

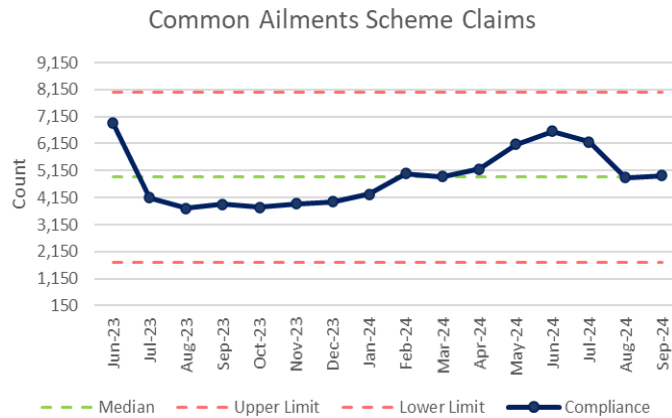
<p>Health Protection & Vaccination</p>	<p>Maintain national target compliance of the uptake of the influenza vaccination amongst adults aged 65 years and over</p>	<p>Not Applicable</p>	<p><i>Applicable during: 01.09.2023 – 31.03.2024</i></p>																																																								
<p>Best Start in Life</p>	<p>Maintain physical examination at 6 weeks rates (Healthy Child Wales)</p> <p>Increase weight and measurement at 8 weeks rates (Healthy Child Wales)</p>	<p>86.6% Below Trajectory of 92.7%</p> <p>55.0% Just below Trajectory of 56.8%</p>	<p>Maintain physical examination at 6 weeks rates</p> <table border="1"> <caption>6 weeks rates compliance data</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>20/21</td> <td>72%</td> <td>70%</td> <td>68%</td> <td>75%</td> </tr> <tr> <td>21/22</td> <td>82%</td> <td>82%</td> <td>82%</td> <td>80%</td> </tr> <tr> <td>22/23</td> <td>78%</td> <td>78%</td> <td>78%</td> <td>78%</td> </tr> <tr> <td>23/24</td> <td>78%</td> <td>80%</td> <td>82%</td> <td>85%</td> </tr> <tr> <td>25/25</td> <td>85%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Increase weight and measurement at 8 weeks rates</p> <table border="1"> <caption>8 weeks rates compliance data</caption> <thead> <tr> <th>Year</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>20/21</td> <td>32%</td> <td>50%</td> <td>62%</td> <td>58%</td> </tr> <tr> <td>21/22</td> <td>62%</td> <td>62%</td> <td>50%</td> <td>40%</td> </tr> <tr> <td>22/23</td> <td>15%</td> <td>28%</td> <td>35%</td> <td>40%</td> </tr> <tr> <td>23/24</td> <td>42%</td> <td>42%</td> <td>48%</td> <td>55%</td> </tr> </tbody> </table>	Year	Q1	Q2	Q3	Q4	20/21	72%	70%	68%	75%	21/22	82%	82%	82%	80%	22/23	78%	78%	78%	78%	23/24	78%	80%	82%	85%	25/25	85%				Year	Q1	Q2	Q3	Q4	20/21	32%	50%	62%	58%	21/22	62%	62%	50%	40%	22/23	15%	28%	35%	40%	23/24	42%	42%	48%	55%	<ul style="list-style-type: none"> • Updated data for both these areas is due at the end of November and will be reported in Q3 report. • For 6 weeks rates the data collection is through GP appointments. • Primary Care Contracting Team carry out a regular audit every two months to reconcile the GP information against Child Health Systems in order to maximise uptake. Reports confirm that GPs average 92% compliance. • Increased clinic provision across the Health Board with a realigned data collection process. • Since the introduction of the well-baby clinics in September 23 for 8 weeks onwards there has been a continued improvement in compliance.
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Milestones	Q2 Planned	Q2 Progress	Q2 Comments	Planned for Next Quarter
Population Health Management	Develop capability in population health management starting with two NCNs	Off track	Delay to project timeframes due to Information Governance regarding sharing of a Data Protection Impact Assessment. Consequently, it is only possible to work with one practice to test the flow of data.	Alignment of Public Health intelligence with Integrated Wellbeing Networks to develop social prescribing offer.
Health Protection & Vaccination	Implement improvement programme for health protection and vaccination	Complete/ On schedule	Implementation of new vaccination programme for Respiratory Seasonal Virus (maternal, and older adults), including catch up campaign in September for pregnant women is underway. Workstreams are being established through the developing governance structures.	Deliver our vaccination action plan for Covid-19, flu and Respiratory Seasonal Virus (RSV).
Premature Preventable Mortality, Cardiovascular & Cancer	Design cardiovascular disease risk assessment programme	Complete/ On schedule	Case finding approach model for Hypertension has been developed with funding secured till Mar 25. This service will be provided by GP Practices and Community Pharmacies. A Service Level agreement is being developed and stakeholders engagement is ongoing. This service is expected to commence by Mid-Jan 25.	Plan in place for addressing and reducing Cancer inequity and inequalities experienced by our Communities.
Diabetes	Assess and learn from implementation of diabetes prevention model already undertaken	Complete/ On schedule	All Wales Diabetes Prevention Programme expanded to Blaenau Gwent East, Caerphilly East & South Neighbourhood Care Networks (Apr 24). Plans include extension to Newport Neighbourhood Care Networks during Q4 24/25.	Scale up and roll out of diabetes prevention model across Gwent.
Best Start in Life	Define in partnership Best Start in Life and gain partnership agreement for a Best Start in Life action plan	Off track within tolerance	A Joint Strategic Needs Assessment on the best start in life is currently being developed to inform the action plan.	Develop through engagement on a children's strategy.
Women's Health	Support and develop Women's Network	Complete/ On schedule	Following a series of Network Sessions a portfolio of projects has been developed including a Gwent Women's Discovery Report, support for a National Women's Health Plan, and a Women's Health Needs Assessment.	Plans include hosting of a Women's Health conference in Mar 25.

Priority	Performance Measure	Performance against Q2 Trajectory	Data / Trend	Actions
Access	Maintain the number of appointments delivered in GMS	<p>1,736,129 Below Trajectory of 1,797,059</p>		<ul style="list-style-type: none"> • Appointment activity is reported on a monthly basis, and this is monitored through the Primary Care Contracts Team against the expected levels. • Contract discussions are held with GMS Contractors that express challenges and escalation levels are monitored and responded to. Frequency of meetings is determined by risk level. • 100% achievement of Access Standards for 23/24 signed off. • Practices that apply through the Sustainability Assessment Framework can apply for advice and resources as required. There are currently two Practices under sustainability and three under transitional funding.
	Maintain the number of patients accessing NHS Optometry Services	<p>122,999 Above Trajectory of 80,215</p>		<ul style="list-style-type: none"> • Contracts are carefully managed through the Primary Care Contracting Team and any concerns are raised by the team directly with the Contractor. • The Eye Care Board has been re-established with focus on the Welsh General Ophthalmic Services (WGOS). • Welsh Government have supported a phased approach and the Health Board is working with Providers to ensure a smooth transition to WGOS 4 services.

Maintain the number of consultations undertaken by community pharmacy under the common ailments scheme

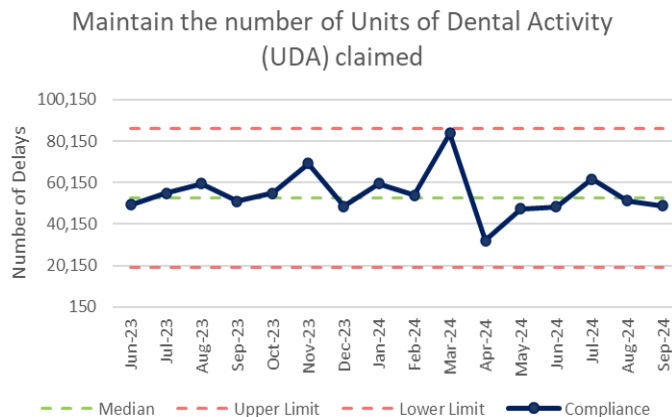
33,985
Above Trajectory
of 22,365



- All Community Pharmacies are now signed up to the Common Ailments Scheme (CAS) and the number of consultations has risen from previous quarter from 13,317 to 13,750 when adjusted for hay fever.
- A system is being developed for access to all GMS Practices to identify live service provision in their area. This will be for CAS, flu and other services.
- 46 Pharmacies have now been commissioned for the Independent Prescribing service in Q2, which has increased from 35 in Q1.

Maintain the number of Units of Dental Activity (UDA) claimed

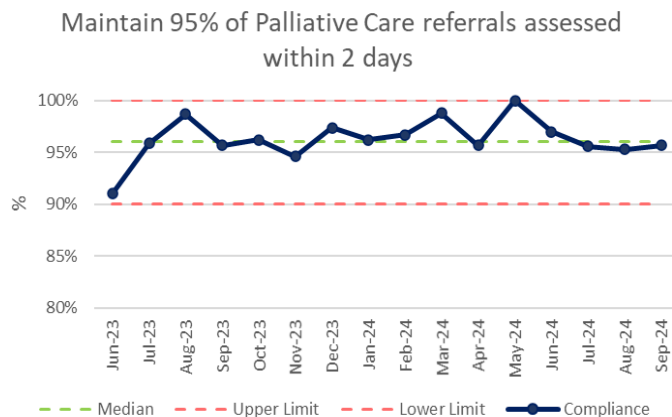
290,209
Above Trajectory
of 282,744



- From 1st April 24, there are 50 UDA Practices and 25 Practices have opted for contract reform.
- Successful re-awarded GDS contracts following recent terminations (with affect from 1st July).
- Four Dental Providers who provided notice, have successfully been re-rendered.

Maintain 95% of Palliative Care referrals assessed within 2 days

95.7%
Above Trajectory
of 95%



- Regular monitoring of referrals assessed to meet targets.
- Performance is maintained within the current service provision.

Community Care	Maintain proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)	7.2% Below Trajectory of 10.5%	<p style="text-align: center;">Proportion of GP referrals made to Rapid Response as a total of all medical assessments (incl ED/MAU referrals)</p> <p style="text-align: center;"> --- Median --- Upper Limit --- Lower Limit —●— Compliance </p>	<ul style="list-style-type: none"> • The expansion of CRT Rapid Medical model commenced on 30th September to accept referrals to 6pm Mon-Fri. • CRT Rapids Standard Operating Procedure (SOP) to reduce variation and offer a more equal service across CRT Rapids Teams in place from 30th September. • The Redesign of Older Adults Programme includes projects that will directly support the transfer of patients away from ED, e.g. Acute Frailty Response team at GUH. However, this does not directly influence the number of GP referrals made.

Milestones	Q2 Planned	Q2 Progress	Q2 Comments	Planned for Next Quarter
Reduction of commissioned enhanced care	Embed the learning from the model applied in Ty Brynwood Specialist Dementia Care Unit to reduce enhanced care through reduction in rapid escalation of behaviours.	Complete/ On schedule	Continued review of utilisation of Framework for Enhanced Care within the Health Board and its application to the Care Home environment. Hospital to Home: 309 people assessed (Sep 24) of which 26% have received care that has potentially prevented re-admission and 23% of the patients discharged no longer require long term care from Local Authorities.	Work in partnership to strength the care at home team across all localities to enable the repatriation of high-cost placements.
Access & Sustainability for General Medical Services	Address the workforce sustainability challenges by reviewing of workforce skill mix and identify alternative solutions and workforce models across NCNs using the Primary Care Academy	Complete/ On schedule	Comprehensive workforce review is underway with a prioritised focus in Blaenau Gwent. Following expected completion in Nov 24, the Academy will consider future roles and the education and development needed to support these roles.	Contract monitoring ensure all GP practices are meeting standards of performance
	Contract monitoring ensure all GP practices are meeting standards of performance	Complete/ On schedule	Ongoing monitoring is in place. Contract Assurance process has commenced with all Practices reporting compliance with Access Standards.	Contract Assurance process commenced. All Practices reporting compliance with Access Standards.
Access & Sustainability for General Dental Services	Contract monitoring ensure all Dental practices are meeting standards of performance.	Complete/ On schedule	Ongoing monitoring. Successful re-commissioning of services following contract terminations has taken place.	Support national roll out of Dental Digital system and contract monitoring ensure all Dental Practices are meeting standards of performance.

Maximise Community Pharmacies	Increase number of Common Ailment Scheme (CAS) Consultations and Pharmacies across Gwent can independently prescribe to 59.	Complete/ On schedule	16,053 consultations in Q2 (17,932 Q1). Hay fever consultations distort results due to seasonality trends and if adjusted then activity has increased from 13,317 in Q1 to 13,750 in Q2. 39 Pharmacies currently commissioned for Independent Prescribing service (35 in Q1).	Urinary Tract Infection Service implemented in at least one Pharmacy and Pharmacies across Gwent can independently prescribe to 59.
Maximise Community Optometry	Review Ophthalmic Diagnosis and Treatment Centre provisions in line with the national glaucoma pathway.	Complete/ On schedule	Further to Welsh Government agreement, the Health Board is working with providers to ensure a smooth transition to WGOS 4 services.	Implementation of new and revised clinical pathways.
	Roll out of Digitisation and Connectivity	Off track within tolerance	The Health Board are supporting the development of digital technologies in Optometry, with this work being supported by the Eye Care Board as cross system/Division support.	Contract monitoring ensure all Optometry Practices are meeting standards of performance (including WGOS activity).
NCN Development & Partnerships incl ACD Programme	Following the engagement undertaken the delivery of a development programme for NCN/Collaborative leads and Professional Collaboratives to be fully functioning	Complete/ On schedule	Professional collaboratives are maturing at variable rates across professions regarding time allocation and contractual agreements.	Continue to roll out communications and engagement programme across Gwent to build understanding of where to access care in the right setting.
	Further develop strong working relationships with Integrated Wellbeing Networks	Complete/ On schedule	Strong working relationships established with shared communications via the NCN Pulse page, which is an internal internet for Health Board colleagues.	Finalise Action Plan for Information Governance.
Pathway Optimisation	Through data analysis identify pathways to reduce unnecessary demand	Complete/ On schedule	Plans are progressing to introduce a 'spotlight on' feature, focusing on an initial 5 pathways which are soon to be published. Furthermore, the first Clinical Interface Group has been established starting in Mental Health & Learning Difficulties to prioritise pathway redesign.	Assess and implement actions for acute pathways that could be delivered in a community setting.

Quadruple Aim 2 Improving our Urgent and emergency care system focusing on experience, access and discharge pathways

Priority	Performance Measure	Performance against Q2 Trajectory	Data / Trend	Actions											
Timely Discharge	Reduction of number of Delayed Transfers of Care	262 Just above Trajectory of 258	<p>Number of Pathways of Care delayed discharges</p>	<ul style="list-style-type: none"> Discharge lounges opening Feb at GUH and Dec in YYF. Three wards identified at Royal Gwent Hospital to be Optimal Wards with learning being embedded from neighbouring Health Board. Deconditioning Nursing, Medical and Therapy Leads identified have been identified to drive forward action plans across the organisation. Ongoing work to embed SAFER and deconditioning prevention principles across wards. Additional actions to be agreed as part of Winter Resilience plan and 50 day action plan. 											
	Increase in Hospital 2 Home & Step Closer to Home Rates	96 Above Trajectory of month on month increase	<table border="1"> <thead> <tr> <th colspan="4">Hospital 2 Home Referrals to date:</th> </tr> <tr> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>76 (23 patients supported)</td> <td>96 (49 patients supported)</td> <td></td> <td></td> </tr> </tbody> </table>		Hospital 2 Home Referrals to date:				Q1	Q2	Q3	Q4	76 (23 patients supported)	96 (49 patients supported)	
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Q1	Q2	Q3	Q4												
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Enhanced Monitoring	Reduction in average ambulance handover times at GUH	133 mins Above Trajectory of 80 mins		<ul style="list-style-type: none"> Whilst this metric is above trajectory, note the actual number of ambulance handovers > 1 hour 5 for Sept 24 is at 769 against a trajectory of 806 as per first section. Focus attention through weekly System Flow meetings chaired by COO and monthly oversight with Welsh Government. Recruitment completed with successful appointments for 5 additional Consultants following Executive approval of business case in Q2. Partnership work ongoing between the Health Board and Welsh Ambulance Service Trust to improve handover protocol compliance. Dual Pin Ambulance Handover System for ambulances to improve handover data accuracy. Started in September. This has improved accuracy of handover performance metrics.
	Elimination of four hours ambulance handovers waits	373 Above Trajectory of 102		
	Reduction in time from arrival to ED triage - no waits over 30 minutes	Median 18 mins 230/3.24%>60 mins Median Wait Below Trajectory of 30 mins No Waits Above Trajectory 0> 50mins		

Decrease in ED attendances waiting over 24 hours

476/6.7% >24hrs
Above Trajectory of 3.6% >24hrs

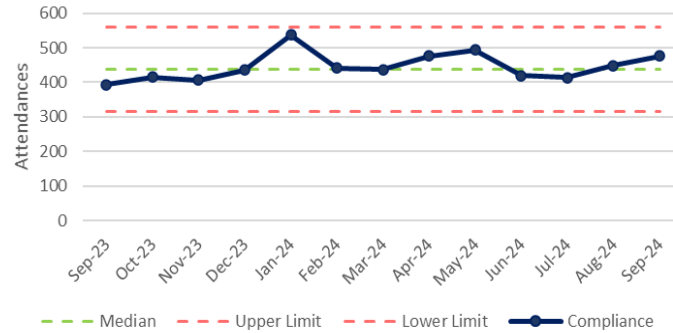
Increase and maintain national target of the percentage of patients waiting <4 hours in ED

77.0%
Above Trajectory of 73.8%

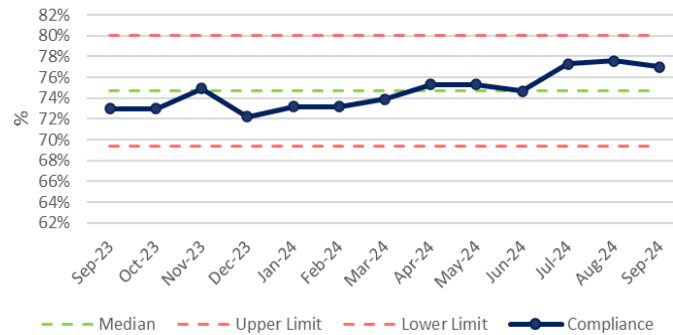
Reduction in time from arrival to ED to seen by clinician

Median 129 mins
14.0% >6hrs
Above Trajectory of 0 >5hrs

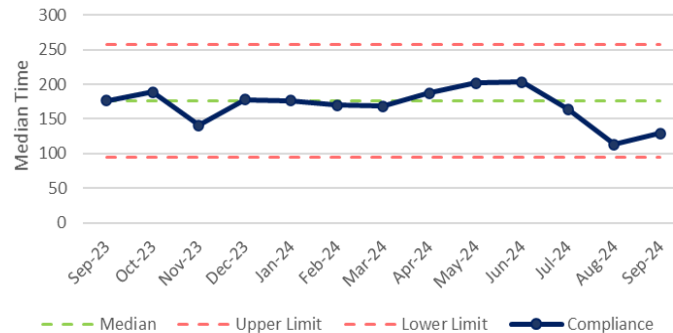
Decrease in ED attendances waiting over 24 hours



% patients waiting < 4 hrs in A&E figures inc. YAB & YYF



Median time from arrival to an ED department to assessment by a senior clinical decision maker



- Plans for Short Stay Unit progressing to accommodate patient cohort currently experiencing the longest waits in ED.
- Scoping opportunities to improve system flow through Executive approval for a new Discharge Lounge Model at GUH; undertaking mapping work with focus areas including the ED-Acute Medicine interface; undertaking community hospital and complex care teams' capacity mapping; and establishing a comprehensive Operating Framework.
- E-referrals implemented to support timely communication between clinical specialties.

- Recruitment of additional Consultants following Executive approval of business case in Q2 expected to be in post by April.
- Developing service model for Phase 2 of ED Main Wait Extension with focus on wait to be seen by a Clinician.
- Recent decision to increase assessment space to 3 bays, early signs show this change is having a positive effect (2 weeks).

<p style="text-align: center;">Urgent Primary Care</p>	<p>Maintain the number of Urgent Primary Care contacts (inc. virtual)</p>	<p style="text-align: center;">43,628 Above Trajectory of 22,086</p>	<p style="text-align: center;">Urgent Primary Care Cases - Total Contacts</p>	<ul style="list-style-type: none"> • Demand has stayed constantly high for the quarter; we have implemented additional mobile GP on weekends and winter pressure shifts available within our current rotas to utilise as needed. • Robust recruitment campaign ongoing for Senior Nurse and Nurse Practitioners. • Monthly Departmental meetings have been reinstated to allow better networking and improve staff/patient care and safety where needed. • Ongoing work is being undertaken in order to retrain UPC GPs to support the Welsh Ambulance stack in order to reduce the escalation faced by Welsh Ambulance.
<p style="text-align: center;">Stroke</p>	<p>% of patients directly admitted to an Acute Stroke Ward <4hrs of clock start</p>	<p style="text-align: center;">13% Below Trajectory of 16.3%</p>	<p style="text-align: center;">% of patients directly admitted to an acute stroke ward <4hrs of clock start</p>	<ul style="list-style-type: none"> • Ring-fencing of stroke beds implemented.
<p>% of unique stroke patients given Thrombectomy (all stroke types)</p>	<p style="text-align: center;">2.1% Below Trajectory of 4%</p>	<p style="text-align: center;">% of stroke patients given thrombectomy (all stroke types)</p>	<ul style="list-style-type: none"> • Brainomix Artificial Intelligence implemented and in use. • Extension of Bristol South Mead's Thrombectomy Service from 6am to midnight. • Covering 12-hours per day seven days per week with Community Neurological Services Team. 	

	<p>% Stroke Patients Assessed by one of OT, PT, SALT within 24 hours</p>	<p>51% Below Trajectory of 53%</p>	<table border="1"> <caption>% Assessed by one of OT, PT, SALT within 24 hours</caption> <thead> <tr> <th>Month</th> <th>Compliance (%)</th> <th>Median (%)</th> <th>Upper Limit (%)</th> <th>Lower Limit (%)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>35</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Oct-23</td><td>32</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Nov-23</td><td>50</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Dec-23</td><td>55</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Jan-24</td><td>38</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Feb-24</td><td>48</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Mar-24</td><td>35</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Apr-24</td><td>48</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>May-24</td><td>35</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Jun-24</td><td>48</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Jul-24</td><td>60</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Aug-24</td><td>55</td><td>53</td><td>75</td><td>25</td></tr> <tr><td>Sep-24</td><td>50</td><td>53</td><td>75</td><td>25</td></tr> </tbody> </table>	Month	Compliance (%)	Median (%)	Upper Limit (%)	Lower Limit (%)	Sep-23	35	53	75	25	Oct-23	32	53	75	25	Nov-23	50	53	75	25	Dec-23	55	53	75	25	Jan-24	38	53	75	25	Feb-24	48	53	75	25	Mar-24	35	53	75	25	Apr-24	48	53	75	25	May-24	35	53	75	25	Jun-24	48	53	75	25	Jul-24	60	53	75	25	Aug-24	55	53	75	25	Sep-24	50	53	75	25	<ul style="list-style-type: none"> Executive Committee proposal for the ringfenced Stroke beds, submitted and intrinsically linked with this action area. Business case in development to increase Therapy Staffing to recommended levels.
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Milestones	Q2 Planned	Q2 Progress	Q2 Comments	Planned for Next Quarter
System Flow	Implement agreed Flow Centre Service Model	Complete/ On schedule	Following the change from a medically-led model to a nurse-led model, a wider Flow Centre review is underway. The review aspires to develop a single point of access service, to incorporate all current telephone-based navigation services within the Health Board. The ongoing partnership with the Welsh Ambulance Service Trust also aims to review alternative pathways, which will have a consequent impact on Flow Centre service models.	Emergency Department process and footprint redesign planning.
	Patient adoption of e-triage and data collection for benefits realisation	Complete/ On schedule	e-Triage has been implemented across three sites, including GUH Emergency Department and two Minor Injury Units. The teams have undertaken a 'Lessons Learned' exercise to reflect on initial implementation challenges and opportunities to maximise the potential utility of the e-triage system. The Health Board is sharing best practice with Cardiff & Vale University Health Board in readiness for a benefits realisation review over coming months.	Sustained improvement in Ambulance handover times and wait to be seen by Clinician (Q4).
Enhanced Monitoring	Improved performance metrics in line with Improvement Plan trajectories supported by a System Flow Dashboard	Off track within tolerance	Performance varied across the three measures in Q2, with improvements across all the three measures during the summer months. However, performance did not improve sufficiently to meet improvement trajectories.	Sustained Improved performance metrics in line with Improvement Plan.

			The System Flow Dashboard has been revised based on clinical and operational feedback and shared with the Enhanced Monitoring Safety Flow Group.	
	Implement and share learnings from Improvement Plan activity	Complete/ On schedule	The Improvement Plan has been refined and is shared on a weekly basis via the Enhanced Monitoring Safety Flow Group. Key actions, learnings and successes include: <ul style="list-style-type: none"> • De-escalating the Emergency Care pathway via a Perfect Day in Emergency Department prior to the August Bank Holiday Weekend. • Implementing e-referral from Emergency Department to specialty in September. • Reviewing areas of potential challenge and refining models and processes to mitigate the potential risk, such as Deep Vein Thrombosis clinics, Stroke Pathways and Community Care Services. 	Implement and share learnings from Improvement Plan activity.
	Implement changes to Flow Centre workforce model	Complete/ On schedule	Following the change from a medically-led model to a nurse-led model, a wider Flow Centre review is underway. The review aspires to develop a single point of access service, to incorporate all current telephone-based navigation services within the Health Board.	Implement a centralised bed management system (Q4).
Redesigning Services for Older People (Goal 1)	Pilot Luscii technology in agreed Nursing Homes; evaluate and agree next steps.	Off track	There has been no progress against this milestone, as the pilot has been withdrawn until further notice.	
	Review Acute Frailty Response (AFR) phase one plans and further strengthen integration of GUH front door teams.	Off track within tolerance	Phase One AFR has been completed, with plans for Phase Two including development of the integrated front-door and a community-based frailty response offer.	Commence planning and implementation of GUH integrated front door including Community Admission Avoidance Therapy Team, Home First, Community Resource Teams (CRT) Rapid Service, AFR, ED and MAU.

Urgent and Acute Transformation (Goals 2,3 &4)	Take forward actions, present options back to the Workshop Group. Actions include next day pathways for Same Day Emergency Care (SDEC) and integrated front door model	Off track within tolerance	SDEC at GUH experienced its busiest week in September 2024, with over 230 attendances. SDEC at YYF has also experienced increased activity with more than 70 patients per week. Discussions are ongoing around expanding SDEC to include Trauma & Orthopaedics, Neurology and Haematology. There are continuing challenges around recruiting Acute Physicians, which presents a key restraint for medical throughput to SDEC at GUH.	Additional Level 2 community resource deployment.
	Maintain pathways, review data and collect feedback. Review if other Ambulatory Services could benefit	Complete/ On schedule	The Acute Oncology pathway is now well embedded. Typically, each SDEC is seeing between one and two Acute Oncology patients per day; this has improved the experience for these patients, who would have otherwise waited in a Medical Assessment Unit or Emergency Department.	Delivery of learnings from WAST/ ABUHB Collaborative.
Facilitating Early Discharge (Goals 5&6)	Progression of Trusted Assessor model, working in partnership across Gwent	Off track within tolerance	Discussions are ongoing with Local Authority Partners regarding the Trusted Assessor model. The Health Board and five Local Authorities are collaboratively planning a workshop hosted by the Chief Executive Officers of each organisation.	Progression of step down workstream.
	Alignment of WAST/Pharmacy resource with Discharge Lounge model.	Off track within tolerance	There remains further work to be undertaken around the alignment of WAST resource at RGH and NHH, including establishing a proof of concept and supporting discharges earlier in the day. Pharmacy resource has been aligned with the Discharge Lounge model.	Delivery of Patient Safety Team events across sites.
Stroke Model of Care	Undertake 12-week public engagement period and refine service model based on population need	Off track within tolerance	In September 2024, the Executive Committee agreed an extension to the temporary Stroke consolidation at YYF for a further year. It was agreed that this would ensure alignment with any public engagement around wider enhanced local general hospital service provision, particularly at NHH.	Delivery of permanent configuration, including workforce model (Q4).
NHH Service Model	Develop and implement an engagement plan to shape and further develop service model	Off track within tolerance	The NHH Project Communication and Engagement Group has been established. The Group has created a Communications and Engagement Plan for engagement with all stakeholders, including staff and the public.	Nevill Hall Hospital strategic outline case developed.
Medical Model	Agree preferred option for Medical Model	Complete/ On schedule	A series of proof of concept pilots have been planned and agreed to test a future medical model, including progression of the frailty in-reach model.	Medical Model developed and agreed through engagement.

Quadruple Aim 2 Continuing to prioritise cancer, urgent and the longest waiting patients for planned care

Priority	Performance Summary	Performance against Q2 Trajectory	Data	Actions
Longest waiting patients	Numbers of patients waiting over 52 weeks (all stages)	31,303 Above Trajectory of 30,506		<ul style="list-style-type: none"> Additional non recurrent monies for Planned Care received linked to delivery of improved Planned Care. Future reports will reflect these revised trajectories. Investment will focus on Regional Cataracts, Orthopaedics and Diagnostics, with additional opportunities identified in ENT and some other specialties – subject to funding. Outcomes of deep dives in ENT, Trauma and Orthopaedics & Ophthalmology presented to Executive Team on in August 24. Treat in Turn – speciality specific targets in place to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 positions. ENT and Ophthalmology are now the only specialties with Stage 1 104 breachers, however ENT remain significantly ahead of their trajectory. Operational oversight of delivery strengthened via fortnightly RTT delivery meetings
	Numbers of patients waiting over 104 weeks (all stages)	3,744 Below Trajectory of 4,110		

	Elimination of total waits over 156 weeks (all stages)	14 Above Trajectory of 0		
Outpatient Transformation	Increase in the rate of See On Symptom (SOS) and Patient Initiated Follow-ups (PIFU)	10.1% Below Trajectory of 13.60%		<ul style="list-style-type: none"> • Sharing of Pathways from NHS England to identify potential opportunities, new pathways shared with relevant teams if no pathway in existence. • National Development on WPAS to be confirmed – to increase options from 2-year review to have a selection of options to support clinically appropriate pathways for SOS and PIFU.
	Reduction in the number of patients waiting 100% past Outpatient follow-up target date	28,657 Above Trajectory of 16,011		<ul style="list-style-type: none"> • Promotion of Straight to Discharge, SOS and PIFU pathways. • Validation lists to identify duplicates across RTT/Delayed follow ups/Treatments/SOS and PIFU to support targeted validation. • Individual specialty follows up plans to be developed as part of Outpatient Transformation plans. • Workstreams to maximise capacity e.g. focus on reduction of Did Not Attend, clinic cancellations and maximising use of Outpatient space.

Single Cancer Pathway

Increase in Single Cancer Pathway (SCP) 62-day compliance

57%
Below Trajectory
of 64%

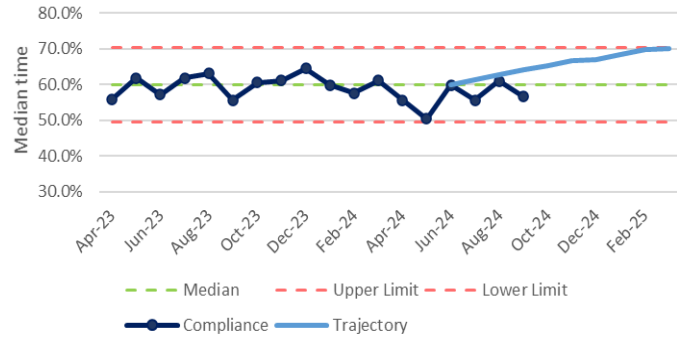
Reduction in backlog of patients waiting over 62 days (SCP)

325
Above Trajectory
of 290

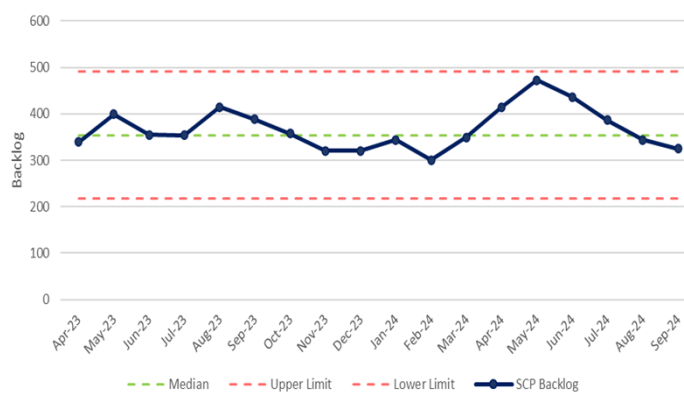
Reduction in backlog of patients waiting over 104 days (SCP)

115
Above Trajectory
of 76

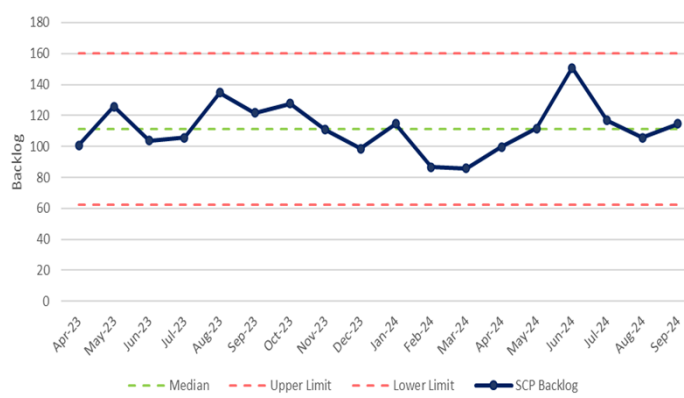
% Patients starting first definitive cancer treatment within 62 days from point of suspicion



SCP 62 Day Backlog



SCP 104 Day Backlog



- The work to improve the backlog position has seen a sustained improvement which has stabilised in September returning to pre-Industrial Action levels. >3000 currently, down from 3800 in May.
- There has been an increasing trend in the numbers treated per month over the year to a new high of c.420 in August.
- Colorectal – There has been a strong recovery in Endoscopy, and the Implementation Plan is now complete. There are additional surgical activity options in planning phase which are forecast to achieve a 30% reduction by March 31st.
- Breast – The one stop model at YYF has been reviewed. Almost 100% of patients have been diagnosed within 28 days and there has been a reduction of 35% of those waiting.
- Skin – Record high in referrals over the Summer. Plans being developed for HD photos to be provided from Primary Care to allow virtual triaging of referrals expected to be in place by Q4.
- Gynae –There has been a positive improvement seen with July compliance 27% and expecting >50% for Sept.
- Head and Neck – SCP 80% in August. This improvement is as a result of improved scheduling and booking as well as improvement initiatives to increase compliance and decrease the time patients are waiting.

	Increase in rate of cancer diagnosis or discharges within 28 days	81.5% Above Trajectory of 80%		
Diagnostics 8 Week Wait	Reduction in the number of patients waiting more than 8 weeks for a specific diagnostic	3,214 Below Trajectory of 3,492		<ul style="list-style-type: none"> • Radiology performance is currently at 95% being seen in < 8 weeks. • Endoscopy have been allocated £1m additional funding to improve performance via new Welsh Government Planned Care monies. • Neurophysiology has recovered performance against forecast and a further £300k has been allocated to maintain improvements.

Milestones	Q2 Planned	Q2 Progress	Q2 Comments	Planned for Next Quarter
Single Cancer Pathway	Review and reset workplans for each tumour site	Complete/ On schedule	Task and Finished Groups have been established. Improvements in Straight to Test Service for Bladder Cancer though tumour site meetings and improvement work.	Continue actions identified in workplans and task and finish groups.
	Teams engaging with Toyota coaching and regular project task groups.	Complete/ On schedule	Project complete and has been adopted as business as usual with regular Project Task Group meetings in place to monitor outcomes.	Teams engaging with Toyota coaching and regular project task groups.
	-Gynae: Improve the scope-to-scan pathway and Improve biopsy-to-scan pathway for	Complete/ On schedule	Completing small cases of change and continuous improvement work on main tumour sites: Gynae, Breast, GI, Urology, Skin, % adherence to National Optimal Pathway, concentrating on STS. Work programme in place	Urology: Evaluate benefits and impact of STT measures from Q1. Head and Neck: Review opportunities identified in Q1 and introduce Straight

	uterine carcinoma and endometrial carcinoma -Colorectal: improve/introduce Straight to Test pathway for colorectal		to enable improved data collection for STS to improve accuracy. Breast one stop model and change in Endometrial pathway, both of which are supporting improvements in SCP compliance.	to Test pathway for Head and Neck in most impactful area.
Longest waiting patients	Achieve and maintain zero patients waiting > 156 Weeks	Off track within tolerance	Deep dives undertaken in ENT, Ortho & Eyes and presented to Execs in August.	Implement actions to continue to deliver the Surgical Robot in Royal Gwent Hospital. Implement plans for additional activity in line with new planned care monies.
	Continue targeted approach to Treat in Turn to address current variability between specialties	Complete/ On schedule	Treat in Turn speciality specific targets are in place to deliver improvements necessary for stage 1 and 4 to achieve a significantly improved 104 position.	Continue targeted approach to Treat in Turn to address current variability between specialties.
Health Pathways	Phase 2 pathways to go live and wraparound processes embedded within specialties – targeted approach to challenged specialties including ENT	Complete/ On schedule	79 ABUHB localised pathways live as at the end of September 2024. Total of 9,818 page views and 2,699 user sessions during Q2 2024-25	Achieve 100 pathways live and continue development of pathways embedding with Secondary Care Services.
Theatre Maximisation	Delivery of improvement plan that responds to GIRFT (Elective Optimisation Programme) opportunities focusing on priority HVLCs, cancellations and late starts and early finishes.	Complete/ On schedule	Plans for increased High Volume Low Complexity (HVLC) activity continued in General Surgery, Gynaecology, Ophthalmology and Urology. Learning from two Hernia 'High Intensity Theatre' (HIT) list initiatives in Q1 reviewed to inform HVLC lists from Q3 onwards. Trial of process for identification and automatic sending of 'golden patient' underway in Colorectal Surgery to assist prompt theatre start times and improved flow; Review of local data against British Association of Day Surgery (BADS) day case targets to identify opportunities for increased day case delivery where appropriate.	Refine dashboard further aligned with GIRFT plan recommendations to maximise time in theatres reducing fallow days. Review of data and learning in early Q3 from 'golden patient' prior to further trials in other surgical specialties.
	Scoping of NHH flow and day surgery improvements and opportunities.	Complete/ On schedule	Scoping of NHH flow complete, workshop took place with a focus on NHH plans with possible focus on Day Surgery, awaiting confirmation of medical model for NHH to progress plans.	Develop implementation plan for Scan4Safety.
Getting it Right First Time & (GIRFT)	Implementation of Ear Nose and Throat GIRFT recommendations including	Off track	Directorate are reviewing the recommendations of the ENT GIRFT review during Q3 to identify key themes and priority actions. Performance data request has been	Implementation of Ophthalmology GIRFT recommendations with a shift

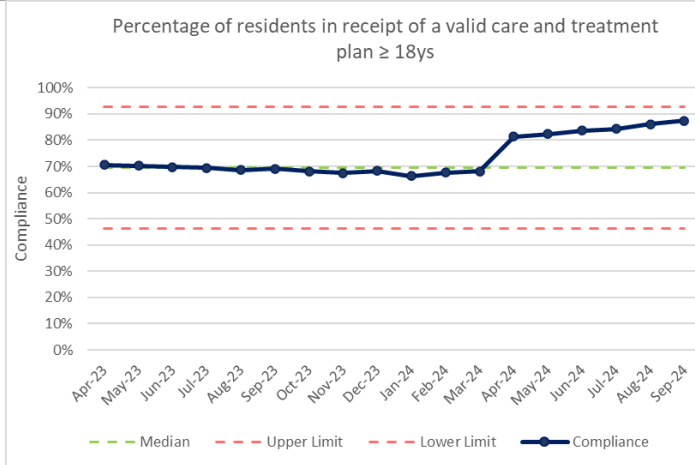
Interventions not normally undertaken (INNUs)	reviewing day case rates and efficiency schemes.		submitted with an action plan to be developed during Q3/4.	of delivering treatment through optometrists in the community.
Outpatient Transformation	Implementation of Hospital Initiated Cancellations Policy and development of action plan to reduce cancellations linked to policy.		Development of Hospital Initiated Cancellation Policy complete. Action plan to reduce hospital-initiated cancellations developed with specific actions held within each individual Divisional Outpatient plan.	Scoping exercise for Outpatient treatment unit NHH.
	Development of proof-of-concept Automated Booking System	Complete/ On schedule	A proof of concept development has been undertaken to assess if the Digpacks Asset Booking app is suitable for outpatient clinic booking app (currently used for desk booking). Requirements have been redefined and it has been determined that the app in its current position is not suitable for use. 4 options have been scoped and will continue to be worked through during Q3 to provide recommendations and next steps.	Roll out of Automated Booking System dependent upon outcome of pilot.
Diagnostics 8 Week Wait	Continue to deliver 8 week target	Complete/ On schedule	Consistent compliance maintained across the Radiology Diagnostic Services achieving 95%.; MRI- 99.5% CT- 99.9% NOUS- 94.6%	Continue to deliver 8 week target – application of plans against new monies.
	Submitting Joint Advisory Group Accreditation for Endoscopy application.	Off track within tolerance	The Endoscopy Service plan to complete and sub a Joint Advisory Group Accreditation application during Q3/4.	Following the Endoscopy development in Royal Gwent Hospital improvement in time to diagnosis with 70% seen within 8 weeks, improving further to 88% in Q4.
	Response to Welsh Government scrutiny questions on Decontamination Business Justification Case.	Complete/ On schedule	The scrutiny queries have been completed and returned to Welsh Government. The Health Board is now awaiting a decision from Welsh Government on these query responses.	Running 10 lists in line with Bowel Screening Wales ambitions in Q3 and 16 lists in Q4.
NHH Service Model	Complete detailed service plan and strategic outline case (SOC) developed	Off track within tolerance	Task and Finish Group established to progress the service models with the Divisions to inform the SOC ahead of submission in May 2025; Established engagement group to develop staff engagement with a detailed communication plan in place; External advisor undertaking feasibility study. High level assessment of occupancy at Maindiff Court.	Demand and capacity assessment to be undertaken to inform feasibility assessment. Continued engagement with staff and public.

Quadruple Aim 2		Improving our Mental health services		
Priority	Performance Summary	Performance against Q2 Trajectory	Data	Actions
Adults	Increase in Part 1a to national target for Adult MH (assessment completed within 28 days)	50.3% Above Trajectory of 25%	<p>Assessment by LPMHSS within 28 days of referral.</p>	<ul style="list-style-type: none"> Part 1a is ahead of predicted compliance (50.3% actual against 25% predicted). There are 72% of patients waiting less than 28 days. Extremely long waiters are being seen to address the legacy issue due to WCCIS (5-6 patients impacted). The current focus for capacity is on those who will breach 28 days. The service is now using Robotic Process Automation (RPA) to speed up referrals this will be in full production in Q3. The total waiting list has reduced from 1320 in April to 1035 in Oct.
	Increase in Part 1b to national target for Adult MH (interventions completed within 28 days)	19.1% Below Trajectory of 41%	<p>Interventions ≤ 28 days following assessment by LPMHSS</p>	

Children and Young People

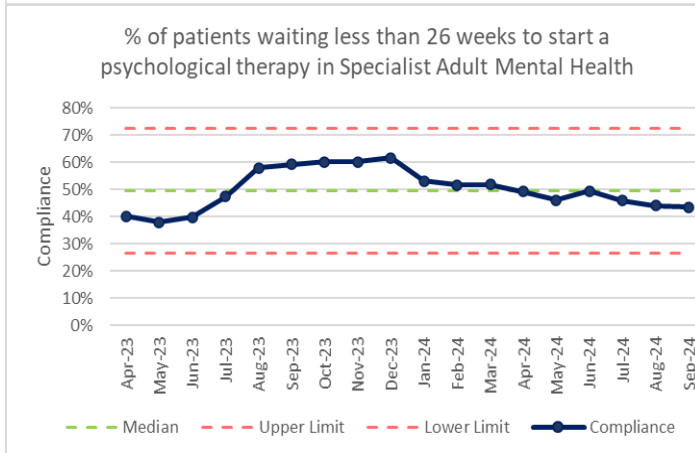
Maintain Part 2 rates for Adult MH (number of individuals with a valid care and treatment plan)

87.5%
Above
Trajectory of
68.3%



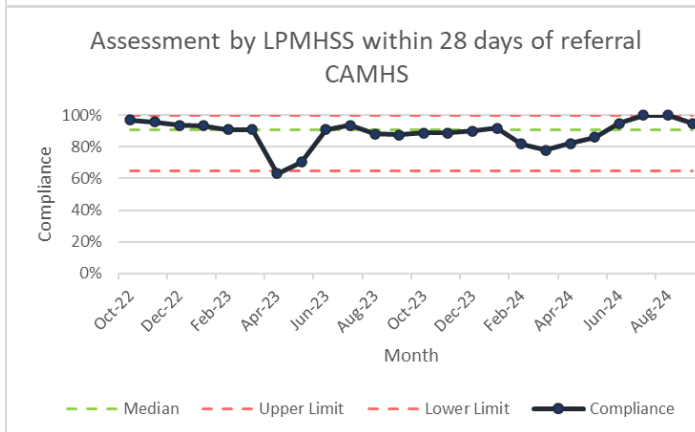
Maintain rate of psychological therapy received within 26 weeks for Adult MH

43.5%
Below
Trajectory of
66%



Maintain Child and Adolescent Mental Health Services (CAMHS) Part 1a national target compliance (assessment completed within 28 days)

95%
Exceeding
Trajectory of
90%



- Supporting the roll-out of the version 5 National Assessment Form which will support more accurate reporting of data around Part 2 compliance.
- The Division is working with individual teams on compliance and areas of risk, including quality.

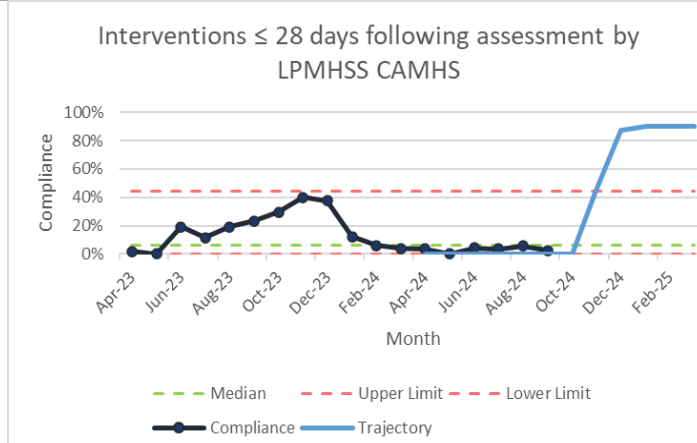
- Data cleanse plan has been identified as a priority – Data quality being looked at in Q3 with an action plan and positive changes expected by the end of October.
- There is a review of 50 long waiters to reduce the numbers waiting and provide access to services along with a review of specialist services and opportunity/appropriateness of the referrals.

- Resource is being reallocated to support 1B performance.
- It is noted that referrals are reducing in every locality except Torfaen, this is being looked at further by the Division.

Children and Young People

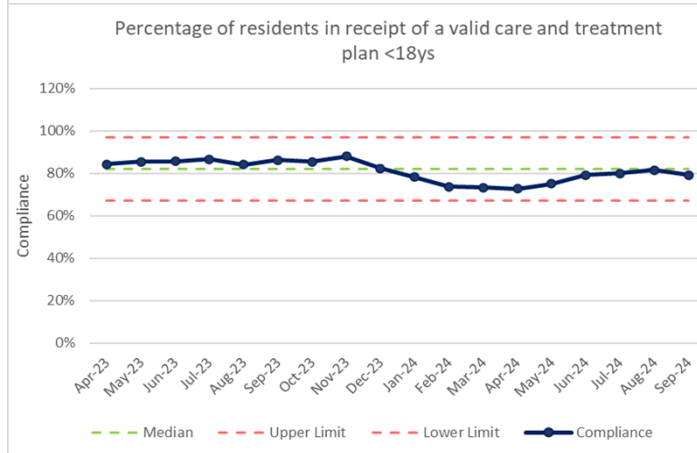
Maintain CAMHS Part 1b national target compliance (intervention completed within 28 days)

2.4%
Met
Trajectory of 0%, below Target of 90%



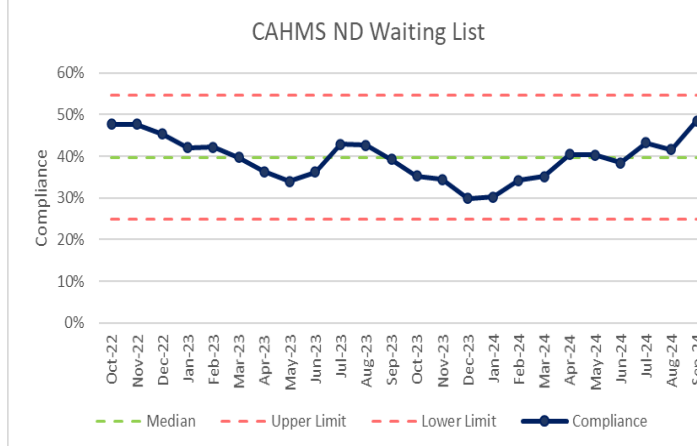
Maintain CAMHS Part 2 national target compliance

79.4%
Below
Trajectory of 90%

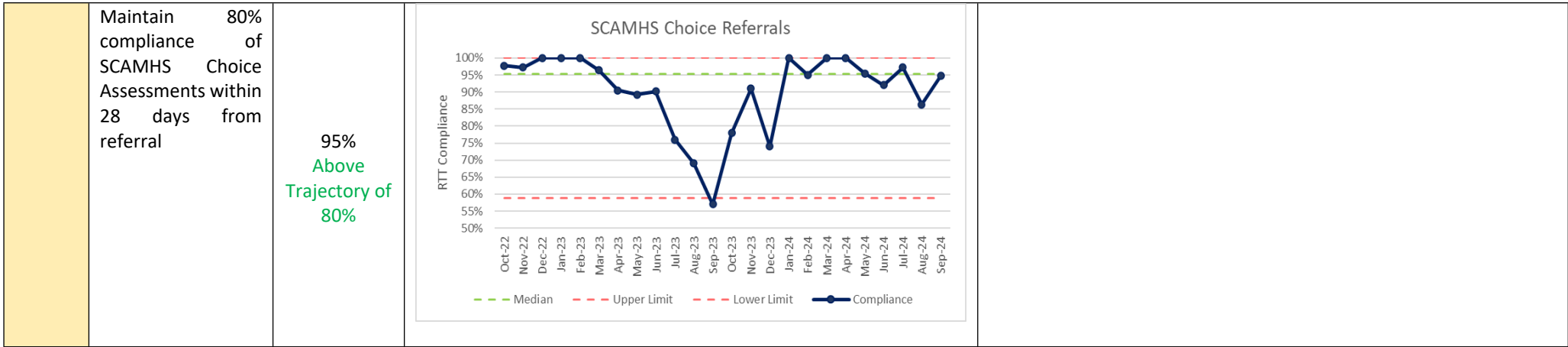


Improvement in Neurodevelopment (iSCAN) compliance

48.5%
Above
Trajectory of 46%



- Trajectory will be 0%, whilst the backlog is cleared and then compliance is expected to significantly improve once backlog cleared. Service will be sustainable beyond this.
- Reduction in “to be allocated” from 445 in Sept to under 100 by end of month.
- Demand and Capacity review has been completed.
- The service has identified high complexity and acuity of children and young people’s mental health needs waiting.
- Paediatric Locum Consultant is now in place to support workforce gaps but there remain challenges due to ongoing absences.
- New Speech and Language Therapists for <5 pathway have commenced for new patients with more focus on screening. Coupled with the establishment of joint clinics with Community Paediatricians.
- Recruitment to < 5 pathways underway for lead Occupational Therapy.
- The service is undertaking waiting list validation on the pathway.
- Ringfenced funding from Welsh Government of £94k has been allocated to implement our action plan that addresses the longest waits.
- Neurodevelopment CHOICE documentation drawn up to mirror Portsmouth domains, all referrals being screened using these domains as trial. Soft launch planned for September 2024.
- Continued weekly performance meetings and validation of CHOICE assessment and waiting lists demand and capacity.



Milestones	Q2 Planned	Q2 Progress	Q2 Comments	Planned for Next Quarter
Quality Improvement Plan	Continue to strengthen governance and ensure the recommendations from the recent review are implemented	Complete/ On schedule	Ward reviews recently completed and full position statement provided to Internal Audit for their review. Continued improvement observed in terms of strengthening the governance and escalation of concerns with clear escalations. Improvements in management of concerns has in turn improved performance.	Embed risk management ensuring we escalate concerns and are continually learning to improve our services.
Recovering Part1 MH Performance (Over 18)	Address the backlog to improve performance targets through review of demand and capacity model.	Off track within tolerance	Performance has improved significantly and compliance for Part 1a (assessment completed within 28 days for PCMHSS) was 51% and Part 1b (interventions within 28 days for PCMHSS) was 26%.	Identify service model requirements for adults that meets the needs of service users within resources available.
Recovering Part1a MH Performance (under 18)	Continued performance monitoring of capacity and demand, job planning to meet 80% compliance target	Complete/ On schedule	Division continues to monitor capacity and are undertaking work to understand the reasons for referrals by locality. Due to continued good performance in this area resource has been allocated to support part 1b performance.	Identify service model requirements for children that meets the needs of service users within resources available.
	Continue focus on improving performance for part1 b through targeted action plans for children (under 18)	Complete/ On schedule	Targeted action plan in place, which includes drawing appropriately skilled workforce from across the division. Once the backlog has been addressed performance against part 1b compliance will improve.	Continue focus on improving performance for part1 b through targeted action plans for children (under 18).
SCAMHS Choice Assessments	Continued performance monitoring of capacity to delivery CHOICE assessments to	Complete/ On schedule	At present the demand and capacity align to ensure a steady state of performance, however this is kept under constant review through weekly meetings to ensure	Continued performance monitoring of capacity to delivery CHOICE assessments to continue to maintain RTT compliance.

80% compliance (28 days referral to assessment)	continue to maintain RTT compliance		backlog does not increase and validation is being undertaken.	
CAMHS Part 2 Care and Treatment Plan	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance	Complete/ On schedule	Project meetings are on-going with a clear plan for actions over the next five months. Demand and Capacity modelling has been completed and a report will be produced during Q3.	Continued monitoring of Care and Treatment Plans within Part 2 Mental Measure to ensure RTT compliance
Rightsizing Inpatient Services	Analyse the current learning disability inpatient service provision to ensure it meets the requirements of the learning disability strategy	Complete/ On schedule	Learning Disability Review is currently underway for both Community and In-Patient Services. Presentation to Strategic Change Board with support received of the direction of the review for the full service.	Ensure inpatient services are rightsized for the whole system and provide care in the most appropriate setting (Q4).
111 Press 2	Undertake detailed funding and resource review to develop a proposal for sustainable model.	Off track within tolerance	Project meetings have commenced. A priority is the undertaking of a crisis review, which is currently being carried out by the Division. Additionally, a formal project plan has been developed.	An emerging strategy for point of access services to be developed.
Complex Needs	Work in partnership to develop community accommodation model	Off track within tolerance	Engagement with local providers regarding community solutions have commenced with visits planned for housing/support options to consider by both the adults and learning disabilities teams.	Embed the learning and recommendations of the National Clinical Commissioning Units review.
Neurodevelopmental services (Over 18)	Consider demand and capacity for ADHD and IAS with aim to develop a universal model for primary care adult Neurodevelopmental services.	Complete/ On schedule	Project meetings are on-going with a clear plan for actions over the next five months. Demand and Capacity modelling has been completed and a report will be produced during Q3.	Make incremental pathway improvements to improve patient experience and lead to a universal model. Deployment of plans in line with additional monies.
Neurodevelopmental services (under 18)	Implement the children's neurodevelopmental recovery plan that will enable the pathway to adapt to manage the increasing variable demand	Off track within tolerance	Over 5s Recovery Plan is in place and performance is improving, with the transformation programme nationally recognised. As part of the Recovery Program, an adapted pathway for under 5s to improve capacity has been implemented, however Paediatric capacity to undertake assessments and MDT is constrained.	Implement the Children's Neurodevelopmental Recovery Plan that will enable the pathway to adapt to manage the increasing variable demand.
Mental Health Strategy	Co-produce the strategy through meaningful engagement with partners, staff and service users	Complete/ On schedule	Comprehensive engagement process has commenced including the attendance of events, conferences and sessions with a broad range of stakeholders, including LLAIS.	Develop the first draft of the strategy and refine with partners, staff and service users (Q4).

The Health Board’s *People Plan, 2022 -2025, ‘Putting People First’*, outlines the Workforce and Organisational Development (OD) strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. A Workforce & OD Performance Dashboard has also been aligned to reflect the key workforce metrics of the People Plan objectives capturing the performance indicators of delivery of that plan and targets set in the Health Board Workforce MDS (24/25):

Reporting Period end of September 24

Priority	Performance Summary	Data
<p>Staff in Post</p>	<p>There are currently 13,141 WTE staff in post, an increase of 59 WTE since March 2024. This is mostly attributed to:</p> <ul style="list-style-type: none"> • A decrease of 128.78wte in admin & clerical staff (see note below). • Over half of the reduction has been due to TUPE transfers out of hosted teams and Primary Care Managed Practices and Services transferring to the newly established NHS Wales Executive. • Recruitment of substantive posts to support a reduction in variable pay. 	
<p>Administration Staff in Post</p>	<p>An administration and clerical review has been undertaken, which identified a significant growth in this staff group over the past 5 years. Therefore, the aim is to reduce the number of administration and clerical costs by 2% before the end of the year through turnover and vacancy controls and a review of service opportunities. The total number of posts has reduced by 128.8 WTE since March 2024 with 59 WTE linked to TUPE transfers. Excluding TUPE transfers the overall reduction in Administration and Clerical staff has been 69.8 WTE which has exceeded the 2% administration target.</p>	

<p>Sickness</p>	<p>Sickness Absence in Sept 24 was 6.06% which has increased from 5.96 % as reported end of March 24. Short term sickness accounts for 2.05% and long term sickness (over 28 days) as 4.02%. Target in Graph was set as part of the IMTP performance framework to achieve pre- covid sickness levels.</p> <p>Top 3 highest sickness by staff group:</p> <ol style="list-style-type: none"> 1. Additional Clinical Services (HCSWs) – 10.02% 2. Estates & Ancillary – 7.42% 3. Nursing & Midwifery – 6.17% 	<table border="1"> <caption>Sickness Absence % Data</caption> <thead> <tr> <th>Month</th> <th>Sickness %</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>5.96</td><td>5.00</td></tr> <tr><td>Apr-23</td><td>5.50</td><td>5.00</td></tr> <tr><td>May-23</td><td>5.50</td><td>5.00</td></tr> <tr><td>Jun-23</td><td>5.80</td><td>5.00</td></tr> <tr><td>Jul-23</td><td>6.00</td><td>5.00</td></tr> <tr><td>Aug-23</td><td>6.20</td><td>5.00</td></tr> <tr><td>Sep-23</td><td>6.00</td><td>5.00</td></tr> <tr><td>Oct-23</td><td>6.50</td><td>5.00</td></tr> <tr><td>Nov-23</td><td>6.00</td><td>5.00</td></tr> <tr><td>Dec-23</td><td>6.50</td><td>5.00</td></tr> <tr><td>Jan-24</td><td>6.80</td><td>5.00</td></tr> <tr><td>Feb-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Mar-24</td><td>5.96</td><td>5.00</td></tr> <tr><td>Apr-24</td><td>5.50</td><td>5.00</td></tr> <tr><td>May-24</td><td>5.80</td><td>5.00</td></tr> <tr><td>Jun-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Jul-24</td><td>6.20</td><td>5.00</td></tr> <tr><td>Aug-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Sep-24</td><td>6.06</td><td>5.00</td></tr> <tr><td>Oct-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Nov-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Dec-24</td><td>6.00</td><td>5.00</td></tr> <tr><td>Jan-25</td><td>6.00</td><td>5.00</td></tr> <tr><td>Feb-25</td><td>6.00</td><td>5.00</td></tr> <tr><td>Mar-25</td><td>6.00</td><td>5.00</td></tr> </tbody> </table>	Month	Sickness %	Target	Mar-23	5.96	5.00	Apr-23	5.50	5.00	May-23	5.50	5.00	Jun-23	5.80	5.00	Jul-23	6.00	5.00	Aug-23	6.20	5.00	Sep-23	6.00	5.00	Oct-23	6.50	5.00	Nov-23	6.00	5.00	Dec-23	6.50	5.00	Jan-24	6.80	5.00	Feb-24	6.00	5.00	Mar-24	5.96	5.00	Apr-24	5.50	5.00	May-24	5.80	5.00	Jun-24	6.00	5.00	Jul-24	6.20	5.00	Aug-24	6.00	5.00	Sep-24	6.06	5.00	Oct-24	6.00	5.00	Nov-24	6.00	5.00	Dec-24	6.00	5.00	Jan-25	6.00	5.00	Feb-25	6.00	5.00	Mar-25	6.00	5.00																																																																														
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<p>Top Sickness reasons</p>	<p>Currently Anxiety/Stress and Depression account for 2.13% of overall sickness, the target is to reduce this to 1.6%.</p> <p>Musculoskeletal problems account for the second highest reason for sickness absence at 0.54% of overall sickness. The target is to reduce this to 0.4%</p> <p>Our Health and Wellbeing Service continues to increase the support options available for staff including psychological therapy, counselling and self-help and guidance tools. In addition, our “Wellbeing Matters” Programme provides advice and support to those suffering with physical conditions (e.g. back problems). We have also introduced an Employee Assistance Programme to support access to wellbeing support, which has reduced waiting times for our internal staff wellbeing service.</p>	<table border="1"> <caption>Anxiety/Stress/Depression Data</caption> <thead> <tr> <th>Month</th> <th>Anxiety/Stress/Depression/other</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>1.80</td><td>1.60</td></tr> <tr><td>Apr-23</td><td>1.80</td><td>1.60</td></tr> <tr><td>May-23</td><td>1.90</td><td>1.60</td></tr> <tr><td>Jun-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Jul-23</td><td>2.10</td><td>1.60</td></tr> <tr><td>Aug-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Sep-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Oct-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Nov-23</td><td>2.00</td><td>1.60</td></tr> <tr><td>Dec-23</td><td>2.30</td><td>1.60</td></tr> <tr><td>Jan-24</td><td>2.30</td><td>1.60</td></tr> <tr><td>Feb-24</td><td>2.00</td><td>1.60</td></tr> <tr><td>Mar-24</td><td>1.90</td><td>1.60</td></tr> <tr><td>Apr-24</td><td>1.80</td><td>1.60</td></tr> <tr><td>May-24</td><td>1.80</td><td>1.60</td></tr> <tr><td>Jun-24</td><td>1.80</td><td>1.60</td></tr> <tr><td>Jul-24</td><td>2.00</td><td>1.60</td></tr> <tr><td>Aug-24</td><td>2.30</td><td>1.60</td></tr> <tr><td>Sep-24</td><td>2.13</td><td>1.60</td></tr> <tr><td>Oct-24</td><td>2.00</td><td>1.60</td></tr> <tr><td>Nov-24</td><td>2.00</td><td>1.60</td></tr> <tr><td>Dec-24</td><td>2.00</td><td>1.60</td></tr> <tr><td>Jan-25</td><td>2.00</td><td>1.60</td></tr> <tr><td>Feb-25</td><td>2.00</td><td>1.60</td></tr> <tr><td>Mar-25</td><td>2.00</td><td>1.60</td></tr> </tbody> </table> <table border="1"> <caption>Other Musculoskelton Problems Data</caption> <thead> <tr> <th>Month</th> <th>Other Musculoskelton Problems</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>0.50</td><td>0.40</td></tr> <tr><td>Apr-23</td><td>0.45</td><td>0.40</td></tr> <tr><td>May-23</td><td>0.45</td><td>0.40</td></tr> <tr><td>Jun-23</td><td>0.45</td><td>0.40</td></tr> <tr><td>Jul-23</td><td>0.50</td><td>0.40</td></tr> <tr><td>Aug-23</td><td>0.55</td><td>0.40</td></tr> <tr><td>Sep-23</td><td>0.60</td><td>0.40</td></tr> <tr><td>Oct-23</td><td>0.65</td><td>0.40</td></tr> <tr><td>Nov-23</td><td>0.60</td><td>0.40</td></tr> <tr><td>Dec-23</td><td>0.65</td><td>0.40</td></tr> <tr><td>Jan-24</td><td>0.60</td><td>0.40</td></tr> <tr><td>Feb-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Mar-24</td><td>0.50</td><td>0.40</td></tr> <tr><td>Apr-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>May-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Jun-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Jul-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Aug-24</td><td>0.55</td><td>0.40</td></tr> <tr><td>Sep-24</td><td>0.54</td><td>0.40</td></tr> <tr><td>Oct-24</td><td>0.50</td><td>0.40</td></tr> <tr><td>Nov-24</td><td>0.50</td><td>0.40</td></tr> <tr><td>Dec-24</td><td>0.50</td><td>0.40</td></tr> <tr><td>Jan-25</td><td>0.50</td><td>0.40</td></tr> <tr><td>Feb-25</td><td>0.50</td><td>0.40</td></tr> <tr><td>Mar-25</td><td>0.50</td><td>0.40</td></tr> </tbody> </table>	Month	Anxiety/Stress/Depression/other	Target	Mar-23	1.80	1.60	Apr-23	1.80	1.60	May-23	1.90	1.60	Jun-23	2.00	1.60	Jul-23	2.10	1.60	Aug-23	2.00	1.60	Sep-23	2.00	1.60	Oct-23	2.00	1.60	Nov-23	2.00	1.60	Dec-23	2.30	1.60	Jan-24	2.30	1.60	Feb-24	2.00	1.60	Mar-24	1.90	1.60	Apr-24	1.80	1.60	May-24	1.80	1.60	Jun-24	1.80	1.60	Jul-24	2.00	1.60	Aug-24	2.30	1.60	Sep-24	2.13	1.60	Oct-24	2.00	1.60	Nov-24	2.00	1.60	Dec-24	2.00	1.60	Jan-25	2.00	1.60	Feb-25	2.00	1.60	Mar-25	2.00	1.60	Month	Other Musculoskelton Problems	Target	Mar-23	0.50	0.40	Apr-23	0.45	0.40	May-23	0.45	0.40	Jun-23	0.45	0.40	Jul-23	0.50	0.40	Aug-23	0.55	0.40	Sep-23	0.60	0.40	Oct-23	0.65	0.40	Nov-23	0.60	0.40	Dec-23	0.65	0.40	Jan-24	0.60	0.40	Feb-24	0.55	0.40	Mar-24	0.50	0.40	Apr-24	0.55	0.40	May-24	0.55	0.40	Jun-24	0.55	0.40	Jul-24	0.55	0.40	Aug-24	0.55	0.40	Sep-24	0.54	0.40	Oct-24	0.50	0.40	Nov-24	0.50	0.40	Dec-24	0.50	0.40	Jan-25	0.50	0.40	Feb-25	0.50	0.40	Mar-25	0.50	0.40
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<p>Variable Pay Bank</p>	<p>In the last quarter, the target continues to be achieved with a reduction of 175 WTE and sustained and supported by the Variable Pay Programme recognising the importance of recruitment and retention.</p> <p>56% of bank usage is Health Care support workforce. 32% is Registered Nursing and Midwifery and 10% is Facilities.</p> <p>The target in graph was set as part of deliverables set out in IMTP performance framework.</p>	<p>Bank WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Bank A4C Usage WTE</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>850</td><td>900</td></tr> <tr><td>Apr-23</td><td>950</td><td>900</td></tr> <tr><td>May-23</td><td>650</td><td>900</td></tr> <tr><td>Jun-23</td><td>900</td><td>900</td></tr> <tr><td>Jul-23</td><td>850</td><td>900</td></tr> <tr><td>Aug-23</td><td>900</td><td>900</td></tr> <tr><td>Sep-23</td><td>750</td><td>900</td></tr> <tr><td>Oct-23</td><td>800</td><td>900</td></tr> <tr><td>Nov-23</td><td>900</td><td>900</td></tr> <tr><td>Dec-23</td><td>800</td><td>900</td></tr> <tr><td>Jan-24</td><td>850</td><td>900</td></tr> <tr><td>Feb-24</td><td>1050</td><td>900</td></tr> <tr><td>Mar-24</td><td>750</td><td>900</td></tr> <tr><td>Apr-24</td><td>900</td><td>900</td></tr> <tr><td>May-24</td><td>850</td><td>900</td></tr> <tr><td>Jun-24</td><td>950</td><td>900</td></tr> <tr><td>Jul-24</td><td>800</td><td>900</td></tr> <tr><td>Aug-24</td><td>950</td><td>900</td></tr> <tr><td>Sep-24</td><td>800</td><td>900</td></tr> <tr><td>Oct-24</td><td>900</td><td>900</td></tr> <tr><td>Nov-24</td><td>900</td><td>900</td></tr> <tr><td>Dec-24</td><td>900</td><td>900</td></tr> <tr><td>Jan-25</td><td>900</td><td>900</td></tr> <tr><td>Feb-25</td><td>900</td><td>900</td></tr> <tr><td>Mar-25</td><td>900</td><td>900</td></tr> </tbody> </table>	Month	Bank A4C Usage WTE	Target	Mar-23	850	900	Apr-23	950	900	May-23	650	900	Jun-23	900	900	Jul-23	850	900	Aug-23	900	900	Sep-23	750	900	Oct-23	800	900	Nov-23	900	900	Dec-23	800	900	Jan-24	850	900	Feb-24	1050	900	Mar-24	750	900	Apr-24	900	900	May-24	850	900	Jun-24	950	900	Jul-24	800	900	Aug-24	950	900	Sep-24	800	900	Oct-24	900	900	Nov-24	900	900	Dec-24	900	900	Jan-25	900	900	Feb-25	900	900	Mar-25	900	900
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<p>Variable Pay Agency</p>	<p>Current agency usage is 160.10 WTE, a reduction of 37 WTE in the last quarter. There has been significant reduction on agency usage since last year and 95% of nonmedical agency usage is Registered Nursing. There will be sustainable reduction supported by the variable pay programme.</p> <p>Target in graph was set as part of the deliverables set out in IMTP performance framework.</p>	<p>Agency WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Agency Usage WTE</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>350</td><td>150</td></tr> <tr><td>Apr-23</td><td>320</td><td>150</td></tr> <tr><td>May-23</td><td>250</td><td>150</td></tr> <tr><td>Jun-23</td><td>180</td><td>150</td></tr> <tr><td>Jul-23</td><td>280</td><td>150</td></tr> <tr><td>Aug-23</td><td>250</td><td>150</td></tr> <tr><td>Sep-23</td><td>350</td><td>150</td></tr> <tr><td>Oct-23</td><td>220</td><td>150</td></tr> <tr><td>Nov-23</td><td>220</td><td>150</td></tr> <tr><td>Dec-23</td><td>250</td><td>150</td></tr> <tr><td>Jan-24</td><td>200</td><td>150</td></tr> <tr><td>Feb-24</td><td>220</td><td>150</td></tr> <tr><td>Mar-24</td><td>280</td><td>150</td></tr> <tr><td>Apr-24</td><td>150</td><td>150</td></tr> <tr><td>May-24</td><td>180</td><td>150</td></tr> <tr><td>Jun-24</td><td>200</td><td>150</td></tr> <tr><td>Jul-24</td><td>180</td><td>150</td></tr> <tr><td>Aug-24</td><td>220</td><td>150</td></tr> <tr><td>Sep-24</td><td>180</td><td>150</td></tr> <tr><td>Oct-24</td><td>150</td><td>150</td></tr> <tr><td>Nov-24</td><td>150</td><td>150</td></tr> <tr><td>Dec-24</td><td>150</td><td>150</td></tr> <tr><td>Jan-25</td><td>150</td><td>150</td></tr> <tr><td>Feb-25</td><td>150</td><td>150</td></tr> <tr><td>Mar-25</td><td>150</td><td>150</td></tr> </tbody> </table>	Month	Agency Usage WTE	Target	Mar-23	350	150	Apr-23	320	150	May-23	250	150	Jun-23	180	150	Jul-23	280	150	Aug-23	250	150	Sep-23	350	150	Oct-23	220	150	Nov-23	220	150	Dec-23	250	150	Jan-24	200	150	Feb-24	220	150	Mar-24	280	150	Apr-24	150	150	May-24	180	150	Jun-24	200	150	Jul-24	180	150	Aug-24	220	150	Sep-24	180	150	Oct-24	150	150	Nov-24	150	150	Dec-24	150	150	Jan-25	150	150	Feb-25	150	150	Mar-25	150	150
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<p>Variable Pay Medical Locum</p>	<p>Current locum usage is 51.69 WTE, which is a decrease in 6 WTE from this period last year. There is ongoing work with the development of a Medical Workforce Bespoke Strategy and the introduction of medical E-Systems to support this work.</p> <p>Target in graph was estimated as part of the IMTP performance framework and will be interchangeable with agency usage.</p>	<p>Medical Locum WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Medical Locum WTE</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>35</td><td>50</td></tr> <tr><td>Apr-23</td><td>70</td><td>50</td></tr> <tr><td>May-23</td><td>60</td><td>50</td></tr> <tr><td>Jun-23</td><td>55</td><td>50</td></tr> <tr><td>Jul-23</td><td>45</td><td>50</td></tr> <tr><td>Aug-23</td><td>45</td><td>50</td></tr> <tr><td>Sep-23</td><td>48</td><td>50</td></tr> <tr><td>Oct-23</td><td>45</td><td>50</td></tr> <tr><td>Nov-23</td><td>30</td><td>50</td></tr> <tr><td>Dec-23</td><td>60</td><td>50</td></tr> <tr><td>Jan-24</td><td>55</td><td>50</td></tr> <tr><td>Feb-24</td><td>60</td><td>50</td></tr> <tr><td>Mar-24</td><td>60</td><td>50</td></tr> <tr><td>Apr-24</td><td>55</td><td>50</td></tr> <tr><td>May-24</td><td>55</td><td>50</td></tr> <tr><td>Jun-24</td><td>55</td><td>50</td></tr> <tr><td>Jul-24</td><td>65</td><td>50</td></tr> <tr><td>Aug-24</td><td>55</td><td>50</td></tr> <tr><td>Sep-24</td><td>50</td><td>50</td></tr> <tr><td>Oct-24</td><td>50</td><td>50</td></tr> <tr><td>Nov-24</td><td>50</td><td>50</td></tr> <tr><td>Dec-24</td><td>50</td><td>50</td></tr> <tr><td>Jan-25</td><td>50</td><td>50</td></tr> <tr><td>Feb-25</td><td>50</td><td>50</td></tr> <tr><td>Mar-25</td><td>50</td><td>50</td></tr> </tbody> </table>	Month	Medical Locum WTE	Target	Mar-23	35	50	Apr-23	70	50	May-23	60	50	Jun-23	55	50	Jul-23	45	50	Aug-23	45	50	Sep-23	48	50	Oct-23	45	50	Nov-23	30	50	Dec-23	60	50	Jan-24	55	50	Feb-24	60	50	Mar-24	60	50	Apr-24	55	50	May-24	55	50	Jun-24	55	50	Jul-24	65	50	Aug-24	55	50	Sep-24	50	50	Oct-24	50	50	Nov-24	50	50	Dec-24	50	50	Jan-25	50	50	Feb-25	50	50	Mar-25	50	50
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<p>Variable Pay Medical Agency</p>	<p>Current Medical Agency WTE is 43.35 WTE, showing a sustained decrease in trend to achieving target.</p> <p>Target in graph was set as part of the IMTP performance framework and will be interchangeable with Locum usage.</p>	<p>Medical Agency WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Medical Agency WTE</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>65</td><td>40</td></tr> <tr><td>Apr-23</td><td>60</td><td>40</td></tr> <tr><td>May-23</td><td>60</td><td>40</td></tr> <tr><td>Jun-23</td><td>75</td><td>40</td></tr> <tr><td>Jul-23</td><td>65</td><td>40</td></tr> <tr><td>Aug-23</td><td>75</td><td>40</td></tr> <tr><td>Sep-23</td><td>65</td><td>40</td></tr> <tr><td>Oct-23</td><td>60</td><td>40</td></tr> <tr><td>Nov-23</td><td>60</td><td>40</td></tr> <tr><td>Dec-23</td><td>35</td><td>40</td></tr> <tr><td>Jan-24</td><td>55</td><td>40</td></tr> <tr><td>Feb-24</td><td>45</td><td>40</td></tr> <tr><td>Mar-24</td><td>45</td><td>40</td></tr> <tr><td>Apr-24</td><td>50</td><td>40</td></tr> <tr><td>May-24</td><td>50</td><td>40</td></tr> <tr><td>Jun-24</td><td>55</td><td>40</td></tr> <tr><td>Jul-24</td><td>50</td><td>40</td></tr> <tr><td>Aug-24</td><td>45</td><td>40</td></tr> <tr><td>Sep-24</td><td>40</td><td>40</td></tr> <tr><td>Oct-24</td><td>40</td><td>40</td></tr> <tr><td>Nov-24</td><td>40</td><td>40</td></tr> <tr><td>Dec-24</td><td>40</td><td>40</td></tr> <tr><td>Jan-25</td><td>40</td><td>40</td></tr> <tr><td>Feb-25</td><td>40</td><td>40</td></tr> <tr><td>Mar-25</td><td>40</td><td>40</td></tr> </tbody> </table>	Month	Medical Agency WTE	Target	Mar-23	65	40	Apr-23	60	40	May-23	60	40	Jun-23	75	40	Jul-23	65	40	Aug-23	75	40	Sep-23	65	40	Oct-23	60	40	Nov-23	60	40	Dec-23	35	40	Jan-24	55	40	Feb-24	45	40	Mar-24	45	40	Apr-24	50	40	May-24	50	40	Jun-24	55	40	Jul-24	50	40	Aug-24	45	40	Sep-24	40	40	Oct-24	40	40	Nov-24	40	40	Dec-24	40	40	Jan-25	40	40	Feb-25	40	40	Mar-25	40	40
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<p>Turnover</p>	<p>Current turnover rate is 9.31%, a reduction from 9.58% the previous year, which has been sustained over the last quarter.</p> <p>Nursing and Midwifery have the lowest turnover rate of 7.15%, whilst Admin & Clerical have the highest 12.61%. The Stability Index (which is the employee numbers by head count at the end of a reporting period) is 96.93% for the first quarter of this year.</p> <p>The target in graph was set as part of the IMTP performance framework.</p>	<p>Turnover WTE</p> <table border="1"> <thead> <tr> <th>Month</th> <th>Turnover %</th> <th>Target</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>10.8</td><td>9.2</td></tr> <tr><td>Apr-23</td><td>10.2</td><td>9.2</td></tr> <tr><td>May-23</td><td>10.0</td><td>9.2</td></tr> <tr><td>Jun-23</td><td>9.8</td><td>9.2</td></tr> <tr><td>Jul-23</td><td>9.6</td><td>9.2</td></tr> <tr><td>Aug-23</td><td>9.4</td><td>9.2</td></tr> <tr><td>Sep-23</td><td>9.3</td><td>9.2</td></tr> <tr><td>Oct-23</td><td>9.3</td><td>9.2</td></tr> <tr><td>Nov-23</td><td>9.2</td><td>9.2</td></tr> <tr><td>Dec-23</td><td>9.1</td><td>9.2</td></tr> <tr><td>Jan-24</td><td>9.1</td><td>9.2</td></tr> <tr><td>Feb-24</td><td>9.0</td><td>9.2</td></tr> <tr><td>Mar-24</td><td>9.0</td><td>9.2</td></tr> <tr><td>Apr-24</td><td>9.1</td><td>9.2</td></tr> <tr><td>May-24</td><td>9.1</td><td>9.2</td></tr> <tr><td>Jun-24</td><td>9.1</td><td>9.2</td></tr> <tr><td>Jul-24</td><td>9.2</td><td>9.2</td></tr> <tr><td>Aug-24</td><td>9.3</td><td>9.2</td></tr> <tr><td>Sep-24</td><td>9.2</td><td>9.2</td></tr> <tr><td>Oct-24</td><td>9.2</td><td>9.2</td></tr> <tr><td>Nov-24</td><td>9.2</td><td>9.2</td></tr> <tr><td>Dec-24</td><td>9.2</td><td>9.2</td></tr> <tr><td>Jan-25</td><td>9.2</td><td>9.2</td></tr> <tr><td>Feb-25</td><td>9.2</td><td>9.2</td></tr> <tr><td>Mar-25</td><td>9.2</td><td>9.2</td></tr> </tbody> </table>	Month	Turnover %	Target	Mar-23	10.8	9.2	Apr-23	10.2	9.2	May-23	10.0	9.2	Jun-23	9.8	9.2	Jul-23	9.6	9.2	Aug-23	9.4	9.2	Sep-23	9.3	9.2	Oct-23	9.3	9.2	Nov-23	9.2	9.2	Dec-23	9.1	9.2	Jan-24	9.1	9.2	Feb-24	9.0	9.2	Mar-24	9.0	9.2	Apr-24	9.1	9.2	May-24	9.1	9.2	Jun-24	9.1	9.2	Jul-24	9.2	9.2	Aug-24	9.3	9.2	Sep-24	9.2	9.2	Oct-24	9.2	9.2	Nov-24	9.2	9.2	Dec-24	9.2	9.2	Jan-25	9.2	9.2	Feb-25	9.2	9.2	Mar-25	9.2	9.2
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<p>Job Planning</p>	<p>Current compliance rate is 24%, although this is in part due to the introduction of a new medical e-system. Once fully implemented, the target is set at 85%.</p> <p>There are 317 Senior Medical Staff (Consultant and SAS Doctors) recorded in progress in the e-system which once completed will take our compliance to 67%.</p>	<table border="1"> <caption>Consultant Job Planning Data</caption> <thead> <tr> <th>Month</th> <th>Job Planning - Consultants (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>25</td><td>25</td></tr> <tr><td>Apr-23</td><td>28</td><td>25</td></tr> <tr><td>May-23</td><td>25</td><td>25</td></tr> <tr><td>Jun-23</td><td>25</td><td>25</td></tr> <tr><td>Jul-23</td><td>25</td><td>25</td></tr> <tr><td>Aug-23</td><td>25</td><td>25</td></tr> <tr><td>Sep-23</td><td>25</td><td>25</td></tr> <tr><td>Oct-23</td><td>25</td><td>25</td></tr> <tr><td>Nov-23</td><td>25</td><td>25</td></tr> <tr><td>Dec-23</td><td>25</td><td>25</td></tr> <tr><td>Jan-24</td><td>25</td><td>25</td></tr> <tr><td>Feb-24</td><td>25</td><td>25</td></tr> <tr><td>Mar-24</td><td>25</td><td>25</td></tr> <tr><td>Apr-24</td><td>85</td><td>85</td></tr> <tr><td>May-24</td><td>85</td><td>85</td></tr> <tr><td>Jun-24</td><td>85</td><td>85</td></tr> <tr><td>Jul-24</td><td>85</td><td>85</td></tr> <tr><td>Aug-24</td><td>85</td><td>85</td></tr> <tr><td>Sep-24</td><td>85</td><td>85</td></tr> <tr><td>Oct-24</td><td>85</td><td>85</td></tr> <tr><td>Nov-24</td><td>85</td><td>85</td></tr> <tr><td>Dec-24</td><td>85</td><td>85</td></tr> <tr><td>Jan-25</td><td>85</td><td>85</td></tr> <tr><td>Feb-25</td><td>85</td><td>85</td></tr> <tr><td>Mar-25</td><td>85</td><td>85</td></tr> </tbody> </table>	Month	Job Planning - Consultants (%)	Target (%)	Mar-23	25	25	Apr-23	28	25	May-23	25	25	Jun-23	25	25	Jul-23	25	25	Aug-23	25	25	Sep-23	25	25	Oct-23	25	25	Nov-23	25	25	Dec-23	25	25	Jan-24	25	25	Feb-24	25	25	Mar-24	25	25	Apr-24	85	85	May-24	85	85	Jun-24	85	85	Jul-24	85	85	Aug-24	85	85	Sep-24	85	85	Oct-24	85	85	Nov-24	85	85	Dec-24	85	85	Jan-25	85	85	Feb-25	85	85	Mar-25	85	85
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<p>Mandatory training</p>	<p>Current compliance rate is currently 82.24%, which is an increase against the same period the previous year (79.54%) and a quarterly increase of 6 % in achieving target of 85%.</p>	<table border="1"> <caption>Mandatory & Statutory Training Data</caption> <thead> <tr> <th>Month</th> <th>Mandatory & Statutory Training % (%)</th> <th>Target (%)</th> </tr> </thead> <tbody> <tr><td>Mar-23</td><td>80</td><td>85</td></tr> <tr><td>Apr-23</td><td>80</td><td>85</td></tr> <tr><td>May-23</td><td>78</td><td>85</td></tr> <tr><td>Jun-23</td><td>80</td><td>85</td></tr> <tr><td>Jul-23</td><td>80</td><td>85</td></tr> <tr><td>Aug-23</td><td>80</td><td>85</td></tr> <tr><td>Sep-23</td><td>80</td><td>85</td></tr> <tr><td>Oct-23</td><td>80</td><td>85</td></tr> <tr><td>Nov-23</td><td>80</td><td>85</td></tr> <tr><td>Dec-23</td><td>80</td><td>85</td></tr> <tr><td>Jan-24</td><td>80</td><td>85</td></tr> <tr><td>Feb-24</td><td>80</td><td>85</td></tr> <tr><td>Mar-24</td><td>80</td><td>85</td></tr> <tr><td>Apr-24</td><td>82.24</td><td>85</td></tr> <tr><td>May-24</td><td>82.24</td><td>85</td></tr> <tr><td>Jun-24</td><td>82.24</td><td>85</td></tr> <tr><td>Jul-24</td><td>82.24</td><td>85</td></tr> <tr><td>Aug-24</td><td>82.24</td><td>85</td></tr> <tr><td>Sep-24</td><td>82.24</td><td>85</td></tr> <tr><td>Oct-24</td><td>82.24</td><td>85</td></tr> <tr><td>Nov-24</td><td>82.24</td><td>85</td></tr> <tr><td>Dec-24</td><td>82.24</td><td>85</td></tr> <tr><td>Jan-25</td><td>82.24</td><td>85</td></tr> <tr><td>Feb-25</td><td>82.24</td><td>85</td></tr> <tr><td>Mar-25</td><td>82.24</td><td>85</td></tr> </tbody> </table>	Month	Mandatory & Statutory Training % (%)	Target (%)	Mar-23	80	85	Apr-23	80	85	May-23	78	85	Jun-23	80	85	Jul-23	80	85	Aug-23	80	85	Sep-23	80	85	Oct-23	80	85	Nov-23	80	85	Dec-23	80	85	Jan-24	80	85	Feb-24	80	85	Mar-24	80	85	Apr-24	82.24	85	May-24	82.24	85	Jun-24	82.24	85	Jul-24	82.24	85	Aug-24	82.24	85	Sep-24	82.24	85	Oct-24	82.24	85	Nov-24	82.24	85	Dec-24	82.24	85	Jan-25	82.24	85	Feb-25	82.24	85	Mar-25	82.24	85
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The Quality and Safety performance is reported against a condensed range of indicators compared to the Quality Outcomes Report, which is produced for the Quality and Patient Safety Committee and Board. The Top-level indicators provided for the integrated performance mapped to under the pillars of quality:

Patient Experience: Patient feedback- CIVICA data

Incidents: National Reported Incidents, Duty of Candour, Mortality

Complaints, concerns, compliments: Concerns – 30-day performance

Health, Safety & Security: RIDDOR reporting, H&S training compliance, Compliance HB Health, Safety & Fire risk assessment programme

Infection Control and Prevention: Infection Control

Safeguarding: Duty to report

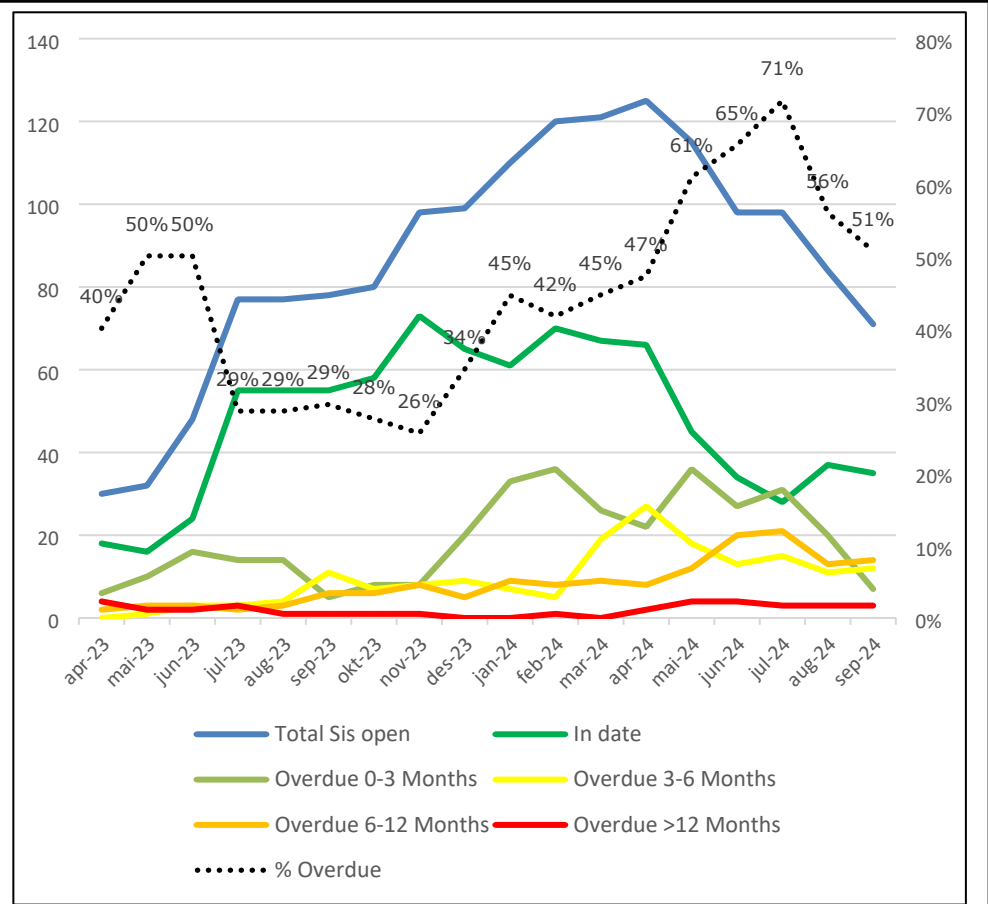
Priority	Performance Summary	Data	
<p>Patient Experience CIVICA</p>	<p>There has been an increase in survey feedback for Q2 (1942) compared to Q1 (1733), with July being the highest month to date (759). A number of locations still have no feedback even though they have been live for some time.</p> <p>Completion of surveys is still limited to QR code or paper. There is work to implement SMS underway (initially for ED and MIU).</p> <p>A monthly report covering all Divisions concerning facilities are now being sent direct to the Facilities Team to highlight patient comments relating to these areas.</p>	<div data-bbox="1272 708 1653 1094"> <p>Patient Experience Feedback Q2 2024/25</p> <p>1942</p> <p>Responses</p> </div>	<div data-bbox="1706 708 2123 1094"> <p>Satisfaction Score Q2 2024/25</p> <p>91%</p> <p>Satisfaction</p> </div>
<p>CIVICA responses and satisfaction Q2 2024/25</p>			

Incidents
National Reportable Incidents

As of June 2024, the Health Board reported a compliance rate of 35% with 98 open Nationally Reportable Incidents (NRIs), 64 of which were overdue. The increase in NRIs is partly due to new reporting policies, including Healthcare Associated Infections (HCAIs) mandated as NRIs from July 2023 and additional criteria added in November 2023.

Overdue NRIs: Decreased from 71% in July 2024 to 51% in September 2024. Challenges: Delays in Investigating Officer (IO) appointments, limited availability, and coordination of meetings with key stakeholders.

Recommendations for Improvement. Regular Monitoring: Continuous tracking of compliance rates. Monthly Reporting: Regular updates to divisional teams. Enhanced Communication: Improved information flow among stakeholders. Increased Bespoke IO Training: Specific IO training for those allocated to an investigation, and support of a PSI manager throughout the investigation process. Increased Training: More training sessions for Investigating Officers. Standardised Follow-Up: Consistent processes for following up on NRIs. Culture of Learning: Fostering a learning environment among Clinical Investigating Officers.



NRI Run Chart Q2 2024/25

Incidents
Duty of Candour

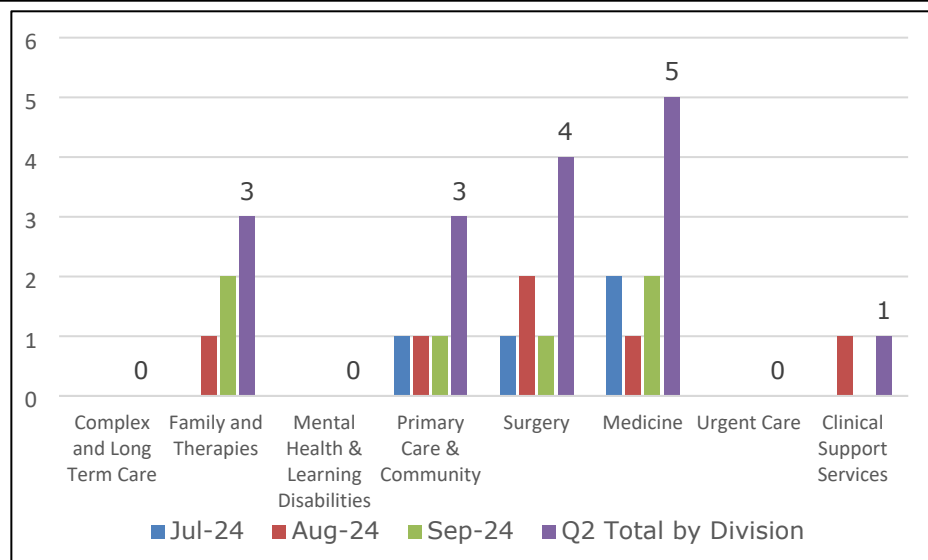
Total Incidents: 6,356 incidents affecting patients were reported on the Datix Cymru system in Q2 2024/25, compared to 6,516 in Q2 2023/24. Duty of Candour Triggered Incidents: 16 incidents triggered Duty of Candour, based on the question, “Was healthcare provided a factor?”

Types of Incidents: These included inadequate supervision resulting in falls, post-operative complications, communication issues around discharges and prescribing, and maternity occurrences. Process: All incidents underwent the formal Duty of Candour process.

2024/25 Reporting: The way Duty of Candour is captured on RL Datix has been refined. The focus is now on whether healthcare delivery or lack thereof caused harm.

Previous Reporting: In 2023/24, Duty of Candour was triggered after a management review assessed harm as moderate or above, resulting in 46 incidents in Q2 2023/24.

These refinements aim to better capture the essence of Duty of Candour, ensuring that any harm caused by healthcare delivery is appropriately addressed.



Duty of Candour Incidents by Division Q2 2024/25

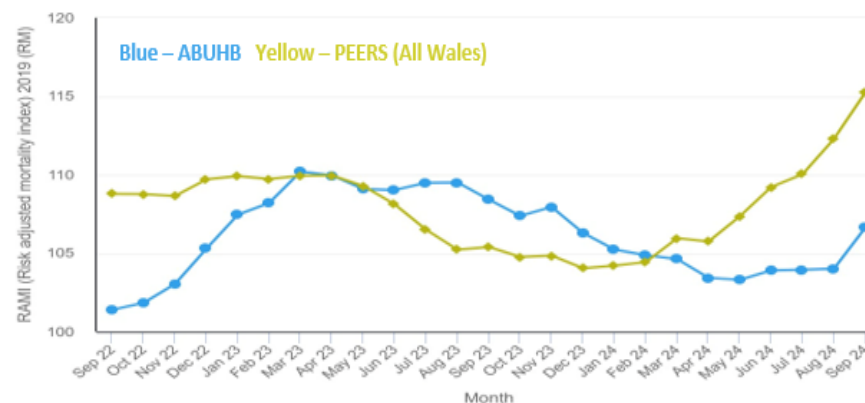
Mortality

The Risk Adjusted Mortality Index (RAMI) Score for Q2 2024/25, for the Health Board's RAMI is 101, trending in line with peers, but showing month-to-month inconsistencies. RAMI adjusts for individual patient risk factors and comorbidities, allowing for comparison between organisations.

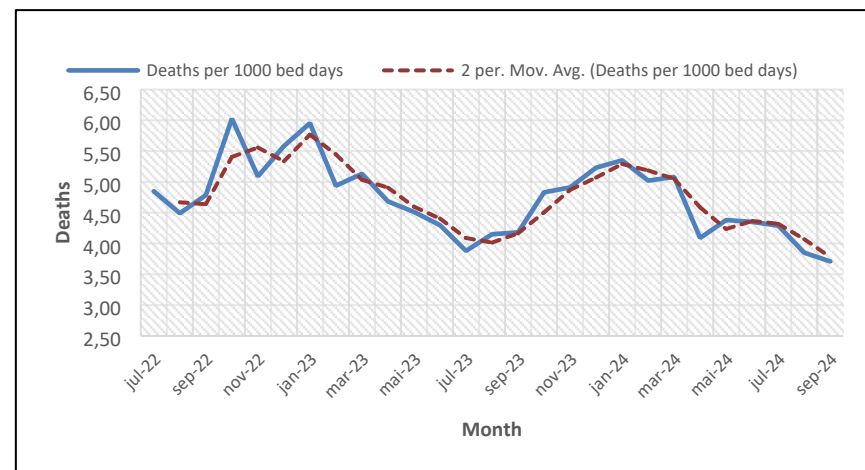
Mortality Rate: Remains stable and flat, with actual deaths in hospital decreasing over Q2 2024.

Health Board's Learning from Death Report: Advocates for several approaches to understand performance, ensuring assurance and quality improvement around death. This includes additional mortality indicators for reporting, not solely relying on aggregated retrospective data like RAMI.

By integrating various data sources and continuous monitoring, the Health Board aims to maintain high standards of care and improve patient outcomes.



Risk Adjusted Mortality Index (RAMI)



Deaths per 1000 occupied bed days

Concerns

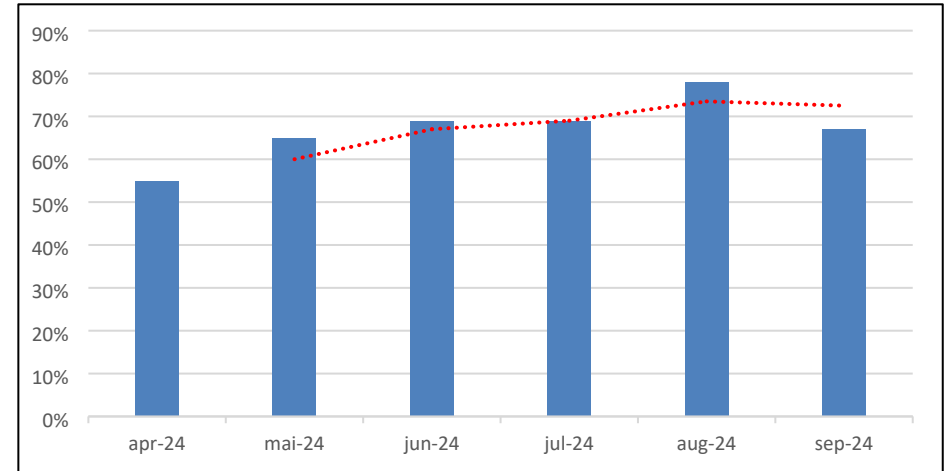
30-day performance

These measures aim to maintain high standards of patient care and service quality despite the pressures faced. Early Resolution average rate maintained at 72%. High Performance: Divisions of Surgery, Medicine, Urgent Care, and CSS consistently above 80%.

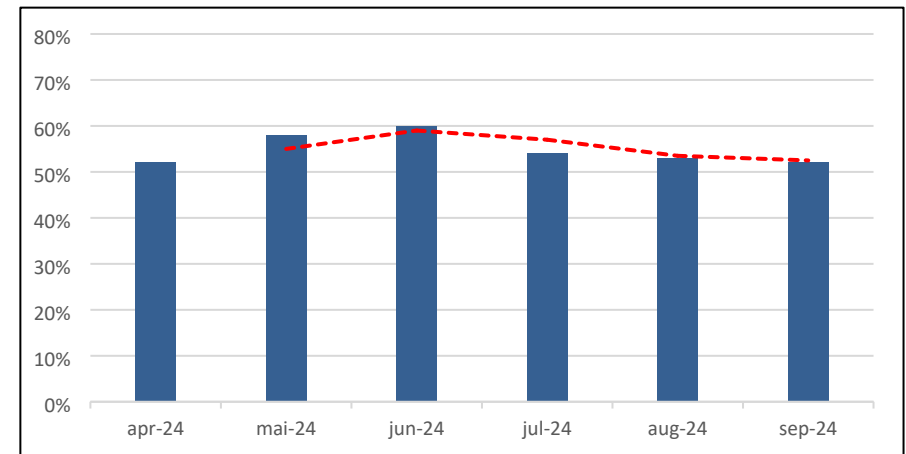
PTR Concerns - compliance rate, averaged 52% for concerns received and completed within compliance.

External Acknowledgement includes Health Board Stakeholders: LLAIS and the Public Services Ombudsman for Wales (PSOW) have noted the high volume of complaints and the resulting pressures on teams. Resource Strain: The unexpected strain on resources has required additional coordination to ensure timely responses and maintain operational standards.

Future Actions include - Monitoring and Strategies: We will continue to monitor trends closely and explore strategies to alleviate pressures, ensuring the quality of patient care and services remains unaffected. Enhanced Communication: Weekly meetings with complaints teams and daily huddles have been established to improve communication, provide direction and support, and identify system challenges for escalation.



6 monthly early resolution performance Q2 2024/25



6 monthly Managed Under PTR Performance Q2 2024/25

Health, Safety & Security

The previous measure for Q1- violence and aggression towards staff is being reported in the People’s plan. The measures are:

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations – (RIDDOR) reporting

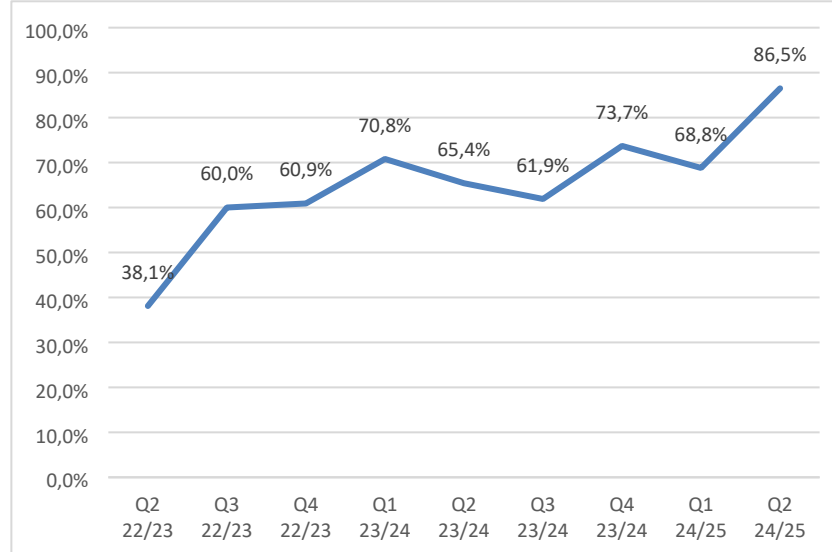
During Q2 (July to September 2024) the Health Board have reported 22 incidents to the HSE, in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

86.36% of these cases were reported within the legal timeframes within the legislation.

Health and Safety Statutory and Mandatory Training

There has been a slight decrease in compliance with health & Safety and Fire Safety compared with the previous report, however, compliance with Manual Handling has increased significantly.

A further measure is being refined: compliance with the Health Board Health, Safety & Fire Risk Assessment Programme – target 100%.



Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

Health & Safety	86%
Fire Safety	83%
Violence & Aggression	86%
Manual Handling	68%

Health and Safety Statutory and Mandatory Training

Infection Prevention & Control

C. difficile infection Q2 79 cases, these were: 44 healthcare associated; 32 community acquired and 3 relapse.
Wards closed due to C difficile: July- Ebbw ward. Aug NHH 4/3, RGH C6E and D4W, Sept – NHH 3/1, RGH D2E and D4W.

Staph Aureus Q2 54 cases, these were: 19 healthcare associated; 35 community acquired and nil relapse.

E coli blood stream infections Q2 96, these were: 28 healthcare associated; 66 community acquired and 2 re-isolate.

Klebsiella blood stream infections Q2 34 cases, these were: 11 healthcare associated and 21 community acquired.

Pseudomonas blood stream infections Q2 10 cases, these were: 4 healthcare associated and 6 community acquired.

Wards closed due Covid-19: July 3 wards - C5W Gwanwyn and Anwyllfan. Nil wards in Aug and Sept. One ward was closed in Jul - C6E due to norovirus. An improvement plan is being implemented.

All Wales – Current FY count of specimens

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	152	8	94	184	66	21
Betsi Cadwaladr UHB	193	7	79	281	64	11
Cardiff and Vale UHB	111	3	90	147	66	18
Cwm Taf Morgannwg UHB	81	3	66	179	49	9
Hywel Dda UHB	109	5	67	189	54	13
Powys THB	15	0	1	0	0	0
Swansea Bay UHB	132	3	56	117	60	7
Velindre NHST	2	0	1	5	6	0
Wales	795	29	454	1102	365	79

All Wales – Current FY rate per 100,000 population

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	51.26	2.7	31.7	62.06	22.26	7.08
Betsi Cadwaladr UHB	55.94	2.03	22.9	81.44	18.55	3.19
Cardiff and Vale UHB	43.79	1.18	35.51	57.99	26.04	7.1
Cwm Taf Morgannwg UHB	36.38	1.35	29.65	80.4	22.01	4.04
Hywel Dda UHB	56.45	2.59	34.7	97.89	27.97	6.73
Powys THB	22.35	0	1.49	0	0	0
Swansea Bay UHB	68.66	1.56	29.13	60.86	31.21	3.64
Velindre NHST						
Wales	50.63	1.85	28.92	70.19	23.25	5.03

Safeguarding

Duty to report: Safeguarding activity data must be used with caution when being utilised as a marker of quality improvement. However, the current data available for 2024/25 highlights there has been a substantial number of safeguarding referrals made, or responded to, by the ABUHB Safeguarding Team. This is influenced by a number of potentially negative factors (increased harm) over which we have no control but is also testimony to the effectiveness of the workforce in being aware of neglect and abuse within our population.

	Q2 2023/2024	Q2 2024/2025	Increase
Adult Duty To Report	84	90	7.5%
Children Duty To Report	928	1116	20%

	<p>It should be noted that the duty to report figures represent those that were generated by the Health Board and Quarter 2 comparisons have been made between 23/24 and 24/25.</p>	
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The 2024/25 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board’s performance against them.

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

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	3,960	26,153	47,856	
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000	4,681	33,905	0	
	£64,533	7.3%	52.5%		
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)	%	97.7%	97.4%	>95%	

The 2024/25 financial year to date budget performance as at month 6 is an adverse variance of **£26.153m**.

The 2024/25 reported forecast is a **£47.856m** deficit which is a £1m improvement from the £48.9m deficit within the updated annual plan. There remain risks associated with this forecast position, particularly full achievement of saving opportunities, prescribing / drug cost growth, receipt of anticipated allocations and operational demand & workforce pressures.

The 2024/25 forecast of £47.856m is £35m greater than the Welsh Government control total of a £13m deficit.

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

Underlying Financial Position (Brought Forward ULP)	21/22	22/23	23/24	24/25 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£20.914m Deficit	£89.6m Deficit	£89.600m Deficit	£55m Deficit



Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality Performance Report Quarter Two (July – September 2024)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Leeanne Lewis, Assistant Director for Quality & Patient Safety Tracey Partridge-Wilson, Deputy Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health and Care Quality Standards provide a clear framework to help the planning, delivery and monitoring of healthcare services in Aneurin Bevan University Health Board. The Quality Report is mapped to the six domains of quality and the six quality enablers and structured under the Health Board’s Six Pillars of Quality.

The outcomes and indicators reported are a set of quality indicators that align with the Health Board’s priorities and strategic goals. The indicators cover aspects of care, clinical outcomes, patient safety and patient experience.

This report provides measures and narrative on the data for the Pillars of Quality. The quality outcomes framework (QOF) is being refined and potential indicators for year two have been suggested for development and automation. This provides the Board/ Committee with an overview of the Health Board’s quality and safety metrics and summary of performance. It is aligned to the Ministerial priorities and key challenges, to comply with the Duty of Quality.

Cefndir / Background

The Quality Report provides current data on quality and patient safety as mapped against the Pillars of quality:

- 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

These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. The Quality Pillars are reported in Section 1 of the Report

Asesiad / Assessment

Areas of Achievement/ Improvement for the Quality Pillars and the Quality Management system in Quarter Two

- PALS Service: Fully established, focusing on early intervention and support for patients and families with concerns. Continues to support the PTR process.
- Improvement in the timeliness of closure of Nationally Reportable Incidents to 51% in September 2024 from 71% in July 2024. Further improvement is expected in Quarter 3
- Civica Satisfaction: Maintained at 92%, above the 85% benchmark. SMS rollout to ED and MIU is underway which is expected to increase feedback.
- RAMI: Improved Risk Adjusted Mortality Indicator, currently 1st among six Health Boards in Wales, with a focus on Learning from Deaths reporting.
- Complaint Early Resolution: Maintained at 72%, with Surgery, Medicine, Urgent Care, and CSS divisions consistently above 80%.
- Compliments Recording: Increased month on month, with a notable rise in September.
- Safeguarding Training: Improved uptake of Level 1 and Level 2 training, with increased referrals indicating greater awareness.
- Quality Assurance: Developing with standardised agendas and data sets based on Quality Pillars and STEEEP principles, promoting Ward to Board assurance.
- Ward Accreditation: Rolling out across several divisions, with the first wards formally accredited.
- Quality Outcomes Framework: Workshops focused on refining measurements, with proposals shared at this month's PQSOC.
- Theatres Safety Programme: No Never Events reported since November 2023 in Theatres, with one event in Quarter Two within a non-theatre environment this is under review for early learning.

- Bereavement Focus: Increased focus on bereavement following a collaborative event.

These improvements highlight our commitment to enhancing patient care and safety across the Health Board.

Areas of Focus in Quarter Two

There are several issues, risks and concerns which are discussed in the report and reflect areas requiring improvement in terms of quality outcomes. For Board consideration the areas are summarised below.

- Infection Rates: Enhanced monitoring and an improvement plan are in place, including work on antimicrobial prescribing and a sepsis improvement plan.
- PTR Concerns: Steady improvement in aged complaints over 12 months, with a plan to achieve 75% closure of PTR concerns within 30 days.
- Falls: Focus and scrutiny on falls and learning from falls remains in place with a planned review of themes from Falls investigations.
- Safeguarding Review - training challenges: Level 3 Children's and Adults training remains a challenge, requiring further work to ensure proper staff training and compliance data analysis.
- Consent Improvement Plan: Implementation of the consent improvement plan, with public consent videos developed and soon to be launched.

Within Section 2 of the report areas of Good Practice within the Patient Experience team and Maternity related to achievement of the Silver Award for cultural competence and recent awards achieved by the Patient Experience and Involvement Team.

Within Section 3 of the report areas of focus for this quarter have been reported, this has included

- Continued emphasis on quality and safety improvement within Mental Health & Learning Disability Services
- Urgent Care Quality: Ongoing work on metrics for example Ambulance Handover times, 12 and 24-hour waits in ED, and improving patient experience and patient safety and experience within the Emergency Department
- Relaunch of the Sepsis improvement programme with focus on raising public and staff awareness and the management of acute deterioration
- An update on the progress with the programme to embed ward/ team accreditation including the Bronze Accreditation of the first ward A2 at The Grange University Hospital
- An update on the work of the Health Board's Learning and Improvement Forum which focuses on sharing learning to drive improvement

These areas of focus demonstrate our commitment to enhancing patient care and safety across the Health Board.

As part of this work, we will continue to strengthen our governance structures through Board-to-Floor connections that promote cross directorate and multi-professional working. We have initiated work to ensure that the implementation, measurement and monitoring of our strategy is hardwired through our governance and integrated performance reporting.

Quality Improvement

The Health Board is embedding Quality Improvement into everything we do and producing a Quality Improvement (QI) Capability Strategy 2025-2028. A QI Strategy for next three years has been developed and a successful Board Development Session was held in October 2024 with the Quality Improvement Strategy to be approved at the November 2024 Board. A number of QI projects have been shared already which demonstrate financial and performance improvements, increased staff well-being and enhanced patient safety.

The Safe Care Partnership (SCP) is now in its next phase and involves working with Improvement Cymru, Executive Clinical Peer groups, Welsh Government and NHS Wales Executive colleagues. The priorities identified for the next phase include:

- Acute Deterioration – recognition and response
- Deconditioning – prevention and identification
- Leadership – Quality Management System

A co-design event between Health Boards, Trusts, Improvement Cymru was held in October to develop the national approach.

Key priorities for the next six months include automation and revision to the Quality Outcomes Framework, development of Integrated reporting with Finance, Workforce and Planning, strengthening of Quality Patient Safety structures within Divisions, refreshing the Quality Improvement Plan and strengthening assurance and reporting.

Priority areas for improvement for the next six months will focus on the revised quality improvement delivery plan as referenced above and further improvement plans focused on:

- Human Factors roll out
- A reduction in harm from injurious falls
- Infection prevention and control improvements
- The management of Sepsis and acute deterioration
- Embedding the existing Maternity and Neonatal improvement plans following the National Maternity and Neonatal Collaborative.

Argymhelliad / Recommendation

The Board is requested to note the progress of the quality performance report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Strategic Risk Register
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults
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 prioritise areas where evidence shows take up of services is lower or outcomes are worse 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:	As within paper
Rhestr Termau: Glossary of Terms:	N/A

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee Patient Quality, Safety and Outcomes Committee
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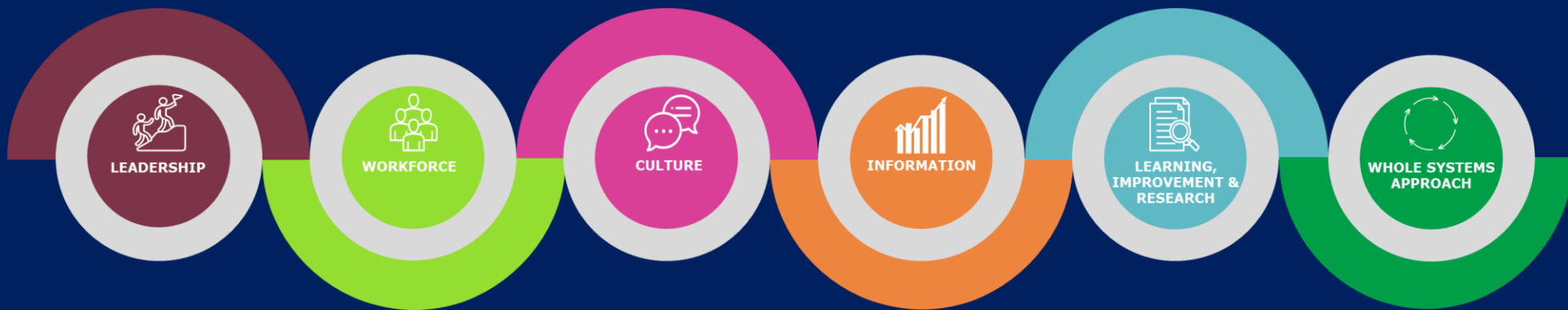
Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	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 Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



Patient Quality, Safety

Performance Report

Quarter 2: July – September 2024





The Patient, Quality and Safety performance report provides the Board with an overview of the Health Board's quality and safety metrics and summary of performance. It is aligned to the Ministerial priorities and key challenges, which are:

Quality and Safety Pillars

- Patient Experience and Staff Feedback
 - Civica and PALS update
- Incident reporting
 - Patient Safety Incidents
 - National Reportable Incidents
 - Near Misses
 - Duty of Candour
- Complaints and concerns
 - Continue to focus on closure of historical complaints over 6-12 months
- Health, Safety and Security
- Infection Prevention and Control
- Safeguarding

Escalated Risk Concerns

Clinical Effectiveness

Information

Urgent Care





- [Annual Quality Report 2023/24](#) produced, reviewing past objectives and setting priorities for improving patient and staff safety, outcomes, and experiences. The report provided a narrative on our quality journey throughout the year. The report demonstrated the work involved to implement the Health and Social Care (Quality and Engagement) (Wales) Act (2020), which emphasised quality, transparency, and engagement through the Duty of Quality, Duty of Candour, and the creation of the Citizen’s Voice through Llais.
- The patient engagement and involvement strategy continue to progress the delivery of person-centred care, which included patient participation panels, PALS and bereavement services.
- Quality Outcomes Framework (QOF) being refined for 2024/25. To include a smaller number of metrics which demonstrate assurance and compliance. Reconciliation to be carried out with current QOF. Working with Digital, Data and Technology to automate reporting. Ensure triangulation of data.
- Strengthened Divisional learning/reporting through Governance structures and standardised agendas. Supporting a culture of shared learning and a triangulated approach to quality, patient safety and experience. Development of a listening and learning framework, a learning and improvement forum and learning repository.
- Commissioning Assurance Framework developed – August 2024.
- Developing Quality Improvement Strategy
- Review alignment of Datix Management System
- Progression of workplan for quality strategy for next 12 months with SMART objectives.



6 Pillars of Quality



Section 1

Pillars of Quality



These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. Providing data in these Pillars of Quality will review our performance.

We must put the quality and safety of our health services above everything else. This strategy signals our intention to progress these six pillars of quality to establish our level of performance. The pillars will be our Quality Markers in our Quality management system. Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services.

These measures of quality will allow standardised agendas for Divisions to report on quality measures.

PATIENT AND STAFF EXPERIENCE AND STORIES

Through the introduction of CIVICA – an electronic Citizen Feedback platform that will help people who are using our services to tell us what they think about their care. Providing feedback on our services will help us learn, make changes where we need to and celebrate what we do well. Staff will also be able to feedback on a regular basis, helping them to make improvements in their areas.

Analysis of patient experience data including complaints and compliments will provide a comprehensive picture of areas of positive performance and areas for improvement.

COMPLAINTS, CONCERNS AND COMPLIMENTS

Our commitment to patients is, wherever possible, to respond to their complaints timely and provide the information requested in an open and transparent way. Where it is not possible to provide immediate resolution, we commit to agree an appropriate investigation and to carry out that investigation to a high standard and on time. To ensure that all complainants have access to an investigating officer and are contact regularly.

INFECTION PREVENTION AND CONTROL

The Health Board is committed to zero tolerance of preventable Healthcare Associated Infections (HCAIs). Welsh Government sets reduction expectations for healthcare acquired infections which are achieved via collaboration from experts across healthcare. The Health Board are committed to providing clear programmes of work and evidence-based Policies which sets the expectation on the organisation. Our workforce will be skilled and trained to deliver against national, local and organisational objectives. We will monitor outcomes and reporting compliance/ learning through the Reducing Nosocomial Transmission Group (RNTG), Patient Safety Operational Group and Committee.

INCIDENT REPORTING

Through our 'Pillars of Quality' Programme, we will continue to focus on incident reporting as a key enabler of organisational learning and improvement. We will co-ordinate a comprehensive rolling Programme of quality improvement initiatives which strive to reduce avoidable harm with a focus on falls, pressure ulcers, deteriorating patients, mortality, end of life care, medicines management, discharge and safe transfers of care.

Our commitment to staff is to have a **just** culture, where staff feel safe to report concerns, incidents and near misses, knowing this will result in a timely, fair, comprehensive investigation. Our incident reporting system 'Datix' is a key component in providing insights to data gathering and learning actions.

HEALTH, SAFETY AND SECURITY

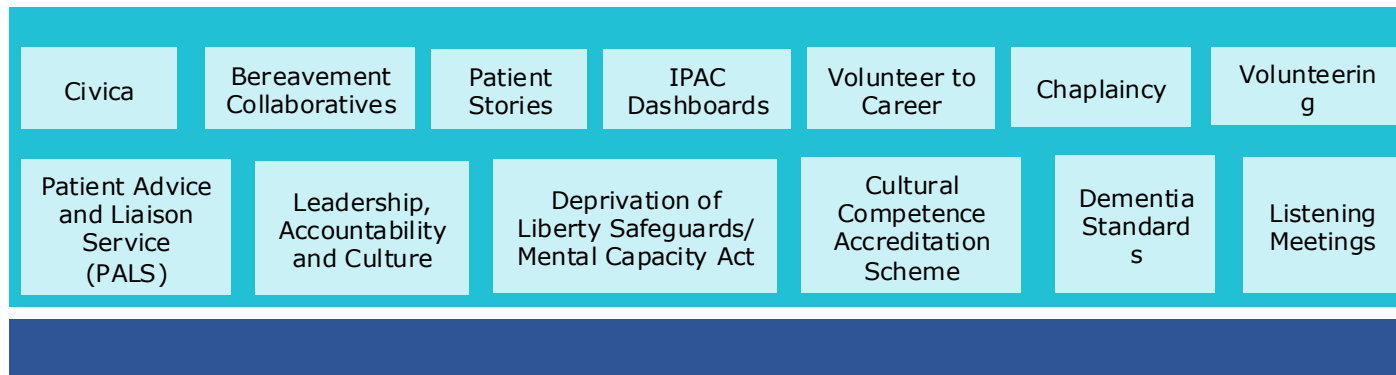
We are committed to ensuring that the fundamental standards of health, safety and security are continuously improved. We have a committed workforce of operational leaders who we will educate to ensure they have the advanced skills to deliver safe services. We will support the development of local policies and practices through our Health, Safety and Security Practitioners. We will conduct reviews of all sites and an annual snapshot of health and safety. Our focus for the duration of this strategy will be to reduce staff harm from lifting and handling, violence and aggression and slips, trips and falls.

SAFEGUARDING

Safeguarding is everybody's responsibility. We will demonstrate reasonable steps to ensure the safety of children and adults at risk. The Health Board's Strategy and Policy sets the expectation of accessing services. The workforce will be skilled and trained to deliver national, local and organisational objectives. The Health Board will support and enable operationalisation through provision of tools and direct support from the corporate safeguarding team, as the workforce undertakes its duties in relation to safeguarding. We will monitor outcomes and report effectiveness through effective audit and clear governance processes.

PILLAR 1

Patient and staff experience and stories



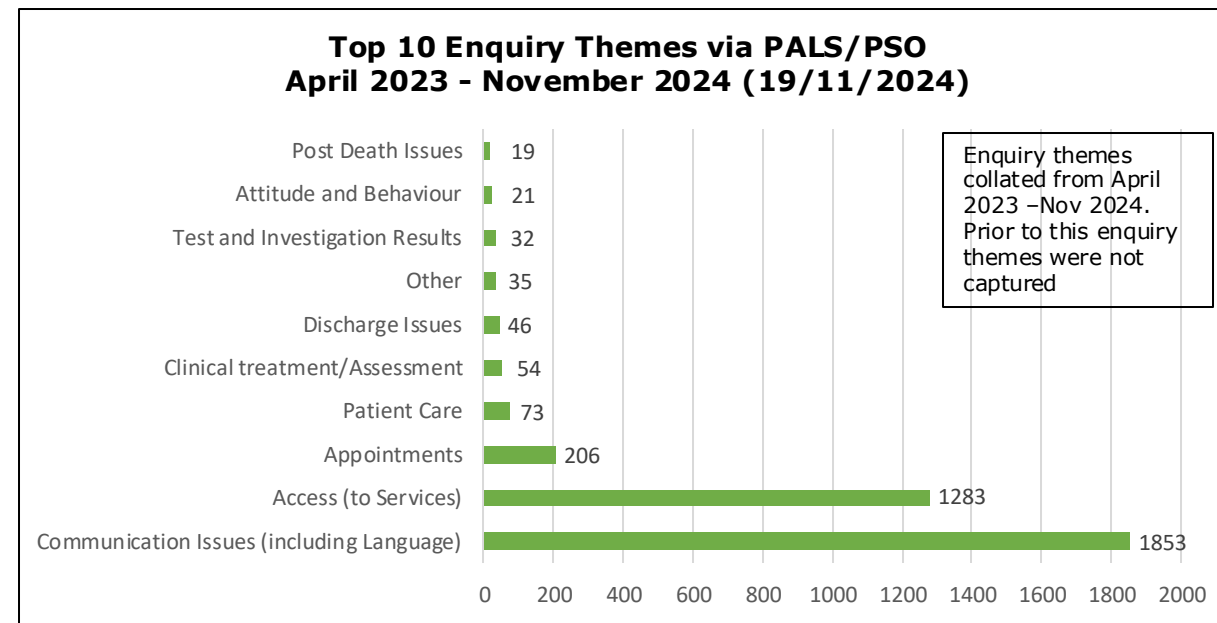
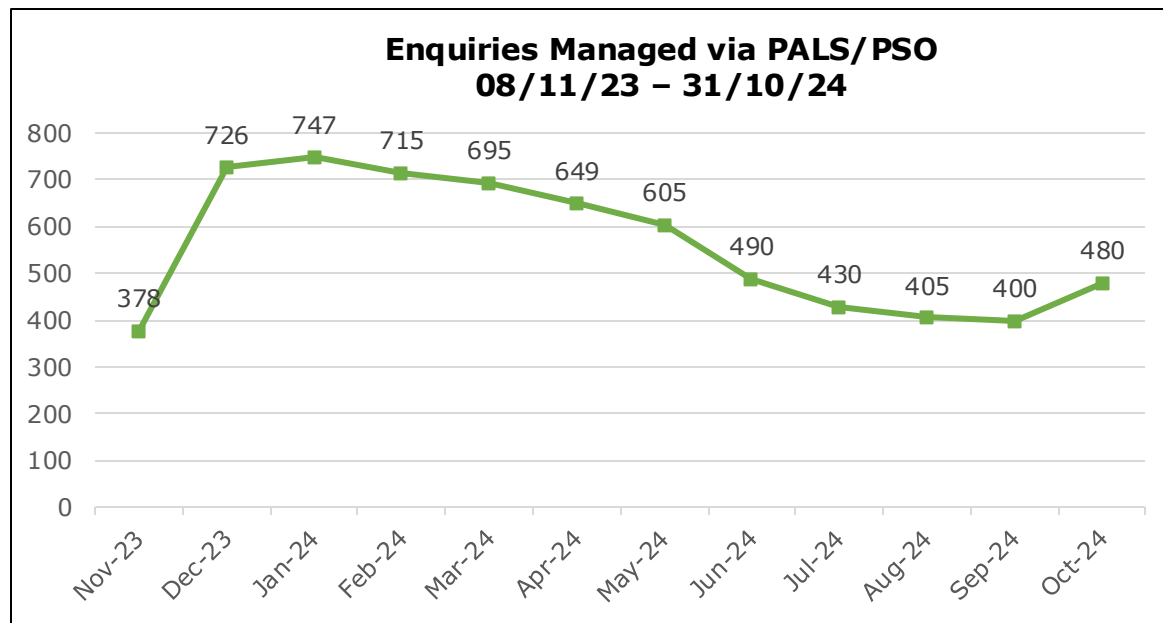


Adborth Cleifion: Gwrando a Dysgu

Patient Feedback: Listening and Learning



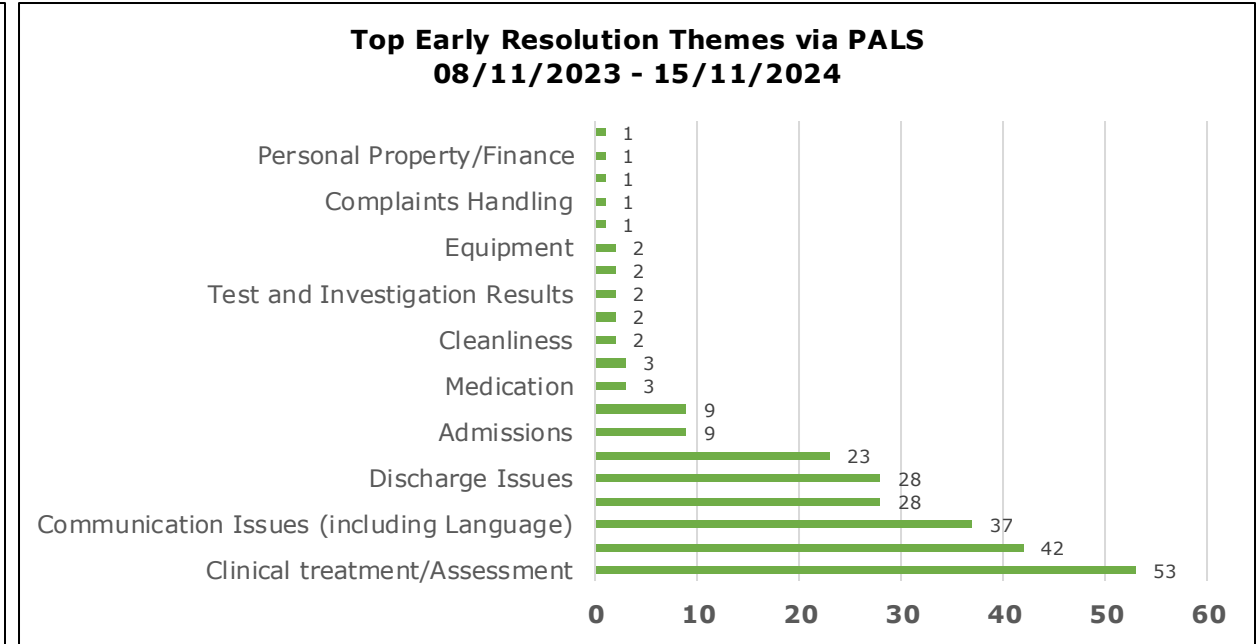
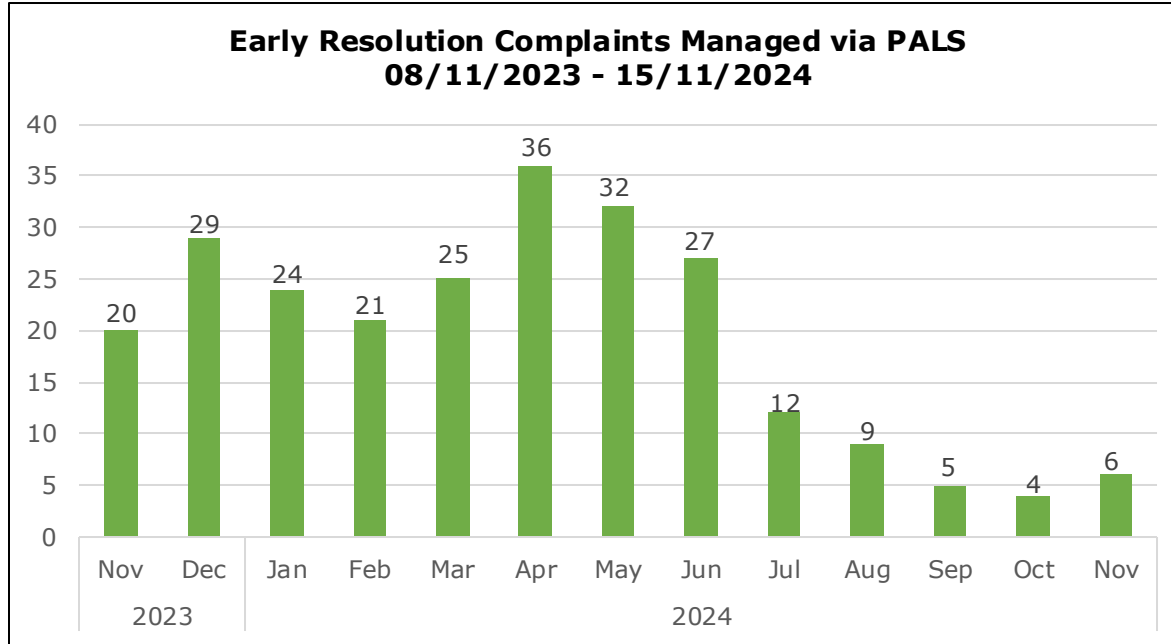
CIVICA & PALS



Enquires Overview: -

- **Average number of Enquiries** – 428 for quarter 2. The service has seen a decrease from the previous quarter which has been due to service capacity which has led to a reduced capacity to answer telephone queries
- **Top Theme** - Communication Issues make up for 60.4% of the total enquires for July – September 2024.
- **Enquiry Majority** - relate to lack of updates regarding Emergency Admissions. This is something the PALS, and especially PSO's, deal with on an hourly basis.





Early Resolution Complaints Managed via PALS

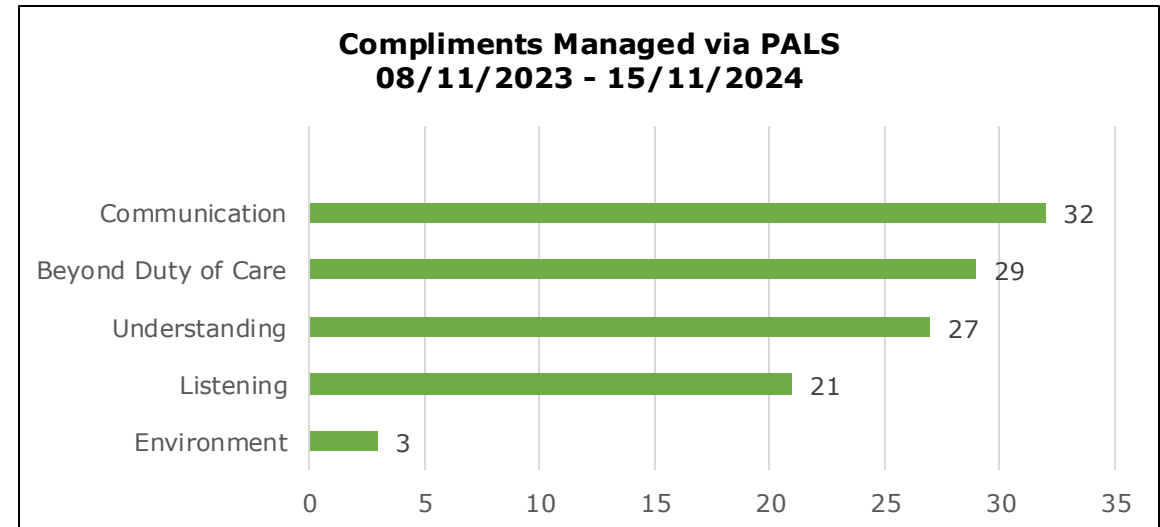
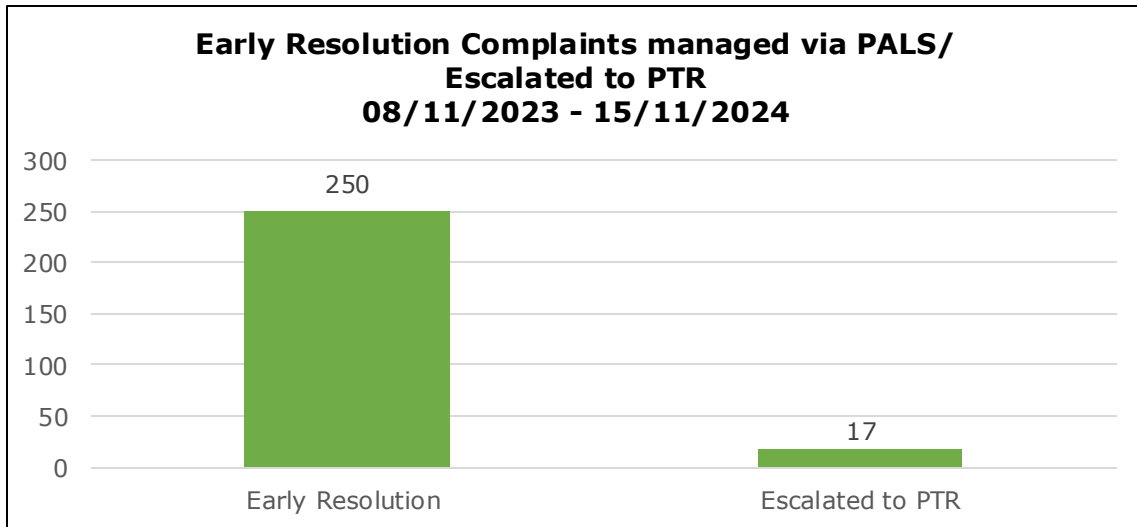
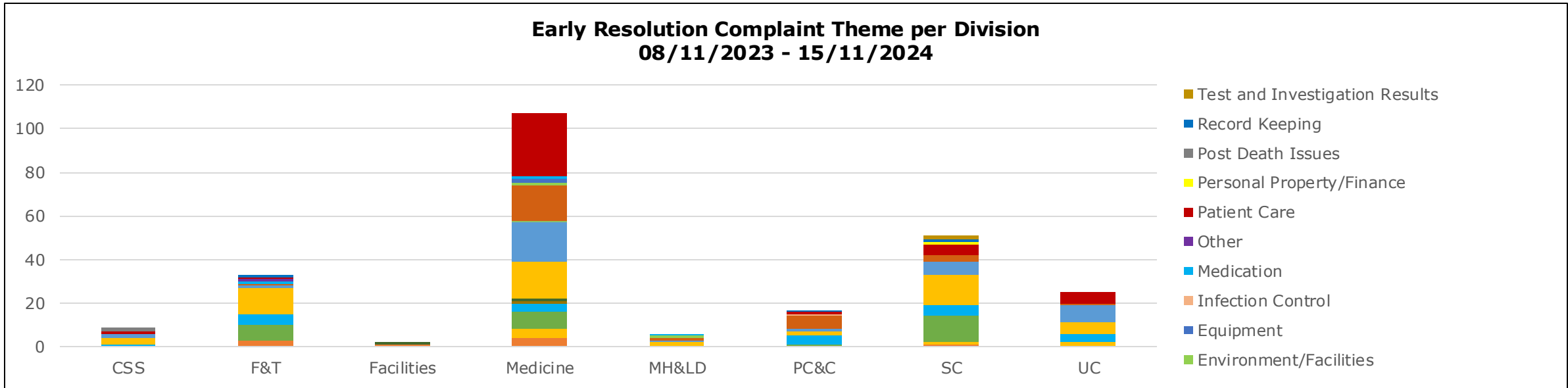
Complaints are often managed via Enquires unless specifically requested “Logged as a Complaint” by the complainant. PALS do not fall under remit of The Putting Things Right policy. PALS therefore do not need to adhere to the strict regulations relating to Acknowledgement Letters, Holding Letters, and Final Response and can provide a more person centred response. Therefore there has been a decrease in Early Resolution Complaints managed by the PALS service.

Average number of ER complaints - 11 a month over July – September.

Top Theme - Communication 29.6% of Early Resolution Complaints.



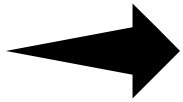
Patient Advice & Liaison Service





Patient Experience Feedback Q2 2024/2025

All Surveys



Number of Responses
Health Board Wide - 01/04/2023 to 18/11/2024
All Questions (Bereavement Survey/Arolwg Profedigaeth, Care Closer to Home (11 years and upwards), Care Closer to Home (4-11 years), Care Closer to Home (Parents/Carers questionnaire), Emergency Department Survey, Health Visiting)

6093

Responses

Satisfaction Score
Health Board Wide - 01/04/2023 to 18/11/2024
All Questions (Bereavement Survey/Arolwg Profedigaeth, Care Closer to Home (11 years and upwards), Care Closer to Home (4-11 years), Care Closer to Home (Parents/Carers questionnaire), Emergency Department Survey, National Nosocomial)

89%

Satisfaction

Number of Responses
Health Board Wide - 01/04/2023 to 18/11/2024
All Questions (Person Centred Care - Standard)

5517

Responses

Person Centred Care (PCC) Survey



ED Survey (Launched 01/08/23)



Number of Responses ED
Emergency Department - 01/08/2023 to 18/11/2024
All Questions (Emergency Department Survey - Standard)

318

Responses

Satisfaction Score ED
Emergency Department - 01/08/2023 to 18/11/2024
All Questions (Emergency Department Survey - Standard)

69%

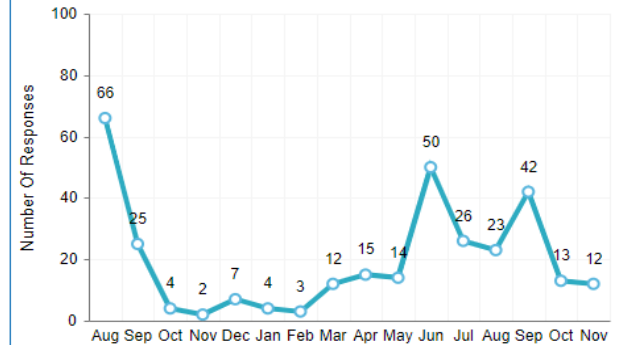
Satisfaction

Satisfaction Score PCC
Health Board Wide - 01/04/2023 to 18/11/2024
All Questions (Person Centred Care - Standard)

90%

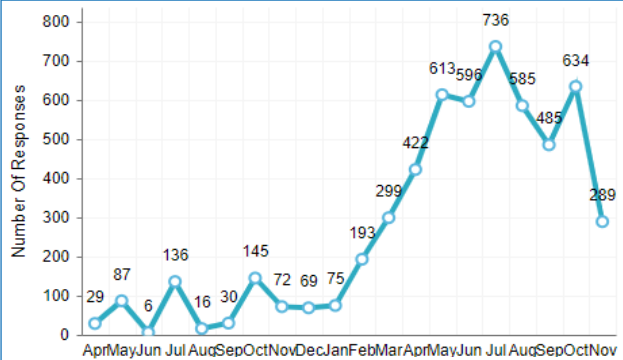
Satisfaction

Responses Trend Graph
Emergency Department - 01/08/2023 to 18/11/2024
All Questions (Emergency Department Survey - Standard)



Response Trend ED

Responses Trend Graph PCC
Health Board Wide - 01/04/2023 to 18/11/2024
All Questions (Person Centred Care - Standard)



Response Trend PCC



- There has been an increase/progression in survey feedback throughout 2024 compared to 2023. However a number of locations still have no feedback even though they have been live for some time.
- Completion of surveys still limited to QR code or paper, with the majority coming from paper. Work to implement SMS is underway (initially for ED and MIU).
- A small amount of feedback is showing against the new Bereavement Survey, although this has not been launched.
- A monthly report covering all Divisions concerning facilities are now being sent direct to the Facilities Team to highlight patient comments.
- Looking at how our volunteers can support with helping to collect CIVICA survey feedback, one volunteer has just started to support us in YYF.
- We can see from the data, that the number of positive comments are higher than the negative comments (slide 14).

**Top 10 Locations
01/04/23 – 31/10/24**

Site	Location/Department	Running Total
Ysbyty Ystrad Fawr	Ward 2.3 Rhymney	435
Grange University Hospital	Emergency Department	382
St Woolos Hospital	Orthopaedic Surgical Unit	281
Royal Gwent Hospital	Ward C4 East	253
Nevill Hall Hospital	Ward 3/3	198
Royal Gwent Hospital	Respiratory Ambulatory Care Unit	177
Ysbyty Ystrad Fawr	Ward 2.2 Bargoed	169
Nevill Hall Hospital	Ward 4/4 Llanellen	146
Ysbyty Ystrad Fawr	Ward 3.1 Risca	146
Ysbyty Ystrad Fawr	Ward 3.2 Penallta	137

Patient Experience Feedback 01/04/23 – 18/11/24

Division	Responses	2 - I felt listened to	2 - I was able to make my own decisions about my care	2 - I had care and support from staff who understood my needs and respected my choices	2 - I had the support of my family (or friends) when I needed them	2 - I felt safe	2 - I felt physically comfortable	2 - I was given information and advice that I could understand to help me keep well	2 - I was told who to contact if I need care and support in the future	Overall
		Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	
Complex & <u>Long Term</u> Care	49	84	84	90	88	94	86	94	88	88
Mental Health and Learning Disabilities	263	87	73	90	83	89	84	81	79	83
Clinical Support Services	337	99	92	99	98	99	95	99	94	97
Primary Care & Community	603	87	83	92	90	96	90	86	75	88
Surgery	1534	97	95	98	97	99	96	97	95	97
Family and Therapies	131	96	93	95	90	96	94	94	95	94
Medicine	2415	88	80	91	93	94	87	87	77	87
Urgent Care	145	81	80	86	92	89	74	81	67	81
	Overall	91	85	93	93	95	90	90	83	90
	Benchmarks	85	85	85	85	85	85	85	85	85

Person Centred Care (PCC) Survey – Questions 1-8

Top 3 Themes from PCC Survey

What did we do well? Q9

What could we have done better? Q10

Top 3 themes

- **978** comments around **Compassion**
- **899** comments around **Emotional & Physical support**
- **751** comments around **Friendliness**

Top 3 themes

- **204** comments around **Waiting**
- **145** comments around **Food & Beverages**
- **100** comments around **Comfort**

Top 3 Themes from PCC Survey

Positive Themes	Negative Themes
<p>Compassion (978)</p> <p>Key words: thoughtful, understanding, caring, empathy, kind, reassured, compassionate, angels, friendly and patient, personal touch.</p>	<p>Waiting (204)</p> <p>Key words: wait, delayed, cancelled, left out for hours, nearly an hour, left on a chair for 20 hours, long time before.</p>
<p>Emotional and Physical Support (899)</p> <p>Key words: supporting, supported, helpful, reassured, assisted, supportive, care and support, very understanding, given support, helpful people, put at ease, give support.</p>	<p>Food & Beverages (145)</p> <p>Key words: food could be better, food is not, food isnt, food is disgusting, food was not, food was cold, food was average, food could be improved, meal was not, food choices, food is not, food is very poor, better food, food is not, food isnt, food is disgusting, food was not, food was cold, food was average, food could be better, food is very bland, hard to eat, food was not, meals could be improved, food is often cold, food is disgusting, wasnt offered a hot drink, dont receive the food, more breakfast, food this was not, not given enough to drink.</p>
<p>Friendliness (751)</p> <p>Key words: friendly, nursing, friendly consultant, friendly ward, friendliness, friendly hard, personable, relaxed, amiable, happy staff, friendly they, good company, friendly food, chatty, friendly, cheerful, talkative, pleasant, approachable, friendly, friendly nice, warm, friendly, friendly we, friendly great, staff are happy, jovial, friendly enjoys, good natured, friendly nothing, friendly overall.</p>	<p>Comfort (100)</p> <p>Key words: uncomfortable, freezing cold, no sleep, hard to sleep, freezing, blaring, cold ward, not comfy, too dark, loud, ward very cold, not always sleep, draught, discomfort, noisy, crowded, ward cold, boiling, loudly, the heating, chilly, didnt sleep, extra blankets, room is cold, i felt very cold, air conditioning, kept awake, uncomfortable, ward also very cold, shouting at night, room gets too cold, difficulty sleeping, difficult to sleep, rest.</p>



PCC Survey – ‘Emotions’ Wordle



PILLAR 2

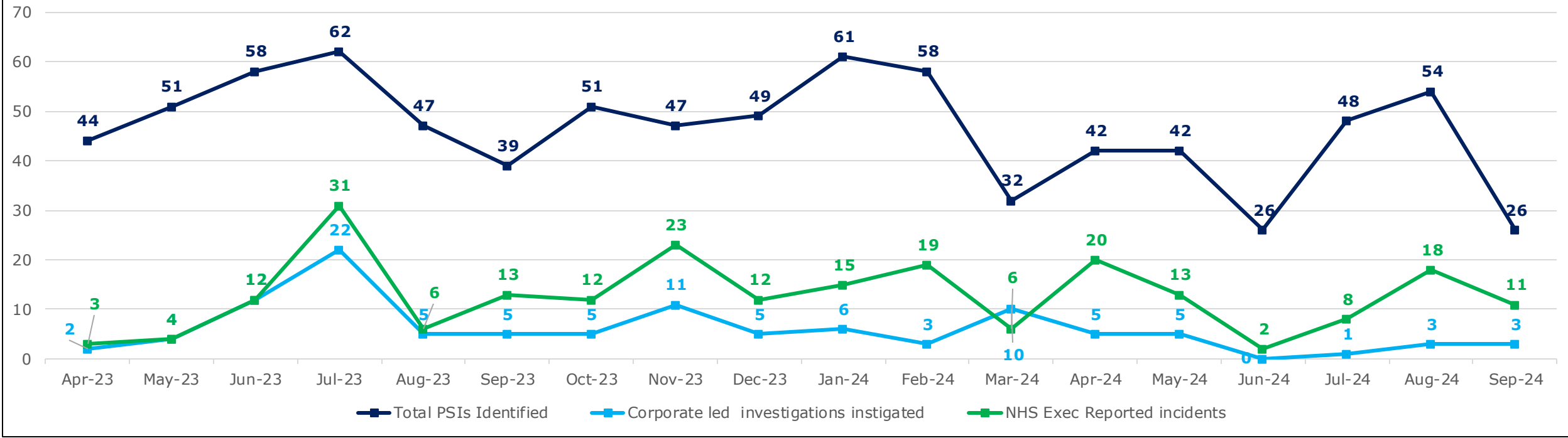
Incident Reporting, Falls,
Pressure Ulcers,
Medicines Management
and Mortality

Leadership, Accountability and Culture	Never Events	Deteriorating Patient	Patient Safety Incident process	QPSE Dashboards
Pressure Ulcers / Medicines Management	Staff Training	Datix (validation)	Falls Panel	Duty of Candour
Learning, Monitoring & Assurance	Just Culture/ Psychological Safety	Mortality	Risk Registers	Human Factors

Patient Safety Incidents



**Patient Safety Incidents identified highlighting Corporate Led Investigations and NHS Exec Reported Incidents
April 2023 – September 2024**



In quarter 2 2024/25 A total of **128** Patient Safety Incidents (PSIs) (moderate and above harm) met the criteria for either Corporate or Divisional led Investigation were identified between July and September 2024. This is in comparison to **148** in Q2 of 2023/24.

Although not shown in the graph, there were **17** PSIs which met the criteria for a divisionally led investigation in July, **15** in August and **3** in September (total **35**).

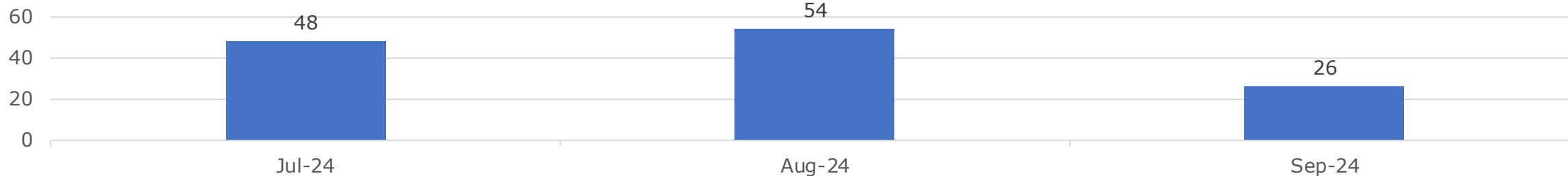
Not all PSIs under investigation were reported as National Reportable Incidents (NRIs). Some incidents are not reported immediately to NHS Executive, as it does not become apparent until during, or following the conclusion of the investigation that the criteria for reporting has been reached. In addition, the Health Board investigates some incidents that do not meet the reporting threshold for its own learning and development.



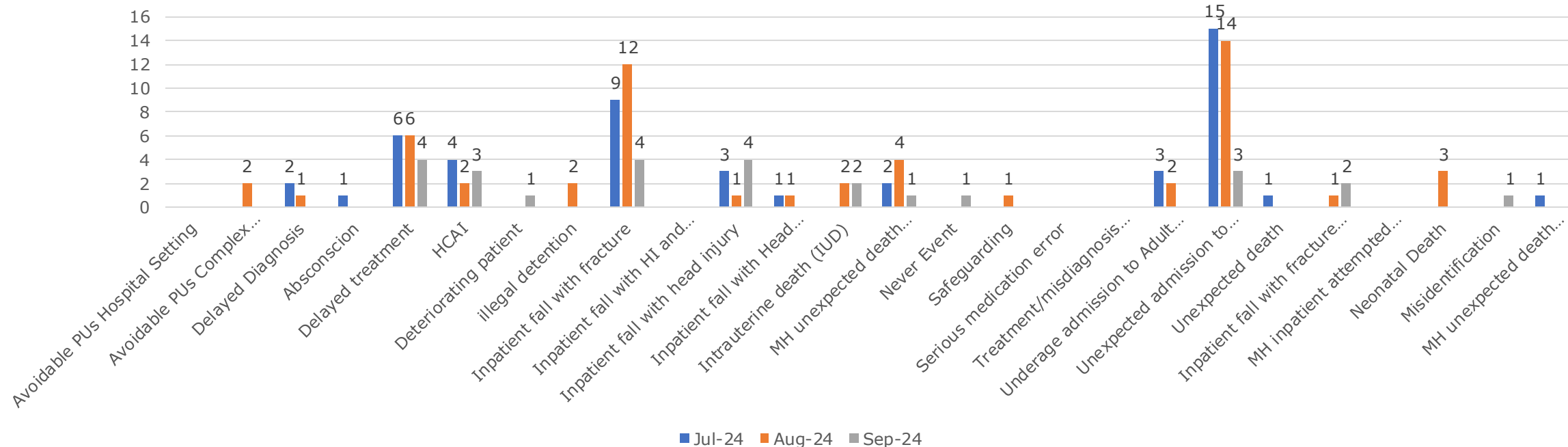
Patient Safety Incidents



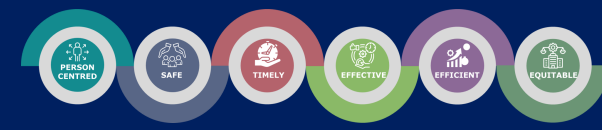
Patient Safety Incidents from 01/07/24 to 30/09/24



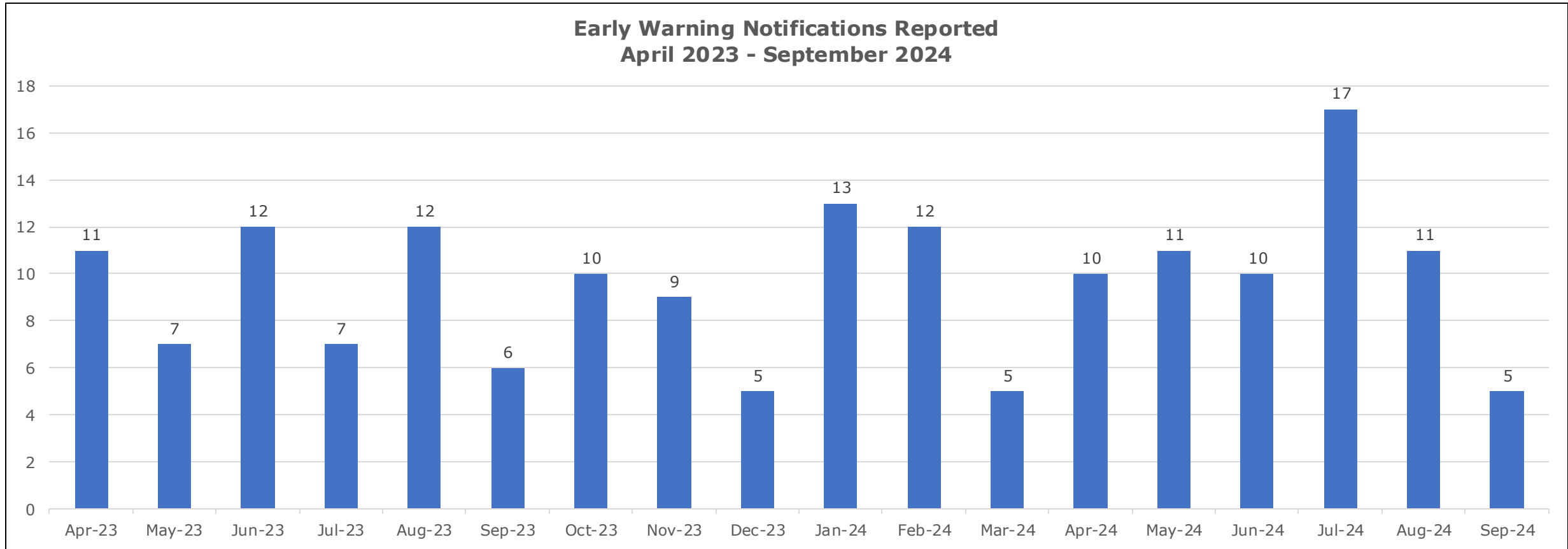
Patient Safety Incidents Captured from 01/07/24 to 30/09/24



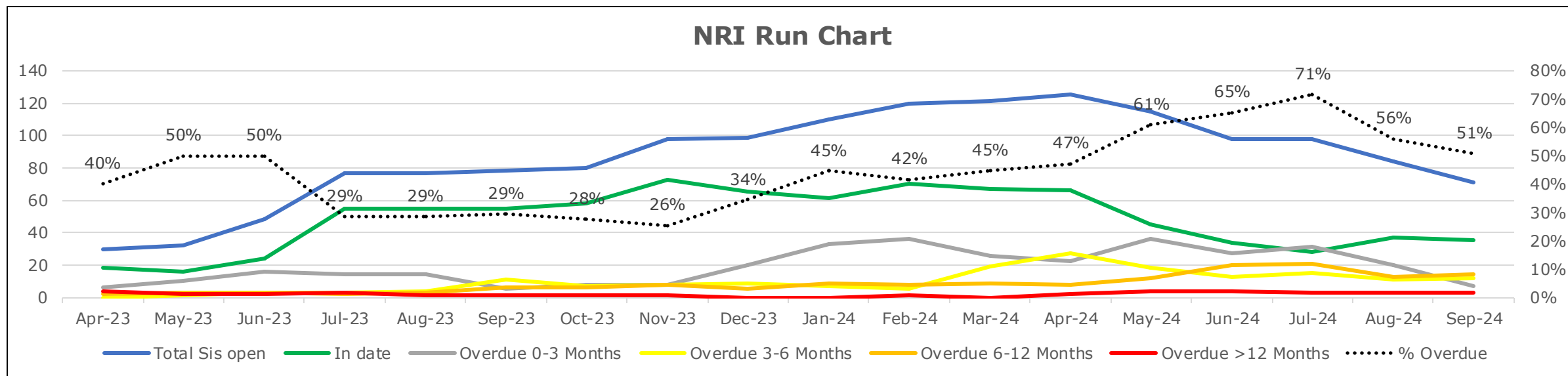
Patient Safety Incidents



There were **33** Early Warning Notifications (EWNs) reported to Welsh Government (WG) during this period; **17** in July, **11** in August and **5** in September. Themes included safeguarding concerns and patient absconsions. This is in comparison to **7** in July, **12** in August and **6** in September in Q2 of 2023/24.



NRI Closure Data



As of June 2024, the Health Board reported a deterioration in the compliance rate of closure of NRIs within the defined timeframes with 98 open NRIs, of which 64 were overdue which equates to 35%. The increase in NRIs was partly due to new reporting policies, including Healthcare Associated Infections (HCAIs) mandated as NRIs in July 2023 and additional criteria added in November 2023.

The National Patient Safety Policy initiated in May 2021 redefined the management of Patient Safety Incidents (PSIs) and made NRIs the responsibility of local Health Boards. Measures have been implemented to improve compliance, including revising the incident policy, defining roles, and establishing oversight systems. Although overdue NRIs decreased from 71% (July 2024) to 51% (September 2024), challenges such as IO appointment delays, limited availability, and coordination of meetings with key stakeholders.

Recommendations for improving compliance include regular monitoring, monthly reporting to divisional teams, enhanced communication, increased training for Investigating Officers, standardised follow-up processes, and fostering a culture of learning among Clinical Investigating Officers. These actions aim to meet NHS targets, bolster patient safety, and ensure quality care.





During this reporting period one PSI met the Never Event criteria and is being investigated as a round table exercise. Early learning will be identified and implemented following the investigation.

Notably, the Health Board had not registered a Never Event since November 2023, until this occurrence (Q2 2024/25).

Improvement Work related to historical never events – theatre safety improvement project

A programme of '**Back to Basics**' sessions is being delivered across Theatres to ensure theatre safety of procedures is reinforced as a core priority. This includes the action of 'pause for the gauze', and 'quiet for the count' the processes undertaken for swab, instrument and needle counts and how swabs are monitored and recorded on the Theatre white board. The 'Back-to-Basics' sessions also includes training to promote active listening and assertiveness among all members of the Theatre team.

An **agreed number of swab counts** will be introduced within Theatres.

When there is a change to the team responsible for the swab count, **there should be a swab count completed at this point** to ensure situational awareness of the theatre team is maintained.

A quality improvement (QI) strategy underpinned by National Safety Standards for Invasive Procedures 2 (NatSSIPS 2) is ongoing, supported by the Theatre Safety Advisor post.



Duty of Candour

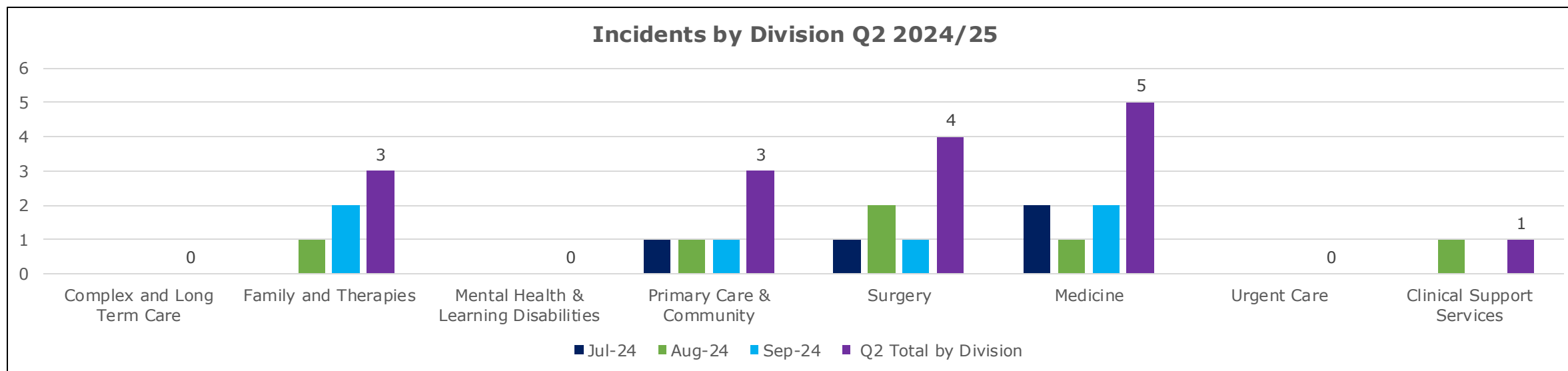


In Quarter 2 2024/25 there were **6356** incidents affecting patients reported on the Datix Cymru system. This is in comparison to 6516 incidents in Q2 of 23/24.

There have been **16** incidents that have triggered Duty of Candour. *This figure is based on the question - **Was Healthcare provided a factor?***

These incidents covered inadequate supervision resulting in a fall, Post-operative complications, Communication around discharges and prescribing, and maternity occurrences. All these incidents have undergone the formal DoC process.

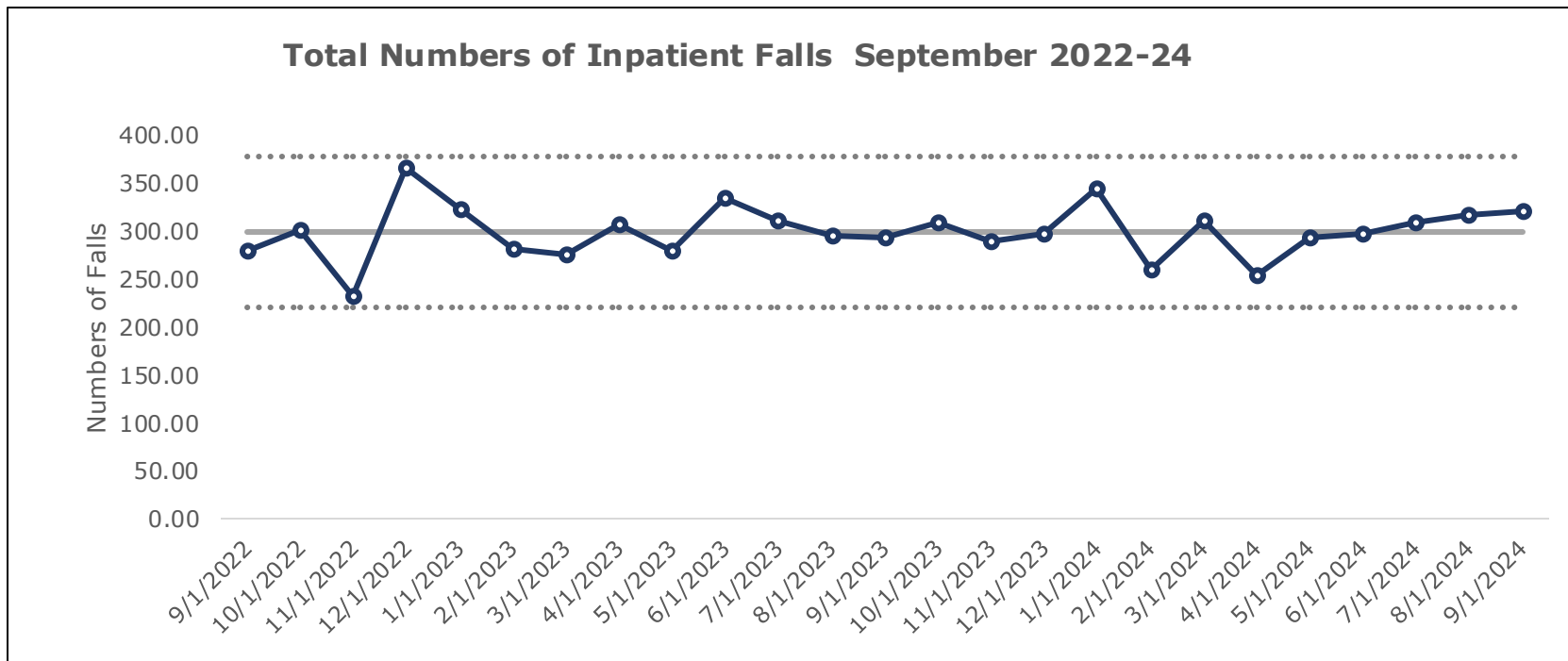
The table below shows these incidents broken down by Division.



The way in which Duty of Candour is captured on RL Datix, has been refined for the 2024/25 reporting. In the 2023/24 period DoC was triggered when the management review had, been undertaken, and harm assessed at that time as moderate and above. Therefore, **46** incidents triggered in Q2 of 2023-24. The introduction of the question of 'was a healthcare a factor' focuses the investigator on the essence of DoC harm, in that it is the delivery or lack of delivery of healthcare that has led to the harm caused to the patient/service user.



Total Numbers of Inpatient Falls



October 2024 - Context

The data used in this chart has been retrieved from RLDatix.

The data represents the collective information for ABUHB and refers to the total numbers of reported falls incidents for the period September 2022-24. This period length for this data is selected to ensure the analysis is statistically valuable.

Definitions	What the chart tells us	Variation
<p>Reported fall incidents in Aneurin Bevan University Health Board (ABUHB).</p> <p>This data was retrieved from RLDatix as the information source.</p>	<ul style="list-style-type: none"> For the given period of analysis, the mean average of fall incidents is 317 which represents an increase since the last report in July 2024. Since April 2024, a gradual upward trend has been experienced and although the values remain within control limits September has seen the highest numbers of reported falls incidents since January 2024. 	



Inpatient Falls Data by Division

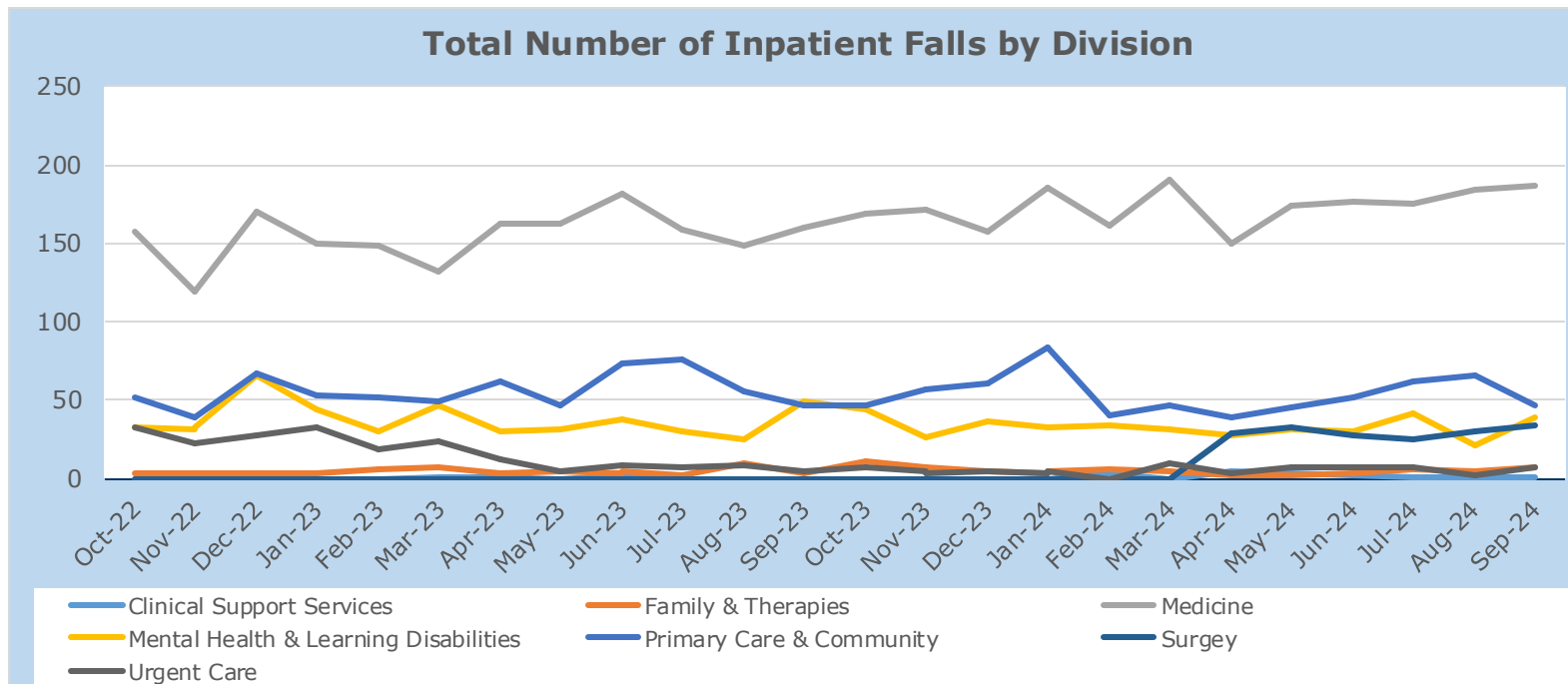


Data Sharing

All data is available to ward level for review and discussion.

Any areas of concern are flagged to QPS Improvement and Development Managers for investigation.

Falls with fractures are presented at the weekly Executive Huddle. These discussions are informed by a weekly data review.



October 2024 - Context

The data used in this chart has been retrieved from RLDataix.

The data represents the collective information for ABUHB and refers to the total numbers of reported falls incidents for the period September 2022-24. This period length for this data is selected to ensure the analysis is statistically valuable.

What the chart tells us Key Variations By Division

Primary Care and Community

- July and August 2024 has seen the highest numbers of reported falls incidents since January (62 & 66 falls incidents respectively) this has been followed by a decrease to 47 for September. This has resulted in a marginal rise in the mean average value from 50 (January to May) to 54 (July- September).

Medicine

- September 2024 represents the second highest value for reported falls incidents since March 2024 with a gradual upwards trend being demonstrated from May 2024. This has resulted in an increase in the mean average value from 172 (January to May) 176 (July to September).

Urgent Care

- Falls incidents in this environment are representative of a mean average value of 6 for the period January to September 2024.

Clinical Support Services

- Falls associated with patients attending for diagnostics are small in number with a mean average value of 2 for the period January to September 2024.

Mental Health & Learning Disabilities

- Following the peak value in the latter months of 2023 August 2024 has seen the lowest value for reported falls incidents for the year to date.(21) Mean average value of reported incidents at 32 for the period January to September 2024.

Surgery

- As of April 2024, Surgery has been represented as a data set. To date September represents the highest value of reported incidents at 34. Mean Average Value 29

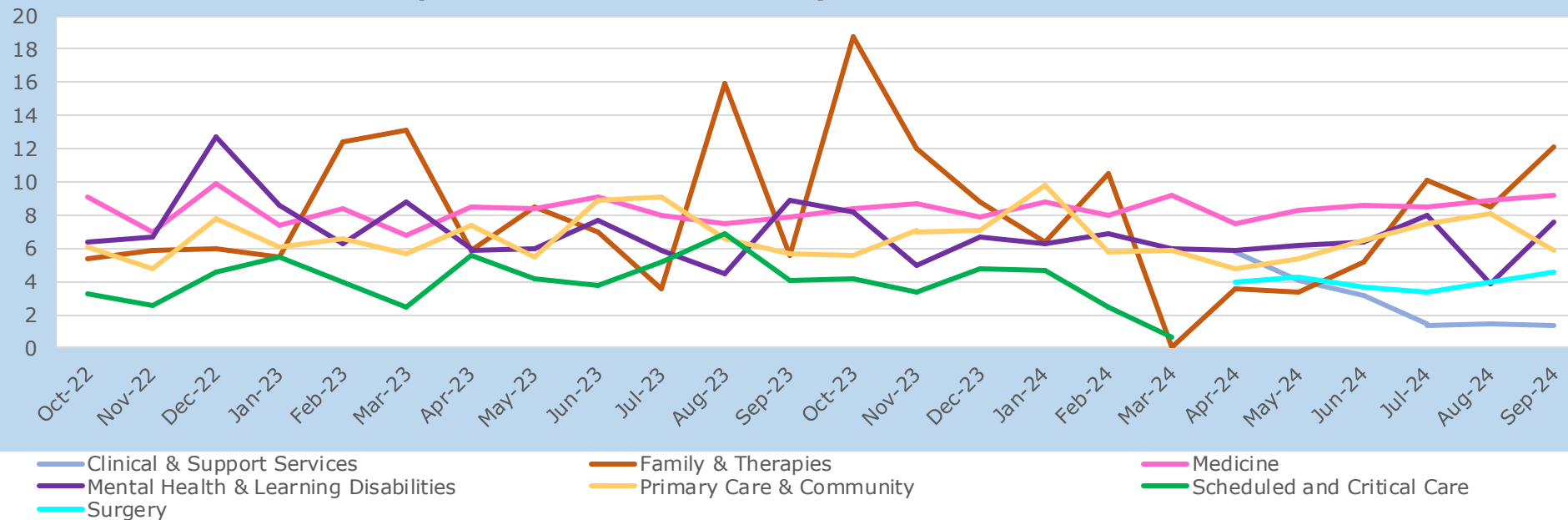
Family and Therapies

- Falls incidents are more often a reflection of patients being lowered to the floor whilst undertaking therapy. Mean average value of 4 for the period January to September 2024

Inpatient Falls Data by Division



Inpatient Falls/1000 OBDs by Division



July 2024 - Context

The data used in this chart has been retrieved from RLDatix.

It is important to consider these values in the context of numbers of patients in hospital within a given service.

For note As of April 2024, a change in Divisions is represented to include Surgery and the Clinical Support Services.

What the chart tells us

The information provided represents Inpatients Falls per 1000 Occupied Bed Days (OBD's) per Division for the period October 2022 to September 2024.

Since April 2024, the collective data has demonstrated an upward trend for the Health Board in relation to Falls incidents per 1000 OBD's. The Mean average value is 7.1 which is above the National average. This value has been impacted upon by information represented in the key variations

Key Variations

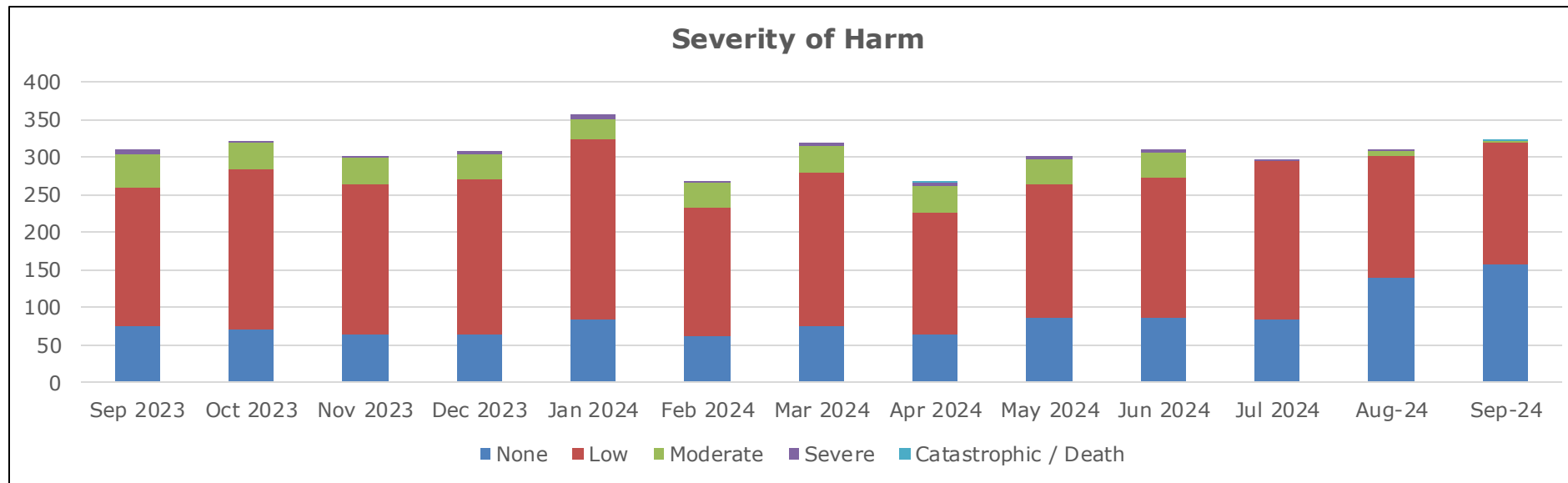
The significant downward trend represented for family and Therapies for March 2024 represents a statistical anomaly.

For the Medicines Division September 2024 has seen the highest value for number of falls per 1000 OBD's since February (9.2) with another significant peak occurring in July.

For Mental Health and Learning Disabilities September saw its second highest value (7.5) since April however August also saw the Divisions lowest value at 3.9.

Family and Therapies Division saw a significant peak in September at 12.1.

Inpatient Falls – Severity of Harm

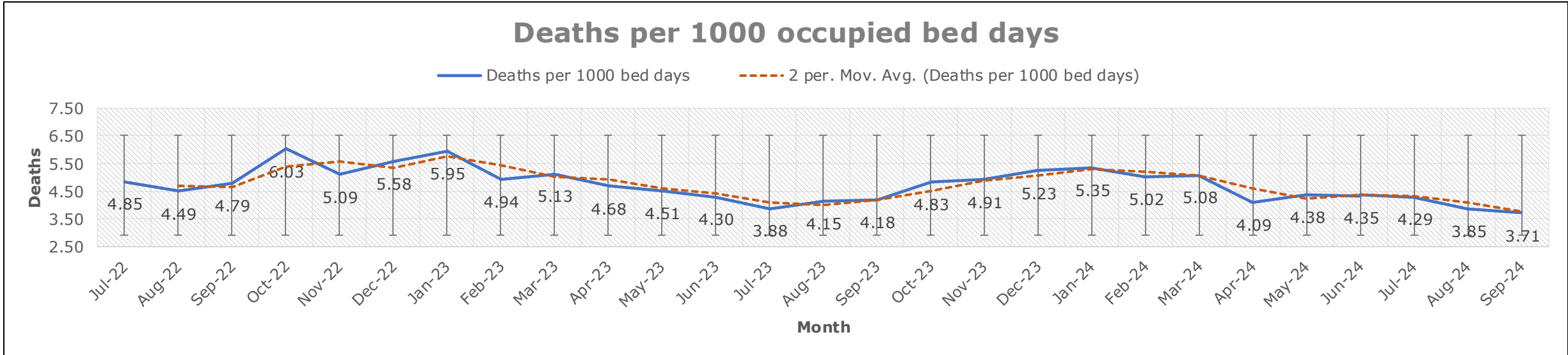
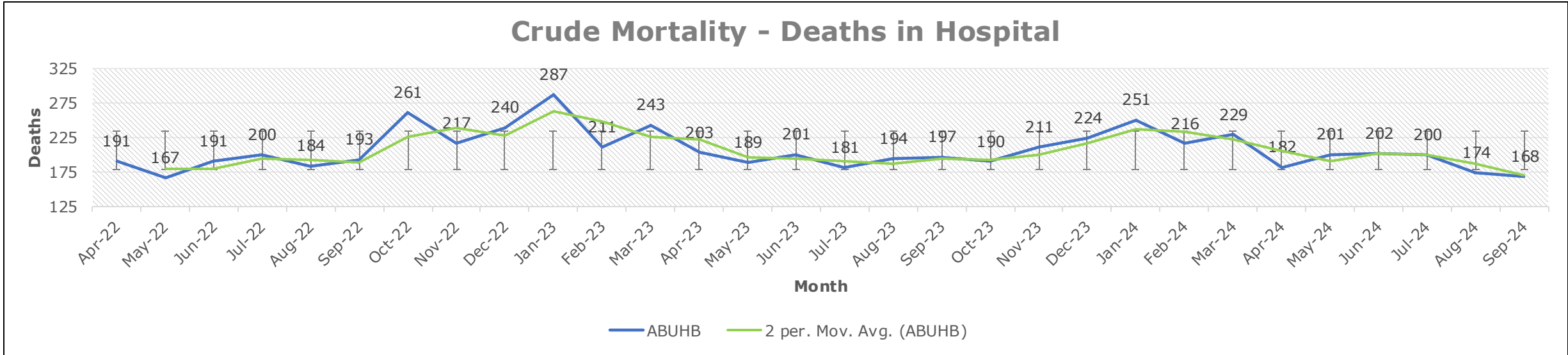


October 2024 - Context

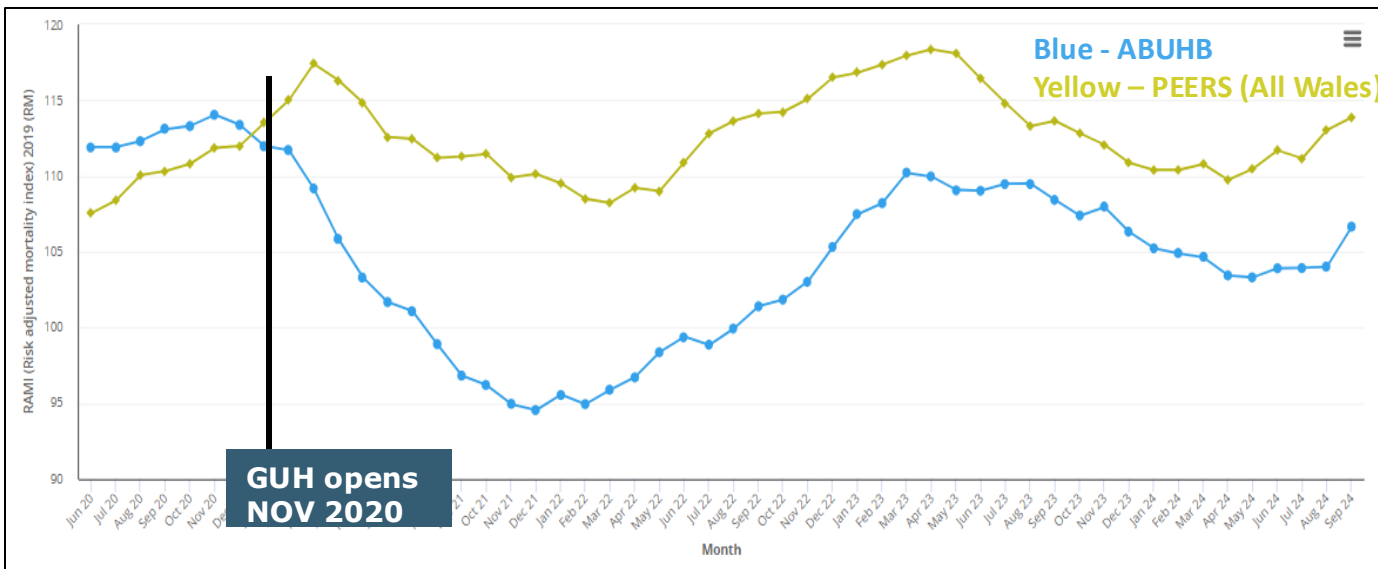
The data represents the collective information for ABUHB and refers to the severity of reported falls incidents for the period September 2022- 2024.

Definitions	What the chart tells us	Variation
<p>Reported fall incidents in Aneurin Bevan University Health Board (ABUHB).</p> <p>This data was retrieved from RLDatix as the information source.</p>	<p>Of the total numbers of falls incidents reported for which the the severity of harm is categorised for the given period is 3990.</p> <p>Of this figure the following is identified.</p> <ul style="list-style-type: none"> • 97% No or low harm. • 2.5% - Moderate harm • 0.4% Severe harm • 0.1% Catastrophic 	<p>The severity data is now reflective of the identified level of harm recorded post investigation.</p> <p>As compared to previous reports the % no or low harm is significantly higher than previously represented with a % reduction in the other associated categories of harm.</p>

Crude Mortality in Hospital



RAMI (Risk Adjusted Mortality Index)

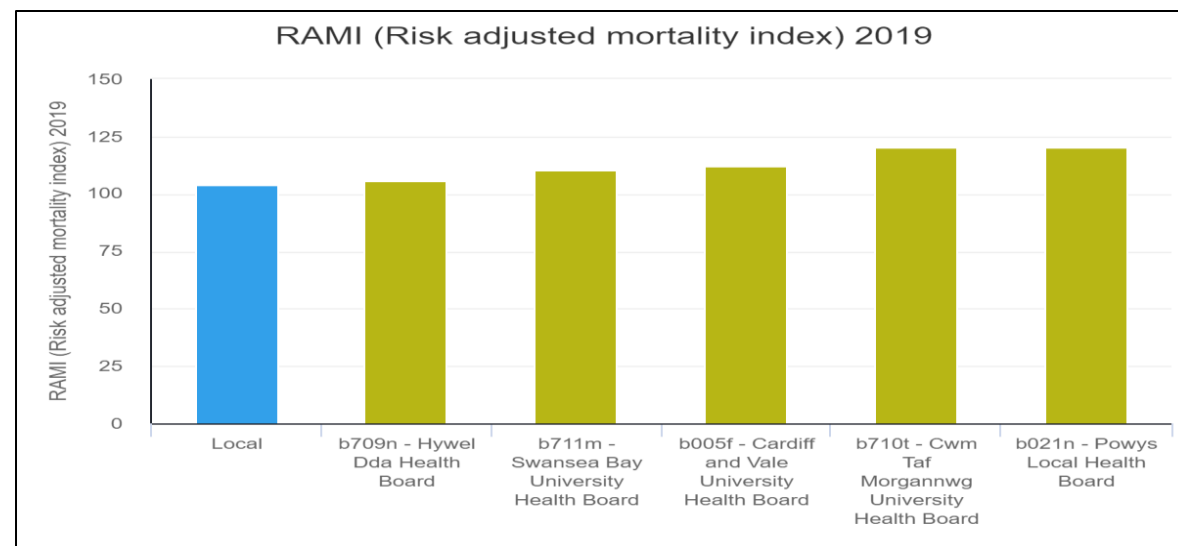


RAMI has been trending in line with peers and remains lower. RAMI is inconsistent from month to month.

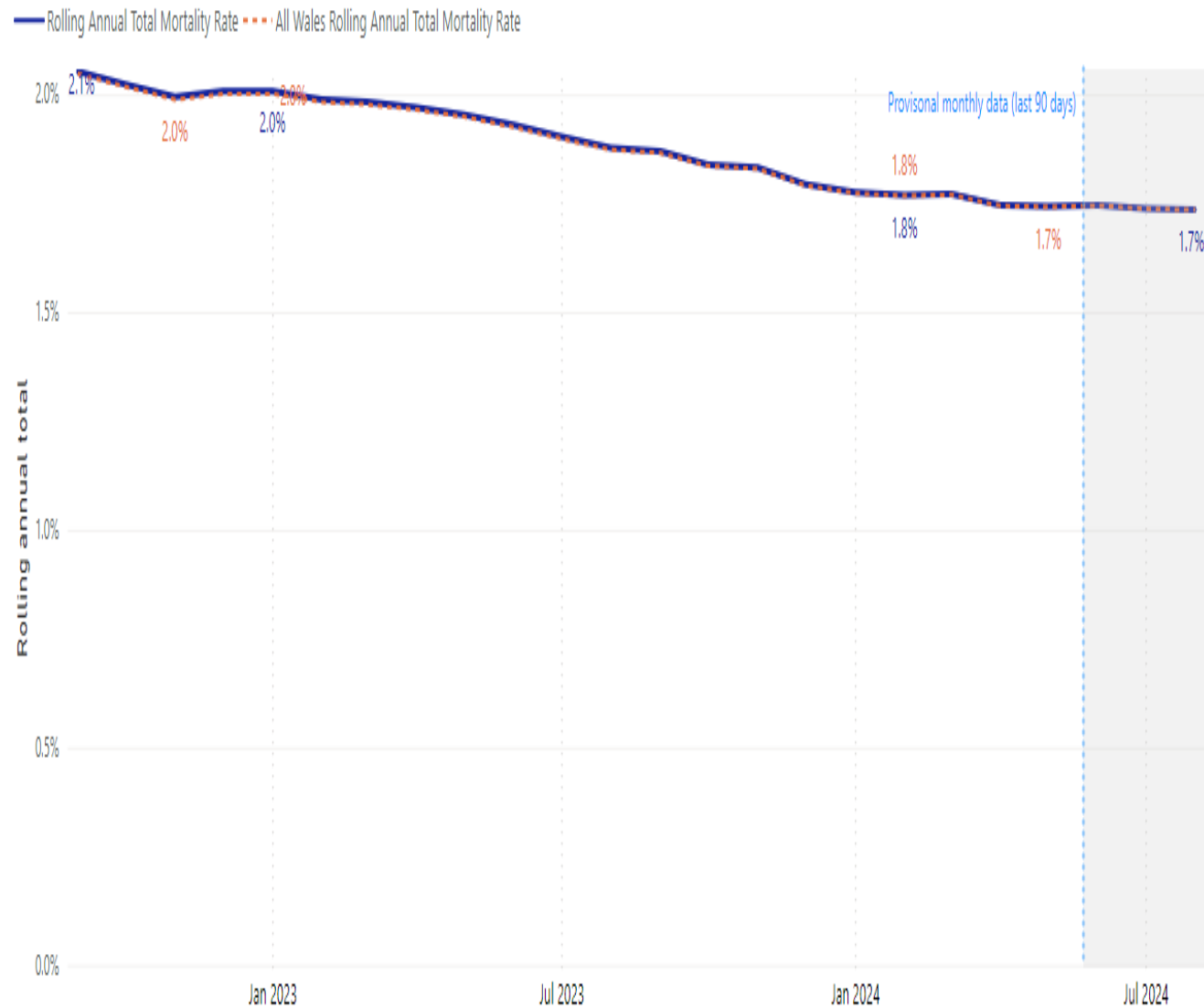
Currently performing 1st of 6 within All Wales peer group

The Health Board's Risk adjusted Mortality Index (RAMI) is 101 for Q2. The Risk Adjusted Mortality Index (RAMI) adjusts for individual patient risk factors and co morbidities and therefore allows comparison between organisations.

The accuracy of RAMI is dependent on the completion and accuracy of clinical coding.



Mortality Rate



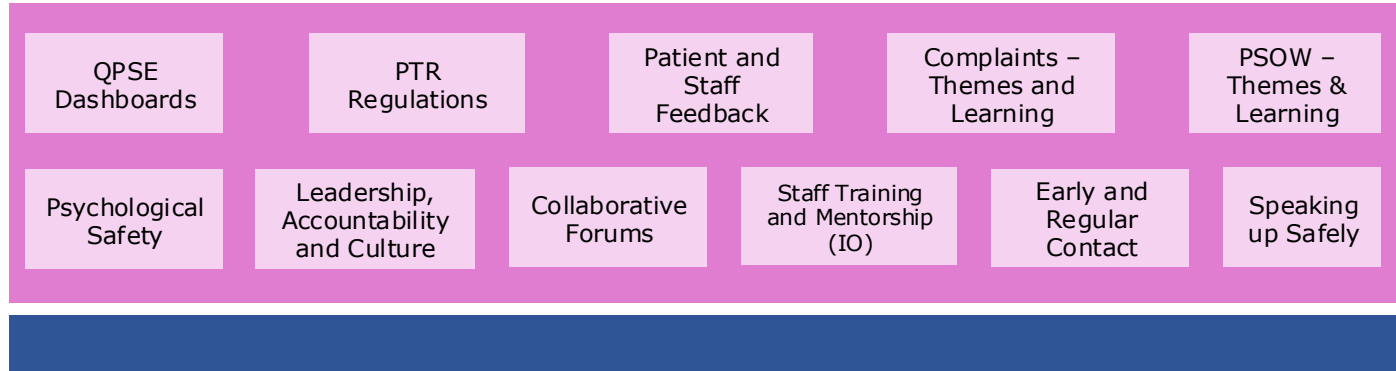
Our mortality rate remains stable and flat. Actual deaths in hospital have decreased over Q2 2024.

In 2014 Professor Palmer published an independent review of the use of RAMI and the extent to which it provides valid data and recommended a blended approach that considers numerous sources of information, in addition to RAMI, including that from mortality reviews, national benchmarking and national audit. Addition of the Health Board's learning from death report advocates several approaches to understand performance, this ensures assurance and quality improvement around death, not sole reliance on aggregated retrospective data (e.g. RAMI). This is observed in the additional mortality indicators for reporting.

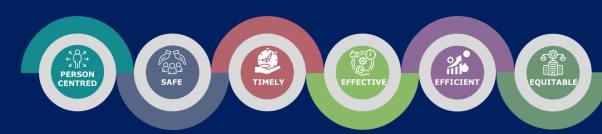


PILLAR 3

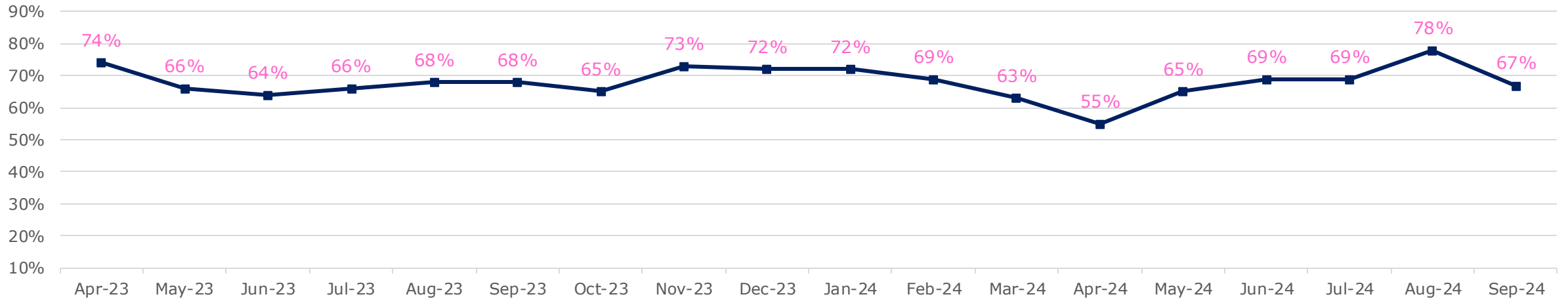
Complaints, Concerns and Compliments



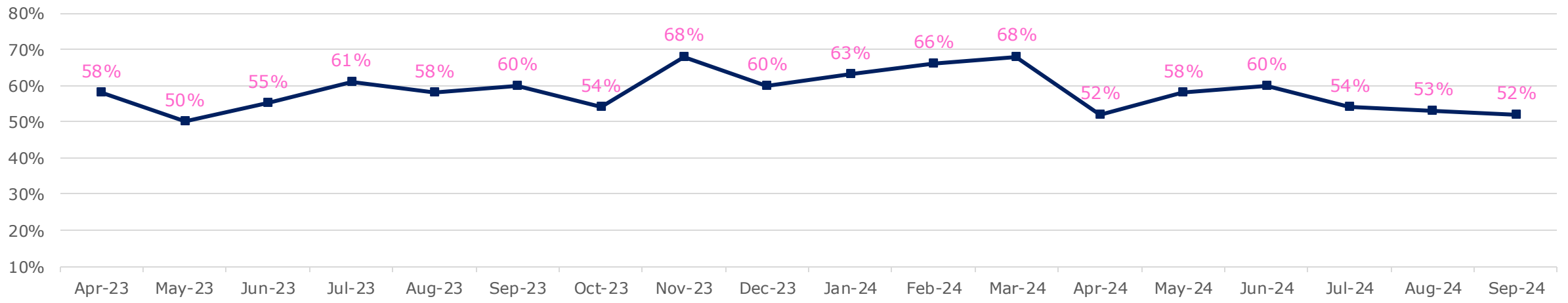
Concerns & Compliments



Early Resolution Performance: April 2023 - September 2024



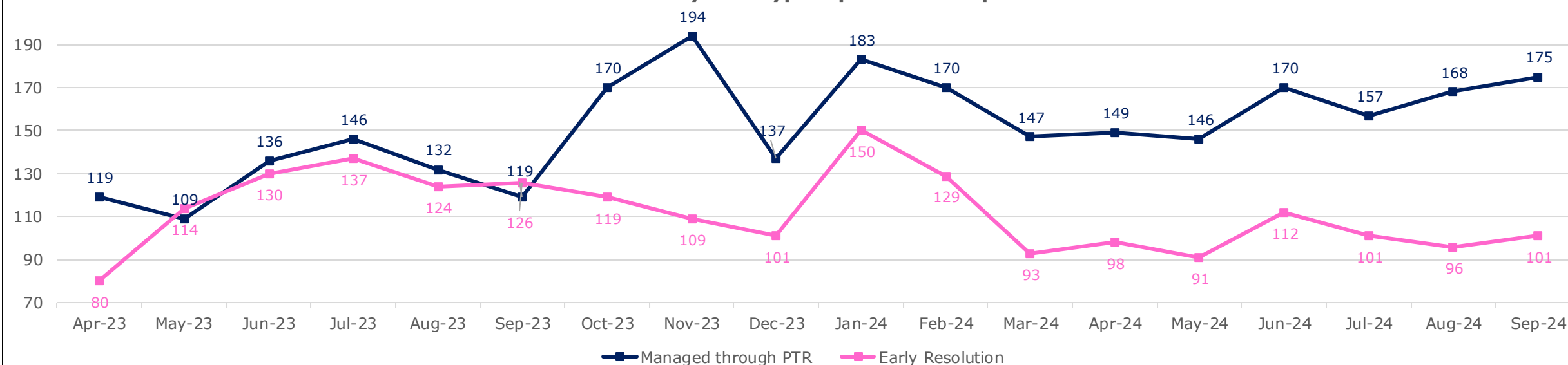
Managed Under PTR Performance: April 2023 - September 2024



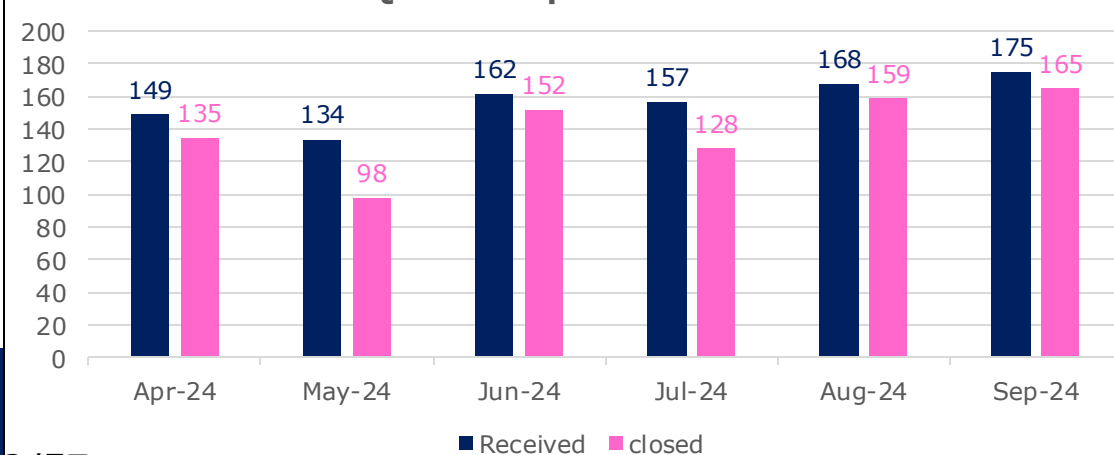
Concerns & Compliments



Concerns Received by Sub-Type: April 2023 - September 2024



Complaints Received and Closed Under PTR Q2 Jul - Sept 2024



Early Resolution has been maintained on average at 72%. The Division of Surgery, Medicine, Urgent Care and CSS have been consistently above 80% across the period.

Managed Under PTR concerns received and completed within compliance has averaged 52% across the period.

This sustained high volume of complaints has been acknowledged by external stakeholders, including Llais and the Public Services Ombudsman for Wales (PSOW), who have noted the pressures the teams are facing. The unanticipated strain on resources has required additional coordination to ensure timely responses and maintain operational standards.

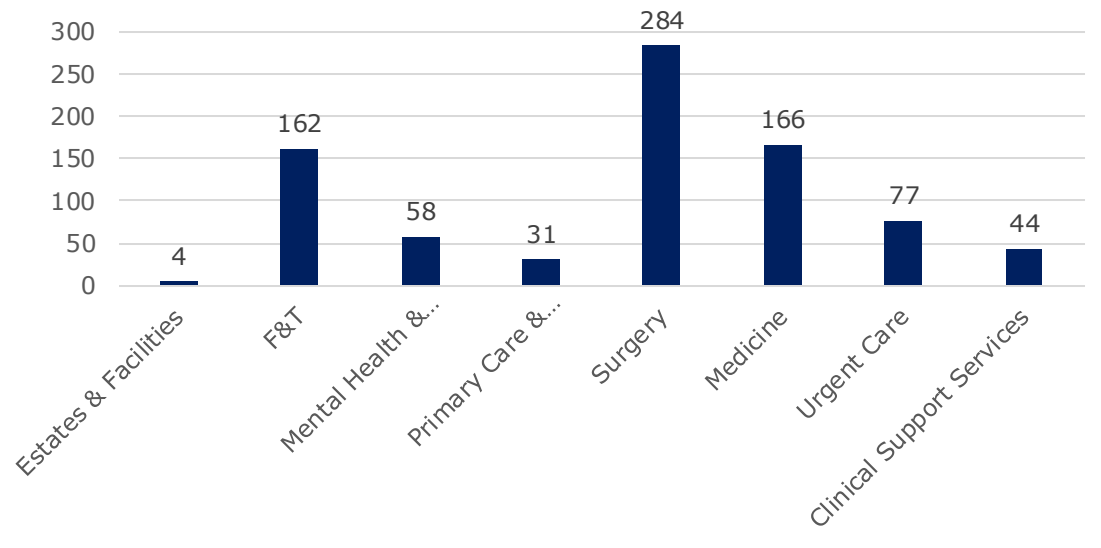
Looking ahead, we will continue to closely monitor this trend and explore strategies to alleviate these pressures, ensuring the quality of patient care and services remains unaffected.

Weekly meetings have been established with the complaints teams, along with daily huddles, to enhance communication, provide direction and support, and identify challenges within the system that are escalated after each meeting.

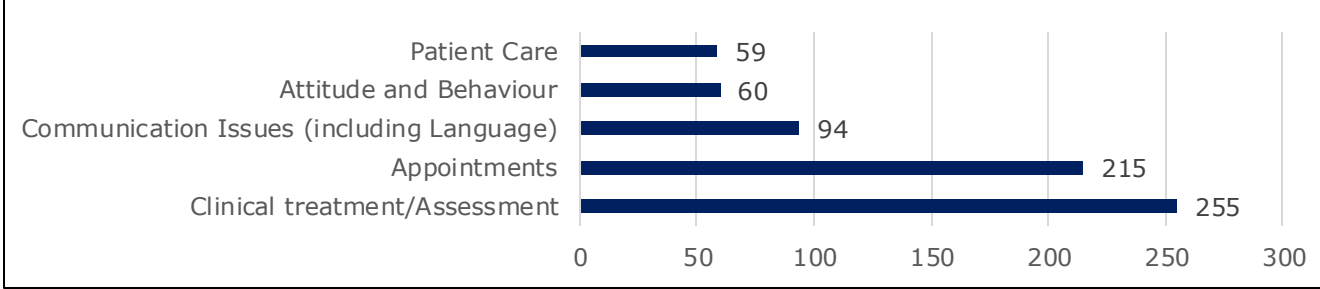
Concerns & Compliments



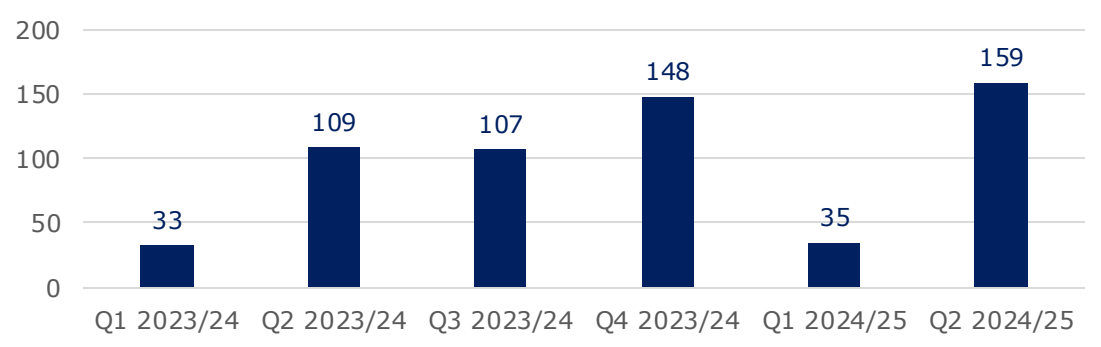
Concerns Managed Under PTR by Division Q2 2024/25



Concerns by Theme Q2 2024/25



Compliments Received April 2023 – September 2024



The recording of Compliments has continued to increase month on month, with all concerns teams being alert to identifying and recording positive comments identified within concerns received. In September there was a significant rise in the number of recorded compliments.

Clinical Support Services: Despite an increase in the number of concerns received. CSS have seen a positive upward trajectory in the management of their formal concerns exceeding the WG compliance target in September 2024. Furthermore, they have maintained 100% compliance with Early Resolution matters across the entire quarter.

Mental Health & Learning Disabilities: Although the Division's compliance with formal concerns is lower than expected, they are consistently reducing the number of open concerns each month. Early resolution compliance has remained steady across the reporting period.

Surgery: Continues to hold the second highest number of formal concerns by Division. However, compliance has averaged around 56.65%. September, Surgery accounted for nearly half of the formal concerns received across the entire organisation. Early Resolution performance has consistently remained above 95% throughout the reporting period.

Medicine: Compliance has continued to improve throughout Q2, averaging 53.52% against the Welsh Government (WG) target. Early Resolution has also shown a positive trend, consistently staying above 80% during the period.

Urgent Care: Successfully halved the number of open formal complaints between July and September. The division has maintained excellent Early Resolution compliance during this period, achieving 100% in the last two months of the quarter.

Primary Care & Community: has performed exceptionally well, reducing the number of formal concerns by 50% from July to September.

Family & Therapies: The quarter began very well, with a slight decline in August, but an increase in compliance by September. Early Resolution showed a positive improvement in August, though it tapered off towards the end of the quarter.

Estates & Facilities: As always, the Division have been 100% compliant with closing their concerns.

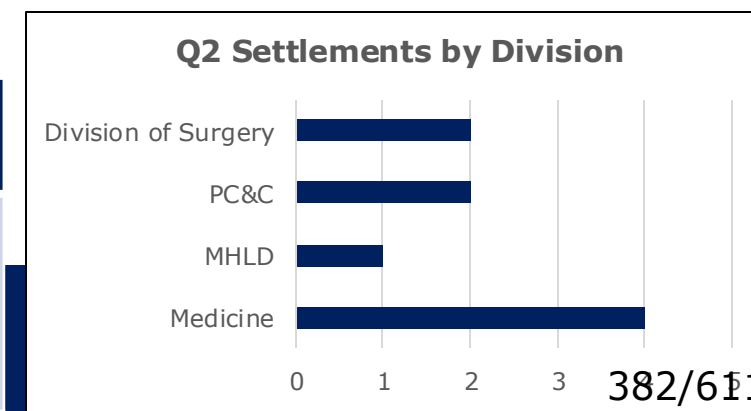
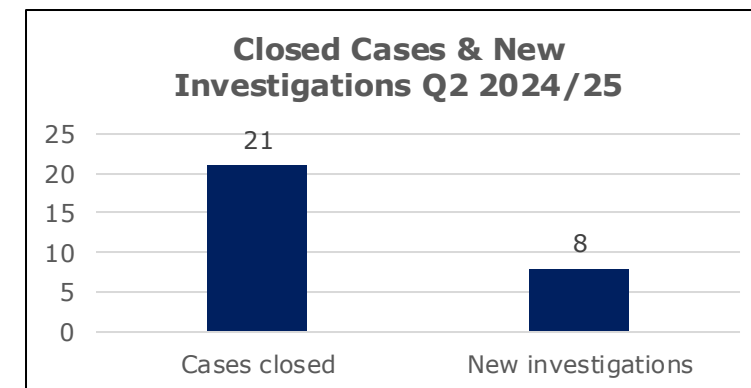
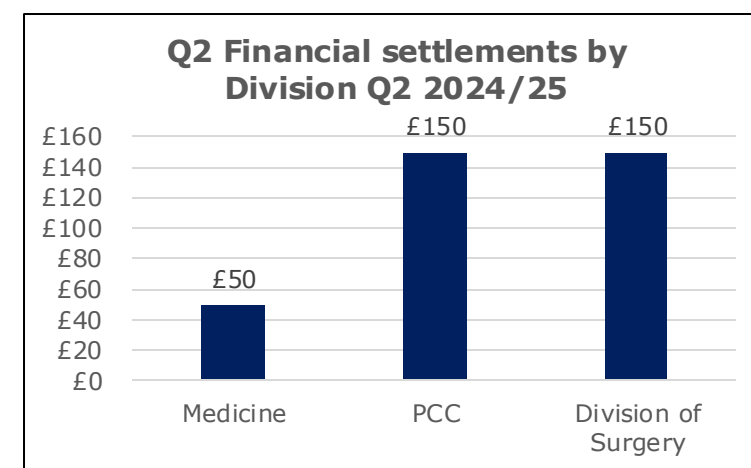
PSOW Q2 2024/25



Issue	Learning & Improvement
<p>1 PSOW Report was upheld F&T</p> <p>The PSOW considered that the Health Board had failed to offer advice regarding hydration and leg exercises:</p>	<p>1. Quality and Patient Safety Managers have devised an Educating and Recommendations After Significant Events (ERASE) poster, which has been shared throughout their respective teams, highlighting the Ombudsman's findings and ensuring learning from the case is shared.</p> <p>1. The Service Manager for Obstetrics and Gynaecology, along with the Bladder & Bowel Nurse Service and Sexual and Reproductive Health, has consulted with the Lead Consultant in Obstetrics and Gynaecology. They have implemented a discharge information sheet on Ward A3 that includes the following guidance:</p> <ul style="list-style-type: none"> - Advice on worsening symptoms - Contact details - Recommendations for fluid intake to prevent dehydration - Post-discharge advice that covers: <ol style="list-style-type: none"> a) Leg exercises and the use of Thrombo Embolus Stockings (TEDS) b) Guidance on using fragmin c) Recommendations for antibiotic prescribing d) Hygiene practices for wound management."

Of all settlements across this period, a third resulted in financial payments. Positively this is more than 50% less than the previous reporting period.

The main issue across the reporting period related to delay in clinical assessment and provision of pain relief. Subsequent learning identified was regarding the importance of giving clear and explicit worsening recall advice whilst patients are awaiting OOH assessment. As a result, the Dr has been asked to discuss this case and his reflections at his annual performance appraisal. Reflective discussion to be facilitated with the wider UPC clinical team at the next Clinical Continuous Professional Development (CPD) meeting to ensure meaningful learning at service level.



Issue	Action	Learning and Improvement	Who	When
PSOW interventions	Future PSOW recommendations will be captured on the Health Board's Datix system.	The aim is to improve timely compliance with recommendations put forward by PSOW and ensure that these can be regularly monitored and reported upon	PTR Team	November 2024

PTR – Achievements Q2 2024/25

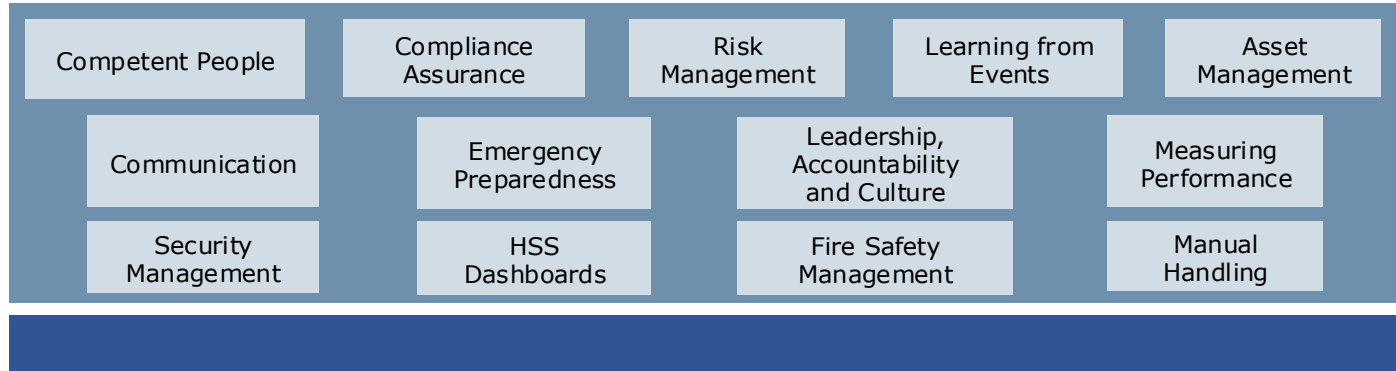


Achievements	Update
PTR Policy updated and shared at Board	The PTR policy has been updated to reflect the latest legislation and PTR regulations and is now available via the PTR intranet page.
PTR Annual Report completed and shared	The PTR Annual Report has been compiled and shared with the Board. The report outlines the challenges faced in the previous year and establishes the goals and priorities for the upcoming year
Training/Divisional Relationships	Bespoke training continues to be delivered by the Senior QPS Manager to complaints teams to ensure data recording and validation is accurate from the outset of the concerns file.
Collaborative PTR meeting with key internal stakeholders	A collaborative meeting was held in early September with key stakeholders of the PTR teams including Complaint Coordinators and managers, MS/MP and PALS teams to map and define the stages of the PTR process. This offered an opportunity to consider the changes to internal complaint handling processes that were undertaken following centralisation. The aim was to refresh the key focus for the PTR team as a whole moving forward and to reinforce complaint management priorities and strengthen team cohesion.



PILLAR 4

Health, Safety and Security

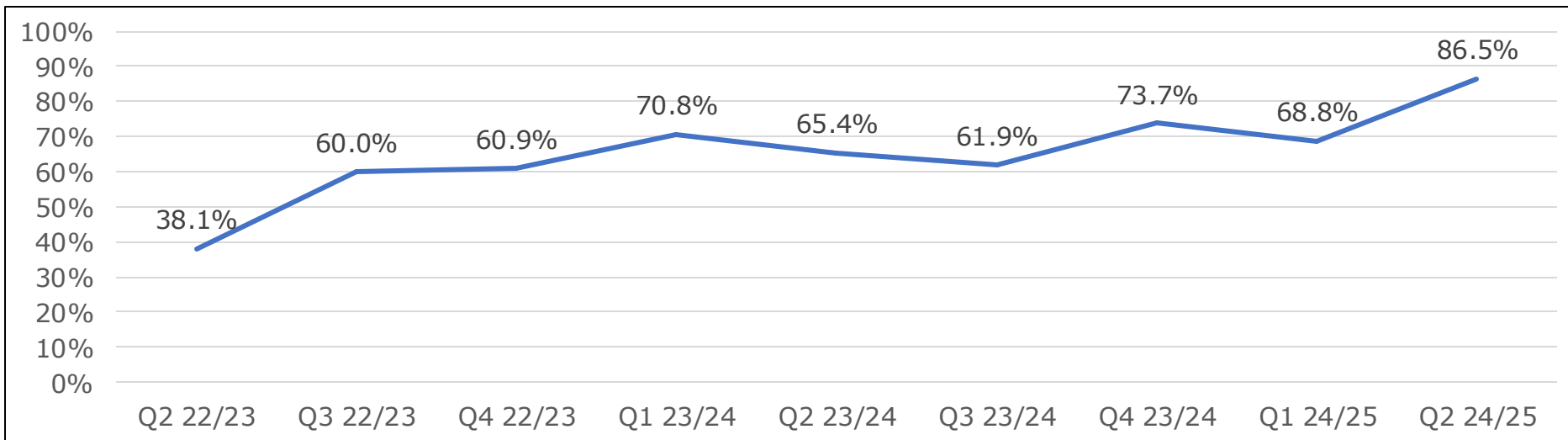




Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

During Q2 (July to September 2024) the Health Board have reported **22 incidents** to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

86.5% of these cases were reported within the legal timeframes within the legislation.





Health and Safety Statutory and Mandatory Training

At end of September 2024 training compliance for the Health Board was reported as:

There has been a slight decrease in compliance with health & safety and fire safety compared with the previous report, however, compliance with Manual Handling has increased significantly.

Health & Safety	86%
Fire Safety	83%
Violence & Aggression	86%
Manual Handling	68%

Health and Safety Training for Senior Leaders

IOSH Safety for Executives and Directors being planned for Q3 2024/25.





Anti Social Behaviour (ASB) Review Bettws Health Centre

An application has been submitted to Newport City Council to activate an ASB Case review under Section 104, Anti-Social Behaviour, Crime and Policing Act 2014.

A multiagency panel will be brought together to review the case in November 2024.

Recruitment of Violence Prevention & Reduction Lead

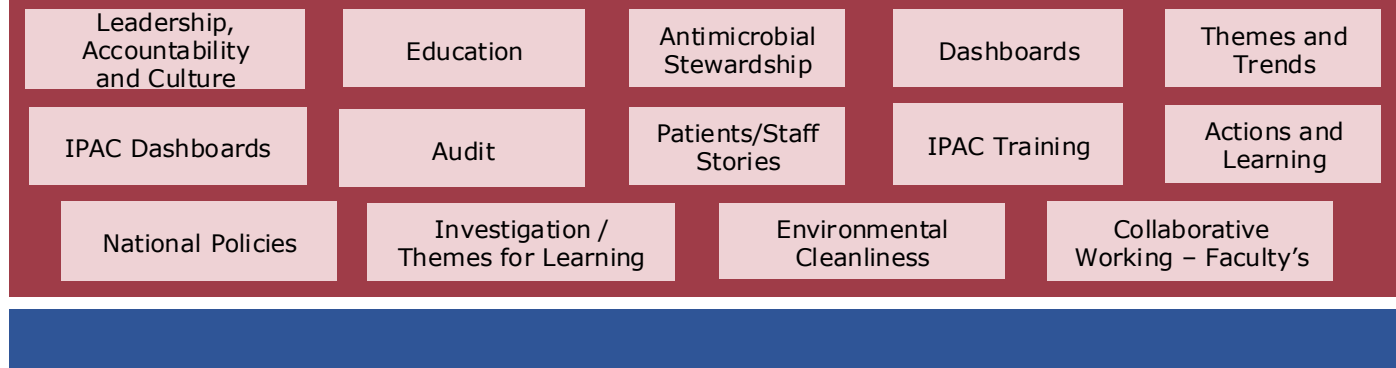
The Health Board have been successful in recruiting a Violence Prevention & Reduction Lead.

The successful applicant will be onboarded in November 2024 and will commence work on a gap analysis against the Violence Prevention & Reduction Standards.



PILLAR 5

Infection Control and Prevention



Infection Prevention



All Wales – Current FY count of specimens

■ < than same period last FY
■ = same period last FY
■ > than same period last FY

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	152	8	94	184	66	21
Betsi Cadwaladr UHB	193	7	79	281	64	11
Cardiff and Vale UHB	111	3	90	147	66	18
Cwm Taf Morgannwg UHB	81	3	66	179	49	9
Hywel Dda UHB	109	5	67	189	54	13
Powys THB	15	0	1	0	0	0
Swansea Bay UHB	132	3	56	117	60	7
Velindre NHST	2	0	1	5	6	0
Wales	795	29	454	1102	365	79

All Wales – Current FY rate per 100,000 population

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	51.26	2.7	31.7	62.06	22.26	7.08
Betsi Cadwaladr UHB	55.94	2.03	22.9	81.44	18.55	3.19
Cardiff and Vale UHB	43.79	1.18	35.51	57.99	26.04	7.1
Cwm Taf Morgannwg UHB	36.38	1.35	29.65	80.4	22.01	4.04
Hywel Dda UHB	56.45	2.59	34.7	97.89	27.97	6.73
Powys THB	22.35	0	1.49	0	0	0
Swansea Bay UHB	68.66	1.56	29.13	60.86	31.21	3.64
Velindre NHST						
Wales	50.63	1.85	28.92	70.19	23.25	5.03



C. difficile antibiotic root cause analysis themes



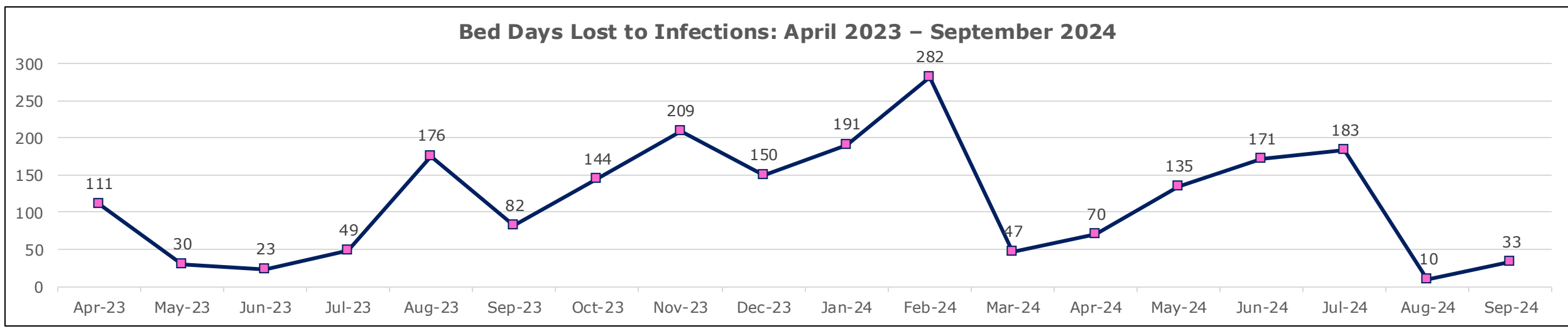
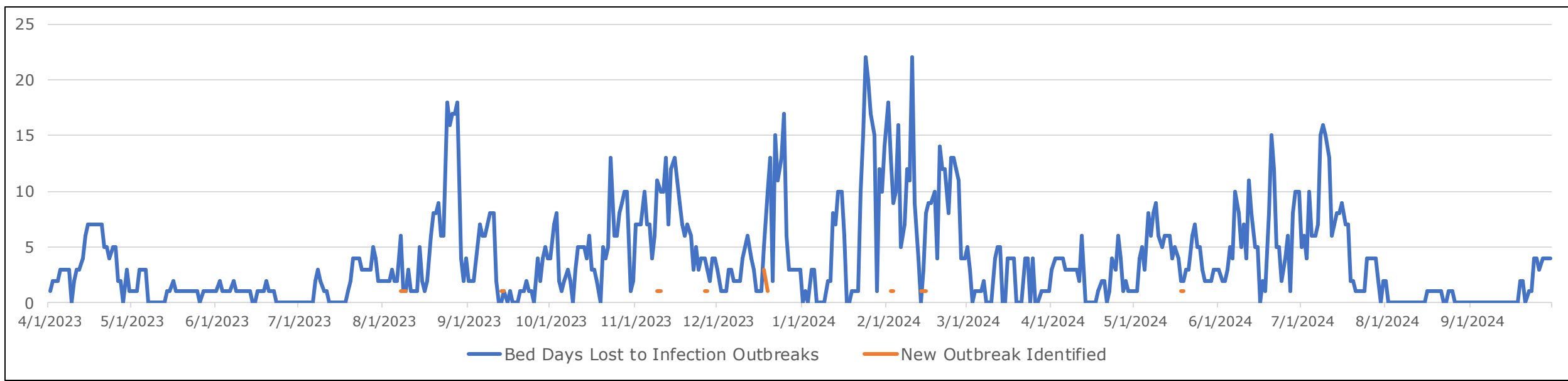
September 2024

Antibiotic findings	HCAI	CAI	Relapse	Grand Total
No antibiotics received		1		1
No suboptimal antibiotics	6			6
possible suboptimal use - no increased risk	2	1		3
Possible suboptimal use - increased risk of C.diff	6			6
Awaiting GP response		4	1	5
RCA pending	2	3	5	10
Grand Total	16	9	6	31

- 6 suboptimal antibiotics (19%), all HCAIs, but with no specific themes
- 2/6 patients on acid-suppressing medicine did not have it held whilst on antibiotics
- Trend: Suboptimal antimicrobials, increasing the risk of *C. diff*:
 - 23/24 FY: **23%** (53/229)
 - 24/25 Q1: **21%** (14/66)
 - 24/25 Q2: **15%** (12/82)



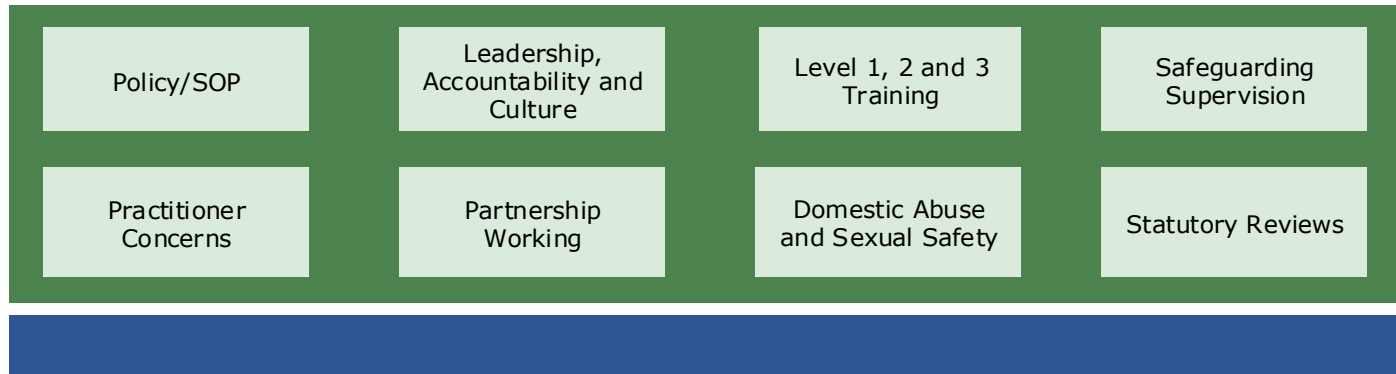
Infection Prevention – Bed Days Lost



Bed days lost due to respiratory illness

PILLAR 6

Safeguarding



Safeguarding – Training Compliance



Training Module	Compliance %
Adult Safeguarding Level 1	87%
Children Safeguarding Level 1	86%
Adult Safeguarding Level 2	90%
Adult Safeguarding Level 2	88%

Safeguarding Training continues to be provided and monitored, in line with the recommendations of the Intercollegiate Documents for Safeguarding of Children and Adults.

All training for Safeguarding level 1 and 2 is now above the required 85% compliance.

Level 3 Children's and Adults training continues to be a challenge and further work is required across the Health Board to ensure that this is mandated to staff appropriately via ESR and that compliance data can then be analysed.





The Wales Safeguarding Procedures Section 5 have an overarching aim to ensure that children at risk and adults at risk are safeguarded from individuals who may pose a risk in the setting within which they work or volunteer.

There has been a steady increase in the number of cases managed under Section 5 by the five Gwent Local Authorities and serious allegations can take a long time to be processed by Police, sometimes resulting in staff being unable to work for prolonged periods. Therefore, delays in cases reaching their conclusion has impacted on:

- Staff wellbeing
- Completion of internal investigative processes
- Duty of Candour being fulfilled in a timely manner
- Closure for patients and/or their representatives
- Staffing and recruitment

At this current time the Corporate Safeguarding Team are working with Divisional and Directorate Leadership teams to ensure:

- Early and meaningful engagement with patients and their representatives to explain safeguarding processes, manage any anxieties and establish their wishes
- Timely completion and review of risk assessments to ensure protective measures are put in place for all parties whilst investigations are ongoing
- Regular meetings take place with external agencies to ensure that cases are not overlooked and that we are providing support to the investigation in a timely way
- Appropriate escalation to Executive Leadership and completion of EWN as appropriate
- Provision of regular feedback and wellbeing support for the staff member involved



Good Practice

Section 2

Accreditation

- Diverse Cymru's Cultural Competence Certification Scheme is an award winning workplace development tool to help organisations implement good workplace practice, ensuring services are fair and equitable for Black, Asian and Minority Ethnic people in Wales.
- "We believe that an organisation that understands and appreciates cultural difference will promote diversity, inclusion and belonging so that individuals of all backgrounds feel respected and valued. Practicing cultural competence will enable an organisation to attract the best talent as employees and to provide fair and equitable services for everyone."

Achievement

Addressing health inequalities with a focus on the MBRRACE report, access to services, PREMS and PROMS, leadership and cultural change

Completed service improvement initiatives, changes in practice and innovation to include over 300 items (e.g., maternity volunteer service, multifaith celebrations, black and brown torsos and dolls for training, modest uniforms for staff, improved translation services, mandatory training in E,D,I including unconscious bias training, bespoke antenatal services like Bengali women's antenatal class, 'Welcome' support for Afghan women, Hungarian mothers coffee and chat, and more).

Completed self assessment and evidence document.

Ward

- First (and only) maternity service in Wales to achieve the **Silver distinction** accreditation (embedding excellence in cultural competent practice)
- First maternity services in Wales to achieve accreditation (alongside Powys maternity and RCM Wales)
- Awarded by the First Minister for Wales
- ABUHB have supported maternity services in Wales, and Guernsey, to work towards accreditation
- We are supporting a midwife from ABUHB as lead midwife for equality, diversity and inclusion in a secondment to Welsh Government
- Aiming for Gold accreditation next year

Diverse Cymru Cultural Competency Accreditation: Patient Experience and Involvement Team



- Following a self assessment and verification by Diverse Cymru, the Patient Experience and Involvement Team have been awarded a **SILVER AWARD DISTINCTION**.
- This Award is a symbol of recognition for the organisations that have embraced and implemented **culturally competent practises** and are committing to the process of continual improvement in this area.
- Evidence of progress was submitted to reflect culturally competent practice in areas of the Patient Experience work programme including:
 - Staff recruitment and training
 - Volunteering (including recruitment, reasonable adjustments and marketing)
 - Listening and Learning
 - Dementia
 - Chaplaincy Services
 - Bereavement
 - Engagement
 - Patient Experience Activities



Celebrating Success – Patient Experience and Involvement Team

Volunteering Awards

- Winners of GAVO Blaenau Gwent Awards for Ffrind I Mi
- Winners Stroke volunteers won the Caerphilly GAVO awards
- Finalists at TVA awards
- Finalist for Stroke Volunteering at Newport GAVO Awards

Patient Experience and Involvement Awards (October 2024)

- Chief Nursing Officer for Wales Excellence Award (Lead Nurse, Dementia)
- Margetts Scholarship Award (Clinical Skills Trainer)



Areas of Focus

Section 3



- Additional governance and oversight implemented to address concerns about the assurance of safety and quality of services within the Mental Health and Learning Disability Division.
- A structured improvement plan was developed to manage serious incidents and improve safeguarding, quality, safety, and governance practices.
- Progress with delivery of plan has led to de-escalation of Division internally
- The plan targeted initial areas of concern and launched wider initiatives aimed at workforce modelling, leadership enhancement, performance, risk management, and transformative service changes.
- Notable achievements include the appointment of a new Divisional Director, staff engagement workshops, enhanced governance, better processes for learning from deaths, and progress in delivering sustainable improvements.
- Further improvement work is focusing on integrating governance (new Mental Health Board Committee) and assurance processes, improving patient security, staff welfare, cultural initiatives, and addressing persistent problems with the patient information system.
- Continuous reporting on quality, safety, and governance will continue through various committees, and the Division will conduct bi-weekly Divisional Assurance Meetings to maintain a consistent emphasis on improvement.
- Recent positive HIW visits in 2 Mental Health facilities – Ty Lafant and Carn y Cefn (YAB)

Urgent and Emergency Care: Focus on Patient Safety and Experiences

- New Operational Framework developed to support the management of departmental / Unit, site and system risks.
- Weekly Safety Flow (Enhanced Monitoring) cross-Divisional meetings focus on dynamically reviewing and evolving practice and processes to improve outcomes, efficiencies and patients' experiences.
- Emergency Department Triggers revised to reflect system demand, acuity, flow and capacity, focussing on patient safety to expedite transit aligned to patients' needs.
- Improved system escalation processes enacted dynamically via the Operations Directorate, ensuring that senior support is mobilised, actions taken and accountability to manage evolving system risks.
- Safe-to-Start processes and principles being reviewed with the aim of empowering specialties to take greater accountability for their demand, risk and flow profiles to support first floor services / risks, to enhance the quality of care provided and to improve patients' safety.
- New Transfer Lounge with increased capacity being operationalised at the GUH (Q4, 2024//25) to improve the timeliness of flow and to generate an earlier bed capacity profile.



Sepsis Progress Report – Update



Conducting a scoping exercise to understand current practice of sepsis management and to improve sepsis awareness, treatment, and outcomes across our Health Board. Work to date includes:

- **Awareness Campaigns:** Posters such as “THINK Sepsis” and “Spotting the unwell child” are displayed in the Emergency Department (ED) and Children’s Emergency Assessment Unit (CEAU) to raise awareness among patients and staff.
- **Sepsis Group:** A dedicated Sepsis Group meets bi-weekly in ED to monitor and review sepsis treatment and compliance. Feedback is given to staff, highlighting areas for improvement and recognising excellent work. Sepsis stars are awarded when good work is identified. Use of database monitor to progress and to recognise trends.
- **Education:** ED Practice Educators provide informal teaching and deliver training on managing deteriorating patients to new staff during induction.
- **Sepsis Board:** A sepsis board in the ED helps keep staff informed in the department and raises awareness.
- **Safety Netting:** CEAU staff provide safety netting information to patients and next of kin upon discharge, emphasising the signs and symptoms of sepsis.
- **Triage Tool:** The “Could this be Sepsis?” triage tool has been in use in the CEAU since July 2024.
- **Case Reviews:** The Health Board reviews all sepsis cases from the previous three months to share best practices and areas for improvement with staff.
- **Monitoring Tools:** A pro forma is used in CEAU to monitor open access calls and GP clerking. Weekly reviews ensure appropriate actions are taken.
- **Escalation Protocols:** Paediatric patients showing red flag signs of sepsis are escalated for urgent senior review.

These efforts aim to improve sepsis awareness, treatment, and outcomes across our health board.



Sepsis Progress Report – Future Work



- Welsh Government released a circular recommending adoption of the Early Warning Score systems throughout Wales, includes:
 - National Early Warning Score 2 (NEWS2), National Paediatric Early Warning Scores (PEWS), New-born Early Warning Track and Trigger 2 (NEWTT2), Maternity Early Warning Score (to be confirmed)
- This initiative aims to ensure high-quality, safe, and effective care and will need to be implemented through a collaborative approach.
- To achieve compliance with this, a scoping exercise is underway to assess the health board’s current sepsis management, focusing on workforce, education, resources, and current guidance, while identifying good practices and areas for improvement.
- Current and Upcoming Initiatives to support this work
 - **Sepsis Screening Tool:** Development of a new tool for Adults, Paediatrics, Neonatal, and Maternity to complement NEWS2, PEWS, NEWTT2, and MEWS.
 - **Workshop 29th November:** A forum for staff to contribute to a two-year Sepsis strategy, setting out aims and objectives for the next two years.
 - **Safer Care Partnership:** Acute deterioration workstream is being run by NHS Exec and will run parallel to this work. This focuses on implementation of NEW2 and Call 4 Concern (Martha’s rule).
- Key Actions and Groups to deliver this work
 - **Deteriorating Patient Working Group:** Long standing group within the Health Board to address patient deterioration. Recently updated the Acute Deteriorating Patient Policy.
 - **Sepsis Working Group:** Group formed to focus on improving sepsis practices.
- Both Groups consists of a patient facing multidisciplinary team (MDT) from Medical, Nursing, Physiotherapy, Pharmacy, Microbiology, and Quality and Patient Safety.

These efforts are part of a broader strategy to enhance sepsis care and patient outcomes across the Health Board. Sepsis is a workstream for year two of the quality strategy and a workplan is being developed.



Ward / Team Accreditation



Ward / Team Accreditation creates a structured system to continuously raise standards of care through effective goal setting, measurement, feedback and staff engagement which brings benefit to patients, staff and the organisation.

Phase 1: Adult Wards GUH, MH & LD Wards, and Paediatric wards (complete)

Phase 2: ED, MIU, MAU, SAU, Theatres, OPD Critical Care

Phase 3: HV, DN, Maternity services, Specialised Teams

Working Towards: -

- 55 adult wards
- 2 paediatric wards
- All inpatient MH & LD wards

Whole System Approach: -

- Monthly audits
- Triangulate Quality Metrix
- Patient and staff feedback
- Improvement project
- Workforce measures

Independent Reviews: -

- 10 Independent Reviews across four sites, of those reviewed 7 wards met the criteria for Bronze Level status

A2 Cardiology - first ward to achieve Bronze - success shared on the Intranet.

NEXT STEPS

- Progress with phase 2
- Coordinate timely cross divisional Independent Reviews when applicable
- Develop Ward Accreditation Padlet for the Intranet
- Liaise with ABCi department to determine how they can support Wards / Teams with improvement projects
- Share and upscale effective Improvement Projects throughout the organisation
- With the assistance of data analyst identify organisational themes for learning



Patient Quality and Safety Learning and Improvement Forum Highlights

Date: 18th September 2024 (please see notes for more detailed information)

Key Updates:

Terms of reference: Signed off by Executive team and comments being sought from members of the forum.

Good News:

- New consent videos are now available in both English and Welsh and will be launched soon.
- The recent work of the bereavement collaborative raised the need to support staff dealing with the loss of colleagues and loved ones, this is being looked into.
- A roundtable approach for serious incidents (SIs) has led to more efficient action plans. This methodology is being considered for other incidents where appropriate.
- Quality improvement - successful launch of the quality coach training program and its positive reception. Progress towards the one million minutes of QI coaching.
- Ward accreditation efforts have been positively received .
- A positive patient story was shared related to a patient with ongoing rehabilitation needs and the impact of the support from therapists in prevent deconditioning.

Enhanced Care Framework: A training programme is being delivered to Heads of Nursing on the enhanced care framework. The framework will be piloted in older adult mental health wards. There will need to be a focus regarding fall risks when patients are stepped down to local general hospitals. More details can be found on the intranet page.

Audit Management and Tracking (AMaT): There is a need to promote the wider use of AMaT for clinical audits and inspections. Training sessions will need to be provided.

Learning from Incidents: A number of incidents were discussed to consider how learning could be disseminated widely. This included one that related to falls post-transfer from enhanced care, anticoagulation safety post discharge, and deteriorating patient management were highlighted. A learning event and shared learning initiatives are planned to address these concerns across the organisation.

Complaints and Patient Feedback: A pilot project is underway on a trauma and orthopaedic ward to collect feedback post-discharge, aimed at improving early complaint resolution.

Annual Quality Report: The report has been approved by the Executive Committee and Patient Quality and Safety Oversight Committee (PQSOC). It outlines achievements, challenges, and plans for the next year, aligning with the Health and Care Quality Standards.

Putting Things Right Annual Report: The report was discussed with the Group, highlighting key statistics and improvements in complaints management and early resolution.

World Patient Safety Day: Members were encouraged to share projects focusing on diagnosis improvements for the learning repository.

Safe Care Collaborative: The 2024/25 focus will be on acute deterioration and deconditioning. Updates will be shared.

Next Meeting: Wednesday 13 November 2024, 13:00–16:00hrs via MS Teams.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – September 2024 (Month 06)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance and Procurement
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

This report sets out the following:

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation




This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 30th September 2024 (month 6) for the financial year 2024/25.

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

Sep-24

Performance against key financial targets 2024/25

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	3,960	26,153	47,856	
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000	4,681	33,905	0	
	£64,533	7.3%	52.5%		
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)	%	97.7%	97.4%	>95%	

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

Underlying Financial Position (Brought Forward ULP)	21/22	22/23	23/24	24/25 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£20.914m Deficit	£89.6m Deficit	£89.600m Deficit	£55m Deficit

The 2024/25 financial year to date budget performance as at month 6 is an adverse variance of **£26.153m**.

The 2024/25 reported forecast is a £47.856m deficit which is a £1m improvement from the £48.9m deficit within the updated annual plan. There remain risks associated with this forecast position, particularly full achievement of saving opportunities, prescribing / drug cost growth, receipt of anticipated allocations and operational demand & workforce pressures.

The 2024/25 forecast of £47.856m is £35m greater than the Welsh Government control total of a £13m deficit.

The Board has made improvements to the financial forecast and has "de-risked" a number of pipeline opportunities. Work continues to progress further opportunities to minimise operational and savings delivery risks.

Cefndir / Background

Key points to note for month 6 include:

- Year to date position is a deficit of **£26.153m** with a reported full year position of **£47.856m deficit**
- Income includes anticipated funding for a number of areas including;
 - conditional WG recurrent funding
 - CHC real living wage funding where the exact value is yet to be confirmed by WG, and
 - WG coverage for the full costs of the Medical & Dental wage awards.
- Pay Spend is £5.9m higher compared with August due to the Medical & Dental pay award actioned in-month. Operational pressures including enhanced care, sickness and vacancy cover contribute to this pressure.
- Non-Pay Spend (excluding capital adjustments) – has increased by £2.9m compared with August due to WHSSC spend (Vertex funding received in month) as well as increased drugs costs in Haematology, Gastroenterology, Neurology.
- Savings – total annual plan savings were £40.5m with a current forecast delivery of £43.6m. The improved delivery is due to the CTM arbitration case with the resulting benefit of £1.5m and medicine management savings for Rivaroxaban. Overall in-month achievement is £3.6m (YTD £16.9m).

At Month 6, the reported revenue position is a £26.153m deficit and the reported capital position is break-even. There are risks in achieving the reported forecasts.

The underlying financial deficit coming into the 2024/25 financial year was £81.4m, the forecast underlying financial deficit for 2024/25 is assessed as a **£55m** deficit which was revised following a quarter one review and the recurrent benefit due to the CTM arbitration case resolution in month 4. This position has informed the updated 3 year route map to recovery, but will be subject to further review in year.

Asesiad / Assessment

• Revenue Performance

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

- Stated underlying deficit - +£81.4m
- New year cost pressures - +£59.8m
- Additional discretionary funding – (£51.8m)
- Identified savings of (£40.5m)

Annual Plan Forecast Deficit £48.9m

As of month 6 the Health Board continues to reflect its revised year-end forecast deficit of £47.9m, which is £1m lower than the annual plan submission of £48.9m deficit as at 31st of May 2024.

The table below describes the updated position detailing the movements between the annual plan submission (31st of May) and month 6 in detail:-

Category	March submission	May submission	Month 4	Month 5	Month 6
Underlying deficit b/f (£m)	81.4	81.4	81.4	81.4	81.4
Cost pressures identified (£m)	59.8	59.8	59.8	59.8	59.8
WG discretionary funding (£m)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)
Identified savings (£m)	(29.1)	(34.4)	(40.5)	(40.5)	(40.5)
Pipeline opportunities (£m)	(11.4)	(6.1)	-	-	-
Sub-total deficit (£m)	48.9	48.9	48.9	48.9	48.9
CTM arbitration case resolution	-	-	(1.5)	(1.5)	(1.5)
CTM under-delivery at marginal rates				(1.4)	(1.4)
Dispensing Drs, International Recruitment and Optometry funding			(1.1)	(2.8)	(2.8)
Resolution of CHC case					(1.3)
Prescribing average price per item increase and NCSO				3.1	4.5
WHSSC forecast pressure (£m)			0.7	0.7	1.0
Secondary Care acute drugs					3.2
Increase in forecast savings				(1.2)	(1.5)
Non-recurrent benefits					(2.2)
Other net operational pressures including cover for maternity leave within Maternity (15 WTE), and other variable pay (+£1.0m)			0.9	2.1	1.0
Total deficit	48.9	48.9	47.9	47.9	47.9

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

Summary Reported position - September 2024 (M06)	Full Year Budget £000s	YTD Reported Variance - M06 £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	296,818	701	650	52
Prescribing	117,133	586	83	502
Community CHC & FNC	69,209	1,280	915	365
Mental Health & Learning Disabilities	142,299	97	309	(212)
Total Primary Care, Community and Mental Health	625,459	2,664	1,957	707
Surgery	142,928	3,254	2,483	771
Clinical Support Services	129,572	669	328	341
Medicine	164,184	1,165	779	386
Urgent Care	40,061	(145)	(82)	(64)
Family & Therapies	135,230	(21)	1,012	(1,032)
Estates and Facilities	93,807	(848)	(21)	(827)
Chief Operating Officer	9,760	(271)	(324)	52
Total Director of Operations	715,542	3,803	4,176	(373)
Total Operational Divisions	1,341,001	6,467	6,133	334
Corporate Divisions	99,109	(758)	(1,123)	365
Specialist Services	196,456	495	300	195
External Contracts	95,719	(1,450)	(1,208)	(242)
Capital Charges	82,835	(27)	(35)	8
Total Delegated Position	1,815,120	4,726	4,067	660
Total Reserves	(34,588)	21,426	18,126	3,300
Total Allocations	(1,767,960)	0	(0)	0
Other Corporate Income	(12,572)	(0)	0	(0)
Total Reported Position	0	26,153	22,193	3,960

Summary of key operational points for Month 6

- During September 2024, pay expenditure was £72.6m an increase of c.£5.9m (8.8%) compared with August.
- Substantive pay spend was £67m (August £60m).
- Variable pay spend was £5.5m (August £6.7m).
- Pay movements include:
 - Medical & Dental pay award actioned in-month including backdated awards (+£8.3m)
 - Detailed review of outstanding variable pay liabilities leading to an overall reduction in Agency costs (£0.6m)
 - Reduction in Additional hours and overtime (£0.2m)
 - Increased WLIs across several Divisions (+£0.1m)
- Non-Pay Spend (excluding capital adjustments) was £89m, an increase of £2.9m (3.4%) due to WHSSC (Vertex funding and spend recognised in-month £1.1m) as well as increased drugs costs in Haematology, Gastroenterology, Neurology. There is a focussed piece of work underway to review profiles and forecasting of secondary care drugs.

- Demand pressures for elective and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. Previously we have reported the levels of DTOCs but this has now been revised to reflect the validated *Pathways of Care Delays* information reported to Welsh Government. There were 262 in-patients fit for discharge at the data capture point in September (261 in August). The top 5 reason categories in relation to delayed days are as follows:

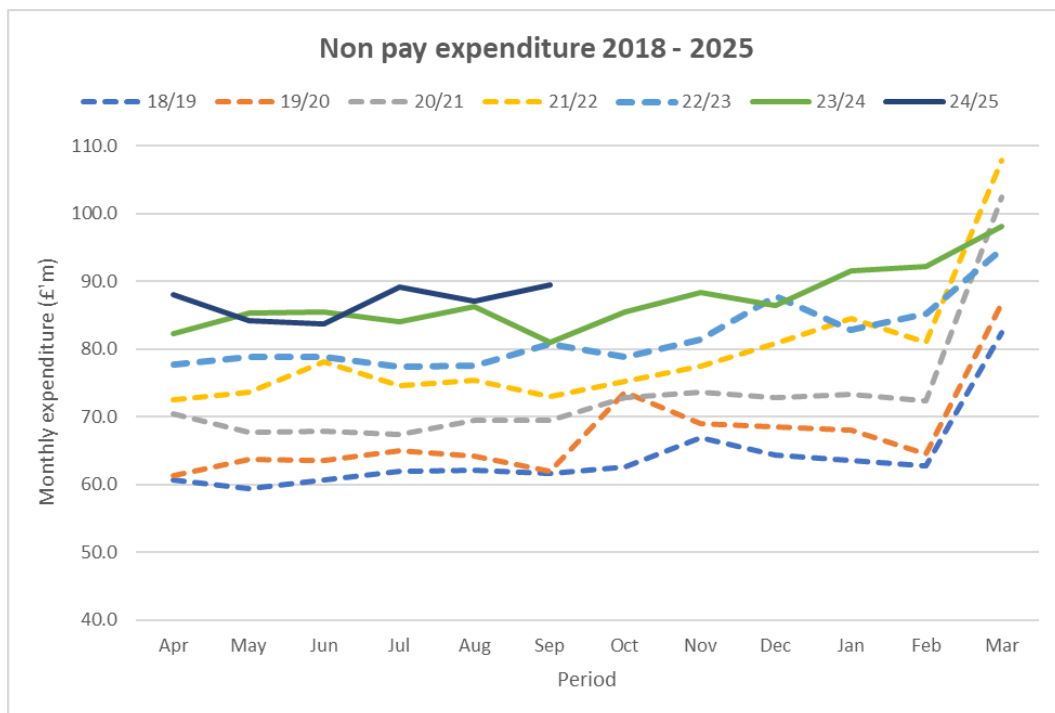
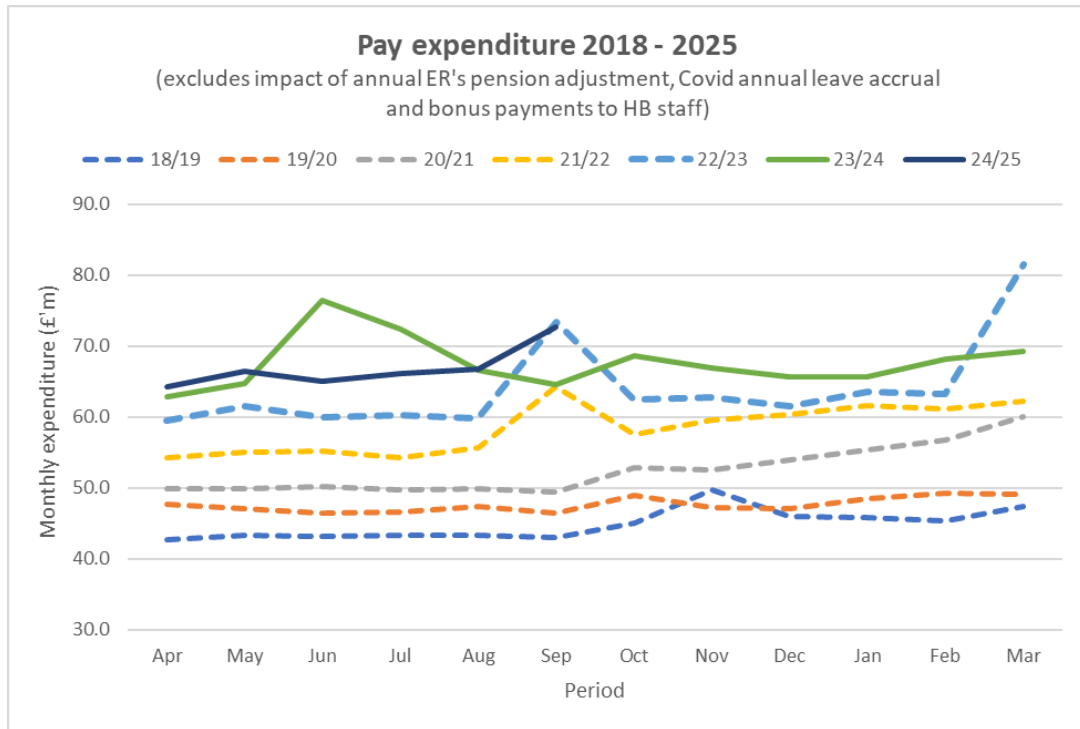
Completion of arrangements prior to placement	10.3%
Joint assessment	7.9%
Start of new home care package	7.1%
Homeless	6.9%
Nursing/residential home self-funding	5.7%

- The estimated cost for the year of continued blocked bed days for all reasons is c.£16.0m using a £150 cost per bed day. The demand and flow challenges across the Health Board drive surge bed capacity requirements which result in increased demand in high-cost temporary staff, impacting overspends and performance across the Health Board. The delays need to be reduced to avoid the requirement for this capacity and optimise appropriate bed capacity to support financial sustainability, this is being progressed through the discharge and bed reduction saving programme.
- Other in-month significant points include:-
 - Prescribing costs present a significant financial pressure compared with Annual Plan financial forecasts. The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.60 for the full year forecast (July PAR). Growth is assumed to be 0.8% for 2024/25 and will be reviewed further using future PAR data. The price increase materialising from the June PAR was partially reflected in the prior forecast, however, this has now been fully reflected based on a further months data.
 - CHC fees and growth pressures continue in Adult CHC, Mental Health and Paediatrics, albeit growth is not as high as anticipated.
 - Reduced numbers of patients are following the Step Closer to Home pathway; previously this was c.49 patients it is currently down to 5, this is funded by RIF and utilisation should be maximised.
 - Additional WLI and backfill costs incurred above plan to support cancer, and 104-week and 156-week outpatients
 - On-going use of variable pay by mental health wards for acuity as well as sickness and vacancy cover, (Mental Health nursing variable pay estimated over 55% linked to enhanced care in September)

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last six financial years are shown below; assuming the current level of income, the expenditure run-rates need to

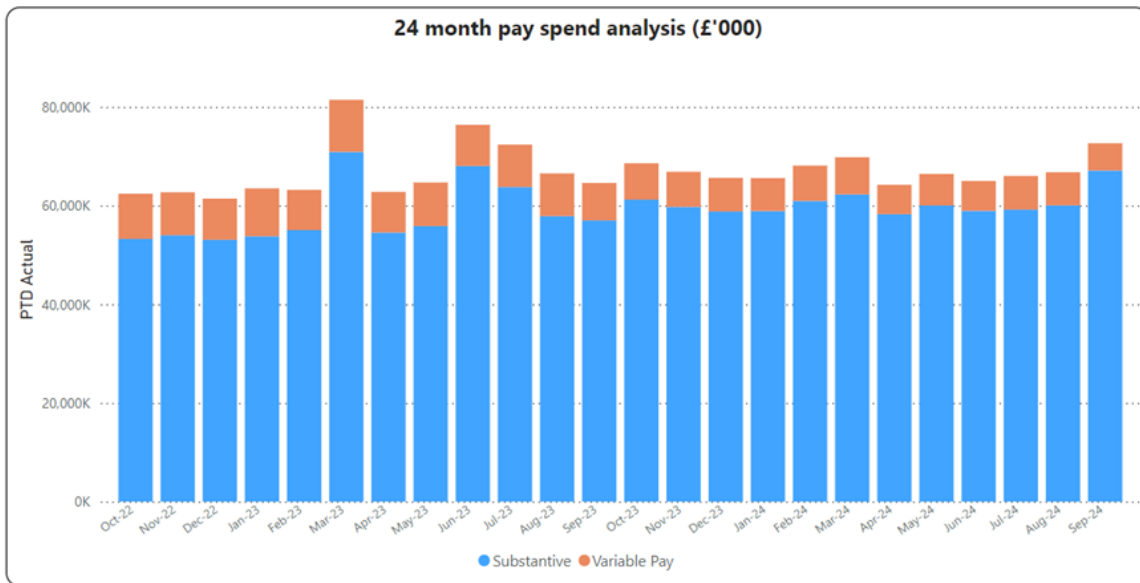
reduce in order for the Health Board to meet its annual plan deficit and even more so to a break-even position in future financial years.



Workforce

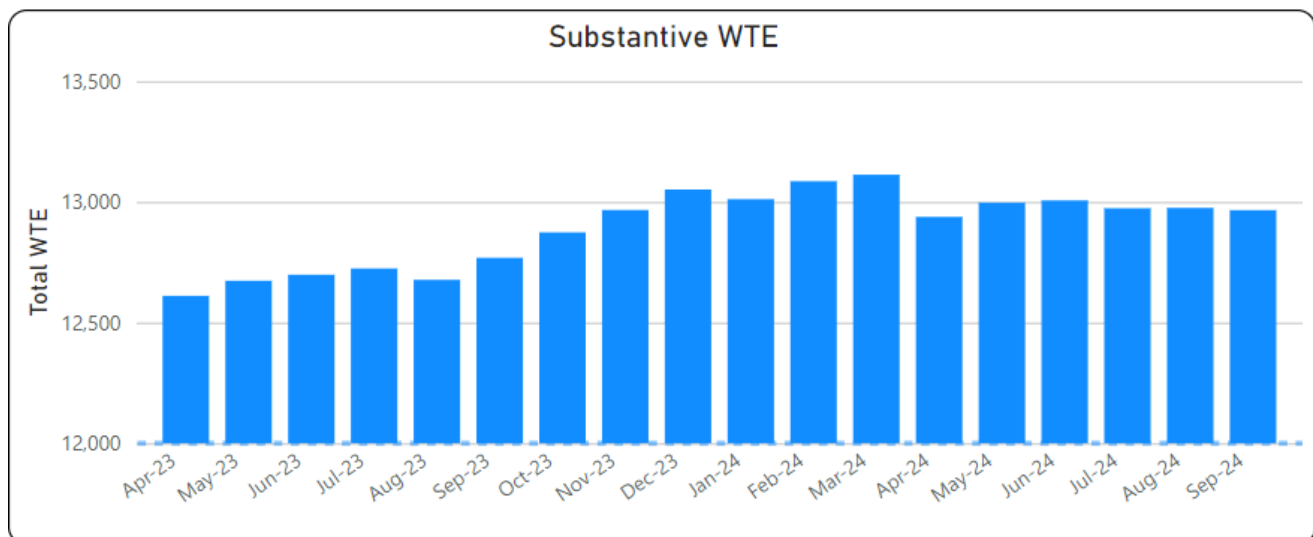
The Health Board spent £72.6m on workforce in month 6 24/25, an increase of £5.9m compared with August. The significant increase in pay was due to the 2023/24 pay award for Medical & Dental staff, backdated to January 24 for Consultant grades and to April 23 for junior Doctors.

Workforce expenditure is shown below differentiating between substantive and variable pay¹:



Substantive staff

Substantive pay was £67m in September - costs increased by £7.0m compared with August due to the 2023/24 Medical & Dental pay award (£7.6m). Month 6 includes 12,966 wte employed staff (m5=12,975).

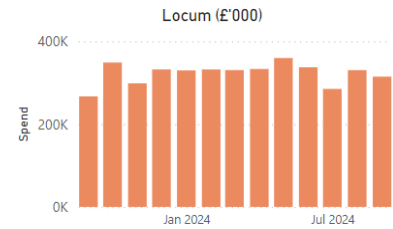
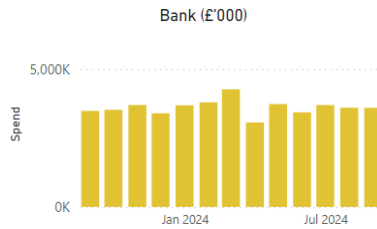
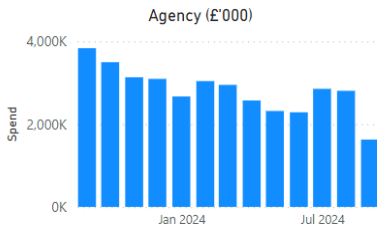


Variable pay

Variable pay (Agency, Bank and Locum) was £5.5m in September compared with £6.7m in August. The reduction in variable pay was due to a detailed review of outstanding variable pay liabilities within Estates and Facilities leading to an

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

overall reduction in Agency costs. The monthly average variable pay was £7.75m for 2023/24 (£9.2m average 22/23). Vacancy cover, along with sickness and enhanced care continue to drive a financial pressure as well as pressure on our staff.



Bank staff

<table border="1"> <caption>Bank (£'000)</caption> <thead> <tr> <th>Month</th> <th>Spend (£'000)</th> </tr> </thead> <tbody> <tr><td>Jan 2024</td><td>3500</td></tr> <tr><td>Feb 2024</td><td>3800</td></tr> <tr><td>Mar 2024</td><td>4200</td></tr> <tr><td>Apr 2024</td><td>3800</td></tr> <tr><td>May 2024</td><td>4500</td></tr> <tr><td>Jun 2024</td><td>3500</td></tr> <tr><td>Jul 2024</td><td>3800</td></tr> </tbody> </table>	Month	Spend (£'000)	Jan 2024	3500	Feb 2024	3800	Mar 2024	4200	Apr 2024	3800	May 2024	4500	Jun 2024	3500	Jul 2024	3800	<p>In-month spend of £3.6m, a £4k reduction compared with August, (2023/24 average monthly spend £3.9m).</p> <ul style="list-style-type: none"> ○ Continued pressures in Medicine wards/ Urgent Care, GUH Acute Medicine and GUH ED - £1.5m ○ Facilities bank staff - £0.3m ○ Community Hospitals/localities - £0.4m ○ Mental Health shifts particularly linked to enhanced care / observation - £0.5m ○ Continued expenditure in Surgery and Clinical Support Services linked to elective activity - £0.6m ○ Family & Therapies (Maternity leave cover, Neonatal and Paediatrics) - £0.3m
Month	Spend (£'000)																
Jan 2024	3500																
Feb 2024	3800																
Mar 2024	4200																
Apr 2024	3800																
May 2024	4500																
Jun 2024	3500																
Jul 2024	3800																

Agency

Total agency spend in September was £1.6m compared with £2.8m in August. A significant part of this reduction was seen in Estates & Facilities (see section below) with the remaining element mainly due to increased substantive recruitment across a number of Divisions leading to a reduced requirement for Agency Doctors.

<table border="1"> <caption>Medical and Dental Agency pay</caption> <thead> <tr> <th>Month</th> <th>Expenditure (£M)</th> </tr> </thead> <tbody> <tr><td>Sep-23</td><td>1.1</td></tr> <tr><td>Oct-23</td><td>1.1</td></tr> <tr><td>Nov-23</td><td>1.2</td></tr> <tr><td>Dec-23</td><td>1.2</td></tr> <tr><td>Jan-24</td><td>0.7</td></tr> <tr><td>Feb-24</td><td>1.3</td></tr> <tr><td>Mar-24</td><td>1.0</td></tr> <tr><td>Apr-24</td><td>1.1</td></tr> <tr><td>May-24</td><td>0.9</td></tr> <tr><td>Jun-24</td><td>0.9</td></tr> <tr><td>Jul-24</td><td>1.2</td></tr> <tr><td>Aug-24</td><td>1.2</td></tr> <tr><td>Sep-24</td><td>0.8</td></tr> </tbody> </table>	Month	Expenditure (£M)	Sep-23	1.1	Oct-23	1.1	Nov-23	1.2	Dec-23	1.2	Jan-24	0.7	Feb-24	1.3	Mar-24	1.0	Apr-24	1.1	May-24	0.9	Jun-24	0.9	Jul-24	1.2	Aug-24	1.2	Sep-24	0.8	<ul style="list-style-type: none"> • In-month spend of £0.8m, a reduction of £0.4m compared with August (2023/24 average monthly spend of c.£1.2m). On-going pressures continue although at a reduced level to the prior period: <ul style="list-style-type: none"> ○ Overall reduction in Agency costs from prior month across a number of Divisions mainly due to increased substantive recruitment. ○ On-going expenditure in Mental Health (Enhanced Care), Managed Practices and Community Hospitals - c.£0.2m ○ Continued pressures in Medicine wards and Urgent Care to cover operational pressures – c.£0.4m ○ Trauma & Orthopaedics costs for junior rota (vacancies), Ophthalmology vacancy cover and ENT c.£0.2m
Month	Expenditure (£M)																												
Sep-23	1.1																												
Oct-23	1.1																												
Nov-23	1.2																												
Dec-23	1.2																												
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Feb-24	1.3																												
Mar-24	1.0																												
Apr-24	1.1																												
May-24	0.9																												
Jun-24	0.9																												
Jul-24	1.2																												
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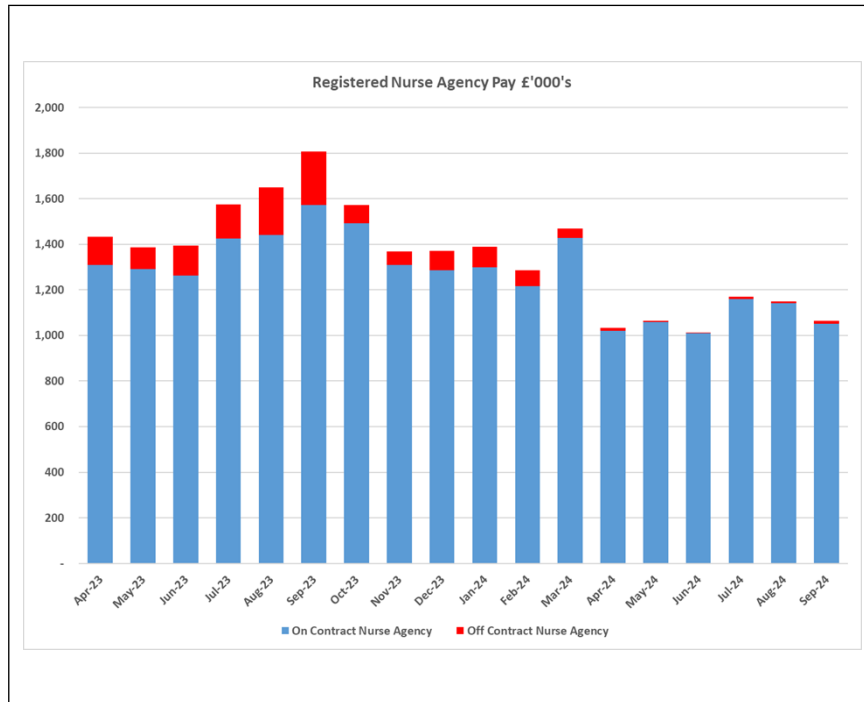
	<ul style="list-style-type: none"> • In-month spend of £1.0m, a reduction of £0.1m compared with August. (2023/24 average monthly spend of c.£1.5m). • Reasons for use of registered nurse agency include: <ul style="list-style-type: none"> ○ Vacancy cover ○ Additional service demand ○ Enhanced care and increased acuity of patients across all sites, and ○ On-going sickness and international recruitment costs • On-going costs in GUH Emergency Department and Medicine wards (total c.£0.7m) linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health and Primary Care agency costs of c.£0.3m mainly linked to enhanced care cover.
	<ul style="list-style-type: none"> • In month spend of net -£0.3m on Estates & Ancillary agency, a reduction of £0.6m compared with August. The net reduction was due to a detailed review of outstanding variable pay liabilities within Estates and Facilities leading to an overall reduction in Agency costs (£0.7m). • Reasons for use of agency include: <ul style="list-style-type: none"> ○ Meeting enhanced cleaning standards, ○ Other additional surge capacity, ○ Sickness, ○ Vacancies • Estates and Ancillary agency spend averaged £0.65m per month 2023/24.
	<ul style="list-style-type: none"> • In month spend of £0.04m on HCSW agency, a similar level to previous months (2023/24 average monthly spend of c.£0.16m). • Areas where spend remains are: <ul style="list-style-type: none"> ○ MH&LD £14k, ○ PCCS (Community hospitals) £18k, ○ Family & Therapies (CAMHS) £5k

Registered Nurse Agency

Health Board spend in September 2024 is £1.0m on RN agency compared with £1.2m in August 2024. If spend continues at the average of 2024/25 levels throughout the financial year then spend on RN agency would be c.£13m.

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

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

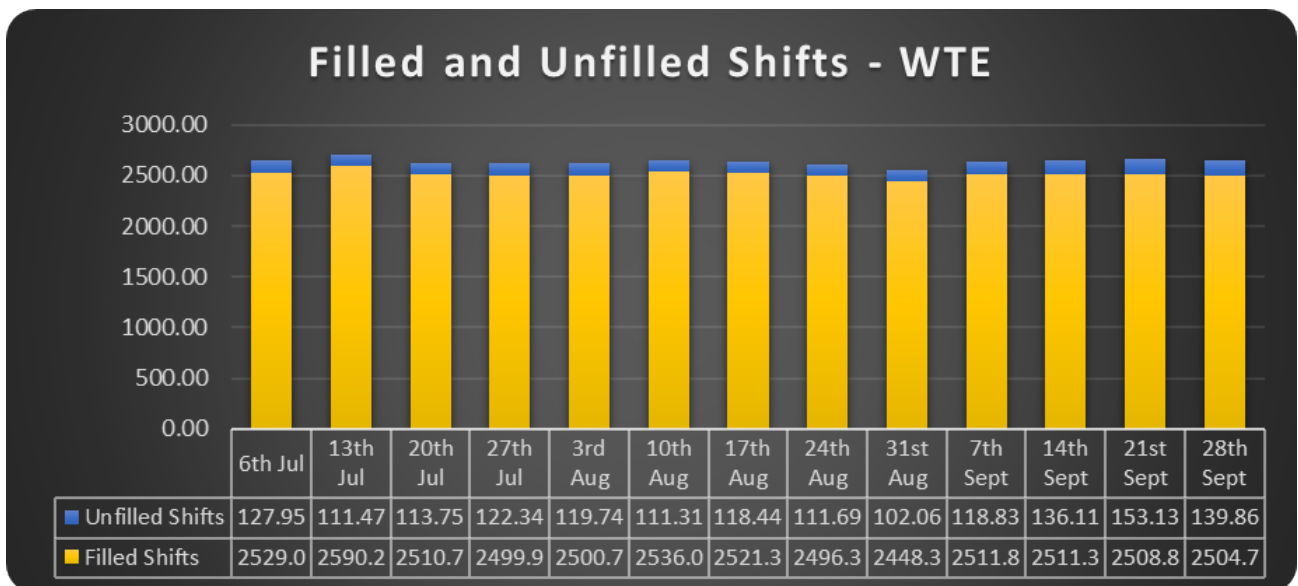


Off-contract Registered Nursing agency costs are now at minimal levels (£11k) which is a significant improvement compared to previous financial years. Agency costs reflect the on-going vacancy cover as well as usage for other operational pressures within Primary Care & Community for:

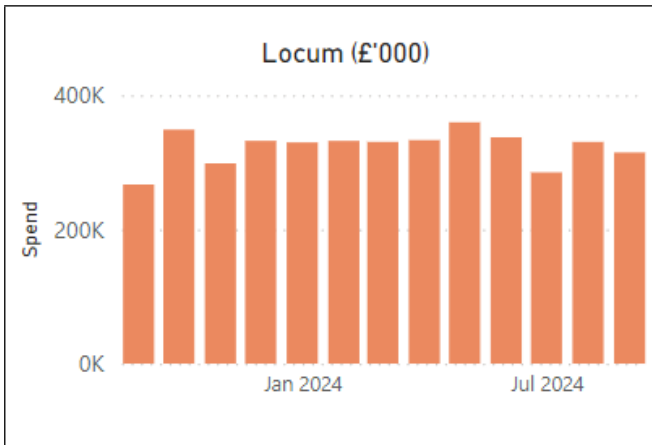
- Enhanced care, and
- sickness

Implications of Nursing Shift 'Fill Rate'

It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In September there were approximately 80 unfilled registered nursing shifts and 500 unfilled HCSW shifts. The increase in substantive appointments continues to decrease the level of unfilled shifts which should demonstrate service improvement but presents a financial risk in terms of the variable pay saving opportunity due to possible increased availability to cover more shifts. The graph below shows the overall filled and unfilled shifts over the last 3 months.



Medical locum staff



- Total locums spend of £0.3m, a similar level to August (23/24 average £0.3m).
 - Radiology, Pathology, Gastro and YF medicine are the specialties with the greatest in-month expenditure.
 - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

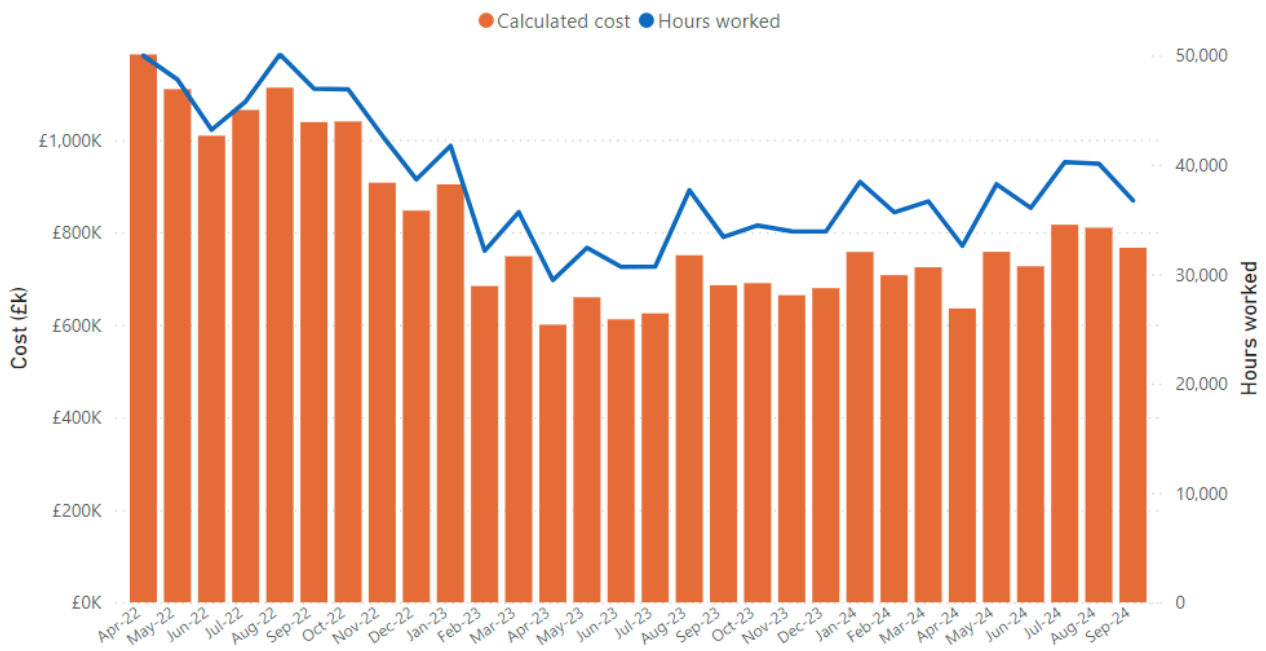
Enhanced Care

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

The following graph highlights the hours attributed to enhanced care and Mental Health levels of observation for the period April 2022 to September 2024 (£0.8m 'notional calculated' expenditure in September) using bank and agency registered nurses and health care support workers.

Enhanced Care (inc. MH levels of observation) 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 2024/25 is shown below and will be monitored throughout 2024/25.

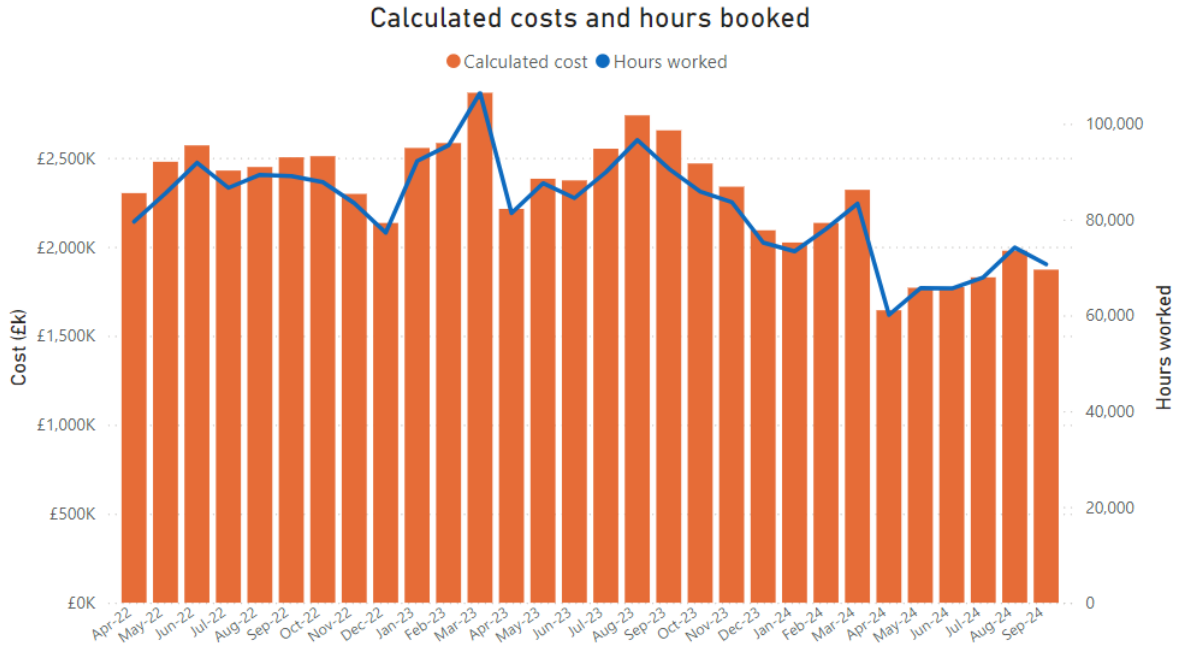
	2023/24 average	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
RGH							
Total no of Medicine beds	192	192	192	192	192	192	192
Monthly average enh care patients	34	28	26	21	21	26	25
%age of beds in receipt of enh care	18%	15%	14%	11%	11%	14%	13%
NHH							
Total no of Medicine beds	164	164	164	164	164	164	164
monthly average enh care patients	22	23	16	18	21	26	30
%age of beds in receipt of enh care	13%	14%	10%	11%	13%	16%	18%
GUH							
Total no of Medicine beds	91	91	91	91	91	91	91
monthly average enh care patients	12	13	15	12	11	13	12
%age of beds in receipt of enh care	13%	14%	16%	14%	13%	14%	13%
YYF							
Total no of Medicine beds	148	148	148	148	148	148	148
monthly average enh care patients	24	27	22	24	26	25	24
%age of beds in receipt of enh care	16%	18%	15%	16%	18%	17%	16%
Total							
Total no of beds	595	595	595	595	595	595	595
Total monthly average enh care patients	92	91	79	75	80	90	91
	15%	15%	13%	13%	13%	15%	15%

A review of enhanced care was presented to the Value & Sustainability Board in July, this presents a valuable opportunity to avoid costs and improve patient experience. This work is being led by the Nurse Director as a quality and savings initiative.

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The graph highlights that in September 2024 variable pay relating to vacancies is c.£1.9m ('notional calculated' expenditure).

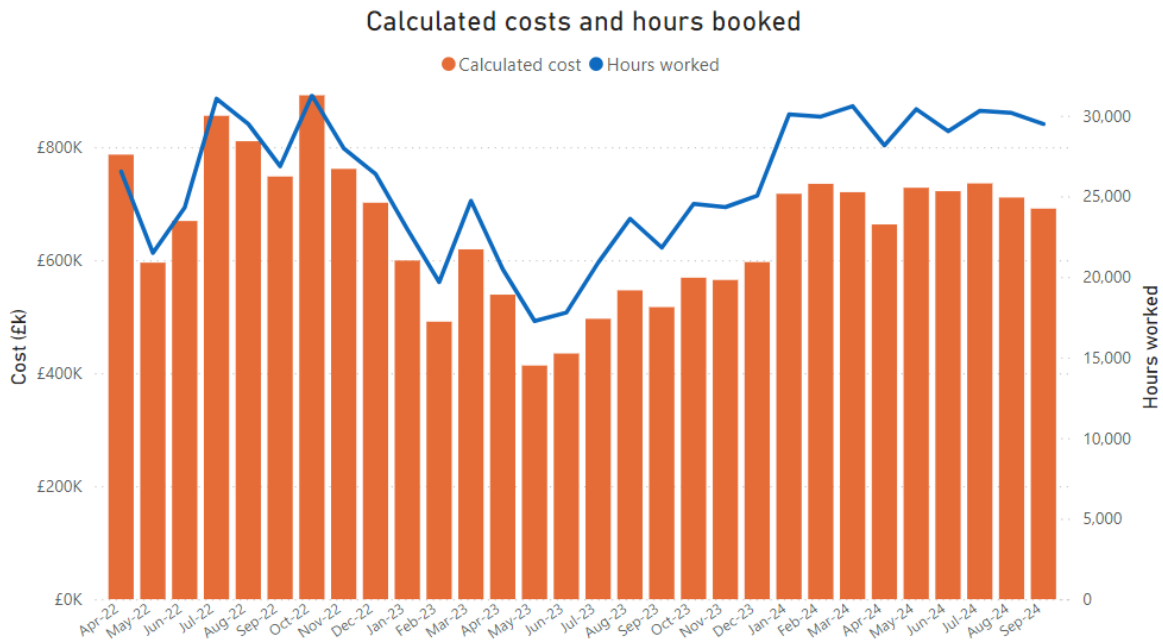
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

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

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

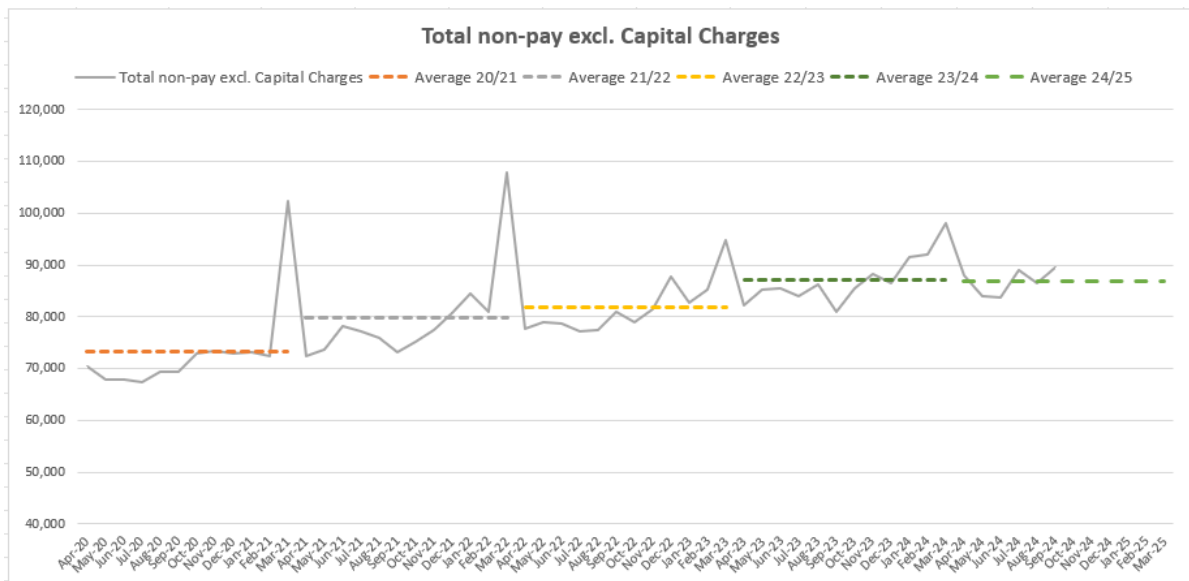


Non-Pay

Spend (excluding capital) was £89.4m in September, which is a £2.9m increase when compared with August spend (£86.5m). Key reasons include:-

- WHSSC expenditure for Vertex (£1m year-to-date, £2.1m full-year)
- Drugs in Haematology, Gastroenterology, Neurology - £0.6m increase
- Provision for specific risk areas that could result in a claim(s) against the Health Board (£1.1m)

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



Energy

Energy costs remain a volatile cost pressure with a forecast annual growth of £0.1m compared with 2023/24 expenditure following the latest energy forecast received in June. The following table reflects the current position for 2024/25:-

Gas & Electricity	2022/23 Actuals £'000	2023/24 Actuals £'000	2024/25 Forecast £'000	2024/25 Plan £'000
Total Shared Service Contract Energy Cost	21,612	16,834	17,305	18,961
Total Other Energy costs	571	777	396	447
Total	22,183	17,611	17,700	19,408

Other energy costs outside of the shared service contract are under review. Given the volatility of non-commodity energy prices these may have further changes later in the year.

The budget relating to the reduced energy forecast (£1.66m) has been taken from Estates & Facilities Division back to reserves to support the overall Health Board position.

2022/23 experienced a significant energy cost increase over 21/22 of £13.7m, the increase has been partly funded by WG.

CHC

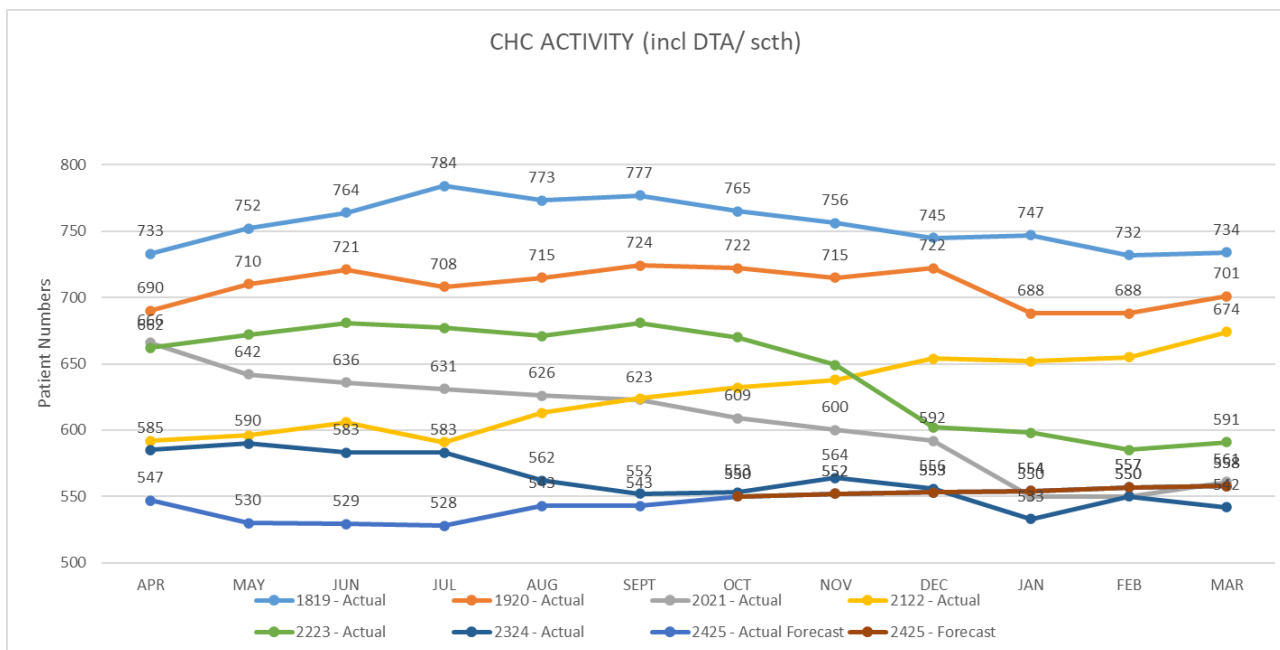
- CHC Mental Health – the patient numbers at the end of September were 427 at a cost of £4.5m (431 patients at a cost of £4.7m in August).
- CHC Adult / Complex Care - 543 total active placements on 30th of September at a cost of £5.0m in-month (543 placements at a cost of £5.1m in August). There was an increase in the number of D2A patients of 1 and a reduction of 1 in the number of 'Step Closer to Home' (SCTH) patients in September.
- A reduced number of patients on the step closer to home pathway is impacting the number of patients being discharged. This pathway is funded by the RPB and has previously had c.49 patients on the pathway but this has reduced to 5 in September. Utilisation is being reviewed.
- It should be noted that Newport Local Authority have negotiated and agreed further uplifts to their nursing rates for 2024/25 (8.5% as opposed to the annual plan assumption uplift of 7.7%) which will impact the rate the Health Board pays. Care at Home staffing forecasts have decreased but continue to present a forecast financial pressure.
- The table below summarises the current position (patient numbers and costs):

Activity	September 2024	August 2024	Movement
D2A	12	11	+1
Step Closer to Home	5	6	-1
All Other CHC	526	526	-
Total	543	543	-

£'000	2024/25 forecast as at M6	2024/25 forecast as at M5	2023/24 out-turn position
D2A	1,462	1,321	2,093
Step closer to home	207	207	407
All other CHC	41,837	41,727	41,053
Total	43,506	43,255	43,553

- FNC - currently 1,076 active placements, which is an increase of 13 compared with August (expenditure of £1m in both September and August).

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



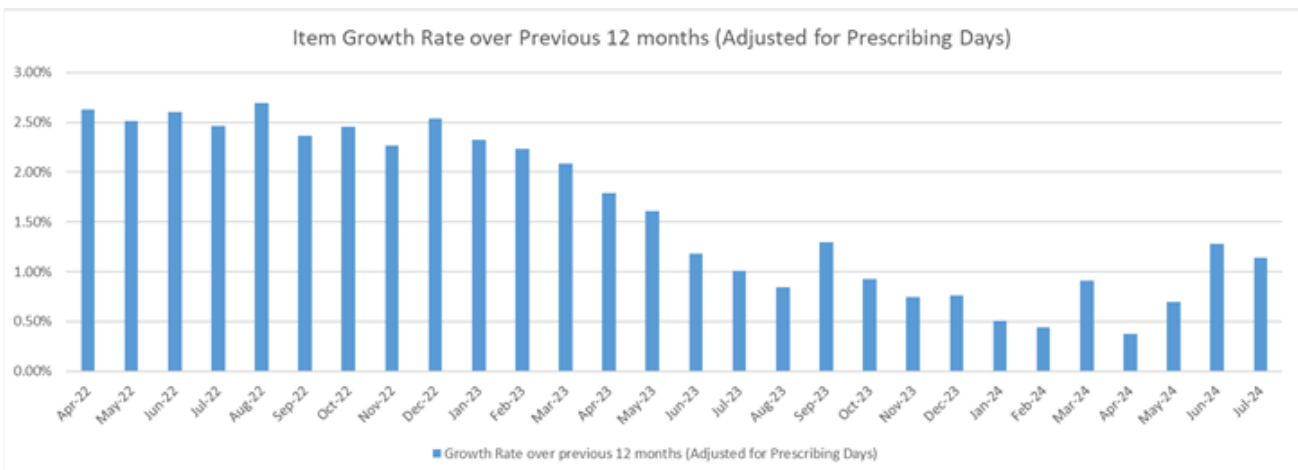
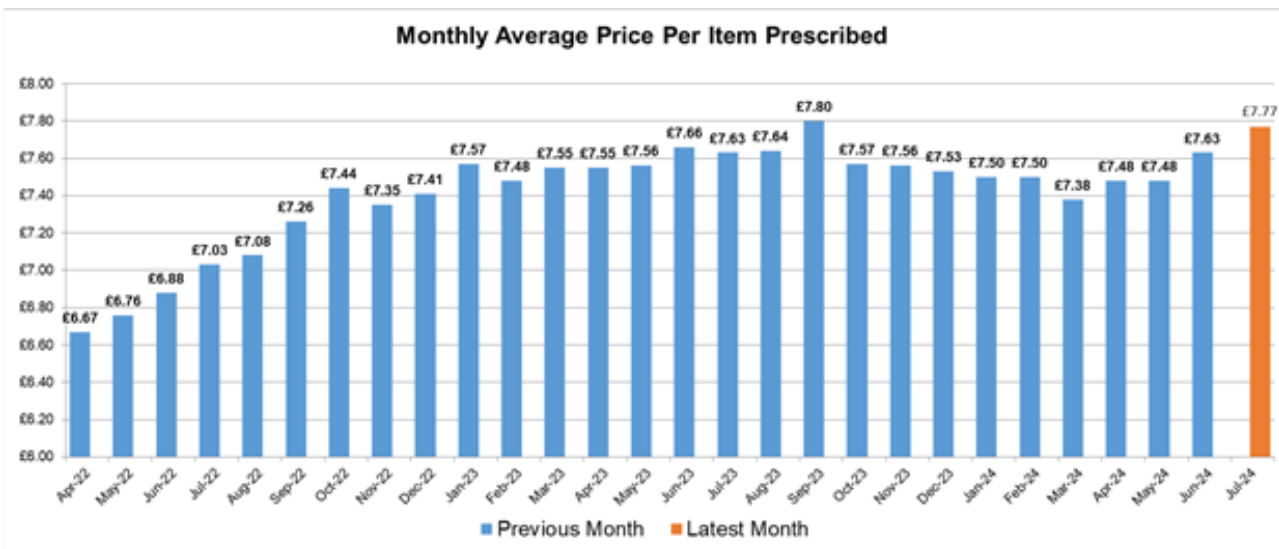
- CHC Paediatric – currently 25 Out of County patients, cost for September of c.£0.2m, a similar level compared with August. Forecast 24/25 spend has reduced to £0.8m (2023/24 total cost of £4.1m). In addition, there are 10 internal packages (10 patients) provided during September compared with 13 packages (12 patients) for August.

There are 9 external and 5 internal high cost packages which continue to be a cost pressure (>£100k per annum expenditure each).

Prescribing

- Primary Care prescribing – September 2024 expenditure is £10.3m, with a forecast cost of £120.4m, the annual plan forecast was £116.9m spend, (2023/24 cost was £121.9m). The September 2024 costs are based on July PAR data:
 - Annual Plan item growth rate for 2024/25 of 0.8%, (forecast volume of items based on the number of prescriptions for 24/25 is c.16.9m)
 - The growth rate for the 12 months to July 2024 is 1.54%, adjusted for the number of prescribing days.
 - Forecast average cost per item for 2024/25 is £7.60 and is reflected in the increased forecast. The annual plan estimated £7.29 cost per item.
 - Average actual cost per item for 2022/23 was £7.21.
 - Average cost per item price for 2023/24 is £7.57.

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



Scheduled Care treatments and outpatients

Elective Treatments for September '24 is 2,009 (August '24: 1,960).

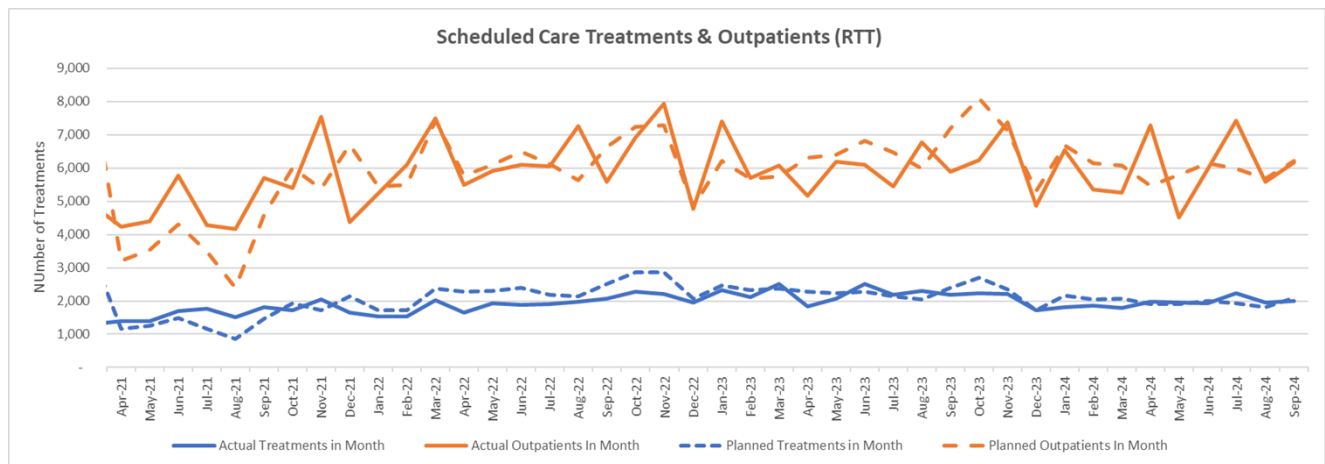
Elective Activity in September has increased by 49 treatments compared with August (2.5% increase). The number of in month treatments are 74 under plan for September including 110 'backfill' and 42 WLI treatments. Increased activity to reduce Tier 1 waiting list targets remains a priority.

Outpatient activity for September '24 is 6,173 (August '24 was 5,577).

Outpatient activity has increased by 596 as expected given reduced capacity the previous month (August) due to annual leave. Activity remains greater than previous years and includes backfill, WLI and other activity outside of core in order to reduce waiting list pressures for 104 and 156 week waits.

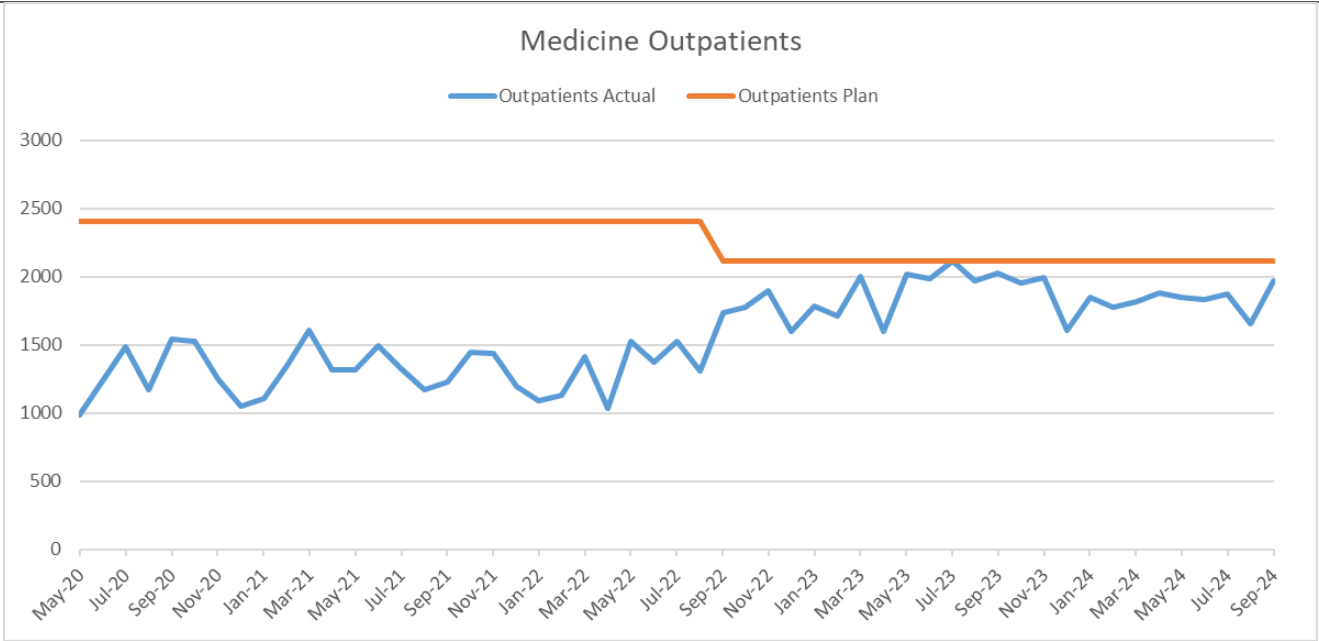
There were WLIs in-month for cancer treatments and elective work to improve the 156 week position for ENT (32 outpatients) and Max Fax (35 outpatients).

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



Medicine Outpatient Activity

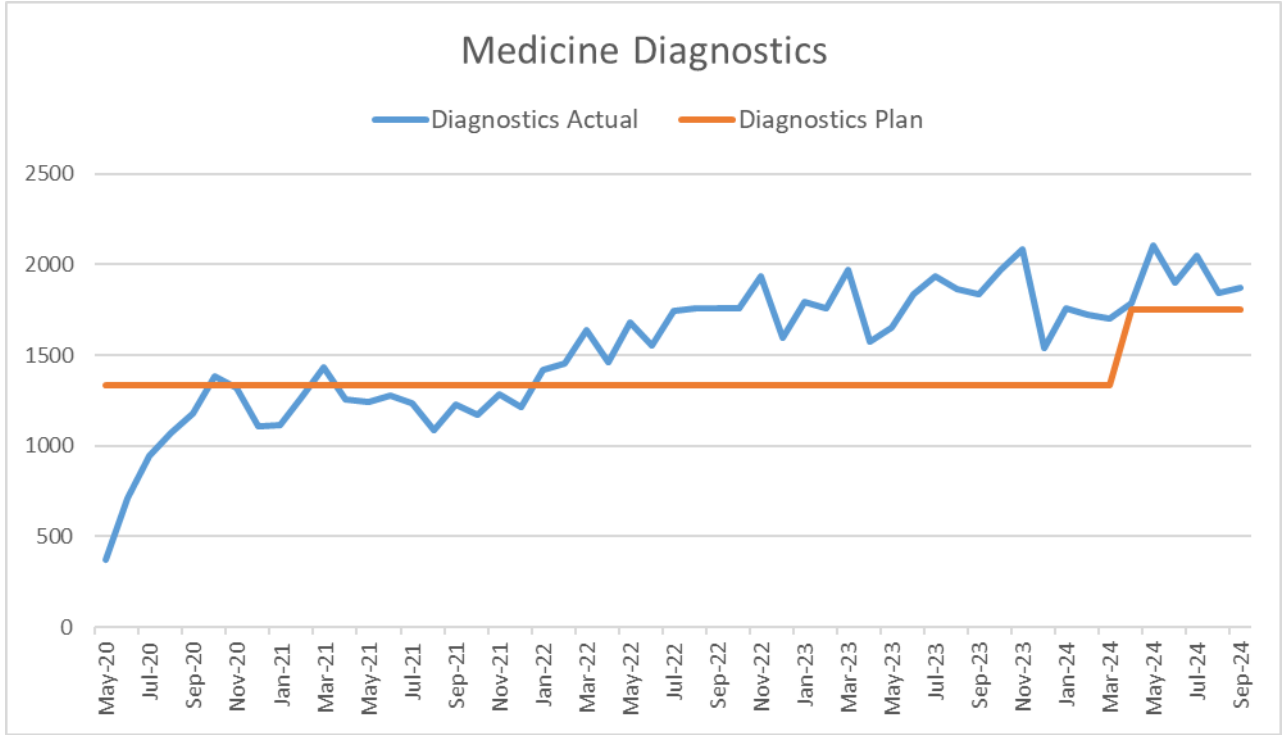
Medicine Outpatient activity for September '24 was 1,971 attendances, which was 145 below plan (August '24 was 1,655 attendances), the activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for September '24 was 1,872 procedures which is 123 cases more than the updated 2024/25 plan (August '24 activity was 1,843).

The activity undertaken since May '20 is shown below.



Divisional analysis

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

The table below identifies operational divisional forecasts, all budget holders are required to achieve a break-even position however a number of forecasts highlight key operational pressures alongside non-delivery of savings and COO budgetary targets.

Summary Reported position - September 2024 (M06)	Full Year Budget £000s	Full-year Forecast at M06 £000s	Full-year Forecast at M05 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	296,818	1,021	1,628	(607)
Prescribing	117,133	3,257	2,843	414
Community CHC & FNC	69,209	646	233	413
Mental Health & Learning Disabilities	142,299	936	1,830	(894)
Surgery	142,928	5,021	3,287	1,734
Clinical Support Services	129,572	875	803	72
Medicine	164,184	2,226	1,274	952
Urgent Care	40,061	52	252	(200)
Family & Therapies	135,230	1,980	3,184	(1,204)
Estates and Facilities	93,807	(619)	190	(809)

Key forecast movement issues include:-

- **Primary Care and Community** - review of outstanding liabilities for GMS Enhanced Services resulted in a reduction in the forecast
- **Prescribing** – significant increase using PAR data received to July 2024/25. The average price per item increase is significantly above planned levels. Forecast cost reductions from drugs rebates, category M drug tariff changes and a reduction in the forecast price concession for Apixaban have partially offset the impact of the price increases.
- **CHC – FNC** – increase in the forecast due to the impact of the 2024/25 pay award impact for CHC and FNC nurses.
- **Mental Health & LD** – reduction in CHC growth assumptions.
- **Surgery** – Impact of Haematology NICE guidance (£1.4m). Additional costs for treating 104 & 156 week waiting lists within overall Divisional forecast.
- **Clinical Support services** – theatres / anaesthetics consumable costs reductions and additional pathology income. On-going additional pressures in

critical care (staffing and variable pay) and radiology. Small increase in forecast due to a previous year invoice.

- **Medicine** – increased drugs costs including NICE Nephrology drugs from October (£0.4m), increases in FP10 scripts (£0.4m)
- **Urgent Care** – impact of additional forecast income for the Division.
- **Family & Therapies** – forecast benefit due to the resolution of a CHC case.
- **Estates and Facilities** – detailed review of outstanding variable pay liabilities within Estates and Facilities leading to an overall reduction in Agency costs.

The expectation and requirement is for Divisional forecasts to be break-even, but some of the current Divisional forecast positions present a risk to achieving the planned forecast deficit of £47.9m.

To note the forecast is underpinned by the following:

- COO £1.1m budget surplus
- Budget reserves and additional anticipated income

Covid-19 – 2024/25 Revenue Financial Assessment

Total Covid-19 costs are shown as £12.4m for which funding has been received as part of the Health Board's allocation letter and is broken down as follows:-

- Health Protection and Immunisation (Mass Vaccination) - £10.080m
- PPE - £1.120m
- Adferiad (Long Covid) - £1.216m

The expenditure reported is reflective of the funding.

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur legacy costs which form part of the underlying deficit linked to estates & facilities costs. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and (part-year) rental of portacabins

Revenue Reserves

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations approved by Board in March 2024 as part of budget setting have been actioned. Those adjustments which are part of the stage 2 budget delegation process were approved on the 22nd May and have also been delegated. Some allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific commitment.

An amount of c.£1.497m is being held in the reserve 'Innovation and Development fund' for approval by the CEO and/or the Board as required for in year priorities.

As part of the October Executive Team business, the annual plan strategic priorities have been considered. The extended provision of diabetic pumps has been reviewed and a revised proposal has been developed at lower cost for 24/25 with delegated budget approved, this will be transacted in November budget delegations.

A summary of all Health Board reserves on 30th September, along with details of amounts approved for delegation by the CEO in Month 6 can be found in the appendices.

Long Term Agreements (LTA's)

LTAs have been agreed with all provider and commissioners with the exception of CTMUHB. During Month 6 the Velindre LTA has been signed off by both parties.

Welsh Government issued the arbitration outcome on the 26th July, subsequently ABUHB sent a signed LTA document reflecting the Welsh Government arbitration outcome to CTMUHB on 31st July, we received a response from CTM on the 8th October, however, this is not in line with expectations and will continue to be taken forward by the Chief Executives and Directors of Finance from each organisation.

From month 5 Aneurin Bevan is reflecting an element of in year underperformance against the contracted activity (£1.4m) and this has been shown as a difference in the Income / Expenditure assumptions in WG reports between Aneurin Bevan and CTM.

ABUHB has recognised the JCC current end of year forecast deficit risk share of £0.990m, however there are JCC overall risks reported above this that have not yet been recognised. Including:

- Savings achievement – overall plans to be found for £3m
- NHS England wage award – assumed funding from WG
- The transfer of Velindre non -specialist and drugs pass through, where funding will be transferred on a 23/24 basis – no variances against this are currently shown as it was not clarified in the JCC IMTP but could be c£1.2m pressure for ABUHB
- WAST - £3.2m risk for Technician re-bandings. Currently assumed WG funding available.
- Any over-performance as a result of meeting the Ministers KPI's – ie plastic surgery.

The JCC team are working on options to a break even plan, they will provide a full update on the forecast to the JCC and potential options required to break even overall, this may then result in a revised forecast for ABUHB.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position is a brought forward opening deficit of £81.4m. The closing underlying position assumes recurrent savings planned are fully delivered and is reported in line with the 2024/25 forecast of a £55m deficit.

The underlying deficit was updated in month 4, the analysis of the c/f underlying deficit at that time was as follows:-

- Forecast 2024/25 deficit - £48.9m
- Non-recurrent savings – £6.1m
- **Total £55m**

The underlying deficit will be subject to review to consider further changes in year.

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

The initial assessment indicated the cost drivers included in the table below as underpinning the c/f underlying position;

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

After budget-setting Divisions were expected to break-even whilst the annual plan deficit of £48.9m is shown as a pressure within reserves.

The pressures listed are assumed to be recurrent however will be reviewed as part of on-going underlying deficit assessments to assess whether these can be mitigated and/or whether some of the issues can be made non-recurrent thus reducing the underlying deficit.

Underlying deficit c/f 2024/25	Primary Care & Community £m	Complex Care £m	MH&LD £m	Surgery / CSS £m	Medicine £m	Urgent Care £m	F&T £m	E&F £m	External commissioning £m	Total £m
WG 2023/24 non-recurrent funding utilised to support workforce cost growth	0		3	3	5.5	1	1.5			14
Medical staffing cost increases due to operational acuity including ED safer staffing				1	1.5	3	1			7
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and Urgent Care	0		2.5		2.5	1	1			7
CHC		1.5	3.5				1			6
Medicines management (prescribing and acute drug costs)	7			2	2					11
Covid legacy (estates & facilities)								3		3
WHSSC / EASC (service growth in excess of funded levels)									5	5
Cancer additional activity delivery through WLI and additional diagnostics				2.5						3
Total	7	1.5	9	8.5	11.5	5	4.5	3	5	55.0

It should be noted that although the 2023/24 £64.5m mid-year support allocation is recurrent in the Health Board's 2024/25 allocation letter, it is **conditional** on making progress towards achievement of the WG target control total currently a £13m deficit for ABUHB. If this, or any other funding is clawed back by WG it will directly impact the forecast deficit.

Savings delivery

As part of the annual plan submitted by the Board to Welsh Government, the financial plan for 2024/25 identified an ambitious savings target of £40.5m.

As at month 6, forecast savings are £43.6m which supports achievement of the £47.9m forecast deficit at present. Mitigating actions would be required for additional operational pressures, for non-delivery of forecast savings or to improve the position and deliver further underlying improvement.

The month 6 savings forecast includes several Divisional schemes which are assumed not to deliver against their initial plan, these are included in the Appendix but include the following:-

- Administrative & Clerical savings – several divisions
- CHC contract price reductions – little further opportunity likely.
- CHC hospital admissions / Premium contract cost reduction – start date moved following consultation period.
- Specific CHC related schemes – awaiting correspondence
- Intersite transport (COO) – contract value likely to be higher than forecast due to additional vehicle usage.
- Bed reconfiguration and efficiency schemes – Medicine and Community Hospitals.

In addition there are savings plans which have a high level of risk given the requirement for further detailed plans and potential delays in implementation, these schemes include:-

- Bed reconfiguration – Primary Care
- Bed day and Theatre efficiencies (Surgery / Clinical Support Services)
- Other schemes including bed contract and CHC savings

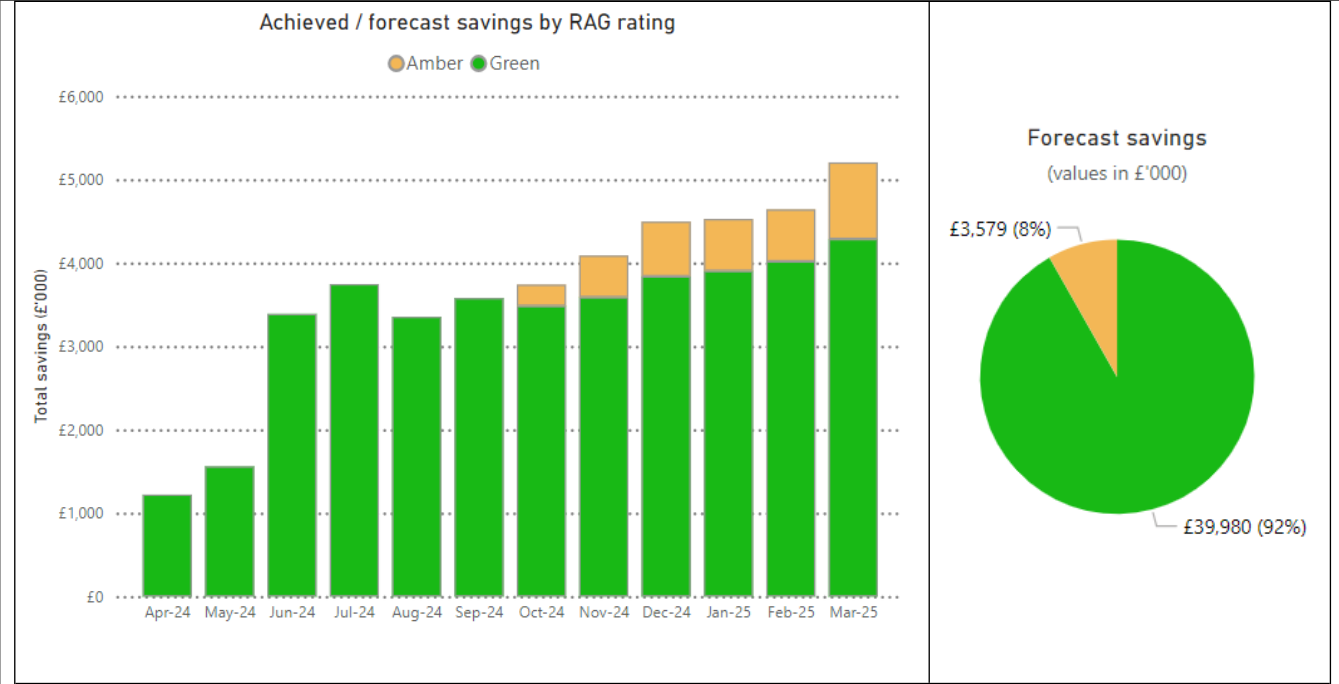
Other areas are currently being examined which may develop into further savings plans to mitigate the risks described above these include:-

- CHC package reviews
- Non-pay and litigation cost reductions
- Income / funding opportunities
- Variable pay mitigation through review of pay rates and substantive appointments, including enhanced care
- Further medicines management schemes
- Service redesign and theatre efficiency
- Prescribing cost avoidance, off-patent and related reviews
- National V&SB opportunities

Actual savings delivered to date for 2024/25 are £16.9m.

The table below presents the updated savings plan at a Budget holder level:

Savings YTD and forecast position (£'000)								
Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	2.1%	£846	£263	£560	£298	£1,128	£282	133.3%
Complex Care	9.0%	£3,633	£752	£728	£24	£3,067	£566	84.4%
Contracting and Commissioning	1.7%	£706	£285	£1,035	£750	£2,206	£1,500	312.5%
Corporate	17.7%	£7,164	£2,810	£3,011	£201	£6,271	£893	87.5%
Estates and Facilities	6.5%	£2,640	£1,006	£1,745	£739	£4,416	£1,776	167.3%
Families and Therapies	2.1%	£857	£336	£287	£49	£883	£26	103.0%
Medicine	6.9%	£2,801	£875	£1,263	£388	£3,646	£845	130.2%
Mental Health and Learning Disabilities	14.6%	£5,906	£1,901	£1,303	£598	£4,837	£1,069	81.9%
Primary Care and Community	28.1%	£11,385	£4,495	£4,905	£410	£12,877	£1,492	113.1%
Surgery	4.6%	£1,855	£544	£645	£101	£1,398	£458	75.3%
Urgent Care	0.2%	£81	£34	£55	£20	£197	£115	241.7%
WHSSC	6.5%	£2,633	£1,228	£1,317	£89	£2,633	£0	100.0%
Total	100.0%	£40,508	£14,529	£16,854	£2,325	£43,559	£3,051	107.5%



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	14	£2,174	£1,645	-\$529	£8,443	£6,877	-\$1,566
Medicines Management	15	£1,335	£1,523	£187	£3,518	£5,020	£1,502
Procurement & Non-pay	104	£6,224	£8,292	£2,068	£15,115	£18,497	£3,382
Service Redesign	8	£571	£472	-\$98	£3,624	£2,570	-\$1,054
Workforce	61	£4,225	£4,922	£697	£9,808	£10,596	£788
Total	202	£14,529	£16,854	£2,325	£40,508	£43,559	£3,051

The Health Board will continue to pursue further opportunities to mitigate / offset the risk to the planned savings and increases in new operational pressures.

The Health Board continue to operate a Bi-weekly Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

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

Risks

- Continuing Healthcare fee uplifts - £0.6m
- Prescribing average price per item (and number of items) growth above July PAR data and associated forecast - £1.4m
- JCC Performance – Risk associated with WHSSC achievement of savings target. Health Board figure calculated based on risk-share agreement - £1.0m

- Additional operational and service pressures outside of the annual plan. This includes costs for Health & Safety issues, Diabetes, CAMHS, Winter and the infected blood inquiry. This has increased this month given the continued pressures relating to Acute NICE drugs - £3.4m
- Delivery of savings plans including mitigating actions against operational pressures – c.£0.8m
- Delivery of 6 goals target with resultant income clawback risk - £1.4m
- Risks of non-receipt (or full receipt) of anticipated income in particular funding for Dispensing Doctors and PADMs, Optometry and International Nurse recruitment - £2.9m
- CTM LTA not signed by CTM and under performance not recovered £1.4m

In addition, there are a number of further significant challenges to the financial forecast for 2024/25, which are currently assumed to be mitigated by the Health Board or require further information to enable an accurate financial value to be assigned. These include:

- Ensuring full delivery of savings plans identified in the annual plan including the pipeline opportunity values,
- Receipt of all anticipated allocations including performance requirements in order to secure full retention,
- Workforce absence / vacancies, availability of staff for safe service delivery,
- Delayed transfers of care due to LA service challenges,
- Funding for any wage award or change in terms and conditions,
- Impact on service delivery and performance on waiting times because of savings required,
- Establishment increases relating to patient safety issues,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16,
- Specific economic factors such as supply chain issues and non-pay inflation including travel expense costs, and
- Health & Safety fines.

Opportunities

Opportunities for the Health Board include: The following items are listed as opportunities pending further analysis and delivery via the Value & Sustainability Board and relevant Divisions / Departments:-

- Variable pay reduction linked to Administration & Clerical and Enhanced Care service reviews
- Service re-design – bed reductions
- Commissioning – LTAs and EASC
- VAT rebate opportunities,

- Other income / funding opportunities,
- Efficiency delivery,
- Energy forecast changes,
- Work to identify new pipeline opportunities, 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 6 totalled £64.533m, including disposal proceeds of £0.013m. The Health Board is anticipating a slippage request of £1.889m will be made to Welsh Government in October mainly in relation to the delayed expenditure on the GUH ED extension scheme. After taking this slippage request into account the overall forecast outturn at Month 6 is breakeven.

Forecast overspends totalling £1.936m against various All-Wales Capital Programme (AWCP) schemes (detailed further below) are being offset by a corresponding under spend against the Discretionary Capital Programme (DCP).

The VAT reclaim for the Grange University Hospital scheme submitted in September 2023 continues to be progressed with HMRC. Following a meeting in early October, HMRC have indicated that they will confirm a final position on all remaining issues in October which will enable the claim to be finalised in the current financial year.

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is anticipated to complete in November 24. The scheme is forecasting an overspend of £1.707m in 2024/25 is being offset by the DCP. An additional funding request to WG is planned to be submitted in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging, foundation changes and the brickwork supply delay.

Works at NHH Satellite Radiotherapy Centre continue, however, the project team are currently working through a potential programme delay in relation to asbestos removal that could delay handover until April 2025. The overall scheme is forecast to be £0.541m under budget largely because of VAT recovery savings. Any slippage caused by the asbestos issue will be confirmed during October.

Construction of 19 Hills Health and Well-being Centre (Newport East) is progressing well. Phase 1 handover is forecast to be 6th December 2024. The overall project budget remains under pressure due to additional asbestos and utility costs with a forecast overspend of £152k which is currently being funded by DCP. A further funding bid is intended to be submitted via the Integration and Rebalancing Capital Fund (IRCF) route to mitigate the position.

A forecast over spend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme because of higher than anticipated asbestos removal costs (£0.100m) and costs to secure the building during the delay due to nesting birds (£0.010m). This overspend is being funded via the DCP.

The CAMHS Sanctuary Hub scheme is expected to complete in October and is within budget. The Health Board is submitting a request to WG to obtain approval to reallocate the additional VAT recovery savings generated to other essential expenditure linked to the scheme objectives.

A revised programme of works and cashflow have been received for the Grange Emergency Department Extension scheme. The anticipated completion of Phase 1 is now April 2025 with Phase 2 estimated to be July 2025. The delay means expenditure totalling approximately £1.8m will slip into 2025/26. A request to carry forward the budget allocation will be made in October.

Additional funding has been received in month in relation to Housing with Care Fund schemes (£0.219m) and Diagnostic Equipment (£0.109m).

The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.783m made up of:

- 2024/25 DCP Funding - £10.814m
- Less 30% EFAB contribution - (£0.725m)
- Less 2023/24 AWCP scheme brokerage - (£1.669m)
- Plus 2023/24 DCP scheme brokerage - £0.350m
- Plus Disposal Proceeds - £0.013m

The current forecast spend for approved DCP schemes is £6.847m. This equates to an under spend of £1.936m which is required to offset the reported overspends on AWCP schemes and includes the release of the provision set up within the DCP in 2023/24 in relation to Bevan Health and Well-being Centre totalling £1.115m.

During September urgent works schemes totalling £0.518m have been approved including works to the main gas line and replacement boilers at Ebbw Vale Health Centre and Ebbw Vale Clinic (£0.250m), works associated with the Discharge Lounge at GUH (£0.089m) and installation of UPS at Llanwenarth Suite Theatres (£0.156m). The contingency budget remaining at Month 6 is £0.327m.

Cash

The cash balance on the 30th September was £5.811m, which is within the advisory figure set by Welsh Government of £6m.

The Health Board requires cash support directly related to the forecast revenue deficit of £47.856m. The support is called 'strategic cash' and an application for it must be made to the Chief Executive of NHS Wales by 5th December 2024 by the Health Board's Accountable Officer.

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 September (97.6%) and for the year to date. ABUHB is continuing to work with those departments where invoices are

being processed outside of the 30-day payment terms and where the NHS payment rate is below target.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in September is 93.6%, which is a significant improvement compared with August (87.8%) however remains below target. NHS Invoices in breach of the 30-day payment terms continue to be followed up accordingly with Divisional Managers as necessary. Further correspondence will be sent to other Health Board's to reiterate the need for purchase orders to be provided in advance and not retrospectively.

Category	Invoices	In Month %	YTD %
NHS	Value	99.4	97.0
	Number	93.6	91.2
Non-NHS	Value	95.3	95.8
	Number	97.6	97.5

Argymhelliad / Recommendation

The Board is asked to note for assurance:

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

The Board is asked to approve:

The requirement for £47.856m strategic cash support because of the deficit and **give approval** for the Accountable Officer to submit an application to be made by 5th December 2024.

ATTACHMENTS:

- **Appendix A** – Further detailed financial performance information.
- **Supporting Appendices** - The Health Board's monthly monitoring return (MMR) for September 2024 (month 6) submitted to Welsh Government on 11th October 24, consisting of completed financial tables at 30th September 24 and supporting narrative

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Strategic Risk Register
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care

Commissioned Services – Services purchased external to ABUHB both within and outside Wales

COTE – Care of the Elderly

CRL – Capital Resource Limit

Category M – category of drugs

CEO – Chief Executive Officer

CEAU – Children’s Emergency Assessment Unit

CTM – Cwm Taf Morgannwg

D&C – Demand & Capacity

DCP – Discretionary Capital Programme

DHR – Digital Health Record

DNA – Did Not Attend

DOSA – Day of Surgery Admission

D2A – Discharge to Assess

DoLS - Deprivation of Liberty Safeguards

DoF – Director(s) of Finance

DTOC – Delayed Transfer of Care

EASC – Emergency Ambulance Services Committee

ED – Emergency Department

EDCIMS – Emergency Department Clinical Information Management System

eLGH – Enhanced Local general Hospital

EFAB – Estates Funding Advisory Board

ENT – Ear, Nose and Throat specialty

EoY – End of Year

ETTF – Enabling Through Technology Fund

F&T – Family & Therapies (Division)

FBC – Full Business Case

FNC – Funded Nursing Care

GDS – General Dental Services

GMS – General Medical Services

GP – General Practitioner

GWICES – Gwent Wide Integrated Community Equipment Service

GUH – Grange University Hospital

GIRFT – Getting it Right First Time

HCHS – Health Care & Hospital Services

HCSW – Health Care Support Worker

HIV – Human Immunodeficiency Virus

HSDU – Hospital Sterilisation and Disinfection Unit

H&WBC – Health and Well-Being Centre

IMTP – Integrated Medium Term Plan

INNU – Interventions not normally undertaken

IPTR – Individual Patient Treatment Referral

I&E – Income & Expenditure

ICF – Integrated Care Fund

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

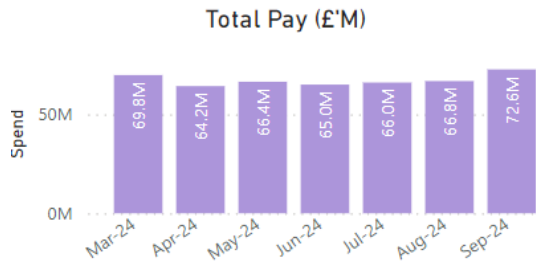
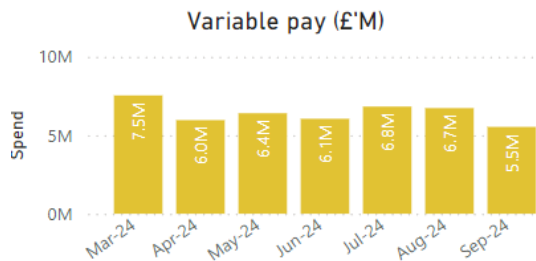
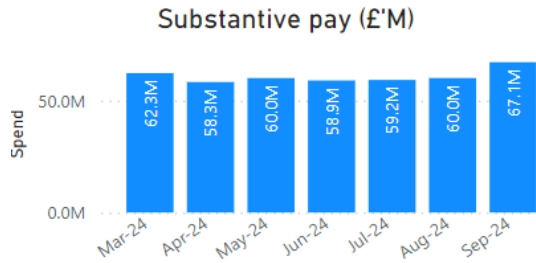
	<p>UHB / HB – University Health Board / Health Board</p> <p>USC – Unscheduled Care (Division)</p> <p>UC – Urgent Care (Division)</p> <p>ULP – Underlying Financial Position</p> <p>VCCC – Velindre Cancer Care Centre</p> <p>VERS – Voluntary Early Release Scheme</p> <p>WET AMD – Wet age-related macular degeneration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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	<p>Is EIA Required and included with this paper</p> <p>No does not meet requirements</p>
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>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</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives</p>

Aneurin Bevan University Health Board
Finance Report – September (Month 6) 2024/25
Appendices

Section	Page Number(s)
Pay Summary 1	2
Pay Summary 2 Substantive Pay	3
Pay Summary 3 Variable Pay	4
Non-pay Summary	5
RTT & Waiting List Initiatives	6-7
Savings scheme RAG rating definitions	8
Divisional analysis	9-28
Reserves	29
Cash / Public Sector Payment Policy	30
External Contracts – LTA's	31
Joint Commissioning Committee (formerly WHSSC & EASC)	32
Balance sheet	33
Health Board Income	34
Capital Planning & Performance	35

Pay Summary (1) (excluding 6.7% Pension employer costs paid in March of each year):



Substantive (£'000)

Pay category	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Change	%	Avg 23/24
ADD PROF SCIENTIFIC AND TECHNICAL	2,351	2,330	2,361	2,354	2,344	2,336	2,349	13	0.6%	2,245
ADDITIONAL CLINICAL SERVICES	7,866	7,918	8,320	8,054	8,118	8,214	7,890	-324	-4.0%	8,134
ADMINISTRATIVE & CLERICAL	10,502	9,664	9,847	9,619	9,572	9,659	9,409	-250	-2.6%	10,394
ALLIED HEALTH PROFESSIONALS	4,159	4,093	4,098	4,038	4,040	4,070	4,135	65	1.6%	4,140
ESTATES AND ANCILLIARY	2,920	3,008	3,191	3,061	3,038	3,157	3,062	-95	-3.0%	3,015
HEALTHCARE SCIENTISTS	1,167	1,130	1,168	1,157	1,155	1,153	1,134	-19	-1.7%	1,148
MEDICAL AND DENTAL	16,450	13,663	14,042	13,936	14,184	14,435	22,601	8,166	56.6%	14,112
NURSING AND MIDWIFERY REGISTERED	16,848	16,450	16,996	16,726	16,745	17,018	16,533	-485	-2.8%	16,722
STUDENTS	2	2	2	2	2	2	2	0	-4.6%	3
Total	62,264	58,256	60,025	58,946	59,199	60,043	67,114	7,070	11.8%	59,912

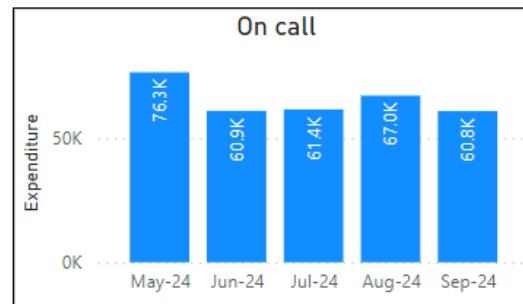
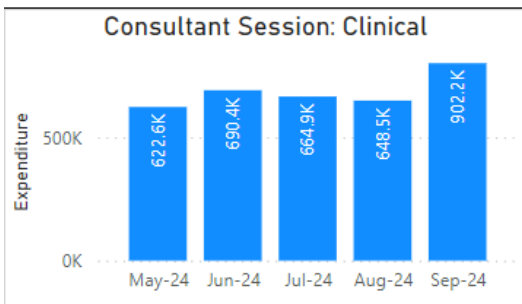
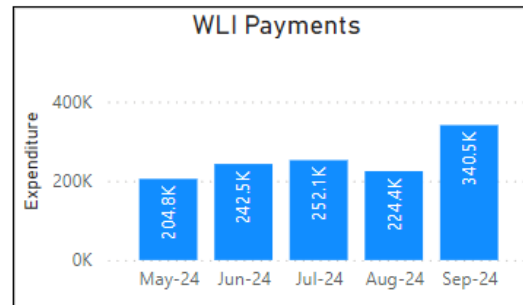
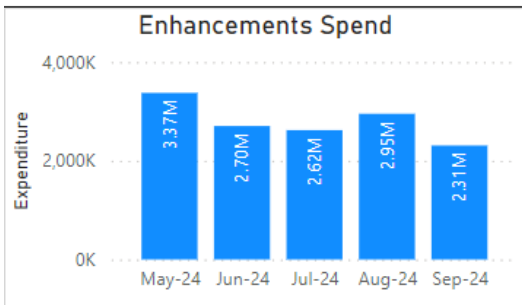
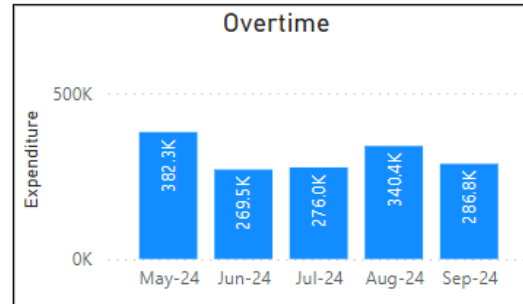
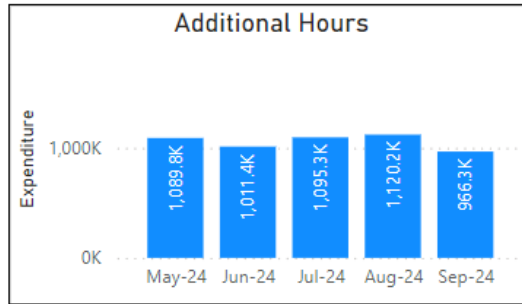
Variable pay (£'000)

Pay category	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Change	%	Avg 23/24
Agency	2,948	2,571	2,318	2,286	2,852	2,805	1,627	-1,178	-42.0%	3,527
Bank	4,259	3,060	3,727	3,427	3,690	3,595	3,590	-4	-0.1%	3,919
Locum	330	333	360	337	285	330	315	-16	-4.8%	299
Total	7,537	5,964	6,404	6,051	6,828	6,730	5,532	-1,198	-17.8%	7,746

Total pay (£'000)

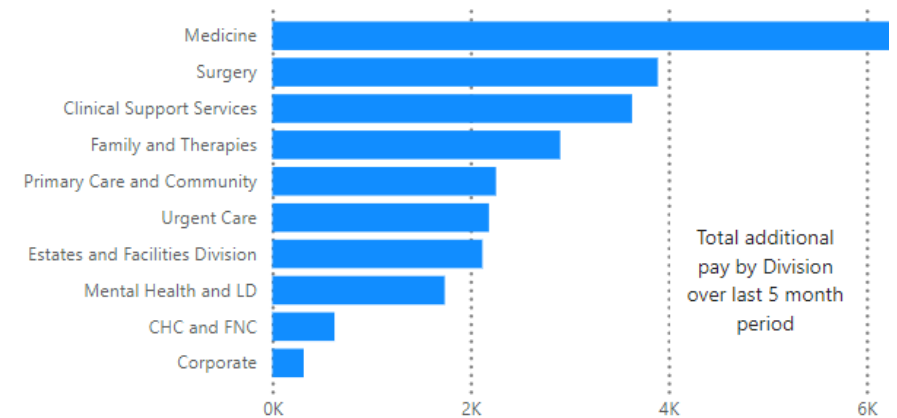
	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Change	%	Avg 23/24
Pay	69,801	64,221	66,429	64,997	66,026	66,774	72,646	5,872	8.8%	67,658

Pay Summary (2): Substantive Pay



Total additional pay by Division (£'000)

Division	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Total
Medicine	1,342	1,231	1,250	1,288	1,131	6,241
Surgery	775	705	746	823	842	3,891
Clinical Support Services	787	728	662	696	758	3,631
Family and Therapies	634	604	536	610	522	2,906
Primary Care and Community	580	394	407	454	421	2,257
Urgent Care	494	393	443	460	395	2,186
Estates and Facilities Division	514	410	389	446	361	2,120
Mental Health and LD	389	337	349	367	297	1,740
CHC and FNC	156	117	130	144	80	627
Corporate	78	59	58	64	57	317
Total	5,750	4,978	4,970	5,352	4,865	25,916

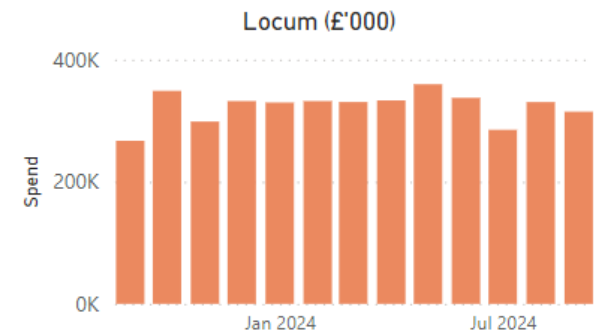
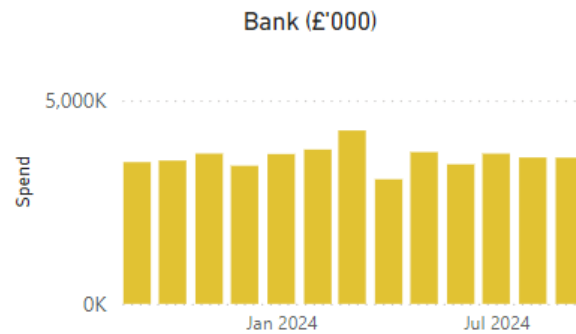
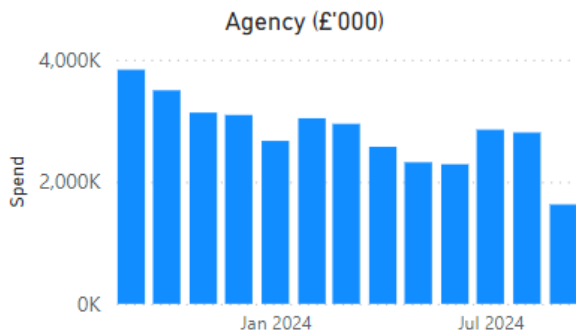


Pay Summary (3): Variable Pay (£'k)

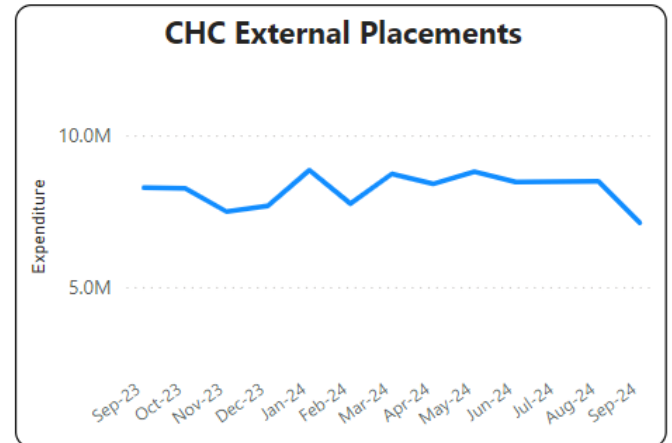
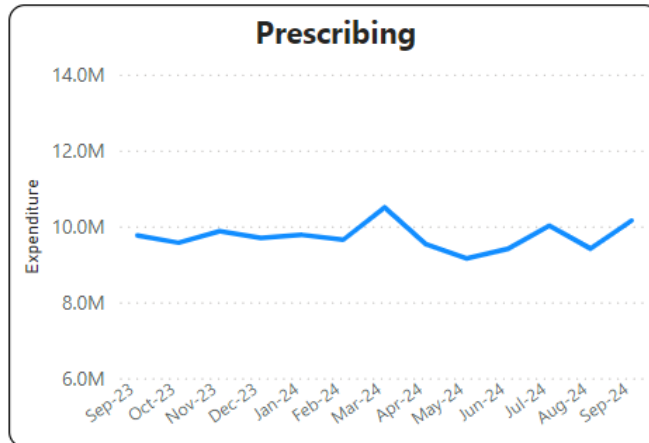
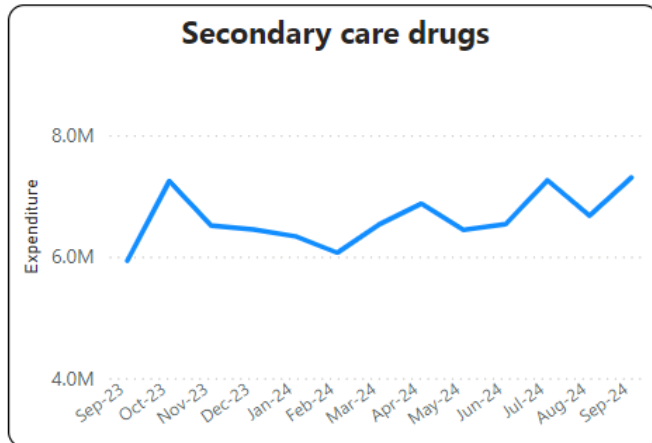
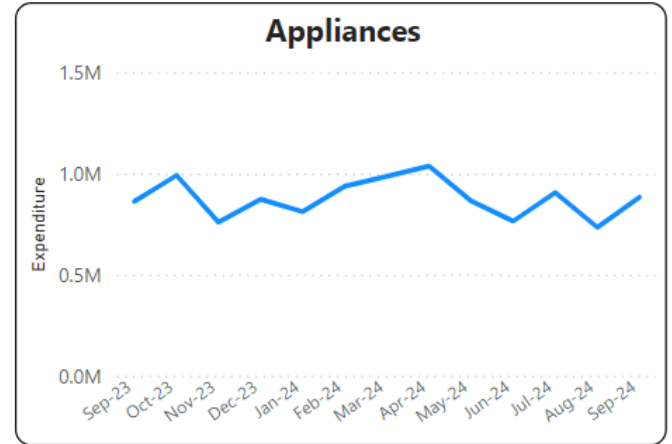
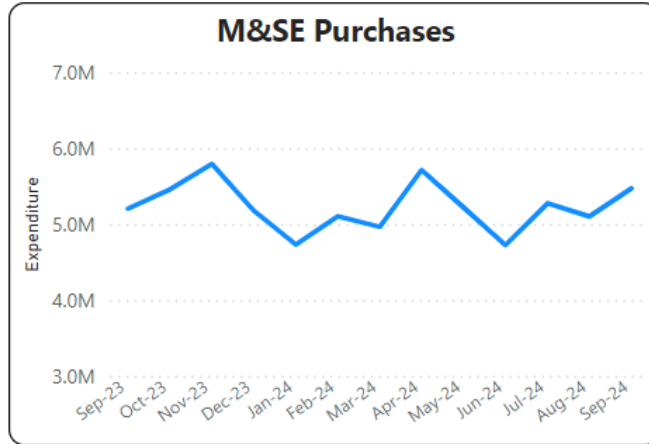
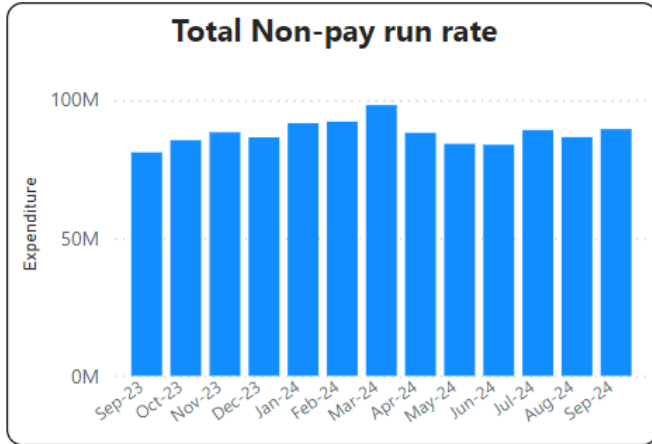
Pay category	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24
Agency													
Admin & Clerical Agency	39	86	38	29	67	82	59	28	8	19	-4	6	12
Allied Health Prof Agency	192	123	165	135	120	86	82	102	105	162	132	128	105
Estates & Ancilliary Agency	471	489	246	281	239	184	232	205	139	78	188	176	-446
Medical Agency	1,093	1,091	1,187	1,166	690	1,274	938	1,124	869	902	1,201	1,227	792
Nurse HCA/HCSW Agency	183	89	79	89	65	88	59	26	39	38	57	37	39
Other Agency	50	46	47	21	99	39	109	53	94	77	109	82	63
Registered Nurse Agency	1,807	1,574	1,369	1,371	1,388	1,286	1,469	1,034	1,064	1,011	1,169	1,150	1,064
Total	3,835	3,497	3,132	3,093	2,668	3,040	2,948	2,571	2,318	2,286	2,852	2,805	1,627
Bank													
Admin & Clerical Bank	92	82	89	87	95	84	119	68	79	75	93	82	76
Estates & Ancilliary Bank	215	216	224	243	254	235	263	218	257	249	263	260	256
Nurse HCA/HCSW Bank	1,438	1,520	1,572	1,473	1,711	1,523	1,784	1,428	1,680	1,548	1,614	1,656	1,649
Other Bank	0	2	-2	0	0	0	0	1	0	1	0	-1	0
Registered Nurse Bank	1,736	1,699	1,808	1,589	1,620	1,949	2,093	1,345	1,711	1,555	1,721	1,598	1,608
Total	3,480	3,519	3,692	3,392	3,681	3,790	4,259	3,060	3,727	3,427	3,690	3,595	3,590
Locum													
Medical Locum	267	349	299	332	330	332	330	333	360	337	285	330	315
Total	267	349	299	332	330	332	330	333	360	337	285	330	315
Total	7,582	7,365	7,122	6,817	6,678	7,162	7,537	5,964	6,404	6,051	6,828	6,730	5,532

Change	%
5	82.8%
-23	-17.8%
-622	-354.2%
-435	-35.4%
2	5.5%
-20	-24.2%
-86	-7.5%
-1,178	-42.0%
-5	-6.5%
-3	-1.3%
-7	-0.4%
1	-126.6%
10	0.6%
-4	-0.1%
-16	-4.8%
-16	-4.8%
-1,198	-17.8%

Avg 23/24
59
153
401
1,222
157
60
1,475
3,527
95
210
1,614
0
2,001
3,919
299
299
7,746



Non-Pay Summary:



Referral to Treatment (RTT):

- Elective Treatments for Sept '24 was 2,009 (Aug '24: 1,960. 2023/24 total: 24,688, 22/23 total: 22,327, 19/20 total: 28,004)

Planned Treatments (M06)						Actual Treatments (M06)						Treatment Variance (M06)				
Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Total
N107-Dermatology	197	0	0	0	197	Derm	188	14	0		202	Derm	(9)	14	0	5
N147-ENT	137	0	0	0	137	ENT	138	48	33		219	ENT	1	48	33	82
N105-General Surgery	317	0	0	0	317	GS	347	35	0		382	GS	30	35	0	65
N146-Oral Surgery	223	0	0	0	223	Max Fax	212	0	0		212	Max Fax	(11)	0	0	(11)
N148-Ophthalmology	247	0	0	0	247	Ophth	312	0	0		312	Ophth	65	0	0	65
N108-Rheumatology	0	0	0	0	0	Rheum	0	0	0		0	Rheum	0	0	0	0
N115-Trauma & Orthopaedics	475	0	0	0	475	T&O	435	4	9		448	T&O	(40)	4	9	(27)
N106-Urology	487	0	0	0	487	Urology	234	0	0		234	Urology	(253)	0	0	(253)
Total	2,083	0	0	0	2,083		1,866	101	42	0	2,009		(217)	101	42	(74)

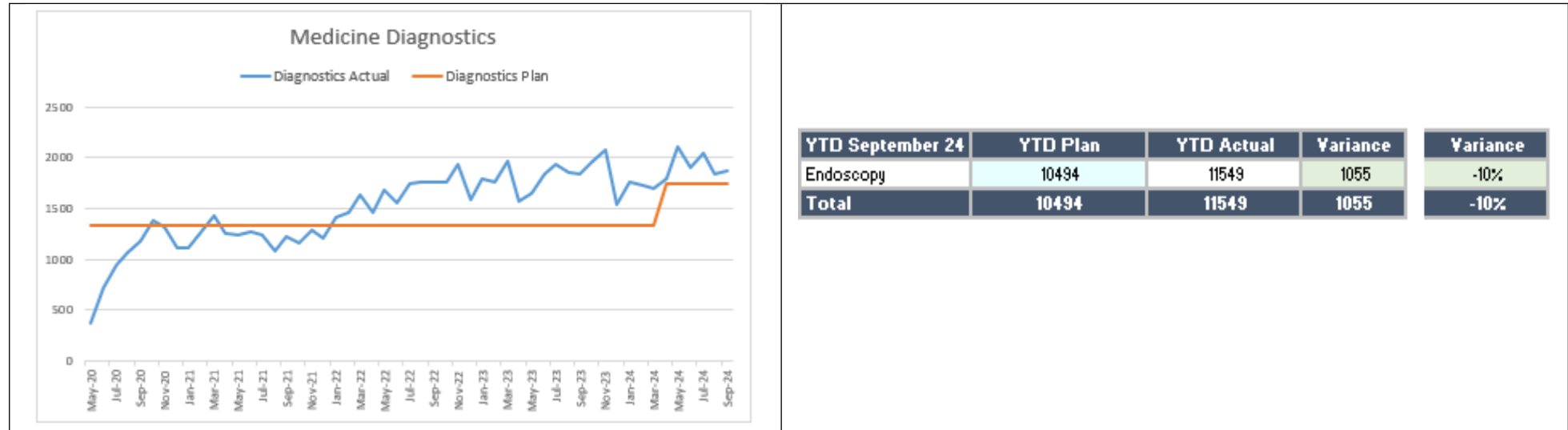
- Outpatient activity for Sept '24 was 6,173 (Aug '24: 5,577. 2023/24 total: 71,165, 22/23 total: 65,873, 19/20 total: 75,707)

Planned Outpatients (M06)						Actual Outpatients (M06)						Outpatient Variance (M06)					
Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,460	0	0	0	1,460	Derm	995	0	0	110	1,105	Derm	(465)	0	0	110	(355)
N147-ENT	500	0	0	0	500	ENT	910	0	32	0	942	ENT	410	0	32	0	442
N105-General Surgery	1,766	0	0	0	1,766	GS	1,440	166	0	0	1,606	GS	(326)	166	0	0	(160)
N146-Oral Surgery	286	0	0	0	286	Max Fax	374	0	35	0	409	Max Fax	88	0	35	0	123
N148-Ophthalmology	620	0	0	0	620	Ophth	556	18	0	0	574	Ophth	(64)	18	0	0	(46)
N108-Rheumatology	246	0	0	0	246	Rheum	172	0	0	0	172	Rheum	(74)	0	0	0	(74)
N115-Trauma & Orthopaedics	822	0	0	0	822	T&O	806	0	0	0	806	T&O	(16)	0	0	0	(16)
N106-Urology	522	0	0	0	522	Urology	550	0	9	0	559	Urology	28	0	9	0	37
Total	6,221	0	0	0	6,221		5,803	184	76	110	6,173		(418)	184	76	110	(48)

Medicine Outpatients activity for September '24 was 1,971 (Aug '24: 1,655, 2023/24: 22,708 2022/23: 19,258):

Sep-24				Sep-24				
	Assumed monthly activit	Actual activity	Variance	YTD Aug-24	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	475	341	-134	Gastroenterology	2850	2327	-523	18%
Cardiology	430	412	-18	Cardiology	2580	2153	-427	17%
Respiratory (inc Sleep)	455	474	19	Respiratory (inc Sleep)	2730	2524	-206	8%
Neurology	257	317	60	Neurology	1542	1765	223	-14%
Endocrinology	186	158	-28	Endocrinology	1116	852	-264	24%
Geriatric Medicine	313	269	-44	Geriatric Medicine	1878	1442	-436	23%
Total	2116	1971	-145	Total	12696	11063	-1633	13%

Medicine Diagnostics activity for September '24 was 1,872 (Aug '24: 1,843, 2023/24: 21,466, 2022/23: 20,748):



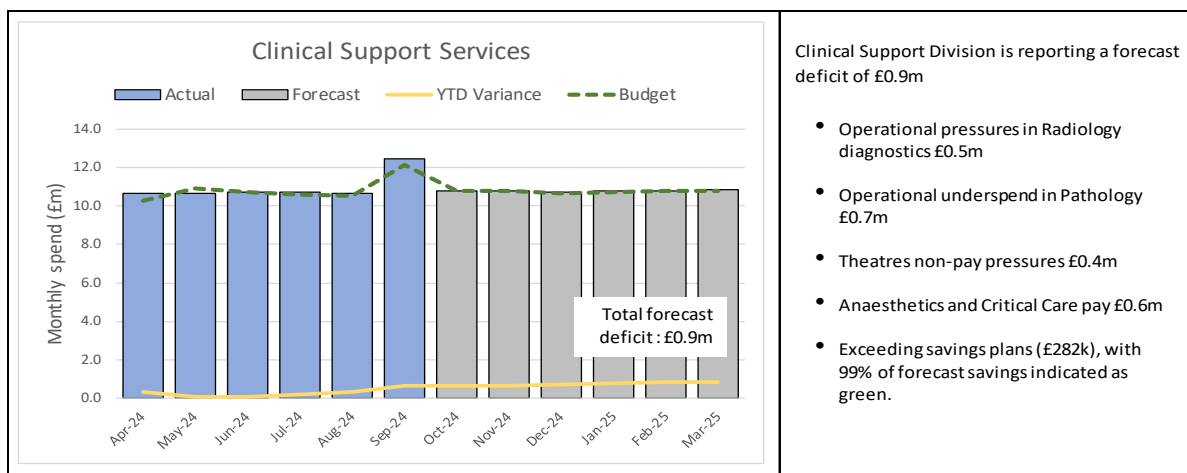
RAG rating category definitions

Savings schemes are categorised as *Red*, *Amber* or *Green* according to the certainty of the forecast achievement. Definitions for each rating are as follows:

- **Green scheme:** Started delivering in the current month or prior month and is expected to continue delivering for the remaining period.
- **Amber scheme:** Agreed plan in place and expected to deliver starting in a future month. Not yet started, therefore Amber due to the time factor risk.
- **Red scheme:** No plan in place and not expected to achieve.

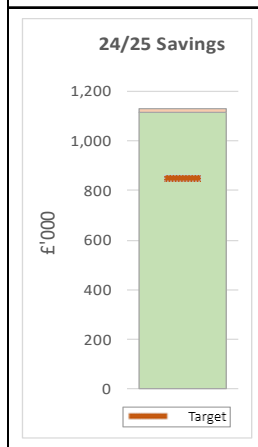
The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

Divisional analysis – Clinical Support Services



Clinical Support Division is reporting a forecast deficit of £0.9m

- Operational pressures in Radiology diagnostics £0.5m
- Operational underspend in Pathology £0.7m
- Theatres non-pay pressures £0.4m
- Anaesthetics and Critical Care pay £0.6m
- Exceeding savings plans (£282k), with 99% of forecast savings indicated as green.

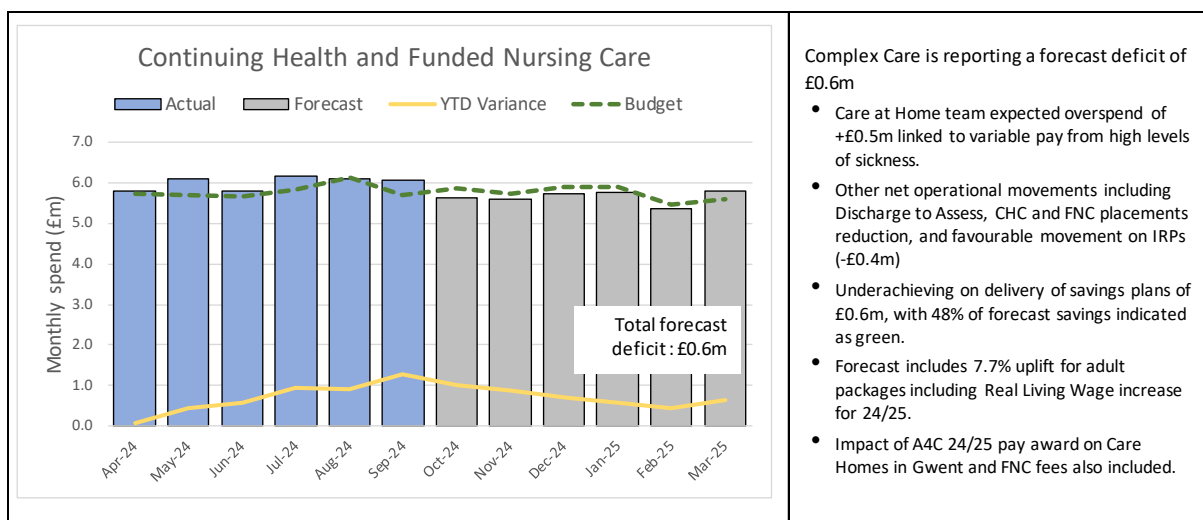


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	3	£0	£15	£15	£0	£33	£33
Procurement & Non-pay	13	£222	£417	£196	£493	£758	£264
Workforce	2	£41	£128	£87	£353	£338	-£15
Total	18	£263	£560	£298	£846	£1,128	£282

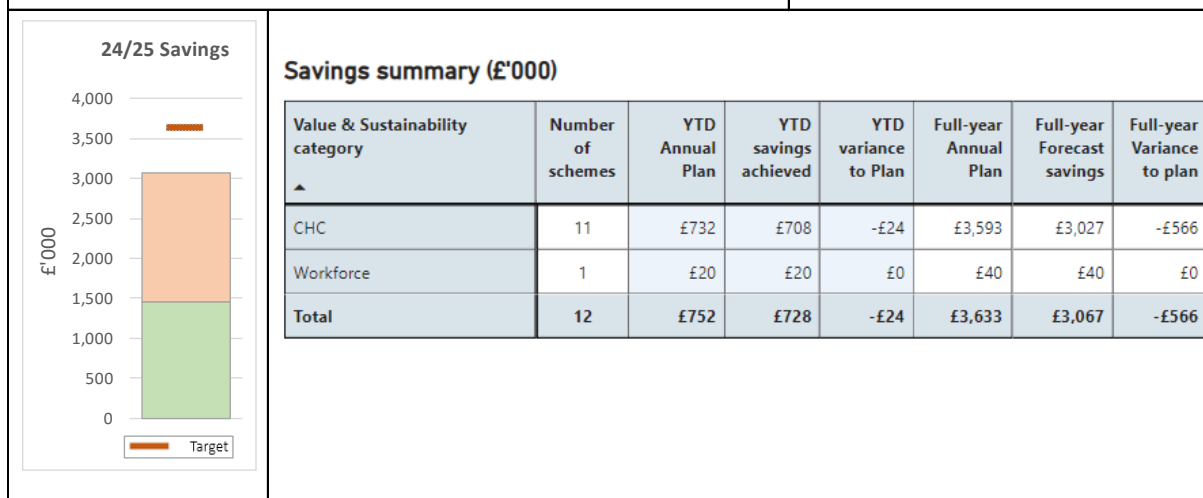
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Administration & Clerical review	R	Month 1	Green	68	123	158	35
CSS-02	Pathology - repatriation of tests	R	Month 1	Green	3	43	21	(22)
CSS-03	PFI saving (Llanwenarth suite)	R	Month 1	Green	150	300	300	0
CSS-04	Theatre Efficiencies	R	Month 1	Green	60	230	180	(50)
CSS-05	FIT Testing (Novation into Siemen's Managed Service cont)	R	In Year	Green	12	0	29	29
CSS-06	Decommissioning NovaView Service & Maintenance	R	In Year	Green	9	0	19	19
CSS-07	Quantiliser Maintenance	NR	In Year	Green	3	0	5	5
CSS-08	Urine Collection Tubes	R	In Year	Green	5	0	10	10
CSS-10	Fuji - Equipment Inventory Review	R	In Year	Amber	0	0	7	7
CSS-11	MIU General Room - RGH - Decommissioned	R	In Year	Amber	0	0	3	3
CSS-12	MIU General Room - RGH - Replacement	NR	In Year	Amber	0	0	4	4
CSS-13	Drugs - Sevoflourane	R	In Year	Green	4	0	8	8
CSS-14	Maintenance Contracts (Theatres, Radiology, Pathology)	NR	In Year	Green	166	0	166	166
CSS-15	Price Reduction in Ethicon suturing materials (Theatres)	NR	In Year	Green	18	0	50	50
CSS-16	Radiology - Contrast Media	R	In Year	Green	11	0	25	25
CSS-17	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	0	0	0	0
OPPS2-01	WHSSC Liver	R	Month 1	Green	39	116	116	0
OPPS2-02	Additional Savings Targets - Pathology NR maintenance sa	R	Month 1	Green	13	34	28	(7)
					560	846	1,128	282

Divisional analysis – Complex Care



Complex Care is reporting a forecast deficit of £0.6m

- Care at Home team expected overspend of +£0.5m linked to variable pay from high levels of sickness.
- Other net operational movements including Discharge to Assess, CHC and FNC placements reduction, and favourable movement on IRPs (-£0.4m)
- Underachieving on delivery of savings plans of £0.6m, with 48% of forecast savings indicated as green.
- Forecast includes 7.7% uplift for adult packages including Real Living Wage increase for 24/25.
- Impact of A4C 24/25 pay award on Care Homes in Gwent and FNC fees also included.



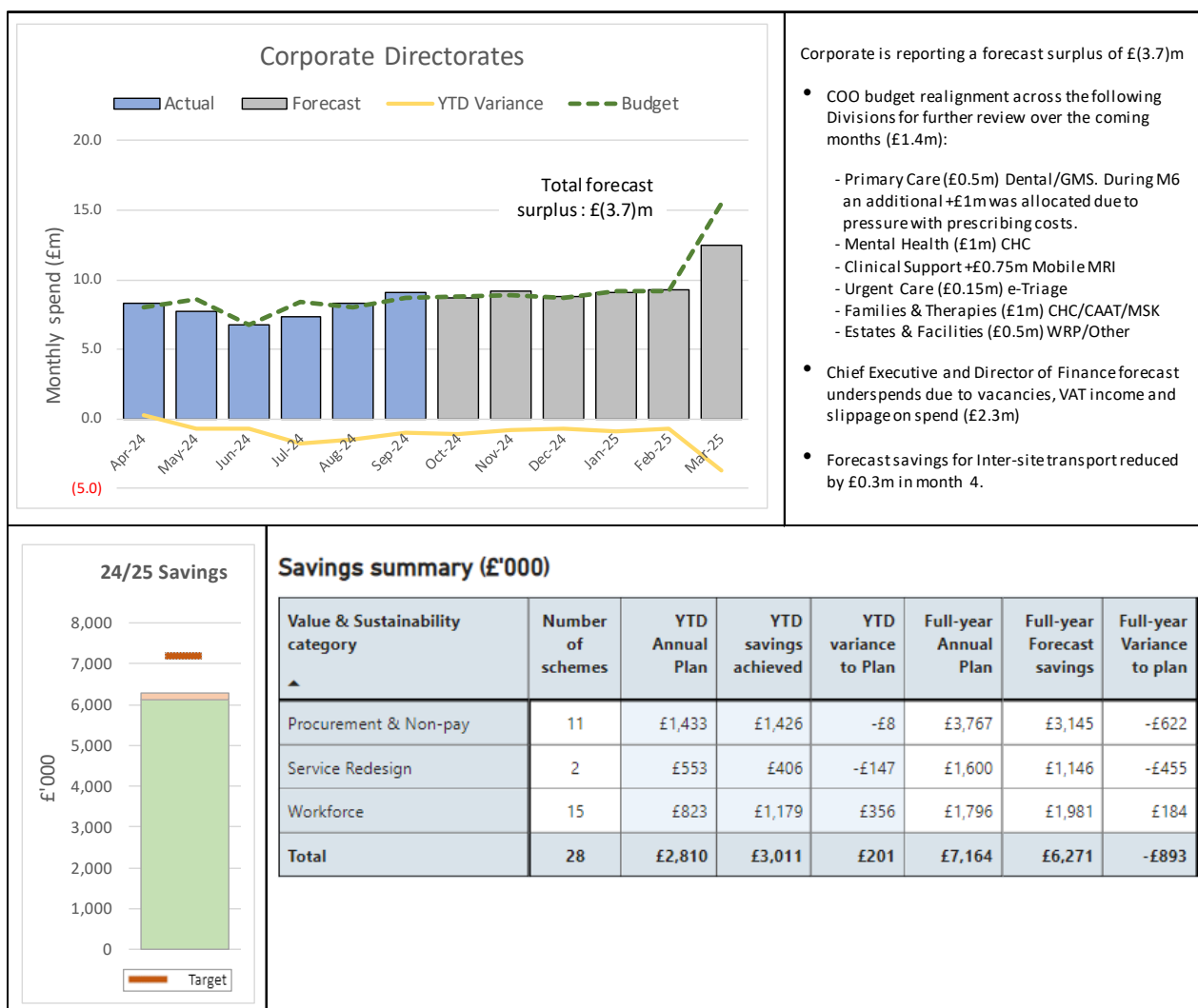
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Contract Adjustments - hospital admissions and days after death	R	Month 1	Amber	0	314	105	(209)
CHC-02	Removal of CHC Premium for Gwent Care Homes with one to one placements	R	Month 1	Amber	0	179	60	(119)
CHC-03	23/24 staff vacancies - no further recruitment	R	Month 1	Green	20	40	40	0
CHC-04	Deputyship SLA	R	Month 1	Red	0	35	0	(35)
CHC-05	Cwmgelli Enhanced Care contract	R	Month 1	Green	17	33	28	(6)
CHC-06	Travel (Mileage rate reduction of 5p)	R	Month 1	Green	6	12	12	0
CHC-07	CHC - Adult reviews	NR	Month 1	Amber	0	1,440	1,440	0
CHC-08	Reduction in hospital payments for independent providers for CHC & FNC patients	R	Month 1	Red	0	203	0	(203)
CHC-09	New Direction Retainer	R	Month 1	Green	31	62	62	0
CHC-10	Administration & Clerical review	R	Month 1	Green	11	15	21	6
CHC-11	FNC activity reduction schemes	R	Month 1	Green	444	700	700	0
CHC-12	CHC Care at Home and other vacancies	R	Month 1	Green	200	600	600	0
					728	3,633	3,067	(566)

Complex Care continued...

Red savings schemes (listed above) over £200k

Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
CHC-08	Reduction in hospital payments for independent providers for CHC & FNC patients	203	The savings target for Scheme CHC-08 is incorporated within scheme CHC-01 currently shown as Amber

Divisional analysis – Corporate



Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CEO-01	Administration & Clerical review	R	Month 1	Green	18	53	52	(1)
COO-01	Administration & Clerical review	R	Month 1	Green	7	20	17	(3)
CORP-01	Generic CIP - Pay	R	Month 1	Green	18	53	44	(9)
CORP-02	Generic - Non-pay	NR	Month 1	Green	6	15	14	(1)
CORP-03	Hybrid mail	R	Month 1	Green	90	300	180	(120)
CORP-04	Intersite transport	R	Month 1	Green	316	1,300	966	(334)
CORP-05	Healthcare Pathways	R	Month 1	Red	0	120	0	(120)
CORP-06	Health Protection - Caerleon House	R	Month 1	Amber	0	273	150	(123)
CORP-07	Health Protection - Newport	R	Month 1	Green	110	220	220	0
CORP-08	Health Protection - LA / TTP	R	Month 1	Green	267	534	534	0
CORP-09	Health Protection - Microbiology	R	Month 1	Green	146	291	291	0
CORP-10	VAT income / over-recovery	NR	Month 1	Green	195	300	345	45

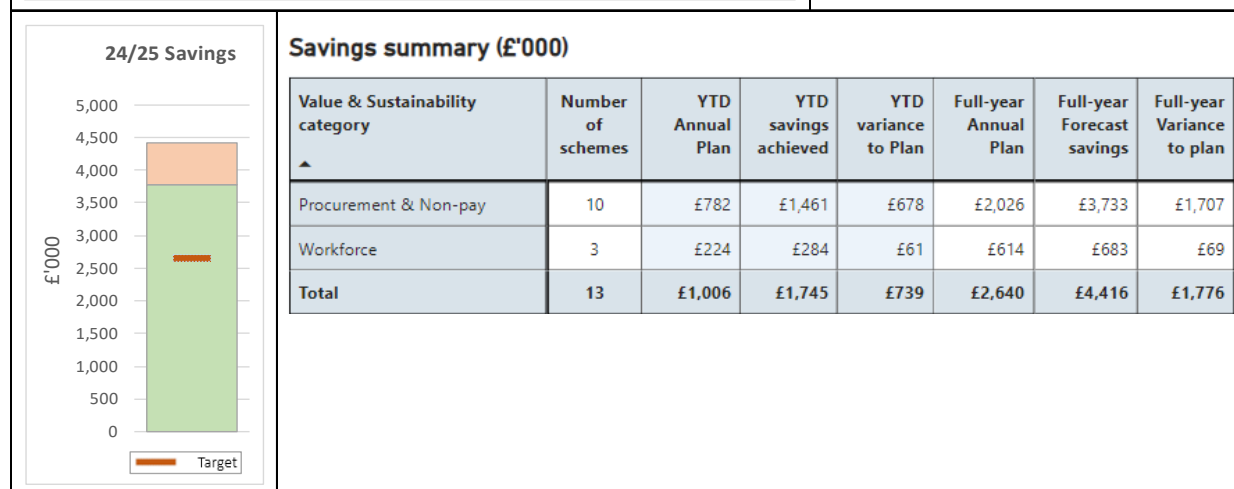
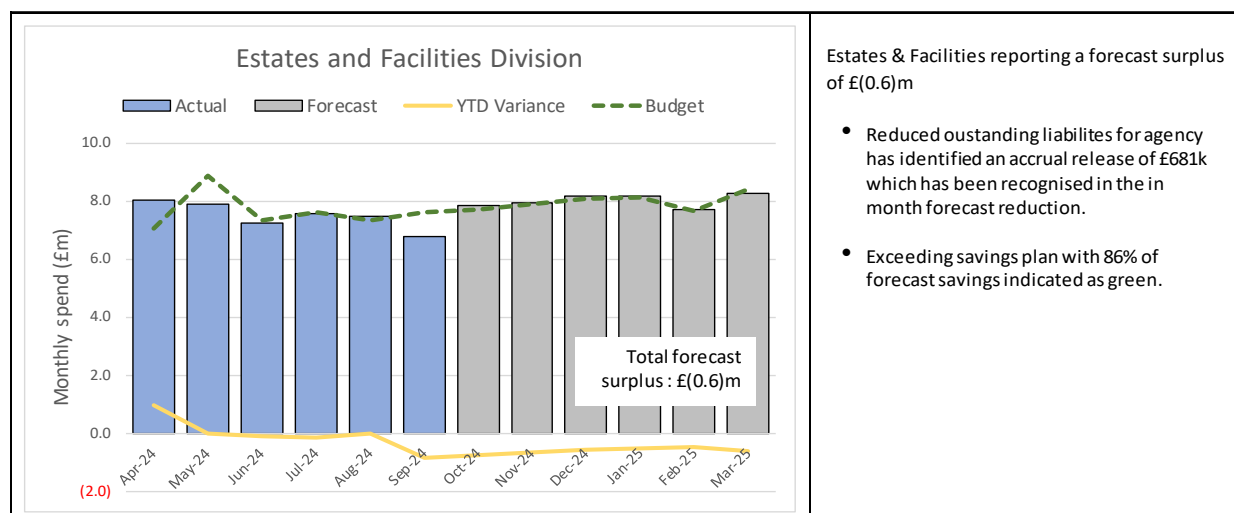
Corporate savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CORP-11	Finance administration savings	R	Month 1	Green	81	161	161	0
DIG-02	Administration & Clerical review	R	Month 1	Green	519	319	596	277
FIN-03	Administration & Clerical review	R	Month 1	Green	70	139	139	0
GOV-01	Administration & Clerical review	R	Month 1	Green	7	19	20	1
MEDR-01	Administration & Clerical review	R	Month 1	Green	20	59	49	(10)
NUR-01	Administration & Clerical review	R	Month 1	Green	18	53	44	(9)
PLA-01	Administration & Clerical review	R	Month 1	Green	52	68	81	13
THE-01	Administration & Clerical review	R	Month 1	Green	6	19	16	(3)
WOD-01	Administration & Clerical review	R	Month 1	Green	120	122	171	49
CORP-13	Litigation cost reductions	R	Month 1	Green	128	385	385	0
CORP-14	Other specific funding benefits	NR	Month 1	Green	100	300	300	0
CORP-15	Recovery of agency fees	NR	Month 1	Green	267	700	812	112
OPPS2-03	WRP	R	Month 1	Red	0	335	0	(335)
OPPS2-03a	WRP	NR	In Year	Green	335	0	335	335
OPPS2-04	Further litigation schemes	R	Month 1	Green	117	350	350	0
OPPS2-05	Further Corporate schemes / opportunities inc. Public Health	R	Month 1	Red	0	655	0	(655)
					3,011	7,164	6,271	(893)

Red savings schemes (listed above) over £200k

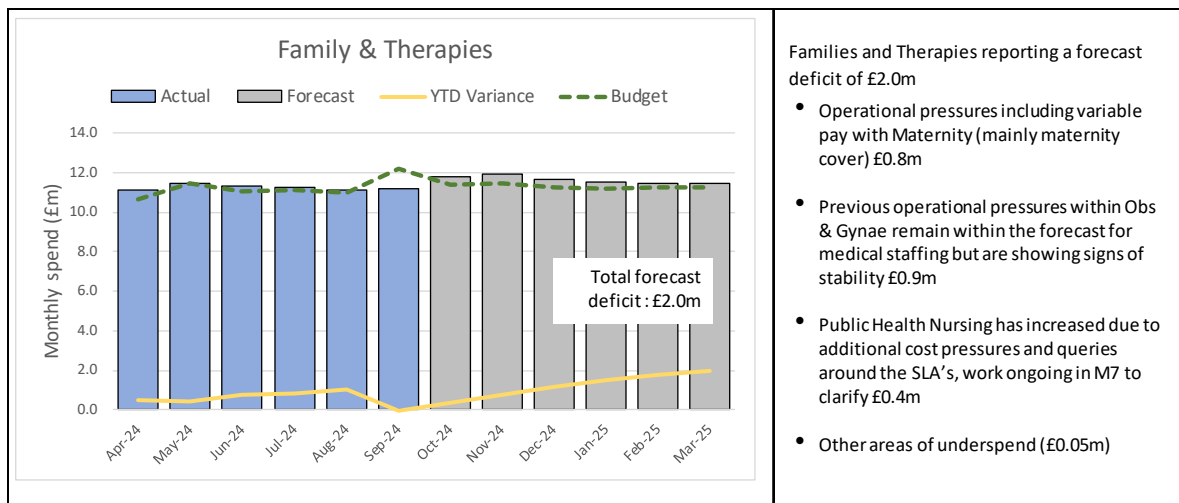
Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
OPPS2-05	Further Corporate schemes / opportunities inc. Public Health	655	Unachievement due to no specific plan. Mitigated by overachievement in other areas
OPPS2-03	WRP	335	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme OPPs-03a

Divisional analysis – Estates & Facilities



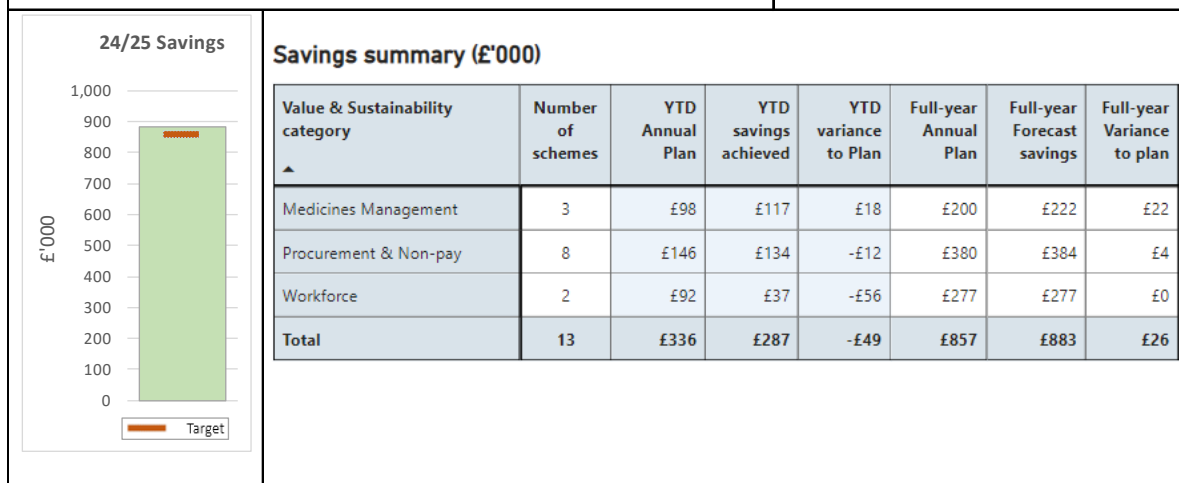
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
EF-01	Window Cleaning Capped at 1 clean per year per site	R	Month 1	Green	10	19	19	0
EF-02	Cease Liftshare software	R	Month 1	Green	7	14	14	0
EF-03	COVID A&E Portacabin	R	Month 1	Green	158	316	316	0
EF-04	Administration & Clerical review	R	Month 1	Green	57	114	114	0
EF-05	Discharge Lounge Portacabin	R	Month 1	Green	31	62	62	0
EF-06	NWSSP Energy Saving	NR	In Year	Green	552	0	1,657	1,657
EF-07	NHH Ward Closure 4:3	R	In Year	Amber	0	0	69	69
OPPS2-06a	Rates Rebates - Newport Sites	NR	Month 1	Green	588	930	980	50
OPPS2-06b	Rates Rebates - NHH	NR	Month 1	Amber	0	70	70	0
OPPS2-07	Enhanced Cleaning	R	Month 1	Green	227	500	500	0
OPPS2-08	Bed contract	R	Month 1	Amber	0	500	500	0
OPPS2-09	WRP	R	Month 1	Red	0	115	0	(115)
OPPS2-09a	WRP	NR	In Year	Green	115	0	115	115
					1,745	2,640	4,416	1,776

Divisional analysis – Family & Therapies



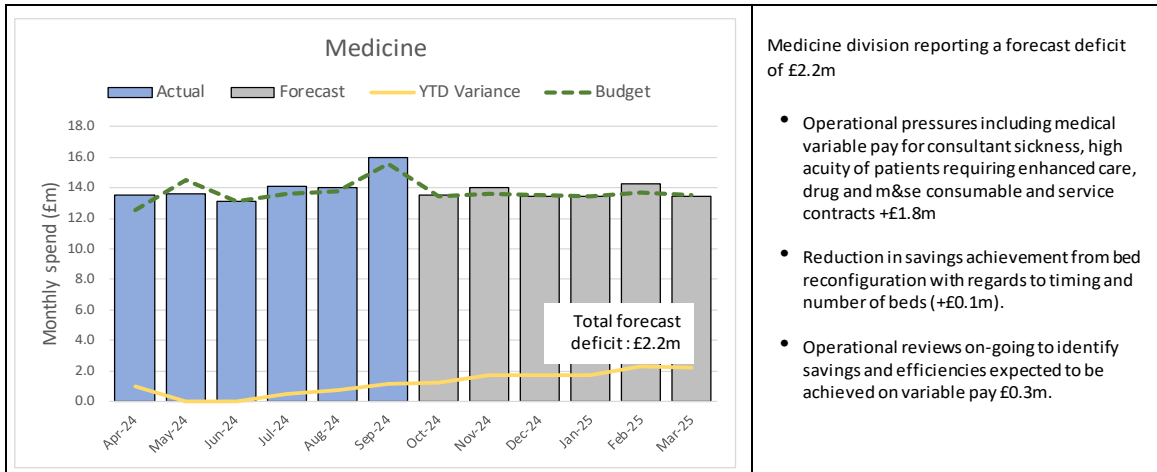
Families and Therapies reporting a forecast deficit of £2.0m

- Operational pressures including variable pay with Maternity (mainly maternity cover) £0.8m
- Previous operational pressures within Obs & Gynae remain within the forecast for medical staffing but are showing signs of stability £0.9m
- Public Health Nursing has increased due to additional cost pressures and queries around the SLA's, work ongoing in M7 to clarify £0.4m
- Other areas of underspend (£0.05m)



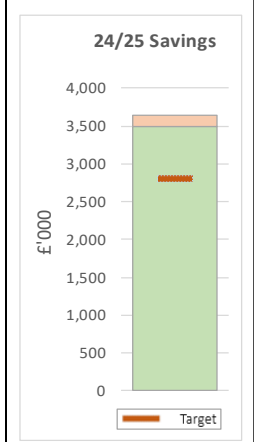
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
F&T-01	Maternity - Easy Pay Kiosk Additional Income (Ultrasound)	R	Month 1	Green	3	50	36	(14)
F&T-02	TRUCLEAR - Replacing Myosure consumables	R	Month 1	Green	59	177	177	0
F&T-03	Konica Photocopier / Printer Review	R	Month 1	Green	13	40	40	0
F&T-04	Reduction in Mileage by 5p per mile	R	Month 1	Green	27	53	53	0
F&T-05	Reduction in Variable pay	R	Month 1	Green	11	34	34	0
F&T-06	SRH - Billing C&V for MIV drug costs for C&V patients treated in ABUHB	R	Month 1	Green	111	200	211	11
F&T-07	Medtronic pump & Sensor All Wales procurement savings	R	Month 1	Green	30	60	60	0
F&T-08	Administration & Clerical review	R	Month 1	Green	25	243	243	0
F&T-09	HIV - Dovato Switches	R	In Year	Green	5	0	10	10
F&T-10	Switching to SOL Gases	R	In Year	Green	1	0	8	8
F&T-11	Enteral Feeding tubes	R	In Year	Green	1	0	8	8
F&T-12	CTG Wallets	R	In Year	Green	0	0	2	2
F&T-13	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	0	0	1	1
					287	857	883	26

Divisional analysis – Medicine



Medicine division reporting a forecast deficit of £2.2m

- Operational pressures including medical variable pay for consultant sickness, high acuity of patients requiring enhanced care, drug and m&se consumable and service contracts +£1.8m
- Reduction in savings achievement from bed reconfiguration with regards to timing and number of beds (+£0.1m).
- Operational reviews on-going to identify savings and efficiencies expected to be achieved on variable pay £0.3m.

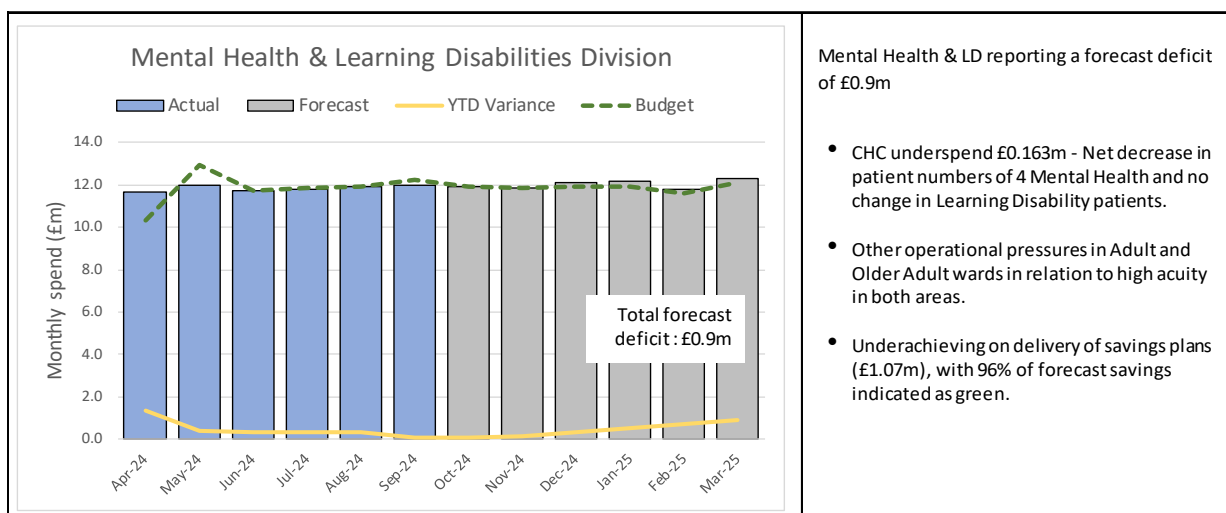


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	3	£0	£68	£68	£1	£220	£219
Procurement & Non-pay	14	£34	£181	£147	£42	£502	£461
Service Redesign	2	£0	£66	£66	£870	£687	-£183
Workforce	7	£841	£947	£107	£1,889	£2,237	£348
Total	26	£875	£1,263	£388	£2,801	£3,646	£845

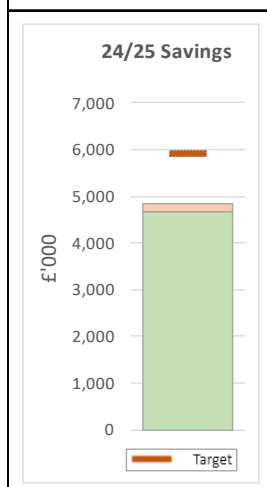
Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	Med-17	Medical Rota - IMT Doctors (1 in 16 to 1 in 22 on call rota)	R	In Year	Green	18	0	70	70
Medicine	Med-18	Respiratory CPAP purchase	NR	In Year	Green	27	0	80	80
Medicine	Med-19	Gastroenterology Switch in product type Polyp Trap	R	In Year	Green	0	0	1	1
Medicine	Med-20	Cardiology Reduction in Echo Insourcing reliance	R	In Year	Green	8	0	30	30
Medicine	Med-21	Cardiology Recruitment Slippage CR/HF Hub	NR	In Year	Amber	0	0	45	45
Medicine	Med-22	Gastroenterology Consent forms - Cessation of leaflet	R	In Year	Green	6	0	11	11
Medicine	Med-23	Respiratory CPAP Mask Renewals	R	In Year	Green	30	0	60	60
Medicine	Med-24	Respiratory CPAP Mask new set ups	R	In Year	Green	10	0	20	20
Medicine	Med-25	Cardiology Mini comp tender Stents (Cath Lab)	R	In Year	Amber	0	0	9	9
Medicine	Med-27	Gastroenterology Out of Area drug cost recovery for Ward Attenders	NR	In Year	Amber	0	0	50	50
Medicine	Med-28	Neurology Out of Area drug cost recovery for Ward Attenders	NR	In Year	Amber	0	0	50	50
Medicine	Med-29	Acute Medicine Substantiate RNs in Line with Rosters	R	In Year	Green	2	0	240	240
Medicine	Med-30	Diabetes Insulet Rebate	NR	In Year	Green	4	0	4	4
Medicine	Med-31	GACU Giving Sets - Alternative Product with reduced Port	R	In Year	Green	0	0	0	0
Medicine	Med-32	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	0	0	1	1
						1,263	2,801	3,646	845

Divisional analysis – Mental Health and Learning Disabilities



Mental Health & LD reporting a forecast deficit of £0.9m

- CHC underspend £0.163m - Net decrease in patient numbers of 4 Mental Health and no change in Learning Disability patients.
- Other operational pressures in Adult and Older Adult wards in relation to high acuity in both areas.
- Underachieving on delivery of savings plans (£1.07m), with 96% of forecast savings indicated as green.



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	3	£1,442	£937	-\$506	£4,850	£3,850	-\$1,000
Procurement & Non-pay	1	£34	£0	-\$34	£103	£34	-\$69
Workforce	7	£425	£366	-\$58	£953	£953	£0
Total	11	£1,901	£1,303	-\$598	£5,906	£4,837	-\$1,069

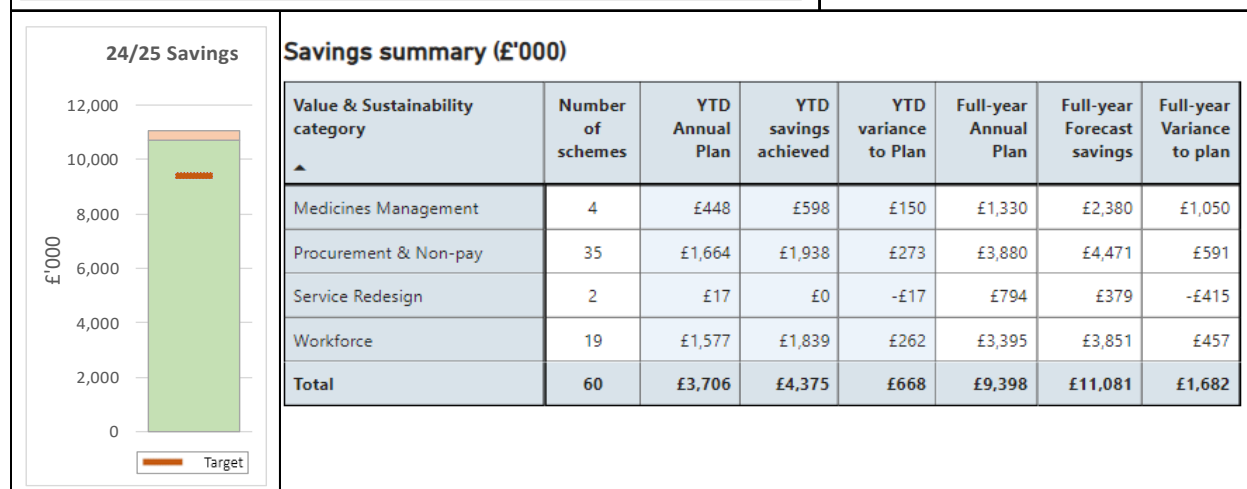
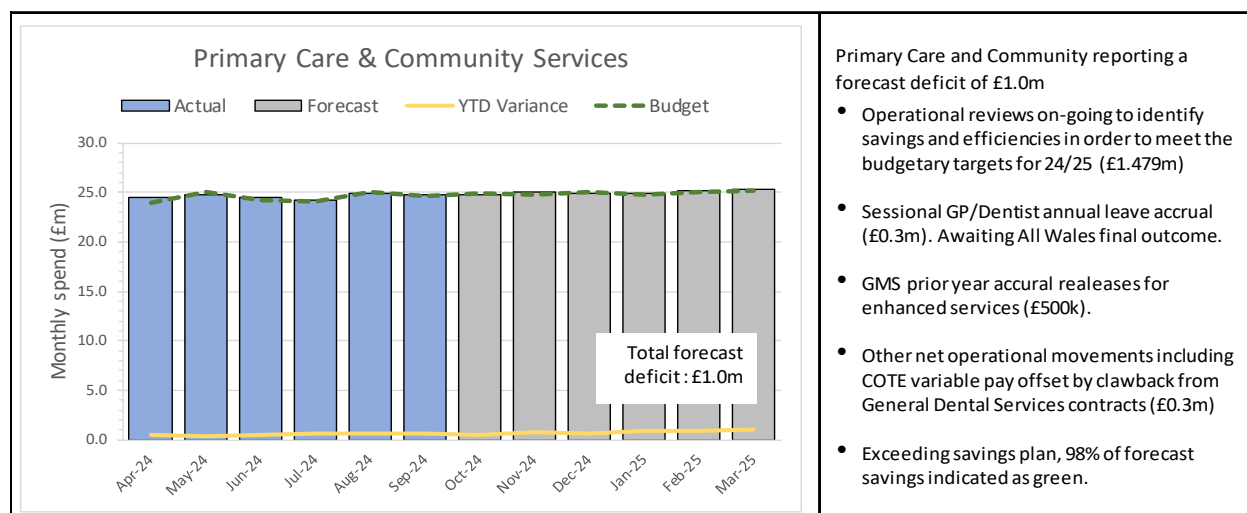
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MH-01	Reduction in variable pay agency premium B2 HC	R	Month 1	Green	116	192	192	0
MH-02	Ty Lafant ward LD reduction to VP	R	Month 1	Green	114	199	199	0
MH-03	Mitchell Close	R	Month 1	Amber	0	103	34	(69)
MH-04	Medical Agency Reduction	R	Month 1	Green	42	169	169	0
MH-05	Reduction in PHP Leadership PHPs	R	Month 1	Green	27	54	54	0
MH-06	MH&LD CHC reduction	R	Month 1	Green	737	3,250	3,250	(0)
MH-07	Administration & Clerical review	R	Month 1	Amber	0	140	97	(44)
MH-07a	Administration & Clerical review	NR	In Year	Amber	0	0	44	44
MH-08	MH&LD CHC further reductions	R	Month 1	Green	200	600	600	0
MH-09	MH&LD variable pay schemes	R	Month 1	Green	67	200	200	0
OPPS2-10	West Sussex	NR	Month 1	Red	0	1,000	0	(1,000)
					1,303	5,906	4,837	(1,069)

Mental Health and Learning Disabilities continued...

Red savings schemes (listed above) over £200k

Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
Mental Health and Learning Disabilities	OPPS2-10	West Sussex	1,000	Currently with West Sussex Legal team for a response. If wish to progress likely with lead into a legal dispute which could be costly. Working towards full recovery of costs however current assumption that saving will not be achieved in the near future.

Divisional analysis – Primary Care and Community



Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-02	Managed practices to independant status from 01/04/24	R	Month 1	Green	964	1,928	1,928	0
PCC-03	Revise Academy Offer	NR	Month 1	Green	213	426	426	0
PCC-04	Stoma Team Phase 2	NR	Month 1	Green	75	149	149	0
PCC-05	NHS wales reduction in enhanced mileage rate	R	Month 1	Green	30	60	60	0
PCC-06	Reduction in Medication/NonPay stock - Reduction in Drugs moving STW to RGH by using omniceil cabinets and bed side lockers, opportunity to introduce across other sites for bigger savings if found beneficial	R	Month 1	Green	15	30	30	0
PCC-07	Pharmacy Closures - Benefits within various fees & services (mainly establishment fee). Four community pharmacies due to close by April 24 along with one additional pharmacy following this. Saving of £35k each in the year though this would be a one-off saving	NR	Month 1	Green	88	175	175	0
PCC-08	Staffing - Current B5 post holder reduction in hours	R	Month 1	Green	3	10	10	(0)
PCC-09	Staffing - Review of nursing rota and opportunities to decrease specialist nurse rate	R	Month 1	Green	2	5	5	0
PCC-10	Staffing - Currently have one agency GP, bring this peron on substantive contract so cost of fees	R	Month 1	Green	3	10	10	(1)

Primary Care & Community savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-11	Reduction in Chepstow beds - 2 - Reducing 2 beds within Cas Gwent ward	R	Month 1	Green	68	204	204	(0)
PCC-12	E-rostering scrutiny and efficiency. Adopting additional scrutiny, process transparency and further/refresh training	R	Month 1	Green	0	10	10	0
PCC-13	Staffing structure review -Remove 8a role from structure	R	Month 1	Green	29	65	56	(8)
PCC-14	Redeployment of Business Administrator - Redeployment of B3 administrator following end of secondment. Role not required due to apprentice in post.	R	Month 1	Green	14	28	28	0
PCC-15	Business Intelligence / Data Analyst - If Data Analyst / Business Partner model continues to be provided by Information Services (current agreed via ACD/SPPC) there will be less requirement to backfill vacancy for a dedicated band 6 performance manager. Workplan/commitment needed from Corporate Information to reassure that work will be progressed on Division's behalf. May necessitate permanent recruitment of B6 business manager from within current structure, thereby releasing a band 5 role.	R	Month 1	Green	22	44	44	(0)
PCC-16	Review Management structure	R	Month 1	Green	38	76	66	(10)
PCC-17	Review Admin Structure	R	Month 1	Amber	0	32	27	(5)
PCC-18	Review Professional structure	R	Month 1	Green	19	76	76	0
PCC-19	Removal of vacant part time physio post	R	Month 1	Green	9	18	18	0
PCC-20	111 funding redistribution - Explore the opportunity for 111 funding to be redistributed based on previous years slippage / change of PDT process front end 111.	NR	Month 1	Amber	0	215	215	0
PCC-21	Non pay other - Look at opportunities including prescribing, Opex and Wireless Logic	R	Month 1	Green	4	10	10	0
PCC-22	Non pay premises rent - Explore accommodation opportunities. Currently UPC/GP OOH pick up costs for all P&CC care space within VPH which also includes SPA	R	Month 1	Red	0	30	0	(30)
PCC-23	Non-Pay reduction	R	Month 1	Green	22	22	33	11
PCC-24	Non-Pay reduction	R	Month 1	Green	12	10	12	2
PCC-25	Non-Pay reduction	R	Month 1	Green	6	10	10	0
PCC-26	Non-Pay reduction	R	Month 1	Green	2	10	10	0
PCC-27	Stock - Bring stock values in to balance sheet	NR	Month 1	Amber	0	66	66	0
PCC-28	Non pay review - Review stock, supplier usage, waste levels and training with a view to securing better prices / using less. Target 15% reduction.	R	Month 1	Green	55	109	109	0
PCC-29	Income opportunities - Increase charges to Llanarth Court to ensure costs are covered. Explore any other income generating opportunities	R	Month 1	Green	33	7	36	29
PCC-30	GDS contracts - Review service / number of sessions provided within the GDS contracts for OOHs, Blaenavon and Abertillery	R	Month 1	Green	30	60	60	0
PCC-31	Cessation of Hygiene Waste collection - Cessation of PHS contract and adoption of HB service supplier at saving of £2,000 per annum	R	Month 1	Green	1	2	2	0
PCC-32	Non Pay - Non Pay spend review to bring into line with budget for 24-25	R	Month 1	Green	5	5	5	0
PCC-33	Chase Project - Removal of this project	R	Month 1	Green	10	10	10	0
PCC-34	License Fees - No Longer needed	R	Month 1	Green	6	6	6	0

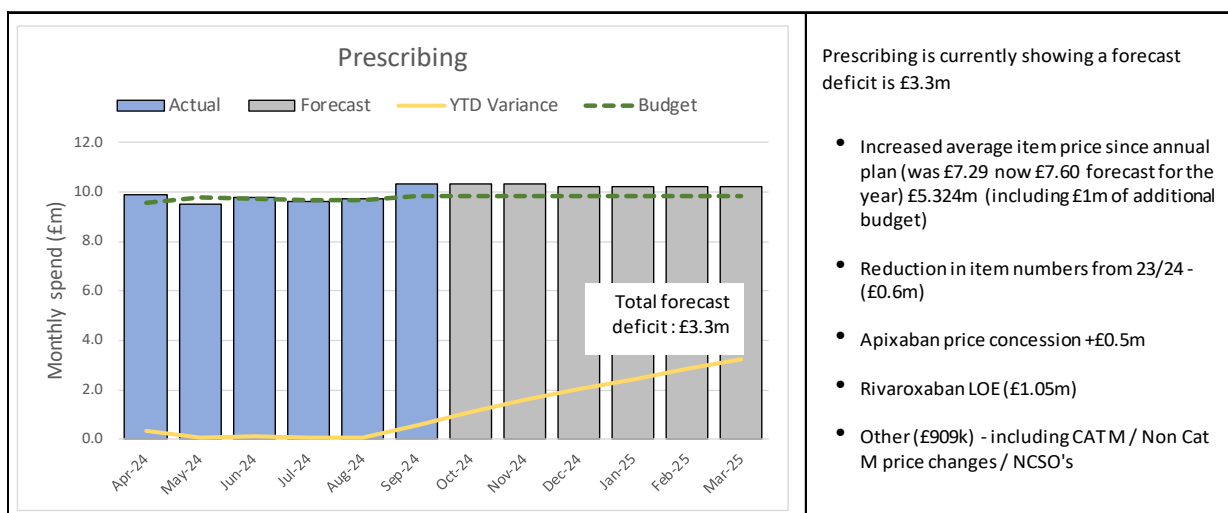
Primary Care & Community savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-35	Reconfiguration of beds PCCS	R	Month 1	Green	0	750	350	(400)
PCC-36	Glyn Ebbw Closure	R	Month 1	Green	0	44	29	(15)
PCC-37	Staffing Structures in Community Dental Services	R	Month 1	Green	73	100	100	(0)
PCC-38	Additional clinical sessions LES	R	Month 1	Red	0	673	0	(673)
PCC-38a	Additional clinical sessions LES	NR	In Year	Green	337	0	673	673
PCC-39	Reduction in NCN areas	R	Month 1	Amber	0	30	30	0
PCC-40	Relinquish Comms and Engagement agreement	R	Month 1	Red	0	30	0	(30)
PCC-41	GDS clawback savings - Corporate assessment	R	Month 1	Green	100	200	200	0
PCC-42	Dental patient charges	R	Month 1	Green	720	1,600	1,600	0
PCC-43	Administration & Clerical review savings (2%)	R	Month 1	Red	0	254	0	(254)
PCC-43a	Administration & Clerical review savings (2%)	NR	In Year	Green	215	0	289	289
PCC-44	Anti-viral cost mitigation / GP stock	R	Month 1	Red	0	1,300	0	(1,300)
PCC-44a	Anti-viral cost mitigation / GP stock	NR	In Year	Green	433	0	1,300	1,300
PCC-45	Optometry contract reduction	R	Month 1	Green	167	500	500	0
PCC-46	Nurse led Imms Team - under GMS Contract	R	In Year	Green	101	0	202	202
PCC-47	SLAs-Carers Collective Torfaen	NR	In Year	Green	22	0	45	45
PCC-48	SLAs-Carers Collective Monmouth	NR	In Year	Green	12	0	25	25
PCC-49	SLAs-British Red Cross Pan Gwent – Newport Hub	NR	In Year	Green	3	0	14	14
PCC-50	SLAs-Age Cymru Caerphilly	NR	In Year	Green	7	0	14	14
PCC-51	Llanarth House rates rebate	NR	In Year	Amber	0	0	44	44
PCC-52	Ruperra - RTG Ward - Bed reduction and revised model	R	In Year	Green	136	0	446	446
PCC-53	GMS-HB Improvement Grant funding	NR	In Year	Green	100	0	200	200
PCC-55	SLAs - National Exercise Referral Scheme	NR	In Year	Green	6	0	12	12
PCC-56	ODTC & WET AMD - Activity cap	NR	In Year	Green	17	0	50	50
PCC-57	Rivaroxaban LOE - Price reduction	R	In Year	Green	150	0	1,050	1,050
PCC-58	Procurement saving for IV Giving Sets Switch	R	In Year	Amber	0	0	0	0
PCC-59	Hospital Pharmacy - Temperature Monitoring	R	In Year	Amber	0	0	4	4
					4,375	9,398	11,081	1,682

Red savings schemes (listed above) over £200k

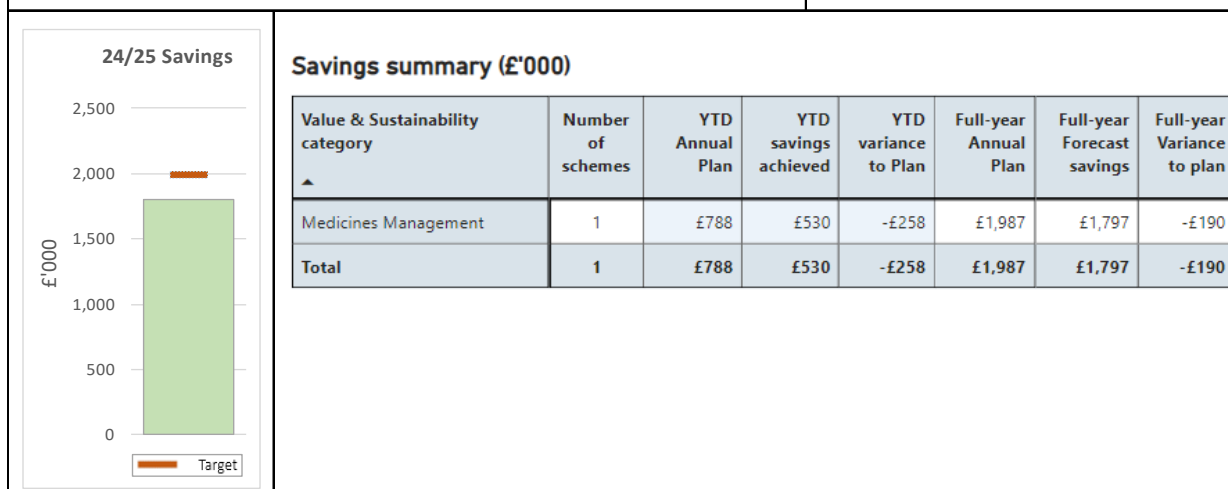
Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
PCC-44	Anti-viral cost mitigation / GP stock	1,300	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-44a
PCC-38	Additional clinical sessions LES	673	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-38a
PCC-43	Administration & Clerical review savings (2%)	254	Savings are achieving for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-43a

Divisional analysis – Prescribing



Prescribing is currently showing a forecast deficit is £3.3m

- Increased average item price since annual plan (was £7.29 now £7.60 forecast for the year) £5.324m (including £1m of additional budget)
- Reduction in item numbers from 23/24 - (£0.6m)
- Apixaban price concession +£0.5m
- Rivaroxaban LOE (£1.05m)
- Other (£909k) - including CATM / Non Cat M price changes / NCSO's

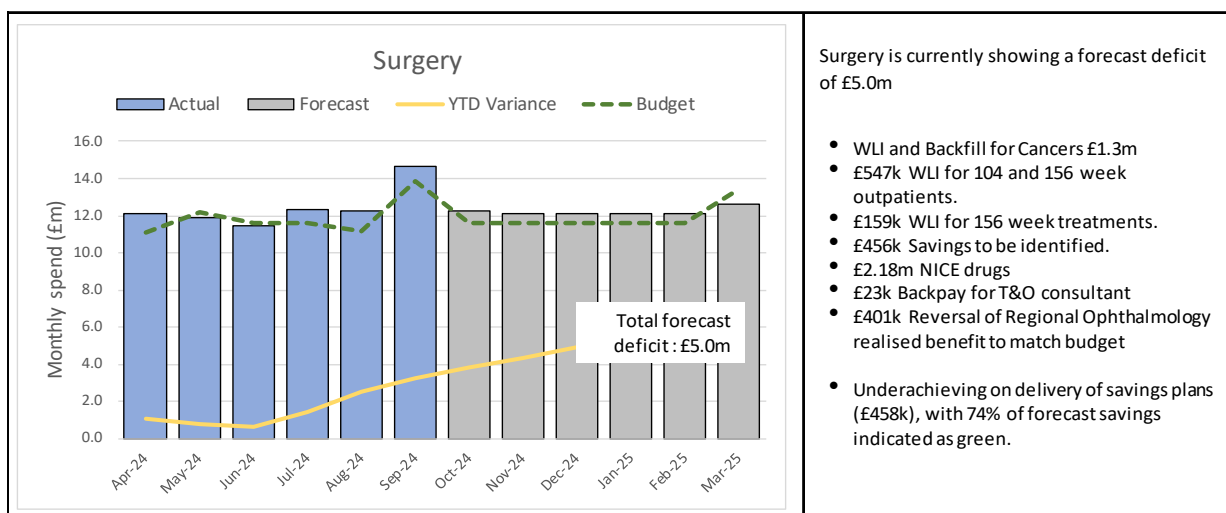


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	1	£788	£530	£-258	£1,987	£1,797	£-190
Total	1	£788	£530	£-258	£1,987	£1,797	£-190

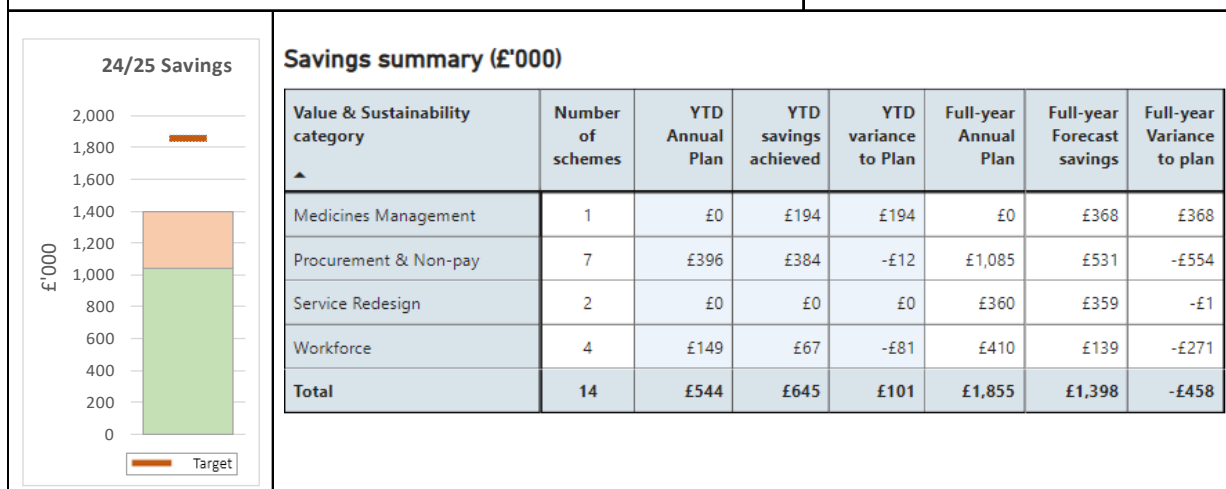
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-01	Prescribing savings options / opportunities	R	Month 1	Green	530	1,987	1,797	(190)
					530	1,987	1,797	(190)

Divisional analysis – Surgery



Surgery is currently showing a forecast deficit of £5.0m

- WLI and Backfill for Cancers £1.3m
- £547k WLI for 104 and 156 week outpatients.
- £159k WLI for 156 week treatments.
- £456k Savings to be identified.
- £2.18m NICE drugs
- £23k Backpay for T&O consultant
- £401k Reversal of Regional Ophthalmology realised benefit to match budget
- Underachieving on delivery of savings plans (£458k), with 74% of forecast savings indicated as green.



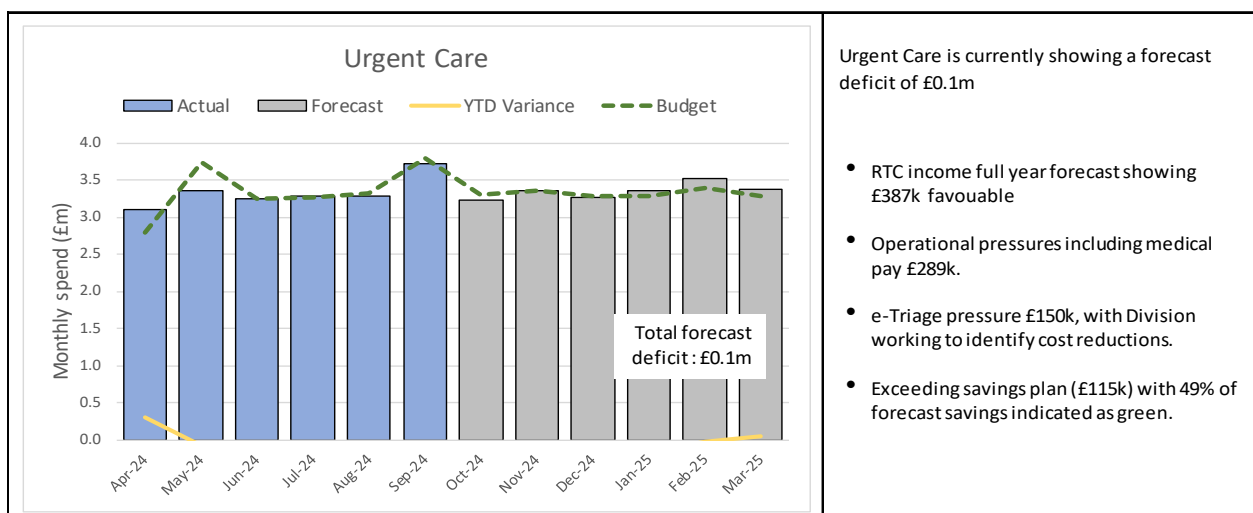
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
SUR-01	Ophthalmology Phaco Lenses and Procedure packs	R	Month 1	Green	40	79	79	0
SUR-02	Intensity Banding for On-call	R	Month 1	Red	0	44	0	(44)
SUR-03	Orthopaedics: Femoral Heads	R	Month 1	Green	29	45	51	6
SUR-04	Orthopaedics: rationalisation of suppliers for hips and knees	R	Month 1	Green	25	50	50	0
SUR-05	Trauma Contract	R	Month 1	Green	40	60	100	40
SUR-06	Bed Day Efficiencies	R	Month 1	Amber	0	205	205	0
SUR-07	Theatre Efficiencies	R	Month 1	Amber	0	155	154	(1)
SUR-08	Reduce Machen Ward Sat - Mon	R	Month 1	Red	0	179	0	(179)
SUR-10	Administration & Clerical Review	R	Month 1	Green	37	187	49	(138)
SUR-11	National priorities/best value biosimilars & Haematology	R	In Year	Green	194	0	368	368
SUR-12	Agency reduction with all junior clinical fellow posts now filled	NR	In Year	Green	30	0	90	90
OPPS2-11	WRP	R	Month 1	Red	0	251	0	(251)
OPPS2-11a	WRP	NR	In Year	Green	251	0	251	251
OPPS2-12	Consignment / other M&SE disposables	R	Month 1	Red	0	600	0	(600)
					645	1,855	1,398	(458)

Surgery continued...

Red savings schemes (listed above) over £200k

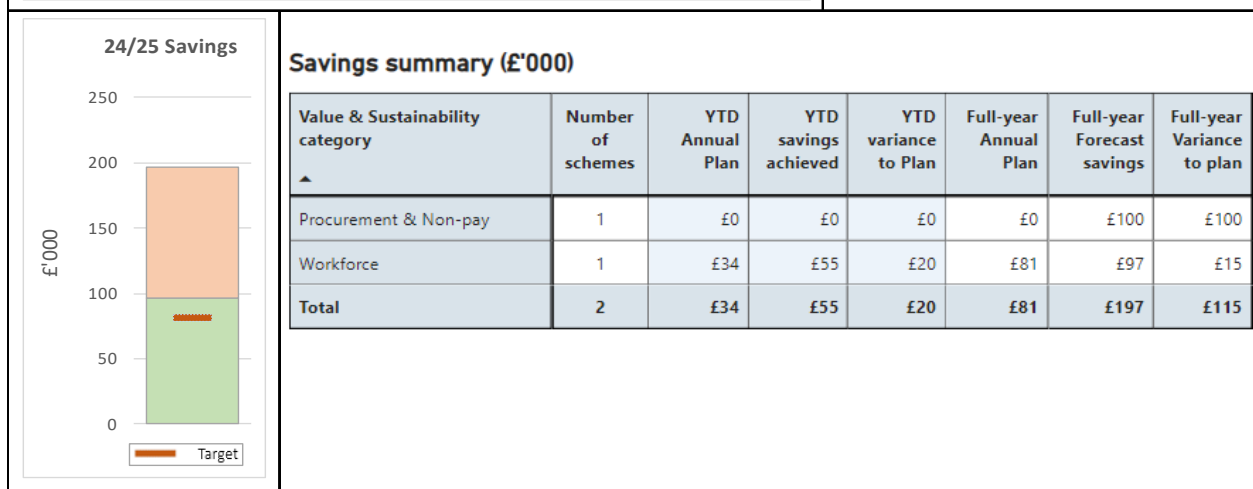
Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
OPPS2-12	Consignment / other M&SE disposables	600	Original plan for Consignment Stock saving determined unachievable following technical advice
OPPS2-11	WRP	251	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme OPPS2-11a
SUR-08	Reduce Machen Ward Sat - Mon	179	Machen ward unable to close on weekends so far due to shortages of beds in GUH.

Divisional analysis – Urgent Care



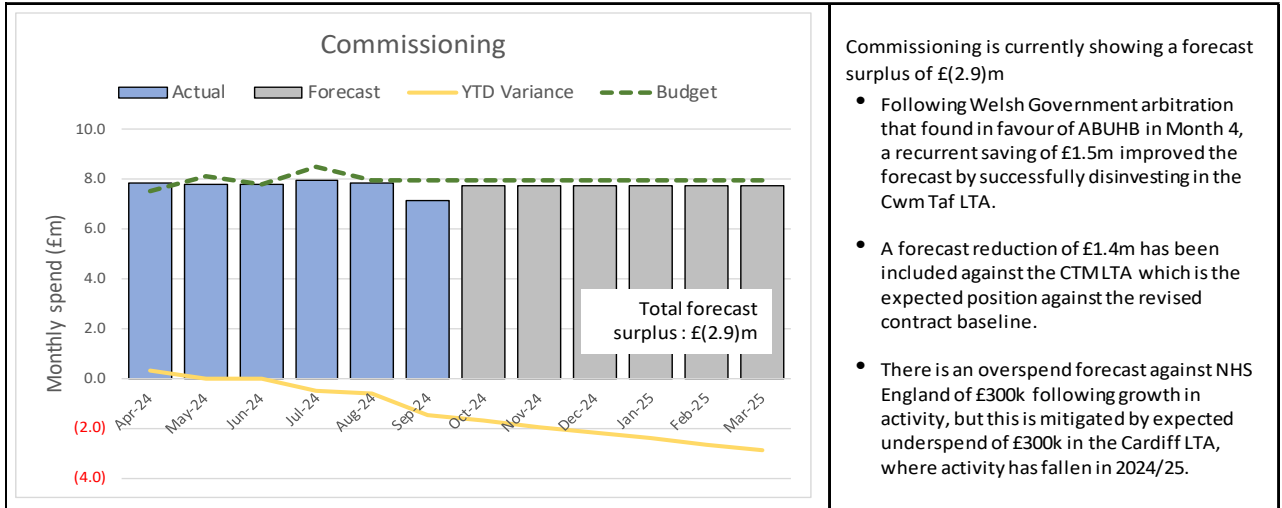
Urgent Care is currently showing a forecast deficit of £0.1m

- RTC income full year forecast showing £387k favourable
- Operational pressures including medical pay £289k.
- e-Triage pressure £150k, with Division working to identify cost reductions.
- Exceeding savings plan (£115k) with 49% of forecast savings indicated as green.



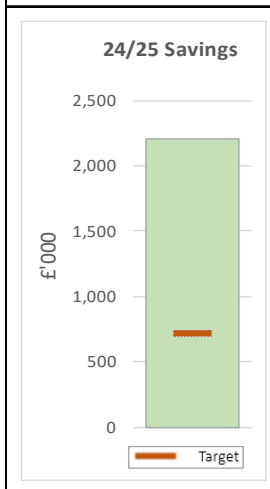
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
URG-01	Administration & Clerical review	R	Month 1	Green	55	81	97	15
URG-02	RTC Income	NR	In Year	Amber	0	0	100	100
					55	81	197	115

Divisional analysis – External Commissioning



Commissioning is currently showing a forecast surplus of £(2.9)m

- Following Welsh Government arbitration that found in favour of ABUHB in Month 4, a recurrent saving of £1.5m improved the forecast by successfully disinvesting in the Cwm Taf LTA.
- A forecast reduction of £1.4m has been included against the CTMLTA which is the expected position against the revised contract baseline.
- There is an overspend forecast against NHS England of £300k following growth in activity, but this is mitigated by expected underspend of £300k in the Cardiff LTA, where activity has fallen in 2024/25.

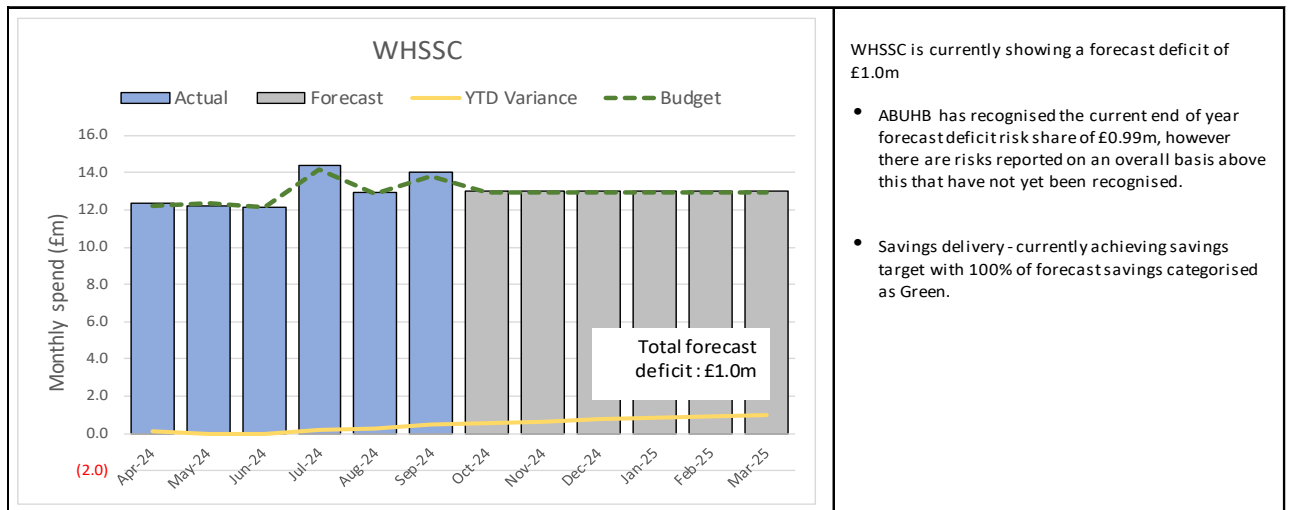


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	2	£285	£1,035	£750	£706	£2,206	£1,500
Total	2	£285	£1,035	£750	£706	£2,206	£1,500

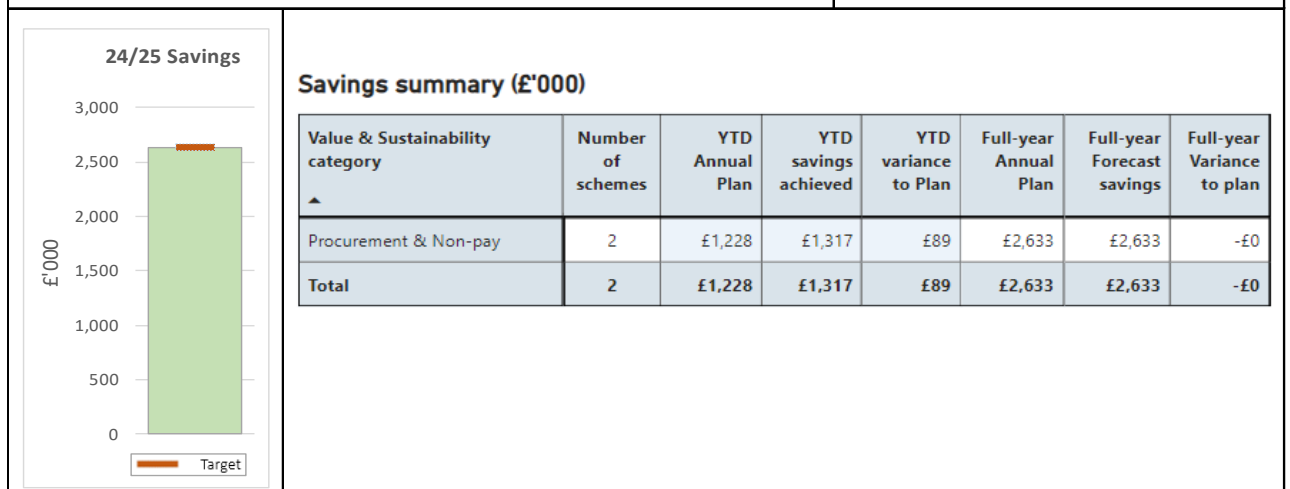
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
COMM-01	Reduction in expenditure for robotic surgery (repat)	R	Month 1	Green	135	406	406	0
COMM-02	LTA reviews	R	Month 1	Green	900	300	1,800	1,500
					1,035	706	2,206	1,500

Divisional analysis – WHSSC



WHSSC is currently showing a forecast deficit of £1.0m

- ABUHB has recognised the current end of year forecast deficit risk share of £0.99m, however there are risks reported on an overall basis above this that have not yet been recognised.
- Savings delivery - currently achieving savings target with 100% of forecast savings categorised as Green.



Division	Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
						Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
WHSSC	WHSSC-01	WHSSC Savings Schemes	R	Month 1	Green	1,050	2,099	2,099	(0)
WHSSC	WHSSC-02	WHSSC Savings Schemes	R	Month 1	Green	267	534	534	0
						1,317	2,633	2,633	(0)

Divisional analysis – EASC



Reserves

Reserves Delegation:

Following Board budget delegation undertaken in month 2 the reserves position at 30th of September 24 is (£34.588m). This consists of the revised recurrent deficit for 24/25 of £48.859m, specific commitment reserves of £8.352m, allocations to be delegated of £4.213m and items retained to support the deficit position of £1.705m.

The specific commitment reserves include targeted funding to support additional expenditure relating to RTT. An Innovation and Development reserve of £2m was held within reserves of which £0.257m has been delegated for the expansion of the Multiple Sclerosis service, and £247k is committed for the approved ED business case, therefore £1.497m is remaining. A further £1.22m is maintained for pass through inflationary costs for other organisations and SLAs.

Funding will continue to be reviewed with further anticipated allocations being retained within reserves pending delegation.

delivery of goods/services in September and cumulatively. There has been an increase in the number of NHS invoices paid within 30 days this month.

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7769-ALLOCATIONS TO BE DELEGATED

Description	24/25
Mental Health 111 Press 2 service funding 24-25	142,857
Real Living Wage (RLW) - 24/25	1,228,074
Disp Drs and PADMS 24-25	1,121,280
International Nurses 24-25	894,000
PCC Optometry funding 24-25	827,000
Confirmed / Anticipated Allocations to be apportioned	4,213,211

7788-COMMITMENTS TO BE DELEGATED

Description	24/25
Innovation and Development Fund	1,496,752
Approved Business Case: ED Staff	57,579
Approved Business Case: Discharge/Transfer lounge	189,000
Innovation and Development Fund - RTT	1,000,000
Inflationary pressures reserve	1,220,000
Newport East HWBC (GDS contract increase)	48,000
Newport East HWBC (E&F costs)	66,000
GUH ED Extension	161,000
Prescribing price & volume growth 2024/25	1,800,000
Energy underspend at M4	1,657,000
Pay Matrix: Income via: PHW (core)	(118,000)
WRP adjustment as per Deputy DoF 24-Sep-24	395,688
Junior Doctors income adjustment	379,080
Total Commitments	8,352,099

7501-SUPPORTING FINANCIAL POSITION

Description	24/25
Balance at month 5	1,671,289
IT Revenue to capital M6	34,000
Total Supporting financial position reserve	1,705,289

7515-IMTP 23/24 DEFICIT

Description	24/25
23/24 recurrent deficit	(112,848,200)
Underlying deficit	28,800,000
Inflationary uplift (conditional recurrent)	35,700,000
Energy	9,854,000
2024/25 budget-setting	(10,364,387)
Total IMTP 23/24 recurrent deficit	(48,858,587)

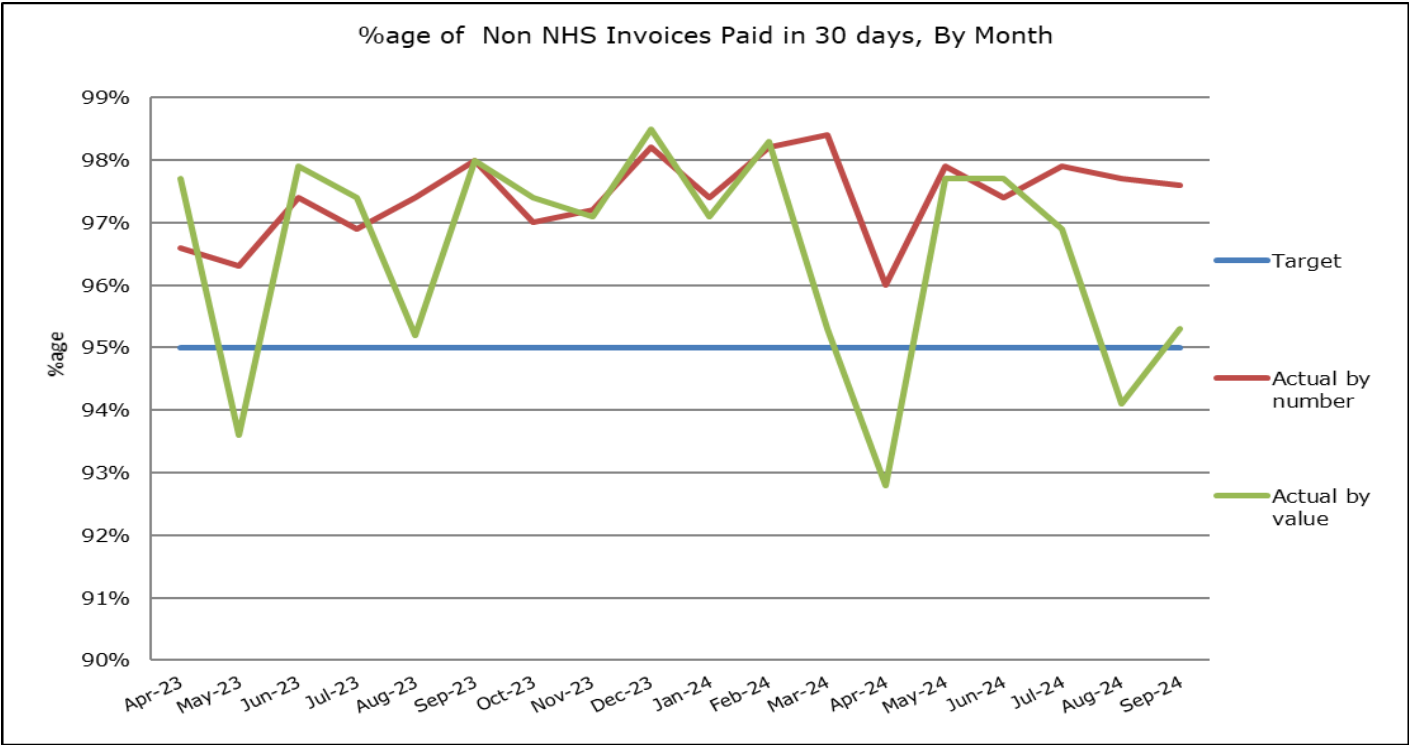
Totals **(34,587,988)**

Cash Position

cash balance the 30th September is £5.811m, which is below advisory figure set by Welsh Government £6m.

Public Sector Payment Policy (PSPP)

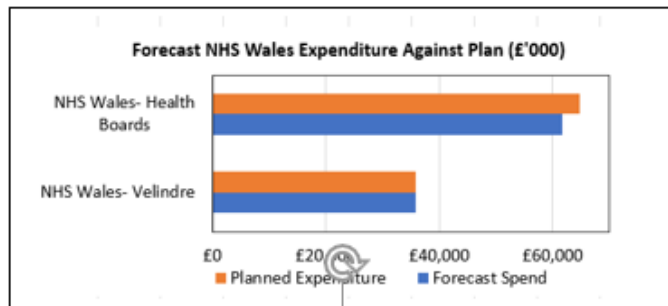
HB has achieved target to 95% of number Non-NHS creditors within 30 days of been an



Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 6 (September) 2024-25

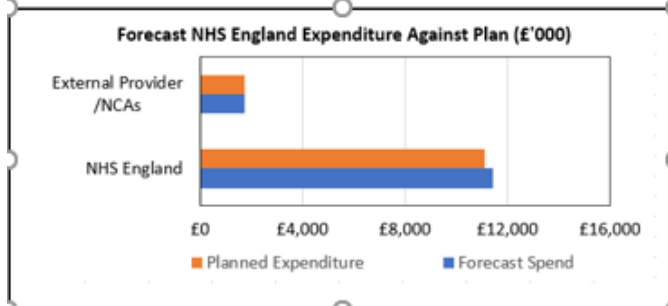
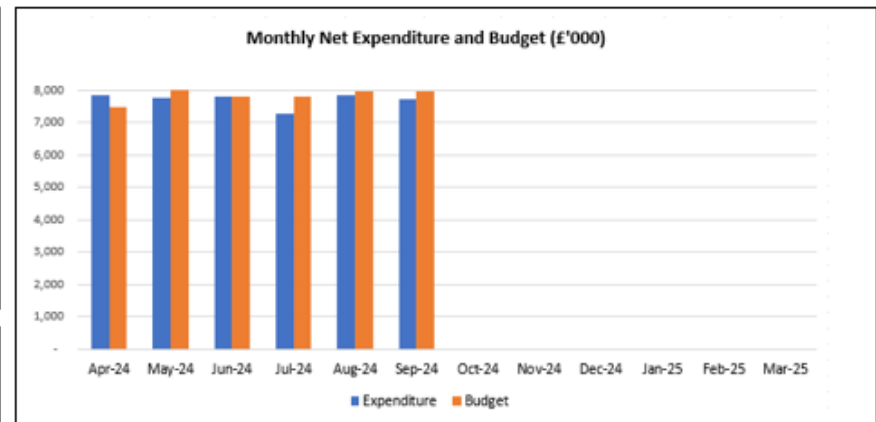
At Month 6 the year to date financial performance for Contracting and Commissioning is £1,450k underspend against the delegated budget, with a forecast year of £2.9m underspend. The key elements contributing to this position at Month 6 are as follows:



NHS Wales Expenditure

Expenditure in NHS Wales contracts is forecast to be £2.9m less than plan after the disinvestment from Cwm Taf was supported by Welsh Government.

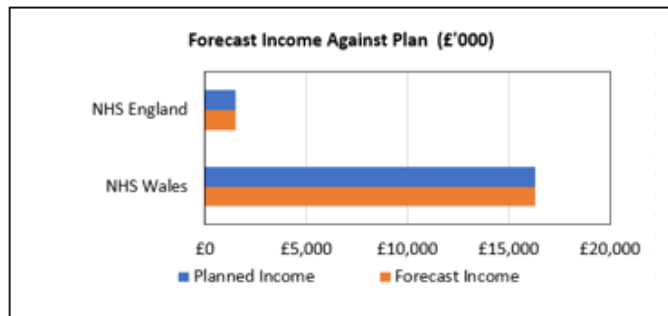
An uplift of 3.67% as per WG guidance was applied to contracts in 2024/25.



NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£12m in 2024/25 and will continue to be monitored and managed regularly

Month 5 monitoring that has been received is in line with expected activity levels.



Provider Income

Provider income of c£17m is being planned and forecast in 2024/25 and will continue to be monitored and managed regularly

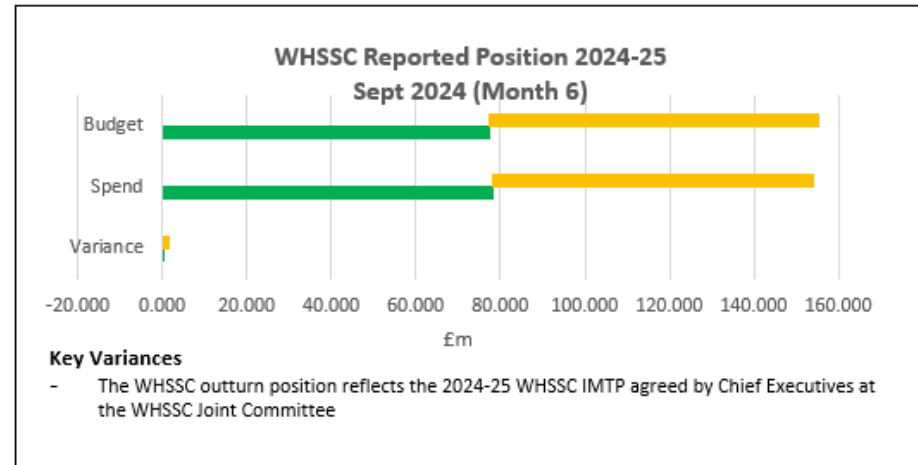
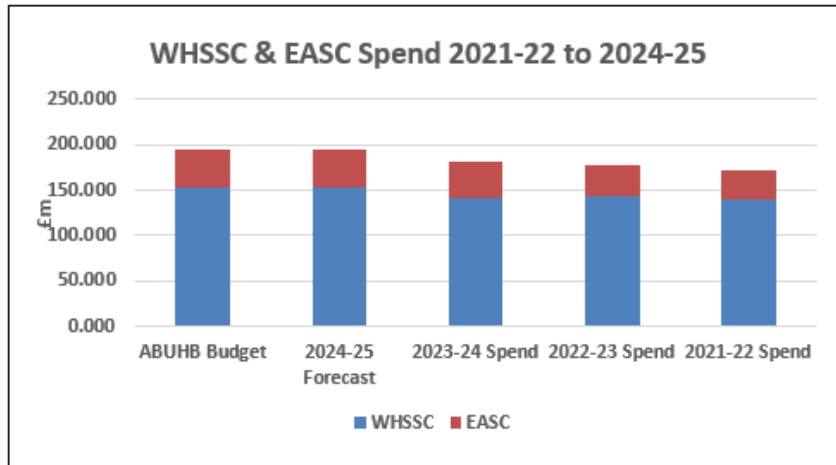
Month 5 activity provided by ABUHB has been in line with previous years performance and is monitored monthly

Key Issues 2024-25

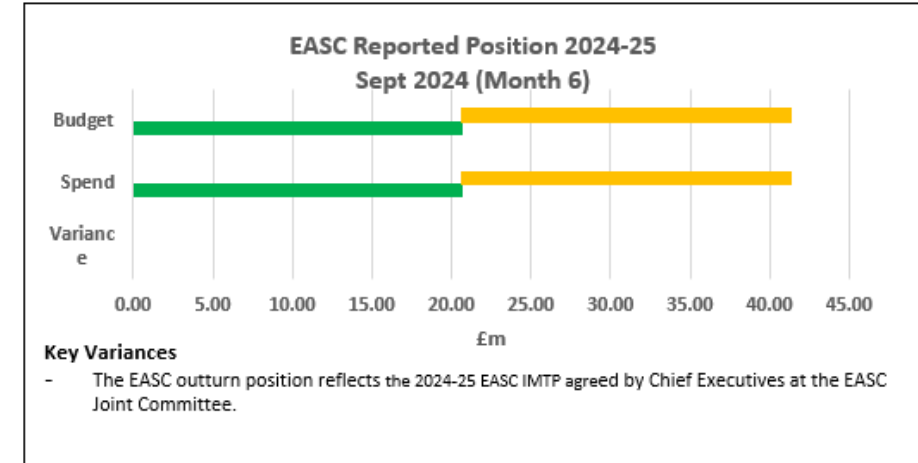
- All LTAs have been signed in line with the WG deadline of the end of June 2024 apart from the Cwm Taf LTA which has been signed by ABUHB following WG arbitration decision but currently awaiting the Cwm Taf signed copy back
- The nationally agreed core uplift of 3.67% has been funded and is reflected in the above position
- Infectious diseases support has been formally commissioned from Cardiff from 2024/25 ensuring that ABUHB patients and clinicians have access to specialist advice and treatment pathways for this service going forwards
- A saving of £406k for robotic surgery repatriation is being forecast to be achieved in 2024-25
- A recurrent annual saving of £1.8m from LTA negotiations with Cwm Taf has been achieved against a target of £300k which results in a £1.5m benefit.
- An additional c£1.4m underspend as a result of reduced activity is being forecast against the revised CTM LTA baseline however CTM are not in agreement with this assumption and so this represents a risk to the forecast outturn position**
- The expenditure being forecast for cancer services at Velindre is in line with provider expectations and ABUHB IMTP planning assumptions.
- ABUHB are working through a potential rebasing of the Velindre contract to ensure allocation matches the actual activity share but this is not yet agreed

JOINT COMMISSIONING COMMITTEE (formerly WHSSC & EASC) Financial Position 2024-25

The Month 6 financial performance for the Joint Commissioning Committee is a forecast overspend of £0.990m. The Month 6 position reflects the agreed IMTP and budget delegation for the Specialised Services (WHSSC) and EASC elements.



- Key Issues 2024-25**
- Specialised Services**
- Forecasts based on M5 of Activity and NICE drugs data where available
 - Key issues driving overspend
 - Overperformance in C&VUHB (Specialised Cardiology, ALAS, NICE drugs)
 - Individual patient treatments
 - Offset by underspends on Mental Health Placements and Slippage on Developments
 - Key risk around delivery of savings plans
- EASC**
- Confirmation of final EASC plan and WG Allocations
 - Slippage against Plan
 - Activity Reporting



Balance Sheet

Balance sheet as at 30th September 2024			
	2024/25 Opening balance £000s	30th September 2024 £000s	Movement £000s
Fixed Assets	910,187	933,302	23,115
Other Non current assets	149,418	157,796	8,378
Current Assets			
Inventories	9,844	10,215	371
Trade and other receivables	136,632	112,049	(24,583)
Cash	4,145	5,811	1,666
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	150,621	128,075	(22,546)
Liabilities			
Trade and other payables	218,038	205,902	(12,136)
Provisions	221,474	196,317	(25,157)
	439,512	402,219	(37,293)
	770,714	816,954	46,240
Financed by:-			
General Fund	581,390	621,947	40,557
Revaluation Reserve	189,324	195,007	5,683
	770,714	816,954	46,240

Fixed Assets

- An increase in net additions of £30.9m in relation to new 2024/25 capital expenditure incurred.
- A reduction of £21.1m for depreciation charges. A decrease of £0.27m for IFRS16 related charges.
- An increase in indexation costs of £13.6m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year £7.5m, an increase in intangible assets of £0.7m and an increase in ICR income due in more than one year of £0.2m since the end of 2023/24.

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 2023/24 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2023/24 to the end of September £6.3m
- A decrease in the value of both NHS & Non-NHS accruals of £24.1m, of which £26.0m relates to a decrease of Welsh Risk Pool claims due in less than one year, £2.6m relates to an increase in NHS & Non NHS accruals and £0.7m relates to a decrease in VAT and other debtors since the end of 2023/24.
- An increase in the value of prepayments held £5.8m

Cash: The cash balance held at the end of August is £5.811m.

Liabilities, Provisions:

- The movement since the end of 2023/24 relates to a number of issues the most significant of which are:- A decrease in Capital accruals (£1.0m), a decrease in NHS Creditor accruals (£2.9m), a decrease in the level of invoices held for payment from the year end (£9.4m), an increase in non NHS accruals (£16.3m), an increase in Tax & Superannuation (£0.9m), a decrease in other creditors (£14.0m), a decrease in the liability for lease payments (£0.1m), an increase in payments on account £1.9m)
- Due to a decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £22.9m and a decrease in other provisions of £2.3m.

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

Health Board Income WG Funding Allocations: £1.8bn

Confirmed Allocations as at September 2024 (M6 2023/24)

	£'000
HCHS	1,527,379
GMS	112,765
Pharmacy	34,917
Dental	34,643
Total Confirmed Allocations - September 2024	1,709,703
Plus Anticipated Allocation - September 2024	58,257
Total Allocations - September 2024	1,767,960

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 £115m. (£114m for 23/24). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.88bn (£1.88bn for 23/24).

WG anticipated allocations: £58.3m

WG Revenue Resource Limit : Anticipated Allocations (September)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	(1,521)	NR
HCHS	Capital - DEL Depreciation - Strategic	1,933	NR
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	3,721	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	109	NR
HCHS	Capital - AME Depreciation - Donated Assets	325	NR
HCHS	Capital - AME Depreciation - Impairments	45,518	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(11,462)	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(50)	NR
HCHS	Revenue Interest Expense (IFRS16) Equipment	204	NR
HCHS	Revenue Interest Expense (IFRS16) Property	129	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,505)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,469)	NR
HCHS	Real Living Wage 24/25	4,001	R
HCHS	Technology Enabled Care National Programme (ETTF)	598	R
HCHS	Informatics - Virtual Consultations	578	R
HCHS	Clinical Excellence Awards (CDA's)	298	R
HCHS	AHW:Prevention & Early Years allocation	1,114	R
HCHS	WHSSC - National Specialist CAMHS improvements (Tier 4)	234	R
HCHS	Same Day Emergency Care (SDEC)	725	R
HCHS	Urgent Primary Care	647	R
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	New Medical Training Posts 2017-2022 cohorts	1,400	R
HCHS	Welsh Risk Pool Risk Share agreement 23-24	(5,115)	NR
HCHS	RIF - Short breaks for Carers	247	NR
HCHS	Planned Care Transformation-3Ps funding	174	NR
HCHS	MCA and DoLs	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	Planned Care Transformation-Clinical Support SLAs	38	NR
HCHS	Planned Care Transformation-Pathway Alliance Editor Cost	63	NR
GMS	Dispensing Drs and PADMS funding 24-25	1,121	NR
HCHS	International recruitment funding 24-25	894	NR
HCHS	Primary Care - Optometry funding 24-25	827	NR
HCHS	RIF-National Dementia Advocacy scheme (Age Cymru)	445	NR
HCHS	Medical and Dental Pay Award 24/25	12,331	R
Total Anticipated: Per Ledger		58,257	

Capital Planning & Performance

Summary Capital Plan Month 6 2024/25	2024/25				
	Original Plan	Revised Plan	Spend to M6	Forecast Outturn	Variance
	£000	£000	£000	£000	£000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	10,814	10,814		10,814	0
Less EFAB Contribution	-725	-725		-725	0
Less AWCP Brokerage 23/24	-230	-1,669		-1,669	0
Less DCP Brokerage 23/24	0	350		350	0
NBV of Assets Disposed	0	13		13	0
Total Approved Discretionary Funding	9,859	8,783		8,783	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	42,399	54,108		54,108	0
Anticipated AWCP Slippage to return to WG	0	0		-1,889	-1,889
Total Approved AWCP Funding	42,399	54,108		52,219	-1,889
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	1,642		1,642	0
Total Approved IFRS16 Lease funding	0	1,642		1,642	0
Total Capital Funding / Capital Resource Limit (CRL)	52,258	64,533		62,644	-1,889
Applications:					
Discretionary Capital:					
Commitments B/f From 2023/24	284	356	187	370	14
Statutory Allocations	1,076	1,026	355	1,026	0
Divisional Priorities	3,414	3,158	1,110	3,133	-25
Corporate Priorities	1,267	462	78	462	0
Informatics National Priority & Sustainability	2,257	2,645	1,623	2,645	0
Release of DCP Provision re: Tredegar H&WBC	0	-1,115	-1,115	-1,115	0
Remaining DCP Contingency	1,562	2,251	0	327	-1,925
Total Discretionary Capital	9,859	8,783	2,239	6,847	-1,936
All Wales Capital Programme:					
Grange University Hospital (VAT Recovery)	-3,517	-3,437	-4	-3,437	0
Tredegar Health & Wellbeing Centre Development	0	0	1,240	1,707	1,707
NHH Satellite Radiotherapy Centre	15,755	15,471	8,326	15,471	0
YYF Breast Centralisation Unit	0	111	1	111	0
Newport East Health & Wellbeing Centre Development	12,754	12,119	9,655	12,225	106
RGH Endoscopy Unit	0	4	7	7	3
RGH – Block 1 and 2 Demolition and Car Park	230	279	-2	389	110
EFAB Schemes	2,612	2,889	1,043	2,889	0
ICF Schemes	0	8	-3	-3	-11
ED Waiting Area Funding	0	55	54	56	1
CAMHS Sanctuary Hub	1,202	1,226	841	1,226	0
GUH ED Extension	10,879	11,355	2,576	9,474	-1,881
IRCF - Abervalley H&WBC	742	742	84	742	0
IRCF - Dixton H&WBC	742	742	92	742	0
Housing with Care Fund - 2023/24 & 2024/25 Schemes	0	240	91	240	0
Digital Year End Funding 2023/24	0	73	54	73	0
Diagnostics Funding 2023/24	0	35	37	47	12
Ty Gwent	1,000	1,219	116	1,219	0
EOY Funding 2023/24	0	49	27	49	0
Head Lease for Chepstow Community Hospital	0	5,550	5,438	5,550	0
Diagnostic Equipment Funding 2024/25	0	606	108	606	0
DPIF - RISP	0	541	100	541	0
Backlog Maintenance 2024-25	0	4,231	145	4,231	0
Total AWCP Capital	42,399	54,108	30,025	54,154	47
Total IFRS16 Lease Expenditure	0	1,642	1,641	1,642	0
Total Programme Allocation and Expenditure	52,258	64,533	33,905	62,644	-1,889
Forecast Break Even against Overall Capital Resource Limit					0

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report, November 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an assessment of strategic risks associated with its key priorities and provides assurance that these risks are being managed effectively. Additionally, it aims to reassure the Board of the ongoing progress in embedding the Health Board's Risk Management Framework.

Cefndir / Background

The Strategic Risk Report, presented to the Board on 25 September 2024, led to the approval of a reduction in the risk score for SRR 006A, moving from 15 (Extreme) to 12 (High). This adjustment reflects the improvements in mitigation strategies and the increased effectiveness of current control measures.

Additionally, the Board approved the Strategic Risk Register status as presented in Table 1, which reflects the position up to the end of September 2024. It is important to note that SRR 001H, SRR 003, and SRR 009 have been previously de-escalated to corporate or divisional risk levels and are therefore excluded from the table. Furthermore, SRR 001E, SRR 007A, and SRR 008 hold a risk score of 8 (Moderate risk), so they are not represented within the risk level columns.

The table delineates risks categorised as either 'High' or 'Extreme' only.

Table 1

Overarching Strategic Risk Description	Sub-Risks	Risk Level		Sub-Risk Theme	Delegated Committee
		High (9 – 12)	Extreme (15 – 25)		
SRR 001 - There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	A, B, C & D	3	1	People	People and Culture Committee
	*E & F	-	1	Service Delivery	Partnerships, Public Health & Planning Committee
	G	-	1	Financial Sustainability	Finance and Performance Committee
	I	-	1	Compliance and Safety	Finance and Performance Committee
SRR 002 - There is a risk that there will be significant failure of the Health Board's estate.	A & B	1	1	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 004 - There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	A	1	-	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 005 - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	A	1	-	Service Delivery	Patient Quality, Safety & Outcomes Committee
SRR 006 - There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	A, B & C	3	-	Service Delivery	Finance and Performance Committee
SRR 007 - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	*A & B	1	-	Transformation & Partnership Working	Partnerships, Public Health & Planning Committee
SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	*A	-	-	Transformation & Partnership Working	Patient Quality, Safety & Outcomes Committee
SRR 010 - The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	A	-	1	Compliance and Safety	Patient Quality, Safety & Outcomes Committee
TOTAL	19	10	6		

*- represents the moderate risks not accounted for in the risk level totals.

Asesiad / Assessment

Strategic Risk Register

In line with best practice, all strategic risks have been thoroughly reviewed to confirm that the control environment remains robust and adequate for managing the identified risks. Detailed information is provided in **Appendix A** (Strategic Risk Dashboard and individual risk assessments).

Where it has been determined that the existing controls are insufficient, the necessary additional controls have been documented, and actions are currently being taken to address these gaps. Similarly, assurances are evaluated across all three lines of defence to ascertain the effectiveness and reliability of the controls in place. If gaps in assurance are identified, the control environment is reassessed, and appropriate measures are implemented to close these gaps.

Developments in Risk Profiles

Since the last report to the Board and the subsequent review of strategic risks, there has been positive developments concerning a number of risks, as outlined below.

SRR 001I

This risk addresses the Health Board's ability to deliver and maintain high-quality, safe, and sustainable services that meet the changing needs of the population and is associated with challenges in implementing required performance improvements in certain areas across the domains of Quality and Safety, Operational Delivery, and Finance.

Following the implementation of additional controls, a comprehensive improvement plan, and targeted actions for areas under focused scrutiny, there have been measurable improvements both operationally and culturally. These advancements are evidenced by enhanced performance across key areas, prompting the Executive Team to acknowledge these improvements and approve downgrading the escalation level in certain areas to "enhanced monitoring."

Ongoing initiatives across all domains will continue to be prioritised, monitored, and evaluated through Divisional Assurance meetings to ensure sustained progress. This approach underscores the commitment to maintaining rigorous oversight and driving continuous improvement in the delivery of safe and effective services.

The Board is requested to approve a reduction in the risk score for SRR 001I from 16 (Extreme), (Likelihood 4 x Impact 4) to 12 (High), (Likelihood 3 x Impact 4). This proposed adjustment reflects the improvements achieved, effectively reducing the likelihood of the risk. The current controls, together with additional measures, are expected to further mitigate instances of poor performance, thereby reducing the likelihood of services needing to enter local and national escalation arrangements.

SRR 004A

Since the formation of SRR 004A in June 2023, the Strategic Risk Register (SRR) has focused on two core areas of the Health Board's operational preparedness:

1. Major Incident Preparedness
2. Business Continuity/Critical Incident Preparedness

The current combined structure of SRR 004A does not enable a balanced or comprehensive risk assessment of both components. Notably, the Health Board has demonstrated robust readiness in handling Major Incidents, as evidenced through successful outcomes in recent local and national preparedness exercises. However, there is a recognised need for further enhancement in the area of Business Continuity/Critical Incident preparedness, particularly due to the lack of standardised business continuity arrangements across all service areas.

This imbalance has impacted the risk score, which has remained at 15 (categorised as 'Extreme') for the past 18 months, and does not fully capture the actual risk exposure associated with each component. This discrepancy arises because the Health Board's preparedness for Business Continuity/Critical Incidents is not as well-developed as its preparedness for a Major Incident.

To address this, it is recommended that SRR 004 be divided into two distinct risks, allowing for a more accurate, transparent, and actionable approach to risk management. The table below presents this split, with sub-risks A and B and their respective risk scores based on a review of the control environment and available assurances.

Overarching Strategic Risk Description		Risk Rating and Score
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 or critical incident.		
Sub-risk 004A	Due to emergency planning arrangements at both a corporate and operational level not being sufficiently robust to respond to a Major Incident.	Moderate 8 (L2 x I4)
Sub-risk 004B	Due to ineffective and insufficient arrangements across multiple service areas to adequately respond to a Business Continuity or Critical Incident.	High 12 (L4 X I3)

Risk Exposure

The infographic below provides an overview of the Health Board's current risk exposure across the 20 strategic sub-risks. The majority of these risks are positioned along the central-right quadrant of the risk matrix, reflecting a high level of risk exposure. Notably, six of these risks exceed the Board's established risk appetite.

Risk Scoring Matrix					
Likelihood/Frequency	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (91%)				1 x (Extreme)	
4. Likely (61-90%)				1 x (Extreme)	

3. Possible (41-60%)			1 x (High)	13 x (High)	1 x (Extreme)
2. Unlikely (11-40%)				3 x (Moderate)	
1. Rare (1-10%)					

Risks outside of Appetite

If the Board approves the proposed changes to the Strategic Risk Register, there will be **eight** principal risks with a total of **20** sub-risks. Of these **20** sub-risks, **six** (SRR 001G & I, SRR 002A & B, SRR 004B, and SRR 010) currently exceed the acceptable risk thresholds for their respective domains. Ongoing discussions with executive leads and responsible officers are aimed at identifying additional mitigation measures to reduce the likelihood or impact of these risks.

Additionally, the approach to risk reporting to Committees has been revised to enhance focused scrutiny. Instead of presenting all risks at each Committee meeting, reports will now emphasise one to two priority risks, selected based on their exposure relative to the Board’s agreed risk thresholds. This targeted focus will allow Committees to conduct deeper reviews of high-exposure risks, providing more comprehensive assurance on the management and mitigation efforts in place. This approach is intended to support more thorough oversight and informed decision-making.

Assuming Board approval, the Strategic Risk Register's position as of the end of November 2024 will encompass **eight** high-level strategic risks and **20** sub-risks, with **six** of these managed outside the Board’s predefined risk appetite level.

Embedding of the Risk Management Framework

Since the Board’s agreement on the new risk management framework in January 2024, substantial efforts have gone into promoting and embedding the framework within the Health Board. These initiatives have been amplified through ABPulse, leveraging Executive Directors to foster widespread engagement across teams, which has been instrumental in generating interest and active participation. There has been a growing number of requests for training sessions and additional support.

Training has so far reached a diverse range of areas, including the Surgical and Clinical Support, Mental Health & Learning Disabilities (LD), Complex Care divisions, Medical Registrars, Primary Care teams, Information Governance, to name a few. These sessions cover critical components of the risk management framework, such as understanding the Board’s risk appetite, differentiating between risks and issues, and using DatixWeb effectively for recording and managing risks. Each training session underscores the significance of a structured approach to risk, equipping teams with essential tools for active risk oversight.

Steady progress is becoming evident through improvements in risk management practices documented on Datix. Risk is increasingly becoming a central theme in agendas, sparking more focused and proactive discussions across the Health Board.

The consistent efforts are therefore reinforcing a culture where risk awareness and management actively shape organisational priorities and decision-making.

The Corporate Governance Directorate acknowledges that significant work remains before risk management is fully embedded into everyday practices. However, the dedication to advancing the Health Board's risk management maturity is steadfast, with a clear goal of establishing the Health Board as an exemplar in risk management across Wales. This ongoing commitment underpins all efforts to build a robust culture of risk awareness and resilience, ensuring that risk management becomes a fundamental part of daily operations at every level.

Argymhelliad / Recommendation

The Board is requested to:

- **APPROVE** the reduction in score and exposure or SRR 001I;
- **APPROVE** the separation of risk SRR 004 into two separate sub-risks;
- **CONSIDER** whether it has sufficient assurance that the strategic risks are being assessed, managed, and reviewed appropriately and effectively, considering the detailed analysis and ongoing mitigation efforts outlined in this report;
- **NOTE** the risks that remain outside of the agreed-upon appetite for their respective risk domains, recognising the ongoing efforts to mitigate these risks and bring them within acceptable levels;
- **NOTE** the continued work to mature and enhance risk management within the Health Board

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

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

Risk Description				Risk Score Matrix															
				2	4	5	6	8	9	10	12	15	16	20	25				
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities.				X←							●					
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff						X←						●				
			c) Due to insufficient and ineffective leadership levels throughout the organisation.				X←									●			
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level				X←									●			
	Director of Strategy, Planning and Partnerships.		e) Due to inadequate strategic plans which respond to population health and socio-economic needs				X←									●			
			f) Due to unsustainable service models				X←									●			
	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan				X←								◇				●
Director of Strategy, Planning and Partnerships.	l) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.							◇X←						●					
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	X←													●		
			b) Due to significant levels of backlog maintenance				X←											●	
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 emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident				X←										●		
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.				X←											●	
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							X←							●		
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						X←								●		
			b) Due to an adverse impact on service delivery in the implementation of new digital systems				X←											●	
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future				X←												●
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.		X←												●		
			b) Due to the impact of fragile services across the regional and supra regional geography		X←										◇				●
SRR 008	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement		X←												●		
SRR 010	Director of Allied Health Professions and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.				X←										●		

Key	Current Score	●
	Target Score	X
	Appetite Threshold	◇
	Current to target	←

Assessment of adequacy of assurances	POSITIVE = Identified assurances are deemed robust in telling us that the controls in place are working effectively.
	REASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effectively, however some gaps have been identified which need to be addressed.
	NEGATIVE = Identified assurances are deemed insufficient in telling us that the controls in place are working effectively with substantial gaps identified which need to be addressed.

RISK THEME	PEOPLE				
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.			Publication Status	Public
Strategic Threat	a. Due to an inability to recruit and retain staff across all disciplines and specialties.				
Impact	<ul style="list-style-type: none"> 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 				
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	<p>Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.</p> <p>Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.</p> <p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p> <p>Expected Date Target Score will be Achieved – TBC</p>
Monitoring Committee	People & Culture Committee	Likelihood	4 (Likely) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 November 2024	Risk rating	= 16 (Extreme)	= 6 (Moderate)	
Next Review (Monthly based on risk score)	01 December 2024				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Monitoring Framework to support roll-out of the People Plan. Workforce Dashboard to track activity – recruitment, turnover, sickness absence. Supply and demand tracker (Nursing and HCSW). People Plan tracker to support delivery of actions within the People Plan 2022-25. Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. Management of attendance through All Wales Management Attendance at Work Policy. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. Nurse Staffing Levels (Wales) Act 201625b/25c. Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. Workforce planning supported by Compendium of new roles to support innovative workforce models. Recruitment KPI's. IMTP (Integrated Medium-Term Plan) Educational Commissioning. Workforce Establishment controls national working group has been instigated. Value and Sustainability Board. Collective Agreement (Non-Pay Deal) 2022/24 <p>Recruitment</p> <ul style="list-style-type: none"> Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. Annual programme of Apprentice recruitment Overseas Nursing (All Wales Recruitment programme) Nursing Workforce Strategy agreed. Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022) Partnerships with employability schemes and FE/HE to widen access. Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. Working with partners to improve visibility and attraction 	<p>Retention</p> <ul style="list-style-type: none"> Development of career pathways (e.g., non-clinical to clinical). NHS Wales Nurse Retention Plan quarterly updates being reviewed for submission 09 Sept 2024 Short project in progress with an MSc student to develop a retention dashboard, using a regression model to better understand and predict retention. Data analysis is underway with a 5 year past dataset shared. <p>Variable Pay Reduction</p> <ul style="list-style-type: none"> Development of action plan based on WHC to support the reduction in bank and agency usage. <p>E- Systems</p> <ul style="list-style-type: none"> Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas. Roll out of medical rostering to predict junior doctor gaps and look for alternative ways to fill. Ensure compliance increase in e-job planning to optimise current resources and identify any gaps in provision. Review and analyse the electronic Bank & Agency data from Patchwork to identify areas with high usage, reasons for use and potentially convert to substantive roles. <p>Development of alternative and new roles</p> <ul style="list-style-type: none"> Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP. Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. Looking to increase Assistant band 4 in Community/Mental Health. Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity. Increasing consultant therapy and nurse practitioners.

Retention

- Retention lead appointed with programme action plan in place for the next two years.
- Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR.
- Week of events planned to support retention agenda in June 2024. This will include a mixed method of online webinars, videos and retention materials.
- Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts.
- Changes in pension regulation and flexile retirement options from October 2023 and reduced break in service required following retire and return.
- Development of HCSW skills matrix and career framework has commenced.
- Talent management and succession planning framework and resources now live and available on SharePoint. Framework signed off by Executive Committee.
- Career conversations and succession planning resources designed; workshop dates available with spaces for 120 people (with monthly training sessions available). Sessions are nearly fully booked with 114/120 places booked.
- All Wales self-assessment retention tool completed and submitted to HEIW with assessment at organisational level for Nursing and Midwifery to provide a baseline.

Variable pay reduction

- Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board.

E- Systems

- Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. E-Locum Bank, E-Job Planning, E-Agency systems are all 'live' and rolled out within the Health Board.
- E-Rostering is planned to go live shortly following ESR interface testing.
- Development of alternative and new roles
- A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent, and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care
- The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management.

Training

- The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2024 and beyond which are required to support turnover and existing vacancies.
- The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing, health care science, medical speciality training junior doctors, pharmacy and continued increase in HCSW investment and increased placements in adult nursing in General Practice.
- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.
- RCN Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (12 supported so far this year, with 3 more to interview)
- Cadet Nursing programme in place (20 candidates last year)
- K102 bridging model now being offered to support HCSW pathways into registered nursing.
- Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) is in its second year. Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff.

Vacancy Numbers and establishment control

- Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period August 2024 there were circa 636 WTE vacancies. No change from figures reported March 24.
- Development of ESR establishments commenced on a national basis w/c 03 September 2023. Local delivery action plan has been developed and approved by Executive Committee in April 2024. Project workstream established and work commenced. National work programme proposal is also in development.

- RCN introduction of Registered Nurse Associate role to help build the capacity of the nursing workforce – students to start from September 2025 with placements from September 2027.
- Development of new roles and career pathways to support hard to fill roles in Health Visiting.
- Re-design of the Health Board's work experience programme with 246 applicants since March 2024 and 75 placements confirmed

Training

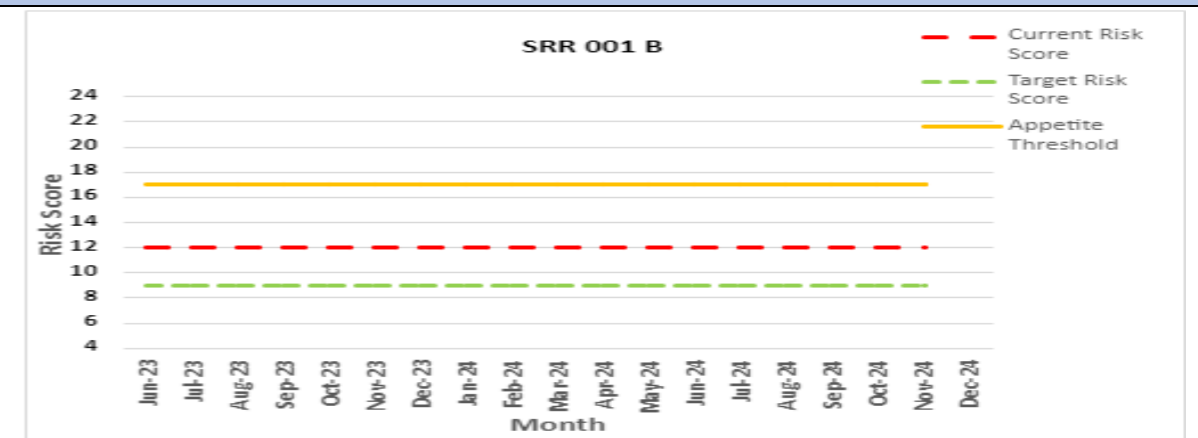
- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy
- Workforce planning training prospectus of local and online training launched September 2024
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR. 236 attendees in July 2024.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.

Staff attendance <ul style="list-style-type: none"> 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 	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Workforce reports to the Nurse Strategic Workforce Group. Monthly sickness monitoring reports. Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. Medical Staffing Co-ordinator review of medical rotas. Cross site operational calls. Occupational Health and Wellbeing dashboards report KPIs. Recruitment KPIs Medical & Dental and Student Streamlining fill rate reports 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. Measurements of Wellbeing through the ABUHB (Aneurin Bevan University Health Board) Staff Survey Routine Reporting against nurse staffing levels. Variable Pay Programme Board reporting to Value and Sustainability Board 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Reviews 2023 -24 Long Term Sickness Absence Management (Q4) Flexible Working (Q4) External quarterly vacancy reporting to WG External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative. 	<ul style="list-style-type: none"> Latest local survey saw a reduction in staff wellbeing 	<ul style="list-style-type: none"> Internal Audit Staff Culture Q3 2024/25

Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Positive Assurance

RISK THEME	PEOPLE				
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.			Publication Status	Public
Strategic Threat	b. Due to a deterioration in, and a failure to improve, the well-being of staff.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> 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 claims Financial Implications 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Expected Date Target Score will be Achieved – TBC					
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 September 2024	Risk rating	= 12 (High)	= 9 (High)	
Next Review (Quarterly based on risk score)	01 December 2024				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
General <ul style="list-style-type: none"> Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. Strategic Equality plan Rest and Facilities charter – monitoring and compliance. Staff related policies. National Staff Survey and Health Board Employee Experience Survey External Employee Assistance Programme Speaking up Safely action plan Race/LGBT groups. Wellbeing resources Staff diversity networks Regular Schwartz rounds arranged across the Health Board Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme Chaplaincy service for staff Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits 	General <ul style="list-style-type: none"> Increase wellbeing initiatives. Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders). Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. Trained mediators so there is team and organisational resilience and network. Scope, design and deliver a programme of research 'Healthy Working Day'. Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. Occupational Health. <ul style="list-style-type: none"> Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Submission of response to All Wales KPI delivery and ongoing data analysis review in place. Recently appointed 8a role to provide further clinical leadership and key priority for M1-3 is to undertake training needs analysis to develop OH team. 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.

- The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB.
- an externally commissioned SUS hotline will be piloted in September 2024.
- An external Employee Assistance Programme (Vivup) has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative. Waiting times have now reduced on average by 30%.

Occupational Health

- Additional occupational health resources secured to reduce waiting times.
- Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes.
- Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19.
- Support equality and diversity of workforce.
- A part time Disability Inclusion Officer has been seconded to the EDI Team (December 2023 – December 2024).
- Band 5 EDI Officer appointed and commence in post at the end of March 2024.
- Inclusive Leadership sessions embedded in the Leading People Programme from January 2024 onwards.
- Reverse Mentorship Programme launched February 2024.

Other

- Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC
- Reducing fatigue poster developed.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> • Dashboard reporting • Reporting to monitor the rollout of the People Plan 22-25 • Reporting to monitor of demand on wellbeing services 	<ul style="list-style-type: none"> • Understand if support is reaching all staff 	<ul style="list-style-type: none"> • Meetings with Divisions ongoing to ensure all areas are aware of what’s available. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> • People and Culture Committee reports (People Plan 22-25) • Local wellbeing surveys • LNC – reporting of compliance of BMA Rest and Facilities 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> • National workforce surveys • Monitoring and compliance of BMA Rest and Facilities via NHS Employers • Staff Welfare Charter • Sickness Absence Audit 2023/24 – Outcome: Reasonable Assurance 	<ul style="list-style-type: none"> • Latest local survey saw a reduction in staff wellbeing 	<ul style="list-style-type: none"> • Internal Audit Staff Culture Q3 2024/25 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Positive Assurance

RISK THEME		PEOPLE			
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.			Publication Status	Public
Strategic Threat	c. Due to insufficient and ineffective leadership levels throughout the organisation			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings; Failure to deliver health board priorities, required improvements and achieve sustainability; Poor levels of accountability and delivery; Reputational damage to the health board as an employer; Adverse impacts on staff recruitment and retention 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 September 2024	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 December 2024				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Talent and Succession Planning Monitoring Framework to support roll out of the People Plan – Focus on Talent and Succession Planning. Monitoring Frameworks with HEIW Lead appointed July 2023 on secondment funded by HEIW to create organisational talent management framework to enable to organisation to be deliberate and consistently attract, identify and develop talent for critical roles across ABUHB. HEIW schemes 1 x HEIW funded graduate managements trainee successfully appointed August 2023 following additional recruitment process. Develop Leadership Capabilities Leadership journey and programmes mapped and 1 pager flyer designed and on intranet. Leadership development offer now available for entry level leaders and mangers, clinical directors, directorate manager development programme DMx to launch Q1 2024/25, senior nurses and multi-disciplinary teams. Learning masterclasses have been designed and developed for the organisation addressing ley themes such as giving feedback, developing team and having courageous conversations. Leading people programme (starting cohort 8 may 2024) 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire council; our graduate joined the health board in March 2023 and is supporting the decarbonisation agenda. 	<ul style="list-style-type: none"> Talent and Succession Planning <ul style="list-style-type: none"> Pilot planned for Finance, Occupational Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy. Development leadership capabilities <ul style="list-style-type: none"> Currently exploring leadership funding options with USW in order to maximise Governmental Grants and utilisation of the apprentice levy. Continued commitment to NHS graduate schemes.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		

<ul style="list-style-type: none"> WOD Divisional reporting Evaluation of internal leadership programmes and regular review of our internal offer 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Reporting to People and Culture Committee - progress against People Plan 22-25 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Review Talent and Succession Board 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Positive Assurance		

RISK THEME	PEOPLE				
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.			Publication Status	Public
Strategic Threat	d. Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards a) Litigation & Financial Penalties Reputational damage to the health board and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 September 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 December 2024				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range?</i> <i>(Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> All Wales Industrial Action Planning Group Local Health Board planning arrangements Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and CODE OF PRACTICE Industrial Action Ballots and Notice to Employers Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture Effective derogation processes including Christmas Day cover definition. Local Negotiating Committee (LNC) Services Business continuity plans in place. Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. Command and control structure and leads established. Derogation test completed. Executive and Senior Manager leads established links with national planning cells. All Wales training sessions provide by legal and risk to support industrial action. Reducing impact on patients - Support for early supported discharge prior to industrial action. Picketing guidance supported and agreed 	<ul style="list-style-type: none"> Agreement reached in England for Medical & Dental Staff – re-commencement of negotiations in Wales for Medical & Dental Staff. Issue of WHC AFC non pay elements of collective agreement 2022-24. Response to WG on immediate assurance by end May 2024 Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). Communication plans- public, stakeholders and partners Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application. Consideration of further additional national legal advice

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Local Staff re-deployments assessment Divisional engagement and service planning arrangements in place Local Negotiating Committee (LNC) Trade Union Partnership meetings 		<ul style="list-style-type: none"> Further industrial action

Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Reporting to Executive team Business Continuity groups Command and control structure in place to be implemented as required. 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> All Wales IA group and Welsh Government planning group. Debriefing session planned to reflect and capture learning for any potential future action 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME	SERVICE DELIVERY				
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.			Publication Status	Public
Strategic Threat	E. Due to inadequate strategic plans which respond to population health and socio-economic needs.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	Expected Date Target Score will be Achieved –
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 September 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six-monthly based on risk score)	01 March 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Health Board IMTP and associated KPIs Public Health Wales surveillance data QlikSense – performance dashboard Population Needs Assessment and Area Plan Marmot Region Programme 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB Marmot Region Implementation Plan Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Refresh organisational strategy with a central focus on population health and wellbeing. Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> QlikSense – performance information SFN – performance information 		<ul style="list-style-type: none"> Effectiveness of the plans in delivering improvements
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> 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 		<ul style="list-style-type: none"> Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan

Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*

- Internal Audit Reviews 2023-24
- IMTP Planning (Q1) Outcome – Reasonable Assurance

Assurance Rating *(Overall Assessment of controls and assurances)*

Negative – Insufficient evidence that the controls in place are working effectively.

Reasonable - adequate evidence that the controls in place are working effectively.

Positive - robust evidence that the controls in place are working effectively.

Reasonable Assurance

RISK THEME	SERVICE DELIVERY				
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.			Publication Status	Public
Strategic Threat	F. Due to unsustainable service models			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 September 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six Monthly based on risk score)	01 March 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> The Health Board IMPT and associated KPIs Clinical Futures Transformation programmes. Public Health Wales surveillance data – Covid, flu and other communicable diseases. QlikSense – performance information. Population needs assessment and area plan development by the RPB. Southeast Wales Plan for fragile services. 	<ul style="list-style-type: none"> Area plan is being refreshed through the RPB. Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource. Review of enhanced local general hospital service models to ensure sustainable quality services. Development of SEW plan for fragile. Review of organisational strategy – to launch Summer 2024.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Public Health Wales surveillance data – COVID, flu and other communicable diseases. QlikSense – performance information. 		<ul style="list-style-type: none"> Evidence of individual arrangements in place to deliver service plans.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> IMTP delivery and outcomes reporting to Board. RPB reporting to Board and Population Health, Planning and Partnerships Committee. Regional Planning reporting to Population Health, Planning and Partnerships Committee. Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. 		<ul style="list-style-type: none"> Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		

<ul style="list-style-type: none"> • Internal Audit Reviews 2023-24 • IMTP planning Q1. Outcome – Reasonable Assurance. <ul style="list-style-type: none"> • Internal Audit Reviews 2024-25 • IMTP – Service Plans (Q2) 		
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Assurance Rating *(Overall Assessment of controls and assurances)*

Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance
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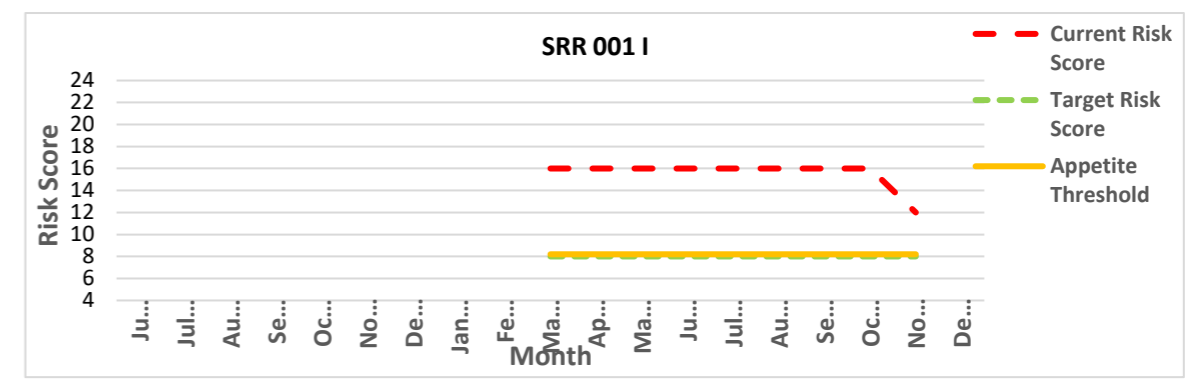
RISK THEME		FINANCIAL SUSTAINABILITY			
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	G. Due to the failure to deliver a sustainable financial position and longer-term financial plan.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Breach of statutory duty to breakeven over 3 years. Instigation of NHS Wales Escalation & Intervention Arrangements. Non-delivery of health board priorities, required improvements, and achieving longer-term sustainability. Prioritisation and possible disinvestment in service delivery. Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved – TBC	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 November 2024	Risk rating	= 20 (Extreme)	= 8 (Moderate)	
Next Review (Monthly based on risk score)	01 December 2024				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> IMTP 2023/24-25/26 IMTP Delivery Framework Accountability Framework Performance Framework Scheme of Delegation Standing Financial Instructions (SFIs) Standing Orders (SOs) Final budget delegation Financial Control Procedure (FCP) Budgetary control Financial Budget Intelligence (FBI) Appropriately trained Finance Team (capacity & capability) Budget holder training Cost intervention procedures 23/24 savings plans & opportunities. Health Board financial escalation processes. Health Board Pre-Investment Panel (PIP) process. Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. Executive groups and structures established to deliver statutory duties. Assessment of financial control environment within divisions and corporate teams. Financial Escalation Meetings Regular organisational Recovery plan meetings and briefings Value & Sustainability Board established. Revised accountability arrangements part of Executive governance. 3-year route map to sustainable recovery developed and approved by Board July 24. 	<ul style="list-style-type: none"> Revised V&SB approach for 2024/25 to help drive financial recovery, separating thematic and divisional scrutiny. Focus on future opportunity development to deliver 3-year financial plan – through programmes under the VS&B structure.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>

Level 1 Operational (Implemented by the department that performs daily operation activities)			
<ul style="list-style-type: none"> Adherence to SO/SFI/FCPs Regular AFD meetings to discuss position and performance. Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance. 		<ul style="list-style-type: none"> Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. Development of detailed 3-year recovery plan. 	
Level 2 Organisational (Executed by risk management and compliance functions)			
<ul style="list-style-type: none"> Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments. Performance escalation meetings established. Financial assessment and review report to the Board and Finance & Performance Committee Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee. Board Briefing sessions on the financial position. . 		<ul style="list-style-type: none"> 2024/25 IMTP plans focussed on ‘living within’ budget levels. 2024/25 savings plan to be delivered. Detailed delivery plans will be a constant development over next 2 years. 	
Level 3 Independent (Implemented by both auditors internal and external independent bodies)			
<ul style="list-style-type: none"> Internal Audit Reviews 2023-24 IMTP planning Q1. Outcome – Reasonable Assurance. Internal Audit Reviews 2024-25 IMTP – Service Plans (Q2) 	<p>Internal Audit Reviews 2023 – 24</p> <ul style="list-style-type: none"> Savings Programmes – Reported to ARAC - Reasonable Assurance Financial Controls – Reported to ARAC July 2024 – Substantial Assurance Asset Management Q3 – Reported to ARAC April 2024 - Reasonable Assurance <p>External Audit Reports 2023 -24</p> <ul style="list-style-type: none"> Efficiency Review 23/24 Q3/Q4 – Not yet reported. Structured Assessment - Received at ARAC November 2023. Audit of Financial Statements Q4 2023/24 – True & Fair view given, minor recommendations, qualified on deficit and 3-year IMTP not agreed. Financial assessment and review reports to Welsh Government – monthly Enhanced monitoring T.I. meetings with Welsh Government – monthly 		
Assurance Rating (Overall Assessment of controls and assurances)			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME		COMPLIANCE AND SAFETY			
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.			Publication Status	Public
Strategic Threat	i. Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.			Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Unintended patient harm Negative patient/public experience Loss of patient/public trust and confidence Reduced staff morale leading to potential absence from work Scrutiny from external organisations (AW/HIW/WG) Punitive Action Adverse publicity Financial implications 			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of target and the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Strategy, Planning & Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	19 April 2024	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 September 2024	Risk rating	= 12 (Moderate)	= 8 (Moderate)	
Next Review (Monthly based on risk score)	01 November 2024				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Performance Management and Assurance Framework Executive Accountability letters Divisional Directors Accountability letters Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions in place Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reviewed post End of Year and proposed adjustments awaiting sign off Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at Value and Sustainability Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. External scrutiny via Welsh Government and NHS Executive 	<ul style="list-style-type: none"> 6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Appropriate Business Partnering Support and analytical support Realign capacity and/or redefine roles to provide explicit support

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> DMTs in place for all Divisions Divisional oversight arrangements – monthly/fortnightly meetings Divisional plans in place and focussed agendas Cross Divisional meeting monthly – progress the wider system way of working. System Leadership Team for awareness and updates Capacity to run the performance framework and reporting requirements has been strengthened with the appointment of the Head of Systems Planning and Performance and analytical team who will fully be in place by January 2025 alongside the Business Partnering Support 	<ul style="list-style-type: none"> 12 month Performance Management Framework review in the Autumn 	Internal Audit 2024/25 Plan <ul style="list-style-type: none"> Findings and recommendations from the Divisional Governance Arrangements (Q2) Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2)
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		

<ul style="list-style-type: none"> Established reporting to the Executive Committee Established reporting to the Finance and Performance and Patient, Quality and Safety Committee Established reporting to the Board Routine reporting through the IQPD process 		
<ul style="list-style-type: none"> Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i> 		
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan Directorate Review - Mental Health and Learning Disabilities (Q2) Divisional Governance Arrangements (Q2) HIW Inspections Llais for feedback 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		COMPLIANCE AND SAFETY			Publication Status	Public
SRR 002	There is a risk that there will be significant failure of the Health Boards Estates.				Publication Status	Public
Strategic Threat	a. Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.				Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff. Adverse impacts on the delivery of care to patients across acute and non-acute settings. Non-compliance with health and safety legislation. Loss of estate Litigation and financial penalties 				Risk Appetite Threshold - SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
					SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
					Expected Date Target Score will be Achieved –	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level		
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x		
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)		
Last Reviewed	01 November 2024	Risk rating	= 15 (Extreme)	= 2 (Low)		
Next Review (Monthly based on risk score)	01 December 2024					

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Work to assess the risk has been undertaken with expert external surveyor advice. Repeat surveys undertaken on 6 monthly intervals (most recent June/July2024 with report detailing recommendations received in October 2024). Next round of surveys will be December 2024 to January 2025 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 undertaken Controlled access to roof areas Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present. Ongoing engagement with expert surveyor Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. <i>Note: H&S assessments are around the location of props not of RAAC itself and they flagged no issues or alterations</i> Links with NHS England and other Health Boards in Wales for shared learning. Regular dialogue with Welsh Government and Shared Services Estates. 	<ul style="list-style-type: none"> Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues Review of existing arrangements to monitor, manage and mitigate issues associated with RAAC is underway with external support and advice from the surveying contractor based on their experiences in NHS England and education bodies. This will inform any additional steps to monitor manage and mitigate led by the RAAC Working Group (chaired by the Director of Estates and Facilities Division)

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		

<ul style="list-style-type: none"> Fortnightly checks in place for the props in place Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) Review of existing arrangements in place supported by external body 	<ul style="list-style-type: none"> Ongoing management of the issues. 	<ul style="list-style-type: none"> Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implemented <p>Internal Audit 2024/25 Plan</p> <ul style="list-style-type: none"> Nevill Hall RAAC (Q1) – not completed as yet Review of existing governance arrangements (reporting early Q2) – report being finalised by external advisors and will be received in August for review within ABUHB
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Level 2 Organisational *(Executed by risk management and compliance functions)*

<ul style="list-style-type: none"> Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. Outcome of H&S risk assessment Formal reporting to the Board/Committees in place Formal update to the PPHPC in July with full SOC end of Q3. 		
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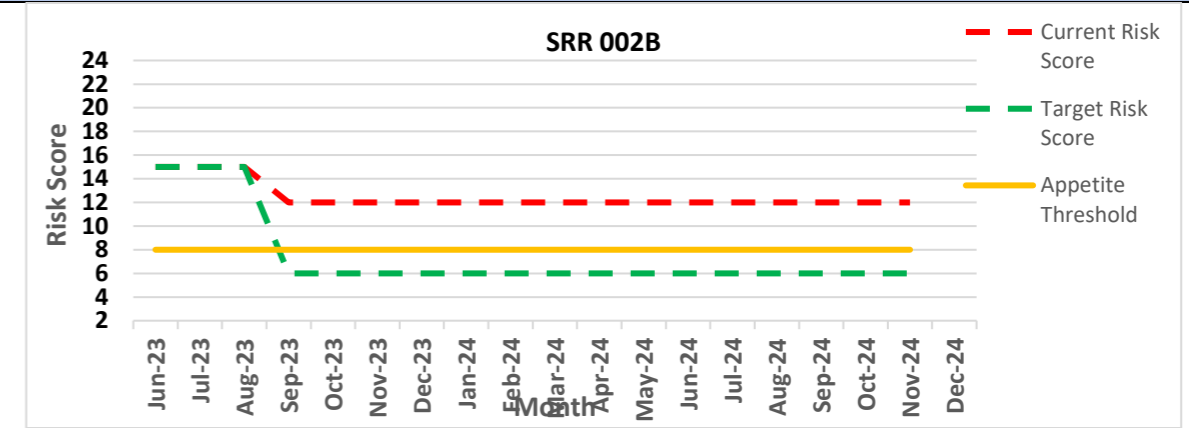
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*

<ul style="list-style-type: none"> Internal Audit 2024/25 Plan – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024. Management Action Plan agreed following Internal Audit including the development of a Management Strategy. Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board. 		
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Assurance Rating *(Overall Assessment of controls and assurances)*

Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance
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RISK THEME	COMPLIANCE AND SAFETY				
SRR 002	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Strategic Threat	b) Due to significant levels of backlog maintenance and structural impairment.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff. Adverse impacts on the delivery of care to patients across acute and non-acute settings. Non-compliance with health and safety legislation. Litigation and financial penalties. Loss of estate 			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved – TBC	
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 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 September 2024	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 December 2024				

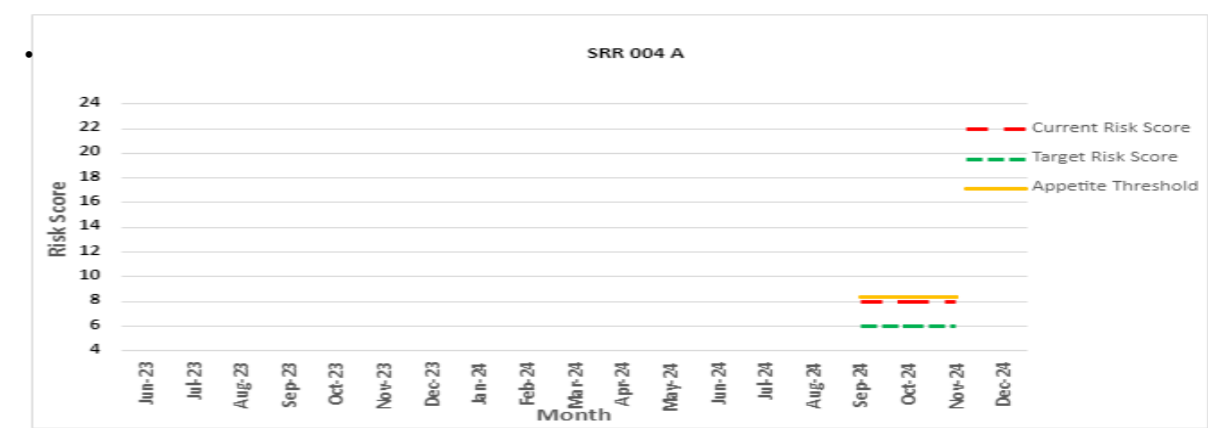


Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Health Board Estates Rationalisation Strategy Health Board Estates Strategy Health Board policies and procedures related to the maintenance of Health Board estate. 6 Facet survey completed in 2019. Divisional Risk Register Multiple policies and SOPs published and communicated to staff. A robust internal training programme in place covering all aspects of estate management including food hygiene. Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) Asbestos reinspection programme (over the next 3 years) Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants A clear approach to compliance monitoring and escalation of AE reports has been implemented. 	<ul style="list-style-type: none"> Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. Drive clinical service engagement in compliance meetings where engagement is low. Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> 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. Outcome of the Asbestos reinspection programme 	<ul style="list-style-type: none"> If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration. 	<ul style="list-style-type: none"> Performance reporting
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		

<ul style="list-style-type: none"> The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<p>Internal Audit Reviews 2023- 24 Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee</p> <p>Internal Audit Plan 2024-25 Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARAC.</p> <ul style="list-style-type: none"> 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 		<ul style="list-style-type: none">
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		COMPLIANCE AND 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 or critical incident.			Publication Status	Public
Strategic Threat	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Inability to respond to a major incident to meet needs of those affected Harm or injury to patients and/or staff; Health Board breaches statutory duties under the Civil Contingencies Act 2004; Litigation & Financial Penalties; Reputational damage and loss of public confidence 			Risk Appetite Threshold – SCORE 8 AND BELOW. Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved – TBC	
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 November 024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Monthly based on risk score)	01 February 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Major Incident Plan and procedures Local/Divisional action cards are in place. Training undertaken service-specific relating to local response. Major incident exercise 'Euclid' undertaken 20 June 24. Approx. 100 participants and external observers, demonstrated that the Health Board was able to successfully respond to an incident As a result of the exercise action cards refreshed and renewed with teams to incorporate learning Internal strategic on call training Executive Team attending 2-day strategic training. Loggist training is provided and accessed regularly New all Wales log books are in place for use Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP) Continuing to work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. 	<ul style="list-style-type: none"> Continue to deliver training programmes to support staff preparedness to respond to an incident. Additional 'local' team and intra team exercises to take place for areas to practice and embed their response to a major incident together 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.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Departmental debrief following an incident to inform learning and enhance controls. • Training records • Plans and action cards in place and up to date • Debrief with key stakeholders following an incident to inform learning and enhance controls. 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Review(s) <ul style="list-style-type: none"> • Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response – Reasonable Assurance • Outcome and feedback from national exercises 	Internal Audit Reviews 2023 – 24 <ul style="list-style-type: none"> • Savings Programmes – Reported to ARAC - Reasonable Assurance • Financial Controls – Reported to ARAC July 2024 – Substantial Assurance • Asset Management Q3 – Reported to ARAC April 2024 - Reasonable Assurance External Audit Reports 2023 -24 <ul style="list-style-type: none"> • Efficiency Review 23/24 Q3/Q4 – Not yet reported. • Structured Assessment - Received at ARAC November 2023. • Audit of Financial Statements Q4 2023/24 – True & Fair view given, minor recommendations, qualified on deficit and 3-year IMTP not agreed. • Financial assessment and review reports to Welsh Government – monthly • Enhanced monitoring T.I. meetings with Welsh Government – monthly 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		COMPLIANCE AND 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 or critical incident.			Publication Status	Public																																																																																
Strategic Threat	b. Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.																																																																																	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings; impact to operational flow if services fail to BC plan against the 5 key themes Harm or injury to patients and/or staff; Staff absence (injury, wellbeing) Financial implications due to staff absence Loss of infrastructure; Health Board breaches statutory duties under the Civil Contingencies Act 2004; Litigation & Financial Penalties; Reputational damage and loss of public confidence 			Risk Appetite Threshold – SCORE 8 AND BELOW. Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.																																																																																	
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.																																																																																	
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Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p>. Business Continuity (BC) /Critical Incident</p> <ul style="list-style-type: none"> BC Policy BC Response Guidance BC Template BC Exercise BC debrief learning. HB and LRF Plans. 3C (Command/Control, Communication) structure in place to respond to incidents. 1-2-1 graining with Divisional BC leads and BC plan workshops for services EPRR Group Established. Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. Awareness raising of the requirement for BC across the Health Board through various training programmes <p>Infectious Diseases</p> <ul style="list-style-type: none"> Joint plan with PH in response to infectious diseases and public health incidence response. <p>Overall</p> <ul style="list-style-type: none"> Internal strategic on call training Executive Team attending 2-day strategic training. Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). 	<ul style="list-style-type: none"> Ongoing support to develop business continuity plans. Developing a Health Board service BC supporting plan – to provide a generic response frame work if they have no specific plans in place Continued engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. Develop further training programmes to support staff preparedness to response to an incident. Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. (as this is not fully implemented, it is still being worked through thus would make it additional control until in place) Each Division to identify on their risk register outstanding business continuity planning for their areas.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Departmental debrief following an incident to inform learning and enhance controls. 	<ul style="list-style-type: none"> Robustness of service business continuity plans within Divisions 	<ul style="list-style-type: none"> Recommendations for strengthening resilience following testing of service business continuity plans Further engagement of divisions in BC planning
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Debrief with key stakeholders following an incident to inform learning and enhance controls. Report to the EPRR Group from debrief of incidents Reports to the PPHP Committee on Emergency Planning Preparedness 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Review(s) <ul style="list-style-type: none"> Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance Outcome and feedback from national exercises 	Internal Audit Reviews 2023 – 24 <ul style="list-style-type: none"> Savings Programmes – Reported to ARAC - Reasonable Assurance Financial Controls – Reported to ARAC July 2024 – Substantial Assurance Asset Management Q3 – Reported to ARAC April 2024 - Reasonable Assurance External Audit Reports 2023 -24 <ul style="list-style-type: none"> Efficiency Review 23/24 Q3/Q4 – Not yet reported. Structured Assessment - Received at ARAC November 2023. Audit of Financial Statements Q4 2023/24 – True & Fair view given, minor recommendations, qualified on deficit and 3-year IMTP not agreed. Financial assessment and review reports to Welsh Government – monthly Enhanced monitoring T.I. meetings with Welsh Government – monthly 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME	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.			Publication Status	Public
Strategic Threat	A. Due to inadequate arrangements to support system-wide patient flow			Risk Appetite Level - Open Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> 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 			Risk Appetite Threshold – Open SCORE 17 AND BELOW Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	Likelihood	3 (Possible) X	3 (Possible) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Catastrophic)	3 (Minor)	
Last Reviewed	01 August 2024	Risk rating	= 12 (High)	= 9 (High)	
Next Review (Quarterly based on risk score)	01 December 2024				

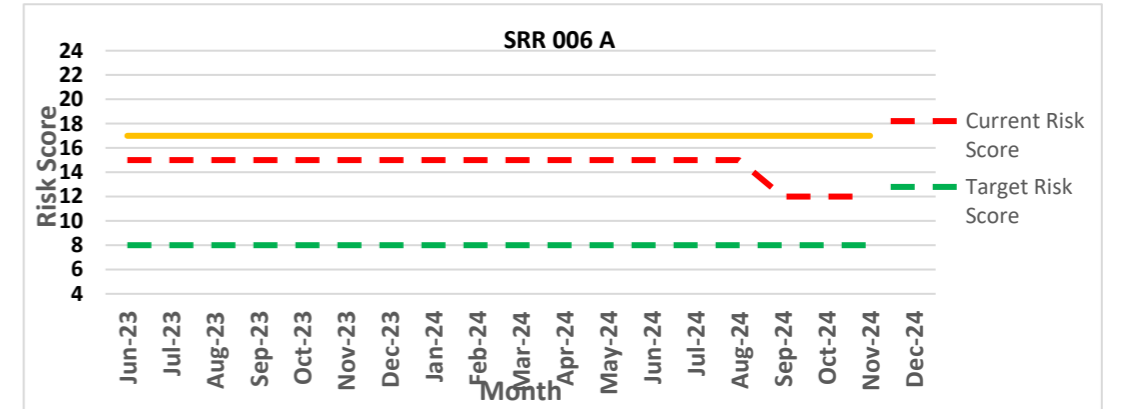
Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Escalation Policy. Performance and Accountability Framework Major incident Procedures Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team. fortnightly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. Enhanced monitoring in place for U&EC Range of performance measures/metrics in place Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards. Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. Planned care recovery meetings with the NHS execs. Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. WG – IQPD meetings to review areas of focus. 	<ul style="list-style-type: none"> Operational framework – Being revamped through operational framework ahead of next winter. Improve regional acceptance of flow processes with neighbouring Health Boards. Repatriation meetings established and new Wales-wide protocols due to come in regarding repatriation.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
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Level 1 Operational (Implemented by the department that performs daily operation activities)

<ul style="list-style-type: none"> The Escalation Framework has been enacted and is effective in mitigating threats and impact to services. Performance report against measures/metrics 	<ul style="list-style-type: none"> Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. Now working to KPI WG plan. The impact of the Performance and Accountability framework in improving patient flow 	<ul style="list-style-type: none"> Close monitoring and reporting of the frameworks in practice to support learning and improvements. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Divisional Assurance reviews. Performance against measures/metrics reported to the Executive Committee 		<ul style="list-style-type: none"> Operational framework coming into place in November / December 2024 and will be tested as part of a deep dive exercise. 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Reviews <ul style="list-style-type: none"> Intra-site Patient Transfers – Reasonable Assurance accepted by the ARAC on 9th July 2024. External inspections/visits. 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME	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.			Publication Status	Public
Strategic Threat	a. Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 September 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 December 2024				

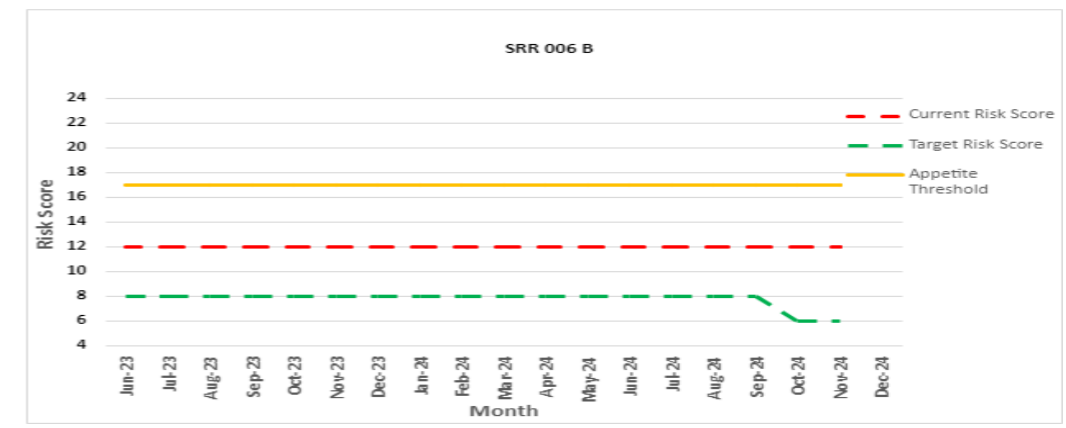


Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Remedial Action Plan revised and updated to capture further recommendations against NIS CAF assessment in Jan 2024. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually. Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. Governance group terms of reference agreed. Meetings started in November 2023. Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff 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. Working with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report. Implement the recommendations from Templar report: Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. Battle tested OUR cyber incident response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan. Working with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. Risk impact reduced as recent loss of power at key sites, incorporating our data Centre allowed is to failover in a seamless fashion from one DC to the other with no service impact. Maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. Begun the roll out simulated phishing campaigns. The initial phishing has been tested on the ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff. 	<ul style="list-style-type: none"> Implement the recommendations from Templar report: Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. A recent cyber incident at several London Hospitals presented an opportunity for ABUHB to battle test its cyber response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan.

- 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.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. 	<ul style="list-style-type: none"> Oversight from NHS Wales Cyber Resilience Unit. 	<ul style="list-style-type: none"> An assessment against CAF was undertaken by CRU in January '24 and the report along with its recommendations has been circulated to key stakeholders.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Regular reporting on progress to the Finance & Performance Committee on the cyber security action plan. 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. 	<ul style="list-style-type: none"> Latest local survey saw a reduction in staff wellbeing 	
Internal Audit 2024/25		
<ul style="list-style-type: none"> Technical Continuity – planned for Q3 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

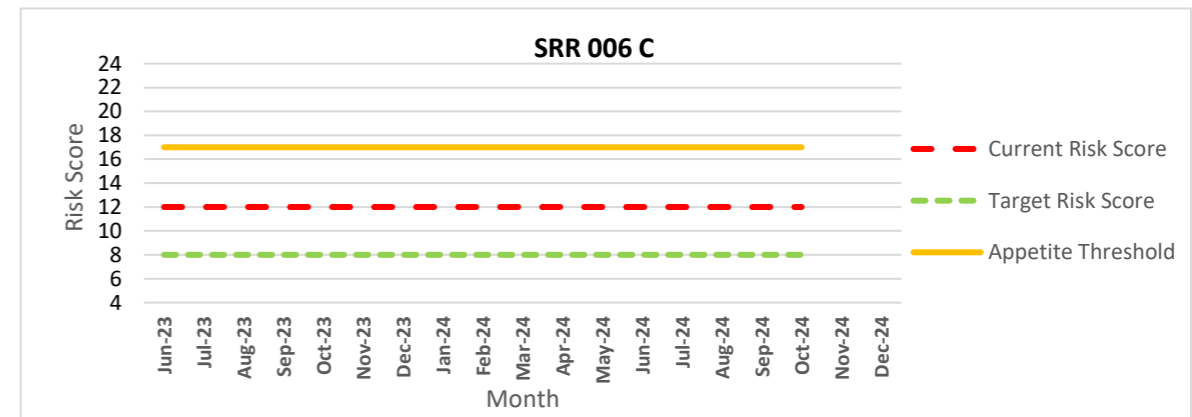
RISK THEME		SERVICE DELIVERY			
SRR 006	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Strategic Threat	b. Due to an adverse impact on service delivery in the implementation of the new digital systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
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Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) X	2 (Unlikely) X	
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Next Review (Quarterly based on risk score)	01 February 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services. Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services. Business change team in place to support services in improvement of clinical and administrative processes. Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. Projects support backfilling of clinical time where required. Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects. Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success. Information Governance Sub Committee and Cyber Security Subgroup established Formal divisional engagement meetings in place monthly to discuss new programmes of work and provide update on critical programmes/projects 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG) 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 	<ul style="list-style-type: none"> Escalation of risks and issues done on an Ad hoc basis to Director of Digital and Executive Committee in the absence of DDaT Sub-committee 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> Benefits Management review – Outcome Substantial Assurance Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> Implementation of the Welsh Intensive Care System – planned for Q1 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME		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.			Publication Status	Public
Strategic Threat	c. Due to failure to develop digital solutions that are sustainable and fit for the future.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 November 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 February 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> New Digital Service Request process in place which provides governance in several key areas: Automation of request process via 'Seren' the ICT Portal Information Governance – ensuring new services have appropriate controls to keep patient information safe. Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. Patient Safety – ensuring services do not introduce any patient safety risks. 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. Annual planning processes include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process New Digital Request processes include fortnightly senior leadership scrutiny of requests, New prioritisation framework & tool Monthly/quarterly Operational delivery aligned to ITIL standards Annual operational plan completed and aligned with IMTP Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities for Urgent Care, MH & LD, CSS, Division of Surgery & PCCS in place Software Development uses an agile product management methodology using DevOps software for managing its backlog, delivery plan and sprints 	<ul style="list-style-type: none"> Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities to be arranged for Division of Medicine, Portfolio optimisation to ensure the resources of the service are aligned to key priorities New Digital Request quarterly reporting to DDAT sub-committee New governance structures to be put in place further to directorate restructuring Development of product management approach to delivery of core software applications and extending use of agile processes to ICT

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational (Implemented by the department that performs daily operation activities)		

<ul style="list-style-type: none"> Quarterly reporting to DDAT sub-committee 	<ul style="list-style-type: none"> If the NDSR process delivers anticipated improvements The outcome of the EDRMS audit 	<ul style="list-style-type: none"> Monitor the performance of the NDSR process Audit into the effectiveness and appropriateness of the electronic document and records management solution (EDRMS) in use for the management of digital health records and the provision of scanning services.
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Level 2 Organisational *(Executed by risk management and compliance functions)*

<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 		
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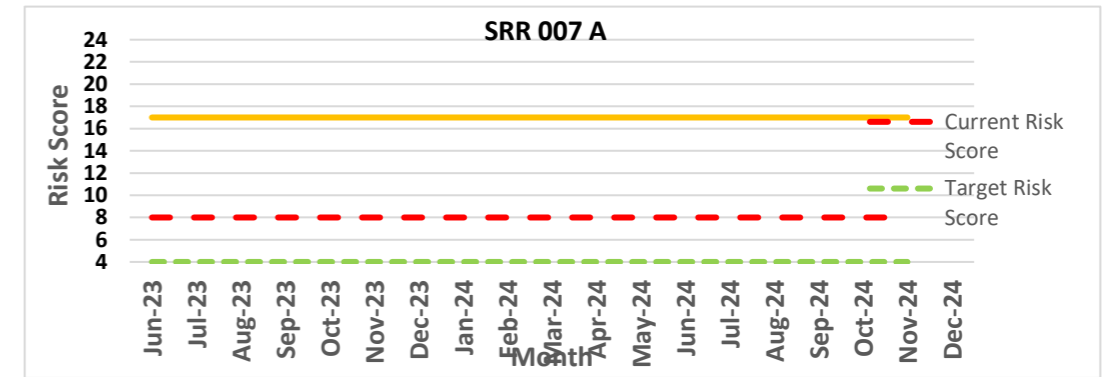
Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*

<ul style="list-style-type: none"> Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> LINC Programme– Outcome Reasonable assurance Network Infrastructure (VPN) - Outcome Reasonable assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> Electronic document and records management solution -planned for Q4 		
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Assurance Rating *(Overall Assessment of controls and assurances)*

Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance
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RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 007	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Strategic Threat	A. Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.			Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 			Risk Appetite Threshold - SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Expected Date Target Score will be Achieved –					
Lead Director	Director of Strategy, Planning, and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 September 2024	Risk rating	= 8 (Moderate)	= 4 (Low)	
Next Review (Six monthly based on risk score)	01 March 2025				

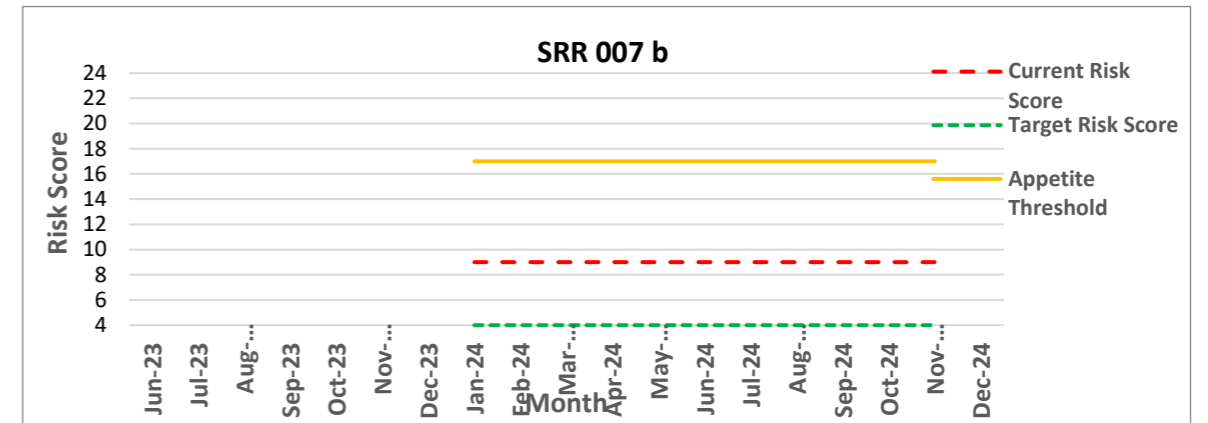


Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ul style="list-style-type: none"> The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care, and support is in place to best meet the needs of their respective population. <p>Through these statutory forums formal partnership arrangements take place.</p> <p>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.</p> <p>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</p>	<ul style="list-style-type: none"> 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.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational (Implemented by the department that performs daily operation activities)		

<ul style="list-style-type: none"> PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting 	<ul style="list-style-type: none"> Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements 	<ul style="list-style-type: none"> Implementation plan to be developed following RPB governance review. Health Board strategy development approach to focus on partnership approach.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> RPB Governance Review (Q4) – Outcome = Limited Assurance. Reported to ARAC September 2024 Partnership Arrangements Review (Q1) Not yet undertaken 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 007	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Strategic Threat	B. Due to the impact of fragile services across the regional and supra regional geography			Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 			Risk Appetite Threshold - SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved – TBC	
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)	
Last Reviewed	01 September 2024	Risk rating	= 9 (High)	= 4 (Low)	
Next Review (Quarterly based on risk score)	01 December 2024				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. <p>In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.</p>	<p>The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: -</p> <ul style="list-style-type: none"> An absolute commitment to delivering on the existing regional programmes of work but with these 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions (collaborative work has been undertaken in March with a parallel WG review of fragile services across south Wales, to ensure alignment of assumptions and priorities) A further workshop (to include Chairs, Executives and clinicians) has been arranged for June <p>Discussion ongoing at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work</p>

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
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Level 1 Operational (Implemented by the department that performs daily operation activities)

<ul style="list-style-type: none"> Service Divisions reporting to the Chief Operational Officer 	<ul style="list-style-type: none"> Alignment and effectiveness of partners to deliver integrated services 	Internal Audit 2024/25 <ul style="list-style-type: none"> Recommendations from the Partnership Arrangements Review (Q1)
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. Regular touchpoint meetings of all key players to review progress and issues arising 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> Partnership Arrangements Review (Q1) - Not yet undertaken 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

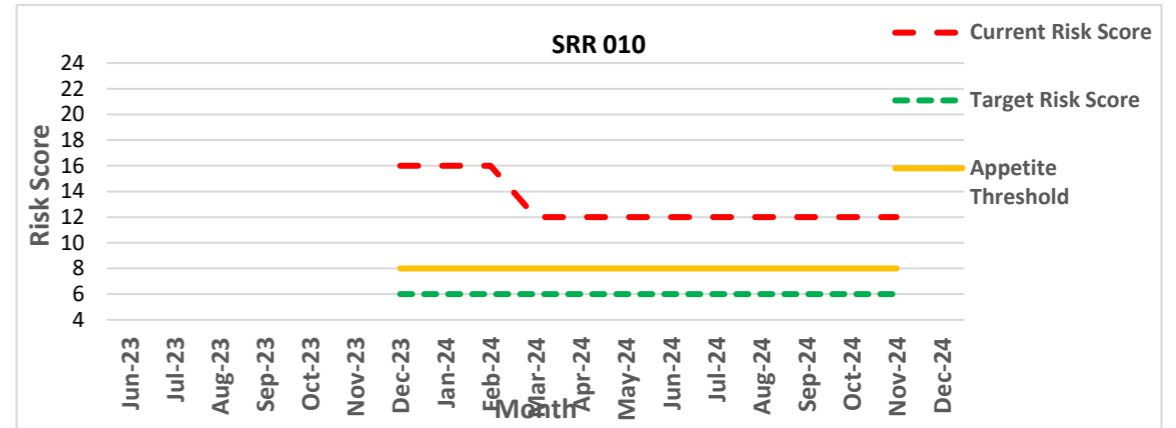
RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 008	There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.			Publication Status	Public
Strategic Threat	A. Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement			Risk Appetite Level – Open Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 			Risk Appetite Threshold – Open SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target but WITHIN the appetite threshold. Target level is WITHIN the set appetite threshold.	
Expected Date Target Score will be Achieved – TBC					
Lead Director	Director of Nursing	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 July 2024	Risk rating	= 8 (Moderate)	= 4 (Low)	
Next Review (Six monthly based on risk score)	01 January 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Corporate Engagement Team Patient Experience and Involvement Strategy- organisational ownership Person Centred Care (PCC) Surveys via CIVICA PCC KPI's (support PCC Quality pillar) 'You said..... we did' public facing information for service areas. PLO service at GUH Introduction of PALS Service (Oct 23) Volunteer Patient Experience Feedback Collaboration to recruit community listeners to support Dementia Awareness Digital patient stories to support listening and learning. Patient Experience and Involvement Strategy DATIX Oversight of Medical Examiner reports to determine patient experience actions Public Engagement- Big Conversation Bereavement held 20th March 2024 People Participation Panel ED in Progress 	<ul style="list-style-type: none"> Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. PCCT staff training to support Civica data entry and retrieval. Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. Employment of dedicated PALS team who will have a key role in gaining feedback from patients, staff, and relatives. Monthly reporting in place and quarterly updates to QPSOG Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision. - Discussions with VBHC to pilot SMS in ED through DrDoctor National directives around new national surveys that need to be managed additional to internal roll out programme. Volunteer feedback to be reviewed to identify themes.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams. Concerns are fed back to divisional teams when identified. Outcome of the volunteer feedback to drive improvements. Patient Experience and Involvement Team undertaking Culturally Competent Accreditation Immediate feedback and escalation to clinical teams following PALS queries and concerns 	<ul style="list-style-type: none"> 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. Need to develop bereavement model and improve bereavement offer to meet Bereavement Standards. Resources being scoped. Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards. 	<ul style="list-style-type: none"> Discussions with VBHC team to consider SMS through DrDoctor with pilot at ED PALS Single point of contact is established. PALS officers have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. Ned to have discussions with facilities around rooms. Patient experience KPI's and common themes need to be identified and reported through the PCC Survey. These will be added to a

		template patient experience report and CIVICA surveys will be built into ward accreditation.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO) Listening and Learning reported through QPSOG/ Outcomes Committee Implemented PALS DATIX Module 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> LLais Reports HIW inspections Advocacy reports 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		COMPLIANCE AND SAFETY			
SRR 010	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974			Publication Status	Public
Strategic Threat	<ul style="list-style-type: none"> Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments. 			Risk Appetite Level - MINIMAL. Any risk that has a MINIMAL risk appetite level should be managed to a Score of 8 or below.	
Impact	<ul style="list-style-type: none"> Unintended physical harm; Punitive actions from the Health and Safety Executive (HSE); Increased levels of staff sickness; Loss of estate due to unsafe environments; Financial implications; Adverse publicity; and, Reputational damage 			Risk Appetite Threshold - Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls.	
				SUMMARY The current risk level is OUTSIDE of target level and OUTSIDE appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
				Expected Date Target Score will be Achieved –	
Lead Director	Director of Allied Health Professions and Health Science	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 December 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 November 2024	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 January 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>(What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included))</i>
<ul style="list-style-type: none"> Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. Health and Safety Policies and Procedures Dedicated Health and Safety site on ABPULSE Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) Partial Programme of Health and Safety Monitoring (Active & Reactive) Corporate and Directorate Health and Safety Risk Register established. Board Training /development (Completed 24 April 2024) Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern. Health and Safety Governance and reporting arrangements (Health and Safety Committee) 	<ul style="list-style-type: none"> Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) Consultation and communication with the workforce regarding compliance with the Act New ways of working with Divisions to ensure accountability for health and safety is recognised. Implement key performance indicators to monitor health and safety compliance. Review the governance arrangements for the Health & Safety Committee Health and Safety Policies and Procedures to be reviewed. Onboard further Manual Handling trainers across the organisation to improve compliance. Scope for training non-Health Board staff Learning from events to be documented and communicated to the organisation.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Health and Safety compliance data extracted from ESR and Datix and reported 	<ul style="list-style-type: none"> Implementation of a health and safety performance report Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act. Compliance on completion of risk assessments and mitigating actions 	<ul style="list-style-type: none"> Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework. Review the membership and ToRs of the Health and Safety Committee Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan

Level 2 Organisational *(Executed by risk management and compliance functions)*

- Established monitoring of H&S at the Executive Committee
- Corporate H&S report risk and assurance to the Health and Safety Committee
- Established monitoring of H&S at the PQSO Committee

Level 3 Independent *(Implemented by both auditors internal and external independent bodies)*

Internal Audit 2024/25 Plan

- H&S processes
- Performance reviews at All Wales Health and Safety Management Steering Group
- South Wales Fire & Rescue Service fire safety audit programme.
- Health and Safety Executive reviews/inspections.

Assurance Rating *(Overall Assessment of controls and assurances)*

Negative – Insufficient evidence that the controls in place are working effectively.

Reasonable - adequate evidence that the controls in place are working effectively.

Positive - robust evidence that the controls in place are working effectively.

Positive Assurance

MINUTES OF MEETING HELD

Date and Time	Wednesday 25th September 2024 at 09:30am	
Venue	Executive Meeting Room Headquarters, St Cadoc's Hospital and Microsoft Teams	
PRESENT	<p>Ann Lloyd Pippa Britton Paul Deneen Dafydd Vaughan Iwan Jones Helen Sweetland Neil Patrick Penny Jones Louise Wright Phil Robson</p> <p>Nicola Prygodzicz James Calvert Sarah Simmonds Jennifer Winslade Rob Holcombe Paul Solloway Leanne Watkins Hannah Evans</p> <p>Peter Carr Michael Allum</p>	<p>Chair Vice Chair Independent Member (Community) Independent Member (Digital) Independent Member (Finance) Independent Member (University) Independent Member (Community) Independent Member (Community) Independent Member (Trade Union) Special Advisor to the Board</p> <p>Chief Executive Medical Director Director of Workforce and OD Director of Nursing Director of Finance & Procurement Director of Digital Chief Operating Officer Director of Strategy, Planning and Partnerships Director of Therapies and Health Science Consultant in Public Health</p>
IN ATTENDANCE	<p>Rani Dash Lucy Windsor</p> <p>Lisa Charles Joy Rickwood</p>	<p>Director of Corporate Governance Head of Corporate Risk & Assurance (<i>Secretariat</i>) Regional Director, Llais Cymru Head of Arts Therapy</p>
APOLOGIES	<p>Richard Clark Tracy Daszkiewicz</p>	<p>Independent Member (Local Authority) Director of Public Health</p>

PRELIMINARY MATTERS	
ABUHB 2509/01	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe.</p> <p>It was noted that the meeting would be recorded and published on the Health Board’s website following the meeting.</p>
ABUHB 2509/02	<p>Declarations of Interest for Noting</p> <p>There were no declarations of interest raised.</p>
	<p>Consent Agenda</p> <p>The Chair introduced the Consent Agenda, highlighting that this was the first time the Board had adopted this agenda format. The Board was asked if they had any additional items, they wished to bring forward for discussion other than the two below requested in advance of the meeting:</p> <ul style="list-style-type: none"> • Item 7.2.3 – Public Services Ombudsman for Wales Annual Letter • Item 7.2.4 – Strategic Risk Register <p>There were no further requests for items to be brought forward and discussed.</p>
ABUHB 2509/03	<p>Report from the Chair</p> <p>The Chair provided a detailed report on recent activities, highlighting the significant volume of work carried out over the past few months.</p> <p>Accountability Meetings:</p> <p>The Chair attended two accountability meetings with the Cabinet Secretary, which focused on the Health Board’s performance, productivity improvements, and system workflow. The Cabinet Secretary clearly communicated expectations for improved productivity. Additionally, discussions focused on sustainable services and community engagement, ensuring that the Health Board maintained an open dialogue with the public and patients about service changes.</p> <p>Regional Partnership Board Meetings:</p> <p>Discussions were held regarding carers' services, the evaluation of Schemes funded from the Regional Investment Fund (RIF), and system resilience. The Health Board emphasised the importance of extending winter resilience measures to ensure continuity and growth over the next two years. Collaborative efforts among local authorities, the third sector, and carers to enhance system resilience were acknowledged.</p> <p>Children's Services:</p>

A report from the Children's Partnership highlighted ongoing planning for integrated children's services, especially for those with CAMHS (Child and Adolescent Mental Health Services) issues. While welcomed, the Chair acknowledged that further improvements were still needed.

Audit Wales Meeting:

The Chair had met with Audit Wales to discuss the structured assessment of the Health Board, which focused on leadership, staff development, and the future vision for primary care services/Chairs meeting. A meeting was scheduled with Health Board chairs and vice-chairs to consider the national primary care model, where experts from across the UK would be invited to share insights on innovative care models developed in other regions.

Meetings with Welsh Government Officials:

Recent visits from Mark Drakeford, the former Interim Cabinet Secretary for Health and Social Care, and Jeremy Miles, the new Cabinet Secretary for Health and Social Care, which had focused on important issues including RAAC, the new breast unit at Ysbyty Ystrad Fawr, and the collaboration between the Health Board and Monmouthshire County Council regarding Intermediate Care.

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

**ABUHB
2509/04**

Report from the Chief Executive

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

- A key focus remained on delivery, including delivering core components of the Annual Plan for 2024/25;
- Quarter 1 performance updates were included within the Board's meeting papers, however further performance improvements were expected in Quarter 2, particularly in Urgent and Emergency Care, Cancer, Mental Health Services and delivery of the Financial Plan;
- Whilst significant focus was on in-year delivery, detailed planning was also underway to progress development of the Board's Long-Term Strategy and refresh of strategic priorities;
- Much work continued at a system-level, nationally and regionally. Regionally, work with partners remained underway to progress opportunities for Ophthalmology, Cancer and Diagnostic solutions. At a national-level, NHS Wales CEOs had held positive discussions around the Primary Care Model for Wales, as well as ongoing work with Welsh Government and the NHS Executive. NP also noted her attendance at National Performance Board and National Value and Sustainability Board meetings which were an opportunity to ensure learning and best practices across Wales. Ongoing development of the Joint

Commissioning Committee, including its governance and commissioning approach, was also noted as progressing well.

- Visibility, engagement and listening to staff, patients and families remained a key priority. NP noted her attendance at a recent Consultant Induction Event which was an excellent way to meet new medical leaders, a visit to Arts in Therapy Services which show cased the excellent work being delivered, and arrangements were underway to recognise staff with the overwhelming positive feedback received from patients and families via the Patient Choice Award category of the Staff Awards.

The Board **NOTED** the Chief Executive's update.

**ABUHB
2509/05**

Patient Experience – Arts Therapies Presentation

Joy Rickwood (JR), Head of Arts Therapy, provided a presentation on the role of arts therapies within the Health Board, particularly focusing on art, music, and drama therapies for individuals who struggle with traditional talking therapies. The presentation was supported by a patient story which demonstrated how beneficial art therapy was for patients.

JR explained how arts therapies had been proven to stabilise patients, making them more receptive to traditional treatments as well as offering support to vulnerable groups who may not benefit from other interventions. However, JR noted that there was a need for further resource and equitable access to arts therapies across the Health Board's footprint but noted that student placements were helping extend the reach of services.

The Board commended the service, recognising its unique value in patient care and suggested that the service be evaluated to quantify the impact of arts therapies in terms of patient outcomes and cost-effectiveness.

There was a discussion on how the service could support staff through staff wellbeing initiatives; this would be explored in greater detail with the Director of Workforce and Organisational Development.

The Board **NOTED** the Patient Experience Story.

Llais Report

Lisa Charles, Regional Director, Gwent provided an update on recent activities and community engagement efforts.

There had been an increase in complaints and advocacy requests, specifically around GP and hospital appointments, in particular appointment availability and system navigation.

Llais had engaged with 138 young people (up to 25 years of age) regarding their experiences with health and social care services, highlighting concerns around neurodiversity and mental health support with the need for more face-to-face appointments in GP services being a prominent issue. Furthermore, a significant number of young people were unable to access NHS dental services, with many reporting that they had not seen a dentist since their teenage years which was noted as causing an issue with accessibility, particularly for those unable to afford private care.

The Board was keen to address concerns raised by young people, especially regarding mental health and GP services and would work collaboratively with the Children and Young People's Strategic Partnership to explore further issues of transition from child to adult services.

Nicola Prygodzicz (NP), Chief Executive, advised she would ask the Divisional Director of Primary Care and Community Services to work closely with Llais to provide information and options for those struggling to secure dental services.

The Board **NOTED** the Llais Report.

Urgent and Emergency Care Business Cases: The Grange University Hospital (GUH) Transfer Lounge and Increase in Emergency Department (ED) Consultant Establishment

Leanne Watkins (LW), Chief Operating Officer, provided an overview of the business case stating that emergency care at the GUH had been highlighted as a key priority, with patient experience, safety, and risk being of significant concern.

It was noted that since the GUH had been placed under enhanced monitoring in January 2024, the teams had been working hard to address the concerns raised. Weekly meetings had focused on improvements in ambulance handovers, wait times, and 12-hour waits.

Although improvements had been noted, the Board was asked to consider two investment proposals that would enhance patient safety and experience.

- GUH Transfer Lounge
- Additional emergency department consultants.

Grange Transfer Lounge

The Grange Transfer Lounge proposal involved expanding capacity to accommodate 12 beds and 20 chairs, compared with the current six-bed and four-chair setup. This modular build would improve the system's ability to manage discharges and step-downs more efficiently, thereby reducing delays.

The estimated cost for this expansion was £189k for the current year, with a potential full-year cost of £659k. The Board was asked to approve proceeding with a revenue lease option while capital funding was pursued to reduce the revenue requirements. LW advised that an initial discussion with Welsh Government had taken place regarding capital opportunities for future developments.

The Board **APPROVED** the funding revenue commitment of £189k in 2024/25 and a full year revenue cost of £659k in 2025/26 for the Transfer Lounge

Increase in ED Consultant Establishment

The increase in ED consultants, aimed to bring in six additional consultants to provide rapid clinical decision-making and improve weekend coverage and paediatric care.

The investment for the remainder of 2024/25 financial year was £57,579, with a full-year cost of £780,335.

The Board noted concerns regarding the risks linked to the expansion, particularly in relation to the anticipated increase in patient attendance. LW reassured the Board that triage systems had been strengthened, which included the implementation of a new e-triage system and the involvement of GPs in assessing patient flow. Feedback from those GPs confirmed that the current triage processes were robust and that fewer than 5% of patients could have been redirected to other services.

The Board also expressed concerns about increased patient attendance due to difficulties in accessing GP appointments. LW expressed confidence that the systems in place would manage the risk, and that continuous monitoring would flag any emerging issues.

The Board requested a review of both models to be presented six months after implementation to ensure they have delivered improvements in patient outcomes and experience.

ACTION: Secretariat

The Board **APPROVED** the funding for the increase in ED Consultant cover for the remainder of Year 1 (2024/25) at a cost of £57,579 and Year 2 (2025/26) at a cost of £780,335

**ABUHB
2509/07b**

MRI Scanner Business Case

Leanne Watkins (LW), Chief operating Officer, provided an overview of the business case for the addition of a second MRI scanner at the Grange University Hospital (GUH).

LW advised that the current single scanner was at risk of failure, creating a bottleneck in diagnostic capacity which was projected to increase by up to 14% by 2028. This was noted as a potential significant patient safety risk as a failure in the existing MRI machine would require patients to be transported to other hospitals for scanning. It was noted that there had been a significant increase in the use of diagnostics within the clinical pathway, surpassing historical levels.

The total capital investment required was £2.5m, which would be submitted to Welsh Government for approval. No significant revenue implications were noted, as the cost would be absorbed through existing resources currently allocated to a mobile MRI service.

The Board expressed concerns about the current capacity issues, noting that while the existing diagnostic resources met immediate needs adequately, there were concerns about long-term sustainability. LW reassured the Board by highlighting that successful recruitment efforts had created sufficient capacity within the radiology department to operate additional scanners. Furthermore, LW emphasised that a critical aspect of the overall strategy for diagnostic services was to align with regional initiatives, including the development of diagnostic hubs and national capital projects.

A proposal was made to hold a Board Development Session on the future strategic direction for diagnostic services and regional opportunities.

ACTION: Secretariat

The Board **APPROVED** the onward submission of the turn-key capital business case (currently under development) to Welsh Government to a maximum value of £2.5m.

**ABUHB
2509/07c**

Electronic Prescribing Medicines Administration (EPMA) System

Paul Solloway (PS) Director of Digital, presented the business case for the EPMA system, highlighting its potential to enhance patient safety, quality of care, and medicines management processes.

The key benefits outlined included a 50% reduction in medication administration errors, improved monitoring and recording of medications, time savings for clinical staff, enhanced order management, and a predicted 1% reduction in annual medication expenditure.

The Board noted potential financial impacts, including cash-releasing savings of approximately £466k annually and non-cash-releasing savings of around £664k. The projected financial impact for the current year was £179k, bolstered by Welsh Government funding exceeding £1m. For the 2025-26 financial year, no financial impact on the Health Board was expected, but significant Welsh Government support of £3.7m was anticipated.

The Board questioned the projected 50% reduction in administration errors, which Jenny Winslade (JW), Director of Nursing, explained was based on research from previous implementations. JW acknowledged the potential for human error but stressed that the system represented a positive advancement with opportunities to reduce medication errors. Concerns regarding cross-border information transmission and its implications for patient care were addressed, confirming that the system was designed with open architecture for seamless information sharing across health boards and with NHS England.

The Board recognised the necessity of a well-structured rollout plan to facilitate iterative learning and adjustments during the implementation process, and supported the ward-by-ward approach to reduce the level of risk.

The Board **APPROVED** the business case and the revenue cost of £179k for the 2024/25 financial year.

**ABUHB
2509/08**

Welsh Language Annual Report 2023/24

Sarah Simmonds, Director of Workforce and OD, presented the Welsh Language Annual report, which addressed statutory obligations in line with Welsh language standards, focused on staff competency levels, training opportunities, complaints, and recruitment performance from April 2023 to March 2024.

The Health Board had made progress in the following areas:

- Recording of staff competencies and introducing new learning opportunities, including a web-based language tutor and an immersive course
- Collaboration with schools and young people to highlight the significance of the Welsh language for patient experience and the future workforce.
- Compliance with Welsh language standards, particularly regarding digital platforms.

The report included initiatives to enhance staff competency levels and outlined priorities for the upcoming year, including increasing patient consultations conducted in Welsh.

SS informed the Board that the Health Board had faced a formal investigation by the Welsh Language Commissioner's Office concerning Standard 9, in respect of patient access to Welsh language services, and Standard 10, regarding the availability of staff to provide those services. While access issues had been resolved promptly, challenges persisted in recruiting proficient Welsh speakers but exploration of strategies to better target Welsh speakers in local communities would be taken forward. The Commissioner's Office expressed satisfaction with the Health Board's response and efforts.

The Board discussed potential technology solutions to assist with translation and to alleviate administrative burdens, which were welcome. However, the need for proficient Welsh speakers remained critical.

The Board **NOTED** the progress made and **APPROVED** the publication of the report on the Health Board's website.

Annual Quality Report 2023/24

Jenny Winslade (JW), Director of Nursing, presented the Board's first annual quality report, a requirement under the new duty of quality and candour, which aligned with the creation of The Citizens' Voice Body (Llais). The report represented the collective efforts of teams, including divisional, operational, and executive colleagues, across the Health Board.

It was recognised that over the past year, two key strategies: a refreshed quality strategy and a patient experience and involvement strategy, both aimed at improving service delivery and patient engagement had been approved. Additionally, a listening and learning framework had been implemented to ensure that feedback informed future policy improvements. Resources for quality and patient safety were realigned, strengthening the Quality Improvement (Qi) capability through the Safe Care Collaborative. The "Learning from Deaths" report, a first in Wales, focused on mortality data and key learnings. The launch of Ward Accreditation was also noted.

The Board noted key focus areas such as infection prevention and control, falls prevention, and enhanced care frameworks along with the establishment of a learning repository and a new Learning and Improvement Group to ensure continuous development. The priorities for 2024-2025 included refining quality reporting a focus on sepsis, improved infection control, and advancing the Human Factors Programme to reduce human error in patient care.

To illustrate the Health Board's dedicated oversight of quality and safety, it was requested that future reports contain more detail on the role of the Patient Quality and Safety and Outcomes Committee (PQSOC).

The Board **NOTED** the progress made and **APPROVED** the report for publication.

Commissioning for Quality Approach

Jennifer Winslade (JW), Director of Nursing, provided an overview of the approach which was focused on developing an overarching approach to assess the quality of care provided by service providers for which a working group had been established to examine commissioning for quality processes.

The group had already begun benchmarking and identifying existing contracts, and the creation of a central repository for commissioned services. Moving forward, the next step would be to form a small commissioning working group that would focus on determining the scope of the information needed, how it would be reported for assurance within the Health Board, and how to enhance the understanding of quality across all services.

The Board was informed that there needed to be a clear understanding of risks in commissioning, and the role of key individuals in strengthening the quality assurance process. The need to ensure robust communication with stakeholders was emphasised, along with the importance of safeguarding as a key pillar in the commissioning framework.

The Board **ENDORSED** the approach set out to developing a Quality Assurance Framework for Commissioned Services and **NOTED** the progress and direction for further areas of development in relation to quality for commissioned services.

**ABUHB
2509/11a**

2024/25 Performance Reporting: Integrated Performance Report, Q1

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the Quarter 1 report, and provided an update against milestones committed to in the plan as outlined below:

Operational Performance: The report highlighted continued improvement in various areas, such as baby checks at eight weeks, which had increased for seven consecutive quarters. Primary care contacts, particularly in GMS and optometry, were exceeding planned levels.

Cancer Services: There had been an improvement in single cancer performance in June, with figures improving to just under 60%, up from 50% in May with further improvements expected for August.

Planned Care: Good progress had been made toward eliminating waits of over three years. August data was looking positive, with the number of patients waiting over three years reducing to 18, with the projection to reach zero by October. The trajectory for reducing the number of patients waiting over 104 weeks was noted as being well ahead of schedule.

Diagnostics: Continued improvements were noted in reducing wait times for diagnostics, particularly in endoscopy and neurophysiology. However, outpatient waits were highlighted as the biggest challenge, with approximately 16,900 patients waiting over 52 weeks. Actions, such as validation and pathway improvements, were being implemented.

Mental Health Services: Improvements were noted in adult mental health assessments, with performance rising to 64% in August with confidence that 80% would be met by December. Additionally, CAMHS services showed improvements, increasing from 38.5% to 43% in July.

The Chair requested that the Finance and Performance Committee seek greater assurance on plans to improve performance in this area.

ACTION: Secretariat

Urgent and Emergency Care: Significant focus continued, with weekly oversight meetings showing improvement in handover delays and 12-hour wait times. However, the sustainability of the improvements remained a challenge.

A question was raised regarding vaccination reporting, with GP compliance being noted as an area for improvement. It was confirmed that real-time data was being explored in partnership with population health teams.

Stroke Care: Positive developments were reported, with improvements in stroke performance indicators. The Health Bard received a 'C' level rating by SSNAP (Sentinel Stroke National Audit Programme) for the first time in over two years.

Public Consultation on Stroke Services: An update was provided on the evaluation of stroke service changes. A comprehensive update would be scheduled for the Board in November.

The meeting concluded with assurances that ongoing issues, such as outpatient waits and mental health performance, were being addressed through targeted interventions and oversight. The Board **NOTED** the position against the Annual Plan 2024/25 commitments as at Quarter 1 and the mitigating and improvement actions in place.

**ABUHB
2509/11b**

Quality Outcomes and Performance Report, Q1

Jenny Winslade (JW), Director of Nursing, presented the report noting patient satisfaction levels had reached 90%, yet improvements remained necessary, particularly for groups that struggled with the Civica feedback system. An exploration of a text-based option for pilots in the emergency department had taken place to enhance response rates. Overall feedback remained positive, and efforts to improve data collection continued.

Regarding the duty of candour, 18 incidents had occurred in the first quarter; however, full compliance could not be reported because of required changes in the Datix system, which was a Wales-wide issue. An update had been planned once the changes were implemented. The Risk-Adjusted Mortality Index (RAMI) reflected a decline to around 107, indicating progress achieved through learning-from-death initiatives.

Infection rates had risen, particularly for *C. difficile* and *Staphylococcus aureus*, which had prompted deep dives with the

Executive Committee and the establishment of an enhanced oversight board to address antimicrobial prescribing and infection prevention.

Safeguarding reports had risen by 41% for adults and 13% for children because of enhanced awareness and training. A team member had been embedded within the urgent care division, which had increased reporting but had also created capacity challenges with local authorities. Efforts to enhance Level 3 safeguarding training had continued, particularly for mental health and maternity services.

Despite having focused on preventing injurious falls through a multi-disciplinary approach, incidents persisted. The NEWS Safe Care Collaborative launched in October, focussing on sepsis, while the rollout of "Call for Concern" had begun, allowing families to seek second opinions for seriously ill loved ones.

The progress made in addressing complaints was improving with early resolution performance improved to nearly 80%, yet older complaints continued to pose a challenge. The target of responding to complaints within 30 days had not been met, although efforts had been made to improve this to 65-70% by the end of October. An acknowledgement team had been introduced to engage families and address their questions directly.

Metrics and benchmarking had been recognised as essential for continuous improvement, and an all-Wales initiative aimed to refine the approach to quality outcomes and reduce avoidable harm.

The Board **NOTED** the progress of the Quality Performance report.

**ABUHB
2509/11c**

Financial Performance at Month 5

Rob Holcombe (RH), Director of Finance and Procurement, provided an overview of the financial position up to August 2024, highlighting several key points.

The year-to-date revenue deficit stood at £22m, with a forecast annual deficit of £47.8m, reflecting an improvement of £1m from previous forecasts. Capital expenditure had reached £29m, which accounted for 45% of the total funding, indicating a well-executed spending plan. Additionally, 97% of creditors had been paid within 30 days, surpassing the 95% target, and cash holdings stood at £5.2m, close to the £6m target set by the Welsh Government.

The underlying deficit had been forecast at £55m, remaining consistent, while the forecast savings had amounted to £43.4m, exceeding the £40m target, with 71% classified as recurrent. The report noted that the Welsh Government had provided funding of £65m for wage adjustments and an additional £2.8m for various healthcare needs, with further confirmation anticipated.

In terms of expenditure, pay spending had decreased compared with the previous period, while non-pay expenditure had increased because of NHS provider allocations from wage awards. Operationally, there had been high levels of delayed transfers of care, accompanied by ongoing efforts to address elective care waiting lists and cancer treatment backlogs.

Financial escalation meetings with budget holders had been initiated to enhance savings and address budget imbalances. Concerns had arisen regarding the significant decline in the utilisation of the "step closer to home" initiative, which was attributed to challenges in social care and patients' preferences for home care. Efforts had been made to reallocate resources to support "hospital to home" initiatives, which aimed to alleviate pressures on delayed transfers of care.

The Board **NOTED** the financial performance at the end of August 2024 and forecasted position.

ABUHB
2509 /12

Strategic Risk and Assurance Report

Rani Dash (RD) Director of Corporate Governance presented the report noting that the risk score for **SRR 006A** had been reduced due to actions taken. However, six risks remained outside the organisation's risk appetite, which necessitated continued focus and monitoring at both organisational and board levels.

The Board had concerns regarding the risk module for the national Once for Wales Datix system, which had been in development for four years yet had failed to meet operational requirements. The project had been led by a national programme board. It was recognised that other national systems faced similar challenges due to leadership across various bodies, including DHCW and the NHS Executive, which were resulting in delays and unmet expectations.

The Board was informed that a digital governance review to address these concerns and improve the management of national digital projects had been undertaken. The Board had agreed that further action was necessary to ensure robust governance and reliability in future national digital systems to avoid similar costly failures. The outcomes of the ongoing digital governance review were being closely monitored to inform future decisions.

The Board **APPROVED** the reduction in score and risk exposure for **SRR 006A**; and **NOTED** the risks outside of the agreed-upon appetite for the risk domain.

Public Service Ombudsman for Wales - Annual Letter

Jenny Winslade (JW), Director of Nursing, provided an overview of the annual letter from the Public Services Ombudsman for Wales (PSOW), which contained data and recommendations. JW noted that a response outlining the actions taken by the Health Board would be submitted following the meeting.

For the 2023-24 period, the PSOW had received 175 complaints about the Health Board, which matched the national rate per 1,000 residents. The PSOW intervened in 37% of cases, a figure that exceeded the Welsh average of 31%, with most interventions relating to clinical care, treatment, and delays in complaints handling.

JW highlighted efforts to improve the quality and timeliness of complaint responses, such as the introduction of new communication standards for investigating officers. She expressed confidence that these measures would be likely to reduce the PSOW intervention rate in the coming year.

Several initiatives had been undertaken to address PSOW concerns, including the successful implementation of the Groundhog Day 2 recommendations and the enhancement of the Patient Advice and Liaison Service (PALS). Additionally, a new role, supported by Welsh Government funding, had been established to focus on end-of-life care support for families.

The Health Board reported 75% compliance with complaint response times, marking a significant improvement. The Putting Things Right Concerns Policy emphasised a proactive communication approach with families throughout the complaints process. JW confirmed that all PSOW recommendations would be tracked to ensure sustained improvements, although she acknowledged the need for further work in learning from cases where the Health Board did not meet expectations.

During the discussion, a request was made for a more detailed breakdown of the specialties and divisions most affected by complaints, which could help inform targeted interventions. JW agreed to include this analysis in future reports for better insight into areas requiring attention.

The Board **NOTED** the Annual Letter and the ongoing improvements in the Putting Things Right processes.

CONSENT AGENDA

The Board **APPROVED** the Draft Minutes of the Health Board Meeting, held on 17th July 2024.

	The Board APPROVED the Report on Sealed Documents and Chair's Actions.
	The Board APPROVED the Patient Related Policies Reserved for Board: <ul style="list-style-type: none"> • Putting Things Right Policy • Patient Safety Incident Management Policy
	The Board APPROVED the Corporate Governance Framework: <ul style="list-style-type: none"> • Standards of Business Conduct Policy • Policy Management Framework • Scheme of Delegated Limits
	The Board APPROVED the Joint Commissioning Committee Governance Framework.
	The Board NOTED the Board Action Log with Updates.
	The Board NOTED the Annual Report of the Senior Information Risk Owner (SIRO) 2023/24.
	The Board NOTED the Strategic Partnership Updates: <ul style="list-style-type: none"> • Regional Partnership Board • Public Service Board
	The Board NOTED the Executive Committee Chair's report.
	The Board NOTED Key Matters from Committees of the Board.
	The Board NOTED the overview of Joint and Partnership Committee Activity <ul style="list-style-type: none"> • Joint Commissioning Committee • NHS Wales Shared Services Partnership Committee
	OTHER MATERS
ABUHB 2509/15	Any Other Business Nothing raised
ABUHB 2509/16	Date of the Next Meeting: 26 th November 2024

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	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 7th September 2024 and 12th November 2024.

The Board is asked to note that there have been seven (7) 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 7th September 2024 and 12th November 2024 there were three (3) Chairs Actions agreed.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has

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

2. Chair's Action

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

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Three documents were sealed between the 7th September 2024 and 12th November 2024, as outlined below.

Date	Title
09.09.2024	Call Off Contract for National Project Manager for the Development of Abervalley Health and Well Being Centre between Aneurin Bevan University Health Board and MACE limited
09.09.2024	Call Off Contract for National Project Manager for the Development of Monmouth Health and Well Being Centre between Aneurin Bevan University Health Board and MACE limited
19.09.2024	Aneurin Bevan University Health Board and United Welsh Housing Association Limited Legal Charge relating to 216 Stow Hill, Newport
19.09.2024	Aneurin Bevan University Health Board and United Welsh Housing Limited Legal Charge Relating to 47 Llanthewy Road, Newport
30.09.2024	Aneurin Bevan University Health Board and Melin Homes Limited Lease Relating to: Part of the Upper and Lower Ground Floor Offices, Ty Clarence, Clarence Street, Pontypool
31.10.2024	Licence for Alterations Relating to Part of the Upper and Lower Ground Floor Offices, Ty Clarence, Clarence Street, Pontypool Between Melin Homes Limited and Aneurin Bevan University Health Board

07.11.2024	Agreement in Relation to the Integrated Care Fund Main Capital Programme between Aneurin Bevan University Health Board and LINC-Cymru Housing Association to Support Winston Osborne House Funding
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3.2 Chair's Action

The Chair's Actions approved between 7th September 2024 and 12th November 2024 are summarised below:

Date	Title
21.10.2024	<p>Installation and Maintenance of Lifts at Royal Gwent Hospital and Nevil Hall Hospital: There had been persistent door issues which resulted in the lifts frequently breaking down. As a result, there are often multiple lifts out of service for extended periods of time. This posed significant fire and safety issue as it affects the ability of staff, patients and visitors to be able to move through the hospital. Contract award to OTIS Limited under the framework Soft Facilities Management Asset Compliance and Security Services. Total value of contract: £740,000.00</p>
24.10.2024	<p>Endoscopy Insourcing at YYF and RGH: The Health Board has been granted additional Welsh Government funding in order to clear waiting lists by March 2025. Insourcing of Endoscopy Services will extend and increase services at YYF and at RGH until 31st March 2025. Contract Award to Medinet Clinical Services Ltd via the NHS Shared Business Services Framework arrangement for insourcing of clinical services. Total value of contract: £504,620.00</p>
11.11.2024	<p>Supported Living Services – Mental Health and Learning Disabilities: Ford Road Bungalow in Fleur de Lys, Blackwood was purchased by First Choice, working in partnership with the Health Board to develop bespoke accommodation for individuals with a Learning Disability. The property is planned to provide a locally based home for two individuals who require 24hr support. The service will support core services by offering specialist support for people who require intensive case management to function as independently as possible within their own accommodation. The need for an increase in this type of provision has also been highlighted by the Regional Partnership Board and is cited in the current 10-year strategic capital plan. The plan outlines the aim to provide care closer to home for learning disability service users and create the additional capacity needed across Gwent to ensure this aim can be achieved. Following a competitive tender process, the contract for the Support Living Service was awarded to Walsingham Support. Total value of contract: £1,965,600.00</p>

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 No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>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</p>
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/	<p>Choose an item. Choose an item.</p> <p>Not applicable to this report</p>



Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
27 March 2024	ABUHB 2703/17	Quarter 3 - Performance and Outcomes Report Update on the CAMHS/ND Action plan to be provided at a future Board meeting.	Chief Operating Officer	November 2024	November 2024 A focussed review of Children and Young People's Services and related performance is to be presented to the Board at its meeting on 26 th November 2024 (agenda item 6.3).
17 July 2024	ABUHB 1707/14	Community Therapy MSK Transformation Update An update report to be scheduled for 9 – 12 months' time (May 2025)	Secretariat	May 2025	Not Yet Due
25 September 2024	ABUHB 2509/07a	Urgent and Emergency Care Business Cases: The Grange University Hospital (GUH) Transfer Lounge and Increase in Emergency Department (ED) Consultant Establishment Following implementation of the models a six-month review to be	Secretariat / Chief Operating Officer	March / May 2025	Not Yet Due

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
		scheduled to provide assurance to the Board that the models have delivered improvements in patient outcomes and experience.			
25 September 2024	ABUHB 2509/07b	MRI Scanner Business Case Schedule a Board Development Session on the future strategic direction for diagnostic services and regional opportunities.	Secretariat / Chief Operating Officer	September 2024	November 2024 Complete. Session scheduled for 11 th December 2024.
25 September 2024	ABUHB 2509/ 11a	2024/25 Performance Reporting: Integrated Performance Report, Q1 – Mental Health Services The Finance and Performance Committee seek greater assurance on plans to improve performance in respect of access to Mental Health Services.	Secretariat/ Director of Corporate Governance	September 2024	November 2024 Complete. Added to the Finance and Performance Committee's forward work plan.

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.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board Update
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 (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

The purpose of this report is to provide the Board with an update in relation to the Regional Partnership Board activities and progress made during the last reporting period.

**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 and providers to ensure care and support services are in place to meet the needs of their respective populations.

This report provides an update on the activities of the RPB.

Cefndir / Background

This report is being provided to the Board for information, to ensure consistent messaging and updates are communicated between the Regional Partnership Board and the Health Board.



Assessment

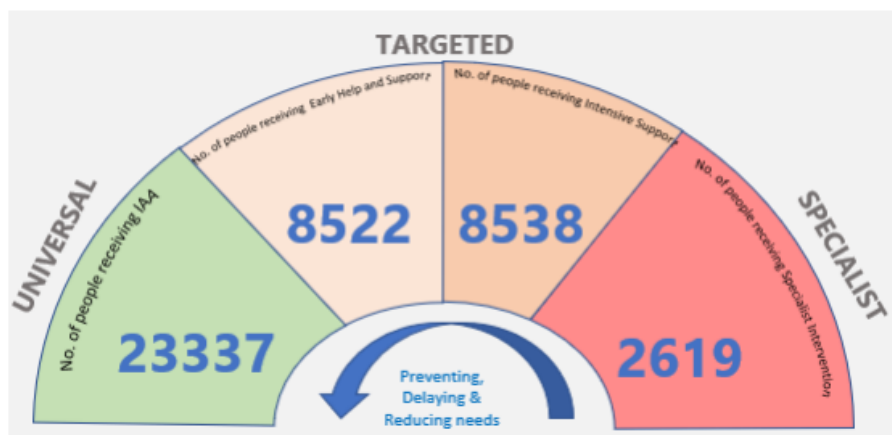
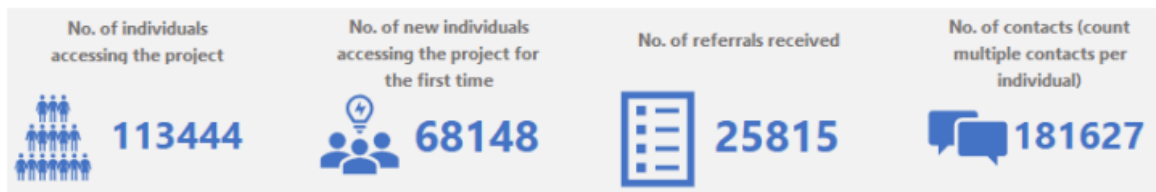
This section of the report updates on the following key areas:

1. Quarter 2 progress against Regional Integration Fund
2. Winter Resilience Planning
3. Governance Review
4. Eliminate Agenda

1. Quarter Two Progress – Regional Integration Fund

The RPB is required to report quarterly on progress achieved through the Regional Integration Fund (RIF) in delivering the National Models of Care. The full report against each model is attached for information. Overall, there continues to be good progress in delivery of the funded programmes with increasing engagement and participation in project.

113,444 individuals accessed projects supported through the Regional Integration Fund in the first half of the financial year and increase on the same period last year. In line with the ambitions of the fund the majority received support in early intervention to prevent the escalation of conditions or worsening experiences.



Where projects capture outcomes from individuals there has been significant achievement in prevention of escalation of greater need from health and care services.



The support team are continuing to work with partners to refine further information capture on the outcomes of projects.

Further highlights include:

Model of Care 1- Community Based Prevention & Community Coordination

- Preventative activity supported 25,897 individuals with community connectors and wellbeing support accounting for 45% of these contacts
- Across this Model of Care, emotional well-being and social connection outcomes are strong indicators of success. Community Health Inclusion and Prevention reported 730 individuals feeling less isolated and 607 maintaining or improving their emotional health. Similarly, Community Connections and Well-being recorded 521 cases of reduced isolation
- 4,758 individuals reported the support received has prevented the escalation of the level of need
- The CVC Small Grants workstream has successfully enabled 69 local third sector organisations and community groups to provide local preventative and community initiatives
- The Unpaid Carers short breaks project supported 347 unpaid carers in the first half of 2024-25, providing flexible and personalised short breaks

Model of Care 2- Community Based Care- Complex Care Closer to Home

- This workstream reached 14,606 individuals with a focus on continuity and proactive care, offering services from preventative advice to intensive support
- Dementia Community Support workstream, development is underway to establish five Dementia Hubs across Gwent in existing community spaces.
- Early Discharge Capacity workstream expanded care hours and refined referral processes across hospital and community teams, enabling more timely, localised end-of-life support in response to rising demand and ensuring seamless, patient-centred discharge across the region
- The Step-Up-Step-Down-Beds workstream has achieved success in reducing unnecessary hospital admissions and facilitating early discharges, supporting patients to regain independence in their own communities

Model of Care 3- Promoting Good Emotional Health & Wellbeing

- With 28,311 individuals accessing its projects—24,459 of whom were first-time users
- Feedback outcomes reveal a strong impact on reducing isolation and improving emotional well-being



- The Community Mental Health Support workstream achieved notable success by expanding mental health support through the Caerphilly Borough Mind Counselling Service. It provided essential counselling services to meet high demand, alleviating pressure on primary care services

Model of Care 5- Supporting Families to Stay Together Safely, and Therapeutic Support for Care Experienced Children

- There's been strong engagement, with 5,329 individuals accessing support through these projects needing family support and intervention at some point in their journey
- Feedback from 562 people shows that the projects have had a tangible impact. Around 37% reported feeling less isolated, which speaks to the effectiveness of the services in building social connections.
- The Enhanced Edge of Care workstream has demonstrated significant successes, notably in preventing children from entering the care system. For instance, the Rapid Response Team successfully diverted numerous families from the brink of crisis, enabling 13 young people to remain with their families instead of entering local authority care.

Model of Care 5- Home from Hospital

- 5,801 referrals were received, with 5,684 accepted—a 98% acceptance rate overall. This suggests a highly responsive intake system across workstreams.
- 81.9% of users across the projects reporting that they maintained or improved their independence
- One of the Mode of Cares key goals is to prevent the escalation of needs after discharge, and this has been successfully achieved for 84.7% of users
- The Early Supported Stroke Discharge Pathway has successfully enabled 241 individuals to continue their rehabilitation at home following hospital discharge between April and September 2024.

Model of care 6 - Accommodation Based Solutions.

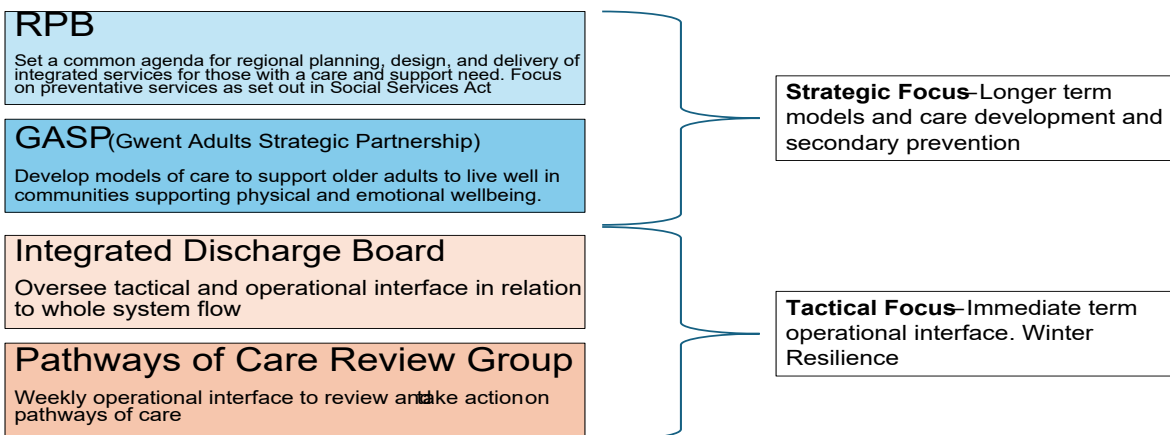
For this model of care the RPB is delivering against its capital strategy with 35 approved projects. The majority of these projects are focussed on children, recognising the priority of delivering against the Eliminate Profit policy ambition.

2. Winter System Resilience

Following the last reporting period the Care Action Committee have written to Regional Partnership Boards and Health Boards regarding plans for the winter period. Work with partners work has taken place to set out clearly the role of the RPB in strategic coordination with a tactical interface for winter through operational governance.



Partnership Governance



The integrated discharge board operates a wider focus than discharge in relation to whole system resilience and flow. The partnership has agreed that this group will provide tactical oversight of operational plans this winter.

Further information on winter plans is available in the winter resilience paper provided to Board.

3. Governance Review

Progress is being made against the actions set out in the Governance review. The role of the Leadership Group has been strengthened therefore there is already greater ownership, clarity and scrutiny of items going to the RPB. Actions relating to the simplification of processes and papers have been completed. An overarching Governance Framework has been developed and will go to the November meeting of the RPB.

On 27 August 2024, the Cabinet Secretary for Health and Social Care made:

- [National Framework for the Commissioning of Care and Support in Wales Code of Practice and the Revised Code of Practice \(General Functions\) \(Appointed Day\) \(Wales\) Order 2024](#) (“the order”), which will bring the national framework and the part 2 code of practice (general functions) into force on 1 September 2024
- [The Directions to Local Health Boards and NHS Trusts in Wales on the National Framework for Commissioning Care and Support 2024](#) (“the direction”), which provides that local health boards and NHS trusts must carry out their functions in accordance with the relevant provisions of the national framework

These pieces of legislation place additional requirements on RPBs in relation to self-assessment, reporting and membership. The Welsh Government are finalising the Regulations and the accompanying Statutory Guidance, which will be laid before the



Senedd in the autumn. It is intended that the Regulations and Statutory Guidance will come into force by the end of the year.

4. Eliminate Agenda

In order for the local authorities in Gwent to be compliant with the Elimination of profit legislation by March 31st, 2027, Welsh Government has written to RPBs to recommend the prioritisation of capital in order to support the eliminate agenda. This presents risk due to the current full commitment of capital and the current approval timescales enabling delivery of projects by 2027.

The following table provides a summary of the number of not for profit (NFP) placements that have been delivered, due to be delivered or pipeline to be delivered 23/24 -25/26. All deliverable 23/24 and 24/25 schemes have been funded via partnership capital.

Gwent Regional Partnership Board - Eliminate Delivery Plan

Borough	NFP Placements Required at 22/23	NFP Placements Delivered/ pipeline Approved 23/24-25/26	NFP Placements Required by 2027
Torfaen	21	7	14
Blaenau Gwent	8	8	0
Caerphilly	26	22	4
Newport	43	22	21
Monmouthshire	24	9	15
Totals	122	68	54

A workshop is planned for December bringing together children’s services leads, Welsh Government and wider partners to review the approach to capital developments in relation to the eliminate policy.

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:	SRR009 – Transformation and Partnership Working
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	Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently
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:	Explained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Planning, Partnerships and Population Health Committee.

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

	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	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**

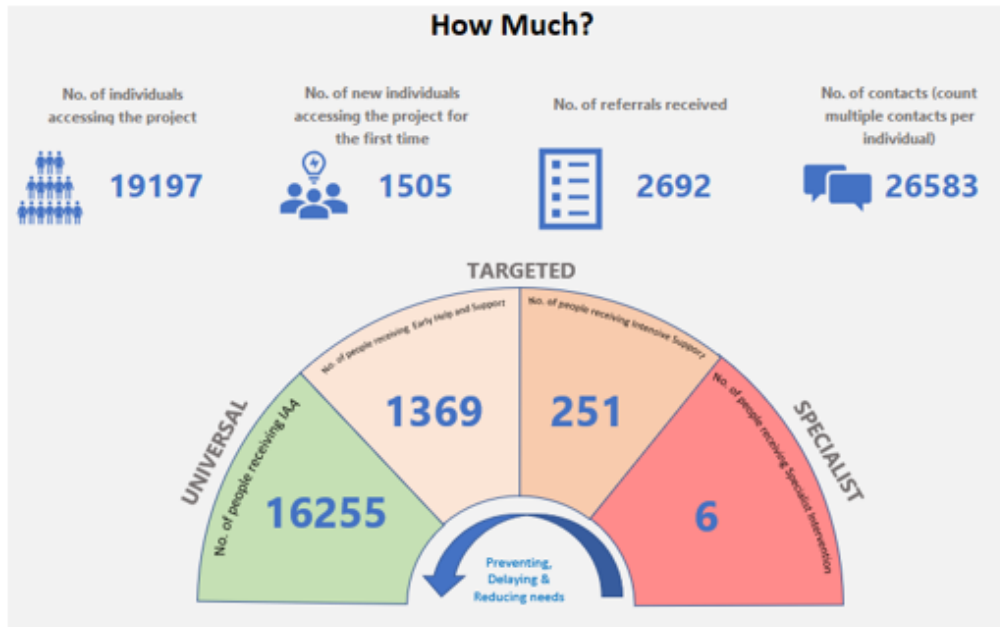
<https://futuregenerations.wales/about-us/future-generations-act/>

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.

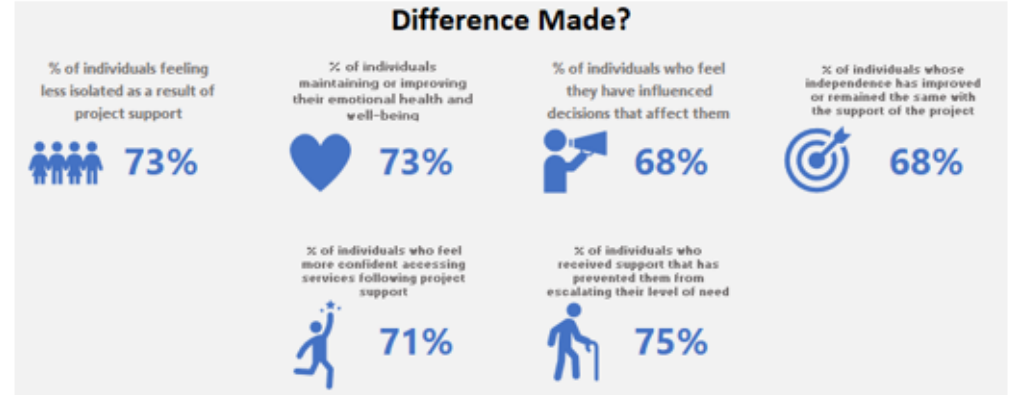
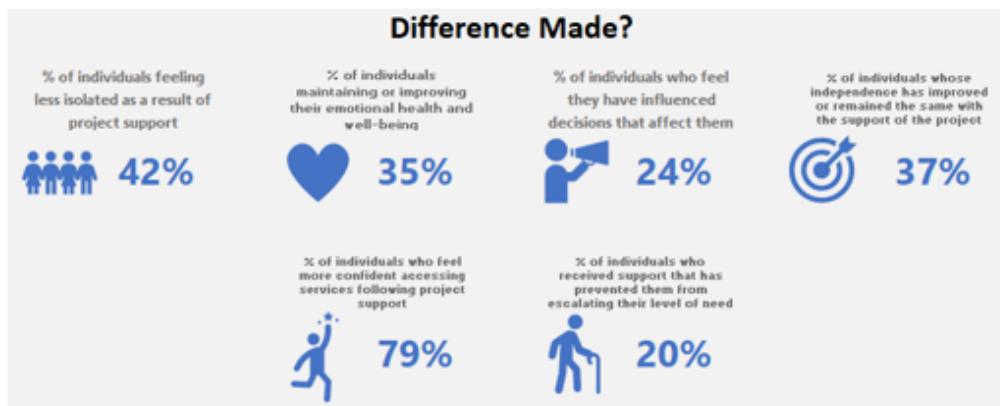
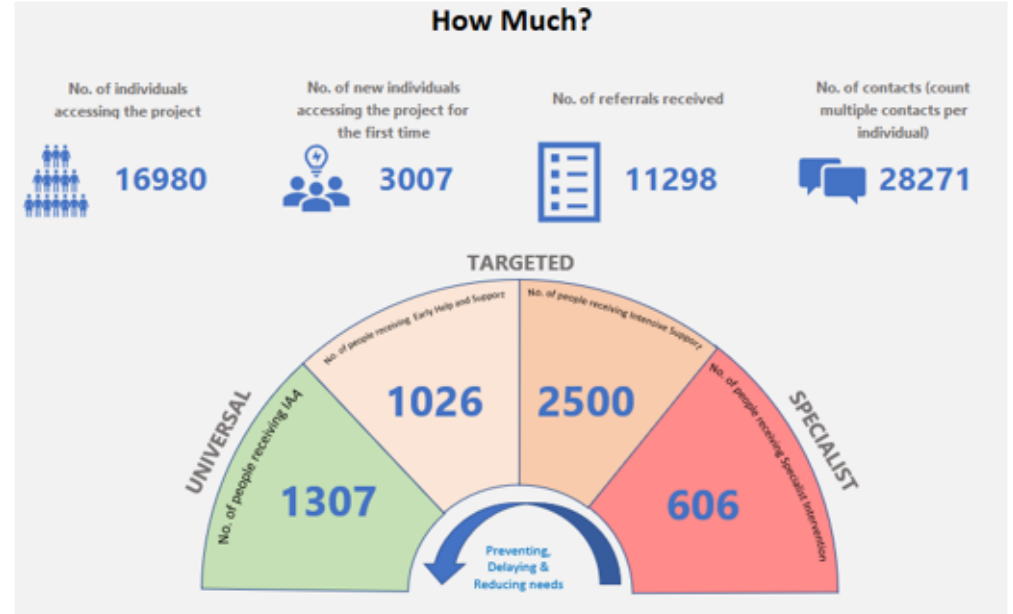


Appendix A: Strategic Partnership Portfolio Visuals

Carers Strategic Partnership

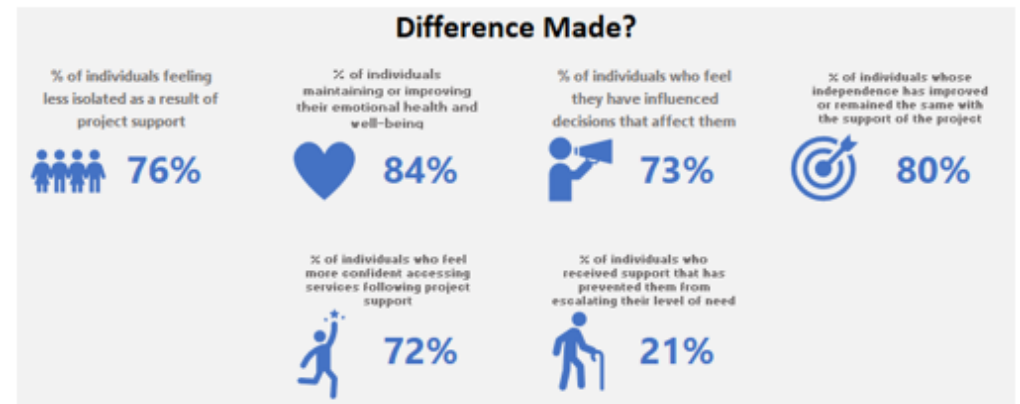
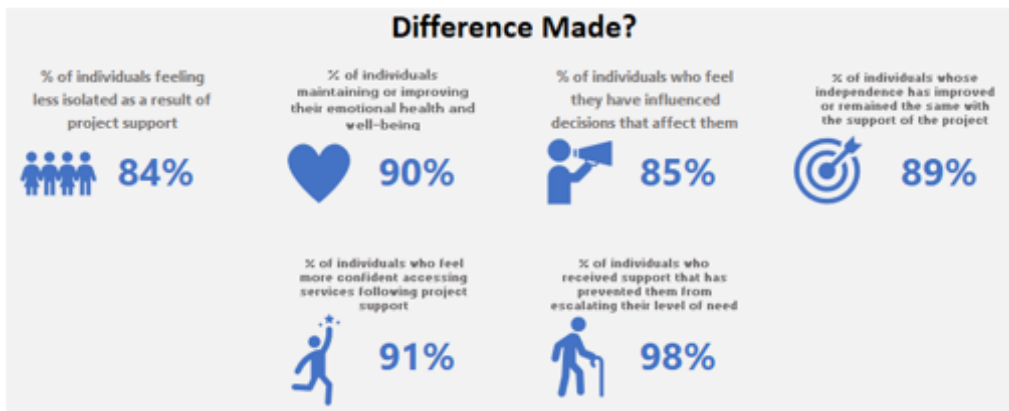
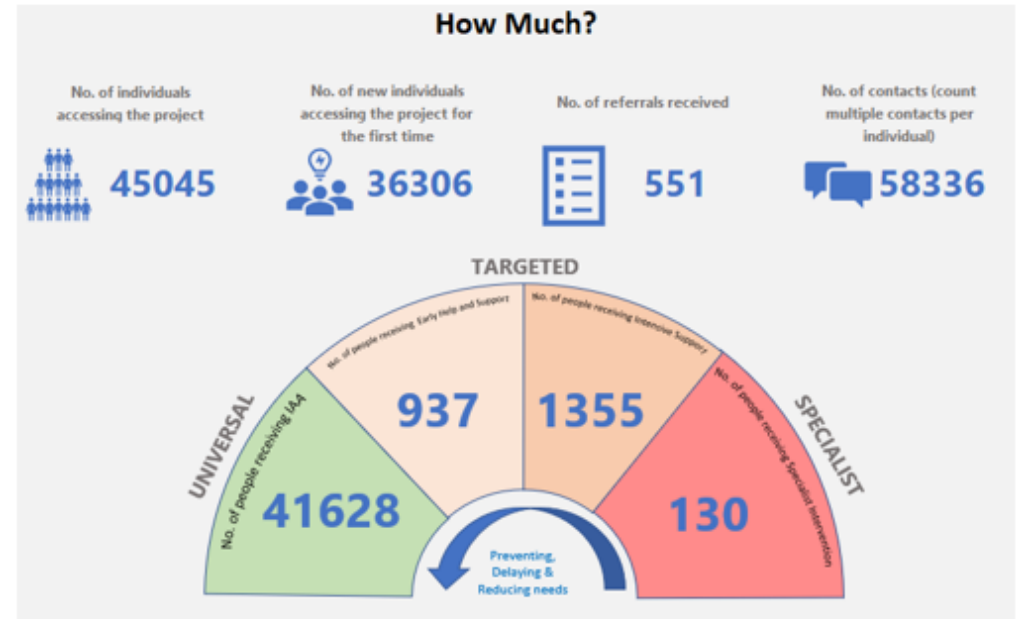
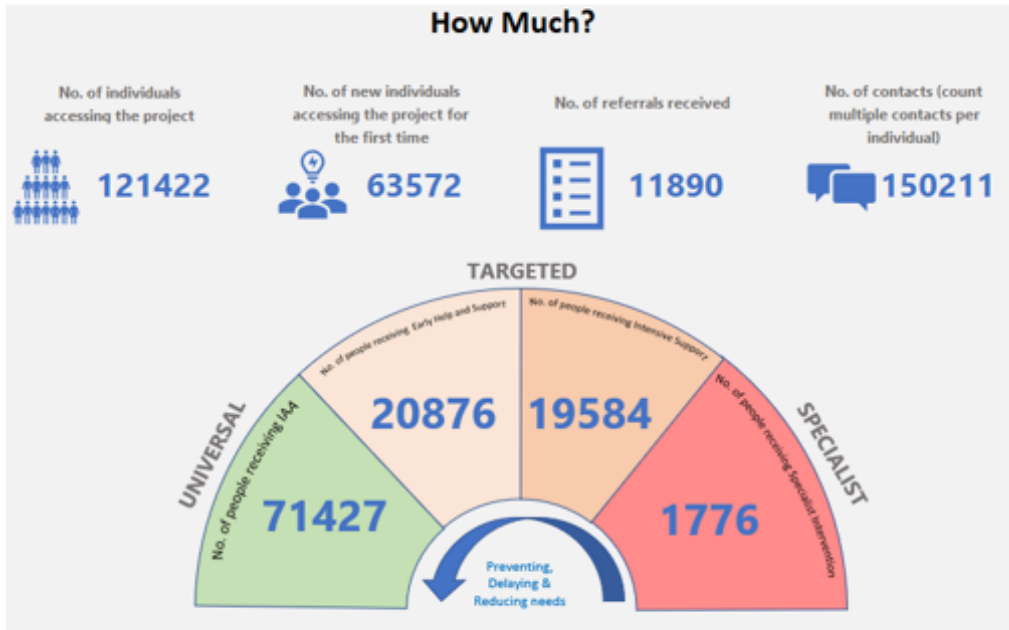


Children & Families Strategic Partnership

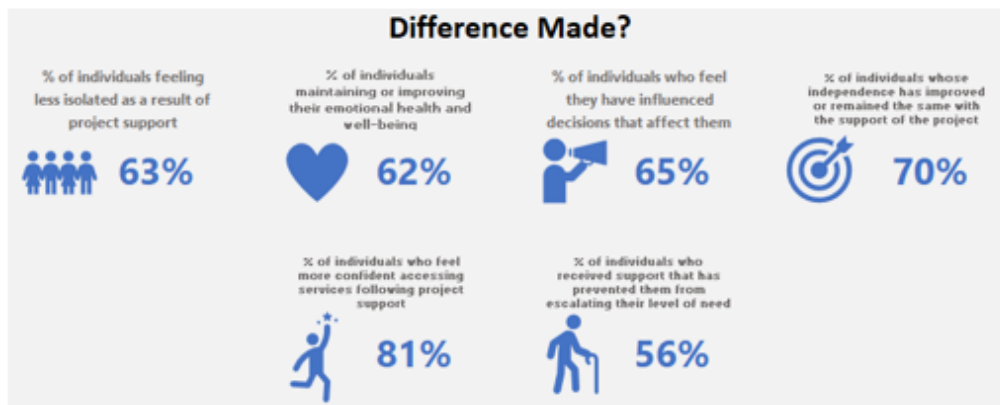
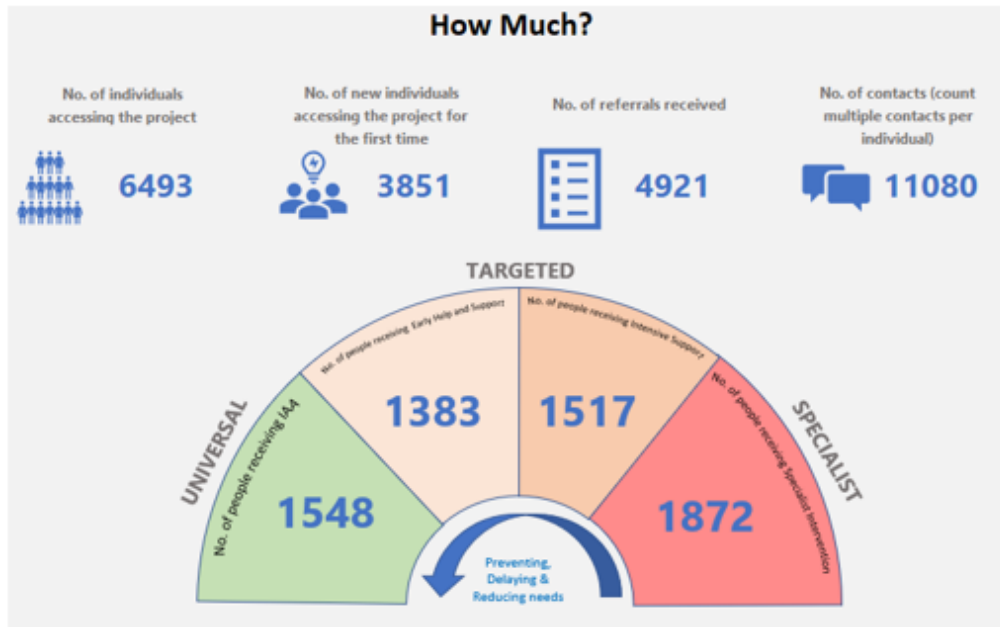


Gwent Adults Strategic Partnership

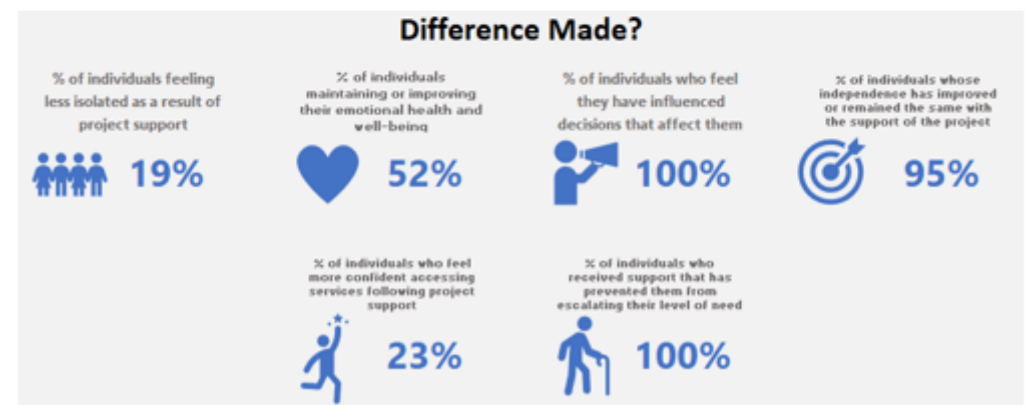
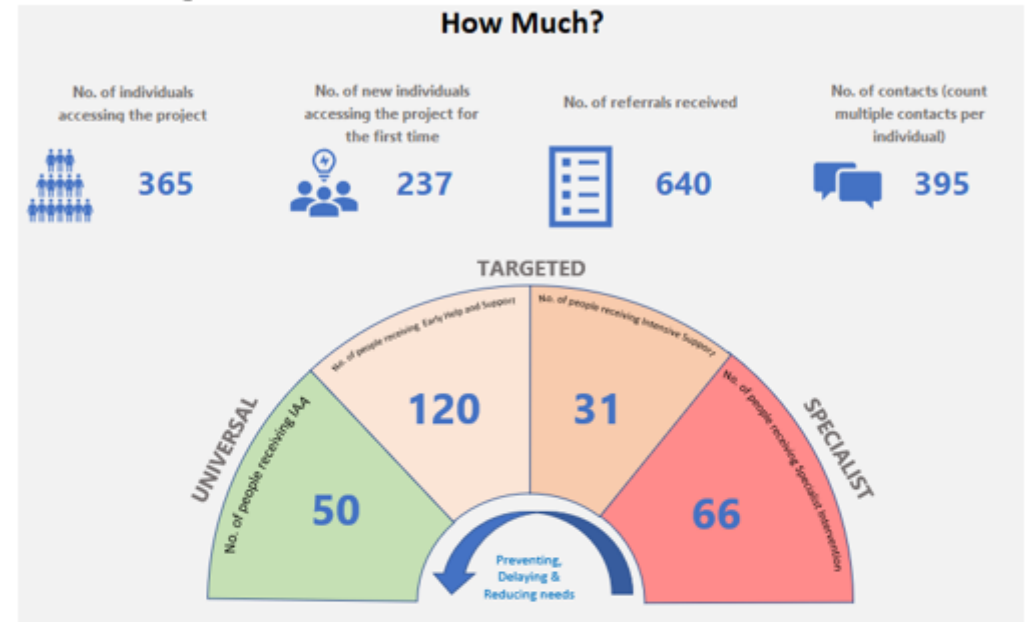
MH & LD Strategic Partnership



Regional Dementia Board



Housing Strategic Partnership (AT Programme)





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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Gwent Public Services Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Executive Director for Public Health & Strategic Partnerships.

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This paper has been written to provide Board members with an update on the current work of Gwent Public Services Board (PSB).

Cefndir / Background

The Gwent Public Services Board last met on September 19th, 2024.

Gwent Public Services Board brings public bodies together to work to improve the economic, social, environmental and cultural well-being of Gwent. The PSB is responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of a local (five year) well-being plan. The statutory member organisations are:

- Blaenau Gwent County Borough Council
- Caerphilly County Borough Council
- Newport City Council
- Monmouthshire County Council
- Torfaen County Borough Council
- Aneurin Bevan University Health Board
- South Wales Fire and Rescue Service
- Natural Resources Wales

Gwent Public Services Board approved its first five year well-being plan in July 2023. The plan contains two strategic objectives and five delivery steps. These are:

Strategic objectives:

1. We want to create a fairer, more equitable and inclusive Gwent for all
2. We want a climate-ready Gwent, where our environment is valued and protected, benefitting our well-being now and for future generations

Delivery steps:

1. Take action to reduce the cost of living crisis in the longer term.
2. Provide and enable the supply of good quality, affordable, appropriate homes
3. Take action to reduce our carbon emissions, help Gwent adapt to climate change, and protect and restore our natural environment
4. Take action to address inequities, particularly in relation to health, through the framework of the Marmot Principles.
5. Enable and support people, neighbourhoods, and communities to be resilient, connected, thriving and safe.

A copy of the Gwent well-being plan is available at:

<https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/>

Asesiad / Assessment

The PSB discussed the development of proposals to address four at scale areas of focus to improve well-being in Gwent. The four areas of focus are:

1. That every child has the best start in life;
2. That everyone lives in a place they feel safe;
3. That everyone has the same economic chances;
4. That everyone lives in a climate-ready community where their environment is valued and protected.

During the most recent meeting there was an extended discussion on priority 1. That every child has the best start in life (BSiL) which included the presentation of appendix one: Infographic report on BSiL. This was well received, and an update was given on the development of a Joint Strategic Needs Assessment for Infants, Children and Young People. This will be a fuller item on the next agenda. It was confirmed that this work stream will be led by The Director of Public Health.

The next of these four groups to be established will be Priority 4: That everyone lives in a climate-ready community where their environment is valued and protected. This group will be Chaired by Steve Morgan from Natural Resources Wales.

An ask was made of the group to identify Board level leads for the remaining priorities.

These four leadership groups will drive forward the work and consideration is being given to changes to the Terms of Reference to include a Leads Group where the four Chairs of the Priority area groups will work to consider cross over of actions and also be accountable for the delivery against the Wellbeing of Future Generations Act.

The Community Safety review was tabled by the Police & Crime Commissioner (PCC), this was well received, and the recommendation to establish a new Strategic Regional Group was welcomed as an addition to the existing structure and will be Chaired by the PCC.

An update was provided by HMPPS Wales on the early release from prison scheme. Numbers have been low locally and safeguarding checks are taking place to ensure suitability of release, this includes domestic abuse, violent and sexually related crimes. Probation is leading a partnership approach to this work.

In response to the action from the previous meeting to establish a Vice Chair for the PSB, nominations were received, and Tracy Daszkiewicz, Director of Public Health was approved into this role during the meeting.

The Chair of the PSB also gave notice that his terms as Chair ends in December 2024 and notification would follow to PSB members for nominations and procedure followed to appoint to new Chair from this date. The Board gave recognition to Cllr Sean Morgan for developing a Regional PSB and establishing Gwent as Marmot Region and securing the priority areas of focus.

Argymhelliad / Recommendation

Board is asked to note the update of this paper.

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):	1. Staying Healthy 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	Partnership First
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:	Gwent well-being plan https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/ Gwent Joint Strategic Assessment https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/
Rhestr Termau: Glossary of Terms:	N/A
Partion / 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/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Activity: 9th September 2024 – 8th November 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Board with an overview of a range of issues discussed by the Executive Committee during the period

Due to the nature of the Executive Committee's business, not all issues will be suitable for disclosure into the public domain.

Cefndir / Background

The Chief Executive Officer is responsible for the overall organisation, management and staffing of the Health Board and its arrangements related to quality and safety of care as well as matters of finance, together with any other aspect relevant to the conduct of the Health Board's business in pursuance of the strategic directions set by the Health Board's Board, and in accordance with its statutory responsibilities.

The Executive Committee is the executive decision-making committee of the organisation, which is chaired by the Chief Executive as Accountable Officer.

The Executive Committee is responsible for ensuring the effective and efficient co-ordination of all functions of the organisation, and thus supports the Chief Executive/Accountable Officer to discharge her responsibilities.

Asesiad / Assessment

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A quarterly Clinical Futures Board, which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development
- Strategic Partnership Arrangements
- Transformational programmes (IMTP/Clinical Futures).

During the period 9th September 2024 –8th November 2024 the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Executive Committee also continues to maintain a focus on the performance of the urgent and emergency care system and pathways of care delays.

Other matters discussed include:

General Medical model of care at GUH: The Executive Committee has received updates on the reconfiguration of the Respiratory Medicine Service to deliver a General Medical model at GUH. A detailed paper on this is scheduled for presentation to the Board on 26th November 2024.

Temporary Move of Clinical Operations Hub: The Executive Committee received a proposal for a temporary move of the clinical operations hub and potential location options due to the upcoming requirement to install a second MRI machine into the Grange University Hospital (GUH). The Committee approved to move the hub temporarily to a room within the Education Centre at GUH.

Patient Safety Challenges – AMU at YYF: The Executive Committee received options for approval to resolve ongoing challenges within the Acute Medical Unit (AMU) within Ysbyty Ystrad Fawr (YYF) due to current lack physical space available to assess and treat patients within an appropriate clinical area. The Committee approved to co-locate urgent primary care within the minor injuries unit to ensure patient safety.

Stroke Beds Evaluation: The Executive Committee was provided with an overview of the benefits realised through the temporary consolidation of the Stroke service across the Hyper Acute Stroke Unit at the Grange University Hospital and one stroke rehabilitation site at Ysbyty Ystrad Fawr. The Executive Committee noted the average length of stay for Stroke patients who were transferred from HASU to an eLGH Stroke ward had reduced from 54 days between December 2021 and October 2023 to 47 days and noted since January 2024 the percentage of patients staying over 10 weeks had reduced by 28%. It was agreed that a paper would be presented to the Board on next steps.

NSLWA Spring Re-Calculations: The Executive Committee was updated on the Health Board's responsibility to employ a triangulated approach for calculating nurse staffing levels in adult acute medical, surgical, and paediatric wards. The Committee noted that discussions had taken place with nursing and finance teams. The Committee was assured a total of 34 wards were included under the Act's reporting requirements for January 2024, with seven wards identified for roster amendments – two in Surgery and five in Medicine.

NSLWA Three Year Report: The Executive Committee received the report which was a 3-year Welsh Government Assurance report completed to provide an overview of measures taken to calculate and maintain nurse staffing levels throughout the 3-year reporting period and was assured of the Health Board's overall compliance with the Act and in 2023/24 most wards were at correct staffing levels with some minor adjustments.

Serious Incidents Report: The Executive Committee was updated on the improvement trajectory for compliance with Nationally Reported Incidents completion timeframes and was assured by proposed strategies and actions aimed at enhancing adherence to NHS Executive compliance requirements for NRIs. Ongoing improvements would be monitored through Quality Performance and Outcomes reporting.

Boarding Report: The Executive Committee received a report on Boarding and approved recommendations and actionable measures to improve patient outcomes and experience.

Nursing and Midwifery Annual Report: The Executive Committee received the annual report and noted successes over the last year which included: international recruitment and retention; the future nurse academy; RCN Prince of Wales Nurse cadet's programme; Nurses' Leadership Academy and the ongoing partnerships with

Cardiff University, University of South Wales and Open University for the recruitment of Nursing and Midwifery students.

Single Point of Access: The Executive Committee considered a proposal for a single point of access to health board services which is being developed and key benefits outlined which included multi-functional call taking teams; a realigned management structure covering all areas and the potential for operational and financial efficiencies being introduced. The Committee approved further scoping work and the establishment of a project team toward a fully integrated Single Point of Access.

Private Practice Policy: The Executive Committee approved a new policy which set out the expectations of consultants undertaking private practice along with the principles to which they should adhere. The Policy provides an explanation on how consultants private practice should work alongside their NHS commitment and contractual obligations, together with guidance on appraisal requirements and their schedule of work.

Delivery, Performance & Efficiencies

The Executive Committee has monitored and discussed the Health Board's financial position continuously and implemented mitigating actions to improve the forecasted financial position. To ensure a consistent sufficient focus on delivery and to explore further opportunities across the Health Board, an Executive Value and Sustainability Board meets fortnightly, with progress reported through the Financial Performance Report presented to the Board.

Other matters discussed include:

Internal and External Audit Recommendations: The Executive Committee was provided with an overview of the status of all identified internal and external audit recommendations as of 31 August 2024. The Executive Committee noted the revised timescales for 30 recommendations; status of the 3 overdue; and completion of 24 recommendations; and noted the ongoing efforts to ensure timely completion of recommendations.

Welsh Health Circular and Ministerial Directions Tracking: The Executive Committee was provided with an overview on the current position relating to the implementation of Welsh Health Circulars and Ministerial Directions. The Committee was assured that the Health Board has a system in place to receive, manage and report against Welsh Health Circulars and Ministerial Directions.

Medical Education Foundation Placeholders: The Executive Committee was provided with an overview of the medical education foundation programme and informed that the health board had been allocated 6 additional F1 posts for medical graduate trainees. The Committee was informed that there had been no funding provided from HEIW to fund on call which would result in a lack of training experience. The Committee approved the additional expenditure to cover the banding costs of the remaining rotations at F1 level and the proposed F2 posts with an aim to recover from HEIW or from investment reserves and division costs.

Core Learning Committee: The Executive Committee received a proposal to add the English and Welsh version of the new Supporting Smokers in Secondary Care

training as a mandatory requirement to eLearning. The Committee agreed to adopt the new course when mandated compulsory by Welsh Government to prevent compliance levels with the current course being impacted.

Service Impacting Network Changes: The Executive Committee was updated on upcoming service impacting network changes due to the physical data centre move required due to end of the lease at Mamhilad House. The Committee was informed several technical changes which could result in potential disruption across the Health Board with many digital systems facing a period of downtime. The Committee received a proposal the physical move would take place on the 4th, 5th and 6th November 2024 with no impact on service and further moves on 7th and 8th November 2024 with a downtime of services impacted by thirty minutes between 6am and 8am. The Committee was assured each service had a designated named individual for support. The Committee approved the proposal and noted associated risks.

Strategic Planning and Development:

Planning Matrix: The Executive Committee was updated on the self-assessment of where the health board currently was against the Planning Maturity Matrix which was a key part of the Health Board's actions to support de-escalation and the planning process for 2025/2026. The Committee noted the detailed assessment and action plan would be reviewed by the Planning, Population Health and Partnerships Committee with regular Executive Committee oversight.

Data, Analytics and Information Management Strategy: The Executive Committee was updated on the developing draft strategy and was provided with an overview for a case for change of strategy to align data with national standards, improve analytics capacity, improve patient care including data challenges presented by the development of AI. The Committee noted the scope of the strategy and that it would cover the provision of services and management of data. Key strategic areas were discussed and included: data integration and management; enhancement of analytical capacities; governance and innovation through data. The Committee noted the new strategy would align with the Digital and Data Strategy for Health and Social Care in Wales (2023) and the Quadruple Aim. It was agreed that further development would be undertaken to ensure alignment with the developing Long-Term Strategy prior to consideration and approval by the Board.

Staff Flu Programme: The Executive Committee approved the winter respiratory staff vaccination programme for the 2024-25 season.

Annual Plan: The Executive Committee discussed in detail the emerging Annual Plan for 2025/26, its development and planning approach and noted the importance of learning from the 2024/25 Annual Plan submission and new governance and oversight arrangements.

Telehealth Implementation Update: The Executive Committee received an update on work underway with TEC Cymru utilising funding secured from Welsh Government for a Telehealth Programme with a view to informing NHS Wales policy and develop a business case for national scaling. It was noted that TEC Cymru has been actively engaging with the Frailty Service in the health board, who expressed early interest in adopting the Telehealth initiative. Through ongoing engagement, a

specific pathway for respiratory patients accessing frailty services has been identified and will be further explored.

Nevill Hall Gardens Community Involvement: The Executive Committee received an update on the engagement work with members of staff and the local community, which had identified proposals for community participation activity in the gardens and grounds of Nevill Hall Hospital. The Committee noted all potential projects for community involvement and provided recommendations on which projects should immediately proceed. The recommended projects included: Orchard Millennium Woodland, Ornamental Pond and Greenhouse which the Committee approved.

Ty Gwent Consultation: The Executive Committee received the results of the Consultation on the change of base for staff from Mamhilad and Caerleon House which commenced on 23 July 2024 and closed on 23 August 2024. The Committee was assured staff had been engaged, in line with the Organisational Change Process.

Digital Dictation Project: The Executive Committee was updated on work undertaken to assess the requirements of the Health Boards clinical letter, digital dictation & voice recognition requirements ahead of commencing a procurement process to secure a new solution to replace contracts due to expire.

CREO/Speedboat Business Case: The Executive Committee approved a proposal for the Endoscopy Service to pilot the use of a CE-marked, NICE-approved, speedboat technology that integrated micro-wave and radiofrequency energy for precise cutting, coagulation and ablation in minimally invasive procedures, which aimed to enhance efficiency, reduce patient recovery time, and improve clinical outcomes and additionally would secure financial savings.

Strategic Partnership Arrangements

ACORN Project: The Executive Committee approved to proceed to formal procurement for the support care element of the Acorn Project which is an innovative partnership project between Hiraeth Specialist Psychology Service (ABUHB) and a support care provider, currently United Welsh to provide supported housing where the support care element of the service is funded by the health board. The capital element of the project was funded by the Housing with Care Fund via the Regional Partnership Board Capital Programme.

Other Formal Business

As standing agenda items, the Executive Committee receives:

- Internal Audit reports issued; and
- Published Welsh Health Circulars and Ministerial Guidance.

In this reporting period, the Executive Committee has also considered development of papers ahead of Board and Committee consideration, including:

- Quality and Safety Performance Report
- Workforce Performance Dashboard
- Strategic Risk Report
- Financial Performance Report

- Activity & Performance Report
- Internal and External Audit Recommendations Tracker
- Health and Safety & Fire Annual Report
- Falls and Bone Health Annual Report
- Primary Care Annual Report
- Anti-microbial Prescribing Update
- Job Planning Update
- Clinical Negligence Report
- Public Services Board Update
- Regional Partnership Board Update
- Establishment of a Mental Health and Learning Disabilities Committee
- Quality Improvement Strategy
- Patient Story: Enabling Children's Voice and the Best Start in Life
- Focussed Review of Children and Young People Services and Performance
- Winter Plan 2024/25 – Responding to Seasonal Pressures
- Stroke Reconfiguration Update
- GUH/Hospital System Report
- Stroke Reconfiguration Update
- RE:FIT Funding Opportunities
- Planned Care Additional Funding

System Leadership Group

The Executive Team established monthly System Leadership Group meetings in 2023, which have continued throughout 2024 with leaders from across the Health Board. The last meeting took place on 13th September 2024 with a focus on development of our long-term strategy and an overview of digital programmes. The next meeting will take place on 13th December 2024.

Executive Team Development

The Executive Team continues to hold monthly sessions to focus on team development, informal discussion on the development of cultural and strategic aspects as well as enable dedicated attention to key risks and issues. In the last reporting period, the Executive Team has dedicated informal time to focus on team key risks, challenges and opportunities allowing space to explore matters in an informal and collective way.

Argymhelliad / Recommendation

The Board was asked to **NOTE** the update of the Executive Committee and the overview of some of its activities.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Linked to all IMTP priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	IMTP- Integrated Medium-Term Plan RAAC- Reinforced Autoclaved Aerated Concrete NICU- Neonatal Intensive Care Unit CMO- Chief Midwifery Officer MHLDD- Mental health and Learning Disabilities SHC- Surgical High Care HEIW- Health Education and Improvement Wales OCP- Organisational Change Process FNC- Funded Nursing Care WHC- Welsh health Circulars RGH- Royal Gwent Hospital GUH- Grange University Hospital ToR- Terms of Reference EHCR- Electronic Health & Care Record

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad 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 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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Key Matters from Committees of the Board
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
- Finance and Performance Committee

Assurance Reporting

The following Committee assurance reports for the period are included at Appendix 1:

- Patient Quality Safety and Outcomes Committee- 2nd September 2024
- Finance and Performance Committee – 9th September 2024
- Partnerships, Population Health and Planning Committee – 30th September 2024
- People and Culture Committee – 15th October 2024
- Charitable Funds Committee – 7th November 2024

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:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	2nd September 2024
Key Decisions and Matters Considered by the Committee:	
<p>Committee Risk Report</p> <p>The Committee received an overview of the Committee Risk Register for which the Board had delegated responsibility to the Committee.</p> <p>The following 3 risks were reported at a risk level of Moderate or high: -</p> <ul style="list-style-type: none"> • SRR 005 - There is a risk that the Health Board would be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. (High) • SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public. (Moderate) • SRR 010 - There is a risk that the Health Board would fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974. (High) <p>The Committee approved the removal of the Pharmacy Robot CRR 004 risk from the corporate risk register due to there now being a replacement in process, whilst a slight delay in the robot due to the steel flooring being fitted which put them in a position of going live in October.</p> <p>The Committee was assured there was ongoing work to support the action plan for Health, Fire and Safety with regular updates reported to the Executive Committee. The Annual Report would be presented to the Committee in November for assurance.</p> <p>Quality Annual Report 2023/24</p> <p>The Committee received the Quality Annual Report 2023/24 for assurance, which provided with an overview of the quality journey throughout the year, a review of the past objectives and the new priorities for improving patient and staff safety, outcomes, and experiences.</p> <p>The Committee was advised that the learning and improving approach had been approved with a meeting structure in place to provide regular updates to the Committee.</p> <p>Putting Things Right Annual Report 2023/24</p> <p>The Committee received the Putting Things Right Annual Report 2023/24 which had been prepared in accordance with the Putting Things Right (PTR) regulations and demonstrated the ongoing commitment to the population of the Health Board.</p> <p>The Committee was advised that the Health Board had welcomed and fully embraced the introduction of the Health and Social Care Quality and Engagement (Wales) Act and NHS Duty of Candour from 1 April 2023.</p> <p>The Committee noted the priorities for the annual work programme for 2024/25: -</p> <ul style="list-style-type: none"> • Putting Things Right Regulations and Health Board Concerns Management • Improving Quality Patient Safety experience, Learning and Improving • Partnership Engagement & Collaborative working 	

Human Tissue Act Annual Report 2023/24

The Committee received the Human Tissue Act Annual Report 2023/24 and were assured that the standards required to maintain the licences had been met.

The Committee was advised that Shelley Bosson, Chair of the Human Tissue Act Committee had retired, and a replacement was being sought.

The Committee was advised that changes had been made as a result of the Improvement Plan following the high-profile Mortuary case to ensure that this did not happen again.

Research and Development Annual Report 2023/24

The Committee received the Research and Development Annual Report 2023/24 including an overview of the Health Board's key achievements, progress and planned next steps in meeting our research and development strategy.

The Committee noted that the Health Board had exceeded the Welsh Government target of the trials open to recruitment recruiting to time and target with a performance of 95% increased from 89%.

Organ Donation Annual Report 2023/24

The Committee received the Organ Donation Annual Report 2023/24 and were advised that there had been 8 organ donations over the past 12 months with 13 consented donors which resulted in 19 patients receiving a transplant.

The Committee was advised that the Organ Donation Committee Chair, Shelley Bosson, had now retired and a new chair was being sought.

The Committee was assured the Health Board was continuing to raise awareness and encourage people to become donors.

Dementia Care Annual Report 2023/24

The Committee received the Dementia Care Annual Report 2023/24 which reviewed the progress made on the implementation of the dementia standards.

The Committee noted the Welsh Government's commitment to promote the rights, dignity and autonomy of people living with dementia and the people who care for them. An established Regional Dementia Board was in place with a Regional Strategy and Action Plan to drive forward improvement actions against the 6 key aims of the National Plan.

The Committee noted the Gwent Regional Dementia Board and Dementia Friendly Communities programme had delivered against the aims, objectives and priorities aligned to both the Dementia Action Plan for Wales.

Quality Performance and Outcomes Interim Report

The Committee received the Quality Performance and Outcomes Interim report for the period.

The key areas arising from this report were: -

- Focus on patient safety incidents in a relation to human factors with the Health Board taking the learning from the investigations and creating a new governance structure to monitor outstanding actions.

- Launch of Call 4 Concern in March 2024 in ICU at the Grange University Hospital This was being rolled out across units and aimed to be in the surgical unit by October 2024 and to have champions on each ward to able to provide advice.
- Continued work on the escalation status in Mental Health and Learning Disabilities, with a reduction in incidents and the team now working to improve the position.
- Urgent Care focus on medical and nursing staffing and ensuring flow throughout the hospital
- The Health Board were currently not meeting the Welsh Government target to respond to complaints with 30days The Committee was assured that the team were focussing on the quality with the aim to be achieving the target by October.
- Infection Prevention and Control team were continuing to work toward completion of the action plan, with enhanced cleaning continuing and bespoke training in areas of outbreaks.
- An update on antimicrobial prescribing, noting the Health Boards aim was to reduce prescribing rates as the organisation currently reported the highest rates in Wales.
- 16 incidents reported to Health and Safety Executive (HSE) in accordance with reporting injuries Diseases and Dangerous Occurrences Regulations.
- Manual handling training compliance was currently 58%. Individual roles had been reviewed in order to tailor the training and this should result in an increase in compliance over the coming months. 80% compliance in both level 1 & 2 in adult and children safeguarding training and noting that level 3 was being implemented across the Health Board to staff members that required the training.

Covid-19 Nosocomial Investigation Report

The Committee received the Covid-19 Nosocomial Investigation Report for assurance, noting that the Health Board had successfully concluded its Nosocomial Covid-19 Investigation Programme on 31 March 2024, in line with the objectives set by Welsh Government.

The learning from the investigation highlighted difficulties in regard to communications with family and friends throughout the pandemic with visiting restrictions having an adverse effect on the patients and family members and only having limited opportunity to make contact, however the investigation found the restriction was necessary to reduce the transmission of the Covid-19.

The Committee was assured the investigation was complete within the targeted time frame and within the budget allocated by Welsh Government.

Matters Requiring Board Level Consideration or Approval:

None Noted

Key Risks and Issues/Matters of Concern:

None Noted

Planned Committee Business for the Next Reporting Period:

- Review of Committee Programme of Business 2024/25
- Committee Risk Report
- NHS Wales Joint Commissioning Quality Committee Report
- Quality Strategy - Quality Outcome framework
- Quality Performance and Outcomes Report
- Primary Care Quality Report
- Listening & Learning Forum Minutes

- Serious Incident Learning Report
- Falls and Bone Health Management Annual Report
- Health and Safety Compliance Annual Report
- Nurse Staffing Levels (Wales) Act 3-year report
- Nurse Staffing Levels Wales Act Recalculations
- Children and Young Peoples Board Minutes

Date of Next Meeting: Tuesday 12th November 2024

Name of Committee:	Finance and Performance Committee
Chair of Committee:	Richard Clark
Reporting Period:	9th of September 2024
Key Decisions and Matters Considered by the Committee:	
<p>Focused Performance Report – Discharge Programme and Delays</p> <p>The Committee discussed the improvement programme which had been aimed at reducing health inequalities and improving population health in-line with the Health Board’s Clinical Futures Strategy.</p> <p>The Committee also received an update in regards to the 2023 revised hospital discharge guidance under pathways of Care Delays (POCD). Two-thirds of discharge delays were listed under local authorities, waiting for social care, with one-third listed as a health-delay.</p> <p>The committee sought assurance that Local Authority partners were motivated to enable the progression of these pathways. Reassurance was provided but variation between each authority had been noted. The Health Board would work with the local authorities in order to establish an escalation service which would match the one already in place within the Health Board.</p> <p>Update on application of Health Board’s Performance Management Framework</p> <p>The Committee received an overview of the Performance and Accountability Framework 6 monthly reviews for all nine directorates.</p> <p>The Committee noted changes to escalation levels, as determined by the Executive Committee, and received a summary and rationale for changes made.</p> <p>The committee was informed that the accountability letters from the Executives would be reviewed to increase clarity on accountability requirements within the divisions.</p> <p>Performance Report in respect of Welsh Government’s Escalation Status (Targeted Intervention and Enhanced Monitoring)</p> <p>The Committee noted that a document issued by Welsh Government outlined the requirements for de-escalation, which had been shared with the Committee for the purpose of transparency.</p> <p>A comprehensive review of the Health Board’s financial situation had already been submitted to Welsh Government; the Health Board was awaiting return and feedback.</p> <p>The expected completion date for de-escalation remained uncertain due to ongoing changes in the system processes within Welsh Government.</p> <p>Performance Report at Quarter 1, 2024/25</p> <p>The Committee received the Quarter One Performance report, noting that it contained a high-level summary, as it included the annual report.</p> <p>It was highlighted that there was a large focus on urgent and emergency care due to a need to reconcile the metrics to track and acknowledge the improvements, and recognise areas for further improvement, and enable them to be embedded into practice.</p>	

Planned Care was on track with its trajectories and had improved total waiting lists. However, it was highlighted that the eight-week diagnostic and single cancer pathway statistics were subject to fluctuation due to increasing demand.

The Committee noted the position against Annual Plan 2024/25 commitments as at Quarter 1 and the mitigating and improvement actions in place

Information Governance and SIRO Report

The Committee received assurance on Cyber Security and Clinical Governance report. In relation to data protection impact assessments, 26 were completed in the last quarter, which identified some risks which were being worked through.

Digital, Data and Technology Group Report

The Committee was provided with assurance on the Health Board's performance of the Digital Service Delivery and progress made against the Digital Operational Plan.

The Committee discussed whether there had been an update on cyber security threats. Director of Digital advised that he provide a summary report outside the meeting due to sensitive content not suitable for public disclosure.

Committee Risk Report

The report was presented to the Committee for assurance. It was highlighted that there had been no changes since the last report to the Committee.

Finance Report and Monitoring Returns for Month 04

The Committee noted a year-to-date deficit of 18.2 million, with a forecasted deficit of 47.8 million, which was a £1 million improvement from the annual plan.

The Committee received an overview into spending allocations.

It was highlighted that the most significant spend for the current financial year was prescribing and drugs costs.

Value and Sustainability Assurance Reporting

It was highlighted that the saving reporting was forecast for £2.3 million, with savings structured through themed groups, of which seven had been created.

The Committee discussed that progress against the Welsh Government checklist, included the growth in performance from 83% to 93%, and emphasised that to maintain this growth, the Health Board would need to keep in line with the annual and 3-year plans.

Efficiency Opportunities Update - Orthopaedics

The Committee was updated in regards to the implementation of the short stay Orthopaedic Unit, influenced by units established in Northumbria and Exeter. The unit was established in October 2023, and since its implementation, the average length of stay (LoS) post-procedure went from 3 days to 1.8 days, which was a 51% reduction in LoS

It was raised that funding from Welsh Government would mean bed management would not be an ongoing issue, due to the target for improvements set by Welsh Government for planned care.

Efficiency Opportunities Update – Endoscopy

It was highlighted that the backfill rates within the service had slowed due to two consultant vacancies, interruptions due to industrial action and staff absence. The Committee was assured that steps had been taken to address this.

Review of Committee Programme of Business 2024/25

The Committee Programme of Business 2024/25 was provided to the committee for information.

Overview of Audit Recommendations Tracking

The overview of audit recommendations tracker was provided to the committee for information.

Matters Requiring Board Level Consideration or Approval:

None noted

Key Risks and Issues/Matters of Concern:

None noted

Planned Committee Business for the Next Reporting Period:

As per the Forward work plan for 2024/25

Date of Next Meeting: 16th December 2024.

Name of Committee:	Partnerships, Population Health & Planning Committee.
Chair of Committee:	Ann Lloyd
Reporting Period:	30th September 2024
Key Decisions and Matters Considered by the Committee:	
<p>Committee Risk Report</p> <p>The Committee noted its delegated risks and sought assurance that work was being undertaken to reduce the risk around emergency planning. Assurance was provided that there were recent exercises into the separation of major incident planning from business continuity planning. The Committee highlighted the need to broaden the risk in relation to integrated healthcare delivery.</p> <p>Long Term Strategy Development</p> <p>The Committee received an update on progress made in relation to the 10-year plan. There were gaps in data collection, mostly within the male population.</p> <p>It was noted that partnerships had been developed with organisations, such as ambulance and fire services, in order to resolve actions raised by the population which fell outside of the accountability of the Health Board.</p> <p>The Committee discussed how the communication strategy would aid the production of a mandate for change within the region, with emphasis on how mental health and wellbeing were prominent factors raised by the public.</p> <p>IMTP/Annual Plan development 2025/26</p> <p>The Committee received an update on the priorities and system change under the five priority areas of the annual plan as released by Welsh Government in the Autumn of 2023.</p> <p>The committee discussed the challenges involved in regard to the operational aspects of the implementation of the three-year plan.</p> <p>Conversations had been had with Welsh Government to demonstrate how additional resources were needed in order to meet the targets.</p> <p>The committee raised the need to prioritise evidence of productivity.</p> <p>Strategic Estates Update</p> <p>The Committee received updates in regards to:</p> <ul style="list-style-type: none"> • Nevil Hall Reconfiguration, and; • St Woolos Reconfiguration. <p>A timeline had been established for the development of a new overall organisational Estates Strategy.</p> <p>It was highlighted that there were potential opportunities for the procurement of capital towards the North Gwent area.</p> <p>It was noted that the reconfiguration for St Woolos Hospital was ready for the proposals to be submitted to Welsh Government.</p>	

Application of the Planning Maturity Matrix as part of the Health Board escalation status

The Committee received an update on the Welsh Government's Oversight and Escalation Framework, which had escalated the Health Board to level 4 – Targeted Intervention in February 2024 for Planning and Finance.

It was noted that there were 8 domains listed as areas for improvement within the report. 4 of these had been met, whilst the remaining 4 required further support.

The Committee sought clarification on the impact this work had on staff working within the divisions and was assured that requests of staff were kept to a minimum.

Monnow Vale Update

The Committee was presented with the proposed developments to the Dixton Health Centre.

Plans were outlined to develop the site into a Type C health and wellbeing centre, with a focus mainly on GP services, with the increased element of health and social care, such as, Mental Health Services and school nurses.

The Committee discussed how the Monnow Vale site could further support the development of a new health centre in the region.

Health Protection & Vaccination Programme Update

The Committee received an update on the organisational change programme, including the transfer of the vaccination programme from Public Health to Primary Care.

The Committee noted the introduction of a new respiratory vaccination.

The Committee requested feedback in relation to the result of the infected blood inquiry. It was assured that the service had prepared for a high level of demand; however, the demand had not been as high as in other parts of the country.

Population Health Management Strategy Update

The Committee received an update which included:

- The joint strategic needs assessment was live;
- Work had started on a targeted joint strategic needs assessment.

The Committee sought assurance that the education and care sectors were involved through the Partnership Board.

Further work was being undertaken in collaboration with universities, looking to reintroduce university visits for children within the care system.

Regional Partnership Board Update

The Committee received an update on the work of the Regional Partnership Board, which included a review of the system resilience plan, an 18-month scheme deployed in order to recognise the pressures and work during the winter season.

It was noted that another important issue for the RBP was the elimination of profit from the children's sector. The main obstacles to the competition of this agenda were a lack of capital, resources, and capacity.

Public Services Board Update

It was noted that the PSB had determined four key areas of prioritisation. It was highlighted that there was significant crossover between the subject areas, and priority leads had been recruited to lead each section.

It was highlighted that one area for improvement was the development of a database for the collection of qualitative evidence.

Regional Planning Update

The Committee received an update on the ongoing work between Aneurin Bevan, Cardiff and Vale, and Cwm Taf Morgannwg Health Boards, focused on developing a regional acute clinical strategy.

The development of a joint booking and scheduling services was highlighted between Aneurin Bevan and Cardiff and Vale Health Boards.

Review of Committee Programme of Business 2024/25

The Committee received the Review of Committee Programme of Business 2024/25 for information.

The Committee discussed the need to reinstate mental health updates as part of the estate's strategy for assurance.

Welsh Government Emergency Planning Return

The Committee received the Welsh Government Emergency Planning Return for information.

Armed Forces Covenant

The Committee received the Armed Forces Covenant for information.

Matters Requiring Board Level Consideration or Approval:

The Committee noted the following to be brought to the attention of the Board:

- IMPT/Annual Plan development 2025/26
- Long Term Strategy
- Update on Estates Strategy for noting.

Key Risks and Issues/Matters of Concern:

None noted

Planned Committee Business for the Next Reporting Period:

As per the Forward work plan for 2024/25

Date of Next Meeting: 28th January 2025.

Name of Committee:	People & Culture Committee
Chair of Committee:	Louise Wright
Reporting Period:	15th October 2024
Key Decisions and Matters Considered by the Committee:	
<p>Speaking up Safely Report</p> <p>The Committee received the Speaking up Safely (SUS) report on the work that had been completed since the framework launched in summer 2023 with the Health Board undertaking a self-assessment against the framework issued by Welsh Government.</p> <p>The Committee was advised a process was now in place to support staff on how to raise a concern with a form that could be completed anonymously if preferred. A SUS Steering Group had been set up to focus on the learning from the new process.</p> <p>The Committee noted the risks impacting the ability of the programme to move forward including data storage, manual assessment of forms, finance, increase HR activity and training.</p> <p>A report on the SUS Plan will be submitted to the Executive Committee on 31st October for approval and launch on 1st December with a communications plan for staff</p> <p>The Committee noted the Work in Confidence platform was being considered as an all-Wales platform and it was indicated the Committee may be keen to consider adopting that report mechanism.</p> <p>Equality, Diversity and Inclusion Update</p> <p>The Committee received an update on Equality, Diversity and Inclusion highlighting key points from the last quarter.</p> <p>The Committee noted that the recruitment process for the Head of Equality, Diversity and Inclusion was underway, with the role temporarily being covered within Workforce and OD.</p> <p>The Health Board had met with Anton Emmanuel and Welsh Government regarding the Workforce Race Equality Standard (WRES) data, it was highlighted that there were areas requiring improvement including:-</p> <ul style="list-style-type: none"> • Absence of Ethnic Minority Board Membership; • Progression to Senior Grades ; • Ethnicity Declaration Rates; • Likelihood of Appointment (after shortlisting) and Capability Processes ; • Experience of Discrimination and Harassment. <p>Assurance was made that the areas requiring improvements would be a focus in coming months.</p> <p>Workforce Performance Dashboard incorporating Key Performance Indicators</p> <p>The Committee received the Workforce Performance Dashboard noting there had been a change in the format and the dashboard included the latest data on workforce sustainability and training, workforce supply and variable pay.</p> <p>The Committee noted the following key areas from the performance Dashboard:-</p> <ul style="list-style-type: none"> • Sickness levels remaining high. 	

- Turnover in staff had reduced and was one of the lowest compared to other Health Boards.
- Variable pay was on target.
- Reduction in time to hire, which was now below the 71 day target.

A decrease in Performance reviews on ESR was noted, due to staff not having the capacity to undertake reviews, and assurance was provided that work was being undertaken to streamline the process.

People Plan 2022/25, Quarterly Review Objective 2 - Employer of Choice

The Committee received the People Plan for 2022/25, with a review of objective 2 Employer of Choice. The next iteration of the People Plan was due in 2025 and would be informed by a comprehensive engagement process whilst utilising intelligence from other sources.

The Committee was advised the People plan had 8 overarching actions with 88 sub actions that sit under the people's choice objective and highlighted the progression of the following areas:-

- Medical and dental workforce recruitment strategy;
- Change over of this year with the Junior Doctors;
- Apprenticeship scheme;
- Work experience model;
- Talent management programme.

Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems

The Committee received an update on the roll out of the Job Planning, e-Rostering and e-Locum bank/agency medical systems.

The Committee noted the challenges to rolling out the system, including working with the divisions and the capacity of the teams to undertake the training of the use of the new system, 50% of consultants had completed the training.

Feedback on Employee Experience Survey

The Committee received the feedback on the Employee Experience Survey noting there had been a change in the approach this year with the questions being based on staff experience rather than wellbeing.

The Committee was advised the Health Board's Employee Experience Survey consisted of the following areas of questions: -

- Safety and speaking up
- Experience of discrimination
- Bullying and harassment psychological safety
- Burnout
- Intention of leave
- The employee experience framework

A summary of the results had been drafted and would be shared with the organisation with a follow up article shared via SharePoint with the in depth findings.

Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months

The Committee received the Director of Workforce and OD report that included activities of the Workforce & OD Team, key issues locally, regionally and in NHS Wales.

It was highlighted to the Committee during this reporting period there were 11 employees currently suspended, 5 employees have been suspended for over 12 months, one has been suspended for over 6 months, and 5 have been suspended for less than 3 months.

The Committee was advised that the policy for consultant grade pay pathway was progressing positively and the key focus was to provide a softer induction programme for international medical graduates to support new employees in a targeted way.

The Committee noted that there could be a regrading route for specialist grades due to the new pay reward and the Health Board were awaiting details from NHS employers.

Assurance Report on Compliance with Welsh Language Standards – More than Just Words

The Committee received an updated on compliance with the Welsh Language standards and progress in relation to the “More Than Just Words” plan set by Welsh Government.

The Committee was advised a questionnaire, alongside an assessment, had been completed at the request of the Commissioner’s office in relation to the different groups of Welsh language standards and the Health Board’s level of compliance.

It was noted the 5 year plan had been shared with Welsh Government and was awaiting Welsh Government guidance for the “More Than Just Words” plan to move forward.

It was highlighted to the Committee that a small number of complaints had been received around social media which the Health Board had resolved quickly.

Nursing Midwifery & SCPHN Workforce Annual Report

The Committee received the Nursing Midwifery & SCPHN Workforce annual report that included outcomes from the past year and addressed critical areas such as workforce strategy, professional regulation, recruitment, retention, and professional development.

The Committee was advised that the 2023/26 strategy aim was to deliver care by a skilled workforce and to recruit effectively based on experience with the implementation of best practice, adherence to professional standards, workforce stability and patient care.

The Committee noted some of the achievements throughout the year including:

International Nurses employment

- Future Nurse Academy pathway for school leavers.
- Leadership Academy
- Health Care Support Worker obtaining their registered nurse qualification.
- Nursing and Midwifery Conference

Committee Risk Report

The Committee received the Committee Risk report and was provided with an overview of the key risk relating to recruitment, retention and staff wellbeing.

Matters Requiring Board Level Consideration or Approval:

Items to be brought to the attention of the Board:-

- Number of suspensions
- Welsh Language standards
- Consideration is likely to be required for the Health Board to have a mature and sustainable Speaking up safely frame work.

Key Risks and Issues/Matters of Concern:

There were no risks and issues or matters of concern identified.

Planned Committee Business for the Next Reporting Period:

- Review of Committee Programme of Business 2024/25
- Annual Review of Committee Terms of Reference 2024/25
- Annual Review of Committee Effectiveness 2024/25
- Committee Annual Report 2024/25
- Committee Risk Report
- Review and Refresh of ABUHB Values & Behaviours Framework
- Annual Review and Refresh of the People Plan and its Priorities
- Violence & Aggression against Staff across ABUHB
- Employee Experience Strategy
- Update on EDI Activity
- Report on patients presenting at hospital requiring extra support.
- Training, Development and Education - Assurance on Workforce Planning and Education Commissioning Numbers
- Assurance on the Development and Delivery of an Agile Working Framework
- HEIW Update
- Quality Report – Update on How Support can be provided in the recruitment of volunteers
- Communications and Engagement Update Report - update on outcomes of the Communication Strategy including top themes
- Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems
- Workforce Performance Dashboard incorporating Key Performance Indicators
- People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability
- Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months

Date of Next Meeting: Tuesday 11th February 2025

Name of Committee:	Charitable Funds Committee
Chair of Committee:	Paul Deneen
Reporting Period:	7th November 2024

Key Decisions and Matters Considered by the Committee:

Draft Accounts and Annual report

The Committee received the Draft Accounts and Annual report for year ending March 2024, noting that this financial year there was a decrease in income and increase in expenditure.

Investment gain had increased by £403k from the CCLA investments within the stock market and the cash balance in March 2024 was £641k.

The Committee welcomed the achievements within the annual report and the evidence of the positive work the charity was doing to support the Health Board.

Administration Costs for 2024/25

The Committee approved a request of £166k, up to a maximum of £175k, for the administration costs for 2024/25.

The Committee noted the figures for this financial year were higher than last year by 3.98% due to the increase in staff costs and the membership fee for NHS Charities Together.

Charitable Funds 2023-24 Audit Plan

The Committee received the Charitable Funds 2023/24 Audit Plan which outlined timeframes and fees.

The Committee was assured the audit this year would be on schedule with the aim to be complete by the end of December 2024 and the final audit report being available for January 2025.

The Committee noted the fees for Audit Wales had remained static at £19k.

Charitable Funds, Finance & Performance Report

The Committee received the Finance & Performance Report for period ending September 2024.

The Committee noted an update on the financial position, including:

- Expenditure had increased by 30%, as a result the investment manager had sold shares to release funds.
- Total number of funds and static funds had decreased.
- CCLA investments were reflecting an unrealised loss of £32k in March 2024.
- Overall position for the reporting period was a decrease in funds of £91k.
- 2 funds had merged and no overdrawn accounts.

The Committee noted the Workforce Wellbeing Programme was in development and once established in Wales the charity would have access to additional funds.

Funds available to the Committee for Possible Distribution

The Committee received an update on the funds available for possible distribution at September 2024.

The Committee noted that there was a total of £85k available to the charity for this financial year, taking in to account current commitments there was a balance of £16.8k available for distribution.

Consideration of Bids/Small Grants

The Committee received a request to approve £5k to support the set up of a baby and child memorial garden located at the Grange University Hospital.

The Committee approved the request and noted there was £11.8k now remaining.

Attendance of fund holders for slow moving funds - Update on Spending Plans

The Committee received an update on the spending plans for the slow-moving funds accounts F812-LEGACY NHH CARDIO & F813 LEGACY NHH CCU M T.

The Committee was advised there were 3 projects underway, and the team were awaiting confirmation of capital funding before using the cardiology charitable fund account.

The Committee noted that the Cardiology team had plans to use the funds on ECH machines, ambulatory systems and machines with the CAT lab, to improve the conditions for staff and patient care.

Evaluation of Bid CFC-261 Bladder Bowel Project

The Committee received an update on the Bladder Bowel project noting the projects focus was on incontinence for people living with dementia in a hospital setting.

The Committee noted the next steps of the project that included:-

- Incontinence risk assessments
- Information for patients at discharge on exercise and how to obtain products at home.
- Reviewing of orders
- Incontinence champions.

Update on Property Matters

The Committee received an update on the Clytha Square property noting Welsh Government had approved the sale.

Matters Requiring Board Level Consideration or Approval:

Items to be brought to the attention of the Board:-

- Draft accounts were considered;
- Annual report was approved;
- Administration costs was approved;
- Audit plan was approved for progression;
- Baby and child memorial garden small bid was approved;
- Presentation received from the Bladder Bowel project;
- Update received on the cardiology funds.

Key Risks and Issues/Matters of Concern:

There were no risks or issues identified for escalation to the Board.

Planned Committee Business for the Next Reporting Period:

- Final Accounts and Annual report for approval

Date of Next Meeting: 13th January 2025

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Joint Commissioning Committee (JCC) Update Report – September 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

Cefndir / Background

On 1 April 2024, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) ceased to exist. They were replaced by the NHS Wales Joint Commissioning Committee. The new Joint Commissioning Committee (JCC) holds the functions of the former EASC and WHSSC together with commissioning of 111 and Sexual Assault and Referral Centres.

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for accountability for certain elements of their

role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for:
 - cancer and blood disorders
 - cardiac conditions
 - mental health and vulnerable groups
 - neurosciences, and
 - women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

Asesiad / Assessment

The Joint Committee last met on 17th September 2024. The papers for these meetings are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#) .

The Committee’s Assurance Report from this meeting is attached at **Appendix A**.

The Committee also met on 12th November 2024, papers for which can also be accessed at the link above. The assurance report from this meeting will be reported to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper 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	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 Choose an item.

Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+
- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee meeting held on 17 September 2024

Dyddiad y Cyfarfod / Date of Meeting	Click or tap to enter a date.
Statws Cyhoeddi / Publication Status	Open/ Public
	Choose an item.
Awdur yr Adroddiad / Report Author	Abi Harris - JCC Interim Chief Commissioner
Cyflwynydd yr Adroddiad / Report Presenter	Abi Harris - JCC Interim Chief Commissioner
Noddwr Gweithredol yr Adroddiad / Report Executive Sponsor	Abigail Harris, Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	October 2024	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board Chief Executive Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 17 September 2024.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [September 2024 - NHS Wales Joint Commissioning Committee](#))

Alert / Escalate	<ul style="list-style-type: none"> • All Wales IPFR Panel quoracy: Concern was highlighted in relation to low attendance from HBs resulting in recent IPFR meetings not being quorate and subsequently cancelled – it was agreed that each HB would escalate this internally with Medical Directors to ensure attendance from each HB to avoid a further backlog of cases requiring consideration.
Advise	<ul style="list-style-type: none"> • The Chair congratulated Abigail Harris, Interim Chief Commissioner, on her forthcoming appointment to the post of CEO at Swansea Bay UHB, and advised on the recruitment process for securing a substantive Chief Commissioner over the coming weeks. • An update was received from the Interim Chief Commissioner including details on: <ul style="list-style-type: none"> ○ Confirming the status of the JCC Integrated Medium-Term Plan 2024-27 which Welsh Government has deemed satisfactory, with accountability conditions confirmed in correspondence received; ○ Appointment to the Director of Commissioning Ambulance/111 post and Director of Commissioning Specialised Services post; ○ Deep Brain Stimulation Service Update; ○ Single Commissioner for Mental Health; ○ North Wales Mother and Baby Unit; ○ Cardiac Review Phase 2. • Members agreed the JCC's new Vision, Mission, Values and Strategic Objectives which had been developed with both the JCC team and Joint Committee members input. • An update on the progress with developing the Integrated Medium Term Plan (IMTP) 2025/2028 was received. • An Emergency Medical Retrieval and Transfer Service (EMRTS) Reviewing recommendation 4 update was received and a 6 week engagement timescale was

	<p>approved subject to a mid-point review on progress in liaison with Liaison. The update included information on the Judicial Review.</p>
Assure	<ul style="list-style-type: none"> • Members endorsed the Joint Commissioning Committee Governance Framework comprising; <ul style="list-style-type: none"> ○ the Memorandum Agreement (MoA), ○ the Hosting Agreement (HA), ○ terms of reference for the Planning, Performance and Finance sub-committee, ○ terms of reference for the Quality, Safety and Outcomes sub-committee. <p>The documents will now be presented to HB Board meetings for final approval in September noting membership of the sub-committees would be kept under review with a formal review to be conducted in April 2025 or before as required.</p> • The transitional JCC risk register was received noting the further work planned to fully develop the risk approach for the JCC and the JCC development session planned for the 15 October to consider risk appetite. Discussions over the very high risks relating to Ambulance/111 led to a referral to the QPS Sub-Committee to undertake a deep dive at their next meeting to ensure all was being done by the JCC to support the mitigation of the risks. • The Month 5 Financial Performance Report and Financial Plan Update was received noting: <ul style="list-style-type: none"> ○ Summary of the Approved Plans (for former WHSSC and EASC/NCCU) together with a Q1 context review. ○ Month 5 £3.746m overspend against the Integrated Commissioning Plan (ICP) financial plan to date with a forecast year-end overspend of £4.516 • Members considered and discussed in detail the actions required in order to achieve a break-even position at year end. It was noted that a number of actions are already being progressed and further proposals for the JCC to consider will be explored at the next meeting. • The JCC Performance Report for June 2024 was received noting the development of an integrated performance report for the JCC to be supported by detail from each of the three portfolio areas of the Directors of Commissioning in the JCC. It was noted that a number of tertiary services are on a downward escalation trajectory which was welcomed and the work involved by service providers and the JCC commissioning teams was acknowledged.

	<ul style="list-style-type: none"> The Committee received the Corporate Governance update report which included matters considered in-committee at the July meeting.
Inform	<ul style="list-style-type: none"> The Chair's report noted progress with the appointment process for the final two Joint Committee Independent Lay Members, with interviews having taken place and recommendations put forward to the Cabinet Secretary to consider. A powerful patient story was shared by a patient who has supported service improvement based on personal experience whilst an inpatient at the Tŷ Llidiard, CAMHS unit (Child and Adolescent Mental Health Services) at the Princess of Wales in Bridgend, which is one of only two highly specialist CAMHS units in Wales. Former mental health patient in Bridgend helps her old unit on its own path to recovery ITV News Wales An update was received on specific areas related to the developments of the Welsh Ambulance Service University NHS Trust (WAST) in relation to the delivery of Emergency Medical Services including the Evolution of the Clinical Response Model and the Emergency Medical Technician Job Profile. The Committee received assurance reports from the following: <ul style="list-style-type: none"> Audit and Risk Committee (ARC) Assurance Report Management Group Briefings for July 2024, August 2024 Extraordinary Meeting and August 2024 Individual Patient Funding Request (IPFR) Panel Welsh Kidney Network (WKN) Quality Patient Safety Committee (QPSC) The Committee received a briefing on the Nursing and Midwifery Council Independent Culture Review.
Appendices	None

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality
	Reduce Duplication
	Improve Equality and Population Health Facilitate Integration

Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> Link to Enablers of Quality (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (Ilyw.cymru)) /</i> Link to Domains of Quality (Duty of Quality Statutory Guidance (gov.wales))	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Aseiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact</i>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	If no, please include rationale below:

<i>Assessment Screening?</i>		
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 November 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – September 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee). The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Professor Tracy Myhill OBE.

Asesiad / Assessment

The Joint Committee last met on 19th September 2024 and the papers for meetings are available at [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#) . The Committee Chair's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is next due to meet on November 2024. The assurance report from this meeting will be reported to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. N/A
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

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.



**ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

Reporting Committee	Shared Services Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	19 September 2024
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report</p> <p>The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:</p> <ul style="list-style-type: none"> - Gareth Hardacre, Director of People, Organisational Development & Employment Services, would be in contact with the members to discuss the Chair’s appraisal for this year and the Chair encouraged all partners to participate and provide feedback; - the Chair participated in the Chair’s Peers Group in August and September 2024 meetings; - the Chair was part of the Managing Director’s appraisal meeting with Judith Paget, Director General of Health and Social Services and the NHS Wales Chief Executive. The review was a very positive one, emphasising the progress and improvement in NWSSP during this year and its significant contribution to the NHS in Wales; and - the Chair attended a meeting with the new Cabinet Secretary for Health & Social Care, Jeremy Miles. The key messages were to ensure collective effort to deliver the Ministerial priorities to explore in depth how the NHS can be more resilient and sustainable, to invite organisations to collaborate to deliver the Ministerial priorities, to be open to learning about what is going well and to identify obstacles found in the system. The Cabinet Secretary’s invitation was to champion the good work undertaken to date and challenge organisations to go further. He stressed the importance of Once for Wales approaches as being fundamental and not contentious. 	
<p>Managing Director Update</p> <p>The Managing Director presented his report, which included the following updates on key issues:</p> <ul style="list-style-type: none"> - A brief report from the Welsh Risk Pool (WRP) was provided in the report and would be a standing feature going forward. An update was provided by Jonathan Webb, Head of Safety and Learning, NWSSP Legal and Risk Services, to the Chief Executives meeting, which was timely in terms of the Annual Reviews, which would be sent out individually to NHS Wales organisations. Discussions included the financial position and the need to continue to learn lessons within and across NHS 	

organisations. An invitation was kindly extended to all individual committees within NHS Wales organisations to further explore WRP matters, should they wish to;

- The solar farm in IP5, Newport, received planning permission from Newport City Council. The next stage is to start installing the solar panels to contribute to the Radio Pharmacy project as well as to support the Decarbonisation Plan;
- Work is continuing on the larger South East Wales Hub element of the TrAMs programme;
- Sessions have been running in partnership with colleagues from Aneurin Bevan UHB on employee investigations where members of staff from different organisations are attending to start the journey to deal with investigations the best possible way, to try to reduce any avoidable employee harm in the process;
- We have signed up to the Armed Forces Covenant and have been working with them in areas such as recruitment;
- There was a further meeting recently with Welsh Government regarding PPE stock holding with an aim to reach resolution on the stock that NWSSP would be instructed to hold but further discussions would be required; and
- From 9 September 2024, the Medical Examiner Service became statutory and it has already caused an approximate 20% increase in work carried out during the first week. There were no significant issues in terms of records and the workload is well managed. A letter was sent on 22 August 2024 to Chief Executive Officers regarding the signing of Death Certificates by F1s (Junior Doctors), which legally they are not allowed to do as they are provisionally registered only.

Deep Dive

Developments in Audit & Assurance Services

A comprehensive deep dive was presented to the Committee by the Director of Audit and Assurance Services, Simon Cookson. The Committee received information as regards quality assurance, benchmarking and a new Global Internal Audit Standard to be introduced from 9 January 2025.

Items Requiring SSPC Approval/Endorsement

Audit Committee Terms of Reference

The Audit Committee Terms of Reference were endorsed by the Audit Committee on 25 July 2024 and presented to the Committee for approval, as required by the Standing Orders. The main aspect of the update of the Terms of Reference was to reflect the updated role for Assistant Director of Corporate Services. The Committee **APPROVED** the Terms of Reference.

Armed Forces Covenant

As NWSSP has already been awarded the Armed Forces Bronze Medal the Committee endorsed organisational efforts towards achieving the Silver Medal. The award demonstrates support to the defence and armed forces community and organisations pledge to align their values with the Armed Forces Covenant. The Committee **ENDORSED** the Covenant.

Items for Noting

Customer Service Excellence Organisational Action Plans (Verbal)

The outcome of the year two assessment of the Customer Service Excellence accreditation was very positive and provides assurance around excellence in the customer services delivered by NWSSP. Assessor feedback detailed exceptional performance, with 12 compliances pluses and 35 compliances overall. There were no areas of partial compliance. Areas of strength included organisational leadership and staff empowerment and areas for improvement included customer service training and the customer charter which would be covered in the Autumn SSPC Development Day. The Committee **NOTED** the Report.

2023/24 Wales Infected Blood Support Scheme (WIBSS) Annual Report

The Report provides an update on the finance and support provided during the financial year of 2023/24 and details the proactive work carried out by WIBSS during the period, looking ahead to priorities relating to 2024/25. The Committee received an update that the UK Infected Blood Compensation Authority (IBCA) would be in place by 1 April 2025 and the NWSSP team is working closely with the Cabinet Office in relation to the transitional arrangements. The Committee **NOTED** the Report.

2023/24 Audit Committee Annual Report

The Report had been discussed and approved by the Audit Committee in July 2024 and was brought to the Committee for discussion and noting, as detailed in the Standing Orders. It highlighted the activities and the performance of the Audit Committee during the previous twelve-month period. There was one limited internal audit review during the course of the year that related to Decarbonisation, which has been reported to Welsh Government. The Committee discussed the risks relating to limitations on capital funding around the affordability and deliverability of the Decarbonisation Action Plan, which was identified as one of the main contributing factors which underpinned the limited assurance rating. The Committee **NOTED** the Report.

Finance, Performance, People, Programme and Governance Updates

Finance – The financial position to the end of 31 August 2024 was a year-to-date surplus of £1.831m. This was reported as a surplus of £1.414m within core operational budgets and £0.417m against the recurrent covid allocation.

NWSSP has incurred £0.300m capital expenditure to date against its current £6.611m Capital Expenditure Limit (CEL). NWSSP is continuing to work on a capital prioritisation exercise to inform the allocation of the remaining £0.218m of discretionary capital funding and reviewing the prioritisation in readiness for any opportunities to bid for year-end capital slippage funding. Some of the capital challenges faced this year had been the medical records storage unit in Mamhilad and the Laundry Service.

Capital schemes are being reviewed and there had been meetings in terms of revenue position with all divisions in NWSSP. The main areas to be discussed were the control processes around the vacancy positions and the variable pay. The Welsh Risk Pool has no overall change to the forecast for the current year, but there will be some changes to the distribution of the risk which will be informed by Linsay Payne, Deputy Director of Finance to the NHS Wales Deputy Directors of Finance. There was good progress on the NWSSP

'no PO, no Pay' position.

People & Organisational Development Update – Sickness absence had slightly increased to 3.18% from 2.89%, compared to the same period last year, but remains under the NHS target of 3.3%. In e-learning, overall compliance remains very high, with two areas below target being Laundry Services and Welsh Employers Unit. Agency spend has been positively reduced in accordance with Welsh Government's target reduction of 15% until January 2025, seeing NWSSP reduce its overall spend year to date by 87% (£32,622). PADR compliance was above target this month at 85.28%. There had been a questionnaire targeted specifically to Single Lead Employer (SLE) employees regarding the Speaking Up Safely implementation. A deep dive session around the SLE model would be scheduled for a future meeting, together with an update on race equality, once data becomes available.

Performance – The report presented the Key Performance Indicators (KPIs) for April to July 2024. To date, there were no significant areas of concern to be brought to the Committee's attention. The website is going under a major review by the Communications team, and NWSSP are in the process of recruiting for a Head of Communications. Professional influence benefits amount to £111m as at the end of July, and there was a significant reduction in the Time to Hire metrics, which are showing a reduction to 59 days, where the target is 71 days. In accordance with the IMTP cycle, there will be a review of all targets including Time to Hire.

Outcome Measures Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and has a focus on outcomes from the IMTP. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction and employee well-being, noting room for improvement with staff turnover. There are additional measures in development that will be reported, in addition to trend information as we progress through the year.

Project Management Office Update – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. Updates regarding higher risk projects would continue to be reported as a matter of course to the Committee. The Headquarters relocation project has suffered some delays which are being worked through and SSPC will continue to be informed of developments. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee.

Corporate Risk Register – There are six red risks reflected in the Corporate Risk Register. The Primary Care Workforce Intelligence System risk was escalated by the SLG at its last meeting. As it has been detailed and discussed by the SLG, the assurance has been given on the actions to take forward to mitigate the risk and to bring to the Committee any further assurance required. The remainder of the Corporate Risk Register position remains stable.

The Committee **DISCUSSED** and **NOTED** the update Reports

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Personal Protective Equipment (PPE) Report;

<ul style="list-style-type: none"> • Finance Monitoring Returns (Month 4 2024/25 and Month 5 2024/25); • NWSSP Audit Committee Assurance Report - July 2024; • Draft Agenda October Development Session; and • Forward Plan. 	
<p>Part B (Private Session) <i>Motion to exclude the public from the meeting in accordance with the provisions of section 1 (2) and (3) of the Public Bodies (Admissions to Meetings) Act 1960</i></p>	
<p>The Minutes the 18th July 2024 Shared Services Partnership Committee meeting Part B were approved.</p>	
<p>Any Other Business (AOB)</p>	
<p>The Committee approved Lindsay Payne, Deputy Director of Finance, NWSSP as the Welsh Energy Group Vice Chair.</p>	
<p>Matters requiring Board/Committee level consideration and/or approval</p>	
<p>The Board is asked to NOTE the work of the Shared Services Partnership Committee.</p>	
<p>Matters referred to other Committees</p>	
<p>No further matters were referred to other Committees.</p>	
<p>Date of next meeting</p>	<p>21 November 2024</p>