entirely distinct from the Health Board's NHS funds;

Ensuring that arrangements are in place to maintain current account balances at minimum operational levels consistent with meeting expenditure obligations, the balance of funds being invested in interest bearing deposit accounts;

Ensuring that the amount to be invested or redeemed from the sale of investments shall have regard to the requirements for immediate and future expenditure commitments;

Ensuring the operation of an investment pool when this is considered appropriate to the charity in accordance with charity law and the directions and guidance of the Charity Commission. The Committee shall propose the basis to the LHB Board for applying accrued income to individual funds in line with charity law and Charity Commissioner guidance;

Regularly reviewing investments to see if other opportunities or investment services offer a better return.

The Committee may seek 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.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice to support investment

opportunities and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

4. Function and Work Programme

4.1. Delegated Powers and Duties of Director of Finance & Performance

The Director of Finance (as Financial Trustee) has prime responsibility for the Health Board's Charitable Funds as defined in the Health Boards Standing Financial Instructions. The specific powers, duties and responsibilities are:

The administration of all existing charitable funds;

To identify any new charity that may be created (of which the Health Board is trustee) and to deal with any legal steps that may be required to formalise the trusts of any such charity;

To provide guidelines with respect to donations, legacies and bequests, fundraising and trading income;

The responsibility for the management of investment of funds held on trust;

To ensure appropriate banking services are available;

To prepare reports to the LHB Board including the Annual Account.

4.2. Effective Assurance

The Committee's programme of work will be designed to provide assurance that:

Within the budget, priorities and spending criteria determined by the Health Board as trustee and consistent with the requirements of the Charities Act 1993, Charities Act 2006 (or any modification of these acts) to apply the charitable funds in accordance with their respective governing documents.
To ensure that the Health Board policies and procedures for charitable funds investments are followed.
To make decisions involving the sound investment of charitable funds in a way that both preserves their value and produces a proper return consistent with prudent investment and ensuring compliance with:

- Trustee Act 2000;
- The Charities Act 1993;
- The Charities Act 2006;
- Terms of the fund's governing documents.

To receive at least twice a year reports for ratification from the Director of Finance and investment decisions and action taken through delegated powers upon the advice of the Health Board's investment adviser.

To oversee and monitor the functions performed by the Director of Finance as defined in Standing Financial Instructions.

To monitor the progress of Charitable Appeal Funds where these are in place and considered to be material.

To monitor and review the Health Board's scheme of delegation for Charitable Funds expenditure and to set and reflect in Financial Procedures the approved delegated limits for expenditure from Charitable Funds.

4.3. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership

5.1. Members

The Committee shall comprise:

Chair:	Independent member of the Board
Vice Chair:	Independent member of the Board
Other Members:	Chair of the Stakeholder Reference Group Two (2) Executive Directors: *Chief Executive* *Director of Finance and Performance (as Financial Trustee)*

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.2. Attendees

Other officers of the Health Board will attend:

Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter. These may include:

Director of Corporate Governance
Assistant Director of Finance – Financial Systems & Services
Head of Financial Services & Accounting
Charitable Funds Manager
Health Board's Investment Advisor

5.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, 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.

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 their period of appointment a member may resign or be removed by the Board.

6. Support

6.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

6.2. Advice and Member Support

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 organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

At least three of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair

or Vice Chair, one other should be an Independent Member and one must be the Chief Executive or the Director of Finance

7.2. Frequency of Meetings

Meetings will be held Quarterly and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

7.3. Withdrawal of individuals in attendance

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to facilitate open and frank discussion of particular matters (an In Committee meeting).

7.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

7.5. Public Meetings

The Committee will not routinely meet in public.

8. Relationship and Accountabilities with the Board and its Committees

The Committee is directly accountable to the Board, as Corporate Trustee, for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board and where appropriate its committees and groups, through the:

Joint planning and co-ordination of Board and Committee business and

Sharing of information

In doing so, it will contribute 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 arrangements.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

Report formally, regularly and on a timely basis to the Board (as Trustees) on the Committee's activities.

Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;

Ensure appropriate escalation arrangements are in place to alert the Health Board Chair and Chief Executive (as Accountable Officer) of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

Quorum

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			28th June	9th Nov	4th Jan (Accounts)	7th Mar
Preliminary Matters						
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓
Committee Requirements as set out in Standing Orders						
						✓
			✓	✓	✓	✓
						✓
						✓
						✓
Financial Reporting						
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			28th June	9th Nov	4th Jan (Accounts)	7th Mar
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓
Expenditure Approval						
			✓	✓	✓	✓
			✓	✓	✓	✓
Fund Holders						
			✓	✓	✓	✓
						✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			28th June	9th Nov	4th Jan (Accounts)	7th Mar
				✓		✓
Governance and Assurance						
			✓			
					✓	
						✓
			✓			
General Reports						
				✓		
			✓	✓	✓	✓
Annual Accounts and Report						
			✓			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			28th June	9th Nov	4th Jan (Accounts)	7th Mar
					✓	
Evaluation Reports						
Items requested by Committee members/internal stakeholders						

Appendix Three

Charitable Funds Committee: Attendance at meetings in 2023-24

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	28th June	9th November	22nd January
Independent Members			
Paul Deneen	x	x	x
Louise Wright	x	x	x
Iwan Jones	x	x	x
Executive Directors			
Robert Holcombe	x	x	x
Nicola Prygodzicz	x	x	x

Rani Dash	x	x	x

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Finance & Performance Committee

Annual Report for 2023-24

February 2024

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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 2024.

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 2023/24, which will continue into 2024/25.

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.

Diolch yn Fawr / Thank you.

Richard Clark
Chair
Finance and Performance Committee

1. Introduction

1.1 Section 1 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 'F&PC' 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 Finance & Performance Committee is to advise and assure the Board and the Accountable Officer of improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will also seek assurance that arrangements for financial management, and financial performance are sufficient, effective, and robust.

1.4 This report describes how the F&PC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

2. 2023-24 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.
The Work Programme adopted for F&PC in 2023-24 is attached to this report (see Appendix 2).

2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives F&PC flexibility to identify changing priorities or any need for further assurance or information.

The F&PC focuses on both assurance in respect of organisational performance management and financial management and performance. The monitoring of this is set out as follows:

Assurance in respect of financial management and performance:

Financial Recovery 2023-24

The Committee routinely monitors the financial position of the Health Board through the provision of quarterly financial performance reports and specific focussed reports on efficiency and savings opportunities and delivery. The ABUHB IMTP submitted by the Board to Welsh Government (March 2023) included a financial plan for 2023/24 which presented a deficit of £112m and an ambitious savings requirement of £51m.

Financial risks and opportunities are presented quarterly to each committee meeting. During the year the Board, Executives, budget holders and staff have engaged in a rigorous and thorough review of the opportunities to improve the financial forecast for 2023/24.

Following the mid-year review a forecast deficit of £145m was reported, this was reflective of previously reported risks coming to fruition. The organisation undertook a significant exercise to consider further mitigations to improve the financial position including the establishment of a Quality Impact Assessment forum to assess patient implications, the focus of improvement has been to deliver better outcomes for patients while reducing costs in line with the core principles of Value-Based healthcare.

The Board received additional in year funding from Welsh Government of £88m which allowed a revised forecast to be reported of £57m. The funding is subject to improving the financial forecast towards a deficit control total of £13m.

The Board considered achievement of a £13m deficit was unlikely without significant service impact and patient harm risk, however, the Health Board continues to review and re-examine all savings options and further opportunities.

The CEO wrote an accountability letter to the Director General for NHS Wales on 16th October 2023 outlining the likely forecast position of £57m and confirming a continued focus to mitigate this further and develop a long-term plan for financial sustainability.

The Committee noted that the Executive Team had established the Value and Sustainability Board in September 2023, replacing the Efficiency Board, as part of the Health Board's enhanced financial recovery arrangements. The key focus of this Board is to identify opportunities to mitigate the financial deficit and challenge and support delivery. Thematic groups have been established to facilitate cross division working and align with Welsh Government thematic work.

Thematic areas include:

Workforce, Non-Pay, Prevention, CHC, Medicines Management, Digital & Service Redesign.

Focussed reports have been provided to the Committee periodically across the range of themes.

Benchmarking is a key tool to identify opportunities and the committee receives comparative reports on a regular basis, including a whole system review captured through the ABUHB efficiency opportunities compendium. Analysis of the national benchmarking publications highlighted significant efficiency opportunities in several key service areas, with a calculated worth/benefit totalling £17m. Considerable opportunities for efficiency improvements were identified to address deterioration in performance, in terms of reduction in bed days, improving outpatient services, reduction in both GP referrals and cancelled operations and theatre productivity.

The Committee has received the report for Value Based Healthcare in ABUHB, presenting the key service areas and patient groups benefitting from the use of patient related outcome measures.

Throughout the year, quarterly updates on Efficiency Opportunities were received, providing details of efficiency opportunities identified through:

- Medicines management efficiency opportunities were progresses through the Medicines Management Programme Board.
- Estates rationalisation efficiency opportunities were identified through the Capital and estates governance structure.
- The Welsh Government Utilisation Group,
- through national costing return exercises and,
- other proposals for identification of possible savings.

The Committee noted that data form Getting it Right First Time (GIRFT) reports were used to support actions to improve cost comparisons and service benchmarking. GIRFT reviews on specific specialities were presented throughout the year, identifying key performance improvements. Updates to the Committee included the Health Boards response to the data informing best practice in GIRFT Programme National Speciality Report on Ear, Nose and Throat Surgery 2019, the Health Board commissioned GIRFT assessment of its Stroke services in 2022.

The efficient use of capital has also been considered by the Committee, including opportunities to leverage leased estates opportunities and support revenue cost savings.
Improved governance training and user tools have been developed and shared with the committee including on-line budget holder training pack and Governance Operational Control self-assessment checklists. This has demonstrated an improving trend.

The revised forecast for 2023/24 is presenting an achievement of a £49m deficit.

Assurance in respect of organisational performance and management:

Quarterly updates on organisational performance were received through the Performance Overview reports, with exception reporting in identified areas. The Committee was informed of the improvements made throughout 2023/24, including the maintenance of childhood immunisation rates, an increase in Primary Care contracts, improvements in some areas of urgent care performance, and the reduction in the number of patients waiting over 52 weeks for treatment. The challenges around organisational performance were noted. These included the sustained operational pressures throughout 2023/24, challenges within the delivery of mental health interventions, sustainability of Primary Care access and increased pressure in urgent and emergency care.

During the year, the following exception reports were presented for assurance: -

- An update on overall performance against Ministerial Priorities for Planned Care was presented to the Committee in June 2023. This update highlighted that the Health Board did not achieve the Ministerial priorities by the June 2023 target. However, an update was provided to the Committee in September 2023, assuring members that a plan had been submitted to achieve all targets by the end of September 2024.
- The Stroke Improvement Plan, including progress against recommendations from the Getting It Right First Time (GIRFT) review in 2022 was presented, providing an overview of the ABUHB Stroke Improvement Plan. Progress and focus on GIRFT recommendations were presented, noting the actions that have been taken to implement specific recommendations have shown improvements in many key performance indicators that are indicative of good Stroke care across the pathway.

- An update on the Radiology Informatics Systems Procurement (RISP) Programme was provided, outlining the benefits of changing

systems and the financial implications of the overlap of systems resulting in a dual cost for the Health Board.

- An update on IT systems outlined the shortfall for funded and part funded digital schemes, and the associated risk with delays in national digital programmes. The Committee was advised that a Digital, Data and Technology Group would be set up and would provide quarterly assurance reports on progress, risks, and issues.

- A report on the Quality of Coding was presented, outlining the coding targets aligned to the Integrated medium-term plan (IMTP) and the recommendations of the *Quality of Coding* report. The Committee noted that to achieve the national clinical coding compliance targets, the service had maximised opportunities to code electronically, however, challenges were noted due to the significant backlog of case notes awaiting scanning. The Committee received a proposed structure for delivery for the improvement of coding services was presented, to enable the clinical coding services deliver a more modern and flexible service for the Health Board.

- A report on the Outpatient Transformation Programme was presented, describing a number of transformational schemes implemented, their impact, along with the programme plan for 2023/24. The programme of work was linked to the Health Boards Planned Care Recovery Programme. The Committee was assured that See on Symptom (SOS) and Patient Initiated Follow Ups (PIFU) approaches were 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. The Committee noted that Health Board had reduced the number of Did Not Attends (DNAs) from 6.9% in 2022/23 to 5.8% for 2023/24, improving towards achieving the WG target of 5% (as at June 2023). A Clinically Led Speciality Outpatient Guide (GIRFT) and subsequent action plan was shared with Divisions and noted that progress against the agreed recommendations continues to be monitored through the Outpatient Steering Group.

- Following an Internal Audit report on Robotic Process Automation (RPA) undertaken in 2022, the Committee received a detailed report on costing and benefits realisation detail on cost and benefit of the Robotics Process Automation (RPA) before the expansion of RPA provision could be considered. The Committee also noted that this matter had been submitted to the Executive Committee for additional resource in March 2023.

- An update on the Health Board's Discharge Programme and Delays, including an update on the progress and impact of the Integrated Discharge Hub, as part of the Six Goals Programme structure was presented. This highlighted the delays outlined, programme governance, work undertaken to improve discharge by the Patient Safety Team and an update of goals 5 and 6 Discharge Improvement, optimising patient flow framework. The Committee also noted the wider system impact and the plans to mitigate risks.

3. F&P Committee Meetings and Membership

3.1 During 2023-24, the F&PC met four times via Microsoft Teams- June 2023, September 2023, December 2023, and March 2024. Details of the Members and lead 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)
- Dafydd Vaughan
- Shelley Bosson

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually, and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard, and this will be a key consideration as part of the Improving Board Business action plan.

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. F&PC Reporting Arrangements

4.1 Following each meeting, the F&PC 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. Self-assessment and Evaluation

5.1 The Board has undertaken an overall assessment of its effectiveness during 2023/24 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.

The outcome of the current years self-assessment that was reported to the Committee on 14th March 2024 confirms that, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Finance and Performance Committee is performing to the required standard in this area. There may be room for improvement, but the Finance and Performance Committee can be seen to be discharging its responsibilities effectively.

In addition, all of the respondents confirmed that the Committee was either meeting or exceeding the standard for the effectiveness of this Committee.

Then main areas for improvement identified as part of the self-assessment are shown below:

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder

Section 1 Committee Processes: Composition, Establishment, and Ways of Working	Report template to be reviewed and training on report writing to be delivered. Inclusion of reflection section at the end of each Committee agenda. Consideration of required Executive attendees. Consider increasing number of Independent Members on the Committee Consider frequency of meetings and or briefings specific for this committee to enable greater scrutiny.	All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval.	Director of Corporate Governance with Head of Board Business
Section 2 Financial Management and Financial Performance	Explore ways that future updates include wider scrutiny opportunities of Capital budgets.	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with the Director of Strategy, Planning and Partnerships

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2024-25

6.1 To maintain focus on financial planning and performance for 2024/25, organisational performance, with attention to risk-based exception reporting. The forward workplan has been updated to include a:

- Achieving Ministerial priorities
- standing item on Strategic Risk and Assurance,
- Capital budgets and the inclusion of benefits realisation.

7. Conclusion

7.1 This report provides a summary of the work undertaken by the F&PC during 2023-24 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

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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, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.5 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).

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 <u>In attendance</u>: 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

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
Preliminary Matters									
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓			
Declarations of Interest		All Members	✓	✓	✓	✓			
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓			
Action Log and Matters Arising		Chair	✓	✓	✓	✓			
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2023/24	Annually (date tbc)	Chair & Director of CG							
Review of Committee Programme of Business	Standing Item	Chair			✓	✓			
Committee Strategic Risk Report	Standing Item	Director of CG			✓	✓			
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG							
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG							
Committee Annual Report 2023/24	Annually	Chair & Director of CG	✓						
Assurance in Respect of Organisational Performance Management									
Performance Overview Report with Exception Reporting	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓			
Outpatient Transformation Update	Annually	Chief Operating Officer	✓						

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
Performance against Ministerial Priorities for Planned Care	Annually	Director of Strategy, Planning and Partnerships		✓					
Digital and information management and technology (IM&T) systems	Annually	Director of Digital			✓				
Capital and estates related objectives and priorities as set out in the Board's IMTP	Annually	Director of Strategy, Planning and Partnerships				✓			
Compliance with Health Technical Memorandums	Annually	Director of Strategy, Planning and Partnerships				✓			
Capital Business Cases and programmes of work	Annually	Director of Strategy, Planning and Partnerships				✓			
Commissioned Services	Annually	Director of Strategy, Planning and Partnerships				✓			
Performance Management and Accountability Framework Update	Standing Item	Director of Strategy, Planning and Partnerships			✓	✓			
Assurance in Respect of Financial Management and Performance									
Monthly Finance Report and Monitoring Returns	Standing Item	Director of Finance, Procurement and Value	✓	✓	✓	✓			
Efficiency Opportunities	Standing Item	Director of Finance, Procurement and Value	✓	✓	✓	✓			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
Value Based Healthcare Report 2022/23	Annually	Director of Finance, Procurement and Value	✓						
Financial Outlook for 2024/25, including Revenue Budget Allocation letter 2024/25	Annually	Director of Finance, Procurement and Value							
Review of Savings and Action Plans	Annually	Director of Finance, Procurement and Value		✓					
Benefits Realisation with exception reporting	Annually	D of S,P&P/ D of F&P				✓			
Items requested by Committee members/internal stakeholders									
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT To receive a report on the quality of Coding	Ad-hoc	Director of Digital		✓					
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT audiology Informatics System Procurement (RISP) Programme Update	Ad-hoc	Director of Digital		✓					
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT Robotic Process Automation- cost and benefit realisation (ARAC action)	Ad-hoc	Director of Digital		✓					
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT Stroke Reconfiguration Update (Action 1101/3.2)	Ad-hoc	Director of Therapies and Health Sciences			✓				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24						
			21 June 2023	7 Sept 2023	21 Dec 2023	14 Mar 2024			
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT Performance Overview Report with Exception Reporting to include an update on the progress and impact of the Integrated Discharge Hub (Action 2106/02.2)	Ad-hoc	D of S,P&P/Director of Nursing			✓				
ASSURANCE IN RESPECT OF ORGANISATIONAL PERFORMANCE MANAGEMENT An update on the Discharge Programme and delays, including reporting against the new national data sets. (Action 2106/02.3.1)	Ad-hoc	Director of Nursing			✓				
ASSURANCE IN RESPECT OF FINANCIAL MANAGEMENT & PERFORMANCE To Receive an Update of IT Systems- Action taken from November 2023 Board	Ad-hoc	Director of Finance & Procurement/ Director of Digital			✓				
Clinical Audit Activity Assurance on management of contracts that were scheduled to end (Item PQSOC 1312/3.4)	Ad-Hoc	Director of CG				✓			

Appendix Three

Finance and Performance Committee: Attendance at meetings in 2023-24

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	21st June 2023	7th September 2023	21st December 2023	14th March 2024 (tbc)
Independent Members				
Richard Clark	✓	✓	✓	
Iwan Jones	×	✓	✓	
Dafydd Vaughan	✓	✓	✓	
Shelley Bosson	✓	✓	×	
Executive Directors				
Director of Finance & Procurement	✓	✓	✓	
Director of Strategy, Planning and Partnerships	✓	✓	✓	
Director of Corporate Governance	✓	✓	✓	

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Mental Health Act Monitoring Committee

Annual Report for 2023-24

DATE February 2024

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Chair's Foreword

I am pleased to present the Mental Health Act Monitoring Committee's (the Committee's) Annual Report for the year ended 31 March 2024.

In this report we provide an overview of the work of the Committee in ensuring compliance with the legislative requirements of the Mental Health Act.

Diolch yn Fawr / Thank you

Pippa Britton
Chair
Mental Health Act Monitoring Committee

1. Introduction

1.1 Section 1 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 Mental Health Act Monitoring Committee (referred to throughout this document as 'MHAMC' 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 Mental Health Act Monitoring Committee is to advise and assure the Board and the Accountable Officer by critically monitoring and reviewing the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983 (the MH Act).

1.4 This report describes how the MHAMC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

2. 2023-24 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for MHAMC in 2023-24 is attached to this report (see Appendix 2).

A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives MHAMC flexibility to identify changing priorities or any need for further assurance or information.

2.2 The focus of the MHAMC is to monitor and review the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983. The Committee therefore receives the Mental

Health Act and Compliance quarterly report, that provides an overview of performance across key areas and in doing so provides assurance to the Committee on the level of compliance with the legislative requirements of the Mental Health Act.

2.3 Arising from this report during the year, the Committee heard that the number of detentions held under Section 4 of the Mental Health Act, that permits an emergency application for detention in hospital for 72 hours demonstrated that numbers had increased for those who are detained but are within the normal range for Wales.

2.4 As part of strengthening reporting arrangements and to provide greater assurance, Members requested that moving forwards that within this report a performance trend is provided and that this would include the annual figures for each section to better aid comparison and the identification of trends.

2.5 The Committee also received assurance that the number of Asylum Seekers presenting with Mental Health concerns following their arrival in the UK was not an area of concern as numbers are low. Members were also assured that when a young person is detained there was a planned approach of the patient to the Community.

2.6 During the year the Committee also reviewed and agreed the revised Mental Health Act Managers Policy, that provides for two associate members of the Power of Discharge Committee to attend the Committee, although confirmation was sought as to who would be the responsible owner for this policy moving forwards.

2.7 Power of Discharge Sub Committee(PDSC):

The Health Board, as Hospital Managers, may arrange for their functions under the Mental Health Act to be performed on a day-to-day basis by an Officer or Lay Member on their behalf. These individuals appointed by the Health Board are known as Associate Hospital Managers and form the membership of the Power of Discharge Sub-Committee.

During the year the Committee discussed what the Sub-Committee had done to move forward with the requirements of the Power of Discharge Sub Committee. The Committee was assured to note that the actions included:

The minutes of the meetings are now routinely shared with the Committee as part of the regular update.
Regular meetings had been arranged to align with the MHAMC.

Reports from the PDSC are routinely share with the Committee for assurance and developmental purposes.
Effective structure and process are in place.
Recruitment of 8 new members are in train to support the Sub-Committee.

This provides the Committee with assurance that the processes and procedures that operate in respect of the Power of Discharge Committee are fit for purpose.

3. MHAM Committee Meetings and Membership

3.1 During 2023-24, the MHAMC met four times via Microsoft Teams- June 2023, September 2023, December 2023, and February 2024. Details of the Members and Executive Directors who attended these meetings is provided at Appendix 3.

3.2 The Committee comprised the following Independent Members:

- Pippa Brittons (Chair)
- Vice Chair (Vacant post)
- Paul Deneen

Arrangements are underway to fill the vacant position on this committee to ensure that it appropriately constituted.

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration as part of the Improving Board Business action plan.

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. MHAMC Reporting Arrangements

4.1 Following each meeting, the MHAMC 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. Self-assessment and Evaluation

5.1 The Board has undertaken an overall assessment of its effectiveness during 2023/24 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.

The outcome of the current years self-assessment that was reported to the Committee on 21st February 2024 confirms that, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Mental Health Act Monitoring Committee is performing to the required standard in this area. There may be room for improvement, but the Mental Health Act Monitoring Committee can be seen to be discharging its responsibilities effectively.

Further, all of the respondents confirmed that the Committee was either meeting or excelling the standard for the effectiveness of this Committee.

Then main areas for improvement identified as part of the self assessment are shown below:

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder

Section 1 Committee Processes: Composition, Establishment, and Ways of Working	Inclusion of a standard agenda item to facilitate Committee Members reflection of the meeting held. Members to have oversight of the Terms of Reference on an annual basis. Induction training for Committee Members.	All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval	Director of Corporate Governance with Head of Board Business
Section 2 Governance and Assurance	RCRP/Concordat information report to be shared with Committee Members for information to support when reviewing multi agency protocols/policies.	to be factored into the Committee's workplan 2024/25	Director of Corporate Governance with Head of Board Business

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2024-25

To maintain focus on ensuring compliance with the legislative requirements of the Mental Health Act, and will also be informed by the findings of the Annual Committee Self-Assessment that will include for the RCRP/Concordat information reports to be routinely shared with the Committee when reviewing multi agency protocols/policies. Members have also requested that a standing agenda item on reflection is included on future agendas to enable a continuum of learning, reflection and improvement.

7. Conclusion

7.1 This report provides a summary of the work undertaken by the MHAMC during 2023-24, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Appendix One

Mental Health Act Monitoring Committee

Terms of Reference 2022/23

Version: Approved

Date: March 2022

Document Title:	Mental Health Act Monitoring Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide 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 all its business extends equally to the work carried out on its behalf by committees*".

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the Mental Health Act Monitoring Committee.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the Mental Health Act Monitoring Committee ("the Committee") is to:

Advise and *assure* the Board and the Accountable Officer by critically monitoring and reviewing the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983 (the MH Act).

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity (clinical and non-clinical) 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 (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek 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.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

In this respect a *Power of Discharge Sub-Committee* will be created.

The Health Board, as Hospital Managers, may arrange for their functions under the Mental Health Act to be performed on a day-to-day basis by an Officer or Lay Member on their behalf. These individuals appointed by the Health Board will be known as Associate Hospital Managers and will form the membership of the Power of Discharge Sub-Committee.

The Sub-Committee will report routinely to the Committee for assurance and developmental purposes.

4. Function and Work Programme

4.1. Governance and Assurance

The Committee's programme of work will consider:

- how the delegated functions under the Mental Health Act are being exercised (for example using a programme of Annual Audit) and in line with the 'Code of Practice' requirements
- the operation of the 1983 Act within the Aneurin Bevan University Health Board area
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- issues arising from the operation of the hospital managers' power of discharge
- a suitable mechanism for reviewing multi agency protocols/policies relating to the 1983 Act
- trends and patterns of use of the Mental Health Act 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice

To assist it the Committee will utilise the work of scrutiny and other assurance services including NHS Wales Internal Audit and Audit Wales, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

4.2. Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

4.3. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Committee at any time, and vice versa.

The Chair of the Mental Health Act Monitoring Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership

The Mental Health Act 1983 gives responsibility to health and social care organisations and practitioners, in collaboration with a range of other agencies including police and ambulance services, as well as third sector

bodies such as advocacy providers. Therefore, consideration will be given to reflecting this wider partnership in the membership of the Committee, as different agencies and practitioners have differing responsibilities and duties under the Act.

5.1. Members

The Committee shall comprise of three (3) members:

Chair:	Vice Chair of the Health Board
Vice Chair:	Independent member of the Board
Other Members:	One other 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.

5.2. Attendees

Health Board:

Director of Primary Care, Community and Mental Health will be the lead Executive but will not be a formal member of the Committee.

Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board official and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

5.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, 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.

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 their period of appointment a member may resign or be removed by the Board.

6. Support

6.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

6.2. Advice and Member Support

The Board Secretary, 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 organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

At least two of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Director of Primary Care, Community and Mental Health (or deputy) will count towards quorum, although is not considered a member of the Committee.

7.2. Frequency of Meetings

Meetings will be held quarterly per annum and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

7.3. In Committee and withdrawal of individuals in attendance

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to receive information which may include matters of a sensitive and/or confidential nature.

7.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

7.5. Public Meetings

The Committee will be open to the public.

8. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

Joint planning and co-ordination of Board and Committee business and

Sharing of information

In doing so, it will contribute 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 arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;

Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;

Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report and the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings 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.

The Board Secretary, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

Quorum

11. Review

These terms of reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			19th June	5th Sept	6th Dec	21st Feb
Preliminary Matters						
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓
Committee Requirements as set out in Standing Orders						
						✓
			✓	✓	✓	✓
						✓
						✓
						✓
Mental Health Act Compliance						
			✓	✓	✓	✓
			✓	✓	✓	✓
Items requested by Committee members/internal stakeholders						
MHMAC/05/09/3.1						

Appendix Three

Mental Health Act Monitoring Committee: Attendance at meetings in 2023-24

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	19th June	5th September	6th December
Independent Members			
Pippa Britton	x	x	x
Paul Deneen	x	x	x
Executive Directors			
Chris O'Connor	x	x	x
Leanne Watkins	x	x	x
Rani Dash	x	x	x

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

Patient Quality, Safety and Outcomes Committee

Annual Report for 2023-24

April 2024

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Chair's Foreword

I am pleased to present the Patient Quality, Safety and Outcome Committee's (the Committee's) Annual Report for the year ended 31 March 2024.

In this report we provide an overview of the work of the Committee, which extends to the full range of Health Board responsibilities; and encompasses all areas of patient experience, quality and safety relating to patients, carers and service users.

In particular, I welcome the approval of the Quality Strategy by the Board in March 2024, which will ensure that quality is embedded in our culture and that we are delivering the highest quality healthcare to our local communities and putting Quality, Safety and Learning at the heart of everything we do.

Finally, I would like to express my personal appreciation to all who contributed to the patient quality, safety and outcomes agenda over the last 12-months.

Diolch yn Fawr / Thank you

Pippa Britton
Chair
Patient Quality, Safety and 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 Patient Quality, Safety and Outcomes Committee (referred to throughout this document as 'PQSOC' 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 Committee formally adopted its Terms of Reference, following the Board's approval, on 05 April 2022.

The purpose of the PQSOC is to provide: evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

1.4 This report describes how the PQSOC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

2 2023-24 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for PQSOC in 2023-24 is attached to this report (see Appendix 2).

2.2 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive

agenda. This gives PQSOC flexibility to identify changing priorities or any need for further assurance or information.

3 PQSO Committee Meetings and Membership

3.1 During 2023-24, PQSOC met Six times via Microsoft Teams- in April 2023, June 2023, July 2023, October 2023, December 2023 and February 2024. Detail of the Independent Members and Executive Directors who attended these meetings is provided at Appendix 3.

3.2 The Committee comprised the following Independent Members:

- Pippa Britton Chair
- Louise Wright Vice Chair
- Paul Deneen
- Helen Sweetland

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually and this has therefore meant that the Health Board has not complied with its Standing Orders in this regard and this will be a key consideration for the Improving Board Business action plan.

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.

3.4 The Committee's agenda and papers were made public, save where it was necessary to meet 'in private', which it did on four occasions in 2023-24. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest.

4 PQSOC Reporting Arrangements

4.1 Following each meeting, the PQSOC 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. PQSOC Work Programme: 2023-24

5.1 During the year the Committee received updates in respect of the following items:

5.2 The Committee received a regular Committee Risk Report that details the summary of the key risks allocated to the Committee and the position of each risk. At the end of the year the Committee had 3 risks identified as a level of Extreme (20) which were:-

There was a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse. – Risk level 20

There was a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974. – Risk level 20

There was a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. – Risk level Extreme 20

5.3 During the year as part of managing risks, the Committee received an updated in relation to the management of medical devices and equipment within the Health Board. The Committee was advised of the challenges in achieving compliance with the 2017/18 Internal Audit recommendation. The Committee was assured that work had progressed to confirm the location of devices at ward level, noted improvements with staff competency whilst using devices and that the action was scheduled to be completed by May 2024. The Committee was advised that a Working Group within the QPS team would be established to ensure that compliance with recommendations was maintained and that a progress report would be brought back to the Committee in 2024.

5.4

At the February 2024 meeting, the Committee was provided with an overview of the internal and external audit recommendations resulting from the planned audit reviews that fall under the remit of the Committee. The audit reports were:

- Health & Safety
- Medical Equipment and Devices
- Medicines Management
- Monitoring Action Plan
- Discharge Planning

Dementia Service
Structure Assessment
Putting Things Right: Advisory Review

The Committee was assured that appropriate action plans were in place to cover all recommendations with progress updates being provided to the Audit, Risk, Assurance Committee.

5.5

The Committee also received an update on the progress made in the development of the business case to replace the Pharmacy Robot at the RGH. The Committee was advised that the lifespan of the robot had been exceeded and was increasingly failing and noted that contingency plans had been developed should this occur. The Committee noted that the risk had been included in the corporate risk register and that a decision to procure and fund from next year's capital budget, a replacement pharmacy Robot had been made.

5.6 During the year, the Committee received a quarterly report on the Performance of Patient Quality and Safety Outcomes. During the year the following information was reported:

Duty of Candour Triggers

At the last meeting of the year, the Committee was advised that since 1 April 2023 to February 2024 there had been 20,807 incidents affecting patients reported on the Datix Cymru system, noting since the implementation of duty of candour reporting there had been an increase in incidents. The Committee noted that this was due to incidents being reported even if a patient did not come to harm.

In February 2024, it was agreed that the performance report would include a breakdown of reporting themes to improve the understanding.

Infection Prevention and Control

During the year the Committee noted that the main areas of infection concern was C.Difficile, and was advised that a deep dive had taken place on all patients testing positive since April 2023.

At the April 2023, the Committee received an update on Covid cases and noted that 32 positive incidents had been reported in respect of patients in hospitals. The Committee also noted that Covid-19 testing guidance had changed and that Covid would now be managed as a seasonal illness.

Covid-19 Investigations

At the April 2023 meeting, the Committee noted that Wave 1 of Covid Investigations was 100% complete and was advised that Wave 2 and 3 was underway. The Committee was assured that the Health Boards reporting on this matter had been identified as one of the best.

Fall incidents

Throughout the year the Committee received regular updates in respect of falls. At the April 2023 meeting, the Committee was advised that there had been a significant increase in falls throughout December 2022, when hospitals were under extreme winter demand and pressure. However, the Committee was assured to note at the December 2023 meeting that performance had improved and noted that there was now a consistent approach in place with regards to falls management as a result of the implementation of the falls policy that had been released in 2021.

Health, safety and security

At February 2024 meeting, the Committee was advised that throughout the year there had been 94 incidents reported to the Health and Safety Executive (HSE), in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). The Committee was also informed that the HSE had notified the Health Board of a breach in relation to health and safety law, as a result of the failure to report a fall at Nevill Hall Hospital in 2019 within the specified timeframe.

The Committee noted that 7 risk areas had been identified as a focus for improvement in 2024, and was assured that these would be progressed through the implementation of an action plan.

Complaints, concerns and compliments

At the February 2024 meeting, the Committee was assured that progress had been made in responding to complaints with a 30-day period, although there was an acknowledgment that further work was required to achieve better compliance. The Committee was advised that a new Head of Complaints had been appointed earlier in the month and this role would be instrumental in securing improvements with compliance.

HIW Inspection

At the last meeting of the year, the Committee was advised that a HIW inspection had been undertaken in January 2024, at the Talygarn Unit, County Hospital. Following the inspection the Committee was advised that an improvement notice had been issued in respect of the inspection which had been responded to.

5.7 The Committee was provided with an overview of the Maternity Services three-year improvement plan and agreed to receive regular progress updates. The Committee was assured that when implemented this would:

ensure the consistent provision of high quality individualised maternity care,
a approach to individualised, and,
a reduction in health inequalities.

5.8 Annual Reports

Throughout 2023/24, the Committee received the following Annual reports: -

Blood Management

The Annual Blood Management report provided the Committee with an overview of the progress made in addressing the priorities in respect of this area. The report acknowledged the assistance of the Hospital Transfusion Committee, and noted that one issue that remained was in respect of the level of compliance with traceability reporting and noted that a training plan was in place to address this matter.

Pharmacy and Medicines Management

The Committee received the Annual Pharmacy and Medicine Management report which confirmed progress in the four priority areas of safe prescribing; antimicrobial stewardship; cost efficiency; and access to medicine.

The report also outlined the following risks:-
1. Storage of IV Fluids at the Royal Gwent Hospital.
2. Concern regarding the functionality of the RGH pharmacy robot, responsible for the distribution of medicines to all wards, including The Grange University Hospital.

The Committee was assured that the business case to renew the pharmacy robot had been developed.

Research and Development

The Research and Development strategy was presented to the Committee, noting that the Research and Development was a University Health Board function, and the Health Board would produce an annual report to showcase the work being undertaken on the implementation of the strategy throughout the year and an update on its future strategic development. The Committee noted that the aim was to develop an infrastructure where research and development could flourish and where the Health Board could maximise the benefits of its investment in the new Clinical Research Centre at the Royal Gwent Hospital.

Infection Prevention and Control

At the July 2023 meeting, the Committee received the Annual Infection Prevention and Control report. The report confirmed that statistically the Health Board was in the lower average rate for all infections in Wales. The report identified that it had been a challenging year for the team and that a restructure had taken place and the teams function now included infection prevention in the wider community.

The following was highlighted:-

The team were finalists for the Houdini Programme for the NHS Awards in Wales.

Covid and flu data showed lower hospital onset in comparison to other Health Boards.

The team has supported the following serious incidents, that included, a sporadic case of CJD, M-pox agenda, patient pathways and assessment of patients, increase in wound infections in trauma and orthopaedics, and Group A Strep infection.

Safeguarding

The Committee receive the statutory Annual Safeguarding report that highlighted:-

A learning Group had been established to monitor the progress of the recommendations of the priorities for 2022/23.

There were challenges around the national requirements for training compliance in respect of Level 3 Children and Adults. The Committee noted that this was as a result of the size of the cohort

requiring this training and was assured as to how the matter would be addressed.

Increase in the numbers of children being harmed, that had resulted in attendance at strategy meetings.

Increase in adult safeguarding concerns with a Datix submitted for each incident reported

The Committee was also informed that support was being provided to one local authority, as a result of their capacity issues and noted that a progress update would be provided at the April 2024 meeting.

Annual Clinical Audit Activity Report 2022/23

During the year the Committee received the Annual Clinical Audit Activity Report 2022/23, which included details of the Health Board's participation in the National Clinical Audit and Outcomes Review Plan for the present financial year. The Committee requested that future audit reports include a clear timeline of action, that when triangulated with data will enable greater assurance.

The Committee noted the following:-

The Clinical Audit team was to develop a clinical audit programme for 2023/2024.

the Health Board policy on Clinical Audit was to be updated.

AMaT audit management system would be implemented across the Health Board.

5.9 The Committee received an overview of the of the Health Boards priority outcomes that aligned to the 6 Pillars for the Quality Strategy framework that included how the outcomes would be delivered, measures and continuously improved:-

Priority 1 – Deliver PATIENT CENTRED care which involves patients, relatives, families, careers and system partners in the planning of care and opportunities to improve patient safety.

Priority 2 - Provide SAFE care. We aim to reduce harm, prevent errors, and deliver consistently safe care through increased visibility and insight from multiple sources of patient safety information.

Priority 3 – provide TIMELY care, ensuring people have access to the high-quality advice, guidance and care they need quickly and easily, in the right place first time.

Priority 4 – Provide EFFECTIVE care – Deliver consistently effective and reliable care, based on evidence-based best practice which is delivered in a culture that encourages and enables innovation to Improve outcome.

Priority 5 – provide care that is EFFICIENT by taking a value-based approach to improve outcomes that matter most to people in a way that is as sustainable as possible and avoids waste.
Priority 6 – Provide EQUITABLE care, ensuring equal opportunities for individuals to attain their full potential for a healthy like which does not vary in quality and is non-discriminatory.

5.10

In October 2023, the Committee received the National Incident Reporting Policy that detailed the arrangements of revised incident reporting. The Committee was assured that the Health Boards Patient Safety Incident Reporting & Management Policy had been reviewed to align with the expectations set out in the new national policy that was published in May 2023.

In particular the Committee noted the following:-

Quality and patient safety resources would fall under the Nursing Directorate.

Clear engagement practices in respect of the management of incident investigations with families were in place.

A learning framework would be produced to ensure that learning from incidents informs quality patient safety planning processes.

A family liaison officer/point of contacts would be identified to support families/patients throughout investigations.

Staff support was provided throughout the investigation process.

5.11

In December 2023, the Committee received a report that detailed the outcomes of the review into Never Events that had been completed by Theatres. The review identified the following themes to be addressed that included wrong site injections and retained swabs. The Committee was assured that the Orthopaedic and Radiology Governance leads would continue to work with the Anaesthetist team to standardised the process across all Theatres.

6. Patient Centred Care

6.1 On behalf of the Committee at Board level the presentation of Patient-Staff Stories continued. Topics presented included:

Alcohol Care Team
Children's Rights and Participation Forum
Tyleri Ward Community Resource Team.

7. Self-assessment and Evaluation

7.1 The outcome of the current years self-assessment that was reported to the Committee on 13th December 2023 confirmed that the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee was effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Committee is performing to the required standard in this area. There may be room for improvement, but the Committee can be seen to be discharging its responsibilities effectively.

The table below details the specific areas where suggestions for improving the Committee's effectiveness were made.

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder
1 Committee Processes: Composition, Establishment, and Ways of Working	Report template to be reviewed and training on report writing to be delivered A programme of training for independent members to be developed Agendas to include an item on reflection upon meeting	All actions to inform the development of an overarching Board Business Improvement Plan – January 2024 for Board approval	Director of Corporate Governance with Head of Board Business
2 - Clinical Quality Governance 3 - Patient Experience and Involvement	Explore ways of ensuring greater assurance and opportunities for committee members to be better appraised of patient experience matters	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with Director of Nursing

4 - High Quality, Safe and Effective Healthcare	Strengthened focus on reporting of Joint Committee activity to this Committee	To be considered within the development of the Commissioning for Quality Framework	Director of Corporate Governance with Director of Nursing
5 - Research and Development and Improvement and Innovation	Secure a greater understanding of those improvement projects through better reporting to the Committee and to capture this on the fwp for the Committee	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with Medical Director and Director of Nursing
6 - Compliance with Health and Safety Regulations and Fire Safety Standards	Health and Safety Assurance reporting to be strengthened to include a focus on risk and assurance gaps.	In future reporting arrangements, in-line with the Committee's workplan.	Director of Therapies and Health Science with support of Head of Risk and Assurance

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators and partners.

8. Key Areas of focus in 2024/25

8.1 As a result of the work of the Committee in 2023/24 the following areas of focus were identified:

Explore ways of ensuring greater assurance and opportunities for committee members to be better appraised of patient experience matters.

Strengthened focus on reporting of Joint Committee activity to this Committee.

Secure a greater understanding of those improvement projects through better reporting to the Committee and to capture this on the forward work plan for the Committee.

Health and Safety Assurance reporting to be strengthened to include a focus on risk and assurance gaps.

Agendas to include an item on reflection upon meeting to aid ongoing self evaluation.

9. Conclusion

9.1 This report provides a summary of the diverse and often complex work undertaken by the PQSOC during 2023-24, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Appendix One

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Patient, Quality, Safety and Outcomes Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Patient Quality, Safety and Outcomes Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Version:	Draft
Previous version:	May 2021
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 The Health Board has established a committee to be known as the Patient Quality, Safety & Outcomes 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 provided below.

2. PURPOSE

2.1 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses all areas of patient experience,

quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

Staying Healthy
Safe Care
Effective Care
Dignified Care
Timely Care
Individual Care
Staff and Resources

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction

Citizen Experience; and
Quality and Safety of directly provided and commissioned services.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on:

a. The robustness of the Board's Clinical Quality Governance Arrangements;
b. the experience of patients, citizens and carers ensuring continuous learning;
c. the provision of high quality, safe and effective healthcare within directly provided and commissioned services; and
d. the effectiveness of arrangements in place to support Improvement and Innovation.

3 DELEGATED POWERS AND AUTHORITY

3.1 With regard to the powers delegated to it by the Board, the Committee will:

A. Seek assurance that the Health Board's Clinical Quality Governance Arrangements remain appropriate and aligned to the National Quality Framework and is embedded in practice.

B. Seek assurance that arrangements for capturing the experience of patients, citizens and carers are sufficient, effective and robust, including:

the delivery of the Patient Experience Plan; and

the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.

C. Seek assurance that arrangements for the provision of high quality, safe and effective healthcare are sufficient, effective and robust, including:

the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;

the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of those services commissioned for delivery on ABUHB's behalf;

the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;

the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;

the arrangements in place to ensure that there are robust infection prevention and control measures in place in all settings;

the development of the Board's Annual Quality Priorities; and, performance against key quality outcomes focussed indicators and metrics.

D. Seek assurance on the arrangements in place to support Research and Development and Improvement and Innovation, including:

an overview of the research and development activity within the organisation;

alignment with the national objectives published by Health and Care Research Wales (HCRW);

an overview of the quality improvement activity within the organisation.

E. Seek assurance that arrangements for compliance with Health and Safety Regulations and Fire Safety Standards are sufficient, effective and robust, including:

the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls,

patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

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.

3.5 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).

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

3.10 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 of five (5) members:

Chair:	Independent member of the Board
Vice Chair:	Independent member of the Board
Other Members:	Three other independent members of the Board *[one of which should be the Vice Chair of the Health Board and the Chair of the Audit, Risk and Assurance Committee]*

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 Nursing
Director of Therapies and Health Science
Medical Director
Director of Primary, Community Services and Mental Health

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 bi-monthly (six times yearly), 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

9.2 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

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26th July	11th October	13th December	7th Feb
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓
					✓	
					✓	✓
				✓	✓	✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26th July	11th October	13th December	7th Feb
			✓	✓	✓	✓
						✓
					✓	
				✓		
						✓
					✓	
					✓	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26th July	11th October	13th December	7th Feb
						✓
					✓	
					✓	
			✓	✓	✓	✓
			✓	✓	✓	✓
			✓	✓	✓	✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26th July	11th October	13th December	7th Feb
			✓	✓	✓	✓
						✓
						✓
						✓
				✓		
				✓		
						✓
			✓	✓	✓	✓
				✓		
					✓	
					✓	
				✓		✓

1

2

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26th July	11th October	13th December	7th Feb
				✓		
						✓
						✓
					✓	
				✓		✓
					✓	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			26th July	11th October	13th December	7th Feb
					✓	
Configuration of Midwifery-led Units evaluation						✓
Committee Self-Assessment Results					✓	

Appendix Three

Patient Quality, Safety and Outcomes Committee: Attendance at meetings in 2023-24

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	April	June	July	October	December	February
Independent Members						
Pippa Britton						
Louise Wright						
Paul Deneen						
Helen Sweetland						
Executive Directors						
Medical Director						
Director of Therapies & Health Science						
Director of Therapies & Health Science						
Chief Executive						
Director of Corporate Governance						

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Partnerships, Population Health, and Planning Committee

Annual Report for 2023-24

April 2024

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Chair's Foreword

I am pleased to present the Partnerships, Population Health, and Planning Committee's (the Committee's) Annual Report for the year ended 31 March 2024.

In this report we provide an overview of the work of the Committee, which covers all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

During this year of this Committee, we have considered the development of the clinical futures programme and the changes it required. We have commissioned the development of a new long-term plan and estates strategy and plan. We have been pleased to see the determination of our planning teams in implementing discussions and actions in respect of regional services and regional working for the population, a key priority for the Minister for Health and Social Services Wales.

We also recognise the commitment to the work undertaken towards creating collaborative partnership working in Gwent, with the work in relation to the Marmot region beginning to take effect and changes being made to improve working, governance and accountability within the Regional Partnership Board (RPB). Initial progress has been made during the year in the provision of additional jointly provides services and care between partners in Gwent as a result.

Finally, I would like to express my personal appreciation to all who contributed to the Committee over the past 12 months.

Ann Lloyd
Chair
Partnerships, Population Health and Planning Committee

1. Introduction

1.1 Section 1 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 Partnerships, Population Health and Planning Committee (referred to throughout this document as 'PPHPC' 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 Partnerships, Population Health and Planning Committee is to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities. The Committee will provide accurate, evidence based and timely advice to the Board in respect of the development of the Health Board's priorities and plans to improve population health and wellbeing; strategic frameworks and plans for the delivery of high quality and safe services; business cases and service planning proposals, including the alignment of supporting and enabling strategies, including workforce, capital, estates and digital. The Committee also provides advice to the Board in relation to any implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.

1.4 This report describes how the PPHPC discharged its role and responsibilities during the period 1 April 2023 to 31 March 2024.

2. 2023-24 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for PPHPC in 2023-24 is attached as Appendix 2.

The PPHPC focuses on both assurance in respect of strategic partnerships, strategic planning and developments and the development of plans in respect of the key Clinical Futures priorities. The monitoring of this is set out as follows:

Assurance in respect of Strategic Partnerships:

Public Service Board (PSB)

The Committee received quarterly updates on the work of the Public Service Board (PSB). The Committee was informed of the work of the PSB throughout 2023/24, including the following key areas:

- The progress of the 'Building a Fairer Gwent, Gwent Marmot Programme'. The five year 'Building a Fairer Gwent delivery and action plan' (2024-2029) would encompass Marmot recommendations and objectives, with an internal public health approach for the Health Board and partnerships through a social, environmental, and economic lens. A delivery group, aligned to the PSB, would be overseeing the delivery of associated actions.

- Health Board engagement and collaboration with Local Authority Partners, working on long-term plans and recommendations to tackle health inequalities for the population.

- The alignment of the UCL Institute of Health Equity (IHE) Gwent Marmot Region report and the Gwent Public Service Board (PSB) Wellbeing Plan.

- The Gwent Marmot region communication and engagement strategy. The Committee was informed that throughout the year the PSB had held engagement events with a focus on closing the gap between statutory and community services, with four main themes of 'Best start in life', 'the impact of crime and community safety', 'Economic factors' and 'Environmental factors'.

-

Regional Partnership Board (RPB)

Quarterly updates were received in respect of the business of the Regional Partnership Board (RPB). The Committee was informed of the work on the Area Plan and the development of the Partnership Capital Strategy and Plans, that included the following key areas:

- A collaborative evaluation of RPB and Regional Integration Funding (RIF) spending would take place in 2023/24, alongside a review of the partnership governance arrangements. An overview of this would be presented to the Committee on completion.

- The Health Board is tasked with piloting a dashboard measuring the impact of RPB funding on the population of Gwent.

- The Welsh Government had commissioned a national funding evaluation, with phase due to be complete at the end of 2023 and phase two in 2024. Professor Marcus Longley was undertaking a national evaluation of the effectiveness of the RPB. The Committee awaits the outcome of this work.

- An overview of the Welsh Government requirement for submission of a ten-year Regional Capital and Strategy Plan was provided. The Health Board would review and monitor all internal and partnership plans regularly to ensure alignment with its strategic direction.

- The Health Board has fully engaged in the development of a Partnership Capital Strategy and Plan; this had been evaluated through the internal capital governance structure.

- An overview of the RPB Governance Review has been in progress and an implementation action plan is being drafted.

- An update is being provided on the proposals for Estate Rationalisation in the context of correspondence from Welsh Government and the planned review of the prioritisation the Estate Strategy Objectives.

- Further work is required to strengthen accountability on regional and local partnership working. An RPB workshop, discussing the work carried out within Integrated Service Partnership Boards (ISPBs) and Neighbourhood Care Networks (NCNs) was rescheduled for March 2024.

- The RPB's community-based teams were undertaking a review of Frailty Services and ongoing projects, to determine benefits for the population.

- The current financial governance of partnerships were reported as good. Further improvement work on benefits realisation is required. To promote compliance with good governance, agreements, and plans of all partners within the RPB; clear

delegation, mutual agreement of expectations, and ownership from all partnership bodies is be required.

Assurance in respect of Strategic Planning and Development:

Quarterly updates on strategic planning and development were received through the Regional Planning update reports, with exception reporting in identified areas. Health Board planning teams across South Wales continued to meet throughout 2023/24 to agree common approaches to strategic challenges, progress ongoing regional collaborative programmes, share experience and best practice, and consider future opportunities for closer working to mutual benefit.

The Committee was informed of regional planning work undertaken throughout 2023/24, in regional Ophthalmology, Orthopaedics, Diagnostics services, Cancer services, Vascular services, Stroke services, Thoracic services and Hepato-Biliary and Pancreatic Surgery, and the Welsh Sexual Assault Service. The following updates were presented to the Committees:

Regional Ophthalmology:

The Committee was advised that the regional Ophthalmology Programme made good progress throughout 2023/24. In particular the Committee noted:

- The awaited decision on the interim capital business case for Cataract Recovery by Welsh Government, noting the risk based upon potential delays. Delays had occurred in implementation of the Ophthalmology Electronic Patient Record, led by DHCW. For further assurance a detailed update on plans progress of the Ophthalmology Electronic Patient Record (Open Eyes Project) was sought.

- At the November 2023 meeting, the Committee noted that the Ophthalmology business case had been amended due to funding being decreased from £10m, to £7m. At the January 2024 meeting, an interim Ophthalmology business case had been agreed. The first regional ophthalmology patients, led by the Health Board, were planned to be treated in the Nevil Hall Hospital hub on the 5th of February 2024, and outsourcing to the Ophthalmology hub in Cardiff continued. The Committee was assured by the positive impact of additional activity, noting that within one week of this additional activity, funded by Welsh Government, there had been a 4-week reduction from the cataract waiting times. The Committee received a further update on the progress of an electronic record for Ophthalmology patients, an options appraisal had been received

from DHCW; however, the Health Board was completing an internal review of options for an electronic record for Ophthalmology patients.

Orthopaedics:

- An update on the regional Orthopaedic Programme was presented to the Committee, informing of the purchase by Cwm Taf Morgannwg, via Welsh Government funding, of the Health Park in Llantrisant ('Concorde' development) and plans for this to host elective Orthopaedic services in South Wales.

Diagnostics:

- The Committee was updated on Diagnostic services and informed that a business case was in development for the opportunity to use current Health Board space for additional diagnostics. The Health Board is pursuing an in-house development for diagnostics, as this is considered to provide the best option in terms of affordability, deliverability, and sustainability.

Cancer Services:

- In May 2023, the Committee was informed of version 2 of the Cancer Services business case, containing feedback from all Health Boards and outlining plans for a complementary cancer centre at the Nevil Hall hospital site, alongside the approved Satellite Radiotherapy centre. At the July 2023 meeting, a further update was provided, informing of partnership meetings that had taken place between the Health Board and Velindre NHS Trust, discussing the development of a cancer unit and the restating of the roles, responsibilities, and joint commitment to the Satellite Radiotherapy Unit.

Welsh Sexual Assault Service:

- The Committee received an update on Welsh Sexual Assault Service (WSAS – formerly SARC). Health boards, police forces, Police and Crime Commissioners and third sector partners continued to work closely to implement and deliver the new service model for sexual assault services in South Wales, Dyfed Powys, and Gwent. This involved an enhanced hub for acute services at Cardiff Royal Infirmary (CRI), supported by spoke facilities in Risca and Merthyr. The Committee was informed that Health Board clinical, finance and planning representatives remained fully engaged with the programme.

Thoracic Services:

- The Committee noted that at the start of 2023, Thoracic Services had not been formally monitored through the regional collaborative structure. The outline business case awaits appraisal by Welsh Government and further conversations were required with the South and East Wales Directors of Planning.

Hepato-Biliary and Pancreatic Surgery:

- The Committee requested that the Hepato-Biliary and Pancreatic Surgery service be reviewed for quality and accessibility. At the meeting in July 2023, future options for a combined single site for Hepato-Biliary and Pancreatic Surgery based either in Cardiff or Swansea were discussed. In November 2023, project teams had escalated the risk of the pace of the service improvement through their project board. In January 2024, an options appraisal failed to be completed against original timeframes, and a clinical review took place in February 2024. The Committee suggested that the Health Board review opportunities for alternative services to secure the best service for the population.

Interventional Radiology (IR) Service:

- The Committee was informed of the risk of the failure of the Interventional Radiology (IR) service in Swansea. The Committee noted that two of the Health Boards Interventional Radiologists were supporting this service. Plans were being reviewed, including the implications for vascular services and options for sustainability. The Committee was assured that the fragility of services was monitored through the corporate risk register.

Vaccination Programme:

- An update on the Vaccination programme was presented to the Committee in November 2023. The Committee was informed of the critical risk of not achieving the Winter Flu and COVID vaccination targets for both staff and the population. The Health Board was working in partnership with local authorities, to provide a targeted vaccination offer, increasing communications to staff members of availability of vaccinations, and utilising vaccination bank staff. The Committee was assured and endorsed plans to mitigate the critical risk of meeting the vaccination targets for winter flu and COVID vaccinations.

Neighbourhood Care Networks (NCNs):

- An update on the development of the Neighbourhood Care Networks (NCNs) was presented to the Committee in June 2023. The intent of the new NCN planning structure was to improve the alignment of Regional Partnership Board (RPB), Integrated Services Partnership Board (ISPB) and NCNs. The plan to deliver the Area Plan, alongside Place Based Care, whilst progressing with the Primary Care Model for Wales was noted.

Joint Commissioning:

- The Committee was informed that work was ongoing to establish the new Joint Commissioning Committee and its governance framework.

Assurance in Respect of the Strategic Approach

During the year the Committee received updates in respect of the following:-

Capital Programmes and Strategic Capital Projects:

- An update on Major Capital Programmes and strategic capital projects was presented to the Committee in May 2023. The Committee was assured that all capital schemes submitted to Welsh Government would include significant decarbonisation measures, in line with the decarbonisation programme. A review of the governance of capital programmes, the strengthening assurance on reporting mechanisms, would be undertaken by the Director of Strategy, Planning and Partnerships with updates presented to the Committee.

- An update on Strategic Capital Projects and Estate Rationalisation was presented to the Committee in November 2023. The Committee noted the potential risk of the *Hollow Beam Survey* taking place in Nevil Hall Hospital (NHH), associated with RAAC. Plans for services at NHH were being worked through by the Health Board to present to Welsh Government in 2024. Further discussions on RAAC have taken place at the Board. Key milestones were discussed, including the planned opening of the Ysbyty Ystrad Fawr (YYF) Breast Unit in February 2024, the Royal Gwent Hospital (RGH) Endoscopy Suite, and Phase 1 of the Bevan Health and Wellbeing Centre (Tredegar).

- An overview of the revised and improved arrangements for the management and governance of Strategic Capital and Discretionary Capital within the Health Board was presented to the Committee in July 2024. The Committee was assured that there would be connectivity between the workstreams of the Health Board's Strategic Capital and Estates Group and the RPB's Regional Capital Group. The Health Board applied the same governance arrangements to capital projects worked in partnership.

Long Term Strategy and IMTP:

- An update was provided on the approach to developing the Long-Term Strategy for the organisation, outlining links with strengthening partnership working through the PSB, Marmot and the RPB. The Committee endorsed the approach. The Committee noted that the strategy incorporated meaningful engagement with staff and communities. The Committee was assured that the reconfiguration of Health Board services would take place in parallel with the development of the Long-Term Strategy and the IMTP.

- At the November 2023 meeting, the Committee received an update on the development of the Integrated-Medium Term Plan, for 2024-2027. The Committee was assured that the IMTP had been linked to the Clinical Advisory Board targets previously discussed by Board. At the January 2024 meeting, the Committee received the Health Boards emerging plan for 24/25, including cluster plans.

South East Wales Vascular Network (SEWVN):

- The Committee received an overview of the first annual report since the establishment of South East Wales Vascular Network (SEWVN) in July 2022. The Committee was advised that good progress had been made, with no major safety issues reported during the transitional stage at a time of significant urgent care system pressure.

Public Health Protection:

- An update on Public Health Protection was presented to the Committee for assurance. The Heath Board had utilised Welsh Government funding to create a Gwent Health Protection Service for 2023/24, led by the Director of Public Health. Next steps included plans to strengthen links between the health protection and resilience and emergency planning. Work would be undertaken around sustainability of provision, including a permanent Health

Protection team. The Committee endorsed the requirement for a permanent Health Protection team.

Decarbonisation:

An update on the Decarbonisation programme was presented to the Committee for assurance, including the Decarbonisation action plan for 2023/24, and progress against the national programme to deliver the goal of Net Zero emissions by 2050.

Major Incident Plan:

- An update on the Health Boards Major Incident Plan was provided to the Committee. The Committee endorsed the plan for Board approval in March 2024.

Assurance in respect of the development of plans of the key Clinical Futures Priorities:

The Committee received quarterly updates on the delivery of the Health Boards Clinical Futures Programme, aligned to the Integrated Medium-Term Plan. At the start of the year, the Committee was informed that a review of the Clinical Futures programme had been undertaken, streamlining the original priorities into 7 key areas, and reframing the Six Goals for Urgent and Emergency Care Strategy. The following key areas were discussed:

Stroke Services:

- The challenges to maintaining rehabilitation Stroke services across three Health Board sites. The Committee was assured that a report outlining the challenges would be presented to the Board. The eLGH programme was driving forward priorities linked to the financial plan, including bed base, Stroke and Minor Injuries Units.

Homeward Bound Wards:

- Homeward Bound Wards had not delivered as expected, with best practice informing new plans in the Health Board's Winter Plan. An assessment of the impact on patient care and services would be included in the Winter Plan evaluation report.

General Internal Medicine:

- The Medical Director was leading a workstream to evaluate the pathways for patients presenting at the front door as General

Internal Medicine (GIM) patients. Early data indicated that GIM patients currently had the longest waits.

Minor Injury Units:

- Minor Injury Units: based upon workforce sustainability issues and low demand, a proposal to align the out of hours services at Nevil Hall Hospital with those at Ysbyty Ystrad Fawr had been endorsed by the Executive Team.

Mental Health Services:

- The Committee was informed of plans to align the Mental Health Transformation Programme and improvement plans for issues noted in internal monitoring within the service.

Acute Frailty Response Team:

- A nurse led Acute Frailty Response Team went live in January 2024, placing additional community teams in the Royal Gwent Hospital emergency department. This was having a significant positive impact in directing patients to the best care to suit their needs. At the January 2024 meeting, the Committee noted the commencement of an Acute Frailty Response (AFR) model and a pilot of a frailty consultant located in the Flow Centre to redirect care.

Falls Pathway:

- A new falls pathway had been introduced in December 2023 to reduce the number of non-injurious fallers conveyed to the Emergency Department by ambulance. Since implementation, 47% of non-injurious falls patients had been conveyed to the eLGHs instead of GUH for initial clinical assessment.

Welsh Ambulance Service Team (WAST):

- Further work being undertaken on the Health Board and WAST collaborative programme, ensuring pathways were followed, in particular the use of the flow centre.

Place Based Care:

- At the January 2024 meeting, the Committee was informed that Place Based Care had been deprioritized due to current operational issues.

Primary Care Sustainability Board:

- A report from the Primary Care Sustainability Board was presented to the Committee. The Committee noted the progress of the Primary Care Sustainability Board since August 2022, and the additional capacity and capability that may be required to accelerate delivery of the action plan. The Committee endorsed the re-establishment of the Primary and Community Care Academy and the Draft Primary Care Sustainability Action Plan.

Planned Care Recovery:

- An update on the Planned Care Recovery Programme was presented for information. The update included intended benefits, progress made to date, key objectives for the next period and key risks for each of the 6 workstreams within the Programme. The 6 workstreams for planned care were;
    1. Health Pathways
    2. Patient Access and Activation
    3. Outpatient Transformation
    4. Diagnostics
    5. Elective Capacity/Theatre Utilisation
    6. Planned Care Academy

3. PPHPC Committee Meetings and Membership

3.1 During 2023-24, the PPHPC met four times via Microsoft Teams- May 2023, July 2023, November 2023, and January 2024. Details of the Members and lead Executive Directors who attended these meetings is provided at Appendix 3.

3.2 The Committee comprised the following Independent Members:

- Ann Lloyd (Chair)
- Vacant (Vice Chair)
- Richard Clark
- Dafydd Vaughan
- Phil Robson (ex-officio member, Special Advisor to the Board)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. Following the pandemic, the Committee has continued during the current year to meet virtually, and this has therefore meant that the Health Board has not complied with

its Standing Orders in this regard, and this will be a key consideration as part of the Improving Board Business action plan.

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. PPHPC Reporting Arrangements

4.1 Following each meeting, the PPHPC 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. Self-assessment and Evaluation

5.1 The Board has undertaken an overall assessment of its effectiveness during 2023/24 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.

The outcome of the current years self-assessment that was reported to the Committee on 31st January 2024 confirms that, the results of the individual self-assessment, combined with the analysis of the three completed self-assessments determined that the Committee is effective and meeting the standards.

Rating	Definition	Evidence
2	Meeting standards	The Partnerships, Population Health and Planning Committee is performing to the required standard in this area. There may be room for improvement, but the Partnerships, Population Health and Planning Committee can be seen to be discharging its responsibilities effectively.

In addition, all of the respondents confirmed that the Committee was

either meeting or exceeding the standard for the effectiveness of this Committee.

Then main areas for improvement identified as part of the self-assessment are shown below:

Specific Actions to deliver improvements in the Committee's effectiveness			
Section	Area of Focus requiring attention	How & by When	Action Holder
Section 1 Committee Processes: Composition, Establishment, and Ways of Working	A programme of induction for committee members to be developed. Report template to be reviewed and training on report writing to be delivered.	All actions to inform the development of an overarching Board Business Improvement Plan – March 2024 for Board approval.	Director of Corporate Governance with Head of Board Business
Section 4 Strategic Planning	Explore ways that future updates include clear alignment between priorities, resources and enabling plans.	To be strengthened within Committee Workplan 2024/25 – April 2024	Head of Board Business with the Director of Strategy, Planning and Partnerships

These findings will be used to inform a comprehensive annual assessment of the Board's effectiveness. An overarching Board Business Improvement Plan will be developed, informed by the assessment of the Board and its Committees and other feedback such as Structured

Assessment, for delivery in 2024/25. The effectiveness of the Board's Business function is reported through the Annual Governance Statement, enabling a focus on the work undertaken with the Board's Committees, interconnectedness of the committees and escalation to the Board, as well as the culture between the Health Board and its auditors, regulators, and partners.

6. Key Areas of focus in 2024-25

6.1 To maintain focus on strategic partnerships, planning and developments for 2024/25, the forward workplan has been updated to include a:

- Long term Strategy development, 'Strategy 2035'
- Standing item on Strategic Risk and Assurance.

7. Conclusion

7.1 This report provides a summary of the work undertaken by the PPHPC during 2023-24 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Appendix 1

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

Partnerships, Population Health, and Planning Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Partnerships, Population Health and Planning 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 Partnerships, Population Health and Planning 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.

1.4 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

1.5 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

2. PURPOSE

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction.
b. business cases and service planning proposals;
c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
e. the Health Board's priorities and plans to improve population health and wellbeing.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
   (i) Joint committee and partnership planning;
   (ii) Engagement and communication; and
   (iii) Civil Contingencies and Business Continuity;
c. that partnership governance and partnership working is effective and successful; and
d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will:

a) Partnership Working

i. consider the development of strategies and plans developed in partnership with key strategic partners
ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
iii. seek assurance that partnership governance and partnership working is effective and successful.

b) Population Health

i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
ii. consider plans for whole-system pathway development and re-design;
iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities.

a) Strategic Planning

a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;

b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

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, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.5 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).

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	Independent member of the Board x2

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 Planning, Performance, Digital & IT
Director of Public Health & Strategic Partnerships
Director of Finance, Procurement and VBHC

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 three times yearly, 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 2

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

PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE

PROGRAMME OF BUSINESS 2023/24

the Committee's Terms of Reference as agreed by the Board in March 2023;
the Board's Assurance Framework (based on its Annual Objectives for 2022/23 and 2023/24);
delivery of the IMTP 2023-25;
key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
key statutory, national, and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2023/24			
			17 May 2023	12 July 2023	1 Nov 2023	31 Jan 2024
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓
Declarations of Interest		All Members	✓	✓	✓	✓
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓
Action Log and Matters Arising		Chair	✓	✓	✓	✓
Development of Committee Annual Programme of Business 2023/24	Annually	Chair & Director of CG	✓			
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2023/24	Annually	Chair & Director of CG				✓
Annual Review of Committee Effectiveness 2023/24	Annually	Chair & Director of CG				✓
Committee Annual Report 2022/23	Annually	Chair & Director of CG	✓			
Committee Annual Report 2023/24	Annually	Chair & Director of CG				D

Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region	Standing Item	Director of Public Health	✓	✓	✓	✓
Overview of discussions at the Regional Partnership Board (RPB)	Standing Item	Chair	✓	✓	✓	✓
Update on the development and delivery of a Strategy for Mental Health Services in Gwent	Annually	Dir. PC,C&MHS		✓		
Gwent Marmot Region Communication and Engagement Strategy	Annually	Director of Public Health			✓	
Approach to developing the Integrated Medium-Term Plan	Annually	Director of Strategy, Planning and Partnerships			✓	
Draft Integrated Medium-Term Plan 23-26/Annual Plan 24/25 (First Draft Jan 2024)	Annually	Director of Strategy, Planning and Partnerships	✓		✓	✓
Regional Planning Update	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓
A report on the evaluation of the Vascular Services Network	Annually	Director of Strategy, Planning and Partnerships				✓
Update on the Overarching Clinical Futures Programme	Standing Item	Director of Strategy, Planning and Partnerships	✓	✓	✓	✓
Placed Based Care, Key IMTP priority (added as per action 1611/06)	tbc	Director of Strategy, Planning and Partnerships				✓
ISPB/Accelerated Clusters Update						
1. Public Health Protection and Population Health Improvement	Annually	Director of Public Health				✓
2. Accelerated Cluster Development	Annually	Dir. PC,C&MHS				
3. Redesigning Services for Older People	Annually	Medical Director				
4. Mental Health Transformation	Annually	Dir. PC,C&MHS				✓
5. Planned Care Recovery: *Outpatient Transformation & Pathway Optimisation*	Annually	Director of Operations			✓	
6. Urgent and Emergency Care Improvement, to include an update on SDEC	Annually	Director of Operations	✓			
7. Enhanced Local General Hospital Network	Annually	Director of Operations		✓		

8. Transforming Cancer Services	Annually	Medical Director			✓	
9. Net Zero – Decarbonisation	Annually	Director of Finance, Procurement & VBHC	✓		✓	
Enablers: Update on the development and delivery of an Agile Working Strategy	Annually	Director of Workforce & OD		✓		
Enablers: Capital Programme	Annually	Director of Operations		✓	✓	✓
Enablers: Digital Strategy	Annually	Chief Executive				
Information on Regional Partnership Boards (RPB) funding plans and allocation- in relation to the Primary Care Evaluation Report- Action transferred from the People & Culture Committee- (2002/05) 2022		Director of Strategy, Planning and Partnerships		✓		
To receive a report from the Primary Care Sustainability Board		Chief Operating Officer	✓			
To receive an update on the development of the Neighbourhood Care Networks		Chief Operating Officer		✓		
Review of the Estates Strategy		Director of Strategy, Planning and Partnerships		✓		
PHW- Working Together for a Healthier Wales- Our Long-Term Strategy 2023-2025		Director of Public Health		✓		
To receive an update on the Vaccination Programme		Director of Public Health			✓	
To discuss and endorse the approach to developing the Long-Term Strategy (Strategic Planning and Developments)		Director of Strategy, Planning and Partnerships			✓	
To receive an update on the National Commissioning Implementation Programme		Director of Strategy, Planning and Partnerships			✓	
To receive and discuss an update on Regional Planning: A paper outlining the detailed proposal for Hepato-Biliary and Pancreatic Surgery to be presented to members (Action 1207/02.5)		Director of Strategy, Planning and Partnerships				✓

KEY	
D of CG	Director of Corporate Governance
Dir. PC,C&MHS	Director of Primary, Community and Mental Health Services

Appendix 3

Partnerships, Population Health, and Planning Committee: Attendance at meetings in 2023-24

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	17th May 2023	12th July 2023	1st November 2023	31st January 2024
Independent Members				
Ann Lloyd (Chair)	✓	✓	✓	✓
Richard Clark	✓	✓	×	✓
Dafydd Vaughan	✓	✓	✓	✓
Louise Wright *			✓	
Phil Robson (non-members, special advisor)	✓	✓	×	✓
Executive Directors				
Director of Public Health	✓	✓	✓	✓
Director of Strategy, Planning and Partnerships	✓	✓	✓	✓
Director of Corporate Governance	✓	✓	✓	✓

*Louise Wright, Independent Member, stood in for Richard Clark, Independent Member, at the November 2023 meeting, for quoracy purposes. Louise Wright is not a regular member/required attendee.

Agenda Item:
4.14 a

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

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Joint Commissioning Committee (JCC) Update Report – May 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

Cefndir / Background

The National Health Service Joint Commissioning Committee (Wales) Directions 2024 (the Directions) came into force on 7th February 2024 which provide that the Local Health Boards in Wales will work jointly to exercise functions relating to the planning and securing of services specified within the Directions or as identified by the Local Health Boards. Specifically, these are: (a) specialised services for: (i) cancer and blood disorders, (ii) cardiac conditions, (iii) mental health and vulnerable groups, (iv) neurosciences, and (v) women and children; (b) services where there is agreement between the Local Health Boards that they should be arranged on a regional and national basis; (c) emergency medical services; (d) non-emergency patient transport services; (e) emergency medical retrieval and transfer services; (f) NHS 111 services; (g) sexual assault referral centres; and (h) other services as directed by the Welsh Ministers.

For the purpose of jointly exercising those functions set out within the Directions, the Local Health Boards established a joint committee, the NHS Wales Joint Commissioning Committee (JCC), which became operational on 1st April 2024.

Asesiad / Assessment

The JCC met on 9th and 23rd April 2024. The papers for these meetings are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee .

A summary of the business discussed at these meetings included:

9th April 2024 Meeting:

Joint Commissioning Committee Standing Orders (inc Scheme of Delegation) & Standing Financial Instructions (SFI's) (inc financial authorisation matrix)
Interim Operating Model Framework
Transitional plan for Quarter 1
Legacy statements from EASC,WHSCC, National Collaborative Commissioning Unit NCCU, Sexual Assault Referral Centre (SARC) and 111 Service
WHSSC -Joint subcommittee reports

23rd April 2024 Meeting

Update on the 6-month appointment of an interim Chief Commissioner.
The JCC received feedback from all Health Boards on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review. The Committee was advised that the majority of Health Boards (5 of the 7) supported the four recommendations with Betsi Cadwaladr University Health Board and Powys Teaching Health Board not supporting the recommendations. The JCC agreed the four review recommendations and requested that additional detailed work be undertaken, aligned to key milestones for delivery and noted that there was a need to provide the public with confidence on the process and impact across Wales. The JCC agreed a further two recommendations:

- Recommendation 5 Lessons Learned - Implementation of a lessons learned exercise of the review and engagement process to help inform the future work of the JCC; and
- Recommendation 6 –to receive regular progress reports on achievement of the implementation plan milestones, and benefits realisation.

The full assurance reports for these meetings are included at Appendix 1 and 2. A glossary of terms is also appended to this report.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) activity.

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

JOINT COMMISSIONING COMMITTEE (JCC)
EXTRAORDINRY MEETING BRIEFING – 9 APRIL 2024

The Joint Commissioning Committee (JCC) held an inaugural extraordinary public meeting on 9 April 2024. The next public meeting will take place on 23 April 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the JCC.

The Chair welcomed members and the newly appointed Lay Members to the newly established JCC.

The papers for the meeting can be accessed using the link below:
Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

1. Joint Commissioning Committee Standing Orders (inc Scheme of Delegation) & Standing Financial Instructions (inc Financial authorisation matrix)

Members received a report requesting that the JCC approve the JCC Standing Orders (including the scheme of delegation) & the Standing Financial Instructions (SFI's) (including the financial authorisation matrix.

Members noted that guidance on the handling of interests had been developed, that the memorandum of agreement between the 7 Health Boards (HBs) will be established; and that the hosting agreement between the host body CTMHB and the 6 HBs will be established to outline the accountability arrangements and resulting responsibilities of the Host Body, the JCC and its team.

Members (1) Noted the establishment of the NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024, as directed by Welsh Ministers, (2) Noted that the JCC has superseded the Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC) with effect from 1 April 2024, (3) Noted the development of the JCC's governance framework, as a key component of the Health Board's governance framework, (4) Approved the Standing Orders and Scheme of Delegation and Reservation of Powers for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 18 March 2024, (5) Approved the Standing Financial Instructions for the NHS Wales Joint Commissioning Committee, as issued by the Minister for Health and Social Services on 19 March 2024, (6) Approved the financial authorisation matrix; and (7) Noted the JCCs accountability map for information

2. Interim Operating Model Framework for the NHS Wales Joint Commissioning Committee (JCC)

Members received a report requesting that the JCC note the transitional plan for Quarter 1 to enable the JCC to transact business when it went live on 1 April 2024. The plan incorporates the transitional plan developed by Welsh Government and the actions required to ensure stability and business continuity of the functions to be delivered.

Members noted the report.

JOINT COMMISSIONING COMMITTEE (JCC)
MEETING BRIEFING – 23 APRIL 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 23 April 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the JCC.

The papers for the meeting can be accessed using the link below:
Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

1. Minutes of Previous Meetings
The minutes of the Emergency Ambulance Services Committee (EASC) and the Welsh Health Specialised Services Committee (WHSSC) meetings held on the 19 March 2024 were approved as a true and accurate record of the meetings. The minutes of the Joint Commissioning Committee (JCC) meeting held on 9 April 2024 were approved as a true and accurate record of the meeting.

2. Chairs Report
Members received the Chair's Report and noted:

The update from the new Chair of the JCC - the inaugural JCC meeting on 9 April 2024 received and approved the governance framework for the new JCC after it had been approved by the 7 x Health Boards (HBs) in March 2024, and the overwhelming first impression was of an organisation in good heart and in good shape, notwithstanding the significant challenges and complexities of combining the different organisations into one new national NHS sub committee,
JCC Induction Programme – an update on introductory meetings with key personnel and partners and the local induction session attended and the forthcoming NHS Wales Induction programme for new Independent Members (IMs),
Chair's Action WHSSC – Approval of the WHSSC Legacy Statement – the Chairs action taken by the Chair of WHSSC on 25 March 2024 to approve the WHSSC Legacy Statement as part of the work to support the establishment of the new NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024 in accordance with the NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 was ratified; and
Key Meetings attended.

Members (1) noted the report; and (2) ratified the WHSSC Chairs action taken on 25 march 2024 to approve the WHSSC legacy statement.

3. Interim Chief Commissioners Report

Members received the interim Chief Commissioners Report and noted the following updates:

New Interim Chief Commissioner - an update on the interim 6 month appointment of Chief Commissioner, meetings held with key partners, staff and stakeholders to build relationships and the warm welcome received from everyone; and

NHS Wales Joint Commissioning Committee Implementation - The programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final Welsh Government Oversight Board meeting is being held on 30 April 2024 to complete the programme. JCC members received the transitional plan for Quarter 1 2024-2025 at its meeting on 9 April 2024 which incorporated the transitional plan developed by Welsh Government and the actions required to ensure the stability and business continuity of the functions to be delivered.

Members noted the report.

4. Emergency Medical Retrieval and Transfer Service (EMRTS Service Review

Members received a report presenting the Joint Commissioning Committee (JCC) with recommendations of the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review which has been ongoing since November 2022 and overseen by the Emergency Ambulance Services Committee (EASC) up until 31 March 2024 which had responsibility for commissioning these services prior to the establishment of the Joint Commissioning Committee (JCC) on 1 April 2024.

The Committee gave thanks to stakeholders for their patience during the time taken to ensure the work could be carried out robustly, and were especially grateful for the way in which the Charity and EMRTS had supported and contributed to the Review in what had been challenging circumstances for them given the uncertainty affecting their people and business planning.

The Committee expressed gratitude to Llais, the national citizens voice body for Wales, who advised on the engagement as well as NHS Wales colleagues to have helped deliver the all Wales engagement with citizens.

Members noted that since taking up appointment the Chair and the interim Chief Commissioner felt it was important to listen to a variety of concerns and had been proactive in meeting with key stakeholders and had been struck by the passion and high regard that is held for the Wales

Air Ambulance Charity and the clinical teams of EMRTS, which had been acknowledged throughout the Review.

Members noted that the report presenting the recommendations of the EMRTS Service Review had been considered individually by each of the 7 x Health Board (HBs) in Wales between 20 March and 11 April, and they gave consideration to the following recommendations:

Recommendation 1 – EMRTS Service Model. The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review,

Recommendation 2 – Implementation. To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review),

Recommendation 3 – Implementation. The Committee approves that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan will be reflected in the Committee's future commissioning arrangements with EMRTS and the Charity,

Recommendation 4 – Additional service provision. The Committee approves the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It is recommended that the Ambulance and 111 Commissioning Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group will work in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. Following conclusion of this work, and agreement of the way forward, the implementation plan will be updated,

Recommendation 5 – Lessons Learned. The Committee supports a Lessons Learned exercise of the review and engagement process to help inform the future work of the JCC; and

Recommendation 6 – Implementation. The Committee agrees to receive regular progress reports on achievement of the implementation plan milestones, and benefits realisation.

Members discussed the recommendations and through a majority of 5 of the 7 HBs supporting, along with the 3 Lay members and Chair the recommendations were approved. Members noted that Betsi Cadwaladr UHB and Powys tHB did not support the recommendations.

Members requested that additional detailed work be undertaken, aligned to key milestones for delivery and that there was a need to provide the public with confidence on the process and impact across Wales.

Members (1) Noted the risks outlined above, (2) Noted the risk to patients and under-utilisation levels across Wales, (3) Noted the national feedback provided by the Picker Institute, (4) Noted the localised feedback from communities surrounding Caernarfon and Welshpool bases, (5) Noted the representations raised by Llais and the other representations, (6) Noted the risks to the Charity, (7) Noted that communications and engagement strategies are needed from both the Charity and EMRTS to rebuild trust and confidence with rural communities specifically to ensure the future of this partnership service; and
(8) Approved recommendations 1 to 4 in line with the Review report and to approve recommendations 5 and 6 on implementation monitoring lessons learned on implementation monitoring lessons learned; and that a report to be brought back to May 2024 meeting outlining key milestones.

5. Legacy Statements
Members received a report presenting the legacy statements from the predecessor joint committees / teams that transitioned into the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024 for assurance.

Members noted that JCC became operational on 1 April 2024 and in accordance with the Interim Operating Model Framework for the NHS Wales JCC for Quarter 2024-2025 received by the JCC on 9 April 2024, there was a requirement for the new JCC to receive the legacy statements from the predecessor joint committees/teams.

Members noted the legacy statements for the:

Emergency Ambulance Services Committee (EASC)

National Collaborative Commissioning Unit (NCCU)

111 Service

Sexual Assault Referral Centre (SARC)

Welsh Health Specialised Services Committee (WHSSC)

6. Other reports
Members also noted update reports from the following joint Sub-committees:

Audit and Risk Committee (ARC),
Management Group (MG),
All Wales Individual Patient Funding Request (IPFR) Panel,
Integrated Governance Committee (IGC),
Quality & Patient Safety Committee; and
Welsh Kidney Network (WKN).

Agenda Item: 4.14b

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 May 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – May 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

Pwrpas yr Adroddiad Purpose of the Report
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee).

The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Professor Tracy Myhill OBE.

Asesiad / Assessment

The Joint Committee last met on 21st March 2024 and the papers for meetings are available at Committee Schedule and Papers - NHS Wales Shared Services Partnership summary of key matters discussed included:

IMTP
Update on the development of the BJC for Radiopharmacy Service
Formal agreement to enable the continuation of the recruitment of qualified health care professionals from Kerala, India
Decarbonisation Action Plan
NHS Building for Wales Framework
Nantgarw lease
All Wales Energy arrangements
Flu vaccination proposal
Finance, People, Performance and Governance update

The assurance report from this meeting is shown at Appendix 1.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

Attachments

Appendix 1.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	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/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

GIG CYMRU NHS WALES | Partneriaeth Cydwasanaethau Shared Services Partnership

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	21 March 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on her activities since the last meeting. This includes attending the Chairs' Peer Group and meeting with the Minister. The Welsh Risk Pool Committee was held the previous week with a full agenda and the Staff Awards Ceremony at the end of February was a very positive experience. The Chair also advised Committee members that there may be a need for an urgent Chair's Action before the May Committee. This is in respect of Radiopharmacy Isolators where approval is likely to be required in April to progress this urgent procurement.

The Committee NOTED the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

Following the approval of the IMTP by the Committee in January, the two keeping in touch meetings, with the Finance Delivery Unit and the Planning Director at Welsh Government, produced no significant issues and the plan, has now been formally submitted;
Work to finalise the Business Justification Case for the Radiopharmacy service to be located in IP5 is progressing well with all necessary appointments to relevant contractors having been made;
The NWSSP People & OD Team have recently supported a further visit to Kerala in India which included attendance by the Minister for Health and Social Care from Welsh Government, who signed a formal agreement with the Kerala Government to continue the current co-operation arrangements which provides for a further 250 qualified healthcare professionals to be recruited into NHS Wales;

The closure of the Laundry in Carmarthen is well underway and is on track for the end of March, with the new hub coming into operation in April. All affected staff have been given the opportunity to continue to work in the service at the Swansea Laundry or working in a suitable alternative role within Hywel Dda UHB;

The recruitment process to replace the Director of Finance & Corporate Services has concluded and Alison Ramsey, the current Director of Planning, Performance, and Informatics was successful in being appointed to this post;

Similarly, Nicola Phillips the current Deputy Director of Primary Care Services was successful in being appointed to the role of Director of Primary Care Services.

The Committee NOTED the update.

Items Requiring SSPC Approval/Endorsement

Decarbonisation Action Plan

The original Action Plan covered the period 2021-23 and there is now a need to update it. The plan is both externally and internally focused. External achievements to date include setting up a reporting template for all NHS Wales organisations to measure their progress against the 46 initiatives contained in the Welsh Government Plan and providing advice on achieving net zero in future construction projects. Internally we have invested in LED lighting across the estate, solar panels, and electric vehicles in our fleet. Going forward the plan continues to provide support to NHS Wales organisations and to take forward projects within NWSSP subject to the availability of capital. The plan is ambitious but is equally pragmatic, given the financial context to the years ahead. In the light of these challenges, a coordinated approach across NHS Wales is essential. Monitoring of progress against the plan at Committee is via the quarterly IMTP updates, albeit this is by exception, and it was agreed that a more detailed half-yearly report would be helpful.

The Committee APPROVED the Decarbonisation Action Plan.

NHS Building for Wales 2 Framework

The framework provides a number of specialist advisors to support major capital schemes across NHS Wales. The current framework expires in April and work has been undertaken over the last two years to prepare for a new framework, which will commence in May for a period of four years, with the option to extend for a further two years. There has been extensive consultation with Health Boards throughout the development of the new framework, and there has been proactive initiatives to support the Welsh economy wherever possible,

The Committee ENDORSED the Framework for formal approval by the Welsh Government.

Nantgarw 2 Lease

Due to low occupancy rates at both Companies House and the current Nantgarw HQ, NWSSP is taking the opportunity to consolidate staff into one new building on the Nantgarw estate. This will provide a better working environment and will release revenue savings The previous plan to move into Cathays Park was discounted due to increasing costs and restrictions on access, and it would also not have allowed the exit from the current HQ. The Committee was therefore asked to approve NWSSP entering into a 10-year lease for the new building.

The Committee APPROVED the signing of the lease for Nantgarw 2.

Items for Noting

All-Wales Energy Arrangements

The Committee were updated on developments with the implementation of new governance and contracting arrangements, and also the proposals for the supply of energy in the next few years.

The Welsh Energy Group, supported by the Welsh Energy Operating Group, were both established in March 2023, replacing the Energy Price Risk Management Group. Both of the new groups have performed well, with regular and well attended meetings, which has led to informed strategic decisions on energy supply. The governance arrangements were recently reviewed by Internal Audit and their report was rated as providing substantial assurance. NHS Trusts in England are considering the benefits of centralising their purchase of energy requirements and the Welsh Energy Group is similarly considering the benefit of joining this arrangement.

The Committee NOTED the update.

Flu Vaccination Proposal

The Central Procurement of Influenza project brief was approved by the Vaccination Programme Wales Transformation Board last July. The aim was to deploy centrally procured adult Influenza vaccine during the autumn of 2025. NWSSP have formed part of the Project Group to establish feasibility and design of a centrally procured Influenza model.

The next phase of implementation requires the Minister to direct General Practice to not purchase Influenza vaccine for Autumn 2025, which they would normally commence in September of this year. For this direction to be given, assurance needs to be provided that NHS Wales will be ready to provide GPs, Health Boards and Trusts with centrally procured adult Influenza vaccine. An Influenza vaccine tender process would run over the summer of 2024 to enable vaccine delivery commencing in September 2025.

NWSSP will procure the vaccines but there is the option of these being directly

delivered by the supplier or being held and distributed centrally via NWSSP. The paper provided to Committee focused in the latter option, but it is for Welsh Government to decide the preferred approach.

The Committee NOTED the proposal.

Staff Benefits Update

NWSSP currently provide administration services for several Staff Benefit Schemes for multiple NHS Wales organisations covering Salary Sacrifice Cars, Bicycles and Home Electronics. These services ensure that a fully procured supplier has been sourced, providing quality and value for money.

The Salary Sacrifice Car Scheme current fleet of vehicles stands at 3,736 at February 2024 which represents a 23% increase over the last 12 months. Additionally 94% of live fleet are electric/hybrid vehicles and 87% of cars on order are electric/hybrid vehicles. The car scheme deliver savings estimated at £750 per car per annum, resulting in a total annual saving of £2.8m across NHS Wales.

The Home Electronic scheme provides employees access to over 5000 items from Currys taken via salary sacrifice, allowing the employees to make savings through their salary.

The Cycle to Work scheme is supplied in conjunction with Halfords. The scheme provides employees access to bikes and accessories from Halfords and Tredz taken via salary sacrifice, allowing the employees to make savings on the cost of new bicycles.

The Committee NOTED the update.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP reported a break-even Month 11 financial position with a year-to-date additional non-recurring savings of £2.277m. The 2023/24 distribution to NHS Wales is now finalised at £2m. In addition NWSSP anticipate being able to return £1m of funding to Welsh Government so that the total additional savings generated and distributed for 2023/24 is £3m.

People & OD Update – The sickness absence rate remains very low with the average for the last 12 months being 2.98%. Statutory and Mandatory training compliance is good at over 93% but PADR compliance needs to improve from the current level of 83%.

Performance – The in-month January performance was generally good with 38 KPIs achieving the target against the total of 41 KPIs. The three that missed the target were Recruitment, where performance has improved and the target was only marginally missed, and two for Audit & Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses.

Project Management Office Update – Two projects are currently rated as red. These are the Primary Care Workforce Intelligence System and Transforming Access to Medicine (TrAMS). On the former there are issues with increasing costs and extremely tight implementation timescales and on the latter the lack of capital is the major issue although good progress is being made on the development of the Radiopharmacy Service. Corporate Risk Register – There remain three red risks relating to the impact of industrial action and also of responding to the UK COVID Public Inquiry, and the development of the TrAMs project. The Committee NOTED the above Reports.	
Papers for Information	
The following items were provided for information only: Finance Monitoring Returns (Months 10 and 11). Final Version of IMTP. PPE Dashboard Audit Committee Assurance Report.	
AOB	
N/a	
Matters requiring Board/Committee level consideration and/or approval	
The Board is asked to NOTE the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	16 May 2024