Aneurin Bevan University Health Board

Wed 27 September 2023, 09:30 - 12:30

Conference Centre, St Cadoc's Hospital

Agenda

1. Preliminary Matters

📄 Board Agenda 27.09.23.pdf (3 pages)

1.1. Welcome and Introductions

Verbal   Chair

1.2. Apologies for Absence for Noting

Verbal   Chair

1.3. Declarations of Interest for Noting

Verbal   Chair

1.4. Draft Minutes of the Health Board Meeting, held on 19th July 2023, for Approval

Attachment   Chair

📄 1.4 Draft Board Minutes 19.07.23.pdf (12 pages)

1.5. Summary of Board Business, held In-Committee, on 19th July, 9th August and 31st August 2023

Attachment   Chair

📄 1.5 Summary of Board Business held In Committee.pdf (4 pages)

1.6. Board Action Log for Review

Attachment   Chair

📄 1.6 Action Log September 2023.pdf (3 pages)

1.7. Report on Sealed Documents and Chair's Actions

Attachment   Chair

📄 1.7 Report on Sealed Documents and Chairs Actions.pdf (6 pages)

1.8. Report from the Chair

Verbal   Chair

1.9. Report from the Chief Executive

Verbal   Chief Executive

2. Patient Experience and Public Engagement

2.1. Report from Llais

Attachment   *Deputy Regional Director, Llais*

📄 2.1 Llais Gwent Region - Report for Aneurin Bevan University Health Board - Public Board Meeting - Sept 2023.pdf (12 pages)

2.2. Patient Story: Dementia Care

Presentation   *Director of Nursing*

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3. Items for Approval/Ratification/Decision

3.1. Performance and Accountability Framework

Attachment   *Director of Strategy, Planning and Partnerships*

📄 3.1 a Performance and Accountability Framework Cover.pdf (6 pages)
📄 3.1 b AB Performance Framework 2023 .pdf (18 pages)

3.2. Updated Standing Orders and Standing Financial Instructions

Attachment   *Director of Corporate Governance*

📄 3.2 a Board Paper Revised SOs and SFIs.pdf (4 pages)
📄 3.2 b Appendix One Amendments.pdf (5 pages)
📄 3.2 c Appendix 2 WHSSC SOs.pdf (2 pages)
📄 3.2 d Appendix 3 Changes to EASC Standing Orders.pdf (2 pages)

3.3. Clinical Advisory Forum Terms of Reference and the Quality Impact Assessment Process

Attachment   *Director of Nursing*

📄 3.3 a CAF Front Sheet.pdf (3 pages)
📄 3.3 b Terms of Reference Sept 23.pdf (8 pages)
📄 3.3 c AB Quality Impact Assessment Tool.pdf (14 pages)
📄 3.3 d Process Flowchart quick reference QIA.pdf (1 pages)

3.4. Configuration of Midwifery-led Units: Outcome of Public Engagement

Attachment   *Director of Nursing*

📄 3.4 a Midwifery services outcome of engagement.pdf (5 pages)
📄 3.4 b Maternity engagement final report August 2023.pdf (12 pages)
📄 3.4 c Appendix 1 Midwifery Led Services.pdf (2 pages)
📄 3.4 d Appendix 2.pdf (5 pages)
📄 3.4 e Appendix 3 docx.pdf (8 pages)
📄 3.4 f Llais Letter of representation re MLU engagement 08.09.23.pdf (2 pages)

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4. Items for Discussion

4.1. Welsh Language Annual Report

Attachment   *Director of Workforce and OD*

📄 4.1 a Welsh Language Paper.pdf (5 pages)
📄 4.1 b WELSH LANGUAGE STANDARDS REPORT 2022 2023.pdf (26 pages)

4.2. Communication and Engagement Strategy

Attachment   *Chief Executive/Assistant Director Communication and Engagement*

- 4.2 a Comms and Engagement Strategy Cover Report docx.pdf (5 pages)
- 4.2 b Master Aneurin Bevan University Health Board CE Strategy v2.0.pdf (59 pages)

4.3. To receive an update on Reinforced Autoclaved Aerated Concrete (RAAC)

Attachment   *Director of Strategy, Planning and Partnerships*

- 4.3 RAAC.pdf (9 pages)

4.4. Annual Plan 2024/25: Approach and Key Milestones

Attachment   *Director of Strategy, Planning and Partnerships*

- 4.4 Board Paper Annual Plan Approach Sept 23 FINAL.pdf (7 pages)

4.5. Performance Report

Attachment   *Director of Strategy, Planning and Partnerships*

- 4.5 Interim Performance Report - August 2023 .pdf (11 pages)

4.6. Financial Performance: Month 5

Attachment   *Director of Finance and Procurement*

- 4.6 a Board Finance Report 23-24 M5 _sept v final.pdf (29 pages)
- 4.6 b Appendix One.pdf (27 pages)
- 4.6 c ABUHB MMR Commentary-Month 5 23.24 _Board.pdf (21 pages)

4.7. Strategic Risk Report

Attachment   *Chief Executive*

- 4.7a Strategic Risk and Update Report _Board_Sept 2023.FINAL.pdf (6 pages)
- 4.7 b Appendix A Strategic Risk Register Risk Assessments.pdf (27 pages)

4.8. Board Self Assessment

Attachment   *Director of Corporate Governance*

- 4.8_Board Annual Self-Assessment_June23.pdf (8 pages)

4.9. Executive Committee Chair's Report

Attachment   *Chief Executive*

- 4.9 Executive Committee Board Report July to September 2023.pdf (6 pages)

4.10. Regional Partnership Board Update

Attachment   *Director of Strategy, Planning and Partnerships*

- 4.10 RPB Update September 2023.docx.pdf (7 pages)

4.11. An Overview of Joint Committee Activity

Attachment   *Chief Executive*

a) WHSSC Update Report

b) EASC Update Report

- 4.11 a 1 WHSSC Assurance Report_Sept 23.pdf (5 pages)
- 4.11 a 2 JC Briefing (Public) 18 July 2023 (002).pdf (7 pages)
- 4.11 a 3 JC Briefing Extraordinay (Public) Meeting 1 August 2023.pdf (1 pages)
- 4.11 b 1 EASC Assurance Report_Sept23docx.pdf (4 pages)
- 4.11 b 2 Chair's EASC Summary from 18 July 2023.pdf (9 pages)
- 4.11 b 3 EASC confirmed minutes _EASC_18_Jul_2023 at EASC 19 Sept 2023.pdf (16 pages)

4.12. Key Matters from Committees

Attachment   *Committee Chairs*

📄 4.12 a Key Matters from Committees.pdf (12 pages)
📄 4.12 b SSPC Assurance Report 20 July 2023.pdf (4 pages)

5. Date of the Next Meeting

Wednesday 22nd November 2023

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

AGENDA	
Date and Time	Wednesday 27th September 2023 at 9.30am
Venue	Conference Centre, Headquarters, St Cadoc's Hospital

Item	Title	Format	Presenter
1	**PRELIMINARY MATTERS**		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence for Noting	Oral	Chair
1.3	Declarations of Interest for Noting	Oral	Chair
1.4	Draft Minutes of the Health Board Meeting, held on 19th July 2023, for Approval	Attachment	Chair
1.5	Summary of Board Business, held In-Committee, on 19th July, 9th August and 31st August 2023	Attachment	Chair
1.6	Board Action Log for Review	Attachment	Chair
1.7	Report on Sealed Documents and Chair's Actions	Attachment	Chair
1.8	Report from the Chair	Oral	Chair
1.9	Report from the Chief Executive	Oral	Chief Executive
2	**PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT**		
2.1	Report from Llais	Attachment	Deputy Regional Director Llais
2.2	Patient Story – Dementia Care	Presentation	Director of Nursing
3	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
3.1	Performance and Accountability Management Framework	Attachment	Director of Strategy, Planning and Partnerships
3.2	Updated Standing Orders and Standing Financial Instructions	Attachment	Director of Corporate Governance
3.3	Clinical Advisory Forum Terms of Reference and the QIA process	Attachment	Director of Nursing
3.4	Configuration of Midwifery-led Units: Outcome of Public Engagement	Attachment	Director of Nursing
4	**ITEMS FOR DISCUSSION**		
4.1	Welsh Language Annual Report	Attachment	Director of Workforce and OD

4.2	Communications and Engagement Strategy	Attachment	Chief Executive/Assistant Director Communication and Engagement
4.3	To receive an update on Reinforced Autoclaved Aerated Concrete (RAAC)	Attachment	Director of Strategy, Planning and Partnerships
4.4	Annual Plan 2024/25: Approach and Key Milestones	Attachment	Director of Strategy, Planning and Partnerships
4.5	Integrated Performance Report	Attachment	Director of Strategy, Planning and Partnerships
4.6	Financial Performance: Month 5	Attachment	Director of Finance and Procurement
4.7	Strategic Risk Report	Attachment	Chief Executive
4.8	Board Self Assessment	Attachment	Director of Corporate Governance
4.9	Executive Committee Chair's report	Attachment	Chief Executive
4.10	Regional Partnership Board Update	Attachment	Director of Strategy, Planning and Partnerships
4.11	An overview of Joint Committee Activity: a) WHSSC Update Report b) EASC Update Report	Attachment	Chief Executive
4.12	Key Matters from Committees of the Board	Attachment	Committee Chairs
5	**OTHER MATTERS**		
5.1	Date of the Next Meeting: • Wednesday 22nd November 2023		

KEY:	
Priority 1	• Every Child has the Best Start in Life
Priority 2	• Getting it Right for Children and Young Adults
Priority 3	• Adults in Gwent Live Healthily and Age Well
Priority 4	• Older Adults are Supported to Live Well and Independently
Priority 5	• Dying Well as part of Life
Enablers	• Experience, Quality & Safety

	• Partnership First • Research, Innovation, Improvement, Value • Workforce & Organisational Development • Finance • Digital, Data, Intelligence • Estate • Regional Solutions • Governance

Motion to Exclude Members of the Public and the Press

There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:

"Representatives of the press and other members of the public shall 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".

Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DATE OF MEETING	Wednesday 19th July 2023
VENUE	Conference Centre, St Cadoc's Hospital and via Microsoft Teams

PPRESENT	Ann Lloyd	Chair
	Nicola Prygodzicz	Chief Executive
	Pippa Britton	Vice Chair
	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 Deneen	Independent Member (Community)
	Louise Wright	Independent Member (Trades Union)
	Dafydd Vaughan	Independent Member (Digital)
	Philip Robson	Special Advisor to the Board
	Iwan Jones	Independent Member (Finance)
	Leanne Watkins	Chief Operating Officer
	Prof Helen Sweetland	Independent Member (University)
	Shelley Bosson	Independent Member (Community)
	Tracy Daszkiewicz	Director of Public Health
	Cllr Richard Clark	Independent Member (Local Authority)
	Martin Blakebrough	Independent Member (Third Sector)
	Paul Solloway	Director of Digital (non voting)
IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Bryony Codd	Head of Corporate Governance
	Linda Alexander	Deputy Director of Nursing
	Jemma Morgan	Regional Director, Llais
	Tanya Strange	Head of Nursing, Patient Centred Care
	George Puckett	Trade's Union Chair
	Tracy Veale	Audit Manager, Audit Wales
	James Hodgson	Head of Communication
Apologies	Dr James Calvert	Medical Director

ABUHB 1907/01	**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. The Chair welcomed Paul Solloway, Director of Digital, and Martin Blakebrough, Independent member, to their first meetings of the Board.

	The Chair congratulated Louise Wright, Independent Member, who had been awarded the UK Representative of the Year for Chartered Physiotherapists.
ABUHB 1907/02	**Declarations of Interest** There were no Declarations of Interest raised relating to items on the agenda.
ABUHB 1907/03	**Minutes of the previous meeting** The minutes of the meeting held on 24th May 2023 were agreed as a true and accurate record.
ABUHB 1907/04	**Summary of Board Business, held In-Committee, on 24th May and 21st June 2023** The Board NOTED an overview of the formal discussions held by the Board at its private meetings held on 24th May and 21st June 2023
ABUHB 1907/05	**Action Log and Matters Arising** 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 1907/06	**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 12th May and 3rd July 2023. 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 1907/07	**Chair's Report** The Chair provided her verbal report, with an overview of the activities she had undertaken, outside of her routine meetings and visits, as follows: • Attended and chaired 2 meetings of health organisation chairs, with discussions on: o governance, particularly accelerated cluster development and RPB governance, with a review of RPB governance requested. o Consequences of the financial position across Wales and service reconfiguration. o Discussion with Public Health Wales regarding diabetes, noting that each Chair has an objective relating to the reduction of diabetes and weight management. o Proposed ten year statutory review. o Review of commissioning programmes on a national basis, with arrangements to be further discussed by Chairs. • Attended a meeting with Chepstow Town Council regarding developments at Chepstow Hospital. Those in attendance were impressed with the developments and community orientated care. • Meeting with the Minister for Health and Social Services, where concerns were raised in relation to waiting lists, cancer, urgent care and delayed discharges. The Minister was keen to see proposals relating to secondary care shift to community. • Noted that the Minister had announced a vision for the next 10 years. A Ministerial Advisory Group was being established to review governance and accountability for health organisations. Health Boards would put forward proposals and views. The Board NOTED the Chair's Report.

ABUHB 1907/08	**Chief Executive's Report**
	Nicola Prygodzicz (NP), Chief Executive, noted that the first quarter of 2023/24 had continued to be a busy time, with a focussed effort on delivery of the Health Board's plan, with signs of improvement in performance. The following points were highlighted:
	
	• Focussed work continued to improve flow across the system, improving ambulance waits. Acknowledging that further work is required but improvements were starting to be seen.
	• Planned care, and reducing waiting lists continues to be a priority, with some improvements seen in the first quarter relating to cancer performance.
	• The challenging financial context within which the Health Board continued with the need to deliver services and improvements.
	• A number of sessions with senior leaders had been held regarding potential choices and options to address the financial challenge, and enhancing accountability across the organisation, which will continue to be a focus for the next quarter.
	• Quality and safety remains at the heart of all that we do. A significant reduction in agency staff had been seen, leading to better quality of care on wards in addition to reduced costs.
	• Welcomed the reinstatement of patient safety visits for Board members.
	• Continued communication with patients, their families and the public continues to be a key priority. Including work to review complaint handling and strengthening patient liaison services.
	• NHS 75 celebrations had been held, providing an opportunity to celebrate with staff at events across the Health Board.
	• Congratulations to 2 members of staff for their recognition at the recent RCN Awards:
	   o Natalie Janes – runner up in the Primary Care Nursing award.
	   o Amanda Whent – winner of the Older People's award for her work on dementia.
	
	The Board NOTED the CEO's Report.

ABUHB 1907/09	**ABUHB Annual Report and Annual Accounts 2022/23**
	Audit Wales Audit of Accounts
	Tracy Veale (TV), Audit Manager, presented the Audit Wales Audit of Accounts, confirming that Audit Wales will issue an unqualified audit opinion on the Health Board's annual accounts 2022/23, except for the regularity opinion which the Auditor General intends to qualify. The latter, because the Health Board has not achieved its first statutory financial duty to break even over a three year period. TV confirmed that there were no uncorrected misstatements and that the Auditor General would sign on 25th July 2023.
	
	Recommendation from the Audit, Risk and Assurance Committee
	Iwan Jones (IJ), Chair, Audit, Risk and Assurance Committee confirmed that the Committee had met to consider the Annual Report and Annual Accounts 2023 and recommended their approval by the Board.
	
	The Board:
	RECEIVED the Audit of Accounts Report (2022/23) of External Audit (Audit Wales)
	APPROVED the Annual Report and Accounts 2022/23, which includes:
	    1. The Performance Report;
	    2. The Annual Accountability Report; and
	    3. The Financial Statements
	APPROVED the Letter of Representation; and

	AUTHORISED the Chair, Chief Executive Officer and Director of Finance and Procurement, to sign these documents where required.
ABUHB 1907/10	**Report from Llais** Jemma Morgan (JM), Regional Director, Llais, provided an overview of the 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. JM confirmed that the Aneurin Bevan CHC legacy had been handed over to Llais and highlighted work with Powys Llais and Powys tLHB regarding Crickhowell Practice's application to close their branch surgery. JM thanked the Health Board for continuing to support visits to wards and departments. Pippa Britton (PB), Vice Chair, asked if there were opportunities to compare Gwent with other areas. JM confirmed that work was underway to centralise client record management systems to enable consistent data handling. Peter Carr (PC), Director of Therapies and Health Science, welcomed the planned survey on transition from child to adult services and asked if this would include mental health services. JM confirmed that Llais was working with the Children and Families Board of the Regional Partnership Board and the survey would include children across all services. The Chair thanked Llais for its excellent work and useful report. The Board NOTED the report.
ABUHB 1907/11	**Patient Story – Children's Rights and Participation Forum** The Board watched a video presented by members of the Children's Rights and Participation Forum who gave their stories on the use of the Health Board's services for those diagnosed with, or awaiting a diagnosis for, neurodivergence. Paul Deneen (PD), Independent Member, commented that this was a powerful example of an issue which was becoming more prominent and has a lack of understanding and awareness. Acknowledging that there were UK-wide issues relating to waiting lists in this area, PD asked how this was being looked at as a holistic approach. Jennifer Winslade (JW), Director of Nursing, explained that the team were keen to work with families to understand their stories in order to develop pathways, working in collaboration with education and social care. Nicola Prygodzicz (NP), Chief Executive, highlighted that there had been positive work in-reaching into schools. There was further work required, with patients still waiting over 6 months for neurodevelopment and plans in place to address. Leanne Watkins (LW), Chief Operating Officer explained that there had been a significant increase in demand post COVID and a Board Development session was planned for the autumn. Martin Blakebrough (MB), Independent Member, highlighted the importance of working with education and of co-production, noting that peer support was not confined to office hours.

	Members agreed that there needed to be a broader approach to peer support, connecting people across communities. The Chair noted that additional resources had been allocated to the RPB for neurodevelopment and a report was expected at the September RPB meeting. The Board NOTED the patient story and expressed thanks to those involved for sharing their important stories.
ABUHB 1907/12	**Primary Care Provision** **The Lawn Medical Surgery and Churchwood Surgery** Leanne Watkins (LW), Chief Operating Officer, presented the report highlighting the successful awarding of both GMS contracts, for the Lawn Medical Practice and Churchwood Surgery, in full. Iwan Jones (IJ), Independent Member, asked if there was an overall plan for primary care for the next 10 years. LW explained that there was a broader piece of work required in relation to place based care. It was noted that the traditional GP partnership model had also changed and there were a number of other models elsewhere to consider. An update would be provided to the Board Development session on 18th September. The Board ENDORSED the awarding of both GMS contracts. **Deri Branch Surgery Closure** The Board NOTED the outcome of the recent Vacant Practice Panels to support the application received from Meddygfa Cwm Rhymni, to close the Deri branch site, with a 3-month notice period.
ABUHB 1907/13	**Stroke Reconfiguration** Leanne Watkins (LW), Chief Operating Officer, presented a report seeking approval to temporarily consolidate stroke service across one Hyper Acute Stroke Unit (HASU) at the Grange University Hospital and one Stroke Rehabilitation ward within an enhanced local general hospital (eLGH) setting due to an urgent service risk. LW highlighted the ongoing issues in relation to staffing and the indepdent review recommendations of GIRFT to consolidate stroke rehabilitation services. Peter Carr (PC), Director of Therapies and Health Science, confirmed that regular meetings had been held with multidisciplinary teams who welcomed the GIRFT review and understood the need to change. It was important to engage staff actively and be clear about the steps to be enacted urgently due to the fragility of the service. Louise Wright (LWr), Independent Member, noted the need for urgency, however raised concern at the ability to provide rehabilitation quickly so as not to compromise patient care. PC responded that, due to the need to move urgently it would not be in place on day one but there was a programme to build on and specialise rehabilitation, including community. The Chair queried what would happen with the COTE beds in YYF, would any remain and would they meet the needs of the population? LW explained that there will be a need to replace COTE beds. Some may need to move to RGH; but the opportunity would be taken to take patients out of beds who do not have a COTE

	medical need to ensure those in YYF with COTE medical needs have their needs met. There was also a frailty community offer, particularly in Caerphilly, to support patients in the community. The Chair requested an update report to the Board setting out plans to satisfactorily meet the needs of COTE patients as well as improving stroke rehabilitation. The Board APPROVED the consolidation of stroke services to a single HASU at GUH and single rehabilitation ward within YYF initially as an urgent service change with further engagement to follow. It was agreed that a more detailed operational plan to describe fully the stroke rehabilitation service and COTE model which will be affected as a result of the change would be provided. **Action: Chief Operating Officer**
ABUHB 1907/14	**WHSSC Cochlear and Bone Conduction Hearing Implant Engagement and Next Steps** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, explained that an urgent service change had been implemented in 2019 with subsequent engagement delayed due to COVID. In September 2022 the Board approved a period of engagement and the results were outlined within the report. The Board APPROVED the next steps and specifically the undertaking of a designated provider process; followed by a period of formal consultation.
ABUHB 1907/15	**People Plan Update Report** Sarah Simmonds (SS), Director of Workforce and OD, presented for assurance an update on the implementation of the People Plan. It was noted that key themes were regularly reported to the People and Culture Committee and a delivery tracker was in place and reviewed monthly. SS provided an overview of progress against the key themes of staff health and wellbeing, employer of choice and workforce sustainability. Iwan Jones (IJ), Independent Member, noted that there had been a 60% reduction in disciplinary cases and asked for the reasons behind this. SS confirmed that a review had confirmed that a large number of formal disciplinary full investigations were not resulting in sanctions which meant that there were being undertaken inappropriately. Action was being taken. The Board NOTED the report
ABUHB 1907/16	**Trade Union Partnership Forum Annual Report** George Puckett (GP), Trades Union Chair, presented the TUPF Annual Report 2022/23. GP highlighted two key issues: • Ongoing issues in relation to Health Visitors, in particular the lack of process when issues/complaints arise. • Mobility for staff – expectation for members of staff to attend different places of work with the same start/finish time and no recognition of the impact on personal time.

Sarah Simmonds (SS), Director of Workforce and OD, stated that the issues regarding Health visitors had been raised in the past few months. A listening exercise had been undertaken and the report on this would be shared with service leads, once finalised, to ensure appropriate action can be taken.

In relation to mobility of staff, SS confirmed that specific issues would be picked up outside of the meeting and responses needed to be considered on an individual basis.

SS highlighted that there had been discussions on developing partnership working, with a renewed statement and development of local partnership working forums.

Jennifer Winslade (JW), Director of Nursing, acknowledged the issues in the health visiting structure whilst the service was under pressure and facing recruitment issues and increasing safeguarding cases. JW noted that this was a vital profession which safeguards children and provides the best start in life. JW gave a personal commitment to work together with staff to develop a plan to respond to the listening exercise and make improvements.

Paul Deneen (PD), Independent Member, acknowledged the significant impact of the demands of the service on staff and was reassured via reports to the People and Culture Committee, that the number of investigations was reducing due to a positive change in approach.

SS highlighted the Avoidable Employee Harm Project which had been developed with TU partners to develop and continue to train managers; and has received positive feedback and results to date.

GP acknowledged that managers had a difficult job and that there were good managers within the organisation who engage with staff but there were 'hot spots' that required improvement.

Louise Wright (LW), Independent Member, commented that the issue with health visitors was an example of an issue being brought to the Board which should have been dealt with locally before the need for escalation and raised concern at how many other areas were in a similar position.

Nicola Prygodzicz (NP), Chief Executive, noted that it was important to ensure the Board was aware of issues and that staff feel able to speak up. NP stated that she was clear with staff whilst on site visits that she wanted an open and honest culture across the organisation and encouraged managers at all levels to undertake planned and drop in visits.

Leanne Watkins (LW), Chief Operating Officer, confirmed that she had spent time with the health visiting team alongside JW and once the results of the listening exercise had been received and a plan developed, she would ensure that this is on the agenda for all divisional assurance meetings.
The Chair confirmed that Independent Member visits had recommenced and thanked GP for the constructive, objective and helpful approach of the Trade Unions.

The Board NOTED the report.

ABUHB 1907/17	**Communication and Engagement Annual Report**
	Nicola Prygodzicz (NP), Chief Executive, presented the Communication and Engagement Annual Report, providing an overview of progress over the past 12 months and key priorities for the future.
	NP highlighted the benefits of the communication and engagement functions coming together and being able to get back out in communities.
	Members welcomed the report and noted that a revised Strategy would be presented to the Board in September.
	The Board NOTED the report.
ABUHB 1907/18	**Winter Plan Evaluation 2022/23**
	Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the evaluation against the implementation of the Integrated Winter Resilience Plan, developed in partnership and approved by the Board in November 2022.
	HE highlighted that there had been a mixed success with initiatives, including:
	• Good progress with booster vaccinations
	• Good performance with uptake of the flu vaccine amongst over 65's
	• Year on year reduction in staff uptake of the flu vaccine
	• Expanded AHPs at the 'front door'
	• Increased primary care activity and capacity
	• APPs in the flow centre did not have the expected impact on conveyance
	Tracy Daszkiewicz, Director of Public Health, acknowledged the good progress with vaccinations but highlighted the over reliance on mass vaccination centres which was not sustainable from a cost point of view. A further review was therefore required to look at how best to support provision in primary care.
	It was noted that some initiatives did not have any impact over the winter period, but have had an impact since. For example, the front door therapy team concept had been successful and will continue.
	Jennifer Winslade (JW), Director of Nursing, confirmed that the Six Goals Programme Board would be undertaking a review with clear evaluation of what initiative was delivering what impact and how these were funded.
	Pippa Britton (PB), Vice Chair, commented on the timing of the plan and subsequent evaluation and the need to change the pace to enable to Board to receive the plan in the early autumn with evaluation earlier in the year to allow time for learning.
	Leanne Watkins (LW), Chief Operating Officer, confirmed that early discussions with operational teams were key, and had started.
	HE stated that there was already a significant amount of investment in this area and it was important to simplify and best target the available resource.
	The Board NOTED the report.

ABUHB 1907/19	**Enhanced Care: Proposal for a Proof of Concept and Service Evaluation at Ysbyty Ystrad Fawr** Jennifer Winslade (JW), Director of Nursing, outlined that the Board had requested a review of enhanced care. Consequently, a different model was being proposed based on patients need. Linda Alexander (LA), Deputy Director of Nursing, highlighted that nursing staff wanted to better understand how enhanced care was delivered, to upskill and develop new roles to support these patients; she outlined a proposed proof of concept (PoC) underpinned by the Care Aims Framework and reasoned decision-making, to be undertaken within the Medicines Directorate, at Ysbyty Ystrad Fawr. The Chair asked if the earlier agreement regarding stroke reconfiguration would impact upon this proposal. LA confirmed that it should not as medical beds would remain in YYF. Shelley Bosson (SB), Independent Member, queried the financial assessment. LA explained that it was expected that there would be a reduction in variable pay as a consequence. JW confirmed that this would not worsen the financial position for the medical division. The Chair asked how this aligned to the nurse staffing act principles. JW stated that there was increasing opinion that whilst the Act was important in recognising trained nurse levels there needed to be flexibility to meet the needs of individuals. LA confirmed that the Act was about professional judgement and it was hoped that there were be a reduction in acuity as patients were being looked after more appropriately. JW explained that the approach could result in more falls as patients were allowed to be more mobile, however overall harm should reduce. Increased mobility should also help patients to get better more quickly, thus reducing length of stay. The Board ENDORSED the Proof of Concept to improve quality, safety and patient experience.
ABUHB 1907/20	**WCCIS Update** Paul Solloway (PS), Director of Digital, provided an update on the implementation of WCCIS (Welsh Community Care Information System) within the Health Board. It was noted that: • The system went 'live' in mental health and learning disabilities in August 2022 and was now operational in 120 teams • There had been a number of issues and complications associated with data migration from the legacy system resulting in no digital system for one week leading to a backlog of data entry and being unable to comply with statutory reporting. • As a result 9 urgent change requests were deployed in May 2023 with improved reporting expected in July 2023. • System performance and reliability was improving. • Full benefits outlined in the business case had not been realised due to integration challenges and the mobile application is still not available from the supplier.

	Wider concerns were that the current platform for WCCIS reaches end of life in January 2024. A strategic review across Wales had been presented to Welsh Government.

Team have developed action plans to improve the current situation and focus on the benefits for the coming period.

PS noted that a report on WCCIS had been issued this month following scrutiny by the Health and Social Care Committee and Public Accounts Committee with recommendations to Welsh Government and DHCW.

Dafydd Vaughan (DV), Independent Member, raised concerns that the Health Board had had a system in place for over a year which was still not delivering what was expected and asked if there was an understanding of the financial impact of the delays, issues and resulting extra resourcing. DV also highlighted the importance of feeding back the harm the system was causing in our ability to deliver and the impact on staff and patients. DV suggested that a staff story on the issues that WCCIS has caused for staff be prepared. **Action: Director of Digital**

Nicola Prygodzicz (NP), Chief Executive, confirmed that an SBAR would be presented to executives in the coming weeks regarding the impact on operational delivery.

The Board NOTED the report and the concerns raised. |
| **ABUHB 1907/21** | **Quarter One Performance and Outcomes Report**
Hannah Evans (HE), Director of Strategy, Partnerships and Planning, provided an overview of progress against the IMTP at the end of quarter 1 2023/24.

It was highlighted that:
- 156 weeks waits:
  - No outpatients waiting over 156 weeks
- 104 weeks waits:
  - On track for outpatients in 5 out of 7 specialties - the exceptions being ENT and spinal surgery. Improvement plans were in place for both.
  - Eliminate all 104 weeks inpatient waits by the end of December, the key issue being urology
- 52 weeks waits
  - 3 specialities off-track for outpatients. These were ENT, spinal surgery and maxilla facial surgery; all had targeted actions
  - Had assumed approval of the cataract business case. A decision has not yet been reached by WG and this could therefore be a risk later in the year.
- Cancer – 60% compliance with single cancer pathway.

The Board NOTED the report. |
| **ABUHB 1907/22** | **Financial Performance**

Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining the financial performance at the end of May 2023.

It was noted that at month 2 the reported revenue position was a £29.5m deficit (submitted IMTP profile was £24.6m) and the reported capital position was break-even. The forecast year end revenue position is £112.8m deficit (capital forecast is |

£2.1m deficit). There were significant risks in achieving both the revenue and capital financial positions.

The Chair raised concerns at the levels of savings required to achieve the forecasts. Nicola Prygodzicz (NP), Chief Executive, confirmed that further executive sessions were planned for later that week. There was ownership at a divisional level, with a need to look at options, opportunities with difficult decisions to make. All business cases had been paused, unless addressing an urgent patient safety issue or savings efficiency.

NP highlighted that the organisation spent approximately £5m per day and but this needed to reduced to a maximum £4.5m.

It was noted that the Board would hold further discussion on financial performance in their private session.

The Board NOTED the report.

ABUHB 1907/23	**Strategic Risk Report** Nicola Prygodzicz (NP), Chief Executive, noted that there had been a number of sessions with the Board and executive team to review the risk framework. Following this, an assessment of strategic risks associated with achievement of the Board's strategic priorities in 2023/24 has been undertaken. It was noted that this was an initial step in the refresh of the Board's Strategic Risk and Assurance reporting arrangements. Further work would now be undertaken to develop mitigating actions, likelihood and method by which progress will be monitored. The Board NOTED the report.
ABUHB 1907/24	**Executive Committee Activity** Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held between 5th May and 7th July 2023. NP highlighted a continued focus on quality and safety, highlighting: • supporting the implementation of a Ward Accreditation Pilot at Ysbyty Aneurin Bevan. • Establishment of a core learning committee to determine the organisational Statutory and Mandatory requirements. • Informal session, led by the Director of Public Health, on the opportunities to promote population health and address health inequalities across Gwent. The Board NOTED the report.
ABUHB 1907/25	**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. The Board NOTED the report.

ABUHB 1907/26	**Key Matters from Committees of the Board**
	The Board RECEIVED Assurance Reports from the following Committees:
	• Audit, Risk and Assurance Committee – 23rd May 2023
	• People and Culture Committee – 13th June 2023
	• Mental Health Act Monitoring Committee – 19th June 2023
	• Patient Quality, Safety and Outcome Committee – 20th June 2023
	• Finance and Performance Committee – 21st June 2023
	• Charitable Funds Committee – 28th June 2023
	• Shared Services Partnership Committee – 18th May 2023
ABUHB 1907/27	Date of the Next Meeting: Wednesday 27th September 2023

DRAFT

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Governance Matters: Summary of Board Business held In-Committee**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion of the Board at its private meetings held on 26th July, 9th and 31st August 2023 and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

ADRODDIAD SCAA
SBAR REPORT
Sefyllfa / Situation

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, 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 Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting'. The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

In circumstances where the Board meets in a private formal session, it shall formally report any decisions taken to the next meeting of the Board in public session.

Aneurin Bevan University Health Board is committed to carrying out its business openly and transparently, in a manner that encourages the active engagement of its citizens, community partners and other stakeholders.

The purpose of this report is to share a summary of formal discussion held by the Board at its private meetings held on 26th July, 9th and 31st August 2023 and to report any key decisions taken.

Cefndir / Background

Summary of Discussions

Reinforced Autoclaved Aerated Concrete (RAAC) Risk Assurance:
The Board received a high-level overview of the outcome of recent surveys into the prevalence of RAAC on the Nevill Hall Hospital (NHH) site and the work undertaken to mitigate any immediate risks.

The Board AGREED that a substantive update would be presented to the Board in September 2023.

Tredegar Health and Well Being Centre
The Board received an update on the construction of the Tredegar Health and Well Being Centre in the context of financial pressures created by inflation; and two relatively large Compensation Events by the Supply Chain Partner. It was noted that due to the length of delay incurred, a formal dispute had been triggered, although this was currently paused whilst teams discussed the issues further.

The Board NOTED the position and SUPPORTED action being taken in respect of dispute resolution.

LINC Programme
The Board noted that, as a result of ongoing delays to delivery, and to ensure continuity in Laboratory Services, all Health Boards and Trusts had previously endorsed the decision to terminate the Citadel contract and extend the current Laboratory agreement with InterSystems Corporation.

The Board APPROVED the extension of the term of the legacy LIMS agreement by 5 years to 30th June 2030.

Financial Position and Delivery of Financial Plans
The Board has received regular briefings in relation to the Health Board's financial position and the significant risks identified in achieving the forecast position of £112m deficit. The Board has considered work ongoing to identify opportunities to ensure delivery of savings and improve the financial forecast as far as possible.

Asesiad / Assessment

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

Argymhelliad / Recommendation

The Board is requested to note this 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):	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** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

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 May 2023	**ABUHB 2405/07**	**Chair's Report:** Tyleri Ward Community Resource Team (CRT) to be invited to share their experience with the Board	Director of Corporate Governance	November 2023	In agreement with the Director of Nursing, this action will be addressed through scheduling of patient experience presentations to the Board. It is anticipated that this will be ready for November 2023.
24th May 2023	**ABUHB 2405/17**	**Annual Complex Care/Mental Health and Learning Disabilities Independent Provider Fee Uplift for 2023/24:** An update on the development of a commissioning approach based on the place based care model would be presented to the Board in 3 months time.	Chief Operating Officer	September 2023	In agreement with the Chief Executive, this item will be deferred in light of urgent priorities which require attention.
19th July 2023	**ABUHB 1907/13**	**Stroke Reconfiguration:** a more detailed operational plan to describe fully the stroke rehabilitation service and COTE model which will be affected as a result of the change to be provided	Chief Operating Officer	November 2023	This item has been scheduled for inclusion on the Board's agenda for November 2023.

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
19th July 2023	**ABUHB 1907/20**	**WCCIS Update:** staff story on the issues that WCCIS has caused for staff be prepared	Director of Digital		The Director of Digital has spent a morning with the Primary Care Mental Health Support Service at Risca Health Centre to see some of the challenges being experienced. The reflections from this visit are being collated and a discussion has been arranged with the CEO of Advanced (provider of WCCIS) to discuss these challenges. Further meetings have been arranged with David Street (SRO of WCCIS – Caerphilly Borough Council) and Sam Hall (Director of Primary, Community & Mental Health - DHCW) to discuss the strategic direction of the programme both within the Gwent region and nationally. A staff story will be developed shortly to highlight the impact

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
					WCCIS issues have had on staff.

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.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
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:**	Bryony Codd, Head of Corporate Governance

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 4th July and 6th September 2023.

The Board is asked to note that there have been two (2) 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 4th July and 6th September 2023, one (1) Chair's Actions has been agreed, a summary of which is appended to this report at **Appendix One**.

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. Two documents were sealed between the 4th July and 6th September 2023, as outlined below.

Date	Title
20/07/2023	Confirmation Notice No.2 for commencement of stage 4,5 and 6 services ABUHB Breast Care Unit at YYF Stage 4/5/6 Notice to call off contract agreement with Gardiner and Theobald LLP
20/07/2023	Confirmation Notice No.1 for commencement of stage 3 services ABUHB Breast Unit at YYF stage 3 notice to call off contract agreement with Gardiner and Theobald LLP

3.2 Chair's Action

The Chair's Actions approved between 4th July and 6th September 2023 is provided below.

Date	Title
27/07/23	Approval of funding for design fees for stages 3 & 4, following completion of stages 1 & 2, in respect of developing a Business Case for an Extension to Emergency Department Waiting Area – Grange University Hospital.

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** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

Description of Request:

To consider as Chairs Action a request to extend the Emergency Department (ED) waiting area at the Grange University Hospital (GUH).

Financial Value	£515,688.00

Situation

Approval request for the extension to the ED waiting area.

Background

Since the opening of the GUH in November 2020, the ED has experienced numbers of patient attendances significantly higher than the Clinical Futures Model. The existing ED wait area is unable to adequately accommodate daily demand.

In addition, the need for an improved environment for patients was recognised following two unannounced inspections of the GUH by Health Inspectorate Wales in 2021 and 2022 due to further concerns being raised. The department continues to receive a high number of patient related concerns regarding the waiting area.

Request:

The plan is to build an extension which will significantly increase the current waiting capacity that will also include the reconfiguration of the existing wait to optimise the clinical flow and patient experience within that area.

Subject to approval of a Business Case to be submitted to Welsh Government, this funding will be recovered and returned to Discretionary Capital Programme.

Accompanying documents:

Chairs Action - PPD 1443 - ED extension   PPD 1443 19.04.2023 ED Ex...   PPD 1443-1 SBAR for ED Waiting...

Approval:

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to approve the request.

Signatures: Chair / Vice Chair	Date:
	25/7/23
Signature: Chief Executive	Date: 20/7/23
Signature: Director of Corporate Governance	Date:
	20.07.2023
Signature: Chief Operating Officer	Date:
	20.07.2023
Signature: Director of Strategy, Planning & Partnerships	Date:
	20.07.2023
Signature: Independent member	Date:
Paul Dereen - Approved by email	24/7/23
Signature: Independent member	Date:
Pippa Britton - Approved by email	24/7/23

---- End ----

Llais Gwent Region

Report for Aneurin Bevan University Health Board – Public Board Meeting

September 2023

Accessible formats

This publication is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us. You can ask for a copy by contacting our office:

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gwentenquiries@llaiscymru.org

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Contents

About Llais

Llais is a statutory body, set up by the Welsh Government to give the people of Wales much more say in the planning and delivery of their health and social care services – locally, regionally, and nationally.

We are here to understand people's views and experiences of health and social care, and to make sure feedback is used by decision-makers to shape services.

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

There are 7 Llais Regions in Wales. We all work together to represent people's voices in relation to their health and social care needs.

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 an independent Complaints Advocacy Service.

Llais 100-day plan

When Llais was launched on the 1st of April 2023, we published our 100-day plan, which set out our national intentions, plans and objectives for the first 100 days of the new organisation. Full details of our plan can be found on our website here: Our 100 day plan | Llais (llaiswales.org)

In brief, our plan in the first 100 days included:

- Having a regional presence.
- Producing and publishing regional plans.
- Developing our Diversity, Equality & Inclusion Policy.
- Developing new digital ways of working.
- Launching a national volunteering campaign.
- Launching our marketing campaign.
- Developing how we work with others.
- Submitting CHC's UK Covid-19 inquiry work.
- Appointing to new Llais roles.
- Publishing our response to draft Code of Practice (entry).
- Partnership working with other UK citizen representative bodies.
- Engaging with the population.
- Sharing what we hear with decision makers.
- Supporting people to raise concerns.

Our regional annual plan includes legacy work handed over from Aneurin Bevan CHC, for continuity, as well as new activities and items of work informed by the public and stakeholder engagement exercise that was undertaken in January 2023. The following items in this report reflect some of the new work we are undertaking, and the CHC's legacy work. We will build on that legacy work as the new organisation develops. We are committed to continuing to represent our communities and in particular our clients who use health and social care services so that they have a voice in the design and delivery of the services they need.

Llais Gwent Region update

Current activities and feedback:

1. Public feedback from engagement events and Advocacy service

Since 1st of July our advocacy service has received 66 new contacts from members of the public with enquiries or formal concerns about health or social care.

- 46 contacts were about the NHS and 15 contacts about Social Care.
- 12 cases were general enquiries about the NHS. Enquiries have been mixed in terms of their subject and the service operation waiting times, communication issues for people who were admitted to hospital. Others who contacted us were signposted to other organisations for further support.
- Where people wished to raise more formal concerns, 54 people requested an advocacy service pack to consider a formal complaint. Since the 1st of July, 39 authorisation forms to proceed to a formal complaint have been received back. Services and the subjects of concerns have also been mixed but include Paediatrics, Care of the Elderly, Primary Care, and Trauma and Orthopaedics.

Since April 1st we have attended engagement events across Gwent, and in total we have spoken to over 500 people.

Events we have attended so far include, Newport & Barnardo's Carers event, Cwmbran's Big Event, Caerphilly Pride, Pontypool Party in the Park, Viva Fest, Brynmawr Volunteering event, Monmouthshire Raft Race, Torfaen Voluntary Alliance Opening Doors Networking Forums and The Usk Show.

NHS feedback has included:

- "More staff" needed for all services, particularly at the Emergency Department at the Grange University Hospital.
- Access to Mental Health Services.
- Planned care waiting lists being "too long."

In August, staff from our offices attended five libraries across Gwent, the aim of this was to ensure we were easily accessible to the public, should they want to come and talk to us. This proved successful and we are planning to carry out another week of library visits in November.

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 1st April 2023, we have been involved in or made representations about:

- Crickhowell Group Practice's application to close its branch surgery in Gilwern (Powys Teach Health Board cross boundary matter) – formal correspondence.
- Maternity Services proposals for Midwifery-led services
- Primary Care panels for Deri Branch surgery, Churchwood Medical Centre vacant practice, Lawn Medical Centre vacant practice and the Mount Surgery vacant practice, New Inn, and Goytre Branch Surgeries
- Tredegar Health and Wellbeing Centre project board
- Quality and Patient Safety Committee
- Outpatients Steering Group
- A&E handovers from Ambulance crew and people's experiences when waiting in the Emergency Department.
- Stroke rehabilitation service developments
- eLGH department/unit reconfiguration developments
- Outpatient Transformation Programme
- Enhanced Services Operational Group
- Sustainability Board

3. Survey: Accessing and receiving information from a health and/or social care service

In June we launched a survey to ask people how they access and receive information from a health and/or social care service.

We want to find out if the way people access and receive information from a health or social care service, is suitable to their needs.

Feedback for this survey will be reviewed monthly, if we receive a high influx of responses, a briefing paper will be created to give health and social care providers an update of what people are telling us.

To date, we have received 18 responses to the survey.

Key themes identified:

- Most people who have completed our survey use the Aneurin Bevan University Health Board website to find out information about an NHS service.
- Positively, so far, everyone has told us that when they receive information from an NHS service, it is in a format that is suitable for their needs.
- Majority of people were satisfied with the way they receive information.
- Some people told us if they could make changes to the information they receive, to make it easier for them to understand, they would make the information "very concise and easy to understand," "no jargon" and "more understandable."

The survey will be live until January 2024, a briefing paper is being drafted and will be sent to UHB and LA for their information.

4. Survey: Carers

In June we also launched a survey to find out what a carer's experience is of accessing and using health and social care services for their own needs in Gwent.

The survey concluded in August, and we received 31 responses.

Key themes identified:

- Most people who filled in our survey were un-paid carers who might care for a partner, friend, or family member.
- People felt that the pandemic has affected their access to NHS services, this is because waiting lists for treatment are longer, which is impacting the quality of care that they give.

Summary report currently being drafted.

5. Survey: Menopause

At the beginning of July, we launched a survey to find out from people who are currently going through the menopause, if they can access the services they need.

To date, we have received 55 responses.

Key themes identified:

- Most people who told us they are currently going through the menopause, knew this by their symptoms.
- So far, people know who they can contact should they need advice about the menopause.
- Positively, people can access NHS services for their menopause symptoms when they need it.
- Majority of people are not aware of any menopause support services in their community that they can attend.

The survey will be live until October 2023.

6. Hospital visit: Ysbyty Ystrad Fawr

On the 2nd of August, our visiting volunteers attended Ysbyty Ystrad Fawr, for an unannounced visit and spoke with people staying on the following wards:

- Oakdale
- Anwylfan
- Ty Cyfannol

As a result of these visits, briefing reports will be created and submitted to the UHB for a response.

All briefing reports are currently being drafted.

7. Visit: Ty Lafant Assessment & Treatment Unit

On the 26th of August, our visiting volunteers attended Ty Lafant Assessment & Treatment Unit, for an unannounced visit and spoke to someone staying in the unit.

As our visiting volunteers only spoke with one person during the time of their visit, a member of staff kindly took surveys from our visiting team and offered to hand the surveys out to other people in the unit, when suitable.

The office is currently waiting for any further completed surveys to be received.

A briefing summary will be produced and submitted to UHB for their information.

8. GP Exit Survey Polls: Five GP Practices in Gwent.

On the 14th of August, our visiting volunteers attended 5 GP surgeries twice, across a two-week period. The purpose of this was for our volunteers to stand outside of the practices and engage with people as they left, to ask them if they would like to give us feedback of what it is like for them to access their practice.

To carry this out, we contacted the practice managers for all five chosen practices to inform them that our visiting volunteers would be attending, and what days we planned to visit. We also sent a poster and survey packs to the practice ahead of our visits, so people had the opportunity to fill in. All practice managers were very welcoming of our volunteers attending their practice to carryout surveys outside.

The GP Practices we attended:

- St Brides Medical Centre
- Avicenna Medical Practice
- Brynmawr Medical Practice
- The Mount Surgery
- Old Station Road Surgery

We are still waiting for completed surveys to be returned to our offices, but at present, we have received 141 responses.

Briefing reports will be drafted and submitted to UHB.

9. Survey: People's access to social care services

At the end of August, we launched a survey to find out if the way people access social care services, is suitable for their needs.

To date, we have received 11 responses.

Key themes identified:

- So far, most people feel that only "few" social care services are available to them in the borough they live in.
- When people access a social care service, appointment, or assessment, they can communicate easily.

The survey will be live until November.

N.B. *All surveys are launched bilingually on our social media channels and are available in alternative formats and languages upon request. We also share surveys with our external stakeholders, this is to ensure we are reaching as many people as possible.*

Upcoming activities:

1. Survey: Trauma & Orthopaedic – Hip and Knee

We know that Covid-19 had an impact on people's waits for elective surgery nationally, therefore, we want to find out people's experiences of waiting for their hip or knee surgery in the Gwent area.

To do this we have created a survey, so people can tell us how long they have been waiting, and if this is having an impact on their physical and mental wellbeing while they wait.

As part of this project, we are hoping to send survey packs into the Hip and Knee clinics to reach people who are attending their appointment, so that they can give us their feedback should they wish to do so.

We will launch this project in September.

2. Survey: Transition from child to adult health and social care services

We will be working collaboratively with Gwent Regional Partnership Board's and ABUHB to find out young people's experiences of changing from child to adult services in both health and social care.

The findings of this survey will be sent to the Gwent Regional Partnership Board and ABUHB for their information.

We are hoping to launch this survey in October.

Thanks

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

We hope the feedback people have taken the time to share influences health and social care services to recognise and value what they do well – and act where they need to as quickly as they can.

Feedback

We would love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Performance and Accountability Framework
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Hannah Evans, Director of Strategy, Planning and Partnerships

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

The purpose of this report is to seek Board approval for the Performance and Accountability Framework (PMF)

ADRODDIAD SCAA
SBAR REPORT
Sefyllfa / Situation

High performing organisations have clearly understood and effective Performance Management and Accountability Frameworks (PMF). It is important that there is an effective framework in place which incentivises high performance, empowers individual and teams to act to address performance challenges and builds a level of support and scrutiny should performance fall below expected standards.

There is recognition that the Health Board approach and clarity around the performance and accountability framework requires strengthening, incorporating current good practice internally and reflecting best practice.

This PMF has been developed with engagement from the Executive team and the Cross Divisional leadership group.

The PMF will require review as it develops over time.

Cefndir / Background

The Health Board has a strong track record for delivery against plans, trajectories and improvement ambitions across the spread of domains (quality, workforce, operations and finance). Some of the features of the current mechanisms for performance oversight are:

- Divisional Assurance Reviews,
- Monthly Executive team focus on, performance delivery,
- Quarterly outcome reporting through a life course lens reported through Executive meetings, Finance & Performance Committee and Board,
- Area specific performance information into the relevant committees eg Quality Outcome Framework to Patient Quality Committee.
- Escalation arrangements established to address quality and Safety concerns in the Division of Mental health

The above is not exhaustive and whilst it is recognised there is oversight of issues at a number of levels, it is acknowledged that a refreshed PMF would have the benefits of:

- Integrating oversight and streamlining approaches and strengthening "grip" on key issues, learning from existing approaches,
- Providing a linkage from PADRs through to strategic objectives,
- Provide a mechanism to assess objectively risk and areas across organisation that need support and focus,
- Bring an appreciation of issues affecting the delivery of operations closer to corporate teams and identifying any opportunities to support,
- Clarity and appreciation of the contribution of corporate teams to delivering statutory, strategic and operational priorities,
- Improving alignment of performance across the organisation, including the new Quality Outcomes Framework.

Assessment

The PMF is attached in Appendix A. It sets out the proposed approach performance across the following chapters:

- Purpose
- Scope
- Principles
- Operating Context and model
- Escalation

The PMF refers to both "ends" of the PMF in terms of Welsh Government oversight and linkage to PADRs although it does not go into these areas in detail. The PMF focusses on the internal arrangements and Divisional and Corporate reviews as set out overleaf:
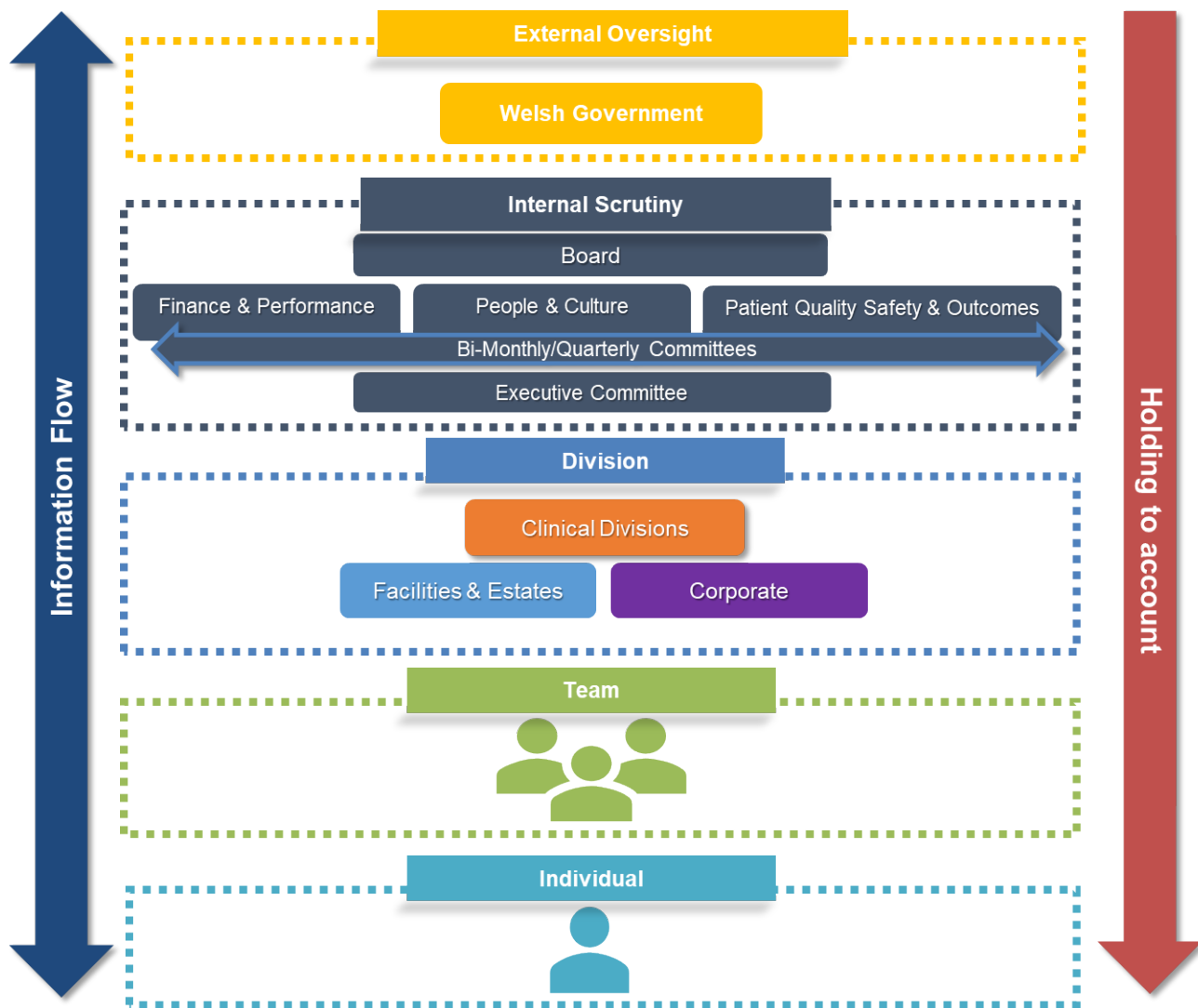
Key Risks

There are a number of risks to the successful implementation of this framework:

- Cultural acceptance – it is critical that the framework is deployed in line with our values and with a clear commitment to improvement and learning. The PMF is not intended to be a blunt tool to discipline and sanction; it needs to be deployed in the spirit of openness, honesty and transparency and recognise, incentivise and share good practice. The learning from the work with Sir David Dalton was that an empowered and quality focused organisation was not mutually exclusive from strong and clear accountability.

- Bureaucracy over improvement – there is a risk that adoption of the PMF creates unnecessary layering and bureaucracy. It is critical that the PMF adds value, provides clarity on delivery and focusses on issues by exception. The PMF should remain agile to risks and issues as they emerge and any unforeseen changes in metrics.

- "Performance function" – currently "performance" roles are spread across the Director of Planning, Director of Digital and to some extent the COO. There have also been some changes in performance roles that have impacted on capacity.

There is agreement that in view of portfolio changes there is a need for further clarity on the complementary roles and functions required to support the performance framework and to lead the implementation of the framework, liaise with Welsh Government on performance matters.

Areas for further work

- The development of the inputs into the review meetings – A small task and Finish group to be established to determine inputs to meetings recognising that as the process evolves these will iterate and refine. Alignment with the Outcomes Framework, Quality Outcomes Framework, key workforce metrics, financial MI packs and key operational information will be important – end of October

- In line with above, develop a clear RACI document to confirm roles and responsibilities for performance across the health board – end of September

- Cascading of accountability letters to Divisions – end of Sept

- Opportunities to explore what incentives may be offered to Divisions or Corporate departments operating at Supported autonomy levels across all three domains - within first 6 months of operation

- Consider how performance of systems cross management arrangements may be subject to such an approach. The primary focus of the PMF at this stage is to hold accountability through the management structure of the Board – within 6-12 months of operation

Next steps

The review meetings in October will provide opportunity to launch the framework and, following the reviews, an assessment of escalation will be considered. Clarity on the inputs required for this first 6 monthly review will be provided in the next two weeks.

Argymhelliad / Recommendation

The Board are asked to:
- **Approve** the Performance Management and Accountability Framework for submission to the Board
- **Note** the key risks and areas for further work and next steps

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	007
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

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

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Yes, outlined within the paper
• **Service Activity & Performance**	Yes, outlined within the paper
• **Financial**	Yes, outlined within the paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.

	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

PERFORMANCE MANAGEMENT AND ACCOUNTABILITY FRAMEWORK

1

Document Control:

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For Use By:	Internal use for Health Board

Version History:

Version	Date	Author	Reason and changes
V0.1	12 June 2023	Hannah Evans	First draft for initial testing (COO, DCOO, DoF, Director of Corporate Governance)
v.02	July 23	Hannah Evans	Second draft following initial comments – shared to inform Executive Development session
V.1	5 Sept 2023	Hannah Evans	Version shared with Executive Committee for 14 Sept meeting
v.2	18 Sept 2023	Hannah Evans	Versions reflecting Exec Committee Comments for Board

Contents

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1.0 Purpose

Aneurin Bevan Health Board is committed to developing a compassionate and collective culture that is underpinned by effective performance management and a focus on improvement. Effective performance management is the responsibility of everyone in the organisation and is based on an integrated approach with decisions based on most beneficial outcomes through clearly articulated plans.

The purpose of the Performance Management and Accountability Framework (PMF) is to set out Aneurin Bevan University Health Board's (The Health Board) approach to establishing and maintaining an effective performance management mechanism to enable, monitor and achieve delivery of the Health Board's strategic priorities and operational plans.

The purpose of the PMF is to drive improvement, deliver operational commitments and support the delivery of better outcomes for our patients and staff.

The PMF will set out the expectations of the Health Board as a whole, those of Divisions, Directorates and Services and individuals. It will provide a framework for how the Health Board will monitor and manage its own performance. In order to achieve its ambitions, the Health Board must ensure consistency in its approach to managing and delivering its priorities and plans, that sufficient escalation triggers are in place and that the Board is routinely sighted on and involved in the mitigation of key risks.

The PMF is intended to align with other key corporate governance documents such as Standing Financial Instructions and Schemes of Delegation.

The PMF will be based on the Health Board's Values and Behaviour Framework:

The Framework will look to embed an organisational culture that focuses on the needs of our patients and communities, and encourages and nurtures performance improvement through openness about how we are performing, innovation and a commitment at all levels of the organisation to improve and celebrate success.

It is important that all of those who work for, or on behalf of the Health Board fully understand and utilise the PMF.

2.0 Scope

The PMF will act as the overarching mechanism for performance management across the Health Board and will form part of the assurance to the Board in regards to achieving the strategic objectives as detailed in the Board Assurance Framework (BAF).

The PMF describes the reporting, meeting architecture and activities that will be required to be in place to ensure that there is effective performance management across the Health Board and the roles and responsibilities of all individuals are clear.

The PMF sets out the performance management principles for the Health Board to support a culture of continuous improvement.

The arrangements for performance review meetings are described, setting out frequency, attendance and the governance process for recording and managing the actions from these meetings.

The frequency, nature and content of the supporting performance reporting arrangements is included within this document although it is recognised that this needs to be developed to increase its insight and to support performance discussions intelligently in real time and in terms of performance trajectories and forecasts.

The content of the performance reports, in terms of core data sets, will be determined corporately to reflect the delivery of the extant Health Board plan and attempt to align with national reporting where possible to avoid duplication. Divisions and Corporate Directorates can add supplementary measures reflecting their assessment of priorities in addition to these core data sets.

The levels of escalation within the Health Board will be guided by delivery against the targets set out in the NHS Delivery and Planning Frameworks and Ministerial Priorities, along with any additional local measures as agreed.

Clarity on the roles of individuals and teams and how they relate to the overall performance system is included in this document.

3.0 Guiding Principles

Every employee from Board to ward or frontline team has a role to play in ensuring that the UHB is regarded as a high performing organisation.

A high performing organisation holds itself to account for all the activities and standards it is required to deliver and for unresolved concerns to be escalated if performance does not meet the required standards. It does not wait for scheduled meetings before addressing, seeking to improve or escalating performance concerns.

Staff empowerment is key to success in performance improvement. The structure within which employees work must nurture a culture of collaborative working where solving problems and progressing improvement at a local level is the norm and lines of accountability are absolutely clear.

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This Performance Framework is not intended to cut across the professional lines of accountability that operate via clinical professional leads.

There is a key link to the framework and the Health Board's absolute commitment to strengthen our approach to quality improvement.

The Health Board encourages a culture of mutual support, particularly between its operational Divisions and Corporate Directorates, in order to optimise performance.

Performance delivery requirements are set out clearly in the Health Board's extant plan (Annual Plan or where relevant Integrated Medium-Term Plan (IMTP)).

Accountability letters delegate and set out clearly the expectations for Executive Directors including delegated budgets and performance requirements.

Operational Divisions in turn accept their contributions and accountabilities by via Divisional accountability letters for the delivery of those plans. Delivery expectations may evolve through the year in line with unforeseen changes or WG requirements.

Divisions and Corporate Directorates will be resourced to deliver the base plan (quality standards and improvement, budget, savings, activity and performance deliverables) and will also be expected to make their savings contributions as agreed within the financial strategy & delegated budget plan.

Actions within the Health Board's performance reporting system should be SMART (specific, measurable, attributable, realistic and time based), with service areas responding to performance delivery appropriately, i.e. if a service is underperforming, recovery plans with associated trajectories should be automatically developed.

Effective communication both internally and externally is essential to delivering high performance.

Whatever meeting is being held it is essential that staff attending take the opportunity to "triangulate" sources of information that highlight any factors that could impact adversely on the Health Board's ability to discharge its core business.

The PMF will include an escalation framework, set out below, which will be constructed to incentivise good performance but which will also provide support and intervention in areas of challenged or poor performance.

Through this PMF the Health Board will adopt an approach which:

- Sets out the quality, performance, activity, workforce and financial expectations of Divisions and Corporate Directorates as required in the Health Board plan.
- Embed systems and processes in Divisions in particular to ensure that activity levels are managed, monitoring of variances is undertaken sufficiently to improve quality, capacity and performance and is delivered within delegated resources.
- Ensures that corrective actions are taken to manage variances from plan
- Includes prospective forecasting of planned delivery
- Is based on clear earned autonomy and levels of escalation
- Supports the resolution of issues outside of the direct control of the Divisions and corporate teams

- Uses demand and capacity modelling, analytical capability and business intelligence to understand system behaviours and which establishes the key facts to support solutions.

4.0 Performance Principles

The PMF is designed to support a culture of continuous performance improvement for the benefit of patients, communities and staff. This is done by a standard approach to performance management supported by tools and identifiable resource. In particular, the approach provides. Principles have been collectively agreed as:

Transparent and Mutually Agreed

Expectations and accountabilities will be clearly set out for individuals, divisions, directorates and teams through agreed accountability agreements and plans.

Performance targets and measures will be clear with escalation arrangements in place which make clear what is expected when performance drops below an acceptable level.

Positive performance will be recognised and staff supported and engaged with an understanding of expectations.

Accountability and performance arrangements will align to the PADR process for individuals.

Integrated and Comprehensive

Accountability and performance arrangements will be integrated, focussed on Quality, Workforce, Activity & Performance, and Finance. Performance will be considered from multiple perspectives taking into consideration, national targets and measures, local targets and measures, financial and workforce performance, benchmarking and delivery of actions against planned milestones

Improvement focussed

Accountability and performance arrangements will support the development of a culture of continuous performance improvement and innovation, embedded in all aspects of organisational activity and delivered for the benefit of staff and patients. Services which are identified as underperforming will be offered the tools and resources to improve performance and the responsible individuals will be supported to make improvements, as outlined in a clear escalation framework. Areas of excellence will be promoted for wider sharing, learning and celebration.

Proportionality and Balance

Accountability and performance arrangements will seek to ensure that interventions and actions are proportionate to the scale of the performance risk and that a balance between challenge and support is maintained. The framework will also endeavour to balance the burden of reporting with the assurance requirements necessary. Accountability and performance arrangements will be enabling and supportive, not punitive, and focussed on delivering the best possible outcomes for staff and patients

Empowerment and Delegation

In fostering a culture of accountability, staff empowerment will be key. The structure within which employees work will nurture a culture of collaborative working where solving problems at a local level is the norm and a culture of mutual support is adopted in order to optimise delivery. Areas which are performing strongly will experience lighter levels of performance management, rewarding and encouraging innovative ways of working. Conversely, areas which are underperforming in key areas will be subject to escalation and intervention and will be offered greater support in making improvements through an agreed escalation process.

5.0 Operating Context and Model

The principal mechanism for assessing performance and agreeing actions to improve performance will be through performance review meetings. The base arrangements for these meetings are set out below for both operational Divisions and Corporate

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Directorates. Any earned autonomy or escalation outside of these arrangements is set out in the Escalation section of this PMF. The illustration below sets out the high-level approach to performance oversight.
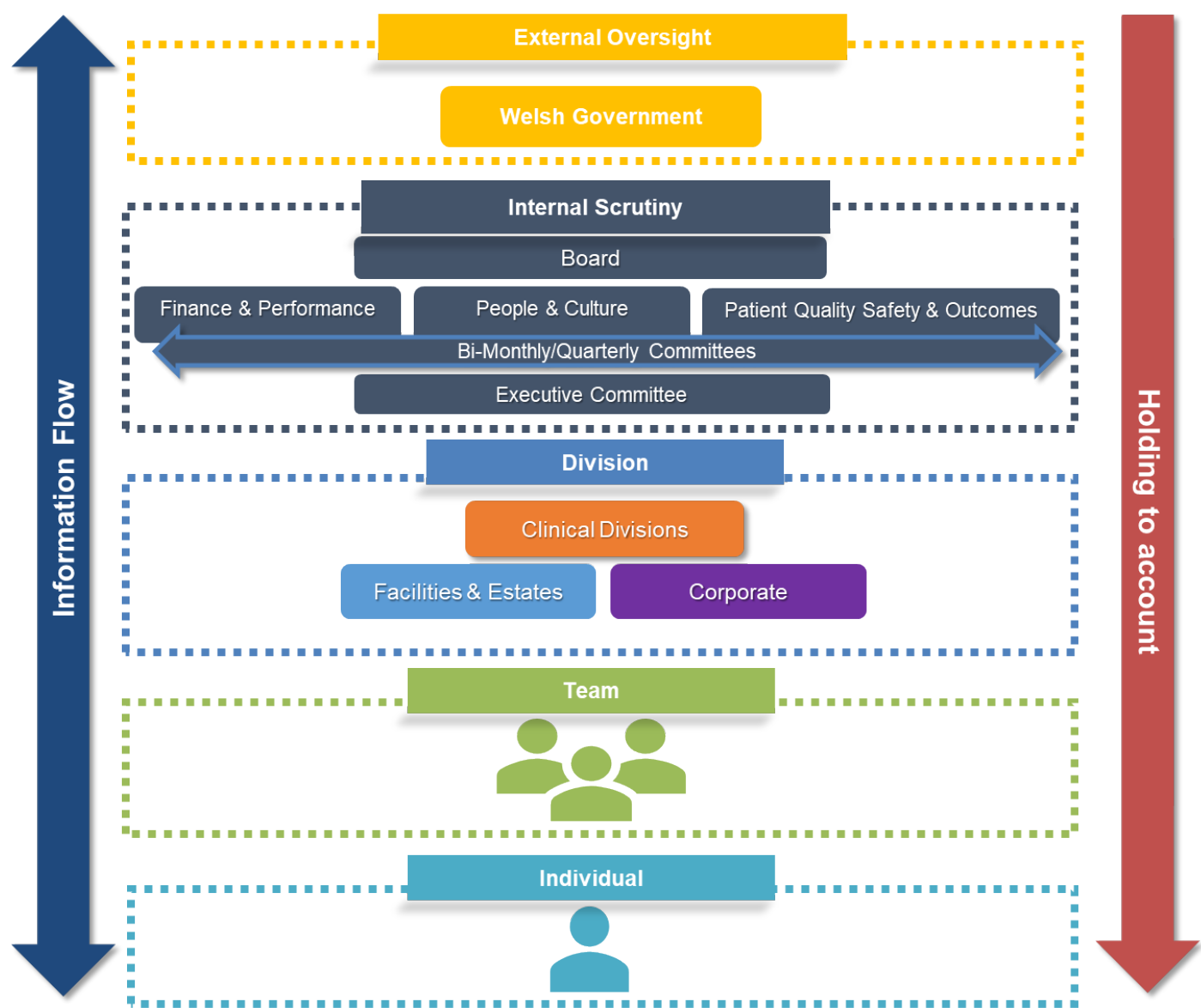
Performance reporting is undertaken on quality and safety, operational delivery, progress against the Health Boards plan, and finance. It is undertaken on monthly and quarterly intervals. These performance reports provide Welsh Government, Board, Quarterly Committees and Executive Team with assurance on our organisational performance. As the PMF embeds these, performance reports will be used to inform the inputs needed for management and monitoring of each division and corporate directorate.

5.1 Oversight and Accountability

It is important that there is clarity on the standard and minimum level of oversight. The table below sets out the "base" position for performance meetings. The application of any external or internal escalation level will modify the base position as set out overleaf (see section 6)

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Level	Mechanisms	Frequency	Coverage
Welsh Government *External Oversight*	Joint Executive Team (JET)	6 Monthly	• Review of Organisational Performance and Delivery
	Integrated Quality Performance and Delivery (IQPD)	Monthly	• Quality and Safety, Performance Framework and thematic deep dives on ministerial priorities
Board *Internal Scrutiny*	Board	Bi-monthly	• Quarterly Outcomes (life course) Report • Interim performance report (in development)
	Patient Quality Safety and Outcomes Committee (PQSOC)	Bi-monthly	• Quality Outcomes Framework
	Finance and Performance Committee (F&P)	Quarterly	• Outcomes Framework • Finance Report
	People and Culture Committee	Quarterly	• Workforce Report
Executive *Executive oversight*	Executive Committee	Weekly	• Monthly focus on performance delivery by exception
Division *Accountability & Assurance*	Division Assurance Meetings (detail below)	Monthly	• Quality & Safety • Finance • Delivery • Workforce
Corporate Teams *Accountability & Assurance*	Corporate Assurance meetings (detail below)	Quarterly	• Quality & Safety • Finance • Delivery • Workforce
Directorate/ Team *Collective Responsibility*	Internal governance tailored to directorate/ team	Monthly	• Quality & Safety • Finance • Delivery • Workforce
Individual *Personal contribution*	PADR	Bi Annual	• Delivery against objectives
	One to Ones	Monthly	• Delivery against objectives
	Appraisals and validation	Annual	• Delivery against objectives

5.2 Management and Monitoring

Central to the efficacy of the PMF is clarity on where the "business of performance" is undertaken. For Divisions these will take the form of a monthly meeting with the focus of the monthly widening for each quarter. Details of the meetings arrangements are set out below:

5.2.1 Monthly Divisional Assurance Review Meetings

For the standard monthly assurance review meeting the following features will apply:

- Meeting between 60-90 mins,
- Chaired by COO
- Vice chair Director with lead for Performance (Director of Strategy, Planning and Partnerships)
- Divisional triumvirate (or where relevant quadrumvirate) will represent Division
- Corporate representation from Deputy/Assistant Director of Finance and Finance/Workforce/Quality/Planning Business Partners
- Other members can be co-opted to cover areas of specialist expertise should this be determined to be helpful.

The meeting will be a focussed meeting and will concentrate on a sub set of key performance and financial metrics as required by the Health Board Plan; this will be done by exception. Should separate, more detailed finance (or other) discussions be required, these will be agreed through the assurance review process using the escalation options.

There is a clear expectation that the reviews will build on historical reporting to look ahead on a rolling quarterly basis and define the critical actions to ensure performance is delivered and where relevant recovered from any position of variance.

The review will consider the content of the Divisions' Performance report/ performance dashboard and will be supported by agreed action notes for each session.
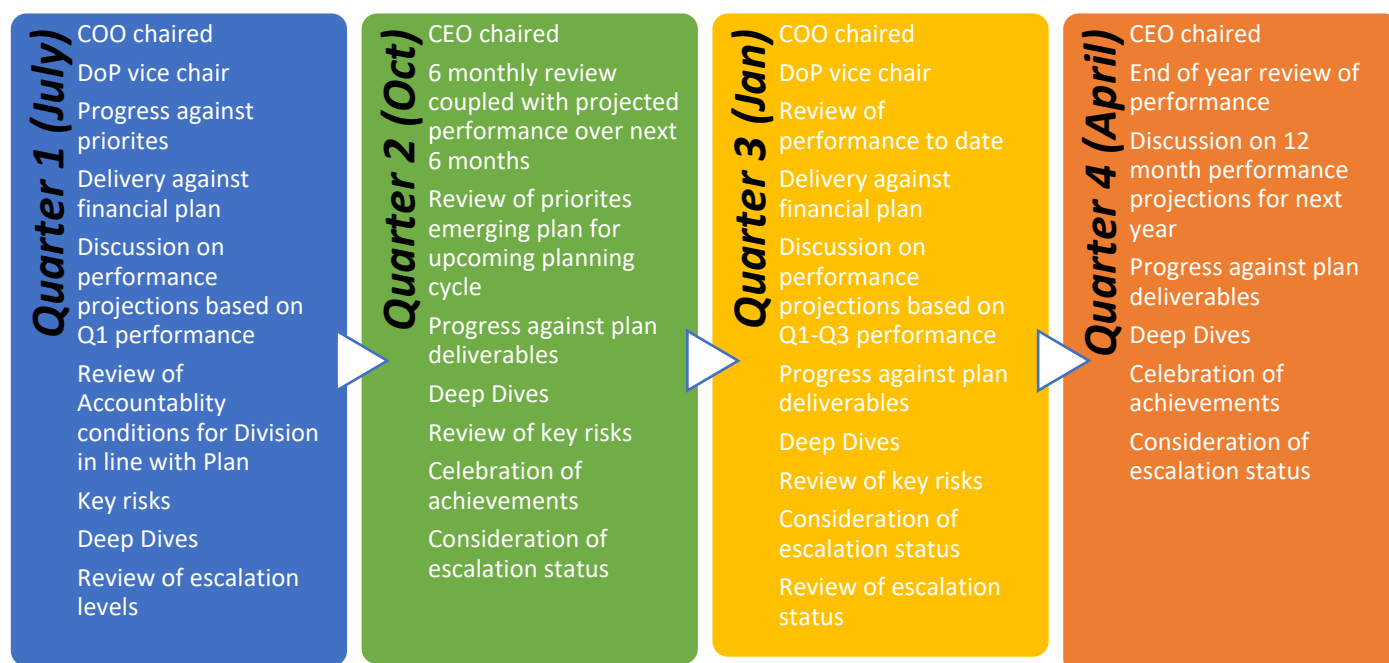
5.2.2 Quarterly Divisional Performance Review Meetings

Taking place 4 times a year, the quarterly meeting will cover a broader agenda and so involve a widened Executive Team and can include a wider representation of the Division's leadership team. The meetings will be two hours long.

Each quarter will have a different focus with quarters 2 and 4 meetings chaired by the Chief Executive and quarters 1 and 3 chaired by the COO.

Where necessary, deep dives into key areas of challenged quality, performance and finance will be requested in advance and considered within the meeting agenda. This meeting will also consider Divisional progress against its specific actions set out in the Health Board plan and will be subject to the requirement for an additional return (slide deck), reflecting this, on a quarterly basis. These reviews will also include specific consideration of the highest rated risks for the Division and mitigating actions to manage these.

The review will consider the key performance indicators (working towards a standard performance dashboard by Division) and will be supported by agreed action notes and a formal letter from the chair of the meeting.

Quarter 1 (July)	Quarter 2 (Oct)	Quarter 3 (Jan)	Quarter 4 (April)
COO chaired	CEO chaired	COO chaired	CEO chaired
DoP vice chair	6 monthly review coupled with projected performance over next 6 months	DoP vice chair	End of year review of performance
Progress against priorites	Review of priorities emerging plan for upcoming planning cycle	Review of performance to date	Discussion on 12 month performance projections for next year
Delivery against financial plan	Progress against plan deliverables	Delivery against financial plan	Progress against plan deliverables
Discussion on performance projections based on Q1 performance	Deep Dives	Discussion on performance projections based on Q1-Q3 performance	Deep Dives
Review of Accountablity conditions for Division in line with Plan	Review of key risks	Progress against plan deliverables	Celebration of achievements
Key risks	Celebration of achievements	Deep Dives	Consideration of escalation status
Deep Dives	Consideration of escalation status	Review of key risks	
Review of escalation levels		Consideration of escalation status	
		Review of escalation status	

The quarterly review at the end of Quarter 4 will be modified further to act as a review of the year in total, providing an opportunity to fully celebrate and recognise the successes and achievements of the Division and enable a discussion on delivery plans for the year ahead.

5.2.3 Corporate teams – 6 monthly assurance review meetings

This PMF applies to the whole organisation although the approach for corporate departments is modified from the operational divisions.

Each of the following Corporate Directorates will have a quarterly performance review to cover off the areas of their portfolio as agreed in the scheme of delegation:

- Public Health
- Planning
- Digital
- Corporate Governance
- Therapies and Health Science
- Finance
- Medical
- Nursing
- Workforce & OD

These reviews will be chaired by the CEO.   Across directorate review of Quality and patient Safety across Medical, Nursing and Therapy Directors will be developed.

Corporate reviews will focus on key objective delivery and financial, workforce and other performance and will be supported by agreed action notes and a formal letter from the Chair of the meeting.

5.2.4 Internal Divisional and corporate team arrangements

It is the responsibility of each Division and Corporate Directorate to implement their own local performance reporting and management systems. The expectation of this PMF is that they are established although the precise timing and nature of these discussions will be at the discretion of the individual Division or Corporate Directorate but it is expected that these arrangements will include, as a minimum, the following areas of discussion on a minimum of a monthly basis.

- Performance meeting including key metrics and delivery against agreed trajectories and forecast
- Quality and safety which risk, clinical governance, patient experience, health & safety etc. is discussed
- Monthly financial position review (key drivers of the financial position to be discussed in detail; this will vary by Division and Directorate)
- Monthly savings review to assure in-year plans and build a pipeline of future savings opportunities

This PMF does not set out arrangements for a process to manage aspects of performance which cut across lines of management responsibility. In the first instance these "whole system" performance matters will be considered within each Division/Corporate Directorate through existing lines of accountability. As the PMF matures discussions will be held as to how to develop effective cross system performance management arrangements structured to incentivise good performance and deploy proportionate and appropriate accountabilities to improve performance which is off target.
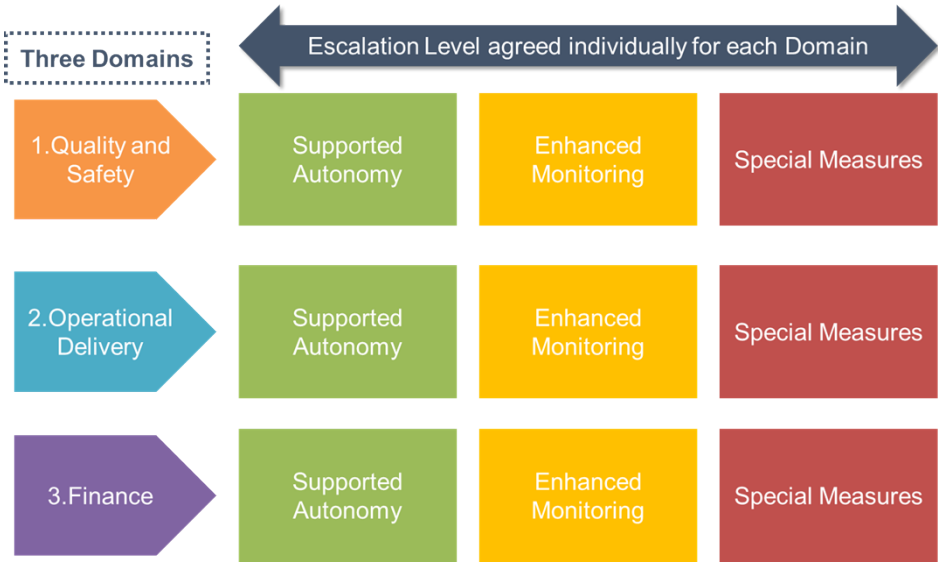
The arrangements set out above are summarised in this corporate overview:
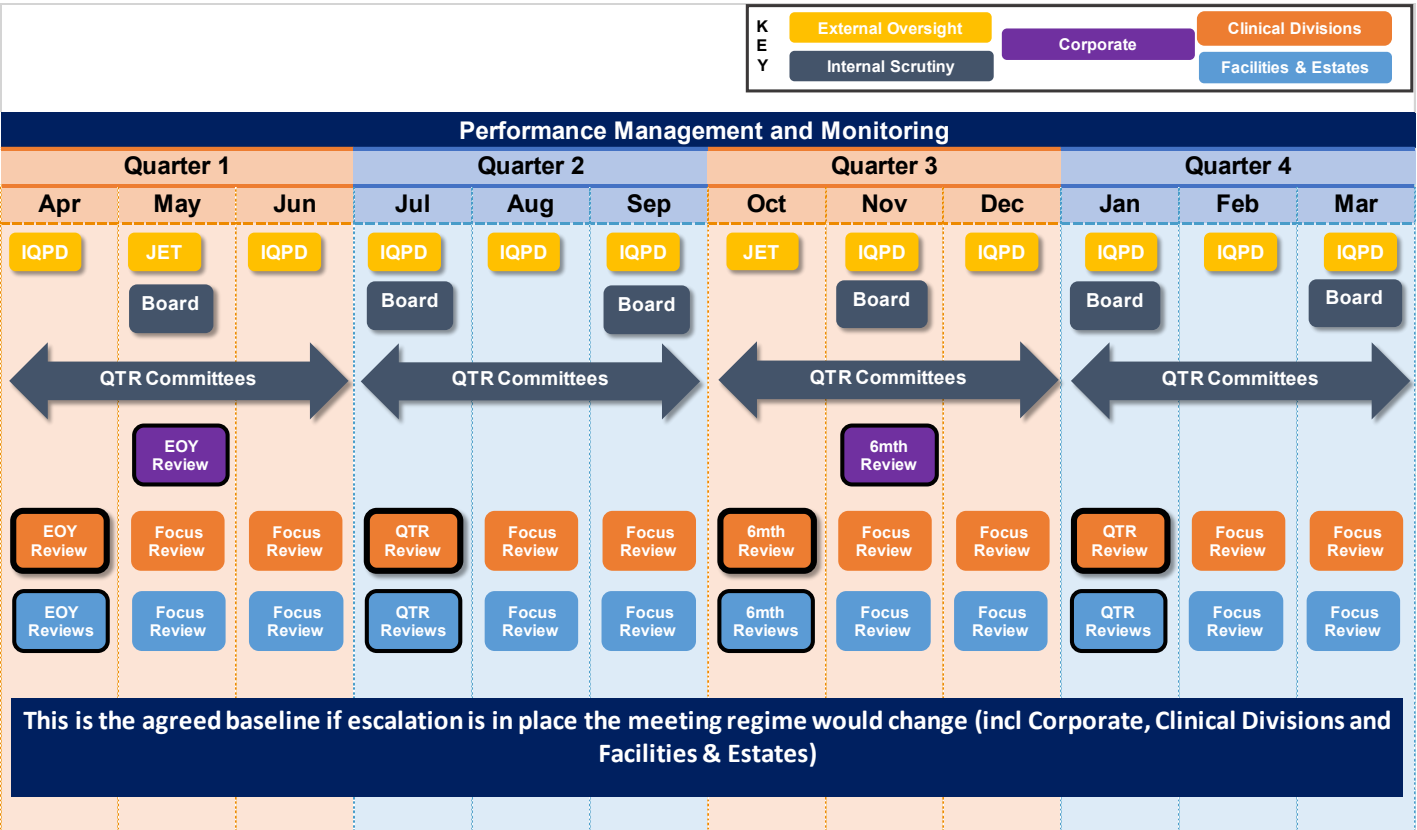
6. Escalation

The operationalisation of the PMF is predicated on the principle that, wherever possible, issues should be resolved at individual, team, Division or Corporate Directorate level and that Divisions and Corporate Directorates should work collaboratively and be mutually supportive in line with our values. This means escalation should be very much the exception and that, where it is necessary, proportionate and appropriate support and intervention takes place at the earliest opportunity to ensure performance remains on track to achieve our objectives.

There will be times when Divisional or corporate team performance and delivery is triggering cause for concern with no evidence of sustained improvement. In such circumstances the Division or corporate team may be but into an escalation arrangement. Escalation will be considered across 3 domains and 3 levels of escalation in a 3 x 3 model as summarised below:

Three Domains	Escalation Level agreed individually for each Domain		
1.Quality and Safety	Supported Autonomy	Enhanced Monitoring	Special Measures
2.Operational Delivery	Supported Autonomy	Enhanced Monitoring	Special Measures
3.Finance	Supported Autonomy	Enhanced Monitoring	Special Measures

Escalation status for Divisions and Corporate Departments will be reviewed each 4 monthly/6 monthly meeting based on month end reporting against the key deliverables in the Health Board plan. An escalation level against each domain will be agreed post each quarter meeting and will be reported as part of the quarterly report. Once placed into a level of escalation the actions and improvements required to be de-escalated will be agreed with and communicated to Divisions and Corporate Departments.

In addition to the information and outcome information informing the review meetings additional sources of insight will be considered including, but not limited to, external reviews, HIW reports and Audit reports

The levels of the framework, triggers and escalation response are set out below. These act as a framework and may need to be flexed to respond to the specific circumstances and context. Broad triggers are described as a level of judgement will need to be used about escalation decisions. However, the intention will be to maintain all Divisions and Corporate Departments as low down the escalation framework as possible. Consideration will be made, as the PMF beds, in on increasing the breadth of the benefits of earned autonomy which could include fewer performance meetings, changes in financial

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delegations, lighter touch Vacancy and Non Pay Control measures as examples. This will be considered as part of the development of the PMF.

Escalation level	Trigger	Escalation action expected	Monitoring and support
Normal arrangements (consider earned autonomy)	Local delivery of agreed objectives and performance, finance ambitions in line with agreed trajectories No exceptions quality concerns Sound governance arrangements in place	No escalation action Could result in freedom from some of monitoring mechanisms and meetings.	Main monitoring through base performance review process
Enhanced monitoring	Continued failure to achieve/maintain delivery in more than 1 key deliverable/area of performance Sustained deterioration on 1 or more domain Specially for finance: Where corporate directorate or divisional level budget is overspending by more than £0.5m Year to date or £1m forecast Identified through monthly financial reporting	Correspondence to division/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring Recovery plan to be developed that address issues to be recovered/improved Depending on issue – change in frequency of and focus of standard meeting and consideration of increasing frequency Reported through to executive Identified through monthly financial reporting	Options include: • Internal support as required (QI/vbhc/planning – issue dependent) • Consideration of compliance with Professional clinical codes and standards and proportionate response • Consideration of compliance with managerial code of practice • Internal peer review • Executive support (directly or from other teams) • Consider need for bespoke response Minimum mthly updates to executive CEO to call a special **'Budget Review Meeting'** of all Executive Directors and the Divisional or Directorate budget holder (up to 3 team members may attend in support)

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			Agreed action plan established – monitored through financial reporting arrangements - Review period established if plan failing.
Special measures	Serious concerns on quality and governance Continued and consistent failure to meet agreed performance improvements and trajectories across a number of objectives Clear articulation of reasons for escalation and criteria for escalation	Correspondence to division/corporate dept on reasons for escalation – areas of concern, expected response and confirm any enhanced monitoring Division or corporate directorate demonstrating recognition of issues and commitment to improve Improvement/recovery plan required to address issues identified Reported through to executive and relevant committee	Actions could include: - Independent review of division/service/corporate department effectiveness - Temporary or permanent change in leadership arrangements - Consideration of compliance with Professional codes and standards and proportionate response - Deployment of appropriate HR policies eg Capability policy - Weekly/fortnightly meetings with ceo and/or relevant execs to track progress against improvement actions (which directly related to de-escalation criteria) Minimum mthly updates to executive and relevant committee

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Appendix 1: Roles and Responsibilities

Effective performance management requires defined roles and responsibilities, and clear ownership of indicators and data as follows.

Board	The Board role is to "add value to the organisation through the exercise of strong leadership and control, including: • Setting the organisation's strategic direction (i.e. via approved plans) • Establishing and upholding the organisation's governance and accountability framework, including its values and standards of behaviour • Ensuring delivery of the organisation's aims and objectives through effective challenge and scrutiny of the LHB's performance across all areas (i.e. by receiving reports on performance and from its sub- committees)."
Committees	Committees provide the challenge and scrutiny on elements of performance within this remit, for example financial performance delivery sits with the remit of the Finance and Performance Committee
Executive Committee	The **Executive Committee**, chaired by the Chief Executive, provides a forum for the Executive Team to discuss matters of key strategic or operational significance prior to onward transmission, where appropriate to the Board or its committees as appropriate. Executive Committee members receive routine performance reports and resolves any issues not resolved locally. Executive Committee also decides, on the basis of Divisional performance reports, whether any deviation from required performance should be regarded as minor or material in relation to the Health Board's escalation process as set out above.
Executive Directors	The **Director of Strategy, Planning and Partnerships** is responsible for ensuring that a robust performance management framework is in place across the organisation. In addition, they are responsible for the strategic planning process within the Health Board and with other health organisations and will oversee the implementation of the Health Board plan. The Director of Strategy, Planning & Partnerships will provide quarterly updates to the Executive Committee and Board on progress in implementing the plan. The quarterly Divisional Performance Review meetings will also receive Divisional updates on plan implementation. The **Director of Nursing and Patient Experience** ensures that the required levels of nursing performance are in place through the PMF and ensures that delivery against the Quality Outcomes Framework is embedded into this process. The **Chief Operating Officer** is accountable for a significant proportion of operational delivery across the Health Board. Through using this framework they are responsible for ensuring

	that Divisions have appropriate internal oversight arrangements in place.

The **Director of Workforce and OD** is responsible for ensuring that affordable and appropriate workforce planning is in place along with robust arrangements for reviewing the performance of all staff on an individual basis. They work closely with the Medical Director, Director of Nursing and Patient Experience and the Director of Therapy and Health Science who have individual responsibilities for ensuring clinically qualified staff have appraisals which deliver their professional standards.

The **Director of Population Health** is responsible for ensuring that robust plans are in to place to secure improvement in population health and well-being and to protect the health of the local community. A model for ensuring the most appropriate performance management arrangements for the Director of Public Health given the unique way that resource is structured to support the Director will be developed in the first quarter of the deployment of the PMF. This document will update accordingly to account for this.

The **Medical Director** ensures that the required levels of medical performance and relevant quality areas are in place through the PMF.

The Director of **Therapy and Health Science** ensures that the required levels of therapy and health science performance and relevant quality areas are in place through the PMF. As the lead

The **Director of Finance** is responsible for ensuring there is an effective system of internal control and financial governance and there is a financial strategy and annual plan and budget plan established for the organization which matches the workforce & service plans. As part of delivery and monitoring and reporting, the DoF will ensure there are mechanisms established to provide financial information, analytics and insight into this performance framework.

The **Director of Corporate Governance** is responsible for advising on the process and system of reporting/escalation to the Committees and the Board in line with the PMF. |
| **Divisional Management** | Divisions are charged with planning and delivering services in accordance with their terms of reference as delegated by the Board. The Divisional structure can be summarised as follows:
• Divisions are accountable to the Chief Operating Officer via the Divisional Director
• Divisions are expected to maximise the autonomy that the Board is prepared to grant them, subject to evidencing adequate organisational maturity, in terms of planning and delivering services as per their terms of reference in |

	accordance with relevant targets set out in the Health Board plan
	• The Divisional triumvirate typically comprises the Divisional Director, Divisional General Manager and Divisional Nurse, although noting this may vary in some Divisions.
	• The Business Partners for Finance, Planning and Workforce are key members of the divisional management team in addition to the formal Divisional triumvirates/quadrumvirates and are expected to be involved in all business, performance meetings and discussions.
	• Divisions are expected to have internal performance management arrangements with their Divisional directorates & departments in place. These will reflect individual operational, workforce and financial plans. Divisions/Directorates will then have performance management arrangements in place with individual wards and teams, again linked to Division/Directorate objectives. This will enable the Board to have assurance that there is a culture and process for managing performance against operational and financial plans throughout the organisation. These will link into personal objectives for staff via the PADR process.
All Staff	Every employee contributes towards performance improvement and management by being encouraged and supported to identify improvement opportunities and to take the required action. It is important that staff own the data and information for their activity and understand how that contributes to the corporate performance of the organisation. All staff have a responsibility to ensure that good progress is celebrated, and any performance issue or off-track progress is transparently reported in the spirit of compassionate and collective leadership. Individual objectives will be aligned to the organisation's objectives as described in the Values Based Performance Appraisal and Development Review Policy.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 September 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	**Revised Standing Orders and Standing Financial Instructions**
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad **Purpose of the Report**
Ar Gyfer Penderfyniad/For Decision The purpose of this report is to present the revised model Standing Orders and Standing Financial Instructions for approval by the Board.

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation NHS Organisations are required to keep Standing Orders (SO's) and Standing Financial Instructions (SFIs) under review to ensure that they remain current. Model Standing Orders, Reservations and Delegation of Powers were last issued, and adopted by the Board, in 2021 A review of the Model Standing Orders and Model Standing Financial Instructions (SFI's) has been undertaken by Welsh Government. The revised documents have been issued by the Minster for Health and Social Services in accordance with her powers of direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006. The Board is required to incorporate and adopt this latest review into its Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions (which form part of the Standing Orders) as appropriate.

Cefndir / Background

Standing Orders are designed to translate the statutory requirements set out in the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779 (W.67)) into day to day operating practice, and, together with the adoption of a Scheme of Decisions reserved to the Board; a Scheme of Delegations to officers and others and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Local Health Board.

Asesiad / Assessment

The SOs and SFIs have been reviewed to determine the amendments and changes to the previous version (2021).

The key changes reflect the implementation of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and incorporate updates to the Model SFI's previously issued in letters from the NHS Wales Director of Finance.

A summary of the changes is provided below, with a more detailed overview provided at Appendix One. The full revised SOs and SFIs are provided in the Supporting Papers, with amendments provided in red text.

Section	Page	Amendment
Standing Orders		
Statutory Framework Para xix	10	Addition of the provisions provided by the Health and Social Care (Quality and Engagement) (Wales) Act 2020
NHS Framework Para xxv	11	Addition of Health and Social Care Act 2020
Stakeholder Reference Group Para 5.9	29	Amendment to include working relationship with Llais
Working in Partnership Para 6.1	32	Amendment to reflect engagement and involvement of Llais in the operations of the Health Board.
Conducting Board Meetings: para: 7.2.5, 7.2.7 and 7.5.24	35,38, 40	Addition of Llais
Standing Financial Instructions		
External Audit Para:3.4.7	15	Addition of 'LHB'
Fraud and Corruption Para: 3.5.2	16	Addition of 'as amended'
Legislation and Directions Para:4.1.2	18	Addition of WG DoF contact details
Annual Accounts and Reports Para: 6.2	27	Addition of Performance Report, Accountability Report, Statement of Financial Position as documents requiring CEO signing
Procurement Consent Para: 11.6.4	42	Amended to include contracts with WEIS and to ensure consistency with NWSSP
Schedule 1	81	Inclusion of revised letter: General Consent to Enter Individual Contracts

Health Board amendments:

The Model standing Orders states that the public notice of the Annual General Meeting (AGM) must be at least 10 calendar days prior to holding the meeting. Previous Health Board SO's state 7 calendar days. This has been retained in the current version

The Model SOs requires the Health Board to hold its AGM in public no later than 31st July. For 2022/23, the Board agreed a variation to its Standing Orders for its 2022/23 AGM to be held no later than 31st October 2023. The date will not be changed in the published Standing Orders and will be subject to a note of variation to be published alongside Standing Orders for the year 2022/23.

Joint Committees

Updated Model Standing Orders and Model Standing Financial Instructions were also issued by the Minister for Health and Social Services for WHSSC and EASC.

These model Standing Orders for WHSSC and for EASC were approved by the relevant Joint Committees on the 19 September and will be form part of the schedule for the Health Board Standing Orders as with previous iterations.

A Summary of the changes is provided in Appendix 2: WHSSC and Appendix 3: EASC.

Argymhelliad / Recommendation

The Board is asked to consider and adopt the revised Standing Orders and Standing Financial Instructions.

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** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

Section	Page	Amendment
Standing Orders		
Statutory Framework Para xix	10	**Additional paragraph:** **The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1) (**the 2020 Act) makes provision for: • Ensuring NHS bodies and ministers consider how their decisions will secure an improvement in the quality of health services (the Duty of Quality); • Ensuring NHS bodies and primary care services are open and honest with patents, when something may have gone wrong in their care (the Duty of Candour); • The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023. Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance. The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/duty-candour-statutory-guidance-2023
NHS Framework Para xxv	11	The overarching NHS governance and accountability framework incorporates these SOs; the Schedules of Reservation and Delegation of Powers; SFIs together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework*; the Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
Stakeholder Reference Group Para 5.9	29	**5.0 Working with Llais** 5.0.1 The SRG shall make arrangements to ensure designated Llais members receive the SRG's papers and are invited to attend SRG meetings.

Section	Page	Amendment
		5.0.2 The SRG shall work together with Llais within the area covered by the LHB to engage and involve those within the local communities served whose views may not otherwise be heard.
Working in Partnership Para 6.1	32	**6.0 The Citizen Voice Body for Health and Social Care, Wales (to be known as Llais)** 6.0.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in its operations. 6.0.2 The 2020 Act places a statutory duty on the LHB to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered. 6.1.3 The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf 6.1.4 The 2020 Act also places a statutory duty on the LHB to promote awareness of Llais and make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. Promoting and facilitating engagement between individuals and Llais through access to relevant premises can help strengthen the public's voice and participation in shaping the design and delivery of services. The LHB must have regard to the Code of Practice on Access to Premises and Engagement with Individuals (so far as the code is relevant). 6.1.5 The Code of Practice on Access to Premises and Engagement with Individuals can be found at https://www.gov.wales/code-practice-llais-accessing-premises-and-engaging-people 6.1.6 In discharging these duties, the Board shall work constructively with Llais to ensure both organisations are able to discharge their duties. They will ensure their involvement in: ▪ The planning of the provision of its healthcare services; ▪ The development and consideration of proposals for service change and the way in which those services are provided;

Section	Page	Amendment
		• The Board's decisions affecting the operation of those healthcare services that it has responsibility for; and • Engaging, formally consulting and working jointly within the LHB's area on any proposals for substantial development or change of the services it is responsible for, in line with the Guidance on Changes to Health Services in Wales 2023. The Guidance on Changes to Health Services can be found at https://www.gov.wales/guidance-changes-health-services 6.1.7 The Board shall ensure that Llais is provided with the information it needs on a timely basis to enable it to effectively discharge its functions. *Relationship with the Board* 6.1.8 The Board may determine that a designated Llais representative(s) shall be invited to attend Board meetings. The Board shall ensure arrangements are in place for regular meetings between LHB officers and regional representatives of Llais. 6.1.9 The Board's Chair shall put in place arrangements to meet with the Regional Director and relevant representatives of Llais on a regular basis to discuss matters of common interest.
Conducting Board Meetings Para: 7.5.7	38	(whether directly or through the activities of bodies such as Llais and the LHB's Advisory Groups representing citizens and other stakeholders)
Conducting Board Meetings Para: 7.5.24	40	Such views will usually be presented to the Board through the Chairs of the LHB's Advisory Groups and the Llais representative(s).
Standing Financial Instructions		
External Audit Para:3.4.7	15	Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the LHB that appears to him to be necessary for the discharge of any of these functions

Section	Page	Amendment
Fraud and Corruption Para: 3.5.2	16	The LHB shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005 (as amended).
Legislation and Directions Para:4.1.2	18	The details and requirements for the two duties are set out in the Welsh Health Circular "WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts." Full details of the WHC can be obtained by contacting the HSSG Director of Finance at hywel.jones38@gov.wales
Annual Accounts and Reports Para: 6.2	27	The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement.
Procurement Consent Para: 11.6.4	42	The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and/or Welsh Ministers direction, and therefore does not apply to: i) Contracts of employment between LHBs and their staff; ii) Transfers of land or contracts effected by Statutory Instrument following the creation of the LHBs; iii) Out of Hours contracts; iv) All NHS contracts, that is where one health service body contracts with another health service body; v) Contracts entered into by Health Education and Improvement Wales (HEIW) for services which are the consequences of annual commissioning approved by the Minister e.g. annual education and training commissioning also do not require further Ministerial notification or consent. To ensure consistency with guidance issued by NWSSP Procurement Services, further exceptions highlighted below should also be applied: vi) Contracts over £500k - £1 million (for noting) and £1 million + (for approval); a) Wales Public Sector Framework Agreements e.g. Frameworks established by National Procurement Services (NPS) or NWSSP (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award or mini competition. ii) Third Party Public Sector Framework Agreements e.g. Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

Section	Page	Amendment
Schedule 1	81	Inclusion of revised letter: General Consent to Enter Individual Contracts

Appendix 2 Amendments to WHSSC Standing Orders –	
Page 4	Contents page 6.2 Working with Llais (Llais replaced with Community Health Councils).
Page 7 – new section added	**The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for: • Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality); • Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); • The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and • The appointment of statutory vice-chairs for NHS Trusts. The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023. Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance. The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. WHSSC shall ensure they consider these responsibilities in the discharge of their duties. The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/nhs-duty-candour
Page 8 slight change to the wording	The overarching NHS governance and accountability framework within which the Joint Committee must work incorporates the LHBs SOs; Schedule of Powers reserved for the Board; and Scheme of Delegation to others and SFIs, together with a range of other frameworks designed to cover specific aspects. These include the NHS Values and Standards of Behaviour Framework; Health and Care Quality Standards 2023, the NHS Risk and Assurance Framework, and the NHS planning and performance management systems.
Page 23 New sub-sections added	**6.2 Working with Llais** 6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act)

	places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.
	6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered.
	The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf
	6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023.
	6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services.
	6.2.5 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.
Standing Financial Instructions	
Page	3.1.1 PDF file included instead of hyperlink
Page	4.1.2 PDF file included instead of hyperlink
Page	4.3.2 Annual IMTP hyperlink deleted
Page	5.5.1 link to monitoring returns deleted

Appendix 3 Amendments to EASC Standing Orders –	
Page 7 – new section added	**The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) makes provision for: • Ensuring NHS bodies and ministers think about the quality of health services when making decisions (the Duty of Quality); • Ensuring NHS bodies and primary care services are open and honest with patients, when something may have gone wrong in their care (the Duty of Candour); • The creations of a new Citizens Voice Body for Health and Social Care, Wales (to be known as Llais) to represent the views of and advocate for people across health and social care in respect of complaints about services; and • The appointment of statutory vice-chairs for NHS Trusts. The act has been commenced at various stages with the final provision, relating to the preparation and publication of a code of practice regarding access to premises coming into effect in June 2023. Local Health Boards will need ensure they comply with the provisions of the 2020 Act and the requirements of the statutory guidance. The guidance outlines the responsibilities of Local Health Board when commissioning services for their population. EASC shall ensure they consider these responsibilities in the discharge of their duties. The Duty of Quality statutory guidance 2023 can be found at https://www.gov.wales/duty-quality-healthcare The NHS Duty of Candour statutory guidance 2023 can be found at https://www.gov.wales/nhs-duty-candour
Page 8 (and page 49)	Amended to include the Health and Care Quality Standards 2023
Page 9	Amended to include reference to the EASC Standing Financial Instructions approved by the Joint Committee in March 2023.
Page 12	Please note the role of the Committee remains unchanged
Page 21 New sub-sections added	**6.2 Working with Llais** 6.2.1 Part 4 of the **Health and Social Care (Quality and Engagement) (Wales) Act 2020 (2020 asc 1)** (the 2020 Act) places a range of duties on LHBs in relation to the engagement and involvement of Llais in their operations.

	6.2.2 The 2020 Act places a statutory duty on LHBs to have regard to any representations made to them by Llais. Statutory Guidance on Representations has been published to guide NHS bodies, local authorities and Llais in how these representations should be made and considered. The Statutory Guidance on Representations made by the Citizen Voice Body can be found at https://www.gov.wales/sites/default/files/publications/2023-04/statutory-guidance-on-representations-made-by-the-citizen-voice-body.pdf 6.2.3 The 2020 Act also places a statutory duty on LHBs to make arrangements to engage and co-operate with Llais with the view to supporting each other in the exercise of their relevant functions. LHBs must also have regard to the Code of Practice on access to premises when it comes into effect in June 2023. 6.2.4 The LHBs and Joint Committee will ensure it is clear who will assume responsibility for engaging and co-operating with Llais when planning and commissioning services. 6.2.5 The Joint Committee shall ensure arrangements are in place to engage and co-operate with representatives of Llais as appropriate.	
Page 30 (and 33&46)	Confirming the use of the CTMUHB Values and Standards of Behaviour document.	
Page 51	sub committee information added	
Page 52	Scheme of Delegation added from EASC Standing Orders approved at the March 2023 meeting	
Page 55	updated sub group Terms of Reference in line with EASC approval.	

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Clinical Advisory Forum – Terms of Reference and Operating Arrangements
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade – Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jennifer Winslade – Executive Director of Nursing

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

A Clinical Advisory Forum (CAF) is required in order to provide a mechanism to seek essential contributions from clinicians across Aneurin Bevan University Health Board in the development of the Health Boards clinical, patient experience and quality strategies.

In order for it to discharge its function it is essential that the purpose and contribution of the CAF is clearly articulated via agreed Terms of Reference and Operating Arrangements.

Cefndir / Background

The need for a formal process of 'quality impact assessments (QIA) over cost improvement plans' has been in place for some time and came about as a direct result of the criticism of the Board of Mid Staffordshire NHS Foundation Trust. The focus on cost containment and improving efficiency was seen as one of the key drivers for the resultant poor care experienced by so many patients.

Asesiad / Assessment

To ensure a robust process and assessment on the impact on quality of proposed savings plans or indeed any service change comes at a time when the financial efficiency requirement remains high. The need for a formal quality impact assessment process is essential in a system as complex and interdependent as the NHS, where decisions in one part of the service can impact upon another with many co-dependencies that are not always easy to predict or assess.

In response, a CAF will be established. One of its main principles will be to provide expert clinical and professional advice in regard to quality impact assessments. The CAF will assist in driving forward improvements in the provision of services and reduce unwarranted variation in outcomes. The members of CAF will provide constructive, evidence-based feedback which will focus on the best outcomes for our patients.

Argymhelliad / Recommendation

The Board is asked to:

- Agree the CAF Terms of Reference and Operating Arrangements.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety 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	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:	
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**	Choose an item.
• **Service Activity & Performance**	Choose an item.
• **Financial**	Choose an item.
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/	Choose an item. Choose an item.

**Aneurin Bevan University Health Board
Clinical Advisory Forum (CAF)**

Terms of Reference and Operating Arrangements

The Clinical Advisory Forum is ABUHB's equivalent to the Health Professions Forum (HPF)

1   Role & Scope

1.1   Summary of CAF Contribution:

- Recognises that listening to our workforce is an essential component of any successful organisation.
- Will provide the mechanism to seek essential contributions from clinicians across ABUHB in the development of ABUHB's clinical, patient experience and quality strategies.
- Provides a structure within ABUHB that enables the front- line clinical team voice to reach management and the Board from a pan-health board perspective.
- Reports directly to the ABUHB Board through the chair who will attend the Board in a non-voting capacity

1.2   Summary of CAF purpose:

- To advise ABUHB Board on clinical topics and initiatives, and to review items requested by the Board.
- Via a Clinical Sounding Board (CSB), gather, listen and respond to clinicians delivering care.
- Advise the ABUHB Board on all aspects of Clinical Strategy
- Act as a clinical voice within ABUHB
- To take the place of the traditional 'Healthcare Professional Forum' and ensure it meets the requirements of the Health Board's Standing Orders
- To oversee the Quality Impact Assessment (QIA) process including consideration of the risk making recommendations to the Executive Committee and ABUHB Board. The QIA process and documentation is attached at Appendix 1

1.3   The CAF will:

- Act as the clinical voice within ABUHB.

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- Work with and alongside the ABUHB Board and Executives and will be the representative voice of all clinical groups across the Health Board advising on matters of quality, safety, clinical services and care.
- Provide a balanced, multi-disciplinary view of healthcare professional issues to advise the Board on local strategy and delivery.
- Facilitate meaningful engagement and discussion amongst the wide range of clinical disciplines within ABUHB with the aim of reaching and presenting a cohesive and balanced healthcare professional perspective to inform ABUHB's decision making.
- To oversee and advise on the ABUHB Quality Impact Assessment process.

1.4 The role of CAF does not include consideration of health care professional terms and conditions of employment.

2 Terms of Reference

2.1 The Forum will set out, the relationships and accountabilities of the CAF with other groups as required, including the National Professional Advisory Group.

2.2 The National Professional Advisory Group must have a member attending from the CAF. This person will act as the link between these two forums.

3 Membership

3.1 Summary of membership and chairing of the CAF

- CAF will include a full cross section of clinical professions from across the Health Board
- This membership will be reviewed regularly to ensure there is a good mix of clinical voices from all professional and service areas
- The CAF will be chaired by an appointed clinician with support from a deputy chair.
- Additional support can and will be provided, noting that the forum will be an agile group focussing on discussion, consideration of issues, receiving viewpoints and making recommendations to the Executive Team and the Board

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3.2 The membership of the CAF will reflect the structure of the seven health Statutory Professional Advisory Committees set up in accordance with Section 190 of the NHS (Wales) Act 2006. Membership of the CAF shall therefore comprise the following thirteen (13) members, as a minimum:

- Dentist representative
- Optometrist representative
- Pharmacist representative
- Nurse representative
- Midwife representative
- Primary Care / Community practitioner representative
- Allied Health Professional representative
- Healthcare Scientist representative
- Medical representative
- Mental Health representative
- Public Health practitioner representative
- Clinical commissioning representative
- Children & Families representative

3.3 CAF membership will be extended beyond this group of members to ensure a broad representation of healthcare professional groups from across ABUHB's service delivery context, including primary, community, secondary and tertiary service provision.

3.4 CAF membership will also be extended to ensure a representation of healthcare professional groups from specialties that cover mental health and learning disabilities, and women and children's services.

4 Membership Responsibilities and Accountability

4.1 Summary of the expectations of CAF members:

- To attend the CAF session each month where possible or give apologies in advance
- To respect other clinician's views when discussing matters
- To respect and champion the values of the Health Board in the way the meetings are held
- To feel empowered to contribute wherever possible
- To feedback discussion to fellow clinical colleagues

The Chair

4.2 The Chair is responsible for the effective operation of the CAF:

- Chairing meetings

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- Agenda setting for meetings
- Establishing and ensuring adherence to the standards of good governance set for the NHS in Wales, ensuring that all business is conducted in accordance with its agreed operating arrangements; and
- Developing positive and professional relationships amongst the CAF's membership and between the CAF and ABUHB's Board, and in particular its Chair, Chief Executive and Clinical Directors.

4.3 The Chair will work in close harmony with the Chairs of ABUHB's other advisory groups, and, supported by the Director of Corporate Governance, shall ensure that key and appropriate issues are discussed by the CAF in a timely manner with all the necessary information and advice being made available to members to inform the discussion and make recommendations.

4.4 As Chair of the CAF, they will be appointed as an Associate Member of the ABUHB Board. The Chair is accountable for the conduct of their role as Associate Member on the ABUHB Board to the Minister, through the ABUHB Chair. They are also accountable to the ABUHB Board for the conduct of business in accordance with the governance and operating framework set by the Health Board.

The Vice Chair

4.5 The Vice-Chair shall deputise for the Chair in their absence for any reason and will do so until either the existing chair resumes their duties, or a new chair is appointed, and this deputation includes acting in the role of Associate Member of ABUHB Board.

4.6 The Vice Chair is accountable through the CAF Chair to ABUHB Board for their performance as Vice Chair, and to their nominating body or grouping for the way in which they represent their views at the CAG.

Members

4.7 The CAF shall function as a coherent advisory group, all members being full and equal members and sharing responsibility for the decisions of the CAF.

4.8 All members must:

- Be prepared to engage with and contribute fully to the CAF's activities and in a manner that upholds the standards of good governance – including the values and standards of behaviour set for the NHS in Wales;
- Comply with their terms and conditions of appointment;

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- Equip themselves to fulfil the breadth of their responsibilities by participating in appropriate personal and organisational development programmes; and
- Promote the work of the CAF within the healthcare professional discipline they represent.

4.9 CAF members are accountable through the CAF Chair to ABUHB Board for their performance as Group members, and to their nominating body or grouping for the way in which they represent the views of their body or grouping at the CAF.

5 Appointment and Terms of Office

5.1 Appointments to the CAF will be ratified by the Board, based upon nominations received from the relevant healthcare professional groups, and in accordance with any specific requirements or directions made by the Welsh Ministers. These will be based upon CAF recommendations.

5.2 Members shall be appointed for a period specified by the Board, but for no longer than 4 years in any one term. Those members can be reappointed but may not serve a total period of more than 8 years consecutively.

5.3 The *Chair* will be nominated from within the membership of the CAF, in a manner determined by the Board, subject to any specific requirements or directions made by the Welsh Ministers. The nomination will be subject to consideration by the Board, who must submit a recommendation on the nomination to the Minister for Health and Social Services. Their appointment as Chair will be made by the Minister, but it will not be a formal public appointment. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board, and the appointment of the Chair to this role is based on the conditions of appointment for Associate Members set out in the Regulations.

5.4 The Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Chair for an additional one (1) year, in line with that individual's term of office as a member of the CAF. That individual may remain a member of the CAF after their term of appointment as Chair has ended.

5.5 The *Vice Chair* will be nominated from within the membership of the CAF, in a manner determined by the Board, subject to the condition that they be appointed from a different healthcare discipline to that of the Chair, along with any specific requirements or directions made by the Welsh Ministers. The appointment to Vice Chair of CAF shall be

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subject to consideration and appointment by the Board. The Constitution Regulations provide that the Welsh Ministers may appoint an Associate Member of the Board. In the CAF Chair's absence, the Vice Chair will also perform the role of Associate Member on the ABUHB Board. The appointment of the Vice Chair is therefore also based on the conditions of appointment for Associate Members set out in the Regulations.

5.6 The Vice Chair's term of office will be for a period of up to two (2) years, with the ability to stand as Vice Chair for or an additional one (1) year, in line with that individual's term of office as a member of the CAF. That individual may remain a member of the CAF after their term of appointment as Vice Chair has ended.

5.7 Any member's tenure will cease if they no longer meet any of the eligibility requirements determined for the position. A member must inform the CAF Chair as soon as is reasonably practical to do so in respect of any issue which may impact on their eligibility to hold office. The CAF Chair will advise the Board in writing of any such cases immediately.

5.8 ABUHB will ensure membership is in line with this eligibility on an annual basis by way of an annual review of the Terms of Reference.

6 Resignation, Suspension and Removal of Members

6.1 A member of the CAF may resign office at any time during the period of appointment by giving notice in writing to the CAF Chair and the Board.

6.2 If the Board, having consulted with the CAF Chair and the nominating body or group, considers that:

- It is not in the interests of the health service in the area covered by the CAF that a person should continue to hold office as a member; or
- It is not conducive to the effective operation of the CAF

It shall remove that person from office by giving immediate notice in writing to the person and the relevant nominating body or group.

6.3 A nominating body or group may request the removal of a member appointed to the CAF to represent their interests by writing to the Board setting out an explanation and full reasons for removal.

6.4 If a member fails to attend any meeting of the CAF for a period of six months or more, the Board may remove that person from office unless they are satisfied that:

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i) The absence was due to a reasonable cause, and

ii) The person will be able to attend such meetings within such period as the Board considers reasonable.

6.5 Before deciding to remove a person from the CAF membership, the Board may suspend the membership of that person for a limited period (as determined by the Board) to enable it to carry out a proper investigation of the circumstances leading to the consideration of removal. Where the Board suspends any member, that member shall be advised immediately in writing of the reasons for their suspension. Any such member shall not perform any of the functions of membership during a period of suspension.

7 Relationship with the Board

7.1 The CAF's main link with the Board is through the CAF Chair's membership of the Board as an Associate Member.

7.2 The CAF's Chair may also request the attendance of Board members or any other Health Board Officer to attend a group meeting.

7.3 The Board shall determine the arrangements for any joint meetings between the ABUHB Board and the CAF.

7.4 The Board's Chair shall put in place arrangements to meet with the CAF Chair on a regular basis to discuss the CAF's activities and operation.

8 Rights of Access to the LHB Board for Professional Groups

8.1 ABUHB Chair, on the advice of the Chief Executive and/or Director of Corporate Governance (Board Secretary), may recommend that the Board afford direct right of access to any professional group, in the following, exceptional circumstances:

i) Where the CAF recommends that a matter should be presented to the Board by a particular healthcare professional grouping, e.g., due to the specialist nature of the issues concerned; or

ii) Where a healthcare professional group has demonstrated that the CAF has not afforded it due consideration in the determination of its advice to the Board on a particular issue.

8.2 The Board may itself determine that it wishes to seek the views of a particular healthcare professional grouping on a specific matter.

7

9 Relationship with the National Professional Advisory Group

9.1 The CAF Chair or Vice Chair will be a member of the National Professional Advisory Group.

8

Quality Impact Assessment Tool

Summary of Document

The Health & Social Care (Quality and Engagement) Act 2020 came into force on 1 April 2023 placing both an enhanced duty of quality and an organisational duty of candour that will strengthen the approach to quality in NHS Wales. The duty of quality requires each organisation to provide demonstrable evidence that all strategic decisions and plans have been made through a quality lens for both clinical and non-clinical aspects. A key element of demonstrating this are Quality Impact Assessments (QIA)

The Quality Impact Assessment (QIA) looks at the project, function or change as a whole and asks how it will impact 'patient / staff safety', 'clinical effectiveness' and 'patient / staff experience' and how any risks or negative impacts could be mitigated. The assessment is undertaken against the six domains of quality (outlined below). This is a continuous process to ensure quality and patient safety are considered throughout the development, implementation and review of the project.

Version Control

Version Number	Purpose/ Change	Author	Date

Sign Off

Executive Lead:		Date	

Domains of Quality

Safe	Could the proposal impact on any of the following? Impact on serious incidents, their reporting and learning, systems in place to safeguard patients /staff and prevent harm?
	Could the proposal impact on staff safety and/or wellbeing
Effective	Could the service change impact on evidence-based practice, clinical standards (NICE/JRCALC), clinical leadership and/or engagement?
Person Centred	Could the proposal impact on patient choice, dignity and respect, service user experience? Could the proposal impact on eliminating discrimination, on eliminating harassment and or on promoting good community relations /positive attitudes?
Timely	Could the proposal impact on care being provided in a timely way?
Staffing & Resources	Could the proposal impact on staff satisfaction, retention and recruitment, staff sickness and or public perception of the Trust or its services?
Equitable	Could people could be treated differently in terms of race, religion, disability, gender, sexual orientation pregnancy, gender reassignment, civil partnerships or age

Details of Change

Project Name:	
Division/Directorate:	
Executive Lead:	
Clinical Lead:	
Assessment Completed by:	**Date:**

What function/services change are you assessing?
Describe the change being assessed.

Who is affected by the proposal outlined above?
Identify key stakeholders affected by this change, including patient, the public, staff, providers etc.

Scoring Matrix

Impact		Likelihood				
		Almost Certain 5	**Likely 4**	**Possible 3**	**Unlikely 2**	**Rare 1**
Catastrophic	**5**	25	20	15	10	5
Major	**4**	20	16	12	8	4
Moderate	**3**	15	12	9	6	3
Minor	**2**	10	8	6	4	2

Negligible	1	5	4	3	2	1

Screening Tool						
Domains of Quality	Potential / Actual Impact Question	Potential Impacts? Positive (P), Neutral (N), Adverse (A)	Impact Score	Likelihood Score	Score Likelihood X Impact	Score 8 & above = Full QIA
Safe	Could the proposal impact on any of the following? Impact on serious incidents, their reporting and learning, systems in place to safeguard patients /staff and prevent harm?	*Include brief summary*				*Yes / No?*
	Could the proposal impact on staff safety and/or wellbeing	*Include brief summary*				*Yes/no?*
Effective	Could the service change impact on evidence based practice, clinical standards (NICE/JRCALC), clinical leadership and/or engagement?	*Include brief summary*				*Yes / No?*
Person Centred	Could the proposal impact on patient choice, dignity and respect, service user experience? Could the proposal impact on eliminating discrimination, on eliminating harassment and or on promoting good community relations /positive attitudes?	*Include brief summary*				*Yes / No?*

Timely	Could the proposal impact on care being provided in a timely way?	*Include brief summary*				*Yes / No?*
Staffing & Resources	Could the proposal impact on staff satisfaction, retention and recruitment, staff sickness and or public perception of the Trust or its services?	*Include brief summary*				*Yes / No?*
Equitable	Could people could be treated differently in terms of race, religion, disability, gender, sexual orientation pregnancy, gender reassignment, civil partnerships or age					

Summary rating = highest individual risk score		*Insert*
Amendments		
Recommendations/ Mitigations		
Scheduled review date:		

Section 1: Patient Safety

Patient/Staff Safety – the avoidance of unintended or unexpected harm to people during the provision of health care.

Question	Prompts *(use these to help comprehensively evaluate the scheme/project)*	Description / information and evidence to support assessment
What are the known patient safety issues within the current service?	Has the current safety of the service been evaluated and known patient safety risks identified? Prompts to consider: • Specific safety issues within this pathway or service. • Analysis of available data/information to identify themes and trends. • The way in which the planned changes will address the identified patient safety issues. • Impact on preventable harm.	
Have staffing, skill mix and workload issues been considered within the plans?	What assurances has been considered in assessing the workforce requirements to deliver this service/pathway safely? Prompts to consider: • Skill mix, recruitment activity, vacancy • Re-design of workforce model	

Question	Prompts *(use these to help comprehensively evaluate the scheme/project)*	Description / information and evidence to support assessment					
Infection Prevention and Control processes	How will it impact on systems and a process for ensuring that the risk of healthcare acquired infections to patients is reduced?						
Safeguarding - Adults	What systems and training are in place to ensure compliance with safeguarding? Consider mandatory training compliance/policies and procedures/named safeguarding lead.						
Will the scheme have a positive, negative or neutral impact on patient safety?	Tick your evaluation:	Positive		Negative		Neutral	
	Give your rationale for this:						

Section 2: Clinical Effectiveness

Clinical Effectiveness – the application of the best knowledge, derived from research, clinical experience and patient preferences to achieve optimum processes and outcomes of care for patients. The aim of clinical effectiveness is to use evidence to improve the effectiveness of clinical practice and service delivery.

Question	Prompts (use these to help comprehensively evaluate the scheme/project)	Description / information and evidence to support assessment
Are the planned changes or service re-design in line with the most up-to-date guidance ensuring the business case is evidence- based?	Has a baseline assessment against the recommendations or indicators been undertaken? Does the plan reflect the Quality Indicators? Are there gaps? If there are gaps, how will these be addressed?	
What plans are in place for evaluation once Programme is complete	What quality metrics/evaluation tools will be used to assess the success of the programme.	

Question	Prompts *(use these to help comprehensively evaluate the scheme/project)*	Description / information and evidence to support assessment
Health Outcomes for patients	What are the expected health outcomes for patients? How will the success against your expected health outcomes be measured? How do these compare with other care pathway alternatives?	
Partnership working	Have system wide interdependencies and co-dependencies been identified and assessed? What is the impact on partner organisations and any aspect of shared risk? Does it lead to improvements in patient care pathways?	
Prevention	Does it support people to stay well? Does it promote self-care for people with long term conditions? Does it tackle health inequalities, focusing resources where they are needed most?	

Question	Prompts *(use these to help comprehensively evaluate the scheme/project)*	Description / information and evidence to support assessment						
Productivity and Innovation	Does it ensure care is delivered in the most clinically and cost effective way? Does it eliminate inefficiency and waste? Does it lead to improvements in care pathways							
Will the scheme have a positive, negative or neutral impact on patient safety?	Tick your evaluation:	Positive		Negative		Neutral	
	Give your rationale for this:						

Section 3: Patient Experience and Involvement

Patient / Staff Experience – the way a patient feels about their care based on all interactions, before, during and after delivery of care, or how a member of staff may feel.

Question	Prompts *(use these to help comprehensively evaluate the scheme/project)*	Description / information and evidence to support assessment
What do patients and carers say about the current service?	Use positive and negative feedback from: PALS and complaints, surveys, real time feedback, focus groups, LINk/Healthwatch	
How will patients, carers and key stakeholders be involved in the decision-making process around the development of this service?	At what point in the decision-making process will patients and public have a chance to influence the service development? What methods will be used to involve patients, public and stakeholders? Has advice been sought from the Strategic Public Involvement Group as to how best to manage this?	
How will the service development improve the patient experience?		
How will the patient experience of the new service be monitored?	How will feedback be collected? Who will be analysing it and when?	

Question	Prompts *(use these to help comprehensively evaluate the scheme/project)*	Description / information and evidence to support assessment					
Will patient choice be affected?	Will choice be reduced, increased or stay the same? Do the plans support the compassionate and personalised care agenda?						
What level of public support for this service development is anticipated?	Do you expect people to: • be supportive • be a little concerned or • contact their MP or the press as a result of their objections?						
Will the scheme have a positive, negative or neutral impact on patient safety?	Tick your evaluation:	Positive		Negative		Neutral	
	Give your rationale for this:						

Section 4: Amendments to the programme following Quality Impact Assessment

Explain any changes made as a result of this and why they have been made.

Section 5: Recommendation

Based on your assessment, please indicate which course of action you are recommending to decision makers. You should explain your recommendation in the blank box below.

Outcome No:	Description – *explain the rationale for your recommendation*	Tick
Outcome One		
Outcome Two		
Outcome Three		
Outcome Four		

Section 6: Review and Sign-off

Initial review and date of sign-off	
Post Implementation Review:	
Final review and sign off Executive Director of Nursing and Executive Medical Director:	

1. Flowchart quick reference QIA

Annex 1 – Flowchart Quick Reference Quality Impact Assessment (QIA)

Service Transformation/Development/Redesign Project or Cost Improvement Plan (CIP) proposed

Project Lead undertakes initial screening to determine if a Quality Impact Assessment is required with support from the Quality,Safety & Patient Experience (QSPE) Team or equivalent using QIA Tool.

Does the initial QIA screen raise actual or potential **moderate** or **high risk(s)** scoring 8 or over?

Full QIA not required.

Include decision & rationale in project documentation. Review the need for QIA in the event of changes to the project.

Send to quality, patient safety team for logging on QIA Database.

No

Yes - Complete full QIA Tool with mitigations and monitoring measures with support from

Forward QIA Director of Nursing, Director of Therapies & Health Science & Medical Director or other identified executive leads for submission to Clinical Advisory Forum. Logged on QIA Database by Head of Quality Patient Safety

QIA Submitted to Executive Committee for Approval

QIA Approved

Yes

No

At least monthly monitoring of the QIA by the Project Lead

QIA returned to project lead for review / amendments or withdrawal of project plan

At least quarterly reporting to Operational Quality & Safety Group via a QIA Oversight Report

QIA logged on QIA Database in QSPE Directorate and Quarterly QIA Monitoring Report to Quality and Safety Governance Group (as required)
Lead: Head of Quality Assurance or equivalent

All projects when deemed complete will form part of 'business as usual' as appropriate

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Configuration of Midwifery-led Units: Outcome of Public Engagement
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jenny Winslade – Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jayne Beasley – Head of Midwifery

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to advise of the outcome of public engagement in respect of the long-term configuration of midwifery-led birthing units within the health board, and to make a recommendation for final implementation.

The service instigated agreed temporary changes in May 2022 as a direct result of significant staffing challenges to ensure safe staffing levels across the Health Board. The subsequent completion of an independent review of the community-led midwife services and a comprehensive public engagement exercise has enabled the service to make a recommendation to proceed with the preferred option of making permanent the temporary changes.

Cefndir / Background

The All-Wales Vision for maternity care currently aims for 45% of women and birthing people to birth in midwife led settings. Despite evidence to support the safety of such births, there has been under-utilisation of free-standing Midwife Led Units in Aneurin Bevan University Health Board compared with the initial modelling carried out for the Clinical Futures work. A safe effective service needs to reflect the best workforce model, which will offer choice to women and can maintain the quality and integrity of the entire maternity services.

An effective workforce model is essential to ensure the safe delivery of services across the Health Board. There is considerable evidence to support the safety of births in a free-standing midwifery-led unit, but since November 2020 the number of women using these had been very low, with most choosing to give birth at the alongside midwifery-led unit at the Grange University Hospital (GUH). In the context of this trend and as a result of significant challenges in securing midwives across the service, temporary changes to the midwifery-led units (as below) have been in place since 9 May 2022 as follows:

- Temporary closure of the birthing units at Nevill Hall (NHH) and Royal Gwent (RGH) Hospitals.
- Maintenance of home births and births at Ysybty Aneurin Bevan (YAB) birthing pod with a risk assessment to be undertaken on a case-by-case basis.
- Conversion of Ysbyty Ystrad Fawr (YYF) to a birthing pod from 5pm and overnight (instead of a staffed unit 24/7).
- Incentivised pay.

An independent review of the Community Midwife Led Services at Aneurin Bevan University Health Board was then commissioned to consider the current provision and to identify the most effective long-term staffing model for Free Standing Midwife Unit (FMU) birth and Midwife Led Care, considering the geographical areas and within a framework of safe and good quality care, whilst maintaining the principle of choice.

Details of the review and recommendations were set out in a paper brought to the Board in January 2023, but in summary four options for future service configuration were set out as follows:

1. Retaining the existing temporary arrangements as the permanent model
2. Reverting to the arrangements in place before the temporary change
3. A 'hybrid' model whereby the units at RGH and NHH remained closed, but with extended facilities at YYF
4. A more radical long-term option consisting of the existing units at the Grange University Hospital (GUH), supported by community services and home birth options

These options were considered by the service against the review aims. It was concluded that providing the staffing and resource for options 2 and 3 would be challenging, and potentially difficult to justify given the increasing trend for women choosing to give birth at GUH. In addition, option 4 was considered to be too restrictive in respect of future birthing options for women. As a result, the preferred option was option 1; to make permanent the current temporary arrangements as set out above, supported by the full consultant-led obstetric unit and alongside midwifery-led unit at GUH.

Whilst accepting the case for this preferred option, The Health Board recognised the need for a comprehensive communication and engagement exercise prior to any final decision regarding a permanent change. In discussion with Llais, it was agreed to undertake a 12-week engagement programme with the following objectives:-

- To inform and engage with all stakeholders and the general public in respect of midwifery-led maternity service provision across the Health Board

- To set out the conclusions of the independent report and to explain the proposals for future service delivery

- To provide full opportunity to receive feedback, queries and concerns

- To collate all feedback as the basis for reporting back to Llais and the UHB Board.

- To adapt / progress plans for the service as a result.

A wide range of engagement methods and materials were utilised, including briefing papers, surveys, public events and on-line communication. The latter proved to be the most effective, reflected in 1054 web page views and a total of 2326 interactions recorded across all social media channels. Comprehensive feedback was received from the Royal College of Midwives, to which a full separate response has been prepared and forwarded.

Asesiad / Assessment

A number of themes emerged from the feedback received, of which the most common was a general acceptance of the favoured option, with understanding demonstrated of the rationale and of the practicalities of service provision. Closely linked to this was a general appreciation of the midwifery-led unit environment and experience, but a preference for this to be located alongside an obstetric unit, to simplify arrangements in the event of any complications.

Based on the experience of the engagement period, the following conclusions have been reached:

- The engagement exercise is considered to have been successful, with significant overall numbers of participants / responses (mainly via on-line methods, as might have reasonably been expected considering the key stakeholder demographic).

- A number of key issues and themes have been identified, which have been useful in informing future plans and actions.

- A majority of responses have been supportive or accepting of the proposals, generally recognising the operational situation and pressures.

- The key concern expressed related to the issue of potentially needing to travel to the Grange University Hospital to give birth where individuals lived some distance away. This is recognised and formed a central factor when considering the most appropriate longer term service options.

- In considering the feedback, the service is conscious of the need to balance the stated benefits of the move against the concerns expressed.

Overall, on the basis of the feedback received, it was concluded that the proposed permanent arrangements constitute the best balance between local accessibility and service safety / sustainability, maintaining all birth options around Gwent and surrounding areas and minimising the incidence of additional travelling requirements.

A comprehensive final engagement outcomes report was prepared and submitted to Llais, together with the above conclusions. A copy of the full report is attached as appendix A.

Llais have considered the report, and have now forwarded a formal letter of representation, a copy of which is attached as appendix B. It can be noted that they are content with the process, have endorsed the conclusions made in the report, and have no further representations to make prior to a final decision.

Argymhelliad / Recommendation

The Board is asked to:

- Note the outcome of the public engagement and the letter of representation from Llais in respect of the future configuration of midwifery-led units in the Health Board.

- Approve the implementation of the preferred option for future service configuration i.e making permanent the temporary changes instigated in May 2022.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Datix risk 3215 : safe staffing :16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 6. Individual care 2. Safe Care 3. Effective Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

	Choose an item.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	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)**	
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/	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 Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

**PROPOSED RECONFIGURATION
OF MIDWIFERY-LED SERVICES**

REPORT ON PUBLIC ENGAGEMENT

AUGUST 2023

Maternity engagement final review 28.08.23

INTRODUCTION

This engagement report provides:

- An outline of the background and context of proposed changes to the configuration of midwifery-led units within the Health Board.

- An overview of the engagement plan and process / actions undertaken with stakeholders as a result

- An analysis of the engagement responses received

- Conclusions and recommendations drawn from the engagement process

BACKGROUND AND CONTEXT

Maternity services have a duty to ensure sufficient provision of midwifery-led services based on a social model of care to meet demands in all areas. Choice is essential to maternity care and all women should be able to make choices about their planned place of birth.

In accordance with best practice, the Health Board offers four different birthing options for expectant women as follows: -

- Home birth
- A <u>free-standing</u> midwifery-led birthing unit (without on-site medical cover – known as an FMU)
- An <u>alongside</u> midwifery-led unit (with on-site medical cover – known as an AMU)
- A full obstetric unit, led by consultants and delivered by medical and midwifery staff

Between November 2020 (when the new Grange University Hospital opened near Cwmbran) and May 2022, midwifery-led births were available across five Health Board sites as follows:

- <u>Free-standing</u> midwifery-led units (FMUs) at Ysbyty Ystrad Fawr (YYF) in Ystrad Mynach, Royal Gwent Hospital (RGH) in Newport, Nevill Hall Hospital (NHH) in Abergavenny and Ysbyty Aneurin Bevan (YAB) in Ebbw Vale

- <u>Alongside</u> midwifery-led unit at the Grange University Hospital (GUH) near Cwmbran (where the consultant-led obstetric unit is based)

Traditionally, these units have been staffed by midwives from our community team. In Ysbyty Ystrad Fawr, this has usually been through staff working formal shifts over a 24-hour basis, whilst the other units utilise midwives who are on call and attend when women present or require care.

Recent Issues Affecting the Service

There is considerable evidence to support the safety of births in a free-standing midwifery-led unit, but since November 2020 the number of women using these has been very low, with most choosing to give birth at the alongside midwifery-led unit at the Grange University Hospital (GUH). Activity figures (for midwifery-led births only) during that period are shown below:

	YYF	RGH	NHH	YAB	GUH Birth Centre
2019	279	85	47	1	N/A
2020	250	30	16	6	N/A
2021	118	24	20	19	840
2022	83	5*	4*	14	931

*Covers the period Jan – May 2022

In addition to the increasing trend for women choosing to birth at GUH, the Health Board began to experience significant staffing challenges, with considerable difficulty in recruitment and retention of midwives, whilst this has been evident across all areas, it has been most noticeable within the community where recruitment has proved challenging. This in turn made it very difficult to ensure appropriate staffing levels for all our maternity units and concerns grew regarding the implications for service safety and standards.

In response to these challenges, the Health Board introduced a temporary service change to midwifery-led birthing services to ensure and maintain safe service provision. This was instigated in May 2022 and consisted of the following: -

- Temporary closure of the birthing units at Nevill Hall Hospital and Royal Gwent Hospital.
- Conversion of Ysbyty Ystrad Fawr to a birthing pod from 5.00pm and overnight (instead of a staffed unit 24/7).
- Maintenance of home births and births at the Ysybty Aneurin Bevan birthing pod.
- No change to the alongside midwifery-led unit at the Grange University Hospital.

Given the ongoing midwifery staffing challenges, the Health Board commissioned an independent review of midwifery-led services, with the following aims: -

- To consider the current arrangements for provision of midwifery-led services

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- To identify the most effective future staffing model for these services, taking into account the need for safe, sustainable and good quality care, whilst also maintaining the principle of choice for women and considering service access across the Health Board's geographical area.

The review identified four future service configuration options as follows:-

1. Retaining the existing temporary arrangements as the permanent model
2. Reverting to the arrangements in place before the temporary change
3. A 'hybrid' model whereby the units at Royal Gwent Hospital and Nevill Hall Hospital remained closed, but with extended facilities at Ysbyty Ystrad Fawr
4. A more radical long-term option consisting mainly of the existing units at the Grange University Hospital, supported by community services and home birth options

These options have been considered by the Health Board against the review aims. It has been concluded that providing the staffing and resource for options 2 and 3 on a consistent basis would be challenging, and potentially difficult to justify given the increasing trend for women choosing to give birth at the Grange University Hospital. In addition, option 4 was considered to be too restrictive in respect of future birthing options for women. As a result, it was considered that the preferred option (option 1) was to make permanent the temporary arrangements as set out above, supported by the full consultant-led obstetric unit and alongside midwifery-led unit at the Grange University Hospital

Whilst accepting the case for this preferred option, The Health Board recognised the need for a comprehensive communication and engagement exercise prior to any final decision regarding a permanent change.

ENGAGEMENT SCOPE AND PURPOSE
The Health Board consequently established a working group and engagement plan to set out and agree an appropriate programme of engagement activities. In discussion with Llais, it was agreed to undertake a 12-week engagement programme with the following objectives:-

- To inform and engage with all stakeholders and the general public in respect of midwifery-led maternity service provision across the Health Board

- To set out the conclusions of the independent report and to explain the proposals for future service delivery

- To provide full opportunity to receive feedback, queries and concerns

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- To collate all feedback as the basis for reporting back to Llais and the UHB Board.

- To adapt / progress plans for the service as a result.

STAKEHOLDERS

A list of all potential stakeholders was prepared, consisting of the following:-

- Expectant women and people currently under midwifery-led care
- Residents within the Aneurin Bevan UHB area
- Maternity service user group
- Maternity service staff
- GPs & primary care
- The general public
- Voluntary / third sector organisations and charities e.g. GAVO
- Diverse Communities Health Forum
- Gwent Citizens' Panel
- Regional Partnership Board
- Gwent Communications Group
- Local MPs, MSs and councillors
- Local media
- Royal College of Midwives
- Trade Unions
- Welsh Ambulance Services NHS Trust
- Universities
- Llais

ENGAGEMENT METHODS AND ACTIVITIES UNDERTAKEN

In order to ensure optimal communication and access, a number of different complementary methods were deployed as part of the engagement process as follows:

A briefing document / issues paper was developed that set out:

- The background and operation of the midwifery-led units
- Recent issues affecting the service
- Options for future configuration of the units
- Details of the engagement process
- Web link to an online survey
- QR code to an online survey
- Details about public engagement events that were being held at different venues and times

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- Telephone number for any specific queries
- Dedicated email address that people could contact with any specific queries
- Details of information sources and contacts on social media

<u>Letters</u> were sent to all stakeholders at the start of the 12-week engagement period, enclosing / explaining the briefing document and encouraging responses to the issues raised. A follow up letter was also sent towards the end of the period, encouraging additional responses.

<u>Posters</u> were prepared and displayed prominently in appropriate public areas e.g. antenatal clinics

Frequently-asked Questions
A collection of frequently asked questions (together with health board responses) was compiled and distributed, including hard copies made available in clinics and at the public engagement events.

Survey
Following advice, a short survey was compiled and distributed, including hard copies made available in clinics and at the public engagement events. This consisted of several straightforward questions, with the intention of drawing out key concerns and queries that any individuals / stakeholders wished to raise.

<u>A dedicated website page</u> for the engagement exercise was developed on the main Health Board website. This page included the following information:

- Information about the purpose of the engagement exercise
- QR code link to online survey
- FAQs
- Information about the public engagement events
- Dedicated telephone number & email address for people to get in touch

<u>Public Engagement Events</u> were held at different venues and times around the health board so that any interested stakeholders had the opportunity to attend, review information provided and ask any questions. Sessions held were as follows:

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Monday 15th May **4.00pm – 6.00pm**	Birth Centre Nevill Hall Hospital Abergavenny
Wednesday 17th May **4.00pm – 6.00pm**	Birth Centre Royal Gwent Hospital Newport
Friday 19th May **12.00noon – 2.00pm**	Birth Centre Ysbyty Ystrad Fawr Ystrad Mynach
Monday 22nd May **2.00pm – 4.00pm**	Birth Centre Royal Gwent Hospital Newport
Tuesday 30th May **2.00pm – 4.00pm**	Birth Centre Ysbyty Aneurin Bevan Ebbw Vale
Friday 9th June **10.00am – 12.00noon**	Birth Centre Nevill Hall Hospital Abergavenny

On-line events were also arranged during the latter part of the exercise to provide an opportunity for dialogues for those preferring to engage in this way

Social Media
Social media messaging was utilised on established maternity service sites, encouraging engagement and feedback, and with the opportunity for 'Facebook Live' Q&A in the event of wider public interest

Internal Communication
Meetings / briefings were arranged within the health board for internal NHS stakeholders and staff

OUTCOMES AND RESPONSES
Responses received via the above engagements were as follows:

- The web page covering the engagement information received a total of 1054 views over the 12 weeks, representing 929 unique users.

- A total of 2326 interactions were recorded across all social media channels, including Facebook, Twitter and Instagram. In addition, nearly 700 of these sought further information e.g. clicking on additional links etc.

- A total of 249 responses were been received from the on-line survey; of these, 79 included additional narrative comments, covering a range of areas and views.

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- In person attendance at the six public drop-in events proved to be very disappointing, with little or no interest demonstrated in any of the three sites involved. It was recognised that the target cohort (predominantly women aged between 16 and 40) would very likely have a default preference for on-line communication, and it was therefore concluded that this should be the focus of engagement activity for the latter part of the period. This proved to be more effective in terms of response, with a Senedd member also joining one of the sessions. Details of the on-line sessions are attached as Appendix 1

- Bespoke responses from wider stakeholders e.g. via e-mail and phone were very low in number, mainly from internal departments and staff organisations and a comprehensive response from the Royal College of Midwives

A numerical / graphical summary of the responses to the survey is attached as Appendix 2

WHAT STAKEHOLDERS TOLD US
A number of common themes emerged from the feedback received in response to the engagement questions and in other formats, including comments made at the public and stakeholder events. Where narrative feedback was received, these are set out below, together with the health board response and any specific actions undertaken or proposed in respect of the theme.

The following general themes were identified:

Generally supportive / accepting of proposals / Reassurance of alongside unit (25)
The most common general response. A general appreciation of the midwifery-led unit environment and experience, but a preference for this to be located alongside an obstetric unit, to simplify arrangements in the event of any complications. Some of these respondents, whilst not necessarily enthusiastic about the proposals, were understanding of the rationale and accepting of the practicalities of service provision.

Capacity of revised facilities (5)
These respondents, whilst not necessarily against the proposals, noted a wish for clarification and reassurance regarding the capacity of the facilities at the Grange University Hospital and the ability to accommodate the required demand

Service response
There are no specific service concerns in respect of this currently, but the need to ensure robust and fully adequate capacity for births at the Grange Hospital is paramount and will be one of the key drivers for future development of the service.

Support for home birthing option (7)
A desire to still promote home births and to facilitate these wherever possible and practical – linked to a desire for women to have as much information as possible to

ensure that they are able to make an informed choice in respect of their birthing options.

Service response
The service is a strong supporter of home births and recognises that this option needs to be publicised and championed on a regular basis. We are keen to use the increased opportunities resulting from the proposals to utilise the birth centres as hubs for communication, antenatal education and publicising options such as this.

Importance of continuity of care (2)
An appreciation of the value of continuity of care and having the same midwife overseeing ante natal care and birth

Service response
No adverse impact on midwife continuity of care is envisaged by the proposals. In fact, one of the key drivers in the need for reconfiguration and the subsequent proposals was to ensure that all women and birthing people had continuity of care. The existing model of care meant that community midwives had increased workloads and found it much more difficult to provide continuity of care. With the proposed changes, midwives will have more time to support women and birthing people more effectively, especially those from a disadvantaged background, focussing on enhanced care and really understanding cultural differences and individualised support. All four options remain available to all women and birthing people and the transport links and access to services have been considered in depth. As indicated above, there is an opportunity to utilise the birth centres as hubs for supportive activities (in collaboration with Health Visiting colleagues) such as health promotion, antenatal education, exercise classes and infant feeding support.

Flexible birth options (2)
Two respondents indicated a desire for more flexible birth options e.g. additional facilities for water births.

Service response
The desirability of providing the widest range of birth options is fully recognised and enabled at every opportunity, with water birth facilities available at the Grange University Hospital (GUH), Ysbyty Aneurin Bevan and Ysbyty Ystrad Fawr. We are currently reviewing the option to provide a second water birth facility at GUH in the near future, further enhancing the availability of this option.

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<u>Wish to re-establish previous arrangements (14)</u>
Some respondents asked for one or other of the previous free-standing units to be retained, typically noting previous good birthing experiences within those units and valuable midwife support

Service response
We fully recognise the natural wish to have facilities as close to home as possible, and the rationale behind the proposals is to try and achieve the best balance between this and ensuring that services are safe, fully staffed and sustainable. All women across all areas will have access to four place of birth options: home birth, one of two free-standing midwifery units, an alongside midwifery unit and an obstetric unit. The location of the two remaining free-standing midwifery units are in Ystrad Mynach and Ebbw Vale which are the areas furthest from the Grange University Hospital. The birth centre in Ebbw Vale serves a community with higher rates of social deprivation and health inequalities.

In considering the Newport area, it can be shown that the Newport Birth Centre is around 10 minutes from the alongside birth centre at the GUH with good transport connections. In considering the most rural areas in North Monmouthshire, it has been observed that women traditionally often chose a home rather than a free-standing birth centre, demonstrated by the very low activity numbers at Nevill Hall Hospital (as highlighted above). It has been observed that many women who used the Nevill Hall Hospital birth centre lived in Cwmbran or Torfaen which means that the GUH is actually closer to their homes.

It can also be emphasised that all ante natal care will continue to be provided in the local setting as at present, unless advised otherwise on clinical grounds.

In general, the majority of responses appeared supportive / accepting of the proposals in principle (noting the low levels of usage). Of those expressing concern or a wish to return to previous arrangements, the main drivers related to travelling time to the Grange University Hospital and the preferred environment of the local midwifery-led units. No major issues that had not previously been considered were raised.

In addition, 23 respondents raised issues unrelated to the specific scope of the engagement e.g. relating to other aspects of care, ante natal appointment times, access for partners and asking for more consultant-led obstetric units. These are being addressed through existing arrangements and communication channels within the service.

A comprehensive written response was received from the Royal College of Midwives, covering many of the issues above. A copy of their feedback and the service response is attached as Appendix 3.

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FOLLOW UP ACTIONS

Should the proposed option be implemented, a number of follow-up and ongoing actions are planned as follows: -

- Full communication via all appropriate channels of final decision once reached, together with details of engagement responses received and the responses / mitigation put in place
- Additional supporting activities to be undertaken at the birth centres, using them as hubs for supportive activities such as health promotion, antenatal education, exercise classes and infant feeding support.
- Ongoing review and monitoring of mitigation actions to ensure that these remain effective and fit for purpose
- Maintenance of ongoing communication channels (including social media) for any new queries or concerns, particularly targeted towards seldom-heard stakeholder groups
- Periodic ongoing informal engagement with women / birthing people and our staff to ensure that any potential new issues are identified and acted upon in a timely manner

CONCLUSIONS

Based on the experience of the engagement period, the following conclusions have been reached:

- The engagement exercise is considered to have been successful, with significant overall numbers of participants / responses (mainly via on-line methods, as might have reasonably been expected considering the key stakeholder demographic)

- A number of key issues and themes have been identified, which have been useful in informing future plans and actions

- A majority of responses have been supportive or accepting of the proposals, generally recognising the operational situation and pressures

- The key concern expressed related to the issue of potentially needing to travelling to the Grange University Hospital to give birth where individuals lived some distance away. This is recognised and formed a central factor when considering the most appropriate longer term service options

- In considering the feedback, the health board is conscious of the need to balance the stated benefits of the move against the concerns expressed

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- Overall, on the basis of the feedback received, the health board considers that the proposed arrangements constitute the best balance between local accessibility and service safety / sustainability, maintaining all birth options around Gwent and surrounding areas and minimising the incidence of additional travelling requirements.

RECOMMENDATIONS

Llais members are asked to:

- Consider the engagement report and the feedback received
- Consider the health board responses (and proposed mitigations where applicable)
- Consider whether the conclusions reached are reasonable and hence whether the proposed future configuration of midwifery-led units can be implemented
- Advise what further actions for the health board are recommended on the basis of the decision reached

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Midwifery Led Services – Online Engagement Sessions.

Session	Registered	Attendees	Comments / themes
Wednesday 12th July, 4pm	Cllr Elizabeth Haynes, Torfaen County Borough Council	Attended	Asked about background and context for the changes.
Staff present: Jayne Beasley – Head of Midwifery Amy Brunnock, Head of Engagement	Emmy Chater, Migration Partnership officer, Newport City Council	Did not attend	
	Tracey Caruana, Natasha Ashgars office, Senedd	Attended	Confirmed understanding for the engagement: • Women have chosen to birth at GUH where 'back up' provision is in place. • Antenatal appointments continue to be delivered across sites offering choice to women • Women still have options for home birth, use of free standing / alongside and obstetric units Asked about transport to hospitals. Discussion about taxi fares being refunded in some instances,
	Cllr Broughton Pettit	Did not attend	

Session	Registered	Attendees	Comments / themes
	Hefin David, MS Caerphilly	Attended	Would like to know the implications of the decisions that are pending?

Wednesday 19th July, 4pm (*Recording & Transcript of session available*) **Staff present:** Jayne Beasley – Head of Midwifery Amy Brunnock, Head of Engagement David Hanks, Head of Service Planning			The system you are proposing to move to is the system that is currently in place temporarily?
	Sian Connolly, (work experience) Senedd	Attended	
	Laura Green, Community Engagement Officer for Hefin David's Office, Senedd	Attended	No specific questions but would we be ok to come back to you later on if people did get in touch?
	Michelle Lewis, Caseworker for Hefin David's Office, Senedd	Attended	

MATERNITY SERVICE ENGAGEMENT QUESTIONNAIRE

249
Responses

03:48
Average time to complete

Closed
Status

1. *A ydych chi'n bwriadu cael plant yn y dyfodol agos?*

   Are you planning to have children in the near future?

🔵 *Ydw* / Yes	204	
🟠 *Nacydw* / No	31	
🟢 No	14	
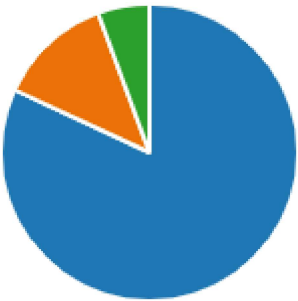
2. *A ydych chi wedi ystyried lle byddech yn dymuno rhoi genedigaeth?*

Have you thought about where you would wish to give birth?

🔵	*Uned Obstetreg Ysbyty Athrofaol...*	76
🟠	*Uned Eni Ochr yn Ochr Ysbyty At...*	62
🟢	*Canolfan Eni* Ysbyty Ystrad Fawr ...	12
🔴	*Canolfan Eni* Ysbyty Aneurin Bev...	5
🟣	*Geni Cartref /* Home Birth	28
🟤	*Canolfan Eni Ysbyty* Nevill Hall H...	34
🟣	*POD Geni Ysbyty Brenhinol Gwe...*	13
⚪	*Arall /* Other	12
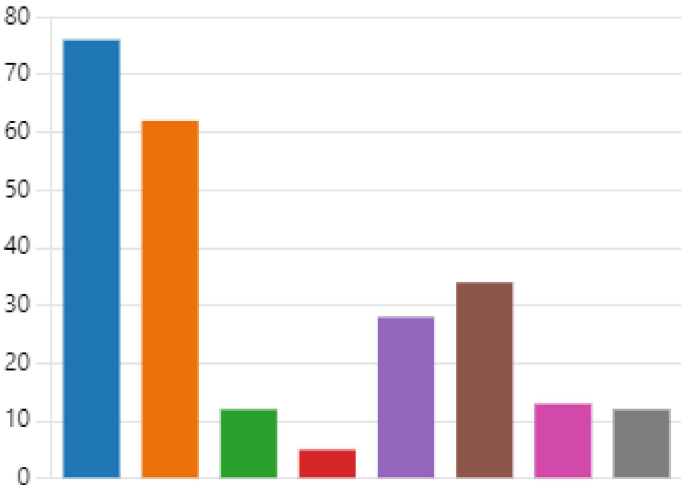
3. *Mae Canolfan Eni Dan Ofal Bydwreigiaeth annibynnol yn uned sydd heb feddygon yn bresennol ar gyfer genedigaeth. A fyddech chi'n croesawu'r dewis hwn i roi genedigaeth?*

   A free standing Midwifery Led Birth Centre is a unit which has no doctors present for birth. Would you welcome this choice of birth place?

Byddwn / Yes	88
Na fyddwn / No	118
Efallai / Maybe	41

4. *A fyddai'n well gennych chi deithio i Ysbyty Athrofaol y Faenor i roi genedigaeth (yn hytrach nag yn nes at adref)?*

   Would you prefer to travel to The Grange University Hospital to give birth (rather than closer to home).

Byddai / Yes	105
Na fyddai / No	105
Efallai / Maybe	38
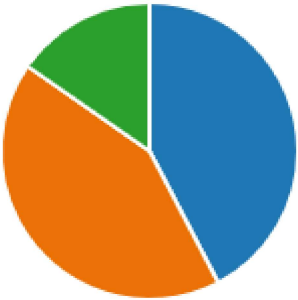
5. *Sut fyddech chi'n debygol o deithio i'r ysbyty i roi genedigaeth?*

   What would be your likely travel arrangements when travelling to hospital to give birth?

   ● *Trafnidiaeth fy hun* / Own transp...   207

   ● *Trafnidiaeth gyhoeddus* / Public ...   3

   ● *Perthynas neu ffrind* / Relative o...   38
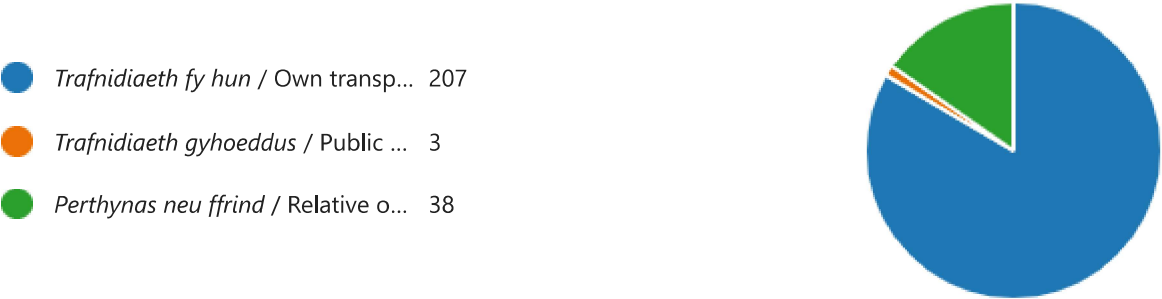
6. *A fyddai gennych ddiddordeb mewn rhoi genedigaeth gartref petai'n opsiwn i chi?*

   Would you be interested in giving birth at home if this was an option for you?

   ● *Byddai* / Yes   79

   ● *Na fyddai* / No   140

   ● *Efallai* / Maybe   29
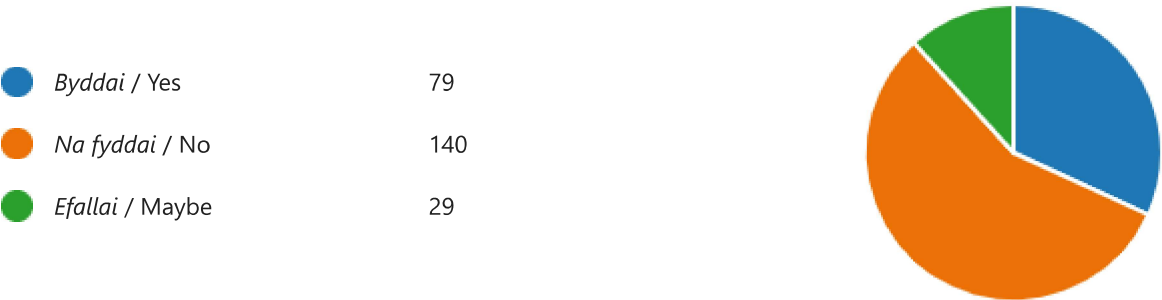
7. *Diolch i chi am gwblhau'r holiadur hwn. Nodwch unrhyw wybodaeth bellach isod.*

Thank you for completing this questionnaire. Please leave any further information below.

79

Responses

Latest Responses

"I had my first child at YYF and I liked the fact almost every room (I think) h…

"I was turned away from giving birth at ystrad but then refusing labour war…

9th August 2023

Julie Richards
Director of RCM Wales
Unit 13b Drake Walk
Brigantine Place
Atlantic Wharf
Cardiff
CF10 4AN

Dear Julie and RCM Wales team

Thank you very much for taking the time to review the proposals for reconfiguration of midwifery-led services in Aneurin Bevan University Health Board, for taking time to consider and for the valuable questions raised.

In terms of the evidence base for the proposal, we have considered access to services for all people across all geographical areas within the ABUHB catchment area, financial implications, the impact on continuity of care, staff burnout, staff wellbeing and work life balance, the quality and the safety of our services, and health inequalities with a particular focus on over 20% of people using our services being from a global majority background or from a disadvantaged background. A wide stakeholder group were involved, we commissioned an independent review from Midwifery Consultant Marie Lewis, and have had two rounds of public consultation taking a blended approach.

It is important to remember that the two birth centres we propose to close permanently have been under used for a significant amount of time. The proposals will allow midwives more time and focus on continuity of care and addressing health inequalities. It is believed that this will make ABUHB maternity service, a more attractive place to work and support midwives and maternity support workers, to have an improved work life balance and improved wellbeing. All four recommended place of birth options will remain for all women, with good transport links. The FMUs that are proposed for closure are the closest to the obstetric unit geographically.

We have tried to address some of your concerns below:

1. **Impact on access to care**

   Clearly the FMUs have in recent years been under-utilised by women, and have not been attractive to midwives either. It is not clear why midwives have been reluctant to work in FMUs, and what attempts have been made to improve the working offer or environment in order to attract staff.

Attempts have been made to attract staff to the community model of care with appealing job adverts, increased support in the community, community Prompt Cymru, physiological birth workshops in mandatory training, commitment to the Maternity Unit Network standards (and access to the MUN support), and community leads being offered leadership programmes.

Many staff members report preferring inpatient services due to the options of 12-hour shifts, and so this is being explored within the community model.

It is noted that one reason for women's reluctance to use FMUs is the availability of emergency transfer. Presumably this is still a problem for those women needing ambulance transfer from home?

Feedback from women and birthing people reflects the feedback in Your Birth We Care (2018). People report wishing to be in a hospital birth centre in the event that they may need obstetric or neonatal support. When informing women and birthing people of potential ambulance transfer times, we refer to statistics from Welsh Ambulance Service. When people understand that freestanding birth centres are midwifery led and they have the same care provision at home, they often opt for planned home birth instead.

The majority of women and birthing people reported that the new, purpose-built maternity department at the Grange Hospital is more convenient, more attractive to them with new, ensuite rooms and is easily accessible. The positive feedback shared from the Grange, further encourages women and birthing people to choose this option. We frequently share positive birth stories from free-standing midwifery led areas, videos and photographs, however the volume of positive feedback from the Grange tends to overshadow this. Our BABI group (service user forum) spent two years trying to promote the free-standing midwifery led areas as part of their work plan, but the numbers of people choosing this option continued to decline.

Permanent closure of two FMUs will inevitably reduce women's access to care, especially those women living in remote locations or who do not have use of a car. It will be important to monitor the impact of the closures on these women.

The Newport Birth Centre is around 10 minutes from the Grange (alongside birth centre) with good transport connections. Our most rural areas are in North and South Monmouthshire where the Grange is closer (accessed easily from a dual carriage way) than the Royal Gwent. North Monmouthshire has always had a higher home birth rate that our other boroughs, and traditionally women in this area chose home birth over a freestanding birth centre. Many women who used the Nevill Hall birth centre, lived in Cwmbran or Torfaen which means that the Grange is closer to their homes.

We completely agree with the need for ongoing monitoring and evaluation and gather service user feedback in multiple ways through face to face and online forums, 'Coffee and Chat' sessions, video feedback, Putting Things Right, informal feedback, through debriefs, a volunteer service for women and birthing people who do not speak English, surveys, questionnaires and QR codes asking for direct feedback.

2. **Impact on continuity of care**

National maternity strategy gives high priority to both choice of place of maternity services and greater continuity of care and carer. The closure of these FMUs will reduce both. We note the independent report's comment that there are 'fuzzy boundaries' between the obstetric unit and the alongside MLU at GUH. It is very important that we sustain and build the availability of truly midwifery-led care to all women in the area.

All women across all areas will have access to four place of birth options: home birth, one of two freestanding midwifery units, an alongside midwifery unit and an obstetric unit. The location of the two remaining freestanding midwifery units are in Ystrad Mynach and Ebbw Vale which are the areas furthest from the Grange. The birth centre in Ebbw Vale serves a community with higher rates of social deprivation and health inequalities.

Feedback from the independent assessor highlighted the 'fuzzy boundaries' and so this was considered a priority and now there are very clear boundaries in the Alongside midwifery unit with a strong ethos of promoting and protecting normal birth physiology. The environment is sensual and relaxing with low lighting and closed doors.

3. Impact on health inequalities

We have not seen evidence or argument about how the proposed changes will reduce health inequalities. The benefits of continuity of midwifery care delivered in community settings for global majority or disadvantaged women has been well documented and evidenced. Have the implications of centralising care at GUH been modelled for these women? Are there ways of mitigating the increased barrier to care this represents?

One of the key drivers in the need for reconfiguration and the subsequent proposals, was to ensure that all women and birthing people had continuity of care. The existing model of care meant that community midwives had increased workloads and found it much more difficult to provide continuity of care. With the proposed changes, midwives will have more time to support women and birthing people more effectively, especially those from a global majority or disadvantaged background, focussing on enhanced care and really understanding cultural differences and individualised support. All four options remain available to all women and birthing people and the transport links and access to services have been considered in depth. There is opportunity to utilise the birth centres as hubs for health promotion, antenatal education, Yoga, exercise classes, infant feeding support.

4. Impact on midwifery skills

The closure of two FMUs will reduce the availability and diversity of placement opportunities for student midwives. This will in turn affect the ability to recruit newly graduated midwives, and will deskill the maternity workforce. We are also concerned about the implications for specialist midwives, particularly those focusing on public health or inequalities.

Two FMUs will remain and all community midwives will attend home births and births in FMUs, so student experience will not be affected. (For example, it is the difference of attending a birth in Ystrad Mynach that is 14 miles from Newport).

We do not believe that this will impact on recruiting newly qualified midwives as our neighbouring Health Board does not have any FMUs, and in addition we believe that the opportunity to work in an improved continuity model will be more attractive to midwives.

We do not see any implications for our specialist midwives who work across all geographical areas within the ABUHB catchment.

5. Impact on midwifery recruitment and retention

We are concerned that the underlying causes of the recruitment and retention difficulties at the FMUs has not been thoroughly investigated or addressed. Could more have been done to improve staff wellbeing within the FMUs, therefore retaining more of them? Has the use of on-call arrangements exacerbated staffing problems, as it has elsewhere, since it is in effect forced overtime?

Please see the response to question 1 and in addition: -

Whilst we do utilise community midwives for on call, this is to support home birth or free-standing birthing unit or the alongside midwife led birthing unit. They do not cover the obstetric unit. ABUHB roster allocation is such that there is a rostered post on call shift, rather than on call to a day off. In effect this means that if called out, midwives do not work those hours the next day. There is no enforced overtime and the call out is incorporated into the working allocated hours per week.

We are also worried that midwives from the areas previously served by the FMUs may have increased costs and longer travel times to an intense working environment at the GUH, and this may further contribute to retention problems.

The proposed reconfiguration is not to release midwives from the community settings to cover the Grange. At times of high acuity, sometimes community midwives can be escalated to support their colleagues in the Grange. Though this is always to the midwife led alongside birth centre, and not to the obstetric unit.

When working in the original planned service model the midwives found it more difficult to provide continuity to the women they support in the community, and more difficult to cover clinics. The closure of two FMUs will not increase escalation to the Grange but will mean that midwives are able to provide improved continuity.

There has been a temporary closure for 18 months, and we have seen no increased costs to midwives, we have seen improved satisfaction for midwives in work, and improved continuity of care. When midwives are escalated to the Grange, they work in an area that they feel comfortable in like the AMU or pre and postnatal ward areas.

The independent report refers to the potential to use more nurses at GUH in order to free up midwives for midwifery-led care. The RCM would be extremely concerned if this suggestion was taken further. Nurses are not trained, qualified or registered to provide midwifery care and it is not appropriate to augment the maternity workforce in this way. A better solution would be to develop the role of midwifery support workers and apprentices.

Whilst recognising that the report suggests utilisation of nurses, there are significant challenges to considering this option. Nurses can be utilised within the theatre setting to prevent midwives from scrubbing during operative births, however recruitment to this role is difficult. There is limited progression within maternity for a nurse, therefore it is generally not seen as an attractive position. Increasing nursing complement to cover postnatal care is not considered feasible given the recruitment gaps of nurses in general nor is it necessarily correct for maternity services in ABUHB.
Therefore, this is not for consideration, rather the role of midwifery support workers is a current work stream that is progressing.

Once again, thank you for time to share your thoughts and raise questions.

Please be reassured that your feedback will form a key part of our final engagement report and will also inform our ongoing mitigation efforts for any issues /difficulties that have raised or may be raised in the future.

We value RCM Wales and appreciate your feedback. Please let us know if you would like further information

Yours sincerely

Jayne Beasley
Head of Midwifery
Aneurin Bevan University Health Board
Email: Jayne.beasley@wales.nhs.uk

The Royal College of Midwives

Comments to Aneurin Bevan Health Board on the configuration of midwifery-led services

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The Royal College of Midwives is the trade union and professional organisation for midwives in Wales and throughout the UK. We are pleased to take this opportunity to comment on the proposed configuration of midwifery-led services by the Aneurin Bevan Health Board.

The RCM appreciates the rationale for this proposal. It is not sustainable to continue providing services that are under-utilised and hard to staff. We are pleased that women will still be able to access midwife-led services at the Grange. We accept that the proposed permanent closure of two FMUs may be inevitable.

However, we have a number of questions and concerns about the evidence base for the proposal, and about whether all options have been thoroughly considered. These are:

1. **Impact on access to care**
   Clearly, the FMUs have in recent years been under-utilised by women, and have not been attractive to midwives either. It is not clear *why* midwives have been reluctant to work in FMUs, and what attempts have been made to improve the working offer or environment in order to attract staff.

   It is noted that one reason for women's reluctance to use FMUs is the availability of emergency transfer. Presumably this is still a problem for those women needing ambulance transfer from home?

   Permanent closure of two FMUs will inevitably reduce women's access to care, especially those women living in remote locations or who do not have use of a car. It will be important to monitor the impact of the closures on these women.

2. **Impact on continuity of care**
   National maternity strategy gives high priority to both choice of place of maternity services and greater continuity of care and carer. The closure of these FMUs will reduce both. We note the independent report's comment that there are 'fuzzy boundaries' between the obstetric unit and the alongside MLU at GUH. It is very important that we sustain and build the availability of truly midwifery-led care to all women in the area.

3. **Impact on health inequalities**
   We have not seen evidence or argument about how the proposed changes will reduce health inequalities. The benefits of continuity of midwifery care delivered in community settings for global majority or disadvantaged women has been well documented and evidenced. Has the implications of centralising care at GUH been modelled for these women? Are there ways of mitigating the increased barrier to care this represents?

4. **Impact on midwifery skills**
   The closure of two FMUs will reduce the availability and diversity of placement opportunities for student midwives. This will in turn affect the ability to recruit newly graduated midwives, and will deskill the maternity workforce. We are also concerned about the implications for specialist midwives, particularly those focusing on public health or inequalities.

5. **Impact on midwifery recruitment and retention**

   We are concerned that the underlying causes of the recruitment and retention difficulties at the FMUs has not been thoroughly investigated or addressed. Could more have been done to improve staff wellbeing within the FMUs, therefore retaining more of them? Has the use of on-call arrangements exacerbated staffing problems, as it has elsewhere, since it is in effect forced overtime?

   We are also worried that midwives from the areas previously served by the FMUs may have increased costs and longer travel times to an intense working environment at the GUH, and this may further contribute to retention problems.

   The independent report refers to the potential to use more nurses at GUH in order to free up midwives for midwifery-led care. The RCM would be extremely concerned if this suggestion was taken further. Nurses are not trained, qualified or registered to provide midwifery care and it is not appropriate to augment the maternity workforce in this way. A better solution would be to develop the role of midwifery support workers and apprentices.

6. **Ability to meet future demographic changes**

   GUH is currently able to absorb the extra births from the closed FMUs. However, the Health Board needs to be confident that the currently lowered birth rate is a trend that will continue beyond the short term. It may be that women are having fewer pregnancies in response to the current economic climate, but this response may change.

   The RCM is pleased that the FMU sites are being kept within the NHS estate, but questions how easy it would be to reverse the closures, even if birth numbers rise. In our experience, once a service is going it is hard work to get it up and running again. The Health Board should therefore consider how its new configuration of maternity settings will adapt to future demographic developments.

7. **Impact on public health**

   We are interested in how the proposals will service the wider national public health aims. There is a risk that closing the FMUs will reduce opportunities for co-locating maternity services alongside other family health services in order to increase access and acceptability to women, particularly those in remote or disadvantaged communities.

Summary

The RCM acknowledges the Health Board's difficult position in sustaining its FMUs through low utilisation within a difficult economic climate. However, we are concerned that these proposals are responsive to short-term gains and not to longer term demographic changes and the strategic aim of de-centralising maternity services so they are more locally accessible. We are pleased that the sites are being retained within the NHS estate, but this is of little use if the local midwives are deskilled and emergency transfer services continue to decline.

We are very concerned about the possible impact on midwifery education and student placements. This is vitally important to our ability to attract the best midwifery graduates. We are already seeing evidence that Cardiff Vale students are much more likely to choose Cardiff placements.

We recommend that the Health Board continues to see the FMU closures as a temporary necessity, and works towards a longer term future where maternity services are integrated into accessible services for local communities. We also strongly recommend that the Health Board addresses the

very real crisis in midwifery recruitment and retention, by considering the range of ways (such as flexible working, work-based learning, workplace support and pay) that working for NHS maternity services be once again be made an attractive career option.

Julie Richards

Director, RCM Wales

20 July 2023

Rhanbarth Llais Gwent
Ty Raglan
Parc Busnes Llantarnam
Cwmbran
NP44 3AB

Llais Gwent Region
Raglan House
Llantarnam Business Park
Cwmbran
NP44 3AB

Our ref LJ/JM
08 September 2023

Nicola Prygodzicz
Chief Executive Aneurin Bevan University Health Board

Dear Nicola

Maternity Services – proposed changes

Thank you for the information you have provided Llais – Gwent Region and the very interesting presentation given to us recently by Maternity Services.

We are very comfortable that the proposed changes have been thought through thoroughly by your Service colleagues and the changes have the patients and clients at the centre of the proposals.

Regarding the consultation and engagement report that you kindly sent to Llais, we are content with the public responses you have reported and are happy to endorse the document. I have not identified any further issues or areas of concern contained within the responses.

I can therefore confirm that Llais has no further representations to make at this stage and will watch with interest as the engagement report progresses through your internal processes to the Board.

Cadeirydd I Chair: **Athro / Professor Medwin Hughes, DL**
Prif Weithredwr I Chief Executive: **Alyson Thomas**
Cyfarwyddwr Rhanbarthol I Regional Director: **Jemma Morgan**
E-bost I E-mail: **gwentenquiries@llaiscymru.org**
Ffôn I Tel: **01633 838516**

Rhanbarth Llais Gwent
Ty Raglan
Parc Busnes Llantarnam
Cwmbran
NP44 3AB

Llais Gwent Region
Raglan House
Llantarnam Business Park
Cwmbran
NP44 3AB

Many thanks as always to you and your staff for keeping us in the loop.

This letter will be published on our website in due course, once it has been translated into Welsh.

Kind regards

Linda Joseph

Deputy Regional Director
Llais Gwent Region

On behalf of Jemma Morgan Regional Director

cc. David Hanks Head of Service Planning

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 September 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Welsh Language Annual Report 2022-2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Director of Workforce and OD
SWYDDOG ADRODD: REPORTING OFFICER:	Geraint Scott – Head of the Welsh Language Unit

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120. The Welsh Language Standards Annual Report, which requires Board approval, will need to be published, bilingually, by the Health Board by the end of September 2023.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Welsh Language Standards Annual Report (**Appendix 1**) addresses the statutory duty of the Health Board to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120 and highlights the improvements and progress made by the Health Board during this reporting period.

The Executive Board is asked to note the improvements and progress made in the last year, to support the next steps highlighted in this paper and approve the Welsh Language Standards Annual Report attached for onward approval to Board.

Cefndir / Background

On 20 March 2018, Assembly Members voted in favor of the Welsh Language Standards [No7.] Regulations 2018 (the 'Regulations'). The two key principles that underpin the Regulations are:

- In Wales, the Welsh language should be treated no less favourably than the English language; and
- Persons in Wales should be able to live their lives through the medium of Welsh language if they choose to do so.

In July 2018, the Commissioner issued a draft Compliance Notice to all Welsh health organisations. After a twelve-week consultation period, responses on the reasonableness and proportionality of implementing each standard were submitted to the Commissioner by all Welsh health organisations. Final compliance notices were issued in November 2018.

According to the final Compliance Notice, the Health Board is required to comply with 121 standards; out of which 103 standards required compliance by May 2019, 18 standards required compliance by November 2019 and the remaining two standards required compliance by November 2020.

The Standards have provided the Health Board with the impetus to ensure the delivery of quality, equitable bilingual public services. Addressing the challenge of mainstreaming the Welsh language and increasing the use of Welsh and bilingualism in the provision of services and within our administrative functions has been the key focus for the reporting period.

Asesiad / Assessment

The report produced outlines our continued and sustained progress in relation to service delivery through the medium of Welsh. Some key successes to draw your attention to:

- Appointment of internal translator to increase translation capacity and lower costs of translation.
- Programme of events to increase awareness and importance of Welsh language as a skill when looking at a career in healthcare to all Welsh medium school students at year 10 and 11 as well as to many non-Welsh medium schools on request.
- Delivery of workshops around the More Than Just Words plan to all students studying Health and Social Care at both Coleg Gwent and Coleg y Cymoedd.
- A programme of engagement events for staff across hospital sites as well as a presence at conferences such as the Health Care Support Worker conference.
- Continued to increase the proportion of staff who are compliant with the requirement to self-identify their language skills
- Increase the number of jobs advertised where Welsh language skills are desirable, essential or need to be learnt with the number increasing in all three indicators for the third consecutive year.

- Roll out the new mandatory More Than Just Words training for all staff, reaching 60% compliance within the first 3 months
- Re-form and Chair the More Than Just Words forum for the Gwent region working collaboratively on the targets laid out in the new More Than Just Words Plan.
- Help establish and act as Vice Chair the Welsh Language Managers in Health group. Working together with our partners across Health to share resources and learning.
- Establish a learning programme that better matches the learner with the best learning for them.

Within the report we have also noted our key actions and vision for the next year. These in part are born out of challenges and risks we have identified.

- Evidence continues to come to light that suggests that there is still a lack of understanding or awareness of the requirements to provide services through the medium of Welsh. On this basis we have a series of engagement activities to take place in the Autumn. The outline of our plan is included with this paper (Appendix 2).
- In collaboration with our local government partners on the More than Just Words forum we will look to relaunch the plan's goals to coincide with Welsh language rights day in December.
- Although the number of jobs advertised where Welsh language skills are noted as essential or desirable has increased, we continue to struggle to attract Welsh speakers to these roles.
- With the appointment of a new Welsh language tutor, we will be able to increase the support available to Welsh learners
- **Participation to the Welsh language strategic group remains low and only represents certain areas of the Health Board. This increases the risk that relevant information is not always reaching all departments. There will be a review of the membership carried out by the chair of the Welsh Language Strategic Group (Executive Director of Workforce and OD), and the Head of the Welsh Language Unit.**

Argymhelliad / Recommendation

The Board is asked to note the improvements and progress made in the last year, to support the next steps highlighted in this paper and approve the Welsh Language Standards Annual Report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	CRR0021 Current score 12
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 4. Dignified Care 6. Individual care Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life Adults in Gwent live well healthily and age well
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 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 Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services 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:	Welsh language strategic group More Than Just Words Forum Local Stakeholders in the Welsh language community

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**	Choose an item.
• **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 <u>ABB.EDI@wales.nhs.uk</u>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** <u>https://futuregenerations.wales/about-us/future-generations-act/</u>	Choose an item. Choose an item. The Welsh language is a cross-cutting issue and is relevant to all objectives of the Well-being of Future Generations Act. Theme 7: A Wales of vibrant culture and thriving Welsh language is particularly relevant.

WELSH LANGUAGE STANDARDS ANNUAL REPORT 2022 / 2023

FOREWORD

I am grateful for the opportunity to endorse the publication of Aneurin Bevan University Health Board's 2022-23 Welsh Language Standards Annual report. This report shows our ongoing commitment to developing Welsh Language provision for our communities.

We are working hard as a Health Board to ensure that the Welsh language is embedded in all aspects of our operation. We recognise that receiving healthcare in their mother tongue is a right of all Welsh speakers in the communities we serve and as such we have a duty to ensure that this is available to them.

I hope you enjoy reading about the work we have done as well as our vision for our future provision.

Diolch

NICOLA PRYGODZICZ
CHIEF EXECUTIVE

FOREWORD

It gives me enormous pleasure to present Aneurin Bevan University Health Board's Welsh language report for 2022-2023.

This report will demonstrate our commitment as a Health Board to develop and improve the ability to deliver our services through the medium of Welsh for our Welsh speaking population.

We continue to work with our staff and partners within our communities to improve the offer and to work towards ensuring that Welsh language services are available to all that need them.

The new More than Just Words plan, launched in 2022, has given us an opportunity to re-invigorate our work in this area. This report outlines the start of that work and I look forward to sharing our continued development in future reports.

I would like to thank all our staff, partners and members of our communities for their continued enthusiasm and support in this area.

SARAH SIMMONDS,
DIRECTOR OF WORKFORCE & ORGANISATIONAL
DEVELOPMENT

INDEX

INTRODUCTION

This report addresses the statutory duty of Aneurin Bevan University Health Board (ABUHB) to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120.

This report sets out how ABUHB has complied with the Welsh Language Standards requirements from 1st April 2022 - 31st March 2023.

Our targets in relation to Welsh are monitored within our IMTP as well as being reported to Welsh Government.

We as a Health Board have taken an approach of returning to basics and re-affirming our requirements and deliverables in Welsh.

Our continued progress in auditing and mapping our staffs linguistic skills has ensured we have a better understanding of where our Welsh skills are held within our services and where we need to either recruit new Welsh speakers or develop the skills of those in post. This helps to inform and develop recruitment campaigns that will ensure the 'Active Offer' principle is embedded across our service.

We continue to audit our systems and processes and attempt to identify any inconsistencies in delivery. Where appropriate action plans are designed and implemented.

As required the Health Board also includes within this annual report, specific information in a number of key areas. This data includes:

- The Welsh language competency level of our existing staff,
- The training we offer through the medium of Welsh,
- The number of complaints we have received,
- The level of Welsh we require on all vacant and new posts advertised during the reporting period.

We continue to work closely with partners in our Primary Care settings to ensure they are also able to deliver services in Welsh.

This report builds on the Health Board's previous annual reports, reflecting the improvements and progress made during this reporting period.

MANAGEMENT, ADMINISTRATION OF AND COMPLIANCE WITH THE WELSH LANGUAGE STANDARDS

Accountability, Governance and Assurance
The Executive Director of Workforce and Organisational Development is responsible for the Welsh Language portfolio within the Health Board. The Health Board has ultimate responsibility for the implementation of the 121 standards as outlined in our compliance notice. However, it is recognised that this can only be achieved by working with our staff and partners who all have a role to play in successful implementation.

Welsh Language Unit (hereon referred to as the WLU)
The WLU includes staff working at a strategic, managerial and practical level in the areas of language policy, training and development. The WLU sits within the Workforce and Organisational Development Division. The function supports staff in the delivery of services in accordance with the duties placed upon the Health Board. The role of the WLU is to provide leadership, advice, guidance and support regarding Welsh language matters to the organisation.

The WLU provides regular updates on progress, issues and good practice to the Welsh Language Strategic Group, which approves the WLU's work plan.

Welsh Language Strategic Group (WLSG)
The purpose of the WLSG is to provide advice and assurance to the Board in discharging its functions and meeting its responsibilities with regard to Welsh language service provision for patients and service users.

The reporting mechanism for this group is through the Health Board's People and Culture Committee. The Committee has a key role with regards to workforce related legislation and the legislative frameworks provided by the Equality Act 2010 and the Welsh Language (Wales) Measure 2011. The Committee provides assurance and advice to the Health Board in relation to the appropriateness of the arrangements for workforce planning, workforce development and engagement which are in line with the Health Board's Integrated Medium Term Plan, the Clinical Futures Programme and arrangements to meet organisational Welsh language strategic objectives.

In addition to assurance provided to the People and Culture Committee, the WLSG presents an Annual Monitoring Report to the Executive Team, which provides assurance that the Group has met its terms of reference and key duties.

The WLSG is chaired by the Executive Director of Workforce and Organisational Development and meets every quarter. The membership of the group is designed to ensure that the information discussed within the Strategic Group is disseminated throughout the Health Board. Its membership is also designed to ensure the divisions and departments within the Health Board are given an opportunity to raise concerns or issues they may experience in relation to Welsh language delivery.

The meeting is serviced by the Workforce and Organisational Development function through the WLU.

The Welsh Language Standards are a standing item on the agenda of the WLSG. A comprehensive implementation plan is monitored by the WLSG and any gaps in capacity, or issues of compliance, are escalated to the People and Culture Committee and Executive Team.

Risk Management

The Health Board identifies active and integrated risk management as a key element of all aspects of our functions and responsibilities. Risks in relation to the Welsh language, are recorded in the Workforce and OD risk log.

Current potential risks include meeting the requirements of the Welsh Language Standards, delivering the Bilingual Skills Strategy and implementing the 'Active Offer' principle of providing a service in Welsh without someone having to ask for it. Having Welsh language recorded as a risk ensures that the actions and controls are regularly reported to and reviewed by our People and Culture Committee.

ANNUAL SUMMARY

The Standards, which have been applied to the Health Board under section 44 of the Welsh Language (Wales) Measure 2011, are contained in the Compliance Notice which can be found on our website.

We continue to map the training needs and opportunities available to our staff. We have designed a screening tool which allows staff to give an honest assessment of their current skill level, their expectations around the level they hope to reach, their preferred learning method as well as how much time they can dedicate to this learning. This information allows us to best align the learner to the most appropriate learning that meets their need. We continue to work with varied training providers as well as designing internal training to ensure we have something to suit every need.

A new mandatory course has been introduced for all staff around their awareness of the 'Active Offer' and the importance of Welsh language delivery to patients as outlined in the More Than Just Words plan. Although there have been some teething issues feedback both verbally and in writing suggests that the course has been well received by the Health Board staff.

We have expanded our work with our prospective future workforce by formalising our workshops with students of all ages from primary schools, secondary schools and local colleges. We've developed a suite of tools that combine both general careers advice as well as emphasising the importance of the skill they have as Welsh speakers.

As well as schools, the WLU have taken part in numerous conferences throughout the past year in order to highlight the opportunities available to staff to learn Welsh and increase our capacity to deliver services through it, as well as the important role all our staff have in its delivery whether a Welsh speaker or not. The conferences have provided opportunities to network and produce work-streams that will be hugely beneficial to our Welsh-language services going forward.

As mentioned above, the conferences allowed for networking opportunities between the WLU and other divisions within the Health Board and beyond. One such connection was with ACT, the training distributor, with whom the Health Board work closely already. By building a stronger connection with ACT, we hope to further embed the Welsh language in to their training offers and increase the scope of our reach with staff.

BILINGUAL ONLINE SERVICES

Corporate Website

The ever-evolving corporate website is one of the most significant information platforms for our service users. We are therefore pleased to report that, overall, compliance remains positive in this area.

The allocation of additional translation resource remains in place for the communications team to meet the continually increasing demands for Welsh language content, as well as further support from the WLU, which is now a well-established process.

Engagement with the Welsh medium corporate website has remained consistent over the past year, with over 2,000 views across this period. The Health Board's Covid-19 Mass Vaccination pages have remained one of the sites most popular destinations this year, as well as the web pages for some of our hospital sites.

The Health Board has committed to continuing the subscription to the Website Accessibility tool, *Recite Me*, for both the English and Welsh medium corporate websites. This software is compatible with screen readers, can translate the website content into over 100 languages, and features a dictionary function. This has proven a useful tool for Welsh learners of all abilities, who are able to utilise *Recite Me*'s English translation and dictionary functions on the Welsh website if they're not fully confident in understanding its content.

We are committed to improving our compliance in this area and to ensuring that this site is kept as up-to-date as possible.

2021/22
2,099 views

2022/23
2,234 views

http://

SOCIAL MEDIA PRESENCE

We are, once again, pleased to report that throughout this period, all communications assets produced by the Communications and Engagement Team have remained fully bilingual. Although the social following numbers of our Welsh and English Social Media accounts are unparalleled, our Welsh-medium Social Media following has grown very gradually during this period.

Channel	Medium	Number of Followers 2021/22	Number of Followers 2022/23
Facebook	Welsh	254	276
	English	106,807	108,112
Twitter	Welsh	210	237
	English	24,458	26,050
Instagram	Welsh	114	137
	English	12,575	12,946

Supporting bilingual campaigns across both English and Welsh medium social media channels throughout the year, we have concentrated on incorporating the aims of the organisation into the content of our Welsh awareness campaigns, as well as remaining aligned with the priorities identified within our organisation's social media strategy. Examples of this include the Mae Gen i Hawl campaign, which featured members of staff discussing the importance of the Welsh Language Rights they uphold in their roles, and the impact these have on patients.

ENGAGEMENT EVENTS

Health Care Support Worker Conference

The WLU were invited to talk on-stage, and hold a stall, during the annual Health Care Support Worker Conference. The conference provided an opportunity to share the importance of Welsh and using Welsh as part of patients and service users healthcare. Planned breaks in between the talks allowed the WLU to discuss further with interested parties about topics such as learning, working collaboratively and to pick up lanyards to denote their ability to speak Welsh.

Members of the WLU at the Health Care Support Worker Conference

Staff Engagement Events

Staff engagement events have been conducted across many of the Health Board sites. In some cases these events have been run in partnership with our colleagues working within Equality, Diversity and Inclusion. These have been undertaken to ensure that all staff have an understanding of the importance of the Welsh language to our patients as well as reinforcing what their role is in ensuring the Health Board is not only meeting our statutory requirements but also offering the best possible service to our patients and their families.

Nurse & Midwifery Academy & Alumni

As part of their professional development our senior nurses undertake an 'Inclusive Leadership in Nursing Practice' programme.

The programme involves a series of workshops around their role as a leader in nursing. Within the academy and in collaboration with our colleagues in Equality, Diversity and Inclusion we deliver a one day workshop to each cohort. Within the workshop we go through the principles and targets within the More Than Just Words plan and the 'Active Offer'.

By undertaking these workshops with our senior nurses we ensure that the messages are embedded throughout our nursing staff.

PRIMARY CARE & PATIENT EXPERIENCE

The Health Board continues to build on the relationships fostered with the contractors and their staff, and will continually encourage and support them in the delivery of a bilingual service. The Health Board will ensure what linguistic dimension is considered in the following areas of its services, including:

- care standards,
- improvement programmes,
- new practice models,
- workforce development.

We continue to develop resources to support our partners across primary care and have positive reports from those accessing the services.

We now have systems in place to audit availability of provision across primary care and update both our internal records and our website on a regular basis. The patient feedback opposite shows the impact service delivery in Welsh has on patients who are Welsh first language.

Patient Feedback:

" *Happy bunny today! The whole consultation with my GP today was through the medium of Welsh...my first language. The whole experience felt natural, I was extremely relaxed and it felt good! Yes, I can speak English but this was far more natural and satisfying for me, the patient! Thank you Dr Ellis Hughes and thank you Old Station Surgery "*

BEST PRACTICE AND RECRUITMENT

The Older Adult Psychology Speciality within the Health Board established a research project group focusing on the understanding and integration of the Welsh language within Psychology, Counselling and Arts Therapies services. This is in the context of our Welsh Language framework, which aims to strengthen Welsh language services in health and social care. The team distributed a survey in March 2023 to gain a greater insight into current Welsh Language abilities within the service. Currently, the data is being analysed with the aim of identifying ways in which we can promote Welsh language use within the Health Board. The team hope to promote the importance of accessing services through the Welsh language. The project group continues to research and support the integration of the Welsh language into Psychology, Counselling and Arts Therapies services.

" I really hope our project shines a light on the Welsh-speakers in our Psychology services and hope that we can promote the language by using Welsh-language psychology resources. I hope that our work inspires others to think about the use and power of language in their work, and to be more productive in their Welsh language provision. "

Lowri Mizen, Assistant Psychologist

Recruitment

We are delighted to be able to welcome our first, permanent Senior Translator to the Health Board. Recruiting our first translator has increased our efficiency and scope when translating. We are also pleased that by increasing the translation suppliers utilised we are able to translate more, and at a quicker rate.

As noted in the data on page 23, the Health Board has seen a gradual increase of jobs where Welsh language is either essential or desirable throughout the last 3 years, with the current reporting period continuing that trend.

The Health Board are proud to recognise the need for the Welsh language as an essential skill in our frontline roles. We're also proud to be able to offer opportunities to staff to upskill and learn Welsh in order to reach the level of ability needed for the role.

We continue to embed our Bilingual Skills Strategy throughout the Health Board and believe that this is demonstrated by the data showing an increase in those roles where Welsh is desirable or essential.

We work proactively with our recruitment colleagues to ensure our message is delivered Health Board wide.

WORKING WITH CAREERS WALES, SCHOOLS AND COLLEGES

The WLU have worked continuously over the last year to engage with our future workforce by visiting many of the colleges and schools in the area, both English and Welsh medium. Doing so has given the Health Board the opportunity to teach students about the importance of the Welsh language within healthcare, how this can positively impact peoples care and the career options available to them.

The WLU were invited to all of Coleg Gwent campuses in the area to talk about the importance of Welsh in healthcare with the current cohort of Health and Social Care students. The WLU was able to talk openly with the students about why it's important and their role within it, as well as hopefully putting any fears to rest around using Welsh in the workplace. All the students were open to new ideas and knew, by speaking even just a bit of Welsh, this would empower our patients and service users and better their care. We look forward to the sessions with the next cohort.

Along with Careers Wales and our own biochemistry team, the Health Board held a hands-on careers fair for the year 8 students of Ysgol Gwent Is-Coed, with a particular emphasis on the variety of roles available within the NHS. Co-ordinated by the school's science department, the day started with a brief introduction to the importance of Welsh in healthcare and as a life-skill for them. The students then moved on to some hands-on experiments that the biochemistry team undertake everyday in their role, such as blood matching and examining cells. The students had a great day learning some new skills and hopefully have been inspired to follow a career in biochemistry.

The Health Board has been proactive in working with schools in the area to highlight how special a career is in the NHS, and how Welsh is a skill and asset for them moving forward in to their working life. The WLU have held Welsh Language Awareness courses in Ysgol Gwynllyw, Cwm Rhymni and Cwmbran High School in order to highlight the importance of language in healthcare and its effects on patient experience.

Going forward, the WLU are working on a suite of different resources catered for students of all ages which will best highlight what we've learnt over the past year.

Gyrfa Cymru
Careers Wales

COLLABORATIVE WORKING

During our staff engagement at the Health Care Support Worker conference, the WLU were able to connect with the training distributor ACT with the aim of working collaboratively moving forward. ACT offer a wide-range of training for employees of ABUHB, from reception staff to health care support workers, and we're hopeful that, working together, the collaboration will mean that the Welsh language, will be further embedded in the training that ACT offer.

Plans are being explored between the WLU and ACT as to how this will work most effectively and we're excited to see this collaboration develop into the new year.

Representatives from the WLU are founding members of the Welsh Language Manager's Group, a collaborative group set up by Welsh Language Officer's and Managers throughout all of NHS Wales organisations. The main objective of the group is to work more collaboratively, share good practice and make best use of our resources on a national level.

With the launch of the new More than Just Words plan we also looked at the composition and design of our local More than Just Words forum. This has allowed us to ensure that both the membership and the work-streams align to the targets as noted within the Welsh Government plan.
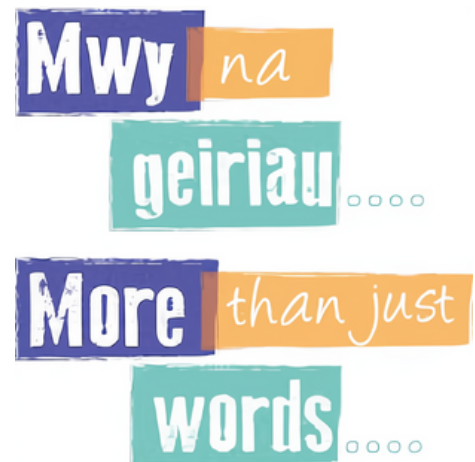
CYMRAEG I BLANT PROJECT

We are pleased to report that the Mudiad Meithrin - Cymraeg i blant project continued to promote the early benefits of Welsh medium childcare and education to all prospective and new parents across the Health Board region over the past year.

As a Health Board we ensure that Cymraeg i Blant are engaged with our maternity and Health Visitor teams to ensure the information distributed to new and expectant parents is accurate and up to date.

The local Cymraeg i blant officers continued to share information with the local Midwifery and Health Visiting teams ensuring that all new parents were aware of the online provision and were encouraged to sign up online.

The following groups and sessions were run weekly with parents being able to sign up to groups run by their local officer:

- One to one baby massage sessions,
- Welsh rhyme time and sign group,
- Cuppa & Chat Cymraeg group to practise their Welsh at home,
- Me and my baby group on the advantages of being bilingual from birth.

The groups enabled parents to become familiar with:

- How speaking or introducing Welsh can give their child more opportunities,
- How to use sign, baby massage and yoga to communicate with their baby.
- How to access Welsh and bilingual books, e-books and apps,
- How to access local online Learn Welsh courses such as the 8 week free Clwb Cwtsh course for parents and the Cymraeg i blant Cuppa & Chat practise sessions,
- How to find their local Ti a Fi group, how to register at the Cylch Meithrin and at the local Welsh medium school.

Further information can be found on Meithrin.cymru

PERFORMANCE INDICATOR DATA

The data included is in accordance with Standard 120 of the Welsh Language Standards (Welsh Language (Wales) Measure 2011).

Employee skills
The Health Board employs 14,714 people as of the 1st of April 2023, two thirds of whom are involved in direct patient care.

Work continues to improve the data held on the Welsh language competencies of staff. The Health Board's Welsh speaking staff profile is outlined opposite. Data is based on staff self-disclosure of their Welsh language competencies, and Divisions ensure staff have updated their competencies via the Electronic Staff Record (ESR) portal. This has been made mandatory.

Organisational Compliance
We are pleased to report a **10%** increase in compliance during 2022/23 as a result of mandating certification of Welsh Language Skills via ESR and our engagement activity. We recognise that progress will be incremental and will continue to promote the importance of completion via targeted communication campaigns. Mapping the existing capacity within the organisation is essential in order for the Health Board to set a benchmark and compare capacity with need, thematically on an organisational level.

Number and percentage of the Health Board employees:

The Health Board continues to collect data on the language skills of its staff. The ESR system is used to capture, record and report on the language skills of staff, where staff are able to update their skills as necessary.

The following graphics show the number of staff whose Welsh language skills have been assessed and the level of fluency using the ALTE scales for speaking Welsh (0 = No Welsh language skills - 5 = Proficient)

Staff Speaking/Listening skills

NON-COMPLIANT: 25.5%
FLUENCY: 3%
BASIC SKILLS: 16.21%
NO SKILLS: 56%

NON-COMPLIANT — % of staff who have not yet self-certified

BASIC SKILLS — % of staff who have self-certified Level 1 - 3

FLUENCY — % of staff who have self-certified Level 4 - 5

NO SKILLS — % of staff who have self-certified Level 0
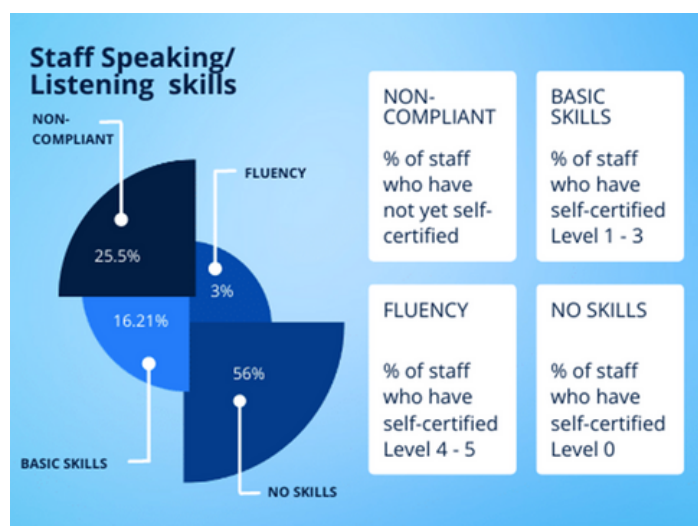
WELSH LEVELS

Listening and Speaking	2020/21	2021/22	2022/23
Level 0	3790	7888	9063
Level 1	676	1747	2045
Level 2	136	355	434
Level 3	80	137	161
Level 4	82	135	151
Level 5	91	230	277
Non-compliant	9809	5300 -46% from previous year	4146 -22% from previous year

Reading	2020/21	2021/22	2022/23
Level 0	3753	7998	9412
Level 1	590	1530	1850
Level 2	136	355	434
Level 3	80	137	146
Level 4	82	135	141
Level 5	91	230	291
Non-compliant	9809	5379 -46% from previous year	4003 -25% from previous year

Writing	2020/21	2021/22	2022/23
Level 0	3867	8259	9723
Level 1	462	1254	1530
Level 2	131	337	418
Level 3	58	100	131
Level 4	61	105	116
Level 5	78	219	268
Non-compliant	10007	5446 -45% from previous year	4091 -25% from previous year

The above numbers are based on live assignments

THE FIGURES

% OF STAFF WHO HAVE RECORDED THEIR WELSH LANGAUGE SKILLS VIA ESR

65% 2021/22

51% 2020/21

38.45% 2019/20

75% **2022/23**

WORKFORCE PLANNING: RECRUITING TO VACANCIES 2022 - 2023

NUMBER OF NEW AND VACANT POSTS

3D bar chart showing number of new and vacant posts by year.

- 2019/20: Welsh Essential 7, Welsh Desirable 2328, Welsh needs to be learnt 3
- 2020/21: Welsh Essential 14, Welsh Desirable 2258, Welsh needs to be learnt 18
- 2021/22: Welsh Essential 30, Welsh Desirable 3036, Welsh needs to be learnt 16
- 2022/23: Welsh Essential 38, Welsh Desirable 3770, Welsh needs to be learnt 27

Legend: ■ Welsh Essential ■ Welsh Desirable ■ Welsh needs to be learnt

WELSH LANGUAGE TRAINING OFFERS

The WLU have over-hauled the way in which our staff access Welsh Language lessons, as well as adding more options to cater to all our staff and working patterns. Choosing the right course can often be over-whelming due to the number of choices. The WLU have attempted to make that decision easier by creating bespoke learning pathways for anyone interested with staff registering their interest via our intranet, Pulse. The variety of courses aims to ensure we meet all possible learners needs and ensure that learning can fit all staff work patterns.

The courses provided are:

- 'Croeso: Beginners's Welsh' by the OpenUniversity.

- 'Work Welsh' courses by Learn Welsh

- Learn Welsh courses at Coleg Gwent

- Say Something in Welsh.

The lessons continue to be free and flexible and uptake was positive throughout the year. Additionally, AB staff have taken part in Health Education in Wales' Raising Confidence course throughout the year.

Those who took part commented feeling much more comfortable speaking Welsh with the public following the course.

COMPLAINTS

The Health Board's formal demonstration of dealing with complaints can be read within our Welsh Language Complaints Procedure: https://abuhb.nhs.wales/about-us/complaints-concerns/welsh-language-complaints-procedure/

No external investigations were held during the reporting period.

The Health Board have received 6 complaints directly and resolved with the cooperation of the associated service leads and in line with the Putting Things Right Regulations. Four of the complaints relate to performance against the service delivery Welsh Language Standards, one in relation to performance against the operational Welsh Language Standards and one in relation to Primary Care.

The Health Board's Putting Things Right Team have received training from the WLU and are fully equipped to deal with Welsh language complaints or concerns in line with existing KPIs.

The Health Board are confident that we have taken an approach to resolving complaints that has allowed for organisational learning and change.

STAFF RECOGNITION AWARDS AND IRIS FILM PROJECT

Claire Jordan - Value Based Healthcare

In order to fully reflect the Health Boards commitment to Welsh language the Board introduced a new Welsh language champion award to the wider Staff Recognition Awards.

In its inaugural year the award received a good number of very strong candidates. These varied from individuals to teams all of whom would have been worthy of receiving this accolade. In the end the Award went to Claire Jordan from Value Based Healthcare.

Claire, herself a learner, has truly embraced the Welsh language in all aspects of her work and models those behaviours to everyone she comes across.

Claire was also instrumental in the creation of the 'Casglu' card game that has proved to be a useful and fun resource to support staff and patients to communicate.

Iris Film Project

The WLU was honoured to be approached to participate in the production of a film by the Health Board for the IRIS film festival.

The Iris film festival is a celebration of LGBTQ+ stories from throughout Wales. Our participation was in regards to a film that told the story of Kim and Roseann. The film tells the story of their desire to get married and how Velindre staff assisted in facilitating their wedding in the hospital while Kim was being treated for cancer.

As the film was highlighting work of the NHS in Wales it was always the intention of the filmmakers to create a bilingual film. To this end the WLU of the Health Board were thrilled to be approached to support this. The script was translated by the team. As the cast (other than key main actors) was made up of NHS staff the WLU provided support in sourcing Welsh language staff or training and supporting staff who were not confident in their Welsh language skills to gain that confidence.

We are immensely proud of the film that was created and that has been shared both in Wales and abroad.

CONCLUSION AND VISION FOR 2023- 2024

We are aware that our greatest challenge at present is in ensuring that we have sufficient staff across all disciplines with Welsh language skills in order to ensure that service users can access Welsh language across a broader range of services. We have begun to develop materials delivered in Welsh to prospective staff in schools and colleges to ensure understanding at an early age of the importance the Welsh language has in our work and to enthuse these young people with the prospect of a career in Health.

A key development for us has been the introduction of the new More Than Just Words Welsh language mandatory training resource. The resource gives our staff a greater understanding of the difference that delivery of services through the medium of Welsh can have for our patients. In a matter of months compliance has reached 60%

With the view to improving both the language skills and confidence in our current workforce we are developing a training offer that ensures that each learner is aligned to the correct course for them.

The appointment of an internal translator as well as the restructuring of our translation systems will allow us to ensure translation is delivered in a timely way creating translations of the highest quality.

We have worked to increase the awareness of the Welsh language through all divisions and departments and will continue this work moving forward

Focus will remain on strategic planning to ensure a clear vision for the implementation of the standards and embedding of the 'Active Offer' principle, with its key focus on further developing the following service areas:

- Supporting and facilitating the delivery of the Welsh Language Standards across the organisation,
- Promoting and implementing the 'Active Offer' principle in line with the Welsh Government's Strategic Framework: More Than Just Words,
- Profile/mapping data of Welsh language skill levels and capacity across the workforce and planning the workforce through the implementation of the Bilingual Skills Strategy.

We continue to look to match Welsh language capacity with the needs of the service users

We have identified a number of actions that will help us keep pace in the 2023/24 reporting period. In all of these, working with colleagues across NHS Wales and the public sector to learn together and share best practice.

- We will work in partnership with the Health Boards Executives and the Divisional Management Teams to empower and enable them to deliver on their responsibilities in relation to Welsh language,
- By working with our recruitment colleagues we will better assess the language needs of roles and clarify on job descriptions the required Welsh language ability,
- We will further work with those recruiting staff to ensure Welsh language recruitment sites and local networks are utilised as to maximise our ability to reach Welsh speaking potential staff,
- We will set out an audit timetable to ensure that the 'Active Offer' is available and clearly displayed across Health Board sites,
- We will strengthen our staff network in order to support all Welsh speakers within our staffing structure at every point during their learning journey,
- We will continue to monitor and evaluate our translation systems to ensure compliance,
- We will continue to engage through our partners with our Welsh language communities, evaluating and adjusting our provision where appropriate,
- We will further develop a suite of resources to support staff who wish to increase their abilities in relation to Welsh. This will be done in collaboration with the accredited and on-line resources provided by 'Learn Welsh',

- We will extend the workshops we carry out around the value of Welsh as a skill when looking for a career to include Primary aged children,
- We will continue to engage with all of our staff to ensure full understanding of Welsh language requirements of our patients,
- Self-governance and monitoring will continue to be a key priority and there will be continued development of internal audit and self-regulation processes, to ensure tighter performance measures and accountability,
- We will continue to assess our policies and procedures to ensure they align with the targets set out by Welsh Government, conform to the Welsh language standards, and meet the needs of our service users,
- We will work in collaboration with local partners in the care industry to provide a framework across Health and Social Care for the delivery of the More Than Just Words plan.

We aim to continually improve the care we provide to all service users. We remain eager to progress our work further against performance benchmarks and ensure that patients can access services through their language of choice.

The 'People Plan' developed by the Health Board has clear targets both for the WLU specifically as well as ensuring that delivery of services to our Welsh language service users are embedded within the wider range of targets identified.

As case conferences have been identified as an area of development. Work will be undertaken with the 'More Than Just Words' regional forum to progress the 'Active Offer' at a multi-agency level.

We continue to work positively with the Welsh Language Commissioner and look forward to this continuing into the forthcoming year.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Aneurin Bevan University Health Board Communications & Engagement Strategy 23-26
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Nicola Prygodzicz, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Karen Newman, Assistant Director for Communications & Engagement

Pwrpas yr Adroddiad **Purpose of the Report**
Ar Gyfer Penderfyniad/For Decision • To approve a new Communications & Engagement Strategy for the Health Board.

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation Due to the expiry of the Health Board's previous Communications Strategy and Involvement Strategy, a new Health Board **Communications and Engagement Strategy** has been developed. This strategy has been shared with members of the Trade Union Partnership, the Chief Officer of LLAIS, External Stakeholders and is now being brought to the Board for approval for approval.
Cefndir / Background The proposed Communications and Engagement Strategy will support the Health Board to plan, develop, deliver, and measure its communications and engagement activity. The strategy is framed around the Health Board's IMTP priorities, along with national policies, to provide Communications and Engagement support to the organisation to help deliver its priorities.
Asesiad / Assessment Since the creation of the former Communications Strategy and the Involvement Strategy, the historically separate Communications and Engagement functions of the Health Board have been brought together to form one Communications and

Engagement Team. To reflect this change and to recognise the symbiotic relationship between communications and engagement, a single Communications and Engagement Strategy for the Health Board has been developed.

Building on the excellent work of the Communications and Engagement Team over the past few years, the strategy encourages all staff to play a part in the delivery of Communications and Engagement with patients and communities in Gwent. The strategy recognises that the landscape of communications and engagement is continually changing. It outlines how the Health Board will listen to our staff, patients and communities and gather insight to inform our services to guide and futureproof our work.

It is recognised that the majority of the workforce who live in Gwent, are representatives of the Health Board and so internal communications is a major focus of the new strategy. Strong staff communications and engagement is important to the success of any organisation. The new strategy recognises that excellent internal communications boosts staff morale, helps staff to be happier and more productive in their work, and develops employees as ambassadors of the Health Board.

The Health Board's new Communications and Engagement Strategy provides guidance for a dedicated staff communications plan, which will involve the Communications and Engagement Team working closely with colleagues in Workforce and Organisational Development who are responsible for staff engagement to ensure the work is aligned.

As the Health Board with the largest number of social media followers and highest rates of engagement, there is a need to ensure a first-class service in the Health Board area continues to be provided. This document sets out there is a clear strategy, based on insight and good practice, to guide the work of the Communications and Engagement Team, as well as wider staff across the Health Board.

When developing the strategy, a variety of key considerations were taken into account. These include:
- **Digital Innovation -** since the previous strategies were developed, more people are accessing information and communicating through social media;
- **How people prefer to communicate** - ensuring that as a Health Board we consider how we can continue to innovate and stay current with our staff, patients and communications;
- **How people prefer to receive information** – we have a 'digital first' approach but consideration is also required for those who prefer non-digital means of communication, the digitally excluded, and people with specific language and accessibility needs;
- **The change in landscape of traditional media** – consideration is needed as to how people interact with news platforms and how stories are generated;
- **Key learnings from the pandemic** – behaviours and learnings will continue that were utilised from communications and engagement during the pandemic, working closely with partners as well as engaging with communities and staff; and
- **Industry good practice** - research was carried out and good practice gathered from key communication governing bodies such as the Chartered

Institute for Public Relations, other NHS providers, and partners to inform the strategy.

With the key IMTP priorities and national policy in mind, the Health Board's specialists in Communications and Engagement set out a number of key aims for the Health Board for its communications and engagement activities to help deliver key priorities, focussing on internal and external communications. The strategy also concentrates on key areas such as self-help health advice, accessing of services, support during care and treatment, as well as discharge and ongoing support / information requirements.

This new Communications and Engagement Strategy has been shared for feedback with Independent Member Paul Deneen, LLAIS and the Trade Union Partnership to ensure a broad range of input on the Health Board's communications and engagement approach.

Once approved, the Communications and Engagement Team will promote and share the document internally to ensure wider Health Board staff are aware of the strategy and have the opportunity to play their part in delivering excellent communications and engagement.

Argymhelliad / Recommendation

The Board is asked to approve the new Communications and Engagement Strategy 2023 -2026 for the Health Board.

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):	3.2 Communicating Effectively 4.2 Patient Information 3.4 Information Governance and Communications Technology 6.3 Listening and Learning from Feedback
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. All IMTP Priorities
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Not Applicable

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:	Ofcom Behaviour Insights Com-B Framework EAST Framework Model of Engagement CIPR Code of Conduct
Rhestr Termau: Glossary of Terms:	
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)	
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	**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	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

https://futuregenerations.wal es/about-us/future- generations-act/	

Communications and Engagement Strategy

2023 - 2026

Aneurin Bevan University Health Board Communications and Engagement Strategy

V2.0

Contents

1. Introduction

We live in a world that is ever changing, opinions form instantly, and behaviours shift in an instance. As a health care provider, the way we engage and communicate not only has to keep up with the world, but we have a duty to future-proof the Health Board, to listen, to innovate, inspire and evolve. We can either be a part of the change, or we can drive change.

During the Covid-19 pandemic, the Health Board made dramatic overnight changes to the way we communicated with our staff and the public. Our Communications and Engagement Team pushed the boundaries of their working practices to ensure our staff and communities felt safe, communicated with, and knew what they needed to do to keep themselves and loved ones protected. We used the trusted voices of our clinicians to speak directly with the public in Gwent, as well as utilising local, national and international media. By using the power of communication to drive positive behaviours both internally and externally, the Health Board was able to influence the thoughts and actions of local people, who otherwise may have listened to false and misleading information emanating from online platforms. During this period, we decided to dramatically increase the Health Board's digital presence, building a following of more than 140,000 across our social media channels. This enabled the Communications and Engagement Team to meet the demand for information and updates as the pandemic intensified.

Having reflected on lessons learned during the pandemic, the Health Board's Communications and Engagement Team has established new ways of working, with a drive to work more closely with our partners and communities, and to improve and future-proof what we do. It was also important to consider how the NHS has adapted services and changed the way they are delivered. These advancements provided an opportunity to harness communications to support NHS access, service delivery and shine a light on the hard work and dedication of our staff.

As the Health Board moves into the next era of communications and engagement, we should strive to ensure that health is on the agenda of everyone; empowering people to live well at home and in their communities, both mentally and physically, with a strong population health focus. They should know how to access our services, and where to find support in an ever-changing world. Achieving this will require us to work closer with our communities by listening to their views, and building communications and engagement practices that work for them.

As we consider how the Health Board will implement this strategy over the next few years, it is vital we continue to innovate both digitally and offline to make our communications and engagement accessible to all. With the partnership relationships that strengthened during Covid-19, we will adopt a wider-system approach to work closer on a shared agenda of healthy living across Gwent. As the world continues to change, we will also continue to find new ways of communicating and engaging with our communities.

1.2 What is Communications and Engagement?

Communications and engagement often go hand-in-hand, but there are important distinctions to make between the two. We would define them as:

- **Communications** – sharing, sending out, broadcasting and publishing news, information and key messages in a range of digital and non-digital formats.
- **Engagement** – a continuous, two-way process. It includes the active involvement of staff, patients, carers, families, partners, stakeholders and anyone else who is either interested or passionate about the work we do and the decisions we make on their behalf.

1.2.1   Who is responsible for Communications and Engagement?

Whether it's to our patients, families or friends- **we are all communicators**, and so we all have a part to play in ensuring our staff and public are well-informed and engaged with.

1.2.2   How can Health Board staff support?

Health Board staff can support the Communications and Engagement team by making use of the communications and engagement channels that exist, and those that will be developed, to:

- Ask questions and provide feedback
- Keep themselves up-to-date with Health Board's news and activities via the staff intranet and ESR app
- Pass on any feedback they receive
- Communicate in a way that is in line with the Health Board's Values & Behaviours Framework
- Contact the Communications and Engagement team to highlight good news stories that could be proactively promoted, or to help manage difficult messages
- Forward any media enquiries to the Communications and Engagement team

The Health Board's Communications and Engagement team is available to provide specialist advice and support to all staff whenever it is required.

1.3 Who is the document aimed at?

This strategy is an organisational document intended for internal use to set out the aims, ambitions and planned delivery for communications and engagement across the Health Board. The document also contains the various frameworks and methodologies that can be utilised for successful communications and engagement practices and campaigns. Additionally, this strategy will be shared with partners across Gwent, who will provide support to the communications and engagement function as highlighted in the delivery plan section.

2. Reflections since the previous strategies

In order to help inform the direction of this new strategy, it is important to step back and consider the impact of our previous strategies. *Appendix 1* and *Appendix 2* highlight pieces of work carried out to achieve the aims of the Health Board's former Communications Strategy and Involvement Strategy.

Over the past five years, the Health Board has experienced several Communications and Engagement challenges and opportunities, which have influenced the way we work.

Examples of these include:

Demonstrating the value of Communications and Engagement to our Staff

The Communications and Engagement Team has experienced challenges when services and programmes across the Health Board may not have considered utilising the team for their needs, resulting in difficulties with

public and stakeholder input, public awareness, or unexpected media enquiries. In some cases, when Communications and Engagement have not been considered from the beginning of the planning process of a service or programme development, this can result in unnecessary reactive work for the Communications and Engagement team and can also have a negative impact on the Health Board's reputation.

The Communications and Engagement team will work to further raise their profile within the organisation and promote what their specialists can offer the Health Board, as well as producing specific materials to share with services on how they can support the communication and engagement function of the Health Board.

The Communications and Engagement team will also work closely with services to influence positive internal change and to ensure communications and engagement sit around the table for planning, which will support services in wider considerations around communication, risk and stakeholder engagement to benefit their work.

Services within the Health Board also have the opportunity to utilise the Communications and Engagement team's Stakeholder Management System, consisting of over 2,000 contacts across Gwent. This database can allow services to reach into our communities and invite them to take part in formal engagement and consultation processes, as well as focus groups and meetings.

Learning from the Covid-19 Pandemic

Public behaviours and sentiment towards the Health Board shifted regularly during the pandemic, and as service pressure increased during the easing of lockdowns, we saw our supportive communities turn against the Health Board as they struggled to access services. Although this was demonstrated through engagement feedback and across our digital platforms, this situation was not unique to our Health Board.

Working closely with Welsh Government, Public Health Wales and other colleagues across NHS Wales, we took the opportunity to share insight and drive national campaigns, such as Help Us Help You and NHS 111 Wales, which managed public expectation and eased service pressures.

The Health Board has also faced challenges around digital deprivation across Gwent. As the pandemic situation could change daily, our digital-first approach was successful, although it did pose a challenge for our non-digital users. Some engagement activities were also impacted by this, as face-to-face engagement was, at times, paused due to Covid-19. To support this, we combined the use of our own communications channels with traditional media and worked closely with journalists and our partners to maximise the breadth and reach of messaging to our communities.

3. Setting out the future of Communications and Engagement

Since the previous strategies, the Communications and Engagement functions for the Health Board have been brought together as one team. Communications and Engagement have a symbiotic relationship, and through bringing the teams together, both daily functions and planning have strengthened. Engagement insight is used to inform communications, and communications are maximised by utilising the engagement networks.

3.1 Aims and Objectives

Alignment with the Health Board strategic aims

Communications and Engagement play an integral part in supporting the delivery of the organisational priorities, as set out in the 'Integrated Medium-Term Plan'. Our Communications and Engagement aims ensure that as a function, we have everything required to support the delivery of the organisational priorities.

This Communications and Engagement Strategy will reflect and support the Health Board's core values:

1. **People first**
2. **Personal Responsibility**
3. **Passion for improvement**
4. **Pride in what we do**

These values will be intrinsic in how we communicate and engage with our staff and local population throughout the life of this strategy. The work undertaken in the key communications and engagement aims will also align with the Health Board's Patient Involvement Strategy.

National Alignment: Policies, Strategies and Plans

The next few years will see changes to the way health services are designed in response to several key national strategies and plans. We will, therefore, consider these, as well as local policies, within our planning model. These include:

- Welsh Language Standards/ Policy
- Equality and Human Rights Act 2010/ Equality and Diversity Policy
- Data Protection Act
- NHS Wales Social Media Policy
- 6 Goals for Urgent and Emergency Care Programme
- Standards of Behaviour Framework Policy

3.2 Communications and Engagement Aims (Implementation Plan in Appendix)

To take the Communications and Engagement function forward into the next three years, we have taken the learnings from our former strategies,

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the pandemic innovations and the priorities of the Integrated Medium-Term Plan to form our **Communications and Engagement Aims**.

These will support the Health Board in delivering its vision, values and strategic aims, as follows:

Communications and Engagement Aims	IMTP Priority
01 To use communications and engagement to put our staff, patients and communities at the centre of everything we do by empowering our communities to have influence over how we communicate and deliver our services	All
02 To ensure our communications and engagement are tailored to the appropriate audiences, in a way that empowers people to make good decisions for their health, utilising staff, community leaders and local trusted voices to also support the health of their communities	1,2,3,4
03 To listen to our staff, patients, communities and partners across Gwent, by gathering insight and intelligence and feeding this back to the Health Board to inform decision making	1,2,3,4
04 To work collaboratively both within the Health Board and externally with partners to strengthen our connections, achieve common goals and whole system change to improve the health of our communities by creating a single public sector voice	1,2,3
05 To equip the organisation with the tools to adapt to a changing environment allowing it to communicate and engage more effectively both with staff and stakeholders	All
06 To continue to develop the skillset of the Communications and Engagement team to enhance, innovate and futureproof our communications and engagement work	All
07 To continue to innovate our communications and engagement platforms and ways of thinking by embracing new digital and offline techniques and advancements	All

Appendix 4 sets out how we will achieve the above aims through a Communications and Engagement Delivery Plan.

4. Our Strategic Approach

4.1 Communicating and Engaging with our Staff

Strong staff communications and engagement is important to the success of any organisation. Internal communication and engagement will help to keep staff motivated, inspired, productive and committed. Effective internal communications also help to retain staff at a time when we need them most, as well as developing our employees as ambassadors of the Health Board. Through well-managed internal communications, we will deliver a common understanding of our goals and values and bring the Health Board's brand and vision to life through our staff.

We will use the learning from the COVID-19 Pandemic to continue to develop and transform our internal communications. In particular, in line with the Health Board's *Employee Experience Framework* and *People Plan 2022-2025*, we will focus our communications on being realistic and optimistic, moving away from a 'you said, we did' methodology, to focus on a 'together we can achieve' approach. We will also work to understand barriers to effective internal communication and work proactively with staff to understand how we overcome these together.

Existing staff communications channels will be developed by the Health Board to ensure more staff are aware of them, know how to access them, and are engaged with them. We will also look to create new channels for staff to increase engagement and participation with our communications.

We will aim to ensure that all staff receive timely and consistent messaging on all areas of our work and that openness and feedback is encouraged – and we will listen and hear from our staff as we develop this work.

> **Our Internal Communications and Engagement Objectives:**
>
> • To deliver innovative and creative internal communications methodologies
>
> • To create opportunities for staff to be involved in proposals and to have their views sought around change and transformation
>
> • To build on existing staff communications channels

- • To explore new channels to enhance communications and engagement with staff

- • To encourage and support staff to be part of the conversation and to share stories, ideas, successes, and suggestions

- • To provide clear, timely and accessible information

- • To support leaders across the organisation to communicate with their teams with intentional conversations, which are planned and proactive

- • To facilitate the development of messages, campaign assets, and resources to share information

- • To support staff to speak up safely as part of the Speaking Up Safely NHS Wales Framework

Our Internal Communications and Engagement Activities

Our current internal communications activities and our plans for the future are set out in a separate internal action plan, which is managed by the Communications and Engagement Team. The team will also work closely with colleagues in Workforce and Organisational Development, who are responsible for staff engagement, to ensure work is aligned.

4.2 Communicating and engaging with the public, our patients and our stakeholders

Utilising the Clinical Futures Model, we have divided our communications and engagement priorities into the following key external objectives:

- **Population Health**
- **Accessing Healthcare Services**
- **Continuing Care and Recovery**
- **Reputation and Crisis Response**

Appendix 3 contains more detail on each of the above priorities.
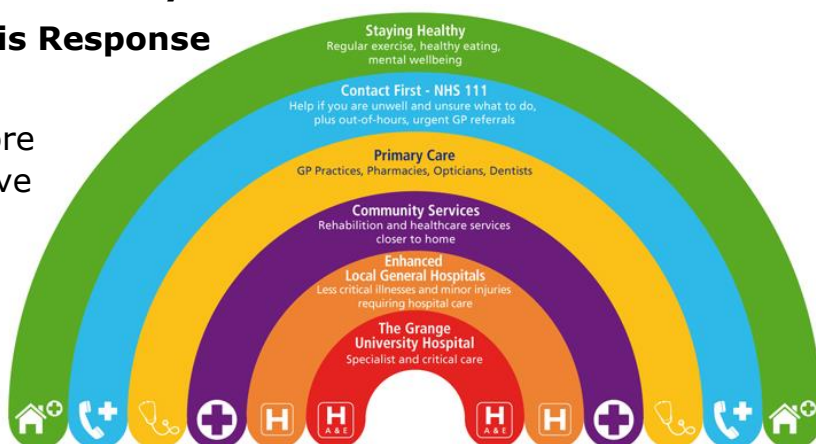
5. Frameworks and Methodologies

This section features a practical set of frameworks and methodologies that can be utilised by departments across the Health Board to support them in producing effective communications.

5.1 Principles of Good Practice for Communications and Engagement

Our work is built on insight from our patients, communities, staff, external research, and data – these things all guide our approach to the work we do. The below six areas are what our Communications and Engagement Team are guided by, and these principles can also be adopted across our Health Board to support a variety of work.

1. **Our Foundation**
2. **Our People**
3. **Our Tone**
4. **Our Approach**
5. **Our Communications**
6. **Our Frameworks**
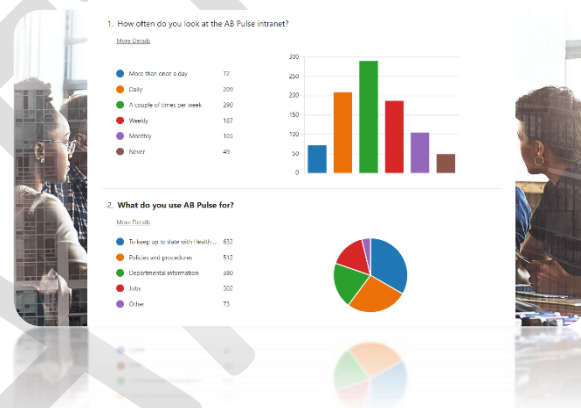
5.1.1 Our Foundation

To inform our principles, we are guided by a variety of good industry practices from organisations, policies and frameworks, including:

- The National Principles for Public Engagement in Wales
- Children's Participation Standards
- Equality and Human Rights Act 2010
- The Gunning Principles
- Chartered Institute for Public Relations: Code of Conduct
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss
- NHS All Wales Social Media Policy
- Welsh Language Policy and Welsh Language Standards
- Equality and Diversity Policy
- GDPR
- NHS Wales Guidance on Engagement and Consultations

As part of our communication planning model, we will also use communication analytics and intelligence to adapt our future approach - this is further explained in the Measurements & Evaluation section of this strategy.

5.1.2 Our People

Encouraging the professional development of our communications and engagement staff is vital to ensure we continue to deliver a high quality and impactful service.

For those who work in Communications and Engagement, the Health Board encourages memberships with industry governing bodies, including:

- The Chartered Institute of Public Relations (CIPR)
- The Chartered Institute of Marketing (CIM)

This supports both continuous professional development and quality improvement in delivering to industry standards within communications.

We also promote in-house and external development opportunities for our team to improve and enhance knowledge and skills.

5.1.3 Our Tone

Every day, thousands of conversations happen across our Health Board. Sometimes we're sharing good news, but sometimes the news can be more difficult. Our tone inevitably changes in relation to when and where we have conversations and share content. That said, our messages with patients and communities should always be:

- **Real-** We're an organisation, but we talk like a person you know and trust. We are open, honest and to the point. We use a human voice to deliver communications.
- **Respectful-** We never talk down to people, always giving everyone in our communities the consideration and respect they deserve.
- **Reassuring-** The information we're sharing may not always be positive, but we frame it with explanations that let our audience know the why.
- **Easy-to-understand-** We don't want people to have to interpret what we're trying to tell them. Therefore, we have a No Jargon Policy.
- **Empowering-** We don't want to tell people what they should and shouldn't do. We want to empower our communities with the right information to make good decisions about their health.

5.1.4 Our Approach

When approaching communications and engagement, we will ensure we are:

- Open, honest, timely and accurate
- Having meaningful conversations that are two-way, with our patients and community at the heart
- Adhering to patient and staff confidentiality
- Clear and accessible, creating information that avoids the use of jargon, technical terms, and acronyms
- Willing to listen and learn from feedback, and reflect good practice internally and externally
- Meeting the requirements of Welsh Language legislation
- Being equitable in the delivery of both online and offline communications to ensure those that could be digitally excluded, or those with protected charactistics, are considered
- Adhering to NHS Corporate Identity guidelines

5.1.5 Our Communications

When we produce communications, we want it to be impactful, so we ask ourselves the 5Rs:

- **Relevant:** Is it important information? Do our staff, stakeholders, patients and/or communities really need to know this?
- **Risk:** What are the chances it could go wrong? Or is there a danger from not communicating?
- **Reach:** Are we using a channel that my audience pays attention to?
- **Real:** Can we use people to tell our story?
- **Reputation:** Will it improve our reputation?

5.1.6 Our Frameworks

These are the tools and resources to support us in developing our work, which will enable consistency in how our communications and engagement are planned, tailored and delivered. These include:

- **Models of Behaviour Change**
- **Model of Engagement**
- **5 Step Communications Planning Model**

5.1.6.1 Models of Behaviour Change

To support promotion of positive behaviours and to guide public behaviour change, we will apply behavioural science to our public communications and engagement. We will utilise the following models:

COM-B Framework

COM-B posits behaviour as the result of an interaction between three components: capability, opportunity, and motivation. The benefit of employing the COM-B Model over a single theory of behaviour is that several distinct explanatory components are outlined; thus, additional potential influences on behaviour can be considered.
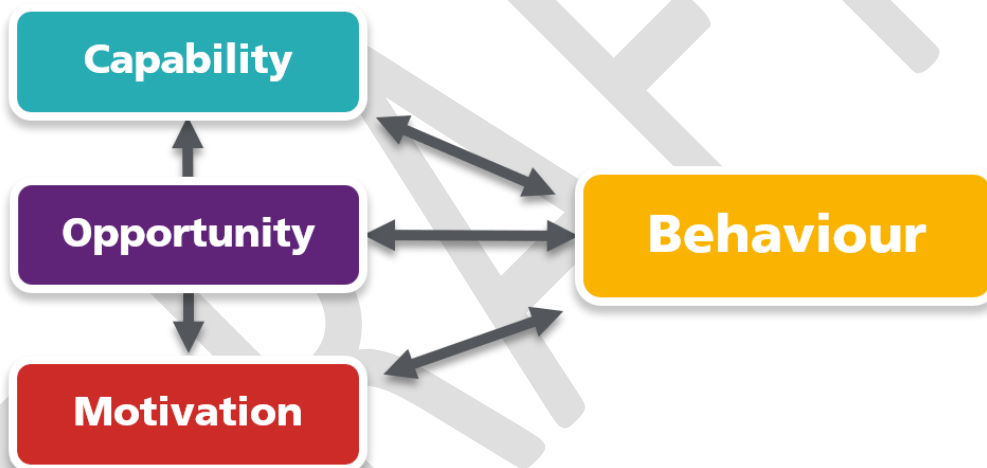
The following explains how to use and implement a COM-B model:

| Define The Current Behaviour Situation & Desired Behaviour Objective | Use COM-B Model to Highlight Influences on Current Behaviours | Use Behaviour Change Theory to Develop Messaging & Content |
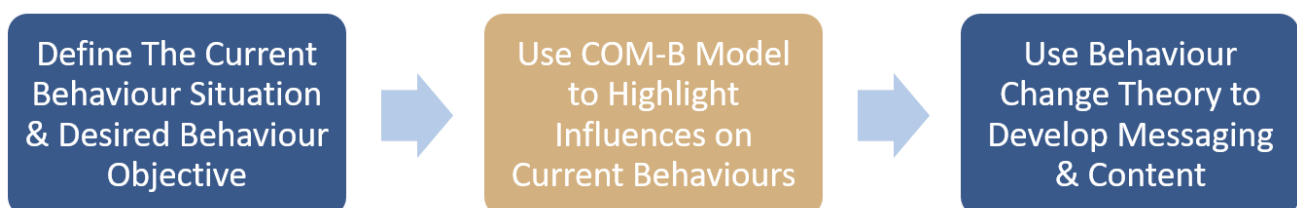
EAST Framework (Nudge Theory)

The EAST Framework helps to encourage decisions using nudge theory towards desired behaviours by making them Easy, Attractive, Social or Timely (EAST).

To use and implement the EAST framework:

- **Define the outcome:** Identify the desired behaviour and consider how it might be measured and what results it would give you.
- **Understand the context:** Explore the environment and empathise with the people who you wish to impact.
- **Build your intervention:** Use the *EAST Framework* to apply behavioural insights.
- **Test, learn, adapt:** Apply the intervention, with feedback loops to gain and apply learning. Ideally, use split testing to compare the impact with a control group.

5.1.7 Model of Engagement

To support effective engagement, whether it be with our patients, communities or partners, we utilise the 'Wheel of Involvement'. This concentrates on the four key areas:

- Informing
- Consultation
- Co-production
- Participation
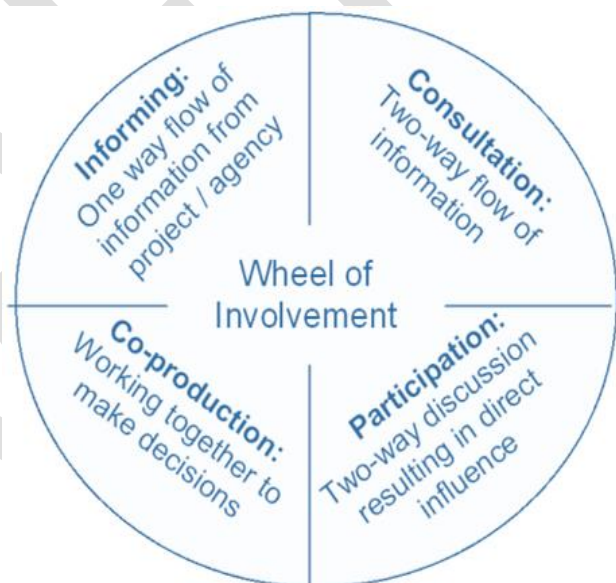
5.1.8 – Five-step Communication Planning Model

We have adopted a five-step planning model that enables the effective planning of any communications and content for our wide range of channels a month in advance. The model is driven by mapping priorities from:

- The Integrated Medium-Term Plan
- The Population Health Communications Strategy
- The Clinical Futures Strategy
- The People Plan 2022-2030
- Insight from our patient and communities
- Current affairs and landscape

ABUHB 5 STEP COMMUNICATION PLANNING MODEL

1.MAP
2.PLAN
3.COMMUNICATE
4.MEASURE
5.LEARN

This Planning model is also driven by analytics and insights to ensure content continues to evolve and innovate.

5.1.8.1 Social Media Strategy

With our Social Media channels attracting the Health Board's largest communications and engagement audiences, we have developed a specific Social Media strategy to support continued growth and innovation across these channels.

These concentrate on:

- Content Development
- Platform Development
- Audience Growth
- Meaningful Messaging
- Engagement Innovation
- Partnership and Collaboration

The Communications and Engagement team reviews monthly analytics, which illustrate how our platforms and content are performing. These insights help to guide how we segment our messaging to achieve maximum reach, impact and engagement.

6. Stakeholders & Audiences

We will continue to engage a variety of different audiences across the Health Board, including, but not limited to:

Stakeholders & Audiences

Internal Health Board Stakeholders

- Health Board Staff
- Volunteers
- Board and Executive Team

Public Stakeholders

- Patients and their families
- Our communities across Gwent
- Hard to reach groups within our communities, such as:
  - diverse communities
  - areas of deprivation
  - young people
  - people identified as disabled
  - people experiencing homelessness

Partners and External Stakeholders

- Welsh Government
- MPs, MSs, Town Councils and Llais
- Gwent Public Services Board, including:
  - Local Authorities– Blaenau Gwent, Caerphilly, Monmouthshire, Newport, and Torfaen
  - Gwent Police
  - South Wales Fire Service
  - Prison Service
- Welsh Ambulance Services Trust
- Community Health Councils
- Regional Partnership Board
- Other/ Neighbouring Health Boards (such as Powys Teaching Health Board)
- Voluntary and Community groups
- Third Sector – Health and Social Care charities
- Local businesses and employers
- Education institutions, including:
  - Schools
  - University of South Wales
  - Further Education Colleges - Coleg Gwent, Coleg y Cymoedd

The benefits of a continuous and systematic approach to involvement means that patients, carers, service users, our communities, staff and partners work together to codesign services that better meet individual and community needs. When communicating with our stakeholders, we will carry out audience segmentation relevant to the communication required.

7. Engaging with our Audiences

7.1 Engaging with our Staff

Engaging well with our staff is integral to the efficiency of our organisation-they can be our strongest advocates or our harshest critics. Engaging with

and listening to staff can positively affect their morale, productivity and sense of value, as well as significantly improving the patient experience we provide as an organisation. Members of an engaged and informed workforce are also far more likely to become daily ambassadors who uphold and demonstrate our vision, aims and ambitions.

Going forward, the Communications and Engagement team will work with the Workforce and Organisational Development team to consider the very best ways to engage with our staff across the Health Board. A separate Communications and Engagement plan has been produced to support this agenda.

7.2 Engaging with our Communities

We are committed to providing equitable geographical engagement with our communities to understand their needs, improve their understanding of access to health care services, and work together to co produce services.

The current geographical spread of face-to-face engagement activities is well balanced, with a focus on capitalising on routine, established groups; attendance at

naturally high footfall venues; and a presence at high profile events. The benefits of this approach are that high numbers of people can interact with the Health Board, and a full cross-section of the population can be accessed. These activities also offer an opportunity for the Health Board to listen to and test the views of the public regarding any service changes or issues that arise throughout the lifetime of this strategy.

Recognising the diverse communities that live within the Health Board area, much work has been undertaken to ensure that all communities are engaged and communicated with in the most appropriate way.

A Diverse Communities Health Forum was developed in early 2021 to strengthen relationships with partner organisations who support and already work with diverse communities, and we will continue to develop initiatives to engage with all our communities.

7.3 Engaging with our Partners

The Health Board will continue to work alongside partners to engage and involve people who others are also seeking to engage with, through existing frameworks and activities. As a key partner within the Gwent Public Services

Board (PSB), we are able to facilitate strong partnership working, sharing of resources, and the ability to collaborate regarding joint solutions to shared challenges. Other examples of partner engagement include Local Authority Engagement frameworks; seasonal events; links with schools and further/ higher education establishments; Housing Association community and residents' groups. These are in addition to the more established fora across the region, such as those that exist for carers, children and young people, and 50+ forums, which offer the potential to access many people and hear their views.

7.4 Engaging with our Stakeholders

Our Stakeholder Management System includes over 200 networks and more than 2,000 contacts, through which we will continue to share information, key messages, and seek involvement as appropriate. Examples of these

networks are voluntary organisations, housing associations, schools, town and community councils, Local Authorities, and other partners, as well as community members who have signed up to receive Health Board information. We know that the cascade of information and requests through this platform provide the Health Board with a good reach into communities, whilst also ensuring our communities are given the opportunity to take part in formal engagement and consultation processes, as well as focus groups, discussions, and locality meetings.

There is also a well-established process in place to enable the Chief Executive to communicate and engage with local politicians and Members of the Senedd. This serves as a strong interface between local elected members and with town and community councils, and will continue to be strengthened into the next strategy period.

7.5 Defined Approach to Formal Consultation and Engagement

The Health Board has statutory obligations to publicly consult and engage with the people of Gwent in circumstances where any significant changes to service provision are proposed. We take these responsibilities seriously and are committed to ensuring that all stakeholders and the wider public have the full opportunity to consider any proposals for significant service change and to make their views known.

Welsh Government have issued revised guidance to Health Boards in 2023 in respect of engagement and consultation on changes to health services, aligned to the replacement of the former Community Health Councils with the Citizen Voice Body for Health and Social Care, Wales, operationally known as *Llais*. This guidance will form the basis of our consultation and engagement practice.

Our overall approach to our formal obligations will be based on the following principles: -

- The Planning / Communications and Engagement teams will work closely with individual clinical services to provide advice and support

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when embarking on consultation and engagement exercises, ensuring that obligations are fully understood and followed.

- We will always seek to take a comprehensive approach to engagement activity, with the aim of ensuring that not just the letter but the full spirit of any statutory direction and guidance is fulfilled, and that communities have the opportunity to contribute in a co-productive way.

- We will always work closely with *Llais* representatives and colleagues, maintaining effective and productive relationships and fully respecting their position, perspective and advice.

- We will fully develop and optimise collaborative consultation and engagement activities at a cross-Health Board and regional level, establishing effective networks, optimising regional approaches and sharing / learning from best practice.

- We will maintain formal links with the Consultation Institute as a not-for-profit organisation that promotes high quality public and stakeholder consultation in the public, private and voluntary sectors. As a corporate member of the Institute, we will undergo regular training and updating at all appropriate levels to ensure that we remain fully cognisant and compliant with current recommendations and standards in our practice.

- We will ensure that following formal arrangements, we will undertake continuous informal engagement with affected populations until changes have been fully implemented, so that any new issues arising can be recognised and acted upon as appropriate.

7.6 Engaging to Coproduce

Co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014 and brings together people and stakeholders to develop how we deliver services.

The Lambeth Collaborative (www.lambethcollaborative.org.uk) adopted the definition originally devised

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by the New Economics Foundation (NEF), which comprises the **6 principles** set out below:

- **Recognising people as assets**: People are seen as equal partners in designing and delivering services, rather than as passive beneficiaries or burdens on services or the system.

- **Building on people's capabilities**: Each person has abilities and assets, and people are supported to develop these. People are supported to use what they can do to benefit themselves, other people and their community.

- **Developing two-way reciprocal relationships**: All co-production processes involve some form of mutuality, a two-way relationship between individuals, carers, and public service professionals and between the individuals who are involved.

- **Encouraging peer support networks**: Peer and personal networks are important to all of us; however, these are often not valued or overlooked by professionals. Co-production means building these networks alongside support from professionals.

- **Blurring boundaries between delivering and receiving services**: The usual line or barrier between those people who design and deliver services and those who use them is blurred, with more people involved in getting things done together.

- **Facilitating - not delivering to -** public sector organisations (like NHS bodies) to enable things to happen, rather than always providing services themselves

Through engagement, we will work closely to engage our patients, communities, and partners in coproduction to enhance the patient experience and service delivery; fostering a culture of building together from the ground up.

7.6.1 Nye's Community Champions

The Nye's Community Champions network will mobilise communities right across Gwent to help share the news of the Health Board. Being a champion means that participants will be provided with information first hand and have a direct route into the Health Board for general questions, feedback, and contact. The existing dedicated engagement email address will be utilised to enable this approach (abb.engagement@wales.nhs.uk), which we hope will result in the spread of key messages and facts at scale and pace across Gwent.

The network provides a platform to gather community insight from across Gwent in order to help inform communications and potential service

improvements, as well as enabling information to be cascaded throughout our communities.

We anticipate that this strategy period will continue to maintain and reinforce the connections and networks that have been created to date.

Within the forthcoming strategy period, the Communications and Engagement team will be required to:

- Work within communities to encourage personal responsibility for health and to connect communities for health benefits
- Share the models of care that are developed with communities so that they are clear about how to access and use them
- Work with communities to enable them to use services differently
- Test that messages are understood
- Understand the community narrative and bust any myths
- Better understand behaviours and motivations regarding both lifestyle choices and how services are used
- Co-produce new models of care with communities

To achieve all of this, activity needs to be firmly on the ground, present and visible within communities on a regular basis to build trusting relationships and sustain them over time, as well as offering assurance to the Health Board.

8. Channels and Tools

The Communications and Engagement Team use a variety of channels and tools to support their work, these include:

8.1 Internal Communications and Engagement Channels

Staff Intranet site – the Health Board's Intranet site, 'AB Pulse', provides staff with the information they need to do their work and makes news, information, and policies available to staff in one place. Through the Intranet, staff also can engage in two-way conversations with the Health Board and other employees.

AB Pulse Staff Newsletter – our monthly online newsletter contains key organisational updates, announcements, examples of good work, achievements, and human-interest stories involving staff. The newsletter is emailed to all staff and is available to print for staff who are not desk-based.

Social Media – an increasing number of employees follow the Health Board's social media channels to stay up to date with news and features.

Staff engagement sessions – these are held regularly and are open to all staff. They are an information exchange and always include a question-and-answer session, usually with members of the Executive team. Sessions can be targeted to particular groups.

Site visits - both ad hoc and planned site visits and drop-ins are a valuable tool for the Board to listen and engage with front-line staff and see first-hand challenges, opportunities, and good practice.

All staff email messaging – email bulletins are used to deliver important messages that need to reach all staff urgently. Managers should make sure all staff receive such bulletins, particularly managers of staff without regular access to a computer.

Posters, leaflets, and other printed materials – these are displayed to staff to assist with communications messaging where appropriate. Messaging should be regularly refreshed, and outdated material removed from view.

Communications and Engagement training – induction training introducing the Communications and Engagement Team and how staff can play a role in communications work should be continued.

8.2 External Communications and Engagement Channels

The below highlights a variety of tools for communicating externally. It should also be noted that there is a need for equity within the delivery of both online and offline communications to ensure those who could be digitally excluded are communicated with.

Word of mouth – one of the most important methods of communication is word of mouth of both our staff and communities. Through everyone taking ownership of the sharing of communications, we can promote the Health Board and living well.

The Health Board website – our website offers useful information for patients and the public about the Health Board, its services, and its performance. The website often serves as an anchor point for important public information, as well as promoting the Health Board as an employer.

Local and National Media – we work with the media to provide information and news to the public. All staff should speak to the Communications and Engagement Team immediately if they are contacted by the media directly.

Social Media – We use social media to engage and communicate digitally with the public, as well as a recruitment tool. Social media platforms used by the Health Board include Facebook, Twitter, Instagram, WhatsApp, YouTube, LinkedIn, Threads and TikTok.

Printed materials - although the Communications and Engagement Team have a digital-first approach, we also use leaflets, posters, and information booklets to reach people.

Board meetings – our meetings of the Board and annual AGM are publicised and broadcasted via our website, social media channels and stakeholder networks.

Stakeholder Platforms – sharing Health Board content with partners allows messaging to be shared across additional social media, web and intranet platforms; thus, enabling us to increase the reach of our communications.

Formal Engagement and Consultation- The Communications and Engagement team works with the Planning team on informal and formal engagement and consultation with the public on proposed major service changes.

Health Campaigns- the Communications and Engagement team works with several services to develop and promote a wide range of health information campaigns. These include local Public Health and Health

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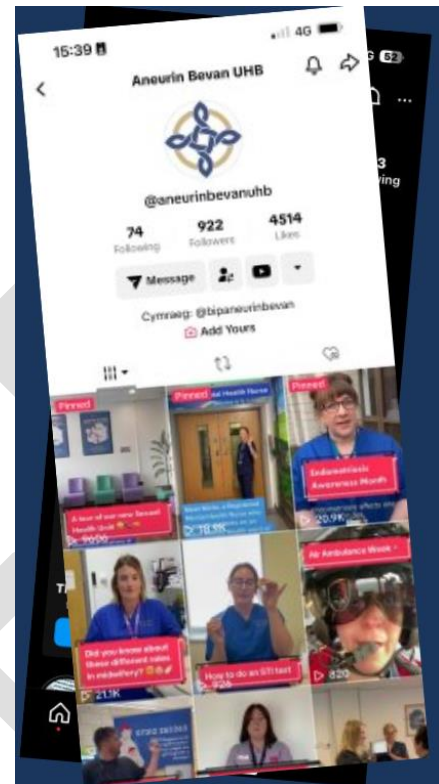
Promotion campaigns to raise awareness of specific health issues e.g., Smoking, Weight Management, Mental Wellbeing, and Flu Vaccination, which are designed to encourage healthier lifestyles and behaviours. The team also works nationally with Public Health Wales and Welsh Government to contribute to and share national campaigns.
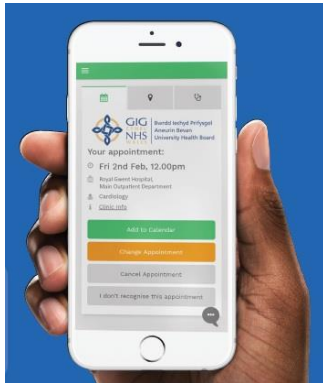
Hyperlocal Platforms – these are small websites set up and run by individuals and organisations that carry online news or content pertaining to a town, village, single postcode, or other small, geographically defined community.

Groups and Forums – these can be powerful tools for service user participation because members will already have an interest in the topics covered (or they are seeking specific information), which means they are more likely to participate.

E-mail Updates to our Stakeholders – Using the Health Board's Stakeholder Management System, the Communications and Engagement team regularly updates its 2,000 stakeholders via e-mail with useful information and news. As well as ensuring Health Board messaging is disseminated via these networks for maximum reach, this also provides stakeholders with a direct line of communication into the Health Board to ask questions or raise concerns.

Engagement sessions and events – through the engagement events programme, we meet regularly with our communities and partners across Gwent to promote the Health Board and gather insight. The Head of Engagement manages the continuous development of this programme.

8.3 Highlighted Risks

Several risks have been identified in the delivery of this strategy. These include:

- Capacity to deliver effective communications and engagement activities across the large footprint and with a high number of stakeholders.
- The ability to effectively engage with staff because of the nature of a mobile workforce and some of the technology limitations.

- The changing NHS environment and financial climate requiring increased communications activity.
- Individual staff members or groups engaging with the media without the knowledge or support of the Communications and Engagement Team, resulting in possible reputational risks and inconsistency of messaging.
- Digital harassment from members of the public towards the Health Board or staff.

These risks are reviewed regularly, and any significant concerns will be raised through the Executive team.

9. Monitoring & Evaluation

Communications and Engagement Analytics Function

Within the annual delivery of the Communications and Engagement Strategy, an analytical function has been developed that will:

- Analyse and evaluate engagement across communications platforms and activities
- Understand key themes from intelligence and behaviour insight
- Measure change in behaviour and brand sentiment
- Compare results against key objectives
- Consider any learnings that can be implemented to enhance strategy and delivery

9.1 Analytical Tools

To support the analytical function, a variety of platforms will be used in support of learning and measuring against the strategic communications and engagement aims. These include:

Tool	Aims Measurement
Sprout Social Reporting	Aim 2, 3, 5
Sprout Social Listening	Aim 2, 3, 4, 5, 7
Google Analytics	Aim 2, 3, 5

BITLY Link and QR Code Measurement	Aim 2, 3, 5
Smart Survey- Public Feedback	Aim 2, 3, 5
Engagement Events, Partner and Public Feedback	Aim 2, 3, 4, 5, 7
Staff Feedback / AB Pulse	Aim 1, 4, 6
Media Monitoring	Aim 3, 5
Business Intelligence (BI Data)	Aim 3

The Communications and Engagement function will regularly review intelligence and data analysis, as well as producing update reports which will be shared with the Executive Team and Board, including:

- **Quarterly Reflections:** Here, we will look at social media performance, with key performance indicators including channel following, post engagements and post reach. We will also analyse website statistics, as well as the results of face-to-face engagements.

- **6 Monthly Reviews:** Here, we will look at the impact of our Communications and Engagement delivery plan, analyse public behaviours and consider performance against the strategy delivery plan.

10. Conclusion

As a Health Board, we will continue to build on the excellent communications and engagement work that has developed and progressed since the implementation of the former strategies.

We will continue to future-proof the work that we do through data analysis and horizon scanning, as well as assessing and researching the changing landscape of Communications and Engagement and emerging new platforms.

We will continue to strive to be best in class and provide our staff and communities with prompt, reliable, trustworthy information in the most appropriate way for them.

APPENDIX 1: Reflections from the previous Communications Strategy

Aim	Reflection
Put patients, public and staff at the very centre of our communications plans, and ensure that they have access to high-quality, accurate and timely information in whatever language or format they find most appropriate, delivered through a range of communications formats and channels.	Through developing our public engagement networks, we have created a platform to gather insight from our communities, which is then used to produce communications that are tailored to the right audience. We have generated a variety of content using our social media and digital platforms, as well as print. This included developing community booklets in 12 languages on accessing services as part of our Clinical Futures campaign. We have invested in 'Recite Me' software, which allows our communities to view our website in more than 100 different languages.
Foster a culture of good, two-way communications with external stakeholders and our staff.	Some examples of our successes include the rapid expansion of our social media channels, a programme of face-to-face engagement sessions and the development of our new website, as well as our interactive and more accessible AB Pulse staff intranet system, which enables staff to engage on a variety of Health Board topics.
Ensure that every plan, strategy and service change will include consideration of communication and engagement issues at the development stage.	The Communications and Engagement team has continued to support key programmes and services, developing communications strategies and tailored public behaviour change campaigns when required. These have included: - Clinical Futures - The Grange University Hospital opening - Sexual Health Services Redesign - Public Engagement - Covid-19 Media Plan & Emergency Behaviour Change - Integrated Wellbeing Networks - Gwent Public Services Board

Promote and publicise health and healthcare services, providing information about the Aneurin Bevan University Health Board and highlighting particular achievements.	The communications and engagement work throughout the Covid-19 pandemic exemplifies our ability to reach wider and more diverse audiences with important population health and service information, developing communications driven by insight. For example, we developed a reactive Covid-19 communications strategy to establish the Health Board and certain staff members as trusted voices for Wales in order to highlight their key work and situation updates from the Health Board. As part of this, we encouraged empathy from our public towards our hard-working NHS staff by humanising our communications and demonstrating the effect of Covid-19 on our teams. This approach drove positive and supportive public behaviour change.
Work closely with Public Health Wales on health promotion campaigns	We have worked directly with both Welsh Government and Public Health Wales, as well as with key local partners, to influence and develop campaigns based on local insight that we have provided. Examples include a Blood-Borne Virus Look-Back Exercise appeal in Newport, the Covid-19 Vaccination Programme promotion, Primary Care and Winter communications campaigns, and the ongoing national #HelpUsHelpYou campaign.
Develop and sustain effective relationships with the media and other agencies and, wherever possible, develop opportunities for coordinated and joined up communication approaches across health and other public services.	We have strengthened our working relationships with local and national media to support not only reactive communications, but to encourage proactive news, such as: - Proactive stories around general NHS Pressures - Proactive Stories around Covid-19 pressures We have also built a variety of partner networks in order to satisfy local health information needs. This includes topics such as Mental Wellbeing, Healthy Weight, and Covid-19 vaccinations.

APPENDIX 2: Reflections from the previous Involvement Strategy

Strategic Objective	Reflection
To support the building of strong and resilient communities with an emphasis on where people live and common interests.	We have achieved this by building the community framework through which the Health Board can engage via face-to-face and digital platforms. Our 'Digital First' approach has continued to develop significantly in the past year. The Health Board actively engages and interacts with our patients, the public and stakeholders through social media. This is done in real time, through patient and public questions on services, their current experience, and the quality of their care. Opportunities to engage with our communities continued throughout the pandemic, with the use of virtual meetings and engagement sessions via MS Teams (which have continued alongside face-to-face opportunities in the post-pandemic era). The Communications and Engagement Team has invested significant time in co-ordinating and responding to patient and public approaches on a day-to-day basis.
Contribute to improved population health through a new partnership with the public and enhancing connections across people and organisations providing and supporting care at a community level.	We have continued with existing networks and established new connections with the range of groups and organisations across Gwent e.g. Gwent Citizens Panel, Torfaen Access Forum, Local Authority Engagement groups.
To co-produce models of care to ensure influence and	This has involved:

responsiveness to community need.	- Setting up and developing the Health Board's Diverse Communities Health Forum; - Building strong relationships and establishing joint working with Community Health Council colleagues; and - Sharing community views and emerging themes with internal departments to lead to improvement of services.
To share how local, regional, and national services are changing, and how they should be used now and into the future.	This has comprised of sharing information about Health Board services, explaining how to access them appropriately and raising awareness of changes in the future, as well as continuous engagement with Members of the Senedd and local politicians, as appropriate, around key service changes.
To build community and organisational capacity for continued and sustained involvement, enabling information to be shared, feedback to be obtained and influence to be given.	This was achieved by enabling a rolling programme of community engagement across all five boroughs and helping residents understand the changes to our healthcare system. The 'Work With Us' Engagement and Recruitment Roadshow ensured equitable geographical engagement with communities across Gwent to improve understanding of access to healthcare services, which resulted in over 2000 face-to-face conversations. We have continued to develop and expand the Nye's Community Champions programme and hold weekly online meetings on a rotational borough basis. We have developed Primary Care Borough Communication and Engagement groups to align community engagement activities to locality issues.

APPENDIX 3: Communications and Engagement Priorities

Priority Areas	Overview	Related Services, Programmes and Policies
Population Health	With a vision to reduce health inequalities across Gwent, we will harness the power of communications and engagement to: - Equip patients, communities, and our staff with everything they need to live and work well across Gwent - Change the conversation around health and wellbeing with the public and partners around specific areas, such as weight management and mental wellbeing, to remove stigma and empower our patients and communities to take ownership of their health - Influence public behaviour change for positive lifestyle improvements - Work with our partners across Gwent through Public Services Board and other groups to consider a full system approach to improving the health and wellbeing of our communities As outlined in the IMTP, we will concentrate on several priority areas, including: • Every child having the best start in life – the first 1,000 days • Smoking Cessation • Weight Management	**Services:** • Smoking Cessation • Melo • Gwent Connect 5 • Healthier Together • Healthy Weight Management Service **Programmes and Teams:** • Gwent Marmot Region • Integrated Wellbeing Networks • Healthy Child Wales Programme • Cancer Inequalities and Tobacco Control • Mental Wellbeing and Vulnerable Groups • Children and Young People

	• Mental Wellbeing With these priorities in mind, we will work collaboratively with partners and the public to reduce health inequalities across Gwent, whilst striving to connect closer to our communities and put health on the agenda of young people. To support this work, we will explore behaviour change frameworks, working with the local Public Health Team. We will also create a dedicated Population Health Communications Strategy to outline: - Key Programmes and Priorities - Targeted Interventions - Supporting Communications Campaigns - Measurement and Analytics Methods These campaigns will feed into the corporate Communications and Engagement function to provide proactive self-help campaigns that influence lifestyle changes. These could, in the long-term, result in a reduction of pressure on the NHS in a variety of key areas, such as: - Diabetes Services - Cancer Services - Level 2/3 Weight Management Services - Urgent or Emergency Services	• Health Protection • Public Health Wales National Teams **Policies & Strategies:** • Building a Healthier Gwent • The Wellbeing of Future Generations (Wales) Act • Gwent Wellbeing Plan
Accessing Healthcare Services	Through Communications and Engagement, our aim to support the accessing of services is simple: **to empower the patient to choose the right service, first time**. Through intelligence from	**Services:** • Cancer • 111 Wales • Mental Health

	engagement and social listening, we will understand current behaviours, which will shape our strategy to drive behaviour change. Utilising the Clinical Futures model, the key areas we will concentrate on are: **Self-Care** Most minor illnesses can be managed by patients at home, with the support of their local pharmacist or GP where appropriate. The Communications and Engagement Team will promote the benefits of self-care to help people avoid unnecessary waiting and frustration, and to ease the pressure on our healthcare services. **111 Wales- First Port of Call** We will continue to be consistent in our frequent messaging to signpost and encourage people to choose the right health service for their needs. Utilising a digital first approach, we will signpost to the 111 Wales Online Symptom Checker, which will promote self-care where possible and result in easing of pressure. We will also signpost the public to call 111 first if they are in need of urgent care but are unsure of where to go; further supporting reduction of pressure across our facilities and minimising inappropriate attendances. **Primary Care** Covid-19 saw a lot of change in how the public access Primary Care. We will continue to help the public to understand advancements within Primary Care services (such as video consultations), how to best access Primary Care and how to manage their care appropriately. As pressures continue across this area, we will also work to manage public expectations on what the 'new normal' looks	• Urgent and Emergency Care • Midwifery • Family and Therapies Services • Primary Care • Planned Care **Programmes:** • Clinical Futures Programme **Policies and principles:** • Integrated Medium-Term Plan (IMTP) • 6 Goals for Urgent and Emergency Care

	like across Primary Care in order to ease frustration and minimise the risk of members of the public attending an Emergency Department inappropriately.

To support this, we will continue to work closely with Primary Care colleagues and Neighbourhood Care Networks to help people understand the recent changes to Primary Care services, particularly concerning GP surgeries and community pharmacies.

Urgent or Emergency Care
It is vitally important that the public of Gwent know what to do and where to go when they are in need of urgent or emergency care. The Communications and Engagement Team will continue to work to help people understand the difference between 'major' (life-threatening) illnesses and injuries, and 'minor' injuries and less serious illnesses. We will signpost people to the most appropriate service for their needs, whether that be the Emergency Department at The Grange University Hospital, a Minor Injury Unit at our Enhanced Local General Hospitals, or their GP for minor and routine illnesses.

We will continue to gather insight across Urgent and Emergency Care teams to support any reactive communication requirements and urgent behaviour change as needed to limit reputational risk. | |
| Continuing Care and Recovery | To support those leaving hospital or managing conditions at home, we will be signposting to relevant information on our website, social media and through our partners in order to enable patients to | **Services:**
• Cancer
• Mental Health
• Family and Therapies Services |

	recover well. We will also support patients to stay well while they are waiting for the next step in their care pathway. We will continue to work with the Gwent Regional Partnership Board, stakeholders and third sector organisations to ensure communities have access to information to continue recovery and to live well. We will also use behaviour change principles to empower and encourage people to embrace lifestyle improvements and enhance their recovery.	• Primary Care • Planned Care • Therapies and Rehabilitation Services **Programmes:** • Restarting services following the Covid-19 pandemic • Clinical Futures Programme • Building a Healthier Gwent **Policies and principles:** • Integrated Medium-Term Plan (IMTP) • Care Closer to Home
Reputation & Crisis Response	Building and maintaining the reputation of the Health Board is an overarching focus and is the responsibility of everyone. As the function responsible for the communications channels that serve as the overall voice for the Health Board, the daily roles of the Communications and Engagement team also play a significant role in managing the organisation's reputation. In line with the Health Board's values, the daily activities of the Communications and Engagement team establish the organisation as one that is trustworthy, reliable, caring and dignified. These key activities include responding to Social Media messages,	

| | liaising with the media, having face-to-face interactions with local residents and promoting positive news stories.

To protect our reputation during a crisis, we will execute our Crisis Communications plans to react to situations, build trust with our communities and maintain confidence.

We will also respond accordingly to health protection crises to protect the health of our communities. |
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APPENDIX 4: Delivering this Strategy - Top line Delivery Plan

Aim 1	To use communications and engagement to put our staff, patients and communities at the centre of everything we do by empowering our communities to have influence over how we communicate and deliver our services			
Action/ Task	**Audience Focus**	**Lead**	**Timescale**	**Success/ Evaluation Criteria**
Deliver an annual programme of equitable, geographically spread Face-to-face Engagement opportunities	Population of Gwent	Head of Engagement	Annually	Monthly report Emerging themes Insight into planning and communications
Develop and deliver a variety of proactive Population Health Campaigns as per Population Health Communications Strategy, utilising behaviour change principles.	Population of Gwent / Partners	Strategic Head of Communications - Population Health / Head of Communications	Ongoing	Campaign Engagement Partner Engagement and sharing of campaigns Increased engagement with related platforms through platform analytics Decrease in health inequalities and highlighted health conditions

				Appropriate use of services
Deliver Health Protection Interventions as required. Use communications and engagement to inform, protect and mitigate risk within the community, whilst reducing the risk of misinformation.	Population of Gwent / Partners	Strategic Head of Communications Population Health / Head of Engagement / Communications	As required	Development of Communications Response Strategy as required

Positive media pick up to the situation

Social Media Listening analytics

Desired public behaviour / intervention achieved |
| **Continue the promotion of the Clinical Futures Programme as per the Clinical Future Strategy**

Work with the Clinical Futures team to consider the next phase of the programme and the communications and engagement support required. Use this information to refresh the communications approach. | Public, patients, staff, media, other external stakeholders | Head of Communications / Engagement | Ongoing | Refreshed Communications and Engagement Strategy

Development of relevant communications materials

Continued engagement from the public on appropriate access of services

Number of public correctly accessing services |
| Continue to use a mix of communication tools, both | Population of Gwent | Head of Communications | Ongoing | Number of platform engagements |

digital and traditional media, to promote health messaging to the public.				Patient feedback Number of people accessing services and information appropriately
Support, contribute to and share national health campaigns from bodies such as Welsh Government, Public Health Wales and third sector organisations - Continue to build relationships across organisations and foster a network of shared insight to achieve common goals.	Population of Gwent	Strategic Head of Communications Population Health / Head of Engagement /Communications	Ongoing	Number of Platform Engagements Number of Local Campaign Shares through partner channels Desired behaviour change or intervention achieved Number of new relationships
To ensure all communities are engaged and communicated with in the most appropriate way, including via the following partnership arrangements: • PSB / RPB / Gwent Citizens Panel • Diverse Communities Health Forum	Population of Gwent	Head of Engagement	Ongoing	Regular Reviews Emerging themes

• People First • Access Forums				
Continuation of development to reach our networks: • Nye's Community Champions • Housing Associations • Third Sector	Population of Gwent	Head of Engagement	Ongoing	Attendance at meetings Feedback received Emerging themes Levels of Participation
Ensure timely and well-judged responses to enquiries from the media and urgent briefing requests, including those from Welsh Government, MPs, MSs, and Local Councillors around health matters.	Media, Welsh Government, NHS Wales, elected members	Head of Communications / Senior Communications and Engagement Officers	As required	Positive news coverage Appropriate responses are made within journalists' stated deadlines NHS Wales Bulletin deadlines are routinely met with appropriate material Responses from political figures are in line with Health Board response

Aim 2	To ensure our communications and engagement are tailored to the appropriate audiences, in a way that empowers people to make good decisions for their health, utilising staff, community leaders and local trusted voices to also support the health of their communities			
Action/ Task	**Audience Focus**	**Lead**	**Timescale**	**Success/ Evaluation Criteria**
Drive by insight and feedback when creating communications Utilise engagement networks to work with key audience groups such as young people, young families, diverse communities and LGBTQ+ communities to ensure communications adhere to 5 Rs in this strategy	Diverse Communities LGBTQ+ Community Young People Protected Characteristics Groups Population of Gwent Older People's Forums Children and Young People	Head of Engagement / Strategic Head of Communications Population Health	Ongoing	Engaged communities within coproduction and service improvement Increased engagement across channels due to relevant messaging being appealing Number of new relationships across communities

Inclusion, Diversity Accessibility - Ensure communications are accessible to the many. Further utilising tools e.g. Recite Me / BSL where possible Continue to engage with stakeholders and communities to understand any additional needs that can be met to support communications such as older people, learning disabilities and additional languages	Diverse Communities Protected Characteristics Groups Population of Gwent Older People's Forums Children and Young People	Head of Engagement	Ongoing	Engaged communities within coproduction and service improvement Increased engagement across channels due to relevant advances in accessible communications Number of new relationships across communities Patient feedback and surveys
Continue to attend a wide range of Community Events such as fresher fairs, community fun days, open days etc to promote Health Board messaging, campaigns and services - Utilise resources from the Public Health team	Population of Gwent Education Institutions: Young People and Students Partners	Head of Engagement / Communications and Engagement Officers	Ongoing	Number of events attended Number of conversations at events Number of new stakeholders gained Number of resources distributed

around self-help and lifestyle changes - Provide any feedback and insight from events to relevant departments				
Maintain and develop a comprehensive Stakeholder Management System, which: • Allows the Health Board to share information on a regular basis • Invites people to take part in formal engagement / consultation processes	Population of Gwent	Head of Engagement	Ongoing	Increase the number of stakeholders Increased engagement from stakeholders

Aim 3	**To listen to our staff, patients, communities and partners across Gwent, by gathering insight and intelligence and feeding this back to the Health Board to inform decision making**			
Action/task	**Audience Focus**	**Lead**	**Timescale**	**Success/ Evaluation Criteria**
Expand and grow the Nye's Community Champions Network across the five local	Population of Gwent Champions	Head of Engagement	Ongoing	Focus Groups / Surveys Attendance at meetings

authority areas within Gwent, which: - Will enable communities to share the news of the Health Board - Gives people a direct line into the Health Board to raise issues / questions / suggestions				Feedback received
Strengthen and develop the Diverse Communities Health Forum	Partners Diverse Communities	Head of Engagement	Ongoing	Number of emerging themes Increased number of attendances at meetings Co-production of services Focus Groups / Surveys Attendance at events
Develop the 'Gwent Social Media Hub' - Continue to build a network of social media managers across Gwent	Partners / Stakeholders / Gwent Population	Strategic Head of Communications Population Health / Social Media Manager	November 2022 Set Up	Number of stakeholders signed up Number of stakeholders actively involved

			Delivery Ongoing	Number of stakeholders sharing content Number of organisations aligned to common goals
from partner/ stakeholder organisations - Foster a culture of sharing, achieving common goals and solving problems together, to support local communities in living well through social media				
Engage and involve people who others are also seeking to engage by working alongside partners, such as: - PSB Engagement Group - Local Authority Engagement Groups - Regional Partnership Board - Gwent Citizens Panel	Population of Gwent	Head of Engagement / Strategic Head of Communications Population Health	Ongoing	Number of partners engaged Alignment of goals and achievements Coproduction of projects, programmes and campaigns as relevant
Understand the needs of and coproduce work with young people - Working with local education providers such as Coleg Gwent, set up	Young People Schools & Colleges	Head of Engagement/ Strategic Head of Communications Population Health	Ongoing	Number of schools / colleges engaged Number of schools / colleges sharing content

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		/ Social Media Manager		Number of engagement events attended
regular feedback sessions with young people to understand their needs, and what is on their agenda in order to coproduce content and communications that put health on the agenda and appeal to young people - Further develop relationships with Primary and Secondary schools and colleges across Gwent and share relevant materials with them, such as Toolkits, as well as attend engagement events				Number of conversations at engagement events Number of young people engaged in feedback sessions Number of pieces of work coproduced with young people Increase of young people engaging with health-related topics Measurements and monitoring through Sprout Social and social listening
Further develop business engagement across Gwent - Build a reliance on the Health Board communication resources to fulfil local business HR requirements in areas	Local Businesses / Partners	Head of Engagement / Strategic Head of Communications Population Health / Social Media Manager	Ongoing	Number of businesses engaged Number of businesses sharing content Number of Businesses attending meetings / events

such as employee wellbeing, staying healthy, healthy weight etc - Build specific toolkits to support local businesses in promoting Health Board messaging - Utilise local employers in behaviour change intervention and support employees to live and work well in Gwent.				Engagement Events attended across employers in Gwent
Aim 4		**To work collaboratively both within the Health Board and externally with partners to strengthen our connections, achieve common goals and whole system change to improve the health of our communities by creating a single public sector voice**		
Action/task	**Audience Focus**	**Lead**	**Timescale**	**Success/ Evaluation Criteria**
Align community engagement activities to locality issues: • Primary Care Borough Engagement Meetings	Internal Health Board Services	Head of Engagement / Primary Care	Ongoing	8-weekly meetings (attendance)

		Communications Manager		
Facilitate full involvement and engagement with stakeholders from across our communities to help inform the Health Board's decision making	Stakeholder Reference Group	Asst Director Communications & Engagement / Head of Engagement	Ongoing	Attendance at meetings
Work closely with *Llais* to ensure a continuous dialogue with the population and compliance with NHS Service Change in Wales	*Llais* Population of Gwent	Assistant Director of Communications & Engagement / Head of Engagement	Every Quarter	Quarterly meetings Positive aligned outcomes
Provide informal and formal face-to-face briefings and updates with MPs and MSs / Local Politicians	MPs and MSs / Local Politicians	Assistant Director of Communications & Engagement / Head of Engagement		Number of engaged MPs/MSs Sharing of relevant messaging by MPs/MSs

Aim 5	To equip the organisation with the tools to adapt to a changing environment, allowing it to communicate and engage more effectively both with staff and stakeholders

Action/task	Audience Focus	Lead	Timescale	Success/ Evaluation Criteria
Support clinicians and managers from across the Health Board with Service Redesign and Development - Ensure that staff are skilled and have access to training regarding formal consultation and engagement processes, so that staff are supported to develop skills and practice within this area. - Develop a toolkit for effective community Engagement - Develop a Communications Delivery Plan	Health Board Services	Asst Director Communications and Engagement / Head of Engagement / Head of Communications	As Required	Compliance with the guidance in respect of NHS Service change in Wales Number of staff leading change through engagement *Llais* engaged

Review and maintain the public-facing website for the Health Board, ensuring it adheres to the key principles of the Communications and Engagement Strategy. Key areas of concentration: - Accessibility - Site Navigation - Easy Read Content	Public, patients, staff, other external stakeholders	Head of Communications	By March 2024	Analytical data, including Google Analytics, user surveys and website feedback Increased engagement numbers Compliant with accessibility guidelines and Welsh Language Standards legislation
Health Board Reputation Management - Continue to build on best practices to manage Health Board reputation on things such as crisis and media response - Work closer with departments to ensure that all media enquiries go through the Communications and Engagement team to manage any risk and protect the reputation	Health Board Staff Journalists	Head of Communications	Ongoing	Staff engagement in passing on media enquiries Positive media coverage Number of media responses Increase in public sentiment towards the health board

- Work proactively with the media to share good news stories and proactive campaigns to raise awareness of Health Board activities				
Continue to innovatively use social media as a tool for delivering strategic Communications and Engagement	Public, patients, staff, media, other external stakeholders	Strategic Head of Communications Population Health / Head of Communications / Social Media Manager	Ongoing	Development and implementation of a Social Media Strategy Public and Partner Feedback Platform Analytics: - Engagements - Following - Link Clicks - Competitor Reporting - Inbox Numbers Sprout Social - Social Listening
Review, maintain and further develop the AB Pulse Intranet site	Staff	Head of Communications	Ongoing	Positive feedback on the Intranet Growing audience figures and participation

| Develop community networks surrounding place-based developments:

• Bevan Health and Wellbeing Centre
• Newport East Health and Wellbeing Centre | Local population | Head of Engagement / Primary Care Communications Manager | Ongoing | Attendance at meetings

Participation & feedback received |

Aim 6	**To continue to develop the skillset of the Communications and Engagement team to enhance, innovate and futureproof our communications and engagement work**			
Action/task	**Audience Focus**	**Lead**	**Timescale**	**Success/ Evaluation Criteria**
Embed code of conduct from CIPR within the Communications and Engagement strategy, utilising key principles such as Ethics, Strategy, and leadership in our everyday practice.	Communications and Engagement team	Communications and Engagement Senior Leadership Team	Strategy: October 2023 Delivery Ongoing	Principles embedded in strategy Communications and Engagement team delivering on key principles in their work Decision making and messaging creation using ethics

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Foster a culture of encouragement and growth by: • Encouraging the team to join relevant professional industry bodies, such as CIPR, CIM, CIPD etc • Creating a social norm of continuous professional development to inspire team to bring new skills to their work	Communications and Engagement team	Communications and Engagement Senior Leadership Team	Ongoing	Number of team registering with professional bodies Number of team utilising learnings from CPD Number of team taking CPD courses
Implement 5 step planning model to ensure we are developing, tailoring, and measuring impact			Delivery Ongoing	
Conduct bi-monthly development sessions for the team and other interested departments. The Senior Leadership Team will develop and agree an annual programme.	Communications and Engagement team	Communications and Engagement Senior Leadership Team	Delivery Ongoing	Development Session Annual Plan Number of team attending sessions Team feedback

Aim 7	To continue to innovate our communications and engagement platforms and ways of thinking by embracing new digital and offline techniques and advancements			
Action/task	**Audience Focus**	**Lead**	**Timescale**	**Success/ Evaluation Criteria**
- Continue to build and develop networks with other communications teams within health across Wales for peer sharing - Gain insight from across the communication industries on new techniques and successes from other Health Boards and partners.	Professional Partners across Communications	Head of Communications	Ongoing	Shared insight leading to local developments
Continue to build on proactive relationships with journalists to use the media to promote key messaging for the Health Board	Journalists / Media	Head of Communications	Ongoing	Increased uptake in press releases Increases positive stories Increased new relationships

Continue to develop a comprehensive Face-to-Face Engagement schedule	Population of Gwent	Head of Engagement		Comments and feedback received
Further build relationships across Gwent for the distribution of Health Board print materials to ensure that offline methods of communication are being developed	Population of Gwent / Professional Local Stakeholders	Head of Communications / Head of Engagement	Ongoing	Uptake in displaying of printed materials across Gwent Increase in people engaging with print materials through measured analytics such as BIT.LY and Google Analytics
Develop the use of WhatsApp to engage with communities and partners, building on insight about what people would like to be informed about	Population of Gwent Diverse Communities	Head of Engagement	Ongoing	Number of new people added to WhatsApp Group Number of people engaging with messages
Utilise Smart Survey within the Health Board to support services in engaging with the public for coproduced service improvements and feedback	Health Board Services Gwent Population	Head of Engagement	Ongoing	Number of services using Smart Survey Number of positive improvements due to public engagement

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Public Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Outcome of Survey - Reinforced Autoclaved Aeriated Concrete (RAAC)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins - Chief Operating Officer Hannah Evans – Executive Director- Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Hannah Capel – Associate Director Strategic Capital Jamie Marchant – Divisional Director Estates and Facilities

Pwrpas yr Adroddiad   **Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

The purpose of this paper is to:
- Update the Board on the outcome of the recent surveys into Reinforced Autoclaved Aeriated Concrete (RAAC) prevalence, with particular focus on the Nevil Hall Hospital site,
- Outline proposed next steps in terms development of a service and site plan that responds to the presence of RAAC.

ADRODDIAD SCAA   **SBAR REPORT**

Sefyllfa / Situation

An alert was received from Welsh Government in February 2022 in relation to Reinforced Autoclaved Aeriated Concrete (RAAC), requesting that all Health Boards undertake a desktop review to determine if there is any RAAC present within the Health Board's estate.

Following the desktop review, it was concluded that a further level of investigation was required to provide health organisations and Welsh Government with assurances that the extent of RAAC is fully understood and that appropriate measures are in place to manage the issue and risks in the short, medium and longer term.

In February 2023, the Health Board was requested by Welsh Government and Shared Services to undertake the following:

Desktop Review
- Appoint a Structural Engineer to undertake a desktop review of all Health Board premises which were constructed between 1960-1995.
- Provide a summary of findings and evidence that any recommendations made have been addressed.

Surveys and Risk Management Plans
For any premises which have been identified as containing RAAC:
- Appoint a Structural Engineer to complete a detailed survey,
- Identify requirements for intervention (stating period for implementation),
- Confirm requirements for future monitoring and inspection,
- Provide projections on the potential lifespan of the RAAC, and
- Address any immediate urgent actions.

The above actions have been completed and the findings show that in Aneurin Bevan Health Board area, Nevill Hall Hospital (NHH) is the only site within the health board estate found to have RAAC some of which has been identified as "high critical".

Legal advice has been sought on the level of risked posed to the Health Board given its duties under the Health and Safety at Work Act (1974) and the Corporate Manslaughter and Corporate Homicide Act 2007. The corporate Health and Safety Team is actively engaged to ensure any risks or remediation works do not compromise the health and safety of staff, patients or visitors.

This paper sets out the findings of the survey, updates on urgent remedial action and presents the approach to developing a medium to longer term strategy for the NHH site.

Cefndir / Background

Reinforced Autoclaved Aerated Concrete (RAAC) panels are a form of pre-cast, off-site construction widely used between the 1950's – 1990's as a material for lightweight wall, flooring and roofing solutions. This construction method was used in schools, hospitals and many other structures in UK. Following incidents in 2017 and 2018, it was highlighted that the material only has a design life of 30 years and, if in poor condition, and/ or if poorly constructed, is liable to failure.

In February 2022, Welsh Government requested that all Health Boards undertake a desk top exercise to determine whether its sites had any RAAC presence. Consequently, it was identified that NHH site has a significant presence of RAAC. The desktop review confirmed that there are no further sites which are Health Board owned which contain RAAC.

A subsequent instruction was given to all Health Boards in February 2023 by Welsh Government to appoint Structural Engineers and to refresh the desktop review as it had been identified that there is evidence of RAAC in buildings constructed up to 1995. There was also an instruction to undertake in-depth surveys where a presence of RAAC was identified.

Mott MacDonald was appointed as the Structural Engineer on behalf of the Health Board to undertake both surveys, and work commenced in March 2023 and completed in July 2023.

The in-depth surveys concluded that of the 53,460sqm of Nevill Hall Hospital, approximately 14,472sqms of it has RAAC present, predominantly in the ceilings.

The aim of the survey was to evaluate the current condition of all RAAC panels and assess the associated risks for each one and categorise into one of the four categories in line with the guidance from the Institution of Structural Engineers (IStructE) and summarised in the infographic below:

Element	Discussion
High / Critical	For the High (Red) Risk category, urgent attention may be required such as immediate exclusion zones or the introduction of temporary propping to allow the safe ongoing use of a building. In some instances, this may recommend immediate closure and implementation of temporary accommodation.
High	For the High (Red) Risk category which is considered non-urgent, remedial works would be required as soon as practicable.
Medium	For the Medium (Amber) Risk, regular monitoring on a regular basis is recommended, eg. Six-monthly to Annually
Low	For the Low (Green) Risk, monitoring occasionally, say 3-5 year period, is recommended depending on condition

The panel and associated room risk rating is directly associated with the risk concerns considered for RAAC panels, including reduced end-bearing, poor anchorage, cut-panels, water penetration, excessive deflection (as shown in diagram below) and adverse or modified loading conditions.
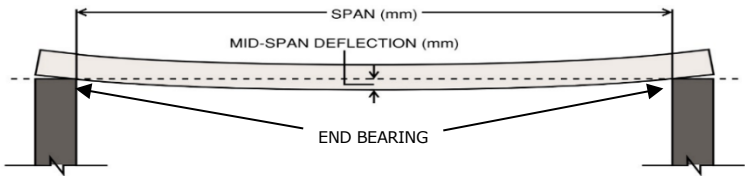
The dimension of the supporting elements and the 'end-bearing' of the RAAC panels is critical to the shear strength of each RAAC panel. The steel bars within the RAAC must sit over the supporting end bearings to achieve the full design strength of each panel. It is recommended within the IStructE Guidance that the minimum bearing width for panels to be sat on is 75mm, anything less will compromise the shear strength of each panel. The end bearing is also risk rated in line with the following -

The findings have been mapped by each individual panel and also by the end bearing, giving each panel a specific risk rating, with an overall rating being provided for the impact of the end bearings. This information has informed the action plan in relation to how often each panel needs to be inspected based on their criticality level, in line with the risk table above. For areas identified as high critical, immediate propping is the required course of action.

Asesiad / Assessment

Findings

The survey findings have identified that there is approximately 14,472 sqms of RAAC in Nevill Hall Hospital. This is essentially everything of single storey, flat roof structure and equates to 7505 panels. It should be noted that there is a large amount of plant and ductwork on top of the flat roofs, which also compromises the integrity of the panel. The plans in Appendix 1 highlight the areas where RAAC is present and is colour coded according to its room rating. Diagram 1 shows Level 0 and Diagram 2 shows the plans for Level 1. Some areas were not surveyed as they were deemed inaccessible due to levels of asbestos present/ closed off areas, e.g hydrotherapy pool and gym.

As illustrated in the chart below, 4.8% has been identified as "high critical" and it has been necessary to undertake immediate propping, or in some instances where there is a compromise to service, remediation works have been required and planking (additional timber support which then negates the need for props) has been established.

Panel Inspection — Yes, No: 94.2% Yes, 5.8% No

Panel Risk Rating — Low Risk 60.6%, Medium 12.1%, High 22.5%, High Critical 4.8%
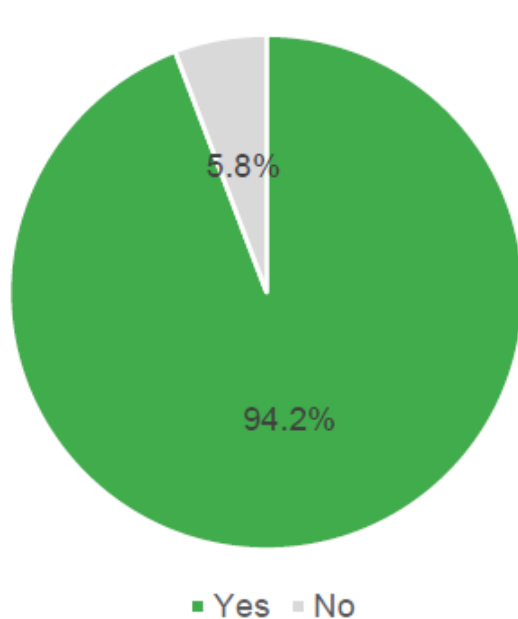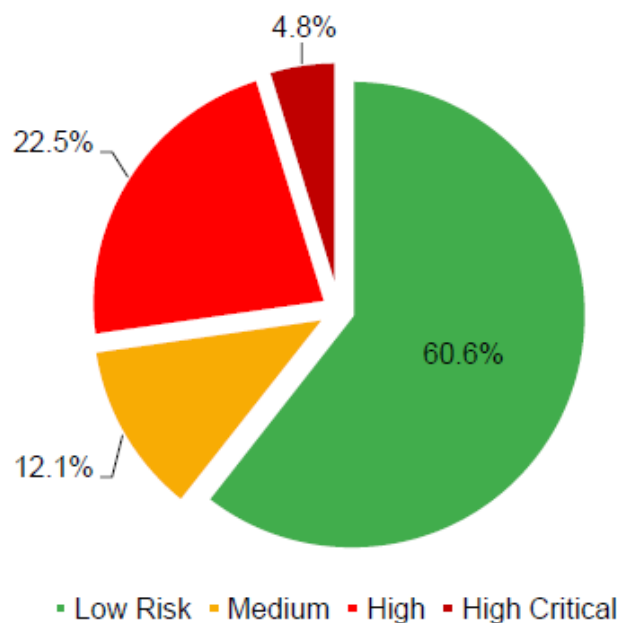
Although the inspections show that 60% of the RAAC panels are at low risk, the overall risk rating has increased to 'High' due to the findings in relation to the end bearing. This however is predominantly down to original design methodology of the hospital and not as a result of the presence of RAAC.

The cost of work to date has been approximately £250k in relation to surveying, installing props and planks and remediation work. In order to undertake the next level of remediation work (e.g. timber support, etc), as determined by the IStructE Guidance, the areas highlighted as "high critical" and "high" now need to be addressed within 12 months in line with the report from appointed Structural Engineers. High level estimates are of circa £5m capital required to further remediate in the medium term these areas, notwithstanding the estimated £35m backlog maintenance for the site (approx. £15m for the areas identified with RAAC), as identified in the latest 6 Facet Survey (circa 2017). There is currently no identified funding stream for this quantum of capital and the working assumption is the Welsh Government will fund the required works. This work will need to be undertaken whilst determining the long-term solution to eradicate RAAC.

The RAAC position in Nevill Hall needs to now be considered in the context of the Clinical Futures strategic vision for NHH as an eLGH as well as:
- The development of the Satellite Radiotherapy Centre
- The emerging work on the configuration of Stroke rehabilitation services (paper to Board on July 23),
- Developing thinking on piloting a place-based care model in Blaenau Gwent
- The Health Board's estates strategic priorities

Following a meeting and walkaround regarding RAAC with Welsh Government and Shared Services in NHH on 27th June, the Health Board has now been requested to assess what the longer-term plans are from the site in relation to services which need to be delivered from Nevill Hall Hospital, including any rationalisation of estate which can be achieved so that this can then be factored into the All-Wales Capital Plan.

Actions and Next Steps
Based on the outcomes of the report, the 'high critical' areas identified have been addressed as follows, in line with IStructE guidance and the advice of the appointed structural engineers, Mott MacDonald:

- Props have been put in place in the 'high critical risk' areas (400 props across the entire site),
- 'Planking' (additional timber support which then negates the need for props) has been put in places in some high critical areas where the presence of props would have left the service or area unworkable,
- 4 offices, 1 room have been closed since November 2022 and more recently the hospital Chapel was temporarily closed for further surveying work,
- Regular communications with staff on the developing position.

Going forward, the Health Board is undertaking the following based on the formal recommendations from Mott MacDonald:

- Regular 6-monthly inspections of areas containing RAAC with structural engineers,
- Weekly prop inspections,
- Further in-depth investigations in discussion with structural engineers,
- Address high risk areas over the next 12 months as per report,
- Weekly meetings with Welsh Government and NHS Wales Specialist Estates Services ,
- Engagement has also taken place with NHS England to discuss their approach to RAAC to inform ABUHB planning and response.

The following governance and oversight structure has now been set up in order to manage the ongoing day-to-day management of RAAC and associated works and the future site planning to reconfigure the site.

Diagram 3 – Governance and oversight arrangements
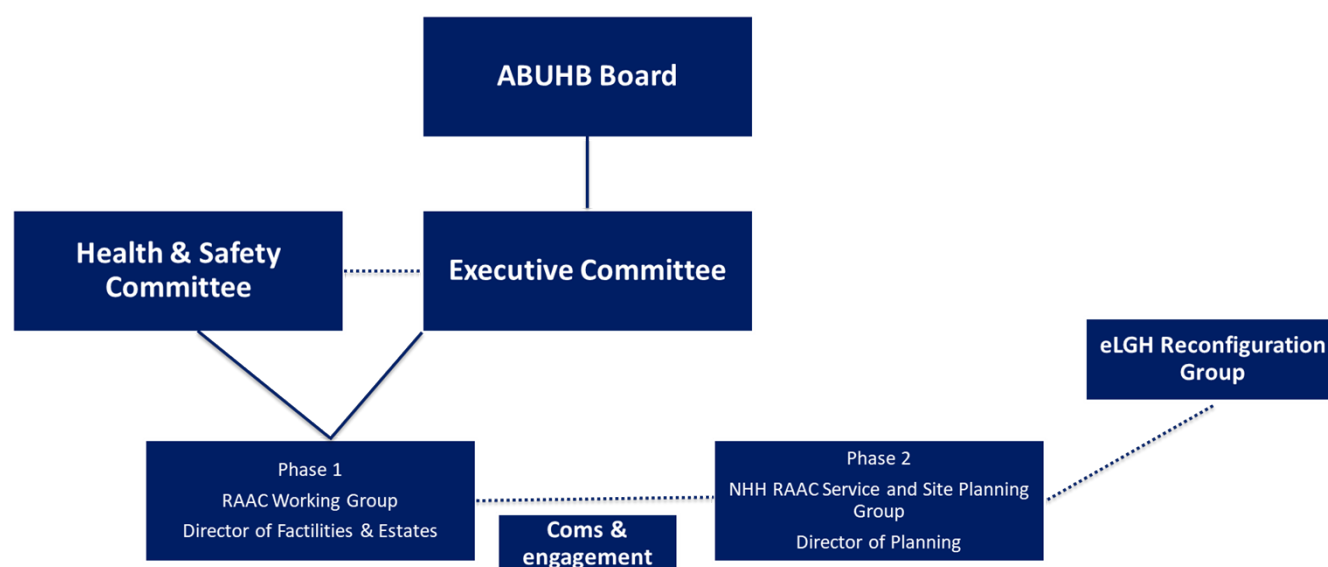
The phases of work have been scoped as follows:

- Phase 1 – Immediate issues and operational management
  Fortnightly meetings have been set up to work through and co-ordinate the activities required to address risks posed and ensure appropriate governance is in place

- Phase 2 – Ongoing risk management and mitigation
  Fortnightly meetings have been set up to undertake the following –
  - Develop service and site plan to address the medium/longer term risk
  - Development of SOC for phase 3
  - Engage with key partner as this work evolves

- Phase 3 – Longer term strategic configuration for Nevill Hall Hospital
  This work will follow on from the Phase 2 work, building on the service changes as a result of the shorter-term site reconfiguration

Argymhelliad / Recommendation

It is recommended that the Board:
- **Note** the update on the outcome of the recent surveys into RAAC prevalence, with particular focus on the Nevill Hall Hospital site,
- **Note** the work which is being undertaken alongside professional advice and guidance
- **Discuss** and support the need to develop a service and cost-effective site plan that respond to the implications and risks set out.

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):	2.1 Managing Risk and Promoting Health and Safety 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	Enabling Estate
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)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

APPENDX 1

Diagram 1 – floor 0

Diagram 2 – Floor 1

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Annual Plan 2024/5: Approach and Key Milestones
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Trish Chalk, Interim Assistant Director of Insight, Improvement & Planning Marie-Claire Griffiths, Head of Strategic Planning

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The NHS Wales Finance Act (2014) requires the Health Board to annually submit an Integrated Medium-Term Plan (IMTP) that can financially balance over a three period to Welsh Government for approval. However, if the Health Board determines it cannot meet those requirements, then the Board can decide to focus efforts on the development of an Annual Plan.

This paper sets out the proposed approach to developing the plan for 2024/25.

Cefndir / Background

Each year Welsh Government issues an NHS Wales Planning Framework in the Autumn that sets out the requirements for Health Boards to plan against, including the national policy context, ministerial priorities, statutory obligations and a Minimum Data Set (MDS) adopted as the mechanism that provides assurance on delivery of core services. Welsh Government has not yet confirmed the date of issue for the Planning Framework and therefore the submission date for the plan has not yet been confirmed. In line with this year, the Health Board is assuming, and planning towards a submission date of 29th March 2024.

Across the UK and Wales, the NHS is facing a significant and unprecedented financial challenge this year, which is expected to endure into 2024/25. The Health Board is no exception to these challenges and is forecasting a deficit in excess of £100 million this financial year.

In response to the challenged financial position, the Health Board has responded robustly through the identification of opportunities and schemes to improve both the in year position and to inform the plan for 2024/25. The planning approach for 2024/25 plan will build on this clinically led approach and quality impact assessment (QIA) process and take this learning and schemes forward into 2024/25 plan.

The approach for 2024/25 will also recognise the need to provide a clear steer into the organisation and operational teams on the priorities for 2024/25 through a set of planning parameters.

The plan will be developed using the consistent engagement approach including Trade Union Partnership Forum (TUPF), Llais and Regional Partnership Board (RPB).

Asesiad / Assessment

1. Annual Plan Approach

The plan for 2024/25 will have quality and safety at its heart but through a sustainability lens with an unequivocal focus on maximising use of core and existing resources.

It will draw on the dynamic planning model used in previous IMTPs using that insight to take a top down and bottom-up approach. The below diagram summarises this:
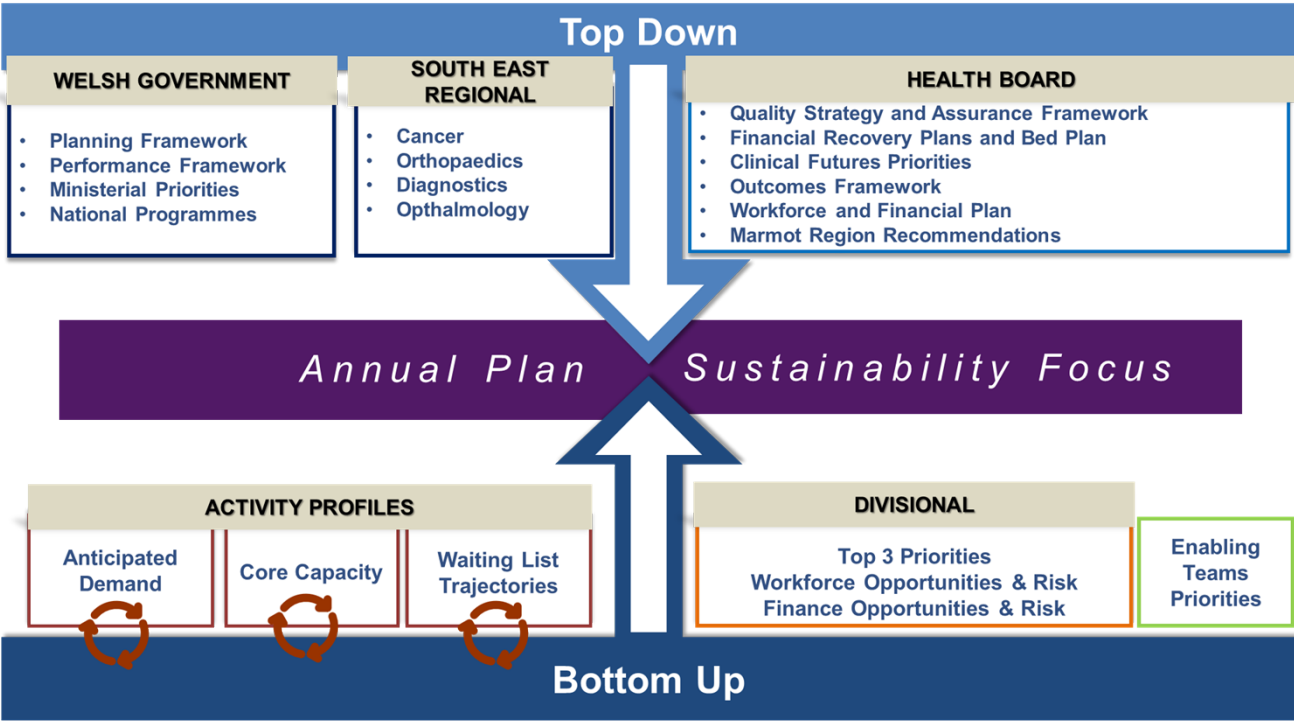
Using assessment and insight, the approach will provide clear guidance to the organisation on priorities and expectation alongside support on identification of the big opportunities and challenges. This will support a set of meaningful planning parameters which will set out the key quality, workforce, financial and delivery assumptions within which services will be required to plan, with no assumptions of growth.

In support of the planning approach outlined there will be five planning principles used to develop the annual plan:
1. Develop an Annual Plan as a step towards sustainable and safe services that will be the foundations for an IMTP in 2025/26,

2. The planning processes as a supportive tool to respond to the planning parameters, reaffirm and realise the agreed top divisional priorities and financial recovery plans,
3. Quality Strategy will be a golden thread and patient safety will be prioritised above all else and demonstrated through quality impact assessments,
4. The financial context will determine our ambition for new areas of investment and ensure maximisation of resources,
5. The People Plan will guide our response to workforce and OD challenges and opportunities.

2. Maximising use of resources

Financial recovery and sustainability will be core to the plan. The organisation has already undertaken considerable work to establish refined divisional priorities and financial recovery schemes. The Clinical Advisory Board and Executive team identified a number of organisation wide value and sustainability programmes. These programmes have quality and safety improvement and workforce and resource maximisation at their heart and the full realisation of these will be detailed in the annual plan:

- **Prevention and population health** – a focus on the prevention offer to support sustainability, including a realisation of benefits of partnership and place based care agenda
- **Primary Care Sustainability –** recognising the fundamental importance of a strong primary care foundation, work on strengthening the sustainability across Gwent,
- **Bed Base Review** – maximising patient safety through a reconfigured, realigned and resourced bed base,
- **Review of model for acute medicine -** ensuring a sustainable and effective model in place across the network,
- **Ambulatory Care Optimisation –** ensuring care is provided in the most appropriate setting, enabling patients and service users to access assessment and intervention swiftly and be discharged to their home,
- **Efficiency in delivering planning care –** efficient models and processes for outpatients and theatres and a focus on clinical effectiveness of interventions,
- **Workforce Sustainability –** through a focus on delivery of the People Plan and a review of variable and enhanced pay arrangements,
- **Digital –** delivery of digital solutions that improve patient safety and experience, and staff experience and productivity.

3. Annual Plan Key Components

The ambition for the planning process is that it builds on a continuum of planning activity, dialogue, engagement and actions already underway (eg the QIA process) ensuring it is agile to Welsh Government requirements but driven by local insight and intelligence. The plan needs to be meaningful and integrated and be built on engagement at community, Board and service level.

The following areas are outlined as core elements of the annual plan;

Demand, Capacity and Activity
Activity profiles are a key part of the MDS. Work on the profiles also supports the confirmation of the deliverable performance ambitions as set against the ministerial priorities. These are generated through discussion, iteration and challenge with directorate teams.

Clinical Futures (CF) Programmes
For 2024/25 the scope and priorities of these programmes will be aligned to the sustainability areas referred to above where appropriate and articulate the transformation changes that will be delivered in the short (year), medium (3 years) and longer term for the clinical futures programmes,
- Mental Health and Learning Disability Transformation Programme
- Urgent Care Six Goals Programme
- Cancer Transformation
- Planned Care Recovery Programme
- Health and Care Pathways
- Place based care models, including Neighbourhood Care Network (NCN) Development
- Decarbonisation

Enablers
The Planning Network will ensure the triangulation and integration of service and operational information, aligning "asks and offers" to the Divisions. The plan will set out the priorities for the enablers of Workforces, Finance, Digital as well as the golden thread of Quality and Safety.

NCN, Integrated Service Partnership Board (ISPB) and Regional Partnership Plan
Last year the role of NCN plans in informing the Health Board's IMTP, together with the Integrated Service Partnership Boards (ISPBs) Pan-Cluster Plans and the Regional Partnership Plan was strengthened. The approved 2022/23 NCN plans provide a baseline that will be reviewed, tested and reset to set out realistic programmes of work to improve the health and wellbeing of their populations.

For 2024/25 there will be a light touch review of the NCN Plans which will be completed in November. These coupled with the regional population needs assessment will form the ISPB plans submitted to Welsh Government in January. The Health Board's Annual Plan will incorporate and align to the ISPB priorities with the necessary focus on primary care sustainability.

4. Governance

The annual plan and planning approach will be delivered through the internal Planning and Strategy Network which meets on a monthly basis increasing to bi-weekly during peak planning. The Planning and Strategy Network has a focused membership including quality, planning, workforce, finance, capital, digital, value and partnerships who are responsible for ensuring an integrated plan that is delivered in line with the Welsh Government and Health Board requirements and timelines. The Planning and Strategy Network will update the Executive Committee on progress with plan development, through which its work will feed into the Board sessions on the plan.

5. Next Steps

The key next steps until the annual plan submission are:

Sept:	• Coordination of planning, workforce and finance milestones to strengthen integrated planning approach • Annual Plan assumptions shaped ahead of Directorate meetings
Oct:	• **Planning parameters and priorities** tested with and shaped by Board • Activity Profile Review with Directorates (based on demand & capacity)
Nov:	• **Annual Plan parameters and priorities** approved by Executive Committee & Board • Activity Profile Review with Directorates (based on demand & capacity) • NCN plans developed • Divisional plans developed (financial recovery schemes & top priorities)
Dec:	• Enabling Plan cross-check to ensure capture divisional priorities • Health Board Prioritisation process (including 24/25 business cases)
Jan:	• Receive ISPB plan and align to Annual Plan • Engagement programme with TUPF, Llais, RPB • **First draft Annual Plan** shared with Executive Committee & Board
Feb:	• Annual Plan refined feedback from engagement & Board
Mar:	• **Final Annual Plan** submitted to Board for Approval • **Final Annual Plan** submitted to Welsh Government

Argymhelliad / Recommendation
The Board to **discuss** and **note** the development of the Annual Plan for 2024/25.

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):	All Health & Care Standards Apply 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	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Integrated Medium-Term Plan (IMTP) Quality impact assessment (QIA) Minimum Data Sets (MDS) Trade Union Partnership Forum (TUPF) Regional Partnership Board (RPB). Enhanced Local General Hospital (ELGH) Respiratory High Care Unit (RHCU) Interventions not normal undertaken (INNUs) Getting it Right First Time (GIRFT) review Clinical Futures (CF) Neighbourhood Care Network (NCN) Integrated Service Partnership Board (ISPB)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 September 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Interim Performance Report – August 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Jennifer Keyte, Senior Planning and Service Development Manager

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

This report provides an update on key performance areas where information is available since the Quarter 1 Outcomes and Performance Report with a full Quarter 2 report being produced for the November 2023 Board meeting, with a focus on delivery against key national targets included in the performance dashboard (Appendix 1). Outcome based reporting will be provided on a quarterly basis in line with the IMTP cycle. This report therefore focusses on specific performance against the organisation's key priorities in line with the national performance framework.

The Board is asked to:

- **Note** the progress achieved at the end of July/August 2023,
- **Note** the planned changes following the internal end of year review and Audit report.

Cefndir / Background

The IMTP for 2023/24 sets out the vision for the organisation, that is to improve population health and reduce health

inequalities experienced by our communities. In order to achieve this vision, the IMTP focusses on 5 life course priorities.

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

Next Steps following Internal Audit
The approach for monitoring IMTP delivery, of which this report is a key component, has recently been subject of an Internal Audit. The outcomes and recommendations have supported further improvements to this report and will be included in Quarter 2 performance and outcomes report. The Internal Audit report is scheduled to be reported at the next Health Board's Audit Committee in September.

Asesiad / Assessment

Priority 1 - Every child has the best start in life

The number of children on the Health Board's waiting lists who have been waiting over 36 weeks for treatment increased during the pandemic and peaked during the summer of 2021. There has been a focused effort on paediatric ENT patients and as of August 2023, all children who had waited more the 52 weeks have now received their first outpatient appointment. Additionally, the Health Board is working alongside the Welsh Health Specialities Services Committee (WHSSC), who are undertaking a deep dive into a range of paediatric sub-specialities to develop options with a focus on addressing increased waiting lists, in particular those waiting over 2 years. The health board is close to eliminate waits of over 2 years (104 weeks).

There has been a reported sustained position with regards to childhood immunisation, with 90% of children receiving 2 doses of the MMR vaccine by the age of 5. Additionally, 94% of children received 3 doses of the hexavalent '6 in 1' vaccine by age 1, demonstrating sustained strong performance.

Priority 2 - Getting it right for children and young adults

The CAMHS Neuro-developmental (ND) Service remains committed to achieving the 80% target of completing ND assessments within 26 weeks. A robust ND recovery plan was implemented in April 2023 to be able to support the current waiting lists across the 0 - 18 years pathway and consequently, compliance has increased from 36.3% in April 2023 to 42.9% in July 2023. As of July 2023, 68% of patients waited less than 28 days for a first appointment with specialist Child and Adolescent Mental Health services and the service are on track to meeting the target of 80% by the end of the financial year.

A new pathway has been approved for those aged 0-5 years on the waiting list waiting for an ASD assessment. This will begin to have an impact once the new team is in place following recruitment in Quarter 3 2023. For the children and young people on the 5-18 years waiting list, an ND recovery team has been put in place to support those patients waiting the longest and support for the core ND team. Focus will also be on the ND screening of new referrals with completed supporting information.

Priority 3 - Adults in Gwent live healthily and age well

Planned Care

Maximising an individual's time is a core element of planned care. Eliminating three year waits for treatment is a primary objective of planned care recovery and as such, performance against trajectory is ahead of schedule, with 99 patients waiting more than 156 weeks for treatment at August 2023 compared to the forecast of 194. This long waiting cohort has been reduced by nearly three quarters over the last five months and based on current performance is likely to be eliminated ahead of schedule.

There has been some progress as of August 2023 in treating patients waiting over 104 weeks. However, performance is yet to achieve target delivery against the plan; with 1,449 patients waiting over 104 weeks compared to the forecast of 1,043.

Performance Trajectory		Apr-23	May-23	Jun-23	Jul-23	Aug-23
Number of patients waiting more than 104 weeks for referral to treatment	Forecast	1,589	1,351	1,260	1,199	1,043
	Actual	**1,589**	**1,351**	**1,577**	**1,502**	**1,449**

Challenges in delivering in line with forecast are due to particular issues in a few specialties, namely ENT, ophthalmology, urology and spines. These specialties have improvements in place with an ambition to bring performance back in line to forecast. These plans include the regional solution for Ophthalmology which is in the process of being implemented, ENT modernisation through use of audiologists and GP gatekeeper. Despite increases in some areas there has been a 20% reduction in two year waits since March 2023. However, increased focus is required to ensure return to trajectory.

Performance Trajectory		Apr-23	May-23	Jun-23	Jul-23	Aug-23
Number of patients waiting more than 52 weeks for a new outpatient appointment	Forecast	9,580	10,190	10,729	10,973	11,068
	Actual	**9,580**	**10,190**	**11,503**	**12,130**	**12,291**

Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus of the Outpatient Transformation programme. A key focus of the programme is on its outpatient Did Not Attend (DNA) plan, of which the current rate has reduced from 6.3% in April 2023 to 5.7% in August 2023. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus next quarter to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

Diagnostics

As seen in the graph below, cardiology diagnostic waiting times have seen significant improvements, driven by use of an insourcing company to deliver additional echo capacity.

Diagnostic waits > 8 weeks

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Endoscopy	3528	3515	3247	3212	2967	2836	2749	2727	2599	2705	2527	2061	2219	2372	2386	2082	1978
Radiology	220	352	309	325	349	479	1044	1180	1358	897	498	321	494	664	665	736	1319
Cardiac	393	242	165	191	200	266	147	134	146	223	49	78	44	98	110	35	76
Urodynamics	130	119	108	116	125	125	108	96	85	75	72	81	125	120	137	127	116

Further key areas in diagnostics include:

- continued insourcing of additional endoscopy capacity has supported an improvement in the 8-week backlog with a small decrease in the numbers of people waiting at the end of August (1,978),
- radiology diagnostics have remained within tolerance, but a slight increase observed during Quarter 1,
- the future developments of the Royal Gwent Hospital endoscopy unit has progressed with approval to recruit ahead of the new unit opening in November 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening.

Urgent Care

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

lockdown impact, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.

Over the last 5 months, there have been on average 533 daily attendances to the Emergency Department or a Minor Injury Unit and the pressure on the urgent care system has resulted in patients staying in hospital for longer periods. The average time from arrival to departure in the GUH Emergency Department continues to be above target and significantly above pre covid levels as the chart above demonstrates.

During August, a total of 1,169 patients (38.5%) waited over 60 minutes to be transferred to the Emergency Department from an ambulance. Whilst this remains high,there has been a concerted effort to decrease the number of delayed ambulance handovers and as such, this has seen a marked reduction from 1,497 (48.1%) in March 2023.

The extreme pressures upon the urgent care system have impacted on the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments. As of August 2023, compliance against patients treated within 4 hours has deteriorated since the beginning of the financial year from 76.1% (April 2023) to 73.6% (August 2023). Additionally, during August, there was a significant increase from 1,374 patients (March 2023) waiting over 12 hours to 1,522.

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Action to improve performance of the urgent and emergency cares system is driven through the six goals programme. Priority areas of focus to improve the system include:

Goal 1	• A 'High Impact User Service Model' exists within the Health Board where referrals are made to a Lead Nurse who is able to make the right community or social referral required to support the patient in safe discharge.
	• Redesigning services for Frail People held their First Strategic and Delivery Group, with the intention that this delivery group will drive pace of change. Work will continue to maximise community resource teams opening hours so the Health Board can make the necessary shift of delivering care closer to home.
Goals 2, 3 & 4	• Urgent Primary Care (UPC) centres are already established with a number of referral streams including 111 and re-directions from Minor Injury Units or A&E. UPC has been supporting a review of the Welsh Ambulance stack and continuing re-directions.

		• SDEC at the Grange opened in August 22, largely receiving General Surgery patients and in the last three months there has been a growth in SDEC in medical patient throughput including streaming GP referred patients directly. SDEC at Ysbyty Ystrad Fawr (YYF) opened in October 22, seeing 'ambulatory' medical patients referred from the AMU. Following the continued success of same day ambulatory care model have been implemented in the organisation a strategic ambulatory care group has been developed to review condition specific pathways including Respiratory Ambulatory Care (RACU) and Gastroenterology Ambulatory Care (GACU) model. • Electronic Triage solution for ED and MIUs. The eTriage project board continues to drive this change which will improve clinical visibility of the often very busy waiting areas and improve patient experience.
Goals 5 & 6		• Revised Discharge planning framework launched with training underway. Approach includes Multi-Disciplinary Team Board rounds, daily huddles, red/green days and criteria led discharge. • A 'Hospital 2 Home' service launched with the purpose of enabling patients to leave hospital by continuing to provide NHS care at home whilst waiting for a package of care. To date 11 patients have accessed the pathway and a RIF application has been submitted to seek continuation of funding and expansion to maximise patient outcomes. • Progress has been made with regards to the Trusted Assessor role and function which has now been implemented across Gwent and with Local Authorities.

Cancer services including Single Cancer Pathway

Compliance against the 62-day target for definitive cancer treatment has increased since the beginning of the financial year from 51.6% (April 2023) to 60.2% at the end of August 2023. Whilst the 65% performance commitment in the IMTP has not been met, performance has improved significantly. Significant increases in demand relating to suspected cancer referrals have continued to exceed 3,500 referrals per month and is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres.
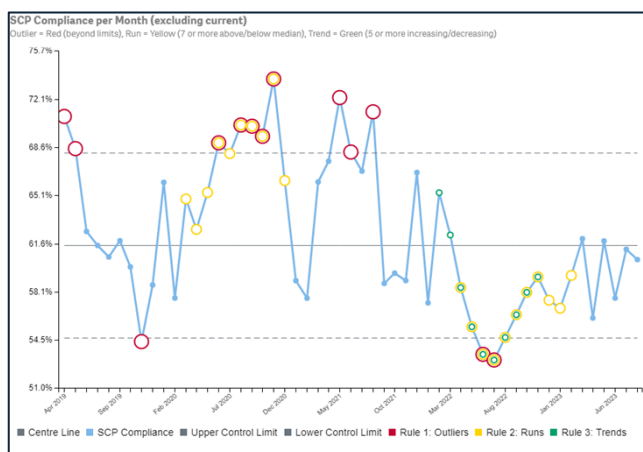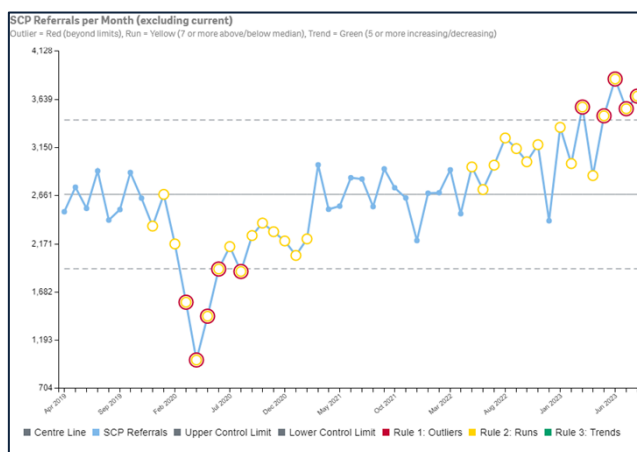
There are a number of factors which have had an impact on overall performance. A primary driver is a considerable reduction in skin treatments. The volumes for this specialty have historically contributed in increasing the performance denominator. This reduction has been influenced by the current pathology pressures. The pressure on the diagnostics part of the pathway is a significant constraint with actions continuing to improve the position through outsourcing.

Stroke Care

The Health Board monitors a number of key quality metrics for urgent intervention in stroke that determines whether a patient was able to have a CT scan within 1 hour and be admitted to the HASU within 4 hours of arriving at the hospital. Whilst stroke patients will receive necessary care interventions in the Emergency Department, and often pre-hospital by the paramedics, a timely scan and HASU care are critical for optimal outcomes.

The proportion of patients with a confirmed stroke directly admitted within 4 hours has remained low over the past 12 months which reflected a similar performance across Wales. However, the position has improved since the beginning of the year from 11% (April 2023) to 23.7% in July 2023. In July 2023, the Health Board's position of the percentage of patients assessed by a stroke consultant within 24 hours has also improved to 97.6%, surpassing the national target of 85%.

The measure of the percentage of stroke patients receiving the required minutes for speech and language therapy was 25.6% in July 2023, compared to 31.1% at the beginning of the financial year in April. The impact of the urgent care system pressures has resulted in decisions being taken to use the HASU therapy assessment room as additional bed capacity; whilst this assessment facility is unavailable then it is not

% of stroke patients assessed by a stroke consultant ≤24 hours

possible to undertake the required level of therapy assessment for stroke patients during the critical acute phase. This issue is being urgently reviewed.
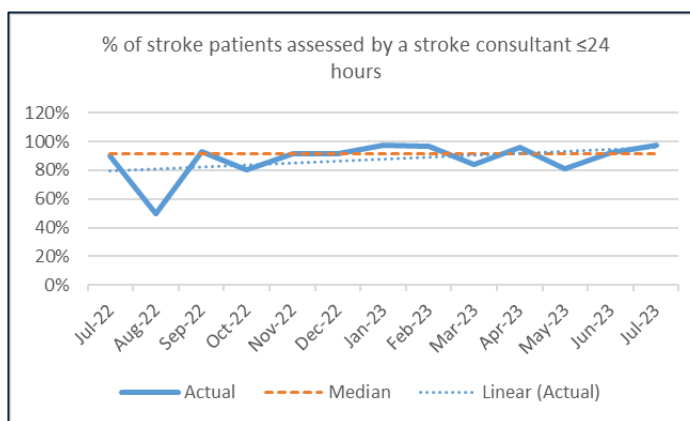
Mental Health

Access to mental health care services is of equal importance to physical healthcare services and there are a range of measures that provide further details on performance in this area and support the organisation's understanding of future delivery.

In relation to compliance against key performance metrics:

- Performance against the 80% target of assessments by LPMHSS within 28 days referral has improved from 13.9% in April 2023 to 18.5% July 2023.
- The position for intervention also remains below the standard of 80% at 26.2%.
- With regards to psychological therapy in Specialist Mental Health Services, whilst the standard has not been met, there has been an improvement since the beginning of the financial year with 47.4% of patients waited less than 26 weeks for treatment at the end of July 2023, compared with 40.2% in April 2023, against a standard of 80%.

The vision of the Mental Health Transformation Clinical Futures priority is to provide high quality, compassionate, person-centred mental health and learning disabilities

services, striving for excellent outcomes for the people of Gwent. Key achievements for 2023/24 to date include:

- The official opening of the Mental Health 24/7 Single Point of Contact (111 press 2) was held and attended by the Minister.
- The Shared Lives initiative that is in place across adult services is now being extended the Older Adult Mental Health Services and is now launched across two boroughs as of July.
- Detailed planned underway of the rehabilitation pathway as part of the complex needs workstream.
- Work has continued to finalise the set-up of the Acorn Project which will provide accommodation for young adults with complex needs and requiring intensive support through a community provision and the Hiraeth Team. The Acer Building in Brynmawr is the first of these facilities and focus on provision for females. The facility will improve transition arrangements, support repatriation from out of area placements and enable early intervention to prevent out of area placements. Staff have been recruited into support roles and two service users have moved into the accommodation, with others being assessed for suitability. The programme, in collaboration between the Health Board and United Welsh Housing Association will aim to deliver better outcomes for people to be more independent with wrap around support as their needs determine.
- Awarded the 'Workforce and Wellbeing Team of the Year' award at the 2023 South Wales Health & Care Awards to the Pop-up Pop-in Colleague Wellbeing service.

Priority 4 - Older adults are supported to live well and independently.

Timely patient discharge or transfer of care to another provider is essential to ensure the timely admission of patients from the Health Board's Emergency Department, or the transfer of patients from one site to another within the Health Board.

Prior to the COVID-19 pandemic, there were typically 160 patients who had their discharge or transfer of care delayed. Since July 2021, this number has rarely dropped below 200 and at its highest in June 2022, has been in excess of 360. The position at the end of **August 2023 is 298**.

The Integrated Discharge Board, chaired by the Nurse Director is overseeing improvements to this metric. Additional focus is being given to supporting patients delayed through the "Patient Safety Team" events which commence September 2023. These events are deploying "sprint"
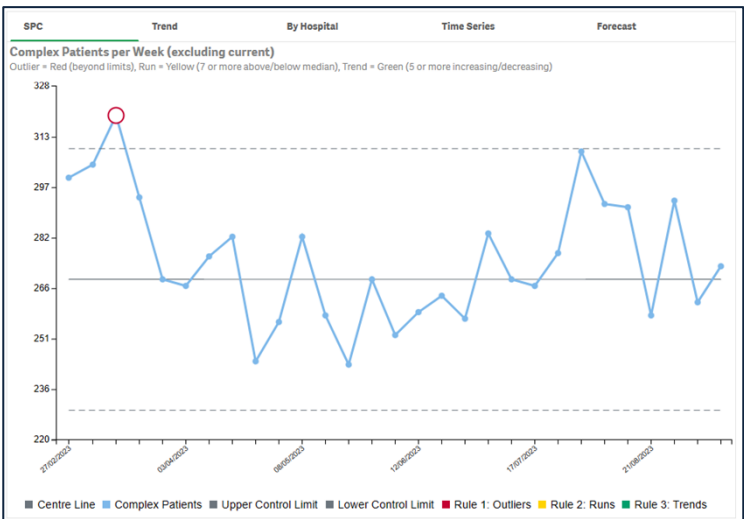
methodology coupled with senior multi professional and multi-agency leadership and focus to target action and ultimately facilitate discharge for these patients. In addition, during quarters 3 and 4 and the development of the winter plan, this is a priority for the Integrated Service Partnership Board and Regional Partnership Board structures, to support the care home sector, enhance our Rapid Response Model, and access to hot clinics, providing single points of access and direct admissions pathways.

Priority 5 - Dying well as a part of life

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 number of referrals to Palliative Care Services has increased over the last 12 months and are currently averaging 160 referrals a month to date. Despite the increase in referrals and demand, the service has maintained the proportion of referrals assessed within 2 days, with a compliance of 93%.
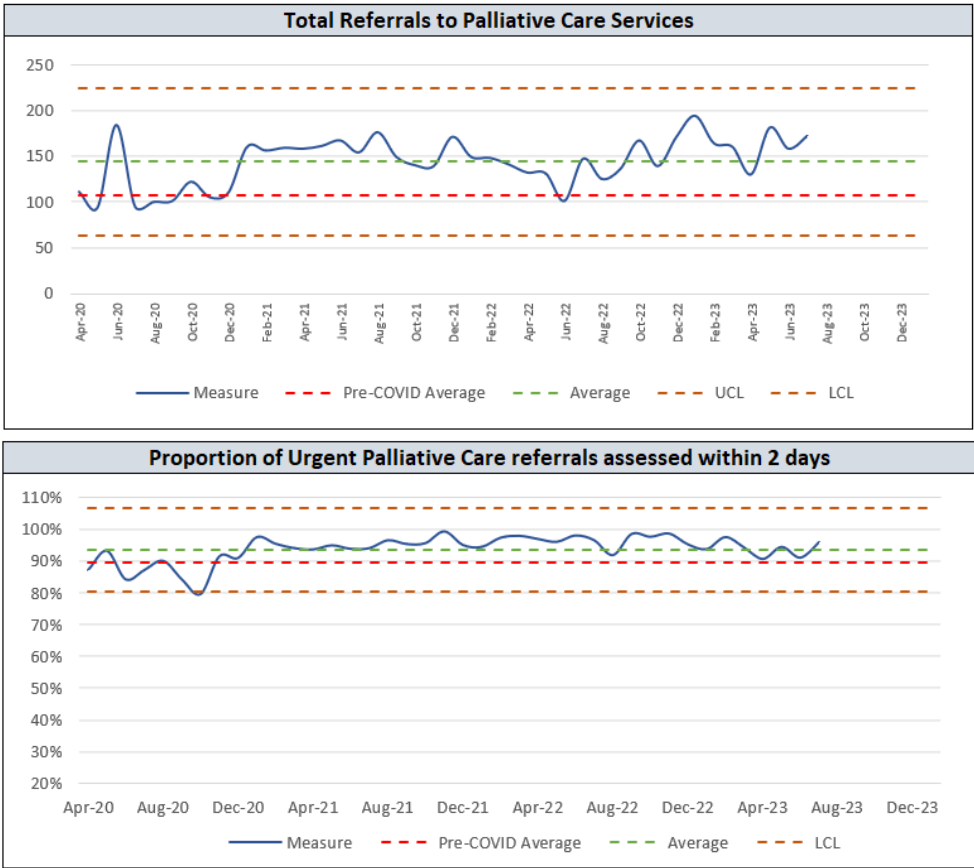
Argymhelliad / Recommendation

Board is asked to:
- **Note** the progressed achieved at the end of July/August 2023,

- **Note** the planned changes following the internal end of year review and Audit report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. This is a Quarterly report against the Integrated Medium-Term Plan and the key organisational priorities informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	

Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Performance Report – August 2023 (2023/24 Month 5)
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 August 2023 and the forecast position against the statutory revenue and capital resource limits,
- ➢ The savings position for 2023/24,
- ➢ The revenue reserve position on the 31st of August 2023,
- ➢ The Health Board's underlying financial position, and
- ➢ The Capital position.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation
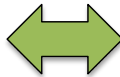
This report sets out the financial performance of Aneurin Bevan University Health Board, as at 31st August 2023 (month 5).

The 2023/24 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

1

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	14,317	71,411	⬌	**112,848**
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £51,229	5,263 10.3%	19,191 37.5%	⬌	**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)	%	97.4%	96.9%	⬌	**>95%**

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

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

The ABUHB month 5 year to date budget performance identifies an adverse variance of £71.4m. This is above the IMTP plan deficit by £20.3m for the 5 month period, which is a clear cause for concern in terms of delivering the annual forecast of a £112m deficit.

As reported previously for Months 3 & 4 the risk was a range of up to a £175m deficit, before the benefit of any further improvement action.

The Health Board managed to 'de-risk' a number of pressures and reduce the risk range in month. There remains the risk of funding receipt, savings delivery and associated mitigating actions. A revised forecast will be described in month 6 once additional actions have been considered.

As of month 5, the risk range is between £112.8m best case, £160m worst case and an estimated mid-range likely case of £145m if no further savings and cost mitigations can be identified, developed and delivered during 2023/24. These forecasts are derived as follows:

- IMTP deficit & forecast *best case* £112m
- IMTP savings variance £21m
- CHC £7m
- Prescribing £12m
- Continuation of Covid legacy services £7m

2

- Medical, Nursing variable pay, ward pressures & other operational issues £10m
- Other operational pressures off-set by benefits including use of reserves £9m (favourable)
- Estimated Forecast *worst case risk* £160m
- Mitigated by 'Amber' savings proposals of £17m
- Funded scheme slippage £2m, offset by income risk of £4m (adverse)
- Estimated Forecast *likely case risk* £145m

Thus, a further £32m mitigations are required in the second half of 2023/24 to achieve the £112m deficit forecast.

During August the Health Board, as part of a national and local initiative, undertook a rapid exercise to identify new mitigations and savings options from all services submitted through Divisional processes.

The options were assessed at an in-committee Board meeting on the 9th of August. A Clinical Advisory Group reviewed options on the 27th of August to comprehensively assess ideas for impact and consequences, including the likely impact on service targets and patient safety. The latest in-committee Board meeting on the 31st of August confirmed those plans which can be immediately undertaken, versus those which will require further development with the relevant services, some of which were removed based on the Clinical Advisory Group recommendations. This has resulted in a decrease in the forecast achievement and now requires further mitigating opportunities to be developed to maintain the forecast plan.

The Board has established revised escalation arrangements with the implementation of a new ABUHB Value and Sustainability Board in order to progress savings, mitigations and delivery of core saving themes:-

- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention

Executive Leads have been allocated for each thematic area, with a 2 week reporting profile.
More specifically the following has been agreed for immediate implementation:
- A number of vacancy posts will go through a weekly scrutiny panel process to enable recruitment to progress – these included corporate posts, band 8A and above and Admin posts (with some exceptions that directly support clinical teams)
- There will be a freeze on all agency and consultancy for administrative work
- Conference attendance at external venues will be stopped
- Internal conferences not to be held at external venues
- IT equipment will be subject to IT department approval and refurbished or reallocated equipment will be used as the first call for requests for kit.
- A freeze on purchasing all office equipment and furniture (£100,000 spent in last 3 months) with a marketplace approach adopted

3

The forecast, risks and opportunities were discussed at the (in committee) Board meeting on the 9th and 31st August 2023 and the Board confirmed that the £112.8m forecast deficit should remain the ambition and the reported position for the UHB at month 5, however, there remain a number of significantly high risks to this position as it continues to be reliant on achieving savings and further cost avoidance at unprecedented levels.

Month 6 will be key in terms of finalising the ability to progress all schemes with full delivery in order to consider the viability of maintaining the forecast annual plan deficit of £112.8m.

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

Cefndir / Background

Key points to note for month 5 include:
- A reported year to date position of **£71.4m deficit** compared with the March IMTP planned profile variance of **£51.1m deficit**. The reported forecast is a **£112.8m deficit** however there are considerable savings and operational risks to the forecast position.
- Income –includes anticipated funding for the 2023/24 pay award payment (£26.5m) and estimated revenue charges related to Capital accounting.
- Pay Spend (excluding notional pension adjustment from March 2023) – has decreased by c.£5.8m. The main reasons are:
  - Substantive pay decrease – 2023/24 pay award c. £5.9m paid in July
  - Additional hours / overtime – decrease of £0.2m
  - Additional variable pay – increase of £0.3m mainly medical staff and mental health nursing
- Non–Pay Spend (excluding capital adjustments) - has increased by c.£2.3m, due to funded RIF costs and IT costs.
- Savings – overall forecast achievement is £30.3m, against the IMTP savings plan of £51.5m
  - Year to date achievement of £9.3m against year-to-date plan of £19.4m.
  - All additional schemes which are likely to be achieved have been included which off-set original IMTP savings schemes which are no longer likely to be achieved. In addition, any further opportunities will be added and included as forecast savings within month 6 reporting.

As at Month 05, ABUHB is reporting a deficit of £71.4m with the IMTP forecast deficit of £112.8m. There are material risks associated with maintaining this forecast position, particularly the full receipt of all anticipated income, identification and achievement of mitigation savings plans, prescribing cost growth, CHC cost growth and workforce pressures. Further detail is provided in this report however, the risk lies between a £112m and £160m deficit.

As at month 5 the reported and forecast capital position is break-even.

4

Asesiad / Assessment

- **Revenue Performance**

The month 5 position is reported as a **£71.4m deficit**, The forecast position was agreed by the Board as part of IMTP on the 29th of March as a planned deficit of **£112.8m**.

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

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

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

Summary Reported position - August 2023 (M05)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	283,984	2,481	1,945	535
Prescribing	111,133	4,633	3,304	1,329
Community CHC & FNC	73,127	171	446	(275)
Mental Health	126,800	6,305	4,811	1,493
Total Primary Care, Community and Mental Health	**595,044**	**13,589**	**10,507**	**3,083**
Scheduled Care	194,339	4,465	3,634	830
Clinical Support Services	62,084	(512)	(209)	(302)
Medicine	145,910	7,525	6,430	1,094
Urgent Care	34,981	2,443	2,045	399
Family & Therapies	131,942	1,192	887	304
Estates and Facilities	87,127	1,833	1,023	809
Director of Operations	8,211	250	200	51
Total Director of Operations	**664,593**	**17,196**	**14,010**	**3,185**
Total Operational Divisions (Chief Operating Officer)	**1,259,637**	**30,785**	**24,517**	**6,268**
Corporate Divisions	122,366	(1,709)	(1,660)	(48)
Specialist Services	182,322	(1,023)	(466)	(557)
External Contracts	88,289	(102)	0	(102)
Capital Charges	61,889	294	(0)	294
Total Delegated Position	**1,714,502**	**28,246**	**22,391**	**5,855**
Total Reserves	(87,158)	43,166	34,704	8,462
Total Income	(1,627,344)	(0)	0	(0)
Total Reported Position	**0**	**71,411**	**57,094**	**14,317**

5

Summary of key operational pressures for Month 5

- During August 2023, pay expenditure (excluding the effect of the notional pension adjustment from March 2023) decreased by c.£5.8m compared with July.
  - 2023/24 backdated & current pay award costs were paid in July (£5.9m net), funding has been anticipated to cover the full year impact of this pay award (c.£26.5m),
  - Medical agency pay has increased by £0.2m in comparison with July due to community hospitals, mental health and gynaecology increases.
  - Overall variable pay costs remain significant (£8.7m in month 5, YTD value £42.7m) and are mainly within nursing and medical staff categories to provide cover for vacancies, maternity, sickness and enhanced care.
  - HCSW costs in estates and facilities remain high linked to the continuation of enhanced cleaning standards and other Covid related costs.

- Non–Pay Spend (excluding capital adjustments) - has increased by c.£2.3m. This is mainly in relation to increased funded RPB costs (£2m) as well as increased IT and associated SLA costs.

- Demand for emergency and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. There are 315 inpatients who are fit for discharge as at the end of August; approximately 27% of the blocked bed days are health related, 44% are social care and package of care related with the remaining 29% relating to other reasons e.g. patient/family related, nursing homes, etc. Despite the choice policy being suspended since Covid, patients and families are often given time to look for a preferred home whilst waiting in hospital and this elongates the process and causes delays – this is being reviewed through the Discharge project group.

- The estimated cost for the year of continued blocked bed days for all reasons is c.£21.2m using a £200 cost per bed day. The challenges in terms of demand and flow across the UHB drive surge bed capacity requirements which result in overspends across the UHB. The delays need to reduce in order that the requirement for this capacity is mitigated to achieve a safe and sustainable aligned service, workforce and financial plan for the UHB.

- Continued additional capacity for elective recovery activity continues to drive financial pressure above funded levels.

- In August other significant issues include:-

  - Prescribing spend increased by £433k in month, which was due to increased average cost per item (forecast price for June PAR was 9p higher than the previous months forecast, now at £7.66 per item, which is 46 pence per item above IMTP plan),
  - CHC cost and growth pressures in Mental Health and Learning Disabilities (year to date variance of c.£3m),

6

- Increased use of variable pay above funding within mental health wards for acuity as well as sickness and vacancy cover (£0.7m in month c. 80% increase), and
- Enhanced cleaning, additional security and other Covid-19 legacy costs (£2.9m for year to date).

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

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

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last four financial years are shown below;
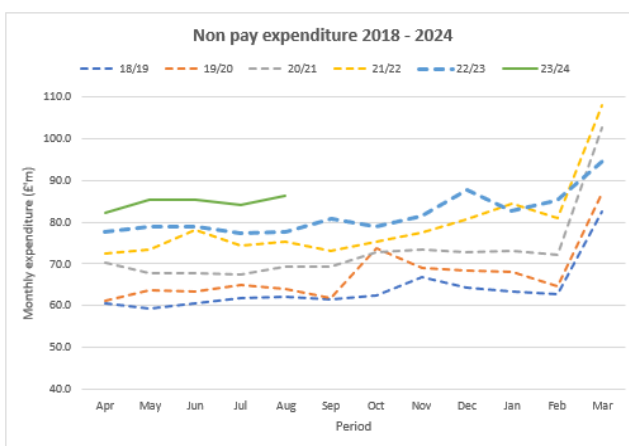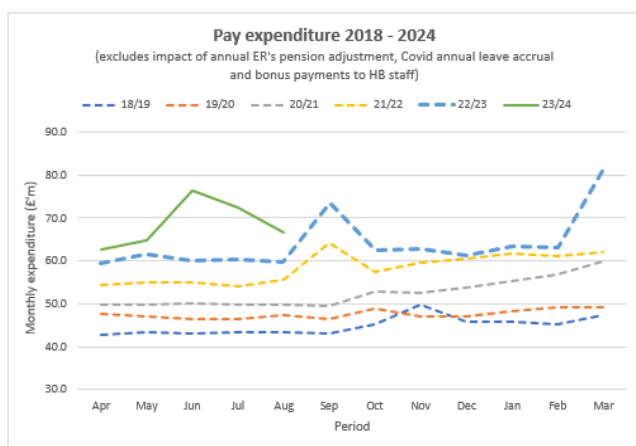
The expenditure run-rates need to reduce substantially in the remaining seven months of the financial year in order to meet the IMTP target.

Workforce

The Health Board spent £66.5m on workforce in month 5 23/24, a decrease of £5.8m compared with month 4 (22/23 monthly average of £64.1m). Month 4 included £8.3m of expenditure relating to the 2023/24 pay award and 4 months back pay, with a monthly cost impact of c. £2.4m for month 5 onwards.

7

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

Pay spend analysis 21/22 - 23/24 (£'000)
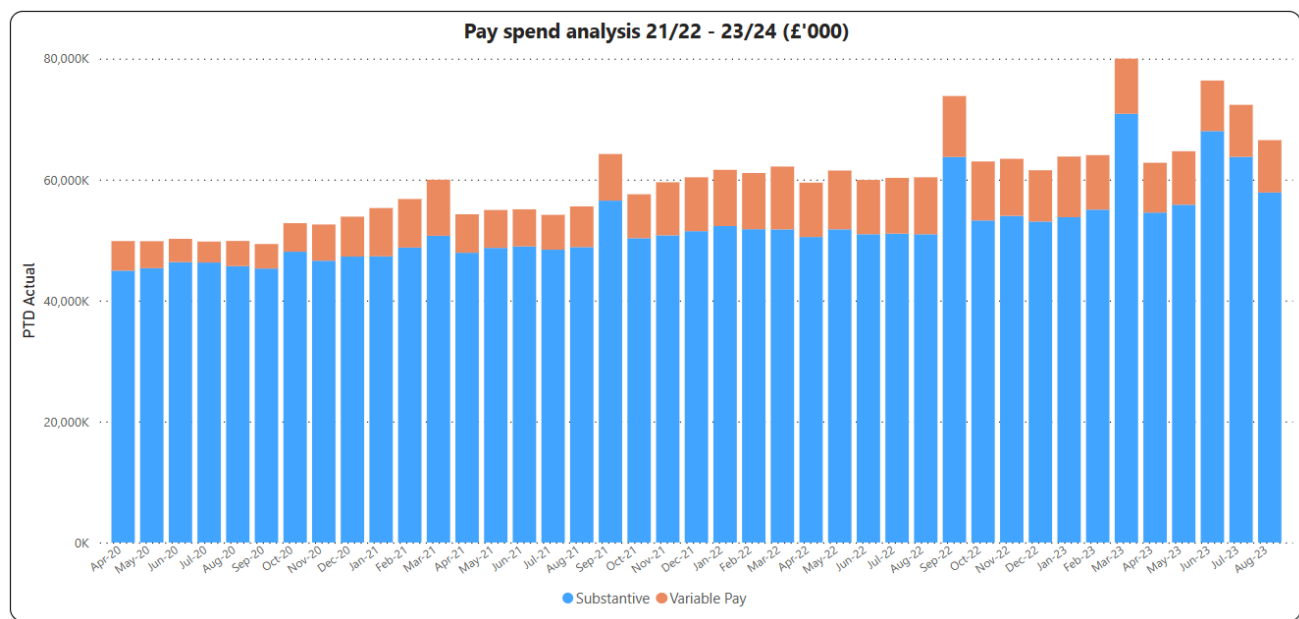
Substantive staff

Substantive pay was £57.9m in August. £8.3m of 2023/24 5% pay award was paid in July (full year estimate of £26.5m with WG funding assumed), as a result the decrease in expenditure is predominantly related to the pay award, it should be noted that additional hours costs decreased in-month within Anaesthetics, T&O and GUH ED.

Variable pay

Variable pay (agency, bank and locum) was £8.7m in August. The monthly average variable pay is running at £8.5m for 2023/24. Vacancy cover along with sickness and enhanced care continue to drive a financial pressure. Mental Health remains an area of concern with a sustained increase in reported acuity which subsequently impacts variable pay expenditure. Medical agency expenditure also increased in-month.
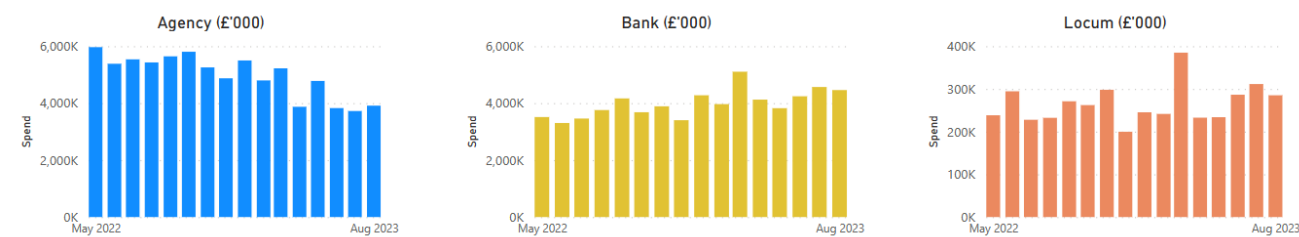
Bank staff

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

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Bank (£'000)
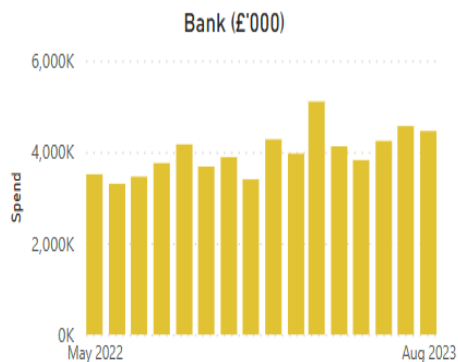
In-month spend of £4.5m, a slight decrease compared with July.
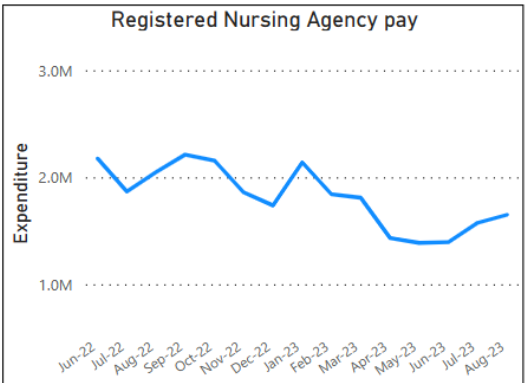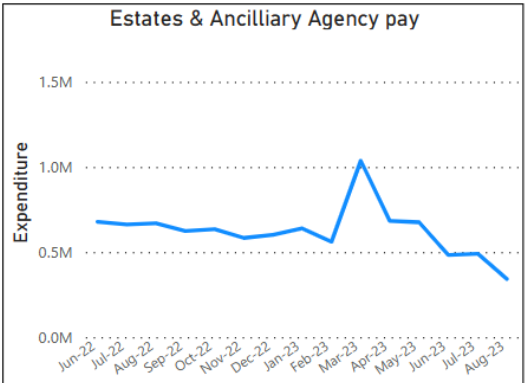
- o Continued pressures in Medicine wards, GUH Acute Medicine and GUH ED.
- o Enhanced care / observation shifts particularly linked to Mental Health.
- o Continued expenditure in Critical Care, general surgery and Trauma & Orthopaedics for operational pressures / elective activity.
- o £0.44m expenditure within medicine wards in YYF.
- o Noted on-going significant use of flexible rewards presenting a financial pressure across several Divisions.
- O Flexible rewards ended end of August 23. Flexible rewards costs were £0.6m in-month (£2.7m year to date).

Agency

Total agency spend in August was £3.9m compared with £3.7m in July.

Medical and Dental Agency pay
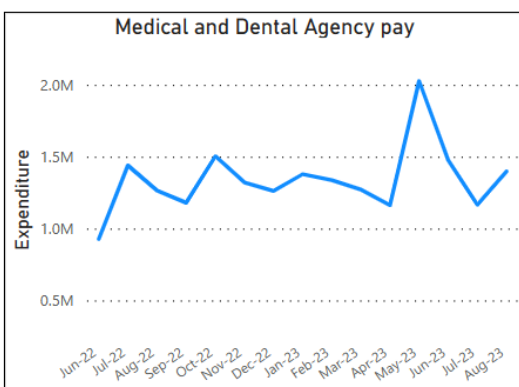
- In-month spend of £1.4m, a £0.2m increase compared with July.
  - o Mental Health pressures including vacancy cover (c.£0.2m).
  - o Continued pressures in Medicine wards, GUH ED and community hospitals to cover operational pressures.
  - o COTE expenditure (c.£0.15m) for operational pressures.
  - o Trauma & orthopaedics costs (c.£0.1m) for junior rota (vacancies) and orthogeriatric cover that was implemented post GUH.
  - o On-going costs for managed practices and Caerphilly Rapid Response (c.£0.15m).
  - o F&T (c.£0.12m) primarily within Gynaecology to cover vacancies, maternity leave and restricted duties.

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

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Registered Nursing Agency pay (chart, Jun-22 to Aug-23, Expenditure in £M)

- In-month spend of £1.65m
- 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 significant costs in GUH Emergency Department (c.£0.3m) and medicine wards (c.£0.8m) linked to enhanced care, sickness pressures as well as vacancy cover.

- Registered Nursing agency spend averaged c.£1.8m per month in 2022/23.

Estates & Ancilliary Agency pay (chart, Jun-22 to Aug-23, Expenditure in £M)

- In month spend of £0.34m on Estates & Ancillary agency, a decrease of c.£0.15m compared with July.
- Reasons for use of agency include:
  o Meeting enhanced cleaning standards,
  o Other additional surge capacity,
  o Sickness,
  o Vacancies and
  o Supporting National Covid-19 programmes (Mass Vaccination).

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

Registered Nurse Agency

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

Health Board spend in August 2023 is £1.6m which is an increase compared with July.

Current indications are that 23/24 agency costs could be circa £18m.

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.

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Registered Nurse Agency Pay £'000's
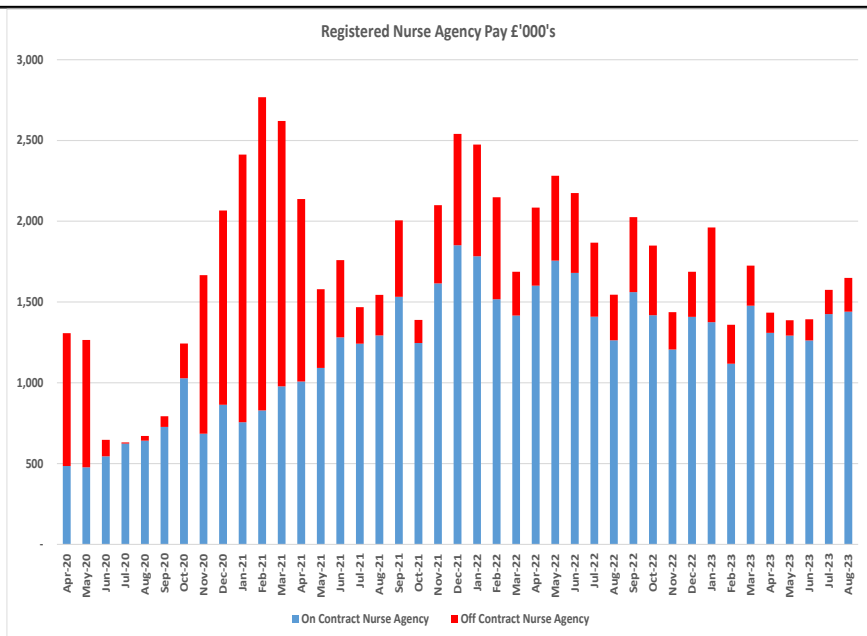
The Health Board spent £0.2m on **"off" contract** RN agency in August. These costs reflect the on-going vacancy cover as well as smaller usage for other operational pressures such as:

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

It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In August there were over 200 unfilled registered nursing shifts and 450 unfilled HCSW shifts, which could in total result in a further c.£0.25m if these shifts were filled.

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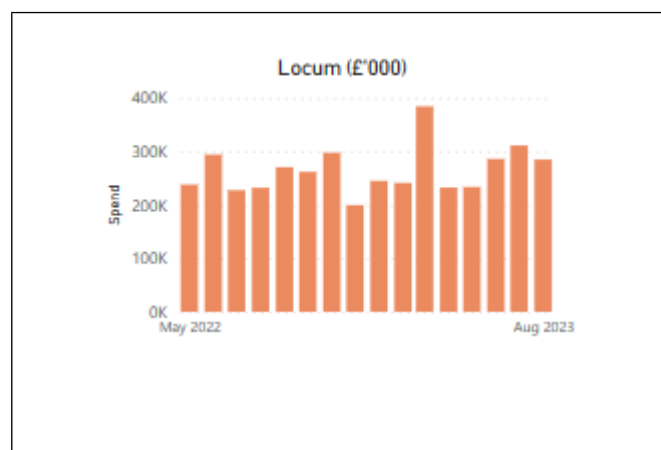
- Total locums spend of £0.3m, a similar level compared with July.
  - Radiology, COTE, AMU NHH, and GUH ED are the specialties with the greatest in-month expenditure.
  - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.
  - Adult Mental Health in-month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

Enhanced Care

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

The following graph highlights the increase in hours attributed to enhanced care for the period April 2021 to August 2023 using bank and agency registered nurses and health care support workers. The trend suggests that targeted actions may be having a positive impact on enhanced care usage although August has seen an

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increase in usage but at a lower cost per hour. This reduction needs to be considered in conjunction with trends for other reasons for variable pay usage.

Enhanced Care bank and agency calculated costs and hours booked.

Calculated costs and hours booked
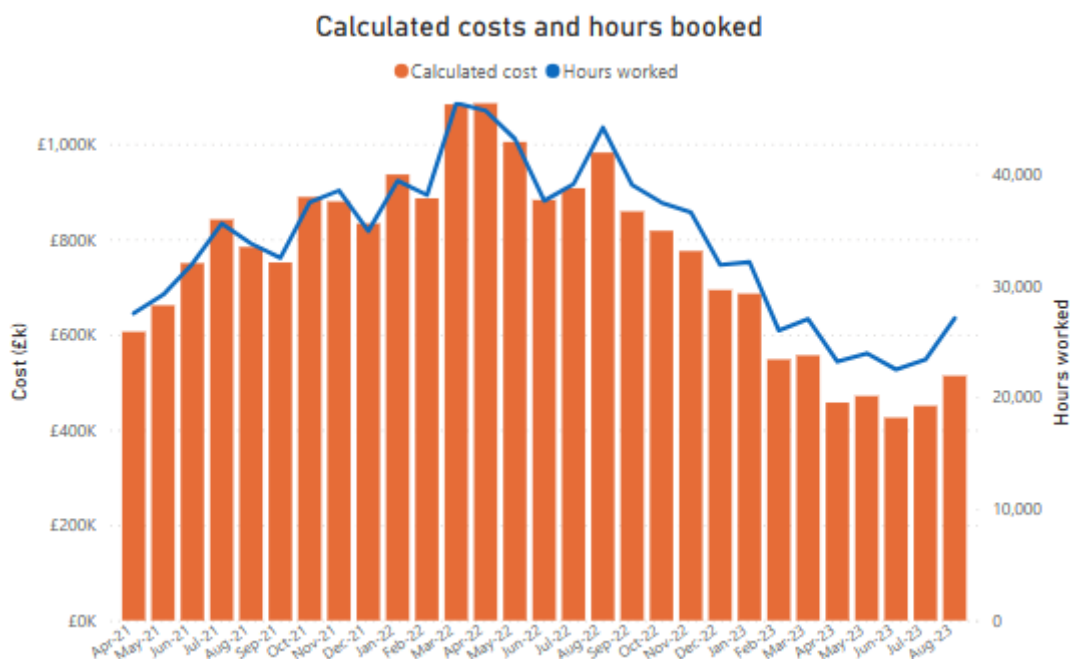
The level of the provision of enhanced care for patients within the Medicine Division for April to August 2023 shows an increase in August within RGH.

Enhanced Care by Hospital Site as a percentage of total bed capacity	M1 (revised)	M2 (revised)	M3	M4	M5
RGH					
Total no of Medicine beds	192	192	192	192	192
monthly average enh care patients	46	38	32	31	42
%age of beds in receipt of enh care	24%	20%	17%	16%	22%
NHH					
Total no of Medicine beds	164	164	164	164	164
monthly average enh care patients	17	17	23	23	24
%age of beds in receipt of enh care	10%	10%	14%	14%	15%
GUH					
Total no of Medicine beds	91	91	91	91	91
monthly average enh care patients	14	12	12	11	10
%age of beds in receipt of enh care	15%	13%	13%	12%	11%
YYF					
Total no of Medicine beds	148	148	148	148	148
monthly average enh care patients	33	35	30	27	28
%age of beds in receipt of enh care	22%	24%	20%	18%	19%
Total					
Total no of beds	595	595	595	595	595
Total monthly average enh care patients	110	102	97	92	104
	18%	17%	16%	15%	17%

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Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in August 2023 variable pay relating to vacancies remains significant and is c.£2.7m of 'notional calculated' expenditure.

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

Calculated costs and hours booked

● Calculated cost ● Hours worked
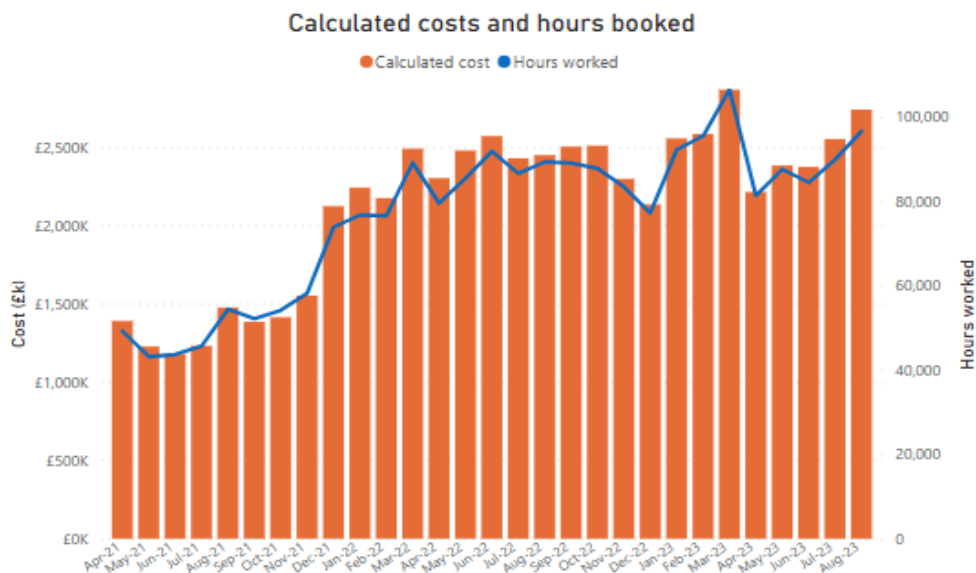
Nursing sickness cover

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 August 2023 variable pay relating to sickness is significant (c.£0.55m) of 'notional calculated' expenditure.

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

Calculated costs and hours booked
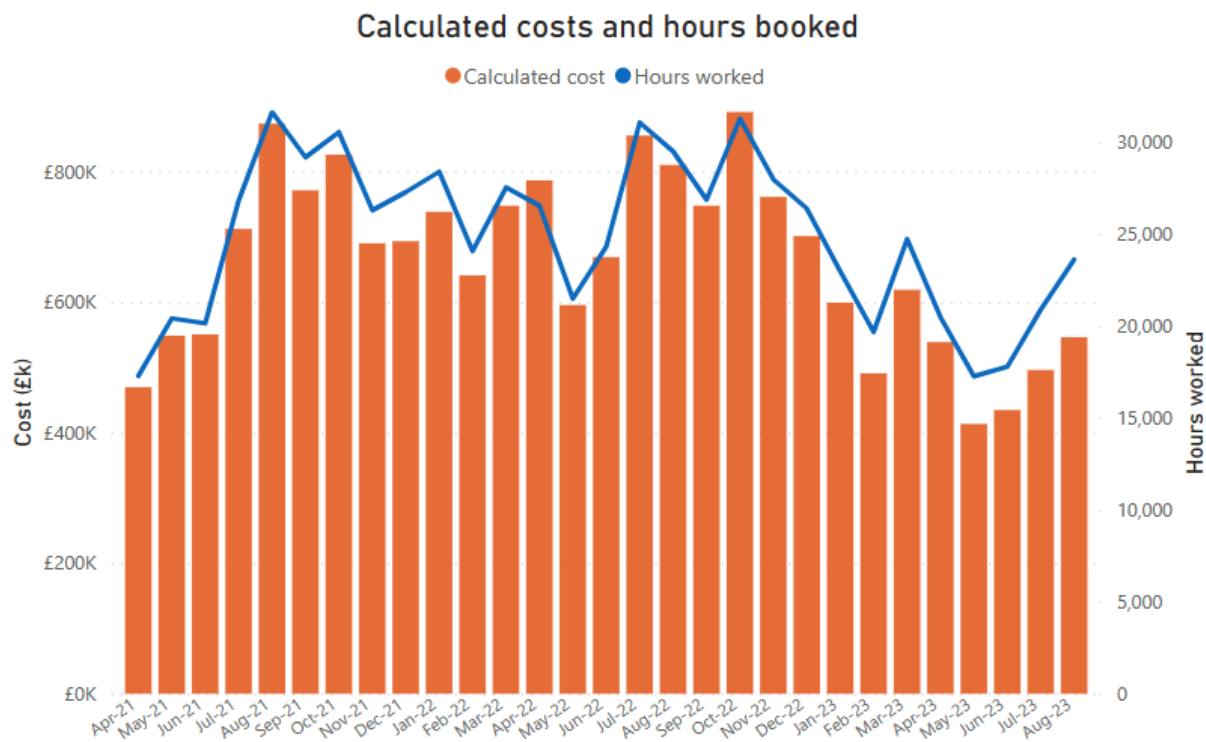
Non-Pay

Spend (excluding capital) was £86.3m in August, which is a £2.3m increase when compared with July. This increase is mainly due to re-profiling of funded RPB costs of £2m in-month coupled with some smaller increases relating to IT and SLAs. 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):-

Total Non-pay excl. Capital Charges
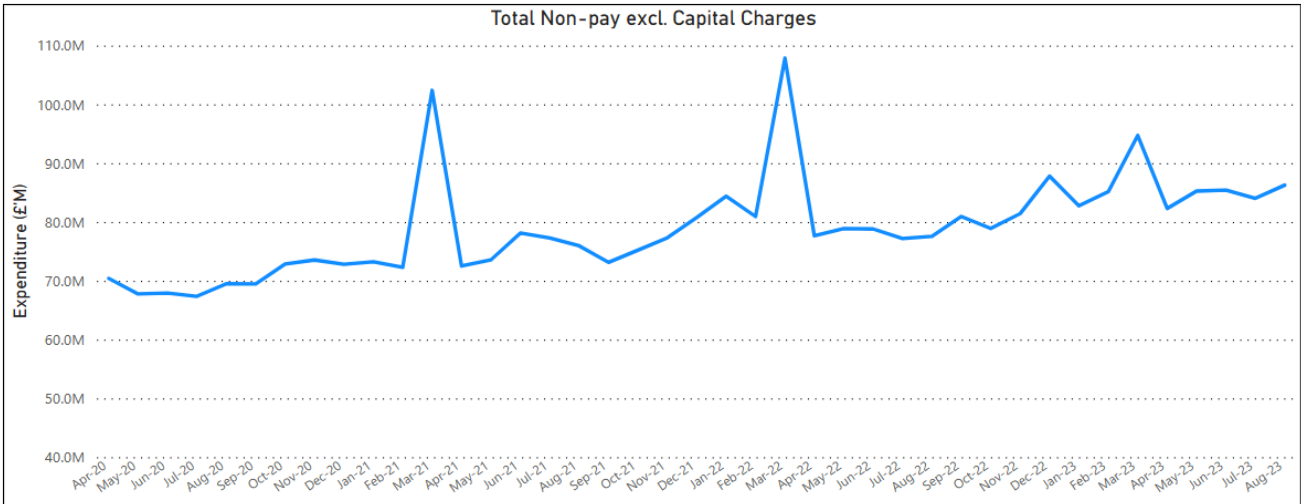
Energy

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

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Energy costs have been based on the Welsh Energy Group's advice to maintain the month 4 forecast, this is due to discrepancies between provider estimates. It is expected that this will be resolved for month 6 reporting. Forecast expenditure for 2023/24 as at month 5 is £17.9m, compared with c.£29m IMTP estimates.

Element	2022/23 costs (baseline) (£'000)	2023/24 forecast (£'000)	Variance (£'000)
Total Shared Service Energy Cost	20,620	16,380	(4,240)
Total Other Energy costs	571	849	278
NWSSP (Greenvale Laundry)	992	651	(341)
Total	**22,183**	**17,880**	**(4,303)**

CHC

- CHC Mental Health – the patient numbers at the end of August were 418 at a cost of £4.5m (417 patients at a cost of £4.5m in July).
- CHC Adult / Complex Care - 562 total active placements on 31st August at a cost of £4.9m in-month (reduction of 21 from previous month). There was a decrease of 3 D2A patients and an unchanged number of placements on the 'Step Closer to Home' pathway in August. The table below summarises the current position (patients and forecast costs):

Activity	August 2023	July 2023	Movement
D2A	19	22	-3
Step Closer to Home	13	13	+0
All Other CHC	530	548	-18
Total	562	583	-21

£'000	M05 Forecast	M04 Forecast
D2A	2,541	2,995
Step closer to home	563	681
All other CHC	41,542	42,703
Total	44,646	46,379

- FNC - currently 1,027 active placements, which is an increase of 14 from the number of placements in July (expenditure of £0.97m in August).

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

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CHC ACTIVITY (INCL DTA/ SCTH)
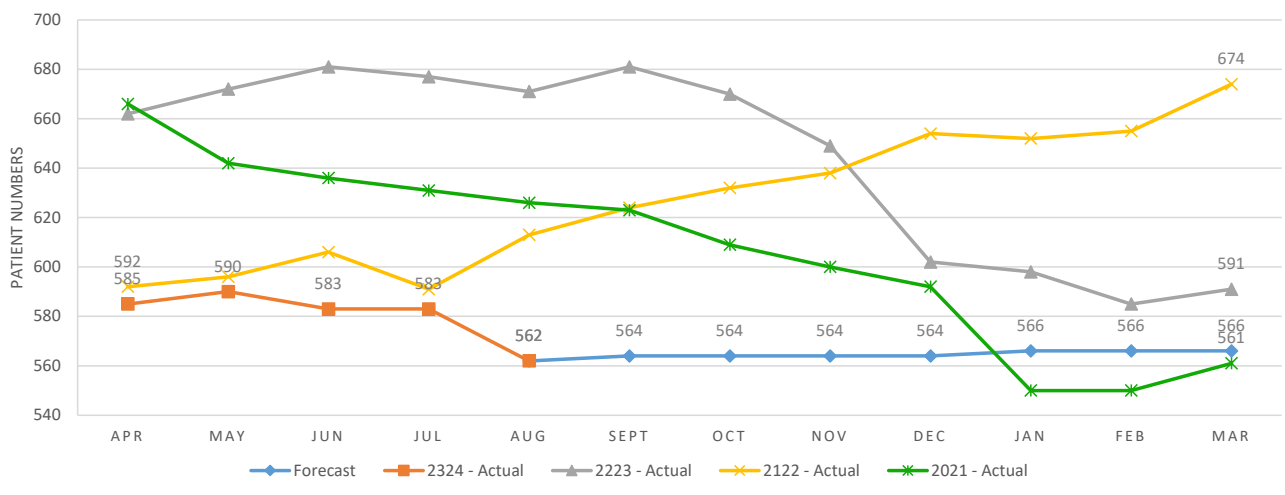
- CHC Paediatric – currently 21 Out of County patients (2023/24 year to date cost of £0.9m) and 12 internal packages (10 patients). There were 2 high cost patients which continue to be a cost pressure against funded levels.

Prescribing

- Primary Care prescribing – the expenditure year to date is £51m. The August 2023 costs are based on June PAR data: -
  - o Item growth rate for 2023/24 of 0.8% (forecast volume of items based on the number of prescriptions for 23/24 is c.16.8m)
  - o IMTP average cost per item was £7.20.
  - o Average actual cost per item for 2022/23 was £7.21.
  - o Average cost per item price forecast for 2023/24 is £7.66.

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

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Item Growth Rate over Previous 12 months (EXC COVID)
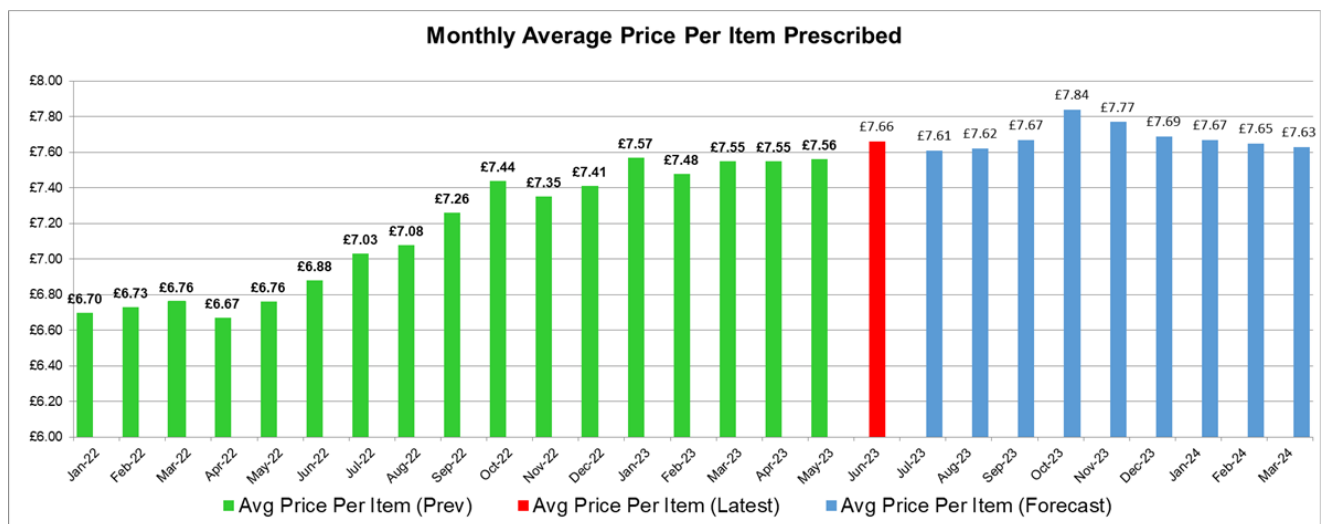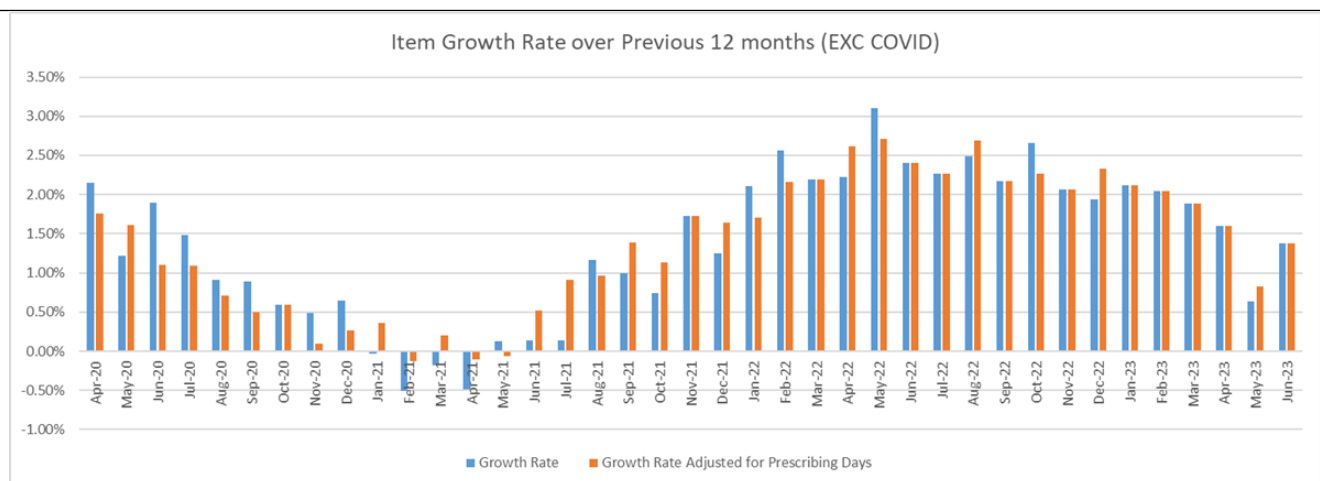
Scheduled Care treatments and outpatients

Elective activity in August has increased significantly compared with July. In month treatments have exceeded the plan by 267 cases, however, cumulatively activity remains below planned levels (97 treatments under plan year to date). Outpatient activity also increased compared with July but remains significantly below planned levels on a year to date basis (2,295 cases).

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

Scheduled Care Treatments & Outpatients (RTT)
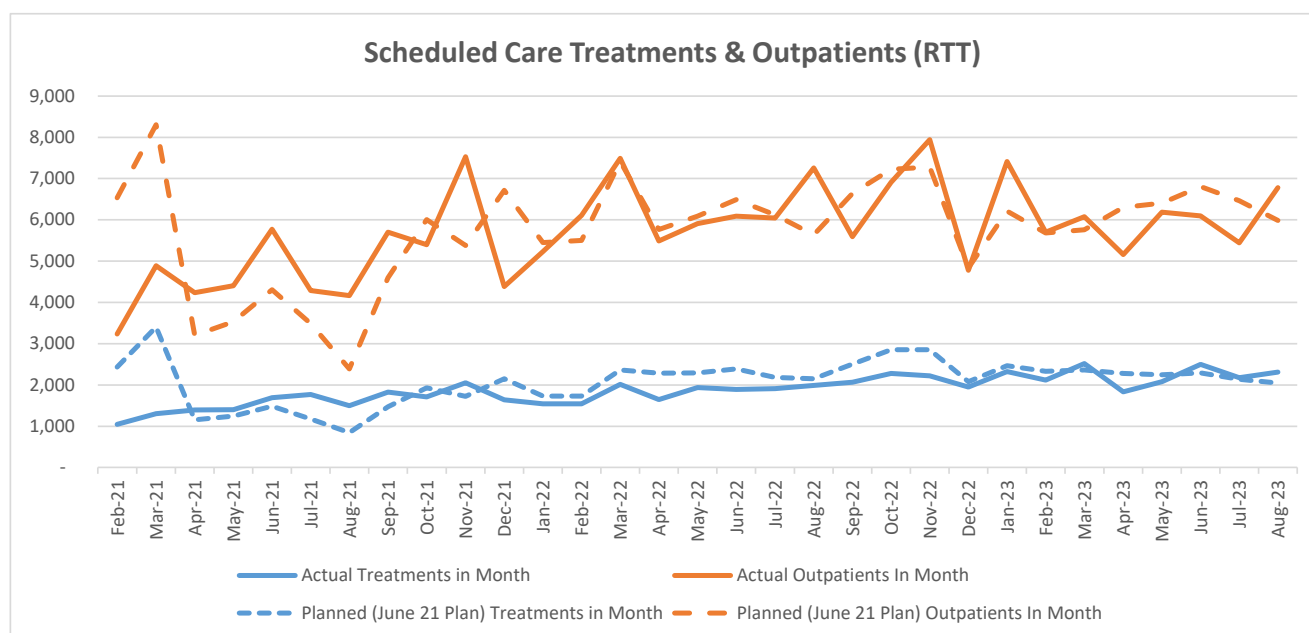
- Elective Treatments for August '23 was 2,313 (July '23 was 2,175).
- Outpatient appointments for August '23 was 6,782 (July '23 was 5,442).

Medicine Outpatient Activity

Medicine Outpatient activity for August '23 was 1,973 attendances (July '23 was 2,118 attendances) the activity is presented below:

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Medicine Outpatients
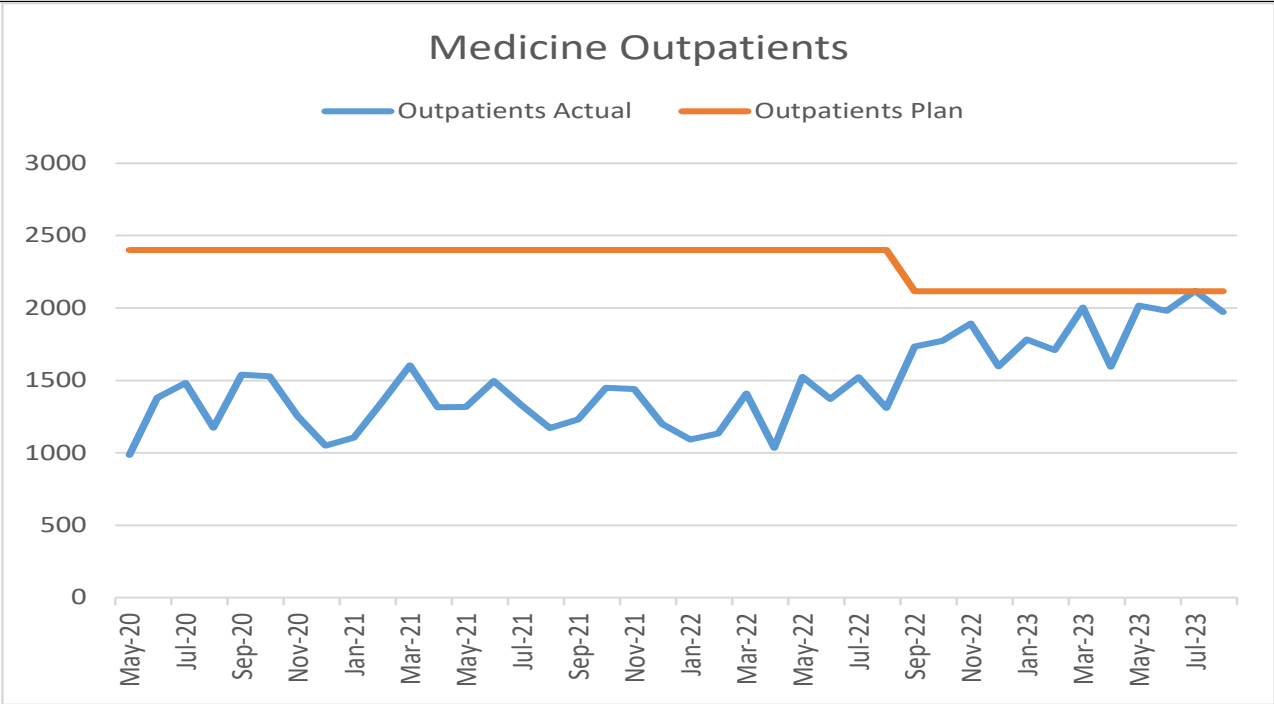
Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for August '23 was 1,862 procedures which is 528 cases more than plan (July '23 activity was 1,932). Additional services have been commissioned.

The activity undertaken since May '20 is shown below.
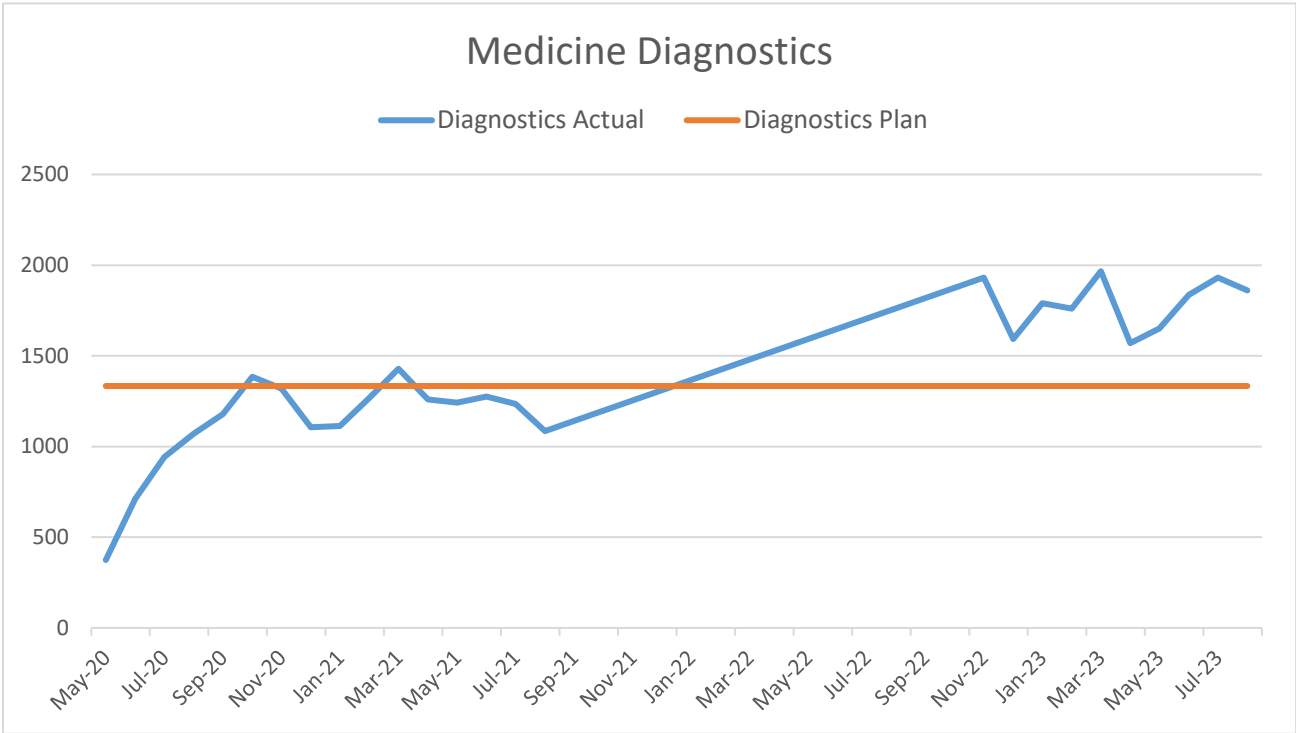
Divisional analysis

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

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The table below identifies operational divisional forecasts at month 5 before any new mitigating actions are considered.

Summary Reported position - August 2023 (M05)	Annual Year Budget £000s		Full-year forecast at m05 £000s
Operational Divisions:-			
Primary Care and Community	283,984		6,548
Prescribing	111,133		12,364
Community CHC & FNC	73,127		(1,534)
Mental Health	126,800		14,055
Scheduled Care	194,339		9,775
Clinical Support Services	62,084		(432)
Medicine	145,910		13,736
Urgent Care	34,981		4,996
Family & Therapies	131,942		1,931
Estates and Facilities	87,127		4,879

Divisions with a forecast overspend have been requested to attend escalation meetings in order to review the forecast, ensure assurance that control procedures are maintained and identify any immediate actions alongside areas of further opportunity.

Covid-19 – 2023/24 Revenue Financial Assessment

Covid-19 funding of £16.1m (£4.3m received, £11.8m anticipated) is only for specific schemes in 2023/24 which are:

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

Anticipated funding

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

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

The Health Board continues to incur additional costs related to Covid-19 for enhanced cleaning standards, security and rental costs. These costs result in an on-going financial pressure for the Health Board.

- **Revenue Reserves**

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer.

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

A summary of Health Board reserves on 31st August, along with details of amounts approved for delegation by the CEO in Month 5 can be found in the appendices.

Long Term Agreements (LTA's)

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

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

ABUHB submitted an arbitration case to WG on the 3rd July 2023 to facilitate the resolution of this dispute. WG has not yet confirmed a decision. It should be noted that the ABUHB financial plan reflects this reduction in patient flows and costs and any deviation from this assumption will result in a detrimental impact to the UHB's financial forecast as described in this report.

Underlying Financial Position (ULP)

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

The analysis of the c/f underlying deficit is as follows: -
- Forecast 2023/24 deficit - £112.8m
- Non Recurrent Savings - £11.5m
- FYE Cost Pressures - £5.46m
- **Total £129.76m**

It is noted that this assumes Health Board savings and mitigating actions for 2023/24 are implemented in line with the plan. Financial sustainability is an on-going priority and focus for the Health Board.

Savings delivery

As part of the IMTP submitted by the Board to Welsh Government, the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 5 the forecast achievement in 23/24 for the original IMTP green and amber schemes is reported as £26.9m. In addition, further savings of £3.3m that have been reported as achievable schemes. As a result, the total forecast achievement for savings is currently c.£30.2m and therefore a further £21.3m of schemes are required to be developed and delivered in order to achieve the £51.5m IMTP plan.

Of the expected £30.2m savings delivery, actual savings delivered to August amount to £9.3m.

The Health Board Divisions & Directorates are working to translate the remaining £17m 'amber proposals' into deliverable schemes that could replace and exceed the original red rated plans as well as developing further schemes which meet the £51.5m plan but also exceed the plan in order to mitigate operational pressures incurred.

The risk rating of the savings plans is described as follows (nb. the £17m amber proposals are not reflected below):

RAG Rating	£m				
	IMTP	Month 2	Month 3	Month 4	Month 5
Green	24.0	13.7	15.4	19.3	24.7
Additional Green ideas					3.3
Amber	8.0	7.8	7.5	2.4	2.2
Red savings variance	19.5	30.0	28.7	29.8	21.3
Sub-total	51.5	51.5	51.5	51.5	51.5

Savings Progress: as at Year To Date Month 05

☐ ABUHB Savings required to be Identified Per IMTP Submission
↘ IMTP Savings Identified to WG
☐ Savings Plans Forecast Delivering
■ Savings Achieved to M05
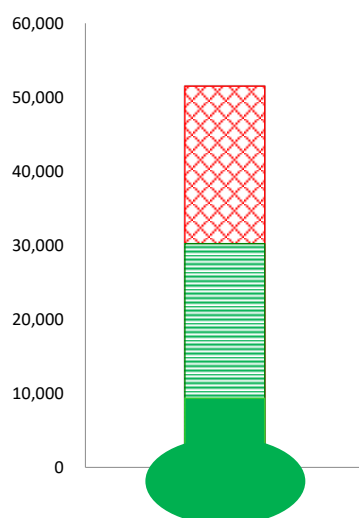
Month 5 Forecast Savings Plans

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	5,201	541	4,660	5,750
Commissioned Services	3,731	0	3,731	3,731
Medicines Management (Primary and Secondary Care)	2,886	0	2,886	2,922
Pay	9,255	542	8,713	9,499
Non Pay	9,149	5,423	3,725	4,441
Total	30,221	6,506	23,715	26,343

Month 5 Forecast Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	5,201	541	4,660	5,750
Commissioned Services	3,731	0	3,731	3,731
Medicines Management (Primary and Secondary Care)	2,732	0	2,732	2,768
Pay	7,388	542	6,846	7,468
Non Pay	8,948	5,423	3,524	4,240
Total	27,999	6,506	21,493	23,956

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

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The graph below describes the current profile of green and amber savings (£30.2m), noting that the delivery of red rated schemes (£21.3m) not reflected in the graph, with further cost mitigations for new cost pressures, will be essential to support achievement of the £112.8m deficit target.

Savings profile - RAG rating

■ Green schemes ■ Amber schemes

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
■ Amber schemes	0	0	0	0	42	279	304	299	324	324	326	326
■ Green schemes	1,144	981	1,266	1,939	3,971	2,314	2,628	2,466	2,597	2,641	2,524	3,528
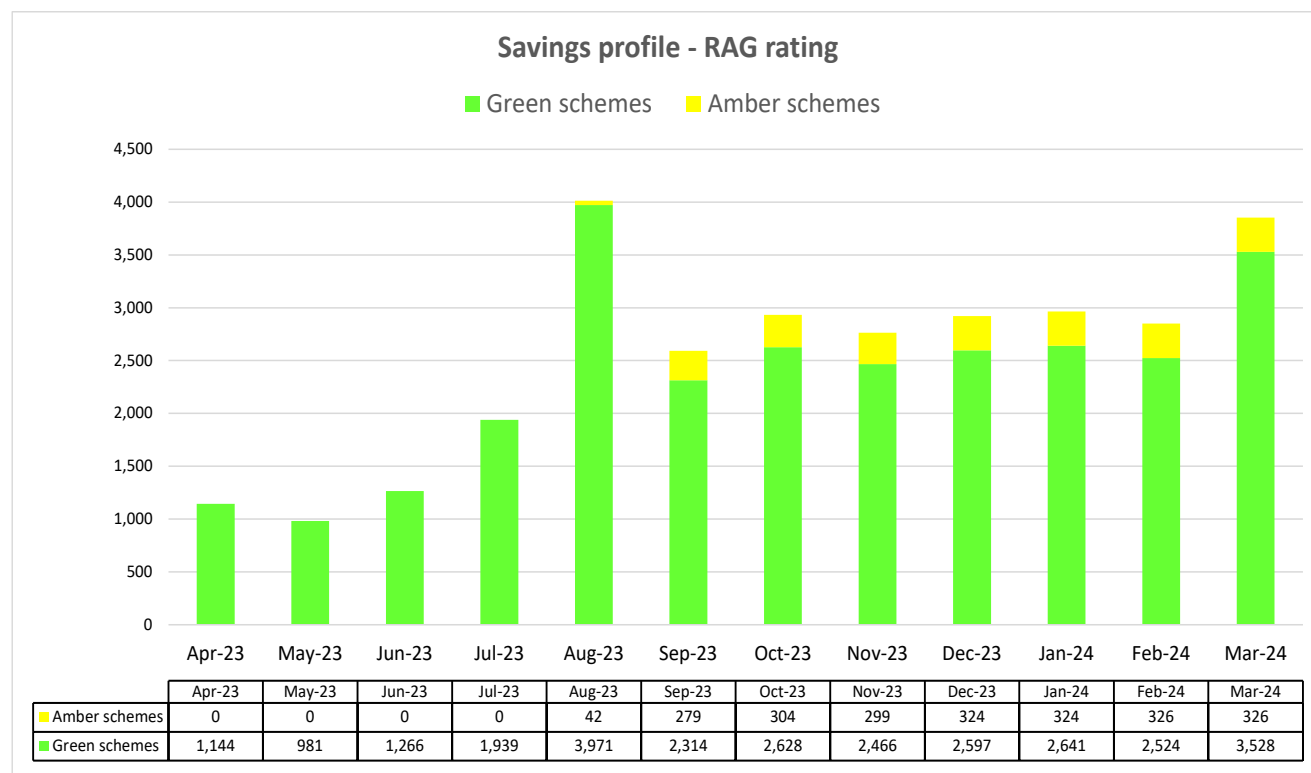
It is vitally important that all budget holders continue to pursue savings plans to meet the ABUHB financial target and mitigate operational pressures.

2023/24 IMTP revenue plan profile

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

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

The revised profile for 2023/24 with current savings assessment and noting the month 5 position is described as follows: -

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Forecast as at Month 5	13.49	15.98	14.52	13.11	14.32	13.97	13.68	12.83	6.97	(3.24)	(2.30)	(0.46)	**112.85**

The Health Board is reporting a **£20.3m** adverse variance compared to the IMTP plan for the year to date position. A significant reduction in cost run rates is required and is presented as a forecast surplus in quarter 4 based on the amber and 'red' rated options described in the savings section above. There is a risk with this profile as delivery relies on full achievement of these savings plans.

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Risks & Opportunities (2023/24)

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

- Full / part delivery of the savings plans identified in the IMTP,
- Managing variable pay down,
- Identifying savings to mitigate any further financial pressures identified outside of the IMTP,
- Full receipt and retention of all anticipated allocations,
- Workforce absence / vacancies, availability of staff for priority areas,
- Delayed transfers of care due to LA service challenges,
- Funding for any wage award and changes in terms and conditions,
- Prescribing growth in items and average cost per item,
- Further CHC fee uplifts above forecast levels,
- Specific risk regarding the crown services energy forecast,
- Establishment increases relating to patient safety issues,
- Covid legacy costs to adhere to specific guidelines, e.g. enhanced cleaning costs, ED screening and testing unit,
- Inflationary impacts including provisions and supplies,
- Additional costs (including national programme/legal/penalty costs) in relation to LINC,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs,
- Additional national IMTP programme costs, 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 5 totalled £51.230m. In addition, Charitable funds donations totalling £0.150m (YYF Breast scheme contributions) and disposals proceeds of £0.331m (E Block flood damaged equipment NBV write offs) have been confirmed. **The forecast outturn at Month 5, after accounting for anticipated AWCP funding adjustments, is breakeven**.

Final costs have now been agreed for the GUH remaining works allocation (works to the Well-being Centre at LGH) with an underspend of £150k forecast. The Health Board's VAT advisors have completed an assessment of the final VAT recovery claim for the main scheme which indicates a potential further VAT saving of circa £2m which the Health Board will be required to return to WG. The claim is subject to HMRC review and agreement.

The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £478k in 2023/24 which is being funded by the Discretionary Capital programme (DCP). The total forecast overspend for the scheme is £652k with the balance of this amount falling into 2024/25. The completion of Phase 1 of Tredegar H&WBC is anticipated to be November 2023. The overspend is due to significant cost

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pressures including the inclusion of EV charging points, culvert diversion, Heart building stabilisation and inflation. The cost advisor has reported costs of £1.135m ex VAT in relation to unfunded inflation allowances on works and fees, EV charging and other required changes that are intended to be submitted as an additional funding request to WG. Conversely, further risks are identified in relation to five unresolved compensation events which total £1.960m plus VAT (including re-design of the foundations (£753k plus VAT), costs associated with the cancellation of the brick supply (£644k plus VAT) and the delay associated with the remedial works to the heart floor slab (£376k plus VAT)) which are not currently built into the forecast outturn. If these claims are found to be valid, they will significantly increase the reported overspend position.

Works are on-going on Phase one of the NHH Satellite Radiotherapy Centre Scheme, however, the cashflow profile is being further reviewed in September in light of a potential 10-week delay that has occurred as a result of the ground conditions under the now demolished Ante Natal Clinic. The revised completion date is to be confirmed but likely to be early 2025 (from Dec 24). The 2023/24 forecast position at the end of month 5 is an underspend of £0.136m. The overall scheme remains within budget.

The YYF Breast scheme is currently forecasting an overspend against the approved CRL of £0.162m in relation to inflation costs. Funding to cover this overspend is available within the unapproved section of the CRL but is required to be evidenced before the funding is released.

Works are progressing in line with programme at Newport East Health and Well-being Centre with a break even forecast for 2023/24. However, the August cost reports are forecasting an overall overspend on the scheme of circa £0.374m which will potentially impact on the DCP in 2024/25 unless additional savings or funding can be achieved. The forecast overspend is mainly due to high levels of contingency spend incurred to date for additional asbestos removal and utility connection costs.

The contractor's handover of the RGH Endoscopy scheme is now planned for the 20th October. The scheme is forecasting an underspend of £0.232m at Month 5 because of estimated VAT savings on works costs.

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

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

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £6.945m made up of:
•   2023/24 DCP Funding - £9.521m (a reduction of 12% compared to 2021/22)
•   Less 30% EFAB contribution – (£0.629m)
•   Less 2022/23 AWCP scheme brokerage – (£2.278m)
•   NBV of Assets Disposed (E Block disposals) - £0.331m

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The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £6.357m generating an underspend of £0.588m. This saving is being used to offset overspends on AWCP schemes (mainly Tredegar H&WBC £0.478m and RGH Blocks 1&2 £0.106m). The programme contains two large schemes (GUH ED Extension fees (£0.516m) and Phase one NHH RAAC Urgent Works (£0.250m)) which will be submitted to WG for approval with the intention of being reimbursed in the current financial year. A prioritisation exercise was completed during August with schemes identified to utilise all the remaining contingency balance.

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

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

Cash

The cash balance on the 31st of August is £6.190m, which is slightly above the advisory figure set by Welsh Government of £6m. This was mainly due to a higher capital cash balance being held at the end of the month than anticipated. The Health Board also received £0.5m of R&D income at the end of the month which was not expected or anticipated at that stage of the month.

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 August (96.9%). We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and at the NHS payment rate.

The finance team are working with the departments concerned to ensure that the correct type of order is raised, call off, estimated etc and that the department understand the importance of timely receipting to eliminate the late payment going forward.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

➢ The financial performance at the end of August 2023 and forecast position against the statutory revenue and capital resource limits,

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- ➢ The savings position for 2023/24,
- ➢ The revenue reserve position on the 31st of August 2023,
- ➢ The Health Board's underlying financial position, and
- ➢ The capital position.

Note the appendices attached providing further information, including Welsh Government financial monitoring return.

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

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	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

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	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

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	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

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Aneurin Bevan University Health Board
Finance Report – August (Month 5) 2023/24
Appendices

1

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

Substantive pay (£'M)
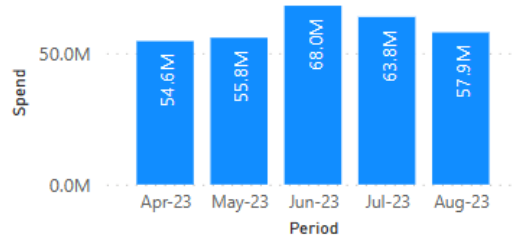
Substantive (£'000)

Pay category	Apr-23	May-23	Jun-23	Jul-23	Aug-23		Change	%		Avg 22/23
ADD PROF SCIENTIFIC AND TECHNICAL	1,975	1,989	2,427	2,429	2,163		-266	-11.0%		2,027
ADDITIONAL CLINICAL SERVICES	7,299	7,742	10,215	9,152	8,071		-1,081	-11.8%		7,113
ADMINISTRATIVE & CLERICAL	9,660	9,674	12,471	11,514	10,101		-1,413	-12.3%		9,427
ALLIED HEALTH PROFESSIONALS	3,773	3,817	4,803	4,508	4,000		-508	-11.3%		3,839
ESTATES AND ANCILLIARY	2,735	2,875	3,777	3,342	2,974		-368	-11.0%		2,781
HEALTHCARE SCIENTISTS	1,055	1,071	1,334	1,238	1,118		-120	-9.7%		1,039
MEDICAL AND DENTAL	12,849	12,877	13,153	13,297	13,297		0	-0.0%		13,085
NURSING AND MIDWIFERY REGISTERED	15,206	15,802	19,843	18,278	16,143		-2,135	-11.7%		15,604
STUDENTS	4	4	6	5	4		-1	-14.6%		9
Total	**54,556**	**55,849**	**68,028**	**63,763**	**57,871**		**-5,892**	**-9.2%**		**54,923**

Variable pay (£'M)
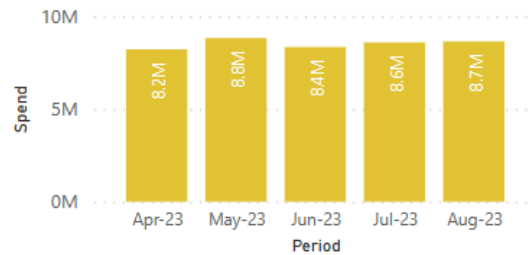
Variable pay (£'000)

Pay category	Apr-23	May-23	Jun-23	Jul-23	Aug-23		Change	%		Avg 20/23
Bank	4,125	3,823	4,242	4,568	4,460		189	5.1%		5,074
Agency	3,873	4,781	3,827	3,724	3,913		-108	-2.4%		3,831
Locum	233	234	286	311	285		-26	-8.5%		260
Total	**8,230**	**8,838**	**8,355**	**8,603**	**8,658**		**55**	**0.6%**		**9,165**

Total Pay (£'M)
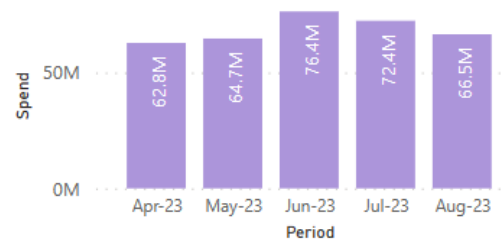
Total pay (£'000)

Pay category	Apr-23	May-23	Jun-23	Jul-23	Aug-23		Change	%		Avg 20/23
Pay	**62,786**	**64,687**	**76,383**	**72,366**	**66,529**		**-5,837**	**-8.1%**		**64,089**

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Pay Summary (2): Substantive Pay

Additional Hours
PTD Actual: 979.6K, 912.2K, 1,235.4K, 1,352.4K, 1,047.7K

Overtime
PTD Actual: 466.7K, 447.2K, 254.5K, 258.0K, 269.2K

Enhancements Spend
PTD Actual: 1.99M, 3.06M, 2.74M, 2.78M, 2.81M

WLI Payments
PTD Actual: 270.0K, 332.4K, 291.3K, 288.3K, 304.2K

Consultant Session: Clinical
PTD Actual: 587.7K, 680.3K, 581.8K, 573.1K, 580.4K

On call
PTD Actual: 62.0K, 68.4K, 63.7K, 61.8K, 79.1K
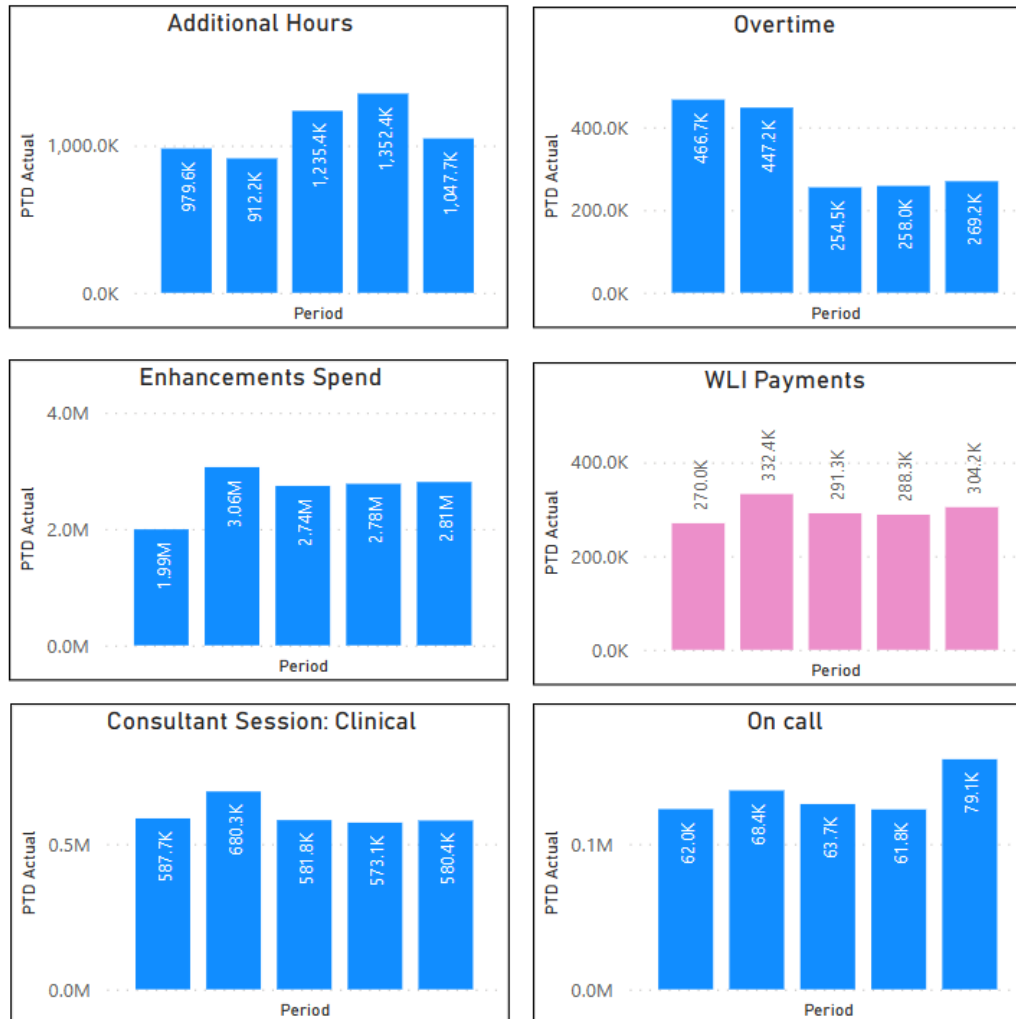
Analysis type by Division

Analysis type	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Total
⊞ Enhancements	1,994	3,063	2,740	2,776	2,807	13,379
⊞ ADDITIONAL HOURS	980	912	1,235	1,352	1,048	5,527
⊞ CONSULTANTS SESSION: CLINICAL	589	679	582	573	580	3,003
⊟ Overtime						
⊞ Clinical Support Services	93	81	64	63	59	360
⊞ Medicine	64	68	32	33	41	239
⊞ Mental Health	64	48	23	31	31	197
⊞ Primary Care & Community	50	51	32	30	32	195
⊞ Family & Therapies	66	57	24	19	25	191
⊞ Estates and Facilities	41	39	23	29	37	168
⊞ CHC/FNC	42	50	28	29	12	160
⊞ Scheduled Care	17	22	10	11	14	74
⊞ Corporate	17	16	9	7	8	57
⊞ Urgent Care	14	15	9	7	9	55
Total	467	447	255	258	269	1,696
⊟ WAITING LIST PAYMENTS: CONSULTANTS						
⊞ Clinical Support Services	130	140	157	131	137	693
⊞ Medicine	80	118	95	102	92	487
⊞ Scheduled Care	53	75	43	53	76	299
⊞ Mental Health	8	0				8
⊞ Corporate		0				0
⊞ Family & Therapies		0	-3	3		0
Total	270	332	291	288	304	1,486
⊞ ON CALL	62	68	64	62	79	335
Total	4,361	5,502	5,167	5,310	5,087	25,427

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Pay Summary (3): Variable Pay (£'k)

Pay category	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Change	%
Agency																		
Admin & Clerical Agency	179	164	204	126	118	85	124	152	79	10	147	72	64	77	49	41	-7	-14.9%
Allied Health Prof Agency	136	169	155	97	319	187	279	108	232	188	165	171	219	147	196	196	1	0.4%
Estates & Ancilliary Agency	622	677	663	669	623	635	583	602	639	560	1,036	683	675	483	490	341	-149	-30.4%
Medical Agency	1,602	927	1,439	1,265	1,179	1,503	1,321	1,261	1,377	1,336	1,271	1,162	2,025	1,474	1,165	1,399	234	20.1%
Nurse HCA/HCSW Agency	1,086	1,185	1,122	1,080	1,092	1,135	975	977	980	798	690	293	339	209	160	236	77	48.2%
Other Agency	61	87	88	146	100	105	116	37	53	64	105	58	70	43	90	49	-41	-45.9%
Registered Nurse Agency	2,282	2,175	1,867	2,048	2,213	2,155	1,859	1,737	2,139	1,842	1,810	1,434	1,387	1,394	1,575	1,650	74	4.7%
Total	**5,968**	**5,384**	**5,538**	**5,430**	**5,644**	**5,806**	**5,256**	**4,873**	**5,500**	**4,798**	**5,224**	**3,873**	**4,781**	**3,827**	**3,724**	**3,913**	**189**	**5.1%**
Bank																		
Admin & Clerical Bank	111	102	101	105	136	104	108	80	109	88	123	94	86	108	114	92	-22	-19.5%
Estates & Ancilliary Bank	168	172	181	192	217	169	151	155	156	158	204	138	142	166	216	201	-15	-7.0%
Nurse HCA/HCSW Bank	1,313	1,140	1,243	1,408	1,660	1,378	1,455	1,249	1,614	1,452	1,765	1,598	1,485	1,635	1,811	1,816	5	0.3%
Other Bank	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	-1	-2	-196.7%
Registered Nurse Bank	1,920	1,889	1,934	2,052	2,154	2,031	2,175	1,918	2,397	2,268	3,014	2,295	2,110	2,332	2,425	2,352	-73	-3.0%
Total	**3,512**	**3,304**	**3,460**	**3,757**	**4,166**	**3,681**	**3,889**	**3,402**	**4,277**	**3,966**	**5,105**	**4,125**	**3,823**	**4,242**	**4,568**	**4,460**	**-108**	**-2.4%**
Locum																		
Medical Locum	238	294	228	232	271	262	298	200	245	241	385	233	234	286	311	285	-26	-8.5%
Total	**238**	**294**	**228**	**232**	**271**	**262**	**298**	**200**	**245**	**241**	**385**	**233**	**234**	**286**	**311**	**285**	**-26**	**-8.5%**
Total	**9,718**	**8,982**	**9,226**	**9,420**	**10,082**	**9,749**	**9,443**	**8,475**	**10,022**	**9,006**	**10,713**	**8,230**	**8,838**	**8,355**	**8,603**	**8,658**	**55**	**0.6%**

Agency (£'000)

Bank (£'000)

Locum (£'000)

4
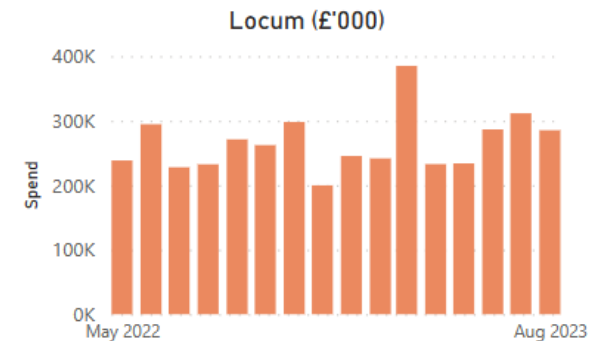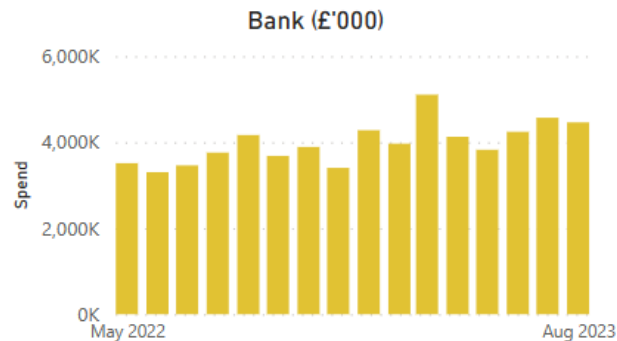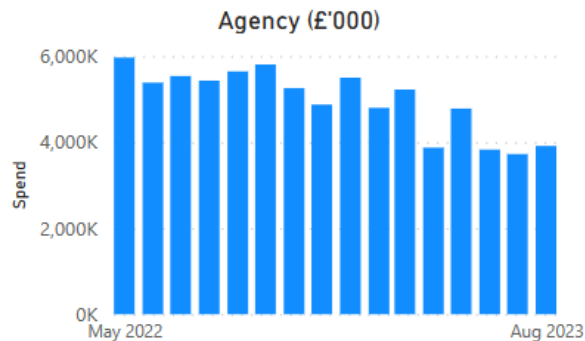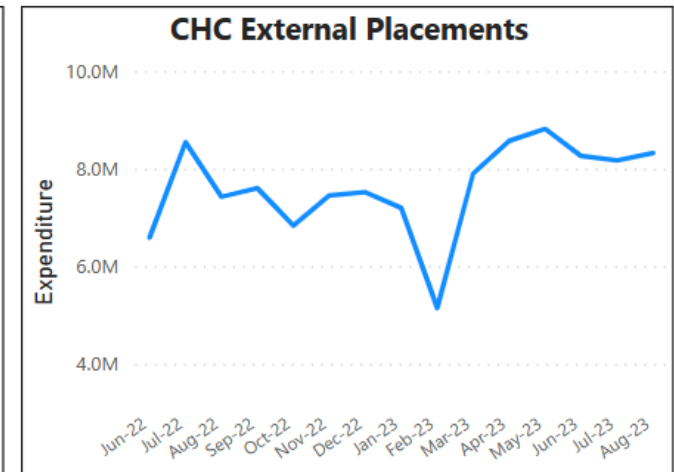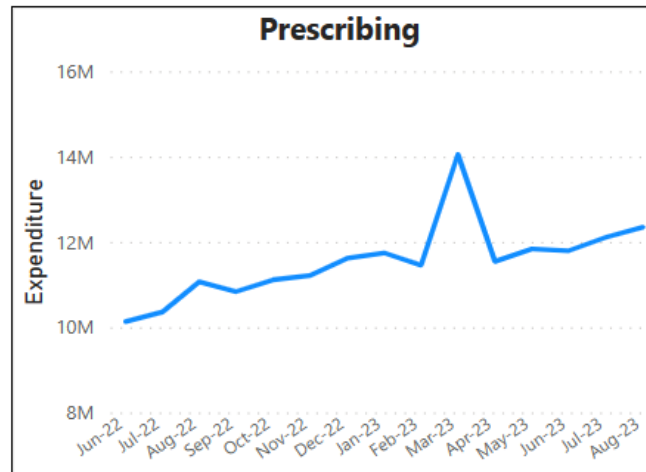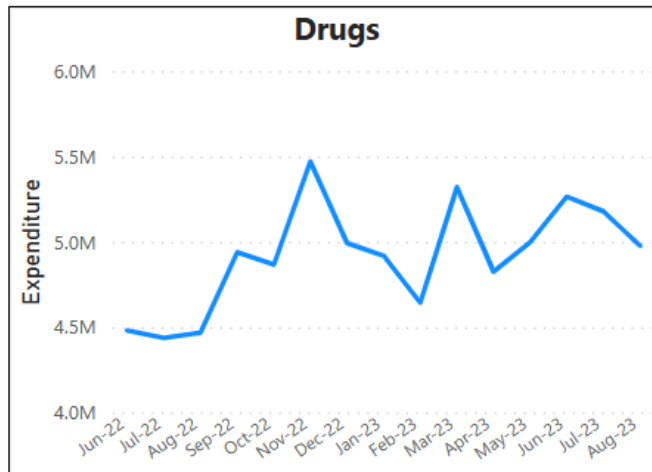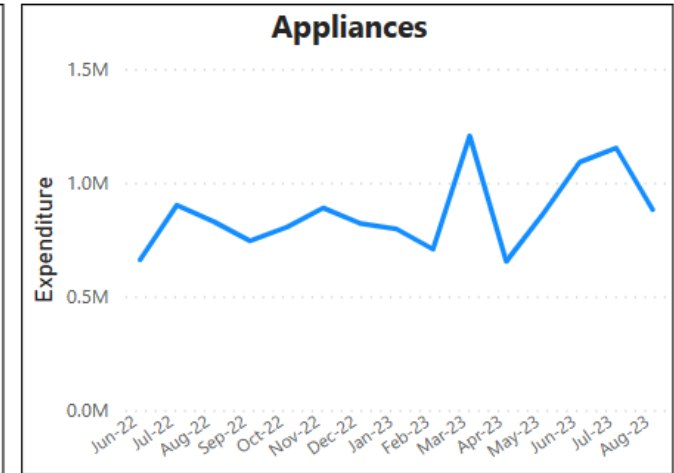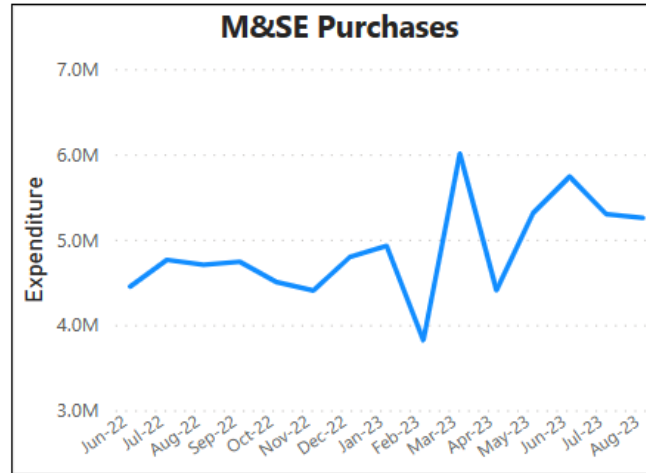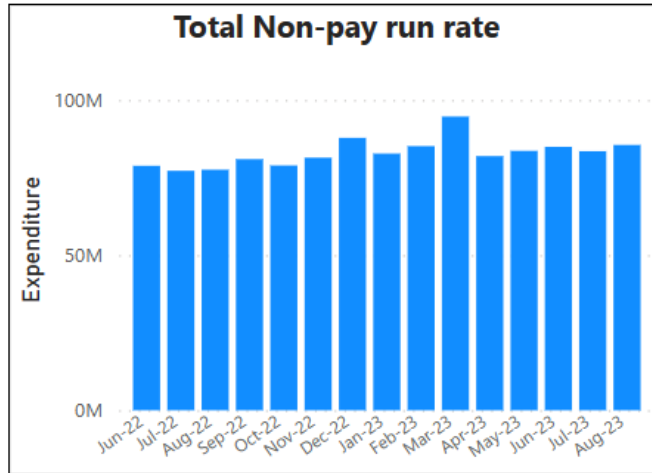
Referral to Treatment (RTT):

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 August '23 was 2,313 (July '23: 2,175, 2022/23 total: 22,327, 2019/20 total: 28,004)

Planned Treatments (M05)						Actual Treatments (M05)						Treatment Variance (M05)					
Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	242	0		0	242	Derm	196	0	20	0	216	Derm	(46)	0	20	0	(26)
N147-ENT	115	0		0	115	ENT	141	0	0	0	141	ENT	26	0	0	0	26
N105-General Surgery	217	40		0	257	GS	306	95	0	0	401	GS	89	55	0	0	144
N146-Oral Surgery	109	6		0	115	Max Fax	180	0	0	0	180	Max Fax	71	(6)	0	0	65
N148-Ophthalmology	420	0		0	420	Ophth	261	25	0	0	286	Ophth	(159)	25	0	0	(134)
N108-Rheumatology	0	0		0	0	Rheum	0	0	0	0	0	Rheum	0	0	0	0	0
N115-Trauma & Orthopaedics	369	90		0	459	T&O	491	75	0	0	566	T&O	122	(15)	0	0	107
N106-Urology	438	0		0	438	Urology	517	6	0	0	523	Urology	79	6	0	0	85
	1,910	136	0	0	2,046		2,092	201	20	0	2,313		182	65	20	0	267

- Outpatient activity for August '23 was 6,782 (July '23: 5,442, 2022/23 total: 65,873, 2019/20 total: 75,707)

Planned Outpatients (M05)						Actual Outpatients (M05)						Outpatient Variance (M05)					
Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,392	0		0	1,392	Derm	1,139	0	0	0	1,139	Derm	(253)	0	0	0	(253)
N147-ENT	569	0		0	569	ENT	687	0	0	0	687	ENT	118	0	0	0	118
N105-General Surgery	1,219	0		0	1,219	GS	1,934	65	19	0	2,018	GS	715	65	19	0	799
N146-Oral Surgery	270	40		0	310	Max Fax	353	0	0	0	353	Max Fax	83	(40)	0	0	43
N148-Ophthalmology	855	0		0	855	Ophth	787	20	0	0	807	Ophth	(68)	20	0	0	(48)
N108-Rheumatology	183	0		0	183	Rheum	182	0	0	0	182	Rheum	(1)	0	0	0	(1)
N115-Trauma & Orthopaedics	897	140		0	1,037	T&O	978	71	0	0	1,049	T&O	81	(69)	0	0	12
N106-Urology	400	18		0	418	Urology	523	0	24	0	547	Urology	123	(18)	24	0	129
	5,785	198	0	0	5,983		6,583	156	43	0	6,782		798	(42)	43	0	799

6

Medicine Outpatients activity for August '23 was 1,973 (July '23: 2,118, 2022/23: 19,258):

Aug-23

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	383	-92
Cardiology	430	375	-55
Respiratory (inc Sleep)	455	496	41
Neurology	257	305	48
Endocrinology	186	176	-10
Geriatric Medicine	313	238	-75
Total	2116	1973	-143

Aug-23

YTD Aug-23	YTD Plan	YTD Actual	Variance		Variance
Gastroenterology	2375	2005	-370		16%
Cardiology	2150	2070	-80		4%
Respiratory (inc Sleep)	2275	2402	127		-6%
Neurology	1285	1340	55		-4%
Endocrinology	930	847	-83		9%
Geriatric Medicine	1565	1022	-543		35%
Total	10580	9686	-894		8%

Medicine Diagnostics activity for August '23 was 1,862 (July '23: 1,932, 2022/23: 36,246):

YTD August 23	YTD Plan	YTD Actual	Variance		Variance
Endoscopy	6670	8853	2183		-33%
Total	6670	8853	2183		-33%

7
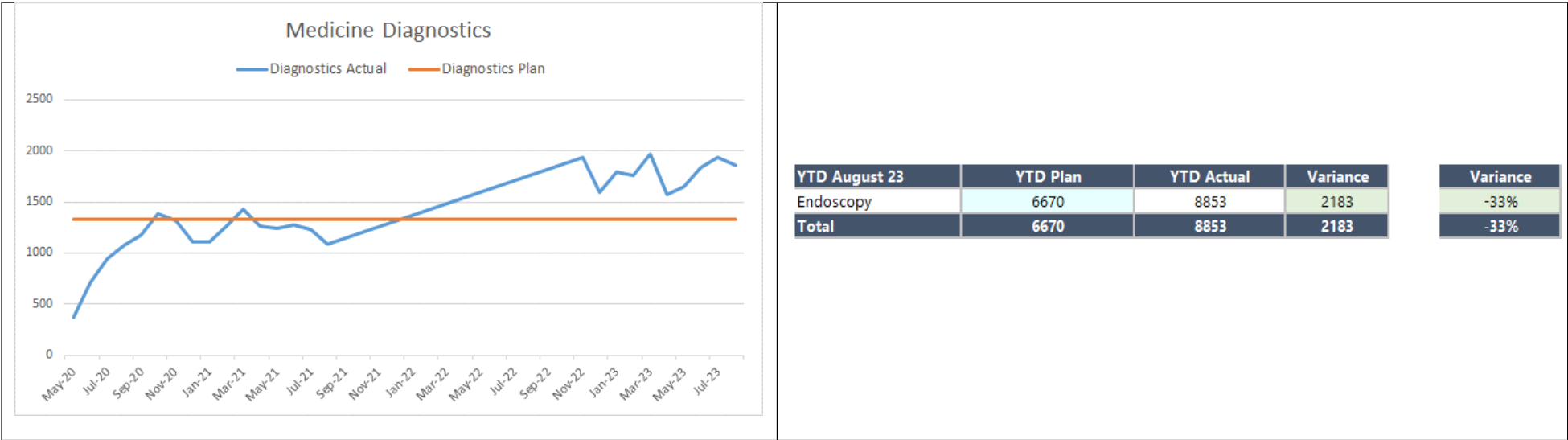
Divisional analysis – Primary Care and Community

Primary Care & Comm. Division reporting a £6.5m forecast deficit

1. Savings unachievement forecast £2.7m
2. GMS overspend due to sustainabilty/prior year release
3. Managed Practices pressure due to additional practice (now 5) increased sessional rates and additional locum/agency support.
4. On-going community Hospitals (nursing) pressure
5. Further pressures in EHEW, Palliative Care and GPOOH

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD			Full year		
							Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Primary Care and Community	Primary Care and Community	PCC-01	Generic CIP - Pay	R	IMTP	Green	116	148	32	278	278	0
Primary Care and Community	Primary Care and Community	PCC-02	Generic CIP - Non-Pay	R	IMTP	Green	121	144	23	291	291	0
Primary Care and Community	Primary Care and Community	PCC-04	Beds (1 ward Community)	R	IMTP	Red	797	0	(797)	2,223	0	(2,223)
Primary Care and Community	Primary Care and Community	PCC-05	Procurement	R	IMTP	Amber	36	0	(36)	85	5	(80)
Primary Care and Community	Primary Care and Community	PCC-06	Rostering Efficiencies	R	IMTP	Red	361	0	(361)	1,008	0	(1,008)
Primary Care and Community	Primary Care and Community	PCC-08	Managed practices	R	IMTP	Green	42	5	(37)	100	100	0
Primary Care and Community	Primary Care and Community	PCC-10	procurement	R	IMTP	Red	77	0	(77)	185	0	(185)
Primary Care and Community	Primary Care and Community	PCCS11	Reduce Face To Face CPD Cost	NR	In Year	Green	0	2	2	0	15	15
Primary Care and Community	Primary Care and Community	PCCS17	Bank MV HCSW	NR	In Year	Green	0	0	0	0	36	36
Primary Care and Community	Primary Care and Community	PCCS18	Bank & Agency CCH Registered Nurses	NR	In Year	Green	0	0	0	0	54	54
Primary Care and Community	Primary Care and Community	PCCS19	Reduce Non Pay Monnow Vale Ward	NR	In Year	Green	0	0	0	0	10	10
Primary Care and Community	Primary Care and Community	PCCS2	NCN Development Programme Manager No Ba	NR	In Year	Green	0	0	0	0	37	37
Primary Care and Community	Primary Care and Community	PCCS20	Non-Pay Cas Gwent	NR	In Year	Green	0	0	0	0	20	20
Primary Care and Community	Primary Care and Community	PCCS21	Non Pay DNS	NR	In Year	Green	0	0	0	0	10	10
Primary Care and Community	Primary Care and Community	PCCS3	Dental Professional Collaborative On Hold	NR	In Year	Green	0	8	8	0	25	25
Primary Care and Community	Primary Care and Community	PCCS36	GMS IT Services	NR	In Year	Green	0	3	3	0	33	33
Primary Care and Community	Primary Care and Community	PCCS37	GMS Improvement Grants	NR	In Year	Green	0	113	113	0	270	270
Primary Care and Community	Primary Care and Community	PCCS4	Uncommitted SPPC Funding	NR	In Year	Green	0	0	0	0	27	27
Primary Care and Community	Primary Care and Community	PCCS45	Withdraw Band 7 Advert PC Contracting Team	NR	In Year	Green	0	5	5	0	37	37
Primary Care and Community	Primary Care and Community	PCCS58	Remove Band 3 Admin Post Newport	NR	In Year	Green	0	3	3	0	20	20
Primary Care and Community	Primary Care and Community	PCCS6	Hold Current SPCC Vacancy Band 4	NR	In Year	Green	0	0	0	0	10	10
Primary Care and Community	Primary Care and Community	PCCS7	Reduce Spend On SPCC Promotion	NR	In Year	Green	0	0	0	0	5	5
Primary Care and Community	Primary Care and Community	PCCS8	Delay Recruitment Of Band 8A Academy Nurse	NR	In Year	Green	0	0	0	0	20	20
Primary Care and Community	Primary Care and Community	PCCS9	Delay Recruitment Of Lead Pharmacist for acad	NR	In Year	Green	0	0	0	0	21	21
Primary Care and Community	Primary Care and Community	PCCS1	NCN Academy Funding	NR	In Year	Green	0	0	0	0	175	175
							1,549	429	(1,120)	4,170	1,500	(2,670)

Divisional analysis – Prescribing
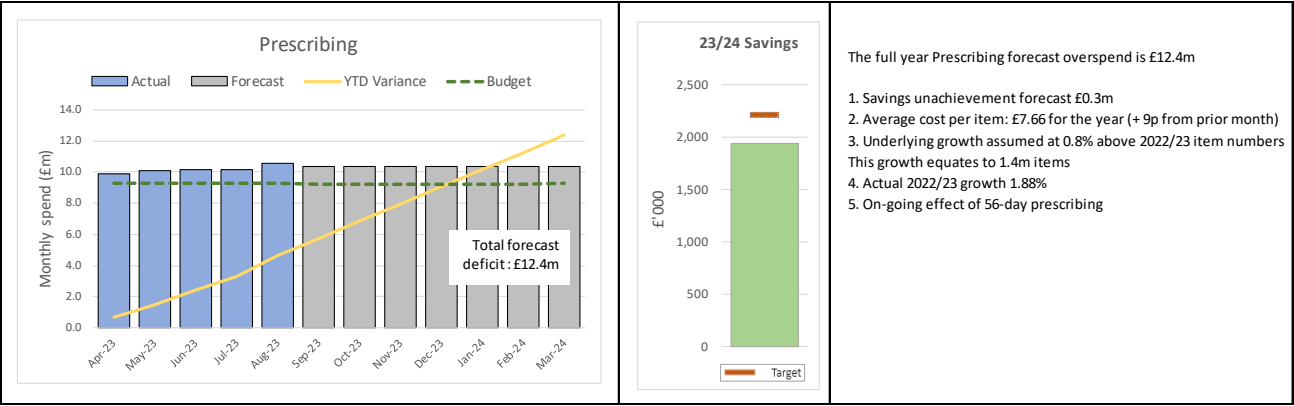
The full year Prescribing forecast overspend is £12.4m

1. Savings unachievement forecast £0.3m
2. Average cost per item: £7.66 for the year (+ 9p from prior month)
3. Underlying growth assumed at 0.8% above 2022/23 item numbers
This growth equates to 1.4m items
4. Actual 2022/23 growth 1.88%
5. On-going effect of 56-day prescribing

Total forecast deficit : £12.4m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD			Full year		
							Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Prescribing	Prescribing	PCC-03	Generic CIP - Non-Pay	R	IMTP	Green	181	283	102	435	397	(38)
Prescribing	Prescribing	PCC-07	Medicines management	R	IMTP	Green	275	275	0	1,125	1,125	0
Prescribing	Prescribing	PCC-09	Medicines management	R	IMTP	Green	233	202	(31)	650	413	(238)
							689	760	72	2,210	1,935	(275)

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Divisional analysis – Complex Care

Continuing Health and Funded Nursing Care

23/24 Savings

Complex Care Division reporting a £1.5m forecast surplus

1. Savings unachievement forecast currently £0.5m
2. Reduction in CHC/DTA (£1.6m)
3. Reduction in inflationary estimate (£0.5m)

Total forecast surplus : £(1.5)m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD			Full year		
							Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Complex Care	Complex Care	CHC-01	Generic CIP - Pay	R	IMTP	Red	14	0	(14)	34	0	(34)
Complex Care	Complex Care	CHC-02	Rostering Efficiencies	R	IMTP	Red	127	0	(127)	305	0	(305)
Complex Care	Complex Care	CHC-03	Adult CHC Care at home team	R	IMTP	Green	42	28	(14)	100	119	19
Complex Care	Complex Care	CHC-04	Adult CHC high cost packages, 1:1 & chages for	R	IMTP	Red	42	0	(42)	100	0	(100)
Complex Care	Complex Care	CHC-05	Adult CHC (balance to NP plan (3m target @40%	R	IMTP	Red	417	0	(417)	1,000	0	(1,000)
Complex Care	Complex Care	CHC-06	procurement	R	IMTP	Green	24	0	(24)	56	0	(56)
Complex Care	Complex Care	CHC-07	Generic CIP - Non-Pay	R	IMTP	Red	120	0	(120)	288	0	(288)
Complex Care	Complex Care	CHC-08	Right Sizing Commitments	R	In Year	Green	0	53	53	0	500	500
Complex Care	Complex Care	CHC-09	Enhanced care working group and panel	R	In Year	Green	0	11	11	0	235	235
Complex Care	Complex Care	CHC-10	CHC review assessments	NR	In Year	Green	0	13	13	0	41	41
Complex Care	Complex Care	CHC-11	Enhanced care cohort model - TBC	R	In Year	Red	0	0	0	0	0	0
Complex Care	Complex Care	CHC-12	CHC placements review	NR	In Year	Green	0	500	500	0	500	500
							784	605	(179)	1,883	1,395	(488)

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Divisional analysis – Mental Health and Learning Disabilities

Mental Health & Learning Disabilities Division — chart (Actual, Forecast, YTD Variance, Budget). Monthly spend (£m). Total forecast deficit: £14.1m

23/24 Savings (£'000), Target

Mental Health & LD Division reporting a £14.1m forecast deficit

1. Savings unachievement forecast £0.5m
2. CHC Fees increases (12%) greater than IMTP assumption (6%)
3. Service Improvement funding assumptions £5m deficit to forecast
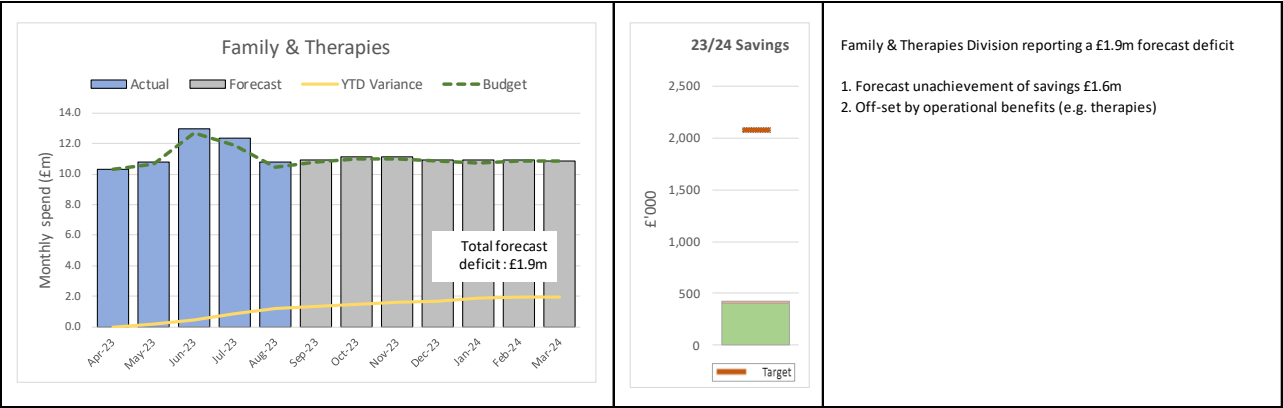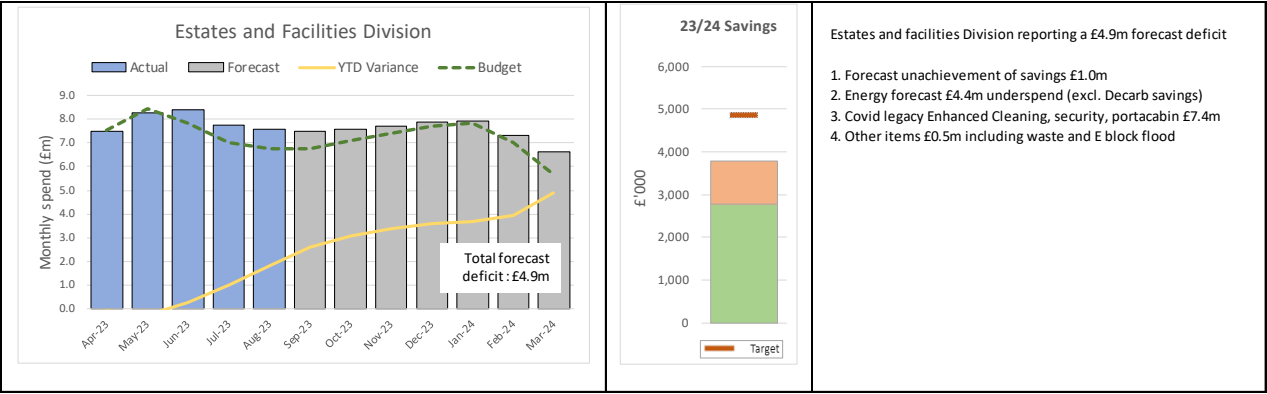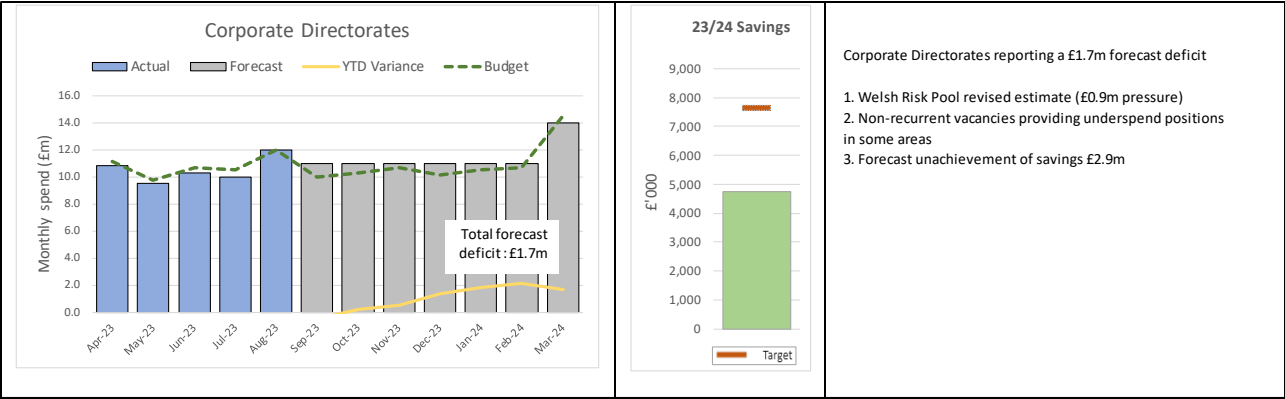4. Ward pressures & medical cover forecast £3.1m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Plan £'000	YTD Forecast £'000	YTD Variance £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01	Generic CIP - Pay	R	IMTP	Red	107	0	(107)	107	0	(107)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01a	MH Adults - Reduction of agency costs due to a	R	IMTP	Amber	0	0	0	142	122	(20)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01b	OAMH - Reduction in LT Med Agency due to su	R	IMTP	Green	21	21	0	50	50	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01c	Flexi rewards ceasing	R	IMTP	Red	0	0	0	9	0	(9)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-02	Generic CIP - Non-Pay	R	IMTP	Red	91	0	(91)	118	0	(118)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-02a	Maximise ECT Income generation from private	R	IMTP	Green	29	29	0	70	70	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-02b	PCMHS Counselling commissioning	R	IMTP	Green	0	0	0	100	100	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-03	Rostering Efficiencies	R	IMTP	Red	234	0	(234)	562	0	(562)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-04	MH CHC - LD	R	IMTP	Red	384	0	(384)	922	0	(922)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-05	MH CHC High cost packages	R	IMTP	Red	104	0	(104)	250	0	(250)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-06	MH Older Adults Beds	R	IMTP	Red	104	0	(104)	206	0	(206)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-06a	OAMH - Capped beds on Annwylfan (YYF) resu	R	IMTP	Green	45	30	(15)	150	30	(120)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-07	Review of Mental Health expenditure	NR	IMTP	Red	717	0	(717)	2,000	0	(2,000)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-08	MH CHC (balance to NP plan (3m target @60%	R	IMTP	Red	262	0	(262)	628	0	(628)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-09	procurement	R	IMTP	Red	23	0	(23)	55	0	(55)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-10	CHC Eligibility Reviews	R	In Year	Green	0	52	52	0	367	367
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-11	CHC Repatriations to in house wards	R	In Year	Green	0	273	273	0	994	994
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-12	CHC Right Size Packages	R	In Year	Green	0	64	64	0	265	265
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-13	CHC Step Down	R	In Year	Green	0	166	166	0	536	536
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-14	CHC Change in Need	R	In Year	Green	0	242	242	0	738	738
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-15	Structured Clinical Management	R	In Year	Green	0	0	0	0	450	450
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-16	Paliperidone HC FYE	R	In Year	Green	0	40	40	0	69	69
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-17	Paliperidone Non HC FYE	R	In Year	Green	0	40	40	0	127	127
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-18	Clozapine repatriation FYE	R	In Year	Green	0	25	25	0	60	60
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-19	Clozapine price reduction	R	In Year	Green	0	0	0	0	3	3
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH2	Step 9 People Down From Secure Placements	R	In Year	Green	0	0	0	0	500	500
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH3	Repatriate Individuals From OOA And In House	R	In Year	Green	0	0	0	0	75	75
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH10	Review secure transport options	R	In Year	Green	0	0	0	0	15	15
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH11	Flexi Rewards Ceasing	R	In Year	Green	0	0	0	0	301	301
							2,120	983	(1,137)	5,369	4,872	(498)

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Divisional analysis – Scheduled Care

Scheduled Care

Legend: Actual | Forecast | YTD Variance | Budget

Total forecast deficit : £9.8m

23/24 Savings

Legend: Target

Scheduled care division is currently reporting a forecast overspend for year-end of £9.8m.

The key reasons for this forecast position are as follows:

1. Un-achieved savings target £4.0m
2. D7E open for the full year £700k
3. T&O backfill costs (net of WLI reduction) £871k
4. PET transfer £1m
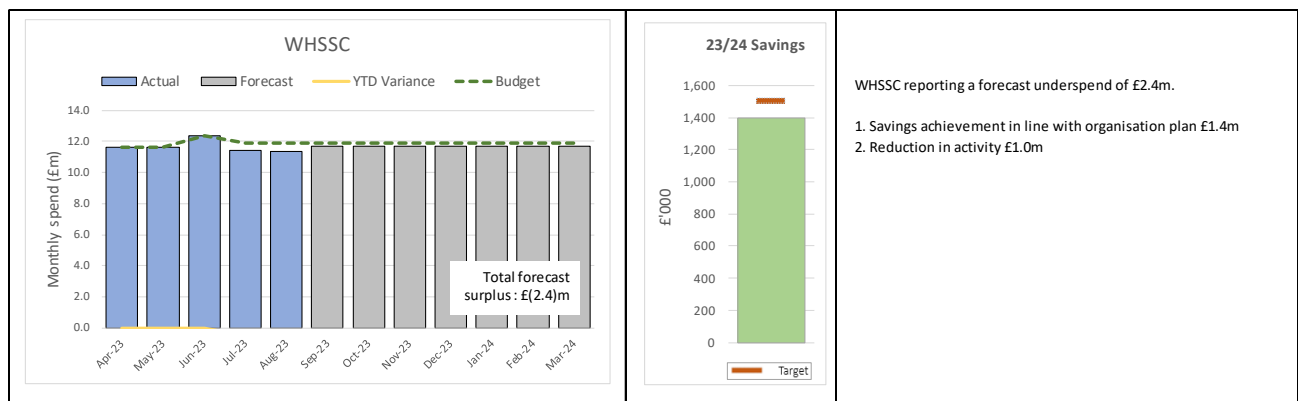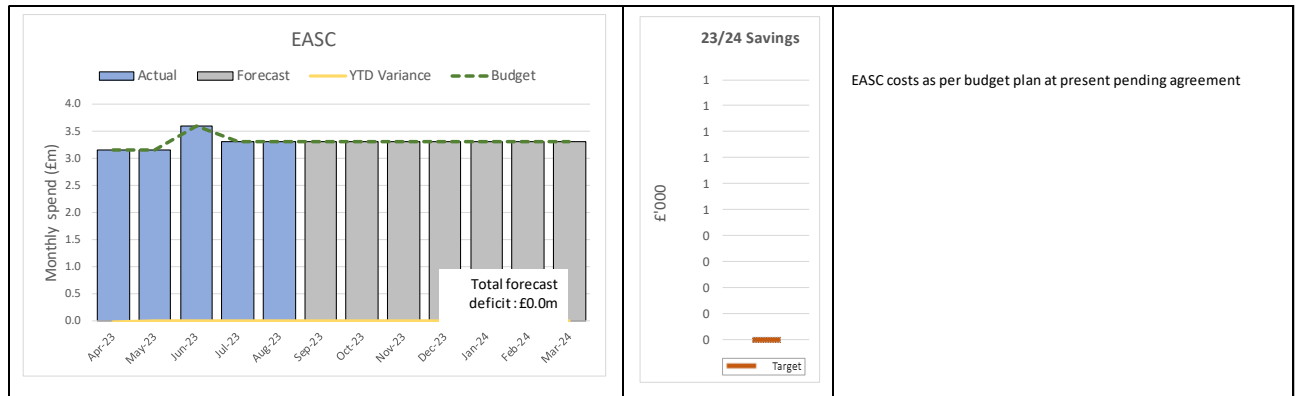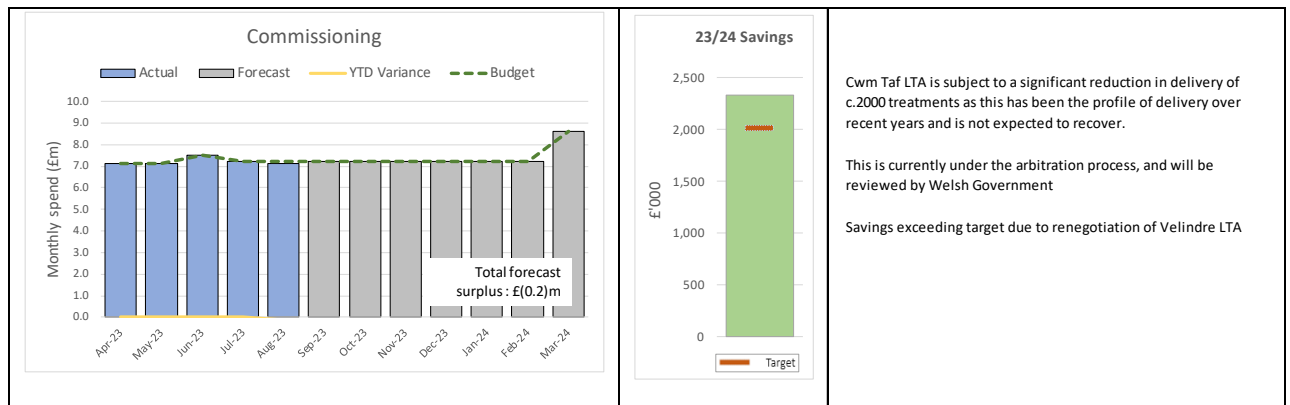5. Plus further variable and operational pressures for review

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Plan £'000	YTD Forecast £'000	YTD Variance £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
Scheduled Care	Scheduled Care	SCH-01	Generic CIP - Pay	R	IMTP	Red	293	0	(293)	703	0	(703)
Scheduled Care	Scheduled Care	SCH-02	BADS	R	IMTP	Red	199	0	(199)	478	0	(478)
Scheduled Care	Scheduled Care	SCH-03	RTT WLI	R	IMTP	Green	957	740	(217)	2,296	2,079	(217)
Scheduled Care	Scheduled Care	SCH-04	RTT Backfill	R	IMTP	Green	401	91	(310)	962	91	(871)
Scheduled Care	Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	534	0	(534)	1,490	0	(1,490)
Scheduled Care	Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up	R	IMTP	Red	116	0	(116)	277	0	(277)
Scheduled Care	Scheduled Care	SCH-07	SAU rostering	R	IMTP	Red	65	0	(65)	155	0	(155)
Scheduled Care	Scheduled Care	SCH-08	Procurement	R	IMTP	Red	266	0	(266)	586	0	(586)
Scheduled Care	Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre con	R	IMTP	Green	8	0	(8)	38	29	(8)
Scheduled Care	Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	IMTP	Green	16	0	(16)	72	56	(16)
Scheduled Care	Scheduled Care	SCH-09	Rostering Efficiencies	R	IMTP	Green	387	715	328	895	1,372	477
Scheduled Care	Scheduled Care	SCH-09a	Ortho Geriatric variable pay saving	R	IMTP	Amber	6	0	(6)	48	42	(6)
Scheduled Care	Scheduled Care	SCH-10	Medicines management	R	IMTP	Green	63	222	160	150	730	580
Scheduled Care	Scheduled Care	SCH-11	procurement	R	IMTP	Red	69	0	(69)	166	0	(166)
Scheduled Care	Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	IMTP	Red	132	0	(132)	317	0	(317)
Scheduled Care	Scheduled Care	SCH2	Christmas shutdown of elective activity	NR	In Year	Green	0	0	0	0	104	104
Scheduled Care	Scheduled Care	SCH23	Retinue accruals hold for 3 months not 6 month	NR	In Year	Green	0	111	111	0	111	111
							3,510	1,878	(1,632)	8,634	4,615	(4,019)

12

Divisional analysis – Clinical Support Services

Clinical Support Division reporting a £0.4m forecast surplus

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

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Plan £'000	YTD Forecast £'000	YTD Variance £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
Clinical Support Services	Clinical Support Services	CSS-01	Generic CIP - Pay	R	IMTP	Red	80	0	(80)	190	0	(190)
Clinical Support Services	Clinical Support Services	CSS-02	Procurement	R	IMTP	Red	58	0	(58)	138	0	(138)
Clinical Support Services	Clinical Support Services	CSS-03	Rostering Efficiencies	R	IMTP	Red	58	0	(58)	139	0	(139)
Clinical Support Services	Clinical Support Services	CSS-04	procurement	R	IMTP	Red	9	0	(9)	21	0	(21)
Clinical Support Services	Clinical Support Services	CSS-05	Generic CIP - Non-Pay	R	IMTP	Red	44	0	(44)	105	0	(105)
Clinical Support Services	Radiology	CSS-06	Radiology - IPFR patients via WhSSC	R	In Year	Green	0	15	15	0	50	50
Clinical Support Services	Radiology	CSS-07	Radiology - WHSSC other Commissioning Costs	R	In Year	Red	0	0	0	0	0	0
Clinical Support Services	Radiology	CSS-08	Radiology - Reduce Dosage of CT IV Contrast	R	In Year	Green	0	20	20	0	50	50
Clinical Support Services	Radiology	CSS-09	Radiology - PICC Line - change of supplier / cha	R	In Year	Green	0	29	29	0	70	70
Clinical Support Services	Radiology	CSS-10	Radiology - Review Agency Sonographers	R	In Year	Green	0	0	0	0	100	100
Clinical Support Services	Radiology	CSS-11	Radiology - Review of overtime CT & MR	R	In Year	Green	0	0	0	0	50	50
Clinical Support Services	Radiology	CSS-12	Radiology - Non Pay All Other	R	In Year	Green	0	29	29	0	81	81
Clinical Support Services	Pathology	CSS-13	Pathology - Agency Scientist cost reduction	R	In Year	Green	0	53	53	0	214	214
Clinical Support Services	Pathology	CSS-14	Pathology - KPI rebates on MSC's - Siemens and	NR	In Year	Green	0	80	80	0	80	80
Clinical Support Services	Pathology	CSS-15	Pathology - SLA's - Income review	R	In Year	Green	0	25	25	0	60	60
Clinical Support Services	Pathology	CSS-16	Pathology - repatriation of tests	R	In Year	Green	0	0	0	0	42	42
Clinical Support Services	Pathology	CSS-17	Pathology - DHCW SLA Haemonetics	R	In Year	Green	0	5	5	0	13	13
Clinical Support Services	Pathology	CSS-18	Pathology - All Wales Non Pay Procurement sc	R	In Year	Green	0	0	0	0	47	47
Clinical Support Services	Radiology	CSS2	Radiology - Decommission Flouroscopy Equipt	R	In Year	Green	0	0	0	0	14	14
Clinical Support Services	Radiology	CSS3	Radiology	NR	In Year	Green	0	0	0	0	90	90
Clinical Support Services	Radiology	CSS4	Radiology - restricted GP access MSK scans	R	In Year	Green	0	0	0	0	40	40
							248	256	8	593	1,001	409

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Divisional analysis – Medicine

Medicine

Medicine Division reporting a £13.7m forecast deficit

1. Un-achieved savings forecast £8.0m
2. YYF SDEC - £0.7m
3. Non-pay - £0.3m
4. Drugs/IVIG - £90k
5. Operational nursing pressures above savings unachieved £0.7m
6. Operational medical pressures above savings unachieved £1.7m
7. Cardiology insourcing £1.0m

Total forecast deficit : £13.7m

23/24 Savings

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD			Full year		
							Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	Medicine	MED-01	Generic CIP - Pay	R	IMTP	Amber	215	0	(215)	516	387	(129)
Medicine	Medicine	MED-02	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	40	0	(40)	95	0	(95)
Medicine	Medicine	MED-03	Outpatient transformation (New to Follow Up	R	IMTP	Red	235	0	(235)	656	0	(656)
Medicine	Medicine	MED-04	Beds (1 ward Med)	R	IMTP	Red	797	0	(797)	2,223	0	(2,223)
Medicine	Medicine	MED-05	Procurement	R	IMTP	Amber	11	0	(11)	25	19	(6)
Medicine	Medicine	MED-06	Rostering Efficiencies	R	IMTP	Green	265	196	(69)	738	531	(206)
Medicine	Medicine	MED-07	Insourcing review	R	IMTP	Red	382	0	(382)	1,066	0	(1,066)
Medicine	Medicine	MED-08	Medicines management	R	IMTP	Amber	63	42	(21)	150	154	4
Medicine	Medicine	MED-09	procurement	R	IMTP	Green	15	15	1	35	41	6
Medicine	Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	IMTP	Red	1,433	0	(1,433)	4,000	0	(4,000)
Medicine	Medicine	MED-11	Generic CIP - Non-Pay	R	IMTP	Amber	77	0	(77)	184	125	(59)
Medicine	Medicine	Med-12	Green Schemes - Drugs MED 12 & MED 13	R	In Year	Green	0	0	0	0	178	178
Medicine	Medicine	Med-13	Green Sheme - Medical MED 05 & MED 19	R	In Year	Green	0	0	0	0	125	125
Medicine	Medicine	Med-14	Green Schemes - Non Pay Wound Clinic REF M	R	In Year	Green	0	0	0	0	25	25
Medicine	Medicine	Med-15	Green Schemes - Income Spy Glass MED-07	R	In Year	Green	0	0	0	0	70	70
							3,531	253	(3,278)	9,688	1,655	(8,032)

Divisional analysis – Urgent Care

Urgent Care Division reporting a £5.0m forecast deficit

1. ED Middle grade cover and consultant sessions (£2.1m pressure)
2. Nursing vacancy premium (£2.6m)
3. SATU - £0.2m
4. MIU opening times savings assumed unachieveable - £0.4m
5. Drugs pressure - £0.1m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Plan £'000	YTD Forecast £'000	YTD Variance £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
Urgent Care	Urgent care	URG-01	Generic CIP - Pay	R	IMTP	Green	44	4	(40)	198	158	(40)
Urgent Care	Urgent care	URG-02	Procurement	R	IMTP	Amber	6	0	(6)	25	26	1
Urgent Care	Urgent care	URG-03	Rostering Efficiencies	R	IMTP	Amber	38	0	(38)	170	176	6
Urgent Care	Urgent care	URG-04	Reduce opening times of MIU	R	IMTP	Amber	0	0	0	500	100	(400)
Urgent Care	Urgent care	URG-05	procurement	R	IMTP	Amber	1	0	(1)	4	3	(1)
Urgent Care	Urgent care	URG-06	Generic CIP - Non-Pay	R	IMTP	Amber	5	0	(5)	22	22	0
Urgent Care	Urgent care	UC-01	Hold Rectuiting Assistant PFCs	R	In Year	Green	0	3	3	0	26	26
Urgent Care	Urgent care	UC-02	Hold Flow Centre Manager Recruitment	R	In Year	Green	0	3	3	0	23	23
							94	10	(83)	919	535	(384)

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Divisional analysis – Family & Therapies

Family & Therapies

Total forecast deficit : £1.9m

23/24 Savings

Family & Therapies Division reporting a £1.9m forecast deficit

1. Forecast unachievement of savings £1.6m
2. Off-set by operational benefits (e.g. therapies)

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Plan £'000	YTD Forecast £'000	YTD Variance £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
Families and Therapies	Families and Therapies	FAT-01	Generic CIP - Pay	R	IMTP	Green	233	89	(144)	558	211	(347)
Families and Therapies	Families and Therapies	FAT-02	BADS	R	IMTP	Red	11	0	(11)	25	0	(25)
Families and Therapies	Families and Therapies	FAT-03	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	39	0	(39)	93	0	(93)
Families and Therapies	Families and Therapies	FAT-04	Outpatient transformation (New to Follow Up	R	IMTP	Red	56	0	(56)	134	0	(134)
Families and Therapies	Families and Therapies	FAT-05	Procurement	R	IMTP	Red	11	0	(11)	25	0	(25)
Families and Therapies	Families and Therapies	FAT-06	Rostering Efficiencies	R	IMTP	Green	366	69	(297)	1,021	164	(857)
Families and Therapies	Families and Therapies	FAT-07	Medicines management	R	IMTP	Green	21	15	(6)	50	27	(23)
Families and Therapies	Families and Therapies	FAT-08	procurement	R	IMTP	Red	30	0	(30)	72	0	(72)
Families and Therapies	Families and Therapies	FAT-09	Generic CIP - Non-Pay	R	IMTP	Red	40	0	(40)	96	0	(96)
Families and Therapies	Families and Therapies	FAT-10	ABUHB Exec decision to cease Flexible Reward	R	In Year	Amber	0	0	0	0	27	27
							805	173	(632)	2,074	429	(1,645)

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Divisional analysis – Estates & Facilities

Estates and facilities Division reporting a £4.9m forecast deficit

1. Forecast unachievement of savings £1.0m
2. Energy forecast £4.4m underspend (excl. Decarb savings)
3. Covid legacy Enhanced Cleaning, security, portacabin £7.4m
4. Other items £0.5m including waste and E block flood

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD			Full year		
							Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Estates and Facilities	Estates and Facilities	ESF-01	Generic CIP - Pay	R	IMTP	Red	67	0	(67)	161	0	(161)
Estates and Facilities	Estates and Facilities	ESF-02	Parking	R	IMTP	Green	88	88	0	210	210	0
Estates and Facilities	Estates and Facilities	ESF-03	Procurement	R	IMTP	Green	17	3	(13)	40	27	(13)
Estates and Facilities	Estates and Facilities	ESF-04	Rostering Efficiencies	R	IMTP	Amber	268	0	(268)	642	375	(268)
Estates and Facilities	Estates and Facilities	ESF-05	estates and facilities strategy	R	IMTP	Red	71	0	(71)	170	0	(170)
Estates and Facilities	Estates and Facilities	ESF-06	Decarbonisation	R	IMTP	Green	358	416	58	1,000	1,000	(1)
Estates and Facilities	Estates and Facilities	ESF-08	Estates Opps / leases (running costs)	R	IMTP	Red	358	0	(358)	1,000	0	(1,000)
Estates and Facilities	Estates and Facilities	ESF-09	procurement	R	IMTP	Red	76	0	(76)	181	0	(181)
Estates and Facilities	Estates and Facilities	ESF-10	Estates and Facilities avoid agency premiums (	R	IMTP	Amber	393	0	(393)	1,095	639	(457)
Estates and Facilities	Estates and Facilities	ESF-11	Generic CIP - Non-Pay	R	IMTP	Red	142	0	(142)	340	0	(340)
Estates and Facilities	Estates and Facilities	ESF-12	Rates Rebates	NR	In Year	Green	0	0	0	0	754	754
Estates and Facilities	Estates and Facilities	FAC-02	Pod-point chargers	R	In Year	Green	0	0	0	0	4	4
Estates and Facilities	Estates and Facilities	FAC-03	Catering Subsidy Removal	R	In Year	Green	0	0	0	0	117	117
Estates and Facilities	Estates and Facilities	FAC-04	Hot Vending	R	In Year	Green	0	0	0	0	14	14
Estates and Facilities	Estates and Facilities	FAC-12	Security @ GUH	R	In Year	Green	0	0	0	0	191	191
Estates and Facilities	Estates and Facilities	FAC-13	Security @ NHH	R	In Year	Green	0	0	0	0	87	87
Estates and Facilities	Estates and Facilities	FAC-14	Security @ STC	R	In Year	Green	0	0	0	0	33	33
Estates and Facilities	Estates and Facilities	FAC-15	Security @ RGH	R	In Year	Green	0	0	0	0	44	44
Estates and Facilities	Estates and Facilities	FAC-17	Enhanced Cleaning - reduced WTE's	R	In Year	Green	0	0	0	0	210	210
Estates and Facilities	Estates and Facilities	FAC-22	GUH Carparking	R	In Year	Green	0	0	0	0	38	38
Estates and Facilities	Estates and Facilities	FAC-24	NCC Parking - Kingsway & Park Square	R	In Year	Green	0	0	0	0	39	39
Estates and Facilities	Estates and Facilities	FAC-28	Window Cleaning	R	In Year	Green	0	0	0	0	15	15
							1,836	506	(1,329)	4,840	3,794	(1,046)

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Divisional analysis – Corporate

Corporate Directorates chart (Actual, Forecast, YTD Variance, Budget) — Apr-23 to Mar-24. Total forecast deficit : £1.7m

23/24 Savings chart with Target

Corporate Directorates reporting a £1.7m forecast deficit

1. Welsh Risk Pool revised estimate (£0.9m pressure)
2. Non-recurrent vacancies providing underspend positions in some areas
3. Forecast unachievement of savings £2.9m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD Plan £'000	YTD Forecast £'000	YTD Variance £'000	Full year Plan £'000	Full year Forecast £'000	Full year Variance £'000
Corporate-ABCi	Corporate-ABCi	CORP-01	Generic CIP - Non-Pay	R	IMTP	Red	2	0	(2)	4	0	(4)
Corporate-CEO	Corporate-CEO	CORP-02	Generic CIP - Pay	R	IMTP	Green	0	0	0	0	0	0
Corporate-CEO	Corporate-CEO	CORP-03	Review of RIF expenditure	NR	IMTP	Red	125	0	(125)	300	0	(300)
Corporate-CEO	Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	IMTP	Red	500	0	(500)	1,200	0	(1,200)
Corporate-CEO	Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	IMTP	Green	173	64	(109)	415	155	(260)
Corporate-DirFin	Corporate-DirFin	CORP-06	Generic CIP - Pay	R	IMTP	Green	20	28	8	46	187	141
Corporate-DirFin	Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	IMTP	Green	2	1	(1)	5	5	0
Corporate-DirNurs	Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	IMTP	Red	15	0	(15)	34	0	(34)
Corporate-DirNurs	Corporate-DirNurs	CORP-09	procurement	R	IMTP	Red	1	0	(1)	1	0	(1)
Corporate-DirNurs	Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	IMTP	Red	3	0	(3)	6	0	(6)
Corporate-DirOps	Corporate-DirOps	CORP-11	Generic CIP - Pay	R	IMTP	Red	26	0	(26)	61	0	(61)
Corporate-DirOps	Corporate-DirOps	CORP-12	procurement	R	IMTP	Red	1	0	(1)	2	0	(2)
Corporate-DirOps	Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	IMTP	Red	7	0	(7)	16	0	(16)
Corporate-DirPCMH	Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	IMTP	Green	1	31	31	2	75	73
Corporate-DirPH	Corporate-DirPH	CORP-15	Generic CIP - Pay	R	IMTP	Green	14	14	0	33	33	0
Corporate-DirPH	Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	IMTP	Green	1	2	1	3	3	1
Corporate-DirPH	Corporate-DirPH	CORP-17	Health protection review	NR	IMTP	Green	358	417	59	1,000	1,000	(0)
Corporate-DirPH	Corporate-DirPH	CORP-18	procurement	R	IMTP	Green	1	0	(0)	1	1	(0)
Corporate-DirPH	Corporate-DirPH	CORP-19	Health protection review	NR	IMTP	Green	1,075	1,250	175	3,000	3,000	0
Corporate-DirTher	Corporate-DirTher	CORP-20	Generic CIP - Pay	R	IMTP	Red	3	0	(3)	6	0	(6)
Corporate-DirTher	Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	IMTP	Red	1	0	(1)	2	0	(2)
Corporate-DirTher	Corporate-DirTher	CORP-22	Rostering Efficiencies	R	IMTP	Red	20	0	(20)	47	0	(47)
Corporate-Governance	Corporate-Governance	CORP-23	Generic CIP - Pay	R	IMTP	Red	3	0	(3)	7	0	(7)
Corporate-Governance	Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	IMTP	Red	1	0	(0)	2	0	(1)
Corporate-Litig	Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	IMTP	Red	5	0	(5)	11	0	(11)
Corporate-Litig	Corporate-Litig	CORP-26	procurement	R	IMTP	Red	1	0	(1)	2	0	(2)
Corporate-MedDir	Corporate-MedDir	CORP-27	Generic CIP - Pay	R	IMTP	Green	8	8	0	19	19	0
Corporate-MedDir	Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	IMTP	Green	4	4	0	10	10	0
Corporate-PlanICT	Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	IMTP	Red	43	0	(43)	102	0	(102)
Corporate-PlanICT	Corporate-PlanICT	CORP-30	procurement	R	IMTP	Red	47	0	(47)	113	0	(113)
Corporate-PlanICT	Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	IMTP	Red	35	0	(35)	83	0	(83)
Corporate-WOD	Corporate-WOD	CORP-32	Generic CIP - Pay	R	IMTP	Green	18	93	75	43	222	179
Corporate-WOD	Corporate-WOD	CORP-33	procurement	R	IMTP	Green	3	3	0	6	6	0
Corporate-WOD	Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	IMTP	Green	18	18	(0)	43	43	(0)
Corporate-DirOps	Corporate-DirOps	CORP-35	NEPT & INTERSITE	R	IMTP	Red	358	0	(358)	1,000	0	(1,000)
							2,885	1,933	(952)	7,622	4,760	(2,862)

Divisional analysis – External Commissioning / WHSSC / EASC

Commissioning

Total forecast surplus : £(0.2)m

23/24 Savings

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

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

Savings exceeding target due to renegotiation of Velindre LTA

EASC

Total forecast deficit : £0.0m

23/24 Savings

EASC costs as per budget plan at present pending agreement

WHSSC

Total forecast surplus : £(2.4)m

23/24 Savings

WHSSC reporting a forecast underspend of £2.4m.

1. Savings achievement in line with organisation plan £1.4m
2. Reduction in activity £1.0m

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD			Full year		
							Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Contracting and Commissioning	Contracting and Commissioning	CON-01	External Contracts	R	IMTP	Green	834	834	0	2,000	2,000	0
Contracting and Commissioning	Contracting and Commissioning	CON-02	External Contracts	R	In year	Green	0	138	138	0	331	331
WHSSC	WHSSC	WHC-01	WHSSC	R	IMTP	Green	538	583	46	1,500	1,400	(100)
							1,371	1,555	184	3,500	3,731	231

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National Covid-19 Funding Assumptions

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

Type	Covid-19 Specific allocations - August 2023	£'000
HCHS	Nosocomial Covid 19 cases - Investigation and learning	753
HCHS	C19 PPE Q1	290
HCHS	C19 Health Protection Q1	1,981
HCHS	C19 Vaccination programme Q1	1,267
	Total Confirmed Covid-19 Allocations	**4,291**
HCHS	Adferiad Programme	1,216
HCHS	C19 Vaccination programme	6,833
HCHS	C19 Health Protection	2,819
HCHS	C19 PPE	910
	Total Anticipated Covid-19 Allocations	**11,778**
	Total Covid-19 Allocations	**16,070**

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

Reserves

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	23/24
Confirmed	R	Effective use of AHP (share of £5m)	850,000
Confirmed	R	Effective use of AHP - Project support	50,000
Confirmed	NR	Speech and Language Therapy	82,013
Confirmed	NR	Primary Care Improvement Grants	94,686
Confirmed	NR	Mental Health SIF 23-24	470,929
Confirmed	NR	Mental Health SIF 22-23	3,037,489
Confirmed	NR	Learning disabilities additional funding 23-24	50,000
Anticipated	NR	CAMHS Santuary provision	50,000
Anticipated	NR	Regional Planned Care funding-Opthalmology	2,500,000
Anticipated	NR	Regional Planned Care funding-Diagnostics	3,540,000
50% confirmed	NR	Trans Funding-Outpatient Transformation Unit	202,919
50% confirmed	NR	Trans Funding-AB Central support costs	222,654
50% confirmed	NR	Trans Funding-Telemax/TeleENT project	72,204
50% confirmed	NR	Trans Funding-Glaucoma optom	81,607
50% confirmed	NR	Trans Funding-Medical retina	81,607
£290k confirmed	NR	PPE 23-24	805,939
Confirmed	NR	Clinical Leads SLA SP Planned Care Q1 Q2	23,319
Confirmed	R	HPV Vaccine	142,673
Anticipated	NR	Bereavement Coordinator post	60,000
		Confirmed Allocations to be apportioned	**12,418,039**

7788-COMMITMENTS TO BE DELEGATED

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

7565-CONTINGENCY

Description	23/24
23/24 recurrent deficit	(112,848,200)
Balance of Pay award funding RECOVERY	468,684
Recurrent transfer from PHW	323,360
Velindre SLA central income reduction	(286,313)
Other (IT Revenue to Capital etc)	364,025
Confirmed Allocations to be apportioned	**(111,978,444)**

Reserves Delegation:

A number of confirmed and anticipated allocations have remained in reserves for month 5 reporting (£12.4m). This funding will be reviewed by the Executive Team to determine whether it is appropriate to delegate to Divisions in the context of the budget setting methodology for 23/24 and the Health Board deficit.

The following amounts were approved for delegation by the CEO in month 5:

- *Substance misuse funding £63k* – Mental Health and LD (NR)

- *Dementia Age Cymru Advocacy Project £445k* – Director of Planning (Gwent RPB) (NR)

- *Outpatient Transformation-Central support costs £209k* – Chief Operating Officer (NR)

- *PPE £394k* – Delegate across Divisions for costs incurred month 1 to month 4 (NR)

- *Neurodivergence improvement funding £720k* –Director of Planning (Gwent RPB) (NR)

- *Shingles vaccine £976k 23/24 & £1,321k 24/25* - Primary Care (R)

- *GMS Global Sum increase £838k* – Primary Care (R)

Further delegations will be made in month 6 where confirmed and approved. Other allocations require further information and discussion before delegation can be confirmed.

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Cash Position

The cash balance at the 31st of August is £6.190m, which is slightly above the advisory figure set by Welsh Government of £6m. This is mainly due to a higher capital cash balance being held at the end of the month than anticipated.

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 August and cumulatively. There has been an increase in the number of both NHS and non NHS invoices paid within 30 days of delivery of goods/services.

%age of Non NHS Invoices Paid in 30 days, By Month

22
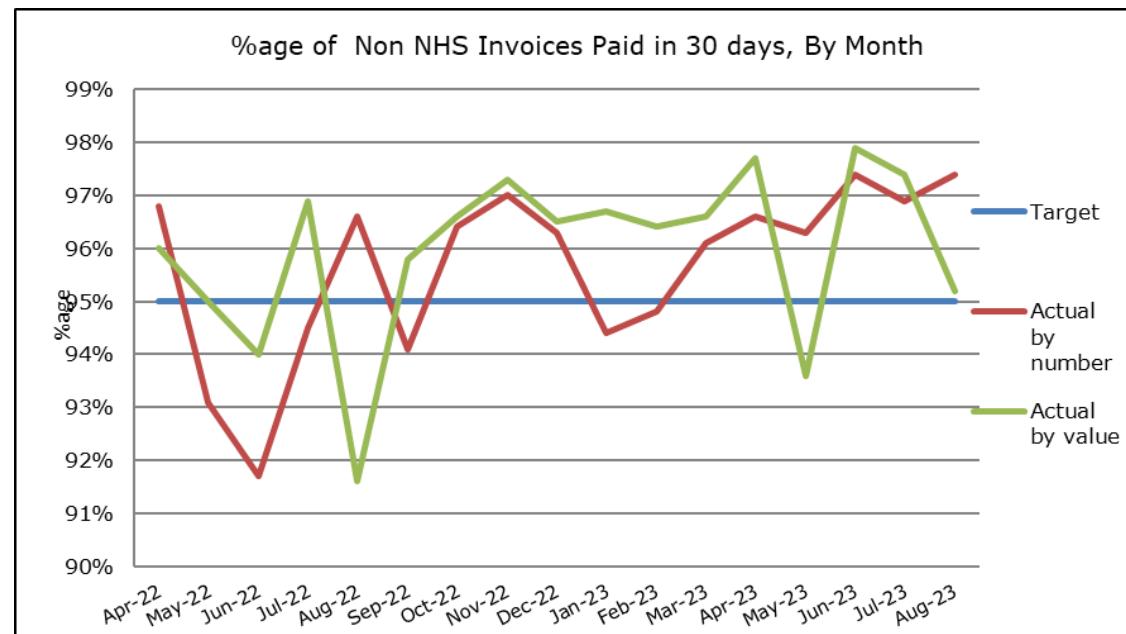
Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 5 (August) 2023-24

At Month 5 the financial performance for Contracting and Commissioning is a £102k underspend against the delegated budget. The key elements contributing to this position at Month 5 are as follows:

Forecast NHS Wales Expenditure Against Plan (£'000)
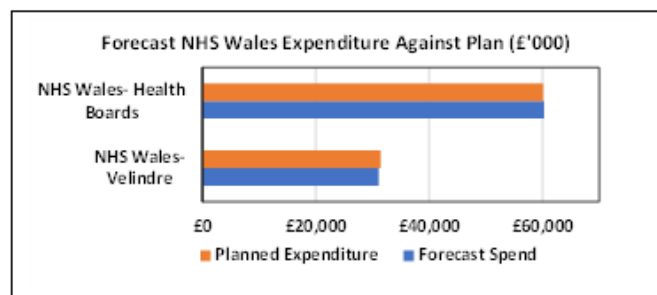
NHS Wales Expenditure

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

Monthly Net Expenditure and Budget (£m)

Forecast NHS England Expenditure Against Plan (£'000)
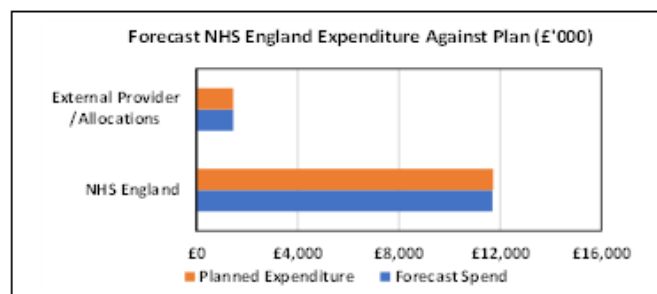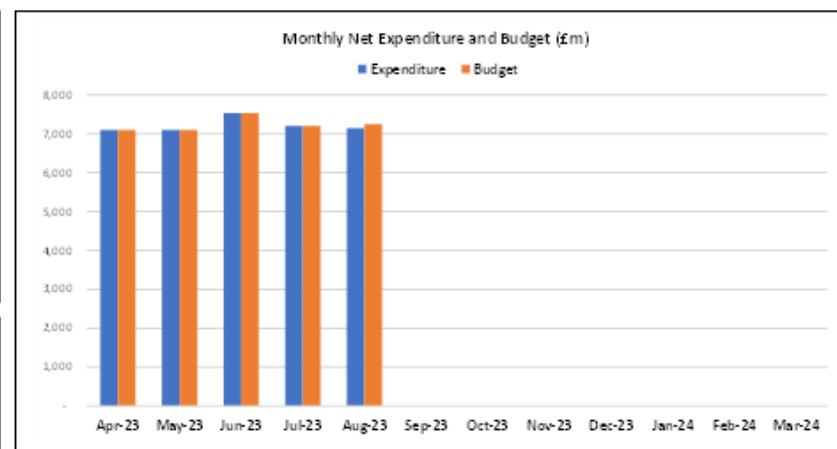
NHS England Expenditure

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

Key Issues 2023-24

- All LTAs have been signed by the end of June 2023 WG deadline with the exception of the Cwm Taf LTA as ABUHB are pursuing additional underperformance from the LTA.
- The nationally agreed inflationary uplift of 1.5% has been funded and is reflected in the above position
- The forecast position anticipates the full achievement of a £2m savings target from additional underperformance from Cwm Taf Morgannwg UHB
- The forecast spend at Velindre Trust is 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£129k is reflected from month 5 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)

Forecast Income Against Plan (£'000)

Provider Income

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

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WHSSC & EASC Financial Position 2022-23: Month 5 2023-24

The Month 5 financial performance for WHSSC & EASC is an underspend of £1.023m. The Month 5 position reflects the agreed IMTP with WHSSC and EASC.

WHSSC SPEND BREAKDOWN 2022-23

WHSSC Reported Position 2023-24 Augsut 2023 (Month 5)

Key Variances
- The WHSSC outturn position reflects the 2023-24 WHSSC IMTP agreed by Chief Executives at the WHSSC Joint Committee
- The £2.4m forecast underspend variance reflects achievement of the 1.5% 2023-24 savings target.

WHSSC & EASC Spend 2019-20 to 2023-24

EASC Reported Position 2023-24 August 2023 (Month 5)

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

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Balance Sheet

Balance sheet as at 31st August 2023	2023/24 Opening balance £000s	31st August 2023 £000s	Movement £000s
Fixed Assets	893,408	907,571	14,163
Other Non current assets	83,283	91,580	8,297 *
Current Assets			
Inventories	9,576	9,982	406
Trade and other receivables	152,220	190,034	37,814 *
Cash	4,704	6,190	1,486
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	166,500	206,206	39,706
Liabilities			
Trade and other payables	242,817	224,593	-18,224
Provisions	168,466	225,915	57,449
	411,283	450,508	39,225
	731,908	**754,849**	**22,941**
Financed by:-			
General Fund	552,859	568,230	15,371
Revaluation Reserve	179,049	186,619	7,570
	731,908	**754,849**	**22,941**

Fixed Assets:-

- An increase in net additions of £19.0 in relation to new 2023/24 capital expenditure incurred.
- A reduction of £17.5m for depreciation charges. A reduction of £1.5m for IFRS16 related charges.
- An increase in indexation costs of £14.5m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £8.9m, a decrease in intangible assets of £0.7m and an increase in ICR income due in more than one year of £0.1m since the end of 2022/23.

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

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

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2022/23 to the end of August £9.8m;
- An increase in the value of both NHS & Non-NHS accruals of £42.6m, of which £41.6m relates to an increase of Welsh Risk Pool claims due in less than one year, £1.7m relates to an increase in NHS & Non NHS accruals and £0.7m relates to a decrease in VAT & other debtors since the end of 2022/23;
- An increase in the value of prepayments held £5.0m.

Cash: The cash balance held at the end of August is £6.190m.

Liabilities, Provisions:

- The movement since the end of 2022/23 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£1.9m), an increase in NHS Creditor accruals (£3.0m), a decrease in the level of invoices held for payment from the year end (£14.2m), an increase in non NHS accruals (£10.8m), a decrease in Tax & Superannuation (£2.0m), a decrease in other creditors (£12.6m), a decrease in the liability for lease payments (£0.9m), an increase in payments on account (£0.4m).
- Due to the increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £57.1m and the increase in pensions & other provisions £0.3m.

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

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Health Board Income
WG Funding Allocations: £1.6bn

Funding Allocations - August 23 (M05 2023/24)

	£'000
HCHS	1,364,033
GMS	108,605
Pharmacy	33,407
Dental	32,654
Total confirmed allocations	**1,538,700**
Anticipated allocations	77,619
Total Allocations	**1,616,319**

Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £109.1m. (£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 £1.73bn (£1.75bn for 22/23).

WG anticipated allocations: £77.6m

Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	(Provider) SPR's	125	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	251	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,800	R
HCHS	Informatics - Virtual Consultations	1,065	R
HCHS	National Clinical Lead for Falls & Frailty	26	R
HCHS	AHW:Prevention & Early Years allocation	1,171	R
HCHS	WHSSC - National Specialist CAMHS improvements	271	R
HCHS	Same Day Emergency Care (SDEC)	1,560	R
HCHS	Adferiad Programme	1,216	NR
HCHS	Exceptional-Incremenntal Real Living Wage	5,404	NR
HCHS	Urgent Primary Care	1,400	R
HCHS	Trans Funding-PSA self-management Prog	232	R
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	Digital Medicines transformation team	306	NR
HCHS	23-24 C19 Vaccination programme	6,833	NR
HCHS	23-24 C19 TTP	2,819	NR
HCHS	New Medical Training Posts 2017-2022 cohorts	1,100	R
HCHS	E-triage	318	R
HCHS	RIF-Integrated Autism uplift 23-24	113	NR
HCHS	RIF-Short breaks for Carers 23-24	247	NR
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(178)	NR
HCHS	Capital - DEL Depreciation - Strategic	332	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	88	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	116	NR
HCHS	Capital - AME Depreciation - Donated Assets	336	NR
HCHS	Capital - AME Depreciation - Impairments	23,209	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(200)	NR
HCHS	IFRS16 Leases New / Renewals Revenue Reduction	(4,210)	NR
HCHS	Mental Capacity Act 23-24	189	NR
HCHS	Mental Capacity Act Advocacy 23-24	217	NR
HCHS	Consolidated pay award 1.5% Apr-23	9,321	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(10,447)	NR
HCHS	C19 PPE 23/24	910	NR
HCHS	CAMHS Sanctuary provision	50	R
HCHS	Trans Funding-Outpatient Transformation Unit	101	NR
HCHS	Trans Funding-AB Central support costs	216	NR
HCHS	Trans Funding-Glaucoma optom	41	NR
HCHS	Trans Funding-Medical retina	41	NR
HCHS	Trans Funding-Telemax/TeleENT project	36	NR
HCHS	Welsh Risk Pool Risk Share agreement 23-24	(4,455)	NR
HCHS	Mental Capacity Act 23-24 - Gwent consortium	49	NR
HCHS	Planned Care Funding-Opthalmology	2,500	NR
HCHS	Planned Care Funding-Diagnostics	3,540	NR
HCHS	A4C Pay award 23-24	26,554	R
GMS	GP/GMS Increase in list size addtl funding 23-24	838	R
HCHS	Care after death / Bereavement coordinator	60	NR
	Total Anticipated: Per Ledger	**77,619**	

Capital Planning & Performance

	2023/24				
	Original Plan £000	Revised Plan £000	Spend to M5 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	9,521	9,521		9,521	0
Less EFAB Contribution	-629	-629		-629	0
Less AWCP Brokerage 22/23	-1,472	-2,278		-2,278	0
Grant Income Received	0	0		0	0
NBV of Assets Disposed	0	331		331	0
Total Approved Discretionary Funding	7,420	6,945		6,945	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	43,396	44,616		44,616	0
Anticipated return of AWCP Slippage / Underspends	0	0		-644	-644
Anticipated YYF Breast Inflation Funding (in Unapproved section of CRL)	0	0		162	162
Charitable Donations YYF Breast Centralisation Unit	0	150		150	0
Total Approved AWCP Funding	43,396	44,766		44,284	-482
Total Capital Funding / Capital Resource Limit (CRL)	50,816	51,711		51,229	-482
Applications:					
Discretionary Capital:					
Commitments B/f From 2022/23	321	614	405	705	91
Statutory Allocations	576	590	370	588	-2
Divisional Priorities	2,868	3,057	823	3,062	5
Corporate Priorities	300	702	458	702	0
Informatics National Priority & Sustainability	2,170	1,301	255	1,301	0
Remaining DCP Contingency	1,185	682	0	1	-681
Total Discretionary Capital	7,420	6,945	2,310	6,357	-588
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517	-3,130	144	-3,280	-150
Tredegar Health & Wellbeing Centre Development	4,019	3,375	2,778	3,853	478
NHH Satellite Radiotherapy Centre	17,675	17,133	4,969	16,997	-136
YYF Breast Centralisation Unit	8,685	8,632	3,499	8,794	162
Newport East Health & Wellbeing Centre Development	10,362	10,018	1,982	10,018	0
RGH Endoscopy Unit	4,004	4,914	3,046	4,682	-232
RGH – Block 1 and 2 Demolition and Car Park	404	554	13	660	106
EFAB Schemes	1,764	1,776	115	1,776	0
EOY Funding Schemes	0	239	162	243	4
MH SISU Development	0	136	2	10	-126
ICF Schemes	0	16	7	16	0
HCF Schemes	0	10	0	10	0
ED Waiting Area Funding	0	111	86	111	0
CAHMS Sanctuary Hub	0	889	82	889	0
National Imaging Programme	0	55	8	55	0
Digital Eye Care	0	10	10	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	0	9	0
SDEC Equipment	0	19	-21	19	0
Total AWCP Capital	43,396	44,766	16,881	44,872	106
Total Programme Allocation and Expenditure	50,816	51,711	19,191	51,229	-482
Forecast Overspend / (Underspend) against Overall Capital Resource Limit					0

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ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MONITORING RETURN FOR MONTH 05 2023/24

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

Introduction

The purpose of this narrative is to provide a commentary on the financial monitoring returns being submitted to the Welsh Government (WG) by the Aneurin Bevan University Health Board (ABUHB) for the period to 31ˢᵗ August 2023 (Month 05, 2023/24). This commentary will provide an overview of the financial position and performance of the Health Board as at month five of the 2023/24 financial year. It will also provide a detailed narrative, where required, on each of the tables within the accompanying returns, in the format prescribed by WG.

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

The ABUHB month 5 year to date budget performance identifies an adverse variance of £71.411m which is an adverse variance to the 'Annual Plan', year to date plan of £20.3m. There remains significant material risks to achieving the annual forecast of a £112m deficit, as discussed in detail in joint finance touch point meetings.

The Board recognises the need to manage its deficit to the Annual Plan figure of £112m however operational pressures are currently out-stripping opportunities to deliver the forecast and the Board will be considering the financial position during September.

As previously reported for Months 3 & 4, the HB reported a risk range of £155m to £175m deficit, before any further improvements. The HB managed to 'de-risk' a number of pressures which has managed to take the risk range down. This is still subject to the risk of delivery of savings and associated mitigating actions. A revised forecast will be described in month 6 once the additional actions have been finalised.

As of month 5, the risk range is within a best case of £112.8m and a worst case of £160m which is derived as follows:

- IMTP deficit £112.848m
- IMTP unachieved savings variance £21m
- CHC growth and price pressures - £7m
- Prescribing price growth - £12m
- Medical, Nursing variable pay, ward pressures, Covid legacy costs & other operational issues £8m
- Total Risk £160m.

During August the HB undertook a rapid exercise to identify new mitigations and savings options from all services and these have been submitted through Divisional processes.

The options were assessed at an in-committee Board meeting on the 9th of August. A Clinical Advisory Group reviewed options on the 27th of August to comprehensively assess ideas for impact and consequences, including the likely impact on service targets and patient safety. The latest in-committee Board meeting on the 31st of August confirmed those plans which need to be immediately undertaken, versus those which will require further development with the relevant services, some of which were removed based on the Clinical Advisory Group recommendations. This has resulted in a decrease in the forecast achievement and now requires further mitigating opportunities to be developed.

The Executives and Board have allocated leads for the themes as part of revised escalation arrangements and formation of a new local Value and Sustainability Board in order to progress savings, mitigations and delivery of core themes:-

- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention

The forecast, risks and opportunities were discussed at the (in committee) Board meeting on the 9th August 2023 / 31st August 2023 and the Board confirmed that the £112.8m forecast deficit should remain the ambition and reflected as the reported position for the HB at month 5, however, there remain a number of significantly high risks to this position as it continues to be reliant on achieving savings and cost avoidance at unprecedented levels.

Month 6 will be key in terms of finalising the ability to progress all schemes with full delivery in order to maintain the annual plan deficit of £112.8m.

The Health Board appreciates the national pressures on NHS Wales and has therefore undertaken to do all it can to deliver the plan to £112m and better, but it is important to be clear that the challenge for ABUHB is significant and the reported forecast deficit at month 5 is based on mitigations considered by the Board on the 31st August but not yet fully identified, developed and secured.

The Health Board has responded separately, on the request for additional savings opportunities that could assist the HB achieving savings beyond the £112.8m deficit. However, these will inevitably be unpalatable, impact on patients, performance, partnerships and will require All Wales WG policy revisions.

There continues to be additional surge and DToC beds open on all sites outside of the IMTP bed plan and the workforce demands remain a risk to delivering the financial target identified in the IMTP financial plan.

The Health Board financial plan assumes that any pay award and cost impact from changes to non-wage related terms and conditions will be fully funded by WG.

Energy costs have been based on the All Wales DoF's and WEG groups figures as at month 4. This is the result of the significant discrepancies between the British Gas (£93m) and Crown Services forecast (£106m) coupled with month 5 forecast data being received after reporting closedown. It is expected that energy forecasts will require update in month 6 since the forecast differential between Crown Services and British Gas results in a £1.3m increase for the HB if recognised. This is currently reported as a risk.

As at Month 05, ABUHB is reporting *a deficit of £71.411m with the IMTP forecast deficit of £112.8m. There are **significant material risks** associated with maintaining this forecast position, particularly the full receipt of all reported anticipated income, identification and achievement of mitigation savings plans, prescribing cost growth, CHC fee uplifts and workforce pressures. Further detail is provided in this report however, the risk lies between a £112m and £160m deficit.*

Actual YTD
The month five reported financial position shows a **£71.411m overspend;** this is presented as such on the face of **Table B – Monthly Positions**. The table below details the outturn financial position analysed across the Health Board's organisational structure of Divisions and Corporate Directorates. Funding has been delegated following Board approval and subsequent Chief Executive agreement: -

Summary Reported position - August 2023 (M05)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	283,984	2,481	1,945	535
Prescribing	111,133	4,633	3,304	1,329
Community CHC & FNC	73,127	171	446	(275)
Mental Health	126,800	6,305	4,811	1,493
Total Primary Care, Community and Mental Health	**595,044**	**13,589**	**10,507**	**3,083**
Scheduled Care	194,339	4,465	3,634	830
Clinical Support Services	62,084	(512)	(209)	(302)
Medicine	145,910	7,525	6,430	1,094
Urgent Care	34,981	2,443	2,045	399
Family & Therapies	131,942	1,192	887	304
Estates and Facilities	87,127	1,833	1,023	809
Director of Operations	8,211	250	200	51
Total Director of Operations	**664,593**	**17,196**	**14,010**	**3,185**
Total Operational Divisions	**1,259,637**	**30,785**	**24,517**	**6,268**
Corporate Divisions	122,366	(1,709)	(1,660)	(48)
Specialist Services	182,322	(1,023)	(466)	(557)
External Contracts	88,289	(102)	0	(102)
Capital Charges	61,889	294	(0)	294
Total Delegated Position	**1,714,502**	**28,246**	**22,391**	**5,855**
Total Reserves	(87,158)	43,166	34,704	8,462
Total Allocations	(1,616,319)	0	0	0
Other Corporate Income	(11,025)	(0)	0	(0)
Total Reported Position	**0**	**71,411**	**57,094**	**14,317**

Key messages for Month 05

The financial position at the 31st August 2023 shows a £71.411m deficit position, with the key issues in the month being:

Expenditure in the Health Board for pay has decreased by c.£5.8m in comparison with July 2023 due to the 2023/24 pay award payment made in July off-set by increased variable pay to cover vacancies and other operational pressures (including staff on restricted duties). Non-pay expenditure has increased in comparison with July by c.£2.3m, due to re-profiling of funded RPB costs as well as increased IT SLA costs.

Enhanced bank payments (flexible rewards) cease at the end of August with slightly reduced payments made in August. Agency costs increased for registered nursing which is likely to be an effect of the cessation coupled with operational pressures in Mental Health.

Medical Agency costs have increased due to consultant vacancies and increased operational pressures in Mental Health. Nursing variable pay costs to cover sickness and vacant posts increased in Mental Health amongst other specialities. Enhanced care shifts increased slightly in-month but remain significantly lower than 2022/23.

CHC cost inflation for Adult Community Care, Mental Health & Learning Disabilities and children are causing a significant financial pressure compared with IMTP forecasts. An increase in high-cost paediatric and Mental Health patients has resulted in an on-going cost pressure coupled with fee uplifts for CHC packages which are anticipated to be c.12% which is significantly higher than the 6% assumption in the IMTP. Within Mental Health, fee uplifts are currently forecast in the region of 10%-11% coupled with specific high-cost packages within Learning Disabilities presents a significant financial pressure. Mitigating actions are being considered to reduce these pressures.

Prescribing costs present a significant financial pressure compared with IMTP financial forecasts. The average cost per item has increased from £7.20 (IMTP) to £7.66 (June PAR), one of the highest price uplifts seen in the last 10 years. This will also require mitigating actions to offset the pressure. There is also continued growth in item numbers (1.88% growth from April 2022 to March 2023) which is likely to present a future financial pressure.

Energy costs continue to be lower than IMTP estimates which presents a favourable financial forecast. The price and usage are being monitored internally with usage reduction plans (linked with de-carbonisation) being implemented to maximise price/volume reductions. It should be noted that the current forecasts remains from previous months since the latest forecast via NWSSP was received after financial monthly closedown.

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

Table A – Movement of Opening Financial Plan to Outturn

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

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

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

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

Savings plans/opportunities have been identified as c.£51.5m, however, at month 5 there were c.£30m 'red' plans. These have now been partly replaced by alternative savings of c.£3.3m. and a further £5.2m of delivery against schemes from the IMTP.

As a result the reported savings variance against the original £51.5m plan is currently c.£21.3m as shown in table C1. It should be noted that this variance does not include mitigating operational pressures of c.£28m.

The table below describes the elements required in order to achieve the £51.5m plan whilst mitigating operational pressures in order to deliver the forecast deficit of £112.8m:-

Plan description	£m
IMTP Plan	51
Savings forecast as at M4	(22)
Alternative achieved schemes	(3)
Operational cost pressures requiring de-risking	20
Alternative schemes requiring further development	(17)
Alternative schemes requiring substantial further development	(29)
Total	**0**

The presentation of these have been updated in the montioring return describing the additional savings whilst amalgamating where necessary.

The Health Board Divisions are working to translate the new 'options' into schemes that could replace and exceed these original plans.

In response to Action point 4.1; the tables have been amended and updated as necessary to reflect original Annual Plan and revised amendments.

Table B - Monthly Positions

The year to date reported position is a £71.411m deficit position (compared with the Annual Plan of £51.094m deficit).

Material differences highlighted in Table B1 SOCNE movement are as follows:

- *RRL* – The material differences are in relation to the additional anticipated monies across various specialities but including funding for Shingles vaccines and additional GMS funding for increased GP patient numbers. Medical pay award funding has not been anticipated as yet and will be adjusted in future months once paid.

- *Primary Care Contractor / drugs & appliances* – the forecast has increased for future months in line with current expenditure profile as well as the additional expenditure in relation to increased GP patient numbers. June PAR included a further 9p increase in average price per item, this is reflected in the spend in month. Future months have been updated in line with expectations based on year to date spend and assumptions.

- *Provider Services – Pay* – July included additional expenditure relating to the 2023/24 pay award (£8.3m). Costs from November onwards have been reduced by the required savings needed to meet the £112m deficit included in the IMTP.

- *Provider Services – Non-Pay* – in August, expenditure has increased linked to IT SLA expenditure. Costs have been adjusted in line with this adjustment and likely profile changes for other non-pay including energy. Costs from November onwards have been reduced by the required savings needed to meet the £112m deficit included in the IMTP.

- Secondary Care Drugs – in August costs were slightly lower than forecast but the overall forecast remains unchanged given the expected profile of expenditure for a number of high-cost treatments in key specialities such as neurology and gastroenterology.

- *Healthcare Services provided by other NHS bodies* – the overall forecast has decreased due to the recognition of further WHSSC, Velindre and EASC benefits.

- *Joint Financing and Other* – movements between months are generally a profile issue as these are dependant on agreements with our partners.

Section B has been completed based on IMTP planned levels updated for local Divisional/specialty forecasts with an amendment made to support services to align with the overall UHB forecast.

Table D shows the year-to-date and forecast depreciation position for the Health Board based on the final asset values for 2022/23 and the 2023/24 capital schemes approved in the CRL issued on 15th August 2023. The figures are currently based on estimated indices supplied by the Valuation Office Agency and could be subject to change when the indices for this year are finalised.

The table below shows the DEL and AME requirements reported this month compared to the requirements as per the Non-Cash Return submitted on 25th August 2023. The differences are due to some anticipated allocations not being updated on the ABUHB ledger in time for Month 5 reporting; these will be updated in Month 6 to agree with the Non-Cash submission figures.

The DEL IFRS16 Leases depreciation requirement now includes those in relation to new/renewed IFRS16 leases up to 31st July 2023 (as included on the first return for 2023/24) as these have now been approved. The requirements relating to new leases/ renewals from 1st August will not be included in the anticipated allocations until they are approved by WG. The reduction to the Property leases anticipated allocations, as per the July IFRS16 Return and the August Non-Cash Return, will be reflected in Month 6 reporting.

	Forecast per M05-24 MMR	Aug Non-Cash Return	Difference
Anticipated Allocations	**£000**	**£000**	**£000**
DEL - Baseline Depreciation Shortfall	(178)	(55)	123
DEL Strategic depreciation Support Required	332	332	0
DEL Accelerated Depreciation Required	0	0	0
DEL IFRS16 Leases Depreciation (approved)	4,452	4,159	(293)
Total DEL Anticipated Funding	**4,606**	**4,436**	**(170)**
AME Forecast Donated Asset Depreciation	336	335	(1)
AME Impairment Funding	23,209	23,209	0
AME Reversals of Impairment Funding	(10,447)	(10,447)	0
AME IFRS16 Leases Depreciation	116	116	0
Total AME Anticipated Funding	**13,214**	**13,213**	**(1)**
Donated Asset Receipts	**(200)**	**(250)**	**(50)**
Total Forecast Anticipated Allocations	**17,620**	**17,399**	**(221)**

There is also a variance between the anticipated revenue lease interest payments per table E and the 31st July IFRS16 Return as a result of the timing difference referred to above; this will also be amended for next month's reporting.

Table B2 – Pay & Agency (Section A)

This table has been completed in line with the guidance.

In response to Action point 4.2; the forecast year-end position stated in month of £826.828m was over-stated and has now been revised to £780.7m. The change in position of £85.703m from month 3 to month 4 was assumed to be a combination of:

- pay awards (c.£26.5m)
- adjustment for previous credits (c.£34m)
- additional costs including variable pay (c.£25m)

The revised forecast of £780.7m effectively revises this back to month 3 figures except for adjustments for pay awards and additional variable pay costs. This will continue to be refined linked to the additional savings options and their forecast achievement.

Table B3 – Covid-19

Total Covid-19 costs are shown as £16.07m with funding received of £4.3m (Nosocomial, plus quarter 1 costs for PPE, Health Protection and Immunisation/Mass Vaccination).

The expenditure profile has been updated to reflect actual costs in month 5 following a review of specific Health Protection areas and associated assumptions.

Anticipated funding is £11.78m made up of the following: -

- Immunisation (Mass Vaccination) - £6.833m
- Surveillance (TTP) - £2.819m
- Adferiad (Long Covid) - £1.216m
- PPE - £0.9m

The Health Board is assuming full receipt of this anticipated income to support the forecast position, slippage reported is factored into the ABUHB financial plan.

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

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

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

2.   Underlying Position (Tables A1)

The Underlying (U/L) forecast position is in line with the March annual plan submission, however, this may need to be reconsidered depending on any in year movements away from the IMTP. It should be noted that energy costs have decreased but prescribing/CHC costs have increased by an equivalent amount.

3.   Risk Management (Table A2)

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

- Ensuring delivery of the savings plans identified in the annual plan
- Delivery of the savings options / proposals, to note this have been indicated in the table as **savings risks of £32.7m and £17.3m respectively**,
- Identifying savings to mitigate any further financial pressures identified outside of the annual plan,
- Full receipt of all anticipated allocations,
- Clawback of any underspends by WG
- Workforce absence / vacancies, availability of staff for priority areas,
- Delayed transfers of care due to LA service challenges (estimated c.£3.9m year to date impact),

- 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,
- Specific risk regarding the crown services energy forecast as at month 5 of c.£1.3m, NWSSP have stated that an equivalent opportunity of £1.4m exists to mitigate this. Given the late receipt of the information, this increase is currently included as a risk rather than within the forecast,
- Establishment increases relating to patient safety issues,
- Covid legacy costs to adhere to specific guidelines, e.g. enhanced cleaning costs, ED screening and testing unit,
- Inflationary impacts including provisions and supplies,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs,
- Impact on service delivery and performance on waiting times because of savings required, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population and improved efficiency.

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

This has been completed at month 5 but will be subject to review and refinement going forward.

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

In response to Action point 4.5; the RIF allocation value has been amended to £24.683m within table P.

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

Agency expenditure continues at the high level of previous months but and has increased when compared with July (c.£0.2m).

Medical agency expenditure has increased in particular within the gynaecology and mental health specialties due to vacant posts, operational pressures and staff on restricted duties.

Agency expenditure across nursing and additional clinical services also increased in August due to cover of vacant posts and operational pressures. Enhanced care shifts remain significant (14% of all variable pay hours in August 2023) as well as cover for additional service demands including ED, opening surge beds and step-down hospital beds.

Table B2, Section A includes a negative to represent the savings / cost avoidance required to maintain the £112m deficit. This mirrors the pay line on monthly positions,

however, as there is no definitive plan the savings have not been allocated to a specific pay line, at this stage.

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 2023), the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 5 forecast achievement in 23/24 for green and amber schemes is reported as £30.2m (including additional plans).

Additional savings are required of c.£27m over and above the £21.3m savings variance to mitigate operational pressures and de-risk the worst-case plan of £160m.

The Board reviewed a wide range of new options and plans which had been previously analysed through quality impact assessments through a 'Clinical Advisory Group'. These were discussed at the in-committee meeting on the 31st August. As a result, schemes which are forecast to be achieved are shown in the savings tracker whilst remaining 'amber' and 'red' schemes are shown as planning assumptions.

Health Board Divisions continue to work to translate new options and ideas into schemes that could replace and exceed these original plans. These are presented on Table A as:

- Planning assumption - EXEC process (options / proposals requiring substantial further development) - £32.7m
- Planning assumption - EXEC process (options / proposals requiring further development) - £17.3m

It should be noted that the level of savings and mitigating actions required is higher than the original IMTP plan of £51.5m in order to mitigate operational pressures incurred in 2023/24. Actual savings delivered to August amounted to £9.3m. The narrative on several schemes may change to reflect further detail on the relevant savings plan in future months as this review progresses.

Welsh government support is required to bring some savings proposals to fruition. For example, Health Protection funding is assumed to be received in full (c.£12.9m) in order to facilitate savings of c.£4m with reduced forecast expenditure. On a similar line, we are also expecting full receipt of all other anticipated income including the AHP funding of £0.9m, Mental Health SIF and Adferiad funding.

The UHB have requested that all members of staff consider new ideas and potential savings/efficiency proposals. These new ideas will be collated on a regular basis with potential to feed into new pipeline savings red schemes.

In response to Action point 4.3; the entries have been amended to ensure previous months remain as submitted.

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

Table D – Welsh NHS Assumptions

This table has been completed in line with the guidance.

Table E - Revenue Resource Limit

The Month 05 financial position is based on total allocations of £1,616.3m, of which £1,538.7m are received and £77.6m are anticipated.

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

The Health Board has based its forecast plans on **full** receipt of the anticipated allocations, including those for the immunisation framework (Mass Vaccination), surveillance (Test, Trace, Protect), Adferiad/Long Covid, PPE, Mental Health SIF, AHP and Regional recovery funding.

Further allocations expected:

- Any pay awards or changes to T&C's is expected to be fully funded by WG, costs and funding are only included for the confirmed awards so far.
- Additional global sum allocation will be anticipated in line with the patient numbers across the UHB. The estimated increase is currently £0.84m.
- Further allocations will be anticipated for areas such as Mental Health SIF and Regional planned care once WG correspondence has been agreed.

The Health Board continue to welcome the receipt of the anticipated allocations as early as possible in the financial year.

8. Healthcare Agreements and Major Contracts

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

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

ABUHB submitted an arbitration case to WG on the 3rd July 2023 to facilitate the resolution of this dispute, however, it should be noted that the ABUHB financial forecast reflects this reduction in patient flows and any deviation from this assumption will impact directly on the HB's delivery of the best case as described in this report. The WG month 3 monitoring return response acknowledged this potential impact and confirmed the outcome of the decision will be advised in due course.

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

Table F – Statement of Financial Position

This has been completed from month 5.
The main changes in the balance sheet from the previous month relate to:

- An increase in Clinical Negligence provisions in month based on the information provided in the quantum report.

- An increase in trade and other payables mainly due to an increase in Non-NHS accruals and a reduction in invoices held for payment.

Table M - AGED WELSH NHS DEBTORS

At the end of August 2023, the Health Board had 8 invoices outstanding with other Welsh Health Bodies totalling £229,963.

Digital Health Care Wales – 1 invoice outstanding totalling £1,426. We have requested confirmation of the payment date, which is yet to be received.

Powys Teaching Local Health Board – 7 invoices outstanding totalling £228,537. 2 of the invoices, totalling £4,479, have since been paid. We have requested confirmed payment dates regarding the remaining outstanding invoices, of which, we have been notified that one for £161,779 will be paid this week. No confirmed date has yet been provided for the remaining invoices.

10. Cash Flow Forecast (Table G)

The cash balance held at the end of August is £6.190m which was made up of £2.013m relating to revenue and £4.107m relating to Capital. The balance held is slightly higher that the advisory figure set by Welsh Government of £6m. This was mainly due to a higher capital cash balance being held at the end of the month than anticipated. The Health Board also received £0.5m of cash for R&D at the end of the month which we were not anticipating at that stage of the month. Due to the lateness of the receipt, we were unable to process any additional revenue payments to offset this income.

For month 5 the capital cash balance held at the end of the month has increased to £4.107m, mainly due to contractor invoice values for some of the AWCP projects being lower than forecast, as conveyed to WG colleagues. This has been recognised internally and steps have been taken (by limiting the month 6 drawdown to a negligible amount at this stage) to correct the position as at 30th September.

The Health Board's reported deficit as at month 5 is £71.411m with a reported forecast year end deficit of £112.848m. As noted previously, the deficit position will have a significant impact on the Health Board's ability to pay suppliers later in the year. Consequently, there will be a requirement for additional strategic cash equal to the

actual deficit as well as working capital cash support to ensure that we can continue to pay our suppliers on a timely basis and within the PSPP target. There is no mitigation available as this was fully used in 2022/23 to reduce the strategic cash requirement in that year.

11. Public Sector Payment Compliance (Table H)

This table is not required for month 5.

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

Table I has been completed in line with the latest CRL issued on 15th August 2023.

The approved Capital Resource Limit (CRL) as at Month 5 totalled £51.230m. In addition, Charitable funds donations totalling £0.150m (YYF Breast scheme contributions) and disposals proceeds of £0.331m (E Block flood damaged equipment NBV write offs) have been confirmed. The forecast outturn at Month 5, after accounting for anticipated AWCP funding adjustments, is breakeven. The table is currently showing an underspend of £0.482m made up of:

• CRL underspends to return – (£0.644m)
• Inflation funding (YYF Breast) - £0.162m

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

AWCP Schemes

Tredegar HWBC
The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £478k in 2023/24 which is being funded by the Discretionary Capital programme (DCP). The total forecast overspend for the scheme is £652k with the balance of this amount falling into 2024/25. The completion of Phase 1 of Tredegar H&WBC is anticipated to be November 2023. The overspend is due to significant cost pressures including the inclusion of EV charging points, culvert diversion, Heart building stabilisation and inflation. The cost advisor has reported costs of £1.135m ex VAT in relation to unfunded inflation allowances on works and fees, EV charging and other required changes that are intended to be submitted as an additional funding request to WG. Conversely, further risks are identified in relation to five unresolved compensation events which total £1.960m plus VAT (including re-design of the foundations (£753k plus VAT), costs associated with the cancellation of the brick supply (£644k plus VAT) and the delay associated with the remedial works to the heart floor slab (£376k plus VAT)) which are not currently built into the forecast outturn. If

these claims are found to be valid, they will significantly increase the reported overspend position.

Newport East HWBC
Works are progressing in line with programme at Newport East Health and Well-being Centre with a break even forecast for 2023/24. However, the August cost reports are forecasting an overall overspend on the scheme of circa £0.374m which will potentially impact on the DCP in 2024/25 unless additional savings or funding can be achieved. The forecast overspend is mainly due to high levels of contingency spend incurred to date for additional asbestos removal and utility connection costs.

NHH Satellite Radiotherapy Centre
Works are on-going on Phase one of the NHH Satellite Radiotherapy Centre Scheme, however, the cashflow profile is being further reviewed in September in light of a potential 10-week delay that has occurred as a result of the ground conditions under the now demolished Ante Natal Clinic. The revised completion date is to be confirmed but likely to be early 2025 (from Dec 24). The 2023/24 forecast position at the end of month 5 is an underspend of £0.136m. The overall scheme remains within budget.

EFAB – National Programmes: Infrastructure / Fire / Decarbonisation
Following acceleration of £321k of schemes into the 2022/23 programme, the revised AWCP allocation for this year is £1.776m. Whilst some schemes are underway, others will slip into next year. Schemes scheduled for 2024/25 delivery will need to be brought forward to replace these – to ensure optimal use of funding against the identified priority schemes. Full spend and completion by 31st March 2024 is still expected; this will be closely monitored.

YYF Unified Breast Unit
At month 5 the scheme is currently forecasting an overspend against the approved CRL of £162k, however, this is in relation to anticipated inflation costs which are anticipated to be funded from the inflation allowance within the unapproved section of the CRL. The final inflation indices required to calculate and evidence the inflation on the scheme will not be available until Feb 24. This additional funding would bring the overall position to breakeven.

CAMHS – Sanctuary Hub
Stage 3 costs have been received and are being reviewed. which are circa £200k over the agreed budget. There is potential slippage on this scheme of circa £200k which will be confirmed following review of the Stage 3 programme. This funding allocation is part funding for the total scheme. The additional £975k CRL allocation from the Housing Care Fund has been confirmed but will not be required until 2024/25.

Grange University Hospital Remaining Works
Final costs have now been agreed for the GUH remaining works allocation (works to the Well-being Centre at LGH) with an underspend of £150k forecast. The Health Board's VAT advisors have completed an assessment of the final VAT recovery claim for the main scheme which indicates a potential further VAT saving of circa £2m which

the Health Board will be required to return to WG. The claim is subject to HMRC review and agreement.

RGH Endoscopy
The contractor's handover of the RGH Endoscopy scheme is now planned for the 20th October. The scheme is forecasting an underspend of £0.232m at Month 5 because of estimated VAT savings on works costs.

RGH Blocks 1 & 2 Demolition and Car Park
The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting an overspend of £106k due to higher than anticipated asbestos removal costs and the requirement to board up the building whilst the scheme is delayed due to nesting birds. This overspend is being offset by the DCP.

Fees for MH SISU
The Outline Business Case for the Mental Health SISU has been submitted to WG for approval. The scrutiny process is on-going. The forecast outturn for the OBC stage is an underspend of £0.126m. The underspend will need to be returned to WG once it is confirmed that no further fees are required to answer scrutiny queries.

B/F – End of Year Funding – November 2022
These slippage schemes are awaiting delivery / works completion but expected to complete during the year. The E-triage scheme is now expected to go live in November 2023.

Emergency Department Waiting Area Improvements
These slippage schemes are awaiting delivery / works completion but expected to be fully spent in year.

Housing Care Fund
These slippage schemes are awaiting delivery / works completion but expected to complete by quarter three.

Digital Eye-Care
The funding for this scheme is fully spent.

ICF Discretionary Funded Schemes
Full spend is expected to be achieved on these small schemes during the year.

SDEC Equipment
Final equipment requirements are being considered and could result in a small underspend.

Imaging National Programme
Additional VAT savings totalling £50k have been achieved on these prior year schemes. A request to use the remaining balance on other radiology urgent requirements will be submitted to WG capital collages during September.

Discretionary Capital Programme (DCP)

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £6.945m made up of:

- 2023/24 DCP Funding - £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution – (£0.629m)
- Less 2022/23 AWCP scheme brokerage – (£2.278m)
- NBV of Assets Disposed (E Block disposals) - £0.331m

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £6.357m generating an underspend of £0.588m. This saving is being used to offset overspends on AWCP schemes (mainly Tredegar H&WBC £0.478m and RGH Blocks 1&2 £0.106m). The programme contains two large schemes (GUH ED Extension fees (£0.516m) and Phase one NHH RAAC Urgent Works (£0.250m)) which will be submitted to WG for approval with the intention of being reimbursed in the current financial year. A prioritisation exercise was completed during August with schemes identified to utilise all the remaining contingency balance.

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

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

- Phase 2 Costs (currently unknown) associated with the remedial works required in relation to RAAC - £TBC

- Replacement of the RGH Pharmacy robot - £0.710m

- High number of divisional bids for essential works and urgent end of life IT and equipment replacements

Potential additional funding sources are available to offset some of the pressures. These include the additional funding bid in relation to Tredegar H&WBC unfunded inflation and costs outside of the FBC approval and the potential reimbursement of fees (previously funded from DCP) in relation to the GUH ED Extension (£0.626m) and RGH Decontamination (£0.114m) schemes and NHH RAAC Phase 1 costs (£0.25m). These reimbursements are dependent on the business cases for these schemes being approved within the current financial year.

13. Other Issues

Risk Management

Claims submitted to the Welsh Risk Pool at the end of August 2023 total £14.243m. Claims reimbursed up to the end of August 2023 total £6.450m leaving a balance of

£7.793m to be reimbursed. To date no confirmation has been received as to when this balance will be reimbursed to the Health Board.

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 of 12th September 2023.

- Response to the month 04 list of creditors circulated as part of the monthly reply letter.

14. Authorisation

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

The next date for the Finance and Performance Committee meeting is Thursday 21st December.

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

Section A - By Spend Area

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

Section B - By Directorate

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

	FORECAST YEAR END £'000	Likelihood
Risks (negative values)		
Regional planned care funding (variance against plans)	0	Medium
Wage award / terms & conditions changes	0	Low
CHC growth and further inflationary pressures (outside of above)	0	Medium
Funding for National Covid response (Immunisation / Surveillance)	(4,000)	Low
Further inflationary impacts	0	Medium
Additional infection control guidelines (enhanced cleaning), security and associated items	0	Medium
Deputy DoF's proposed LTA framework 23/24 (tolerances not built into IMTP)	TBC	Medium
Continued Operational pressures - Covid legacy (cleaning, loss of income, security)	0	Medium
Continued Medicine operational pressures (drugs, acuity, delayed discharges, urgent care)	0	Medium
Prescribing	0	Medium
Energy Crown services price forecast above current forecast	(1,300)	High
Savings risk - Planning Assumptions - EXEC process (Ideas / proposal requiring substantial further development)	(32,700)	High
Savings risk - Planning Assumptions - EXEC process (Ideas / proposal requiring further development)	(17,300)	High
Total Risks	**(55,300)**	
Further Opportunities (positive values)		
Energy prices fluctuation outside of forecast	0	Medium
Current Reported Forecast Outturn	**(112,848)**	
	(112,848)	
Worst Case Outturn Scenario	**(168,148)**	
Best Case Outturn Scenario	**(112,848)**	

A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		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
Revenue Resource Limit	Actual/F'cast	126,653	121,997	141,139	136,897	132,781	131,662	131,194	131,544	148,806	135,334	138,494	139,734	658,473	1,616,319
Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast	0	0	42	0	0	23	0	0	35	0	0	100	42	200
Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1,837	1,733	1,891	2,043	1,912	1,959	1,959	1,959	1,959	1,959	1,959	1,959	9,422	23,133
WHSSC Income	Actual/F'cast	896	896	859	1,046	933	914	914	914	914	914	914	914	4,630	11,030
Welsh Government Income (Non RRL)	Actual/F'cast	(369)	419	431	372	103	380	380	380	380	380	380	7,380	1,016	10,676
Other Income	Actual/F'cast	5,070	5,044	5,588	5,737	5,396	5,350	5,350	5,350	5,350	5,350	5,350	5,350	26,835	64,285
Income Total		**134,093**	**130,095**	**150,010**	**146,095**	**141,125**	**140,308**	**139,797**	**140,147**	**157,444**	**143,937**	**147,097**	**155,437**	**701,417**	**1,725,643**
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	15,621	16,175	16,316	16,684	16,428	16,400	16,400	16,400	16,100	16,100	16,100	17,700	81,224	196,424
Primary Care - Drugs & Appliances	Actual/F'cast	9,911	10,119	10,175	10,159	10,534	10,431	10,431	10,531	10,535	10,535	10,535	10,535	50,898	124,493
Provided Services - Pay	Actual/F'cast	59,888	62,050	73,082	69,133	63,642	64,018	63,796	63,431	59,341	53,258	57,347	54,974	327,801	743,964
Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	12,972	12,216	13,471	11,188	13,031	12,547	12,597	12,361	11,846	10,549	10,439	12,020	62,938	145,357
Secondary Care - Drugs	Actual/F'cast	4,301	4,318	4,279	6,584	4,703	5,100	5,100	5,100	5,100	5,100	5,100	5,012	25,385	60,937
Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	25,297	27,471	28,095	26,476	25,716	26,100	26,100	26,100	26,100	26,100	26,100	26,100	133,055	315,755
Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Continuing Care and Funded Nursing Care	Actual/F'cast	10,565	11,144	10,706	10,531	10,578	10,603	10,603	10,603	10,603	10,603	10,603	10,545	53,684	127,845
Other Private & Voluntary Sector	Actual/F'cast	1,176	1,236	1,226	1,282	1,611	1,200	1,200	1,200	1,200	1,200	1,200	1,200	6,531	14,931
Joint Financing and Other	Actual/F'cast	3,049	2,775	3,455	2,664	4,389	2,982	2,982	2,982	2,982	2,982	2,982	9,982	16,332	44,204
Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	441	440	(334)	383	322	163	163	163	163	163	163	163	1,132	2,335
Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	3,638	4,434	4,057	4,013	4,035	4,041	4,065	4,066	4,064	4,123	4,127	4,010	20,176	48,677
AME Donated Depreciation\Impairments	Actual/F'cast	28	(6,902)	57	38	38	688	38	38	16,384	38	38	2,734	(6,743)	13,214
Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
Profit\Loss Disposal of Assets	Actual/F'cast	0	(0)	0	0	295	0	0	0	0	0	0	0	234	234
Cost - Total	Actual/F'cast	**147,587**	**146,075**	**164,525**	**159,200**	**155,441**	**154,273**	**153,474**	**152,974**	**164,417**	**140,756**	**144,793**	**154,375**	**772,828**	**1,838,431**
Net surplus/ (deficit)	Actual/F'cast	**(13,434)**	**(15,980)**	**(14,515)**	**(13,105)**	**(14,317)**	**(13,965)**	**(13,677)**	**(12,827)**	**(6,974)**	**3,241**	**2,303**	**461**	**(71,411)**	**(112,848)**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 September 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk and Assurance Report (Board Assurance Framework)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

This report provides the Board with an assessment of strategic risks associated with achieving the Board's strategic priorities.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

At its meeting in July 2023, the Board approved a refreshed assessment of its strategic risks to inform the development of Strategic Risk and Assurance Reporting (also known as the Board Assurance Framework).

Strategic risks are those which present a direct threat to the Board's strategic priorities as outlined in the Integrated Medium-Term Plan (IMTP). They are distinct from corporate risks which are those operational risks which require a greater level of ownership than can be afforded by an individual Executive Director, but do not directly threaten the organisations future. Such risks typically either transcend two or more directorates or require plans and resources beyond the capability or capacity of the Directorate to implement. Work is ongoing to review and revise the organisation's corporate risks, informed by operational risk management arrangements.

The term 'Board Assurance Framework' (BAF) is used to refer to a document that brings together in one place all of the relevant information on the risks relating to the Board's Strategic Objectives. This is one element of a suite of mechanisms which the Board uses to assure itself that it is delivering against its strategic objectives including the Integrated Performance Report, Outcomes Reporting,

assurance reports from the Board's Committees, and deep dives into specific areas of the business of the Health Board.

The effective application of board assurance arrangements to produce and maintain a BAF help management and the Board to jointly consider the process of securing assurance using a formal process that promotes good organisational governance and accountability. The specific benefits include:

- Gaining a clear and complete understanding of the risks faced by the organisation in the pursuit of its strategic objectives, the types of assurance currently obtained, and consideration as to whether they are effective and efficient;
- Identifying areas where assurance activities are not present, or are insufficient for their needs (assurance gaps);
- Identifying areas where assurance is duplicated, or is disproportionate to the risk of the activity being undertaken (i.e., there is scope for efficiency gains, reduction of duplication of effort and/or a freeing up of resource);
- Identifying areas where existing controls are failing and as a consequence the risks identified are more likely to occur;
- The ability to better focus existing assurance resources; and
- Providing an evidence base to assist the organisation in the preparation of its annual governance statement.

The Board delegates responsibility for receiving and scrutinising assurances to its various committees and the BAF supports the assigning of particular strategic risks to specific committees for focus and assurance.

Following a risk identification process undertaken by the Executive Committee in April – May 2023, the Board reviewed and agreed on 10 high-level strategic risks including **18** sub-sets at its meeting in July 2023. The **10** high-level risks have been categorised under one of the five themes listed below.

- People
- Compliance and Safety
- Service Delivery
- Financial Sustainability
- Transformation & Partnership Working

Risk assessments have been undertaken in recent weeks to determine how those risks are treated, recorded, and monitored.

Asesiad / Assessment

As at September 2023, it remains the case that the Board has identified **10** high-level strategic risks, with a total of **18** sub-sets, that present a direct threat to the Board's strategic priorities.

The table overleaf summarises the **10** high-level strategic risks by theme, including the number of sub-risks that fall under the **10** high-level strategic risks based on cause.

Theme	High-Level Strategic Risk	Sub-risks determined by cause	
		Moderate	High
People	**SR 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	2	2
Compliance & Safety	**SR 002**: There is a risk that there will be significant failure of the Health Board's estate	1	1
Compliance & Safety	**SR 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.	-	2
Compliance & Safety	**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
Service Delivery	**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	-
Service Delivery	**SRR 006**: There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery		3
Service Delivery	**SRR 007**: 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	2	-
Financial Sustainability	**SRR 008**: There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the needs of the population	-	1
Transformation & Partnership Working	**SRR 009** There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.	1	-
Transformation & Partnership Working	**SRR 010** There is a risk that the Health Board fails to build positive relationships with patients, staff, the public, and partners.	1	

Risk assessments have been undertaken in recent weeks and are attached at **Appendix A** for the Board's review. For each Strategic Risk Assessment, the following information is provided:

- A description of the main risks to achieving that objective – i.e., what are the things that might potentially impact on the Health Board's ability to deliver its objectives;
- The cause of the risks (the threat) - this is a description of why something could go wrong;
- The impact of the risks – this is the consequence should the risk occur;
- The risk appetite level and threshold set for the nature of the risk – informed by the risk appetite statement that is under development and subject to final endorsement

- The key controls in place to manage the risks – these are the actions that are in place to reduce or eliminate the risks;
- The gaps in controls – this is a description of actions that have not been taken, or where systems / processes are not in place to manage the risk;
- The sources of assurance that the risk is being managed – these are the mechanisms we have in place to test the controls are effective and are described in three levels:
  - Level 1 – Operational: the way risks are managed day to day. The assurance comes directly from those responsible for delivering specific objectives and processes.
  - Level 2 – Organisational Oversight: the way in which the organisation oversees the control framework so that it operates effectively.
  - Level 3 – Independent Assurance: objective and independent assurance (e.g., internal audit) or assurance from external independent bodies (e.g., Healthcare Inspectorate Wales and Audit Wales);
- The gaps in assurance against each level of assurance – this is where we do not have the oversight / testing mechanisms in place to give us the assurance needed to have confidence that risks are being addressed;
- The mitigating actions to address gaps in control or assurance – these are the additional actions we need to take, or mechanisms we need to put in place to address any gaps we have identified.

It is recognised that further development of risk assessments is required, with a particular emphasis on assurance assessment. Further work will be undertaken with the Lead Executive to refine the controls and assurances so that the Board can take its own assurances that the strategic risks are being managed effectively. It is proposed that respective committees with responsibility for monitoring risks review the adequacy of the information contained within each risk assessment.

The Board will continue to receive the Strategic Risk and Assurance Report at each meeting to maintain regular oversight. Risk Owners will be asked to regularly review their respective risk assessments to inform this arrangement. As mentioned, Committees of the Board have delegated responsibility for receiving and scrutinising assurances in respect of particular strategic risks, as set out within each risk assessment.

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; and
- CONSIDER whether it has sufficient assurance that strategic risks are being assessed, managed, and reviewed appropriately and effectively.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix 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 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. N/A

Strategic Risk Dashboard

Organisational Priorities

Priority 1: Every Child has the best start in life.

1. Good Health in Pregnancy
2. Midwifery & Neonatal Services
3. Healthy Child Wales Programme
4. Childhood Immunisation

Priority 2: Getting it right for children and young adults.

1. Adverse Childhood Experiences
2. Mental Health Resilience in Children and Young Adults
3. Support being a Healthy Weight
4. Transition Pathway for 15 – 25-year olds

Priority 3: Adults in Gwent live healthily and age well.

1. Maximising an individual's time
2. Living health and ageing well
3. Transforming MH&LD Services
4. Maximising Cancer Outcomes

Priority 4: Older adults are supported to live well and independently.

1. Prevention and Anticipatory Care
2. Proactive Care and Support at Home
3. Effective Care at Times of Transition
4. Hospital and Care Homes
5. Redesigning Community Services for Older people

Priority 5: Dying well as part of life.

1. Advanced Care Planning
2. Education Programme
3. Bereavement Services
4. Value-Based Outcome Measures

Risk Score Matrix

Reference	Risk Owner	Risk Description	Reason For The Risk
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 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
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 003	Director of Nursing	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	a) Due to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care practitioners
	Chief Operating Officer		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 placement
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 and maintain high-quality, safe and sustainable services which meet the changing needs of the population	a) Due to inadequate strategic plans which respond to population health and socio-economic needs
			b) Due to unsustainable service models
SRR 008	Director of Finance and Procurement	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population	a) Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes
SRR 009	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 ineffective relationships with strategic partners
SRR 010	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement

Risk Score Matrix columns: 2, 4, 5, 6, 8, 9, 10, 12, 15, 16, 20, 25

Assessment of adequacy of assurances

High = Identified assurances are deemed robust in telling us that the controls in place are working effectively.

Medium = Identified assurances are deemed adequate in telling us that the controls in place are working effecively, however some gaps

Low = Identified assurances are deemed insufficient 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.	Risk Appetite Level	OPEN
		Risk Appetite Threshold	Score 16 and below

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

SRR 001 a) Due to an inability to recruit and retain staff across all disciplines and specialties

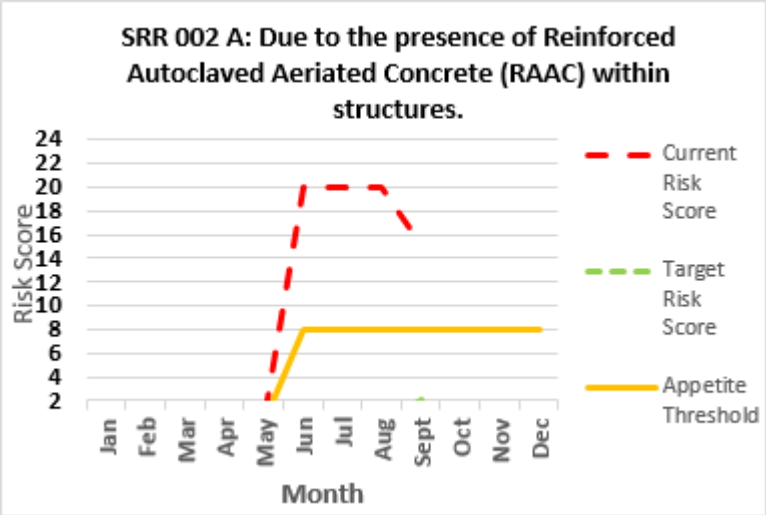|		Risk Exposure	Current Level	Target Level
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee	People & Culture Committee	Likelihood	4 (Likely) x	3 (Possible) x
Initial Date of Assessment	01/06/2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	14/09/2023	Risk rating	= 16 (Catastrophic)	= 6 (Moderate)
		Summary	The current risk level is **outside** of target level and 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 based on the information supplied)*
• Monitoring Framework to support roll-out of the People Plan. • Workforce Dashboard to track activity – recruitment, turnover, sickness absence. • Supply and demand tracker (Nursing). • People Plan tracker to support delivery of actions within the People Plan 2022-25. • Health Care Support Worker tracker. • Agency 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. • Development of new roles to support vacancies. • Recruitment KPI's.	**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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Workforce reports to the Nurse Strategic Workforce Group. • Update reports on Agile working data and support to the Agile Programme Board to promote the benefits of agile working. • Daily sickness monitoring reports. • Filled and unfilled shift reports (RN). • 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. • Measurements of Wellbeing through the ABUHB Staff Survey. • Routine Reporting against nurse staffing levels. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023 -24**	**Gaps in Assurance** To be determined **Action to Address Gaps in Assurance**	**Medium Assurance**

• IMTP Educational Commissioning.	• 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** • 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. 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. • Development of ESR establishments commenced on a national basis w/c 03/09/23.	1. Long Term Sickness Absence Management (Q4) 2. Flexible Working (Q4)

RISK THEME	PEOPLE

Strategic risk (SRR 001B)	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 our staff	Risk Appetite Level	OPEN
		Risk Appetite Threshold	Score 16 and below

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

SRR 001 B: Due to a deterioration in, and a failure to improve, the well-being of our staff

		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	01/06/2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	14/09/2023	Risk rating	= 12 (Major)	= 9 (Major)
		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 based on the information supplied)
• Monitoring Framework to support roll out of the People Plan. • Engagement ongoing with divisional management teams. • Strategic Equality plan • Staff diversity networks • Race/LGBT groups • Rest and Facilities charter – monitoring and compliance • Staff related policies.	• 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'.	**Level 1 Operational** (Implemented by the department that performs daily operation activities) • Monitoring of demand on wellbeing services • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. • Local surveys **Level 2 Organisational** (Executed by risk management and compliance functions.) • People and Culture Committee reports (People Plan 22-25) • LNC – reporting of compliance of BMA Rest and Facilities • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. • Monitoring delivery of the #peoplefirst project though Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery framework. **Level 3 Independent**	**Gaps in Assurance** To be determined **Action to Address Gaps in Assurance**	**Medium Assurance**

- 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	*(Implemented by both auditors internal and external independent bodies.)* - National workforce surveys - Monitoring and compliance of BMA Rest and Facilities via NHS Employers	

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		**Risk Appetite Level**	**Open**	
			Risk Appetite Threshold	**Score 16 and below**	

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

SRR 001 C: Due to insufficient and ineffective leadership levels throughout the organisation.

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	01/06/2023	**Impact**	**4** *(Major)*	**2** *(Minor)*
Last Reviewed	14/09/2023	**Risk rating**	**= 12** *(Major)*	**= 6** *(Moderate)*
		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 based on the information supplied)*
• 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 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. • CCD Cohort 2 starts in October 2023 • 2022/2024 Academi Wales Shared Graduate 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, 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. **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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • WOD Divisional reporting • Evaluation of internal leadership programmes **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** To be determined **Action to Address Gaps in Assurance**	**Medium 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	Risk Appetite Level	OPEN
		Risk Appetite Threshold	Score 16 and below

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		

SRR 001 D: Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.

Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level
Monitoring Committee	People & Culture Committee	Likelihood	**4** *(Likely)* x	**2** *(Unlikely)* x
Initial Date of Assessment	01/06/2023	Impact	**4** *(Major)*	**4** *(Major)*
Last Reviewed	14/09/2023	Risk rating	= 16 *(Catastrophic)*	= 8 *(Major)*
		Summary	The current risk level is **outside** of target level and 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 based on the information supplied)*
• Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Under sections 231 and 231A of the 1992 Act a union must, as soon as reasonably practicable after holding an industrial action ballot, take steps to inform all those entitled to vote18, and their employer(s), of the number of individuals entitled to vote in the ballot; the number of votes cast in the ballot. • Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture • Operational planning, led by the Chief Operating Officer, to respond to implications of strikes action in other NHS organisations. • Trade Union Partnership meetings	• 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Local Staff re-deployments assessment **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Reporting to Executive team • Business Continuity groups **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • All Wales IA group	**Gaps in Assurance** • Unknown outcome of current BMA ballot and outcomes if members vote for industrial action the level of action imposed or if all medical staff will be involved, mitigating actions would not support whole scale medical workforce. **Action to Address Gaps in Assurance**	**Medium Assurance**

	• 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).		

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.			**Risk Appetite Level**	Minimal
				Risk Appetite Threshold	Score 8 and below
Impact	➤ 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 and safety legislation. ➤ Litigation and financial penalties.				
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	01/06/2023	**Impact**	5 (Catastrophic)	2 (Minor)	
Last Reviewed	07/09/2023	**Risk rating**	= 15 (Catastrophic)	= 2 (Low)	
		Summary	The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.		

SRR 002 A: Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.

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 based on the information supplied)*
• Work to access the risk has been undertaken with expert external surveyor advice. • 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	• 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Weekly checks in place for the additional props and will be undertaken by an external company in the coming weeks. • Ongoing engagement with expert surveyor and monitoring of RAAC. • The estate's function has controlled access to roof areas and is developing toolbox talks for awareness for estate teams and contractors to work in those areas.	**Gaps in Assurance** • Additional Surveys are to take place with expert surveyors to inform the next steps relating to further remediation of the issues.	**Medium Assurance**
		Level 2 Organisational *(Executed by risk management and compliance functions.)* • Estates and Facilities Divisional Compliance team engaged in supporting 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.	**Action to Address Gaps in Assurance** • Surveys have been commissioned and will be undertaken as promptly as possible through the contractor.	
		Level 3 Independent *(Implemented by both auditors internal and external independent bodies.)* • Weekly 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.		

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	b) Due to significant levels of backlog maintenance		**Risk Appetite Level**	Minimal	
			Risk Appetite Threshold	Score 8 and below	

Impact	➢ 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 and safety legislation. ➢ Litigation and financial penalties.			
Lead Director	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	01/06/2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	07/09/2023	**Risk rating**	**= 12** *(Major)*	**= 6** *(Moderate)*
		Summary	The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.	

SRR 002 B: Due to significant levels of backlog maintenance.

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 based on the information supplied)*
• 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. • The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group. • 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)	• 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.	**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. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Outcome of the Asbestos reinspection programme • Regular reporting on estate condition **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit reviews 2023- 24 1. Estates Assurance - Estate Condition to be undertaken in Q3. • 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** • The Incoming Divisional Director (and DP) is implementing a clear approach to compliance monitoring and escalation, but the AE reports have shown a deterioration in ratings last year. • Some policies are out of date. • Lack of clinical service engagement in some groups. **Action to Address Gaps in Assurance** • Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance to HTM. • HB-wide groups on compliance (such as Ventilation, Water) are being widened in membership to ensure clinical services are active participants	**Medium Assurance**

RISK THEME	COMPLIANCE AND SAFETY

Strategic risk (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.

Strategic Threat	a) Due to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care professionals.	Risk Appetite Level	Minimal
		Risk Appetite Threshold	Score 8 and below

Impact
- ➢ Missed safeguarding concerns, resulting in harm or death.
- ➢ Vulnerable individuals not identified appropriately, resulting in harm or death.
- ➢ Lack of staff understanding of reporting and escalation process
- ➢ Health Board breaches statutory duties
- ➢ Litigation & Financial Penalties
- ➢ Reputational damage and loss of public confidence

Lead Director	Director of Nursing	Risk Exposure	Current Level	Target Level
Monitoring Committee	Patient, Quality, Safety and Outcomes Committee.	Likelihood	4 (Likely) x	3 (Possible) x
Initial Date of Assessment	01/06/2023	Impact	5 (Catastrophic)	2 (Minor)
Last Reviewed	14/09/2023	Risk rating	= 20 (Catastrophic)	= 6 (Moderate)
		Summary	The current risk level is **outside** of target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.	

SRR 003 a) Due to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care practitioners.

Legend: Current Risk Score; Target Risk Score; 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 based on the information supplied)*
- Safeguarding policies - Safeguarding Training offered at level 1 & 2 via ESR. (Current compliance data - adult & child level 1 -81%; Children level 2 55.7% Adult level 2 58.0) - Supervision and case review available. - Safeguarding Hub –for ad hock advise from a band 7 safeguarding lead nurse: Monday – Friday 09.00 – 17.00 - Utilising all communication methods available to promote completing safeguarding training.	- Updated training packages. - Training sessions booked for children and adult level three safeguarding training. - Communication with practitioners, via share point intranet pages, emails to divisional nurses. - Protected time to complete training where possible. - Level 2 safeguarding training compliance levels below expectation of 85%. - Clear mandate of level 3 training is required on ESR.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* - Training compliance reported at Senior Nursing Team meetings. - Good use of the adult and child safeguarding hub facility **Level 2 Organisational** *(Executed by risk management and compliance functions.)* - Robust monitoring of safeguarding activity through the Safeguarding Committee via quarterly reporting - Safeguarding Committee Assurance Report to the Patient Quality, Safety & Outcomes Committee *(PQSOC)* - Audit Reports reviewed by the Audit, Risk and Assurance Committee (ARAC) - Progress of Audit Recommendations monitored and tracked through the ARAC. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit 2023 – 24** 1. Safeguarding (Q1) Medium Assurance Outcome - HIW Inspections	**Gaps in Assurance** As level three training is mandated every three years, the expectation is that we will not see acceptable level of compliance until 2026. **Action to Address Gaps in Assurance**	**Medium Assurance**

RISK THEME	COMPLIANCE AND SAFETY

Strategic risk (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.

Strategic Threat	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.	Risk Appetite Level	Minimal
		Risk Appetite Threshold	Score 8 and below

Impact	➢ Harm or injury to patients and/or staff ➢ Health Board breaches statutory duties ➢ 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 and Outcomes Committee.	Likelihood	4 *(Likely)* x	2 *(Unlikely)* x
Initial Date of Assessment	01/06/2023	Impact	5 *(Catastrophic)*	2 *(Unlikely)*
Last Reviewed	14/09/2023	Risk rating	**= 20** *(Catastrophic)*	**= 4** *(Moderate)*
		Summary	The current risk level is **outside** of the target level and appetite threshold. The target level to be achieved is **within** the set appetite threshold.	

SRR 003 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 placement.

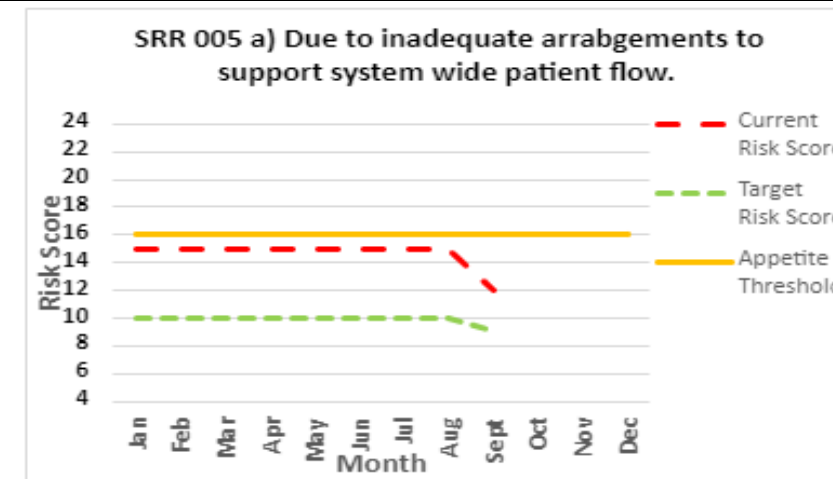| Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	Plans to Improve Control *(Are further controls possible to reduce risk exposure within tolerable range?)*	Sources of Assurance *(Evidence 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 based on the information supplied)*
• CAMHS now have a team of healthcare support workers, at band 4 (our BOOST team), who are in the process of being trained, prior to being ready to be available over 7days to directly support young people who are in hospital because of a delayed discharge. • CAMHS have an agreement with adult Mental Health Services in place, enabling us to access a 'holding bed 'situated in the Extra Care area at Ty-Cyfanol ward, at YYF. This allows us to support young people experiencing suspected serious mental illness for up to 72 hours, whilst a gatekeeping assessment is carried out by our colleagues at the tier 4 in-patient unit. • Our Emergency Liaison Team are present at GUH on a daily basis, assessing young people at the point of need. • Windmill farm therapeutic residential home, a partnership project between CAMHS and social services, is now open and can accommodate young	• Development of the CAMHS Crisis Hub (CCH), based at Bettws ward in St Cadoc's. We are in the process of developing a safe space for families and young people who are in distress, so that they have access to a team of people, out of hours, who can work directly with them in order to attempt to prevent burgeoning emotional distress from developing into a crisis situation that can cause further trauma. The CCH is being developed in order to help young people who fit the following criteria: • Young people whose distress compels them to frequently attend the Emergency Department, or who frequently find themselves detained under section 136 of the Mental Health Act. • Young people who having been assessed under Section 136 at the Section 136 suite at Adferiad, find themselves discharged with no immediate safe discharge destination.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Regular communication meetings between CAMHS teams and the Windmill Farm team. • Senior Management Team meetings to track progress against the action plan. • Join the twice daily X-Site flow meetings to provide a position report **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Regular reporting to the Patient Quality, Safety & Outcomes Committee • Regular reporting to the Mental Health Act Monitoring Committee • Reporting to the Executive Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • HIW Inspections of Mental Health Wards across all sites	**Gaps in Assurance** To be determined **Action to Address Gaps in Assurance**	**Medium Assurance**

people struggling with complex mental distress that are environmental and not organic. There are 4 places at the home, and we have already successfully placed, supported, and transitioned several young people who may previously have required an out of county placement. • BOOST team manager in place. • Crisis Outreach Team are the designated team who manage and co-ordinate admission to the holding bed. • Standard Operational Policy in place for CAMHS teams to be able to access BOOST workers. • Agreed referral process to Windmill Farm, with a gatekeeping team comprised of CAMHS and social care colleagues who are able to advise whether or not a referral is suitable; attendance at Complex Needs panels to operationalise the gatekeeping process. • Standard operational policy and care pathway in place for admission to the holding bed. • Detailed Standard Operational Policy in place for Windmill Farm.	• Young people who having presented at the Emergency Department following self-harm or overdose requiring medical treatment, are admitted overnight for treatment as per NICE guidelines, but once medically fit do not have a safe discharge destination, resulting in an extended stay at GUH for social reasons. In these cases, qualified professionals and BOOST support workers will work closely with the family and colleagues from social care, in order to ensure that a safe discharge can be agreed. • Young people who are currently working with a CAMHS professional and are felt to be at risk of experiencing imminent mental health crisis and cannot be supported out of hours by the referring professional. The aim will be to focus on helping young people to stay safe by working with them to develop a short- term plan of what to do in the moment. The CCH will provide a venue that is safe, so that community -based treatment at the point of crisis can be implemented in the least restrictive of settings. • Regular Crisis Hub planning meetings; ongoing development of the SOP; recruitment of a Crisis Hub team lead.		

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.	Minimal	Minimal
		Score 8 and below	Score 8 and below

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

SRR 004 a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.
Legend: Current Risk Score, Target Risk Score, 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	01/06/2023	Impact	5 (Catastrophic)	3 *(Moderate)*
Last Reviewed	15/09/2023	Risk rating	= 15 *(Catastrophic)*	= 6 *(Moderate)*
		Summary	The current risk level is **outside** of target level and 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 based on the information supplied)
Major Incident - Health Board major incident plan in place. - Local/Divisional action cards are in place. - Training undertaken service-specific relating to local response. - Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) **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. - Ongoing Participation in exercise UK, Wales, LRF and HB.	- 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.	**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 Executive Committee following any incident. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Review(s)** 1. Business Continuity Planning (Q) Not yet reported.	**Gaps in Assurance** - To be determined **Action to Address Gaps in Assurance**	**Medium Assurance**

	• 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.	• Outcome and feedback from national exercises

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	Risk Appetite Level	Open	
		Risk Appetite Threshold	Score 16 and below	

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	

SRR 005 a) Due to inadequate arrabgements to support system wide patient flow.

		Risk Exposure	Current Level	Target Level
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	01/06/2023	Impact	4 (Catastrophic)	3(Minor)
Last Reviewed	14/09/2023	Risk rating	= 12 (Major)	= 9 (Major)
		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 based on the information supplied)*
• 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. • Weekly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. • 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. • Escalation Policy. • Major incident Procedures	• 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)	**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. • Twice daily flow meetings to review flow through all acute sites. • Performance against measures/metrics **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Weekly safety flow forum – Cross divisional focussed forum to look at priority areas to improve flow from across the system. • Divisional Assurance reviews • Attendance on national calls. • 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 • Robust improvement plans in response to inspections/visits. • WG – IQPD meetings to review areas of focus. • Planned care recovery meetings with the NHS execs. • Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls.	**Gaps in Assurance** To be determined **Action to Address Gaps in Assurance** • Performance management framework to be established as part of the wider organisational framework.	**Medium 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.	Risk Appetite Level	Open
		Risk Appetite Threshold	Score 16 and below

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	

SRR 006 a) Due to the full or partial failure of existing digital infrastructure and systems.

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	01/06/2023	Impact	5 (Catastrophic)	4 (Major)
Last Reviewed	13/09/2023	Risk rating	= 15 (Catastrophic)	= 8 (Major)
		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 based on the information supplied)*
• 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 was developed 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. • 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	• Information Governance and Cyber Security governance and assurance processes are now under review. Governance group terms of reference agreed, and reporting arrangements discussed with Director of Corporate Governance. Meetings will commence in November with clear reporting on progress to the relevant committees on our cyber security action plan. • SIRO training arranged for the 25th September for the Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO).	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Internal directorate meetings being 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 to the Finance & Performance Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal audit for cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems.	**Gaps in Assurance** • Governance and assurance groups. • Oversight from NHS Wales Cyber Resilience Unit. **Action to Address Gaps in Assurance**	**Medium Assurance**

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. • 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.		Risk Appetite Level	Open	
			Risk Appetite Threshold	Score 16 and below	

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				
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01/06/2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	17/09/2023	Risk rating	= 8 (Major)	= 6 (Moderate)	
		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.		

SRR 006 b) Due to an adverse impact on service delivert in the implementation of new digital systems.

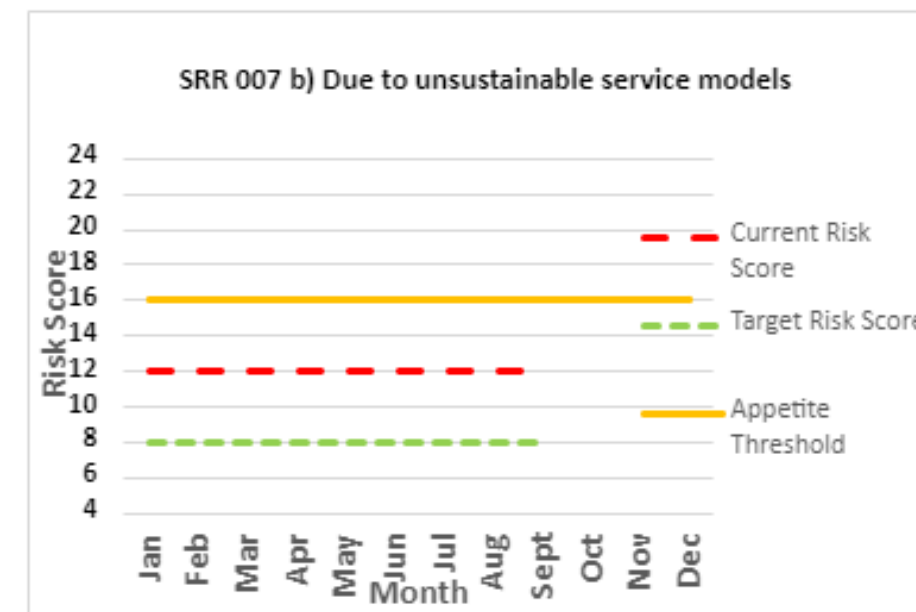| Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	Plans to Improve Control *(Are further controls possible to reduce risk exposure within tolerable range?)*	Sources of Assurance *(Evidence 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 based on the information supplied)*
• Adoption of formal project management methodologies (PRINCE2) to ensure project plans are developed in conjunction with services. • Formal governance arrangements in place through Project Boards and Programme Board where risks and issues are managed and mitigated. • Each project has a Senior Responsible Owner (SRO) from the service who can provide challenge and assurance over the delivery of 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)* • Project Boards meet monthly and report into the quarterly Programme Delivery Board • 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.)* • Benefits Management framework and risk management approach have been audited by Internal Audit and given a substantial audit.	**Gaps in Assurance** • To be determined **Action to Address Gaps in Assurance**	**Medium 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.	Risk Appetite Level	Open
		Risk Appetite Threshold	Score 16 and below

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	

SRR 006 c) Due to a failure to develop digital solutions that are sustainable and fit for the future

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	01/06/2023	Impact	4 (Major)	4 (Major)
Last Reviewed	15/09/2023	Risk rating	= 12 (Major)	= 8 (Moderate)
		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 based on the information supplied)
• 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	• New governance structures to be put in place by the end of 2023. • Review of New Digital Request processes considering governance changes.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Internal directorate meetings being 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 to the Finance & Performance Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal audit for cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems	**Gaps in Assurance** To be determined **Action to Address Gaps in Assurance**	**Medium Assurance**

RISK THEME	SERVICE DELIVERY

Strategic risk (SRR 007)	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	a) Due to inadequate strategic plans which respond to population health and socio-economic needs.	Risk Appetite Level	Open
		Risk Tolerance Level	Score 16 and below

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

SRR 007 a) Due to Inadequate strategic plans which respond to population health and socio -economic needs

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	01/06/2023	Impact	4 (Major)	3 (Moderate)
Last Reviewed	14/09/2023	Risk rating	= 8 (Major)	= 6 (Moderate)
		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.	

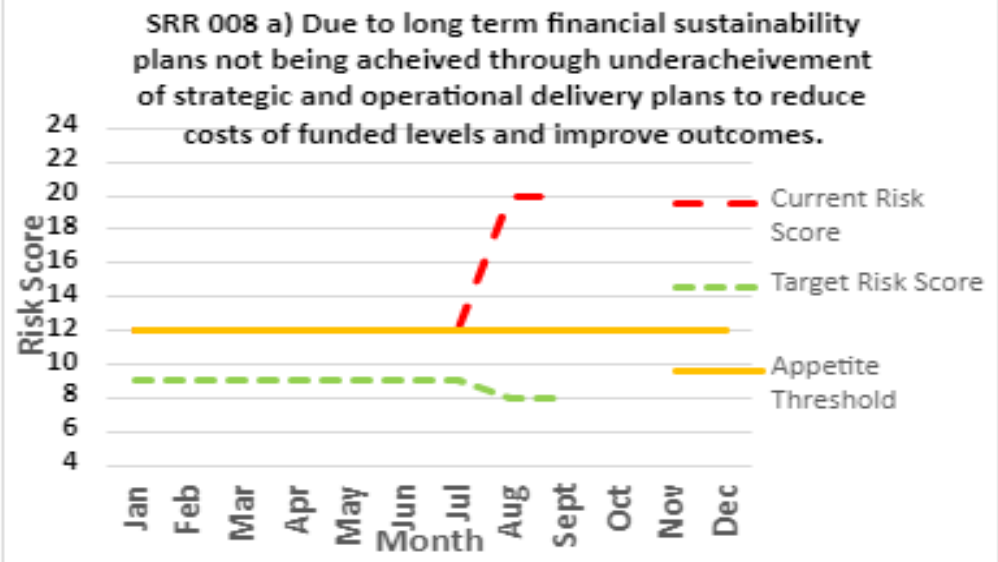| Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that 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 based on the information supplied)
• Health Board IMTP and associated KPIs Public Health Wales surveillance data • Qliksense – performance information • 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 stratification using linked data to target resource • Refresh organisational strategy with a central focus on population 21health and well being • 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 **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 **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** • Ability to link data across key determinants of health **Action to Address Gaps in Assurance**	**Medium Assurance**

RISK THEME	SERVICE DELIVERY				

Strategic risk (SRR 007)	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	b) Due to unsustainable service models			**Risk Appetite Level**	Open
				Risk Tolerance Level	Score 16 and below

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

SRR 007 b) Due to unsustainable service models (line chart showing Current Risk Score, Target Risk Score, Appetite Threshold by Month)

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	01/06/2023	**Impact**	4 (Major)	3 (Major)
Last Reviewed	14/09/2023	**Risk rating**	= 12 (Major)	= 6 (Moderate)
		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 based on the information supplied)
• Health Board IMTP 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 developed by the RPB • South East Wales Plan for fragile services	• Area plan is being refreshed through the RPB • Population health management – test and learn using segmentation and risk stratification using linked data to target resource • Review of enhanced Local General Hospital service models to ensure sustainable quality services	**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 • 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** • To be determined **Action to Address Gaps in Assurance**	**Medium Assurance**

RISK THEME	FINANCIAL SUSTAINABILITY

Strategic Risk (SRR 008)	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	Due to long-term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes.	**Strategic Threat**	**Cautious.** The preferred appetite of the Board is to be **Cautious,** however, in the current environment, the Health Board and NHS Wales are **Open** to considering all potential options to achieve its strategic objective.
		Risk Appetite Threshold	Score 12 and below.

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.

SRR 008 a) Due to long term financial sustainability plans not being acheived through underacheivement of strategic and operational delivery plans to reduce costs of funded levels and improve outcomes.

		Risk Exposure	Current Level	Target
Lead Director	Director of Finance and Procurement			
Monitoring Committee	Finance & Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x
Initial Date of Assessment	01/06/2023	Impact	4 (Major)	4 (Major)
Last Reviewed	18/08/2023	Risk rating	= 20 (Catastrophic)	= 8 (Major)
		Summary	The current risk level is **outside** of the target and 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 based on the information supplied)
- 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. - Quarterly financial budget plan approach agreed.	- Update performance management framework - Assessment of financial control environment within divisions and corporate teams.	**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. **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. • 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.	**Gaps in Assurance** • Accountability mechanisms need to be more focussed on budgetary control delivery. • Greater focus is required on services, workforce, and financial plans all balancing to achieve financial sustainability. **Action to Address Gaps in Assurance** • Revise accountability arrangements being progressed as part of Executive governance.	**Medium Assurance**

• Executive groups and structures established to deliver statutory duties		**Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)*	

		Internal Audit Reviews 2023 - 24
		   1. Savings Programmes - Q3 Not yet undertaken.
		   2. Financial Controls – Q2 Not yet reported.
		   3. Asset Management – Q3 Not yet undertaken.
		
		External Audit Reports 2023 -24
		   1. Efficiency Review Q3/Q4
		   2. Structured Assessment Q3/Q4
		   3. Audit of Financial Statements Q4
		
		• Financial assessment and review reports to Welsh Government	

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING
Strategic risk (SRR 009)	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 ineffective relationships with strategic partners		Risk Appetite Level	Open
			Risk Appetite Threshold	Score 16 and below

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

SRR 009 a) Due to ineffective relationships with strategic partners

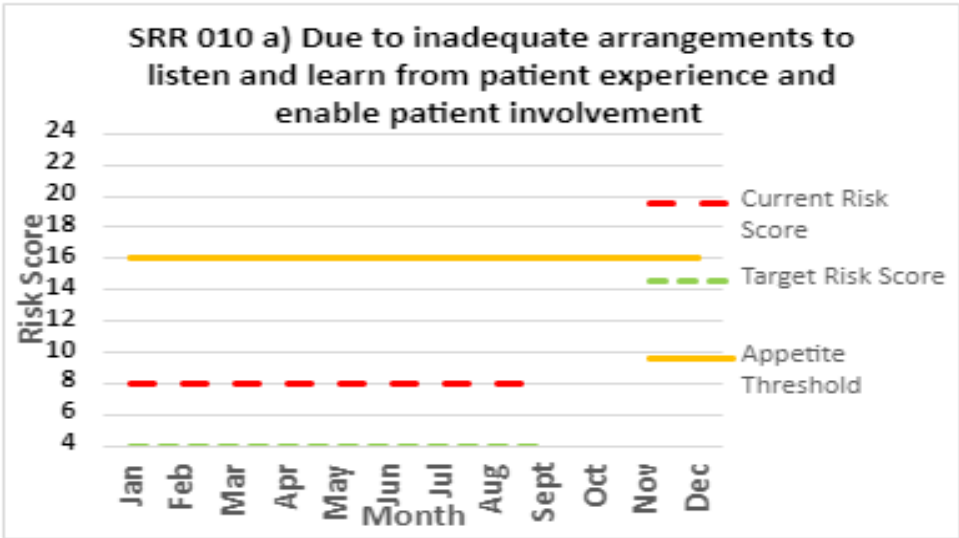|		Risk Exposure	Current Level	Target Level
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x
Initial Date of Assessment	01/06/2023	Impact	4 (Major)	2 (Minor)
Last Reviewed	14/09/2023	Risk rating	= 8 (Major)	= 4 (Moderate)
		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 based on the information supplied)*
The Health Board plays an active role in a range of formal partnership arrangements in order to enable integrated working for the population including: **The Gwent Public Services Board (Gwent PSB)** brings public bodies together to work to improve the economic, social, environmental and cultural well-being of 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. **The Gwent Regional Partnership Board** As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards are required to establish Regional Partnership Boards (RPB) to 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 oversight of partnership arrangements takes place.	• 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 Director of Strategy, Planning and Partnerships • Regional Leadership Group reporting **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Assurance reporting to Population Health, Partnerships and Planning Committee • Assurance reporting to Board **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)*	**Gaps in Assurance** • Systematic reporting of outcomes • Systematic evaluation of schemes **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	**Medium Assurance**

| 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 and housing associations and third sector partners.

Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example Community Resource Teams			

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING				

Strategic Risk (SRR 010)	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. | | Risk Appetite Level | Open | |
| | | | Risk Appetite Threshold | Score 16 and below | |

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		SRR 010 a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement		
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	01/06/2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	14/09/2023	Risk rating	= 8 (Major)	= 4 (Moderate)	
		Summary	The current risk level is **outside** of target level but within the appetite threshold. 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 based on the information supplied)*
• 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	• 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. • Volunteer feedback to be reviewed to identify themes. • Employment of dedicated PALS team in progress who will have a key role in gaining feedback from patients, staff and relatives. • Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision. • National directives around new national surveys that need to be managed additional to internal roll out programme.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Person Centred Care Team oversee patient experience through dedicated work programme and link in with divisional teams. • Concerns are fed back to divisional teams when identified. **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 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • LLais Reports • HIW inspections	**Gaps in Assurance** • No SMS provision to increase the number of PCC surveys. • No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns. **Action to Address Gaps in Assurance** • Discussions with VBHC team to consider SMS through DrDoctor • PALS Single point of contact is being established. PALS officers will have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. • PCC 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. • Implement PALS DATIX Module	**Medium Assurance**

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Board Governance: Annual Review of Effectiveness 2022/23
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

Following the Board's Development Session on 28th June 2023, this report provides the outcome of the Board's annual self-assessment of effectiveness in 2022/23, including actions identified for improvement to be delivered in 2023/24.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation & Cefndir / Background

As set out in the Board's Standing Orders (Section 10.2), the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups.

The purpose of regular self-review is to promote self-knowledge, reflection and vigilance, and to develop and improve leadership and governance. It helps boards identify strengths and development areas to deliver continuous improvement. High performing boards are likely to carry out some form of self-review of their leadership and governance regularly.

The three key roles through which effective Boards demonstrate leadership within their organisations are:
  a) Formulating strategy;
  b) Ensuring accountability by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable; and
  c) Shaping a positive culture for the Board and the organisation.

The behaviour and culture of the Board are key determinants of the Board's performance. Effective Boards and their members:

a) Prioritise service quality and safety
b) Behave consistently in line with Nolan's seven principles of public life;
c) Model an open approach to learning;
d) Invest time to develop constructive relationships around the Board table;
e) Reflect a drive to challenge discrimination, promote equality, diversity, equity of access and quality of services. They respect and protect human rights in the treatment of staff, service users, their families and carers, and the wider community;
f) Ensure that their approach to strategy, accountability and engagement are consistent with the values they seek to promote for the organisation.

The most effective Boards invest time and energy in the development of mature relationships and ways of working.

Asesiad / Assessment

For 2022/23, the Board used the NHS England (NHSE) Well-led Framework for Leadership and Governance Developmental Reviews, as the basis for reviewing its effectiveness during the year. The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements.

The Framework 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 Framework is structured around eight key lines of enquiry and includes a scoring matrix to support boards in assessing their position (**Appendix A**):

The Board held a Development Session on 28th June 2023 and used the eight key lines of enquiry (KLOE) to undertake an assessment of its performance during 2022/23. The purpose being to enable the Board to identify areas for improvement moving forward into 2023/24. This session also took into

consideration independent and objective feedback from auditors and inspectors, such as Audit Wales' Structured Assessment which comments on the existence of proper arrangements for the efficient, effective, and economical use of resources within the Health Board.

The Care Quality Commission, in partnership with NHSE, has developed several prompts as part of their assessments of organisations in NHS England which relate to the eight KLOEs provided in the well-led framework ([Key lines of enquiry for healthcare services | CQC Public Website](#)). These prompts were provided with each main question (KLOE) to support the Board in undertaking an assessment of its position.

In undertaking a self-assessment against the eight key lines of enquiry, the Board determined that it was at an "amber-green" rating in answering the following:

- Is there the leadership capacity and capability to deliver high quality, sustainable care?
- Is there a culture of high quality, sustainable care?
- Are there clear responsibilities, roles and systems of accountability to support good governance and management?
- Are there clear and effective processes for managing risks, issues and performance?
- Are there people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?

The Board determined that it was at an "amber-red" rating in answering the following:

- Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?
- Is appropriate and accurate information being effectively processed, challenged and acted on?
- Are there robust systems and processes for learning, continuous improvement and innovation?

The overall position determined by the Board is set out in the diagram below.

Well-Led Key Line of Enquiry	Green	Amber-Green	Amber-Red	Red
	Meets or exceeds expectations	Partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Does not meet expectations
1. Is there the leadership capacity and capability to deliver high quality, sustainable care?		✓		
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?			✓	
3. Is there a culture of high quality, sustainable care?		✓		
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?		✓		
5. Are there clear and effective processes for managing risks, issues and performance?		✓		
6. Is appropriate and accurate information being effectively processed, challenged and acted on?			✓	
7. Are there people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?		✓		
8. Are there robust systems and processes for learning, continuous improvement and innovation?			✓	

Recognising that a green rated position could not yet be achieved for 2022/23, the Board identified several improvement actions for 2023/24. These are set out below, along with the delivery mechanism by which the Board will oversee delivery:

Well-Led Key Line of Enquiry	Improvement Action for 2023/24	Delivery Mechanism 2023/24
1. Is there the leadership capacity and capability to deliver high quality, sustainable care?	a) Develop and deliver a programme of board development, including mentoring and support to Board Members	Included as a Governance Priority within the IMTP 2023-26
	b) Implement a comprehensive Board and Committee Induction Programme for Board Members (Independent and Executive)	Included as a Governance Priority within the IMTP 2023-26
	c) Progress plans to support succession planning and talent management	Included as a priority within the People Plan 2023-26
2. Is there a clear vision and credible strategy to deliver high quality, sustainable care to people, and robust plans to deliver?	a) Review and refresh the Health Board's Long-Term Strategy	Board Strategic Planning Sessions established for 2023/24
	b) Refresh and Restate the Board's Values and Behaviours Framework	Included as a Priority within the IMTP 2023-26
	c) Embed the Health Board's Quality Assurance Framework and Performance Management Framework	Included as a Priority within the IMTP 2023-26
3. Is there a culture of high quality, sustainable care?	a) Embed the Health Board's Quality Strategy	Included as a Priority within the IMTP 2023-26
	b) Embed the Health Board's Quality Assurance Framework and Performance Management Framework	Included as a Priority within the IMTP 2023-26
	c) Deliver the Health Board's Patient Involvement and Experience Strategy	Included as a Priority within the IMTP 2023-26
	d) Agree and Deliver the Health Board's Communication and Engagement Strategy	Included as a Priority within the IMTP 2023-26
4. Are there clear responsibilities, roles and systems of accountability to support good governance and management?	a) Embed the Health Board's Quality Assurance Framework and Performance Management Framework	Included as a Priority within the IMTP 2023-26

	b)	Review the Health Board's Scheme of Delegation and Delegated Limits to ensure effective decision making and delegation of responsibilities.	Included as a Governance Priority within the IMTP 2023-26
5. Are there clear and effective processes for managing risks, issues and performance?	a)	Continue to embed effective risk management arrangements throughout all aspects of business	Included as a Governance Priority within the IMTP 2023-26
	b)	Embed the Health Board's Quality Outcomes Framework	Identified as a priority with the IMTP 2023-26
	c)	Develop and implement the Health Board's Efficiencies Framework, ensuring application is consistent across the organisation	Identified as a priority with the IMTP 2023-26
	d)	Embed the Health Board's Quality Assurance Framework and Performance Management Framework	Included as a Priority within the IMTP 2023-26
6. Is appropriate and accurate information being effectively processed, challenged and acted on?	a)	Embed the Health Board's Quality Outcomes Framework	Identified as a priority with the IMTP 2023-26
	b)	Embed the Health Board's Quality Assurance Framework and Performance Management Framework	Included as a Priority within the IMTP 2023-26
	c)	Further develop the Health Board's Business Intelligence and Analytics Capability	Included as a Priority within the IMTP 2023-26
7. Are there people who use services, the public, staff and external partners engaged and involved to support high quality sustainable services?	a)	Embed the Health Board's Quality Assurance Framework	Included as a Priority within the IMTP 2023-26
	b)	Deliver the Health Board's Patient Involvement and Experience Strategy	Included as a Priority within the IMTP 2023-26
	c)	Agree and Deliver the Health Board's Communication and Engagement Strategy	Included as a Priority within the IMTP 2023-26
8. Are there robust systems and processes for learning, continuous improvement and innovation?	a)	Embed the Health Board's Quality Assurance Framework	Included as a Priority within the IMTP 2023-26
	b)	Embed the Health Board's Performance Management Framework	Included as a Priority within the IMTP 2023-26

Argymhelliad / Recommendation

This paper summarises the Board's self-assessment of effectiveness for 2022/23, identifying those actions identified to strengthen the Board's ways of working in 2023/24. The actions identified will be monitored through established mechanisms and considered as part of the Board's self-assessment later in 2023/24.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The coordination and reporting of organisational risks are a key element of the Health Board's overall assurance framework and this proposal should enhance the risk management process
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	Not Applicable Choose an item.
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	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Not Applicable
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/	Not Applicable Choose an item.

Well-led Framework for Leadership and Governance Developmental Reviews
Scoring Matrix

Rating	Definition	Evidence
Green	Meets or exceeds expectations	Many elements of good practice and there are no major omissions
Amber-green	Partially meets expectations, but confident in management's capacity to deliver green performance within a reasonable timeframe	Some elements of good practice, no major omissions and robust action plans to address perceived gaps with proven track record of delivery
Amber-red	Partially meets expectations, but with some concerns on capacity to deliver within a reasonable timeframe	Some elements of good practice, some minor omissions. Actions plans to address perceived gaps are in early stage of development with limited evidence of track record of delivery
Red	Does not meet expectations	Major omission in quality governance identified. Significant volume of actions plans required and concerns about management's capacity to deliver

<table>
<tr><td colspan="2" align="center">CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING</td></tr>
</table>

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Executive Committee Activity: July 2023 – September 2023
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 8th July 2023 – 7th September 2023. 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 meetings agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on 5 key areas to ensure appropriate focus and oversight of the organisation's business and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

1. Quality, Safety and Culture
2. Delivery, Performance and Efficiencies
3. Strategic Planning and Service Development
4. Strategic Partnership arrangements
5. Transformational programmes (IMTP/Clinical Futures).

During the period 8th July 2023 - 7th September 2023, 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 focused on the performance of 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:

- Quality, Safety & Governance: Mental Health & Learning Disabilities Division
  The Executive Committee received a Divisional Improvement Plan which had been established to support planning, coordination and facilitation of the sustained delivery of actions to mitigate and address risks and issues identified within the Mental Health and Learning Disabilities Division. The Executive Committee agreed to oversee delivery of the Improvement Plan via weekly

highlight reports. The Improvement Plan includes a focus on learning, quality assurance, workforce and leadership as well as escalation of issues and risks.

- Nursing Staffing Levels Wales Act (NSLWA) January Acuity Audit: The Executive Committee received an update on a workforce audit conducted to ensure that the Health Board met the NSLWA staffing levels.

- CIVICA PCC in Community Hospitals: The Executive Committee received an update on the use of CIVICA Citizen Experience Platform and the development of a Person-Centred Survey. The update outlined how the survey was utilised and how the dashboards data was gathered. The Executive Committee noted that the survey facilitated a consistent approach to the collection of patient feedback and discussed ways to promote the use of the survey across the Health Board.

- Clostridium Difficile Overview: The Executive Committee was briefed on the current rates of Clostridium Difficile Infections in the Health Board. The Executive Committee discussed key themes and supported the immediate and ongoing actions to reduce the rates across the organisation.

- Healthy Child Healthy Wales Programme: The Executive Committee received an update on the Healthy Child Healthy Wales Programme, which included current compliance and an outline of planned improvement strategies within the service. The Committee discussed the paper burden on Health Visitor staff and consideration was given to developing an automated system to create efficiencies.

Delivery, Performance & Efficiencies

The Executive Committee has monitored and discussed the Health Board's financial position continuously and has considered mitigating actions to improve the forecasted financial position. These discussions have taken place as part of the Executive Committee meetings and in finance specific Executive Team meetings. To ensure sufficient focus on delivery and further examine opportunities across the Health Board, an Executive Value and Sustainability Board had been established.

- Core Learning Committee: The Executive Committee had previously supported the implementation of a Core Learning Committee, which would have the responsibility of determining organisation Statutory and Mandatory training requirements, monitoring and enhancing compliance. The Executive Committee approved the Terms of Reference for the Core Learning Committee, which would report to the Executive Committee and relevant updates would be provided to the People and Culture Committee for information.

- Head of Internal Audit Opinion & Annual Report: The Executive Committee received the Head of Internal Audit's Opinion & Annual Report 2022/23. The report provides the Chief Executive Officer and Board with assurance on the Health Board's internal controls. The report included a summary of audit performance and assessment of conformance with the Public Sector Internal Audit Standards. The report concluded that "the Board can take Reasonable Assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and

applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved".

- Mental Health & Learning Disabilities Third Sector Overview and Recommissioning Position: The Executive Committee received a presentation on a proposed change to the commissioning of Third Sector Services. The changes prosed the creation of an Alliance of the Health Board and Charities. The Alliance would aim to provide access to integrated, inclusive, value-based Mental Health & Learning Disabilities Services. Although the Committee supported the proposed approach in principle, it considered that further work was required prior to endorsement.

- Implementation of Welsh Community Care Information System (WCCIS) in Primary Care Mental Health Support Services: A briefing was provided on the challenges the Division faces in implementing the WCCIS system, the impact on the service and the mitigating actions being progressed.

- Financial Control Procedures: The Executive Committee reviewed updated Financial Control Procedures in advance of presentation to the Audit, Risk & Assurance Committee for approval.

- Quality of Clinical Coding: The Executive Committee received an update regarding the challenges in the Clinical Coding due to backlog and staff shortages. A revised workforce structure was proposed and supported, which would reduce the use of contract staff and support engagement with Clinical colleagues.

Strategic Planning & Service Development

- Business Case for a 2nd MRI: The Executive Committee reviewed a Business Case for the creation of a 2nd MRI at the Grange University Hospital. The Executive Committee considered the clinical risk and impact on patients and services. While acknowledging the current financial situation of the Health Board and NHS, the Executive Committee supported progressing the Business Case, in readiness for any future funding opportunities.

- Health Protection & Vaccination:
  An update was provided to the Executive Committee regarding the delivery of services by the Gwent Health Protection and Vaccination Service. The Executive Committee acknowledged the progress made in balancing service delivery against financial recovery and agreed further work was required on the sustainable model.

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 consideration, including:

- Winter Resilience Plan
- Rebalancing Care & Support Consultation
- Communication & Engagement Strategy
- Welsh Language Annual Report
- Performance and Accountability Framework
- Communications and Engagement Strategy

System Leadership Group

The Executive Team has established monthly System Leadership Group meetings throughout 2023 with leaders from across the Health Board. The meetings have been used to discuss systemwide priorities, including a focus on how to deliver improvements and financial savings, and feedback from the most recent staff wellbeing survey.

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 development and individual team member styles and preferences. In addition, the Executive Team has taken time to reflect on challenges and opportunities allowing space to explore matters in an informal and collective way.

Argymhelliad / Recommendation

The Board is 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:	
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	Every Child has the best start in life
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:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Regional Partnership Board
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Chris Dawson-Morris, Deputy Director Strategy, Planning and Partnerships

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

This report is to provide the Board with information in relation to the Regional Partnership Board activities.

ADRODDIAD SCAA
SBAR REPORT
Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working. RPBs need to work with wider partners such as the third sector providers to ensure care and support services are in place to best meet the needs of their respective populations.

This report provides an update on the end year reporting considered by the RPB, the Governance Review completed in August 2023 and highlights progress in the development of a Strategic Capital Plan for the Region.

Cefndir / Background

Case Study

Regional Partnership Programmes driven through the Strategic Partnership Groups of the RPB have a significant impact in improving the wellbeing of citizens. Support for carers, dementia and assistive technology are all areas of focus for the RPB and this case study captures the positive impact of strategic partnership working.

> A referral came from the Memory Service expressing concerns for Doris who attends daycentre once a week. Concerns were that Doris's husband and main carer was struggling with carer's burnout and was requiring daycentre support once a week for respite. However, while Doris was at the daycentre, she was becoming distressed and tearful and therefore only staying within the daycentre for short periods of time. Attempts made by the daycentre, memory nurse and social worker to implement techniques to settle and reassure Doris in the new environment of the daycentre were not found to be effective so a referral to the Mapping, Education and Carers Service for a Dementia Care Mapping (MECS) was made.
>
> The first cycle of Dementia Care Mapping (DCM) was completed following briefing sessions on the DCM process with the daycentre staff. The daycentre staff were warm, welcoming and open about their lack of experience caring for people who have a dementia. The staff showed a willingness to learn new techniques and approaches to improve Doris's experience within the daycentre. Throughout the DCM it was noted that Doris's distress increased when her husband left the daycentre. It was noted that Doris's wellbeing score would increase when engaged with therapy cats, dogs and dolls. The overall wellbeing score for Doris during the first cycle of DCM was 0.1 so an action plan was agreed with the daycentre following the first cycle of DCM which incorporated mirroring techniques to engage Doris in activities, provide distraction techniques through the use of therapy dolls prior to Doris reaching the doors, setting up a distraction bag full of vocational activities that staff can use to engage Doris with during the daycentre and finally engaging Doris in an activity prior to her husband leaving the daycentre.
>
> Between the first and second cycle of DCM MECS engaged with the communication teams within ABUHB and it was arranged for Doris to get the HUG doll to see if this would be able to reassure Doris during her time within the daycentre. The second DCM was completed 3 months following the first cycle of DCM to allow time for the daycentre to action the agreed action plan. During the second cycle of DCM there were observed improvements in the level of distress Doris was experiencing and Doris's overall wellbeing score increased from 0.1 to 1.7. Positive feedback was also received from the memory nurse and the daycentre staff who reported that they felt more confident and competent on providing care to an attendee who has a dementia.

The case study highlights the impact of partnership working in establishing care mapping and service provision alongside the use of technology. HUG by LAUGH® (HUG) is a therapeutic device designed to bring people comfort and ease anxiety. The device has been designed by Cardiff Metropolitan University specifically for people living with Dementia but can be used by people with various conditions. In Gwent, HUG is being tested in a range of different settings to test the effectiveness of the product. The device has weighted arms and legs along with an optional beating heart within its soft body. It can play personalised music via Bluetooth

speaker that can be changed to a favourite playlist. The HUG "magic box" which provides the heartbeat from a rechargeable unit which is removed when washing.

Through a Gwent RPB investment in 2021/2022, the region was one of the first HUG customers with a purchase of 500 devices along with an independent evaluation in partnership with TEC Cymru. The stock has been distributed across the region through the Gwent RPB Assistive Technology Programme and tested in various areas including Dementia, Autism, Unpaid Carers, Mental Health and Learning Disabilities. Findings within the preliminary evaluation and through case studies have shown positive results when the device is accepted by an individual resulting in less anxiety, improved behaviour, relaxation and, in some cases, cost savings.

Regional Integrated Funding

At its last meeting in July, the RPB considered the end of year report on Regional Integrated Funding for 2022/23.

In 2022-23 the following has been achieved through the RIF funded programmes:

- 19,310 unpaid carers have accessed services, with 2083 feeling less isolated and 2479 achieving personal outcomes,
- 2597 children at risk of entering care have been supported, to date 600 have achieved personal outcomes,
- Intensive support was provided to 267 care leavers to develop coping strategies and achieve personal outcomes,
- 611 neurodivergent children and their families have been supported, with 515 reporting good experiences,
- Additional capacity within Memory Assessment Services has enabled a total of 3644 people with cognitive impairment, living with dementia and young onset dementia to be supported and assessed,
- 12,462 contacts have been provided to support people to live well with Dementia, and an additional in-year referral acceptance of 2,577 people,
- The connected communities programme has assisted 25,276 adults via a range of prevention and wellbeing services to remain well within the community. Of which, 4968 report maintaining or improving their emotional health and wellbeing and 4396 are more aware of the support available to them,
- 12,498 individuals have received intermediate care in the community via the Place Based Graduated Care programme. 45% of stroke survivors have been supported to rehabilitate within the community, and 53% of individuals receiving intermediate care were prevented from hospital admission/crisis,
- Improving System Flow programme capacity supported 8824 individuals to leave hospital, with 1689 of these individuals receiving aids and adaptations to return home as independent as possible, and 2007 individuals achieved personal outcomes,
- 2505 people with learning disabilities achieved personal outcomes via the LD independence and wellbeing programme, with 1195 new individuals identified during 2022-23,
- 25,000 individuals have accessed information and advice via the Enhanced Foundation Tier programme, along with 169 training sessions provided across the partnership to support awareness and recognition of emotional wellbeing in self and others, and

- The CVC led Third Sector Grants fund has supported 3107 individuals within the community, with 2511 reporting maintaining or improving their emotional health and wellbeing.

The collaborative efforts to develop a RIF performance and evaluation framework continue, with a focus on expanding the core set of person-centred outcomes measures and the introduction of population indicators and system measures.

The following dashboard is representative of all 2022-23 activity delivered via the RIF portfolio mapped to the draft set of 21 core measures, identifying regional strategic programmes supporting over 75,000 vulnerable individuals, accounting for approximately 12.5% of the total population of Gwent receiving a form of support.

No. of referrals received	No. of new people accessing the service	No. of people accessing the service	No. of contacts (multiple contacts per individual)
34344	6938	75841	84938

No. of people accessing training	No. of training sessions delivered
4638	1214

The prevention continuum is often referenced by Welsh Government in policy guidance, and is a useful tool to aid demonstration of the RPB statutory requirement to focus on prevention and wellbeing. As part of the pilot performance framework test, the RIF portfolio activity has been mapped by the Partnership Programme Management Office (PMO) to the prevention continuum to

TARGETED

No. of people receiving Early Help and Support

No. of people receiving Intensive Support

UNIVERSAL

No. of people receiving IAA

SPECIALIST

No. of people receiving Specialist Intervention

1926   1283

55214   9371

Preventing, Delaying &

No. of referrals accepted	No. of people satisfied with the info provided	No. of people completing targeted training	No. of people reporting a good experience with the support they received
12280	67	605	4275

demonstrate to the type and range of support enabled by regional partnership programmes. This highlights a significant focus on universal support to support wellbeing and delaying of needs, with a fair amount of specialist support provided for both children and adults with complex needs.

Over the next six months a full evaluation of Regional Integrated Funded programmes will take place. This will inform funding decisions for 2024/25 noting that Welsh Government has determined that a tapering model should be applied from this financial year. The tapering approach requires that after three years of funding projects they should be established models and therefore the majority funded by core resources of statutory partners.

Governance Review

An independent governance review of the Gwent Regional Partnership Board (RPB) has been undertaken. The review scope covered five areas: governance

framework, financial governance, risk management, escalation and reporting to partnership bodies, openness and transparency and business processes.

The review has concluded and the final report provided for the RPB meeting on 19th September 2023. The report contains a series of recommendations to strengthen arrangements through process improvement, greater transparency as well as consistency and clarity of focus.

Strategic Capital Plan

Gwent Regional Partnership Board has established a draft 10 year Regional Capital Strategy 2023-2033 to deliver accommodation and integrated working solutions to support priority population groups to remain at home or as close to home as possible.

The Strategy and supporting Capital Plan articulates how the approach to capital development will ensure the planning activities remain relevant in the context of population projections, demand on services and interdependencies across models of care. The plan builds on a good foundation of capital programme delivery within the region supporting national policy agendas but has a very clear focus on regional delivery to address identified population needs.

Our Strategy at a glance

All priority population groups

CROSS-CUTTING PRIORITIES

1. **Strengthen Intermediate Care**, including short term step up/down and/or crisis provision

2. **Home First**, supporting people in Gwent and to be in their own homes via aids, adaptations and assistive technologies

3. **Development of Community Hub Networks**, supporting prevention, wellbeing and integrated approaches to place-based care

Children & Young People

1. **We will provide care closer to home** to actively reduce the number of children receiving care out of the region

2. **We will increase in house provision of care for children looked after,** therefore eliminating profit and improving quality of care

3. We will continue to develop **alternative models of care** including respite provision, small scale accommodation for 1-2 CYP and mixed age groups

4. We will develop **Integrated hubs** to help meet the physical, mental health, care and support needs of children, young people and families

Adults

1. **We will provide care closer to home**: We will put in place additional capacity across Gwent

2. **Ensure more accessible services** - Some of the current facilities will be redeveloped to improve accessibility

3. **We will further develop specialist provision.** This will includer refuge places and 'Step-across facilities' for substance misuse

4. **We will continue to develop and evaluate alternative models of care,** including step up/down and rehabilitative provision for people with Mental Health conditions, additional respite for people with LD, single person accommodation and shared Lives and HomeShare

5. We will develop **integrated hubs**

Older People & People Living with Dementia

1. **We will provide additional care, closer to home in order to meet the needs of our ageing population,** including additional nursing, residential, respite and housing with care units.

2. **We will continue to develop and evaluate alternative models of care,** including step up/step down provision, a more away from residential care towards alternative models such as HomeShare and investment in digital innovation

3. We will develop **integrated hubs**, including provision of community places for lower-level support, dementia friendly places/memory cafes and focus on prevention/early intervention.

Following the RPB meeting in September the final draft strategy will go through the governance of individual partner organisation and therefore will be formally presented to the Partnerships, Population Health and Planning Committee of the Board.

System Resilience

Following the Integrated Winter Plan evaluation presented at the Board in July, work has been undertaken through the partnership to identify areas of focus for winter 2023/4. This has taken the learning from the evaluation and seeks to focus

on expanding and accelerating work in proven areas of impact. The evaluation also acknowledged that system resilience needs to move beyond period intervention and apply longer term approaches to resilience. Therefore, the proposed developments consider a longer term approach to implementation.

Argymhelliad / Recommendation

The Board is asked to note the update.

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):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	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 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)	
	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 Choose an item.

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:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)** **Update Report – September 2023**
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**
Ar Gyfer Penderfyniad/For Decision

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 Welsh Health Specialised Services Committee as a Joint Committee of the Board.
Cefndir / Background WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales. In establishing WHSSC to work on their behalf, the seven Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency. The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health Boards include the Governance Framework for WHSSC, including a Scheme of Delegation as published on the WHSSC website Schedule 4 (nhs.wales).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Asesiad / Assessment

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent scheduled meeting on 18th July 2023. The papers for the meeting are available at: whssc.nhs.wales/joint-committee/committee-meetings-and-papers/2023-2024-meeting-papers/jc-agenda-bundle-july-2023/   The Joint Committee was attended by Rob Holcombe, Director of Finance and Procurement. In addition to the routine governance, performance and financial reports, some of the key matters discussed by the Joint Committee included:

A) Future Commissioning of the Wales Neurophysiology Service
Members received an outline of the process and timeline of the work to be undertaken to return the commissioning of Neurophysiology services in Wales to WHSSC, as requested by the NHS Wales Health Collaborative Executive Group (CEG).

In view of longstanding service fragilities, an All Wales Neurophysiology Network was established in 2019 to oversee the development of neurophysiology in Wales and the implementation of a South Wales Neurophysiology service. As a result of this work an All Wales Neurophysiology Service Specification and accompanying report which outlined the challenges and risks of the current service model and proposed a return to national commissioning.

Members APPROVED the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards.

B) Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales
Members received an outline of the process and timeline of the work for WHSSC to take on the commissioning of SNS for faecal incontinence and urinary incontinence in South Wales.

Cardiff and Vale UHB is the only Health Board in Wales that fulfils the requirements set out in the NICE interventional procedure guidance (IPG 99) for delivering SNS for faecal incontinence and has been providing these procedures for its own residents for the last three years.

Whilst the service has treated a small number of patients from other Health Boards via IPFR arrangements in the past, there are no formal commissioning arrangements in place, and it is currently not able to accept referrals. As a consequence, patients from other Health Boards are being referred to Bristol and Oxford for this procedure; thus there has been inequitable access for patients across South and West Wales.

Members APPROVED the request for WHSSC to commission Sacral Nerve Stimulation (SNS).

C) **WHSSC Policy for Policies Review**
Members received a report which considered the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales.

During the stakeholder consultation phase for Policies CP37 and CP38, WHSSC received a challenge from the CHCs, suggesting that revisions represented a service change within the context of the Welsh Government 'guidance on changes to NHS services in Wales'.

WHSSC sought advice from legal, NHSE and NICE, together with a desktop exercise and review of policies across NHS Wales; following which it was recognised that there was a need to review its policy for policies in order to reflect the new guidance on changes to NHS services in Wales. This will include exploring the development of an assessment form to support decision making on the need for a wider consultation process. Llais are supportive of the new approach and will continue to work with WHSSC to develop further.

Members SUPPORTED the proposed next steps.

An extraordinary meeting of the WHSSC Joint Committee was held on 1st August 2023 to consider a proposal regarding the recruitment of a WHSSC IPFR Panel Chair in line with the WHSSC IPFR Panel Terms of Reference (ToR) agreed in March 2023. This meeting was attended by James Calvert, Medical Director/Deputy Chief Executive.

The revised Chair of the WHSSC IPFR Panel ToR, agreed by the Joint Committee in March 2023, removes the requirement that the Chair is drawn from existing members of NHS organisations' Boards and instead is drawn from open recruitment. The current chair would therefore no longer be eligible for the role from September 2023.

Members SUPPORTED WHSSC to take forward the urgent recruitment of an IPFR Panel Chair; and APPROVED the associated remuneration package for both the Chair and Lay Members.

The Joint Committee will next meet on 19th September 2023 and a detailed update will be reported to the Board at its meeting in November 2023.

Argymhelliad / Recommendation

The Board is asked to:
1. DISCUSS and RECEIVE this report for assurance.

Attachments
a) WHSSC Joint Committee Briefing 18th July 2023
b) WHSSC Joint Committee Briefing 1st August 2023

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/	Choose an item. Choose an item.

**WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)
JOINT COMMITTEE MEETING BRIEFING – 18 JULY 2023**

The Welsh Health Specialised Services Committee held its latest public meeting on 18 July 2023. 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 Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
[2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)](nhs.wales)

1.   Minutes of Previous Meetings
The minutes of the meetings held on the 16 May 2023 were **approved** as a true and accurate record of the meeting.

2.   Action log & matters arising
Members **noted** the progress on the actions outlined on the action log.

3.   NHSE Funding Growth / Impact on Providers
Members **received** a presentation on the variation in growth and specialised services across the UK.

Members **noted** that work had been undertaken to analyse the variation in growth relating to specialised services across the different NHS sectors. The Joint Committee had requested that the work be undertaken to gain a benchmark of how Welsh services performed in comparison with those in England, Scotland and Northern Ireland.

Members **noted** the presentation.

4.   Chair's Report
Members received the Chair's Report and **noted**:
- **Chair's Action** - The Chair's Action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial term of 2 years from 1 July 2023 until 30 June 2025, in accordance with the Welsh Health Specialised Services Committee (Wales) Regulations 2009 and the WHSSC Standing Orders (SOs); and
- **Key meetings attended**

Members (1) **Noted** the report; and (2) **Ratified** the Chair's action taken on 14 June 2023 to appoint Carolyn Donoghue, Independent Member (IM) at CTMUHB, as a WHSSC IM for an initial 2 year term from 1 July 2023 until 30 June 2025.

5.   Managing Director's Report
Members received the Managing Director's Report and **noted** the following updates:

- **Hosting Agreement with CTMUHB – Statutory Duty of Candour and the Duty of Quality -** Cwm Taf Morgannwg (CTMUHB), acting as Host Health Board (HB), requires WHSSC to use its reasonable endeavours to comply with this legislation in its activities where appropriate. WHSSC have written to CTMUHB to confirm we are aware of our duties and to advise that we will report on compliance with the duties within the Annual Governance Statement (AGS),

- **Memorandum of Understanding (MoU) with BCUHB -** WHSSC and Betsi Cadwaladr UHB (BCUHB) have developed a joint Memorandum of Understanding (MoU) to set out the arrangements for the management of contracts and commissioning for the population of North Wales from English providers. The MoU clearly describes the arrangements and responsibilities if a serious quality concern or risk materialises. The MoU has been signed by both parties and is operational with immediate effect,

- **Requests for WHSSC to Commission New Services – WHSSC has received requests to commission new services for NHS Wales**
  - Sacral Nerve Stimulation (SNS) for faecal incontinence in South Wales; and
  - Neurophysiology

  The workload associated with the adoption of new services during 2023-24 will be absorbed into the existing WHSSC Team capacity. A review of the longer-term workload impact, including the potential commissioning of Hepato-Pancreao- biliary (HPB) Surgery Services will be undertaken and will inform the 2024-25 ICP,

- **Fertility Update - WHSSC Policy development: - CP37 Pre-implantation Genetic Testing-Monogenic Disorders, Commissioning Policy - CP38, Specialist Fertility Services: Assisted Reproductive Medicine, Commissioning Policy -** The WHSSC team have been in discussion with Llais, regarding issues raised during the stakeholder engagement exercise on the above policies. In response to feedback, WHSSC will revise its Policy for Policies, and a paper describing the proposed approach is on the agenda for the July JC meeting. There is ongoing dialogue regarding the individual policies (CP37 and CP38) and a key issue to be resolved is the sequencing on any requirement for public consultation for policies, deemed to represent a significant service change which may have a budget impact, and therefore, require

incorporation into the WHSSC prioritisation and ICP approval processes.

- **Neonatal Cot Configuration Project -** At the March 2023 meeting the JC requested that the WHSSC Director of Planning sought advice from the NHS Wales Directors of Planning (DoPs) Executive Peer Group on the best approach to the strategic planning for the second phase of the neonatal cot review, to ensure that the review fully addresses the interdependencies with non-WHSSC commissioned services such as maternity, and the Clinical Services Plans of Health Boards (HBs). A positive discussion was held with the DoPs in May where it was agreed that WHSSC should lead this planning, and that the DoPs should be involved in the design of Phase 2. This has been followed up with a factual briefing to the DoPs on Phase 1.

Members **noted** the report.

6. Future Commissioning of the Wales Neurophysiology Service

Members received a report outlining the process and timeline of the work that will be undertaken for WHSSC to return to commissioning Neurophysiology services in Wales.

Members noted that the NHS Wales Health Collaborative Executive Group (CEG) has formally requested that WHSSC return to commissioning Neurophysiology services in Wales.

Members (1) **Noted** the report, **(2) Approved** the request for WHSSC to return to commissioning neurophysiology services from April 2024 onwards; and (3) **Supported** the proposed next steps and the work that will be undertaken to take this forward.

7. Sacral Nerve Stimulation (SNS) for Faecal and Urinary Incontinence in South Wales

Members received a report outlining the process and timeline of the work for WHSSC to take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales,

Members noted that the NHS Wales Health Collaborative Executive Group (CEG) has formally requested that WHSSC take on the commissioning of Sacral Nerve Stimulation (SNS) for faecal incontinence and urinary incontinence in South Wales.

Members (1) **Noted** the report, (2) **Approved** the request for WHSSC to commission Sacral Nerve Stimulation (SNS); and (3) **Support** the proposed process and timeline of the work that will be undertaken to take this forward.

8.   Update on Welsh Kidney Network (WKN) Governance Review

Members received a report presenting an update on the Welsh Kidney Network (WKN) Governance Review.

Members **noted** the update on the Welsh Kidney Network (WKN) governance review.

9.   WHSSC Policy for Policies Review

Members received a report which considered the implications of issues raised during the WHSSC stakeholder consultation on Clinical Commissioning Policies CP37 (Pre-implantation Genetic Testing) and CP38 (Specialist Fertility Services: Assisted Reproductive Medicine) in relation to the WHSSC 'Policy for Policies' and wider policy development in NHS Wales.

Members (1) **Noted** the report; and (2) **Supported** the proposed next steps.

10.   IPFR Engagement Update – All Wales Policy

A recommendation was made and approved that this item not be discussed.

11.   Appointment Process for the Individual Patient Funding Request (IPFR) Panel

A recommendation was made and approved that this item not be discussed.

12.   Corporate Risk Assurance Framework (CRAF)

Members received a report presenting WHSSC's updated Corporate Risk Assurance Framework (CRAF) and outline the risks scoring 15 or above on the commissioning teams and directorate risk registers.

Members noted that as at 30 June 2023 there were 17 risks on the CRAF, 13 commissioning risks and 4 organisational risks.

Members (1) **Noted** the updated Corporate Risk Assurance Framework (CRAF) and changes to the risks outlined in this report as at 30 June 2023, (2) **Approved** the CRAF as at 30 June 2023, (3) **Noted** that the CRAF is presented to each Integrated Governance Committee, Quality & Patient Safety Committee, CTMUHB Audit & Risk Committee and the Risk Scrutiny Group (RSG) meetings; and (4) **Noted** that a desktop Risk Benchmarking exercise has been undertaken and the results were considered at the Integrated Governance Committee (IGC) meeting on 13 June 2023.

13. Annual Committee Effectiveness Self-Assessment Results 2022-2023

Members received a report presenting an update to the Joint Committee on the actions from the annual Committee Effectiveness Self-Assessment undertaken in 2021-2022 and to present the results of the annual committee effectiveness self-assessment 2022-2023.

Members **(1) Noted** the completed actions made against the Annual Committee Effectiveness Survey 2021-2022 action plan, (2) **Noted** the results from the Annual Committee Effectiveness Survey for 2022-2023, (3) **Noted** that an update on the survey findings was presented to the Integrated Governance Committee (IGC) Committee on the 13 June 2023, (4) **Noted** that the feedback will contribute to the development of a Joint Committee Development plan to map out a forward plan of development activities for the Joint Committee and its sub committees for 2023-2024; and (5) **Noted** the additional sources of assurance considered to obtain a broad view of the Committee's effectiveness.

14. WHSSC Annual Report 2022-2023

Members noted that the document will be sent to all members via email after the meeting for comment and subject to any further amendments for virtual approval. The document will be brought back to the September meeting under the corporate governance report to confirm approval.

Members **noted** the verbal update.

15. Declarations of Interest, Gifts, Hospitality and Sponsorship 2022-2023

Members received a report presenting an update on detail of the Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship activities for the financial year 2022-2023.

Members (1) Noted the Declarations of Interest Register for 2022-2023, (2) **Noted** the Gifts, Hospitality and Sponsorship register for 2022-2023, **(3) Noted** that the Registers were presented and discussed at the Integrated Governance Committee meeting on 13 June 2023; and
(4) **Received assurance** regarding the WHSSC Declarations of Interest (DOI), Gifts, Hospitality and Sponsorship process.

16. Performance & Activity Report Month 1 2023-2024

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

17. Financial Performance Report – Month 2 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 2 2023-2024. The financial

position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 2 for WHSSC an underspend of (£0.021m) and a break even forecast year-end position.

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

18. Financial Assurance Report
Members received a verbal update advising that the report would be discussed in the in committee session.

Members **noted** the verbal update.

19. South Wales Neonatal Transport Delivery Assurance Group Update Report
Members received a report providing a summary of the South Wales Neonatal Transport Delivery Assurance Group (DAG) Annual Report for 1 April 2022 – 31 March 2023.

Members (1) **Noted** the report; and (2) **Received assurance** that the Neonatal Transport service delivery and outcomes were being scrutinised by the Delivery Assurance Group (DAG).

20. Major Trauma Network Delivery Assurance Group Quarter 4 Update Report
Members received a report providing a summary of the Quarter 4 2022-23 Delivery Assurance Group (DAG) report of the South Wales Major Trauma Network (SWTN).

Members **noted** the South Wales Major Trauma Network (SMMTN) Delivery Assurance Group (DAG) Report.

21. All Wales PET Programme Progress Report
Members receive a report providing an update on the progress made by the All Wales Positron Emission Tomography (PET) Programme.

Members **noted** the progress made by the All Wales Positron Emission Tomography (PET) Programme and its associate projects and workstreams. The risk related to the availability of capital fundng was noted.

22. Efficiency and Recommissioning Programme Update
Members received a report providing an update on the Efficiency and Recommissioning programme enabled to realise the 1% savings requested by Joint Committee when signing off the 2023-24 Integrated Commissioning Plan (ICP).

Members **noted** the report and the progress made.

23. Corporate Governance Matters

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members **noted** the report.

24. 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 (QPSC; and
- Welsh Kidney Network (WKN).

25. Any Other Business

- **Retirement of WHSSC Director of Finance** – members noted that it was Stuart Davies' last Joint Committee meeting following announcing his retirement. Members thanked him for his stalwart contribution and commitment to developing specialised commissioning in Wales and wished him every success in future.

WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) EXTRAORDINARY JOINT COMMITTEE MEETING BRIEFING – 1 AUGUST 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 1 August 2023. 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 Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below:
2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)

1.   All Wales Individual Patient Funding Request (IPFR) Panel Chair Recruitment
Members received a report providing a proposal regarding the recruitment of a WHSSC IPFR Panel Chair in line with the WHSSC IPFR Panel Terms of Reference (ToR) agreed in March 2023.

Following discussion they supported the recommendations outlined within the report.

Members (1) **Noted** the rationale for the eligibility requirements of the role of WHSSC IPFR Panel Chair contained within the ToR agreed in March 2023, (2) **Noted** that the current Chair will no longer be eligible for the role in September 2023 and the urgent need to proceed with a recruitment process, (3) **Supported** WHSSC to take forward the urgent recruitment of an IPFR Panel Chair; and (4) **Approved** the associated remuneration package for both the Chair and Lay Members.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)** **Update Report – September 2023**
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 Emergency Ambulance Service Committee as a Joint Committee of the Board.

Cefndir / Background

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website Schedule 4 (nhs.wales).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the

provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

Asesiad / Assessment

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 18th July 2023. The papers for the meeting are available at July 2023 - Emergency Ambulance Services Committee (nhs.wales). The Joint Committee was attended by Jenny Winslade, Director of Nursing. Some of the key matters discussed by the Joint Committee included:

- EASC Performance Report - which provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have or are being implemented to support performance improvement.
- Quality and Safety Report – which provided an update on quality and safety matters for commissioned services currently being supported by the EASC Team. The report was in a revised format in line with the Duty of Candour and the Duty of Quality and reported around the six quality domains.
- EASC Commissioning Update – which provided updates on EASC's IMTP 2023-26, Non-Emergency Transport Strategic Direction and Integrated Commissioning Action Plans.
- Emergency Medical Retrieval and Transfer Services (EMRTS) Service Review – which updated Members on the emergent themes from the first phase of the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Development Review, last received by the Committee at the meeting 16 May 2023. Significant public and political concerns remain around the proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of bases, as per the initial Service Development Proposal. This has resulted in challenges for the Committee, EMRTS and the Charity.

The Joint Committee will next meet on 19th September 2023 and a detailed updated will be reported to the Board at its meeting in November 2023.

Argymhelliad / Recommendation

The Board is asked to discuss and receive this report for assurance.

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**	Choose an item. Choose an item.

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

Reporting Committee	**Emergency Ambulance Services Committee**
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	18 July 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.
An electronic link to the papers considered by the EAS Joint Committee is provided via the following link: https://easc.nhs.wales/the-committee/meetings-and-papers/july-2023/ - The minutes of the EASC meeting held on 16 May 2023 were approved.
PERFORMANCE REPORT The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Ross Whitehead highlighted a number of key areas. Members noted that: • The latest Ambulance Service Indicators (ASIs) https://easc.nhs.wales/asi/ would be published on Thursday 20 July, reporting the June position • 999 call volumes were 8% lower than in May 2022 • 4% reduction in incidents • Hear and treat rates continued to improve • See and treat rate back to the historical norm • Improvements in response times – all on an improving trajectory as well as for those patients waiting the longest in the red and amber categories, although there was still a long way to go before the performance would be considered satisfactory (but in the right direction) • An increase in the number of patients conveyed to hospital compared to the same period last year – this needed to be analysed further and would be presented to the EASC Management Group • Improvement in handover delays and the number of patient waiting over 4 hours has reduced, in some areas this has been eradicated while others, though showing signs of improvement, required continued attention • EASC Action Plan was being updated and, although it was no longer required to be submitted monthly, would be used at the Integrated Quality, Planning and Delivery meetings with Welsh Government. Discussion took place and Members raised the issue of variation both across Wales but also within health boards. Members welcomed the dashboard approach in providing clarity and sought assurance that the data was being validated, particularly in relation to red release. Members noted that the weekly dashboard was constantly under review and enhancements would continue where members identified additional requirements.

Members discussed the impact of reducing handover delays and the expectation that this would affect performance although this had not yet been seen with performance in red consistently at the mid 50% level.

Jason Killens was asked to forecast where and when improvements would be seen and whether the assumptions made in the IMTP would be realised. Further discussion took place in relation to variation and Members noted good performance improvement in some areas whereas others were stubbornly at unacceptable levels. Further improvements were anticipated with the roll out of the Cymru High Acuity Response Units (CHARUs) and the improved utilisation of the ambulance fleet.

Stephen Harrhy raised the role of the Community First Responders, particularly in rural areas and also the variation in conveyance rates across health boards which would be important areas for the deployment of Advanced Paramedic Practitioners (APPs) in trying to avoid conveyance. Jason Killens explained that additional CFRs had been recruited & trained.

It was agreed that additional work would be required to retrospectively analyse the data from the electronic patient clinical record (ePCR) and other sources to correctly categorise the work; this would be included in the next report and would have the alternative services identified.

Members noted:
- Modelling suggested 4% of WAST activity could be dealt with in the Same Day Emergency Care (SDEC) units; this was currently at 0.2%
- The aim to make more use of video consultation, and to use to best effect
- The development of directories of services in health boards and the importance of ensuring access for WAST staff
- For lower acuity chest pain patients and some care homes analyse the data for potential opportunities to create services and track through actions (real time access)
- The importance of driving out variation in an environment of improving performance.

The version of data presented to the Committee was raised in view of the requirement for StatsWales to publish the Ambulance Service Indicators before any publication of the information. Ross Whitehead explained that ongoing meetings were taking place with the aim to resolve the issue and be agile as commissioners of the ambulance service. The aim would be to try and make progress in some areas with a view to ensuring the Committee had the most current information. Members noted that the Office of National Statistics (ONS) had been tasked to produce cross UK measures for health, which in view of the four different operating models was a complex request.

QUALITY AND SAFETY REPORT

The Quality and Safety Report was received.

In presenting the report, Ross Whitehead highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

Noted that:
- 25 ongoing investigations under the Joint Framework in May
- Work continuing to identify key themes in meetings with WAST and health boards

- The Welsh Risk Pool were supporting the work and seeking improvement opportunities for the tracking and reporting of joint investigations
- Reduction in the number of patients waiting over 12 hours in the community, although still a large number, the trajectory was one of improvement
- Improvement in the compliance of the clinical indicators within the Ambulance Service Indicators
- A technical error had been identified within the STEMI bundle and this would be rectified back to June 2020
- The published levels for the return of spontaneous circulation (ROSC) was 20% (the highest level achieved)
- The latest information was not available in respect of patients arriving as 'walk ins' but in the triage category one. This would be rectified as it was agreed this was an important metric for patient safety. Joint work was underway with the NHS Wales Delivery Unit (NHS Executive) to analyse those self-presenting and included stroke patients (high level of patients presenting at emergency departments).

Members responded asking about:
- learning from the North East Ambulance Service review and the potential to undertake a gap analysis to secure any insight or learning – noted that the EASC Team currently analysing the review and would report to EASC Management Group on any findings
- other reviews of ambulance services and noted that the EASC Team constantly scan for any ambulance service reviews and consider any learning. This would again be reported initially via EASC Management Group. Jason Killens also confirmed that WAST routinely undertake a gap analysis approach to any significant report on ambulance services.

EASC COMMISSIONING UPDATE

The EASC Commissioning Update Report was received. This included:
- Integrated Medium Term Plan 2023-26
- Current EASC Integrated Medium Term Plan (IMTP) Tracker
- Non-Emergency Patient Transport Services (NEPTS) Strategic Direction
- Integrated Commissioning Action Plans (ICAPs)

Members noted that:
- Work had commenced on reviewing the Non-Emergency Patient Transport Services Commissioning Framework as per the agreed commissioning cycle
- The work to develop a longer-term strategy for NEPTS following the completion of the business case and adapting to the ongoing changes within the service. The final report would be presented at a future meeting
- In relation to the EASC IMTP Tracker some of the performance ambitions had been achieved including:
  - longest red – 95th percentile 30 minutes by the end of Quarter 1 – this had been achieved and it was suggested to review Quarter 2 ambition to <18 minutes
  - longest amber – 95th percentile 8 hours by the end of Quarter 1; this had been achieved and suggested revising the Quarter 2 ambition to 4.5 hours and Quarter 3 to 3.5 hours.

Agreed to: Revise the performance ambitions as outlined above

FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW

Stephen Harrhy gave an overview of the work to date and introduced Lee Leyshon, Deputy Director of Communications and Engagement to deliver the presentation on the emerging themes.

Noted:
- Discussed the factors for developing options for the service and the weightings as previous used for EMRTS developments
- In relation to the EMRT Service:
  - General support and appreciation
  - Local bases mean local services for the people who live near
  - Some consider it a 'fast ambulance'
  - Understanding of a problem to fix
  - Important about effectiveness of working with other services and agencies
  - Implications for hours of operation, for air and road, with staffing implication
  - The small mutual aid implications
- In terms of wider issues and the original service development proposal:
  - Another rural loss – like banks, dentists, GP practices, post offices etc
  - Lack of understanding of 'unmet need'
  - The rationale for the original base locations; the coastal locations and the importance of rapid response vehicles RRVs
  - That the critical care staff would want to treat as many patients as possible
  - The impact of the weather on services
- In reference to the Wales Air Ambulance Charity:
  - Potential reputational damage with a risk to funding
  - Perception of cost saving
  - Accepted the findings of the original Service Development Review
- For rural and coastal areas the following issues were regularly raised:
  - Remote and lone working in high risk occupations
  - Seasonal population variations
  - Impact of rural geography, road infrastructure and topography
  - Mobile phone coverage
  - Patient road transfer experiences and outcomes
  - Impact of climate change affecting access
- Public perception that services prioritised in urban areas when using services per head of population and the respective needs were different in rural and urban areas
- Response times was a major concern, of increased response times, losing the 'golden hour' and the impact of adverse weather. The proximity to emergency department in urban areas was raised regularly
- Data was an area of focus regularly raised in sessions including:
  - The initial data period involving the Covid period
  - The significance of the average response times
  - Using historical and forecasting data
  - Seasonal and population variation and projected demographics for rural areas
  - Understanding the under-utilisation data
- In terms of the factors and weightings:
  - Regular questions related to cost saving perception
  - Cross over between the factors suggested

- Importance of defining the factors
- That clinical skills and sustainability needed a higher score and a reduction to the value for money weighting.
- With regard to the engagement process:
  - Understood a complex matter
  - Questionnaire available at all sessions and online
  - Increased and regular communications
  - Commissioner trusted and the public confidence in the approach
  - Responses received included 'balanced, fair, comprehensive and diligent'; not a 'fait accompli'
- Suggestions received included:
  - Same bases different hours; all bases 24/7; base investments; all 4 into one base
  - Variations on the issues above with RRV usage
  - Make either (or both) Welshpool and Caernarfon 24/7 instead of Cardiff
  - More RRVs to be available
  - Move the South Wales bases
  - That WAST provide similar critical care skilled staff
  - Make more incremental changes from aviation contract
  - Opportunities to work with Fire and Rescue
- Broader system issues included appreciation of the scale and landscape, the vulnerabilities and the context of other services
- Concerns about WAST in out of area; handover delays, triaging of 999 calls and recruitment of staff
- For health boards – primary and secondary care in terms of loss of access to services; sustainability of services (local) and how people can have a say (want to be involved)
- For public services – need to be more integrated; recognise local service loss and its impact; involve the local populations more and more raise more awareness
- For policy and decision makers – understand the current pressures; reliance on charitable donations; road infrastructure important and involving the public in decision making.

Members raised the following:
- Thanked the CASC and the EASC Team for their thorough exemplar process; lots of learning for the system on the strength of the approach
- The timescales for the independent analysis, keen to ensure the collective perspective considered
- Sharing the data, modelling and information received from the engagement process
- The importance of the next phase.

Stephen Harrhy explained the next phase of work in terms of sharing data, learning from the approach and responding to the concerns by formally reporting at the next meeting to provide the facts for the Committee to consider. Further modelling would be available for members to scrutinise at the next meeting.

Members noted that there was a strength of feeling in the locality of the Welshpool and Caernarfon bases in their desire to maintain the status quo.

Areas for further consideration would include:
- Making the best use of resources (mindful of the very different levels of utilisation of the current service)
- Whether the EMRT Service is too specialised and what opportunities could exist for different patient groups
- How rural areas receive health care and the issues with time sensitive requirements

- The options for a new base and whether this could be delivered by the Charity in terms of infrastructure – some assurance for the next phase
- Adapting the approach in light of the comments received and amending the weightings on clinical skills and value for money
- Options for closer working between WAST and EMRTS
- The wider picture – local areas primarily mentioned bases; Stakeholder Reference Groups across health board areas did not have major concerns if the service would be improved for all of the population, and in particular providing more ability to deliver to patients in the unmet need category.

Stephen Harrhy explained that further work was required in order to make a recommendation to Members and that Members in turn would make a fully informed decision no earlier than the meeting in November. Members noted the risk of reputational damage to the Charity and the potential impact on donations. Members agreed the importance of making the best use of the commissioning allocation for EMRTS and WAST.

A factual report including data and the independent analysis of the responses received would be provided at the September meeting.

It was reiterated that it was too early to make a recommendation to EASC and **no decision had been made.**

UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

Noted:
- Suggestions to slightly amend the weightings
- Plans for next report at the September meeting
- Continuation of the approach including planning of Phase 2 and maintaining work with the All Wales Communications and Engagement leads in health boards and trusts; and planning & informatics colleagues.

WELSH AMBULANCE SERVICES NHS TRUST REPORTS

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received. In presenting the report, Jason Killens highlighted:

- The use of the Clinical Safety Plan - WAST were at escalation level 2 (4 is the maximum) and in May 2023, WAST spent 1% of the time at Clinical Safety Plan (CSP) level 3b (the third highest level). The levels of escalation and CSP were significantly lower than those seen in the depths of winter, which was reflected in the lower levels of patient cancellations and "no sends"
- Red Performance and the continued roll out of the Cymru High Acuity Resource Units (CHARU), about half had been commenced and more staff are being recruited, trained and deployed with an aim to build on the roster rota work and ensure the right fleet mix across Wales. This would improve red performance and the already seen increase in the return of spontaneous circulation (ROSC) rate.

- Ambulance production levels against the plan for the latest four months at 97% against the ambition of 95%
- The progress made by health boards in reducing handover delays at emergency departments and the consequential impact on the ambulance service
- The numbers of patients conveyed at 41% into EDs in May 2023 (27% in December 2022, with the Clinical Safety Plan affecting this)
- The Non-Emergency Patient Transport Services (NEPTS) and meeting the targets for kidney patients in arriving within 30 minutes of the appointment time (performance at 75% to the target of 70%). Also, an amendment had been made for the service provided to oncology patients moving from -30/+30mins to -45/+15mins to provide a better service for this group of patients
- The first meeting of the Strategic Demand and Capacity Review had taken place at WAST with the aim of making the best use of resources available and continuing the approach.

Stephen Harrhy raised the issue of **red release** and confirmed the ongoing work to study the impact of the immediate release on the service provided. This would include validating the data before this was shared in the public domain, although it was acknowledged that this would potentially lead to a short time lag as this was a manual process. The work to develop confidence in the information included the health board Chief Operating Officers and their teams who receive the unvalidated report and therefore can challenge the data with respect to their areas. Further updates would be provided as the work progresses.

CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harrhy highlighted key areas which included:
- Six Goals for Urgent and Emergency Care Programme (latest highlight report shared) work continuing to deliver Goal 4 and locally based work captured through the Integrated Commissioning Action Plan (ICAP) meetings.
  - A new clinical lead, Dr Tim Rogerson, had been appointed by the Six Goals for Urgent and Emergency Care Programme. Collaborative work had started on what a good emergency department would look like and a clinical event had been planned.
  - Specific work was planned in Swansea Bay and Betsi Cadwaladr UHBs to pilot an approach undertaken in Bristol 'the continuous flow work' as well as learning the system lessons from the experience in Cardiff & Vale and more recently Cwm Taf Morgannwg UHBs.
- Connected Support Cymru (previously known as Night Sitting Service) An update report would be provided on progress at the next meeting
- Data linking – the plan to hold a workshop was still in place although it was not yet scheduled as further steps were required to ensure all information sources would be available and reliable. At that stage, a workshop would be held with all relevant health boards, WAST and Digital Health and Care Wales (DHCW) staff. Members noted that DHCW had also been commissioned by Welsh Government to develop an urgent and emergency care dashboard
- Health Education and Improvement Wales (HEIW) – Education commissioning of Paramedics and Advanced Paramedic Practitioners (APPs). Positive conversations had taken place with the EASC Team and it was suggested and agreed that Alex Howells, CEO of HEIW would be invited to periodically attend the Committee

meeting. Members suggested the importance of the timescales for this work to meet academic timetables.

EASC FINANCIAL PERFORMANCE REPORT MONTH 12 2022/23

The EASC Financial Performance Report at month 3 in 2023/24 was received. There were no variances to report on the financial position given the very early point in the financial year.

SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD ON 22 JUNE 2023

The first summary from a meeting of the EASC Management Group was received. The aim of the report was to ensure consistency of issues identified at the ongoing meetings.

Members noted:
- Ongoing discussions on a health board by health board basis re operational matters of WAST staff undertaking supporting duties within EDs to help flow and get the balance right
- Work to ensure the consistency of data, especially in relation to immediate release.

EASC SUB-GROUPS CONFIRMED MINUTES

Approved:
- EASC Management Group 20 April 2023
- Non-Emergency Patient Transport Services Delivery Assurance Group notes 13 April 2023
- Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 6 March 2023

EASC GOVERNANCE

The report on EASC Governance was received which included the:
- EASC Risk Register and suggested approach to risk appetite
- EASC Assurance Framework
- EASC Key Organisational Contacts
- Welsh Language Commissioner – Final Report and Decision Notice
- Letter to host in relation to the statutory Duty of Quality and Candour.
Noted that:
- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The Welsh Language Commissioner – Final Report and Decision Notice and ongoing work
- Letter to host in relation to the statutory Duty of Quality and Candour - Stephen Harrhy had signed on behalf of the Committee to confirm that EASC would use reasonable endeavours to comply with the legislation and activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.
  A formal report on the EASC compliance would be included in next year's Annual Governance Statement (Added to Action Log).

Members **agreed** to the use of **CTMUHBs Risk Appetite Statement** for commissioning risks until arrangements could be developed for the new Joint Committee.

FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST
- The ongoing formal engagement process for the EMRTS Service Review, further meetings planned for later in the year

Matters requiring Board level consideration

- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.
- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours – especially in relation to the quality of services patients receive

Forward Work Programme and Annual Business Plan

Considered and agreed by the Committee.

Committee minutes submitted	Yes		√	No	
Date of next meeting	**19 September 2023**				

EMERGENCY AMBULANCE SERVICES
JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON
18 JULY 2023 AT 09:30HOURS
VIRTUALLY BY MICROSOFT TEAMS 'LIVE'

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Jennifer Winslade	Executive Nurse, Aneurin Bevan ABUHB (in part)
Nick Lyons	Executive Medical Director, Betsi Cadwaladr UHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB (in part)
Steve Moore	Chief Executive, Hywel Dda UHB
Hayley Thomas	Interim Chief Executive, Powys Teaching HB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Ross Whitehead	Deputy Chief Ambulance Services Commissioner
Hugh Bennett	Assistant Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Lee Leyshon	Interim Assistant Director of Communications and Engagement Lead for EASC
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit
Gwenan Roberts	Committee Secretary
Ricky Thomas	Head of Informatics National Collaborative Commissioning Unit (NCCU)

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1/16

417/448

Part 1. PRELIMINARY MATTERS		ACTION
EASC 23/062	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair
EASC 23/063	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Carol Shillabeer, Nicola Prygodzicz, Mark Hackett, Rachel Marsh, Stuart Davies and Tracey Cooper.	Chair
EASC 23/064	**DECLARATIONS OF INTERESTS** There were none.	Chair
EASC 23/065	**MINUTES OF THE MEETING HELD ON 16 MAY 2022** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 16 May 2023. One amendment was agreed for page 11 to read • The progress of 'consult and close' where the rate had improved to 15% (target 17%). Members **RESOLVED** to: • **APPROVE** the minutes of the meeting held 16 May 2023.	Chair
EASC 23/066	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 23/049 Performance Report** • Statistical process control information had been developed and would be added to the next performance report and discussed at the next EASC Management Group meeting • The performance report included (as within the EASC Integrated Medium Term Plan) the total hours lost, as opposed to the trajectory to meet the aim of no delays of over one hour (Ministerial target), and the need to consider the narrative of actual numbers versus percentages. Information was also presented in the EASC IMTP Tracker for ease of reference. **EASC 23/051 Committee Effectiveness** • A short presentation with key information for new members was being drafted and would be presented at the next meeting EASC Management Group meeting prior to its submission	Chair EASCT Ctte Sec

'Confirmed' Minutes of the EAS Joint Committee Meeting 18 July 2023   Page 2 of 16   Emergency Ambulance Services Committee Meeting 19 September 2023

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• Meetings had been scheduled 'in-person' twice a year (September and March) completed - close	
• Wider benchmarking for ambulance services would be included in the CASC Report at the September meeting	CASC Report
• Planned to use patient and or staff stories from provider organisations at the November meeting	Forward look
• Agreed to use Microsoft Teams Live for Committee meetings until decision made re EMRTS Service Review; then re-examine options	Ctte Sec
• Review of the Committee's risk appetite - the host body (CTMUHB) approach included in the Governance Report.	

EASC 23/54 Remote Clinical Support
- Linking work in health boards WAST and by the EASC Team – included within the CASC Report
- EASC IMTP – awaiting letter from Welsh Government which would be shared as soon as available.

Ctte Sec

EASC 23/055 NEPTS
- Eligibility criteria would be reviewed at the NEPTS DAG meeting and an update would be provided at the next meeting.

EASCT

EASC 23/058 Annual Governance Statement
- The Statement had been updated and submitted to the Audit and Risk Committee meeting taking place on 26 July alongside the final accounts - close.

- **Key organisational contacts** – Members were asked to review representatives in view of poor attendance at sub group meetings - ongoing.

All

EASC 23/028 Performance Report –
- **Workshop to link data and system learning to improve performance** - in the CASC Report.

CASC

EASC 23/034
- **Night sitting service now called Connected Support Cymru** Implementation and evaluation of 12week pilot to be provided at a future meeting, reported in the CASC Report.

CASC

EASC 23/046
- **Transfer discharge and repatriation** – now ongoing work reported in the CASC Report.

CASC

EASC 22/79 and 23/046 Different staff input to WAST Control / call options
- Potential to consider social care, care homes and maternity (included in WAST IMTP planning) – impact to be evaluated and to remain on action log.

WAST

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	EASC 21/26 Committee effectiveness	Chair/Ctte
	• Discussion re wider membership with patient voice or additional Independent Members – ongoing discussions with Llais (Citizen Voice Body) and further meetings to be arranged - to remain on action log.	Sec
	Members **RESOLVED** to: **NOTE** the Action Log.	
EASC 23/067	**MATTERS ARISING** There were no matters arising from the minutes.	Chair
EASC 23/068	**CHAIR'S REPORT** The Chair's report was received. Members noted the appraisal meeting had taken place with the Minister in June in relation to the set objectives. More detailed discussions took place in relation to the targets set and the aspiration within the EASC Integrated Medium Term Plan (IMTP) which would be closely monitored. The Minister particularly noted the time spent recently on the Emergency Medical Retrieval and Transfer Service Review by the small team of staff. Members **RESOLVED** to: • **NOTE** the information within the report • **NOTE** the Chair's objectives set by the Minister.	Chair
Part 2. ITEMS FOR DISCUSSION AND APPROVAL		**ACTION**
EASC 23/069	**PERFORMANCE REPORT** The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Ross Whitehead highlighted a number of key areas. Members noted that: • The latest Ambulance Service Indicators (ASIs) https://easc.nhs.wales/asi/ would be published on Thursday 20 July, reporting the June position • 999 call volumes were 8% lower than in May 2022 • 4% reduction in incidents • Hear and treat rates continued to improve • See and treat rate back to the historical norm • Improvements in response times – all on an improving trajectory as well as for those patients waiting the longest in the red and amber categories, although there was still a long way to go before the performance would be considered satisfactory (but in the right direction)	

- An increase in the number of patients conveyed to hospital compared to the same period last year – this needed to be analysed further and would be presented to the EASC Management Group
- Improvement in handover delays and the number of patients waiting over 4 hours has reduced, in some areas this has been eradicated while others, though showing signs of improvement, required continued attention
- EASC Action Plan was being updated and, although it was no longer required to be submitted monthly, would be used at the Integrated Quality, Planning and Delivery meetings with Welsh Government.

Discussion took place and Members raised the issue of variation both across Wales but also within health boards. Members welcomed the dashboard approach in providing clarity and sought assurance that the data was being validated, particularly in relation to red release. Members noted that the weekly dashboard was constantly under review and enhancements would continue where members identified additional requirements.

Members discussed the impact of reducing handover delays and the expectation that this would affect performance although this had not yet been seen with performance in red consistently at the mid 50% level.

Jason Killens was asked to forecast where and when improvements would be seen and whether the assumptions made in the IMTP would be realised. Further discussion took place in relation to variation and Members noted good performance improvement in some areas whereas others were stubbornly at unacceptable levels. Further improvements were anticipated with the roll out of the Cymru High Acuity Response Units (CHARUs) and the improved utilisation of the ambulance fleet.

Stephen Harrhy raised the role of the Community First Responders, particularly in rural areas and also the variation in conveyance rates across health boards which would be important areas for the deployment of Advanced Paramedic Practitioners (APPs) in trying to avoid conveyance. Jason Killens explained that additional CFRs had been recruited & trained.

It was agreed that additional work would be required to retrospectively analyse the data from the electronic patient clinical record (ePCR) and other sources to correctly categorise the work; this would be included in the next report and would have the alternative services identified (Added to Action Log).

WAST

'Confirmed' Minutes of the EAS Joint Committee Meeting 18 July 2023   Page 5 of 16   Emergency Ambulance Services Committee Meeting 19 September 2023

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	Members noted: • Modelling suggested 4% of WAST activity could be dealt with in the Same Day Emergency Care (SDEC) units; this was currently at 0.2% • The aim to make more use of video consultation, and to use to best effect • The development of directories of services in health boards and the importance of ensuring access for WAST staff • For lower acuity chest pain patients and some care homes analyse the data for potential opportunities to create services and track through actions (real time access) • The importance of driving out variation in an environment of improving performance. The version of data presented to the Committee was raised in view of the requirement for StatsWales to publish the Ambulance Service Indicators before any publication of the information. Ross Whitehead explained that ongoing meetings were taking place with the aim to resolve the issue and be agile as commissioners of the ambulance service. The aim would be to try and make progress in some areas with a view to ensuring the Committee had the most current information. Members noted that the Office of National Statistics (ONS) had been tasked to produce cross UK measures for health, which in view of the four different operating models was a complex request. Members **RESOLVED** to: • **NOTE** the content of the report. • **NOTE** the Ambulance Services Indicators • **NOTE** the information within the performance dashboard. • **NOTE** the content of the EASC Action Plan.	
EASC 23/070	**QUALITY AND SAFETY REPORT** The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality. Noted that: • 25 ongoing investigations under the Joint Framework in May • Work continuing to identify key themes in meetings with WAST and health boards • The Welsh Risk Pool were supporting the work and seeking improvement opportunities for the tracking and reporting of joint investigations	

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	• Reduction in the number of patients waiting over 12 hours in the community, although still a large number, the trajectory was one of improvement • Improvement in the compliance of the clinical indicators within the Ambulance Service Indicators • A technical error had been identified within the STEMI bundle and this would be rectified back to June 2020 • The published levels for the return of spontaneous circulation (ROSC) was 20% (the highest level achieved) • The latest information was not available in respect of patients arriving as 'walk ins' but in the triage category one. This would be rectified as it was agreed this was an important metric for patient safety. Joint work was underway with the NHS Wales Delivery Unit (NHS Executive) to analyse those self-presenting and included stroke patients (high level of patients presenting at emergency departments). Members responded asking about: • learning from the North East Ambulance Service review and the potential to undertake a gap analysis to secure any insight or learning – noted that the EASC Team currently analysing the review and would report to EASC Management Group (Added to Action Log) on any findings • other reviews of ambulance services and noted that the EASC Team constantly scan for any ambulance service reviews and consider any learning. This would again be reported initially via EASC Management Group. Jason Killens also confirmed that WAST routinely undertake a gap analysis approach to any significant report on ambulance services. Members **RESOLVED** following discussion to: • **NOTE** the content of the report • **NOTE** the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services.	EASC Team	
EASC 23/071	**EASC COMMISSIONING UPDATE** The EASC Commissioning Update Report was received. This included: • Integrated Medium Term Plan 2023-26 • Current EASC Integrated Medium Term Plan (IMTP) Tracker • Non-Emergency Patient Transport Services (NEPTS) Strategic Direction • Integrated Commissioning Action Plans (ICAPs)		

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	Ross Whitehead presented the report and Members noted that:
	• Work had commenced on reviewing the Non-Emergency Patient Transport Services Commissioning Framework as per the agreed commissioning cycle
	• The work to develop a longer-term strategy for NEPTS following the completion of the business case and adapting to the ongoing changes within the service. The final report would be presented at a future meeting (Added to the Action Log).
	• In relation to the EASC IMTP Tracker some of the performance ambitions had been achieved including:
	  - longest red – 95th percentile 30 minutes by the end of Quarter 1 – this had been achieved and it was suggested to review Quarter 2 ambition to <18 minutes
	  - longest amber – 95th percentile 8 hours by the end of Quarter 1; this had been achieved and suggested revising the Quarter 2 ambition to 4.5 hours and Quarter 3 to 3.5 hours.
	
	Members **RESOLVED** to:
	• **NOTE** the report
	• **APPROVE** the development of new long-term strategy for NEPTS
	• **APPROVE** enhancements to the performance ambitions within the EASC IMTP
		EASC Team

EASC 23/071	**FOCUS ON – EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS) SERVICE REVIEW**
	
	The Chair introduced the Focus on session on the progress with the EMRTS Service Review. Stephen Harrhy gave an overview of the work to date and introduced Lee Leyshon, Deputy Director of Communications and Engagement to deliver the presentation on the emerging themes.
	
	Noted
	• Discussed the factors for developing options for the service and the weightings as previous used for EMRTS developments
	• In relation to the EMRT Service:
	  - General support and appreciation
	  - Local bases means local services for the people who live near
	  - Some consider it a 'fast ambulance'
	  - Understanding of a problem to fix
	  - Important about effectiveness of working with other services and agencies
	  - Implications for hours of operation, for air and road, with staffing implication
	  - The small mutual aid implications	

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- In terms of wider issues and the original service development proposal:
  - Another rural loss – like banks, dentists, GP practices, post offices etc
  - Lack of understanding of 'unmet need'
  - The rationale for the original base locations; the coastal locations and the importance of rapid response vehicles RRVs
  - That the critical care staff would want to treat as many patients as possible
  - The impact of the weather on services
- In reference to the Wales Air Ambulance Charity:
  - Potential reputational damage with a risk to funding
  - Perception of cost saving
  - Accepted the findings of the original Service Development Review
- For rural and coastal areas the following issues were regularly raised:
  - Remote and lone working in high risk occupations
  - Seasonal population variations
  - Impact of rural geography, road infrastructure and topography
  - Mobile phone coverage
  - Patient road transfer experiences and outcomes
  - Impact of climate change affecting access
- Public perception that services prioritised in urban areas when using services per head of population and the respective needs were different in rural and urban areas
- Response times was a major concern, of increased response times, losing the 'golden hour' and the impact of adverse weather. The proximity to emergency department in urban areas was raised regularly
- Data was an area of focus regularly raised in sessions including:
  - The initial data period involving the covid period
  - The significance of the average response times
  - Using historical and forecasting data
  - Seasonal and population variation and projected demographics for rural areas
  - Understanding the under-utilisation data
- In terms of the factors and weightings:
  - Regular questions related to cost saving perception
  - Cross over between the factors suggested
  - Importance of defining the factors
  - That clinical skills and sustainability needed a higher score and a reduction to the value for money weighting.
- With regard to the engagement process:
  - Understood a complex matter
  - Questionnaire available at all sessions and online

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- Increased and regular communications
- Commissioner trusted and the public confidence in the approach
- Responses received included 'balanced, fair, comprehensive and diligent'; not a 'fait accompli'
- Suggestions received included:
  - Same bases different hours; all bases 24/7; base investments; all 4 into one base
  - Variations on the issues above with RRV usage
  - Make either (or both) Welshpool and Caernarfon 24/7 instead of Cardiff
  - More RRVs to be available
  - Move the South Wales bases
  - That WAST provide similar critical care skilled staff
  - Make more incremental changes from aviation contract
  - Opportunities to work with Fire and Rescue
- Broader system issues included appreciation of the scale and landscape, the vulnerabilities and the context of other services
- Concerns about WAST in out of area; handover delays, triaging of 999 calls and recruitment of staff
- For health boards – primary and secondary care in terms of loss of access to services; sustainability of services (local) and how people can have a say (want to be involved)
- For public services – need to be more integrated; recognise local service loss and its impact; involve the local populations more and more raise more awareness
- For policy and decision makers – understand the current pressures; reliance on charitable donations; road infrastructure important and involving the public in decision making.

Members raised the following:
- Thanked the CASC and the EASC Team for their thorough exemplar process; lots of learning for the system on the strength of the approach
- The timescales for the independent analysis, keen to ensure the collective perspective considered
- Sharing the data, modelling and information received from the engagement process
- The importance of the next phase.

Stephen Harrhy explained the next phase of work in terms of sharing data, learning from the approach and responding to the concerns by formally reporting at the next meeting to provide the facts for the Committee to consider. Further modelling would be available for members to scrutinise at the next meeting. Members noted that there was a strength of feeling in the locality of the Welshpool and Caernarfon bases in their desire to maintain the status quo.

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	Areas for further consideration would include:	
	• Making the best use of resources (mindful of the very different levels of utilisation of the current service)	
	• Whether the EMRT Service is too specialised and what opportunities could exist for different patient groups	
	• How rural areas receive health care and the issues with time sensitive requirements	
	• The options for a new base and whether this could be delivered by the Charity in terms of infrastructure – some assurance for the next phase	
	• Adapting the approach in light of the comments received and amending the weightings on clinical skills and value for money	
	• Options for closer working between WAST and EMRTS	
	• The wider picture – local areas primarily mentioned bases; Stakeholder Reference Groups across health board areas did not have major concerns if the service would be improved for all of the population, and in particular providing more ability to deliver to patients in the unmet need category.	
	Stephen Harrhy explained that further work was required in order to make a recommendation to Members and that Members in turn would make a fully informed decision no earlier than the meeting in November. Members noted the risk of reputational damage to the Charity and the potential impact on donations. Members agreed the importance of making the best use of the commissioning allocation for EMRTS and WAST.	
	A factual report including data and the independent analysis of the responses received would be provided at the September meeting (Added to the Action Log).	CASC
	It was reiterated that it was too early to make a recommendation to EASC and no decision had been made.	
	Members **RESOLVED** to:	
	• **NOTE** the progress to date and what was heard at the engagement events; further information would be provided at the next meeting.	
EASC 23/072	**UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW**	
	The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.	
	Noted:	
	• Suggestions to slightly amend the weightings	

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	• Plans for next report at the September meeting • Continuation of the approach including planning of Phase 2 and maintaining work with the All Wales Communications and Engagement leads in health boards and trusts; and planning & informatics colleagues. Members **RESOLVED** to: • **NOTE** the completion of Phase 1 of the EMRTS Service Review Engagement • **NOTE** the summary of Phase 1 emergent themes as detailed to date specifically in relation to the Review • **NOTE** the summary of Phase 1 emergent themes as detailed to date in relation to broader system issues for health and social care • **NOTE** the caveat of the emergent themes from the Picker Institute that are currently pending • **NOTE** the work ongoing in relation to options development and data modelling • **NOTE** the outline plans for Phase 2 and approximate timescales • **NOTE** that the EASC Team continue to work with health board engagement, communication and service change leads throughout the engagement process.	
EASC 23/073	**WELSH AMBULANCE SERVICES NHS TRUST REPORTS** The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received. In presenting the report, Jason Killens highlighted: • The use of the Clinical Safety Plan - WAST were at escalation level 2 (4 is the maximum) and in May 2023, WAST spent 1% of the time at Clinical Safety Plan (CSP) level 3b (the third highest level). The levels of escalation and CSP were significantly lower than those seen in the depths of winter, which was reflected in the lower levels of patient cancellations and "no sends" • Red Performance and the continued roll out of the Cymru High Acuity Resource Units (CHARU), about half had been commenced and more staff are being recruited, trained and deployed with an aim to build on the roster rota work and ensure the right fleet mix across Wales. This would improve red performance and the already seen increase in the ROSC rate. • Ambulance production levels against the plan for the latest four months at 97% against the ambition of 95% • The progress made by health boards in reducing handover delays at emergency departments and the consequential impact on the ambulance service	

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	• The numbers of patients conveyed at 41% into EDs in May 2023 (27% in December 2022, with the Clinical Safety Plan affecting this) • The Non-Emergency Patient Transport Services (NEPTS) and meeting the targets for kidney patients in arriving within 30 minutes of the appointment time (performance at 75% to the target of 70%). Also, an amendment had been made for the service provided to oncology patients moving from -30 / +30mins to -45 / +15mins to provide a better service for this group of patients • The first meeting of the Strategic Demand and Capacity Review had taken place at WAST with the aim of making the best use of resources available and continuing the approach. Stephen Harrhy raised the issue of red release and confirmed the ongoing work to study the impact of the immediate release on the service provided. This would include validating the data before this was shared in the public domain, although it was acknowledged that this would potentially lead to a short time lag as this was a manual process. The work to develop confidence in the information included the health board Chief Operating Officers and their teams who receive the unvalidated report and therefore can challenge the data with respect to their areas. Further updates would be provided as the work progresses (Added to the Action Log) Members **RESOLVED** to: • **NOTE** the update provided.	
		CASC/WAST

EASC 23/074	**CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT**
	
	The Chief Ambulance Services Commissioner's Update Report was received. In presenting the report, Stephen Harrhy highlighted key areas which included:
	• Six Goals for Urgent and Emergency Care Programme (latest highlight report shared) work continuing to deliver Goal 4 and locally based work captured through the Integrated Commissioning Action Plan (ICAP) meetings.
	  - A new clinical lead, Dr Tim Rogerson, had been appointed by the Six Goals for Urgent and Emergency Care Programme. Collaborative work had started on what a good emergency department would look like and a clinical event had been planned.
	  - Specific work was planned in Swansea Bay and Betsi Cadwaladr UHBs to pilot an approach undertaken in Bristol 'the continuous flow work' as well as learning the system lessons from the experience in Cardiff & Vale and more recently Cwm Taf Morgannwg UHBs.	

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	• Connected Support Cymru (previously known as Night Sitting Service) An update report would be provided on progress at the next meeting (Added to the Action Log) • Data linking – the plan to hold a workshop was still in place although it was not yet scheduled as further steps were required to ensure all information sources would be available and reliable. At that stage, a workshop would be held with all relevant health boards, WAST and Digital Health and Care Wales (DHCW) staff. Members noted that DHCW had also been commissioned by Welsh Government to develop an urgent and emergency care dashboard • Health Education and Improvement Wales (HEIW) – Education commissioning of Paramedics and Advanced Paramedic Practitioners (APPs). Positive conversations had taken place with the EASC Team and it was suggested and agreed that Alex Howells, CEO of HEIW would be invited to periodically attend the Committee meeting. Members suggested the importance of the timescales for this work to meet academic timetables (Added to the Action Log). Members **RESOLVED** to: • **NOTE** the information within the report. • **NOTE** the implication of the work of HEIW in relation to the education of paramedics and advanced paramedic practitioner numbers and invite the CEO to a future meeting.	CASC Ctte Sec
EASC 23/075	**EASC FINANCIAL PERFORMANCE REPORT MONTH 3 2023/24** The EASC Financial Performance Report at month 3 in 2023/24 was received. Stuart Davies had sent apologies for the meeting but had advised there were no variances to report on the financial position given the very early point in the financial year. Members **RESOLVED** to: • **NOTE** the current financial position.	
EASC 23/076	**SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD ON 22 JUNE 2023** The first summary from a meeting of the EASC Management Group was received. The aim of the report was to ensure consistency of issues identified at the ongoing meetings. Members noted: • Ongoing discussions on a health board by health board basis re operational matters of WAST staff undertaking supporting duties within EDs to help flow and get the balance right	

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	• Work to ensure the consistency of data, especially in relation to immediate release. Members **RESOLVED** to: • **NOTE** the Summary of the EASC Management Group meeting held on 22 June 2023.	
EASC 23/077	**EASC SUB-GROUPS CONFIRMED MINUTES** The confirmed minutes from the following EASC sub-groups were received: • EASC Management Group 20 April 2023 • Non-Emergency Patient Transport Services Delivery Assurance Group notes 13 April 2023 • Emergency Medical Retrieval and Transfer Service Delivery Assurance Group 6 March 2023 Members **RESOLVED** to: • **APPROVE** the confirmed minutes.	
EASC 23/078	**EASC GOVERNANCE** The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas: • EASC Risk Register and suggested approach to risk appetite • EASC Assurance Framework • EASC Key Organisational Contacts • Welsh Language Commissioner – Final Report and Decision Notice • Letter to host in relation to the statutory Duty of Quality and Candour. Noted that: • The Risk Register had five red risks in total, three scoring the highest level at 25. • The EASC Assurance Framework had been updated in line with the changes above to the risk register • The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups • The Welsh Language Commissioner – Final Report and Decision Notice and ongoing work • Letter to host in relation to the statutory Duty of Quality and Candour - Stephen Harrhy had signed on behalf of the Committee to confirm that EASC would use reasonable endeavours to comply with the legislation and activities where appropriate and cooperate and provide any necessary data and/or information it requires, as Host Health Board to discharge its duties under the Health and Social Care (Quality and Engagement) (Wales) Act.	EASC T

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	A formal report on the EASC compliance would be included in next year's Annual Governance Statement (Added to Action Log). Members agreed to the use of CTMUHBs Risk Appetite Statement for commissioning risks until arrangements could be developed for the new Joint Committee. Members **RESOLVED** to: • **APPROVE** the updated the risk register • **APPROVE** the use of the CTMUHB Risk Appetite Statement in relation to commissioning risks • **APPROVE** the updated EASC Assurance Framework • **NOTE** the ongoing investigation by the Welsh Language Commissioner. • **NOTE** the information within the EASC Key Organisational Contacts • **NOTE** the overview report from the Audit and Risk Committee at Cwm Taf Morgannwg for assurance • **NOTE** the letter to CTMUHB as host body to EASC in relation to the Statutory Duty of Candour and Duty of Quality and the requirement to report in next year's Annual Governance Statement.	Ctte Sec
EASC 23/079	**FORWARD LOOK AND ANNUAL BUSINESS PLAN** The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Additional information in line with discussions at the meeting would be included for the next version. Members **RESOLVED** to: **APPROVE**	
Part 3. OTHER MATTERS		**ACTION**
EASC 23/080	**ANY OTHER BUSINESS** There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions.	

DATE AND TIME OF NEXT MEETING		
EASC 23/081	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 18 July 2023 virtually on the Microsoft Teams platform.	Committee Secretary

Signed …………………………………………………

Christopher Turner (Chair)

Date ………………………………….................

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	27 September 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Committee and Advisory Group Update and Assurance Reports**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	Bryony Codd, Head of Corporate Governance

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.

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

Assurance Reporting
The following Committee assurance reports are included:
- Partnerships, Population Health and Planning Committee – 12th July
- Audit, Risk and Assurance Committee – 18th July
- Patient Quality, Safety and Outcomes Committee – 26th July
- Mental Health Act Monitoring Committee – 5th September
- Finance and Performance Committee – 7th September

External Committees and Group
Representatives from the Health Board also attend a number of Joint sub-Committees or partnerships of the Health Board, these are:
- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the following minutes, assurance reports and briefings are included:
- Shared Services Partnership Committee – 20th July 2023
- WHSSC/EASC – provided within Agenda item 4.10 – An Overview of Joint Committee Activity.

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/	Choose an item. Choose an item. Not applicable to this specific report, however WBFGA considerations are included within committee's considerations

Name of Committee:	Partnerships, Population Health, and Planning Committee
Chair of Committee:	Ann Lloyd
Reporting Period:	12th July 2023

Key Decisions and Matters Considered by the Committee:

To receive and discuss the Gwent Marmot Programme

The Committee received the report, noting the contents. The update also included the findings of the UCL Institute of Health Equity (IHE) and an update on the Wellbeing Plan.

Members were assured of Health Board plans to improve public health data analytics and intelligence, to better understand the needs of the population.

Members were advised that updates on the Gwent Public Service Board (PSB) Wellbeing Plan, alongside the progress of formal ratification of the plan by the Gwent PSB, would be provided at the next Committee meeting.

Members highlighted the importance of collaborative sign-up of local authority partners to proposed changes for the benefit of the population.

To receive and discuss an overview of recent business of the Regional Partnership Board (RPB)

The Committee received the report for assurance, noting the contents. The update also provided an overview of RPB delivery for 2022/23.

To receive an update on the development of the Neighbourhood Care Networks

The Committee received the report for assurance, noting the contents. The report provided an update on the development of Neighbourhood Care Networks (NCNs) against the ministerial milestones for 2022/23.

Members were informed of the intent of the new NCN structure, improving alignment of the Regional Partnership Board, Integrated Services Partnership Board and the NCNs. Concerns were expressed about the governance arrangements; these would be followed through once the RPB governance review was received.

Members were advised that a presentation on outlined plans for Place Based Care would be presented to the Regional Partnership Board (RPB).

To receive and discuss the review of Capital Programme Governance Arrangements

The Committee received the report, endorsing the following: -
- The proposed revised capital governance hierarchy
- The Terms of Reference & Membership of the proposed Strategic Capital and Estates Board
- The proposed revised Project Board and SRO arrangements
- The need to thoroughly review and update the Capital Procedures and the relevant Standing Financial Instructions by the end of September 2023.

To receive and discuss an update on Regional Planning

The Committee received the report, noting the contents.

Members were informed of the progress in respect of ongoing regional and South Wales service planning programmes.

Members flagged that the Thoracic Services business case was still outstanding.

Members flagged that the Ophthalmology electronic patient record (Open Eyes Project) was not included on the list of Digital Health Care in Wales programmes and requested an update on this Project.

To receive and discuss an overview of the Clinical Futures Programme
The Committee received an overview of the Health Board's Clinical Futures Programme Priorities, aligning to the Integrated Medium-term Plan (IMTP). Members noted the contents of the report.

Members requested a re-energising of communications with the Health Board population, outlining key services and their locations. Members suggested an embedded integrated community-based system alongside the eLGHs, ensuring that the population in each area were confident that core services were available to them.

PHW- Working Together for a Healthier Wales- Our Long-Term Strategy 2023-2025
The Committee received the report for information.

Matters Requiring Board Level Consideration or Approval:
The Chair requested that there were Board Briefing sessions on the following: -   - Gwent Marmot programme   - eLGH updates and issues.
Key Risks and Issues/Matters of Concern:
None to note.
Planned Committee business for the Next Reporting Period:
To be confirmed.
Date of Next Meeting: Wednesday 1st November 2023

Name of Committee:	Audit Risk & Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	18 July 2023
Key Decisions and Matters Considered by the Committee:	

Clinical Audit Plan 2023 -24
The Committee ratified the Clinical Audit Plan 2023/24.

Quarterly Update on Counter Fraud Activity
The Committee received the quarterly report and expressed concern about the number of employees who completed the ESR eLearning programme for counter-fraud. The Committee agreed to support the application to the Core Learning Committee for mandatory Counter Fraud training.

Internal & External Audit Recommendations Tracker
The Committee welcomed the continued progress in performance within the tracker while acknowledging the additional work required to mature the reports in terms of providing detail related to agreed and revised timeframes. recognising the further work required to mature the reports in terms of providing detail related to agreed and revised timeframes.

Audit Progress Reports
The Committee approved the request to postpone the Job Planning internal audit until Quarter 4 on the condition that an assurance note and those in charge of implementing the system attend the November 2023 meeting to provide an update on progress and assurance on how the controls would be improved.
The Committee noted the request for the following additional audits: -
- Quarter 2 - Facilities Rostering
- Quarter 2 - Regional Partnership Board (RPB) – Financial Governance Arrangements

Internal Audit Plan Reports
The Committee **NOTED** the following Reasonable Assurance Reports from the Audit Plan for 2023-24:

- Clinical Futures – Care Closer to Home
- Infection, Prevention, and Control
- Integrated Wellbeing Networks
- Dementia Services
- Contract Management
- Mental Health Transformation

Annual Head of Internal Audit Opinion
The Committee was informed that the report's overall outcome was reasonable assurance, noting that 6 limited, 18 reasonable, and 3 substantial assurance reports were issued during the audit year 2022/23.

External Audit Progress Report
The Committee **NOTED** the Progress Report and was assured that the Charitable Funds audits would meet statutory deadlines.

Annual Report 2022/23, including the Performance Report (Part 1) and Accountability Report (Part 2):
The Committee **ENDORSED** the contents for approval by the Board.

Financial Statements 2022/23 (Part 3), including Annual Accounts 2022/23
The Committee **ENDORSED** the contents for approval by the Board.

Audit of Accounts (ISA 260) including Letter of Representation
Audit Wales intended to issue an unqualified opinion on the financial statements but would qualify the regularity opinion because the Health Board had not met its first financial duty of breaking even over the three-year period.

The Committee **RECOMMENDED** that Letter of Representation be signed by the Board.

Recommendation to the Board in respect of the Annual Report and Accounts 2022/23
The Audit, Risk and Assurance Committee recommended that the Board:
- **RECEIVE** the Audit of Accounts Report (2022/23) of External Audit (Audit Wales)
- **APPROVE** the Annual Report and Accounts 2022/23, which includes:
     1. The Performance Report;
     2. The Annual Accountability Report; and
     3. The Financial Statements
- **APPROVE** the Letter of Representation; and
- **AUTHORISE** the Chair, Chief Executive Officer, and Director of Finance & Procurement, to sign the documents where required.

Matters Requiring Board Level Consideration or Approval:

- Nothing Raised

Key Risks and Issues/Matters of Concern:

- Nothing Raised

Planned Committee Business for the Next Reporting Period:
Audit Risk & Assurance Committee Work Plan 2023-24

Date of Next Meeting:
Tuesday 12th September 09:30 – 12:00 via Microsoft Teams

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	26th July 2023

Key Decisions and Matters Considered by the Committee:

Patient Quality and Safety Outcomes Performance Report, July 2023

The Committee received the Patient Quality & Safety Outcomes Committee Performance Report for July 2023. The report provided an update on the work being undertaken relating to the:

- Patient and Staff experience and stories
- Incident reporting- falls, pressure ulcers, medicines management and mortality
- Complaints, concerns and compliments
- Health, safety and security
- Infection Control and Prevention
- Safeguarding
- Data Highlighting the specific number of falls of patients who are medically fit for discharge
- Additional Risks and Issues
- Overview of the HIW Inspection of Ty Lafant including the Health Board's response.

Next Steps for the Quality Strategy

The Committee received a report detailing the next steps for the Quality Strategy. The report outlined the outcome description, indicator and ability to report of the 6 priorities. Proposed outcomes and indicators would be benchmarked against other organisation and existing measures aligned with Duty of Quality and Health Board priorities.

Infection Prevention and Control Annual Report

The Committee received the Infection Prevention and Control Report with the following areas highlighted for information:-

- Gram positives and gram negatives show that respiratory infections are having an impact, but urine remains the highest burden of infections for gram negatives. MB reported that the team are finalists for the Houdini Programme for the NHS Awards in Wales.
- Covid and flu data shows lower hospital onset that other Health Boards.
- The team has supported serious incidents, a sporadic case of CJD, the M-pox agenda, patient pathways and assessment of patients, increase in wound infections in trauma and orthopaedics, a shigella outbreak in the community and Group A Strep infection.
- The annual programme of work for 2023-24 sets out twelve priority areas for the year

Highlight Reports:

The Committee received the following Highlight Reports for Information: -

- Safeguarding Group Highlight Report
- Clinical Effectiveness and Standards Committee Report
- Groundhog Day 2: an opportunity for cultural change in complaint handling?
- Time Critical Medication in Parkinson's Disease
- Early detection of type 1 diabetes in children and young people
- WHSCC Quality Patient Safety Committee Chair's Report and Appendix 1 - Summary of Services in Escalation

Matters Requiring Board Level Consideration or Approval:

None Noted.

Key Risks and Issues/Matters of Concern:
There were no issues or matters of concern.

Planned Committee Business for the Next Reporting Period:
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Date of Next Meeting: Wednesday 11th October 2023 at 09:30

Name of Committee:	**Mental Health Act Monitoring Committee**
Chair of Committee:	**Pippa Britton**
Reporting Period:	**5th September 2023**

Key Decisions and Matters Considered by the Committee:

Mental Health Act Compliance Report- including All Wales Benchmarking Data

The Committee received a detailed overview of the activity information on the use of the Mental Health Act over Quarter 1, April – June 2023, with comparison of activity over the previous quarter.

The Committee discussed the number of patients detained under sections 5.4 & 5.2 and requested that future reports include the number of young people who were admitted to an adult ward and length of stay.

It was agreed that the Committee would receive all Wales benchmarking information on an annual basis.

The Committee received the report for assurance on the compliance with the legislative requirements of the Mental Health Act.

The Committee considered the use of cameras within the Mental Health Division to safeguard the safety of staff and patients. It was noted that CCTV cameras were present in some areas. However, the Committee felt that the use of body cameras would not be suitable for these patients and their specific needs. It was agreed that safeguarding risks and concerns would be assessed through the existing Risk Assessment process.

Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee)

The Committee received a verbal update and positive feedback from two recently held Mental Health Act Manager Meetings and noted the commencement of the recruitment process for new Mental Health Act Managers.

Matters Requiring Board Level Consideration or Approval:

None Noted.

Key Risks and Issues/Matters of Concern:

There were no issues or matters of concern.

Planned Committee Business for the Next Reporting Period:

- Mental Health Act Update.
- Update from the Mental Health Act Managers Meeting

Date of Next Meeting: 6th December 2023

Name of Committee:	Finance & Performance Committee
Chair of Committee:	Richard Clark
Reporting Period:	7th September 2023
Key Decisions and Matters Considered by the Committee:	

Performance Overview Report with Exception Reporting- Quarter 1

The Committee received the Quarter 1 report for assurance noting the improvement and challenges, including:

Improvements:

- Maintenance of childhood immunisation rates,
- Increase in Urgent Primary Care contacts,
- Improvements in several Urgent Care performance areas,
- Reduction in the number of patients waiting more than 52 weeks for treatment.

Challenges:

- Cancer performance
- Continued medical and community bed pressures,
- Sustainability of Primary Care access,
- Urgent Care system, including ambulance waits,
- Delivery of Mental Health interventions (Part 1b) in a timely way.

Performance Against Ministerial Priorities for Planned Care

The Committee received the report for assurance and noting the ministerial priorities and targets within planned care.

Members noted that the Health Board would not meet the targets within the timeframe set by minister of June, but a plan had been submitted with a target of September for all targets set.

To Receive a Report on the Quality of Coding

The Committee received the Quality of Coding report for assurance noting the targets for the Health Board, within the IMTP, and the challenges with staff retention within the coding team.

Members received the recruitment, structure plans for the coding team, acknowledging that the changes made remained within the coding service budget.

The Committee accepted the recommendations of the Quality of Coding report.

Radiology Informatics Systems Procurement (RISP) Programme Update

The Committee received the report update for assurance noting the benefits of swapping systems and the financial implications of the overlap of systems resulting in a dual cost for the Health Board.

Members raised their concerns regarding the cost increasing with the current financial position. It was agreed that a report including the full costs be submitted to the next meeting.

Robotics Process Automation – Cost and Benefit Realisation (ARAC Action)

The Committee received the report for assurance and acknowledged the benefits of having the robotics within the Health Board.

Members were assured that progress had been made with the RPA Steering Group and Digital Governance Group being established with a relaunch of the robotic service to follow.

The Committee noted the report and supported the future developments of Robotics (RPA).

Monthly Finance Report & Monitoring Returns -Month 4 / Review of savings and Action Plans

The Committee received the month 4 Finance report and acknowledged that the Health Board would be in a significant deficit, and as a result the organisational focus would need to be on cost reductions and savings.

Efficiency Opportunities

The Committee received the Efficiency Opportunities report and accepted the progress made within departments throughout the Health Board and how the resource allocation dashboard should be used to access data.

Members noted the next steps to look at how the dashboard could be incorporated into the Health Board's Day to day business and how they could progress on a wider development across Wales.

Matters Requiring Board Level Consideration or Approval:

N.A

Key Risks and Issues/Matters of Concern:

- Radiology Informatics Systems Procurement – costings

Planned Committee Business for the Next Reporting Period:

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Date of Next Meeting: 21st December 2023

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	20 July 2023
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 attendance at recent meetings, both within NWSSP and externally. A development day was held with the NWSSP Senior Leadership Team and Heads of Service in June which will help to inform the similar event planned for Shared Services Committee members in November.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- A very positive Joint Executive Team meeting had been held recently with Welsh Government;
- The Service Improvement Team are undertaking a number of areas of work including Payroll, Accounts Payable and the Customer Service Excellence programme;
- The NWSSP Procurement - Supply Chain recently hosted a visit from an Icelandic Health Care delegation to review warehouse management systems; and
- The planned move from Companies House to the Welsh Government offices in Cathays Park is progressing and is scheduled for January 2024.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Annual Review 2022/23

The Committee reviewed the Annual Review and noted the wide ranging and

significant achievements of NWSSP during the 2022/23 financial year.

The Committee **APPROVED** the Annual Review.

Revisions to Standing Orders

The Committee received the Standing Orders which have been updated for a number of external (e.g. Duties of Quality and Candour; establishment of Llais) and internal (e.g. changes to the Scheme of Delegation) factors. The Standing orders will need to also be formally approved by the Velindre University NHS Trust Board.

The Committee **ENDORSED** and **APPROVED** the suggested revisions to the Standing Orders prior to formal approval by the Velindre University NHS Trust Board.

All-Wales Establishment Control Programme

Establishment Control is a functionality within ESR that enables organisations to accurately report on both funded establishments and vacancy data. It is the formal process for matching data on funded posts in an organisation to the details of the staff employed in those posts. Establishment Control ensures activity connected to recruitment, workforce and budgetary changes can be actioned in a controlled way and supports the accurate reporting of vacancy data.

The Committee **APPROVED** the paper which recommends the initiation of a programme of work to scope, assess and recommend options for the implementation and roll out of Establishment Control across NHS Wales organisations.

Items for Noting

PPE Update

Audit Wales undertook a review of PPE procurement and supply during the pandemic and produced a report in April 2021 that was positive in the roles that NWSSP had taken in this regard. There were however a number of recommendations made, which were split between NWSSP and Welsh Government. While the agreed actions for NWSSP were largely implemented at the time, it was considered useful to update the Committee on the current position, particularly given the recent focus on this issue at the UK Public Inquiry. The Committee were assured that the agreed actions within the gift of NWSSP to implement, had been completed.

Annual Governance Statement

The final version of the Annual Governance Statement was provided to the Committee for noting, having earlier been approved by the Audit Committee. The Partnership Committee had reviewed the draft Statement at its meeting in May and the only significant changes since that version were the inclusion of the Head

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of Internal Audit reasonable assurance opinion and the full year sustainability figures.

Audit Committee Annual Report

The report detailed the work of the Audit Committee during the 2022/23 financial year, and also included the results of the annual survey into the effectiveness of the Committee. There were no items of concern to report.

Finance, Performance, People, Programme and Governance Updates

Finance –A break-even financial position is forecast for 2023/24 however this is dependent upon a number of income assumptions and generating sufficient savings to support the transitional and removal costs relating to the transfer of significant volumes of medical records from Brecon House. Welsh Risk Pool spend to Month 3 is £6.456m compared to £10.277m at Month 3 last year. The high-level forecast for 2023/24 is £135.727m which is in line with the IMTP forecast. This requires £26.494m to be funded under the Risk Share Agreement.

People & OD Update – Both in-month and 12-month sickness absence rates are improving and remain very low. Statutory and Mandatory training rates are good, but PADR compliance needs improvement. There has been a particular focus on retention of staff in recent weeks.

Performance – The in-month May performance was generally good with 34 KPIs achieving the target against the total of 38 KPIs. The four KPIs that are current rated as amber are for Audit and Assurance and Recruitment, with two amber KPIs in each service. Professional influence benefits amount to £34M at end of May.

IMTP Q1 Progress Report - At the end of Quarter 1 83% (129) of our objectives are on track. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process.

Project Management Office Update – Two projects are currently rated as red, these are the Brecon House relocation where issues with the current building being unsafe and the cost of relocation of records, and the TrAMS project and the affordability of the proposed solution as part of the wider capital programme.

Corporate Risk Register – There are currently six red risks on the Corporate Risk Register. These cover energy costs, staffing shortages, the Legal & Risk Case Management System, Brecon House, TrAMs, and the reputational issues for NWSSP relating to the situation at BCUHB.

The Committee **NOTED** the above Reports.

Papers for Information

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The following items were provided for information only:

- Declarations of Interest Annual Report 2022/23;
- Gifts & Hospitality Annual Report 2022/23;
- Counter Fraud Annual Report 2022/23;
- Welsh Language Annual Report 2022/23;
- Health & Safety Annual Report 2022/23;
- PPE Stock Report;
- Finance Monitoring Returns (Months 2 and 3); and
- 2023/24 Forward Plan.

AOB

N/a

PART B

The Part B agenda included the approval of the following contract extensions:

- International Recruitment;
- TRAC; and
- E-Expenses.

Updates were also provided on:

- TrAMs;
- Home Electronics Scheme; and
- BCUHB – procurement services and recent reports.

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** | Thursday 21 September **9am – 11am** |

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