

Aneurin Bevan University Health Board Meeting

Wed 19 July 2023, 09:30 - 13:00

Conference Centre, Headquarters, St Cadoc's Hospital



Agenda

1. Preliminary Matters

Board Agenda 19.07.23.pdf (4 pages)

1.1. Welcome and Introductions

Verbal Chair

1.2. Apologies for Absence for Noting

Verbal Chair

1.3. Declarations of Interest for Noting

Verbal Chair

1.4. Draft Minutes of the Health Board Meeting, held on 24th May 2023, for Approval

Attachment Chair

1.4 Draft Board Minutes 24.05.23 .pdf (12 pages)

1.5. Summary of Board Business, held in Committee, on 24th May and 21st June 2023

Attachment Chair

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

1.6. Board Action Log for Review

Attachment Chair

1.6 Action Log July 2023.pdf (1 pages)

1.7. Report on Sealed Documents and Chair's Actions

Attachment Chair

1.7 Report on Sealed Documents and Chairs Actions.pdf (11 pages)

1.8. Report from the Chair

Verbal Chair

1.9. Report from the Chief Executive

Verbal Chief Executive

2. Annual Report and Annual Accounts 2022/23

2.1. To RECEIVE Audit Wales' Audit of Accounts Report 2022/23

Attachment Audit Wales

 2.1 ABUHB Audit Accounts Report 2022-23 12.07.23.pdf (28 pages)

2.2. To RECEIVE a recommendation from the Audit, Risk and Assurance Committee in respect of the ABUHB Annual Report and Accounts 2022/23

Verbal Chair of the Audit, Risk and Assurance Committee

2.3. To consider for APPROVAL and SIGNING ABUHB's Annual Report and Accounts 2022/23

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 2.3 Annual Report Cover Paper 2022.23.pdf (8 pages)

2.3.1. Part One: Performance Report

Attachment Director of Strategy, Planning and Partnerships

 2.3.1 FINAL DRAFT Performance Report 2023 12.07.23.pdf (43 pages)

2.3.2. Part Two: Annual Accountability Report

Attachment Director of Corporate Governance

 2.3.2 FINAL DRAFT Accountability Report 2022.23 12.07.2023.pdf (121 pages)

2.3.3. Part Three: Annual Financial Statements

Attachment Director of Finance and Procurement

 2.3.3 ABUHB 2022-23 Final Annual Accounts.pdf (77 pages)

2.4. To APPROVE for SIGNING the Letter of Representation, as included in Audit Wales' ISA260 2022/23

Attachment Audit Wales

 2.4 ABUHB Letter of Representation 2022-23.pdf (3 pages)

3. Patient Experience and Public Engagement

3.1. Report from Llais

Attachment Regional Director, Llais

 3.1 Llais Gwent Region - Report for Aneurin Bevan University Health Board - Public Board Meeting - July 2023.pdf (10 pages)

3.2. Patient Story - Children's Rights and Participation Forum


Video Director of Nursing

4. Items for Approval/Ratification/Decision

4.1. Primary Care Provision

Attachment Chief Operating Officer








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|---|
| <ol style="list-style-type: none">1. Vacant Practice Panel - The Lawn Medical Practice and Churchwood Surgery.2. Vacant Practice Panel -Deri |
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 4.1.1 VPP The Lawn and Churchwood.pdf (4 pages)

 4.1.2 a Board Paper Deri outcome.pdf (8 pages)

4.2. Stroke Reconfiguration

Attachment *Chief Operating Officer*

-  4.2 a Stroke Reconfiguration 12 July 2023.pdf (14 pages)
-  4.2 b Appendix 1 - Stroke baseline - current demand and bed usage 120723.pdf (3 pages)
-  4.2 c Appendix 2 - Stroke Snap Shot Audit April 2023.pdf (4 pages)
-  4.2 d Appendix 3 - Stroke Options Appraisal - Group Score.pdf (4 pages)
-  4.2 e Appendix 4 - Overview of options June 23.pdf (2 pages)
-  4.2 f Appendix 5 - Communication and Engagement Plan.pdf (9 pages)
-  4.2 g Appendix 6 - Stroke Stakeholder Map.pdf (1 pages)

4.3. WHSSC Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement and Next Steps



Attachment *Director of Strategy, Planning and Partnerships*

-  4.3 a Cochlear and BCHI HBs v2.pdf (13 pages)

5. Items for Discussion

5.1. People Plan Update Report

Attachment *Director of Workforce and OD*

-  5.1 a People Plan Board Paper July 2023.pdf (15 pages)
-  5.1 b Appendix 1 People Plan Achievements.pdf (9 pages)


5.2. Trade Union Partnership Annual Report

Attachment *Chairs, TUPF*

-  5.2 TUPF Annual Report 22.23.pdf (6 pages)

5.3. Communications and Engagement Annual Report

Attachment *Chief Executive*

-  5.3 a Comms and Engagement cover report.pdf (4 pages)
-  5.3 b CE Annual Report 2223 (1).pdf (19 pages)




5.4. Winter Plan Evaluation 2022/23

Attachment *Director of Strategy, Planning and Partnerships*

-  5.4 Integrated Winter Resilience Plan Review.pdf (15 pages)

5.5. Enhanced Care Update

Attachment *Director of Nursing*

-  5.5 a Proof of Concept Enhanced Care.pdf (10 pages)
-  5.5 b Appendix I - FINAL Enhanced care clinical review.pdf (6 pages)
-  5.5 c Appendix II - Proof of Concept Plan.pdf (3 pages)





5.6. WCCIS Update

Attachment *Director of Digital*

-  5.6 Board Update_ WCCIS (June 2023)_ v3.0.pdf (8 pages)

5.7. Quarter One Performance and Outcomes Report

Attachment *Director of Strategy, Planning and Partnerships*

-  5.7 a Quarter 1 2324 Cover Paper.pdf (5 pages)
-  5.7 b Quarter 1 Outcome and Performance Report FINAL.pdf (40 pages)
-  5.7 c APPENDIX 1 Outcomes Framework Q1 2324.pdf (6 pages)
-  5.7 d APPENDIX 2 Integrated Performance Dashboard May 23.pdf (2 pages)




5.8. Financial Performance: Month 2, 2023/24

Attachment *Director of Finance and Procurement*

-  5.8 a Board July 23_ Finance Report 23-24 M2.finaldoc.pdf (26 pages)
-  5.8 b Finance Report Appendix One.pdf (27 pages)

5.9. Strategic Risk Report

Attachment *Chief Executive*

-  5.9 a Strategic Risk Report_July2023.pdf (5 pages)
-  5.9 b Strategic Risk Report_Appendix A_Strategic Risk Identification.pdf (4 pages)
-  5.9 c Strategic Risk Report_Appendix B_Risk mapping.pdf (6 pages)

5.10. Executive Committee Chair's Report



Attachment *Chief Executive*

-  5.10 Executive Committee Board Report May to July 2023.pdf (10 pages)

5.11. An overview of Joint Committee Activity



Attachment *Chief Executive*

- a) WHSSC Update Report
- b) EASC Update Report

-  5.11 a WHSSC Assurance Report_July23.pdf (3 pages)
-  5.11 b EASC Assurance Report_July23.pdf (3 pages)

5.12. Matters from Committees of the Board

Attachment *Committee Chairs*

-  5.12 a Key Matters from Committees.pdf (13 pages)
-  5.12 b SSPC Assurance Report 18 May 2023.pdf (5 pages)

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

AGENDA

Date and Time	Wednesday 19th July 2023 at 9.30am
Venue	Conference Centre, Headquarters, St Cadoc's Hospital

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence for Noting	Oral	Chair
1.3	Declarations of Interest for Noting	Oral	Chair
1.4	Draft Minutes of the Health Board Meeting, held on 24 th May 2023, for Approval	Attachment	Chair
1.5	Summary of Board Business, held In-Committee, on 24 th May 2023	Attachment	Chair
1.6	Board Action Log for Review	Attachment	Chair
1.7	Report on Sealed Documents and Chair's Actions	Attachment	Chair
1.8	Report from the Chair	Oral	Chair
1.9	Report from the Chief Executive	Oral	Chief Executive
2	ABUHB ANNUAL REPORT AND ANNUAL ACCOUNTS 2022/23		
2.1	To RECEIVE Audit Wales' Audit of Accounts Report 2022/23	Attachment	Audit Wales
2.2	To RECEIVE a recommendation from the Audit, Risk and Assurance Committee in respect of ABUHB Annual Report and Accounts 2022/23		Chair of the Audit, Risk and Assurance Committee
2.3	To consider for APPROVAL and SIGNING ABUHB's Annual Report and Accounts 2022/23 – cover paper	Attachment	
2.3.1	Part One: Performance Report	Attachment	Director of Strategy, Planning and Partnerships
2.3.2	Part Two: Annual Accountability Report	Attachment	Director of Corporate Governance
2.3.3	Part Three: Annual Financial Statements	Attachment	Director of Finance and Procurement
2.4	To APPROVE for SIGNING the Letter of Representation, as included in Audit Wales' ISA260 2022/23	Attachment	Audit Wales

3	PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT		
3.1	Report from Llais	Attachment	Regional Director, Llais
3.2	Patient Story - Children's Rights and Participation Forum	Video	Director of Nursing
4	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
4.1	Primary Care Provision: 1. Vacant Practice Panel - The Lawn Medical Practice and Churchwood Surgery. 2. Vacant Practice Panel -Deri	Attachment	Chief Operating Officer
4.2	Stroke Reconfiguration	Attachment	Chief Operating Officer
4.3	WHSSC Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement and Next Steps	Attachment	Director of Strategy, Planning and Partnerships
5	ITEMS FOR DISCUSSION		
5.1	People Plan Update Report	Attachment	Director of Workforce & OD
5.2	Trade Union Partnership Annual Report	Attachment	Chairs, TUPF
5.3	Communications and Engagement Annual Report	Attachment	Chief Executive/Assistant Director Communications and Engagement
5.4	Winter Plan Evaluation 2022/23	Attachment	Director of Strategy, Planning and Partnerships
5.5	Enhanced Care: Proposal for a Proof of Concept and Service Evaluation at Ysbyty Ystrad Fawr	Attachment	Director of Nursing
5.6	WCCIS Update	Attachment	Director of Digital
5.7	Q1 Performance and Outcomes Report	Attachment	Director of Strategy, Planning and Partnerships
5.8	Financial Performance: Month 02, 2023/24	Attachment	Director of Finance and Procurement
5.9	Strategic Risk Report	Attachment	Chief Executive
5.10	Executive Committee Chair's report	Attachment	Chief Executive
5.11	An overview of Joint Committee Activity: a) WHSSC Update Report b) EASC Update Report	Attachment	Chief Executive
5.12	Key Matters from Committees of the Board	Attachment	Committee Chairs
6	OTHER MATTERS		

6.1	Date of the Next Meeting: <ul style="list-style-type: none"> Wednesday 27th September 2023
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KEY:	
Priority 1	<ul style="list-style-type: none"> Every Child has the Best Start in Life
Priority 2	<ul style="list-style-type: none"> Getting it Right for Children and Young Adults
Priority 3	<ul style="list-style-type: none"> Adults in Gwent Live Healthily and Age Well
Priority 4	<ul style="list-style-type: none"> Older Adults are Supported to Live Well and Independently
Priority 5	<ul style="list-style-type: none"> Dying Well as part of Life
Enablers	<ul style="list-style-type: none"> Experience, Quality & Safety Partnership First Research, Innovation, Improvement, Value Workforce & Organisational Development Finance Digital, Data, Intelligence Estate Regional Solutions Governance

Motion to Exclude Members of the Public and the Press
<p>There may be circumstances where it would not be in the public interest to discuss a matter in public. In such cases the Chair shall move the following motion to exclude members of the public and the press from the meeting:</p> <p>“Representatives of the press and other members of the public shall be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest”.</p> <p><i>Motion under Section 1(2) Public Bodies (Admission to Meetings) Act 1960</i></p>



CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DATE OF MEETING	Wednesday 24 th May 2023
VENUE	Conference Centre, St Cadoc's Hospital and via Microsoft Teams

PRESENT

Ann Lloyd	Chair
Nicola Prygodzicz	Chief Executive
Pippa Britton	Interim Vice Chair
Peter Carr	Director of Therapies and Health Science
Sarah Simmonds	Director of Workforce and OD
Dr James Calvert	Medical Director
Jennifer Winslade	Director of Nursing
Hannah Evans	Director of Strategy, Planning and Partnerships
Robert Holcombe	Director of Finance & Procurement
Paul Deneen	Independent Member (Community)
Louise Wright	Independent Member (Trades Union)
Dafydd Vaughan	Independent Member (Digital)
Philip Robson	Special Advisor to the Board
Iwan Jones	Independent Member (Finance)
Leanne Watkins	Chief Operating Officer
Prof Helen Sweetland	Independent Member (University)
Shelley Bosson	Independent Member (Community)
Tracy Daszkiewicz	Director of Public Health

IN ATTENDANCE

Rani Dash	Director of Corporate Governance
Bryony Codd	Head of Corporate Governance
Linda Alexander	Deputy Director of Nursing

Apologies

Cllr Richard Clark	Independent Member (Local Authority)
Jemma Morgan	Regional Director, Llais

ABUHB 2405/01

Welcome and Introductions

The Chair welcomed members to the meeting, in particular members of the public who were able to join the meeting to observe in person and on line. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting.

The Chair welcomed Hannah Evans and Tracy Daszkiewicz to their first Board meeting as Director of Strategy, Planning and Partnerships and Director of Public Health respectively.

The Chair also welcomed Leanne Watkins in her new role as Chief Operating Officer, and thanked Chris O'Connor for the excellent work he had undertaken in his role as Interim Director of Primary, Community and Mental Health Services.

	The Chair confirmed that Pippa Britton would be appointed as Vice Chair, following a public appointment process, and an appointment had been made to the Independent Member (Third Sector).
ABUHB 2405/02	Declarations of Interest There were no Declarations of Interest raised relating to items on the agenda.
ABUHB 2405/03	Minutes of the previous meeting The minutes of the meeting held on 29 th March 2023 were agreed as a true and accurate record.
ABUHB 2405/04	Summary of Board Business, held In-Committee, on 29th March 2023 The Board NOTED an overview of the formal discussions held by the Board at its private meeting held on 29 th March 2023.
ABUHB 2405/05	Action Log and Matters Arising It was noted that all actions within the Board's action log had been completed or were in progress, as outlined within the paper.
ABUHB 2405/06	Report on Sealed Documents and Chair's Actions Rani Dash (RD), Director of Corporate Governance, provided an overview of the use of the Health Board's Seal and Chair's Actions that had been undertaken during the period 14 th March and 11 th May 2023. The Board NOTED and RATIFIED the use of the common seal and Chair's Actions in line with Standing Orders, as set out within the paper.
ABUHB 2405/07	Chair's Report The Chair provided her verbal report, with an overview of the activities she had undertaken, outside of her routine meetings and visits, as follows: <ul style="list-style-type: none"> • Three meetings held with Local Authority (LA) leaders providing opportunities to discuss mutual concerns and improvements. The Health Board had agreed to formally report improvements in their area to the relevant LA. • Chair's Meeting and Away Day with the Minister, acknowledging that priorities and budgets remained challenging and discussing - Further, Faster, Together policy, diversity on Boards, and the consequences of Betsi Cadwaladr University Health Board review into its governance and probity. A meeting had also been held with Audit Wales and Board Secretaries to discuss the latter point. • Attended the final Community Health Council meeting and farewell, which demonstrated the significant work undertaken by the organisation over the years. • RPB learning day as a consequence of winter pressures and plans, with teams across the UK attending to share best practice. • Attended a Memorial Service for Dr Ali, a long serving GP in the community. The service demonstrated how proud the family and community were of Dr Ali and the work he has undertaken for the local population. • Three long service awards, highlighting a number of staff achieving 50 years of service which was a fantastic achievement. • The launch of the Tyleri Ward Community Resource Team (CRT) Rapid Response Direct Admission Model at Ysbyty Aneurin Bevan. This was a very enthusiastic team working well to integrate with the community to enable rapid access to care. The Chair requested that the Team be invited to share their experience with the Board. Action: Director of Corporate Governance

	<p>The Chair acknowledged that the Health Board continued to experience big challenges, with increasing demands on services, particularly in general practice, and increased scrutiny of the Health Board's performance. Patient safety remained at the core of all that the organisation strives to deliver. The Chair thanked the thoughtful yet purposeful action of the Executive team to progress action to address many of the challenges faced.</p> <p>The Board NOTED the Chair's Report.</p>
<p>ABUHB 2405/08</p>	<p>Chief Executive's Report</p> <p>Nicola Prygodzicz (NP), Chief Executive, echoed the welcome to Hannah Evans and Tracy Daszkiewicz, which completed the Executive Team, noting that the Director of Digital would commence in role on 28th June. NP highlighted the following areas of activity:</p> <ul style="list-style-type: none"> • Further sessions held with wider clinical leaders on the compassionate leadership approach. • Leanne Watkins and Jenny Winslade had attended the IHI Conference in Copenhagen. NHS 75 would be a good opportunity to launch new ways of working and the executive team was exploring this. • The Health Board had achieved most of the key ministerial targets and the forecast financial position at year end (2022/23) and work was ongoing with Welsh Government to sign off the IMTP for 2023/24. • A key focus had been maintained on safety and system flow, with a new safety flow approach launched last Monday, which had already had a significant impact on lost hours and the waiting time of ambulances at hospitals. • The Executive Team was keen to ensure a longer term focus on prevention and public health. • A positive visit from the Chief Medical Officer had taken place the previous week. <p>The Board NOTED the CEO's Report.</p>
<p>ABUHB 2405/09</p>	<p>Patient Story: Alcohol Care Team</p> <p>The Board heard a positive story from the alcohol care team which provided a good example of how proactive work with patients could make a real difference to their lives. The story included patients who now work for the Health Board and who are positively impacting on the lives of service users. The video demonstrated real examples of how recovery and restoration can help people to move on with their lives and the value of the work with patients to engage them in their care.</p> <p>Members congratulated the team on the excellent service they provide.</p> <p>Nicola Prygodzicz (NP), Chief Executive, advised that the team do not leave clients after 12 weeks as per standard policy, but continued to support them until they are ready to be discharged. It was important to collect data on this to demonstrate the significant impact the team was having.</p> <p>Pippa Britton (NP), Vice Chair, asked if similar services were available for drug users who experienced similar addiction challenges. NP commented that there were overlaps with mental health services, recovery through sport etc, and it was important to look at how all of these support services could be linked together.</p>

	<p>The Board NOTED the patient story and expressed thanks to the Alcohol Care Team for the excellent offer to the local population.</p>
<p>ABUHB 2405/10</p>	<p>Integrated Medium Term Plan: Update</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented for approval the revisions to the IMTP 2023-26. HE reminded members that the Board had approved the IMTP in March 2023, which responded to the ministerial priorities whilst maintaining a focus on quality.</p> <p>Feedback had subsequently been received from Welsh Government that they would not accept the Plan in its current form due to the extent to which it did not meet all ministerial priorities and the financial consequences. The Health Board had been requested to undertake further work setting out an improvement in the position on delivery of Ministerial priorities, and an improvement in the financial assessment by 31st May.</p> <p>HE explained that four areas had been reviewed in detail:</p> <ul style="list-style-type: none"> • Primary Care: reviewed and actions strengthened. • Planned Care: a review had been undertaken as to what was achievable and the opportunities, within the principles of no further costs, plus efficiency gains and additional capacity. This had led to an improved trajectory to eliminate all 3 year waits by quarter 3; eliminate all 2 year waits by the end of December 2023 and no patient to wait over 52 weeks for an outpatient appointment, with the exception of four areas which remained a challenge – ENT, ophthalmology, orthopaedics and urology. • Cancer: actions and milestones to achieve had been crystalised. • Urgent and Emergency Care: updated to reflect 6 goals work. <p>Iwan Jones (IJ), Independent Member, asked if the plan was on track to deliver in other areas. HE confirmed that the plan was being delivered in its broadest sense, with a review to be undertaken at the end of quarter one.</p> <p>Nicola Prygodzicz (NP), Chief Executive, confirmed that the response included an improved position on planned care, with a focus on efficiency, a focus on ministerial priorities and urgent care metrics. Finance remained a significant issue. The plan continued to outline many risks, and noted that the Health Board had a desire to deliver more but was unable to do so under the current pressures and constraints.</p> <p>The Chair queried whether or not there had been any acknowledgement that some actions will take time, such as the considerable programme of regional work or the whole system response to DTOCs. HE confirmed that the potential challenges and opportunities for working with partners had been noted.</p> <p>Rob Holcombe (RH), Director of Finance and Procurement, provided an overview of the review of the financial position and the challenge of the request to deliver an ambitious programme of work whilst reducing expenditure. The feedback received had requested a review of the plan, to reduce costs where possible, review investment proposals, increase savings and consider choices.</p> <p>The plan had been reviewed in the current operational context and with the need to improve sustainability and efficiency. The outcome of this review had resulted in</p> <ul style="list-style-type: none"> • Underlying deficit remaining the same. • Inflation – reviewed assumptions and compared with other Health Boards. ABUHB was in the mid-range and therefore this remained unchanged.

- Growth and investment – reflected and provided detailed description of investments and what they achieve, noting that most investments are in areas the Health Board is obliged to make, such as WHSSC, NICE.
- Included an analysis of run rates – noting that net financial plans do not significantly increase costs compared with last year.
- Savings - £51m target remained the same -this was ambitious
- Risk range remains the same at £93-139, with a likely £112m deficit noted.

RH explained that, as an organisation, the Health Board already had an ambitious IMTP. Some of the performance elements had been amended and an improvement in efficiency was already included in the £51m savings. RH recommended that the financial position remained in line with the original submitted plan.

Paul Deneen (PD), Independent Member, highlighted that inflation, cost of living, fuel prices etc were unprecedented and were all external factors and asked if this had been acknowledged. RH confirmed that WG accept these factors, which had been reflected in the overall position of NHS Wales of a £600m deficit.

Phil Robson (PR), Special Advisor, asked what was driving the expenditure increases in CHC over and above expectations. RH explained that the fees were correlated with Local Authority fees and the uplifts were formulaic. The need to ensure best value for money from placements was being considered.

The Chair concluded that the Board appreciated fully the challenge to balance quality care and costs and the significant work required to ensure safe patient care whilst maintaining a commitment to prevention models. Every effort must be made to ensure the services were safe and cost effective.

The Board NOTED and APPROVED the changes to the commitments against the Ministerial Priorities, the financial position and associated risks.

**ABUHB
2405/11**

Annual General meeting – Variation to Standing Orders

Rani Dash (RD), Director of Corporate Governance, presented for approval a variation in Standing Orders in respect of the date of the AGM in 2023, to align with the revised timetable for Audit Wales to submit final Annual Reports and Accounts to HSSG Finance.

The revision would require the Health Board to hold an AGM by the 28th September, with the revised AGM scheduled for the 27th September 2023.

Iwan Jones (IJ), Independent Member, asked is the Standing Orders could state the end of October rather than the end of September in case of any issues. RD confirmed that September would align to other Health Boards, however October could be added if the Board felt that necessary.

The Board APPROVED the variation in Standing Orders in respect of the date of the AGM (end of October 2023).

<p>ABUHB 2405/12</p>	<p>Primary Care Provision</p> <p>Aber Branch Surgery The Board RATIFIED the Chair's Action taken in response to the recommendation of the Branch Surgery Closure Panel to close the Bedwas Branch surgery of Aber Medical Centre, Caerphilly with effect from Monday 8th May 2023.</p> <p>Vacant GP Practice Update – Meddygfa Gelligaer, Caerphilly and The Mount Surgery, Torfaen The Board NOTED the outcome of the recent Vacant Practice Panels in relation to Meddygfa Gelligaer, Caerphilly and The Mount Surgery, Torfaen and the successful awarding of both GMS contracts, in full.</p>
<p>ABUHB 2405/13</p>	<p>Nursing, Midwifery and Specialist Community Public Health Nurses (SCPHN) Workforce Strategy</p> <p>Jennifer Winslade (JW), Director of Nursing presented for approval the Nursing, Midwifery and Specialist Community Public Health Nurses Workforce Strategy 2023-26. JW highlighted that this was an important milestone in setting the strategic direction of our largest workforce, which was becoming a scarce resource across the UK. The Strategy would support the Health Board to be an employer of choice, support efficiency and reduce variable pay.</p> <p>Linda Alexander (LA), Deputy Director of Nursing, provided an overview of the Strategy which highlighted clear career progression and aimed to raise the profile of nursing as a career of choice. It was noted that each section had an associated priority action plan.</p> <p>Sarah Simmonds (SS), Director of Workforce and OD, explained that the Health Board was not experiencing the same delays and ongoing issues with Objective Structured Clinical Examinations (OSCE) that others were due to investment in the practice educator role to support international nurses.</p> <p>Pippa Britton (PB), Vice Chair, asked what impact English and the spoken language had on patient care and the level of support provided to those learning English as a second language. Also, what support was provided to learn Welsh for those who already speak a number of languages.</p> <p>SS confirmed that lessons had been learned in relation to English language skills. In terms of learning the Welsh language, international recruits had the same access to training offered to all staff.</p> <p>Louise Wright (LW), Independent Member welcomed the return to practice and flexible working options included in the Strategy and asked whether or not these would extend to other staff. SS confirmed that this had been raised in recruitment and retention interview and employee well being feedback. The Team were listening to the feedback and developing a strategic way forward regarding flexible working.</p> <p>The Board welcomed and ENDORSED the Nursing, Midwifery and Specialist Community Public Health Nurses Workforce Strategy.</p>

Regional Cataract Business Case

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented for approval the Regional Cataract Business Case. HE confirmed that the Business Case was presented in the context of the Regional Ophthalmology Strategy, approved by the Board in March 2023, led by Aneurin Bevan University Health Board.

The Business Case provided an interim cataract solution to overcome the clinical risks associated with long waits for cataract surgery. There had been a commitment to regional working in order to maximise best practice and efficiencies.

HE outlined the preferred option, to use the Vanguard Unit in UHW as South Hub and maximum use of NHH as North hub. The Business Case aimed to provide 9800 additional outpatients and 9300 additional treatments over a 14 month period whilst work continued to develop a sustainable solution.

It was noted that the Business Case had been fully supported by Llais.

Funding for the Regional Cataracts Expansion Plans as outlined in the business case would be from the £50m of retained Welsh Government (WG) Recovery funding set aside for regional working.

Iwan Jones (IJ), Independent Member, asked whether or not the funding from WG was guaranteed. HE confirmed that members were asked to approve, subject to funding from WG. If WG funding was not provided it would impact on the Health Board's IMTP and require further consideration.

The Board APPROVED the Regional Cataract Business Case, subject to funding from Welsh Government.

Same Day Emergency Care (SDEC) Business Case and Evaluation at Ysbyty Ystrad Fawr

Leanne Watkins (LW), Chief Operating Officer, presented for approval the Outline Business Case for the SDEC Service at Ysbyty Ystrad Fawr.

LW explained that SDEC was a key strand of WG policy. YYF had specific patient experience and safety issues as it was a very busy hospital. It had therefore been agreed to pilot an SDEC between October 2022 and March 2023. Due to the non recurrent nature of the funding, it was only possible to support the service 8am to 4pm Monday to Friday.

The proposal presented evaluated the pilot and proposed expansion to maximise patient throughput.

To date, 589 patients had benefitted from the service, with 82% discharged on the same day with a length of stay of less than 4 hours and a reduction in the overall number of patients going through the Acute Medical Unit

The preferred option was to provide funding for a sustainable SDEC service at YYF from 1st April 2023 (earliest opportunity), to include extending the service hours to 8am to 8pm Monday to Friday (including bank holidays) with uplift to cover 52 weeks of the year; at a cost of £866k per year. This would be £736.5k in the 2023/24 due to 2 months of RIF funding available.

	<p>LW confirmed that there would be no staffing risks as staff could be deployed to other roles if required.</p> <p>LW explained that the Business Case would be submitted for further RPB / RIF funding for 2023/24 underwritten by the Health Board.</p> <p>The Board APPROVED the SDEC Business Case.</p>
<p>ABUHB 2405/16</p>	<p>Velindre Cancer Centre Business Case</p> <p>Rob Holcombe (RH), Director of Finance and Procurement, presented the revised Full Business Case, following consideration of the original FBC by the Board in March 2023 when concerns regarding affordability and design space had been discussed.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • The design space was in line with NHS regulations. • Costs for ABUHB had reduced from £1.8m to £1.4m following a review of energy use requirements • The risk balance if cost reductions did not happen were £213k for Velindre and £179k for ABUHB. <p>Nicola Prygodzicz (NP), Chief Executive, explained that Velindre had recognised the Board's concerns regarding cost/value for money and ambitious design of the building, and had provided assurance that much of this was driven by building regulations. It was recognised that investment in cancer services was required but not approving the business case would result in an unsuitable building providing services for our patients, with an alternative option taking years to develop. The Executive Team felt that they were now in a position to support the case given the additional assurance received.</p> <p>RH confirmed that the additional costs would be incurred in future years, not 2023/24.</p> <p>The Board ENDORSED the reviewed Velindre Cancer Centre FBC.</p>
<p>ABUHB 2405/17</p>	<p>Annual Complex Care/Mental Health and Learning Disabilities Independent Provider Fee Uplift for 2023/24</p> <p>Leanne Watkins (LW), Chief Operating Officer, presented for approval the fee setting methodologies and cost to ensure an equitable, transparent, and robust approach to determining the uplifts applied to Continuing NHS Healthcare (CHC) & Section 117 commissioned services.</p> <p>LW highlighted that the IMTP identified an inflationary increase of approximately 6% however, the actual increase is circa. 12%. This was resulting in a cost pressure of £6.2m which was a material financial risk.</p> <p>LW stated that there were opportunities to improve and the team were undertaking an urgent piece of work regarding governance and ongoing review of packages of care. It was recognised that although consistent with the previous year, there were limited alternative options at the current time.</p> <p>The Board agreed that there was a need to develop a more strategic commissioning approach in order to change for the future.</p>

	<p>It was noted that this provided an additional risk to the IMTP and would be included in the revised response to WG.</p> <p>The Board ENDORSED the methodologies and costs outlined in the report. It was agreed that an update on the development of a modern commissioning approach based on a place based care model would be presented to the Board in 3 months time. Action: Chief Operating Officer</p>
<p>ABUHB 2405/18</p>	<p>Six Goals Update</p> <p>Leanne Watkins (LW), Chief Operating Officer, presented an update on progress against the Six Goals for Urgent and Emergency Care Programme.</p> <p>She highlighted work undertaken to review the programme and the interdependencies and overlap with redesigning services for older people which had been included in the 6 Goals programme.</p> <p>LW emphasised the importance of a multi professional, multi organisational approach to the success of the programme. LW outlined the change in structure and approach, with remedial work required on milestones and delivery.</p> <p>LW provided an update on key areas of work, including ambulatory care, SDEC at the GUH, safety flow work and the integrated discharge hub at RGH. It was noted that e-triage was planned for quarter 3.</p> <p>Dafydd Vaughan (DV), Independent Member, asked how the success of e-triage would be evaluated. LW confirmed that there was a framework against which the scheme would be evaluated as part of the business case.</p> <p>Shelley Bosson (SB), Independent Member asked for the numbers involved in the direct admission to the community hospital projects. It was noted that the evaluation had not yet been published and would be included in future updates.</p> <p>The Chair asked if 111 was working effectively, given that much of the redirection work relied on this. Nicola Prygodzicz (NP), Chief Executive, said that there had been improved performance in relation to abandoned calls and pick up times. A good service was provided during the day; the issues were at weekends. WAST was recruiting to support call handling and a new IT system was being progressed which would provide opportunities for improvement.</p> <p>The Board NOTED the report.</p>
<p>ABUHB 2405/19</p>	<p>Nurse Staffing Levels (Wales) Act 2016 Annual Assurance Report</p> <p>Linda Alexander (LA), Deputy Director of Nursing, provided, for assurance, the annual review and current status relating to medical, surgical and paediatric in-patient ward nurse staffing levels under the implementation of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA).</p> <p>LA highlighted that, following the recalculation in June 2022, the Board agreed to increase the nursing establishment. This had led to a significant reduction in HCSW and RN agency use. Reportable data for incidents was also significantly lower than previously recorded. There was an inconsistency across Wales about how</p>

	<p>complaints and incidents have been reported and significant work has been undertaken to align the metrics.</p> <p>It was noted that reporting requirements would change again next year with the requirement to report incidents causing moderate as well as serious harm</p> <p>The Board NOTED the report.</p>
ABUHB 2405/20	<p>Quarter 4 2022/23 Outcomes Report</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the quarter 4 performance report against the IMTP 2023/24, outlining the structure of the report using the life course approach.</p> <p>It was noted that a report on the clinical futures priority programmes and associated review had been considered by the Partnerships, Population Health and Planning Committee.</p> <p>HE explained that there would be increased information on population health and metrics and quality information as the report continued to evolve.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • Urgent Care performance had been sustained. • Childhood immunisations rates had been maintained. • There was increased compliance against the 62 day target for definitive cancer treatment. <p>Further work was being undertaken to develop an interactive dashboard.</p> <p>Dafydd Vaughan (DV), Independent Member, requested an update on WCCIS as data was still unable to be reported as a result of this system. Data was also missing due to a cyber issue last year and he asked what action was being taken to resolve these issues.</p> <p>Nicola Prygodzicz (NP), Chief Executive, confirmed that this had been raised in the Mental Health Division review with a follow up SBAR received. This has been escalated to DHCW. DV noted that this was disappointing for a national system and would become a patient safety issue if not resolved. It was agreed that an update on WCCIS would be provided to the next meeting. Action: Executive/Director of Digital</p> <p>The Board NOTED the report.</p>
ABUHB 2405/21	<p>Financial Performance</p> <p>Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining the year end financial position 2022/23 and noted that all performance targets had been achieved, with the exception of revenue, as follows:</p> <ul style="list-style-type: none"> • Revenue deficit position of £36.8m, against a forecast £37m deficit; • Capital - £43k underspend • PSPP – achieved • Cash - £4.7m – within the £6m guideline <p>The Board NOTED the report.</p>

ABUHB 2405/22	<p>Executive Committee Activity</p> <p>Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held between 16th March and 10th May 2023.</p> <p>There was a strengthened focus on quality and safety, with a focus on complaints, addressing the backlog and developing a more proactive approach.</p> <p>It was noted that the Executive Team dedicated one session per month to a time out session, with a recent session including an in-depth review of the corporate risk register.</p> <p>Members of the executive team had spent time with all operational divisions, reflecting on the successes and challenges of the last year and discussing priorities and plans for the coming year.</p> <p>The Board NOTED the report.</p>
ABUHB 2405/23	<p>Regional Partnership Board Update</p> <p>Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided, for information, an update on the work of the Regional Partnership Board, including the development of an Area Plan. It was noted that the report had been considered by the Partnerships, Public Health and Planning Committee.</p> <p>It was noted that a proposal would be presented to the next RPB meeting in relation to strengthening governance arrangements.</p> <p>The Chair commented that many RPB members were new and this was therefore an opportune time to review governance, roles and responsibilities.</p> <p>The Board NOTED the report</p>
ABUHB 2405/23	<p>An overview of Joint Committee Activity</p> <p>Nicola Prygodzicz (NP), Chief Executive, provided an update on the issues discussed and agreed at recent meetings of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), as joint committees of the Board.</p> <p>The Board APPROVED changes to WHSSC's Governance and Accountability Framework as set out within the paper.</p> <p>The Board NOTED the report.</p>
ABUHB 2405/24	<p>Key Matters from Committees of the Board</p> <p>The Board RECEIVED Assurance Reports from the following Committees:</p> <ul style="list-style-type: none"> • Audit, Risk and Assurance Committee • Patient Quality, Safety and Outcome Committee • Shared Services Partnership <p>The Board approved Committee Annual Report 2022/23.</p>

DRAFT

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Summary of Board Business held In-Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion held by the Board at its private meetings held on 24th May and 21st June 2023 and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

In accordance with its Standing Orders, Aneurin Bevan University Health Board conducts as much of its formal business in public as is possible (Section 7.5). There may, however, be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Board Secretary [Director of Corporate Governance]) will schedule these issues accordingly and require that any observers withdraw from the meeting. This is sometimes known as a 'Private/Confidential Board meeting' or an 'In-Committee Board meeting'. The legal basis by which observers would be asked to withdraw from such meetings, is as set out within the *Public Bodies (Admission to Meetings) Act 1960, section 1 (2)*.

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

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

The purpose of this report is therefore to share a summary of formal discussion held by the Board at its private meeting held on 29th March 2023 and to report any key decisions taken.

Cefndir / Background

Summary of Discussions

Office Accommodation – Lease Arrangements

The Board supported a proposal to progress arrangements for a 10-year lease for a large property in Cwmbran which would enable the Health Board to rationalise other office estate at a lower cost.

Radiology Informatics System Programme (RISP) Full Business Case (FBC) (24th May)

The Board considered the RISP FBC, developed to replace an end of contract solution, to ensure future effective and efficient delivery of Radiology diagnostic services across Wales.

The Board supported the Full Business Case subject to a number of issues being addressed, including:

- The FBC must include all costs of full implementation (local and national costs); and
- The Case must clearly identify all risk, mitigation plans and financial risks/penalties.

Radiology Informatics System Programme (RISP) Full Business Case (FBC) (21st June)

A further meeting was convened to discuss the use of Urgent Chair's Action, in-line with Standing Orders, relating to the Radiology Informatics System Programme (RISP) Full Business Case (FBC).

Members considered the response from DHCW regarding the concerns raised by the Board, particularly in relation to costs and deliverability, following which the Board approved the FBC, subject to the following caveats:

- That the schedule of local costs across health boards is included as an addendum to the case and that these costs were included within the overall funding requirement of the FBC;
- Given the risks associated with timely deployment of the Programme, any financial penalties are met via the national programme and not attributed as costs to be met locally; and
- That further work is undertaken to identify fully the risks of the Programme and that these are mitigated nationally.

Asesiad / Assessment

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

Argymhelliad / Recommendation

The Board is requested to note this report.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

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

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

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/	Choose an item. Choose an item. Not applicable to this report



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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
24 th May 2023	ABUHB 2405/07	Chair's Report: Tyleri Ward Community Resource Team (CRT) to be invited to share their experience with the Board	Director of Corporate Governance	September 2023	Included in Forward Work Programme for September 2023
24 th May 2023	ABUHB 2405/17	Annual Complex Care/Mental Health and Learning Disabilities Independent Provider Fee Uplift for 2023/24: An update on the development of a modern commissioning approach on the place based care model would be presented to the Board in 3 months time.	Chief Operating Officer	September 2023	Included in Forward Work Programme for September 2023
24 th May 2023	ABUHB 2405/20	Quarter 4 2022/23 Outcomes Report: update on WCCIS to be provided to the next meeting	Chief Operating Officer	July 2023	Included on the agenda

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:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director 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.

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

During the period between the 12th May and 3rd July 2023, three (3) Chair's Actions have been agreed. This paper provides a summary of the Chair's Actions taken during this period, which are appended to this report at **Appendix One**.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has determined it should be sealed, or if the transaction has been approved by the Board, a Committee of the Board or under delegated authority.

2. Chair's Action

Chair's Action is defined by the Health Board's Standing Orders as:

Chair's action on urgent matters: There may, occasionally, be circumstances where decisions which would normally be made by the Board need to be taken between scheduled meetings, and it is not practicable 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 12th May and 3rd July 2023, as outlined below.

Date	Title
30/05/2023	Deed of covenant (transfer of part of land at St Lawrence Hospital) for 1m strip of land, No.1 Manor Wood, Chepstow.
30/05/2023	HM Land Registry TP1 transfer for part of land at St Lawrence Hospital, Chepstow.
06/06/2023	Land Registry TR1 transfer the lease from GPs based at Blaenavon Health Centre back to the Health Board.

3.2 Chair's Action

All Chair's Actions approved between 14th March and 11th May 2023 are listed below.

Date	Title
31/05/23	Block E Flood Damage - Equipment Replacement RGH
19/06/23	PFI Expiry – Llanwenarth Suite Purchase
30/06/23	Medical E-Systems

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 Termiau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper

Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

**Capital Projects – Governance: May 2023
Chairs Action**

**Block E Flood Damage – Equipment Replacement
RGH**

PPD 1447

Project Description:

This approval relates to the E Block Flood, and equipment replacement which has been condemned as unsafe for use.

Due to overflow issues associated with the 2nd floor disabled toilet, the ground and first floor within E block suffered significant water damage over the Easter Bank Holiday. As a result, most of the ophthalmology and ENT clinical equipment has since been condemned by EBM/IPAC.

Whilst works to rectify the environment continues, equipment has been moved to enable elements of the out-patient service to be re-provided on D5W. Where specialist equipment is required, patients have been re-scheduled to attend alternative sites.

The risks of delaying replacement of or not replacement key items are as follows:

- Continued reduction in planned care capacity for ENT clinics (one of the most pressurised specialties)
- Reduced capacity and crowding in in MIU due to "E Block" utilising MIU space
- Some patients travelling from NHH and YYF clinics to attend clinics in RGH due to the consolidation of specialist equipment in RGH (the equipment at other sites needs to go back)

To ensure the capital ask is reasonable:

- A register has been developed of all replacement equipment and remedial works required and this ask for capital represents only those that are deemed urgent and business critical – the divisional team is assured that this is the case
- Teams have "mined" other facilities to keep clinics going and to test for whether equipment can be permanently relocated to RGH

As this is an emergency requirement, there is no provision in the discretionary capital plan which is already under significant pressure with a number of risks. However, to enable approval of this spend the following mitigation and opportunities are noted and key:

- Work with procurement to challenge and drive down the initial cost estimate – a task and finish group with procurement, finance and service reps will oversee this
- Replacement assets have been logged (numbers etc) in order to inform a claim to WRP – it is not anticipated that this claim will completely off set costs and could take some months to process.
- Slippage in other scheduled care capital project (Cordell scheme to potential £500k value in year).

Please see attached PPD for further information.



PPD%201447%20-%
20E%20Block%20eq

Funding: Funding will be via the Discretionary Capital Programme. As this bid approval is a result of an extensive flood, bids to the All-Wales Risk Pool are in progress which will replenish a level of the Discretionary Allocation once approved by WG.	
Financial Value (Capital):	Total: £752,500 (Inclusive of VAT)
Other Related Approvals: Hannah Evans, Executive Director 24 th May 2023	
Approval Request: In accordance to the Financial Limits of the Health Boards SFI's. The Chair and CEO are requested to approve the financial limit of this project, (£752,500) inclusive of Vat)	
Approval Signatures: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>Signature  Rani Dash, Director of Corporate Governance</p> <p>Signature  Nicola Prygodzicz, Chief Executive</p> <p>Signature  Ann Lloyd, Chair</p> <p>Signature Independent Member</p> <p>Signature Independent Member</p> </div> <div style="width: 45%;"> <p>Date: 30.5.2023</p> <p>Date: 30-5-23</p> <p>Date: 31/5/23</p> <p>Date: 31.05.2023</p> <p>Date: 31.05.2023</p> </div> </div>	

Description of Request:	
Via Chair's Action and in-line with the Health Board's Standing Orders, the Board is asked to ENDORSE a decision supported by the Executive Committee on 15 th June 2023.	
Financial Value	<p>£84,000.00 ex VAT ((£100,800 including VAT)</p> <p>The table outlined in the attached document outlines Semperian's final offer - shown as a capital purchase cost of £84,000 ex VAT. The final position was £0.971m lower than Semperian's opening position. In contrast the Health Board's negotiated position had moved by only £0.224m.</p>
Situation	
<p>At its meeting of 15th June 2023, the Executive Committee the Committee APPROVED the following recommendations:</p> <ul style="list-style-type: none"> • The Committee was asked to approve the purchase of the Llanwenarth suite at the negotiated price of £84,000 plus VAT and take ownership of the unit in July 2024. • Earmark £100,800 (£84,000 plus VAT) from the Health Board's discretionary allocation for 2024/25. • Aim to include the buyout costs as part of the regional cataract centre case and seek to secure capital funding from Welsh government. • Note the potential future building maintenance costs of ownership identified by the joint condition survey. 	
Background	
<p>The Llanwenarth Suite PFI is a separate unit at Nevill Hall Hospital which was built, partly equipped and maintained under a PFI arrangement by a company called AFL (now Semperian). The Llanwenarth PFI was one of the early health PFI schemes and the contract structure involved a 100-year head lease from the Health Board to the PFI contractor and a 25-year sub-lease back to the Health Board. The building was commissioned in 1999 and there was some confusion as to whether the sub lease term expires in 2023 or 2024, and this has formed part of the negotiations.</p> <p>In order to be able to use the suite after the sub-lease expiry, the Health Board had to agree a sub-lease extension or purchase the head lease at market value from Semperian under the terms of the legal agreement.</p> <p>An independent condition survey was undertaken by AA Projects on behalf of both Semperian and the Health Board in May 2023 and the results indicated that the building was in reasonable condition. Approximately £450k of work had been identified as being required to the unit over the next 5 years, approximately 25% of which will be undertaken by Semperian over the next 12 months to enable</p>	

them to fulfil their commitment to hand the unit over in June 2024 in condition B (the agreed standard).

The balance of the works which would need to be performed by the Health Board was approximately £300k over a 5-year period which does not represent an onerous commitment. The most significant cost items relate to the flat roof over the unit and the heating pumps, which are approaching the end of their life and the fire doors throughout the unit. The independent condition survey also highlighted some issues with the planned maintenance regime for the unit which are being addressed with the Health Board Works & Estates team.

The presence of Reinforced Autoclaved Aerated Concrete (RAAC) on the Nevill Hall site had caused some delay in the process. A survey was undertaken by Mott MacDonald in early 2023 and whilst there was a substantial amount of RAAC on the Neville Hall site itself, the survey identified that there is relatively little in the Llanwenarth suite.

Request

It is requested that the recommendations of the Health Board's Executive Committee to approve the purchase of the Llanwenarth suite is endorsed.

Accompanying documents:



Exec Committee
paper - June 2023 -

Approval:

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

Signatures: Chair / Vice Chair	Date:
	19/6/23
Signature: Chief Executive	Date:
	19/6/2023
Signature: Director of Corporate Governance	Date:
	19/06/2023

Signature: Director of Finance, Procurement & VBHC	
	21/6/23

Signature: Independent member	Date:
PAUL DENEEN PP - See attached for approval	19/6/2023
Signature: Independent member	Date:
STEWART BOSSON PP - See attached for approval	19/6/2023.

---- End ----

Description of Request:

Request for Chair's Action to proceed to contract award and subsequent implementation of e-systems.

Financial Value £943,870 (over 7 years)

Background

Further to Executive Committee papers considered in November 2021 and June 2022, and following the procurement exercise for Medical Workforce eSystems, the Executive Committee, on 22nd June, considered the outcomes of the procurement exercise and approved the contract award and subsequent implementation of e-systems.

The eSystems required will cover the functions of Job Planning, Rostering and Locum Bank across the Medical and Dental organisation of the Health Board as well as the interoperability necessary between these systems and all other systems contingent to the end-to-end process of workforce planning.

Following a thorough evaluation process completed by a multi-disciplinary team, it is recommended that the Health Board contract with the following suppliers for provision of Medical Workforce eSystems:

- Lot 1 Job Planning – L2P referred to as Boxxe Ltd.
- Lot 2 eRostering - Locumtap trading as Patchwork Health
- Lot 3 Locum Bank - Locumtap trading as Patchwork Health

Lot	Y1 (Revenue)	Y2 (Revenue)	Y3 (Revenue)	Y4 (Revenue)	Y5 (Revenue)	Y6 (Revenue)	Y7 (Revenue)
Lot 1 – Job Planning	£32,021	£32,023	£32,023	£32,023	£29,260	£29,260	£29,260
Lot 2 – eRostering	£10,000	£75,000	£75,000	£75,000	£65,000	£65,000	£65,000
Lot 3 – Locum Bank	£46,000	£46,000	£46,000	£46,000	£38,000	£38,000	£38,000
TOTALS	£88,021	£153,023	£153,023	£153,023	£132,260	£132,260	£132,260

Accompanying documents:3.1a App 1 - MWES
Scope.docx3.1c App 3 - MWES
Tender Panels.docx220623_Medical
E-Systems Update V3.1d App 4 - MWES
Overall Tender Evalu**Approval:**

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

Signatures: Chair / Vice Chair**Date:**

27/6/23

Signature: Chief Executive**Date:**

27.6.23

Signature: Director of Corporate Governance**Date:**

26/6/23

Signature: Independent memberPaul Densen - Approved by
separate email**Date:**

29/6/23

Signature: Independent memberPippa Britton - Approved by
separate email**Date:**

30/6/23

---- End ----

Audit of Accounts Report – Aneurin Bevan University Health Board

Audit year: 2022-23

Date issued: 11 July 2023

Document reference: ABUHBISA26022-23

This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to the Wales Audit Office at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Contents

We intend to issue an unqualified audit opinion. There are some issues to report to you before you consider whether to approve the Performance Report, Accountability Report and Financial Statements.

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Audit of Accounts Report

Introduction

- 1 We summarise the main findings from our audit of your 2022-23 annual report and accounts in this report.
- 2 We have already discussed these issues with the Director of Finance & Procurement and the Assistant Director of Finance (Financial Systems & Services) and their team.
- 3 Auditors can never give complete assurance that accounts are correctly stated. Instead, we work to a level of 'materiality'. This level of materiality is set to try to identify and correct misstatements that might otherwise cause a user of the accounts into being misled.
- 4 We set this level at £17.852 million for this year's audit.
- 5 There are some areas of the accounts that may be of more importance to the reader and we have set a lower materiality level for these, as follows:
 - remuneration report/senior pay disclosure and exit packages; and
 - Related Parties.
- 6 We have now substantially completed this year's audit and are in the final stages of review. Some aspects of our work remain outstanding in relation to our final review of audit work.
- 7 We are also awaiting assurances from our external management expert who consider the work of the District Valuer.
- 8 We will provide an update to the Audit Committee on 18 July 2023.
- 9 In our professional view, we have complied with the ethical standards that apply to our work; remain independent of yourselves; and our objectivity has not been compromised in any way. There are no relationships between ourselves and yourselves that we believe could undermine our objectivity and independence.

Impact of revised ISA315 on this year's audit

- 10 Our audits of NHS accounts for the year ended 31 March 2023 have been carried out under a revised auditing standard (ISA 315 (UK) Identifying and Assessing the Risks of Material Misstatement (Revised July 2020)). The revised standard has had a significant impact this year on how auditors undertake audit risk assessments and our overall audit approach.
- 11 In planning our audit, we are now required to undertake more detailed and extensive risk assessment procedures to identify risks of material misstatement. The subsequent design and performance of our audit approach has been responsive to each assessed risk. **Appendices 1 and 2** summarise the audit risks we identified from our planning work and the audit work undertaken to address those risk.

12 The introduction of the revised Standard and a different audit approach has had implications for audit timetables, and the new approach has required additional time to implement. We are also conscious that there have been additional challenges for finance teams preparing accounts this year, including the introduction of IFRS 16 – Accounting for Leases and accounting adjustments resulting from the quinquennial valuation of the NHS estate. It was important that finance teams had sufficient time to reflect these changes accurately in draft accounts submitted for audit to ensure a smooth audit process. As a result it was agreed that for 2022-23 that the revised timetable for the completion of the audit and the submission of the audited documents would be 31 July.

Exhibit 1 – impact of revised ISA315 on this year’s audit

Timetable	<ul style="list-style-type: none">• The Welsh Government’s deadlines for health bodies to submit their 2021-22 Performance Report, Accountability Report and Financial Statements are:<ul style="list-style-type: none">– the draft Financial Statements by 5 May; and– the draft Performance Report and Accountability Report by 12 May.• The Health Board met the above deadlines.• The Welsh Government’s deadline for audit completion and the submission of the audited documents is 31 July.• The Auditor General for Wales is scheduled to certify his audit report on 24 July.• Thereafter, we instruct the Senedd to lay the certified Performance Report, Accountability Report and Financial Statements. The laying tends to take place for all health bodies on the same day, with the preferred date being determined by the Welsh Government to coincide with its press notice.
Audit evidence	<p>As in previous years, we received the vast majority of audit evidence in electronic format. This year we have used Inflo Collaborate, a document sharing portal, to request and receive working papers and responses to queries to improve efficiency to the audit process.</p> <p>We have continued to use our Analytics Assisted Audit application during the audit for risk assessing journals.</p>

Proposed audit opinion

- 13 We issue a 'qualified' audit opinion where we have material concerns about some aspects of your accounts; otherwise, we issue an unqualified opinion. Subject to the satisfactory completion of the outstanding audit work as detailed in paragraph 6 above, we intend to issue an unqualified audit opinion on the 2022-23 financial statements, except for the regularity opinion which we intend to qualify.
- 14 We intend to qualify the regularity opinion because the Health Board has not achieved its first statutory financial duty to break even over a three year period. The financial position as at 31 March 2023 shows a year end deficit of £36.8 million and combined with the outturns for 2020-21 and 2021-22, a three-year deficit of £36.3 million.
- 15 Our proposed audit report is in **Appendix 4**; and our proposed narrative report is in **Appendix 5** which provides a more detailed explanation of the basis of the qualified regularity opinion.
- 16 We provide the intended opinions once you have provided us with a Letter of Representation based on that set out in **Appendix 3**. The Letter of Representation contains certain confirmations that we are required to obtain from you under auditing standards along with confirmation of other specific information you have provided to us during our audit.

Significant issues arising from the audit

Uncorrected misstatements

- 17 There are no misstatements identified in the accounts, which remain uncorrected.

Corrected misstatements

- 18 There were initially misstatements in the accounts that have now been corrected by management. However, we believe that these should be drawn to your attention, and they are set out with explanations in **Appendix 6**.
- 19 There are also a number of minor misstatements that have been corrected by management. However, we do not consider that they need to be drawn to your attention as part of your responsibilities over the financial reporting process. As well as a few additional disclosures, the financial corrections were minor and have not impacted on the reported deficit.

Other significant issues arising from the audit

20 In the course of the audit, we consider a number of matters relating to the accounts and report any significant issues arising to you. There were some issues arising in these areas this year as shown in **Exhibit 2**:

Exhibit 2 – significant issues arising from the audit

Significant issues arising from the audit	
Note 11 – Property, plant and equipment – existence of manually verified equipment	<p>In response to my 2021-22 recommendation that an asset verification exercise should take place annually, the Health Board increased resources of the capital accounting team in 2022-23 to accelerate the asset tagging programme. However, due to the volume of assets to be tagged, there remained a high volume of assets untagged but manually verified as existing as at 31 March 2023.</p> <p>Our asset existence testing focussed on untagged equipment which had a value of £83 million in Note 11 of the accounts, which had been manually verified as existing. Our testing identified one item that could not be found and therefore we were required to extend our testing sample. Our further testing identified another item that had been disposed of in 2018. Given the value of these assets we extrapolated the results. Extrapolation of this error rate to the remaining £77.5 million assets (£83 million less £5.5 million of items tested), indicates a potential misstatement of £8.2 million, which is below our materiality for the financial statements.</p> <p>For 2023-24, we recommend that the asset tagging programme is completed prior to 31 March 2024. Should not all assets be tagged by 31 March 2024, departments should be reminded to complete the manual verification process in accordance with guidance and provide evidence of asset existence such as photographic evidence.</p>
Note 11 – Property, plant and equipment – non-verified existence of plant and equipment	<p>As a result of the Health Board’s impairment review during 2022-23, assets totalling £9.8 million were written off as having been disposed of in the year. This was either because the relevant department confirmed that the asset had been disposed of (circa £5 million)</p>

	<p>or the relevant department had not responded to requests for confirmation of whether the asset was still in use (circa £4.8 million).</p> <p>However, further information was received post-year-end, that £0.98 million of assets for which no responses had been received by 31 March were still in use and the financial statements have been amended accordingly.</p> <p>Work is still on going to confirm the existence of the remaining assets, in particular those for which no response had been received. However, given the total affected population of £8.8 million (this being the initial £9.8 million less the £0.98 million subsequently identified) is not material to the accounts, any items identified as still existing will be accounted for in 2023-24.</p> <p>For 2023-24, we recommend that the asset tagging programme is completed prior to 31 March 2024. Should not all assets be tagged by 31 March 2024, departments should be reminded to complete the manual verification process in accordance with guidance and provide evidence of asset existence such as photographic evidence.</p>
Remuneration Report	<p>Our work noted improvements in the compilation of the Remuneration Report this year. However, some amendments were required to the Remuneration Report which included:</p> <ul style="list-style-type: none"> • pension benefits and bandings amended to reflect actual figures; • correct disclosure of benefits in kind; and • additional disclosure regarding secondment of senior officers to Welsh government <p>For 2023-24, we recommend that the compilation of the Remuneration Report is reviewed and documented to ensure compliance with the relevant guidance from the Welsh Government.</p>

Recommendations

- 21 We intend to discuss lessons learnt and recommendations arising from our audit of the financial statements at the joint post project learning session that we will hold jointly with the Finance Team. The agreed actions arising from this session and follow-up of last year's recommendations will be presented to the Audit Committee scheduled for the Autumn 2022

Follow-up of last year's significant issues arising from the audit

- 22 In our Audit of the Accounts Report 2021-22, we identified two significant issues arising from the audit:
- Note 11 – Property, plant and equipment - additional work required by the Health Board to provide assurance over the Gross Book Value of plant and equipment whose Net Book Value was nil; and
 - Remuneration Report – a number of amendments were required to be made
- 23 Our work in these areas identified further issues which have been detailed above in **Exhibit 2 – significant issues arising from the audit.**

Appendix 1

Significant audit risks reported in my Detailed Audit Plan 2023 and work undertaken to address those risks

Significant risks are identified risks of material misstatement for which the assessment of inherent risk is close to the upper end of the spectrum of inherent risk or those which are to be treated as a significant risk in accordance with the requirements of other ISAs. The ISAs require us to focus more attention on these significant risks.

The following significant financial statement risks were reported to you in my Audit Plan 2023.

Exhibit 3 – significant financial statement risks

Audit risk	Our planned response	Our audit finding
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	My audit team will: <ul style="list-style-type: none">• test the appropriateness of journal entries and other adjustments made in preparing the financial statements;• review accounting estimates for bias; and• evaluate the rationale for any significant transactions outside the normal course of business.	Our audit work did not identify any issues arising in this area.
The risk of failing to meet your first financial duty to break even over a three year period has now crystallised. The position at month 12 shows yearend surplus/deficit of £37 million. This, combined with the outturns for 2020-21 and 2021-22, predicts a three-year deficit of £36.5 million. We will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.	My audit team will focus our testing on areas of the financial statements which could contain reporting bias.	Our work in this area identified a number of issues which have been included within Exhibit 2 – significant issues arising from the audit, in the main body of this Report: <ul style="list-style-type: none">• Non-existence of manually verified plant and equipment.• Disposal of non-verified plant and equipment which were

<p>Your current financial pressures increase the risk that management judgements and estimates could be biased in an effort to achieve a sustainable financial position in future years.</p>		<p>subsequently found to exist.</p>
<p>There is a risk of material misstatement due to fraud in expenditure and as such is treated as a significant risk [PN 10].</p>	<p>My audit team will undertake detailed substantive testing to ensure expenditure transactions are appropriate.</p> <p>My audit team will also:</p> <ul style="list-style-type: none"> • test the appropriateness of journal entries; and • evaluate the rationale for any significant transactions outside the normal course of business. 	<p>Our continuous planning no longer identified this as a significant risk and our audit approach was adapted accordingly.</p> <p>Our detailed audit work did not identify any issues arising in this area.</p>

Appendix 2

Other areas of audit focus reported in my Detailed Audit Plan 2023 and work undertaken to address those risks

I set out other identified risks of material misstatement which, whilst not determined to be significant risks, I would like to bring to your attention.

The following areas of audit focus were reported to you in my Detailed Audit Plan 2023.

Exhibit 4 Other areas of audit focus

Audit risk	Our planned response	Our audit finding
<p>There is a risk that the Gross Book Value (GBV) of assets will be materially misstated.</p> <p>Due to COVID, the Health Board decided not to undertake its annual asset impairment review and the process for verifying asset existence as at 31 March 2022.</p> <p>As part of my audit team's review of asset lives, my testing of assets recorded as having a Net Book Value (NBV) of 'nil' as at 31 March 2022 found that all of our sample tested were no longer in use and therefore the GBV of these assets was potentially materially overstated.</p> <p>During the audit, further work undertaken by the Finance Team to provide assurance that the GBV was not materially miss-stated resulted in a £5.1 million amendment to the financial statements and uncertainty over asset existence to a further value of £1.5 million, leading to a potential error of 25% (£6.6 million out of £25.9 million asset verification responses).</p> <p>Extrapolation of this error rate to the remaining £24 million assets for which no confirmations were received from departments, indicated a potential misstatement of £6 million, which was</p>	<p>My audit team will review the process for asset impairment review and verifying asset existence and sample test assets recorded as having a NBV of 'nil' to gain assurance that there are no material misstatements in accounting and reporting.</p>	<p>Our work in this area identified a number of issues which have been included within Exhibit 2 – <i>significant issues arising from the audit</i>, in the main body of this Report.</p>

<p>below our materiality for the financial statements.</p> <p>Whilst asset tagging has been implemented during 2022-23, not all assets have been tagged by 31 March 2023 and manual asset verification will need to be undertaken by departments for those areas whose assets have not been tagged.</p>		
<p>There is a risk that the disclosures within the Remuneration Report will be incorrect.</p> <p>My work identified a number of amendments to the draft 2021-22 Remuneration Report which included:</p> <ul style="list-style-type: none"> • inclusion of annualised salaries for those individuals who were only in post for part of the year; and • inclusion of correct post titles. <p>The note was both further complicated by the number of staff changes at Senior Management level and Board members.</p> <p>I understand that for 2022-23, the Health Board has continued to experience a significant number of changes at Senior Management level.</p>	<p>My audit team will review the completeness and accuracy of the Remuneration Report.</p>	<p>Our work in this area identified some issues which have been included within Exhibit 2 – <i>significant issues arising from the audit</i>, in the main body of this Report.</p>
<p>Accounting for Property, Plant and Equipment and Intangible Assets continues to be one of the most challenging areas of the accounts and there is a risk that the revaluation of the Health Board's estate is not accounted for correctly.</p> <p>The quinquennial revaluation of the NHS Estate took place as at 1 April 2022. To reflect the requirement to update the 1 April quinquennial revaluation figures to reflect changes to 31 March 2023 the 2022-23 tangible asset note should disclose the</p> <ul style="list-style-type: none"> • quinquennial revaluation on the revaluation line: and 	<p>My audit team will:</p> <ul style="list-style-type: none"> • consider the appropriateness of the work of the Valuation Office as a management expert. • test the appropriateness of asset valuation bases. • review a sample of movements in carrying values to ensure that movements have been accounted for and disclosed in accordance with the Manual for Accounts. 	<p>Our audit work to date has not identified any issues arising in this area. However we are still awaiting assurances from our external management expert who consider the work of the District Valuer.</p>

<ul style="list-style-type: none"> • subsequent indexation adjustment on the indexation line. <p>Both being applied from the 1 April 2022. On the basis of discussions with the District Valuer, the indices should be applied:</p> <ul style="list-style-type: none"> • on the 1 March 2023; • to the post quinquennial valuation figures before any depreciation applied; • depreciation then should be applied as normal; • the buildings element should be applied to specialised properties only. <p>There is a risk that assets are not valued on appropriate bases and that movements in the carrying values of assets are not appropriately accounted for and disclosed.</p> <p>Given the current economic climate, there is a further risk that the carrying values of assets have changed during 2022-23 and that 1 April 2022 valuations are materially misstated at the balance sheet date.</p>	<ul style="list-style-type: none"> • consider whether the carrying value of assets at 1 April 2022 remains materially appropriate or whether additional in-year adjustments are required due to the impact of current economic conditions. 	
<p>A new accounting standard, IFRS16 Leases, has been adopted by the FRoM for 2022-23 and applies to NHS bodies from 1 April 2022.</p> <p>IFRS 16 provides enhanced disclosure requirements to give a basis for users of financial statements to assess the effect that leases have on the financial position, financial performance and cash flows of lessees and lessors. The 2022- 23 accounts will be the first year to include such disclosures.</p> <p>IFRS16 will significantly change how most leased assets are accounted for as leased assets will need to be recognised as assets and liabilities in the Statement of Financial Position.</p> <p>There are also significant additional disclosure requirements specific to leased assets that will need to be reflected in the financial statements.</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> • consider the completeness of the lease portfolios identified by the health board needing to be included in IFRS16 calculations. • review a sample of calculated asset and liability values and ensure that these have been accounted for and disclosed in accordance with the Manual for Accounts. • ensure that all material disclosures have been made 	<p>Our audit work did not identify any issues arising in this area.</p>

<p>There is a risk that manual accruals are susceptible to management override.</p> <p>My audit of the 2021-22 financial statements identified misclassification of some accruals which were material and required correcting.</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of manual accrual transactions; and • review manual accrual estimates for bias 	<p>Our audit work did not identify any issues arising in this area.</p>
<p>Provisions are measured at the best estimate of the expenditure required to settle present obligations. Due to the level of estimation involved in the calculation of provisions, there is a risk that provisions are susceptible to management over-ride.</p> <p>My audit of the 2021-22 financial statements also identified misclassification of some provision balances which were material and required correcting.</p>	<p>My audit team will:</p> <ul style="list-style-type: none"> • test the appropriateness of provision balances; • review provision balance estimates for bias; and • test the appropriateness of provision balances classification. 	<p>Our audit work did not identify any issues arising in this area.</p>
<p>I audit the disclosure of related party transactions and balances to a far lower level of materiality. My audit of the 2021- 22 financial statements identified omitted disclosures, which were material and required correcting.</p>	<p>My audit team will verify that all the necessary signed declarations have been received, evaluated, and disclosed appropriately and accurately.</p> <p>My examinations will also include other means of testing, such as my review of Companies House records using data analytics.</p>	<p>Our audit work did not identify any issues arising in this area.</p>
<p>There are individuals within the Health Board who are currently on secondment either to other organisations or from other organisations. There is a risk that the associated secondment costs are not accounted for and disclosed correctly within the financial statements of the Health Board</p>	<p>My audit team will review the appropriateness of accounting arrangements and disclosures for individuals currently on secondment both inwards and outwards</p>	<p>My audit team has recommended that a disclosure note is added to the Remuneration Report to provide details regarding those individuals outwardly seconded to Welsh Government.</p>

The ongoing impact if the 'scheme pays' initiative in respect of the NHS pension tax arrangements for clinical staff. Last year I qualified my regularity opinion, and I placed a substantive report on the statements to explain the reasons. Principally, that the expenditure relating to the scheme contravenes the requirements of Managing Welsh Public Money.

For 2022-23, whilst any transactions included in the Health Board's financial statements strictly remain irregular, I am not classifying them as material by their nature. I consider that a further qualification of my regularity opinion would have a diminishing value, particularly against the backdrop of the Chancellor of the Exchequer abolishing the Lifetime Allowance in his March 2023 budget statement".

Our audit work did not identify any issues arising in this area.

Appendix 3

Final Letter of Representation

Aneurin Bevan University Health Board's letter head

Auditor General for Wales
Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

xx July 2023

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Aneurin Bevan University Health Board for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
 - prepare them on a going concern basis on the presumption that the services of Aneurin Bevan University Health Board will continue in operation.
- ensuring the regularity of any expenditure and other transactions incurred.

- the design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence;
- the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud;
- our knowledge of fraud or suspected fraud that we are aware of and that affects Aneurin Bevan University Health Board and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements;
- our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others;
- our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements;
- the identity of all related parties and all the related party relationships and transactions of which we are aware; and
- our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by Aneurin Bevan University Health Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Aneurin Bevan University Health Board on 19 July 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:

Chief Executive

Date:

Signed by:

Chair of the Health Board

Date:

Appendix 4

Proposed Audit Report

The Certificate of the Auditor General for Wales to the Senedd

Opinion on financial statements

I certify that I have audited the financial statements of Aneurin Bevan University Health Board for the year ended 31 March 2023 under Section 61 of the Public Audit (Wales) Act 2004.

These comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Cash Flow Statement and Statement of Changes in Taxpayers' Equity and related notes, including a summary of significant accounting policies.

The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual.

In my opinion, in all material respects, the financial statements:

- give a true and fair view of the state of affairs of Aneurin Bevan University Health Board as at 31 March 2023 and of its net operating costs for the year then ended; and
- have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

Opinion on regularity

In my opinion, except for the matter described in the *Basis for Qualified Regularity Opinion* section of my report, in all material respects, the expenditure and income in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

Basis for Qualified Opinion on regularity

I have qualified my opinion on the regularity of the Aneurin Bevan University Health Board's financial statements because the Aneurin Bevan University Health Board has breached its resource limit by spending £36.348 million over the amount that it was authorised to spend in the three-year period 2020-2021 to 2022-2023. This spend constitutes irregular expenditure.

Further detail is set out in my Report on page **xx**

Basis for opinions

I conducted my audit in accordance with applicable law and International Standards on Auditing in the UK (ISAs (UK)) and Practice Note 10 'Audit of Financial Statements of Public Sector Entities in the United Kingdom'. My responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of my certificate.

My staff and I are independent of the Board in accordance with the ethical requirements that are relevant to my audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and I have fulfilled my other ethical responsibilities in accordance with these requirements. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinions.

Conclusions relating to going concern

In auditing the financial statements, I have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work I have performed, I have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

My responsibilities and the responsibilities of the directors with respect to going concern are described in the relevant sections of this certificate.

The going concern basis of accounting for Aneurin Bevan University Health Board is adopted in consideration of the requirements set out in HM Treasury's Government Financial Reporting Manual, which require entities to adopt the going concern basis of accounting in the preparation of the financial statements where it anticipated that the services which they provide will continue into the future.

Other Information

The other information comprises the information included in the annual report other than the financial statements and my auditor's report thereon. The Chief Executive is responsible for the other information contained within the annual report. My opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in my report, I do not express any form of assurance conclusion thereon. My responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or knowledge obtained in the course of the audit, or otherwise appears to be materially misstated. If I identify such material inconsistencies or apparent material misstatements, I am required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Opinion on other matters

In my opinion, the part of the remuneration report to be audited has been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers.

In my opinion, based on the work undertaken in the course of my audit:

- the parts of the Accountability Report subject to audit have been properly prepared in accordance with the National Health Service (Wales) Act 2006 and directions made there under by Welsh Ministers' directions; and;
- the information given in the Performance and the other unaudited parts of the Accountability Report for the financial year for which the financial statements are prepared is consistent with the financial statements and is in accordance with Welsh Ministers' guidance.

Matters on which I report by exception

In the light of the knowledge and understanding of the Board and its environment obtained in the course of the audit, I have not identified material misstatements in the Performance Report and the other unaudited parts of the Accountability Report or the Annual Governance Statement.

I have nothing to report in respect of the following matters, which I report to you, if, in my opinion:

- I have not received all the information and explanations I require for my audit;
- adequate accounting records have not been kept, or returns adequate for my audit have not been received from branches not visited by my team;
- the financial statements and the audited part of the Accountability Report are not in agreement with the accounting records and returns;
- information specified by HM Treasury or Welsh Ministers regarding remuneration and other transactions is not disclosed;
- certain disclosures of remuneration specified by HM Treasury's Government Financial Reporting Manual are not made or parts of the Remuneration Report to be audited are not in agreement with the accounting records and returns; or
- the Governance Statement does not reflect compliance with HM Treasury's guidance.

Responsibilities of Directors and the Chief Executive for the financial statements

As explained more fully in the Statements of Directors' and Chief Executive's Responsibilities, the Directors and the Chief Executive are responsible for:

- maintaining adequate accounting records
- the preparation of financial statements and annual report in accordance with the applicable financial reporting framework and for being satisfied that they give a true and fair view;

- ensuring that the annual report and financial statements as a whole are fair, balanced and understandable;
- ensuring the regularity of financial transactions;
- internal controls as the Directors and Chief Executive determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error; and
- assessing the Health Board's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors and Chief Executive anticipate that the services provided by the Health Board will not continue to be provided in the future.

Auditor's responsibilities for the audit of the financial statements

My responsibility is to audit, certify and report on the financial statements in accordance with the National Health Service (Wales) Act 2006.

My objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue a certificate that includes my opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. I design procedures in line with my responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud.

My procedures included the following:

- Enquiring of management, the Health Board's head of internal audit and those charged with governance, including obtaining and reviewing supporting documentation relating to Aneurin Bevan University Health Board policies and procedures concerned with:
 - identifying, evaluating and complying with laws and regulations and whether they were aware of any instances of non-compliance;
 - detecting and responding to the risks of fraud and whether they have knowledge of any actual, suspected or alleged fraud; and
 - the internal controls established to mitigate risks related to fraud or non-compliance with laws and regulations.
- Considering as an audit team how and where fraud might occur in the financial statements and any potential indicators of fraud. As part of this discussion, I identified potential for fraud in the following areas: posting of unusual journals, estimates, provisions, and manual accruals;
- Obtaining an understanding of Aneurin Bevan University Health Board's framework of authority as well as other legal and regulatory frameworks that the Aneurin Bevan University Health Board operates in, focusing on those laws and regulations that had a direct effect on the financial statements or that had a fundamental effect on the operations of Aneurin Bevan University Health Board;
- Obtaining an understanding of related party relationships

In addition to the above, my procedures to respond to identified risks included the following:

- reviewing the financial statement disclosures and testing to supporting documentation to assess compliance with relevant laws and regulations discussed above;
- enquiring of management, those charged with governance and legal advisors about actual and potential litigation and claims;
- reading minutes of meetings of those charged with governance and the Board; and
- in addressing the risk of fraud through management override of controls, testing the appropriateness of journal entries and other adjustments; assessing whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluating the business rationale of any significant transactions that are unusual or outside the normal course of business.

I also communicated relevant identified laws and regulations and potential fraud risks to all audit team members and remained alert to any indications of fraud or non-compliance with laws and regulations throughout the audit.

The extent to which my procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the Aneurin Bevan University Health Board controls, and the nature, timing and extent of the audit procedures performed.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of my auditor's report.

Other auditor’s responsibilities

I am also required to obtain evidence sufficient to give reasonable assurance that the expenditure and income recorded in the financial statements have been applied to the purposes intended by the Senedd and the financial transactions recorded in the financial statements conform to the authorities which govern them.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report

Please see my Report on pages x to y.

Adrian Crompton
Auditor General for Wales
Date 24 July 2023

1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

Appendix 5

The proposed Report of the Auditor General to the Senedd

Introduction

Under the Public Audit Wales Act 2004, I am responsible for auditing, certifying and reporting on Aneurin Bevan University Health Board's (the Health Board's) financial statements. I am reporting on these financial statements for the year ended 31 March 2023 to draw attention to two key matters for my audit. These are the failure against the first financial duty and consequential qualification of my 'regularity' opinion. I have not qualified my 'true and fair' opinion in respect of any of these matters.]

Financial duties

Health Boards are required to meet two statutory financial duties – known as the first and second financial duties.

For 2022-23, the Health Board failed to meet the first financial duty.

Failure of the first financial duty

The **first financial duty** gives additional flexibility to Health Board's by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2020-21 to 2022-23.

As shown in Note 2.1 to the Financial Statements, the Health Board did not manage its revenue expenditure within its resource allocation over this three-year period, exceeding its cumulative revenue resource limit of £4,789.223 million by £36.348 million.

Where a Health Board does not balance its books over a rolling three-year period, any expenditure over the resource allocation (i.e. spending limit) for those three years exceeds the Health Board's authority to spend and is therefore 'irregular'. In such circumstances, I am required to qualify my 'regularity opinion' irrespective of the value of the excess spend.

Adrian Crompton

Auditor General for Wales

Date 24 July 2023

Appendix 6

Summary of Corrections Made

Following our audit the following misstatements were identified and have been corrected by management, but which we consider should be drawn to your attention due to their relevance to your responsibilities over the financial reporting process.

Exhibit 5: summary of corrections made

Value of correction	Nature of correction	Reason for correction
£1.142 million	Statement of Changes in Taxpayer's Equity To reclassify the movement from the Revaluation Reserve to the General Fund from the 'Impairments and reversals' to the 'Transfers between Reserves' line.	To ensure that movements in reserves are correctly classified.
£1.106 million	Note 11.1 – Property, Plant and Equipment Reduce the 'NHS Wales Transfers' under the 'Cost or valuation at 1 April 2022' section within the 'Plant and Machinery' category, with a corresponding increase in 'Transfer from/into other NHS bodies' in the 'As at 31 March 2023' section.	To comply with Technical Note 11 guidance issued by Welsh Government on 16 June.
£0.975 million	Note 11.1 – Property, Plant and Equipment Reduce the 'Disposals' under the 'Cost or valuation' section within the 'Plant and Machinery' category), with a corresponding decrease in 'Disposals' in the 'Depreciation' section.	The Health Board had written off assets as disposed which were subsequently identified as still being in use.

Various amounts and narrative	Remuneration Report Various amendments to the remuneration report which included: <ul style="list-style-type: none"> • pension benefits and bandings amended to reflect actual figures; and • correct disclosure of benefits in kind • additional disclosure regarding secondment of senior officers to Welsh government 	To ensure senior managers' and directors' remuneration is correctly disclosed in accordance with relevant guidance.
Various amounts and narrative	Other A number of amendments to the disclosure Notes.	During the audit, we identified a number of trivial amendments and errors in the narrative which the Health Board has chosen to amend.
Various narrative	Performance Report and Accountability Report A number of amendments to the performance and Accountability Report, including the Annual Governance Statement.	To ensure full compliance with relevant guidance



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We welcome correspondence and telephone calls in Welsh and English.
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Annual Report and Accounts 2022/23
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

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In respect of the Annual Report and Accounts 2022/23, this paper presents to the Board the final draft audited versions of:

- 1) The Performance Report (Part 1)
- 2) The Accountability Report (Part 2), including:
 - a) A Corporate Governance Report
 - b) A Remuneration and Staff Report
 - c) A Parliamentary Accountability and Audit Report.

3) The Financial Statements, including the Audited Annual Accounts 2022-23, for consideration and approval prior to being submitted to Welsh Government on 31st July 2023, in-line with HM Treasury Requirements.

Following presentation of the draft documents to the Audit, Risk and Assurance Committee on 23rd May 2023 and 18th July 2023, the final draft versions incorporate comments and feedback received from Welsh Government; Audit Wales; and Board Members, including those comments made by the Audit, Risk and Assurance Committee when reviewing the drafts.

It should be noted that the versions appended to this report are those that have been shared with the Audit, Risk and Assurance Committee for final review on 18th July 2023. Any required amendments or additions arising from the Committee's meeting on 18th July 2023 will be outlined in a report from the Committee Chair for consideration by the Board at its meeting on 19th July 2023.

Page numbers contained in the documents will be added once the 3 reports have been combined in to one consolidated document for submission.

Cefndir / Background

NHS Bodies are statutorily obliged to prepare their annual report and accounts in compliance with the determination and directions given by Welsh Ministers and the approval of the Treasury.

The Manual for Accounts, issued by Welsh Government, has been prepared to ensure that those determinations and directions are consistent with the 2022-23 Government Financial Reporting Manual (FReM) which sets out the accounting guidance applicable to bodies within the Resource Accounting Boundary. In setting the requirements of the FReM the government is advised by an independent body, the Financial Reporting Advisory Board (FRAB). NHS bodies are required to follow FReM guidance except where a divergence has been formally agreed with the Treasury.

The Manual provides principles-based guidance to NHS bodies on how to prepare and complete their annual report and accounts and financial returns. Application of the principles to the individual circumstances of a NHS body is a matter between the body and its external auditors.

The Annual Report and Accounts as a whole must be fair, balanced and understandable and the Accountable Officer takes personal responsibility for it and the judgments required for determining that it is fair, balanced and understandable.

Asesiad / Assessment

Annual Report and Accounts – Requirements for 2022/23

As set out in the Manual for Accounts, NHS bodies are required to publish, as a single document, a three-part Annual Report and Accounts which includes:

- The Performance Report, which must include:
 - An overview.
 - Performance analysis
- The Accountability Report, which must include:
 - A Corporate Governance Report.
 - A Remuneration and Staff Report.
 - Senedd Cymru/Welsh Parliament Accountability and Audit Report.
- The Financial Statements, including:
 - The Audited Annual Accounts 2022-23.

The detailed structure of the Annual Report and Accounts 2022/23, is set out at Annex A.

For the 2022-23 reporting period the deadlines for submission are:

Annual Reports 2022/23 - Key Dates	2022	
Draft Performance Report Overview, Accountability Report and Remuneration Report to WG	Fri	12-May
AARA Committee meeting to Consider Draft Accounts and Draft Accountability Report	Tue	23-May
ARA Committee meeting to Consider Final Accounts, and Accountability Report	Tues	18-July
Board meeting to approve Final Accounts and Accountability Report	Wed	19-July
Final Annual Report Deadline for Submission to WG – Annual Report and Accounts as a single unified document	Mon	31-July
Annual General Meeting – to receive the Annual Report and Accounts	Wed	27-Sept

Part One – The Performance Report 2022/23

The purpose of the performance section of the annual report is to provide information on the Health Board, its main objectives and strategies and the principal risks that it faces. The requirements of the performance report are based on the matters required to be dealt with in a Strategic Report as set out in Chapter 4A of Part 15 of the Companies Act 2006, as amended by SI 2013, No. 1970. The main features of the performance report should flow from the organisation's agreed plan and demonstrate how the Health Board has delivered against that plan in the year of reporting.

The performance report must provide a fair, balanced and understandable analysis of the Health Board's performance, in line with the overarching requirement for the annual report and accounts to be fair, balanced and understandable.

The performance report, once approved by the Board, shall be signed and dated by the Accountable Officer (the Chief Executive Officer).

The Draft Performance Report has been considered by the Audit, Risk and Assurance Committee (25th May 2023 and 18th July 2023). In addition, Audit Wales (External Audit), has reviewed the draft performance report for consistency with other information in the financial statements (Part 3). Feedback and amendments received from Audit Wales have been factored into the Final Draft. Welsh Government has also reviewed the draft performance report and, as with Audit Wales, updates to the document have been made to reflect feedback and comments received.

Part 2 – The Annual Accountability Report 2022/23

The purpose of the accountability section of the annual report is to meet key accountability requirements to the Welsh Government. The requirements of the accountability report are based on the matters required to be dealt with in a Directors' Report, as set out in Chapter 5 of Part 15 of the Companies Act 2006 and Schedule 7 of SI 2008 No 410, and in a Remuneration Report, as set out in Chapter 6 of the Companies Act 2006 and Schedule 8 of SI 2008 No 410.

The Accountability Report is required to have three sections:

- Corporate Governance Report

The purpose of the Corporate Governance Report is to explain the composition and organisation of the Health Board's governance structures and how they support the achievement of the entity's objectives.

As a minimum, the corporate governance report must include:

- The Directors' Report;
- The Statement of Accounting Officer's responsibilities; and
- A Governance Statement.

The Governance Statement is a key feature of the organisation's Annual Report and Accounts. It demonstrates publicly the management and control of resources and the extent to which the body complies with its own governance requirements, including how they have monitored and evaluated the effectiveness of their governance arrangements. It is intended to bring together in one place in the annual report all disclosures relating to governance, risk and control.

- Remuneration and Staff Report

The remuneration and staff report sets out the organisation's remuneration policy for directors and senior managers, reports on how that policy has been implemented and sets out the amounts awarded to directors and senior managers and where relevant the link between performance and remuneration.

- Senedd Cymru/Welsh Parliament Accountability and Audit Report

The Parliamentary Accountability Report contains disclosure on the following:

- Regularity of expenditure
- Fees and charges
- Public Sector Information Holders only - a statement is required if the entity has not complied with the cost allocation and charging requirements set out in HM Treasury guidance
- A brief description of the nature of each of the organisation's material remote contingent liabilities (that is, those that are disclosed under Parliamentary reporting requirements and not under IAS 37) and, where practical, an estimate of its financial effect. (This is included in the Annual Accounts [Part 3]).

The Accountability report, once approved by the Board, shall be signed and dated by the Accountable Officer (the Chief Executive Officer).

The Draft Accountability Report has been considered by the Audit, Risk and Assurance Committee (25th May 2023 and 18th July 2023). In addition, Audit Wales (External Audit), has reviewed the draft Accountability report for consistency with other information in the financial statements (Part 3). Feedback and amendments received from Audit Wales have been factored into the Final Draft. Welsh Government has also reviewed the draft accountability report and, as with Audit Wales, updates to the document have been made to reflect feedback and comments received.

Part Three – The Financial Statements 2022/23

In the published version of the Annual Report, NHS bodies should present the full Financial Statements of the organisation. There is no longer an option to present Summarised Financial Statements.

The Financial Statements, attached, have been subject to audit, the outcome of which is reported to the Board via the Audit of Accounts Report 2022/23 (agenda item 2.1).

Argymhelliad / Recommendation

The Board is asked to APPROVE Aneurin Bevan University Health Board's Annual Report and Accounts 2022/23 in readiness for submission to the Auditor General for Wales and Welsh Government.

Provided in supporting information:

	Title	Reference
1)	General Medical Services – New GMS Contract	LFR 101-105
2)	Analysis of Expenditure by Type	FR3
3)	Losses and Special Payments Financial Return	FR4
4)	Losses and Special Payments Financial Return	FR5
5)	NHS Interparty Eliminations	FR6
6)	Analysis of Impairments and reversals recognised in 2022/23	FR7
7)	NHS Wales FHoT Extract for WG	FR9
8)	Whole of Government Accounts	FR10
9)	Miscellaneous	FR14
10)	Right of Use of Assets Impact	IFRS16
11)	ABUHB LMS 2022-23	
12)	ABUHB LMS 2 2022-23	
13)	Monnow Vale Memorandum Statement	

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	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.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

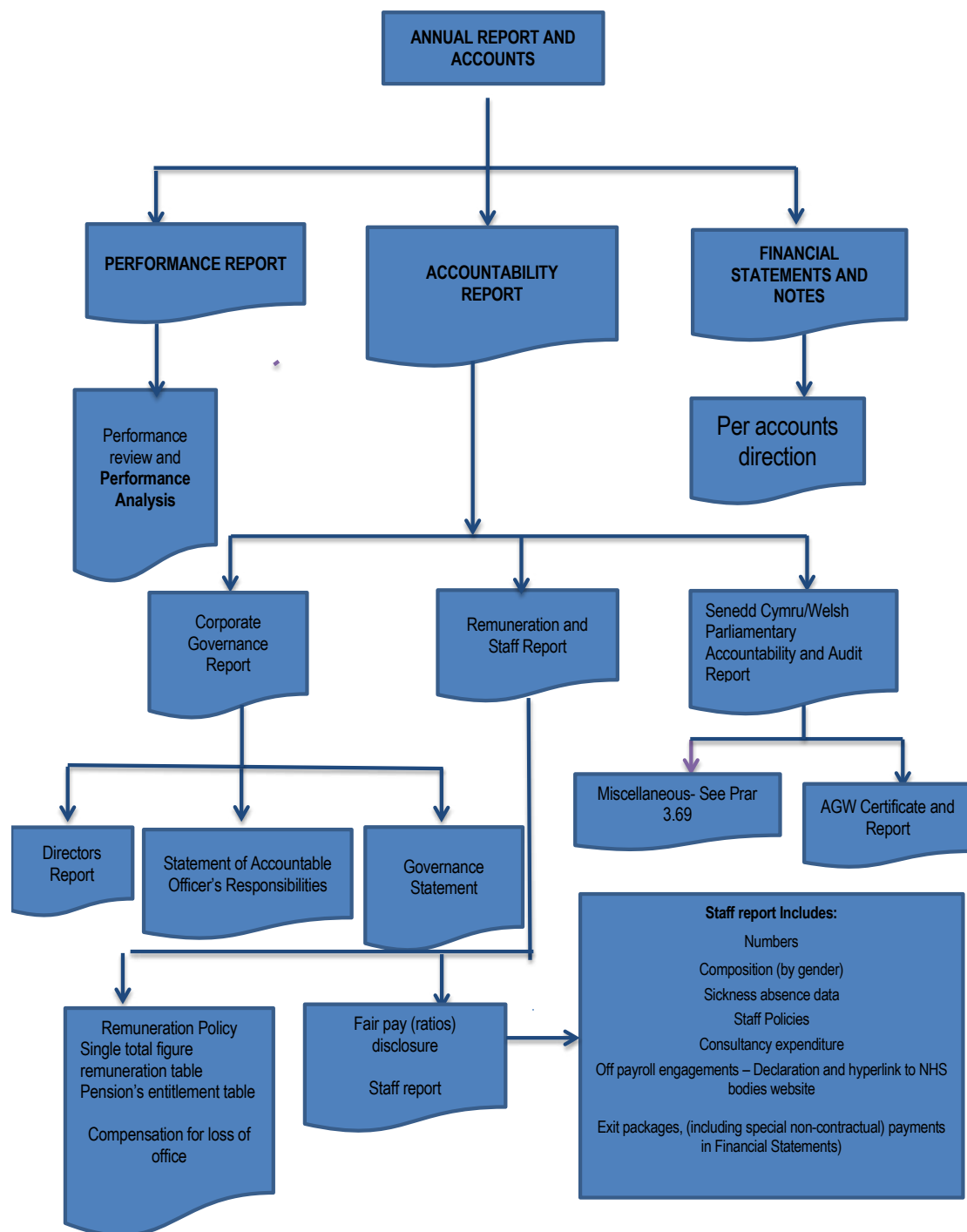
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Choose an item.
• Service Activity & Performance	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

**Deddf Llesiant
Cenedlaethau'r Dyfodol – 5
ffordd o weithio
Well Being of Future
Generations Act – 5 ways
of working**

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

Choose an item.
Choose an item.

ANNEX A



Aneurin Bevan University Health Board Annual Report and Annual Accounts 2022/23

Our Annual Report is a suite of documents that tell you about our organisation, the services and care we provide and what we do to plan, deliver and improve healthcare for you. It provides information about how we performed in 2022/23, what we have achieved, how we plan to continue to improve next year and our plans for the future. This report also explains how important it is for us to work with you and listen to your views, to better deliver services that meet your needs, as close to your home as possible.

Our Annual Report for the period 1st April 2022 to 31st March 2023 includes:

- Our **Performance Report** which details how we have performed against our targets and the actions planned to maintain or improve our performance.
- Our **Accountability Report** which details our key accountability requirements and provides information about how we manage and control our resources, identify and respond to our risks, and comply with our own governance arrangements.
- Our **Financial Statements and Annual Accounts** which detail how we have spent our money and met our obligations.

Contact Us

You can contact the Health Board using the details below:

Aneurin Bevan University Health Board

Headquarters, St Cadoc's Hospital

Lodge Road, Caerleon, Newport, NP18 3WQ

Telephone; 01633 436700 or email abhb.enquiries@wales.nhs.uk

<http://twitter.com/aneurinbevanhb>

<https://www.facebook.com/AneurinBevanHealthBoard>

Section One – The Performance Report	
1. Overview from the Chief Executive 2. Reporting Requirements 3. Aneurin Bevan University Health Board 4. Integrated Medium Term Plan 2022/23 – Life Course <ul style="list-style-type: none"> • Delivering the IMTP Priorities 2022/23 5. Integrated Medium Term Plan 2022/23 – Priority Programmes 6. Integrated Medium Term Plan 2022/23 – Quality and Safety 7. Putting Things Right 8. Well Being of Future Generations 9. Equality and Diversity 10. Welsh Language Requirements 11. Financial Management and Performance 12. Conclusion and Forward Look	
Section Two – The Accountability Report	
Corporate Governance Report <ul style="list-style-type: none"> • Directors Report • Statement of Accountable Officer’s Responsibilities • Annual Governance Statement 	
Remuneration and Staff Report	
Parliamentary Accountability and Audit Report	
Section Three – The Financial Statements	
The Audited Annual Accounts 2022-23	

Performance Report

1. Overview from the Chief Executive

Over the past twelve months our organisation has remained under sustained operational pressure at levels that, pre-Covid 19, would only have been seen in the winter period. 2022/23 brought increases in demand across our urgent and planned care systems, increased pressure on primary care and community services, as well as mental health services. We have continued to experience high walk-in demand at our emergency departments, significant pressures in social care and high levels of sickness and absence across our workforce. The sustained urgent care pressures together with challenges faced by the social care system continue to impact on service recovery.

Despite these challenges there have been improvements in performance, across the breadth of our priorities, as we seek to return to pre-pandemic levels of service and deliver the service transformation that underpins our plans to deliver a sustainable system of care for the future.

The Health Board's Integrated Medium-Term Plan (IMTP) for 2022/25 set out our core organisational priorities, underpinned by our focus on reducing health inequalities experienced by our communities, through improving population health. In doing so, the plan adopted a life course approach that optimised the health and wellbeing of our population, building on an approach first adopted in 2021. We are confident that this approach, over the long term, will provide high returns for health and sustainable development, both by limiting the accumulation of risks throughout life and associated ill-health for our citizens. Maintaining the focus on the long term is challenging in the face of operational pressures but vital in charting a course to sustainability. Our plan was underpinned by three core themes, optimism, realism and sustainability.

- **Optimism** stemming from a growing understanding of our system, we know where to focus our efforts, and with our renewed strength in partnership working, improved infrastructure (facilities and technology) together with our workforce have and continue to demonstrate that we can deliver change at pace to improve care.
- **Realism** - our priorities and delivery profiles (set out in the Minimum Data Set) were developed with frontline clinical teams. Through our dynamic planning approach we have a good understanding of potential demand, risks and capacity requirements for clinical teams and for our system.
- **Sustainability** - our plan focused on delivering the actions to maximise sustainable capacity, support people in the most appropriate place of care, and take preventative actions to help people live well in our communities.

Our Clinical Futures Strategy with tackling health inequalities at its core, has remained resilient and relevant for over a decade. Since the opening of the Grange University Hospital in November 2020 (a fundamental milestone in the delivery of the broader strategy) we have reshaped our Clinical Futures Programme to support the delivery of the Health Board's key organisational priorities which, based on



Aneurin Bevan University Health Board – 10 Priority Programmes 2022/23

- Public Health Protection & Population Health Improvement
- Accelerated Cluster Development (placed based health and care)
- Redesigning Services for Older People
- Transforming Urgent & Emergency Care
- Planned Care Recovery
- Maximising Cancer Outcomes
- Transforming Mental Health Care
- Reconfiguration of enhance Local General Hospital Network
- Decarbonisation
- Agile Working

our understanding of our system, will have the biggest impact on improving the sustainability of our system.

The following areas highlight some of the key achievements from 2022/23.

Improving the Health of our Population

In 2022/23 we were successful in establishing Gwent as a Marmot region (along with our Local Authority partners), which confirms our commitment to tackling health inequalities and launching the five-year Gwent Well Being Plan 2023-28.

Once again, we achieved exceptional childhood vaccination performance, with 94% of children receiving the '6 in 1' vaccination by the age of one and 90% of children receiving two doses of MMR by the age of five.

We also continued making great progress in reducing smoking prevalence across Gwent and we also have lots of great examples of supporting patients and citizens to lead a healthier lifestyle.

Primary Care Services

Face-to-face consultation rates were up to 58% in April 2023 (from 25% in June 2021). It's encouraging that 46% of GP practices are now using digital systems (such as Attend Anywhere and E-Consult) and our Dental Services have seen over 30,000 new patients.

Our pharmacies have continued to play a critical role in our primary care system, with all community pharmacies now signed up to provide key services such as Common Ailments Scheme (up 76% from 21/22) and flu vaccinations. In addition, we have also seen an increase in the number of pharmacies that can independently provide a prescription service.

Urgent and Emergency Care System

The last year continued to be an exceptionally busy year, with the number of patients accessing our urgent care services reaching unprecedented levels. To help alleviate the pressure we saw the establishment of the Same Day Emergency Care (SDEC) unit at The Grange University Hospital and Ysbyty Ystrad Fawr, alongside the launch of the new ambulatory care services in respiratory, gynaecology and gastroenterology.

We have also been working hard with our Local Authority colleagues as to how we can reduce discharge delays for patients waiting to leave hospital and how we can support older people better in their own homes and avoid hospital admissions. Our Care with GRACE (Gwent Rapid Access Clinic for the Elderly) is one example of this; the clinic now operates on weekdays and provides a holistic assessment within 24 to 72 hours of referral.

Planned Care and Cancer Services

Great progress was made during 2022/23 in reducing the backlog of patients waiting for diagnostic tests, outpatient appointments and operations, especially those who had been waiting more than 2 years for treatments.

We have increased the number of operations and outpatient appointments undertaken and are now closer to or above the levels we were operating at pre-pandemic.

We have also seen an improvement in cancer performance and have reduced the number of patients waiting, despite increasing referrals. We have also improved access to cataract surgery, as result of regional working with neighbouring Health Boards.

Mental Health Services

The introduction of the 111 (Press 2) service now offers urgent mental health support and advice to our patients and communities 24-hours-a-day, seven days a week, supporting the most vulnerable in our communities.

Our Peer Mentors Service was recognised as 'best practice' by Welsh Government. Changes to the Psychology Service has also improved patient choice and we have seen a number of other innovations focussing on mental wellbeing, such as the 'Recovery Through Sport' programme and 'Project Wingman' (the wellbeing bus).

There has also been huge progress in our Child and Adolescent Mental Health services (CAMHS), with some great initiatives working with schools and significant efforts to reduce the waits for assessment.

Strategic Developments

Our new Breast Unit was approved and is now under construction at Ysbyty Ystrad Fawr, with construction due to complete in December 2023 and the unit opening early in 2024.

Construction has also commenced on the Satellite Radiotherapy Unit at Nevill Hall Hospital, which is due to open in 2025.

The new Endoscopy suite at the Royal Gwent Hospital is also under development and due to open later this year, which will create a four-room facility to support improved patient access and a reduction in waiting times.

Dedicated accommodation for NICU parents at The Grange University Hospital was officially opened this year to help provide added support to families with very poorly babies.

Our Workforce

Our People Plan 2022-25 was approved which focuses on staff health and wellbeing, workforce sustainability and being the employer of choice. There has been a continued focus on recruitment and retention, a reduction in agency usage in the last quarter and an enhanced focus on employee wellbeing and staff recognition.

Finance

Despite a hugely challenging environment, we ended the last financial year with an overspend of £37m. This was the first year the Health Board had not delivered a break-even position. However, whilst this was disappointing, at month six the forecast deficit was much greater and it was through the efforts of our staff and a renewed focus on efficiency that enabled us to keep the overspend to the £37m.

Despite all the financial challenges and service pressures that we continue to face, it is important to acknowledge the huge progress made over the last year.

Moving forward into 2023/24, we have plans in place to build on the progress made last year across our priority areas and further improve access and quality of services. However, we face the most significant financial challenge and we will need to further develop our services to make them even more effective and efficient.

2. Reporting Requirements

The purpose of the Performance section of this Annual Report 2022/23, as set out in the guidance provided in the NHS Wales 2022/23 Manual for Accounts, is to provide information on Aneurin Bevan University Health Board, its main objectives and strategies and the principal risks that it faces. The requirements are based on the matters required to be dealt with as set out in Chapter 4A of Part 15 of the Companies Act 2006, as adapted in the Financial Reporting Manual and NHS Wales Guidance Manual.

The main features of the performance report flow from the organisation's agreed plan and demonstrate how the Health Board has delivered against these.

It should be noted that the duty of quality comes into legal force in April 2023 in line with the Health and Social Care (Quality and Engagement) (Wales) Act 2020. The new reporting requirements will therefore be captured through processes in place for 2023/24. In the interim, a non-statutory implementation of the duty of quality was introduced in autumn 2022. This will allow for testing the quality reporting indicators and qualitative measures being developed during the duty of quality implementation phase as a hybrid reporting process for 2022/23. Further information is available in the Annual Accountability Report, Page XX.

The Annual Accountability Report (Section 2), Page XX, includes an overview of the Health Board's work in relation to its Sustainability and Carbon Reduction Plans, with some detail also included below at page 23.

3. Aneurin Bevan University Health Board

Aneurin Bevan University Health Board was established in October 2009 and achieved 'University' status in December 2013. The Health Board's principal role is to ensure the effective planning and delivery of our local NHS system, within a robust governance framework, to achieve the highest standards of patient safety and public service delivery, improve health and reduce inequalities and achieve the best possible outcomes for our citizens, and in a manner that promotes human rights. To fulfil this role, we are required to work with our partners and stakeholders in the best interests of the population we serve.

As a Health Board, we serve the population of Gwent which reflects the five local authority areas: Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen. The Demographics of Gwent are varied and include rural countryside areas, urban centres and the most easterly of the south Wales valleys.

The Population Needs Assessment for the region can be found here: [Demography - Gwent](#)

The Health Board employed 12,648 whole time equivalent (WTE) staff as at 31st March 2023. It is the largest employer in Gwent. Our workforce is ageing, as is the demographic profile of our population and the health inequalities of our population are also found within our workforce. 80% of our staff live within our communities. Therefore, it is essential that staff health and wellbeing is a key priority and a feature of our preventative plans.

The Health Board has an annual budget from the Welsh Government of just over £1.6 billion per year from which we plan and deliver services for the population of Gwent. The Health Board, as well as providing services locally, works in partnership to seek to improve health and well-being in the area, particularly through our partnership arrangements to respond to the Social Services and Well-Being (Wales) Act 2014 and the Well Being of Future Generations (Wales) Act 2015.

Detail on how the Health Board is governed is set out within the Accountability Report (Section 2 of the Annual Report and Accounts 2022/23).

4. Integrated Medium Term Plan 2022/23 – Life Course

The IMTP 2022/23 set out the Health Board's priorities based on adopting a life course approach. Unlike a disease-oriented approach, which focuses on interventions for a single condition often at a single life stage, the life course approach considers the critical stages, transitions and settings where differences can be made in promoting or restoring the health and wellbeing of both current and future generations. This approach requires working with our citizens (as individuals, families and communities) to deliver the change our communities need.

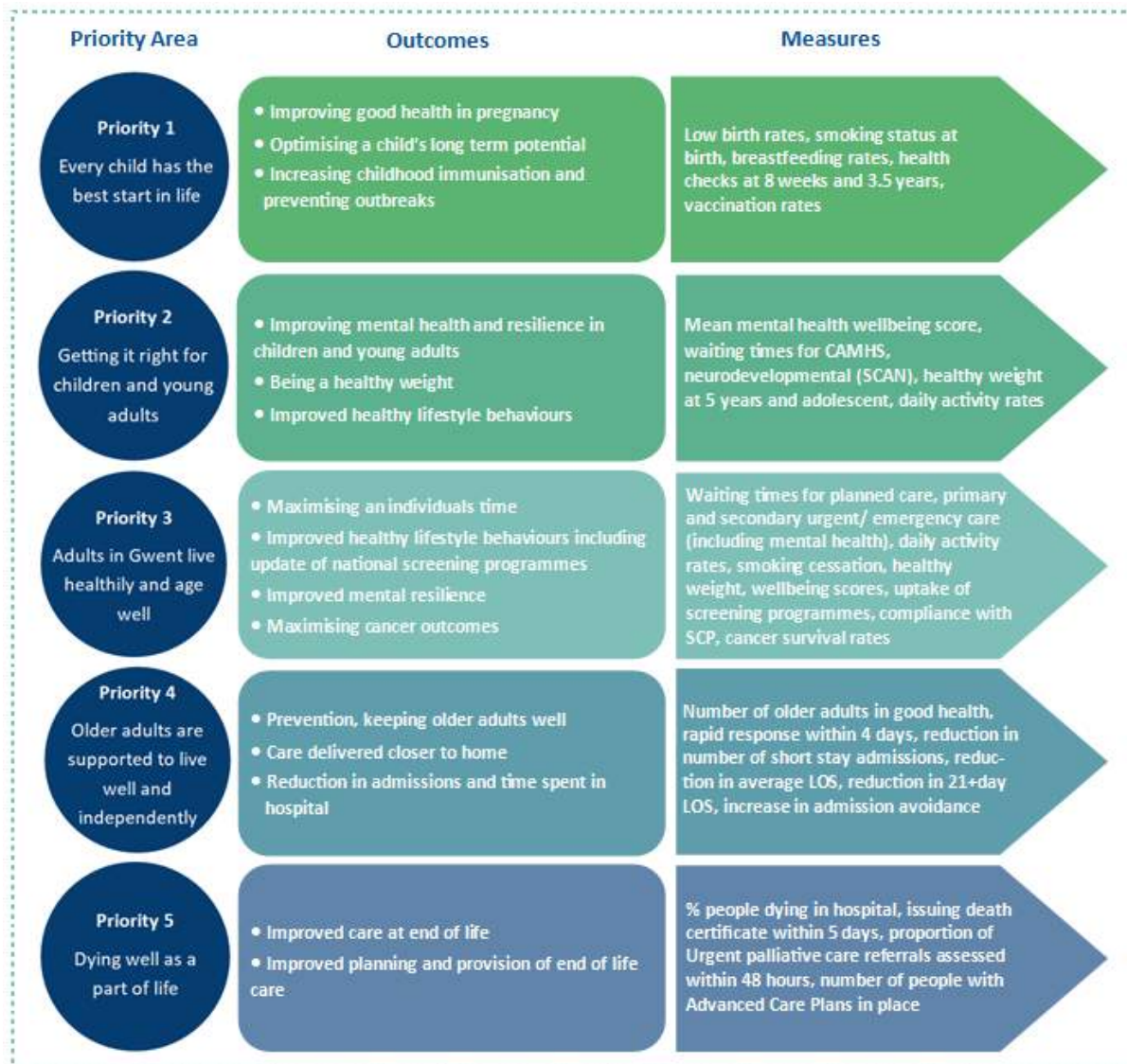
This approach requires holistic, long-term policy and investment strategies that promote better health outcomes for individuals and greater health equity in the population. We are confident this approach can provide good returns for health and sustainable development, both by limiting ill health and the accumulation of risk throughout life and by contributing to social and economic development.

We know that the direct and indirect harms of Covid-19 have amplified health inequalities for our population, further heightened by the cost-of-living crisis. Balancing our efforts to respond to the substantial and unprecedented demand for urgent, emergency and routine health services and embedding our life course approach has been a key challenge this year and will remain a challenge as we approach 2023/24.

Over the past year we have developed a set of supporting measures for each stage of the life course, together with 43 associated indicators that

help us to monitor and measure the progress that we are making and the impact of our actions on the health and wellbeing of our population.

Our Outcomes Framework






Delivering the IMTP Priorities 2022/23

Priority 1

Every child has the best start in life

Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board's IMTP committed us to working with partners to take forward actions and activities that have a positive impact on the first 1000 days of life. We seek to deliver three outcomes, and an overview of our progress in 2022/23 is shown in the table below.




Our Commitments	Our Measures	Our Performance
Improving Good Health in Pregnancy 	Decrease Low Birth Rates	Improving (5.6% 2020 to 5.1% 2021)
	Decrease smoking rates @ birth	Improving (16% to 13.7%)
	Decrease still births	Improving (4.8% to 3.9%)
Optimising a child's long term potential 	Increase uptake of women breastfeeding	Similar (56.6%)
	Increase eligible children measured and weighed at 8 weeks	Deteriorated (62.5 to 28.3%)
	Increase of eligible children with contact at 3.5 years (preschool)	Deteriorated (64.4 to 42.1%)
Increasing childhood immunisation 	% Children who received 2 doses of MMR by age 5	Similar (90%)
	% Children who receive 3 doses of hexavalent '6in1' vaccine by age 1	Similar (94%)

Whilst our targets for optimising a child's long-term potential have not been met, largely because of significant workforce challenges, the Health Board is making good progress in implementing its local plans to increase contact in line with the overall Welsh Performance levels.

Priority 2

Getting it right for children and young adults





Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; targeting actions to improve outcomes in these areas has a long-lasting impact on delivery and development. Young adult mental health is a Ministerial priority area with CAMHS a priority in the national performance framework. We seek to deliver three outcomes, and an overview of our progress in 2022/23 is shown in the table below.

Our Commitments	Our Measures	Our Performance
Improve mental health resilience 	Improvement in the mean mental health and wellbeing score for children	Indicator being developed as part of Marmot work
	Decrease in 4-week CAMHS waiting lists	Similar 97.4% at June 2022 unable to provide year end due to change in informatics system
	Increased compliance in neurodevelopmental (SCAN) waiting list	Deteriorated (80% to 42.2%) over the year
Support being a healthy weight 	Increase in children aged 5 a healthy weight	Improving (73 to 75%)
	Increase in adolescents of health weight	Indicator being developed
Improve healthy lifestyle behaviours 	Increase % children (aged 2 – 7 years) who are active for at least 1 hour each day	Similar (63%)
	Increase % of children who eat vegetables each day	Similar (68%)

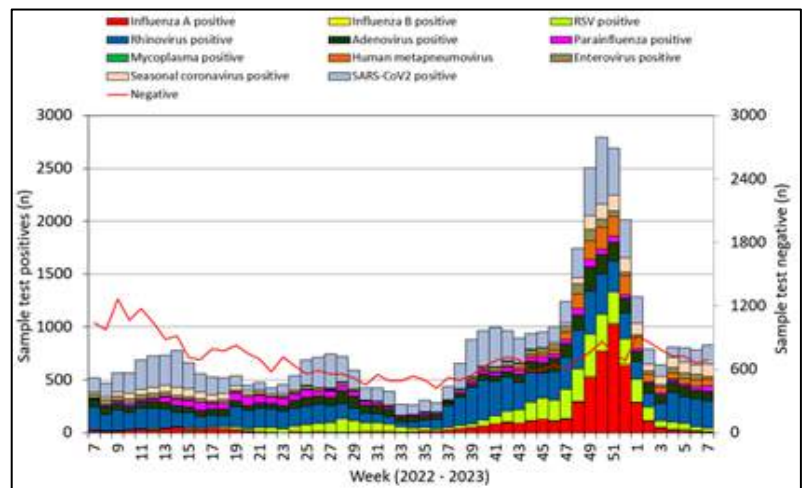
Increases in demand, together with the restart of face-to-face appointments, has resulted in a backlog of children undergoing neurodevelopmental assessments. The recovery plan working with Local Education Teams, supported by our School-in-reach, school nurses, locality community support services and school staff has seen an improvement in performance, particularly for assessments. Full recovery is anticipated in Quarter 2 of 2023/24.



Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area. The outcomes and performance set out below underpin the work of 4 of the Health Board's Priority Programmes, spanning transforming urgent and emergency care, planned care recovery, maximising cancer outcomes and transforming mental health care. An overview of our progress in 2022/23 is shown in the table below.

Our Commitments	Our Measures	Our Performance
Maximise an individuals time 	Reduction in the number of patients waiting more than 36 weeks for treatment	Deteriorated (6.6% increase)
	Reduction in the number of patients waiting for a follow-up outpatient appointment	Deteriorated (4.7% increase)
	Increase in Urgent Primary Care Contacts	Improving (148% increase)
	Increase in Think 111 calls	Improving
	Reduction of ambulance handovers over 1 hour	Deteriorated (737 to 846)
	Reduction in patients never waiting in ED over 16 hours	Deteriorated (417 to 498, 19% increase)
	Reduction in time for patients to be seen by first clinician	Deteriorated (1.6 to 2.3 hours)
	Reduction in time for bed allocation from request	Deteriorated (13.9 hours = increase of 20% from baseline)
Adults living healthily and aging well 	Increase in adults active at least 150 minutes a week	Similar (51%)
	Decrease in the % of adults smoking	Improved (19% to 12%)
	Decrease in the number overweight or obese adults (BMI over 25)	Similar (67%)
	Increase in working age adults in good or very good health	Similar (69%)
	Increase uptake of National Screening Programmes	Improved (64 to 70.2%)
Maximise cancer outcomes 	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	Similar (56%)
	Increase in 5-year cancer survival	Improved (49.1% to 54%)
Improve mental health resilience 	Increase in Mental Health Well-being score for adults	Similar (50.5%)
	Increase % of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Deteriorated (80 – 75%)

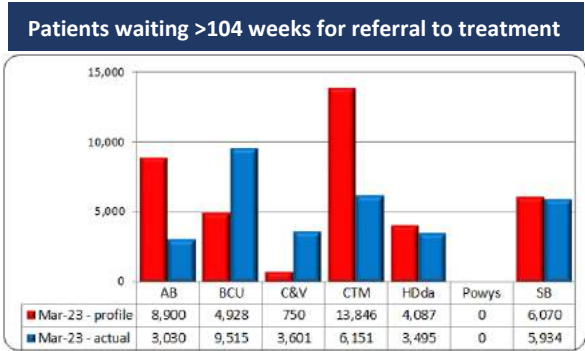
Urgent and Emergency Care services continue to be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. The end of Quarter 3 and beginning of quarter 4 saw a large number of patients presenting with respiratory viruses – particularly flu and Covid-19. This significant increase in respiratory viruses across our communities also caused high levels of staff sickness which placed additional pressure on urgent care services. In addition to this, there has been increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity linked to post lockdown impact, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.



This pressure on the urgent care system has resulted in patients staying in hospital for longer. The average time from arrival to departure in the Grange University Hospital Emergency Department (ED) continues to be above target and increased during January in line with peaks in respiratory illness. We continue to have patients waiting longer than 50 minutes to be transferred to the Emergency Department from an ambulance. This is a result of poor flow through the system for those who need to be admitted. The sustained numbers referred to a specialty but discharged from ED is a key indicator of the pressure across the system.

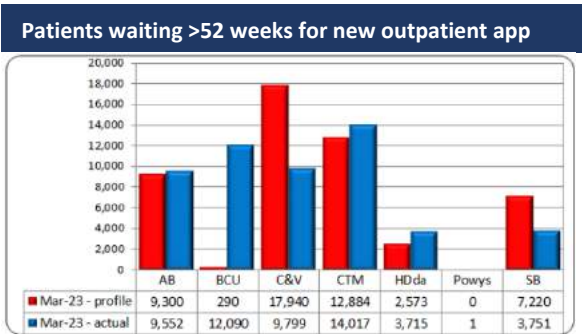
The extreme pressures upon the urgent care system this winter have impacted on the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments. As of March 2023, compliance against patients treated within 4 hours deteriorated from 73.7% (March 22) to 72.5%. During 2022/23, Aneurin Bevan consistently remained the highest performing Health Board across Wales, excluding Powys, and whilst the 95% target has not been met, its performance is significantly higher than the all-Wales average. Additionally, during March, there was an increase in the number of patients waiting over 12 hours from 1,509 (March 22) to 1,606.

Maximising an individual’s time is a core element of **planned care**. The Health Board has made considerable progress throughout the year in treating the **longest waiting patients**, i.e. those waiting over 104 weeks. We have achieved and surpassed the 104-week target and have the smallest proportion of patients waiting across Wales.



Despite achieving the trajectories, there remain a number of specialty areas with long waiting times (Orthopaedics, Ophthalmology, and ENT). There continues to be targeted work in all three specialities to treat the longest waiting cohort with the exception on ENT, where the total capacity available for ENT care is less than the capacity to meet the target. For Ophthalmology, a Business Case seeks to provide a 14-month solution to provide additional regional capacity for cataract outpatient and inpatient stages to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region has been developed for approval in Quarter1 23/24.

Clinical Specialties are balancing the principle of undertaking activity defined by **clinical prioritisation**, and a time-based approach for the longest waiting patients; this enables timely care for the most urgent patients and clinically-led decision making.

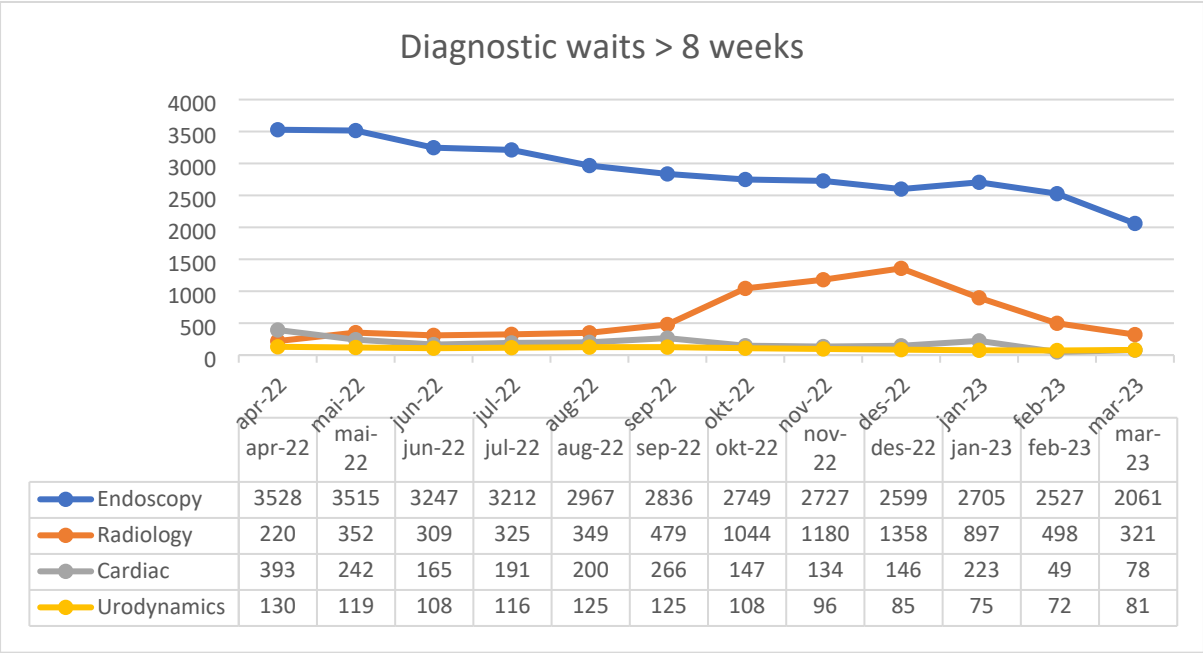


Improvement in **outpatient performance** remains essential is a core focus of the Planned Care Programme. Despite tracking just above the trajectory, Aneurin Bevan has one of the smallest proportion of patients waiting more than 52 weeks for a new outpatient appointment.

Progress has been made with the new **See on Symptom** (SoS) system. A **‘Patient initiated follow-up’** (Pifu) Implementation Plan with **12 new pathways** developed. The Health Board has also worked hard to increase treatment capacity post COVID and following the opening of the Outpatient Treatment Unit at the Royal Gwent Hospital, capacity is currently 105% of pre COVID levels. The outpatient treatment unit has two treatment rooms and whilst the first is fully staffed, a plan has been developed and is in place to staff the second room.

Access to timely and effective **diagnostics** is critical in providing high quality care, reducing waiting times for treatment and improving health outcomes. As seen in the graph below cardiology has seen significant

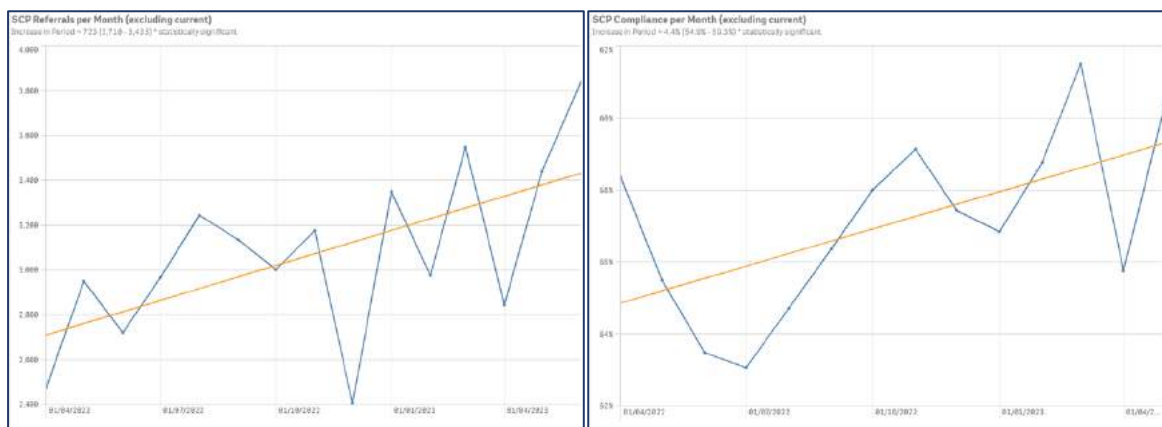
improvement, driven by use of an insourcing company to deliver additional echo capacity.



Further key areas in diagnostics include:

- Continued insourcing of additional endoscopy capacity has supported a maintenance in the 8-week backlog with a small decrease in the numbers of people waiting at the end of March (2,061).
- Radiology diagnostics waiting times have reduced during Quarter 4.
- The future developments of the RGH endoscopy unit has progressed with approval to recruit ahead of the new unit opening in 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening of the new unit.

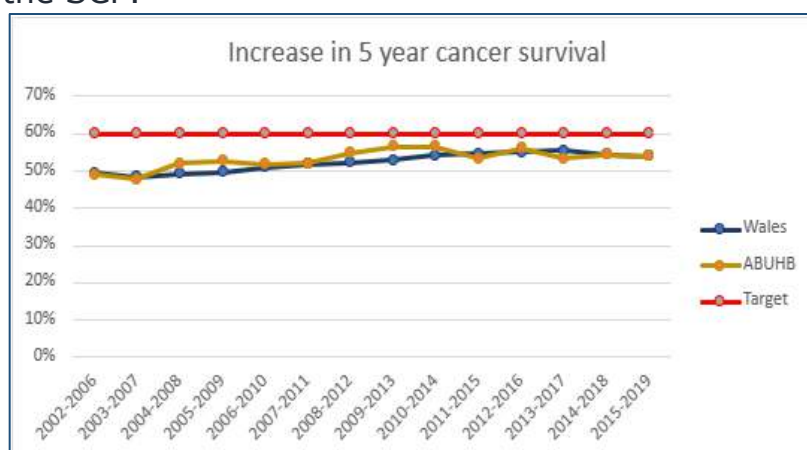
Compliance against the **Suspected Cancer Pathway** (SCP) has increased from 55.6% (November 2022) to 58% at the end of March 2023. Whilst performance is compliant with the planned care recovery level of 55%, this remains lower than the national target. Significant increases in demand relating to suspected cancer referrals have continued to exceed 2,500 referrals per month and is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres.



There are a number of factors which have had an impact on overall performance. A primary driver is a considerable reduction in skin treatments. The volumes for this specialty have historically contributed in increasing the performance denominator. This reduction has been influenced by the capacity challenges faced by histopathology and an action plan is in place to improve the position through outsourcing. The capacity to deliver the diagnostic component of the pathway is a significant constraint to delivering the SCP.

Overall, there has been significant improvement in the rate of 5-year cancer survival reported over the last 10 years.




A similar score was reported for the mental health well-being of adults in the Health Board, although a small increase has been observed from 50.3% to 50.5% in 2018/19, contributing to the progress towards the achievement of the improved mental health resilience in adults outcome.



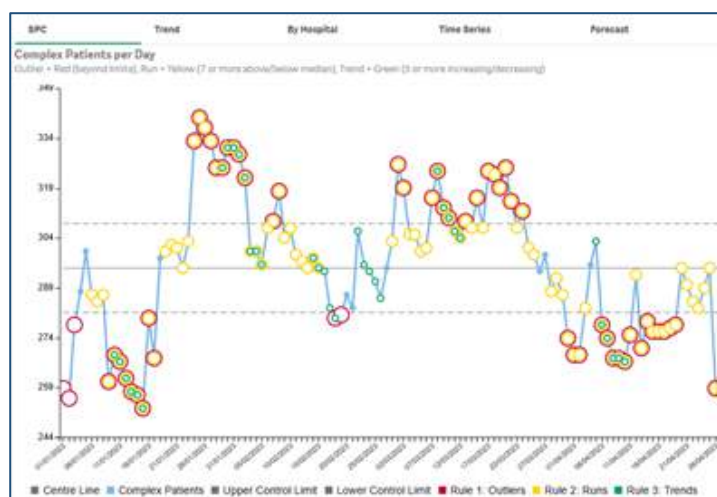
Priority 4

Older adults are supported to live well and independently

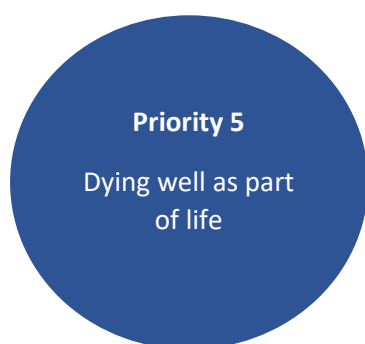
Supporting **older adults** to live well and independently is a core component of the Health Boards' plan for a sustainable health and care system. We know we need to deliver improvement for this population in our service offer. Redesigning services for older people is a Clinical Futures priority programme. We seek to deliver three outcomes, and an overview of our progress in 2022/23 is shown in the table below.

Our Commitments	Our Measures	Our Performance
Prevention and keeping older adults well 	Increase in older people in good health	Indicator being developed as part of Marmot work
Delivering care closer to home 	Increase in Rapid Response within 4 hours	Similar(38%)
	Reduction in the number of short stay patients (<7 days)	Similar (12%)
	Reduction in average LOS case load	Deteriorated (52.7 days against 40-day baseline)
Reducing admissions and time spent in hospital 	Increase in Admission avoidance (month)	Improved (across 4 Local Authority Areas)
	Decrease in number of patients whose LOS is over 21 days	Improved (65% (134/206) to 56% (145/264))

The 'Delivering Care Closer to Home' outcome has seen a deterioration in 1 indicator values; however, a Cyber incident in August 2022 has impacted the system that captures and hosts the data therefore it is not possible to provide a Quarter 4 update for 3 of the metrics. At the end of Quarter 1, rapid response within 4 hours had decreased across all 4 reported Borough areas (data excludes Monmouthshire) from 38% to 35%. There was also an increase reported in the average length of stay of people. This is most notable in Blaenau Gwent and Newport Boroughs. The 'reduction in the number of short stay patients' indicator value has been sustained at around 12%.





This is an area of focus for the next financial year, in partnership with the Integrated Service Partnership Board and Regional Partnership Board structures, to support the care home sector, enhance our Rapid Response Model, and access to hot clinics, providing single points of access and direct admissions pathways.



The IMTP sets out our commitment to improve continuously what we do to meet the need of people of all ages who are at the end of life. The measures represent indicators to support the organisations understanding of how it is delivering in this area to support the population to die in their place of choice and have access to good care. We seek to deliver two outcomes, and an overview of our progress in 2022/23 is shown in the table

below.

Our Commitments	Our Measures	Our Performance
Improved end of life care experience 	Decrease in the % of hospital as a place of death	Improved (50%)
	Increase in compliance of issuing of Medical Certificates within 5 days	Improved (83% within 5 days)
	Reduction in complaints	Indicator being developed
Improved planning and provision of end of life care 	Increase in proportion of Urgent Palliative Care referrals assessed within 2 days	Improved (91 to 99%)
	Increase in the number of Advanced Care Plans in place	Indicator being developed

For the 'Improved planning and provision of end-of-life care' outcome, there has been a significant increase in the proportion of Urgent Palliative Care referrals assessed within 2 days since July 2020 and a further increase from 97% to 99% during Quarter 2 and Quarter 3.

Further outcome measures and indicators are still being developed nationally and this priority will evolve to incorporate the relevant outcomes.

5. Integrated Medium Term Plan 2022/23 – Priority Programmes

Our organisational priority areas of work are designed to create and optimise the right capacity to meet the needs of our population through service development, redesign and/or transformation and to positively impact on population health and achieve improvement across the life course of an individual. These programmes are underpinned by a relentless focus on quality and safety.

By their very nature, these key strategy priority programmes are complex, system wide and will be delivered over the life of the 3-year IMTP and beyond. This section provides an overview on progress that has been delivered during 2022/23.

Prior to the pandemic, the situation in Emergency Departments was increasingly difficult, with demand soaring and the percentage of people being seen within the four-hour target reaching an all-time low over the 2019/20 winter. Since lockdown eased, demand has steadily risen, and a greater number of people with serious problems are presenting themselves in our urgent and emergency care system.

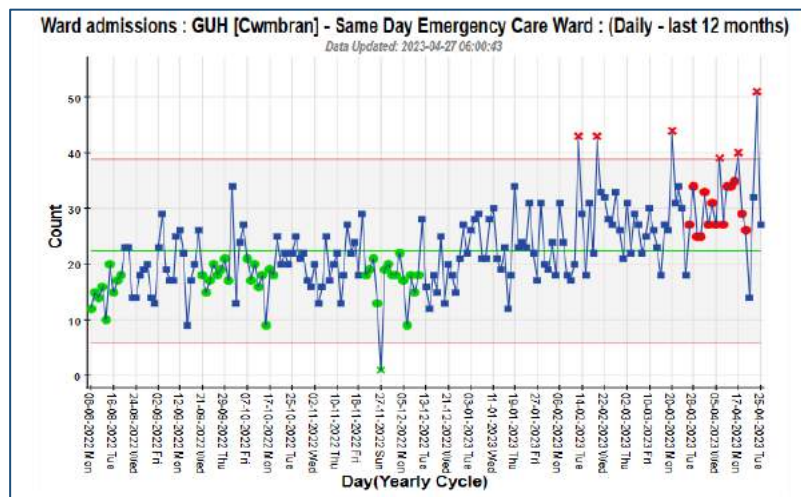
**Urgent and
Emergency Care
Improvement**

(6 Goals)

Welsh Government published a handbook to assist Health Boards to **improve urgent and emergency care** focusing on strengthening signposting, clinically safe alternatives to admission, rapid emergency care response, good discharge practice and preventing readmission. During 2022/23, we have seen broadly positive momentum through each of the goals in the context of significant operational pressure.

Some areas of progress include:

- A 'high intensity user service model' exists, where referrals are made to a Lead Nurse who is able to make the right social referral required to support the patient in safe discharge.
- Following the opening of Same Day Emergency Care (SDEC) at Ysbyty Ystrad Fawr non recurrent funding has now been secured.
- The establishment of SDEC is an important addition to our emergency care services and provides significant opportunities to stream patients from same day to next day and act as a catalyst for speciality ambulatory service development. Since the opening of SDEC at the Grange University Hospital, 4,054 patients have been seen (average 20-25 daily attendances) all discharged the same day with a median length of stay time of 3.6 hours. Since the opening of SDEC at YYF, 678 patients have been seen.
- Urgent Primary Care continues to be strengthened and receive referrals from re-directions, 111 and in-hours primary care escalation.
- We have received funding via the Six Goals national 'Innovation Fund' to support implementation of an electronic Triage solution for ED in order to improve clinical visibility and improve patient experience.
- Elderly Frailty Assessment pilot has now been completed at GUH with a number of positive learnings and actions for follow-up.



- Ambulance handover improvement is a key focus for the programme and there are plans to pilot a push model of flow to encourage timely referrals of patients to specialities at given times of the day.
- A business case has been approved to provide additional Front Door Therapies staff dedicated to ED to support a 'home first' approach.
- An Integrated Discharge Board has been established with engagement from Local Authority partners, Welsh Ambulance and medicine, nursing and therapy colleagues.
- Good progress has been made with the Royal Gwent Hospital Discharge Hub pilot with health and social care teams now integrated and co-located.
- The Nevill Hall Hospital Pull Model has already provided improved communication with multi-disciplinary teams, which is evidenced in an increase in timely discharges and positive patient feedback.

Risks and Further Development Areas

- As set out in the performance information, developing urgent care services is being delivered in parallel with responding to significant pressure. Much of the development of this programme has supported responding to the pressures rather than fundamental service change
- Goals 5 and 6 of the programme focus on discharge to home, further progress is needed in this area which can only be achieved through partnership.
- Areas of focus for the programme include greater development of SDEC medical services, further preventative and redirection service and a prioritisation of discharge

The **Enhanced Local General Hospital** (eLGH) network was made possible when the Grange University Hospital opened in November 2020. The roles of the Royal Gwent (RGH) and Nevill Hall (NHH) Hospitals changed to be more similar to Ysbyty Ystrad Fawr (YYF). The eLGH model provides local emergency care services, outpatients and diagnostics, planned care day case and inpatient and/or daycase surgery and medical inpatient beds on all 3 sites. They hold key roles in providing direct emergency care and supporting patients who have received emergency and inpatient care at the GUH but who are not yet ready for discharge due to ongoing care needs including rehabilitation. In addition, each eLGH is developing specialist Health Board wide or regional services roles, for example the Breast Care Unit at YYF and the proposed developments of local cancer and radiotherapy services at NHH.



This workstream is focused on optimising the design of the hospital network across the Health Board, focusing on the clinical models. In addition, the remit has been expanded to consider the future acute medical model for

the eLGH sites and options for the long term sustainability of service delivery.

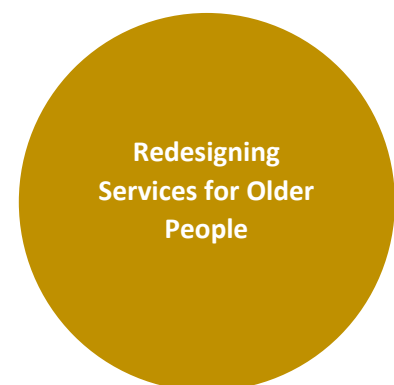
Some areas of progress include:

- Completed reconfiguration of ward A1 at the Grange University Hospital to optimise patient flow through Emergency Department, Surgical Assessment and Acute Medical Unit
- A review of Stroke services by the national Getting it Right First Time team has been undertaken, along with scenario modelling for reconfiguration of stroke services, to address stroke sustainability issues. Early 2023/24 will see the mapping of workforce elements across medical, nursing and therapies.
- Building works began on the Breast Unit at Ysbyty Ystrad Fawr, this unit will offer a wide range of services, tailored to meet the specific needs of patients. It will focus on timely, effective access to treatment, ensuring person centred care is at the forefront when delivering our breast care services.
- Works have commenced in readiness of building the Satellite Radiotherapy Centre at Nevill Hall Hospital. It is anticipated this unit will open Autumn 2024.
- Evaluation of the 'Homeward Bound Wards' reviewing the support to those who are medically optimised to discharge has been completed.
- Establishment of Acute Medicine workstream to review workforce and patient flows since the opening of the GUH and to create a sustainable eLGH acute medicine model.
- Stabilisation of junior medical staffing for the acute medicine model with collaboration from HEIW.

Risks and Further Development Areas

- The most significant risk to optimising our ELGH model is availability of sufficient workforce. National and local shortages in specialist areas means it is not possible to enable all parts of our model.
- Therefore the focus for the next period will be considering clinical models in context of workforce and pathway developments

The importance of improving care and support for **older people** has been reinforced through our dynamic planning approach. It shows, in the starkest of terms, the cost to our system because the offer to older people falls short of what is needed to support them to live well and independently. The system needs further transformation urgently to ensure that older people can access evidence based clinical interventions that respond to their needs, in the context of what



matters to them by ensuring that the care they receive helps prevent dependency now and later in life.

Some areas of Progress include:

- Early intervention workstream was supported by three workforce sustainability and transformation winter bids which included additional Community Resource Team staff to bolster out of hospital care and prevent avoidable hospital admissions and expedite discharge, increased Urgent Responsive Care (Emergency Care at Home); and focus on supporting the Proactive Frailty (HRAC) cohort who we know are high users of our hospital system. This is to support system safety over the winter and test intervention to support capacity gaps.
- Engagement events have commenced with key stakeholders and staff to inform the optimal care pathway and describe the future model of care for older people.
- The mapping of resources to target limited resources in the right area has begun supported by the Value Based Health Care team. A proposed model for ambulatory care has now been developed and an audit is planned to ascertain patient needs and numbers of people who could access this pathway.
- Assessment of unmet need has been progressed to inform plans for further 'Hot Clinics'.
- Work is progressing to develop an Emergency Care at Home model to support people at home, including out of hours, across all areas and to recruit overnight HCSWs.

Risks and Further Development Areas

System pressure has impacted progress in this programme with high occupancy in community hospitals and wider facilities limiting ability to drive transformation

The programme has identified key interdependencies with the six goals programme therefore greater alignment will be a focus in the next period

The **Primary Care Model** for Wales sets out how primary and community health services will work within the whole public sector system to deliver **Place-Based Care**. Collaborative work is at the core of this bringing together local health and care services to ensure care is better coordinated to provide care closest to home and promote the wellbeing of people and communities. We have a core programme team which includes the Clinical Director for Primary Care, Workforce, Finance, Planning and Clinical Futures Programme support to develop a local



programme plan to deliver a regional response to the nationally set ministerial milestones. The focus to date has been to undertake core briefing and engagement work to establish the professional collaboratives, and a Neighbourhood Care Network (NCN) office to enhance support for front line staff in planning and delivering for their local population, and undertake the readiness assessment exercise and closing the required actions.

Some areas of progress include:

- Alignment of the work of our NCN plans, pan-Cluster Plans (ISPB plans) and the Regional Partnership Board Area Plan.
- Good progress within the communication and engagement strategy including the 'Be Kind' campaign roll out across social media and independent contractors, receiving positive feedback. Additional NCN branding has been developed along with a website and newsletter featuring GP Practice role videos
- Following the establishment of NCN Office, organisation development and sustainability has been a key priority with development sessions planned and delivered for NCNs and professional collaboratives.
- NCN and draft ISPB plans submitted to the Regional Partnership Board
- Engagement with partners in developing an NCN Business cycle.
- Population needs based planning framework developed and socialised.
- Engagement with RPB and Integrated Service Partnership Boards regarding the latter adopting the function of the Pan-Cluster-Planning Groups.
- NCN office supported NCNs in delivery of their plans including supporting evaluating and scaling up projects.
- Professional Collaboratives were established and have begun to respond to published population needs assessments and to identify their service gaps.

Risks and Further Development Areas

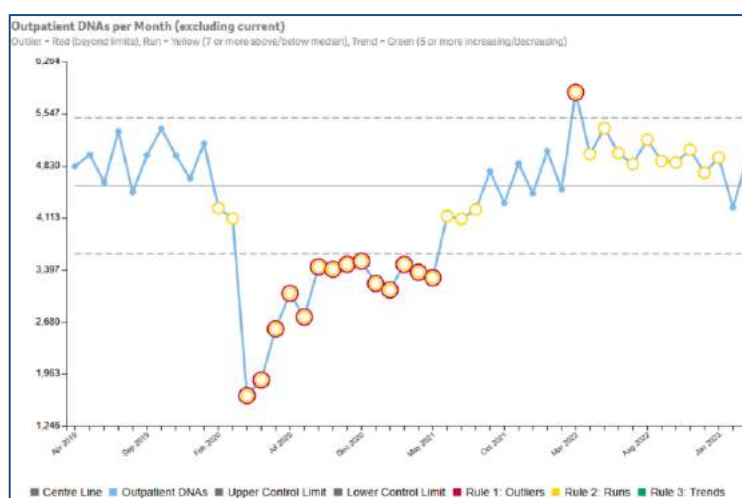
- The programme has focussed on establishing the governance foundations for integrated working at a NCN level, the next phase is to move to defining actions and delivery programmes focussed against needs assessments
- creating headspace and time for busy primary care professionals is a key risk area for this programme as well as sufficient workforce with shortage professions such as general practice

In April 2022, Welsh Government published the 'Transforming and modernising **planned care** and reducing waiting lists' plan to encourage a focus on key areas. These are: transforming outpatient services; prioritising diagnostic services; early diagnosis and treatment of suspected cancer patients; patient prioritisation to minimise health inequalities; very long waiters; building sustainable planned care capacity; and improving communication and support. These national objectives are in line with those identified in our IMTP and continue to endorse our focus on these key areas of recovery. An update on performance measures can be found within the outcomes and performance summary.

Planned Care Recovery

Some areas of progress include:


- Collaborative working between clinicians and Value-Based Health Care team to prioritise initial health care pathways for localisation based on national and local priorities. During the last quarter, a business case was agreed and funding for health pathways has been allocated.
- ABB Waiting Well website has been launched to support patients to keep well before surgery or planned treatments to help give patients the best chance as possible as well as supporting recovery.
- The outpatient transformation programme continues to develop and roll response plans including 'See on Symptoms' and 'Patient Initiated Follow Ups'. Implementation of outpatients DNA Plan (currently 6.5% against a 5% target) and Hospital Cancellation Plan (currently 18,950 compared to 40,952 in 21/22).
- A Diagnostics Board has now been established with a direct link into the national and regional planning. A National and regional diagnostic plan is due to developed from Quarter 1 23/24 with a local solution to be approved.
- A time and motion study was undertaken and a theatres stakeholder event took place, detailing improvements being rolled out across teams.
- The Planned Care Academy concept was detailed to the Delivery Unit, receiving a positive response and offer of support secured. The model will be refined during the next quarter with a plan to roll out during the next financial year.



Risks and Further Development Areas

- The impact of system pressures has affected planned care performance and development with the compromising of bed spaces and the need to move staff to support urgent and emergency care
- The balancing of financial pressure and tackling long waiting lists also remains a risk area.

Cancer outcomes need to be improved. The Single Cancer Pathway, supported by Optimal Cancer Pathways for individual tumour sites, provides the roadmap to shorten diagnostic and treatment pathways once a person is suspected of having cancer. The Cancer Strategy, 'Delivering a Vision 2020-2025' sets out the broader context with prevention, early detection, patient experience, living and dying with cancer, cancer research and access to novel therapies are also key components of the approach to transforming cancer services for our population.



Maximising
Cancer Outcomes

Whilst it is too early to be able to measure the impact of successive pandemic waves on morbidity and mortality for cancers, there is concern that a reluctance by patients to attend primary care and hospital, together with the temporary suspension of national screening programmes and longer waiting times for diagnostic tests and treatment will result in patients presenting at a later stage in their cancers which will make improving cancer outcomes more challenging. Planned Care and Cancer Services are inextricably interconnected; it is the same workforce, accessing the same diagnostic and treatment capacity.

Some areas of progress include:

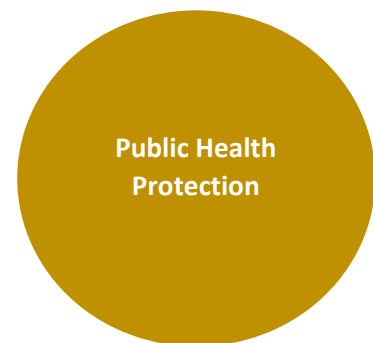
- Significant progress has been made in establishing the Transforming Cancer Services Programme and identifying and distinguishing areas of work and activity
- Continued focus on delivery against the 62 day pathway, and ministerial challenge to achieve 70%. Improved 62.5% adherence to Single Cancer Pathway in March 2023.
- Reporting arrangements for Histopathology outsourcing have been agreed. The newly formed Diagnostics Board receives assurance on delivery against trajectories and plans will receive escalations, apart from those areas that impact on Cancer.
- Patient Navigator for Endoscopy has resulted in a notable improvement in days of first contact from 68.8% in January to 85.5% in April.
- Demand and capacity dashboard have been created and have now been rolled out to all specialities with the aim to embed within day-to-day management.

- At the beginning of Quarter 4, Welsh Government announced a £38 million investment to improve cancer radiotherapy services with a new radiotherapy 'Satellite' centre at Nevill Hall hospital, which will be open by 2024.

Risks and Further Development areas

- Significant backlogs and increases in referrals have challenged progress in programme delivery
- As with other programmes key workforce challenges in particular tumour sites has slowed progress and required consideration of revised models of care

COVID-19 has shone a spotlight on the inadequate level of preparedness for the challenges faced by our population, our workforce, and our services. The level of ambition for **Public Health Protection** including preparedness for managing infectious outbreaks, contact tracing, protecting most vulnerable populations and workforce, effective surveillance and higher vaccination uptake must be stronger.



As a population health organisation **reducing health inequality and improving health** is at the core of everything we do. Our long-term ambition to reduce demand for healthcare is fundamental to a sustainable system of care. This can only be achieved through systematic, population scale interventions that target the underlying causes of poor health, such as lifestyle choices and socio-economic deprivation, and the uptake of screening to improve early detection and optimal treatment of disease.

Some areas of progress include:

- Covid-19 spring booster commenced April 2023. Vaccinations to 25th April: 2,219 care home residents, 1,350 house bound, 5,789 over 80s, 4,142 Monmouthshire residences via GPs and community pharmacy.
- Multi agency steering group has been established to focus on the Hep B and C Elimination programme with a key priority to explore an outreach model.
- A review has been initiated of the post-arrival pathway for asylum seeking initial TB screening and Blood Borne Viruses (BBVs).
- Significant progress has been made towards a full implementation of Health Protection Services transition with the redesign of services and structures beginning to be populated. The testing function transitioned to Public Health in April.
- Integrated Health Protection Service Business case development is on track and scheduled for the Pre-investment panel during Quarter 2.

- Continued Monkeypox vaccine clinic organisation and delivery with the embedding of the Monkeypox vaccination as business as usual.
- Support Hepatitis B and C elimination plan through reviewing action plan and population level data review.

Risks and Further Development Areas

Developing from a responsive to proactive health protection service has been challenging due to the requirements of responding to the pandemic and other public health outbreaks.

Focus in the next period will be on shifting to a proactive model of prevention services.

Our vision is to provide high quality, compassionate, person-centred **mental health and learning disabilities services**, striving for excellent outcomes for the people of Gwent. There are 2 transformational Programmes (Whole System, Whole Person Crisis Support Transformation and Complex Needs) that will deliver this vision. There are multiple projects that sit under both Programmes including:



- 111 Press 2 for mental health ▪ Primary Care Mental Health Service ▪ Redesign of inpatient care (service model, configuration, workforce and estate) ▪ Complex needs pathway ▪ Strengthening crisis assessment and home treatment services ▪ Improving transport for patients in crisis ▪

Through a single point of access, we are developing a variety of sanctuary services (in Emergency Department and community), shared lives scheme, acute inpatient provision, housing tenancy and support, mental health support for first aiders, crisis assessment, home treatment and liaison, and Support House.

Some areas of progress include:

- Mental Health 111 has launched and is embedded as a 24/7 service
- Since the implementation of the Adult Mental Health Shared Lives scheme, a total of 166 placements have taken place, with an average length of stay of 14 days, 49 of which were as an alternative to hospital admissions. Some key benefits of the scheme realised include delivering care closer to home across all 5 boroughs; improved efficiency and effectiveness across the system with service users, as appropriate, provided an alternative to a ward stay; reduction in onward referrals into traditional inpatients settings or acute interventions; improved person-centred outcomes and excellent host/carers experience. The

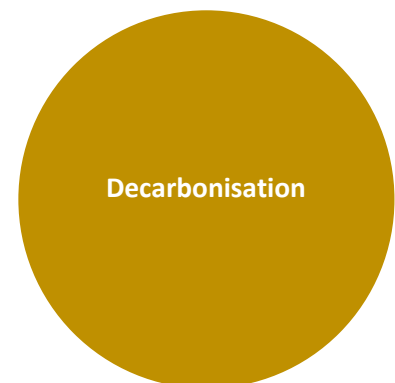
scheme has won and been nominated for a number of awards including 'Scheme Innovation Award' at the Shared Lives Plus 2022 awards. Additionally, a paper by Dr Benna Waites, Consultant Clinical Psychologist, has been published by the World Health Organisation.

- Outline Business Case for 65 bedded Mental Health Speciality Inpatient Services Unit has been agreed by the Health Board and has been submitted to Welsh Government for approval. Next steps include preparing for a public consultation for the SISU location.
- Since the opening of Ty Cannol Crisis/Support House at the end of 2021/22, 90% of the patients that have been admitted onto Ty Cannol have prevented them from being admitted into the wards.
- Improvements in eating disorder services supporting early identification and treatment to optimise outcomes.
- Older Adult (OPAL) and our Primary Care Learning Disability Liaison Services are recognised as Welsh Exemplars.
- Implemented changes to models of delivering psychological therapies to improve access and patient choice.
- Peer mentors, peer supported open dialogue and road to staff wellbeing
- Continuation of Emergency Department sanctuary service.

Risks and Further Areas of Development

- There remains significant pressure on services in meeting the emotional and wellbeing demand created by the pandemic
- Greater focus on the next period will be on working through partnership to establish robust tier 1 services with and for communities

Welsh Government declared a Climate Emergency in 2019 and set out their ambition that the public sector in Wales should be in a carbon '**Net Zero**' position by 2030. The response to the pandemic had demonstrated how significant and impactful changes can be incorporated into day-to-day life of the public and the approach to work for example remote working. Our ambition, now, is for a sustainable and healthy recovery with concerted actions within and across our system to tackle the climate emergency.

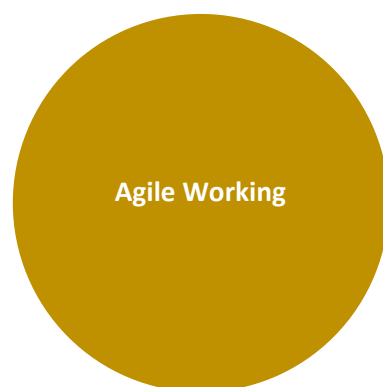


Some areas of progress include:

- The Health Boards carbon emissions are tracking -3.1% at year end.
- All biodiversity reports have been received and are being reviewed to incorporate into plans, along with a review of net zero data.
- Work is progressing with the communications, digital and training workstream, with digital representation being identified.
- Endoscopy is currently reviewing and researching into the use of alternatives to Entonox for sedation/ analgesia.

- Roll out of Electric Vehicle Charging points has been completed and additional charging points for RGH as part of a new capital bid have been provided.
- Progression of the outcomes of the solar panel report looking at roof space alternatives for solar panel systems.
- Pharmacy and Respiratory services are reviewing opportunities for decarbonisation in the use and provision of inhalers.
- A metrics format has been updated and available data has been prepared and shared with the board. This will be refined further to support reporting for the Welsh Government Carbon return later this year.

Welsh Government has developed an approach to **agile working** following the need to work differently through the recent Covid 19 Pandemic, based on service needs, providing a variety of options for employees on where, and how they want to work. It means offering mixed-use spaces with a variety of services, workspaces, and environments. More modern agile workspaces are not just about working from home, hot desking and sharing office space, but changing the cultural mind-set and ensuring working environments support break-out spaces to encourage communication, providing areas for impromptu meetings and collaborative work.



Some areas of progress include:

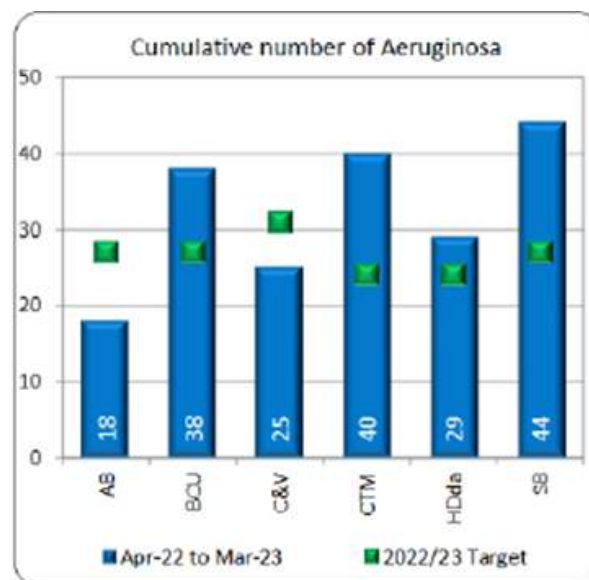
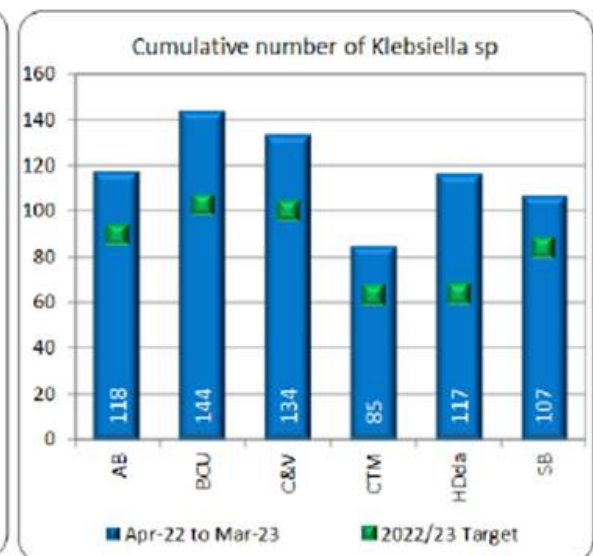
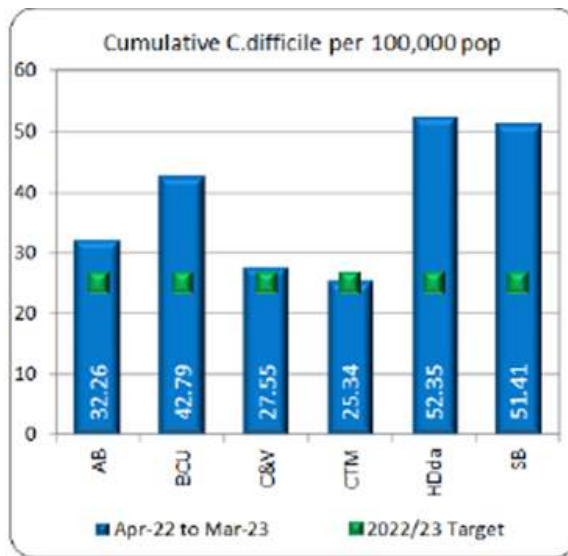
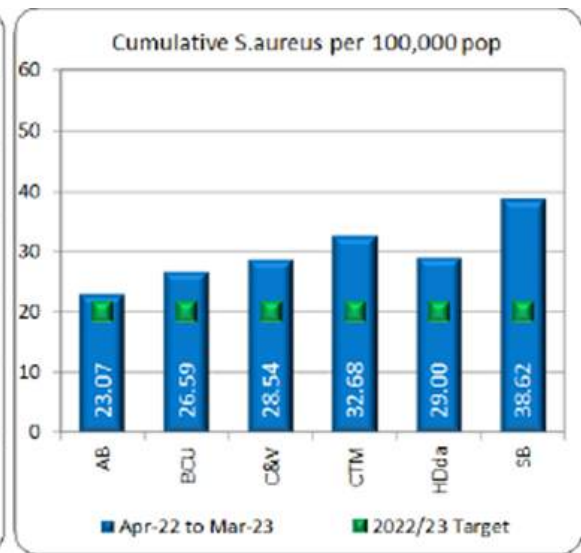
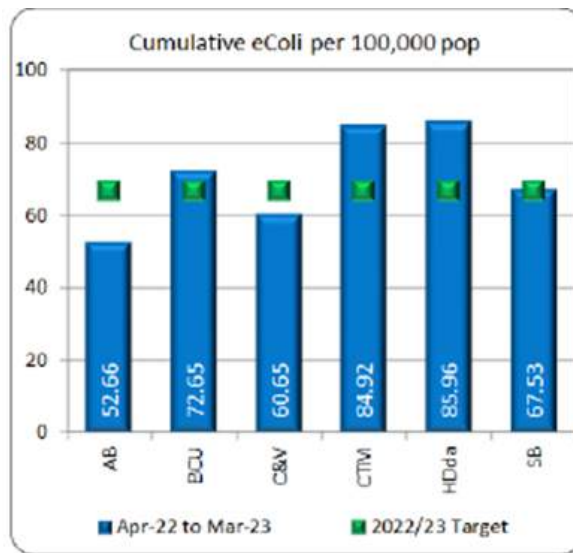
- Delivery plan to support the roll out of the Agile Framework has been developed.
- Mapping of staff at St Woolos has been completed to support the assessment of re-accommodation of existing requirements on the RGH site and other sites. Assessment is due to be validated during the next quarter.
- Revised vision for agile working presented to the Executive Team and further updates provided to the Agile Programme Board in April.
- Engagement with all 5 local authorities to scope out joint working options. An agreement has been sought to set up a network with local authority and health to share good practice and look at estate opportunities jointly.
- Engagement with staff to promote agile/hybrid working principles via engagement with Divisions and retention cafes.
- Additional space at Caerleon House with 8 agile spaces created within the open plan area and an additional 3 meeting rooms that can also be utilised.

6. Integrated Medium Term Plan 2022/23 – Quality and Safety

Quality and safety are at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. The Board has approved its Quality Strategy, confirming the quality pillars. These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains.

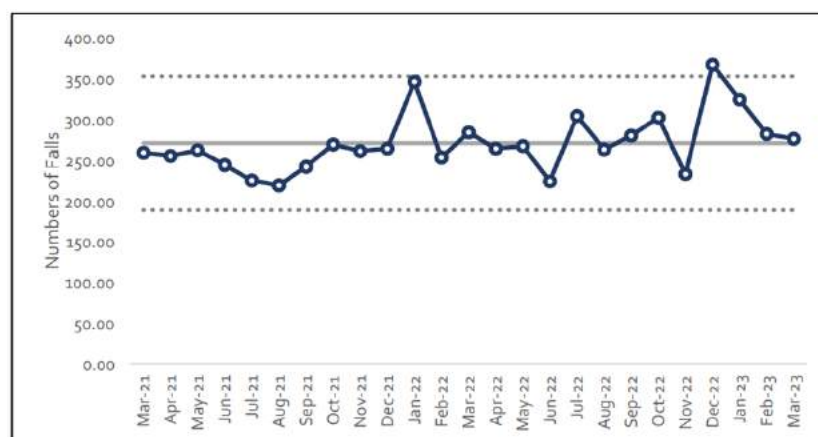


- Urgent Care remains one of the top organisational risks, an issue mirrored nationally, with the Emergency Department at the Grange University Hospital seeing an increasing trend in the number of attendances. The Health Board is committed to delivering safe and effective care to the population of Gwent and in order to be able to identify the level of risk within the department, a clear focus has been placed on triage which will have an impact on the time for a patient to be seen by a clinician. Knowing the triage category of patients helps to manage the risk for individuals. Whilst the target of <15minutes for triage has not yet been met, the Health Board has been operating either in-line or below forecasted levels. A focus has been on addressing the increasing trend in ambulance handover times and a review of criteria, which enable patients to be moved from an ambulance to sit within the department has been undertaken. In addition, a Standard Operating Process (SOP) has been developed which references the actions required when there are off-loading delays for patients, and in particular, to ensure the release of red requests.
- There were on average 469 patients per month waiting in ED over 16 hours during quarter 4, which is a reduction from 674 reported during Quarter 3. Time from request to bed allocation has also reduced from 13.6 hours to 10.4 hours. Quality metrics are regularly monitored by the Senior Management Team (SMT), the Divisional Management Team (DMT) and escalated accordingly. Patient falls, medication incidents and violence and aggression incidents are reducing.
- The Health Board has the lowest rates of eColi, S.aureus and Aeruginosa per 100,000 population across Wales. Whilst the 22/23 target rates of C.difficile have not yet been met, there has been a reduction in rates from 33.77 (Quarter 2) to 32.26 (Quarter 3) per 100,000 population.



Falls

Analysis of data associated with Inpatient (IP) falls management continues to be monitored over a two-year rolling period to provide assurance. This approach identifies any changing trajectories or statistical variation in the numbers of falls incidents. The mean average number of monthly falls has been maintained circa 270 per month. For the year 2022/23, incident reporting numbers have been subject to a greater degree of variation as compared to 2021/22, with December 2022 being marginally above the upper control limit. Quarter 4 has seen a return to a downward trend with values for February and March being more closely aligned to the mean average. 91% of the fall's incidents reported are categorised as no or minimal harm.



7. Putting Things Right

Patient experience and listening and learning from feedback is a key element of evaluating services and outcomes and a measure of the impact of how we are performing. One way of evaluating patient experience is via complaints data.

Throughout 2022–2023, Aneurin Bevan University Health Board complied with the National Health Service (Concerns, Complaints, and Redress Arrangements) (Wales) Regulations 2011 regarding the Putting Things Right process.

The Health Board received 3044 complaints in the financial year 2022-23 (including, in the case of Welsh NHS bodies, concerns reported under Part 7 of the Regulations relating to cross border services). This is a 9% decrease when compared with 2021/22, when 3,295 complaints were received.

- 1,484 complaints were classified as Managed through PTR (formal complaints).
- 1,560 were managed under the Early Resolution process.

Of the 1,117,572 patient interactions that took place in the 5 largest divisions (admissions and outpatients) the 3044 complaints raised equate to a 0.27%.

The top three themes raised during this period were:

1. Clinical treatment/assessment
2. Appointments
3. Communication/Information

Clinical Treatment/Assessment

Waiting times remain a key concern for patients both for planned and unplanned care. The pandemic impact on waiting lists is a key concern for those waiting, along with the challenges in accessing urgent care for Covid and non-Covid reasons.

The establishment of a formal Planned Care recovery oversight Programme continues to focus upon this issue and provide support for patients whilst awaiting surgery including optimising their health pre surgery. Regional plans for cataract surgery are being explored in order to optimise capacity, assets and resources across the region. A similar model is being adopted across diagnostic radiology.

The Urgent Care Board continues to focus on patient's assessments and ambulance waiting times.

Appointments

The Covid-19 pandemic recovery continues within the Health Board in order to reduce waiting times and cancellations for patients on waiting lists. This has intensified concerns related directly to delays to receiving an appointment and further delays to starting treatment plans. Throughout the reporting period, these remained consistent. There is an increased use of text communication/reminders to patients in addition to traditional paper letters.

Communication

A recurring theme of concerns resolved through 'early resolution' has highlighted that communication issues persist. This is reflected in 313 out of 392 complaints related to communication being dealt with under Early resolution. The main themes of these complaints relate to frustrations from families being kept up-to-date regarding their relatives care at ward level and their subsequent discharge, and an increase attributed to the long waits in A & E. Capacity of staff has meant that often they are unable to consistently update the person on their progress through their pathway on presentation to the department and relatives who are waiting to hear the admission/treatment plan.

The Health Board has continued with the previously piloted Patient Liaison Officer Service to support Health Board Communication. This service runs from 8am-8pm, 7 days a week at the 3 acute sites, linking in with the other hospitals, acting as a link between the caller and the wards. Relatives are encouraged to telephone the wards first and if no response to ring a dedicated telephone line.

There is a proposal that the Health Board that in order to formalise the success of the PLO service to implement that a new service the Patient Advice and Liaison Service (PALS) will be launched. This will offer confidential advice, support and information on health-related matters. This service that will be a visual on-site presence for patients and families to access to further support to address urgent issues that can be resolved informally and at source.

Following ABUHB being identified as a pilot site for 'SignLive', last year, the service for the Health Boards BSL deaf community is now operational on all hospital sites. Patients can access BSL services where an interpreter is not immediately available 24 hours a day/365 day of the year. This was introduced following increasing complaints about the lack of BSL provision, delays in interpreters being available for face-to-face consultations and appointments jeopardised as a result and has been positively received by patients.

Redress

The Health Board has a well-established Redress Panel to make these determinations, meeting monthly to ensure cases heard timely. This is a high-level panel with quorate membership for Medical, Nursing and Therapies Executives or nominees, together with the Chair. In addition to determinations of qualifying liability, there is a strong emphasis on ensuring that learning and actions have taken place to try to prevent future patient harm. Areas of good practice are also highlighted and shared.

It is nationally recognised that the Redress aspect of the all-Wales 'Putting Things Right Regulations' has provided a much-needed alternative to formal legal proceedings for patients and their families, achieving resolution within much shorter timeframes, and cost savings of legal proceedings.

During 2022/23, the Redress Panel heard 68 cases. Whilst clinical treatment, including delays and diagnosis, were the largest class of cases, there continues to be a very mixed picture in the detail of the cases, spread over multiple Divisions/Directorates, sites and timescales, with no evident area of concern or outlier identified.

Public Services Ombudsman Wales (PSOW)

During 2022/23, the PSOW received 165 referrals. Of these, 33 were taken on as full investigations for the Health Board and 35 cases were not considered for further investigation. The remaining 97 referrals were anonymous, requiring no action from the Health Board.

There has been an increase in complainants going to the PSOW who are experiencing significant delays in receiving a Health Board response to their original complaint. This is leading to PSOW recommendation for financial compensation or apology. The Health Board paid out £4550 in PSOW settlements in 2022/23.

Improving Safety - Learning from Serious Incidents

From 14th June 2021, the National Reporting Framework replaced the Welsh Government Serious Incident reporting criteria. The focus of incident reporting previously at a national level has been to examine in detail specific Serious Incidents as set out NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (the Regulations), primarily through the use of Root Cause Analysis. The National Patient Safety Incident Reporting Policy (May 2021) (phase one) has brought about a number of key changes to national incident reporting. Phase Two is due for rollout in April 2023. This will focus on themes of learning.

A robust internal investigative process, in collaboration with external partners, is maintained across the Health Board, ensuring that actions and, more importantly, learning continues. An example of this is the initiation of a collaborative Health Board/WAST weekly panel that explores joint investigations, identifies the lead reporting and investigative organisations, and shares information to inform these.

In 2022/23, there were 34 new reportable incidents that were managed through the Serious Incident Process as Red 1 (Corporate-led) or Red 2 (Division-led) investigations.

Learning

A work programme has been developed for 2023/24 based on the issues identified in 2022/23. In July 2023, a PTR Annual Report will be published which will outline in detail the work undertaken over the past financial year, lessons learned and practice improvements made in the endeavour to optimise resources and the service delivered to the community served by the Health Board.

8. Well-Being of Future Generations

The Wellbeing of Future Generations (Wales) Act (2015) ('the Act') is about improving the social, economic, environmental and cultural wellbeing of Wales, while also reducing health inequalities through long term prevention and the delivery of sustainable, outcome focused services. The Act has seven wellbeing goals and tells organisations how to work more sustainably

together to meet their duties under the Act by following five ways of working.



During 2022/23, the Health Board has worked closely with partners to produce robust well-being and population needs assessments, as required under the Well-being of Future Generations Act and the Social Services and Well-being Act. The Gwent well-being assessment was published in May 2022 and assesses the state of economic, social, environmental and cultural well-being in the Gwent area. Copies of both the Gwent well-being assessment and population needs assessment are available here:

Gwent Well-being Assessment: <http://www.gwentpsb.org/>

Gwent Population Assessment: <https://www.gwentrpb.wales/home>

Following publication of the Gwent well-being assessment, the Health Board has worked closely with partners to turn the findings of the assessment into a plan for Gwent - the Gwent Public Services Board Well-being Plan. Using the five ways of working, partners have come together to develop a plan which will deliver ambitious and transformational changes that cannot be achieved by individual organisations alone. The plan will cover the five-year period 2023-28, and is based on two strategic objectives and five steps. These are:

Gwent Well-being Plan 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.

Gwent Well-being Plan 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. Taking 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.

The plan is due to be published in June 2023. Following this, the Health Board will undertake a review of its existing well-being objectives to ensure wherever possible, they are consistent with the Gwent Well-being Plan. The Health Board's self-assessed progress against its existing ten Well-Being Objectives for 2022/23 financial year can be seen in the table below.

<i>Our Well-Being Objectives</i>	<i>Where we are now</i>
1 – Support every parent expecting a child and give every child in Gwent support to ensure the best start in life	Being More Adventurous
2 – Support adults and children in Gwent to live healthily and to age well, so that they can retain independence and enjoy a high quality of life into old age	Making Simple Changes
3 – Promote Mental Well-Being as a foundation for health, building personal and community resilience	Being More Adventurous
4 – Encourage involvement of people who use our services and those they support, in jointly owned decisions regarding their own health and care plans, and in wider service planning and evaluation, so that we, with our partners, deliver the outcomes that matter most to people	Making Simple Changes
5 – Ensure that we maximise the effective use of NHS resources in achieving planned outcomes for services and patients, by excellent communication, monitoring and tracking systems in all clinical areas	Owning Our Ambition
6 – Promote a diverse Workforce able to express their cultural heritage, with opportunities to learn and use Welsh in the workplace	Making Simple Changes
7 – Develop our staff to be the best that they can be with high levels of employee well-being and, as the largest employer in Gwent, promote NHS careers and provide volunteering and work experience opportunities	Being More Adventurous
8 – Reduce our negative environmental impact through a responsible capital building programme and a sustainable approach to the provision of building services including; carbon and waste management, undertaking procurement on a whole life cycle cost basis and support local sourcing, promoting sustainable and active travel, and advocating improvements in environmental health	Making Simple Changes
9 – Plan and secure sustainable and accessible healthcare services ranging from prevention through to treatment, rehabilitation and recovery that meet current and future needs and address health inequalities and differing levels of need across our communities	Owning Our Ambition
10 – Continue to integrate our actions with wider public, independent and voluntary sector partners with the aim of developing streamlined, whole system services for people who use our services and those they support.	Owning Our Ambition

The new ways of working set out in the Act have continued to be embedded in the Health Board during 2022/23. Through the regional partnership arrangements of the Regional Partnership Board, **integration** has been

demonstrated through joint approaches to health and social care delivery. The Health Board's communications team have undertaken a number of public **involvement** and engagement activities during 2022/23. Through work on the Well-being Plan and Area Plan, the Health Board has worked in partnership to establish a **long-term** vision for transformation in Gwent. Through 'Building a Fairer Gwent': the Gwent Marmot Programme the Health Board is working in partnership to deliver an approach to **prevention** embedded in the social determinants of health. Finally, the work of both Gwent Regional Partnership Board and Gwent Public Services Board demonstrate how the Health Board is working in **collaboration** to achieve gains for the population of Gwent that cannot be delivered by individual organisations alone. Further detail is contained within Gwent Regional Partnership Board and Gwent Public Services Board's websites.

9. Equality and Diversity

Equality, diversity, inclusion and human rights are embedded in all aspects of the Health Board through our Values and Behaviours Framework and the Governance Framework. Furthermore, implementation of Standard 2 of the Healthcare Standards for Wales, ensures that the Health Board embeds equality and human rights across the functions and delivery of services, recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation.

The Health Board ensures that strategic decisions we make are informed by the Health and Care Quality Standards and are required to report annually on progress against the Duty of Quality using indicators and measures, patient and staff experience and stories, clinical audit, and inspection reports. Departments and services are required to use quality-related information to review how well they are doing, this is supported by regular patient surveying, including the implementation of the Cwpa Experience Wales system to collect real-time feedback from users of our services.

The Health Board runs a comprehensive community engagement program that ensures communities can speak directly with Health Board staff and share their views on health services and help assure us in our relation to public involvement. A Diverse Communities Health Forum was established by the Health Board in January 2020 to engage directly with seldom-heard voices in our communities.

The Health Board employs a comprehensive system of Equality Analysis, also referred to as Equality Impact Assessments (EqIAs). This ensures any proposed service, strategy, policy, function, or similar directive is systematically analysed by us under support and direction from our Equality, Diversity and Inclusion function. The process identifies what

effect, or likely effect, it may have on the people who come into contact with the Health Board, including service users and patients.

The Health Board provides interpretation and translation services to support individuals accessing our services who have a difficulty in hearing or seeing, or there is a difficulty in understanding each other's language. In early 2023, the Health Board launched the SignLive service, to support our Deaf and British Sign Language (BSL) users to access our services. Users are able to use SignLive to make phone calls and aid in person communication in situations where a face-to-face interpreter is not available.

We strive to reflect the local population in our workforce. We do this by ensuring staff are equipped with the necessary knowledge and information to understand and work with individuals, groups and populations that historically have not accessed appropriate health services, or have sought the services at a later stage of their illness or condition.

Further information is available in the Accountability Report.

10. Welsh Language Regulations

The Health Board continues to make good progress in our work in relation to Welsh language service delivery. We recognise that communication is key to deliver the best care to all those we service and we therefore note the importance for our Welsh speaking community to be able to receive care and support in their mother tongue.

The Annual Report 2021/22 addresses the statutory duty of Aneurin Bevan University Health Board to provide an annual account to the Welsh Language Commissioner on compliance with its Welsh Language Standards under the Welsh Language (Wales) Measure 2011. The report has been prepared in accordance with Welsh Language Standard 120. This report sets out how the Health Board has complied with the Welsh Language Standards requirements from 01 April 2021 - 31 March 2022.

The Annual Report for 2021/22 is available on-line in both Welsh and English

<https://abuhb.nhs.wales/files/key-documents/other-reports/welsh-language-standards-annual-report-2021-22pdf/> English

<https://bipab.gig.cymru/ffeiliau/key-documents/adroddiad-blynnyddol-safonaur-gymraeg-2021-22pdf1/> Welsh

The report for 2022-2023 will be published in September 2023.

11. Financial Management and Performance

The Annual Accounts 2022/23, at Section 3 of the Annual Report and Accounts 2022/23, Page XX, sets out the detailed accounts for the full year to 31 March 2023 for Aneurin Bevan University Health Board. These accounts are prepared under International Financial Reporting Standards (IFRS).

The Health Board has two statutory financial duties:

- To breakeven over a rolling three-year period; and
- To submit an Integrated Medium-Term Plan (IMTP) to secure compliance with breakeven over three years.

Under the rolling 3-year duty, introduced with the NHS (Wales) Act 2014, the first assessment of the first statutory financial duty took place at the end of 2016/17 when it was achieved. The Health Board has **not** met its financial duty to breakeven against its Revenue Resource Limit over 3 years 2020-21 to 2022-23.

In relation to the second duty the Health Board did secure WG approval to the IMTP on 13th July 2022. The note in the accounts shows that this duty was achieved. (*Note 2.3 of the Annual Accounts 2022/23*).

Revenue Resource Performance

The Health Board did not meet its financial duty to break-even against its Revenue Resource Limit over the 3 years 2020-21 to 2022-23 period, the Board reported an overspend of £36,348k as shown below:

3 Year Revenue Breakeven Duty	2020/21 £000	2021/22 £000	2022/23 £000	Total £000
Underspend Against Allocation	245	249	- 36,842	- 36,348

Capital Resource Performance

In addition to a revenue resource limit the Health Board has a capital resource limit (CRL) that sets the target for capital expenditure. The target of £40.723m was met in 2022/23 with a small underspend of £43k. The target is measured over a 3-year period as shown in the table below:

3-year capital breakeven duty	2020/21 £000	2021/22 £000	2022/23 £000	Total £000

Underspend against allocation	13	50	43	106
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Other Related Targets

- Public Sector Payment Policy
This target for the Health Board relates to the payment of 95% of its trade creditors within 30 days. In 2022/23, the target was achieved with full year figure of 95.2%.
- Cash Balance
Welsh Government sets a notional target for Health Boards in Wales to have end of period cash balances not exceeding £6m. For 2022/23, the Health Board ended with an actual cash balance of £4.704m and was therefore within the target.

Long Term Expenditure Trend

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services	2018-19	2019-20	2020-21	2021-22	2022-23
General Medical Services	99,491	103,343	108,993	112,524	116,217
Pharmaceutical Services	24,995	22,900	27,109	25,082	25,273
General Dental Services	36,232	36,608	33,079	38,030	39,817
General Ophthalmic Services	8,419	8,911	8,734	9,343	8,866
Other Primary Health Care expenditure	2,738	2,872	2,289	2,487	2,612
Prescribed drugs and appliances	95,557	102,280	106,852	106,282	114,331
Total	267,432	276,914	287,056	293,748	307,116

	£'000	£'000	£'000	£'000	£'000
3.2 Expenditure on healthcare from other providers	2018-19	2019-20	2020-21	2021-22	2022-23
Goods and Services from Other NHS bodies	95,505	103,179	103,278	117,637	117,587
Goods and services from WHSSC / EASC	136,682	144,458	161,384	177,035	198,320
Continuing Care	71,481	71,005	81,347	83,675	86,006
Other	46,323	61,107	71,795	85,054	72,240
Total	349,991	379,749	417,804	463,401	474,153

3.3 Expenditure on Hospital and Community Health Services	£'000	£'000	£'000	£'000	£'000
	2018-19	2019-20	2020-21	2021-22	2022-23
Staff Costs	524,092	579,760	671,972	714,255	762,081
Non Pay	149,022	152,277	172,611	191,827	200,118
Depreciation and Impairments	23,596	23,197	96,361	31,056	30,804
Losses, special payments and irrecoverable debts	2,024	3,154	1,886	2,831	1,526
Other operating expenses	7,875	7,990	8,526	11,009	9,538
Total	706,609	766,378	951,356	950,978	1,004,067

Long Term Revenue Performance Trend

2. Financial Duties Performance

2.1 Revenue Resource Performance

Annual financial performance

	2018-19	2019-20	2020-21	2021-22	2022-23	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Net operating costs for the year	1,226,261	1,319,803	1,551,819	1,598,803	1,676,282	4,826,904
Less general ophthalmic services expenditure and other non-cash limited expenditure	(2,149)	(161)	(1,423)	(58)	148	(1,333)
Less revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0		0
Total operating expenses	1,224,112	1,319,642	1,550,396	1,598,745	1,676,430	4,825,571
Revenue Resource Allocation	1,224,347	1,319,674	1,550,641	1,598,994	1,639,588	4,789,223
Under /(over) spend against Allocation	235	32	245	249	(36,842)	(36,348)

Aneurin Bevan University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2020-21 to 2022-23.

The Health Board will, in dialogue with Welsh Government, confirm the implications for reporting this deficit as part of the 2023/24 IMTP.

The health board received £23m of strategic cash support in 2022-23.

2.2 Capital Resource Performance

	2018-19	2019-20	2020-21	2020-21	2022-23	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Gross capital expenditure	141,139	133,286	112,376	52,167	41,011	205,554
Add: Losses on disposal of donated assets	0	7	0	0	2	2
Less NBV of property, plant and equipment and intangible assets disposed	(81)	(555)	(884)	(3,115)	(61)	(4,060)
Less capital grants received	(45)	(93)	(333)	(22)	(62)	(417)
Less donations received	(121)	(300)	(201)	(166)	(210)	(577)
Charge against Capital Resource Allocation	140,892	132,345	110,958	48,864	40,680	200,502
Capital Resource Allocation	140,933	132,373	110,971	48,914	40,723	200,608
(Over) / Underspend against Capital Resource Allocation	41	28	13	50	43	106

In 2018/19 £120m out of the £141m spend related to the new Grange University Hospital.

Aneurin Bevan University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2020-21 to 2022-23.

The Health Board's financial statements have been prepared in accordance with the 2022-23 NHS Wales Manual for Accounts. The accounting policies contained in that manual follow the 2022-23 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

The Manual for Accounts makes clear that accounts should be prepared on a going concern basis where there is the anticipated continuation of service in the future. The assumption has been made that the services of Aneurin Bevan University Health Board will continue in operation. Consequently the going concern basis has been adopted.

12. Conclusion and Forward Look

As an organisation our mission is to improve population health, and, through doing this, reduce the health inequality that exists across our communities. The current 18-year gap in healthy life expectancy between our wealthiest and poorest communities is significant. It is the consequences of inequality that mean a greater number of citizens require our services. Sadly, the COVID-19 pandemic has worsened the gap. Therefore, as we look to the future, we must relentlessly focus on reducing health inequality as part of improving overall population health.

Our Integrated Medium-Term Plan (IMTP) 2022-25 and 2023-26 build on the life course approach, whilst recognising the current operational demands and then focussing on realistic, sustainable recovery.

The plan is based on a realistic assessment of delivery over the next three years; it is optimistic in its outlook, recognising the need to build on the service changes achieved over the last few years, and it focusses on making those changes sustainable, to meet the long-term needs of our communities.

At the forefront of all service delivery is person centred care. We remain committed to further improving patient related experience and outcomes, learning and listening to our staff and patients.

Aneurin Bevan University Health Board
Section 2: Accountability Report
1st April 2022 – 31st March 2023

INTRODUCTION TO THE ACCOUNTABILITY REPORT

Aneurin Bevan University Health Board is required to publish, as part of our annual reporting, an Accountability Report. The purpose of the Accountability Report section of the Annual Report has been designed to demonstrate the ways in which the Health Board is meeting its key accountability and reporting requirements.

This Accountability Report has three sections:

1. Corporate Governance Report

This explains the composition of the Health Board, its governance structures and arrangements and how the Health Board seeks to achieve its objectives and responsibilities to meet the needs of the people we serve. The Corporate Governance Report includes:

- A. The Directors' Report
- B. The Statement of the Chief Executive as the Accountable Officer and the Statement of Directors' Responsibilities in respect of the Accounts
- C. The Annual Governance Statement.

2. Remuneration and Staff Report

This section contains information about the staff of the organisation, particularly focusing on the remuneration of its Board and senior management, fair pay ratios and other staff information, such as sickness absence rates.

3. Senedd Cymru/Welsh Parliament Accountability and Audit Report

This section contains a range of disclosures on the regularity of expenditure, fees, charges, compliance with cost allocation, material remote contingent liabilities, long-term expenditure trends and charging requirements set out in HM Treasury guidance.

Corporate Governance Report 2022/23

Including:

- A. The Directors' Report**
- B. 1. The Statement of the Chief Executive as the Accountable Officer**
- B. 2. The Statement of Directors' Responsibilities in respect of the Accounts**
- C. The Annual Governance Statement**

SECTION A: THE DIRECTORS' REPORT

Aneurin Bevan University Local Health Board is a statutory body that was established on 1st June 2009 and became operational on the 1 October 2009 under *The Local Health Boards (Establishment and Dissolution) (Wales) Order 2009 (S.I. 2009/778)*, "the Establishment Order".

The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779) ("The Constitution Regulations") set out the constitution and membership arrangements of Local Health Boards, the appointment and eligibility requirements of members, the term of office of non-officer members and associate members. In line with these Regulations the Board of Aneurin Bevan University Health Board comprises:

- a chair;
- a vice-chair;
- officer members; and
- non-officer members.

The members of the Board are collectively known as "the Board" or "Board members"; the officer and non-officer members (which includes the Chair) are referred to as Executive Directors and Independent Members respectively. All members have full voting rights.

In addition, Welsh Ministers may appoint up to three associate members. Associate members have no voting rights.

Before an individual may be appointed as a member or associate member they must meet the relevant eligibility requirements, set out in *The Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 (S.I. 2009/779)* ("The Constitution Regulations"), and continue to fulfil the relevant requirements throughout the time that they hold office. The Regulations can be accessed via the Government's legislation website:

<http://www.legislation.gov.uk/wsi/2009/779/contents/made>

Further detail on the Board's membership and composition during 2022/23 is available within Section C: The Annual Governance Statement.

Board Members' Interests

Details of company directorships and other significant interests held by members of the Board which may conflict with their responsibilities are maintained and updated on a regular basis.

The document, which can be accessed in the link below, shows details of directorships of other organisations or other interests that have been declared by the members of the Board of Aneurin Bevan University Health Board, and staff across the organisation, in line with the Standards of Business Conduct Policy, as at the 31st March 2023. This information is

available on the Health Board's Internet site and can be accessed by following this [link](#).

Personal Data Related Incidents

Information on personal data related incidents formally reported to the Information Commissioner's Office and "serious untoward incidents" involving data loss or confidentiality breaches are detailed on page 41 of the Annual Governance Statement at Section C.

Environmental, Social and Community Issues

The Board is aware of the potential impact that the operation of the Health Board has on the environment and it is committed to wherever possible:

- Ensuring compliance with all relevant legislation and Welsh Government Directives;
- Working in a manner that protects the environment for future generations by ensuring that long term and short-term environmental issues are considered; and
- Preventing pollution and reducing potential environmental impact.

The Health Board complies with Biodiversity and Resilience of Ecosystems Duty under Section 6 of the Environment (Wales) Act 2016, which seeks to enhance resilience and biodiversity across the Health Board's estate.

The Board's Annual Report for 2022/23 and Integrated Medium Term-Plan (IMTP) 2022-25 (approved March 2022) sets out the Board's strategic priorities which have been set within the context (environmental, social and community issues) in which the Health Board is operating within.

The Performance Report (Part A) of the Annual Report and Accounts 2022/23 provides greater detail in relation to the achievements of the Health Board in delivering the IMTP during 2022/23.

Statement for Public Sector Information Holders

In-line with the disclosure requirements set out by the Welsh Government and HM Treasury, the Health Board confirms that it has complied with the cost allocation and charging requirements set out in HM Treasury guidance during the 2022/23 year.

SECTION B(1): STATEMENT OF THE CHIEF EXECUTIVE AS THE ACCOUNTABLE OFFICER OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD

The Welsh Ministers have directed that the Chief Executive should be the Accountable Officer for Aneurin Bevan University Local Health Board. The relevant responsibilities of Accountable Officers, including their responsibility for the propriety and regularity of the public finances for which they are answerable, and for the keeping of proper records, are set out in the Accountable Officer's Memorandum issued by the Welsh Government.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as Accountable Officer. As Accountable Officer, I confirm that, as far as I am aware, there is no relevant audit information of which the Health Board's Auditors are unaware, and I have taken all the steps that ought to have been taken to make myself aware of any relevant audit information and that the Health Board's auditors are aware of that information.

As Accountable Officer, I confirm that the Annual Report and Accounts 2022/23 as a whole is fair, balanced and understandable. I take personal responsibility for the Annual Report and Accounts and the judgements required for determining it as fair, balanced and understandable.

As Accountable Officer, I am responsible for authorising the issue of the financial statements on the date they are certified by the Auditor General for Wales.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as Accountable Officer.

Name: Nicola Prygodzicz, Chief Executive

Date:

SECTION B(2): STATEMENT OF DIRECTORS' RESPONSIBILITIES IN RESPECT OF THE ACCOUNTS FOR 2022/23

The directors are required under the National Health Service Act (Wales) 2006 to prepare accounts for each financial year. The Welsh Ministers, with the approval of the Treasury, direct that these accounts give a true and fair view of the state of affairs of the Aneurin Bevan University Health Board and of the income and expenditure of the Health Board for that period.

In preparing those accounts, the directors are required to:

- apply on a consistent basis accounting principles laid down by the Welsh Ministers with the approval of the Treasury
- make judgements and estimates which are responsible and prudent
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the account.

The directors confirm that they have complied with the above requirements in preparing the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the authority and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction by the Welsh Ministers.

By Order of the Board

Signed:

Ann Lloyd, Chair

Dated:

Nicola Prygodzicz, Chief Executive

Dated:

Robert Holcombe, Director of Finance and Procurement

Dated:

SECTION C: ANNUAL GOVERNANCE STATEMENT, 2022/23

SCOPE OF RESPONSIBILITY

The Board is accountable for Governance, Risk Management and Internal Control. As Chief Executive of the Board, I have responsibility for maintaining appropriate governance structures and procedures as well as a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst safeguarding the public funds and the organisation's assets for which I am personally responsible. These are carried out in accordance with the responsibilities assigned by the Accountable Officer of NHS Wales.

The annual report outlines the different ways the organisation has had to work both internally and with partners in response to the unprecedented pressure in planning and providing services. It explains arrangements for ensuring standards of governance are maintained, risks are identified and mitigated and assurance has been sought and provided. Where necessary additional information is provided in the Governance Statement, however the intention has been to reduce duplication where possible. It is therefore necessary to review other sections in the Annual Report alongside this Governance Statement.

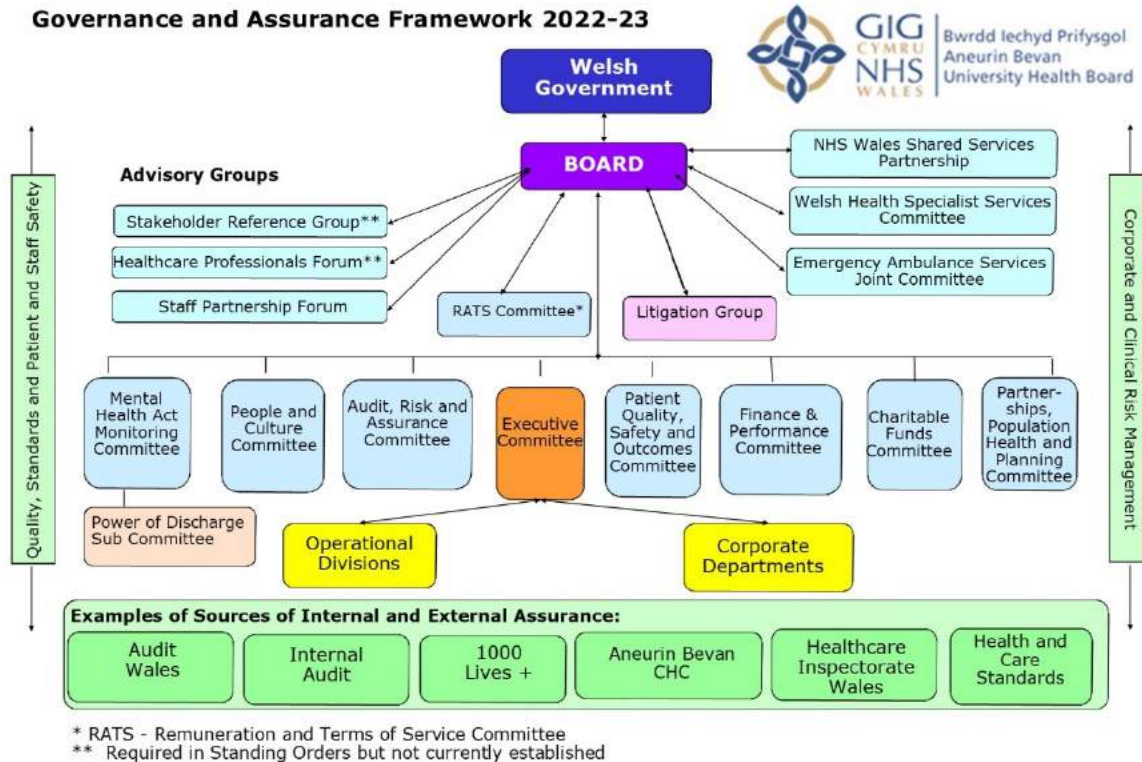
[Welsh Government's Escalation and Intervention Arrangements for NHS Wales](#) sets out the collective arrangements in place between the Welsh Government and external review bodies for identifying and responding to serious issues affecting NHS service delivery, quality and safety of care, and organisational effectiveness. In 2022/23, Aneurin Bevan University Health Board remained under routine arrangements.

OUR GOVERNANCE AND ASSURANCE FRAMEWORK

Aneurin Bevan University Health Board has agreed Standing Orders for the regulation of proceedings and business of the organisation. These are designed to translate the statutory requirements set out in the LHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice, and together with the adoption of a scheme of matters reserved to the Board, a scheme of delegation to officers and others and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define its 'ways of working'. These documents, together with the Board's Assurance Framework and a range of corporate policies set by the Health Board make up the Governance and Assurance Framework and arrangements of the organisation.

The diagram overleaf outlines the governance and assurance framework in place during 2022/23:

Governance and Assurance Framework 2022-23



Membership of the Health Board and its Committees

Attachment 1 provides the Board's membership during 2022/23 and attendance at Board and Committee meetings respectively for this period.

There has been significant change to the membership of the Board during 2022/23, as outlined in Table 1 below:

TABLE 1		
Name	Designation	Dates (if less than full year)
Executive Directors		
Nicola Prygodzicz	Chief Executive	From 05/09/2022
Nicola Prygodzicz	Director of Planning, Performance, Digital and IT/ Interim Deputy Chief Executive	Until 04/09/2022
Glyn Jones	Interim Chief Executive	Until 04/09/2023
Glyn Jones	Deputy Chief Executive	05/09/2022 to 23/09/2022
Christopher Dawson-Morris	Interim Director of Planning and Performance	From 05/09/2022 to 03/04/2023
Hannah Evans	Director of Strategy, Planning and Partnerships	From 01/04/2023
Rob Holcombe	Interim Director of Finance, Procurement and Value Based Healthcare	Until 13/11/2022

Rob Holcombe	Director of Finance and Procurement	From 14/11/2022
Dr James Calvert	Medical Director	Until 23/09/2022
Dr James Calvert	Medical Director / Deputy Chief Executive	From 24/09/2022
Sarah Simmonds	Director of Workforce and OD	Full Year
Rhiannon Jones	Director of Nursing	Until 05/07/2022
Jennifer Winslade	Director of Nursing	From 08/08/2022
Linda Alexander ³	Interim Director of Nursing	25/06/22 to 14/08/2022
Peter Carr	Director of Therapies and Health Sciences	Full Year
Dr Sarah Aitken ¹	Director of Public Health and Strategic Partnerships	Until 05/01/2023
Tracy Daszkiewicz ¹	Director of Public Health	From 01/04/2023
Dr Chris O'Connor	Interim Director of Primary, Community and Mental Health Services	Full Year
Independent Members		
Ann Lloyd	Chair	Full Year
Pippa Britton	Interim Vice Chair	Full Year
Katija Dew ²	Independent Member (Third Sector)	Full Year
Shelley Bosson	Independent Member (Community)	Full Year
Louise Wright	Independent Member (Trade Union)	Full Year
Richard G Clarke	Independent Member (Local Authority)	Full Year
Professor Helen Sweetland	Independent Member (University)	Full Year
Paul Deneen	Independent Member (Community)	Full Year
Iwan Jones	Independent Member (Finance)	From 04/04/2022
Dafydd Vaughan	Independent Member (Digital)	From 09/05/2022
Vacant (Pippa Britton's Substantive position)	Independent Member (Community)	Full Year
Directors in Attendance**		
Leanne Watkins	Director of Operations	Full Year
Special Advisors to the Board***		
Phil Robson	Special Advisor to the Board	Full Year
Associate Members****		
Keith Sutcliffe	Chair, Stakeholder Reference Group	Until 30/11/2022 and vacant thereafter
Vacant	Chair, Health Professionals Forum	Full Year
Vacant	Director of Social Services	Full Year

Director of Corporate Governance*****				
Rani Dash (nee Mallison)	Director of Corporate Governance	Full Year		

** In October 2021, Emrys Elias, Vice Chair, began a temporary role as Chair of Cwm Taf Morgannwg University Health Board in October 2021. Whilst interim arrangements have been put in place, the Health Board has been advised by Welsh Government not to appoint a permanent replacement for 18 months. Pippa Britton has therefore been appointed Interim Vice Chair, leaving her substantive role as Independent Member (Community) vacant on a temporary basis. The appointment process for a Vice Chair has now been undertaken and an appointment by the Minister is awaited*

***The Director of Operations is not an Executive Post. The Director of Operations is therefore not a Board Members and attends meetings of the Board without voting rights.*

****The Board has discretion to appoint Special Advisors to support it in achieving its responsibilities. Special Advisors are not Board Members and therefore attend meetings of the Board without voting rights.*

*****Associate Members are Members of the Board but do not hold voting rights.*

****** Independent of the Board, the Director of Corporate Governance acts as the guardian of good governance within the LHB. The Director of Corporate Governance is responsible for providing advice to the Board as a whole and to individual Board members on all aspects of governance.*

On 14th March 2022, the Remuneration and Terms of Service Committee approved a change of operating title for the Board Secretary role to Director of Corporate Governance.

¹ Director of Public Health - During the vacancy period 05/01/23 to 01/04/2023, Stuart Bourne and Eryl Powell, Deputy Directors of Public Health, provided advice to the Board and attended meetings in their deputy roles.

² Katija Dew – Term of office ended 31/3/2023

³ Linda Alexander – Linda Alexander assumed interim executive director responsibilities from 25/06/22 due to Rhiannon Jones taking annual leave from 25/06/22 to 05/07/22. Linda Alexander held interim executive director responsibilities until 07/08/22 when Jennifer Winslade commenced in role as Executive Director of Nursing on 08/08/22. The period of 08/08/22 to 15/08/22 was used as a handover period.

As at 31 March 2023, following Ministerial Public Appointment campaigns, the Minister for Health and Social Services is currently considering appointments to the role of Vice Chair and Independent Member (Third Sector).

Due to the number of interim positions within the Board during 2022/23, the Chair and Chief Executive Officer, with the Remuneration and Terms of Service Committee, worked to stabilise changes within the Executive Team and ensure robust induction, development and succession planning for Board Members. This included permanent recruitment to the roles of Chief Executive, Director of Finance and Procurement and Director of Nursing during 2022/23. In addition, the Director of Public Health and the Director of Strategy, Planning and Partnerships commenced in role on 1st April 2023.

The Role of the Board

The Board, chaired by Ann Lloyd CBE, has been constituted to comply with the Local Health Board (Constitution, Membership and Procedures) (Wales) Regulations 2009. The Board functions as a corporate decision-making body, Executive Directors and Independent Members being full and equal members and sharing corporate responsibility for all the decisions of the Board.

The Board is made up of individuals from a range of backgrounds, disciplines and areas of expertise. The Board comprises the Chair, Vice Chair and nine other Independent Members and the Chief Executive and eight Executive Directors. There are also Associate Independent Member positions, Special Advisors and other senior managers who routinely attend Board Meetings. The full membership of the Board and their lead roles and committee responsibilities are outlined in **Attachment 1**.

The Board sits at the top of the organisation's governance and assurance systems. Its principal role is to exercise effective leadership, provide strategic direction and control. The Board is accountable for governance and internal control in the organisation and the Chief Executive as Accountable Officer, is responsible for maintaining appropriate governance structures and procedures.

In summary, the Board:

- Sets the strategic direction of the organisation within the overall policies and priorities of the Welsh Government and the NHS in Wales;
- Establishes and maintains high standards of corporate governance;
- Ensures the delivery of the aims and objectives of the organisation through effective challenge and scrutiny of performance across all areas of responsibility;
- Monitors progress against the delivery of strategic and annual objectives; and
- Ensures effective financial stewardship by effective administration and economic use of resources.

The Health Board must agree Standing Orders for the regulation of proceedings and business which are designed to translate the statutory requirements set out in the LHB (Constitution, Membership and Procedures) (Wales) Regulations 2009 into day to day operating practice, and, together with the adoption of a scheme of matters reserved to the Board; a scheme of delegations to officers and others; and Standing Financial Instructions, they provide the regulatory framework for the business conduct of the Health Board and define - its 'ways of working'. These documents, together with the range of corporate policies set by the Board make up the Governance Framework.

Committees of the Board

Section 3 of Aneurin Bevan University Health Board's Standing Orders provides that *"The Board may and, where directed by Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance in the exercise of its functions"*. In line with these requirements, the Health Board had in place a Committee Structure for 2022/23.

In recognition of the Board's strategic priorities for 2022/23 and the strategic risks it holds, a revised committee structure was approved by the Board in March 2022 and implemented from 1st April 2022. There have been no changes to this structure in 2022/23. The committee structure has enabled an appropriate balance between strategy, delivery and performance, and culture and takes into consideration feedback from Board Members and Audit Wales in respect of effectiveness.

During 2022/23, the following Committees were in place:

- Audit, Risk & Assurance Committee
- Patient Quality, Safety & Outcomes Committee
- People & Culture Committee
- Finance & Performance Committee
- Partnerships, Population Health and Planning Committee
- Mental Health Act Monitoring Committee
- Remuneration and Terms of Service Committee
- Charitable Funds Committee
- Litigation Group

The Terms of Reference and Operating Arrangements, meeting agendas and papers for each of these Committees can be found on the Health Board's [website](#).

These Committees are Chaired by Independent Members of the Board. The Chair of each Committee reports regularly to the Board on the committee's activities. This contributes to the board's assessment of risk, level of assurance and scrutiny against the delivery of objectives. In addition, and in-line with Standing Orders, each committee is required to produce an annual report.

In addition to the Board's formal meetings and formal Committee meetings, the following informal arrangements have been established to support the Board to fulfil its responsibilities:

- Board Development Sessions, held bi-monthly (6 times yearly), to focus on the development and effectiveness of the Board as a cohesive and unitary Board;
- Board Briefing Sessions, held bi-monthly (6 times yearly), to focus on key matters where informal discussion is required and to raise awareness of matters such as changes in policy or legislation; and

- Board Strategic Planning Sessions, held quarterly, to allow the Board informal development time to discuss collectively strategic developments and horizon planning.

Conducting Business with Openness and Transparency

In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the Board and Committees are required to meet in public. Following the COVID-19 pandemic where the public health risk posed, resulted in limitations on public gatherings, the Board and its Committees moved to meeting in a virtual setting meaning that it was not possible to allow the public to attend meetings of the Board and Committees.

Board members resumed meeting in person to conduct Board meetings in May 2022. At this time, the Health Board did not have the capacity to enable physical attendance of observers, which meant that members of the public were unable to attend meetings in person. The Board took the decision at that time in the best interests of protecting the public, our staff and Board members.

Since November 2022, the Microsoft Teams link has been published with the agenda and on social media channels to enable members of the public to observe Board meetings in real time. Members of the public have been able to attend in person since January 2023. Meetings of all Board meetings in 2022/23 were recorded and published to the Health Board's You Tube Channel within 24 hours for public viewing.

During 2022/23, the Board's committees have continued to meet virtually and, due to capacity constraints, the Health Board has not been able to stream these in real-time for the public's viewing. Work is underway to address this in 2023/24 to ensure that the Health Board's business operates with full transparency and openness.

As the Health Board has not been able to allow the public to attend all meetings of its committees during 2022/23, the Health Board has not complied with its Standing Orders in this regard.

It is acknowledged that a hybrid approach to meetings will continue to be required in the future and the Health Board will work to ensure members of the public can attend meetings in person and/or virtually.

To ensure Board and Committee business was conducted in as open and transparent manner as possible the following actions were taken:

- All Board and Committee meeting agenda packs have been published to the Health Board's [website](#) in advance of meetings;
- Meetings of the Board have been recorded and published to the Health Board's You Tube Channel within 24 hours;
- The Health Board's Annual General Meeting in July 2022 was livestreamed;

The Health Board and its Committees have sought to undertake a minimum of its business in private sessions and ensure business, wherever possible, is published into the public domain. The Committees that do not publish information publicly is either because of the confidential nature of their business, such as the Remuneration and Terms of Service (RATS) Committee, or they are informal developmental type meetings such as the Board Strategic Planning Sessions discussing plans and ideas often in their formative stages.

Meetings of the Board and its Committees are formally recorded with minutes considered for approval at the next available meeting, respectively. In addition, the Director of Corporate Governance maintains Decision Logs for all decisions taken by the Board and the Executive Team.

Items considered by the Board in 2022-23

During 2022-23, the Board held 7 meetings:

- 6 routinely scheduled bimonthly meetings
- 1 additional meeting in June 2022 to formally approve the Annual Report and Accounts for 2021/22, following detailed consideration by the Health Board's Audit, Risk and Assurance Committee.

In addition, the Board held its Annual General Meeting on 27th July 2022.

All the meetings of the Board in 2022/23 were appropriately constituted and quorate. The key business and risk matters considered by the Board during 2022/23 are outlined below.

Further information can be obtained from the published Board meeting papers on the Health Board's website via the following [link](#).

a) Business Cases:

- Approved the submission of the **Radiotherapy Satellite Unit Business Case** to Welsh Government.
- APPROVED the submission of the **Adult Mental Health and Learning Disabilities Specialist Inpatient Services Unit (SISU) Outline Business Case** to the Welsh Government.
- Supported, in principle, the case for change for the **Velindre Cancer Centre**. However, requested that Velindre NHST reconsider the finance and economic cases for the Board's further consideration.

b) Plans/Strategies/Policies/Service Change

- Approved the Health Board's **People Plan** and associated documentation.
- Approved a recommendation to establish a **Service for Adults with Attention Deficit Hyperactivity Disorder (ADHD)** in Aneurin Bevan

University Health Board, noting that this would be subject to evaluation at an appropriate point.

- Endorsed the **Six Goals for Urgent and Emergency Care Programme Plan**.
- Approved the Aneurin Bevan University Health Board **Arts in Health Strategy 2022-2027**.
- Approved the implementation of the **Community Therapy MSK Pathway**, recognising that ongoing discussions to support implementation were required.
- Received the **Winter Plan 2021/22 evaluation**.
- Received an update on the implementation of the **Digital Strategy**, ongoing actions to mitigate risks and achieve progress.
- Approved the proposed targeted engagement regarding the future configuration of the **South Wales Cochlear Implant and Bone Conduction Hearing Implant Device Service**.
- Reviewed the current arrangements for **Midwifery Led Services within ABUHB** and supported a proposal to engage with the public on making a temporary service change permanent, with further staff consultation.
- Approved the Health Board's **Research and Development Strategy**.
- Agreed to the development and implementation of an **Anti-Racist action plan** for the Health Board.
- Approved the Draft Opening **Capital Programme for 2023/24**.
- Approved the **Integrated Medium-Term Plan 2023-26**.
- Approved the **Quality Strategy**.
- Approved the **Patient Experience and Involvement Strategy**.
- Endorsed the **South East Wales Regional Ophthalmology Strategy**.
- Endorsed the **Gwent Public Service Board Well Being Plan**.

c) Governance and Assurance

- Received the **Board's Annual Review of Effectiveness 2021/22** report.
- Received assurance in respect of arrangements for compliance with the **Nurse Staffing Levels (Wales) Act**.
- Approved the **Annual Report and Accounts 2021-22**.
- Approved the **Charitable Funds Annual Accounts and Annual Report 2021-22**
- Received the following **Annual Reports**:
 - Trade Union Partnership Forum
 - Cancer Services
 - Welsh Language Standards
 - Equality Report
 - Director of Public Health
- Received the **Audit Wales Annual Audit Report and Structured Assessment**.
- Endorsed the **Accelerated Cluster Development programme governance arrangements** and approved the proposed **governance of Neighbourhood Care Networks**.

d) Routine Business

- Ratified actions taken by the Chair, on behalf of the Board, to seal documents affixing the Health Board's Common Seal.
- Considered and discussed the Health Board's financial performance and the related risks being managed by the organisation.
- Considered the Board's performance against key local and national targets and the actions being taken forward to improve performance.
- Received assurance reports from the Committees and Advisory Groups of the Board.
- Received update reports from the Executive Team in respect of key issues locally, regionally and within NHS Wales.
- Reviewed the Corporate Risk Register and sought assurance on the management of mitigating actions.

e) Patient Experience and Public Engagement

In March 2023, the Board approved its Patient Experience & Involvement Strategy. The Strategy's goals and objectives are to improve services and their effectiveness, and safety and to improve people's experiences. It encompasses the Health Board's intent to engage patients, families, carers, staff and the wider community, with a commitment to listen to feedback, learn and therefore improve healthcare across all of our services.

The Health Board's key principles, as set out in the Strategy, are to:

- Work in partnership with patients, families, carers, staff and communities, and listen to their perspective.
- Enhance our efforts to obtain real-time feedback.
- Use people's feedback proactively to identify quality improvement opportunities.
- To put things right that may have gone wrong, helping people to share their experience and to restore their confidence.
- Through listening and learning, develop best practice and support staff to deliver excellent person-centred care.

The Board has remained committed to hearing and learning from the experience of staff and patients. During 2022/23 the Board received patient/staff stories in respect of:

- **Long COVID – Adferiad** - experience of using the service and the impact of long-COVID on the individuals health & wellbeing
- **Virtual Ward** - a place based structured, face-to-face or virtual multi-disciplinary team (MDT) conversation between a range of multi-disciplinary and multi-sector professionals, where people/patients with a variety of complex and inter-related issues are discussed and care planning takes place.
- **'Bob's Story - What Matters to Me'** - highlighting the importance of dignity and respect for patients.

Throughout 2022/23, the **Aneurin Bevan Community Health Council** attended meetings of the Board to provide an overview of recent issues of

concern and positive observations or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent. In addition, the Board held joint meetings with the Community Health Council's management team and full Council.

Items considered by Committees of the Board

During 2022/23, Board Committees considered and scrutinised a range of reports and issues, in line with the matters delegated to them by the Board. These included a range of internal and external audit reports and reports from other review and regulatory bodies, including Healthcare Inspectorate Wales.

As was the case in previous years, the Committees' consideration and analysis of such information has played a key role in the assessment of the effectiveness of internal controls, risk management arrangements and assurance mechanisms. The Committees also considered and advised on areas of local and national strategic developments and new policy areas.

An overview of the key areas considered by the Committees of the Board is provided below:

Audit, Finance and Risk Committee	<p>Among the key issues considered by the Committee during 2022-23, as outlined in the Committee's Work Programme, the following were also considered:</p> <ul style="list-style-type: none"> • Update on the Health Board's Outpatient Transformation Project • Update on the Estates Efficiency Framework • Update on Asset Verification • Report on the Welsh Health Circular (WHC) Tracker • Report on the Implementation of the Governance Priorities set out within the IMTP 2022-25 • Welsh Health Specialised Services Committee Governance Arrangements Audit Tracker Report (for those recommendations relating to Health Board governance arrangements) • Audit Wales Review of Quality Governance Arrangements • Audit Wales - Five-year Strategy 'Assure, Explain, Inspire' Report • Audit Wales - Welsh Community Care Information System Report • Audit Wales - Tackling the Planned Care Backlog in NHS Wales Report • Audit Wales - Public Sector Readiness for Net Zero Carbon by 2030: Evidence Report • Audit Wales - Continued COVID-19 response alongside growing patient demand Report • Audit Wales – Consultation on Fee Scales 2023 /2024 • Audit Wales - £6.5 million of fraud and overpayments identified by National Fraud Initiative in Wales • Audit Wales - Making Equality Impact Assessments more than just a tick box exercise Report • Audit Wales Review of Efficiency Savings Arrangements Report
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	<ul style="list-style-type: none"> • Audit Wales – Audit of Accounts Report 2021/22 <p>The Committee reviewed and approved the audit strategies and plans from Audit Wales and Internal Auditors, NWSSP Audit & Assurance Services and received audit reports produced in support of them during 2022-23.</p> <p>In approving the strategies and plans, the Committee ensured that they were robust and linked to the health board’s risk profile.</p> <p>During the year the Committee received Internal Audit reports in line with the agreed programme for 2021-22 and 2022-23, including the management response from the relevant Executive Director.</p> <p>In total, 32 internal audit reviews were carried out during the year, including six that were carried over from 2021/22. Further detail on the work of internal and external audit in 2022/23 is provided later on in this report, under the section on Internal Control.</p>
<p>Patient Quality, Safety and Outcomes Committee</p>	<p>Among the key issues considered by the Committee during 2022-23, as outlined in the Committee's Work Programme, the following were also considered:</p> <ul style="list-style-type: none"> • An overview of the new Dementia Standards and the launch, on the 6th April 2022, of the All-Wales Hospital Dementia Charter • Overview of compliance and performance against National Clinical Audit and Local Clinical Audit Arrangements • Compliance with Cleaning Standards, including Benchmarking Data, and Actions underway to address associated issues and risks • An update of progress following the initial presentation in September 2021 of the review of Access Arrangements in General Medical Services (GMS) undertaken in June 2021 • An update on the work being undertaken in theatres and scheduled care, relating to theatre safety, following concerns regarding an increase in ‘Never Events’ in surgical and theatres directorates. • An overview of the Covid-19 investigative framework • Learning from Death Report and the statutory requirement for all deaths in Wales, in both primary and secondary care, to be subject to scrutiny by the Medical Examiner. • Health Board’s approach to continued organisational learning in respect of Operation Jasmine. • Overview of Enhanced Care: linking provision, cost and outcomes • The Health Board’s plan and progress in response to the Welsh Government ‘Six Goals for Urgent and Emergency Care’ and how these plans have now been aligned within the Health Board’s ‘Six Goals’ Programme Plan. • Assurance in respect of work undertaken to address required improvements outlined in the National Clinical Audit of Psychosis with respect to the Early Intervention Service (EIS) (2020/2021). • Cancer performance including identified improvement actions to address the current challenges.

- Report outlining the Health Board's action plan in response to the **national review of Venous Thromboembolisms**.
- **Safeguarding Annual Report**, including progress, performance, risk and learning together with an overview of emerging themes and trends.
- **Infection Prevention and Control Annual Report**, outlining the infection prevention work undertaken in 2021/22, management arrangements and progress against performance targets.
- An update on the review of care for individuals with **Learning Disabilities**
- Overview of the Health Board's contractual arrangements for **WAST inter-site transfers**.
- Health Board's current position and governance arrangements in relation to **Health and Safety Compliance**.

The Committee also received various external reports, including:

- Regular reports outlining progress of the delivery against recommendations and outstanding actions from **HIW inspections** conducted across the Health Board.
- **Internal Audit Review, The Grange University Hospital Quality Assurance**
- **Internal Audit Review, Falls Management**
- **Audit Wales Review of ABUHB Quality Governance Arrangements**, which concluded that the Health Board had clear, articulated corporate arrangements for quality governance and key areas of quality and safety; however, further improvement was required at Divisional and Directorate level.
- **HIW Unannounced visit to The Grange University Hospital**, triggered by ongoing pressures in the urgent care system. Overall, HIW were not assured that all systems and processes in place were sufficient to ensure all patients were consistently receiving acceptable standards of safe and effective care, although the hard work of staff was recognised. The Committee maintained a focus on progress on the issues identified.
- Discussion of the key points from the **Ockenden Review** and identified actions being taken in Wales to review the report and extract learning.
- **HMP Prison Services Self-Assessment**, based upon recommendations taken from HIW's review of the Quality Governance Arrangements within Swansea Bay University Health Board, for the delivery of healthcare services to Her Majesty's Prison Swansea.

The Committee also approved the **Clinical Audit Strategy** - to support the delivery of a meaningful programme of audit designed to provide assurance and inform quality improvement across the Health Board.

Charitable Funds Committee	<ul style="list-style-type: none"> • Scrutinised applications for charitable funds • Reviewed charitable funds income and expenditure • Considered and endorsed the Charitable Funds Accounts and Annual Report 2021/22 • Received the Audit Wales – Audit of Accounts Report 2021/22
Mental Health Act Monitoring Committee	<p>The role of the Mental Health Act Monitoring Committee (MHAMC) is to monitor and review the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983. The Committee therefore receives a quarterly report which provides assurance to the Committee on the compliance with the legislative requirements of the Mental Health Act.</p> <p>Throughout 2022/23, the Committee has continuously discussed the impact the pandemic has had on demand and the level of acuity in mental health services.</p> <p>The Committee discussed the need to increase the number of Mental Health Act Managers and the need to strengthen recruitment processes in this area. A revised Mental Health Act Managers Policy has been developed for implementation in early 2023/24.</p> <p>A Power of Discharge Sub-Committee has been established as a formal sub-committee of the MHAMC. The membership of this Committee is comprised of Associate Hospital Managers and provides advice and assurance that the processes associated with the discharge of patients from compulsory powers, used by the Sub-Committee, are being performed correctly and in accordance with legal requirements.</p> <p>The Sub-Committee reports routinely to the Committee for assurance and developmental purposes.</p> <p>In addition, the MHAMC received an overview of the pilot projects and work to support people in the Gwent area who are experiencing a mental health crisis.</p>
People and Culture Committee	<p>Among the key issues considered by the Committee during 2022-23, as outlined in the Committee's Work Programme, the following were also considered:</p> <ul style="list-style-type: none"> • Regular Reports from the Director of Workforce and OD, including overviews of employee relations matters. • An overview of the People First Staff Engagement and Reconnection, including a summary of the first two phases of the plan. • People Plan Updates • A Review of the Equality Impact Assessment (EQIA) Process (<i>More than Just a Tick Box Exercise</i>), including the proposal for the establishment of an integrated EQIA group.

	<ul style="list-style-type: none"> • Regular Agile Working Updates, including an overview of the work carried out by the Health Boards Agile Delivery Board. • Committee Strategic Risk Report, including the Workforce Divisional Risk Register, providing an overview of progress against mitigation of risk. • Workforce Performance Dashboard incorporating Key Performance Indicators. • Employee Wellbeing Survey Update, including results from the surveys to help inform programs of work and well-being interventions. • An overview of the Health Boards compliance with the Welsh Government More Than Just Words 2022-2027 initiative. • Assurance on Delivery of Actions and Delivery associated with the Health Board being an Employer of Choice. • An update on the Health Boards Variable Pay Action Plan, including an overview of the work delivered through the Agency Reduction Programme Board. • An overview of the Health Boards Medical Training Risk Register, including alignment with the General Medical Council (GMC) set standards, as monitored by Health Education and Improvement Wales (HEIW). • An overview of the Health Boards Medical Appraisal and Revalidation process. <p>The Committee also received external reports, as below; -</p> <ul style="list-style-type: none"> • Audit Wales Report, 'Taking Care of the Carers' and the Health Board's Management Response.
Finance and Performance Committee	<p>Amongst the key issues considered by the Committee during 2022-23 were the following:</p> <p>Finance</p> <ul style="list-style-type: none"> • Financial Performance updates outlining the Health Board's financial performance, financial targets, statutory financial duties and forecast position. • The Health Board's approach to sustainability to deliver financial balance as part of the IMTP. • Overview of the '2022/2023 Efficiency Review' of the Health Board, and a presentation of the 'Efficiency Opportunities Compendium', which captured business intelligence to support Divisions to improve efficiencies, based on best practice. • Overview of the utilisation of Covid Recovery funding received in financial year 2021-22. • Value Based Healthcare Achievement Annual Report 2021/22, which demonstrated the collaborative work between the Value-Based healthcare teams and operational teams to deliver Value-Based healthcare across a range of priority programmes.

	<ul style="list-style-type: none"> • Presentation of the Variable Pay Savings Plan (Agency Reduction), which would be monitored and reported to the Health Boards Strategic Nursing Workforce Group • Financial Understanding of Health Board Commissioned Services, including assessing needs, planning, and prioritising, purchasing, and monitoring health services, providing the best health outcomes for the Health Board's population. • Update on the forecast revenue resource position for the financial year 2022/23. • Budgetary Control and Finance Control Procedure, describing key financial controls and governance rules and behaviours which the organisation had established to ensure expenditure is managed within available resources. • Financial Outlook & 2023/24 Allocation letter Briefing • 2022/23 Forecast Closing Underlying Position • 2023/24 Budget Planning (Delegation) Principles • Efficiency Opportunities 2023/24 <p>Performance</p> <ul style="list-style-type: none"> • A live demonstration of the Health Board's automated version of the Performance Management Dashboard. • Performance Exception Reporting: <ul style="list-style-type: none"> ◦ Cancer, illustrating the current cancer performance and identifying improvements to address any challenges. ◦ Six Goals of Urgent and Emergency Care, outlining the Health Board's "Six Goals for Urgent and Emergency Care" Programme and associated performance and financial status. • Information Governance Performance Indicators providing performance information regarding the Health Board's compliance with the General Data Protection Regulation and Data Protection Act 2018. • Getting it Right First Time Reviews (GIRFT): <ul style="list-style-type: none"> • Overview of the Review of Stroke Services Report • and the approach to optimising patient care and outcomes. • Update on Orthopaedic Improvement Programme, noting 3 key areas of focus - reduce clinical variation, reduce the backlog and value for money.
<p>Partnerships, Population Health and Planning Committee</p>	<p>Amongst the key issues considered by the Committee during 2022-23 were the following:</p> <ul style="list-style-type: none"> • An overview of Work of the Gwent Public Service Board (PSB), including an update in respect of developing a Marmot Region via the Public Services, to reduce health inequalities across Gwent. • An overview of the Health Boards Integrated Medium Term Plan 2022-2026. • An overview of the Health Boards Decarbonisation Strategy and updates on progress of the Decarbonisation Framework 2022/23.

	<ul style="list-style-type: none"> • An update on progress of Regional Planning in respect of regional service planning programmes of work being undertaken in collaboration with health board colleagues across Southeast Wales. • An update on the development and delivery of a Strategy for Mental Health Services in Gwent. • An update on the Health Boards key Clinical Futures models of care and links to the revised Clinical Futures Programme Priorities. • An update on the development and delivery of a Strategy for Agile Working in ABUHB. • An overview of the Gwent Public Health Team' coordination of the delivery of the Gwent Marmot Region programme, in partnership with organisations in Gwent, and under the governance of Gwent PSB. • An overview of meetings of the Regional Partnership Board, including discussion around topics raised as a concern. • An update of the Redesigning Services for Older People Programme, including an overview of the review of Care of the Elderly/Frailty pathways and service delivery models aligning to the IMTP. • An update on the 6 Goals for Urgent and Emergency Care, including an evaluation of the plans for Same Day Emergency Care (SDEC). • An overview of the successful delivery of the Health Board's Capital Programme 2021-2022. • Report regarding the Third Wales Wellbeing Survey • Committee Risk Report <p>The Committee also received various external reports, including; -</p> <ul style="list-style-type: none"> • The Health and Wellbeing Alliance Report, 'Mind the gap: What's stopping change', with a focus on the cost-of-living crisis and the rise in inequalities in Wales. • The Committee received the Audit Wales report, 'Public Sector Readiness for Net Zero Carbon by 2030; evidence report'
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Board Development and Briefing

Board members took part in a number of development and briefing sessions through 2022/23. Topics covered at these sessions included:

- Operation Jasmine
- Urgent and Emergency Care System and Pressures
- Violence against Women, Domestic Abuse and Sexual Violence
- Arts for the Grange Programme and Arts in Health Strategy
- Declaration of Business Continuity – Reflection and consequent actions
- Cardiac Rehabilitation Heart Failure Project
- Duty of Quality and Duty of Candour
- Accelerated Cluster Development Programme
- Quality Improvement
- Cyber Resilience
- WHSSC - 10 Year Strategy for Specialised Services and an overview of Performance

- Primary Care Sustainability, Risk & Issues
- Patient and Public Participation in Health Service Changes
- Developing High Quality Care Cultures, including Compassionate Leadership
- Quality and Patient Experience Strategy
- Development of an Outline Business Case for a Specialist Mental Health and Learning Disability Specialist In-Patient Services Unit
- Risk and Assurance, including developing a Risk Appetite Statement
- Medical Workforce Planning, Risk & Issues

In-line with Standing Orders, the Board is required to introduce a process of regular and rigorous self-assessment and evaluation of its own operations and performance and that of its Committees and Advisory Groups. In February 2023 the Board was asked to undertake individual assessment of its effectiveness during 2022/23, using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance Developmental Reviews. The outcome of these self-assessments will be discussed collectively by the Board at the end of May 2023.

The Well-led Framework supports boards to maintain and develop the effectiveness of their leadership and governance arrangements and has a strong focus on integrated governance and leadership across quality, finance and operations as well as an emphasis on organisational culture, improvement and system working.

From 2023/24, Committees will undertake a mid-year self-assessment of their effectiveness to inform the Board's end of year assessment.

ADVISORY GROUPS AND JOINT COMMITTEES

Advisory Groups

Aneurin Bevan University Health Board's Standing Orders require the Board to establish three advisory groups. These allow the Board to seek advice from and consult with staff and key stakeholders. They are the:

- Stakeholder Reference Group;
- Local Partnership Forum; and
- Healthcare Professionals' Forum.

Information in relation to the role and terms of reference of each Advisory Group can be found in the Health Board's Standing Orders on the Health Board's [website](#).

Stakeholder Reference Group (SRG)

Aneurin Bevan University Health Board established its Stakeholder Reference Group (SRG) in 2010.

The SRG's role has been to provide independent advice on the Health Board's business. including: Early engagement and involvement in the determination of the Health Board's overall strategic direction; the provision of advice on specific service proposals prior to formal consultation; as well as feedback on the impact of the Health Board's operations on the communities it serves. The SRG should provide a forum to facilitate full engagement and active debate amongst stakeholders from across the communities served by the Health Board, with the aim of reaching and presenting a cohesive and balanced stakeholder perspective to inform the Health Board's decision making.

Since its establishment, the Health Board's engagement arrangements have evolved and continue to develop and mature. In particular, the COVID-19 pandemic has required the Health Board to engage with our stakeholders and communities in new and different ways.

In view of these evolving engagement arrangements and given that the Stakeholder Reference Group last met in October 2021, a decision was taken to disband the SRG in its current form in October 2022, whilst the Health Board reviews and redesigns the role and constitution of the Group, ensuring it is fit for purpose and fully effective. A proposal for re-establishment of the SRG is currently being prepared for consideration by the Board.

In the meantime, the Health Board continues to work alongside partners to engage and involve people who others are also seeking to engage. This enables strong partnership working, the sharing of resource and the ability to collaborate regarding joint solutions to challenges shared. Many organisations have been extremely generous in enabling our participation in their existing activities. The Health Board has previously attended:

- Local Authority Community Talk to Us Sessions, Warm Spaces and Cost of Living events;
- Housing Association Resident Complexes and events;
- Health & Wellbeing events and Freshers Fairs at Coleg Gwent Campuses; and
- School Parents evenings, coffee mornings and PTA events.

The Health Board is also represented at Gwent Citizens Panel, Torfaen Access Forum and works with third sector organisations, Gwent Association of Voluntary Organisations and Torfaen Voluntary Alliance.

The Health Board also runs a comprehensive community engagement program that ensures communities can speak directly with Health Board staff and share their views on health services. In 2022/23, the Health Board spoke directly with over 4300 residents across 149 venues.

The Health Board is committed to working constructively in partnership with others to plan and secure the delivery of an equitable, high quality, whole system approach to health, well-being and social care for the population of Gwent. This is delivered in accordance with the Health Board's statutory duties and any specific requirements or directions made by the Welsh

Ministers, which includes the development of population assessments and area plans.

Local Partnership Forum (Known as the Trade Union Partnership Forum [TUPF])

The TUPF is the formal mechanism for the Health Board and Trade Union/Professional Organisation Representatives to work together to improve health services. It is the forum where key stakeholders will engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. The TUPF is co-chaired by the Chair of Staff Representatives and the Chief Executive of the Health Board. Members are Staff Representatives (including the Independent Member for Trade Unions), the Executive Team and Chief Executive, the Director of Corporate Governance, the Assistant Directors of Workforce and OD and the Head of Workforce Governance. The Forum meets 6 times a year and the Board receives an Annual Report on the work of the Forum.

Healthcare Professionals' Forum (HPF)

The purpose of the HPF is to facilitate engagement and debate amongst the wide range of clinical interests within the Health Board's area of activity, with the aim of reaching and presenting a cohesive and balanced professional perspective to inform the Health Board's decision making.

During 2022/23, the Board did not have in place its Healthcare Professionals Forum. In the absence of this Group, the Board has continued to engage clinical professionals through its professional executive directors (Medical Director, Director of Nursing, Director of Therapies and Health Sciences and Director of Public Health) and existing professional management groups, such as the Clinical Directors Forum and System Leadership Group. The Board also engages with primary care providers through its cluster arrangements. It is the intention to take forward arrangements in respect of the Healthcare Professional's Forum in 2023/24.

Joint Committees

As set out within the Health Board's Standing Orders, the Board is required to establish, as a minimum, the following joint Committees:

- The Welsh Health Specialised Services Committee (WHSSC) and
- The Emergency Ambulance Services Committee.

Welsh Health Specialised Services Committee (WHSSC)

The Welsh Health Specialised Services Committee (WHSSC) is responsible for the joint planning of Specialised and Tertiary Services on behalf of [Local Health Boards in Wales](#).

WHSSC was established in 2010 by the [Local Health Boards](#) (LHBs) [in Wales](#) to ensure that the population of Wales has fair and equitable access to the

full range of specialised services. In establishing WHSSC to work on their behalf, the seven LHBs recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

WHSSC is hosted by Cwm Taf Morgannwg University Local Health Board. The Health Board is represented on the Committee by the Chief Executive and reports of the Joint Committee's activity are regularly reported to the Board.

Further detail in respect of Welsh Health Specialised Services Committee can be found on WHSSC's [website](#)

Emergency Ambulance Services Committee (EASC)

Emergency Ambulance Services in Wales are provided the Welsh Ambulance Services NHS Trust (WAST) and commissioning of Ambulance Services in Wales is a collaborative process underpinned by a quality and delivery framework. The framework provides for clear accountability for the provision of emergency ambulance services with the Chief Ambulance Services Commissioner (CASC) and the Emergency Ambulance Services Committee (EASC) acting on behalf of Health Boards and holding WAST to account as the provider of emergency ambulance services. EASC is hosted by Cwm Taf Morgannwg University Local Health Board. The Health Board is represented on the Committee by the Chief Executive and reports of the joint committee's activity are regularly reported to the Board.

Further detail in respect of Emergency Ambulance Services Committee can be found on EASC's [website](#).

STATUTORY & STRATEGIC PARTNERSHIPS

Gwent Regional Partnership Board

The Gwent Regional Partnership Board (RPB) is established under Part 9 Social Services and (Wales) Wellbeing Act 2014 and the Partnership Arrangements (Wales) Regulations 2015, within which local authorities and local health boards are required to establish Regional Partnership Boards to manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services, and care and support is in place to best meet the needs of their respective population. The objectives of the Gwent Regional Partnership Board are to ensure the partnership bodies work effectively together to:

- Respond to the population assessment carried out in accordance with section 14 of the Act;
- Develop, publish and implement the Area Plans for each region covered as required under section 14A of the Act;

- Ensure the partnership bodies provide sufficient resources for the partnership arrangements, in accordance with their powers under section 167 of the Act; and
- Promote the establishment of pooled funds where appropriate.

Welsh Government has distributed a Health and Social Care Regional Integration Fund across Wales to the seven Regional Partnership Boards (RPBs) in Wales. The aim of the fund is to drive and enable integrated working between social services, health, housing and the third sector and independent providers to develop sustainable services.

The Regional Integration Fund (RIF) is hosted by Aneurin Bevan University Health Board on behalf of the Gwent Regional Partnership Board and is a standing agenda item on the Regional Partnership monthly meetings. All matters in relation to the RIF are discussed and approved within the partnership forum. Information is cascaded throughout the partnership structures for transparency. Where needed, the RPB accommodates special meetings to sign off RIF investment plans where meetings schedules do not align with reporting or development timeframes.

Aneurin Bevan University Health Board Members included in the membership of the Regional Partnership Board are:

- Ann Lloyd, Health Board Chair
- Nicola Prygodzicz, Chief Executive
- Tracey Daszkiewicz, Executive Director for Public Health & Strategic Partnerships
- Hannah Evans, Executive Director of Strategy, Planning & Partnerships
- Phil Robson, Special Advisor to Health Board
- Katija Dew, Independent Member

Further detail in respect of the Gwent RPB can be found on the RPB's [website](#).

Gwent Public Services Board

The Gwent Public Services Board (PSB) is the statutory body established by the Well-being of Future Generations (Wales) Act 2015 which brings together the public bodies in Gwent to meet the needs of Gwent citizens present and future. The aim of the group is to improve the economic, social, environmental and cultural well-being of Gwent. Working in accordance with the five ways of working, the Board has published its Well-being Assessment and Well-being Plan.

The Health Board contributes to achieving these objectives through the delivery of the Clinical Futures Strategy and the Integrated Medium-Term Plan (IMTP).

Aneurin Bevan University Health Board Members included in the membership of the Public Services Board are:

- Ann Lloyd, Health Board Chair
- Nicola Prygodzicz, Chief Executive

- Tracey Daszkiewicz, Executive Director for Public Health & Strategic Partnerships

Further detail in respect of the Gwent PSB can be found on the PSB's [website](#).

NHS Wales Shared Services Partnership

NHS Wales Shared Services Partnership (NWSSP) was established in November 2010 to deliver economies of scale; efficiencies and consistency of quality and process for the business and professional services that were directly managed and delivered by local NHS bodies.

As a hosted organisation, 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 Professor Tracy Myhill OBE. The membership is comprised of representatives from each NHS organisation, including Aneurin Bevan University Health Board.

The Partnership Committee is responsible for exercising the Velindre National Health Service Trust's functions in relation to shared services, including the setting of policy and strategy and the management and provision of shared services to Local Health Boards, Special Health Authorities and National Health Service Trusts. Several committees and advisory groups have been established to help support the governance arrangements that underpin how NWSSP operates.

Further detail in respect of NHS Wales Shared Services Partnership can be found on NWSSP's [website](#).

THE PURPOSE OF THE SYSTEM OF INTERNAL CONTROL

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risks; it can therefore only provide reasonable and not absolute assurances of effectiveness.

The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place for the year ended **31 March 2023** and up to the date of approval of the annual report and accounts.

CAPACITY TO HANDLE RISK

As Chief Executive and Accountable Officer, I have overall responsibility for risk management and report to the Board on the effectiveness of risk management across the Health Board. My advice to the Board has been informed by executive officers and feedback received from the Board's Committees, in particular the Audit, Risk and Assurance Committee and the Patient Quality, Safety and Outcomes Committee.

Executive Team meetings present an opportunity for executive directors to consider, evaluate and address risk, and actively engage with and report to the Board and its committees on the organisation's risk profile. The Health Board's lead for risk is the Director of Corporate Governance, who is responsible for establishing the policy framework and systems and processes that are needed for the management of risks within the organisation. Depending on the nature of risk, other Directors will take ownership for management and mitigation, for example, patient safety risks fall within the responsibility of the Medical Director, the Director of Nursing and Midwifery and the Director of Therapies and Health Science.

The Risk Management Framework

The Health Board revised its approach to risk management in 2021 which resulted in a substantial revision of the Risk Management Strategy. This approach is a hybrid model of best practice risk management frameworks including COSO Enterprise Risk Management Framework, ISO 31000 and usual Health systems risk management approaches.

To further support this, a risk management strategy benefits realisation plan was presented to the Audit, Risk and Assurance Committee in April 2022, which mapped the objectives highlighted in the Risk Management Strategy with progress updates and clarity on how the Health Board will determine measurements of success. The Audit, Risk & Assurance Committee will remain responsible for monitoring implementation of the plan to ensure the organisation reaches its full potential in relation to the revised Risk Management Strategy. In monitoring the ongoing implementation, any risks to delivery or gaps in assurance can be identified with remedial actions agreed and implemented to mitigate and ensure the plan continues to progress.

At each Board meeting, the Health Board receives a Strategic Risk Report which provides a high-level account of all risks included on the Corporate Risk Register. This report is published in the public domain, ensuring transparency and openness around the strategic risks the Health Board has identified as potential impacts to achievement of the Board's strategic priorities. Members of the public and any other stakeholders have the opportunity to comment or raise queries on these risk reports, in-line with the Health Board Standing Orders.

The Health Board's electronic risk management system and associated functionality provides a useful mechanism for operational teams to record risks, raise and escalate risks to a Strategic level via an alert to the Corporate Risk Register and subsequently the Head of Corporate Services, Risk and Assurance. In addition to this, the Executive Directors of the Health Board hold assurance meetings with their respective Divisions to discuss management of ongoing risks that Divisions hold and provides a further opportunity to escalate risks. Regular engagement with Executive risk owners is undertaken to update risks and ensure scoring remains consistent and balanced.

The Head of Corporate Services, Risk and Assurance provides a strategic risk report to each Committee of the Board and each report includes detailed risk assessments for the risks for which the Committee has been delegated responsibility to seek assurance.

In relation to Quality, Patient Safety risks, the Health Board has a well-established Quality Patient Safety Operational Group that reports to the Board's Patient Quality Safety and Outcomes Committee. This meeting is chaired by the Director of Therapies and Health Science and extends its membership to other clinical Executive colleagues.

The Health Board has a well-established a Risk Management Community of Practice (CoP). Representation has grown consistently, and the CoP continues to meet every other month. Topics at the CoP include risk appetite and tolerances, business continuity planning, regular updates on the strategic risks reported to the Board and its Committees alongside an 'open' section for staff to share areas of good practice and wider organisational learning on risk management or organisational maturity.

Board Assurance Framework

The Board Assurance Framework provides the Board with an overview of the Principal Risks to achievement of its Strategic Objectives, along with a position on the level of assurance that it can reasonably take in relation to each risk.

In June 2022, the Audit, Risk and Assurance Committee received an Internal Audit review of the Board Assurance Framework (BAF) in place during 2021/22. This review provided the Board with a reasonable level of assurance, although actions for improvement were identified.

In August 2022, the Audit, Risk and Assurance Committee received a presentation from the Director of Corporate Governance that outlined an updated approach to development of the BAF allowing for closer alignment and reporting with the Corporate Risk Register. The Committee considered the current position and recognised that further work was required to provide greater clarity, ownership and understanding of the BAF and its processes. The need for synergy to be developed between the BAF and the Corporate Risk Register as well as introducing processes to enable a greater

level of assurance across the breadth of the internal control system at an operational level was acknowledged.

At its meeting in March 2023, the Board received the first iteration of an integrated risk and assurance report, complete with assurance mapping and action plans identified to address gaps in assurances. Further development of the presentation of the report is expected to align with a rationalisation of the current strategic risks and a revised Risk Management Strategy. This is expected to be presented to the Board in Quarter 2 of 2023/24.

The Health Board’s Risk Profile

As at end of March 2023, there were **25** strategic risks described within the Corporate Risk Register which represent the most significant risks to the Health Board in potentially impacting the delivery of the Board’s strategic priorities.

High	18
Moderate	7
Low	0

A copy of the latest Strategic Risk Report presented to Board in March 2023 is available [here](#). The risks contained within this have been subject to Executive risk owner scrutiny, challenge, and review. Robust assessments of the Health Board’s internal control system were also undertaken, alongside a review of all sources of assurance related to each risk. Based on a calculation of averages methodology, an initial indication on each risk was given a RAG rated assurance level. This was in line with Internal Audit methodology when determining assurance levels for audit reviews.

An over-arching, high-level indication of the level of assurance the Board could derive from this iteration of the strategic risk report is set out below:

Nil	Satisfactory	Considerable
	X	

This means that the Board could take an overall level of **satisfactory** assurance that the strategic risks which comprise the Corporate Risk Register (at March 2023), and which represent significant risks to non-delivery of the IMTP, are being managed effectively. The Board could also take assurance that the system of internal control to manage these risks is deemed to be **satisfactory**.

In April 2023, the Executive Team commenced work to undertake an in-depth review of the Corporate Risk Register, ensuring risks are appropriately articulated, scored and moderated. This work will be presented to the Board in Quarter 2, 2023/24.

Risk Appetite

The Board's Risk Appetite Statement is contained within its [Risk Management Strategy](#). As part of its risk management arrangements, the Health Board has agreed a set of definitions in relation to risk appetite and attitude which is outlined in the table below. The risk **Appetite** can be applied to shorter term risks and can be more dynamic; however, the risk **Attitude** is usually applied to longer term risks and tends to be more fixed. It is noted, however, that the risk Appetite and Attitude definitions will be reviewed in order for the Health Board to progress its organisational approach to risk management.

Assessment	Description of potential effect
Very High ('hungry' for risk) Risk Appetite Level 5	The Health Board accepts and tolerates some risks because of the potential short and long term benefits that might arise. However, it recognises that this might result in reputational damage, financial impact or exposure, major breakdown in services, information systems or integrity problems, significant incidents of regulatory and/or legislative compliance issues, potential impact on staff/service users.
High (open to risk) Risk Appetite Level 4	The Health Board is willing to Tolerate or Treat risks that may result in reputation damage, financial impact or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or legislative compliance, potential risk of injury to staff/service users. This level of appetite is predicated on the benefits being anticipated to be significantly advantageous to the Health Board.
Moderate (cautious risk taking) Risk Appetite Level 3	The Health Board is willing to Treat, Tolerate, Transfer (upon a balance of residual risks) risks in certain circumstances that may result in reputation damage, financial loss or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or legislative compliance, potential risk of injury to staff/service users.
Low (averse to risk) Risk Appetite Level 2	The Health Board aspires to Treat, Transfer or Terminate (except in very exceptional circumstances) risks that may result in reputation damage, financial impact or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or

Assessment	Description of potential effect
	legislative compliance, potential risk of injury to staff/service users.
Zero (avoid taking risks) Risk Appetite Level 1	The Health Board aspires to Terminate risks under any circumstances that may result in reputation damage, financial impact or exposure, major breakdown in services, information systems or integrity, significant incidents of regulatory and/or legislative compliance, potential risk of injury to staff/service users or public.

Changes to standard reporting templates has enabled the Board to become more aware of risk appetite in relation to the risk profiles it is responsible for. The revised template for cover reports for Committees and the Board provides a high-level overview of the risks being managed within the Committee or Board's portfolio and whether they are being managed within the agreed risk appetite level, and where risks are not managed within agreed limits, that robust plans and objectives are in place to de-escalate.

In April 2023, the Board commenced developmental work to review and redesign its risk appetite against key business domains or 'themes'. These themes were derived from feedback received from the Board on the most significant risks to the Health Board in achieving its strategic objectives. The next stage of development of this work will be the translation of the clearly defined risk appetite levels related to specific risk areas, into clearly articulated risk scores. This will enable operational colleagues to apply the risk appetite levels directly to their service areas and promotes the consistency of approach from 'Ward to Board'. This approach will be described in a revised Health Board Risk Management Strategy to be finalised in Quarter 2, 2023/24.

Risk & Assurance Related Internal Audit Reviews

Over the last financial year, the Audit, Risk and Assurance Committee received reasonable assurance ratings for internal audit reviews undertaken on the BAF and in relation to Risk Management.

Corporate Governance, Board Assurance Framework

In July 2022, the Audit, Risk and Assurance Committee received the internal audit review on the BAF, providing a reasonable level of assurance. The purpose of the review was to "*evaluate the BAF process and supporting arrangements that are embedded within Aneurin Bevan University Health Board governance structure.*" The report concluded a reasonable level of assurance could be taken and made 4 recommendations (2 medium, 2 low) to further develop, embed and strengthen the BAF to ensure Board and Committee business focused on the areas of weakest assurance and highest risk. The Health Board is pleased to report that progress against the

recommendations prompted by the internal audit review is in development with revised deadlines or have been completed.

Risk Management

In April 2023, the Audit, Risk and Assurance Committee received an internal audit review on Risk Management, providing a reasonable level of assurance. The purpose of the review was to provide the Board with assurance that appropriate risk management arrangements are in place within the Divisions (at an operational level).

The report made 4 recommendations, 2 medium and 2 low to strengthen risk management arrangements. These actions will be progressed in 2023/24, alongside further development of the organisation's risk management arrangements.

Financial Recovery Governance Arrangements

At Month 06, 2022/23, the Health Board reported a year-to-date position of £22.785m deficit, with a forecast year-end out-turn of £37m deficit. Further detail in respect of this reported financial position included in the Financial Performance Report, with an updated position at Month 07, 2022/23, presented to Board in November 2022.

In assessing the forecast position, the Executive Team undertook a range of deep dives into the financial position, with the key opportunities to reduce the forecast identified as the priority focus of a recovery programme for the remaining six months of the financial year. The focus of recovery was to progress a twin track approach to deliver short term opportunities for financial cost reduction as well as continuing to progress transformational opportunities for long term sustainability. **This recovery programme was expected to deliver opportunities to ensure the forecast deficit of £37M was not exceeded, and to wherever possible, reduce the forecast deficit position from the forecast position.**

As a consequence, a CEO accountability letter was sent to the Director General for NHS Wales to accompany the WG monthly monitoring return on the 13th October 2022.

In view of the forecast position, and the level of associated risk, the Board resolved to reserve for itself the oversight, monitoring and scrutiny of financial recovery for the remainder of the 2022/23 financial year. In doing so, the Board agreed to:

- Approve and oversee delivery of the financial recovery programme and financial risk mitigation plans which capture all of the actions, the governance arrangements and sets out overarching delivery plans for each of the financial recovery workstreams;

- Ensure a clear understanding of the financial risk relating to the financial recovery programme. The Board will review the financial risk on a monthly basis, based on actual financial performance;
- Receive assurance from identified Executive Leads that robust financial recovery workstreams are in place, effective management of risks and delivery of agreed actions;
- Where forecast financial delivery falls short of target and does not adequately mitigate risk, the Board will agree the approach to identifying the further schemes necessary to resolve the gap, including the review and approval of any additional cost reduction and cost avoidance measures.
- Consider the Health Board's capacity and capability to deliver financial recovery actions and consider proposals to address where necessary;
- Consider lessons learnt and ensure that these are reflected in future planning and delivery mechanisms.

In respect of financial management and financial performance, the Board requested that the Finance and Performance Committee dedicate a focus to financial planning for 2023/24, and in particular to seek assurance on actions underway to develop a robust medium-term financial plan for inclusion in the Board's Integrated Medium-Term Plan 2023-26.

The Executive Committee established a Financial Recovery Programme Board, which met formally each month (aligned to the financial reporting timetable) to ensure robust monitoring and tracking, in addition to weekly updates on progress and risks. In doing so, the Financial Recovery Programme Board:

- Developed, for Board approval, the financial recovery programme and financial risk mitigation plans which capture all of the actions, the governance arrangements and sets out overarching delivery plans for each of the financial recovery workstreams;
- Determined a standardised financial performance template to ensure consistent and appropriate information reporting to the Board, based on the agreed financial recovery programme;
- Assessed and monitor the financial risk relating to the financial recovery programme, based on actual financial performance, and consider mitigation actions required;
- Received updates and proposals from identified Executive Leads that robust financial recovery workstreams are in place, effective management of risks and delivery of agreed actions;
- Where forecast financial delivery fell short of target and did not adequately mitigate risk, consider, for the Board's agreement, the approach to identifying the further schemes necessary to resolve the gap, including the review and approval of any additional cost reduction, cost avoidance measures.

The Financial Recovery Programme Board also dedicated focus to financial planning for 2023/24 and the medium-term financial plan.

The Financial Statements, Section 3, provides greater detail on the financial performance of the Health Board in 2022/23.

Emergency Planning

In accordance with the statutory duties of the Civil Contingencies Act (2004) and Emergency Planning Guidance issued by Welsh Government the Health Board have in place emergency plans, business continuity arrangements and supporting documents and submitted an annual report setting out the level of compliance in meeting the requirements for 2022.

THE CONTROL FRAMEWORK

Patient Safety, Quality and Experience

The Health and Social Care (Quality and Engagement) (Wales) Act 2020, places more responsibility on Health and Care organisations in Wales. Enhancing quality, honesty and transparency, the legislation that came into force in April 2023 provides the Health Board with a Duty of Quality and Duty of Candour. It establishes a Citizen Voice- LLais, which enriches engagement with our patients and community members. LLais is an independent body and its free Advocacy service can provide information, advice and support to members of the public.

The **Duty of Candour** is a legal requirement for NHS Organisations in Wales to be open and honest with patients who are receiving care and treatment. Through this Duty, the Health Board must be honest in informing patients and their families if the care provided has, or may have contributed to unexpected or unintended moderate or severe harm, or death. They need to know what happened and, to what can be done to ensure this does not happen again. A culture of openness, transparency and candour is widely associated with good quality care. This must encourage learning and be achieved without apportion of blame.

The **Duty of Quality** requires the Health Board to develop leadership and management systems with a view to securing improvement in the quality of services. Through continuous improvement of services over time, ensuring that quality challenges are improved upon. Reporting learning through annual quality reports. There are 12 Health and Care Quality Standards that will help us to describe what good quality care looks like in our individual services.



The Health Board understands the importance of providing high quality, safe, and compassionate care of the services it provides and commissions. However, we also recognise that in a complex environment, incidents may occur despite our best intentions. It is crucial that we are aware of the significance of our actions and our response in handling these situations. Being open and honest can have a major positive impact on the experiences of our patients, staff, carers and families, supporting their understanding when something has gone wrong and ultimately on their continued trust in the healthcare system.

The Health Board has approved its Quality Strategy which has been implemented throughout Aneurin Bevan University Health Board since April 2023. Our aim is to continuously improve and learn, new legislative requirements support the development of our strategy. Progressing on what we have already accomplished and building on existing structures throughout the organisation is a key focus in the development of this Strategy.

Quality is embedded in our culture, and we are committed to continually improving. Delivering high-quality healthcare to our local communities while putting Quality, Safety, Experience and Learning at the heart of everything we do.

The Health Board will adopt, at scale, the 'Care Aims' model across multi-disciplinary teams by truly embedding 'what matters' principles, improving patient experience, voice, value and choice. This will provide us with improved metrics for patient experience and evidence of feedback influencing service plans, delivery and improvement. Through continuous improvement of our services over time, ensuring that quality challenges are improved upon, we will report our learning through our annual quality report.

We pledge to deliver the Duty of Quality by ensuring our services provide the highest quality of care for our patients, carers and families. We are committed to improving the experience of care and will seek

opportunities to provide positive patient experiences through the patient journey across our services. Our vision is quality-driven, and we will ensure data will drive improvement and learning through experience. We will develop and deliver our services around the domains of quality and quality enablers:

The six domains of quality and six quality enablers

The six domains of quality	Quality Enablers
Person-centred care	Leadership
Safe care	Culture
Timely care	Workforce
Efficient care	Information
Effective care	Whole systems approach
Equitable care	Learning, improvement and research

The Quality vision of Aneurin Bevan University Hospital Board is to be "widely recognised for delivering the Health and Care Quality Standards". Our first and most important commitment to our patients is to keep them safe. Over the next three years, this Quality Strategy will improve the delivery within these Quality Standards, while continuing to improve patient and staff experience and outcomes.

The experiences of our staff and patients will continue to be the most important measure of our progress. It is the delivery of this Strategy, together with the supporting strategies of patient experience and involvement, risk management, clinical effectiveness and employee wellbeing to deliver high quality care, person centred and effective health and care services for our local population.

To achieve Our Quality Strategy will require a strong commitment to undertake a Health Board wide culture change, where patients are informed and educated about our services to meet their needs, guaranteeing equitable access to services. Our organisation has a solid foundation on which to build, and we will improve by listening, learning and working together on a continuous improvement journey.

We aim to create a strategy that can be used as a charter to empower people to live good lives and prevent harm. We will create a culture where staff feel listened to, based on transparency, accountability, ethical behaviour, trust and a 'Just Culture'. We will continue to actively listen to our service users and respond to make it a good experience for all.

By developing this Quality Strategy, we are making clear our commitment and approach to empowering the people at the heart of our services. Staff will have the freedom, skills, tools and resources to work in partnership with the people we serve to improve and innovate safely towards defined quality goals.

We remain committed as an organisation to becoming a true learning organisation. We will focus on delivering the highest possible quality care, meeting the health and care needs of people using our services, and improving the health outcomes of the population we serve. This strategy highlights our creativity, passion, expertise and our commitment to learn from experiences. Our quality pledge and ambitions aim to put quality, equality and learning at the heart of our service.

We will become a learning organisation by:

- Ensuring we are doing everything we can to make *everyone's* health and care experience the best it can be, delivering safe and effective services.
- Ensuring our colleagues are valued, work in safe and secure environments, and are supported and empowered to act when things can be improved.
- Ensuring the people, we serve are heard, included, involved and empowered;
- We will embrace transparency, accountability and knowledge, celebrate success, share learning and actively seek to improve.

We aim to become a true learning organisation to improve patient safety, experience and clinical effectiveness. We will respond to learning and guidance from our Quality Management System, local and national groups, adapting our plans and priorities to ensure we are doing the right things. The key to delivery of our plans is to develop a 'Quality Management System' approach to embed a culture of learning: a culture where people listen, think, feel and act 'quality' - promoting openness and learning, continuous improvement and service transformation. This includes work to embed positive cultures of continuous improvement and working together. We will further develop our Quality Management System to routinely set meaningful targets and, monitor, measure and report performance to ensure we provide excellent standards of care and set quality goals to continuously improve the services we provide.

Our quality goals are called 'pillars of quality', which run through our Health Board, ensuring that we deliver the highest standards of care under these domains. We will review our performance by providing data in these Pillars of Quality, and we must prioritise the quality and safety of our health services above all else. This strategy signals our intention to progress these pillars of quality to baseline and benchmark our level of performance. The pillars will also 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. 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

Our strategic goals are to develop and empower our workforce to deliver outstanding care. Our staff and services are eager to learn, working together with families and experts by experience to improve services. We aim to enable our workforce to be happy, confident and competent. We will empower our workforce to deliver outstanding care by supporting the professional development of colleagues, giving them the mandate, tools and resources to innovate and improve. We will develop a 'Just Culture' which promotes safety through supporting people to speak up. We will encourage staff to be more open and transparent about incidents, errors or complaints and the actions we take to make changes.

We will measure our progress and guide our actions towards becoming a learning organisation. We will grow and mature our Quality Improvement approach as our methodology for solving complex problems, and to provide a consistent approach to testing change ideas and informing our decisions.

In order, to drive and improve the quality of care delivered across our communities the Health Board will increasingly rely on partnerships across our communities. We will further develop our role as part of an integrated Health Board, working more closely with our commissioners and with other local providers, including Primary Care, the Independent Sector, Charities and colleagues in Social Care. Positioning quality throughout our organisational structure is important in integrating communication from Ward/ Teams to Board.

As part of the Health Board's Quality Strategy, a Quality Assurance Framework is being developed to form an essential element of the overall system. The purpose is to mitigate and manage risk associated with achieving our strategic objectives and priorities as outlined in the Health Board's Integrated Medium-Term Plan (IMTP). The Framework is aligned to the Board's Assurance Framework and has inherent links to the Risk Management Strategy.

The Quality Assurance Framework Structure of the Health Board is made up of a range of groups, each of which focuses on a different aspect of quality, patient safety and experience and ultimately reports to the Health Board's Patient, Quality Safety Outcomes Committee (PQSOC), via the Quality and Patient Safety Operational Group (QPSOG). The Health Board is reviewing QPSOG as part of our Quality Strategy implementation, with the goal of refocusing the QPS governance framework.

Information Governance

Information is a vital asset, both in terms of the clinical management of individual patients and the efficient management of services and resources. Information Governance is about setting high standards for handling this information and giving the organisation the tools to achieve those standards.

The Health Board has a range of key roles that have responsibilities in relation to the information that it holds, uses and shares. The Medical Director is the Caldicott Guardian, the Director of Corporate Governance is the Senior Information Risk Owner (SIRO) and the Head of Information Governance is the Data Protection Officer (DPO).

During 2022/2023 the Health Board continued to develop the forums for the organisation to consider information governance requirements and to provide a consistent way in which it is managed. These forums allow the facilitation of processes and communications which ensures that all Data Protection obligations are met. Dashboards are produced to provide support and assistance ensuring compliance with training, dealing with complaints, incident and breach management. Annual reports are produced on progress made throughout the year and disseminated to the relevant divisions and boards.

The Health Board continues to be proactive in using the NHS Wales IG Toolkit to ensure consistency of policy, standards and interpretation of the law and regulation across NHS Wales organisations. The Health Board achieved a score of 95% for the last year.

The Wales Accord on the Sharing of Personal Information (WASPI) framework is embedded in the way in which the Health Board shares relevant information with its partner organisations.

During 2022/2023 there was a 10% increase in the number of Subject Access Requests (SARs) compared to the previous year. The largest proportion of requests received continues to be made by solicitors and legal services.

During this year there was a 31% decrease in IG incidents reported by staff from the previous year.

There were 6 complaints made to the Information Commissioners Office (ICO) by complainants, with 5 not upheld and one awaiting a final outcome.

In 2022/23, there were no serious lapses in data security reported to the ICO by the Health Board, with the exception of an incident involving a cyber-attack to the Adastra system. This incident was reported to the ICO by all Health Boards, however no data relating to ABUHB patients was compromised.

The Corporate Governance Code

The Corporate Governance Code currently relevant to NHS bodies is 'The corporate governance in central government departments: code of good practice' (published 21 April 2017). The Health Board, like other NHS Wales organisations, is not required to comply with all elements of the Code, however, the main principles of the Code stand as they are relevant to all public sector bodies. The Corporate Governance code is reflected within key policies and procedures. Further, within our system of internal control, there are a range of mechanisms in place that are designed to monitor our compliance with the Code. These include Self-assessment; Internal and External Audit; and Independent Reviews.

The Board is clear that it is complying with the main principles of the Code and is conducting its business openly and in line with the Code, and that there were no departures from the Code as it applies to NHS bodies in Wales. A copy of the current self-assessment against the code is provided as **Attachment Three**.

PLANNING ARRANGEMENTS

The NHS Wales Finance Act 2006 requires the submission to Welsh Government of Integrated Medium-Term Plans (IMTP) for approval.

At its meeting in March 2022, the Board approved its IMTP for 2022-25 for submission to Welsh Government. The Health Board's Integrated Medium-Term Plan 2022-25 was a natural progression from the Annual Plan 2021/22, building on the life course approach, whilst recognising the context within which the Health Board operated was different from the one recognised in 2020/21. This being a renewed focus on sustainable recovery, characterised by a fundamental shift that encompasses the wider role of Health and Social Care in reducing health inequalities, delivering the foundational economy, and protecting the environment for future generations with the Net Zero 2030 ambition.

On 22 July 2022, the Health Board received written confirmation that the Minister for Health and Social Services had approved Aneurin Bevan University Health Board's IMTP 2022-25.

On 28 November 2022, the Minister for Health and Social Services issued the NHS Wales Planning Framework for the 2023/2024– 2025/2026 planning cycle.

The Health Board's IMTP 2023/26, together with supporting templates and appendices, was approved by the Board in its meeting on the 29th of March 2023. The submission recognised the significant challenges and risks going forward and the financial context within which we are operating to deliver the plan. The Duty of Quality and Duty of Candour are at the forefront of the IMTP, alongside the need to drive efficient and effective service delivery.

The IMTP maintained a three-year focus given the emphasis on long term sustainability but with a greater level of detail on year one (2023/24) delivery given the scale of challenge and ministerial expectations.

Following submission, a response was received from Welsh Government on 21st April 2023, noting that the Health Board's IMTP did not satisfy its statutory duties under the NHS Finance (Wales) Act 2014, nor did it deliver on all of the requirements as set out in the Ministerial Priorities. Consequently, Welsh Government was unable to put the submitted IMTP plan forward for the full internal "collective review" process.

Welsh Government requested that the Health Board undertook further work setting out an improvement in the position on delivery of Ministerial priorities, and an improvement in the financial assessment by 31st May.

In response to the feedback, the Health Board undertook detailed work to test opportunities to make improvements to delivery commitments.

The Health Board considered the financial plan and forecast to be the most appropriate assessment based on the current information available and recognising the ambition and consideration of risk to achievement.

The Health Board re-submitted its IMTP to Welsh Government following approval by the Board on 24th May 2023, the outcome of which is awaited. Therefore, at the time of writing this report, the Health Board does not have an approved IMTP for the three-year period 2023/26.

MANDATORY DISCLOSURE STATEMENTS

Pensions Scheme

I can confirm that as an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employers' contributions and payments into the Scheme are in accordance with Scheme rules and that the member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations. Further detail in this regard is included within the provisions note within the 2022/23 Financial Statements (Note 20).

Equality, Diversity & Human Rights

The Health Board is required to consider all individuals in their day-to-day work, in shaping policy and in providing services. This is in line with the Public Sector Equality Duty (PSED) introduced by the Equality Act 2010.

The Health Board's [Strategic Equality Plan](#) sets out our ambitions for equality, diversity and inclusion (ED&I) between 2020 and 2024, both in relation to staff and in providing services to the public. This strategy ensures that, as a Health Board we continue to champion ED&I in all that we do, whether it concerns our staff, patients or the wider public.

The Strategic Equality Objectives for 2020 – 2024, have been integrated into the Health Board's IMTP and People Plan, adopting a mainstreaming approach, by embedding ED&I into our plans, processes, values and behaviours.

A refreshed Strategic Equality Plan will be published in 2024.

The Health Board's [Annual Equality Report](#) outlines the work that was undertaken from 01 April 2022 - 31 March 2023 to meet our Strategic Equality Objectives. We also have duties to publish information about our workforce and how we use this data and this report includes the Equality Monitoring data based on a snapshot as of 31 March 2022.

We annually publish information on our [Gender Pay Gap](#). The Health Board has also made a commitment as a result of the Welsh Government's Anti-Racist Action plan, to provide a report to describe the potential [pay gap experienced by Black, Asian and Minority Ethnic staff](#). This report provides an initial baseline assessment, identifies any pay gaps and will enable the development of an action plan to address any ethnicity pay gaps over the coming years.

In addition to our annual reporting cycle, governance arrangements for ED&I ensure the board of directors receive regular assurance that the Health Board is meeting its Public Sector Equality Duty (PSED) requirements.

In line with the recommendations of the [Equality Impact Assessments: More than a Tick Box Exercise? Report of the Auditor General for Wales, 2022](#), we are currently reviewing our current Equality Impact Assessment (EqIA) process to support meaningful equality analysis; ensuring that we identify where a policy, procedural document, service, service developments or organisational change may have a negative impact on individuals or groups of people with protected characteristics under the Equality Act and robust action plans are developed to address these potential impacts. It is anticipated that this will be completed by September 2023.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

A coherent Strategic Equality Plan (SEP) and Equality, Diversity and Inclusion Policy have been developed to ensure that working practices across the organisation support an inclusive culture which embraces difference. These are supported by organisational values and leader and

manager behaviour which reflect the importance of EDI and are routinely reviewed through checks, audits and consultation.

A substantial review of the health boards equality objectives and SEP is currently underway. The equality and human rights policy framework is in place supported by a programme of training to raise awareness and build capacity in regards to the Public Sector Equality Duty (PSED) and to support staff to deliver on their responsibilities.

Other measures include:

- The Health Board has an Executive Lead for Equality, Diversity and Inclusion
- Equality development sessions facilitated for Board to ensure they are aware of their duty to have 'due regard' to the PSED
- Equality considerations are captured in the governance table on all Board and committee papers requiring a decision
- The Annual Equality Report demonstrates how the Health Board meets the duties associated equality and human rights and the arrangements for equality impact assessment (EqIA)
- Opportunities are being identified to build delivery of the SEP into planning and service delivery mechanisms and the system for improvement
- The Health Board's People Plan is informed by workforce equality information and EqIA
- Equality and Human Rights Training is mandatory for all staff
- Scrutiny of EqIA has been strengthened this year
- Risks associated with compliance will be identified and be included in the corporate risk register
- The Race Advisory Group monitors compliance against the Anti-Racist Wales Plan
- The LGBTQ+ Advisory Group monitors compliance against the LGBTQ+ Action Plan
- The Health Board has continued to build on existing relationships and establish new ones with community groups and partners. There is regular engagement with the Diverse Communities Health Forum. This Forum includes representation from members of the public with an interest in equality issues
- The Equality Annual Report is submitted to Board via the People and Culture Committee governance route; published and accessible to the public

Counter Fraud, anti-corruption and anti-bribery matters.

Aneurin Bevan University Health Board is committed to reducing the level of fraud, bribery and corruption within the NHS to an absolute minimum and keeping it at that level, freeing up public resources for better patient care.

The Health Board's Counter Fraud Team undertake proactive/preventative work with the intention of safeguarding the organisation from economic

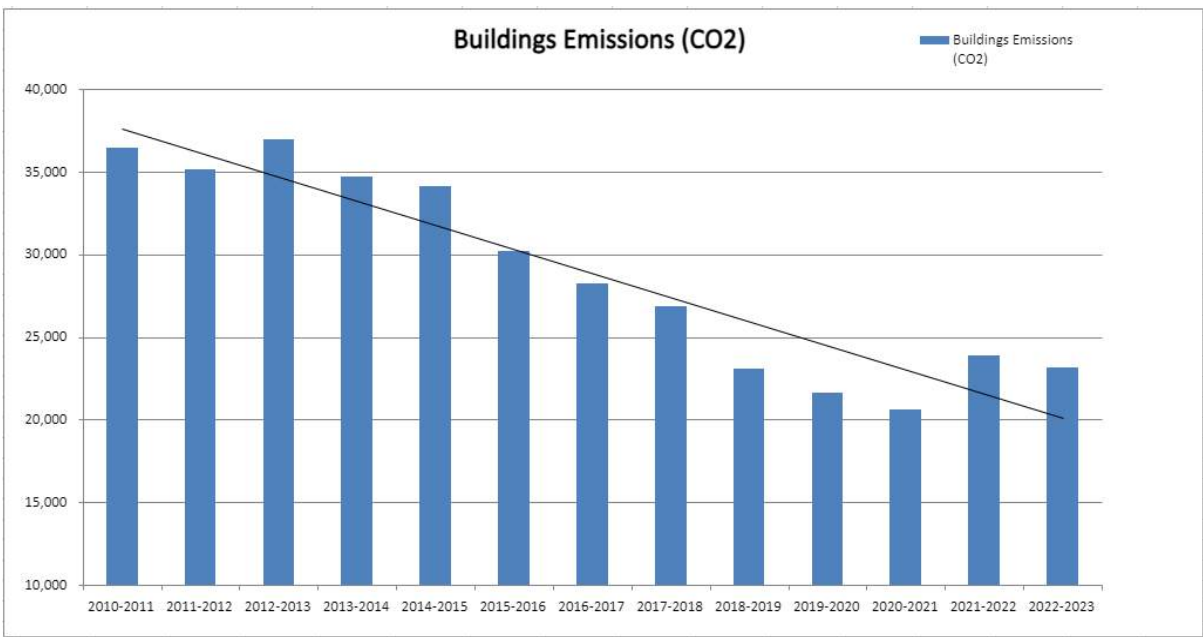
crime. Further information on the valuable work undertaken is available in the [Counter Fraud bribery and Corruption Report 2022/23](#).

Sustainability and Carbon Reduction Plans

The Health Board continues to align its activities to complement and make progress towards the objectives and targets set out in the NHS Wales Decarbonisation Strategic Delivery Plan, published by Welsh Government in 2021. The Plan responds to the declaration of the climate emergency in 2019 and the ambition of Welsh Ministers for the Welsh public sector to be net zero by 2030. During 2022/23 the Health Board established its Decarbonisation Programme Board, chaired by the Executive Director for Finance and Procurement. Four working groups have been set up, each sub-group having a number of the national initiatives assigned to them to take forward and develop associated projects. In 2023/24, the Health Board will establish its Decarbonisation Framework in response to the national plan.

In the last decade the Health Board has made consistent progress with reducing both energy consumption and carbon emissions from its estate. With the opening of the Grange University Hospital in November 2020, a new building emission baseline has been set using full year 2021/22 data.

Between 2009/10 and 2021/22 the emissions from energy use in buildings was cut by 37%, equating to a saving of 14,161 tonnes of carbon. Naturally with the opening of GUH the Health Board’s carbon emissions have increased. Positively, during 2022/23 efficiencies have been implemented and a year-on-year carbon saving of 3.1% has been realised.



The Health Board is currently finalising tender specifications for the ReFit Cymru Energy Performance Contract. A Welsh Government endorsed

framework where the Health Board will partner with a service provider to design and implement large scale decarbonisation projects across the estate over the coming years; with an emphasis on renewable and low-carbon technologies. Where the service provider financially guarantees energy revenue savings as part of the contract.

The Health Board continues to work towards introducing more sustainable and resource efficient methods of processing waste generated from health care activities. The Health Board has now implemented a zero-waste to landfill approach, in collaboration with external contractors. Waste now goes to energy-from-waste plants to generate sustainable electricity.

The Health Board continues to operate a third party certified Environmental Management System (EMS) to the international standard ISO 14001:2015. The EMS has been developed to become the focal point for driving forward continual environmental and sustainability improvements. It provides a joined-up approach for the management of waste minimisation initiatives, recycling, energy and carbon management, sustainable procurement and sustainable travel initiatives. The Health Board places high importance on continued certification to ISO14001:2015 and the assurance it provides to the Board and our stakeholders.

The Health Board complies with Biodiversity and Resilience of Ecosystems Duty under Section 6 of the Environment (Wales) Act 2016, which seeks to enhance resilience and biodiversity across the estate. To this end, a number of local initiatives are in place including wildflower planting in conjunction with external art installations at the Grange University Hospital, the continued success and development of the Walled Garden at Llanfrechfa Grange by the charitable organisation 'Friends of Llanfrechfa Grange Walled Garden'.

Biodiversity studies have been completed on 5 of the Health Board sites after securing funding from the health and social care climate emergency national programme in 2022/23. These studies will be used to inform future biodiversity opportunities that are presented going forward on these specific sites.

The second funding stream was secured from the HSCCENP as mentioned above for a Clinical Fellow in Sustainability to deliver the Desflurane gas eradication project across the ABUHB and was completed in December 2022. ABUHB was the first Health Board to completely remove this gas from operation.

Further work to support the Nitrous Oxide scavenging process is planned during the 1st and 2nd quarter of 2023.

The Health Board's Annual Sustainability Report is available on the following [link](#).

The Health Board is unable to confirm compliance with the following statement:

The organisation has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements as based on UKCIP 2009 weather projections to ensure that the organisation's obligation under the climate change Act and the Adaptation Reporting requirements are complied with.

The Health Board submits Continuity Plans through normal reporting frameworks. There is a commitment to look at this in 2023/24, with more work needed nationally to support this.

Quality of Data

The Health Board makes every attempt to ensure the quality and robustness of its data and has regular checks in place to assure the accuracy of information relied upon. However, it is recognised that the multiplicity of systems and data inputters across the organisation means that there is always the potential for variations in quality, and therefore always scope for improvement. We have an on-going data quality improvement approach which routinely assesses the quality of our data across key clinical systems. Good quality clinically coded data plays a fundamental role in the management of hospitals and services. Coded data underpins much of the day to day management information used within the NHS and is used to support healthcare planning, resource allocation, cost analysis, assessments of treatment effectiveness and can be an invaluable starting point for many clinical audits.

The Board relies upon independent and objective assurances, such as those provided by auditors and inspectors, to comment upon the effectiveness of the Board's assurance system. This assurance system includes reporting on financial performance, operational performance and quality of and associated outcomes.

Ministerial Directions & Welsh Health Circulars

The Welsh Government has previously issued Non-Statutory Instruments and reintroduced Welsh Health Circulars (WHCs) in 2014/15. Details of these and a record of any ministerial directions given is available on the Welsh Government website. A full detail of the WHCs and Ministerial Directions issued to the Health Board in 2022/23 and the Health Board's responding action is included at **Attachment 2**.

There was one Ministerial Direction issued in December 2019, to address the operational challenges arising as a consequence of pension tax arrangements. Further detail in this regard is included in provisions within the 2022/23 Financial Statements (Note 20).

REVIEW OF EFFECTIVENESS OF SYSTEM OF INTERNAL CONTROL

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the system of internal control is informed by the work of the internal auditors, and the executive officers within the organisation who have responsibility for the development and maintenance of the internal control framework, and comments made by external auditors in their audit letter and other reports.

The Board has adopted a structured approach to risk management, whereby risks are identified, assessed and controlled, and if appropriate, escalated or de-escalated through the governance mechanisms of the organisation.

During 2022/23, the Board's Audit, Risk and Assurance Committee and, Patient Quality, Safety and Outcomes Committee played a key role in monitoring the effectiveness of internal control and the process for risk management. Work will continue in 2023/24 to strengthen the reporting of risks to the Board and its Committees. Approval of the Board's Quality Strategy in March 2023, and ongoing development of a Quality Assurance Framework, will ensure that the work of all regulators, inspectors and assurance bodies is mapped and evidenced in our assurance framework so that the Board is fully aware of this activity and the level of assurance it provides. We will also continue to strengthen arrangements for monitoring and reporting progress in implementing recommendations arising from the work of auditors.

The Health Board also uses reports from Healthcare Inspectorate Wales, the Welsh Risk Pool and other inspectorates and regulatory bodies to inform the governance and assurance approaches established by the organisation. A tracking mechanism for these recommendations is also in place and progress in delivering these recommendations is overseen by the Patient Quality, Safety and Outcomes Committee via updates in respect of Inspections.

INTERNAL AUDIT

Internal audit provides the Chief Executive/Accountable Officer and the Board, via the Audit, Risk and Assurance Committee with a flow of assurance on the system of internal control. I have commissioned a programme of audit work which has been delivered in accordance with public sector internal audit standards by the NHS Wales Shared Services Partnership. The scope of this work is agreed with the Audit, Risk and Assurance Committee and is focussed on significant risk areas and local improvement priorities.

The overall opinion by the Head of Internal Audit on governance, risk management and control, is a function of this risk-based audit programme and contributes to the picture of assurance available to the Board in reviewing effectiveness and supporting our drive for continuous improvement.

The Head of Internal Audit is satisfied that there has been sufficient internal audit coverage during the reporting period in order to provide the Head of Internal Audit Annual Opinion. In forming the Opinion, the Head of Internal Audit has considered the impact of the audits that have not been fully completed.

During the year the Audit, Risk and Assurance Committee received Internal Audit reports in line with the agreed programme for 2021-22 and 2022-23, including the management response from the relevant Executive Director.

In total, 34 assurance-rated reviews and 7 advisory reports were reported to the Audit, Risk and Assurance Committee throughout 2022/23. Out of the 41 received 16 were from the 2021/22 Audit Plan. These are detailed in the assurance rating sections.

As at end May the Committee is still to receive the following final reports from the 2022-23 Internal Audit Plan. These are expected to be received during quarters 1 and 2 of the 2023-24 financial year.

- Putting Things Right
- Review of Bank Office & Temporary Staff

The assurance sections that follow provide a brief summary of the scope of the Internal Audit Reviews that have been completed and received by the Committee during the financial year 2022-23.

Substantial Assurance

In the following review areas, it was reported that the Board could take **substantial assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively.

The few matters that required attention were compliance or advisory in nature with low impact on residual risk exposure.

The Grange University Hospital (2021 -22)

Executive Lead – Executive Director of Planning, Digital & IT

The review sought to provide assurance around Quality Assurance, focusing on an assessment of the delivery Grange University Hospital building against the key business case objectives.

Grange University Hospital: Financial Assurance (2022-23)

Executive Lead - Chief Executive

The overall objective was to determine the adequacy of information provided in support of the Stage 4 (construction) defined costs claimed by the Supply Chain Partner (through selective testing of the account)

Digital Benefits Realisation (2022-23)

Executive Lead - Chief Executive

The review sought to consider whether the organisation has an appropriate framework and process to ensure that benefits are gained from investment in digital solutions.

Reasonable Assurance

In the following review areas, it was reported that the Board could take **reasonable assurance** that arrangements to secure governance, risk management and internal control are suitably designed and applied effectively.

Some matters required management attention in either control design or operational compliance and these had low to moderate impact on residual risk exposure until resolved.

Falls Management (2021-22)

Executive Lead – Executive Director of Therapies & Health Science

The review sought to provide assurance that the Falls Policy for Hospital Adult Inpatients was being adhered to by staff and monitored appropriately.

Flu Immunisation (2021-22)

Executive Lead - Executive Director of Public Health and Strategic Partnerships

The review sought to provide assurance that the flu immunisation programme in place for staff, and the governance arrangements over the community programme are working efficiently to provide maximum protection during the seasonal flu campaign.

Risk Management (2021-22)

Executive Lead – Director of Corporate Governance

The review sought to provide an opinion on the effectiveness of the risk management arrangements in place within the Health Board to ensure strategic objectives are achieved.

Facilities - Care After Death (2021-22)

Executive Lead – Director of Operations

The review sought to provide assurance on the care after death service within the Facilities division, which commenced operations during January 2021.

Flow Centre (2021-22)

Executive Lead – Director of Operations

The review sought to assess the processes within the Flow Centre Team for ensuring patients are cared for in the right place, at the right time, ensuring

local coordination with other partners; and providing a single point of contact for transferring patients into and between hospital sites.

Corporate Governance (2021-22)

Executive Lead – Director of Corporate Governance

The review sought to evaluate the Board and Risk Assurance Framework (B&RAF) process and supporting arrangements that are embedded within the Health Board governance structure.

Operational Resumption of Services (2021-22)

Executive Lead – Director of Operations

The review sought to evaluate the adequacy of the systems and controls in place for the operational resumption of services.

Financial Sustainability (2021-22)

Executive Lead – Director of Finance, Procurement & Value

The review sought to evaluate the key financial management controls within the Health Board, including developing and monitoring the savings required for financial sustainability.

Medicines Management (2021-22)

Executive Lead - Medical Director

The review sought to provide the Health Board with the assurance that there are adequate arrangements in place for the management, administration, and storage of controlled drugs.

NIS Directive (Cyber Security) (2021-22)

Executive Lead - Director of Planning, Digital and IT

The audit sought to review the arrangements in place for the implementation of the NIS (Network and Information Systems) Directive in the Health Board, including the Cyber Assessment Framework (CAF), improvement plan and overarching governance.

Waste Management (2021/22)

Executive Lead – Director of Operations

The review sought to assess the Health Board's compliance with relevant waste management legislation and guidance, and progress towards agreed national and local waste reduction targets.

Children's Community Nursing Service – Children & Young People's Continuing Care (2022-23)

Executive Lead - Director of Operations

The review sought to assess the robustness of Children and Young People's Continuing Care (CYP CC) governance arrangements within the Health Board's Children's Community Nursing Service (the CCNS, part of the Family & Therapies Division). With a focus on mechanisms for ensuring the quality and safety of the Children and Young People's Continuing Care provision.

Job Evaluation Process (2022-23)**Executive Lead - Director of Workforce & Organisational Development**

The review sought to provide assurance that the Job Evaluation process meets the requirements of the NHS Job Evaluation Handbook and is being applied effectively by the Health Board.

It also sought to provide assurance that all posts that are banded through the job evaluation process are done so in a fair and consistent manner to ensure there is equality for all members of staff.

Neighbourhood Care Networks (NCNs) (2022-23)**Executive Lead – Interim Executive Director of Primary Care, Community & Mental Health**

To provide an opinion on the effectiveness of the controls in place to improve access to primary care services through the NCNs.

Integrated Audit Plans – YYF Breast Care Services (2022-23)**Executive Lead: Director of Operations**

The audit sought to review the management arrangements in place to progress the Ysbyty Ystrad Fawr Unified Breast Unit.

Integrated Audit Plans – Newport East (2022-23)**Executive Lead: - Interim Executive Director of Primary Care, Community & Mental Health**

The audit was undertaken to review the delivery and management arrangements in place to progress the Newport East Health & Wellbeing Centre project, and the performance to date against its key delivery objectives i.e., time, cost, and quality.

Risk Management (2022-23)**Executive Lead: Director of Corporate Governance**

The review sought to provide an opinion on the effectiveness of the risk management arrangements in place within a sample of Divisions. To determine the effectiveness key sections of the Risk Management Strategy and Framework (the 'Framework') were considered.

Financial Sustainability (2022-23)**Executive Lead: Director of Finance, Procurement & Value**

The audit was undertaken to review the key financial management controls within the Health Board including the development and monitoring of savings programmes required for financial sustainability.

Monitoring Action Plans (2022-23)**Executive Lead: Director of Corporate Governance**

To audit sought to review the arrangements in place within the Health Board for the logging, tracking and implementation of actions arising from external inspectorates (specifically Health Inspectorate Wales (HIW) and Health and Safety Executive (HSE).

Management of the Robotic Process Automation (2022-23)

Executive Lead: Chief Executive Officer

The purpose of the review was to ensure that the organisation has an appropriate process in place to securely develop the Robotic Process Automation (RPA) function.

IT Strategy (2022-23)

Executive Lead: Chief Executive Officer

The purpose of the review was to ensure that the organisation has developed an appropriate target operating model to enable the delivery of the Digital Strategy.

Children and Young People's Continuing Care (2021-22)

Executive Lead – Director of Nursing

The purpose of the review was to ensure that the Mental Health and Learning Disabilities Division has robust commissioning arrangements in place, with a focus on quality and safety for the commissioning of Continuing Health Care (CHC) and Section 117 care.

Development of a Regional Radiotherapy Satellite Centre at Nevill Hall Hospital (2022-23)

Executive Lead: Executive Director Strategy, Planning and Partnerships

The audit sought to review the delivery and management arrangements in place to progress the development of a Regional Radiotherapy Satellite Centre (RSC) at Nevill Hall Hospital, and the performance to date against its key delivery objectives.

Development of a Regional Radiotherapy Satellite Centre at Nevill Hall Hospital

Executive Lead: Executive Director Strategy, Planning and Partnerships

The audit sought to review the delivery and management arrangements in place to progress the development of a Regional Radiotherapy Satellite Centre (RSC) at Nevill Hall Hospital, and the performance to date against its key delivery objectives.

Mental Health Transformation (2022-23)

Executive Lead: Chief Operating Officer

This audit was undertaken to provide a review of the controls in place for the projects that support the transformation of mental health services within the Health Board.

Dementia Services (2022-23)

Executive Lead: Director of Nursing

This audit examined the dementia services carried out by the Health Board, across a sample of wards.

Infection Prevention & Control (2022-23)

Executive Lead: Director of Nursing

The audit assessed the level of adherence to key policies and procedures throughout a sample of wards, regarding infection control.

Integrated Wellbeing Networks (2022-23)

Executive Lead: Chief Operating Officer

The audit sought to review the arrangements in place to improve and strengthen wellbeing within the community by utilising existing community assets

Contract Management(2022-23)

Executive Lead: Chief Operating Officer and Director of Finance & Procurement

This audit examined the operational management of a sample of contracts entered into by the Health Board. Initially, three contracts were sampled, but this was extended to five contracts, to further assess the embedding of processes within the Health Board

Limited Assurance

In the following review areas, it was reported that the Board could take **only limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, were suitably designed and applied effectively.

More significant matters required management attention with moderate impact on residual risk exposure until resolved.

The Management response and action plan to respond to the issues and weaknesses identified, which form part of the final reports, are considered by the Audit, Risk and Assurance Committee. The Committee monitor progress in line with agreed timescales via the Audit Recommendations Tracker.

In addition for all limited assurance rated reports, executive leads attend the Audit, Risk and Assurance Committee to provide assurance on the actions identified.

Clinical Audit (2022-23)

Executive Lead – Medical Director

The audit was undertaken to review the process for delivering clinical audits, including how they are used by the Health Board to support assurance.

The following recommendations were raised:

- A Clinical Audit Strategy should be fully implemented, with the draft that is available requiring significant review.
- There is no local clinical audit plan. Therefore, the Health Board cannot effectively plan to complete audits in areas with the greatest risk. Audits

that should be completed may go unidentified, leading to additional clinical risks.

- There is limited tracking / monitoring of actions raised and the delivery of clinical audits.

A Clinical Audit Strategy was approved by the Patient Quality, Safety and Outcome Committee in August 2022 and work is underway to implement the clinical audit strategy and update the Health Board policy on clinical audit.

A robust structure is now in place underpinning the reporting of Clinical Audit, with Executive Leadership delegated to the Medical Director. Assurance is provided by reporting to the Patient Quality and Safety Outcomes Committee, providing scrutiny of National Clinical Audit performance with robust development and monitoring of improvement plans. The Clinical Audit Plan will be monitored by CSEG, to ensure lessons are learnt across the Health Board and that the plan is being delivered effectively. Actions and findings from national and local clinical audits will be monitored by this Group and will be utilised to inform future planning within the Health Board.

Working alongside Risk and Governance will ensure the appropriate governance structures and arrangements are in place for Clinical Audit. The development of a Risk Management Strategy and Board Assurance Framework will address how risks from Clinical Audit are escalated. This will provide assurance from each applicable divisions / directorate. This is being developed as part of the Quality Strategy and will be finalised in the next six months.

Corporate Governance (Policy Management) (2022-23)

Executive Lead – Director of Corporate Governance

The audit was undertaken to review the process for the management of policies throughout the Health Board.

The Audit concluded that, overall, there was an appropriate and up-to-date framework and guidance document for the management of policies in place. However, there were a significant number of policies and other documentation overdue for review (316 of 881 policies, 36%).

An overarching 12-month improvement plan is in place, with a focus on the policy framework, management systems, and the central database.

Use of off-contract Agency (2022-23)

Executive Lead – Director of Nursing

To assess whether off-contract agency processes are adhered to, and related expenditure is appropriately monitored.

The audit noted control design weaknesses in the processes in place to minimise the use of off-contract agency and in the substantive testing of a sample of shifts filled by off-contract agency nurses found instances of practices not conducive to the achievement of this objective.

Auditors also analysed the timeliness of actions set out within the process being completed e.g. the completion of a sample of rosters. The matters requiring management attention include: • Addressing policy/procedure expiry; • Lack of evidence that all other resource options have been exhausted before the approval of off contract agency use; • Establishing an end-to-end shift escalation timeline standard; and • Addressing bank and agency process anomalies

A new protocol had been implemented shortly after the audit's conclusion, which had resulted in a reduction in the use of off-contract agency.

The use of off-contract agencies has reduced as a result of a number of factors, including new booking rules for agencies, the variable pay reduction programme and subsequent recruitment events.

To continue to reduce the use of off-contract agency, the Director of Nursing and divisional nurses have agreed to work towards eradication of off-contract agency beginning 01 March 2023, with agreed targets and escalation processes in place.

Records Management (2022-23)

Executive Lead – Chief Executive Officer

The review sought to provide assurance that the Health Board has an appropriate process for the management of records which ensures that it is compliant with legislation.

Overall, the audit raised issues over the storage and security of records at some sites; the limited ability to track certain records, concerns over records management practice on some wards and the delays in the availability of records.

An action plan is in place to respond to the recommendations and significant progress had been made on both paper record storage and the digitisation project. ABUHB was the only Health Board to have digitised 0.5 million records. However, it is acknowledged that further work is required to improve record management across the Health Board.

Discharge Planning (2022/23)

Executive Lead: - Interim Executive Director of Primary Care, Community & Mental Health

This audit was undertaken to provide an opinion on the discharge planning process of the Health Board. It has focussed on the management and delivery of planned discharges and has included sample testing of patients admitted during April and May 2022.

The review found that discharge planning practices were not supported by the out-of-date Discharge Policy, there was no compliance audit programme and reporting. Furthermore, the evidential support of the discharge process was lacking, based on the results of the sample testing.

In addition, Internal Audit raised comments on the simple and complex pathways approach, the use of checklists, and improvement in the reporting, analyses and actions to address avoidable re-admissions.

An Action Plan is in place to address the recommendations. The Nurse Director has been identified as the executive lead for discharge and the Discharge Programme Board is now part of the Six Goals Programme.

Collaboration with local authority colleagues has been established to allow the Health Board to begin formally reporting the new Welsh Government data set that was required in relation to delayed discharge; however, the data required validation with LA colleagues.

Two pilots have been undertaken, one in Royal Gwent, in collaboration with Newport and Monmouthshire Social Services, focusing on repatriating patients back into the community, and another in Nevill Hall, exploring different ways for Community Resource Teams (CRT) to pull patients back into the community.

Tredegear Health & Wellbeing Centre (2022-23)

Executive Lead: - Interim Executive Director of Primary Care, Community & Mental Health

The audit sought to review the management and governance arrangements in place to progress the Bevan Health & Wellbeing Centre.

This assessment primarily recognised the significant delays in the delivery of the project (circa 30 weeks at the time of the review), and associated current cost pressures. Whilst the forecast at the time was for the project to be delivered £380k (2%) over the approved budget there remained further significant risks. These were not accommodated within the forecast outturn cost projections, and the associated delay in achieving the anticipated business case objectives. Whilst noting the same, it was acknowledged that the delays were not currently being attributed to Health Board actions.

Assurance at other areas, notably equipping, was reduced due to identified non-compliance with the Health Board's Standing Orders / Standing Financial Instructions and delegated authorised limits.

An action plan to respond to the recommendations is being implemented, noting that the project delays were due to foundation design and brickwork.

No Assurance

There were no audited areas that reported **no assurance**.

Assurance Rating Not Applicable

The following reviews were undertaken as part of the audit plan and reported or closed by correspondence without the standard assurance rating indicator, owing to the nature of the audit approach.

Datix (Support of Incident Management) (2021-22)

Executive Lead – N/A

The review sought to provide the Health Board with an overview of testing completed within other audits that a sample of incidents entered onto Datix are being managed appropriately and in accordance with the Incident Reporting Policy.

Follow-up of High Priority Recommendations (2021-22)

Executive Lead – Director of Corporate Governance

The review sought to determine if a sample of high priority recommendations had been implemented or recognised as still outstanding on the Audit Recommendation Tracking Tool.

Medical Equipment and Devices (2021-22)

Executive Lead – Medical Director & Director of Therapies & Health Science

The audit assessed the maintenance of the electronic medical devices and equipment (EBME) database and the management of other medical equipment/devices and associated training requirements. The audit objectives were consistent with the 2017/18 Medical Equipment and Devices audit (rated 'limited assurance'), which enabled a high-level review of progress to be completed.

Agile Delivery (2022-23)

Executive Lead- Director of Workforce & Organisational Development

The review sought to assess the Health Board's progress in developing agile working practices and identification of good practice.

Decarbonisation (2022-23)

Executive Lead – N/A

To provide assurance to respective NHS Wales bodies on their arrangements to reduce carbon emissions and control climate change.

Cyber Security (2022/23)

Executive Lead – Chief Executive Officer

The review sought to provide assurance that the organisation is working to improve its cyber security position, and that appropriate reporting is in place that shows the current status.

Follow Up High Recommendations (2022-23)

Executive Lead: Director of Corporate Governance

The review sought to determine if a sample of high priority recommendations had been implemented or recognised as still outstanding on the Audit Recommendation Tracking Tool.

Clinical Futures - Care Closer to Home (2022-23)

Executive Lead: Chief Operating Officer

This report is a consolidated summary of audit work completed over Clinical Futures – Care Closer to Home, but within three other audits encompassing the same area.

MONITORING AND IMPLEMENTATION OF AUDIT RECOMMENDATIONS

At the April 2022 meeting, the Audit, Risk and Assurance Committee received a Standard Operating Procedure (SOP) that outlined the purpose of the internal and external recommendation tracker process and provided a clear rationale as to how this benefits the organisation. The Committee adopted this SOP and since April 2022, a report on audit recommendations has been submitted to each meeting. Progress continues throughout the Health Board and key relationships with service leads is progressing to close, extend deadlines or complete the recommendations.

At the May 2023 the Committee is due to receive an internal audit review of the monitoring and tracking of high-level recommendations. At the time of writing, the internal audit report has not yet been formally received by the Committee however, the report's findings concluded a **reasonable** level of assurance.

Due to the sustained challenges across the health and care system, the Health Board has been required to balance risk across the breadth of the system which has, at times, resulted in delays in implementing audit recommendations. The Audit, Risk and Assurance Committee is committed to maintaining a focus on progress in implementing audit recommendations as a priority in 2023/24.

Head of Internal Audit's Opinion for 2022/23

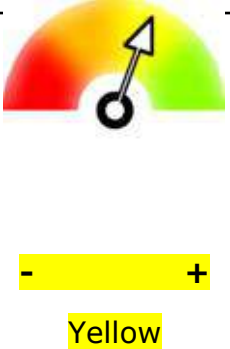
The purpose of the annual Head of Internal Audit opinion is to contribute to the assurances available to the Accountable Officer and the Board of Aneurin Bevan University Health Board which underpin the Board's own assessment of the effectiveness of the organisation's system of internal control.

The overall opinion is based primarily on the outcome of the work undertaken during the course of the 2022/23 audit year. We also consider other information available to us such as our overall knowledge of the organisation, the findings of other assurance providers and inspectors, and the work we undertake at other NHS Wales organisations. The Head of Internal Audit considers the outcomes of the audit work undertaken and

exercises professional judgement to arrive at the most appropriate opinion for each organisation.

A quality assurance review process has been applied by the Director of Audit and Assurance and the Head of Internal Audit in the annual reporting process to ensure the overall opinion is consistent with the underlying audit evidence.

The scope of my opinion is confined to those areas examined in the risk-based audit plan which has been agreed with senior management and approved by the Audit, Risk and Assurance Committee. The Head of Internal Audit assessment should be interpreted in this context when reviewing the effectiveness of the system of internal control and be seen as an internal driver for continuous improvement. The Head of Internal Audit opinion on the overall adequacy and effectiveness of the organisation’s framework of governance, risk management, and control is set out below.

<div>Reasonable Assurance</div>		<p>The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.</p>
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EXTERNAL AUDIT: AUDIT WALES STRUCTURED ASSESSMENT

The Audit Wales Structured Assessment Report for 2022, examined the arrangements the Health Board has in place to support good governance across key areas of the Health Board’s business and the efficient, effective, and economic use of resources. The Report concluded with the following assessment:

"Overall, we found that while the Health Board is strengthening its governance arrangements, there is scope to enhance them further to address the significant challenges it needs to address in the short- and medium-term."

The report went on to say that:

"Board and committee arrangements are strengthening, but they will need to be enhanced further to enable the Health Board to focus on addressing the increasing financial and performance challenges it is facing. While recent changes to committee structures appear to be leading to balanced workloads, there is scope to refine the size and order of agendas and sharpen some papers to ensure they are more focussed."

"The Health Board is building greater leadership stability at an executive level through permanent appointments to key posts. It is also appropriately developing and embedding its systems of assurance, particularly its board assurance, risk management, and outcomes frameworks. The outcomes framework in particular is starting to help the Health Board to better monitor strategic objective delivery. However, there are opportunities to strengthen performance reporting relating to the impact of its improvement actions."

The Structured Assessment 2022, along with the Health Board's response is available on our [website](#).

CONCLUSION

As Accountable Officer for Aneurin Bevan University Health Board, based on the assurance process outlined above, I have reviewed the relevant evidence and assurances in respect of internal control. I can confirm that the board and its Executive Directors are alert to their accountabilities in respect of internal control and the Board has had in place during the year a system of providing assurance aligned to corporate objectives to assist with identification and management of risk. I am pleased to note that, as a result of our internal control arrangements, Aneurin Bevan University Health Board continues to be on 'routine' monitoring as part of NHS Wales Escalation and Intervention arrangements.

During 2022/23, the Health Board proactively identified areas requiring improvement and requested that Internal Audit undertake detailed assessments in order to manage and mitigate associated risks. Further work will be undertaken in 2023/24 to ensure implementation of recommendations arising from audit reviews, in particular where a limited assurance rating is applied. Work will also continue in 2023/24 to embed risk management and the assurance framework at a corporate and operational level. Implementation of the Board's Annual Governance Priorities, set out within the IMTP 2023-26, will see a further strengthening of the Board's effectiveness and the system of internal control in 2023/24.

This Annual Governance Statement confirms that Aneurin Bevan University Health Board has continued to mature as an organisation and, whilst there are areas for strengthening, no significant internal control or governance issues have been identified. The Board and the Executive Team has had in place a sound and effective system of internal control that provides regular assurance aligned to the organisation's strategic objectives and strategic risks. Together with the Board, I will continue to drive improvements and will seek to provide assurance for our citizens and stakeholders that the services we provide are efficient, effective and appropriate, and are designed to meet patient needs and expectations.

It is widely known that the demands on the health and care system remain significantly pressured, increasing health inequalities, and sustained economic and cost of living challenges. The Health Board will therefore need

to continually reflect and respond to the demands and challenges it faces in 2023/24 and beyond. I will ensure our Governance Framework considers and responds to this need.

Signed:

Nicola Prygodzicz
Chief Executive
Dated: XX 2023

MODERN SLAVERY ACT 2015 – TRANSPARENCY IN SUPPLY CHAINS –

The Health Board is fully committed to the Welsh Government Code of Practice Ethical Employment in Supply Chains. This has been established by the Welsh Government to support the development of more ethical supply chains to deliver contracts for the Welsh public sector and third sector organisations in receipt of public funds.

The code of practice sets out a number of commitments and Procurement Services on behalf of the Health Board has commenced the preparation of an action plan so that it can monitor progress against these. As an example, The Health Board have included the requirement for all suppliers to meet the Act in our standard NHS Terms and Conditions of contract.

Also, following the Transparency in Supply Chains consultation (2019), the UK Government has committed to extend section 54 of the Modern Slavery Act 2015 to public bodies in England and Wales with a budget of £36m or more – This requires organisations to produce annual statements by 30th September of each financial year, that provide details of steps taken to prevent modern slavery in their operations and supply chain. A draft statement is being compiled by Procurement Service and Legal/Risk in readiness for the 30th of September deadline, reflecting the work to date, any further and emerging risks and appropriate mitigations.

The procurement function is a key area for ethical employment in supply chains. This is run by NHS Wales Shared Services Partnership (NWSSP) which is hosted by Velindre University NHS Trust (Velindre). More information can be found on the work done on the Health Board's behalf by NWSSP on the Shared Services Partnership [website](#).

Attachment One

The Board has been constituted to comply with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009. In addition to responsibilities and accountabilities set out in terms and conditions of appointment, Board members also fulfil Champion roles where they act as ambassadors for these matters.

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Independent Members					
Ann Lloyd	Chair		Chair of the Board	7 out of 7	
			Chair, Remuneration and Terms of Service Committee	6 out of 6	
			Chair, Partnerships, Population Health and Planning Committee	3 out of 3	
Pippa Britton	Interim Vice Chair	From 18 th October 2021	Member of the Board	5 out of 7	Mental Health
			Chair, Patient Quality, Safety and Outcomes Committee	5 out of 5	
			Chair, Mental Health Act Monitoring Committee	4 out of 4	
			Vice Chair, Remuneration and Terms of Service Committee	6 out of 6	
Katija Dew	Independent Member (Third Sector)		Member of the Board	7 out of 7	Older Persons
			Member, Audit, Risk and Assurance Committee	6 out of 7	
			Vice Chair, Partnerships, Population Health and Planning Committee	3 out of 3	
			Vice Chair, Mental Health Act Monitoring Committee	3 out of 4	
			Chair, Charitable Funds Committee	4 out of 4	

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Shelley Bosson	Independent Member (Community)		Member of the Board	5 out of 7	Infection Prevention and Control
			Chair, Audit, Risk and Assurance Committee (until 1/10/22)	4 out of 4	
			Member, Audit, Risk and Assurance Committee (from 2/10/22)	3 out of 3	
			Member, Patient Quality, Safety and Outcomes Committee (until 1/11/22)	2 out of 3	
			Member, Finance and Performance Committee	3 out of 3	
			Member, Remuneration and Terms of Service Committee (until 1/11/22)	2 out of 3	
Louise Wright	Independent Member (Trade Union)		Member of the Board	6 out of 7	Children and Young People
			Vice Chair, Patient Quality, Safety and Outcomes Committee	4 out of 5	
			Chair, People and Culture Committee	3 out of 3	
			Member, Remuneration and Terms of Service Committee	6 out of 6	
			Vice Chair, Charitable Funds Committee	3 out of 4	
Richard G Clarke	Independent Member (Local Authority)		Member of the Board	5 out of 7	
			Vice Chair, Audit, Risk and Assurance Committee	6 out of 7	
			Chair, Finance and Performance Committee	3 out of 3	
			Member, Partnerships, Population Health and Planning Committee	3 out of 3	

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Professor Helen Sweetland	Independent Member (University)		Member of the Board	5 out of 7	
			Member, Patient Quality, Safety and Outcomes Committee	4 out of 5	
			Member, People and Culture Committee	1 out of 3	
Paul Deneen	Independent Member (Community)		Member of the Board	7 out of 7	Equality
			Member, Audit, Risk and Assurance Committee	7 out of 7	
			Member, Patient Quality, Safety and Outcomes Committee	5 out of 5	
			Vice Chair, People and Culture Committee	3 out of 3	
			Member, Mental Health Act Monitoring Committee	4 out of 4	
Iwan Jones	Independent Member (Finance)	From 04/04/2022	Member of the Board	6 out of 7	
			Chair, Audit, Risk and Assurance Committee (from 1/10/22)	3 out of 3	
			Vice Chair, Finance and Performance Committee	3 out of 3	
			Member, Remuneration and Terms of Service Committee (from 1/11/22)	3 out of 3	
			Member, Charitable Funds Committee (from 1/11/22)	2 out of 2	

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Dafydd Vaughan	Independent Member (Digital)	From 09/05/2022	Member of the Board	5 out of 7	
			Member, People and Culture Committee (from 1/11/22)	1 out of 1	
			Member, Finance and Performance Committee (from 1/11/22)	1 out of 1	
			Member, Partnerships, Population Health and Planning Committee (from 1/11/22)	0 out of 1	
Associate Members					
Keith Sutcliffe	Chair, Stakeholder Reference Group	Until 30/11/2022	Associate Member of the Board	4 out of 5	Armed Forces & Veterans
			Member, Charitable Funds Committee (until 1/11/22)	0 out of 2	

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Executive Directors					
Nicola Prygodzicz	Chief Executive	From 5/9/2022	Member of the Board	4 out of 4	
			Member, Charitable Funds Committee (from 5/9/22)	3 out of 3	
			Attendee as requested at all Board Committees		
Nicola Prygodzicz	Director of Planning, Performance, Digital and IT / Interim Deputy Chief Executive	Until 4/9/2022	Member of the Board	3 out of 3	
			Required Attendee: Partnerships, Population Health and Planning Committee		
			Attendee as requested at all Board Committees		
Glyn Jones	Interim Chief Executive	Until 5/9/2022	Member of the Board	3 out of 3	
			Member, Charitable Funds Committee (until 5/9/22)	0 out of 1	
			Attendee as requested at all Board Committees		
Rob Holcombe	Interim Director of Finance, Procurement and Value Based Healthcare	Until 13/11/22	Member of the Board	7 out of 7	
			Member, Charitable Funds Committee	4 out of 4	
	From 14/11/22	Required Attendee: Audit, Finance and Risk Committee			
		Director of Finance and Procurement	Attendee as requested at all Board Committees		

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Dr James Calvert	Medical Director	Until 23/09/2023	Member of the Board	6 out of 7	Caldicott
	Medical Director/Deputy Chief Executive	From 24/09/2023	Required attendee: Patient Quality, Safety and Outcomes Committee		
			Attendee as requested at all Board Committees		
Sarah Simmonds	Director of Workforce and OD		Member of the Board	7 out of 7	Raising Concerns Welsh Language
			Required attendee: People and Culture Committee		
			Attendee as requested at all Board Committees		
Chris Dawson-Morris	Interim Director of Planning and Performance	From 05/09/2022 – 3/04/2023	Member of the Board	4 out of 4	Emergency Planning
			Required Attendee: Partnerships, Population Health and Planning Committee		
			Attendee as requested at all Board Committees		
Hannah Evans	Director of Strategy, Planning and Partnerships	From 1/4/2023	Member of the Board		Emergency Planning
			Required Attendee: Partnerships, Population Health and Planning Committee		
			Attendee as requested at all Board Committees		

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Rhiannon Jones	Director of Nursing	Until 05/07/2022	Member of the Board	1 out of 2	Children and Young People Infection Prevention and Control Putting Things Right
			Required attendee: Patient Quality, Safety and Outcomes Committee		
			Attendee as requested at all Board Committees		
Linda Alexander	Interim Director of Nursing	25/06/2022 to 15/08/2022	Member of the Board	1 out of 1	Children and Young People Infection Prevention and Control Putting Things Right
			Required attendee: Patient Quality, Safety and Outcomes Committee		
			Attendee as requested at all Board Committees		
Jennifer Winslade	Director of Nursing	From 08/08/2022	Member of the Board	4 out of 4	
			Required attendee: Patient Quality, Safety and Outcomes Committee		
			Attendee as requested at all Board Committees		
Peter Carr	Director of Therapies and Health Sciences		Member of the Board	6 out of 7	Fire Safety Violence and Aggression
			Required attendee: Patient Quality, Safety and Outcomes Committee		
			Attendee as requested at all Board Committees		

Name	Position and Area of Expertise	Dates (if not full year)	Board Committee Membership	Attendance	Champion Role
Dr Sarah Aitken*	Director of Public Health and Strategic Partnerships	Until 05/01/2023	Member of the Board	4 out of 5	
			Required Attendee: Partnerships, Population Health and Planning Committee		
			Attendee as requested at all Board Committees		
Tracy Daszkiewicz*	Director of Public Health	From 01/04/2023	Member of the Board		
			Required Attendee: Partnerships, Population Health and Planning Committee		
			Attendee as requested at all Board Committees		
Dr Chris O'Connor	Interim Director of Primary, Community and Mental Health Services		Member of the Board	5 out of 7	
			Required attendee: Mental Health Act Monitoring Committee		
			Attendee as requested at all Board Committees		
Directors in Attendance					
Leanne Watkins	Director of Operations	From 17 th March 2022	Attendee at the Board	6 out of 7	
			Attendee as requested at all Board Committees		
Director of Corporate Governance					
Rani Dash (nee Mallison)	Director of Corporate Governance		Attendee at the Board	7 out of 7	
			Attendee as requested at all Board Committees		

**Director of Public Health - During the vacancy period 05/01/23 to 01/04/2023, Stuart Bourne and Eryl Powell, Deputy Directors of Public Health, provided advice to the Board and attended meetings in their deputy roles.*

Quoracy of Meetings

Quorate

Non-Quorate

Board/Committee	Date						
Board	25 May 2022	14 June 2022	27 July 2022	28 September 2022	30 November 2022	25 January 2023	29 March 2023
Patient Quality, Safety and Outcomes Committee	5 April 2022	7 June 2022	16 August 2022	18 October 2022 - CANCELLED	6 December 2022	7 February 2023	
Audit, Risk and Assurance Committee	7 April 2022	17 May 2022	13 June 2022	2 August 2022	6 October 2022	1 December 2022	2 February 2023
Charitable Funds Committee	2 August 2022*	27 October 2022	19 January 2023	2 March 2023			
Partnerships, Population Health and Planning Committee	25 April 2022	7 July 2022	16 November 2022				
Mental Health Act Monitoring Committee	13 June 2022	6 September 2022	8 December 2022	9 March 2023			
Finance and Performance Committee	6 July 2022	5 October 2022	11 January 2023				
People and Culture Committee	14 April 2022*	13 September 2022	10 January 2023				
Remuneration and Terms of Service Committee	6 June 2022	5 July 2022	7 September 2022	29 November 2022	14 February 2023	29 March 2023	

*Meeting attended by additional IM to ensure quoracy

Ministerial Directions

Ministerial Directive	Date Issued	Action to demonstrate implementation/response	Rating
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2022	07/04/2022	Implemented	Complete
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2022	07/04/2022	Implemented	Complete
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 2) Directions 2022	09/06/2022	Implemented	Complete
The National Health Service (Charges to Overseas Visitors) (Amendment) (No. 3) (Wales) Regulations 2022	29/06/2022	Regulation has been implemented. Monkeypox has been added to the 'non chargeable' category of diseases.	complete
The Pharmaceutical Services (Advanced Services) (Appliances) (Wales) (Amendment) Directions 2022	29/07/2022	The amendments are published in the drug tariff and are publicly available. In this instance the directions are not tasking the Health Board to action anything as it's an update of existing arrangements, so there's nothing to disseminate. Additionally, although we maintain provision for pharmacies or appliance contractors to commission stoma appliance customisation and Appliance Use Reviews (covered in our PNA) the Health Board does not have any pharmacies providing the service or any appliance contractors on our list.	complete
The Primary Medical Services (Influenza and Pneumococcal Immunisation Scheme) (Directed Enhanced Service) (Wales) (No. 2)	08/08/2022	Implemented	Complete
The Primary Care (Contracted Services: Outpatient Waiting List Scheme) Directions 2022	12/08/2022	Lead with Planned Care Board. Practices asked if they wish to participate - no further action taken at this time	Complete
Primary Care Contracted Services: Immunisations (PCCS:I) Amending Directions August 2022	25/08/2022	Implemented	Complete

Ministerial Directive	Date Issued	Action to demonstrate implementation/response	Rating
The Abortion Act 1967 – Revocation of the Approval of a Class of Place for Treatment for the Termination of Pregnancy (Wales) 2022	26/08/2022	The HB already allow patients to administer medications to induce a legal abortion in their own home. The medications will have been prescribed by a hospital based doctor after completing the appropriate `blue form`	complete
The National Health Service (Charges to Overseas Visitors) (Amendment) (No. 4) (Wales) Regulations 2022	22/11/2022	Regulation has been implemented. Guernsey and Malta have been added to the list of countries where the Health Board has reciprocal arrangements.	complete
The Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) (No. 4) Directions 2022	30/11/2022	This regulation has been implemented as required - by NWSSP.	complete
The Wales Infected Blood Support Scheme (Amendment) (No. 2) Directions 2022	08/12/2022	Ministerial Direction implemented by NWSSP on behalf of Wales Infected Blood Support Scheme (WIBSS) - WIBSS has written to all current beneficiaries of WIBSS to bring this to their attention and also included a reference in the December 2022 Newsletter. As at 31 March 2023 18 applications had been processed in respect of 31 children; amounting to a commitment of £69,600	Complete
The Local Health Boards (Directed Functions) (Wales) Directions 2022	15/12/2022	Implemented	Complete
The Directions to Local Health Boards as to the General Dental Services Statement of Financial Entitlements (Amendment) Directions 2023	13/01/2023	Implemented	Complete
The Directions to Local Health Boards as to the Personal Dental Services Statement of Financial Entitlements (Amendment) Directions 2023	13/01/2023	Implemented	Complete
Directions to Local Health Boards as to the Statement of Financial Entitlements (Amendment) Directions 2023	21/02/2023	Implemented	Complete
Local health boards and NHS Trusts reporting on the introduction of new medicines into the National Health Service in Wales Directions 2023	24/03/2023	Implemented	Complete

Welsh Health Circulars

Date Issued	Name & No. of WHC	Progress	Rating
15/02/2022	WHC/2022/007 Recording of Dementia Read Codes	Issued and Implemented	complete
01/03/2022	WHC/2022/014 Healthcare associated infections and antimicrobial resistance improvement goals	The HCAI Welsh Government expectations against the nationally reportable infections are reported at every PQSO Committee, with performance oversight via RNTG.	complete
24/03/2022	WHC/2022/011 COVID-19 patient testing framework	Issued and Implemented	complete
29/03/2022	WHC/2022/010 Reimbursable vaccines and eligible cohorts for the 2022 to 2023 NHS seasonal influenza (flu) vaccination programme	Issued and Implemented	complete
24/03/2022	WHC/2022/005 Welsh Value in Health Centre: data requirements	Issued and Implemented	complete
04/04/2022	WHC/2022/09 Prioritisation of COVID-19 patient episodes by NHS Wales clinical coding departments	Continue to prioritise the coding of COVID-19 patients as per the WG directive.	complete
21/04/2022	WHC/2022/006 Direct paramedic referral to same day emergency care: All Wales policy	<p>The Flow Centre currently manages SDEC referrals. Surgical for GUH and Medical for YYF.</p> <p>Currently WAST are included in this for YYF but not for GUH.</p> <p>WAST referrals are triaged on arrival at the GUH and will be considered for SDEC under the ED-to-SDEC Pathway.</p>	In progress
27/04/2022	WHC/2022/13 Health boards, special health authorities and trusts financial monitoring guidance 2022 to 2023	Issued and Implemented	complete
01/06/2022	WHC/2022/015 Changes to the vaccine for the HPV immunisation programme	Information on changes to schedules is cascaded centrally from PHW and WG	complete
01/06/2022	WHC/2022/16 The national influenza immunisation programme 2022 to 2023	Dual offer made alongside covid in mass vaccination centres.	complete

Date Issued	Name & No. of WHC	Progress	Rating
14/06/2022	WHC/2022/002 NHS Wales national clinical audit and outcome review plan annual rolling programme for 2022 to 2023	<p>The new clinical audit plan (soon to be published) has a full list all national clinical audits and outcome reviews listed in the annual National Clinical Audit & Outcome Review Annual Plan. Participation is mandatory and the list has been shared with all Divisions.</p> <p>The list is published with a nine month rolling programme. The clinical audit plan will be updated continually to capture all actions and improvements.</p> <p>The AD for Quality and Patient Safety has presented the Clinical Audit Strategy to all Divisional meetings. This included changing recording updates to the web based audit tracking system (AMaT).</p> <p>As each National Clinical Audit (NCA) is published, the results are uploaded to AMaT and assigned to a Clinical Lead. The Clinical Lead will attend the Clinical Standards and Effectiveness Group to present the results. A standardised template for the results is being produced to enable our annual audit report to present the findings and actions from each audit.</p> <p>AMaT is being used to record audit results, track progress and document successes and challenges. It is being used to develop an action plan within SMART objectives. AMaT training has been carried out throughout ABUHB over the past six months.</p>	Complete
16/06/2022	WHC/2022/12 Donation and transplantation plan 2022 to 2026	Plan is accounted for as part of IMTP planning processes.	complete
16/06/2022	WHC/2022/17 Wales rare diseases action plan 2022 to 2026	The publication of the RDAP has been highlighted and shared with clinical leads across several specialities. Work is ongoing to ensure ABUHB adheres to the four key priorities outlined in the plan.	complete
21/06/2022	WHC/2022/019 NHS Wales non specialised paediatric orthopaedic services	<p>Stakeholder response Proforma submitted in March 2022 outlining service provision of level 1 and level 2 services. Both services are able to be maintained in ABUHB with the current level of paediatric anaesthetic, radiology and general medical cover.</p> <p>Inter-organisational discussions between Consultants ongoing to agree on levels of transfer according to available capacity.</p>	complete
30/06/2022	WHC/2022/18 Suspected cancer pathway: guidelines	Fully compliant	complete
22/07/2022	WHC/2022/20 Never events: policy and incident list July 2022	SI team shared the WHC with the divisions and also published on the intranet	complete

Date Issued	Name & No. of WHC	Progress	Rating
28/07/2022	WHC/2022/21 National optimal pathways for cancer	Issued and Implemented	complete
29/07/2022	WHC/2022/008 New records management code of practice for health and care 2022	Issued and Implemented	complete
22/08/2022	WHC/2022/022 The role of the Community Dental Service	Discussed at Primary Care Senior Leadership Team and satisfied that progress is being made in line with the WHC	In progress
09/09/2022	WHC/2022/023 Changes to the vaccine for the HPV immunisation programme	Information on changes to schedules is cascaded centrally from PHW and WG	complete
11/10/2022	WHC/2022/026 Approach for Respiratory Viruses – Technical Guidance for Healthcare Planning	Forwarded to relevant parts of the organisation.	complete
24/10/2022	WHC/2022/027 Urgent polio catch-up programme for children under 5 years old	Implemented - gone beyond requirements: MVCs offered scheduled immunisations to children in 17 GP practices that opted out of enhanced service inc. domiciliary vaccination visits.	complete
31/10/2022	WHC/2022/003 Guidance for the provision of continence containment products for Adults in Wales 2022	Issued and Implemented	complete
31/10/2022	WHC/2022/004 Guidance for the care of children and young people with continence problems	Issued and Implemented	complete
22/11/2022	WHC/2022/029 Follow-up advice on the polio catch-up programme for children under 5 years old	As above: since April we have sought self-reported uptake from GPs delivering enhanced service. MVCs currently evaluating uptake within 17 opt out practices.	complete
08/12/2022	WHC/2022/031 Reimbursable vaccines and eligible cohorts for the 2023 to 2024 NHS seasonal influenza (flu) vaccination programme	Issued and Implemented: position endorsed by Gwent LMC.	complete
16/12/2022	WHC/2022/025 All Wales guidance for prescribing intervals	Message sent to all practices on 6/5/22 . This theme is also included in the work programme for the medicines management team for this coming year.	complete
22/12/2022	WHC/2022/035	Issued and Implemented: MVCs offered walk-in service from end of Dec 2022 and by the end of the season administered over 7,000 additional vaccines.	complete

Date Issued	Name & No. of WHC	Progress	Rating
	Influenza (flu) vaccination programme deployment 'mop up' 2022 to 2023		
16/01/2023	WHC/2023/001 Eliminating hepatitis (B and C) as a public health threat: actions for 2022 to 2023 and 2023 to 2024	Multi-agency steering group established, baseline position in place, and reviewing priorities to inform joint recovery plan. JRP submission date extended by WG to mid-July.	In progress
31/01/2023	WHC/2023/002 Faecal immunochemical testing (FIT) in symptomatic colorectal cancer referral	This was actioned within the Health Board before the WHC circulation and discussed at cancer Board on the 18th January	complete
15/02/2023	WHC/2022/034 Health board allocations for 2023 to 2024	Complete and has informed the IMTP and budget setting / delegation approvals	complete
24/03/2023	WHC/2022/032 Further extending the use of Blueteq in secondary care	Discussed at Chief Pharmacists meeting of 3/4/23 with representatives of AWTC. Plan to discuss at MMPB 13/4/23. "Following the WG mandate to implement Blueteq within all HBs/Trusts a number of questions have been raised. Implementation will be through a staged approach and the aim is to start off with Rheumatology and then Haematology. BCUHB is to undertake a pilot in rheumatology and HBs will be able to learn from this and share how they have approached it e.g. training etc. Templates have been produced and the plan is to have a generic template that can be used across Wales so individual HBs/Trust don't need to develop their own. BCUHB is in the process of working through the IG and DPIA issues and hope to start the pilot in May. For Haematology it is planned to look at all drugs that have commercial access agreements linked to them and develop templates. It is intended to use some of the NHS England templates and adapt for Wales but as we progress ahead of England we will need to develop our own. CPG requested that as more detail is available this is shared with it so CPG can assess the increased workload for staff and start putting the relevant processes in place."	complete
08/03/2023	WHC/2023/004 COVID-19 spring booster 2023	Implemented as required and on target for delivery and uptake as planned	In progress
31/03/2023	WHC/2023/007 Patient testing framework, updated guidance	Implemented and interpreted locally. On-going discussions in place with PHW regarding support from AWARE in relation to care home testing.	complete
31/03/2023	WHC/2023/006 Commencement of the Health and Social Care (Quality and Engagement) (Wales) Act 2020	Quality Strategy and Patient Experience and Involvement Strategy approved and implementation underway. Training session held for Board members	In progress

Attachment Three

[Corporate governance in central government departments: code of good practice 2017](#)

Aneurin Bevan University Health Board Assessment 2022/23

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
2.1 2.2	Each organisation should have an effective board, which provides leadership for the business, helping it to operate in a business-like manner. The board should operate collectively, concentrating on advising on strategic and operational issues affecting the department's performance, as well as scrutinising and challenging departmental policies and performance, with a view to the long-term health and success of the Trust.	<p>The Board meets in public on a bi-monthly basis.</p> <p>A forward work programme of Board Business is in place and approved on an annual basis. The work of the Board is guided and determined by its Standing Orders, Standing Financial Instructions and Schemes of Delegation. This provides the framework for delegation and decision making within the Health Board.</p> <p>The Board receives, as standing items to each meeting, finance, performance and corporate risk reports.</p>	Comply	<p>Board and Committee Minutes – demonstrate Scrutiny and support</p> <p>Audit Wales Structured Assessment 2022</p>
2.3	<p>The Board does not decide policy or exercise the powers of the ministers. The department's policy is decided by ministers alone on advice from officials. The board advises on the operational implications and effectiveness of policy proposals.</p> <p>The Board will operate according to recognised precepts of good corporate governance in business:</p> <ul style="list-style-type: none"> • Leadership – articulating a clear vision for the department and giving clarity about how policy activities contribute to achieving this vision, including setting risk appetite and managing risk 	<p>The Board provides leadership and direction to the organisation and has a key role in ensuring that the organisation has sound governance arrangements in place. The Board seeks an open culture and high standards in the ways in which its work is conducted. Board Members share corporate responsibility for all decisions and undertake a key role in monitoring the performance of the organisation.</p> <p>Progress against the Health Board Integrated Medium Term Plan 2022-2025, which adopts a life course approach, is presented to the Board on a quarterly basis.</p>	Comply	<p>Standing Orders and Standing Financial Instructions</p> <p>Audit Wales Structured Assessment 2022</p> <p>IMTP</p> <p>Value and Behaviours Framework</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
	<ul style="list-style-type: none"> Effectiveness – bringing a wide range of relevant experience to bear, including through offering rigorous challenge and scrutinising performance Accountability – promoting transparency through clear and fair reporting. Sustainability – taking a long-term view about what the department is trying to achieve and what it is doing to get there. 	The Health Board's Standing Orders and Standing Financial Instructions are designed to translate the statutory requirements into day to day operating practice, and, together with the adoption of a Schedule of Decisions reserved to the Board of Directors; a Scheme of Decisions to Officers and Others; and Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Health Board. These documents form the basis upon which the Health Board's governance and accountability framework is developed and, together with the adoption of the Health Board's Values and Behaviour Framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.		
2.4 3.10	<p>The Board should meet on at least a quarterly basis; however, best practice is that boards should meet more frequently.</p> <p>The Board advises on five main areas:</p> <ul style="list-style-type: none"> Strategic Clarity Commercial Sense Talented People Results focus Management information 	<p>The Board meets at least six times a year and in addition holds an Annual General Meeting.</p> <p>Discussions, actions and decisions of all meetings of the Board and its Committees are formally recorded as minutes or action notes.</p> <p>The Board's role, as set out in its Standing Orders, is to:</p> <ul style="list-style-type: none"> Set the strategic direction for the organisation Hold the organisation to account for performance and delivery Set the tone and culture of the Board and the organisation <p>The Board's business is therefore structured in this way and encompasses the five main areas set out in point 2.4.</p>	Comply	<p>Standing Orders and Standing Financial Instructions</p> <p>Audit Wales Structured Assessment 2022</p> <p>Board and Committee Agenda and Meeting Papers</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
2.7	The Board also supports the accounting officer in the discharge of obligations set out in Managing Public Money for the proper conduct of business and maintenance of ethical standards.	The Board approves the Accountability Report, following scrutiny by the Audit, Risk and Assurance Committee, on an annual basis which includes the Statement by the Accountable Officer assuring the Board on the System of Internal Control.	Comply	Accountability Report
2.12	Where Board members have concerns, which cannot be resolved, about the running of the department or a proposed action, they should ensure that their concerns are recorded in the minutes.	Any concerns raised at Board and Committee meetings are formally recorded in the minutes. The role of the Director of Corporate Governance is responsible for ensuring these matters are effectively managed, recorded and resolved where possible.	Comply	Board and Committee Agenda and Papers Role of the Director of Corporate Governance
3.1 3.11 3.12 3.13	The Board should have a balance of skills and experience appropriate to fulfilling its responsibilities. The membership of the board should be balanced, diverse and manageable in size.	Constitution is set out in the Health Board's Establishment Orders and the Health Board abides by this composition. The Health Board's Standing Orders also outlines the composition of the Board. The Board has a range of skills and expertise. Individuals are appointed to Independent Member or Executive roles based on their particular backgrounds and specialist knowledge. All Independent Member appointments including the Chair and Vice Chair are appointed by Welsh Government and the appointment processes are managed by the Public Appointments Department of Welsh Government. The appointment panels for all Executive appointments, although organisation	Comply	Health Board Establishment Orders Standing Orders Board Member Induction checklist

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
		<p>appointments, will have external independent assessors and Welsh Government representation.</p> <p>All Executive Directors are appointed to permanent NHS contracts. Independent Members are appointed for up to four years at any one time and can be re-appointed up to a maximum of eight years in the organisation. This is controlled by Welsh Government as they are Ministerial appointments.</p> <p>It is acknowledged that there have been a number of changes to Board membership, in terms of both Independent Members and Executive Directors during 2022/23.</p> <p>The Board is provided with a range of information including performance information at Board and Committee Meetings. The format and content of these is informed by national standards and requirements and also locally requested information.</p> <p>Independent Member membership on Board Committees are rotated at appropriate times to ensure there is mix and balance of experience across all meetings</p>		
3.2	The roles and responsibilities of all board members should be defined clearly in the department's board operating framework.	The Board is constituted in accordance with the Health Board's Establishment Orders and Standing Orders	Comply	Health Board Establishment Orders Standing Orders

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
3.3	The Finance Director should be professionally qualified.	The Director of Finance and Procurement is professional qualified	Comply	Recruitment and appointment documentation for the Director of Finance and Procurement
3.5	Independent Members will exercise their role through influence and advice, supporting as well as challenging the executive	<p>The Structured Assessment highlights that <i>"Independent Members continue to engage and participate fully in meetings and provide reasonably effective scrutiny and questioning of the information presented. However, there is scope for Independent Members to provide a stronger focus on what difference is being made and to strengthen their challenge on the risks that might affect the successful delivery of Health Board plans."</i></p> <p><i>"There have been new appointments to the Board, and it is becoming more cohesive."</i></p> <p>There is a national programme of induction, in which all members are asked to participate. This is organised by Academi Wales and Welsh Government. Tailored programmes of induction have commenced for new Independent Members, however there is further work to do on building a comprehensive programme for future use. There is also a programme of Board Development Sessions and Board Briefings and other training made available to the Board.</p>	Comply	<p>Audit Wales Structured Assessment 2022</p> <p>Independent Member Induction Pack</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
3.15	The Board should agree and document in its board operating framework a <i>de minimis</i> threshold and mechanisms for board advice on the operation and delivery of policy proposals.	<p>A forward work programme of Board Business is in place and approved on an annual basis.</p> <p>The Terms of Reference Operating Arrangements for the Board Committees articulate their remit.</p> <p>A forward work programme for each Committee is in place and approved on an annual basis.</p>		<p>Board Forward Work Programme</p> <p>Committee Forward Work Programmes</p> <p>Committee Terms of Reference</p>
4.1	<p>The Board should ensure that arrangements are in place to enable it to discharge its responsibilities effectively, including:</p> <ol style="list-style-type: none"> 1. formal procedures for the appointment of new board members, tenure and succession planning for both board members and senior officials 2. allowing sufficient time for the board to discharge its collective responsibilities effectively 3. induction on joining the board, supplemented by regular updates to keep board members' skills and knowledge up-to-date 4. timely provision of information in a form and of a quality that enables the board to discharge its duties effectively 5. a mechanism for learning from past successes and failures within the departmental family and relevant external organisations 6. a formal and rigorous annual evaluation of the board's performance and that of its committees, and of individual board members 7. a dedicated secretariat with appropriate skills and experience 	<p>All Independent Member appointments including the Chair and Vice Chair are appointed by Welsh Government and the appointment processes are managed by the Public Appointments Department of Welsh Government. All Executive appointments, although internal appointments have external independent assessors on the panels and also Welsh Government representation.</p> <p>The Director of Corporate Governance monitors the terms of office of Independent Members to ensure succession planning is timely and managed in conjunction with the public appointments unit.</p> <p>Agenda Setting meetings are held with the Chair, Chief Executive and Director of Corporate Governance to plan the agenda and ensure sufficient time is allocated to the right things at Board meetings.</p> <p>Board Induction programme in place (as previously referenced), supplemented by ongoing Board Briefing and Board Development sessions.</p>		<p>Terms of Reference and Operating Arrangements for Board and Committees</p> <p>Board and Committee Forward Work Programmes</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
		<p>The Chair undertakes regular one to ones and annual Personal Appraisal and Development Reviews with all Independent Members.</p> <p>Agenda and papers for Board meetings are published one week prior to the meeting. Report templates have been revised to ensure to support the provision of appropriate and relevant information.</p> <p>The Corporate Governance function supports Board and Committee Business. A consultation process has been undertaken and the final outcome awaited in relation to this function to increase capacity within the team and ensure appropriate skills and expertise are in place.</p> <p>The Board's Quality Strategy and Quality Assurance Framework ensure learning as a key pillar of quality, embedded across the organisation.</p> <p>The Board undertakes an assessment of its effectiveness using the NHS England and NHS Improvement (NHSE and NHSI) Well-led Framework for Leadership and Governance Developmental Reviews. From 2023/24, Committees will undertake a mid-year self-assessment of their effectiveness to inform the Board's end of year assessment.</p>		
4.5	<p>The terms of reference for the nominations committee will include at least the following three central elements:</p> <ul style="list-style-type: none"> • scrutinising systems for identifying and developing leadership and high potential 	<p>The Terms of Reference and operating arrangements are based on the model Standing Orders and ensure that roles and responsibilities of Board Committees capture scrutiny and assurance roles.</p>	Comply	<p>Terms of Reference for Board Committees</p> <p>Standing Orders</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
	<ul style="list-style-type: none"> • scrutinising plans for orderly succession of appointments to the board and of senior management, in order to maintain an appropriate balance of skills and experience • scrutinising incentives and rewards for executive board members and senior officials, and advising on the extent to which these arrangements are effective at improving performance 	The Chair reviews the membership of Committees on an annual basis to ensure the appropriate balance of skills and expertise and support succession planning.		
4.6	The attendance record of individual board members should be disclosed in the governance statement and cover meetings of the board and its committees held in the period to which the resource accounts relate.	The Annual Governance Statement provides details on the membership of the Board and Committee and the attendance record of individuals at these meetings.	Comply	Annual Governance Statement
4.10	Where necessary, board members should seek clarification or amplification on board issues or board papers through the board secretary. The board secretary will consider how officials can best support the work of board members; this may include providing board members with direct access to officials where appropriate.	<p>Independent Members of the Board have direct access to members of the executive team in order to seek further information or clarification on issues as and when they arise.</p> <p>Regular Board Development sessions and Board briefings are also held to ensure that Board members are kept up to date on the breadth of issues. The Director of Corporate Governance acts as an independent voice within the organisation to advise and support the Board on governance matters and its approach to openness and transparency. The Director of Corporate Governance is responsible for developing the programmes of work for the Board and Committees of the organisation. Ensuring that agenda and papers are developed and reviewed prior to publication to ensure the quality of reports and maximum transparency and openness in the way in which the organisation conducts its business.</p>	Comply	Board Secretary role profile

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
4.11	<p>An effective board secretary is essential for an effective board. Under the direction of the permanent secretary, the board secretary's responsibilities should include:</p> <ul style="list-style-type: none"> • developing and agreeing the agenda for board meetings with the chair and lead non-executive board member, ensuring all relevant items are brought to the board's attention • ensuring good information flows within the board and its committees and between senior management and non-executive board members, including: <ul style="list-style-type: none"> • challenging and ensuring the quality of board papers and board information • ensuring board papers are received by board members according to a timetable agreed by the board • providing advice and support on governance matters and helping to implement improvements in the governance structure and arrangements • ensuring the board follows due process • providing assurance to the board that the department: <ul style="list-style-type: none"> • complies with government policy, as set out in the code • adheres to the code's principles and supporting provisions on a comply or explain basis (which should form part of the report accompanying the resource accounts) • acting as the focal point for interaction between non-executive board members and the department, including arranging detailed briefing for non-executive board members and meetings 	The Director of Corporate Governance undertakes these roles as Board Secretary for the Health Board	Comply	<p>Board Secretary role description</p> <p>Standing Orders</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
	<p>between non-executive board members and officials, as requested or appropriate recording board decisions accurately and ensuring action points are followed up</p> <ul style="list-style-type: none"> arranging induction and professional development of board members (including ministers) 			
4.14	Evaluations of the performance of individual board members should show whether each continues to contribute effectively and corporately and demonstrates commitment to the role (including commitment of time for board and committee meetings and other duties).	Individual annual assessment of Board Executive Directors is undertaken by the Chief Executive and Independent Members by the Chair, with the former reported to the Remuneration and Terms of Service Committee.	Comply	Appraisal documentation and process
4.15	All potential conflicts of interest for non-executive board members should be considered on a case by case basis. Where necessary, measures should be put in place to manage or resolve potential conflicts. The board should agree and document an appropriate system to record and manage conflicts and potential conflicts of interest of board members. The board should publish, in its governance statement, all relevant interests of individual board members and how any identified conflicts, and potential conflicts, of interest of board members have been managed.	<p>Board Members complete annual Declarations of Interest and this register is available on the Health Board's website. Declarations of Interest in relation to items on the agenda are also sought at each Board and Committee meeting and are formally recorded within the minutes.</p> <p>Standards of Business Conduct for Employees in place and details responsibilities for declarations of interests.</p>	Comply	<p>Declarations of Interest Register</p> <p>Standards of Business Conduct for Employees Policy</p>
5.1 5.8	The board should ensure that there are effective arrangements for governance, risk management and internal control for the whole departmental family. Advice about and scrutiny of key risks is a matter for the	The Health Board has established an Audit, Risk and Assurance Committee, chaired by the Independent Member Finance lead.	Comply	Terms of Reference and Operating Arrangements for the Audit, Risk and

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
	<p>board, not a committee. The board should be supported by:</p> <ul style="list-style-type: none"> an audit and risk assurance committee, chaired by a suitably experienced non-executive board member an internal audit service operating to Public Sector Internal Audit Standards¹ sponsor teams of the department's key ALBs 	<p>NWSSP Internal Audit Services are appointed as the Health Boards Internal Auditors</p> <p>The Health Board and its Committees monitor the management of risk considering the risks profile and actively engaging in its management.</p>		<p>Assurance Committee</p> <p>Accountability Report</p> <p>Audit Wales Structured Assessment</p>
5.2 5.13	<p>The board should take the lead on, and oversee the preparation of, the department's governance statement for publication with its resource accounts each year.</p> <p>The annual governance statement (which includes areas formerly covered by the statement on internal control) is published with the resource accounts each year. In preparing it, the board should assess the risks facing the department and ensure that the department's risk management and internal control systems are effective. The audit and risk assurance committee should normally lead this assessment for the board.</p>	<p>The Audit, Risk and Assurance Committee is responsible for reviewing the system of governance and assurance established within the Health Board and the arrangements for internal control, including risk management for the organisation and, in particular, advises on the Annual Governance Statement signed by the Chief Executive.</p> <p>The Governance Statement is included within the Accountability Report which is considered by the Audit, Risk and Assurance Committee prior to approval by the Board.</p>	Comply	Accountability Report
5.3 5.10	The board's regular agenda should include scrutinising and advising on risk management.	<p>The Health Board approve the Risk Management Strategy and Board Assurance Framework.</p> <p>The Health Board and its Committees monitor the management of risk considering the risks profile and actively engaging in its management.</p> <p>A Corporate Risk Register is maintained and considered at each Board Meeting, and by the Audit, Risk and</p>		<p>Board and Committee Agendas and papers</p> <p>Risk Management Strategy</p> <p>Board Assurance Framework</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
		Assurance Committee. Each Committee monitors risks associated with its portfolio and provides assurance reports on these to the Board.		Corporate Risk Register
5.4 5.9 5.11 5.12 5.14 5.15	<p>The key responsibilities of non-executive board members include forming an audit and risk assurance committee.</p> <p>The board and accounting officer should be supported by an audit and risk assurance committee, comprising at least three members.</p> <p>An audit and risk assurance committee should not have any executive responsibilities or be charged with making or endorsing any decisions. It should take care to maintain its independence. The audit and risk assurance committee should be established and function in accordance with the <i>Audit and risk assurance committee handbook</i>.</p> <p>The board should ensure that there is adequate support for the audit and risk assurance committee, including a secretariat function.</p> <p>The terms of reference of the audit and risk assurance committee, including its role and the authority delegated to it by the board, should be made available publicly. The department should report annually on the work of the committee in discharging those responsibilities</p>	<p>An Audit, Risk and Assurance Committee is established.</p> <p>The Terms of Reference and Operating Arrangements for the ARA Committee are clear in relation to authority and delegated responsibilities. These Terms of Reference are published on the Health Board's website.</p> <p>Full secretariat support is provided by the Corporate Governance Team.</p> <p>5 Independent Members comprise the Audit, Risk and Assurance Committee.</p> <p>The Board Assurance Framework is scrutinised by the Audit, Risk and Assurance Committee.</p>	Comply	<p>Terms of Reference and Operating Arrangements for Audit, Risk and Assurance Committee</p> <p>Board Assurance Framework</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
	Boards should ensure the scrutiny of governance arrangements, whether at the board or at one of its subcommittees (such as the audit and risk assurance committee or a nominations committee). This will include advising on, and scrutinising the department's implementation of, corporate governance policy.			
5.5	The head of internal audit should periodically be invited to attend board meetings, where key issues are discussed relating to governance, risk management processes or controls across the department and its ALBs.	<p>The role of Head of Internal Audit is clearly set out in the Health Board's Standing Orders.</p> <p>The Head of Internal Audit attends all meetings of the Audit, Risk and Assurance Committee.</p> <p>Audit Wales and Internal Audit have a routine invite to all Board and Committee meetings.</p>	Comply	<p>Standing Orders</p> <p>Terms of Reference for the Audit, Risk and Assurance Committee</p>
5.6 5.7 5.10	<p>The board should assure itself of the effectiveness of the department's risk management system and procedures and its internal controls. The board should give a clear steer on the desired risk appetite for the department and ensure that:</p> <ul style="list-style-type: none"> there is a proper framework of prudent and effective controls, so that risks can be assessed, managed and taken prudently there is clear accountability for managing risks Departmental officials are equipped with the relevant skills and guidance to perform their assigned roles effectively and efficiently. 	<p>The Health Board has an agreed Risk Management Strategy. Development work continues to review and refine the Risk Management Strategy, with a Board Development session held in March 2022 focused on strategic risk management and assurance arrangements, including risk appetite and tolerance which will be a key element of the updated Risk Management Strategy.</p> <p>The Risk Management Strategy articulates a clear risk escalation pathway.</p> <p>A Risk Management Community of Practice is in place, led by the Head of Corporate Services, Risk and Assurance.</p>	Comply	<p>Risk Management Strategy</p> <p>Corporate Risk Register</p>

Para	Corporate Governance Code Principles	Evidence of Internal assurance/Supporting Narrative	Comply or Explain	Supporting documentation / Evidence
	<p>The board should also ensure that the department's ALBs have appropriate and effective risk management processes through the department's sponsor teams</p> <p>Advising on key risks is a role for the board. The audit and risk assurance committee should support the board in this role.</p>			

Remuneration and Staff Report 2022/23

The Treasury's Government Financial Reporting Manual (FReM) requires that a Remuneration Report shall be prepared by NHS bodies providing information under the headings in SI 2008 No 410, made to the extent that they are relevant. The Remuneration Report contains information about senior managers remuneration. The definition of 'Senior Manager' is: "those persons in senior positions having authority or responsibility for directing or controlling the major activities of the NHS body. This means those who influence the decisions of the entity as a whole rather than the decisions of individual directorates or departments."

This section of the Accountability Report meets these requirements.

The Remuneration and Terms of Service Committee

Remuneration and Terms of Service for Executive Directors and the Chief Executive are agreed, and kept under review, by the Board's Remuneration and Terms of Service Committee. The Committee also monitors and evaluates the annual performance of the Chief Executive and individual Directors (the latter with the advice of the Chief Executive). In 2022/23, the Remuneration and Terms of Service Committee was chaired by the Health Board's Chair, Ann Lloyd CBE, and the membership included the following Members:

- Pippa Britton, Vice Chair of the Board;
- Shelley Bosson, Chair of Audit, Risk and Assurance Committee (Until 31/10/2022)
- Iwan Jones, Chair of Audit, Risk and Assurance Committee (From 1/11/2022)
- Louise Wright, Independent Member (Trade Union).

Meetings are minuted and decisions fully recorded.

Independent Member Remuneration

Remuneration for Independent Members is determined by the Welsh Government, along with the tenure of appointments. Details of Independent Members' remuneration for the 2022/23 financial year, together with comparators are given in Tables below.

Directors' Remuneration

Details of Directors' remuneration for the 2022/23 financial year, together with comparators are given in Tables below. The norm is for Executive Directors and Senior Managers salaries to be uplifted in accordance with the Welsh Government identified normal pay inflation percentage. In 2022/23, Executive Directors received a pay inflation uplift, in-line with Welsh Government's Framework.

The Remuneration and Terms of Service Committee also reviews objectives set for Executive Directors and assesses performance against those objectives when considering recommendations in respect of annual pay uplifts. It should be noted that Executive Directors are not on any form of performance related pay. All contracts are permanent with a three-month notice period. Conditions are in line with those set by Welsh Government as part of the NHS Reform Programme of 2009. During 2022/23 there were three (3) interim Directors in post; an Interim Chief Executive, an Interim Director of Primary, Community Care and Mental Health and Interim Director of Finance, Procurement and VBHC. Further detail on interim appointments can be found in the Annual Governance Statement.

The Remuneration and Terms of Service Committee considers issues of equality and diversity when evaluating and setting remuneration for Directors', particularly in relation to gender and ethnicity in pay levels, in line with Welsh Government's Framework.

Salary and Pension Disclosure Table: Salaries and Allowances

Remuneration Report

Salary and Pension entitlements of Senior Managers Remuneration

		2022-23					2021-22				
Name	Title	Full Year Equivalent Salary (bands of £5,000) £000	Salary (bands of £5,000) £000	Benefits in kind (to nearest £100) £00	Pension Benefits £000	Total (bands of £5,000) £000	Full Year Equivalent Salary (bands of £5,000) £000	Salary (bands of £5,000) £000	Benefits in kind (to nearest £100) £00	Pension Benefits £000	Total (bands of £5,000) £000
Executive Directors											
Judith Paget	Chief Executive (Until 31.10.21)						215 - 220	125 - 130	0	54	175 - 180
Glyn Jones	Deputy Chief Executive (From 05.09.22 Until 23.09.22)	205 - 210	100 - 105	0	32	135 - 140					
	Interim Chief Executive (From 01.11.21 Until 04.09.22)						200 - 205	175 - 180	0	81	255 - 260
	Director of Finance & Performance / Deputy Chief Executive (Until 31.10.21)		155 - 160								
Nicola Prygodzicz	Chief Executive (From 05.09.22)	215 - 220	165 - 170	12	282	450 - 455					
	Director of Planning, Performance, Digital & IT / Interim Deputy Chief Executive (From 01.11.21 Until 04.09.22)	125 - 130					125 - 130	120 - 125	6	10	130 - 135
	Director of Planning, Digital & IT (Until 31.10.21)						115 - 120				
Dr James Calvert	Medical Director / Deputy Chief Executive (From 24/09/22)	190 - 195	195 - 200	0	66	260 - 265					
	Medical Director (Until 23.09.22)	185 - 190						185 - 190	0	290	475 - 480
Robert Holcombe	Director of Finance and Procurement (From 14.11.22)	150 - 155	155 - 160	0	200	355 - 360					
	Interim Director of Finance, Procurement and Value Based Healthcare (From 01.11.21 Until 13.11.22)	150 - 155					145 - 150	60 - 65	0	72	130 - 135
Chris Dawson-Morris	Interim Director of Planning and Performance (From 05.09.22)	125 - 130	75 - 80	0	15	90 - 95					
Jennifer Winslade	Director of Nursing (From 08.08.22)	135 - 140	90 - 95	0	59	150 - 155					
Linda Alexander	Director of Nursing (From 25.06.22 Until 14.08.22)		15 - 20	0	10	25 - 30					
Rhiannon Jones	Director of Nursing (Until 05.07.22)		35 - 40	0	7	40 - 45		135 - 140	0	60	195 - 200
Geraint Evans	Director of Workforce and Organisational Development (Until 31.08.21)						135 - 140	55 - 60	0	0	55 - 60
Sarah Simmonds	Director of Workforce and Organisational Development (From 22.07.21)		140 - 145	15	72	215 - 220	135 - 140	90 - 95	4	104	195 - 200
Dr Sarah Aitken	Director of Public Health and Strategic Partnerships (From 18.01.21 Until 05.01.23)	130 - 135	95 - 100	0	0	95 - 100	125 - 130	125 - 130	0	0	125 - 130
	Interim Director of Primary, Community and Mental Health Services (From 06.12.21 Until 28.02.22)										

Peter Carr	Director of Therapies and Health Sciences		110 - 115	25	16	130 - 135		110 - 115	126	45	165 - 170
Nick Wood	Director of Primary, Community and Mental Health (Until 05.12.21)						145 - 150	100 - 105	2	29	130 - 135
Dr Chris O'Connor	Interim Director of Primary, Community and Mental Health Services (From 28.02.22)		145 - 150	0	212	360 - 365	135 - 140	10 - 15	0	4	15 - 20
Director of Operations											
Claire Birchall	Director of Operations (Until 02.05.21)						110 - 115	10 - 15	0	0	10 - 15
Leanne Watkins	Director of Operations (From 17.03.22)		120 - 125	17	32	155 - 160					
	Interim Director of Operations (From 12.04.21 Until 16.03.22)						110 - 115	105 - 110	39	86	195 - 200
Board Secretary / Director of Corporate Governance											
Richard Howells	Interim Board Secretary (Until 30.11.21)						90 - 95	60 - 65	0	90	150 - 155
Rani Dash	Director of Corporate Governance (From 14.03.22)		110 - 115	56	41	155 - 160	100 - 105	35 - 40	18	9	50 - 55
	Board Secretary (From 28.11.21 Until 13.03.22)										
Special Advisor to the Board											
Philip Robson	Special Advisor to the Board		15 - 20	0	0	15 - 20		35 - 40	0	0	35 - 40
Chris Koehli	Special Advisor to the Board (Until 17.07.21)						35 - 40	5 - 10	0	0	5 - 10
Non-Executive Directors											
Ann Lloyd CBE	Chair		65 - 70	0	0	65 - 70		65 - 70	0	0	65 - 70
Emrys Elias	Vice Chair (Until 30.09.21)						55 - 60	25 - 30	0	0	25 - 30
Pippa Britton	Interim Vice Chair (From 18.10.21)		55 - 60	0	0	55 - 60	55 - 60	30 - 35	0	0	30 - 35
	Independent Member (Community) (Until 17.10.21)						15 - 20				
Katija Dew	Independent Member (Third/Voluntary Sector)		15 - 20	0	0	15 - 20		15 - 20	0	0	15 - 20
Prof. Helen Sweetland	Independent Member (University)		0	0	0	0		0	0	0	0
Richard Clark	Independent Member (Local Authority)		15 - 20	0	0	15 - 20		15 - 20	0	0	15 - 20
Paul Deneen	Independent Member (Community)		15 - 20	0	0	15 - 20		15 - 20	0	0	15 - 20
Shelley Bosson	Independent Member (Community)		15 - 20	0	0	15 - 20		15 - 20	0	0	15 - 20
Dafydd Vaughan	Independent Member (Digital) (From 09.05.22)	15 - 20	10 - 15	0	0	10 - 15					
Iwan Jones	Independent Member (Finance) (From 04.04.22)	15 - 20	15 - 20	0	0	15 - 20					
Louise Wright	Independent Member (Trade Union)		0	0	0	0		0	0	0	0
Keith Sutcliffe	Associate Independent Member (Chair of Stakeholder Group) (Until 30.11.22)		0	0	0	0		0	0	0	0

Band of Highest paid Director's Total Remuneration £000

25th percentile pay £

Median pay £

75th percentile pay £

2022-23	
Pay	Ratio
215 - 220	
26,282	8.3
33,428	6.5
43,078	5.0

2021-22	
Pay	Ratio
200 - 205	
24,883	8.1
32,008	6.3
41,837	4.8

Salary has been reported as gross pay, which is before the deduction of any salary sacrifice schemes. During 2022-23 Nicola Prygodzicz had £7k salary sacrificed in respect of the lease car scheme, Jennifer Winslade had less than £1k sacrificed in respect of pensions, Sarah Simmonds had £8k sacrificed in respect of the lease car scheme and less than £1k sacrificed in respect of pensions, Leanne Watkins had £11k sacrificed in respect of the lease car scheme and less than £1k in respect of the cycle to work scheme and Rani Dash had £7k sacrificed as part of the lease car scheme.

The post of Special Advisor to the Board has been disclosed as it has been deemed to have an influence over board decisions.

The amount of pension benefits for the year which contributes to the single total figure is calculated using a similar method to that used to derive pension values for tax purposes and is based on information received from NHS BSA Pensions Agency.

The value of pension benefits is calculated as follows:

$(\text{real increase in pension} \times 20) + (\text{real increase in any lump sum}) - (\text{contributions made by member})$

*excluding increases due to inflation or any increase or decrease due to a transfer of pension rights

This is not an amount which has been paid to an individual by the Health Board during the year, it is a calculation which uses information from the pension benefit table. These figures can be influenced by many factors e.g. changes in a person's salary, whether or not they choose to make additional contributions to the pension scheme from their pay and other valuation factors affecting the pension scheme as a whole.

The Health Board continues to pay two former chief executives who are currently on secondment to Welsh Government. Andrew Goodall has been seconded since 8th June 2014 and Judith Paget has been seconded since 1st November 2021.

The details of the remuneration received by these individuals is disclosed in the accounts of the Welsh Government, and the Health Board is reimbursed for the employment costs incurred. The salary banding included for Andrew Goodall is £215,000 to £220,000 (£215,000 to £220,000 2021-22) and for Judith Paget is £215,000 to £220,000 (£85,000 to £90,000 2021-22).

Remuneration Report continued

Salary and Pension entitlements of Senior Managers Pension Benefits

Name	Title	Real increase in pension at pension age (bands of £2,500) £000	Real increase in pension lump sum at pension age (bands of £2,500) £000	Total accrued pension at 31 March 2023 (bands of £5,000) £000	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2023 £000	Cash Equivalent Transfer Value at 31 March 2022 £000	Real increase in Cash Equivalent Transfer Value £000	Employer's contribution to stakeholder pension £00
Glyn Jones	Deputy Chief Executive (From 05.09.22 Until 23.09.22)	0.0 - 2.5	0.0	35 - 40	0	569	474	24	0
	Interim Chief Executive (From 01.11.21 Until 04.09.22)								
	Director of Finance & Performance / Deputy Chief Executive (Until 31.10.21)								
Nicola Prygodzicz	Chief Executive (From 05.09.22)	12.5 - 15.0	30.0 - 32.5	60 - 65	135 - 140	1175	874	253	0
	Director of Planning, Performance, Digital & IT / Interim Deputy Chief Executive (From 01.11.21 Until 04.09.22)								
	Director of Planning, Digital & IT (Until 31.10.21)								
Dr James Calvert	Medical Director / Deputy Chief Executive (From 24/09/22)	2.5 - 5.0	0.0 - 2.5	75 - 80	170 - 175	1589	1440	77	0
	Medical Director (Until 23.09.22)								
Robert Holcombe	Director of Finance and Procurement (From 14.11.22)	10.0 - 12.5	20.0 - 22.5	50 - 55	105 - 110	965	735	186	0
	Interim Director of Finance, Procurement and Value Based Healthcare (From 01.11.21 Until 13.11.22)								
Chris Dawson-Morris	Interim Director of Planning and Performance (From 05.09.22)	0.0 - 2.5	0.0	5 - 10	0	78	55	2	0
Jennifer Winslade	Director of Nursing (From 08.08.22)	2.5 - 5.0	2.5 - 5.0	55 - 60	110 - 115	1088	948	60	0
Linda Alexander	Director of Nursing (From 25.06.22 Until 14.08.22)	0.0 - 2.5	0.0 - 2.5	35 - 40	105 - 110	864	746	12	0
Rhiannon Jones	Director of Nursing (Until 05.07.22)	0.0 - 2.5	0.0 - 2.5	65 - 70	190 - 195	0	1336	0	0
Sarah Simmonds	Director of Workforce and Organisational Development (From 22.07.21)	2.5 - 5.0	5.0 - 7.5	30 - 35	50 - 55	479	396	52	0
Peter Carr	Director of Therapies and Health Sciences	0.0 - 2.5	(2.5) - 0.0	40 - 45	85 - 90	753	700	17	0
Dr Chris O'Connor	Interim Director of Primary, Community and Mental Health Services (From 28.02.22)	10.0 - 12.5	20.0 - 22.5	50 - 55	100 - 105	909	683	184	0
Leanne Watkins	Director of Operations (From 17.03.22)	0.0 - 2.5	0.0 - 2.5	40 - 45	80 - 85	671	612	26	0
	Interim Director of Operations (From 12.04.21 Until 16.03.22)								
Rani Dash	Director of Corporate Governance (From 14.03.22)	2.5 - 5.0	0.0 - 2.5	20 - 25	35 - 40	299	256	21	0
	Board Secretary (From 28.11.21 Until 13.03.22)								

Sarah Aitken has not contributed to the NHS Pension Scheme during 2022-23

Rhiannon Jones has retired therefore no CETV is available.

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

CETV figures are calculated using the guidance on discount rates for calculating unfunded public service pension contribution rates that was extant at 31 March 2023. HM Treasury published updated guidance on 27 April 2023; this guidance will be used in the calculation of 2023-24 CETV figures.

Pensions tax annual allowance – Scheme Pays arrangements 2019/20

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government has taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

Welsh Government, on behalf of the Aneurin Bevan University Health Board, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants.

Clinical staff have until 31 March 2022 to opt for this scheme and the ability to make changes up to 31 July 2026.

The Health Board have included a Scheme Pay provision of £141,451 (as notified by Welsh Government) within these accounts.

Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

In 2022-23, 15 (2021-22, 7) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £14k to £416k (2021-22, £19k to £338k).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

		2022-23	2022-23	2022-23		2021-22	2021-22	2021-22
		£000	£000	£000		£000	£000	£000
		Chief Executive	Employee	Ratio		Chief Executive	Employee	Ratio
Total pay and benefits								
	25th percentile pay ratio	215 - 220	26	8.3		200 - 205	25	8.1
	Median pay	215 - 220	33	6.5		200 - 205	32	6.3
	75th percentile pay ratio	215 - 220	43	5.0		200 - 205	42	4.8
Salary component of total pay and benefits								
	25th percentile pay ratio	215 - 220	26			200 - 205	25	
	Median pay	215 - 220	33			200 - 205	32	
	75th percentile pay ratio	215 - 220	43			200 - 205	42	
		Highest Paid Director	Employee	Ratio		Highest Paid Director	Employee	Ratio
Total pay and benefits								
	25th percentile pay ratio	215 - 220	26	8.3		200 - 205	25	8.1
	Median pay	215 - 220	33	6.5		200 - 205	32	6.3
	75th percentile pay ratio	215 - 220	43	5.0		200 - 205	42	4.8
Salary component of total pay and benefits								
	25th percentile pay ratio	215 - 220	26			200 - 205	25	
	Median pay	215 - 220	33			200 - 205	32	
	75th percentile pay ratio	215 - 220	43			200 - 205	42	

Financial year summary

There has been an increase in the pay ratio which attributable to the increase in the chief executive / highest paid director salary being greater than the increase in the employee median salary.

The median pay ratio for the relevant financial year is consistent with the pay, reward and progression policies for the entity's employees taken as a whole.

9.6.2 Percentage Changes					2021-22		2020-21
					to		to
					2022-23		2021-22
% Change from previous financial year in respect of Chief Executive					%		%
	Salary and allowances				7		(2)
	Performance pay and bonuses				0		0
% Change from previous financial year in respect of highest paid director							
	Salary and allowances				7		(2)
	Performance pay and bonuses				0		0
Average % Change from previous financial year in respect of employees takes as a whole							
	Salary and allowances				5		5
	Performance pay and bonuses				0		0

STAFF REPORT

Staff Numbers

9.2 Average number of employees

	Permanent Staff Secondment Number	Staff on Inward Secondment Number	Agency Staff Number	Specialis t Trainee (SLE) Number	Collaborat ive Bank Staff Number	Other Number	Total Number	2021-22 Number
Administrative, clerical and board	2,677	20	30	0	0	0	2,727	2,582
Medical and dental	758	6	82	393	0	20	1,259	1,234
Nursing, midwifery registered	3,736	7	248	0	0	0	3,991	4,051
Professional, Scientific, and tech	460	0	2	0	0	0	462	436
Additional Clinical Services	2,668	0	209	0	0	0	2,877	2,792
Allied Health Professions	802	0	27	0	0	0	829	804
Healthcare Scientists	230	4	11	0	0	0	245	243
Estates and Ancilliary	975	0	171	0	0	0	1,146	1,145
Students	10	0	0	0	0	0	10	4
Total	12,316	37	780	393	0	20	13,546	13,291

Staff Composition

The table above provides the breakdown of staff numbers per discipline and professional group within the Health Board.

The gender breakdown for all staff groups as at 31 March 2023 is provided below:

	2022-2023			2021-2022			2020-2021		
	Directors	WTE	%	Directors	WTE	%	Directors	WTE	%
Female	5	10,127	80.06%	4.78	9722.1	79.27%	5.78	9762.8	79.29%
Male	6	2521.5	19.94%	6	2543.1	20.73%	5	2549.2	20.71%
Total	11	12,648.50		10.78	12,265.20		10.78	12,312	

The total number of staff per discipline will differ from the staff numbers shown in the gender breakdown table as the gender figures are based on a point in time as of 31 March 2023 whereas the staff per discipline numbers represent the average over a 52 week period of staff in post.

Sickness Absence Data

The Health Board has monitored absence in various categories as set out in this section.

The Health Board's sickness absence rate for 2022/2023 is 6.74%, an increase for sickness related absence from 6.30% in 2021/2022 which was a slight reduction in the previous year of 6.47% in 2020/2021. Sickness absence remained above 6% for every month, with the exception of March 2023, which reduced to 5.94%. December 2022 recorded the highest sickness absence at 7.83%. 0.82% of the sickness was due to Covid 19.

Over the past 5 years, the average working days lost per individual has increased slightly year on year. In 2021/2022 the average sickness days lost was 17.2 per individual employee, which increased to 18 days in 2022/23.

The table below provides the sickness absence trend data for the Health Board over the last eight years.

Sickness Absence	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Days Lost (Short Term <28 days)	61261	53097	60406	54759	68229	60411	79761	98573
Days Lost (Long Term >28 days)	144562	147711	153345	162684	194289	188778	203781	205131
Total Days Lost	205823	200808	213751	217443	262518	249189	283542	303704
Total Staff Years	902	880	937	954	1156	1093	1249	1350
Average Working Days Lost	14.7	14.2	15.2	15.2	15.2	16	17.2	18
Total staff employed in period (headcount)	14020	14155	10412	14334	14835	15528	15863	16245
Total staff employed with no absence (headcount)	4919	5803	4848	5016	5402	6055	5710	5035
Percentage staff with no sick	40%	41%	37%	35%	36%	39%	36%	31%

Medical Exclusion

Medical exclusion is a term used to record those staff who have had to self-isolate for a number of reasons, for example a household member having Covid-19 symptoms, being contacted through Track, Trace and Protect, or being classified as extremely clinically vulnerable and therefore having to shield for two separate periods of time as a result of Welsh Government advice.

The prevalent variant of Covid-19 and the high rates of immunity in the population has meant that Covid-19 is currently a milder infection. This has resulted in Welsh Government testing guidance being amended to reflect this change. As of 01 April 2023, routine testing for all staff is no longer a requirement, which will result in a further reduction of staff being medically excluded from the workplace.

The table below highlights how the pandemic impacted on attendance overall, with a further 10,952 days lost due to staff having to be medically excluded which is much lower than 2021/22:

Sickness Absence	2019/20	2020/21	2021/22	2022/23
Days Lost (Short Term <28 days)	6779	36331	18389	9836
Days Lost (Long Term >28 days)	2439	57707	7208	1116
Total Days Lost	9218	94038	25597	10952
Total Staff Years	40	412	90	41
Average Working Days Lost	0.6	6	1.5	0.7
Total staff employed in period (headcount)	14835	15528	15863	16245
Total staff employed with no absence (headcount)	13351	10093	12055	14458
Percentage of staff with no medical exclusion	90%	65%	76%	89%
Percentage of staff with no sick or medical exclusion	36%	33%	31%	26%

Medical exclusion adds a further 0.7 days on average per individual employee to overall absence. Overall average absence days lost per employee remains the same as 2021/22 however the days lost are lower in medical exclusion, resulting in a total of 314,656 total working days lost due to sickness absence and/or medical exclusion.

Staff Policies

Aneurin Bevan University Health Board has a range of staff policies in place, which are developed in partnership with staff and trade union colleagues. All policies are assessed via an Equality Impact Assessment to ensure that every policy is fair and does not inadvertently treat individuals or groups with a protected characteristic less favourably. This includes:

- giving full and fair consideration to applications for employment made by disabled persons or other protected characteristics, having regard to their particular aptitudes and abilities;
- continuing the employment of and for arranging appropriate training for employees, who have become disabled persons during the period when they were employed by the company;
- otherwise for the training, career development and promotion of disabled persons employed by the Health Board.

Between 01 April 2022 to 31 March 2023, one policy 'Accessing NHS Pension and Re-engagement Guidelines' was considered by the Remuneration and Terms of Service Committee. In addition, a new policy following advice and guidance on an all Wales basis in relation to pensions, i.e., Employer Pension Contributions Alternative Payment Policy, was considered by the Committee earlier in 2022 and applied from April 2022.

Employee Relations Matters

Details of the number of disciplinary cases between 01 March 2022 to 31 March 2023 is provided below:

Disciplinary Cases	Dismissals	Appeals	Employment Tribunals
41	14	3	7

The above activity demonstrates over a 60% reduction in disciplinary cases compared to the previous twelve-month period.

Payment to Past Directors

No payments have been made to any person who was not a director at the time the payment was made, but who had been a director of the Health Board previously.

Expenditure on Consultancy

Expenditure on Consultancy	2022-23	
Note 3.3 from the main Accounts		
Consultant	Details	£000
Attain Health Management Services Ltd	Primary Community & MH - Strategic Capital Support - Phase 1	87
Castor Business Consulting Ltd	Consultancy Fees incurred re CCH PF	12
Deloitte LLP	Tax Advice	1
Ernst & Young LLP	VAT reviews re compliance	19
Figure & Consultancy Services Ltd	MH - Development, facilitation & implementation- fees incurred less than estimated in 2021	-8
Hugh Irwin Associates Ltd	Primary Community & MH - Strategic Capital Support - Phase 1	86
In-Form Solutions Ltd	Commercial Advice 2021-22 fees incurred less than estimated in 2021-22	-5
Oxford Brookes Enterprises Ltd	Primary Community & MH - Strategic Capital Support - Phase 1	7
Sirius Partners	Primary Community & MH - Strategic Capital Support - Phase 1	45
Supportive Care UK Ltd	Support to the specialist palliative care service	82
Synbiotix Solutions Ltd	Catering consultancy - to review output	1
TOTAL		327

Tax Assurance for Off-payroll Engagements

Table 1 : For all off-Payroll engagements as of 31 March 2023, for more than £245 per day

No. of existing Engagements as of 31 March 2022	5			
Of which, the number that have existed:				
for less than one year at time of reporting	1			
for between one and two years at time of reporting	2			
for between two and three years at time of reporting	1			
for between three and four years at time of reporting	0			
for four or more years at time of reporting	1			

Table 2 : For all new off-Payroll engagements between 1 April 2022 and 31 March 2023, for more than £245 per day

	Number				
Number of new engagements between 1 April 2021 and 31 March 2022	3				
Of which...	0				
No. assessed as caught by IR35	0				
No. assessed as not caught by IR35	0				
No. engaged directly (via contracted to department) and are on the departmental payroll	0				
No. of engagements reassessed for consistency/assurance purposes during the year	0				
No. of engagements that saw a change to IR35 status following the consistency review	0				

Annex 1 (continued) Table 3: For any off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, between 1 April 2022 and 31 March 2023

Number of off-payroll engagements of board members, and/or, senior officials with significant financial responsibility, during the financial year.					
Number of individuals that have been deemed "board members, and/or, senior officials with significant financial responsibility", during the financial year. This figure should include both off-payroll and on-payroll engagements.	12				

Exit Packages and Severance Payments

9.5 Reporting of other compensation schemes - exit packages					
	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	1	1	0	2
£50,000 to £100,000	0	0	0	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	3

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	32,197	32,197	0	85,839
£50,000 to £100,000	0	0	0	0	76,771
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	32,197	32,197	0	162,610
Exit costs paid in year of departure			Total paid in year		Total paid in year
			2022-23		2021-22
			£		£
Exit costs paid in year			0		0
Total			0		0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

The Health Board has approved VERS in 2021/22.

Additional requirement as per FReM

£194,807 exit costs were paid in 2022-23, relating to 3 cases in 2021/22 and 1 case re 2022/23, the year of departure (£0 - 2021-22).

Senedd Cymru / Welsh Parliamentary Accountability and Audit Report 2022/23

Regularity of Expenditure

Regularity of Expenditure Regularity is the requirement for all items of expenditure and receipts to be dealt with in accordance with the legislation authorising them, any applicable delegated authority and the rules of Government Accounting.

Aneurin Bevan University Health Board ensures that the funding provided by Welsh Ministers has been expended for the purposes intended by Welsh Ministers and that the resources authorised by Welsh Ministers to be used have been used for the purposes for which the use was authorised.

The Health Board's Chief Executive is the Accountable Officer and ensures that the financial statements are prepared in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, the Chief Executive is required to:

- observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and
- prepare them on a going concern basis on the presumption that the services of the Health Board will continue in operation.

Fees and charges

Where the Health Board undertakes activities that are not funded directly by the Welsh Government the Health Board receives income to cover its costs which will offset expenditure reported under programme areas. Miscellaneous Income can be seen in Note 4 (page XX) of the Annual Accounts 2022/23. When charging for this activity the Health Board has complied with the cost allocation and charging requirements set out in HM Treasury guidance.

The Health Board incurred costs amounting to £0.421m for the provision of the statutory audit by the Wales Audit Office.

Managing public money

This is the required Statement for Public Sector Information Holders as referenced in the Directors' Report. In line with other Welsh NHS bodies, the Health Board has adopted standing financial instructions which enforce the principles outlined in HM Treasury guidance 'Managing Public Money' which sets out the main principles for dealing with resources in the UK public sector. As a result, the Health Board should have complied with the cost allocation and charging requirements of this guidance. The Health Board has not been made aware of any instances where this has not been done.

Remote Contingent Liabilities

This disclosure was introduced for the first time in 2015-16. It shows those contingent liabilities that are deemed to be extremely remote and have not been previously disclosed within the normal contingent liability note within the accounts. It relates to 11 medical negligence cases in 2022/23 (2 medical negligence cases and 1 personal injury case in 2021/22) and is reported in Note 21.2 to the main accounts.

The remote contingent liabilities cost consists of 11 medical negligence cases in 2022/23 (2 medical negligence cases and 1 personal injury case in 2021-22). Should these cases progress the majority of the costs incurred, in excess of the £25k per case attributable to the Health Board, will be recovered from the Welsh Risk Pool.

Nicola Prygodzicz
Chief Executive

Date: XX July 2023

**THE CERTIFICATE AND INDEPENDENT AUDITOR'S REPORT OF THE
AUDITOR GENERAL FOR WALES TO THE SENEDD**

REPORT OF THE AUDITOR GENERAL TO THE SENEDD

Glossary

A		
ABUHB – Aneurin Bevan University Health Board	A&E – Accident & Emergency	ACV – Annual Contract Value
AGP – Aerosol Generating Procedures	AVLOS – Average Length of Stay	ABCHC – Aneurin Bevan Community Health Council
AMD – Age Related Macular Degeneration		
C		
CEO – Chief Executive Officer	CHC – Community Health Council	COSO - Committee of Sponsoring Organisations of the Treadway Commission
CBE – Commander of the Most Excellent Order of the British Empire	CYP – Children and Young People	CMO – Chief Medical Officer
COTE – Care of the Elderly	CONCCO –Concern - Expression of Patient Dissatisfaction (DATIX Coding)	CAD – Care After Death
CRL – Capital Resource Limit		
CCA – Civil Contingencies Act		
D		
DATIX – concerns / incident management system	DNA - Did Not Attend	DFL – Divisional Flu Lead
E		
EASC – Emergency Ambulance Services Committee	EMS - Environmental Management System	eLGH – Enhanced Local general Hospital
EoLC - End of Life Companions	ED – Emergency Department	EHEW - Eye Health Examination Wales
ESR – Electronic Staff Record	EOL – End of Life	

F		
FReM – Financial Reporting Manual		
G		
GMS – General Medical Services	GP – General Practitioner	GS – Governance Statement
GUH – Grange University Hospital	GDPR – General Data Protection Regulations	GDP – General Dental Practitioner
GARTH – Gwent Arts in Health	GAVO – Gwent Association of Voluntary Organisations	GDAS – Gwent Drug and Alcohol Service
GURT – Age simulation suit	GWICES – Gwent Wide Integrated Community Equipment Service	
H		
HPF – Healthcare Professionals Forum	HCSW – Health Care Support Worker	HM – Her Majesty’s
HCS – Health and Care Standards	HEIW -Health Education and Improvement Wales	HCC - Hepato-Cellular Carcinoma
HEIW -Health Education and Improvement Wales	HCAI – Healthcare Associated Infection	HPV - Hydrogen Peroxide Vapour
HFrEF – Heart Failure with Reduced Ejection Fraction		
I		
IT – Information Technology	IMTP – Integrated Medium Term Plan	ICF – Integrated Care Fund
ISO – International Organisation for Standardisation	ICO – Information Commissioners Office	ICT – Information Communication Technology
IPBS- Intensive Positive Behavioural support	Iceberg–a visual representation of understanding the delivery of mental health services to children	IPC – Infection Prevention and Control
IFRS - International Financial Reporting Standards		
J		
JCVI – Joint Committee on Vaccination and Immunisation		
L		
LMC – Local Medical Committee	LHB – Local Health Board	LNC – Local Negotiating Committee

LES – Local Enhanced Service	LFD – Lateral Flow Device	LPS – Liberty Protection Safeguards
M		
MpMRI – multi-parametric magnetic resource imaging	MSK - Musculoskeletal	MDT – Multi Disciplinary Team
Myst – My Support team	MIU – Minor Injuries Unit	MAU – Medical Assessment Unit
MHLD – Mental Health and Learning Disabilities	MCA – Mental Capacity Act	MRSA - Methicillin Resistant Staphylococcus Aureus
MELO – Mental Health Resources Website		
N		
NCN – Neighbourhood Care Network	NHS – National Health Service	NEST - a strategic framework for the delivery of well being service for children – describing what all children need to thrive and what the systems around children also need. N- Nurture E-Empathy S – Support T – Trusted Adult.
NHH – Neville Hall Hospital	NWSSP – NHS Wales Shared Services Partnership	
O		
OD – Organisational Development	OOH – Out of Hours	OAK - Options, Advice and Knowledge
OT – Occupational Therapy		
P		
PSB – Public Service Board	PQSOC – Patient Quality, Safety and Outcomes Committee	POCU – Post Operative Care Unit
PHW – Public Health Wales	PCR – Polymerase Chain Reaction	POCT – Point of Care Testing
PIFU - Patient Initiated Follow-ups	PROMS – Patient Reported Outcome Measures	PPE – Personal Protective Equipment

PWP - Psychological Wellbeing Practitioners	PCMHSS - Primary Care Mental Health Services	PREMS - Patient Reported Experience Measures
PoC – Proof of Concept	PLO – Patient Liaison Officer	PTR – Putting Things Right
PSOW – Public Services Ombudsman Wales	PA – Physician Associate	PADR – Personal Appraisal Development Review
PTSD – Post Traumatic Stress Disorder	PCC – Patient Centred Care	
R		
RGH – Royal Gwent Hospital	RCS – Royal College of Surgeons	RATS – Remuneration and Terms of Service Committee
RTT – Referral to Treatment	RPB – Regional Partnership Board	RIIV - Research, Improvement, Innovation and Value
RITA - Reminiscence Interactive Technology Assistance	RCP - Royal College of Physicians	RIF – Regional Integration Fund
S		
SIRO – Senior Information Risk Owner	SoS – See on Symptoms	SRG – Stakeholder Reference Group
SC2HU – Step Closer to Home Unit	SAR – Subject Access Request	SPACE - development of single point of access for children and young adults
SI – Serious Incident		
T		
TUPF – Trade Union Partnership Forum	TVA – Torfaen Voluntary Alliance	
U		
UPC - Urgent Primary Care	UDA - Units of Dental Activity	
V		
VERS – Voluntary Early Release Scheme	VBHC – Value Based Healthcare	
W		
WASPI - Wales Accord on the Sharing of Personal Information	WG – Welsh Government	WHC – Welsh Health Circular

WHSSC – Welsh Health Specialised Services Committee	WPAS - Welsh Patient Administration System	WTE – Whole Time Equivalent
WHO – World Health Organisation		
Y		
YAB – Ysbyty Aneurin Bevan	YYF – Ysbyty Ystrad Fawr	

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

FOREWORD

These accounts have been prepared by the Local Health Board under schedule 9 section 178 Para 3(1) of the National Health Service (Wales) Act 2006 (c.42) in the form in which the Welsh Ministers have, with the approval of the Treasury, directed.

Statutory background

The Local Health Board was established on 1st October 2009 following the merger of Gwent Healthcare NHS Trust and the following Local Health Boards.

Blaenau Gwent Local Health Board
 Caerphilly Local Health Board
 Monmouthshire Local Health Board
 Newport Local Health Board
 Torfaen Local Health Board

The Health Board covers the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen with a population of approximately 600,000 people. The Health Board has an annual budget from the Welsh Government of just over £1.6 billion per year from which we plan and deliver services for the population of the Health Board area. The Health Board, as well as providing services locally, works in partnership to seek to improve health and well-being in the area, particularly through our partnership arrangements to respond to the Social Services and Well-Being Act and the Well Being of Future Generations Act.

Performance Management and Financial Results

Welsh Health Circular WHC/2016/054 replaces WHC/2015/014 'Statutory and Administrative Financial Duties of NHS Trusts and Local Health Boards' and further clarifies the statutory financial duties of NHS Wales bodies and is effective for 2021-22. The annual financial duty has been revoked and the statutory breakeven duty has reverted to a three year duty, with the first assessment of this duty in 2016-17.

Local Health Boards in Wales must comply fully with the Treasury's Financial Reporting Manual to the extent that it is applicable to them. As a result, the Primary Statement of in-year income and expenditure is the Statement of Comprehensive Net Expenditure, which shows the net operating cost incurred by the LHB which is funded by the Welsh Government. This funding is allocated on receipt directly to the General Fund in the Statement of Financial Position.

Under the National Health Services Finance (Wales) Act 2014, the annual requirement to achieve balance against Resource Limits has been replaced with a duty to ensure, in a rolling 3 year period, that its aggregate expenditure does not exceed its aggregate approved limits.

The Act came into effect from 1 April 2014 and under the Act the first assessment of the 3 year rolling financial duty took place at the end of 2016-17.

Statement of Comprehensive Net Expenditure for the year ended 31 March 2023

	Note	2022-23 £000	2021-22 £000
Expenditure on Primary Healthcare Services	3.1	307,116	293,748
Expenditure on healthcare from other providers	3.2	474,153	463,401
Expenditure on Hospital and Community Health Services	3.3	1,004,067	950,978
		1,785,336	1,708,127
Less: Miscellaneous Income	4	(109,566)	(109,638)
LHB net operating costs before interest and other gains and losses		1,675,770	1,598,489
Investment Revenue	5	(18)	(16)
Other (Gains) / Losses	6	(530)	(232)
Finance costs	7	1,060	562
Net operating costs for the financial year		1,676,282	1,598,803

See note 2 on page 28 for details of performance against Revenue and Capital allocations.

The notes on pages 8 to 76 form part of these accounts.

Other Comprehensive Net Expenditure

	2022-23 £000	2021-22 £000
Net (gain) / loss on revaluation of property, plant and equipment	(47,165)	(9,960)
Net (gain)/loss on revaluation of right of use assets	(17)	
Net (gain) / loss on revaluation of intangibles	0	0
(Gain) / loss on other reserves	0	0
Net (gain)/ loss on revaluation of PPE & Intangible assets held for sale	0	0
Net (gain)/loss on revaluation of financial assets held for sale	0	0
Impairment and reversals	0	0
Transfers between reserves	0	0
Transfers to / (from) other bodies within the Resource Accounting Boundary	0	0
Reclassification adjustment on disposal of available for sale financial assets	0	0
Other comprehensive net expenditure for the year	(47,182)	(9,960)
Total comprehensive net expenditure for the year	1,629,100	1,588,843

The notes on pages 8 to 76 form part of these accounts.

Statement of Financial Position as at 31 March 2023

		31 March 2023 £000	31 March 2022 £000
	Notes		
Non-current assets			
Property, plant and equipment	11	869,541	810,479
Right of Use Assets	11.3	23,867	
Intangible assets	12	5,091	5,211
Trade and other receivables	15	77,466	125,697
Other financial assets	16	726	521
Total non-current assets		976,691	941,908
Current assets			
Inventories	14	9,576	8,726
Trade and other receivables	15	152,162	133,774
Other financial assets	16	58	33
Cash and cash equivalents	17	4,704	1,720
		166,500	144,253
Non-current assets classified as "Held for Sale"	11	0	0
Total current assets		166,500	144,253
Total assets		1,143,191	1,086,161
Current liabilities			
Trade and other payables	18	(222,124)	(223,290)
Other financial liabilities	19	0	0
Provisions	20	(87,280)	(63,283)
Total current liabilities		(309,404)	(286,573)
Net current assets/ (liabilities)		(142,904)	(142,320)
Non-current liabilities			
Trade and other payables	18	(20,692)	(3,709)
Other financial liabilities	19	0	0
Provisions	20	(81,186)	(132,424)
Total non-current liabilities		(101,878)	(136,133)
Total assets employed		731,909	663,455
Financed by :			
Taxpayers' equity			
General Fund		552,847	530,429
Revaluation reserve		179,062	133,026
Total taxpayers' equity		731,909	663,455

The financial statements on pages 2 to 7 were approved by the Board on 19 July 2023 and signed on its behalf by:

Chief Executive and Accountable Officer

Date:
19 July 2023

The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2023

	General	Revaluation	Total
	Fund	Reserve	Reserves
	£000	£000	£000
Changes in taxpayers' equity for 2022-23			
Balance as at 31 March 2022	530,429	133,026	663,455
NHS Wales Transfer	1,106	0	1,106
RoU Asset Transitioning Adjustment	820	0	820
Balance at 1 April 2022	532,355	133,026	665,381
Net operating cost for the year	(1,676,282)		(1,676,282)
Net gain/(loss) on revaluation of property, plant and equipment	0	47,165	47,165
Net gain/(loss) on revaluation of right of use assets	0	0	0
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other Reserve Movement	0	0	0
Transfers between reserves	1,129	(1,129)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2022-23	(1,675,153)	46,036	(1,629,117)
Net Welsh Government funding	1,667,210		1,667,210
Notional Welsh Government Funding	28,435		28,435
Balance at 31 March 2023	552,847	179,062	731,909

The notes on pages 8 to 76 form part of these accounts.

Statement of Changes in Taxpayers' Equity

For the year ended 31 March 2022

	General Fund £000	Revaluation Reserve £000	Total Reserves £000
Changes in taxpayers' equity for 2021-22			
Balance at 31 March 2021	512,572	124,005	636,577
NHS Wales Transfer	0	0	0
RoU Asset Transitioning Adjustment			
Balance at 1 April 2021	512,572	124,005	636,577
Net operating cost for the year	(1,598,803)		(1,598,803)
Net gain/(loss) on revaluation of property, plant and equipment	0	9,960	9,960
Net gain/(loss) on revaluation of right of use assets			
Net gain/(loss) on revaluation of intangible assets	0	0	0
Net gain/(loss) on revaluation of financial assets	0	0	0
Net gain/(loss) on revaluation of assets held for sale	0	0	0
Impairments and reversals	0	0	0
Other reserve movement	0	0	0
Transfers between reserves	939	(939)	0
Release of reserves to SoCNE	0	0	0
Transfers to/from LHBs	0	0	0
Total recognised income and expense for 2021-22	(1,597,864)	9,021	(1,588,843)
Net Welsh Government funding	1,588,806		1,588,806
Notional Welsh Government Funding	26,915		26,915
Balance at 31 March 2022	530,429	133,026	663,455

The notes on pages 8 to 76 form part of these accounts.

Statement of Cash Flows for year ended 31 March 2023

	2022-23	2021-22
	£000	£000
Cash Flows from operating activities		
Net operating cost for the financial year	(1,676,282)	(1,598,803)
Movements in Working Capital	27 26,776	(20,952)
Other cash flow adjustments	28 46,683	92,791
Provisions utilised	20 (15,442)	(10,474)
Net cash outflow from operating activities	(1,618,265)	(1,537,438)
Cash Flows from investing activities		
Purchase of property, plant and equipment	(39,158)	(52,999)
Proceeds from disposal of property, plant and equipment	591	3,347
Purchase of intangible assets	(1,932)	(930)
Proceeds from disposal of intangible assets	0	0
Payment for other financial assets	0	0
Proceeds from disposal of other financial assets	0	0
Payment for other assets	0	0
Proceeds from disposal of other assets	0	0
Net cash inflow/(outflow) from investing activities	(40,499)	(50,582)
Net cash inflow/(outflow) before financing	(1,658,764)	(1,588,020)
Cash Flows from financing activities		
Welsh Government funding (including capital)	1,667,210	1,588,806
Capital receipts surrendered	0	0
Capital grants received	62	0
Capital element of payments in respect of finance leases and on-SoFP PFI Schemes	0	(887)
Capital element of payments in respect of on-SoFP PFI	(947)	0
Capital element of payments in respect of Right of Use Assets	(4,577)	
Cash transferred (to)/ from other NHS bodies	0	0
Net financing	1,661,748	1,587,919
Net increase/(decrease) in cash and cash equivalents	2,984	(101)
Cash and cash equivalents (and bank overdrafts) at 1 April 2022	1,720	1,821
Cash and cash equivalents (and bank overdrafts) at 31 March 2023	4,704	1,720

The notes on pages 8 to 76 form part of these accounts.

Notes to the Accounts

1. Accounting policies

The Minister for Health and Social Services has directed that the financial statements of Local Health Boards (LHB) in Wales shall meet the accounting requirements of the NHS Wales Manual for Accounts. Consequently, the following financial statements have been prepared in accordance with the 2022-23 Manual for Accounts. The accounting policies contained in that manual follow the 2022-23 Financial Reporting Manual (FReM) in accordance with international accounting standards in conformity with the requirements of the Companies Act 2006, to the extent that they are meaningful and appropriate to the NHS in Wales.

Where the LHB Manual for Accounts permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the LHB for the purpose of giving a true and fair view has been selected. The particular policies adopted by the LHB are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

1.1. Accounting convention

These accounts have been prepared under the historical cost convention modified to account for the revaluation of property, plant and equipment, intangible assets and inventories.

1.2. Acquisitions and discontinued operations

Activities are considered to be 'acquired' only if they are taken on from outside the public sector. Activities are considered to be 'discontinued' only if they cease entirely. They are not considered to be 'discontinued' if they transfer from one public sector body to another.

1.3. Income and funding

The main source of funding for the LHBs are allocations (Welsh Government funding) from the Welsh Government within an approved cash limit, which is credited to the General Fund of the LHB. Welsh Government funding is recognised in the financial period in which the cash is received.

Non-discretionary funding outside the Revenue Resource Limit is allocated to match actual expenditure incurred for the provision of specific pharmaceutical, or ophthalmic services identified by the Welsh Government. Non-discretionary expenditure is disclosed in the accounts and deducted from operating costs charged against the Revenue Resource Limit.

Funding for the acquisition of fixed assets received from the Welsh Government is credited to the General Fund.

Miscellaneous income is income which relates directly to the operating activities of the LHB and is not funded directly by the Welsh Government. This includes payment for services uniquely provided by the LHB for the Welsh Government such as funding provided to agencies and non-activity costs incurred by the LHB in its provider role. Income received from LHBs transacting with other LHBs is always treated as miscellaneous income.

From 2018-19, IFRS 15 Revenue from Contracts with Customers has been applied, as interpreted and adapted for the public sector, in the FReM. It replaces the previous standards IAS 11 Construction Contracts and IAS 18 Revenue and related IFRIC and SIC interpretations. The potential amendments identified as a result of the adoption of IFRS 15 are significantly below materiality levels.

Income is accounted for applying the accruals convention. Income is recognised in the period in which services are provided. Where income had been received from third parties for a specific activity to be delivered in the following financial year, that income will be deferred.

Only non-NHS income may be deferred.

1.4. Employee benefits

1.4.1. Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

1.4.2. Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

The latest NHS Pension Scheme valuation results indicated that an increase in benefit required a 6.3% increase (14.38% to 20.68%) which was implemented from 1 April 2019.

As an organisation within the full funding scope, the joint (in NHS England and NHS Wales) transitional arrangement operated from 2019-20 where employers in the Scheme would continue to pay 14.38% employer contributions under their normal monthly payment process, in Wales the additional 6.3% being funded by Welsh Government directly to the Pension Scheme administrator, the NHS Business Services Authority (BSA the NHS Pensions Agency).

However, NHS Wales' organisations are required to account for **their staff** employer contributions of 20.68% in full and on a gross basis, in their annual accounts. Payments made on their behalf by Welsh Government are accounted for on a notional basis. For detailed information see Note 34 within these accounts.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the NHS Wales organisation commits itself to the retirement, regardless of the method of payment.

Where employees are members of the Local Government Superannuation Scheme, which is a defined benefit pension scheme this is disclosed. The scheme assets and liabilities attributable to those employees can be identified and are recognised in the NHS Wales organisation's accounts. The assets are measured at fair value and the liabilities at the present value of the future obligations. The increase in the liability arising from pensionable service earned during the year is recognised within operating expenses. The expected gain during the year from scheme assets is recognised within finance income. The interest cost during the year arising from the unwinding of the discount on the scheme liabilities is recognised within finance costs.

1.4.3. NEST Pension Scheme

An alternative pensions scheme for employees not eligible to join the NHS Pensions scheme has to be offered. The NEST (National Employment Savings Trust) Pension scheme is a defined contribution scheme and therefore the cost to the NHS body of participating in the scheme is equal to the contributions payable to the scheme for the accounting period.

1.5. Other expenses

Other operating expenses for goods or services are recognised when, and to the extent that, they have been received. They are measured at the fair value of the consideration payable.

1.6. Property, plant and equipment

1.6.1. Recognition

Property, plant and equipment is capitalised if:

- it is held for use in delivering services or for administrative purposes;
- it is probable that future economic benefits will flow to, or service potential will be supplied to, the NHS Wales organisation;
- it is expected to be used for more than one financial year;
- the cost of the item can be measured reliably; and
- the item has cost of at least £5,000; or
- Collectively, a number of items have a cost of at least £5,000 and individually have a cost of more than £250, where the assets are functionally interdependent, they had broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

1.6.2. Valuation

All property, plant and equipment are measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

Land and buildings used for services or for administrative purposes are stated in the Statement of Financial Position (SoFP) at their revalued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use

- Specialised buildings – depreciated replacement cost

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued. NHS Wales' organisations have applied these new valuation requirements from 1 April 2009.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are revalued and depreciation commences when they are brought into use.

In 2022-23 a formal revaluation exercise was applied to land and properties. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses an impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure.

References in IAS 36 to the recognition of an impairment loss of a revalued asset being treated as a revaluation decrease to the extent that the impairment does not exceed the amount in the revaluation surplus for the same asset, are adapted such that only those impairment losses that do not result from a clear consumption of economic benefit or reduction of service potential (including as a result of loss or damage resulting from normal business operations) should be taken to the revaluation reserve. Impairment losses that arise from a clear consumption of economic benefit should be taken to the Statement of Comprehensive Net Expenditure (SoCNE).

From 2015-16, IFRS 13 Fair Value Measurement must be complied with in full. However, IAS 16 and IAS 38 have been adapted for the public sector context which limits the circumstances under which a valuation is prepared under IFRS 13. Assets which are held for their service potential and are in use should be measured at their current value in existing use. For specialised assets current value in existing use should be interpreted as the present value of the assets remaining service potential, which can be assumed to be at least equal to the cost of replacing that service potential. Where there is no single class of asset that falls within IFRS 13, disclosures should be for material items only.

In accordance with the adaptation of IAS 16 in table 6.2 of the FReM, for non-specialised assets in operational use, current value in existing use is interpreted as market value for existing use which is defined in the RICS Red Book as Existing Use Value (EUV).

Assets which were most recently held for their service potential but are surplus should be valued at current value in existing use, if there are restrictions on the NHS organisation or the asset which would prevent access to the market at the reporting date. If the NHS organisation could access the market then the surplus asset should be used at fair value using IFRS 13. In determining whether such an asset which is not in use is surplus, an assessment should be made on whether there is a clear plan to bring the asset back into use as an operational asset. Where there is a clear plan, the asset is not surplus and the current value in existing use should be maintained. Otherwise the asset should be assessed as being surplus and valued under IFRS13.

Assets which are not held for their service potential should be valued in accordance with IFRS 5 or IAS 40 depending on whether the asset is actively held for sale. Where an asset is not being used to deliver services and there is no plan to bring it back into use, with no restrictions on sale, and it does not meet the IAS 40 and IFRS 5 criteria, these assets are surplus and are valued at fair value using IFRS 13.

1.6.3. Subsequent expenditure

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any carrying value of the item replaced is written-out and charged to the SoCNE. As highlighted in previous years the NHS in Wales does not have systems in place to ensure that all items being "replaced" can be identified and hence the cost involved to be quantified. The NHS in Wales has thus established a national protocol to ensure it complies with the standard as far as it is able to which is outlined in the capital accounting chapter of the Manual For Accounts. This dictates that to ensure that asset carrying values are not materially overstated. For All Wales Capital Schemes that are completed in a financial year, NHS Wales organisations are required to obtain a revaluation during that year (prior to them being brought into use) and also similar revaluations are needed for all Discretionary Building Schemes completed which have a spend greater than £0.5m. The write downs so identified are then charged to operating expenses.

1.7. Intangible assets

1.7.1. Recognition

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the business or which arise from contractual or other legal rights. They are recognised only when it is probable that future economic benefits will flow to, or service potential be provided to, the NHS Wales organisation; where the cost of the asset can be measured reliably, and where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system, is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use.
- the intention to complete the intangible asset and use it.
- the ability to use the intangible asset.
- how the intangible asset will generate probable future economic benefits.
- the availability of adequate technical, financial and other resources to complete the intangible asset and use it.
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement

The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria above are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances.

1.8. Depreciation, amortisation and impairments

Freehold land, assets under construction and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the NHS Wales Organisation expects to obtain economic benefits or service potential from the asset. This is specific to the NHS Wales organisation and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over the shorter of the lease term and estimated useful lives.

At each reporting period end, the NHS Wales organisation checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

Impairment losses that do not result from a loss of economic value or service potential are taken to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to the SoCNE. Impairment losses that arise from a clear consumption of economic benefit are taken to the SoCNE. The balance on any revaluation reserve (up to the level of the impairment) to which the impairment would have been charged under IAS 36 are transferred to retained earnings.

1.9. Research and Development

Research and development expenditure is charged to operating costs in the year in which it is incurred, except insofar as it relates to a clearly defined project, which can be separated from patient care activity and benefits therefrom can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the SoCNE on a systematic basis over the period expected to benefit from the project.

1.10 Non-current assets held for sale

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale, within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the SoCNE. On disposal, the balance for the asset on the revaluation reserve, is transferred to the General Fund.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead it is retained as an operational asset and its economic life adjusted. The asset is derecognised when it is scrapped or demolished.

1.11 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the standard have been employed. These are as follows: The entity has applied the practical expedient offered in the standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 leases and IFRIC 4 determining whether an arrangement contains a lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application the LHB has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the standard.

The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1st April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by the LHB in applying IFRS 16.

These include:

- the measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16
- the measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16

The entity will not apply IFRS 16 to any new leases of in tangible assets applying the treatment described in section 1.14 instead.

On componentisation HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16

The LHB is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 the LHB has assessed that in all other respects these arrangements meet the definition of a lease under the standard.

The LHB is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets. Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.11.1 The LHB as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The LHB employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset the LHB applies a revised rate to the remaining lease liability.

Where existing leases are modified the LHB must determine whether the arrangement constitutes a separate lease and apply the standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by the LHB.

1.11.2 The LHB as lessor (where relevant)

A lessor shall classify each of its leases as an operating or finance lease. A lease is classified as finance lease when the lease substantially transfers all the risks and rewards incidental to ownership of an underlying asset. Where substantially all the risks and rewards are not transferred, a lease is classified as an operating lease.

Amounts due from lessees under finance leases are recorded as receivables at the amount of the LHBs net investment in the leases. Finance lease income is allocated to accounting periods to reflect a constant periodic rate of return on the LHBs net investment outstanding in respect of the leases.

Income from operating leases is recognised on a straight-line or another systematic basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised as an expense on a straight-line basis over the lease term.

Where the LHB is an intermediate lessor, being a lessor and a lessee regarding the same underlying asset, classification of the sublease is required to be made by the intermediate lessor considering the term of the arrangement and the nature of the right of use asset arising from the head lease.

On transition the LHB has reassessed the classification of all of its continuing subleasing arrangements to include peppercorn leases.

1.12. Inventories

Whilst it is accounting convention for inventories to be valued at the lower of cost and net realisable value using the weighted average or "first-in first-out" cost formula, it should be recognised that the NHS is a special case in that inventories are not generally held for the intention of resale and indeed there is no market readily available where such items could be sold. Inventories are valued at cost and this is considered to be a reasonable approximation to fair value due to the high turnover of stocks. Work-in-progress comprises goods in intermediate stages of production. Partially completed contracts for patient services are not accounted for as work-in-progress.

1.13. Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value. In the Statement of Cash flows (SoCF), cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the cash management.

1.14. Provisions

Provisions are recognised when the LHB has a present legal or constructive obligation as a result of a past event, it is probable that the LHB will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using the discount rate supplied by HM Treasury.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the NHS Wales organisation has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the NHS Wales organisation has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with ongoing activities of the entity.

1.14.1. Clinical negligence and personal injury costs

The Welsh Risk Pool Services (WRPS) operates a risk pooling scheme which is co-funded by the Welsh Government with the option to access a risk sharing agreement funded by the participative NHS Wales bodies. The risk sharing option was implemented in both 2022-23 and 2021-22. The WRP is hosted by Velindre NHS University Trust.

1.14.2. Future Liability Scheme (FLS) - General Medical Practice Indemnity (GMPI)

The FLS is a state backed scheme to provide clinical negligence General Medical Practice Indemnity (GMPI) for providers of GMP services in Wales.

In March 2019, the Minister issued a Direction to Velindre NHS Trust to enable Legal and Risk Services to operate the Scheme. The GMPI is underpinned by new secondary legislation, The NHS (Clinical Negligence Scheme) (Wales) Regulations 2019 which came into force on 1 April 2019.

GMP Service Providers are not direct members of the GMPI FLS, their qualifying liabilities are the subject of an arrangement between them and their relevant LHB, which is a member of the scheme. The qualifying reimbursements to the LHB are not subject to the £25,000 excess.

1.15. Financial Instruments

From 2018-19 IFRS 9 Financial Instruments has applied, as interpreted and adapted for the public sector, in the FReM. The principal impact of IFRS 9 adoption by NHS Wales' organisations, was to change the calculation basis for bad debt provisions, changing from an incurred loss basis to a lifetime expected credit loss (ECL) basis.

All entities applying the FReM recognised the difference between previous carrying amount and the carrying amount at the beginning of the annual reporting period that included the date of initial application in the opening general fund within Taxpayer's equity.

1.16. Financial assets

Financial assets are recognised on the SoFP when the NHS Wales organisation becomes party to the financial instrument contract or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or the asset has been transferred.

The accounting policy choice allowed under IFRS 9 for long term trade receivables, contract assets which do contain a significant financing component (in accordance with IFRS 15), and lease receivables within the scope of IAS 17 has been withdrawn and entities should always recognise a loss allowance at an amount equal to lifetime Expected Credit Losses. All entities applying the FReM should utilise IFRS 9's simplified approach to impairment for relevant assets.

IFRS 9 requirements required a revised approach for the calculation of the bad debt provision, applying the principles of expected credit loss, using the practical expedients within IFRS 9 to construct a provision matrix.

1.16.1. Financial assets are initially recognised at fair value

Financial assets are classified into the following categories: financial assets 'at fair value through SoCNE'; 'held to maturity investments'; 'available for sale' financial assets, and 'loans and receivables'. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

1.16.2. Financial assets at fair value through SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through SoCNE. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.16.3 Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

1.16.4. Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are measured at fair value with changes in value taken to the revaluation reserve, with the exception of impairment losses. Accumulated gains or losses are recycled to the SoCNE on de-recognition.

1.16.5. Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments which are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the net carrying amount of the financial asset.

At the SOFP date, the LHB assesses whether any financial assets, other than those held at 'fair value through profit and loss' are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the SoCNE and the carrying amount of the asset is reduced directly, or through a provision of impairment of receivables.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through the SoCNE to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.17. Financial liabilities

Financial liabilities are recognised on the SOFP when the LHB becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged, that is, the liability has been paid or has expired.

1.17.1. Financial liabilities are initially recognised at fair value

Financial liabilities are classified as either financial liabilities at fair value through the SoCNE or other financial liabilities.

1.17.2. Financial liabilities at fair value through the SoCNE

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the SoCNE. The net gain or loss incorporates any interest earned on the financial asset.

1.17.3. Other financial liabilities

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.18. Value Added Tax (VAT)

Most of the activities of the LHB are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.19. Foreign currencies

Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. Resulting exchange gains and losses are taken to the SoCNE. At the SoFP date, monetary items denominated in foreign currencies are retranslated at the rates prevailing at the reporting date.

1.20. Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Wales organisation has no beneficial interest in them. Details of third party assets are given in Note 31 to the accounts.

1.21. Losses and Special Payments

Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way each individual case is handled.

Losses and special payments are charged to the relevant functional headings in the SoCNE on an accruals basis, including losses which would have been made good through insurance cover had the NHS Wales organisation not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure). However, the note on losses and special payments is compiled directly from the losses register which is prepared on a cash basis.

The LHB accounts for all losses and special payments gross (including assistance from the WRP).

The LHB accrues or provides for the best estimate of future pay-outs for certain liabilities and discloses all other potential payments as contingent liabilities, unless the probability of the liabilities becoming payable is remote.

All claims for losses and special payments are provided for, where the probability of settlement of an individual claim is over 50%. Where reliable estimates can be made, incidents of clinical negligence against which a claim has not, as yet, been received are provided in the same way. Expected reimbursements from the WRP are included in debtors. For those claims where the probability of settlement is between 5- 50%, the liability is disclosed as a contingent liability.

1.22. Pooled budget

The LHB has entered into pooled budgets with Local Authorities. Under the arrangements funds are pooled in accordance with section 33 of the NHS (Wales) Act 2006 for specific activities defined in the Pooled budget Note.

The pool budget is hosted by one organisation. Payments for services provided are accounted for as miscellaneous income. The LHB accounts for its share of the assets, liabilities, income and expenditure from the activities of the pooled budget, in accordance with the pooled budget arrangement.

Monmouthshire County Council - Monnow Vale Health and Social Care Unit

Funds are pooled for the provision of health and social care inpatient, outpatient, clinic and day care facilities to individuals who have medical, social, community or rehabilitation needs. The pool is hosted by Aneurin Bevan University Local Health Board. The financial operation of the pool is governed by a pooled budget agreement between the Local Health Board and Monmouthshire County Council. The income from Monmouthshire County Council is recorded as Local Authority Income in these accounts.

Expenditure for services provided under the arrangement is recorded under the appropriate expense headings in these accounts.

The property in which the unit is housed has been provided by a Private Finance Partner; the contract with the PFI partner is for 30 years and is categorised as an on balance sheet PFI scheme with the HB recognising **72%** of the property - see Note 32 of these accounts for further details.

The five Local Authorities in Gwent - Gwent Wide Integrated Community Equipment Service

Funds are pooled for the provision of an efficient and effective GWICES (Gwent Wide Integrated Community Equipment Service) to service users who are resident in the partner localities. The pool is hosted by Torfaen County Borough Council. The Health Board makes a financial contribution to the scheme but does not account for the schemes expenditure or assets/liabilities generated by this expenditure.

The financial operation of the pool is governed by a pooled budget agreement between the bodies listed above and the Health Board. Payments for services provided by the host body, Torfaen County Borough Council, are accounted for as expenditure within these accounts

Monmouthshire County Council - Mardy Park Rehabilitation Centre

Funds are pooled for the provision of care to individuals who have rehabilitation needs. The LHB has entered into a pooled budget with Monmouthshire County Council. The pool is hosted by Monmouthshire County Council.

The five Local Authorities in Gwent - Gwent Frailty Programme

Funds are pooled for the purpose of establishing a consistent service across Gwent. The pool is hosted by Caerphilly County Borough Council, as lead commissioner. The financial operation of the pool is governed by a pooled budget agreement between the bodies listed above and the Health Board. Payments for services provided by the host body, Caerphilly County Borough Council, are accounted for as expenditure within these accounts. Additional information is provided in Note 32.

The five Local Authorities in Gwent and ABUHB – A pooled Fund for Care Home Accommodation functions for Older People

Statutory Directions issued under section 169 of the Social Services and Wellbeing (Wales) Act 2014 required Partnership Bodies to enter into partnership arrangements and for the establishment and maintenance of pooled funds from April 2018, for the exercise of their Care Home Accommodation Functions.

The overarching strategic aim of this Agreement is: -

- To ensure coordinated arrangements for ensuring an integrated approach across the Partnership to the commissioning and arranging for Care Home Accommodation for Older People.
- To ensure provision of high quality, cost effective Care Home Accommodation which meets local health and social care needs, through the establishment of a pooled fund
- To develop a managed market approach to the supply of quality provision to meets the needs of Older People Care Home Accommodation.

Funds are pooled for the provision and commissioning of specified services for older people (>65 years of age) in a care home setting in Gwent. The pool has been hosted by Torfaen County Borough Council since August 2018.

The Health Board makes a financial contribution to the scheme equivalent to actual expenditure incurred in commissioning related placements in homes during the year, but in addition does incur minimal costs associated with a share of the services provided by the host organisation and these are accounted for as expenditure within these accounts.

1.23. Critical Accounting Judgements and key sources of estimation uncertainty

In the application of the accounting policies, management is required to make judgements, estimates and assumptions about the carrying amounts of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and other factors that are considered to be relevant. Actual results may differ from those estimates. The estimates and underlying assumptions are continually reviewed. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period, or the period of the revision and future periods if the revision affects both current and future periods.

1.24. Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the SoFP date, that have a significant risk of causing material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Significant estimations are made in relation to on-going clinical negligence and personal injury claims. Assumptions as to the likely outcome, the potential liabilities and the timings of these litigation claims are provided by independent legal advisors. Any material changes in liabilities associated with these claims would be recoverable through the Welsh Risk Pool.

Significant estimations are also made for continuing care costs resulting from claims post 1 April 2003. An assessment of likely outcomes, potential liabilities and timings of these claims are made on a case by case basis. Material changes associated with these claims would be adjusted in the period in which they are revised.

Estimates are also made for contracted primary care services. These estimates are based on the latest payment levels. Changes associated with these liabilities are adjusted in the following reporting period.

1.24.1. Provisions

The LHB provides for legal or constructive obligations for clinical negligence, personal injury and defence costs that are of uncertain timing or amount at the balance sheet date on the basis of the best estimate of the expenditure required to settle the obligation.

Claims are funded via the Welsh Risk Pool Services (WRPS) which receives an annual allocation from Welsh Government to cover the cost of reimbursement requests submitted to the bi-monthly WRPS Committee. Following settlement to individual claimants by the LHB, the full cost is recognised in year and matched to income (less a £25K excess) via a WRPS debtor, until reimbursement has been received from the WRPS Committee.

1.24.2. Probable & Certain Cases – Accounting Treatment

A provision for these cases is calculated in accordance with IAS 37. Cases are assessed and divided into four categories according to their probability of settlement;

Remote	Probability of Settlement	0 – 5%
	Accounting Treatment	Remote Contingent Liability.
Possible	Probability of Settlement	6% - 49%
	Accounting Treatment	Defence Fee - Provision*
	Contingent Liability for all other estimated expenditure.	
Probable	Probability of Settlement	50% - 94%
	Accounting Treatment	Full Provision
Certain	Probability of Settlement	95% - 100%
	Accounting Treatment	Full Provision

** Personal injury cases - Defence fee costs are provided for at 100%.*

The provision for probable and certain cases is based on case estimates of individual reported claims received by Legal & Risk Services within NHS Wales Shared Services Partnership.

The solicitor will estimate the case value including defence fees, using professional judgement and from obtaining counsel advice. Valuations are then discounted for the future loss elements using individual life expectancies and the Government Actuary's Department actuarial tables (Ogden tables) and Personal Injury Discount Rate of minus 0.25%.

Future liabilities for certain & probable cases with a probability of 95%-100% and 50%- 94% respectively are held as a provision on the balance sheet. Cases typically take a number of years to settle, particularly for high value cases where a period of development is necessary to establish the full extent of the injury caused.

The Health Board has provided for some £162m (£188m 2021/22) within note 20 in respect of potential clinical negligence and personal injury claims and associated defence fees. These provisions have been arrived at on the advice of NHS Wales Shared Services Partnership - Legal & Risk Services. Given the nature of such claims this figure could be subject to significant change in future periods. However, the potential financial effect of such uncertainty is mitigated by the fact that the LHB's ultimate liability in respect of individual cases is capped at £0.025m, with amounts above this excess level being reimbursed by the Welsh Risk Pool.

The Health Board has estimated a liability of 0.427m (£0.495m 2021/22) in respect of retrospective claims for Continuing Health Care funding. The estimated provision is based upon an assessment of the likelihood of claims meeting criteria for continuing health care and the actual costs incurred by individuals in care homes. The provision is based on information made available to the Health Board at the time of these accounts and could be subject to significant change as outcomes are determined.

Aneurin Bevan University Local Health Board has reviewed its portfolio of outstanding claims for continuing healthcare and made an assessment of likely financial liability based on an estimated success factor, eligibility factor and expected weekly average costs of claims. The assumptions have been derived by reviewing a sample of claims.

Primary care expenditure includes estimates for areas which are paid in arrears and not finalised at the time of producing the accounts. These estimates relate to GMS Quality Assurance and Improvement Framework, GMS Enhanced Services, and pharmacy estimates, which are based on an assessment of likely final performance.

1.25 Discount Rates

Where discount is applied, a disclosure detailing the impact of the discounting on liabilities to be included for the relevant notes. The disclosure should include where possible undiscounted values to demonstrate the impact. An explanation of the source of the discount rate or how the discount rate has been determined to be included.

Within the Provisions Note (note 20) the amount relating to Early Retirements and Permanent Injury benefits has been discounted using the PES (2021) Post Employment Benefits Liabilities Real Rate in Excess of CPI of 1.70%.

1.26 Private Finance Initiative (PFI) transactions

HM Treasury has determined that government bodies shall account for infrastructure PFI schemes where the government body controls the use of the infrastructure and the residual interest in the infrastructure at the end of the arrangement as service concession arrangements, following the principles of the requirements of IFRIC 12. The NHS Wales organisation therefore recognises the PFI asset as an item of property, plant and equipment together with a liability to pay for it. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

- a) Payment for the fair value of services received;
- b) Payment for the PFI asset, including finance costs; and
- c) Payment for the replacement of components of the asset during the contract 'lifecycle replacement'.

1.26.1. Services received

The fair value of services received in the year is recorded under the relevant expenditure headings within 'operating expenses'.

1.26.2. PFI asset

The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the NHS Wales organisation's approach for each relevant class of asset in accordance with the principles of IAS 16.

1.26.2. PFI liability

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the SoCNE.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the SoCNE.

1.26.3. Lifecycle replacement

Components of the asset replaced by the operator during the contract ('lifecycle replacement') are capitalised where they meet the NHS Wales organisation's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

1.26.4. Assets contributed by the LHB to the operator for use in the scheme

Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the LHBs SoFP.

1.26.5. Other assets contributed by the LHB operator

Assets contributed (e.g. cash payments, surplus property) by the LHB to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the LHB, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured at the present value of the minimum lease payments, discounted using the implicit interest rate. It is subsequently measured as a finance lease liability in accordance with IAS 17.

On initial recognition of the asset, the difference between the fair value of the asset and the initial liability is recognised as deferred income, representing the future service potential to be received by the LHB through the asset being made available to third party users.

Other PFI arrangements off Statement of Financial Position

Where the LHB has no control or residual interest in the assets and the balance of risks and rewards lie with the operator, the arrangement is treated as an operating lease and the costs are included in the SoCNE as incurred. The LHB has one such arrangement relating to the maintenance of the energy systems in Nevill Hall Hospitals.

Joint PFI contract

The LHB has entered into an agreement to share a facility, provided by a Private Finance Partner, with Monmouthshire County Council to match the agreement with the Private Finance Partner. The arrangement is treated as a PFI arrangement and the total obligation is included as a liability of the LHB. The contribution towards the unitary charge committed by Monmouthshire County Council is treated as a financial asset. The future contribution was measured initially at the same amount as the fair value of the share of the PFI asset and is subsequently measured as a finance lease.

1.27. Contingencies

A contingent liability is a possible obligation that arises from past events and whose existence will be confirmed only by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB, or a present obligation that is not recognised because it is not probable that a payment will be required to settle the obligation or the amount of the obligation cannot be measured sufficiently reliably. A contingent liability is disclosed unless the possibility of a payment is remote.

A contingent asset is a possible asset that arises from past events and whose existence will be confirmed by the occurrence or non-occurrence of one or more uncertain future events not wholly within the control of the LHB. A contingent asset is disclosed where an inflow of economic benefits is probable.

Where the time value of money is material, contingencies are disclosed at their present value.

Remote contingent liabilities are those that are disclosed under Parliamentary reporting requirements and not under IAS 37 and, where practical, an estimate of their financial effect is required.

1.28. Absorption accounting

Transfers of function are accounted for as either by merger or by absorption accounting dependent upon the treatment prescribed in the FReM. Absorption accounting requires that entities account for their transactions in the period in which they took place with no restatement of performance required.

Where transfer of function is between LHBs the gain or loss resulting from the assets and liabilities transferring is recognised in the SoCNE and is disclosed separately from the operating costs.

1.29. Accounting standards that have been issued but not yet been adopted

The following accounting standards have been issued and or amended by the IASB and IFRIC but have not been adopted because they are not yet required to be adopted by the FReM

IFRS14 Regulatory Deferral Accounts

Applies to first time adopters of IFRS after 1 January 2016. Therefore not applicable.

IFRS 17 Insurance Contracts, Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.

1.30. Accounting standards issued that have been adopted early

During 2022-23 there have been no accounting standards that have been adopted early. All early adoption of accounting standards will be led by HM Treasury.

1.31. Charities

Following Treasury's agreement to apply IAS 27 to NHS Charities from 1 April 2013, the LHB has established that as it is the corporate trustee of the Aneurin Bevan University LHB NHS Charitable Fund, it is considered for accounting standards compliance to have control of the Aneurin Bevan University LHB NHS Charitable Fund as a subsidiary and therefore is required to consolidate the results of the Aneurin Bevan University LHB NHS Charitable Fund within the statutory accounts of the LHB.

However, the LHB has with the agreement of the Welsh Government adopted the IAS 27 (10) exemption to consolidate. Welsh Government as the ultimate parent of the Local Health Boards will disclose the Charitable Accounts of Local Health Boards in the Welsh Government Consolidated Accounts. Details of the transactions with the charity are included in the related parties' notes.

The determination of control is an accounting standard test of control and there has been no change to the operation of the Aneurin Bevan University LHB NHS Charitable Fund or its independence in its management of charitable funds.

2. Financial Duties Performance

The National Health Service Finance (Wales) Act 2014 came into effect from 1 April 2014. The Act amended the financial duties of Local Health Boards under section 175 of the National Health Service (Wales) Act 2006. From 1 April 2014 section 175 of the National Health Service (Wales) Act places two financial duties on Local Health Boards:

- A duty under section 175 (1) to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years
- A duty under section 175 (2A) to prepare a plan in accordance with planning directions issued by the Welsh Ministers, to secure compliance with the duty under section 175 (1) while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

The first assessment of performance against the 3 year statutory duty under section 175 (1) was at the end of 2016-17, being the first 3 year period of assessment.

Welsh Health Circular WHC/2016/054 "Statutory and Financial Duties of Local Health Boards and NHS Trusts" clarifies the statutory financial duties of NHS Wales bodies effective from 2016-17.

2.1 Revenue Resource Performance

	Annual financial performance			
	2020-21 £000	2021-22 £000	2022-23 £000	Total £000
Net operating costs for the year	1,551,819	1,598,803	1,676,282	4,826,904
Less general ophthalmic services expenditure and other non-cash limited expenditure	(1,423)	(58)	148	(1,333)
Less unfunded revenue consequences of bringing PFI schemes onto SoFP	0	0	0	0
Less unfunded revenue consequences of bringing RoU Leases onto SoFP	0	0	0	0
Total operating expenses	1,550,396	1,598,745	1,676,430	4,825,571
Revenue Resource Allocation	1,550,641	1,598,994	1,639,588	4,789,223
Under /(over) spend against Allocation	245	249	(36,842)	(36,348)

Aneurin Bevan University LHB has not met its financial duty to break-even against its Revenue Resource Limit over the 3 years 2020-21 to 2022-23. The Health Board will, in dialogue with Welsh Government, confirm the implications for reporting this deficit as part of the 2023/24 IMTP.

The health board received £23m of strategic cash support in 2022-23.

2.2 Capital Resource Performance

	2020-21 £000	2021-22 £000	2022-23 £000	Total £000
Gross capital expenditure	112,376	52,167	41,028	205,571
Add: Losses on disposal of donated assets	0	0	2	2
Less NBV of property, plant and equipment and intangible assets disposed	(884)	(3,115)	(61)	(4,060)
Less capital grants received	(333)	(22)	(62)	(417)
Less donations received	(201)	(166)	(227)	(594)
Less IFRS16 Peppercorn income	0	0	0	0
Less initial recognition of RoU Asset Dilapidations	0	0	0	0
Add: recognition of RoU Assets Dilapidations on crystallisation	0	0	0	0
Charge against Capital Resource Allocation	110,958	48,864	40,680	200,502
Capital Resource Allocation	110,971	48,914	40,723	200,608
(Over) / Underspend against Capital Resource Allocation	13	50	43	106

Aneurin Bevan University LHB has met its financial duty to break-even against its Capital Resource Limit over the 3 years 2020-21 to 2022-23.

2.3 Duty to prepare a 3 year integrated plan

The NHS Wales Planning Framework for the period 2022-2025 issued to LHBs placed a requirement upon them to prepare and submit Integrated Medium Term Plans to the Welsh Government.

The LHB submitted an Integrated Medium Term Plan for the period 2022-2025 in accordance with NHS Wales Planning Framework.

The Minister for Health and Social Services extant approval

Status
Date

Approved
13/07/2022

The LHB has therefore met its statutory duty to have an approved Integrated Medium Term plan.

2.4 Creditor payment

The LHB is required to pay 95% of the number of non-NHS bills within 30 days of receipt of goods or a valid invoice (whichever is the later). The LHB has achieved the following results:

	2022-23	2021-22
Total number of non-NHS bills paid	371,943	322,710
Total number of non-NHS bills paid within target	354,020	306,680
Percentage of non-NHS bills paid within target	95.2%	95.0%

The LHB has met the target.

3. Analysis of gross operating costs

3.1 Expenditure on Primary Healthcare Services

	Cash limited £000	Non-cash limited £000	2022-23 Total £000	2021-22 Total £000
General Medical Services	116,217		116,217	112,524
Pharmaceutical Services	31,959	(6,686)	25,273	25,082
General Dental Services	39,817		39,817	38,030
General Ophthalmic Services	2,328	6,538	8,866	9,343
Other Primary Health Care expenditure	2,612		2,612	2,487
Prescribed drugs and appliances	114,331		114,331	106,282
Total	307,264	(148)	307,116	293,748

Note 3.1 - Expenditure on Primary Healthcare Services

The General Medical Services expenditure includes £16,406k (2021/22 £12,860k) in relation to staff salaries, the General Dental Services expenditure includes £3,032k (2021/22 £1,732k) in relation to staff salaries, the Prescribed Drugs & Appliance expenditure includes £329k (2021/22 £334k) in relation to staff salaries, and the General Ophthalmic Services includes £8k (2021/22 £10k) in relation to staff salaries.

3.2 Expenditure on healthcare from other providers

	2022-23 £000	2021-22 £000
Goods and services from other NHS Wales Health Boards	63,968	62,504
Goods and services from other NHS Wales Trusts	43,527	45,812
Goods and services from Welsh Special Health Authorities	0	0
Goods and services from other non Welsh NHS bodies	10,092	9,321
Goods and services from WHSSC / EASC	198,320	177,035
Local Authorities	47,685	50,403
Voluntary organisations	9,260	18,825
NHS Funded Nursing Care	9,681	9,157
Continuing Care	86,006	83,675
Private providers	5,392	6,535
Specific projects funded by the Welsh Government	0	0
Other	222	134
Total	474,153	463,401

Local Authorities expenditure relates to the following bodies:

	£'000	£'000
Blaenau Gwent County Borough Council	4,331	5,048
Caerphilly County Borough Council	17,867	19,080
Monmouthshire County Council	8,334	5,531
Newport City Council	10,252	12,204
Torfaen County Borough Council	6,790	8,460
Gloucestershire County Council	111	21
Vale of Glamorgan Council	0	58
Swindon Borough Council	0	1
	47,685	50,403

3.3 Expenditure on Hospital and Community Health Services

	2022-23	2021-22
	£000	£000
Directors' costs	2,374	2,243
Operational Staff costs	729,603	695,903
Single lead employer Staff Trainee Cost	30,104	16,109
Collaborative Bank Staff Cost	0	0
Supplies and services - clinical	120,657	116,736
Supplies and services - general	20,123	21,699
Consultancy Services	327	175
Establishment	6,928	8,101
Transport	1,942	2,257
Premises	48,310	42,463
External Contractors	0	0
Depreciation	42,936	41,158
Depreciation (Right of Use assets RoU)	4,479	
Amortisation	2,859	2,517
Fixed asset impairments and reversals (Property, plant & equipment)	(19,470)	(12,619)
Fixed asset impairments and reversals (RoU Assets)	0	
Fixed asset impairments and reversals (Intangible assets)	0	0
Impairments & reversals of financial assets	0	0
Impairments & reversals of non-current assets held for sale	0	0
Audit fees	421	396
Other auditors' remuneration	0	0
Losses, special payments and irrecoverable debts	1,526	2,831
Research and Development	0	0
Expense related to short-term leases	552	
Expense related to low-value asset leases (excluding short-term leases)	858	
Other operating expenses	9,538	11,009
Total	1,004,067	950,978

The Health Board spent 2.7m (£2.2m 2021/22) on Research and Development. The majority of this spend relates to staff £2.2M (£2.1m 2021/22) which along with the non-staff spend is reflected under the various headings within note 3.3. During 2022-23 Research and Development income received was £2.6m including £1.6m received from Welsh Government.

3.4 Losses, special payments and irrecoverable debts: charges to operating expenses

	2022-23	2021-22
	£000	£000
Increase/(decrease) in provision for future payments:		
Clinical negligence;		
Secondary care	(3,578)	39,857
Primary care	38	84
Redress Secondary Care	478	185
Redress Primary Care	0	0
Personal injury	193	1,441
All other losses and special payments	34	665
Defence legal fees and other administrative costs	1,184	1,259
Gross increase/(decrease) in provision for future payments	(1,651)	43,491
Contribution to Welsh Risk Pool	0	0
Premium for other insurance arrangements	0	0
Irrecoverable debts	(104)	(65)
Less: income received/due from Welsh Risk Pool	3,281	(40,595)
Total	1,526	2,831

	2022-23	2021-22
	£	£
Permanent injury included within personal injury	(285,049)	208,625

Note 3.4 includes £615,848 (£510,040 2021/22) relating to Redress cases which represents 81 (66 2021/22) cases where payments were made in year totalling £275,664 (£383,813 2021/22) including defence fees. An additional provision has been created for a further 50 (20 2021/22) cases where an offer has been made or causation and breach have been proven with estimated costs of £340,184 (£126,227 2021/22).

Note 3.3 includes a credit relating to reversals of impairment of fixed assets. This is primarily as a result of the 2022-23 Quinquennial revaluations of land and buildings. Further to the revaluations, indexation was applied during 2022-23 using rates provided by the District Valuation Office. Land rates fell by 4 percentage points and buildings rose by 4.75 percentage points. The detailed figures can be found in note 13.

4. Miscellaneous Income

	2022-23 £000	2021-22 £000
Local Health Boards	20,509	21,743
Welsh Health Specialised Services Committee (WHSSC)/Emergency Ambulance Services Committee (EASC)	11,521	9,772
NHS Wales trusts	10,652	9,626
Welsh Special Health Authorities	13,782	12,313
Foundation Trusts	22	9
Other NHS England bodies	1,469	1,441
Other NHS Bodies	58	36
Local authorities	19,078	20,520
Welsh Government	4,622	8,060
Welsh Government Hosted bodies	0	0
Non NHS:		
Prescription charge income	0	0
Dental fee income	4,848	3,463
Private patient income	27	(3)
Overseas patients (non-reciprocal)	42	16
Injury Costs Recovery (ICR) Scheme	1,022	986
Other income from activities	837	822
Patient transport services	0	0
Education, training and research	2,043	4,088
Charitable and other contributions to expenditure	1,048	930
Receipt of NWSSP Covid centrally purchased assets	0	0
Receipt of Covid centrally purchased assets from other organisations	0	0
Receipt of donated assets	210	166
Receipt of Government granted assets	62	22
Right of Use Grant (Peppercorn Lease)	17	
Non-patient care income generation schemes	100	112
NHS Wales Shared Services Partnership (NWSSP)	0	0
Deferred income released to revenue	0	0
Right of Use Asset Sub-leasing rental income	0	
Contingent rental income from finance leases	0	0
Rental income from operating leases	226	0
Other income:		
Provision of laundry, pathology, payroll services	102	73
Accommodation and catering charges	3,103	2,194
Mortuary fees	375	285
Staff payments for use of cars	617	682
Business Unit	0	0
Scheme Pays Reimbursement Notional	(615)	756
Other	13,789	11,526
Total	109,566	109,638
Other income Includes;		
Salary Sacrifice Schemes & Fleet Vehicles	4,265	3,193
VAT recoveries re Business Activities and Contracted Out Services	1,523	2,011
Integrated Care Fund	4,894	2,164
Other	3,107	4,158
Total	13,789	11,526

Injury Cost Recovery (ICR) Scheme income

	2022-23 %	2021-22 %
To reflect expected rates of collection ICR income is subject to a provision for impairment of:	24.86	23.76

5. Investment Revenue

	2022-23 £000	2021-22 £000
Rental revenue :		
PFI Finance lease income		
planned	0	0
contingent	0	0
Other finance lease revenue	0	0
Interest revenue :		
Bank accounts	0	0
Other loans and receivables	0	0
Impaired financial assets	0	0
Other financial assets	18	16
Total	18	16

6. Other gains and losses

	2022-23 £000	2021-22 £000
Gain/(loss) on disposal of property, plant and equipment	530	237
Gain/(loss) on disposal of intangible assets	0	(32)
Gain/(loss) on disposal of assets held for sale	0	27
Gain/(loss) on disposal of financial assets	0	0
Change on foreign exchange	0	0
Change in fair value of financial assets at fair value through SoCNE	0	0
Change in fair value of financial liabilities at fair value through SoCNE	0	0
Recycling of gain/(loss) from equity on disposal of financial assets held for sale	0	0
Total	530	232

7. Finance costs

	2022-23 £000	2021-22 £000
Interest on loans and overdrafts	0	0
Interest on obligations under finance leases	0	2
Interest on obligations under Right of Use Leases	232	
Interest on obligations under PFI contracts;		
main finance cost	239	269
contingent finance cost	471	387
Interest on late payment of commercial debt	0	0
Other interest expense	0	0
Total interest expense	942	658
Provisions unwinding of discount	118	(96)
Other finance costs	0	0
Total	1,060	562

8. Future change to SoCNE/Operating Leases

LHB as lessee

As at 31st March 2023 the LHB had 2 operating leases agreements in place for the lease of premises, 554 arrangements in respect of equipment and 206 in respect of vehicles with 3 property, 122 equipment and 130 vehicle leases having expired in year.

	Post Implementation of IFRS 16		Pre implementation of IFRS 16
	Low Value & Short Term	Other	
Payments recognised as an expense	2022-23	2022-23	2021-22
	£000	£000	£000
Minimum lease payments	1,487	0	6,245
Contingent rents	0	0	0
Sub-lease payments	0	0	0
Total	1,487	0	6,245

Total future minimum lease payments

Payable	£000	£000	£000
Not later than one year	864	0	4,358
Between one and five years	612	0	10,468
After 5 years	0	0	8,847
Total	1,476	0	23,673

As a result of the implementation of IFRS 16 the current year operating lease figures relate to low value and short term leases only. Previously reported Expenditure £4,895k and Minimum lease Payments £21,634k transitioned to the balance sheet as right of use assets.

LHB as lessor

	Post Implementation of IFRS 16	Pre implementation of IFRS 16
Rental revenue	£000	£000
Rent	226	196
Contingent rents	0	0
Total revenue rental	226	196

Total future minimum lease payments

Receivable	£000	£000
Not later than one year	252	192
Between one and five years	964	739
After 5 years	1,236	844
Total	2,452	1,775

9. Employee benefits and staff numbers

9.1 Employee costs	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2021-22
	£000	£000	£000	£000	£000	£000	£000	£000
Salaries and wages	539,172	1,964	57,339	24,987	0	3,547	627,009	586,999
Social security costs	59,244	0	0	3,005	0	0	62,249	54,686
Employer contributions to NHS Pension Scheme	90,084	0	0	3,160	0	0	93,244	88,348
Other pension costs	365	0	0	0	0	0	365	123
Other employment benefits	0	0	0	0	0	0	0	0
Termination benefits	0	0	0	0	0	0	0	0
Total	688,865	1,964	57,339	31,152	0	3,547	782,867	730,156

Charged to capital	1,011	964
Charged to revenue	781,856	729,192
	782,867	730,156
Net movement in accrued employee benefits (untaken staff leave)	(12)	2,571
Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		2,474
Non Covid 19 - Net movement in accrued employee benefits (untaken staff leave)		97

The staff under the 'Other' heading relate to Agency Medical Staff who are paid via a direct engagement scheme which commenced in January 2020.

The net movement in COVID annual leave was a release of £16.243m in year, which included a release of £1.049m in relation to Specialist Trainees.

9.2 Average number of employees

	Permanent Staff	Staff on Inward Secondment	Agency Staff	Specialist Trainee (SLE)	Collaborative Bank Staff	Other	Total	2021-22
	Number	Number	Number	Number	Number	Number	Number	Number
Administrative, clerical and board members	2,677	20	30	0	0	0	2,727	2,582
Medical and dental	758	6	82	393	0	20	1,259	1,234
Nursing, midwifery registered	3,736	7	248	0	0	0	3,991	4,051
Professional, Scientific, and technical staff	460	0	2	0	0	0	462	436
Additional Clinical Services	2,668	0	209	0	0	0	2,877	2,792
Allied Health Professions	802	0	27	0	0	0	829	804
Healthcare Scientists	230	4	11	0	0	0	245	243
Estates and Ancillary	975	0	171	0	0	0	1,146	1,145
Students	10	0	0	0	0	0	10	4
Total	12,316	37	780	393	0	20	13,546	13,291

9.3. Retirements due to ill-health

	2022-23	2021-22
Number	14	2
Estimated additional pension costs £	606,310	74,988

The estimated additional pension costs of these ill-health retirements have been calculated on an average basis and are borne by the NHS Pension Scheme.

9.4 Employee benefits

The Health Board does not have an employee benefit scheme.

9.5 Reporting of other compensation schemes - exit packages

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Number of compulsory redundancies	Number of other departures	Total number of exit packages	Number of departures where special payments have been made	Total number of exit packages
	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only	Whole numbers only
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	1	1	0	2
£50,000 to £100,000	0	0	0	0	1
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	1	1	0	3

	2022-23	2022-23	2022-23	2022-23	2021-22
Exit packages cost band (including any special payment element)	Cost of compulsory redundancies	Cost of other departures	Total cost of exit packages	Cost of special element included in exit packages	Total cost of exit packages
	£	£	£	£	£
less than £10,000	0	0	0	0	0
£10,000 to £25,000	0	0	0	0	0
£25,000 to £50,000	0	32,197	32,197	0	85,839
£50,000 to £100,000	0	0	0	0	76,771
£100,000 to £150,000	0	0	0	0	0
£150,000 to £200,000	0	0	0	0	0
more than £200,000	0	0	0	0	0
Total	0	32,197	32,197	0	162,610

Exit costs paid in year of departure	Total paid in year 2022-23 £	Total paid in year 2021-22 £
Exit costs paid in year	0	0
Total	0	0

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Voluntary Early Release Scheme (VERS). Where the LHB has agreed early retirements, the additional costs are met by the LHB and not by the NHS Pensions Scheme. Ill-health retirement costs are met by the NHS Pensions Scheme and are not included in the table.

The Health Board has approved VERS in 2022/23.

Additional requirement as per FReM

£194,807 exit costs were paid in 2022-23, relating to 3 cases in 2021/22 and 1 case re 2022/23, the year of departure (£0 - 2021-22).

9.6 Fair Pay disclosures

9.6.1 Remuneration Relationship

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director /employee in their organisation and the 25th percentile, median and 75th percentile remuneration of the organisation's workforce.

	2022-23 £000 Chief	2022-23 £000 Employee	2022-23 £000 Ratio	2021-22 £000 Chief	2021-22 £000 Employee	2021-22 £000 Ratio
Total pay and benefits	Executive	Employee	Ratio	Executive	Employee	Ratio
25th percentile pay ratio	215 - 220	26	8.3	200 - 205	25	8.1
Median pay	215 - 220	33	6.5	200 - 205	32	6.3
75th percentile pay ratio	215 - 220	43	5.0	200 - 205	42	4.8
Salary component of total pay and benefits						
25th percentile pay ratio	215 - 220	26		200 - 205	25	
Median pay	215 - 220	33		200 - 205	32	
75th percentile pay ratio	215 - 220	43		200 - 205	42	
	Highest Paid Director	Employee	Ratio	Highest Paid Director	Employee	Ratio
Total pay and benefits						
25th percentile pay ratio	215 - 220	26	8.3	200 - 205	25	8.1
Median pay	215 - 220	33	6.5	200 - 205	32	6.3
75th percentile pay ratio	215 - 220	43	5.0	200 - 205	42	4.8
Salary component of total pay and benefits						
25th percentile pay ratio	215 - 220	26		200 - 205	25	
Median pay	215 - 220	33		200 - 205	32	
75th percentile pay ratio	215 - 220	43		200 - 205	42	

In 2022-23, 15 (2021-22, 7) employees received remuneration in excess of the highest-paid director.

Remuneration for all staff ranged from £14k to £416k (2021-22, £19k to £338k).

The all staff range includes directors (including the highest paid director) and excludes pension benefits of all employees.

Financial year summary

There has been an increase in the pay ratio which attributable to the increase in the chief executive / highest paid director salary being greater than the increase in the employee median salary.

The median pay ratio for the relevant financial year is consistent with the pay, reward and progression policies for the entity's employees taken as a whole.

9.6.2 Percentage Changes

	2021-22 to 2022-23	2020-21 to 2021-22
% Change from previous financial year in respect of Chief Executive	%	%
Salary and allowances	7	(2)
Performance pay and bonuses	0	0
% Change from previous financial year in respect of highest paid director		
Salary and allowances	7	(2)
Performance pay and bonuses	0	0
Average % Change from previous financial year in respect of employees takes as a whole		
Salary and allowances	5	5
Performance pay and bonuses	0	0

9.7 Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary's Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period, and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay.

The actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

c) National Employment Savings Trust (NEST)

NEST is a workplace pension scheme, which was set up by legislation and is treated as a trust-based scheme. The Trustee responsible for running the scheme is NEST Corporation. It's a non-departmental public body (NDPB) that operates at arm's length from government and is accountable to Parliament through the Department for Work and Pensions (DWP).

NEST Corporation has agreed a loan with the Department for Work and Pensions (DWP). This has paid for the scheme to be set up and will cover expected shortfalls in scheme costs during the earlier years while membership is growing.

NEST Corporation aims for the scheme to become self-financing while providing consistently low charges to members.

Using qualifying earnings to calculate contributions, currently the legal minimum level of contributions is 8% of a jobholder's qualifying earnings, for employers whose legal duties have started. The employer must pay at least 3% of this.

The earnings band used to calculate minimum contributions under existing legislation is called qualifying earnings. Qualifying earnings are currently those between £6,240 and £50,270 for the 2022-2023 tax year (2021-2022 £6,240 and £50,000).

Restrictions on the annual contribution limits were removed on 1st April 2017.

10. Public Sector Payment Policy - Measure of Compliance

10.1 Prompt payment code - measure of compliance

The Welsh Government requires that Health Boards pay all their trade creditors in accordance with the CBI prompt payment code and Government Accounting rules. The Welsh Government has set as part of the Health Board financial targets a requirement to pay 95% of the number of non-NHS creditors within 30 days of delivery.

	2022-23	2022-23	2021-22	2021-22
	Number	£000	Number	£000
NHS				
Total bills paid	4,740	380,000	4,776	342,787
Total bills paid within target	4,198	360,894	4,154	328,582
Percentage of bills paid within target	88.6%	95.0%	87.0%	95.9%
Non-NHS				
Total bills paid	371,943	651,605	322,710	632,798
Total bills paid within target	354,020	624,146	306,680	603,323
Percentage of bills paid within target	95.2%	95.8%	95.0%	95.3%
Total				
Total bills paid	376,683	1,031,605	327,486	975,585
Total bills paid within target	358,218	985,040	310,834	931,905
Percentage of bills paid within target	95.1%	95.5%	94.9%	95.5%

10.2 The Late Payment of Commercial Debts (Interest) Act 1998

	2022-23	2021-22
	£	£
Amounts included within finance costs (note 7) from claims made under this legislation	0	0
Compensation paid to cover debt recovery costs under this legislation	413	77
Total	413	77

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost at 31 March bf	78,456	691,679	3,030	23,203	130,298	546	39,785	4,184	971,181
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Prepayments	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	(32)	(392)	0	0	0	0	(517)	0	(941)
Cost or valuation at 1 April 2022	78,424	691,287	3,030	23,203	130,298	546	39,268	4,184	970,240
Indexation	(2,002)	16,637	22	0	0	0	0	0	14,657
Additions									
- purchased	0	4,259	53	22,262	4,961	0	4,937	112	36,584
- donated	0	0	0	0	109	0	63	38	210
- government granted	0	44	0	0	18	0	0	0	62
Transfer from/into other NHS bodies	0	0	0	0	1,106	0	0	0	1,106
Reclassifications	0	6,811	0	(8,529)	(56)	0	46	10	(1,718)
Revaluations	3,694	(26,767)	(715)	0	0	0	0	0	(23,788)
Reversal of impairments	0	8,529	(153)	0	0	0	0	0	8,376
Impairments	(2,608)	(4,604)	0	0	0	0	0	0	(7,212)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(18,246)	0	(1,004)	(182)	(19,432)
At 31 March 2023	77,508	696,196	2,237	36,936	118,190	546	43,310	4,162	979,085
Depreciation at 31 March bf	0	74,177	415	0	66,042	470	18,529	1,069	160,702
NHS Wales Transfers	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	(108)	0	0	0	0	(13)	0	(121)
Depreciation at 1 April 2022	0	74,069	415	0	66,042	470	18,516	1,069	160,581
Indexation	0	53	0	0	0	0	0	0	53
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	(10)	0	7	3	0
Revaluations	0	(56,103)	(246)	0	0	0	0	0	(56,349)
Reversal of impairments	0	(17,935)	(168)	0	0	0	0	0	(18,103)
Impairments	0	(203)	0	0	0	0	0	0	(203)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(18,185)	0	(1,004)	(182)	(19,371)
Provided during the year	0	22,241	293	0	13,152	32	6,805	413	42,936
At 31 March 2023	0	22,122	294	0	60,999	502	24,324	1,303	109,544
Net book value at 1 April 2022	78,424	617,218	2,615	23,203	64,256	76	20,752	3,115	809,659
Net book value at 31 March 2023	77,508	674,074	1,943	36,936	57,191	44	18,986	2,859	869,541
Net book value at 31 March 2023 comprises :									
Purchased	74,353	672,131	1,943	36,936	56,328	44	18,905	2,809	863,449
Donated	3,155	1,746	0	0	608	0	81	50	5,640
Government Granted	0	197	0	0	255	0	0	0	452
At 31 March 2023	77,508	674,074	1,943	36,936	57,191	44	18,986	2,859	869,541
Asset financing :									
Owned	77,508	668,777	1,943	36,936	57,049	44	18,986	2,859	864,102
Held on finance lease	0	0	0	0	0	0	0	0	0
On-SoFP PFI contracts	0	5,297	0	0	142	0	0	0	5,439
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2023	77,508	674,074	1,943	36,936	57,191	44	18,986	2,859	869,541

The net book value of land, buildings and dwellings at 31 March 2023 comprises :

	£000
Freehold	748,040
Long Leasehold	5,410
Short Leasehold	75
	753,525

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account.

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The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards. LHB s are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11.1 Property, plant and equipment

	Land £000	Buildings, excluding dwellings £000	Dwellings £000	Assets under construction & payments on account £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
Cost or valuation at 1 April 2021	76,903	643,590	2,783	23,260	124,444	548	36,112	4,867	912,507
Indexation	1,486	9,910	67	0	0	0	0	0	11,463
Additions									
- purchased	0	9,173	115	17,912	15,831	0	7,286	497	50,814
- donated	0	0	0	0	152	0	14	0	166
- government granted	0	0	0	0	22	0	0	0	22
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	17,726	0	(17,798)	0	0	72	0	0
Revaluations	0	(668)	0	0	0	0	0	0	(668)
Reversal of impairments	67	20,451	65	0	0	0	0	0	20,583
Impairments	0	(8,503)	0	(171)	0	0	0	0	(8,674)
Reclassified as held for sale	0	0	0	0	(91)	0	0	0	(91)
Disposals	0	0	0	0	(10,060)	(2)	(3,699)	(1,180)	(14,941)
At 31 March 2022	78,456	691,679	3,030	23,203	130,298	546	39,785	4,184	971,181
Depreciation at 1 April 2021	0	51,563	314	0	62,413	439	16,061	1,782	132,572
Indexation	0	1,508	8	0	0	0	0	0	1,516
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	(681)	0	0	0	0	0	0	(681)
Reversal of impairments	0	684	6	0	0	0	0	0	690
Impairments	0	(1,400)	0	0	0	0	0	0	(1,400)
Reclassified as held for sale	0	0	0	0	0	0	0	0	0
Disposals	0	0	0	0	(8,355)	(2)	(3,616)	(1,180)	(13,153)
Provided during the year	0	22,503	87	0	11,984	33	6,084	467	41,158
At 31 March 2022	0	74,177	415	0	66,042	470	18,529	1,069	160,702
Net book value at 1 April 2021	76,903	592,027	2,469	23,260	62,031	109	20,051	3,085	779,935
Net book value at 31 March 2022	78,456	617,502	2,615	23,203	64,256	76	21,256	3,115	810,479
Net book value at 31 March 2022 comprises :									
Purchased	75,349	615,715	2,615	23,203	63,317	76	21,228	3,095	804,598
Donated	3,107	1,655	0	0	645	0	28	20	5,455
Government Granted	0	132	0	0	294	0	0	0	426
At 31 March 2022	78,456	617,502	2,615	23,203	64,256	76	21,256	3,115	810,479
Asset financing :									
Owned	78,456	610,791	2,615	23,203	64,000	76	20,752	3,115	803,008
Held on finance lease	0	0	0	0	0	0	504	0	504
On-SoFP PFI contracts	0	6,711	0	0	256	0	0	0	6,967
PFI residual interests	0	0	0	0	0	0	0	0	0
At 31 March 2022	78,456	617,502	2,615	23,203	64,256	76	21,256	3,115	810,479

The net book value of land, buildings and dwellings at 31 March 2022 comprises :

	£000
Freehold	691,251
Long Leasehold	7,179
Short Leasehold	143
	698,573

Valuers 'material uncertainty', in valuation. The disclosure relates to the materiality in the valuation report not that of the underlying account.

0

The land and buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2017. The valuation has been prepared in accordance with the terms of the Royal Institute of Chartered Surveyors Valuation Standards, 6th Edition. LHBs are required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in occupation.

11. Property, plant and equipment (continued)**Disclosures:****i) Donated Assets**

Assets totalling £272k during the year were purchased via Charitable Funds donations and contributions from ABUHB R&D income, Nevill Hall Creche and Sparkle.

ii) Valuations

The LHBs land and Buildings were revalued by the Valuation Office Agency with an effective date of 1st April 2022. The valuation has been prepared in accordance with the terms of the latest version of the Royal Institute of Chartered Surveyors' Valuation Standards.

The LHB is required to apply the revaluation model set out in IAS 16 and value its capital assets to fair value. Fair value is defined by IAS 16 as the amount for which an asset could be exchanged between knowledgeable, willing parties in an arms length transaction. This has been undertaken on the assumption that the property is sold as part of the continuing enterprise in operation.

In 2022-23 indexation has been applied to the land and buildings based on indices received from the Valuation Office Agency and as agreed in the Technical Update Note 006 issued by Welsh Government on 29th March 2023. No indexation has been applied to equipment.

In addition, in 2022-23 there have been separate revaluations for four assets under construction coming into use. The most significant of these is the opening of the Same Day Emergency Care Unit (SDEC) at Grange University Hospital, with the others relating to the Children's A&E extension at GUH, Ante Natal relocation at Nevill Hall Hospital, and Refurbishment of Ward B6 at Royal Gwent Hospital.

iii) Asset Lives

Depreciated as follows:

- Land is not depreciated.
- Buildings as determined by the Valuation Office Agency.
- Equipment 5-15 years.

iv) Compensation

There has been no compensation received from third parties for assets impaired, lost or given up, that is included in the income statement.

v) Write Downs

The Health Board is required to assess whether it owns any surplus assets which have no sale restrictions and plans for future use to comply with IFRS 13. No such assets were identified in 2022-23, therefore no write downs are applicable.

vi) The LHB does not hold any property where the value is materially different from its open market value.

vii) Assets Held for Sale or sold in the period.

There are no assets held for sale or sold in the period.

Reinforced Autoclaved Aerated Concrete (RAAC)

The detailed extent and condition of the NHS Wales organisations identified as having Reinforced Autoclaved Aerated Concrete (RAAC), has yet to be completed. Thus to make an informed assessment to determine the remaining life assessment of the buildings further work is required. This work is being undertaken at present across all of the NHS Estate (which will hopefully be completed by late summer 2023) which will enable such an assessment to be made for the 23-24 financial year

11. Property, plant and equipment

11.2 Non-current assets held for sale

	Land	Buildings, including dwelling	Other property, plant and equipment	Intangible assets	Other assets	Total
	£000	£000	£000	£000	£000	£000
Balance brought forward 1 April 2022	0	0	0	0	0	0
Plus assets classified as held for sale in the year	0	0	0	0	0	0
Revaluation	0	0	0	0	0	0
Less assets sold in the year	0	0	0	0	0	0
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2023	0	0	0	0	0	0
Balance brought forward 1 April 2021	337	782	86	0	0	1,205
Plus assets classified as held for sale in the year	0	0	91	0	0	91
Revaluation	0	0	0	0	0	0
Less assets sold in the year	(337)	(782)	(177)	0	0	(1,296)
Add reversal of impairment of assets held for sale	0	0	0	0	0	0
Less impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance carried forward 31 March 2022	0	0	0	0	0	0

11.3 Right of Use Assets

The organisation's right of use asset leases are disclosed across the relevant headings below. Most are individually insignificant, however, six are significant in their own right:

- Blaenavon Primary Care Resource Centre (LHB lease) held under Land & Buildings NBV at 31 March 2023 £1,468k
- Brynmawr Medical Centre held under Land & Buildings NBV at 31 March 2023 £2,839k
- Rhydymney Integrated H&SC Resource Centre (LHB lease) held under Land & Buildings NBV at 31 March 2023 £2,732k
- Blaenavon Primary Care Resource Centre (managed GP practice lease) held under Land & Buildings NBV at 31 March 2023 £1,242k
- Biochemistry Managed Service Contract held under Plant & Machinery NBV at 31 March 2023 £2,709k

	Land £000	Land & buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
2022-23									
Cost or valuation at 31 March	0	0	0	0	0	0	0	0	0
Lease prepayments in relation to RoU Assets	0	266	0	0	157	18	0	0	441
Transfer of Finance Leases from PPE Note	0	424	0	0	0	0	517	0	941
Operating Leases Transitioning	813	15,071	0	0	6,853	342	1,143	0	24,222
Cost or valuation at 1 April	813	15,761	0	0	7,010	360	1,660	0	25,604
Additions	0	1,471	0	0	1,463	199	0	0	3,133
Transfer from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	-91	0	0	0	0	0	0	-91
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	-287	0	0	0	0	0	0	-287
At 31 March	813	16,854	0	0	8,473	559	1,660	0	28,359
Depreciation at 31 March	0	0	0	0	0	0	0	0	0
Transfer of Finance Leases from PPE Note	0	108	0	0	0	0	13	0	121
Operating Leases Transitioning	0	0	0	0	0	0	0	0	0
Depreciation at 1 April	0	108	0	0	0	0	13	0	121
Recognition	0	0	0	0	0	0	0	0	0
Transfers from/into other NHS bodies	0	0	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0	0	0
Revaluations	0	-108	0	0	0	0	0	0	-108
Reversal of impairments	0	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0	0
De-recognition	0	0	0	0	0	0	0	0	0
Provided during the year	98	2,118	0	0	1,519	269	475	0	4,479
At 31 March	98	2,118	0	0	1,519	269	488	0	4,492
Net book value at 1 April	813	15,653	0	0	7,010	360	1,647	0	25,483
Net book value at 31 March	715	14,736	0	0	6,954	290	1,172	0	23,867
RoU Asset Total Value Split by Lessor									
Lessor	Land £000	buildings £000	Buildings £000	Dwellings £000	Plant and machinery £000	Transport equipment £000	Information technology £000	Furniture & fittings £000	Total £000
NHS Wales Peppercorn Leases	0	0	0	0	0	0	0	0	0
NHS Wales Market Value Leases	0	0	0	0	0	0	0	0	0
Other Public Sector Peppercorn Leases	704	314	0	0	0	0	0	0	1,018
Other Public Sector Market Value Leases	11	1,875	0	0	0	0	0	0	1,886
Private Sector Peppercorn Leases	0	0	0	0	0	0	0	0	0
Private Sector Market Value Leases	0	12,547	0	0	6,954	290	1,172	0	20,963
Total	715	14,736	0	0	6,954	290	1,172	0	23,867

11.3 Right of Use Assets continued

Quantitative disclosures

Maturity analysis

Contractual undiscounted cash flows relating to lease liabilities	£000
Less than 1 year	4235
2-5 years	10489
> 5 years	8948
Total	23672

Lease Liabilities (net of irrecoverable VAT)

	£000
Current	4008
Non-Current	18464
Total	22472

Amounts Recognised in Statement of Comprehensive Net Expenditure

	£000
Depreciation	4479
Impairment	0
Variable lease payments not included in lease liabilities - Interest expense	232
Sub-leasing income	-2
Expense related to short-term leases	552
Expense related to low-value asset leases (excluding short-term leases)	858

Amounts Recognised in Statement of Cashflows (net of irrecoverable VAT)

	£000
Interest expense	232
Repayments of principal on leases	4577
Total	4809

The LHB leases land, buildings and equipment where required to deliver core services.

Where an extension option exists within a lease, the LHB has assessed on an individual contract basis and reflected the extension period within the reported liabilities where it is reasonably certain that the option will be exercised.

12. Intangible non-current assets

2022-23

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 1 April 2022	1,838	0	7,535	0	0	0	9,373
Revaluation	0	0	0	0	0	0	0
Reclassifications	1,718	0	0	0	0	0	1,718
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	66	0	955	0	0	0	1,021
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(75)	0	(718)	0	0	0	(793)
Gross cost at 31 March 2023	3,547	0	7,772	0	0	0	11,319
Amortisation at 1 April 2022	714	0	3,448	0	0	0	4,162
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	490	0	2,369	0	0	0	2,859
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(75)	0	(718)	0	0	0	(793)
Amortisation at 31 March 2023	1,129	0	5,099	0	0	0	6,228
Net book value at 1 April 2022	1,124	0	4,087	0	0	0	5,211
Net book value at 31 March 2023	2,418	0	2,673	0	0	0	5,091
NBV at 31 March 2023							
Purchased	2,418	0	2,673	0	0	0	5,091
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2023	2,418	0	2,673	0	0	0	5,091

12. Intangible non-current assets

2021-22

	Software (purchased)	Software (internally generated)	Licences and trademarks	Patents	Development expenditure- internally generated	Assets under Construction	Total
	£000	£000	£000	£000	£000	£000	£000
Cost or valuation at 31 March bf	0	0	0	0	0	0	0
NHS Wales Transfers	0	0	0	0	0	0	0
Transfer of Finance Leases to ROU Asset Note	0	0	0	0	0	0	0
Cost or valuation at 1 April 2021	2,443	0	7,161	0	0	0	9,604
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0
Additions- purchased	59	0	1,106	0	0	0	1,165
Additions- internally generated	0	0	0	0	0	0	0
Additions- donated	0	0	0	0	0	0	0
Additions- government granted	0	0	0	0	0	0	0
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(664)	0	(732)	0	0	0	(1,396)
Gross cost at 31 March 2022	1,838	0	7,535	0	0	0	9,373
Amortisation at 1 April 2021	970	0	2,039	0	0	0	3,009
Revaluation	0	0	0	0	0	0	0
Reclassifications	0	0	0	0	0	0	0
Reversal of impairments	0	0	0	0	0	0	0
Impairment	0	0	0	0	0	0	0
Provided during the year	408	0	2,109	0	0	0	2,517
Reclassified as held for sale	0	0	0	0	0	0	0
Transfers	0	0	0	0	0	0	0
Disposals	(664)	0	(700)	0	0	0	(1,364)
Amortisation at 31 March 2022	714	0	3,448	0	0	0	4,162
Net book value at 1 April 2021	1,473	0	5,122	0	0	0	6,595
Net book value at 31 March 2022	1,124	0	4,087	0	0	0	5,211
NBV at 31 March 2022							
Purchased	1,124	0	4,087	0	0	0	5,211
Donated	0	0	0	0	0	0	0
Government Granted	0	0	0	0	0	0	0
Internally generated	0	0	0	0	0	0	0
Total at 31 March 2022	1,124	0	4,087	0	0	0	5,211

Additional Disclosures re Intangible Assets

Disclosures:

i) Donated Assets

ABUHB has not received any donated intangible assets during the year.

ii) Recognition

Intangible assets acquired separately are initially recognised at fair value. The amount recognised for internally-generated intangible assets is the sum of the expenditure incurred to date when the criteria for recognising internally generated assets has been met (see accounting policy 1.7 for criteria).

iii) Asset Lives

The useful economic life of Intangible non-current assets are assigned on an individual asset basis. Software is generally assigned a 5 year UEL and the UEL of internally generated software is based on the professional judgement of LHB professional s and Finance staff.

13 . Impairments

	2022-23 Property, plant & equipment £000	2022-23 Right of Use Assets £000	2022-23 Intangible assets £000	2021-22 Property, plant & equipment £000	2021-22 Right of Use Assets £000	2021-22 Intangible assets £000
Impairments arising from :						
Loss or damage from normal operations	0	0	0	0		0
Abandonment in the course of construction	0	0	0	171		0
Over specification of assets (Gold Plating)	0	0	0	0		0
Loss as a result of a catastrophe	0	0	0	0		0
Unforeseen obsolescence	0	0	0	0		0
Changes in market price	0	0	0	0		0
Others (specify)	10,557	0	0	7,103		0
Reversal of Impairments	(26,479)	0	0	(19,893)		0
Total of all impairments	(15,922)	0	0	(12,619)		0

Analysis of impairments charged to reserves in year :

Charged to the Statement of Comprehensive Net Expenditure	(19,470)	0	0	(12,619)		0
Charged to Revaluation Reserve	3,548	0	0	0		0
Total	(15,922)	0	0	(12,619)		0

2022-23	Impairment amount £000	Reason for impairment £000	Nature of Asset £000	Valuation basis £000	Charge to SoCNE £000	Charge to reserve £000
Quinquennial District Valuer Revaluation Exercise	3,760	DV Valuation	Operational	Fair Value	2,214	1,546
Indexation - Land	2,397	Indexation Loss	Operational	Fair Value	395	2,002
SDEC, Grange University Hospital	3,429	Assets Valued on Coming Into Use	Operational	Fair Value	3,429	0
SRU Enabling Ante Natal, NHH	454	Assets Valued on Coming Into Use	Operational	Fair Value	454	0
CAEU, Grange University Hospital	379	Assets Valued on Coming Into Use	Operational	Fair Value	379	0
Ward B6, RGH	138	Assets Valued on Coming Into Use	Operational	Fair Value	138	0
Total Impairment	10557				7009	3548

Reversal of Impairments

Quinquennial District Valuer Revaluation Exercise	(11,793)	DV Valuation - Reversal of impairment in previous years Indexation - reversal of impairment in previous years	Operational	Indexation	(11,793)	0
Grange University Hospital	(12,471)	Indexation - reversal of impairment in previous years	Operational	Indexation	(12,471)	0
Ysbyty Aneurin Bevan	(1,789)	Indexation - reversal of impairment in previous years	Operational	Indexation	(1,789)	0
St Cadocs	(143)	Indexation - reversal of impairment in previous years	Operational	Indexation	(143)	0
Llanfrehfa Grange	(104)	Indexation - reversal of impairment in previous years	Operational	Indexation	(104)	0
Royal Gwent	(70)	Indexation - reversal of impairment in previous years	Operational	Indexation	(70)	0
Nevill Hall	(62)	Indexation - reversal of impairment in previous years	Operational	Indexation	(62)	0
Various Community Sites	(47)	Indexation - reversal of impairment in previous years	Operational	Indexation	(47)	0
Total Reversal of Impairments	-26479				(26,479)	0
Net credit to SoCNE	-15922				-19470	3548

14.1 Inventories

	31 March 2023 £000	31 March 2022 £000
Drugs	2,819	2,905
Consumables	6,471	5,561
Energy	286	260
Work in progress	0	0
Other	0	0
Total	9,576	8,726
Of which held at realisable value	0	0

14.2 Inventories recognised in expenses

	31 March 2023 £000	31 March 2022 £000
Inventories recognised as an expense in the period	0	0
Write-down of inventories (including losses)	0	0
Reversal of write-downs that reduced the expense	0	0
Total	0	0

15. Trade and other Receivables

Current	31 March 2023 £000	31 March 2022 £000
Welsh Government	1,517	6,903
WHSSC / EASC	1,019	3,038
Welsh Health Boards	3,175	1,552
Welsh NHS Trusts	4,309	6,114
Welsh Special Health Authorities	1,010	455
Non - Welsh Trusts	66	178
Other NHS	213	0
2019-20 Scheme Pays - Welsh Government Reimbursement	141	756
Welsh Risk Pool Claim reimbursement		
NHS Wales Secondary Health Sector	109,290	84,862
NHS Wales Primary Sector FLS Reimbursement	111	2
NHS Wales Redress	587	475
Other	0	0
Local Authorities	9,756	8,159
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	16,714	15,653
Provision for irrecoverable debts	(1,763)	(1,870)
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	6,017	7,497
Other accrued income	0	0
Sub total	152,162	133,774
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Non - Welsh Trusts	0	0
Other NHS	0	0
2019-20 Scheme Pays - Welsh Government Reimbursement	0	0
Welsh Risk Pool Claim reimbursement;		
NHS Wales Secondary Health Sector	76,333	124,435
NHS Wales Primary Sector FLS Reimbursement	2	57
NHS Wales Redress	0	0
Other	0	0
Local Authorities	0	0
Capital debtors - Tangible	0	0
Capital debtors - Intangible	0	0
Other debtors	1,131	1,205
Provision for irrecoverable debts	0	0
Pension Prepayments NHS Pensions	0	0
Pension Prepayments NEST	0	0
Other prepayments	0	0
Other accrued income	0	0
Sub total	77,466	125,697
Total	229,628	259,471

15. Trade and other Receivables (continued)

Receivables past their due date but not impaired

	31 March 2023 £000	31 March 2022 £000
By up to three months	2,415	1,365
By three to six months	360	409
By more than six months	1,331	1,289
	4,106	3,063

Expected Credit Losses (ECL) / Provision for impairment of receivables

Balance at 1 April	(1,870)	(1,951)
Transfer to other NHS Wales body	0	0
Amount written off during the year	0	17
Amount recovered during the year	3	0
(Increase) / decrease in receivables impaired	119	62
Bad debts recovered during year	(15)	2
Balance at 31 March	(1,763)	(1,870)

In determining whether a debt is impaired consideration is given to the age of the debt and the results of actions taken to recover the debt, including reference to credit agencies.

Receivables VAT

Trade receivables	1,899	2,674
Other	92	314
Total	1,991	2,988

16. Other Financial Assets

	Current		Non-current	
	31 March	31 March	31 March	31 March
	2023	2022	2023	2022
	£000	£000	£000	£000
Financial assets				
Shares and equity type investments				
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Deposits	0	0	0	0
Loans	34	33	487	521
Derivatives	0	0	0	0
Other (Specify)				
Right of Use Asset Finance Sublease	24		239	
Held to maturity investments at amortised costs	0	0	0	0
At fair value through SOCNE	0	0	0	0
Available for sale at FV	0	0	0	0
Total	58	33	726	521

17. Cash and cash equivalents

	2022-23	2021-22
	£000	£000
Balance at 1 April	1,720	1,821
Net change in cash and cash equivalent balances	2,984	(101)
Balance at 31 March	4,704	1,720
Made up of:		
Cash held at GBS	4,681	1,698
Commercial banks	0	0
Cash in hand	23	22
Cash and cash equivalents as in Statement of Financial Position	4,704	1,720
Bank overdraft - GBS	0	0
Bank overdraft - Commercial banks	0	0
Cash and cash equivalents as in Statement of Cash Flows	4,704	1,720

In response to the IAS 7 requirement for additional disclosure, the changes in liabilities arising for financing activities are:

PFI liabilities £947k

The movement relates to cash, no comparative information is required by IAS 7 in 2022-23.

18. Trade and other payables

Current	31 March 2023 £000	31 March 2022 £000
Welsh Government	44	75
WHSSC / EASC	3,125	4,487
Welsh Health Boards	3,461	2,646
Welsh NHS Trusts	6,088	4,338
Welsh Special Health Authorities	80	216
Other NHS	4,559	3,725
Taxation and social security payable / refunds	17,761	5,694
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	58,923	70,123
Local Authorities	27,191	15,293
Capital payables- Tangible	7,189	9,701
Capital payables- Intangible	206	1,117
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	4,008	
Obligations under finance leases, HP contracts		50
Imputed finance lease element of on SoFP PFI contracts	1,036	947
Pensions: staff	9,797	9,683
Non NHS Accruals	88,638	103,786
Deferred Income:		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	(9,982)	(8,591)
Sub Total	222,124	223,290
Non-current		
Welsh Government	0	0
WHSSC / EASC	0	0
Welsh Health Boards	0	0
Welsh NHS Trusts	0	0
Welsh Special Health Authorities	0	0
Other NHS	0	0
Taxation and social security payable / refunds	0	0
Refunds of taxation by HMRC	0	0
VAT payable to HMRC	0	0
Other taxes payable to HMRC	0	0
NI contributions payable to HMRC	0	0
Non-NHS payables - Revenue	0	0
Local Authorities	0	0
Capital payables- Tangible	0	0
Capital payables- Intangible	0	0
Overdraft	0	0
Rentals due under operating leases	0	0
RoU Lease Liability	18,464	
Obligations under finance leases, HP contracts		446
Imputed finance lease element of on SoFP PFI contracts	2,228	3,263
Pensions: staff	0	0
Non NHS Accruals	0	0
Deferred Income :		
Deferred Income brought forward	0	0
Deferred Income Additions	0	0
Transfer to / from current/non current deferred income	0	0
Released to SoCNE	0	0
Other creditors	0	0
PFI assets –deferred credits	0	0
Payments on account	0	0
Sub Total	20,692	3,709
Total	242,816	226,999

It is intended to pay all invoices within the 30 day period directed by the Welsh Government.

The Capital Payables - Tangible figure includes balances that have been agreed with other NHS Wales bodies, as part of the Agreement of Balances process, totalling £79k (£11k with Welsh Health Boards & £68k with Welsh NHS Trusts).

The impact of the implementation of IFRS 16 in 2022/23 has resulted in a reclassification of leases, with £22,472k now being classified as RoU leases, that would previously have been classified as operating leases or finance leases.

RoU Lease Liability Transitioning & Transferring

	£000
RoU liability as at 31 March 2022	0
Transfer of Finance Leases from PPE Note	820
Operating Leases Transitioning	24,222
RoU Lease liability as at 1 April 2022	25,042

18. Trade and other payables (continued).

Amounts falling due more than one year are expected to be settled as follows:	31 March 2023 £000	31 March 2022 £000
Between one and two years	4,352	1,086
Between two and five years	6,585	1,045
In five years or more	9,755	1,578
Sub-total	<u>20,692</u>	<u>3,709</u>

19. Other financial liabilities

Financial liabilities	Current		Non-current	
	31 March 2023 £000	31 March 2022 £000	31 March 2023 £000	31 March 2022 £000
Financial Guarantees:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Derivatives at fair value through SoCNE	0	0	0	0
Other:				
At amortised cost	0	0	0	0
At fair value through SoCNE	0	0	0	0
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

20. Provisions

	At 1 April 2022	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2023
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:-									
Secondary care	56,805	(16,033)	(8,975)	52,699	42,660	(11,816)	(34,462)	0	80,878
Primary care	41	0	0	0	40	(2)	0	0	79
Redress Secondary care	126	0	(117)	0	516	(148)	(46)	0	331
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	599	0	0	0	786	(598)	(308)	0	479
All other losses and special payments	0	0	0	0	34	(34)	0	0	0
Defence legal fees and other administration	2,239	0	0	327	1,953	(1,334)	(879)		2,306
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	395			684	50	(392)	(415)	63	385
2019-20 Scheme Pays - Reimbursement	11			0	0	(5)	0	0	6
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	449	0	0	0	449
Other	3,067		0	0	(13)	(5)	(682)		2,367
Total	63,283	(16,033)	(9,092)	53,710	46,475	(14,334)	(36,792)	63	87,280
Non Current									
Clinical negligence:-									
Secondary care	123,659	0	0	(52,699)	5,380	(696)	(1,117)	0	74,527
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,262	0	0	0	36	(262)	(321)	55	2,770
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,042	0	0	(327)	144	(50)	(34)		775
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	3,311			(684)	0	0	0	0	2,627
2019-20 Scheme Pays - Reimbursement	745			0	0	(3)	(606)	0	136
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	0	0	0	0	0
Other	405		0	0	137	(97)	(94)		351
Total	132,424	0	0	(53,710)	5,697	(1,108)	(2,172)	55	81,186
TOTAL									
Clinical negligence:-									
Secondary care	180,464	(16,033)	(8,975)	0	48,040	(12,512)	(35,579)	0	155,405
Primary care	41	0	0	0	40	(2)	0	0	79
Redress Secondary care	126	0	(117)	0	516	(148)	(46)	0	331
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,861	0	0	0	822	(860)	(629)	55	3,249
All other losses and special payments	0	0	0	0	34	(34)	0	0	0
Defence legal fees and other administration	3,281	0	0	0	2,097	(1,384)	(913)		3,081
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	3,706			0	50	(392)	(415)	63	3,012
2019-20 Scheme Pays - Reimbursement	756			0	0	(8)	(606)	0	142
Restructuring	0			0	0	0	0	0	0
RoU Asset Dilapidations CAME	0			0	0	0	0	0	0
Other Capital Provisions	0			0	449	0	0	0	449
Other	3,472		0	0	124	(102)	(776)		2,718
Total	195,707	(16,033)	(9,092)	0	52,172	(15,442)	(38,964)	118	168,466

Expected timing of cash flows:

	In year to 31 March 2024	Between 1 April 2024 31 March 2028	Thereafter	Total
				£000
Clinical negligence:-				
Secondary care	80,878	74,527	0	155,405
Primary care	79	0	0	79
Redress Secondary care	331	0	0	331
Redress Primary care	0	0	0	0
Personal injury	479	1,323	1,447	3,249
All other losses and special payments	0	0	0	0
Defence legal fees and other administration	2,306	775	0	3,081
Pensions relating to former directors	0	0	0	0
Pensions relating to other staff	385	2,627	0	3,012
2019-20 Scheme Pays - Reimbursement	6	17	119	142
Restructuring	0	0	0	0
RoU Asset Dilapidations CAME	0	0	0	0
Other Capital Provisions	449	0	0	449
Other	2,367	351	0	2,718
Total	87,280	79,620	1,566	168,466

The expected timing of cash flows are based on best available information; but they could change on the basis of individual case changes. The claims outstanding with the Welsh Risk Pool are based on best estimates of settlement of claims provided by the Health Board's legal advisors. The Health Board estimates that in 2023/24 it will receive £82,013,376 and in 2024/25 and beyond £74,980,511 from the Welsh Risk Pool in respect of clinical negligence and personal injury payments.

Other provisions include: Continuing Healthcare Independent Review Panel (IRP) & Ombudsman claims £426,553. The estimation method used to calculate the provision for 2022/23 is consistent with the methodology used in 2021/22. In the continuing absence of detailed assessment information the Health Board has used a mixture of actual assessments and the application of an expected success factor and average weekly costs to determine whether an individual claimant provision would be established.

Other provisions include an amount for Ancillary Staff Banked Annual Leave Payments, potential VAT payment to HMRC and Capital provision.

The total Health Board provision also includes an amount of £340,184 which relates to 50 Redress cases where offers have been made to the families but not yet accepted or breach and causation have been proven.

Provision (Continued)

Pensions tax annual allowance – Scheme Pays arrangements 2019/20

In accordance with a Ministerial Direction issued on 18 December 2019, the Welsh Government have taken action to support circumstances where pensions tax rules are impacting upon clinical staff who want to work additional hours, and have determined that:

- clinical staff who are members of the NHS Pension Scheme and who, as a result of work undertaken in the 2019-20 tax year, face a tax charge on the growth of their NHS pension benefits, may opt to have this charge paid by the NHS Pension Scheme, with their pension reduced on retirement.

Welsh Government, on behalf of the Aneurin Bevan University Health Board, will pay the members who opt for reimbursement of their pension, a corresponding amount on retirement, ensuring that they are fully compensated for the effect of the deduction.

This scheme will be funded directly by the Welsh Government to the NHS Business Services Authority Pension Division, the administrators on behalf of the Welsh claimants.

Clinical staff have until 31 March 2022 to opt for this scheme and the ability to make changes up to 31 July 2026.

The Health Board have included a Scheme Pay provision of £141,451 (as notified by Welsh Government) within these accounts.

20. Provisions (continued)

	At 1 April 2021	Structured settlement cases transferred to Risk Pool	Transfer of provisions to creditors	Transfer between current and non-current	Arising during the year	Utilised during the year	Reversed unused	Unwinding of discount	At 31 March 2022
	£000	£000	£000	£000	£000	£000	£000	£000	£000
Current									
Clinical negligence:-									
Secondary care	40,393	(7,745)	(9,204)	26,472	25,378	(6,325)	(12,164)	0	56,805
Primary care	0	0	0	0	84	(43)	0	0	41
Redress Secondary care	312	0	0	0	252	(371)	(67)	0	126
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	117	0	(195)	0	1,261	(555)	(29)	0	599
All other losses and special payments	0	0	0	0	665	(665)	0	0	0
Defence legal fees and other administration	1,857	0	0	672	1,870	(1,271)	(889)		2,239
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	412			317	333	(404)	(210)	(53)	395
2019-20 Scheme Pays - Reimbursement	0			0	11	0	0	0	11
Restructuring	0			0	0	0	0	0	0
Other	2,908		0	0	1,273	(275)	(839)		3,067
Total	45,999	(7,745)	(9,399)	27,461	31,127	(9,909)	(14,198)	(53)	63,283
Non Current									
Clinical negligence:-									
Secondary care	116,068	0	(185)	(26,472)	49,738	(140)	(15,350)	0	123,659
Primary care	0	0	0	0	0	0	0	0	0
Redress Secondary care	0	0	0	0	0	0	0	0	0
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,353	0	0	0	209	(256)	0	(44)	3,262
All other losses and special payments	0	0	0	0	0	0	0	0	0
Defence legal fees and other administration	1,525	0	0	(672)	303	(89)	(25)		1,042
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	3,628			(317)	0	0	0	0	3,311
2019-20 Scheme Pays - Reimbursement	0			0	745	0	0	0	745
Restructuring	0			0	0	0	0	0	0
Other	368		0	0	151	(80)	(34)		405
Total	124,942	0	(185)	(27,461)	51,146	(565)	(15,409)	(44)	132,424
TOTAL									
Clinical negligence:-									
Secondary care	156,461	(7,745)	(9,389)	0	75,116	(6,465)	(27,514)	0	180,464
Primary care	0	0	0	0	84	(43)	0	0	41
Redress Secondary care	312	0	0	0	252	(371)	(67)	0	126
Redress Primary care	0	0	0	0	0	0	0	0	0
Personal injury	3,470	0	(195)	0	1,470	(811)	(29)	(44)	3,861
All other losses and special payments	0	0	0	0	665	(665)	0	0	0
Defence legal fees and other administration	3,382	0	0	0	2,173	(1,360)	(914)		3,281
Pensions relating to former directors	0			0	0	0	0	0	0
Pensions relating to other staff	4,040			0	333	(404)	(210)	(53)	3,706
2019-20 Scheme Pays - Reimbursement	0			0	756	0	0	0	756
Restructuring	0			0	0	0	0	0	0
Other	3,276		0	0	1,424	(355)	(873)		3,472
Total	170,941	(7,745)	(9,584)	0	82,273	(10,474)	(29,607)	(97)	195,707

The expected timing of cash flows are based on best available information; but they could change on the basis of individual case changes. The claims outstanding with the Welsh Risk Pool are based on best estimates of settlement of claims provided by the Health Board's legal advisors. The Health Board estimates that in 2022/23 it will receive £57,649,915 and in 2023/24 and beyond £124,434,996 from the Welsh Risk Pool in respect of clinical negligence and personal injury payments.

Other provisions include: Continuing Healthcare Independent Review Panel (IRP) & Ombudsman claims £494,632. The estimation method used to calculate the provision for 2021/22 is consistent with the methodology used in 2020/21. In the continuing absence of detailed assessment information the Health Board has used a mixture of actual assessments and the application of an expected success factor and average weekly costs to determine whether an individual claimant provision would be established.

Other provisions include an amount for Ancillary Staff Banked Annual Leave Payments, potential VAT payment to HMRC and a provision for potential pension costs known as 'final pay control'.

The total Health Board provision also includes an amount of £126,227 which relates to 20 Redress cases where offers have been made to the families but not yet accepted or breach and causation have been proven.

21. Contingencies

21.1 Contingent liabilities

	2022-23 £'000	2021-22 £'000
Provisions have not been made in these accounts for the following amounts :		
Legal claims for alleged medical or employer negligence:-		
Secondary care	337,156	408,594
Primary care	1,251	181
Redress Secondary care	0	62
Redress Primary care	3	0
Doubtful debts	0	0
Equal Pay costs	0	0
Defence costs	4,625	5,453
Continuing Health Care costs	1,379	718
Other	0	0
Total value of disputed claims	344,414	415,008
Amounts (recovered) in the event of claims being successful	(339,412)	(410,445)
Net contingent liability	5,002	4,563

Other litigation claims could arise in the future due to known incidents. The expenditure which may arise from such claims cannot be determined and no provision has been made for them. The value of legal claims has decreased by £70m from the value of legal claims in 2021/22, while the number of claims has decreased from 272 in 2021/22 to 224 in 2022/23.

Liability for Permanent Injury Benefit under the NHS Injury Benefit Scheme lies with the employer. Individual claims to the NHS Pensions Agency could arise due to known incidents.

Continuing Healthcare Cost uncertainties

The Health Board continues to make good progress in reviewing the outstanding claims for reimbursement of retrospective care payments (IRPs) during 2022/23. As a consequence there has been a movement in the level of provision and uncertainty including in these Accounts.

Note 20 sets out the £0.427m provision made for probable continuing care costs relating to 52 outstanding phase 1 to 8 claims received by 31st March 2023. This compares with the 2021/22 provision of £0.495m and 52 outstanding phase 1 to 7 claims.

Note 21.1 also sets out the £1.379m contingent liability for possible additional continuing care costs relating to those claims if they are all settled and in full, comparing adversely with the £0.718m reported for 2021/22.

There are still 10 new (Phase 8) claims, which have been received whereby the assessment process remains incomplete, as we are still awaiting full details to support the claims. The assessment process is highly complex and involves a multi-disciplinary team and for those reasons can take many months. At this stage, the HB does not have enough information to make a judgement on the likely success or otherwise of these claims, however, they may result in additional costs to the HB, which cannot be quantified at this time.

Reinforced Autoclaved Aerated Concrete (RAAC)

An issue has been identified with RAAC within the Health Board Estate and investigative work and surveys are ongoing to ascertain the extent and financial impact of any remedial work. Given the uncertainties surrounding the timing of the conclusion to the investigative work and its findings to be known, it is not possible to estimate the financial effect.

21.2 Remote Contingent liabilities

	2022-23 £000	2021-22 £000
Guarantees	0	0
Indemnities	33,808	8,827
Letters of Comfort	0	0
Total	33,808	8,827

The remote contingent liabilities cost consists of 11 medical negligence cases in 2022/23 (2 medical negligence cases and 1 personal injury case in 2021/22). Should these cases progress the majority of the costs incurred, in excess of £25K per case attributable to the Health Board, will be recovered from the Welsh Risk Pool.

21.3 Contingent assets

	2022-23 £000	2021-22 £000
	0	0
	0	0
	0	0
Total	0	0

22. Capital commitments

Contracted capital commitments at 31 March

The disclosure of future capital commitments not already disclosed as liabilities in the accounts.

	2022-23 £000	2021-22 £000
Property, plant and equipment	54,039	11,282
Right of Use Assets	0	
Intangible assets	689	0
Total	54,728	11,282

23. Losses and special payments

Losses and special payments are charged to the Statement of Comprehensive Net Expenditure in accordance with IFRS but are recorded in the losses and special payments register when payment is made. Therefore, this note is prepared on a cash basis.

Gross loss to the Exchequer

Number of cases and associated amounts paid out during the financial year

	Amounts paid out during period to 31 March 2023	
	Number	£
Clinical negligence	103	22,051,355
Personal injury	45	1,055,159
All other losses and special payments	64	639,863
Total	212	23,746,377

Analysis of cases in excess of £300,000

Case Type	In year claims in excess of £300,000		Cumulative claims in excess of £300,000	
	Number	£	Number	£
Cases in excess of £300,000:				
Clinical Negligence	00RVFMN0045	260,344	00RVFMN0045	460,030
Personal injury	04RVFPI0038	28,064	04RVFPI0038	493,882
Clinical Negligence	10RVFMN0058	3,490,100	10RVFMN0058	3,950,000
Clinical Negligence	12RVFMN0036	375,000	12RVFMN0036	375,000
Clinical Negligence	12RVFMN0069	110,585	12RVFMN0069	1,360,585
Clinical Negligence	14RVFMN0084	0	14RVFMN0084	752,288
Clinical Negligence	14RVFMN0114	445,000	14RVFMN0114	4,186,563
Clinical Negligence	14RVFMN0252	25,000	14RVFMN0252	1,710,995
Clinical Negligence	15RVFMN0058	270,000	15RVFMN0058	470,000
Clinical Negligence	15RVFMN0059	110,600	15RVFMN0059	350,600
Clinical Negligence	15RVFMN0100	550,000	15RVFMN0100	550,000
Clinical Negligence	16RVFMN0122	2,230,000	16RVFMN0122	2,230,000
Clinical Negligence	16RVFMN0131	0	16RVFMN0131	300,781
Clinical Negligence	16RVFMN0141	480,576	16RVFMN0141	480,576
Clinical Negligence	16RVFMN0168	2,095,000	16RVFMN0168	2,135,000
Clinical Negligence	16RVFMN0206	390,000	16RVFMN0206	885,000
Clinical Negligence	16RVFMN0216	5,490,000	16RVFMN0216	6,710,000
Clinical Negligence	16RVFMN0242	0	16RVFMN0242	632,000
Clinical Negligence	17RVFMN0034	0	17RVFMN0034	1,130,000
Clinical Negligence	17RVFMN0182	160,000	17RVFMN0182	1,900,000
Clinical Negligence	17RVFMN0209	735,000	17RVFMN0209	735,000
Clinical Negligence	18RVFMN0124	857,000	18RVFMN0124	857,000
Personal injury	18RVFMN0016	429,177	18RVFMN0016	429,177
Personal injury	18RVFMN0022	61,435	18RVFMN0022	431,446
Clinical Negligence	19RVFMN0004	322,500	19RVFMN0004	400,000
Clinical Negligence	19RVFMN0146	85,000	19RVFMN0146	570,000
Clinical Negligence	20RVFMN0044	0	20RVFMN0044	335,000
Clinical Negligence	20RVFMN0129	0	20RVFMN0129	350,000
Other	20RVFEG0076	603,145	20RVFEG0076	603,145
Sub-total	29	19,603,526	0	35,774,068
All other cases	183	4,142,851	0	11,300,200
Total cases	212	23,746,377	0	47,074,268

24. Right of Use / Finance leases obligations**24.1 Obligations (as lessee)**

Amounts payable under right of use asset / finance leases:	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023 £000	31 March 2022 £000
Land		
Minimum lease payments		
Within one year	0	0
Between one and five years	1	0
After five years	12	0
Less finance charges allocated to future periods	(2)	0
Minimum lease payments	11	0
Included in:		
Current borrowings	0	0
Non-current borrowings	11	0
	11	0
Present value of minimum lease payments		
Within one year	0	0
Between one and five years	1	0
After five years	10	0
Present value of minimum lease payments	11	0
Included in:		
Current borrowings	0	0
Non-current borrowings	11	0
	11	0

24.1 Right of Use / Finance leases obligations

	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023 £000	31 March 2022 £000
Buildings		
Minimum lease payments		
Within one year	2,209	0
Between one and five years	6,076	0
After five years	7,156	0
Less finance charges allocated to future periods	(954)	0
Minimum lease payments	14,487	0
Included in:		
Current borrowings	2,053	0
Non-current borrowings	12,434	0
	14,487	0
Present value of minimum lease payments		
Within one year	2,053	0
Between one and five years	5,631	0
After five years	6,803	0
Present value of minimum lease payments	14,487	0
Included in:		
Current borrowings	2,053	0
Non-current borrowings	12,434	0
	14,487	0
Other- Non property		
	31 March 2023 £000	31 March 2022 £000
Minimum lease payments		
Within one year	2,025	54
Between one and five years	4,412	217
After five years	1,781	248
Less finance charges allocated to future periods	(243)	(23)
Minimum lease payments	7,975	496
Included in:		
Current borrowings	1,955	50
Non-current borrowings	6,020	446
	7,975	496
Present value of minimum lease payments		
Within one year	1,955	50
Between one and five years	4,281	204
After five years	1,739	242
Present value of minimum lease payments	7,975	496
Included in:		
Current borrowings	1,955	50
Non-current borrowings	6,020	446
	7,975	496

24.2 Right of Use Assets / Finance lease receivables (as lessor)

Amounts receivable under right of use assets / finance leases:	Post Implementation of IFRS 16 (RoU)	Pre implementation of IFRS 16 (FL)
	31 March 2023	31 March 2022
	£000	£000
Gross Investment in leases		
Within one year	26	0
Between one and five years	106	0
After five years	144	0
Less finance charges allocated to future periods	(13)	0
Minimum lease payments	263	0
Included in:		
Current financial assets	24	0
Non-current financial assets	239	0
	263	0
Present value of minimum lease payments		
Within one year	24	0
Between one and five years	98	0
After five years	141	0
Present value of minimum lease payments	263	0
Included in:		
Current financial assets	24	0
Non-current financial assets	239	0
	263	0

25. Private Finance Initiative contracts

25.1 PFI schemes off-Statement of Financial Position

In 2021/22 the UHB had one PFI Scheme off-statement of financial position. The scheme related to the provision of replacement heating and lighting systems within Neville Hall hospital. The scheme commenced in 2000 for a period of 25 years. Due to introduction of IFRS 16, in 2022/23 the off-statement of Financial Position PFI has been recognised as a Right of use Asset and is included in the transitioning amount at a value of £3,413k.

Commitments under off-SoFP PFI contracts	Off-SoFP PFI contracts 31 March 2023 £000	Off-SoFP PFI contracts 31 March 2022 £000
Total payments due within one year	0	887
Total payments due between 1 and 5 years	0	2,412
Total payments due thereafter	0	0
Total future payments in relation to PFI contracts	0	3,299
Total estimated capital value of off-SoFP PFI contracts	0	3,300

25.2 PFI schemes on-Statement of Financial Position

Capital value of scheme included in Fixed Assets Note 11

Chepstow Community Hospital	£000
Contract start date:	1,286
Contract end date:	Feb-00
	Feb-25

Chepstow Community Hospital - a new community hospital including the provision of ancillary support services. This scheme commenced in 1998 with unitary charge payments being made for a period of 25 years from February 2000. The obligation for the scheme is £1,045k.

Monnow Vale Health and Social Care Facility	£000
Contract start date:	3,819
Contract end date:	Mar-04
	Mar-36

Monnow Vale Health and Social Care Facility - a new health and social care facility. This scheme commenced in 2006 with unitary charge payments being made for a period of 30 years from 2006. The obligation for the scheme is £1,830k.

Nevill Hall Hospital Day Surgery	£000
Contract start date:	333
Contract end date:	Sep-99
	Sep-24

Nevill Hall Hospital Day Surgery - a purpose built day unit including the provision of medical equipment for the unit. The PFI partner has responsibility for maintaining the building and replacing the equipment used with the unit. The scheme commenced in 1998 with unitary charge payments being made for a period of 25 years from 1999. The obligation for the scheme is £388k.

Total obligations for on-Statement of Financial Position PFI contracts due:

	On SoFP PFI Capital element 31 March 2023 £000	On SoFP PFI Imputed interest 31 March 2023 £000	On SoFP PFI Service charges 31 March 2023 £000
Total payments due within one year	1,036	166	3,235
Total payments due between 1 and 5 years	1,025	209	5,592
Total payments due thereafter	1,203	157	6,553
Total future payments in relation to PFI contracts	3,264	532	15,380
	On SoFP PFI Capital element 31 March 2022 £000	On SoFP PFI Imputed interest 31 March 2022 £000	On SoFP PFI Service charges 31 March 2022 £000
Total payments due within one year	947	239	2,670
Total payments due between 1 and 5 years	1,928	338	6,987
Total payments due thereafter	1,335	194	6,317
Total future payments in relation to PFI contracts	4,210	771	15,974
	31/03/2023 £000		
Total present value of obligations for on-SoFP PFI contracts	19,176		

25.3 Charges to expenditure

	2022-23	2021-22
	£000	£000
Service charges for On Statement of Financial Position PFI contracts (excl interest costs)	2,346	2,006
Total expense for Off Statement of Financial Position PFI contracts	0	869
The total charged in the year to expenditure in respect of PFI contracts	<u>2,346</u>	<u>2,875</u>

The LHB is committed to the following annual charges

PFI scheme expiry date:

	£000	£000
Not later than one year	0	0
Later than one year, not later than five years	1,950	2,495
Later than five years	671	591
Total	<u>2,621</u>	<u>3,086</u>

The estimated annual payments in future years will vary from those which the LHB is committed to make during the next year by the impact of movement in the Retail Prices Index.

25.4 Number of PFI contracts

	Number of on SoFP PFI contracts	Number of off SoFP PFI contracts
Number of PFI contracts	3	0
Number of PFI contracts which individually have a total commitment > £500m	0	0
PFI Contract		
Number of PFI contracts which individually have a total commitment > £500m	0	

25.5 The LHB has no Public Private Partnerships

26. Financial risk management

Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. The LHB is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which these standards mainly apply. The LHB has limited powers to invest and financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the LHB in undertaking its activities.

Currency risk

The LHB is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and Sterling based. The LHB has no overseas operations. The LHB therefore has low exposure to currency rate fluctuations.

Interest rate risk

LHBs are not permitted to borrow. The LHB therefore has low exposure to interest rate fluctuations.

Credit risk

Because the majority of the LHB's funding derives from funds voted by the Welsh Government the LHB has low exposure to credit risk.

Liquidity risk

The LHB is required to operate within cash limits set by the Welsh Government for the financial year and draws down funds from the Welsh Government as the requirement arises. The LHB is not, therefore, exposed to significant liquidity risks.

27. Movements in working capital

	2022-23 £000	2021-22 £000
(Increase)/decrease in inventories	(850)	1,131
(Increase)/decrease in trade and other receivables - non-current	48,026	(7,273)
(Increase)/decrease in trade and other receivables - current	(18,413)	(37,888)
Increase/(decrease) in trade and other payables - non-current	16,983	(606)
Increase/(decrease) in trade and other payables - current	(1,166)	20,846
Total	44,580	(23,790)
Adjustment for accrual movements in fixed assets - creditors	3,423	1,950
Adjustment for accrual movements in fixed assets - debtors	0	0
Other adjustments	(21,227)	888
	26,776	(20,952)

28. Other cash flow adjustments

	2022-23 £000	2021-22 £000
Depreciation	47,415	41,158
Amortisation	2,859	2,517
(Gains)/Loss on Disposal	(530)	(232)
Impairments and reversals	(19,470)	(12,619)
Release of PFI deferred credits	0	0
NWSSP Covid assets issued debited to expenditure but non-cash	0	0
Covid assets received credited to revenue but non-cash	0	0
Donated assets received credited to revenue but non-cash	(210)	(166)
Government Grant assets received credited to revenue but non-cash	0	(22)
Right of Use Grant (Peppercorn Lease) credited to revenue but non cash	(17)	
Non-cash movements in provisions	(11,799)	35,240
Other movements	28,435	26,915
Total	46,683	92,791

29. Events after the Reporting Period

These financial statements were authorised for issue by the Chief Executive and Accountable Officer on 24th July 2023; post the date the financial statements were certified by the Auditor General for Wales.

1. NHS Wales Recovery payment 2022-23

NHS Wales bodies were notified in a pay circular letter issued on 25th May 2023 by the Welsh Government, of the additional pay arrangements for employees covered by the Agenda for Change terms and conditions in Wales for 2022 - 23, which will be funded by the Welsh Government. NHS Wales bodies will make a one off non-consolidated, prorated "recovery payment" for staff employed on the Agenda for Change terms and conditions (this includes most NHS staff including nursing staff but excludes medical staff). These costs have not been recognised in the 2022-23 financial statements because the obligating event was the publication of the offer agreed with the Minister on 20 April 2023 and therefore post 31st March 2023. The costs will be accounted for in the 2023-24 Annual Accounts of NHS Wales bodies. The estimated cost is £12.725m.

30. Related Party Transactions

The Welsh Government is regarded as a related party. During the year the LHB have had a significant number of material transactions with the Welsh Government and with other entities for which the Welsh Government is regarded as the parent body, namely

	2022-23		As at 31st March 2023	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Welsh Government	47	6,872	44	1,517
Betsi Cadwaladr University Health Board	1,260	61	727	2
Cardiff & Vale University Health Board	38,310	2,569	1,277	807
Cwm Taf University Health Board	22,402	1,821	475	306
Hywel Dda University Health Board	1,250	327	273	12
Powys Teaching Health Board	323	14,754	121	1,827
Swansea Bay University Health Board	3,992	1,018	598	222
Velindre NHS Trust	78,852	9,289	3,043	3,879
Welsh Ambulance Services NHS Trust	10,837	251	2,865	34
Public Health Wales NHS Trust	1,765	4,156	249	397
Welsh Health Specialised Services Committee	198,719	11,521	3,125	1,019
Health Education and Improvement Wales (HEIW)	43	12,720	13	780
Digital Health and Care Wales (DHCW)	6,156	1,068	67	231

In addition the LHB has had significant number of material transactions with other Government Departments and other central and local Government bodies. The most significant of these transactions are with the following:-

Government Body	2022-23		As at 31st March 2023	
	Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
	£000	£000	£000	£000
Blaenau Gwent County Borough Council	5,186	942	2,361	350
Caerphilly County Borough Council	19,047	12,090	12,750	7,766
Monmouthshire County Council	9,681	1,120	4,445	1,071
Newport City Council	12,833	2,152	4,940	318
Torfaen County Borough Council	9,223	1,730	2,303	283

The LHB has also had significant material transactions with the following:

Aneurin Bevan Local Health Board Charitable Fund	24	1,048	31	144
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A number of the LHB's Board members have interests in related parties as follows:

Member	Related Organisation	Relationship with Related Party	2022-23		As at 31st March 2023	
			Expenditure to related party	Income from related party	Amounts owed to related party	Amounts due from related party
			£000	£000	£000	£000
Glyn Jones	Guys & St Thomas NHS Foundation Trust	Son is Cardiac Physiologist	3	0	4	0
	Welsh Ambulance Trust	Sister is Project Manager	10,837	251	2,865	34
	Digital Health Care Wales	Niece has an Administrative Support Role	6,156	1,068	67	231
Dr James Calvert	Royal College of Physicians	Clinical Lead of National Asthma Audit	14	5	0	2
Robert Holcombe	JW Bowkett (Electrical Installation) Ltd	Son is an Employee of the Company (Apprentice)	620	0	269	0
Philip Robson	Hospice of Valleys	Trustee	437	0	8	0
Katija Dew	Newport Live	Trustee	180	11	29	3
Richard Clark	Torfaen Voluntary Alliance	Company Secretary and Trustee	133	0	48	0
	Torfaen County Borough Council	Elected Member, Executive Portfolio holder (Education) and Deputy Leader	9,224	1,730	2,303	283
Louise Wright	Coleg QS - Training College	Director / Owner	6	0	1	0
Iwan Jones	Swansea Bay Health Board	Sister is Assistant Finance Director	3,992	1,018	598	222

31. Third Party assets

The LHB held £23,655.85 cash at bank and in hand at 31 March 2023 (31st March 2022, £25,994.53) which relates to monies held by the LHB on behalf of patients. Cash held in patient Investment Accounts amounted to £0 at 31st March 2023 (31st March 2022, £0). This has been excluded from the Cash and Cash equivalents figure reported in the accounts.

In addition the LHB had located on its premises a significant quantity of consignment stock. This stock remains the property of the supplier until it is used. The value of consignment stock at 31 March 2023 amounted to £2.5m (£3.6m as at 31st March 2022).

32. Pooled budgets

The Health Board has five pooled budgets. The specific accounting treatment of each pooled budget is covered within Accounting Policies note 1.22.

Monnow Vale Health and Social Care Unit

The Health Board has entered into a pooled budget with Monmouthshire County Council. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 to provide health and social care inpatient, outpatient, clinic and day care facilities to individuals who have medical, social, community or rehabilitation needs and a memorandum note to the accounts provides details of the joint income and expenditure. The asset value of property, plant & equipment is **£5,304K** which is split 72% Aneurin Bevan Health Board and 28% Monmouthshire County Council. The costs incurred under the pooled budget is declared in the memorandum trading account.

Gwent Wide Integrated Community Equipment Service

The Health Board has entered into a pooled budget with the 5 Local Authorities in the Gwent area, namely Blaenau Gwent, Caerphilly, Monmouth, Newport and Torfaen County Borough Councils, for the provision of an effective integrated GWICES (Gwent Wide Integrated Community Equipment Service) to service users who are resident in the partners' localities. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the joint equipment store in the Gwent area. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. The LHB's contribution is **£891K** for 2022/23 (£1,069K in 2021/22).

Mardy Park Rehabilitation Centre

The Health Board has entered into a pooled budget arrangement with Monmouthshire County Council. Under the arrangement funds are pooled under Section 33 of the NHS (Wales) Act 2006 to provide care to individuals who have rehabilitation needs. The pool is hosted by Monmouthshire County Council and the LHBs contribution is **£223K** for 2022/23 (£220K in 2021/22).

Gwent Frailty Programme

The Health Board has entered into a pooled budget with 5 Local Authorities in the Gwent area, namely Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen County Councils, for the provision of a Gwent wide integrated health and social care Frailty service, for service users who are resident in the partners' localities. Under the arrangement funds are pooled under section 33 of the NHS (Wales) Act 2006 for the purpose of establishing a consistent service for the Gwent area. The Health Board accounts for its share of the assets, liabilities, income and expenditure arising from the activities of the pooled budget, identified in accordance with the pooled budget agreement. The LHB's contribution is **£9,493K** for 2022/23 (£9,294K in 2021/22).

Continuing Healthcare - Older People in Care Homes

The Health Board has entered into a pooled budget with the 5 Local Authorities in the Gwent area, namely Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen County Councils, for the provision and commissioning of certain specialised services for older people (>65 years of age) in a care home setting in Gwent. Statutory Directions issued under section 169 of the Social Services and Wellbeing (Wales) Act 2014 required Partnership Bodies to enter into partnership arrangements and for the establishment and maintenance of pooled funds from April 2018, for the exercise of their Care Home Accommodation Functions.

The pool was established in August 2018 and is hosted by Torfaen County Borough Council. Under the arrangement, the Health Board makes a financial contribution equivalent to related expenditure in commissioning related placements in homes during the year. The LHB's contribution is **£36,563K** for 2022/23 (£31,410K in 2021/22).

Pooled Budget memorandum account for the period 1st April 2022 - 31st March 2023

Monnow Vale

	Cash	Own Contribution	Grants	Total
	£	£	£	£
Funding				
Aneurin Bevan Health Board	0	2,639,617	0	2,639,617
Monmouthshire County Council	368,347	837,095	0	1,205,442
Total Funding	368,347	3,476,712	0	3,845,059
Expenditure				
Aneurin Bevan Health Board	0	2,944,250	0	2,944,250
Monmouthshire County Council	587,559	740,549	0	1,328,107
Total Expenditure	587,559	3,684,799	0	4,272,357
Net (under)/over spend	219,212	208,087	0	427,298

33. Operating segments

IFRS 8 requires bodies to report information about each of its operating segments.

Whilst the organisation is structured into divisions, the performance management and the allocation of resources flow from the Board of Aneurin Bevan University Health Board.

There are no hosted services within the health board. Divisions do not manage capital programmes, have any autonomy in relation to balance sheets or produce discrete accounts.

For the purposes of IFRS 8 it is therefore deemed that there is no requirement to report any operating segments.

34. Other Information

34.1. 6.3% Staff Employer Pension Contributions - Notional Element

The value of notional transactions is based on estimated costs for the twelve month period 1 April 2022 to 31 March 2023. This has been calculated from actual Welsh Government expenditure for the 6.3% staff employer pension contributions between April 2022 and February 2023 alongside Health Board/Trust/SHA data for March 2023.

Transactions include notional expenditure in relation to the 6.3% paid to NHS BSA by Welsh Government and notional funding to cover that expenditure as follows:

	2022-23 £000	2021-22 £000
Statement of Comprehensive Net Expenditure for the year ended 31 March 2023		
Expenditure on Primary Healthcare Services	585	581
Expenditure on Hospital and Community Health Services	27,842	26,334
Statement of Changes in Taxpayers' Equity For the year ended 31 March 2023		
Net operating cost for the year	28,427	26,915
Notional Welsh Government Funding	28,427	26,915
Statement of Cash Flows for year ended 31 March 2023		
Net operating cost for the financial year	28,427	26,915
Other cash flow adjustments	28,427	26,915
2.1 Revenue Resource Performance		
Revenue Resource Allocation	28,427	26,915
3. Analysis of gross operating costs		
3.1 Expenditure on Primary Healthcare Services		
General Medical Services	585	581
3.3 Expenditure on Hospital and Community Health Services		
Directors' costs	78	93
Staff costs	27,764	26,241
9.1 Employee costs		
Permanent Staff		
Employer contributions to NHS Pension Scheme	28,427	26,915
Charged to capital	0	0
Charged to revenue	28,427	26,915
18. Trade and other payables		
Current		
Pensions: staff	0	0
28. Other cash flow adjustments		
Other movements	28,427	26,915

34. Other Information

34.2 Welsh Government Covid 19 Funding

Details of Covid 19 Pandemic Welsh Government funding amounts provided to NHS Wales bodies:

	2022-23 £000	2021-22 £000
Capital		
Capital Funding Field Hospitals		0
Capital Funding Equipment & Works	1620	7919
Capital Funding other (Specify)		0
Welsh Government Covid 19 Capital Funding	1,620	7,919

Revenue		
Stability Funding	44,413	103,562
Covid Recovery	0	24,863
Cleaning Standards	0	2,105
PPE (including All Wales Equipment via NWSSP)	2,324	5,517
Testing / TTP- Testing & Sampling - Pay & Non Pay	4,577	9,036
Tracing / TTP - NHS & LA Tracing - Pay & Non Pay	6,058	13,548
Extended Flu Vaccination / Vaccination - Extended Flu Programme	1,517	1,364
Mass Covid-19 Vaccination / Vaccination - COVID-19	8,100	10,490
Annual Leave Accrual - Increase due to Covid		1,968
Urgent & Emergency Care		1,515
Private Providers Adult Care / Support for Adult Social Care Providers		3,125
Hospices		0
Other Mental Health / Mental Health		114
Other Primary Care	2,308	1,222
Social Care		1,846
Other	1,640	412
Welsh Government Covid 19 Revenue Funding	70,937	180,687

THE NATIONAL HEALTH SERVICE IN WALES ACCOUNTS DIRECTION GIVEN BY WELSH MINISTERS IN ACCORDANCE WITH SCHEDULE 9 SECTION 178 PARA 3(1) OF THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 (C.42) AND WITH THE APPROVAL OF TREASURY

LOCAL HEALTH BOARDS

1. Welsh Ministers direct that an account shall be prepared for the financial year ended 31 March 2011 and subsequent financial years in respect of the Local Health Boards (LHB)¹, in the form specified in paragraphs [2] to [7] below.

BASIS OF PREPARATION

2. The account of the LHB shall comply with:

(a) the accounting guidance of the Government Financial Reporting Manual (FReM), which is in force for the financial year in which the accounts are being prepared, and has been applied by the Welsh Government and detailed in the NHS Wales LHB Manual for Accounts;

(b) any other specific guidance or disclosures required by the Welsh Government.

FORM AND CONTENT

3. The account of the LHB for the year ended 31 March 2011 and subsequent years shall comprise a statement of comprehensive net expenditure, a statement of financial position, a statement of cash flows and a statement of changes in taxpayers' equity as long as these statements are required by the FReM and applied by the Welsh Assembly Government, including such notes as are necessary to ensure a proper understanding of the accounts.

4. For the financial year ended 31 March 2011 and subsequent years, the account of the LHB shall give a true and fair view of the state of affairs as at the end of the financial year and the operating costs, changes in taxpayers' equity and cash flows during the year.

5. The account shall be signed and dated by the Chief Executive of the LHB.

MISCELLANEOUS

6. The direction shall be reproduced as an appendix to the published accounts.

7. The notes to the accounts shall, inter alia, include details of the accounting policies adopted.

Signed by the authority of Welsh Ministers

Signed : Chris Hurst

Dated :

1. Please see regulation 3 of the 2009 No.1559 (W.154); NATIONAL HEALTH SERVICE, WALES; The Local Health Boards (Transfer of Staff, Property, Rights and Liabilities) (Wales) Order 2009.

Auditor General for Wales
Audit Wales
1 Capital Quarter
Tyndall Street
Cardiff
CF10 4BZ

19 July 2023

Representations regarding the 2022-23 financial statements

This letter is provided in connection with your audit of the financial statements (including that part of the Remuneration Report that is subject to audit) of Aneurin Bevan University Health Board for the year ended 31 March 2023 for the purpose of expressing an opinion on their truth and fairness, their proper preparation and the regularity of income and expenditure.

We confirm that to the best of our knowledge and belief, having made enquiries as we consider sufficient, we can make the following representations to you.

Management representations

Responsibilities

As Chief Executive and Accountable Officer I have fulfilled my responsibility for:

- Preparing the financial statements in accordance with legislative requirements and the Treasury's Financial Reporting Manual. In preparing the financial statements, I am required to:
 - observe the accounts directions issued by Welsh Ministers, including the relevant accounting and disclosure requirements and apply appropriate accounting policies on a consistent basis;
 - make judgements and estimates on a reasonable basis;
 - state whether applicable accounting standards have been followed and disclosed and explain any material departures from them; and

Bwrdd Iechyd Prifysgol Aneurin Bevan

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Ffordd Y Llodj
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- prepare them on a going concern basis on the presumption that the services of Aneurin Bevan University Health Board will continue in operation.
- Ensuring the regularity of any expenditure and other transactions incurred.
- The design, implementation and maintenance of internal control to prevent and detect error.

Information provided

We have provided you with:

- Full access to:
 - all information of which we are aware that is relevant to the preparation of the financial statements such as books of account and supporting documentation, minutes of meetings and other matters;
 - additional information that you have requested from us for the purpose of the audit; and
 - unrestricted access to staff from whom you determined it necessary to obtain audit evidence.
- The results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
- Our knowledge of fraud or suspected fraud that we are aware of and that affects Aneurin Bevan University Health Board and involves:
 - management;
 - employees who have significant roles in internal control; or
 - others where the fraud could have a material effect on the financial statements.
- Our knowledge of any allegations of fraud, or suspected fraud, affecting the financial statements communicated by employees, former employees, regulators or others.
- Our knowledge of all known instances of non-compliance or suspected non-compliance with laws and regulations whose effects should be considered when preparing the financial statements.
- The identity of all related parties and all the related party relationships and transactions of which we are aware.
- Our knowledge of all possible and actual instances of irregular transactions.

Financial statement representations

All transactions, assets and liabilities have been recorded in the accounting records and are reflected in the financial statements.

The methods, the data and the significant assumptions used in making accounting estimates, and their related disclosures are appropriate to achieve recognition, measurement or disclosure that is reasonable in the context of the applicable financial reporting framework.

Related party relationships and transactions have been appropriately accounted for and disclosed.

All events occurring subsequent to the reporting date which require adjustment or disclosure have been adjusted for or disclosed.

All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to the auditor and accounted for and disclosed in accordance with the applicable financial reporting framework.

The financial statements are free of material misstatements, including omissions. The effects of uncorrected misstatements identified during the audit are immaterial, both individually and in the aggregate, to the financial statements taken as a whole.

Representations by Aneurin Bevan University Health Board

We acknowledge that the representations made by management, above, have been discussed with us.

We acknowledge our responsibility for the preparation of true and fair financial statements in accordance with the applicable financial reporting framework. The financial statements were approved by Aneurin Bevan University Health Board on 19 July 2023.

We confirm that we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant audit information and to establish that it has been communicated to you. We confirm that, as far as we are aware, there is no relevant audit information of which you are unaware.

Signed by:
Nicola Prygodzicz
Chief Executive and Accountable Officer
19 July 2023

Signed by:
Ann Lloyd CBE
Chair
19 July 2023

Llais Gwent Region

Report for Aneurin Bevan University Health Board – Public Board Meeting

July 2023



Accessible formats

This publication is also available in Welsh.

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

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About Llais

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

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

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

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

Introduction

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

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

CHC Legacy

Llais 100-day plan

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

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

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

Our regional annual plan includes legacy work handed over from Aneurin Bevan CHC, for continuity, as well as new activities and items of work informed by the public and stakeholder engagement exercise that was undertaken in January 2023. The following items in this report reflect some of the new work we are undertaking, and the CHC's legacy work.

Llais Gwent Region update

Current activities and feedback:

1. Public feedback from engagement events and Advocacy service

Since the 1st April 2023, our advocacy service has received 107 new contacts from members of the public with enquiries or formal concerns about health or social care.

- 98 contacts were about the NHS and 9 contacts about Social Care.
- 34 cases were general enquiries about the NHS and resolved quickly. Enquiries have been mixed in terms of their subject and the service from minor GP queries, the ambulance service (waits), pharmacy, mental health services, BSL needs for appointments or in hospital, and waits at the Emergency Department. We have also received positive feedback about the weight management service, good care experienced in a care home and commendations to NHS staff *“for their hard work during these very difficult times”*.
- Where people wished to raise more formal concerns, 73 people requested an advocacy service pack to consider a formal complaint. Since the 1st April, 25 authorisation forms to proceed to a formal complaint have been received back. Services and the subjects of concerns have also been mixed but include T&O (waits), primary care (access, assessment and treatment), gynaecology, gastroenterology. One theme has been observed with regards to people’s concerns for pain management being inadequate if waiting for services such as back/spinal.

At public engagement events, such as Cwmbran’s Big Event, Newport CC/Barnardo’s family event, Caerphilly Pride, Viva Fest, TVA open doors networking forum, we’ve spoken to 270 people. NHS feedback has included: mental health services (particularly access to neurodiversity services), planned care waiting lists and some feedback that more doctors are needed at the emergency department in the Grange.

2. Representations that we have made or been involved in

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

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

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

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

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

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

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

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

Key themes identified:

- People find it “OK” when they need to access information about an NHS service, meaning they can find some information, but not very easily.
- Positively, so far, everyone has told us that when they receive information from an NHS service, it is in a format that is suitable for their needs.

The survey will be live until January 2024.

4. Survey: Carers

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

To date, we have received twenty-five responses to the survey.

Key themes identified:

- Most people who have filled in our survey so far are un-paid carers who might be someone’s partner, friend, or family member.
- People told us they care for someone for 50+ hours per week.
- Some people have told us that they are waiting for an NHS appointment/treatment, and this is impacting the care that they provide.

The survey will be live until August 2023.

5. Survey: Menopause

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

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

Key themes identified:

- Most people who told us they are currently going through the menopause, knew this by their symptoms.
- There was a mixed response from people who told us they receive a prescription to help manage their menopause symptoms. Some felt they can access this easily, whilst others could not.

- So far, most people have told us they know who they can contact should they need advice about the menopause.

6. Hospital visit: Nevill Hall Hospital

On the 20th of June, our visiting volunteers attended Nevill Hall Hospital for an unannounced visit and spoke with people staying on the following wards:

- Ward 3/1
- Ward 3/3
- Ward 3/4
- Ward 4/2

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

All reports are currently being drafted.

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

Upcoming activities:

1. Survey: Trauma & Orthopaedic – Hip and Knee

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

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

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

We will launch this project in September.

2. Survey: Access to social care services

We will be launching a new survey to find out about people's experiences of accessing social care services.

This survey will launch in August and will be live until November 2023.

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

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

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

The survey will launch in August and will also be translated into easy read.

Thanks

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

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

Feedback

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Vacant GP Practice Update: <ul style="list-style-type: none"> The Lawn Medical Practice, Caerphilly Churchwood Surgery, Torfaen
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Victoria Taylor, Head of Primary Care

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to inform the Board of the outcome of the recent Vacant Practice Processes in relation to The Lawn Medical Practice, Caerphilly and Churchwood Surgery, Torfaen.

Cefndir / Background

During February and March, two GP Practices advised the Health Board of their intention to resign their GMS Contract as set out below:

- The Lawn Medical Practice, Caerphilly – list size 5,661 registered patients.

On 15th February 2023, the Health Board was advised by the Partners of their intention to resign the GMS contract with effect from 31st August 2023

The Lawn Medical Practice is located in the same premises as Meddygfa Cwm Rhymni.

- Churchwood Surgery, Torfaen – list size 7,037 registered patients.

On 28th March 2023 the Health Board was advised by the Partners of their intention to resign the GMS contract with effect from 30th September 2023

Churchwood Surgery is located in the same premises as The Mount Surgery and has a dispensing branch surgery in Goytre.

All GMS contract resignations are subject to consideration under the process for "GMS Vacant Practice Policy".

The formal Vacant Practice Process was implemented for both contract resignations.

Asesiad / Assessment

- The Lawn Medical Practice

A Vacant Practice Panel convened on Thursday 23rd March 2023 which included representation from Gwent Local Medical Committee and Llais. All of the options detailed in the Vacant Practice Policy were considered by the Panel.

The Panel agreed to recommend of options 1 and 2 - to advertise the Practice nationally and locally, on a full list basis, requesting full business cases to be submitted from interested parties, with a closing date of 2nd May 2023.

The Health Board received 4 business cases from interested parties and following a shortlisting process, 3 were invited to attend for interview.

The Vacant Practice interview panel convened on Wednesday 24th May 2023. All 3 applicants presented their business case and answered panel questions:

- Dr R Kumar & C Rami (Jolly Medical Centre)
- Dr J Ahmed & Dr J Allinson (eHarley Street Primary Care Solutions)
- Dr James & Partners (Meddygfa Cwm Rhymni Practice)

Based on the outcome of the interview, it was recommended that the full General Medical Services Contract be awarded to Dr James & Partners, with those patients residing outside of the practice boundary being allocated to a GP practice closer to their area of residence - Sirhowy, Tredegar Central/West, Georgetown, approximately 200 patients.

This would result in the current services continuing from the existing site. All staff would be subject to TUPE. This was approved by the Executive team on 1st June 2023.

The Health Board will work closely with the incoming and outgoing partnership to ensure a smooth transition for both staff and patients, with the new contract coming into effect on the from 1st September 2023.

- Churchwood Surgery

A Vacant Practice Panel convened on Thursday 20th April 2023 which included representation from Gwent Local Medical Committee and Llais. All of the options detailed in the Vacant Practice Policy were considered by the Panel.

The Panel agreed on the recommendation of options 1, 2 and 3 - to advertise the practice nationally and locally, on a full or partial basis requesting full business cases to be submitted from interested parties, with a closing date of 30th May 2023.

The Health Board received 3 business cases from interested parties and following a shortlisting process, all 3 were invited to attend for interview.

The Vacant Practice Interview Panel convened on 8th June 2023. All 3 applicants presented their business case and answered panel questions (2 proposals were for the full list and 1 for a partial list):

- Dr J Ahmed & Dr J Allinson (eHarley Street Primary Care Solutions)
- Dr Kaushal (Gelligaer Medical Centre)
- Dr Spencer & Partners (Castle Gate Medical Centre) – partial list

Based on the outcome of the interview, it was recommended that the full General Medical Services Contract be awarded to Dr J Ahmed & Dr J Allinson.

This would result in the current services continuing to be delivered across both sites with all staff subject to TUPE. This was approved by the Executive team on 15th June 2023.

The Health Board will work closely with the incoming and outgoing partnership to ensure a smooth transition for both staff and patients, with the new contract coming into effect on the from 1st October 2023.

Argymhelliad / Recommendation

The Board is asked to note the content of the paper and the successful awarding of both GMS contracts, in full.

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 2. Safe Care 3. Effective Care 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety

Amcanion cydraddoldeb strategol Strategic Equality Objectives <u>Strategic Equality Objectives 2020-24</u>	Choose an item. Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Team

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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Choose an item. Long Term – ensures the ongoing provision of GMS services to the patients registered with The Lawn Medical Practice, Caerphilly and Churchwood Surgery, Pontypool Integration – facilitates integrated working with independent contractors. Involvement – Involvement from the Local Medical Committee and Llais. Collaboration – Independent GP Practices and cluster teams. Gwent Local Medical Committee and Llais. Prevention – this will ensure the ongoing provision of GMS services to patients.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Meddygfa Cwm Rhymni Practice: Deri Branch Surgery Closure
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Victoria Taylor, Head of Primary Care

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to inform the Board of the recommendation of the Branch Surgery Closure Panel, who considered an application for the closure of Deri branch of Meddygfa Cwm Rhymni Practice and supported by the Health Boards Executive Team.

All branch surgery closure requests are subject to consideration under the process for "Considering Branch Surgery Closure Applications".

The formal Branch Surgery Closure Process was implemented, including patient engagement.

A decision on the closure of a branch surgery is the statutory duty of the Health Board as each General Practitioner (GP) is contracted by the Health Board for the provision of General Medical Services (GMS). Whilst there is limited guidance in this regard, paragraph 4.56 of the Primary Care Contract Quality Standards states:

"A branch surgery can be closed subject to agreement between the Primary Care Organisation (PCO) and providing practice. In the event there is no agreement the practice can give notice that it wishes to close a branch surgery. There will be a given period in which the PCO can issue a counter-notice, to allow for any required consultation, requiring the surgery to remain open until the issue is resolved. Normal appeal procedures will apply, or where both the practice and the PCO agree

that the surgery should remain open, then the PCO is required to continue supporting it with the necessary funding.”

The Primary Care Organisation (PCO) in the Welsh context is the Health Board.

Cefndir / Background

On 27th February 2023, Aneurin Bevan University Health Board received a request from Meddygfa Cwm Rhymni Practice, to close their Deri branch site at Riverside Walk, Deri, Bargoed, Caerphilly North.

Meddygfa Cwm Rhymni Practice is a 7 GP Partner practice, with a registered list size of 12,806 as of 1st April 2023, of which 777 reside in Deri. The practice currently provides 72.4 GP equivalent sessions weekly across all three sites, which equates to approx. 1 clinical session per 180 patients.

The practice currently has 1 Salaried GP and 2 Practice Nurse vacancies. They are in the process of training a Nurse with an ITU background into practice nursing.

The practice consider that although they have a regular, stable workforce, the challenges with ongoing recruitment makes them vulnerable.

The practice currently provides General Medical Services across 3 sites:

- Rhymney main site – Lawn Industrial Estate, Rhymney, Caerphilly North
- New Tredegar branch site – White Rose Way, New Tredegar, Caerphilly North
- Deri branch site – Riverside Walk, Deri, Caerphilly North

The sharing of resources over 3 sites places a considerable strain on the clinical team. By consolidating services between Rhymney and New Tredegar, the continued delivery of the full range of services to all their registered population would be supported. The existing services currently offered from the Deri branch surgery, would be relocated to the Rhymney and New Tredegar sites, with no reduction in service.

The practice is not seeking to remove any patients or reduce services as part of this request.

Case For Closure

Meddygfa Cwm Rhymni Practice has cited a number of difficulties which have led to their decision to apply to close the Deri branch surgery. These were as follows:

- Closing the Deri branch would enable the practice to better utilise their resources and have a greater range of clinical expertise available, enhancing patient care and provide improved continuity of care from the remaining 2 premises.

- The practice has a separate team on reception at each site. By consolidating the resources from 3 to 2 sites, the practice will be able to sustain the full range of services for their patients and continue to meet the national requirements for access.
- Repeat prescriptions are not routinely produced at the Deri branch and there is no community pharmacy in Deri. During COVID patients adopted the pharmacy service for collection/delivery of prescriptions and this practice has continued.
- Over the past few years, the practice workforce has reduced by 1 Salaried GP and 2 Practice Nurses, resulting in an immediate loss of 10 GP sessions per week across all sites.
- The practice has experienced challenges with recruitment, which they consider makes them vulnerable.
- Although the level of clinical sessions currently delivered is above the local benchmark of 1 per 200 patients, the partners feel that there are continued challenges meeting patient needs, due to increases in demand and complexity. They are actively trying to recruit to a salaried GP vacancy.
- The transfer of the clinical triage from the Deri branch and the reduction in travel between surgeries, will mean that GPs will be able to increase their availability to all patients of the practice. It will also be beneficial during the holiday periods when it is difficult for the practice to cover staff on annual leave.
- The practice is a training practice and working across the 3 sites reduces capacity for this.
- There are financial viability issues inherent in operating across 3 sites, with the funding of extra staff, leased building, energy and maintenance costs across all three sites. This is associated with recruitment challenges and sustainability.
- The current Deri lease expires on 30th June 2023 and a new lease would need to be agreed with the landlord.

Asesiad / Assessment

A Branch Surgery Closure Panel convened on 7th June 2023, to consider the business case and supporting information, results from the patient engagement and equality impact assessment. The practice was also invited to present their case for closure.

The Health Board, in conjunction with Llais Cymru, agreed an 8-week engagement period which commenced on the 27th March 2023 to 22nd May 2023.

Meddygfa Cwm Rhymni Practice were able to identify clearly 777 registered patients who accessed services at the Deri branch. All patients within this cohort aged 16 and over were sent a letter, with a link to the approved questionnaire, which provided patients with the opportunity to consider how any potential change in service delivery might affect them.

Patients were also advised that they could contact the Health Board, where a member of the team could complete the form on their behalf over the telephone. Alternatively, patients could request for a paper copy of the questionnaire to be posted to their home address. Paper copies were also available at the practice for patients to complete and were collected by the Health Board.

In addition to the questionnaire, the Health Board held 2 face to face patient engagement events, which were supported by Dr Neil James. These were held on the 10th and 18th May at the Deri branch site.

5 patients attended the first meeting, and 6 patients attended the second meeting.

The main points raised at the engagement events were:

- Patients were only offered appointments at the main surgery or New Tredegar branch surgery and patients were not aware that the Deri branch was open.
- Bus services were unreliable and only one every hour. Taxi costs were expensive.
- There were issues for older people accessing transport.
- Patients felt they were receiving an inferior service to those in Rhymney and New Tredegar.

Following the second face to face patient engagement event on the 18th May, a patient devised their own questionnaire. 62 questionnaires were scanned and sent by email to the Primary Care Contracting Team. Whilst the name, address and postcode were included in this questionnaire, it was not possible to confirm how many had also completed the Health Board questionnaire, verify the distribution or responses provided. Therefore, the responses were considered separately.

Stakeholder engagement summary - Appendix 1

Practice presentation

The practice, (Dr Neil James Senior Partner, Dr Anna Phelps GP Partner and Alyson Jones Practice Manager), attended the Panel meeting on 7th June 2023 and presented a compelling case for closure of Deri Branch Surgery.

During their presentation, in addition to the difficulties cited in their business case, the practice raised the following points:

- There is no sample collection service provided to the Deri branch. Therefore, patients are directed to either Rhymney or New Tredegar sites for all investigations.
- The practice currently sees approximately 3 patients a week in Deri branch, with patients choosing to attend the main site in Rhymney and/or the branch site in New Tredegar.

- Patients are often required to attend Rhymney or New Tredegar to receive the appropriate care, due to the limited service provision. Therefore, the Deri branch surgery is often underutilised, but is over resourced, resulting in inequity of service provision and a reduction in services, where the demand is higher.
- The District Nursing Team and Health Visitor Team did not provide any services from Deri.
- There are no allied Health Care services provided from Deri.
- There are no enhanced services or chronic disease management services delivered from the branch site.
- Patients are required to travel outside of Deri to access other services, including community pharmacy.
- Practice aim is to future proof service provision, by consolidating over fewer sites.
- Recent changes in workforce resulted in the practice having to re-evaluate service provision, longer term.
- Ensure the workforce capacity is appropriately balanced across sites, to deliver the most appropriate outcomes for patients.

Following the presentation, the Panel raised the following questions:

Had the landlord had indicated if the premises would be available for use after the lease expiry date of 30th June 2023. The landlord had confirmed the extended use of the premises from 1st July 2023 and would be agreeable for a short period, pending the decision of the Board.

How the practice would continue to ensure provision of services to elderly patients who are currently able to walk to the Deri surgery, if they were unable to attend the main or branch surgery sites. It was acknowledged that the request for home visits may increase and the practice confirmed that they would be able to accommodate this.

The practice discussed the recent acquisition of the GMS contract for the Lawn Medical Practice and highlighted that a practice closure within such close vicinity posed significant risk to their sustainability, therefore to future proof their practice, they had opted to bid for these patients. By doing so, they could actively plan for the increase in patients and secure the appropriate workforce and resources to support this. With the Lawn Medical Practice being located within the same building, patients could have chosen to register with Meddygfa Cwm Rhymni, potentially resulting in an unplanned influx of patients. However, the closure of Deri would support the future sustainability of the practice and ensure GMS services continue to be delivered safely and effectively to all patients in the area.

The panel noted that Meddygfa Cwm Rhymni Practice provided GMS to approx. 12,800, with only 777 accessing services at the Branch. This represented approximately 6% of the patient list, and with the limited services they are able to provide at Deri, could realistically only represent 2% of the whole practice

population. The practice list size would also increase to approx. 18,000 from 1st September 2023.

The panel noted that there were 1,244 residents in the area of Deri, with 777 registered with the practice. Therefore, it is assumed that 467 residents are registered at alternative GP practices.

Deri patients have the option to register with Bryntirion Surgery, which had an open list.

The Panel considered the results of the patient engagement and acknowledged the impact the branch surgery closure could have on some patients. The practice presented a compelling case for closure, detailing their current concerns including workforce difficulties, future viability, and their overall aim to continue to provide safe, effective, and timely care to all of their patients.

These factors were considered by the Panel, and it was agreed that the consolidation of service provision over fewer sites, would support Meddygfa Cwm Rhymni Practice to provide safe access and delivery of care to all patients and support the future sustainability of the practice. They supported the practice application to close the branch surgery.

It was acknowledged that appropriate communication with those patients affected by the closure would be required and details of community transport schemes would be included:

- Caerphilly Disability Can Do Accessible Transport Tel: 01495 233555 Email: admin@disabilitycando.org.uk Monday –Saturday Flexible Hours
- Caerphilly Rainbow Community Travel Services Accessible Transport Tel: 02920 026553 Email: callan.morgan@talktalk.net Monday - Sunday Flexible Hours

Argymhelliad / Recommendation

The Panel's recommendation is to support the application received from Meddygfa Cwm Rhymni, to close the Deri branch site, with a 3-month notice period. This was supported by the Executive Team on 15th June 2023.

The Board is asked to consider the recommendation of the Branch Surgery Closure Panel, and the content of the report.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 3. Effective Care 5. Timely Care
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	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:	
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes Attached – Please see Appendix 2. 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</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>Choose an item.</p>
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**CYFARFOD BWRDD IECHYD PRIFYSGOLN
ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD
MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board Executive Committee
TEITL YR ADRODDIAD: TITLE OF REPORT:	Stroke Service – Urgent Service Change
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Tracy Morgan, General Manager Medicine Kate Fitzgerald, Clinical Futures Assistant

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this SBAR is to seek Board approval to consolidate temporarily the Aneurin Bevan University Health Board (ABUHB) stroke service across one Hyper Acute Stroke Unit (HASU) at the Grange University Hospital and one Stroke Rehabilitation ward within an enhanced local general hospital (eLGH) setting due to an urgent service risk. The stroke service has experienced workforce challenges for a prolonged period of time. This position has further deteriorated with increased workforce challenges across a range of disciplines resulting in a lack of stability in the core clinical provision for the stroke pathway. To deliver optimal outcomes, it is vital that patients are managed in a sustainable and staffed service that can deliver the best quality of care.

This proposal is also aligned with the recommendations outlined in the Getting It Right First Time (GIRFT) review which was undertaken in September 2022 with best practice guidance to improve the quality of care delivered for stroke patients. The service is currently delivered across three eLGH sites with a specialist hyper acute stroke unit at the Grange University Hospital (GUH), in line with the Clinical Futures Model.

Cefndir / Background

In order to support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital in November 2020,

the stroke service redesigned its clinical model and introduced new patient pathways.

This included the relocation of the specialist hyper-acute stroke unit (HASU) from RGH (Royal Gwent Hospital) to GUH and the consolidation of stroke rehabilitation across the three eLGH sites. In turn, under the new model of care, all three of the eLGH sites provide sub-acute care, therapy and rehabilitation services for stroke patients.

The majority of acute stroke patients are admitted to the GUH for their initial provision of care. Patients who self-present at one of the eLGHs or in-patients who suffer a stroke whilst at an eLGH are assessed and, depending on their clinical presentation, are either stepped up to the GUH for acute intervention or remain within the eLGH if their clinical needs can be met appropriately.

In September 2022 ABUHB commissioned an external review of the stroke service by Getting it Right First Time (GIRFT). GIRFT is a national programme designed to improve patient care, by reducing unwarranted variations in clinical practice. It helps to identify clinical outliers and best practice amongst providers, highlighting changes that will improve patient care, outcomes, delivering efficiencies (such as the reduction of unnecessary procedures) and cost savings. GIRFT is working with the Health Board to take forward an improvement action plan based on their recommendations. One of the key recommendations from the review was the consolidation of stroke rehabilitation services across the eLGH sites to continue to optimise and sustain service delivery aligned to the Wales Stroke Strategy and the development of regional operational delivery networks across Wales.

Asesiad / Assessment

Service Stability

The stroke service has experienced considerable workforce challenges across a range of disciplines which has further deteriorated over the last few months, destabilising core clinical provision across the pathway, in particular:

- Nevill Hall Hospital (NHH) medical workforce – challenges recruiting to the site due to the geographical location, aligned to national recruitment position, we have been unable to recruit to substantive post and there are retention issues in terms of locum cover. A retired consultant did return and undertakes a ward round once a week, lack of medical leadership. There is no support for junior staff which has compromised quality of patient care.
- eLGH medical workforce – due to the nature of stroke rehabilitation the service has experienced difficulties in recruiting to the roles. This is further challenged with solo working at a consultant level on the split eLGH sites
- Royal Gwent Hospital (RGH) nursing workforce - high number of vacancies Registered Nurses (RN) - 9.52 WTE, Health Care Support Workers (HCSW) 7.54 Whole Time Equivalent). There are difficulties in terms of recruitment and retention. Discussions about the core care team are currently on hold due to the discussions about the wider stroke reconfiguration. Leadership has strengthened recently but still remains a concern.
- eLGH therapy workforce – we have been unable to recruit to range of therapy posts at NHH. A Speech and Language Therapy (SLT) post advertised twice with no applicants presenting an immediate risk. Dietetic teams at NHH and Ysbyty Ystrad Fawr (YYF) are currently unstable. All sites are understaffed.

Without a Multi-Disciplinary Team (MDT) there are limitations in terms of therapy support for patients. Staff are currently covering more than one site. Daily targets for therapy services are not met as the majority of therapy professions do not have the staffing requirements to cover all sites five days a week. Travel between sites results in loss of clinical time across all sites.

The risks highlight the urgency to consolidate the stroke rehabilitation service onto one eLGH site to improve workforce sustainability, clinical outcomes, quality of life outcomes and patient experience across the whole stroke pathway.

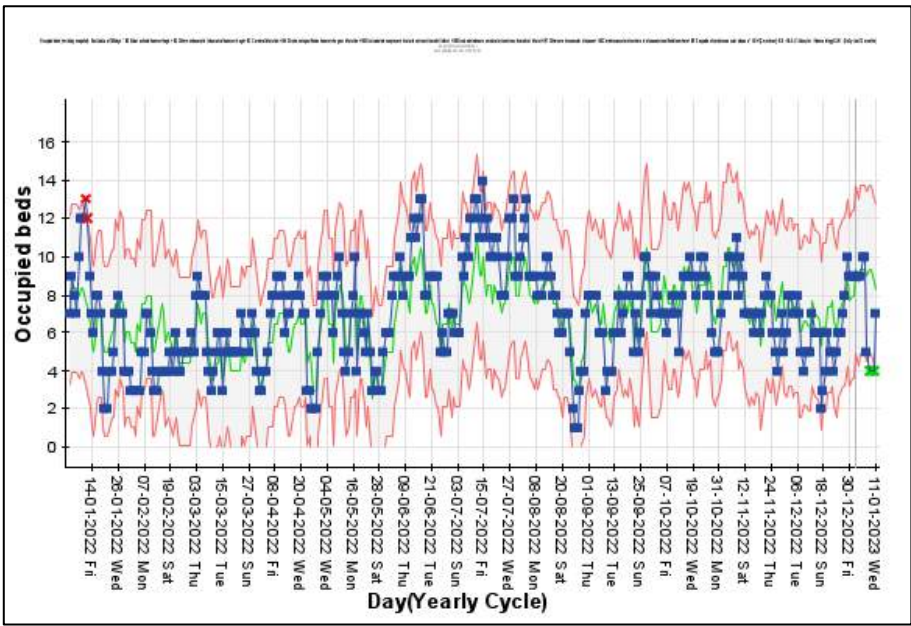
Current Bed Base

The current bed base across all sites is as follows:

Site	Bed Base
GUH – HASU	15
RGH – C5 EAST	24
NHH – 3.4	24
YYF - Bargoed	15
Total	78

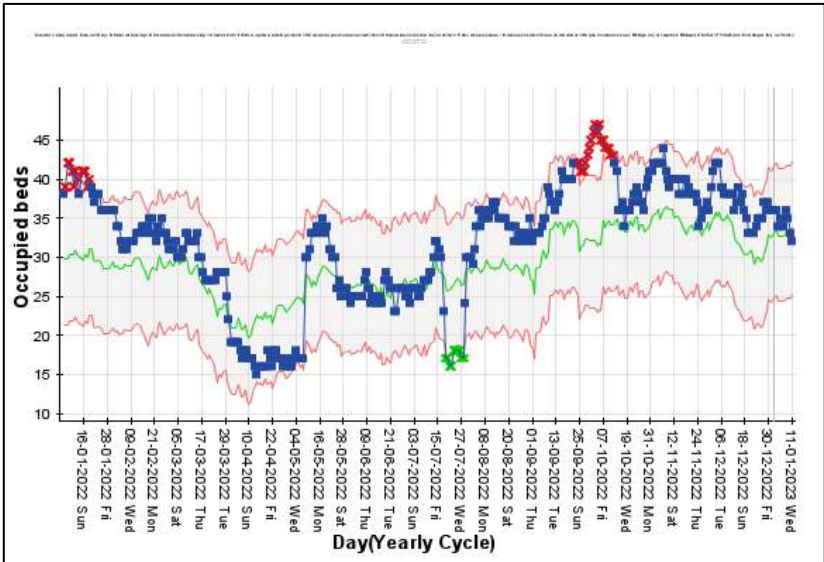
Demand and Bed Occupancy

The current bed occupancy for stroke patients at the HASU at GUH over the past 12 months shows an average of 8 beds, peaking at 15 beds:



The bed base at HASU will remain the same noting the bed occupancy detailed above. The new proposed model will support improvements for front door streamlining.

The current bed occupancy for stroke patients across the eLGH sites, shows average of 35 peaking at 48 beds:



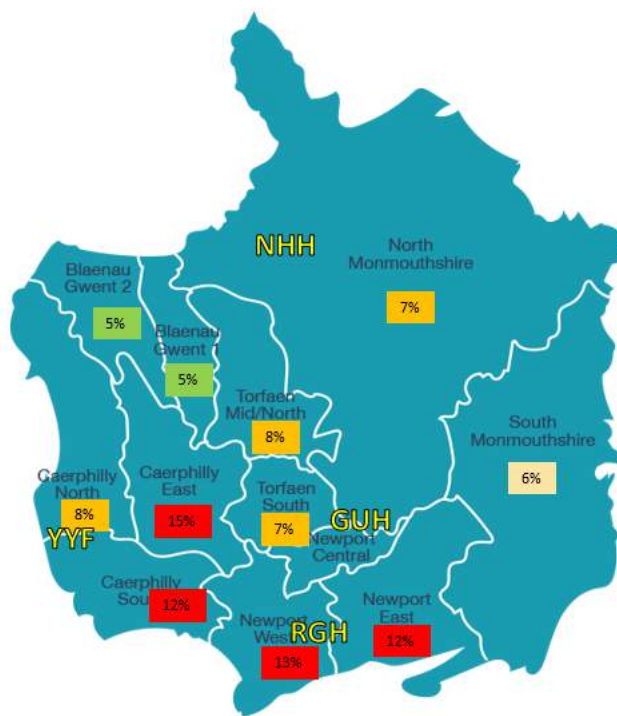
The current stroke demand and bed occupancy by eLGH site is detailed in appendix 1. The bed occupancy across the eLGH sites varies from 12-15 beds in RGH, to 15-18 beds in NHH and 10-15 beds in YYF (based on the primary diagnosis code). Acknowledging the time constraints, this data was validated using a prospective audit over one week in April 2023 taking into account the time lag in the clinical coding to support data collection since 2023 (appendix 2).

The audit highlighted slightly higher occupancy levels with an average of 18 beds at RGH, 21 beds at NHH and 10 beds at YYF. However, this is below the current bed base for the service. It is acknowledged that there is a potential improvement gain within the existing stroke bed capacity through this work aligned to the wider bed base review against the current demand. Acknowledging the anticipated timeframe for the consolidation to occur during Winter creates capacity challenges, it is recommended that the initial plan should commence with a reduced bed base of 55 beds across the eLGH sites noting that the realignment has the potential to support a further reduction in stroke bed capacity based on the wider work programme which includes Community Neurological Rehabilitation Service (CNRS) plans.

However, it is noted that whilst the stroke capacity is currently above the demand this fallow capacity is being utilised to support the wider medical demand across the system. The reallocation of this demand needs to be considered as part of the wider eLGH reconfiguration programme.

Geographical Demand

In terms of the geographical demand based on population cluster, the map below details the percentage of eLGH stroke admissions with the highest demand across the Newport and Caerphilly clusters (Newport Central combined with Newport East):



Options Appraisal

The challenges experienced in eLGHs were escalated through the eLGH Reconfiguration Programme Board as a consequence of the urgent workforce risk and lack of stability in the core clinical provision across the eLGH sites. This was also supported by the GIRFT recommendations on best practice. An options appraisal was requested by the Stroke Task and Finish Group (appendix 3) to review and analyse the optimal service configuration. The Stroke Task and Finish Group consists of medical, nursing and therapy representatives and clinical leads from the across the eLGH sites.

The options appraisal entailed the following two scenarios each with three options with a total of six potential configured options:

Scenario 1 - one acute site and two rehab sites, three options

Option 1a	GUH	NHH	YYF
Option 1b	GUH	RGH	NHH
Option 1c	GUH	YYF	RGH

Scenario 2 - one acute site and one rehab site, three options

Option 2a	GUH	NHH
Option 2b	GUH	RGH
Option 2c	GUH	YYF

A score and weighting factor were allocated to each of the options with the greatest weighting allocated to the workforce recognising the importance of all three workforce areas in the delivery of the stroke pathway:

Criteria	Weighting Factor 1-5	Option	
		Score	Weighted Score
Capacity - Beds	4		
Workforce - Medical	5		
Workforce - Nursing	5		
Workforce - Therapy	5		
Environment	3		
Demand - Geographical	1		
Stakeholders	2		
Total			0
Weighting Factor			
1= low, 5 = high			

The outcomes of the scoring and financial analysis:

Option	Score	Weighted Score
Option 1a GUH, NHH, YYF	37	136
Option 1b GUH, RGH, NHH	31	107
Option 1c GUH, YYF, RGH	37	125
Option 2a GUH, NHH	36	137
Option 2b GUH, RGH	41	143
Option 2c GUH, YYF	45	170

The scoring highlighted scenario one as the least preferred option consisting of one acute site and two rehab sites. Scenario two consisting of one acute site and one rehab site was the preferred option with option 2c scoring the highest – GUH & YYF.

Based on the preferred option 2c the proposed reconfigured bed base at GUH and YYF would be:

- 15 HASU beds at GUH (no change as capacity aligned to demand)
- 15 rehab beds at YYF on Bargoed ward (no change)
- Re-allocate 40 CotE beds to stroke services within a YYF ward to be determined
- Revised stroke bed base 15 HASU beds, 55 stroke rehabilitation beds at YYF noting the potential for a further reduction based on the planning and modelling assumptions from this piece of work
- Total proposed reduction of 8 beds from current core base with a plan to phase a further reduction which will require stroke capacity across the organisation to be ring fenced to support this reduction.

Therapy Intervention

There is insufficient space at any of the eLGH sites to deliver an optimal rehab service; this includes YYF. However, at YYF there is the opportunity to undertake more patient room-based rehabilitation due to the layout of the site and wards. There is a potential requirement to purchase additional equipment to deliver patient-room based rehabilitation. The storage of any additional equipment will need to be considered. As this is an urgent service consolidation, options will be worked through to explore long term solutions which are aligned to the GIRFT review.

Financial Analysis

The current and proposed options (appendix 4):

Option	Staff Group			Total WTE	Comparative Annual cost			
	Medical WTE	Nursing WTE	Therapies WTE		Medical £'000s	Nursing £'000s	Therapies £'000s	Total £'000s
Current Service Provision	26.40	149.44	33.09	208.93	2,147	6,463	1,493	10,104
Option 1a - GUH, NHH & YYF	25.75	144.68	33.09	203.52	2,063	6,183	1,493	9,739
Option 1b - GUH, NHH & RGH	26.75	144.68	33.09	204.52	2,082	6,183	1,493	9,758
Option 1c - GUH, YYF & RGH	27.75	144.68	33.09	205.52	2,166	6,183	1,493	9,842
Option 2a - GUH & NHH	26.25	139.09	33.09	198.43	2,006	5,978	1,493	9,477
Option 2b - GUH & RGH	26.25	139.09	33.09	198.43	2,006	5,978	1,493	9,477
Option 2c - GUH & YYF	26.25	139.09	33.09	198.43	2,006	5,978	1,493	9,477

*The medical establishment includes Physicians Associates

In summary:

- A reduction in Nursing WTE's of 10.35 (Registered & Health Care Support Worker)
- A reduction in number of dedicated Stroke Beds from 78 to 70
- A reduction in annual cost £627k which will be required to support COTE beds that will be transferred from YYF to RGH/NHH
- Annual costs are based on 100% substantive rates for illustration. Actual costs would include variable pay to cover vacant sessions
- Nurse staffing - option 1 would require 2 full wards (>25 beds), Safer Staffing would require 46.27 WTE's per ward
- Nurse staffing - option 2 would require 1 full ward (30 beds), Safer Staffing would require 46.27 WTE's per ward plus 40.68 WTE's (25 beds)
- Reduction in consultant workforce of 2.25 WTE's, noting longstanding vacancy rate of 3.35 WTE's
- Increase in PA workforce of 1.5 WTE
- Dependant on outcome, relocation expense will need to be considered

Workforce Analysis Medicine Division

ABUHB has experienced significant medical recruitment challenges across all specialities, including Stroke. This is not unique to ABUHB Health Board or indeed Wales. The Royal College Physician Census 2021 reported that less than half (48%) of the Consultant advertisements placed in 2021 were filled successfully. ABUHB stroke services has 3.35 WTE long-standing Consultant vacancies, which has been exacerbated by a recent resignation. Despite repeated efforts the Health Board has not been able to recruit to consultant posts or attract and retain adequate locum cover.

Whilst the Health Board continues to identify locum opportunities it is accepted that this is not a sustainable model or conducive to the Clinical Futures aspirations. Due to the clinical model requiring consultant presence at 4 sites, and the geographical challenges this brings, the current staffing cannot provide the required clinical cover. In addition to these recruitment challenges, the Health Board is aware that, based on an assumed retirement age of 62 (RCP), just over 10% of the medical workforce should have retired by now and a further 33% could choose to retire in the next decade.

ABUHB, along with the wider NHS, is facing significant registrant nursing shortages. These ongoing recruitment challenges have created immediate service sustainability

risks impacting on our ability to provide safe and continued delivery of services for our patients and staff.

There will be marginal reductions in the stroke workforce requirements as a result of consolidating stroke rehabilitation provision. These efficiencies are created through the reduction of the total stroke bed base from 78 to 70, the creation of larger bedded rehabilitation wards maximising roster efficiencies, and by reducing the number of rehabilitation wards across sites from three to one streamlining senior and administrative support. The reduction of the senior medical workforce capacity required to provide inpatient stroke rehabilitation services has provided an opportunity to introduce additional Physicians Associate posts to complement the existing establishment and skill mix.

Whilst the paper outlines the rationale and impact of any change to stroke services, it is acknowledged that the current Care of the Elderly (CotE) bed base within YYF, displaced to support the consolidation of stroke, will need to be re-provided within the other eLGH sites. This will provide an opportunity for nursing and healthcare support worker staff to consider opportunities to remain working with their preferred specialty or remain aligned to the site. These opportunities and discussions will take place during the consultation process. Medical staff recruited to specialty stroke posts at RGH or NHH will be required to change their contractual base and/or place of work to YYF.

The service is confident that these changes will continue to provide suitable medical training opportunities. It is accepted that this will require further engagement with Health Education Improvement Wales (HEIW) as a key stakeholder, as detailed in the engagement plan.

Therapies Division

Physiotherapy, Nutrition and Dietetic services, Occupational Therapy and Speech and Language (SALT) services are provided by a mixture of specialist stroke therapists that are based in eLGHs and HASU. Generic therapists provide additional in reach support as required. For the specialist stroke therapists based at RGH and NHH, there will be an expectation that the contractual bases will be affected.

Although the reconfiguration of stroke services from four to two sites will support cover for vacancies, absence, etc, the service remains under resourced in comparison with recommended staffing standards.

There have been significant difficulties in recruiting stroke therapists into certain geographical areas. Most recently, provision of dysphasia intervention in NHH, has been secured through long term agency cover as permanent recruitment has been unsuccessful, presenting a clinical risk. Reconfiguration to a central site for stroke rehabilitation should increase recruitment potential through working as part of an MDT enhances provision and delivery of effective patient care.

A further piece of work has commenced to determine the increase requirement to Therapy led Community Neuro Rehabilitation Service (CNRS) and expand the current model of supported hospital discharge to support more people with stroke to go home from hospital sooner to continue rehabilitation at or closer to home. The CNRS service is a community service that is not directly affected by the consolidation of inpatient wards other than it will mean a reduction in sites to link with for discharge planning and to accept referrals. Any change in capacity or acuity of

patients accepted by CNRS will require a pathway review for how this is incorporated into the overall patient pathway for stroke care and will require additional resource. This has not been included in this paper which focusses on the urgent review of inpatient service provision in the light of significant clinical staffing issues.

Organisational Change

Organisational change will be managed in accordance with the NHS Wales Organisational Change Policy (OCP). The indicative timescales for the implementation of change are included below, subject to agreement with the Trade Union:

Timescale	Action
Monday 31 st July 2023	Formal consultation under OCP commences
Monday 31 st – Sunday 27 th August 2023	1-1 meetings as requested by staff
Sunday 27 th August 2023	Formal close of Consultation period
W/C Monday 11 th September 2023	Consultation outcome meeting with Trade Union representatives and management
W/C Monday 18 th September 2023	Consultation outcome meeting with Staff
W/C Monday 18 th September 2023	Implement change

Communication and Engagement Plan

The Stroke Task & Finish Group has included representation from the Engagement & Communications team to support the development of a clear plan (appendix 6). A stakeholder map has been produced to identify stakeholders with an interest and influence in the proposal (appendix 7).

The Communications and Engagement Plan sets out how the Health Board aims to communicate and engage with our staff, stakeholders and the general public. It comprises of overarching messages, together with plans for engagement and communication activity and the associated timelines:

Date of Activity	Audience	Activity	Comments	Lead / By Whom	Achieved	Evidence Logged
Warning Phase June/July 2023						
Early June	Llais, Trade Union Partnership Forum, Local Negotiating Committee	Pre-engagement meetings to keep informed of process	All understood the rationale and supportive of the process	TM		
WC 19 th June	Service staff RGH, YYF, GUH, NHH	Create and distribute staff briefing to reassure and prevent the spread of misinformation (appendix 8)	Drafted and signed off	TM/KF/JH /HS /CK		

Early July	Executive Team	Recommended model considered by Executive team on 6 th July for approval to take to Board	Await further action following decision	TM		
Early July	Key stakeholders	Distribute briefing to inform of upcoming Board decision		Stroke Leads JH/HS		
Mid July	Key Stakeholders	Take decision to Board on 19 th July for formal approval		LW		
Informing Phase – July/August 2023						
July (after Board decision)	Llais, Trade Union Partnership Forum, Local Negotiating Committee	Update on Board decision and engage on next steps.	All understood the rationale and supportive of the process	TM		
July (after Board decision)	Staff at all sites	Inform all affected staff of decision and set out next steps in accordance with NHS Wales Organisational Change Policy (OCP)	Provide support to affected staff <i>Develop new patient pathways etc? If so – how to communicate these</i>	Stroke Leads		
July	Affected patients	Inform all affected patients and set out next steps		Stroke Leads/ Ward Staff		
July	Wider Staff / stakeholders	Inform wider staff of decision with page on AB Pulse and formal communication		TM / HS/ JH		
July	Media	Issue statement to those who request it – <u>only if asked</u>		HS/ JH		

An initial informal meeting has been held with Llais to seek advice on the consolidation of the stroke service acknowledging the urgency of the situation. As advised a temporary urgent service change will be implemented due to safety issues, while the permanent case for change is developed in consultation and engagement with stakeholders.

In addition, the interdependencies with the CotE service is recognised due to the displacement of patients and will be acknowledged in the pre-engagement phase, aligned to the Communication and Engagement Plan. The consolidation of the stroke service is part of the wider reconfiguration and programme of work around the eLGH sites; therefore, the engagement will be set in the context of the wider work programme.

Issues/Risks

Issue	Risk	Mitigation
Interdependences with other services at eLGH sites, in particular CotE	Destabilisation of medical, nursing workforce across eLGH sites, CotE patients displaced to RGH/NHH to provide capacity for increased stroke demand at YYF	Strategic oversight through the eLGH Reconfiguration Programme Board, recognising the interdependencies between workstreams and consolidation of other clinical models
Alignment with Clinical Futures Strategy, care close to home delivery model	Stroke patients travelling further distance to receive care, therapy and rehabilitation services	Consolidation of the services, sustained staffing, centre of excellence, patients received better quality care, start rehab at home sooner
Potential relocation of staff from RGH and NHH to other sites as per the proposed consolidated model	Loss of specialist stroke staff	Consideration through OCP for the realignment of staffing to support the service consolidation
Public opinion and interest in the proposed reconfiguration	Health Board reputation, poor public profile	Promote key messaging, care close to home where possible, delivery of quality services, service reconfiguration recommendation from external review
Low staff morale at the eLGH sites due to service consolidation, loss of identity at NHH site	Loss of specialist stroke staff	Reinforce opportunities as a result of the consolidation, aligned to wider eLGH reconfiguration
Community hospital pull model at YYF following completion of stroke pathway for appropriate patients	Rehab support delivered out of area, not aligned to care close to home model	Implement step down model for out of area patients at YYF for those requiring further support/care following completion of stroke pathway

Wider implications for stakeholders such as Welsh Ambulance Services Trust/Local Authorities due to the consolidation i.e., travel distance	Increased conveyance times, delays in discharge	Stakeholder engagement on the long-term case for change, trusted assessor model to be implemented as per discharge work programme
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Interdependencies and Timescales

The interdependencies with other services at eLGH sites, in particular CotE has been highlighted as an issue/risk. It is noted that the stroke service is intrinsically linked with the CotE service in terms of staffing, bed capacity and site management. In essence it is difficult to reconfigure one service without impacting on the other. This proposal will include the displacement of CotE patients to RGH/NHH to provide capacity for increased stroke demand at YYF. Therefore, aligned to this proposal, options will be explored to displace CotE patients to RGH/NHH, noting wider system challenges such as the number of medically optimised patients across all sites and therefore the length of stay (LOS) for CotE patients.

Timescale	Action
July 2023	Following decision from Executive Team/Board, informal engagement with staff, formal notification to Llias to confirm detail of temporary consolidation, pre-engagement with in-patients, confirm options for displaced CotE patient to RGH/NHH, confirm configured bed base
July/August 2023	End of July, formal engagement with staff, commence OCP to include 1-1s with staff affected, develop permanent case for change with stakeholders, engagement with wider staff
August/September 2023	End of August, formal close of consultation period, September consultation outcome meeting with Trade Union representatives and management
September 2023	Consultation outcome meeting with staff, implement change

Further Opportunities

It is noted that aligned to this proposal there are further opportunities to enhance and develop services:

- Further development and enhancement of the Community Neuro Rehabilitations Service (CNRS) to increase the ability to discharge and provide care closer to home.
- Development and improved Stroke pathway at the front door via a pull model with a ring-fenced bed on HASU, improving patient care and outcomes as recommended by the GIRFT review.
- Wider redevelopment as part of the eLGH reconfiguration programme, in terms of the bed configuration.
- Opportunities for further bed reconfiguration potentially reducing the bed base required at YYF aligned to the CNRS development and discharge work for medically optimised patients.

- Evaluate the opportunities for CotE services, particularly in the Caerphilly area, including the new frailty arrangements.

Argymhelliad / Recommendation

The Board is asked to: -

- Approve the authorisation to proceed with the recommended option which supports a consolidation of stroke services to a single HASU at GUH and single rehabilitation ward within YYF initially as an urgent service change with further engagement to follow
- Note that if the request is not supported there will be an increased risk of an inability to safely support the services in the current configuration.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 6.3 Listening and Learning from Feedback 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CF – Clinical Future HASU – Hyper Acute Stroke Unit GUH – Grange University Hospital RGH – Royal Gwent Hospital NHH – Nevill Hall Hospital

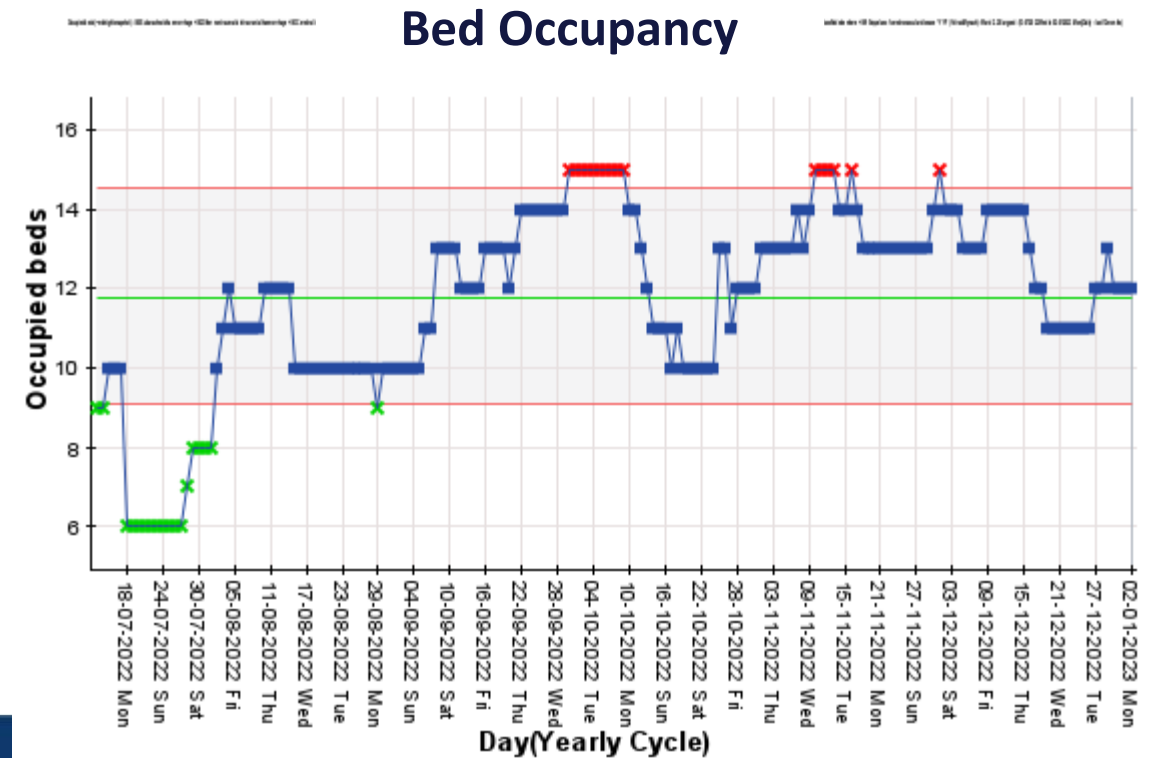
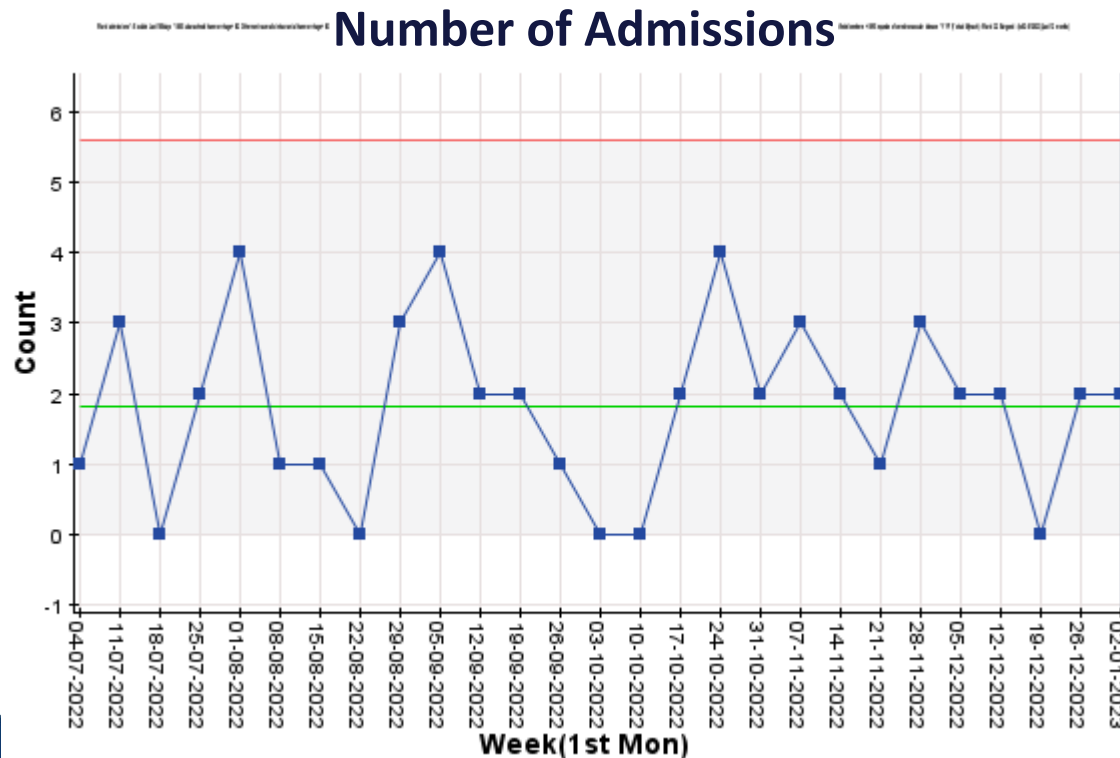
	YYF – Ysbyty Ystrad Fawr YAB – Ysbyty Aneurin Bevan GIRFT – Getting it Right First Time HASU – Hyper Acute Stroke Unit RN – Registered Nurse HCSW - Health Care Support Worker COTE – Care of the Elderly WTE – Whole Time Equivalent eLGH – Enhanced Local General Hospital LOS – Length of Stay RCP – Royal College of Physicians SALT – Speech and Language Therapy CNRS – Community Neurological Rehabilitation Service OCP – Organisational Change Process TUPF – Trade Union Partnership Forum LNC – Local Negotiating Committee WAST – Welsh Ambulance Services Trust SSNAP – Sentinel Stroke National Audit Programme
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies



YYF

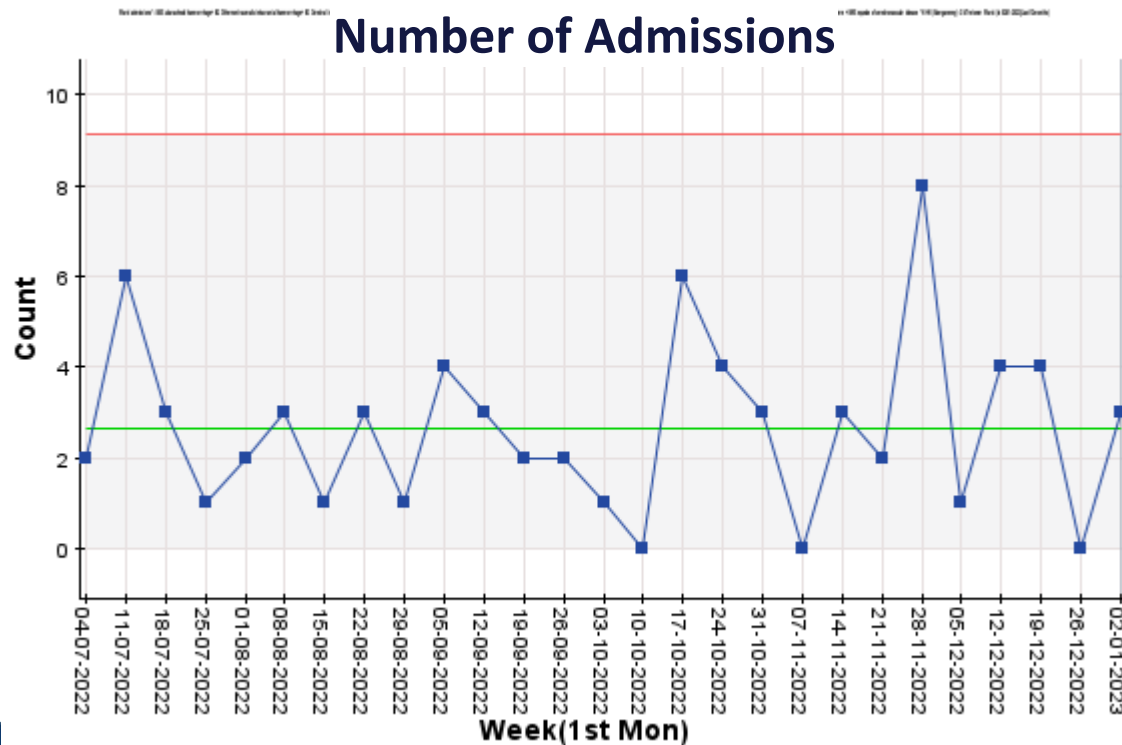
🌈 0-4 admissions per week and using up to 15 beds



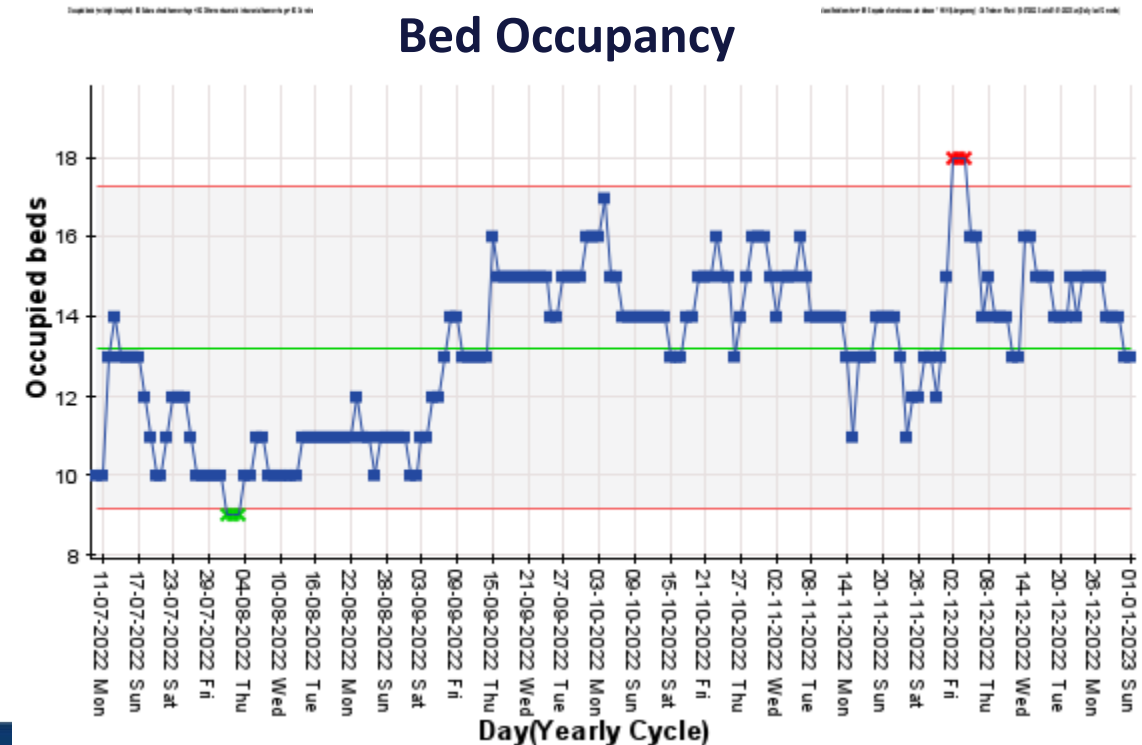
NHH

🌈 Typically 0-6 admissions per week, using up to 18 beds

Number of Admissions



Bed Occupancy

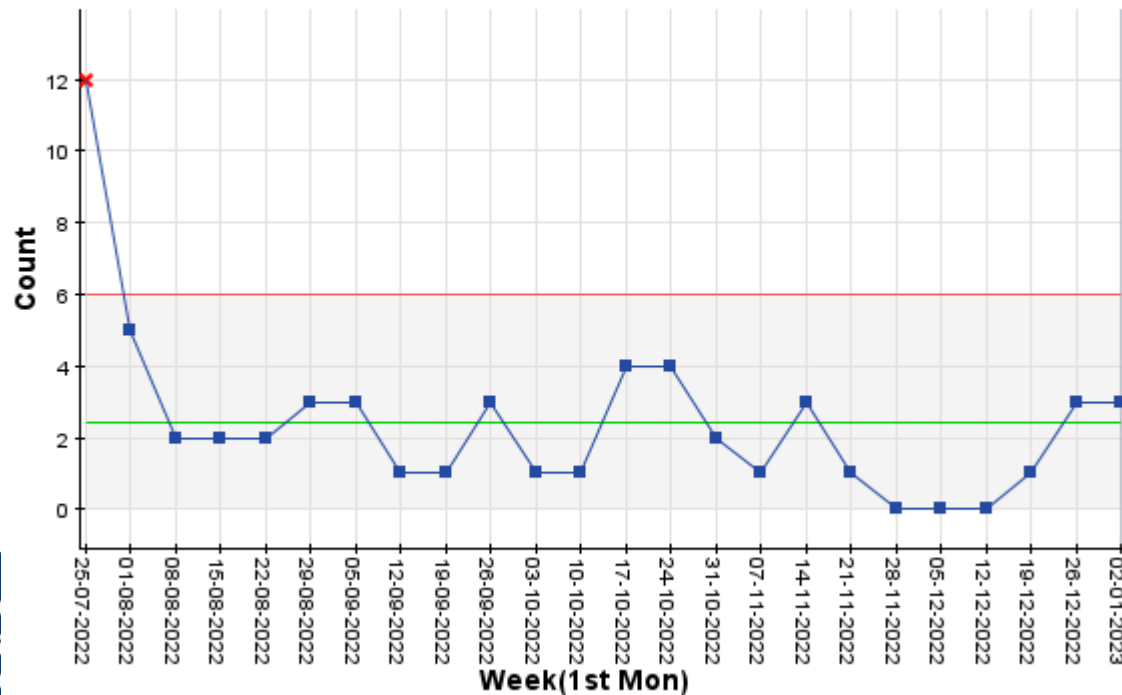




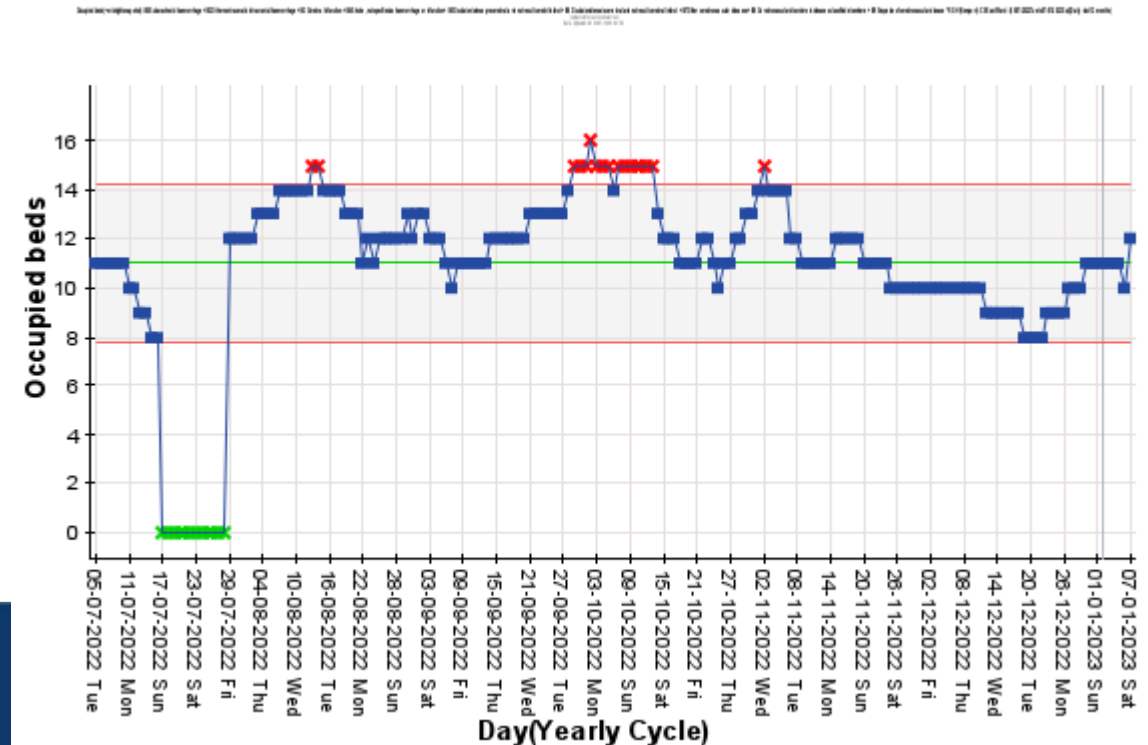
RGH

🌈 Typically 0-5 admissions per week, occupying up to 16 beds

Number of Admissions



Bed Occupancy



	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stroke pathway	18	19	16	13	10	12	12
Non stroke pathway	7	5	8	9	7	11	11

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stroke pathway	18	18	18	18	18	18	18
Non stroke pathway	6	7	7	7	6	6	6

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stroke pathway	20	20	22	20	20	22	22
Completed pathway	5	7	5	8	8	6	6

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Stroke pathway	9	9	11	11	11	8	9
Completed pathway	2	4	4	4	4	3	3
COTE	21	18	16	16	16	20	19

Scoring and Weighting of Stroke Reconfiguration Options													
Criteria	Weighting Factor 1-5	Option 1a - GUH, NHH, YYF		Option 1b - GUH, NHH, RGH		Option 1c - GUH, YYF, RGH		Option 2a - GUH, NHH		Option 2b - GUH, RGH		Option 2c - GUH, YYF	
		Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score	Score	Weighted Score
Capacity - beds	4	8	32	8	32	6	24	8	32	8	32	8	32
Workforce - Medical	5	3	15	3	15	5	25	3	15	6	30	5	25
Workforce - Nursing	5	9	45	4	20	4	20	8	40	2	10	7	35
Workforce - Therapy	5	2	10	2	10	4	20	4	20	7	35	9	45
Environment	3	7	21	6	18	6	18	6	18	6	18	6	18
Demand - Geographical	1	3	3	4	4	6	6	2	2	6	6	5	5
Stakeholders	2	5	10	4	8	6	12	5	10	6	12	5	10
Total		37	136	31	107	37	125	36	137	41	143	45	170

Weighting Factor
1= low, 5 = high

Stroke - Reconfiguration Options Appraisal

Scenario 1 - x1 Acute Site & x2 Rehab Site				
Option 1a - GUH, NHH, YYF	GUH	NHH	YYF	Score 1/10
Capacity - Beds	15 HASU beds & 8 beds B4 from RGH Total 23 beds	24 beds (4 surge) 22 - Stroke 2 COTE 4-6 Stroke beds from RGH Total 28-30 beds	30 beds (no change) 15 Stroke 15 COTE No change Total 15 beds	8
Workforce - Medical	15 beds (+8) Consultant: 3.75 WTE Reg: 1.0 WTE Junior: 3.0 WTE (F2, IMT1, IMT3) PA: 1.0 WTE	24 beds + 4 Consultant: 2.0 WTE Reg: 1.0 WTE Junior: 5.0 WTE PA: 1.0 WTE Unable to recruit and retain medical staffing	30 Beds Consultant: 2.0 WTE Reg: 3.0 WTE Junior: 3.0 WTE	3
Workforce - Nursing	No change to existing model	Nursing establishment total of 40.68, will require additional HCSW 24/7 (5.68 B2) to support 28-30 beds Stable nursing workforce and leadership	No change to existing model No potential for redistribution as still need staffing for 30 beds	9
Workforce - Therapy	Inability to support multiple site, preference one rehab site, consolidate MDT, resilience to the service, strengthen skill mix and create development opportunities, increase frequency of rehab, recruitment challenges at NHH, unable to recruit SLT at NHH, one rehab site centre of excellence will help with recruitment			2
Environment	Capacity at NHH & YYF to displace the RGH beds			7
Demand - Geographical	Highest demand geographically from Newport and Caerphilly areas			3
Stakeholders - LA/Community	Displacement of patients from south of Gwent, potential impact on discharge planning			5
Implications	Stable nursing workforce at NHH, implications in terms of removing service from NHH wider site identity, unable to recruit and retain medical staff at NHH, preference of medical and therapy teams - 1 acute site and 1 rehab site, cover for COTE beds that remain at RGH, patients displaced from south of Gwent potential impact on discharge planning			
Total				37

Scenario 1 - x1 Acute Site & x2 Rehab Site				
Option 1b - GUH, NHH, RGH	GUH	NHH	RGH	Score 1/10
Capacity - Beds	15 HASU beds & 8 beds B4 from RGH Total 23 beds	24 beds (4 surge) 24 - Stroke 0 COTE +2 from YYF Total beds 26 -28 beds	24 beds 12-14 Stroke (+5 from YYF) 5-7 COTE Total beds 17-19	8
Workforce - Medical	15 beds (+8) Consultant: 3.75 WTE Reg: 1.0 WTE Junior: 3.0 WTE (F2, IMT1, IMT3) PA: 1.0 WTE	24 beds + 4 Consultant: 2.0 WTE Reg: 1.0 WTE Junior: 5.0 WTE PA: 1.0 WTE Unable to recruit and retain medical staffing	24 beds Consultant: 2.0 WTE Reg: 1.0 WTE Junior: 5.0 WTE PA: 1.0 WTE	3
Workforce - Nursing	No change to existing model	Additional HCSW B2 24/7 (5.68 WTE) to support, need to ensure CNS are based at NHH Stable nursing workforce and leadership	24 bedded ward no ability to increase bed base	4
Workforce - Therapy	Inability to support multiple sites, preference one rehab site, consolidate MDT, resilience to the service, strengthen skill mix and create development opportunities, increase frequency of rehab, recruitment challenges at NHH, unable to recruit SLT at NHH, one rehab site centre of excellence will help with recruitment			2
Environment	Lack of capacity at RGH to displace YYF beds			6
Demand - Geographical	Highest demand geographically from Newport area not Monmouthshire			4
Stakeholders - LA/Community	Displacement of patients from YYF to NHH and RGH, limited impact on discharge planning			4
Implications	Stable nursing workforce at NHH, unable to recruit and retain medical staff at NHH, preference of medical and therapy teams - 1 acute site and 1 rehab site, lack of capacity at RGH for additional beds, medical cover for COTE beds at YYF			
Total				31

Scenario 1 - x1 Acute Site & x2 Rehab Site				
Option 1C - GUH, YYF, RGH	GUH	YYF	RGH	Score 1/10
Capacity - Beds	15 HASU beds & 8 beds B4 from RGH Total 23 beds	30 beds 15 Stroke (+2-4 from NHH) Total beds 17-19	24 beds 12-14 Stroke (+10-12 from NHH) Total beds 22-24	6
Workforce - Medical	15 beds (+8) Consultant: 3.75 WTE Reg: 1.0 WTE Junior: 3.0 WTE (F2, IMT1, IMT3) PA: 1.0 WTE	30 beds Consultant: 2.0 WTE Reg: 2.0 WTE Junior:6.0 WTE PA: 1.0 WTE	24 beds Consultant: 2.0 WTE Reg: 1.0 WTE Junior: 4.0 WTE PA: 1.0 WTE	5
Workforce - Nursing	No change to existing model	No change to existing workforce model CNS would need to be on site	No conversion to core care. Possible further increase by a further HCSW by night to support fundamentals of care Review model of care and explore rehab assistant CNS ward based rotation	4
Workforce - Therapy	Inability to support multiple sites, preference one rehab site, consolidate MDT, resilience to the service, strengthen skill mix and create development opportunities, increase frequency of rehab, recruitment challenges at YYF, one rehab site centre of excellence will help with recruitment			4
Environment	Lack of capacity at RGH to displace NHH beds			6
Demand - Geographical	Highest demand geographically from Newport and Caerphilly areas			6
Stakeholders - LA/Community	Displacement of patients from NHH to RGH and YYF, potential impact on discharge planning			6
Implications	Preference of medical and therapy teams - 1 acute site and 1 rehab site, patients displaced from NHH to RGH and YYF potential impact on discharge planning, highest demand geographically from Newport and Caerphilly, destabilise NHH site, lack of identity, well being of staff			
Total				37

Scenario 2 - x1 Acute Site & x1 Rehab Site				
Option 2a - GUH, NHH	GUH	NHH		Score 1/10
Capacity - Beds	15 HASU beds & 8 beds B4 from RGH Total 23 beds	24 beds (+4 surge) 22 Stroke 2 COTE (+21 beds from RGH & NHH)		8
Workforce - Medical	15 beds (+8) Consultant: 3.75 WTE Reg: 1.0 WTE Junior: 3.0 WTE (F2, IMT1, IMT3) PA: 1.0 WTE	43 beds Consultant: 3.0 WTE Reg: 2.0 WTE Junior: 10.0 WTE PA: 2.0 WTE		3
Workforce - Nursing	No change to existing model	Double nursing workforce to deliver this option, stable nursing workforce and leadership		8
Workforce - Therapy	Preferred option x1 acute site and x1 rehab site, consolidate MDT, resilience to the service, strengthen skill mix and create development opportunities, recruitment challenges at NHH, unable to recruit to SLT at NHH, one rehab site centre of excellence will help with recruitment			4
Environment	Capacity at NHH to displace RGH & YYF beds			6
Demand - Geographical	Highest demand geographically from Newport and Caerphilly areas, not Monmouthshire			2
Stakeholders - LA/Community	Displacement of patients from south of Gwent, potential impact on discharge planning			5
Implications	Preferred option for therapy and medical team - 1 acute site and 1 rehab site, stable workforce at NHH, unable to recruit and retain medical staff at NHH, capacity at NHH to accommodate additional beds, lack of rehab facility in the south of Gwent, potential impact on discharge planning, destabilise medical rota at RGH & YYF			
Total				36

Scenario 2 - x1 Acute Site & x1 Rehab Site				
Option 2b - GUH, RGH	GUH	RGH		Score 1/10
Capacity - Beds	15 HASU beds & 8 beds B4 from RGH Total 23 beds	43 Stroke beds 12-14 Stroke (+29 from NHH & YFF)		8
Workforce - Medical	15 beds (+8) Consultant: 3.75 WTE Reg: 1.0 WTE Junior: 3.0 WTE (F2, IMT1, IMT3) PA: 1.0 WTE	43 beds Consultant: 3.0 WTE Reg: 2.0 WTE Junior: 10.0 WTE PA: 2.0 WTE		6
Workforce - Nursing	No change to existing model	Concerns related to additional staffing, explore rehab assistants, CNS across both wards to support skill mix		2
Workforce - Therapy	Preferred option x1 acute site and x1 rehab site, consolidate MDT, resilience to the service, strengthen skill mix and create development opportunities, recruitment challenges at NHH & YFF, one rehab site centre of excellence will help with recruitment			7
Environment	Lack of capacity at RGH to displace NHH & YFF beds			6
Demand - Geographical	High demand geographically from Newport			6
Stakeholders - LA/Community	Displacement of patients from north of Gwent, potential impact on discharge planning			6
Implications	Preferred option for therapy and medical team - 1 acute site and 1 rehab site, stable medical workforce at RGH, unable to recruit and retain medical staff at NHH, lack of capacity at RGH to accommodate additional beds, lack of rehab facility in the north of Gwent, potential impact on discharge planning for patients in north Gwent, destabilise medical rota at NHH & YFF, lack of identity for NHH site, low staff moral			
Total				41

Scenario 2 - x1 Acute Site & x1 Rehab Site				
Option 2b - GUH, YYF	GUH	YYF		Score 1/10
Capacity - Beds	15 HASU beds & 8 beds B4 from RGH Total 23 beds	43 Stroke beds 15 Stroke beds (+28 from RGH & NHH)		8
Workforce - Medical	15 beds (+8) Consultant: 3.75 WTE Reg: 1.0 WTE Junior: 3.0 WTE (F2, IMT1, IMT3) PA: 1.0 WTE	43 beds Consultant: 3.0 WTE Reg: 2.0 WTE Junior: 10.0 WTE PA: 2.0 WTE		5
Workforce - Nursing	No change to existing model	Additional staff required unlikely that staff will move from other site, no option for additional ward area without impinging onto surgical capacity on site, CNS need to be based on site		7
Workforce - Therapy	Preferred option x1 acute site and x1 rehab site, consolidate MDT. Resilience to the service, strengthen skill mix and create development opportunities, one rehab site centre of excellence will help with recruitment			9
Environment	Lack of capacity at YYF to displace RGH & YYF beds			6
Demand - Geographical	High demand geographically from Newport			5
Stakeholders - LA/Community	Displacement of patients from south of Gwent, potential impact on discharge planning			5
Implications	Preferred option for therapy and medical team - 1 acute site and 1 rehab site, unable to recruit and retain medical staff at NHH, lack of capacity at YYF to accommodate additional beds, lack of rehab facility in the south of Gwent, potential impact on discharge planning for patients in south Gwent, destabilise medical rota at RGH & NHH, lack of identity for NHH site, low staff moral			
Total				45

Stroke Nursing

		PA	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	A&C	Ward Total
Current Establishment	CNS	1.00	1.00	3.00			0.80		0.95	6.75
	GUH - B4		1.00	3.00	17.57	0.00	5.59	13.99	1.00	42.15
	RGH - C5E		1.00	1.00	13.48	0.00	0.00	19.60	2.00	37.08
	NHH - 3/4		1.00	2.00	12.48	2.84	0.00	22.38	1.60	42.30
	YYF - Bargoed		0.50	1.00	6.24	1.42	1.12	10.08	0.80	21.16
										0.00
	Band Total	1.00	4.50	10.00	49.77	4.26	7.51	66.05	6.35	149.44
										0.00
Option 1	CNS	1.00	1.00	3.00			0.80		0.95	6.75
	GUH - B4		1.00	3.00	17.57	0.00	5.59	13.99	1.00	42.15
	2 sites - 1 ward 28 and 1 ward 27 beds		2.00	4.00	24.96	5.68	2.24	53.70	3.20	95.78
										0.00
	Band Total	1.00	4.00	10.00	42.53	5.68	8.63	67.69	5.15	144.68
Option 2	CNS	1.00	1.00	3.00			0.80		0.95	6.75
	GUH - B4		1.00	3.00	17.57	0.00	5.59	13.99	1.00	42.15
	1 site - 1 ward 30 beds and 1 ward 25 beds		2.00	4.00	24.96	5.68	2.24	48.11	3.20	90.19
										0.00
	Band Total	1.00	4.00	10.00	42.53	5.68	8.63	62.10	5.15	139.09

Stroke Nursing

		PA	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	A&C	Ward Total
Current Establishment		£78,093	£351,417	£578,823	£2,349,478	£180,477	£289,216	£2,422,529	£213,335	£6,463,368
										£0
	Band Total	£78,093	£351,417	£578,823	£2,349,478	£180,477	£289,216	£2,422,529	£213,335	£6,463,368
										£0
Option 1		£78,093	£312,371	£578,823	£2,007,702	£240,637	£332,348	£2,482,679	£150,568	£6,183,221
										£0
	Band Total	£78,093	£312,371	£578,823	£2,007,702	£240,637	£332,348	£2,482,679	£150,568	£6,183,221
Option 2		£78,093	£312,371	£578,823	£2,007,702	£240,637	£332,348	£2,277,649	£150,568	£5,978,191
										£0
	Band Total	£78,093	£312,371	£578,823	£2,007,702	£240,637	£332,348	£2,277,649	£150,568	£5,978,191

Option	Staff Group			Total WTE	Comparative Annual cost			
	Medical WTE	Nursing WTE	Therapies WTE		Medical £'000s	Nursing £'000s	Therapies £'000s	Total £'000s
Current Service Provision	26.40	149.44	33.09	208.93	2,147	6,463	1,493	10,104
Option 1a - GUH, NHH & YYF	25.75	144.68	33.09	203.52	2,063	6,183	1,493	9,739
Option 1b - GUH, NHH & RGH	26.75	144.68	33.09	204.52	2,082	6,183	1,493	9,758
Option 1c - GUH, YYF & RGH	27.75	144.68	33.09	205.52	2,166	6,183	1,493	9,842
Option 2a - GUH & NHH	26.25	139.09	33.09	198.43	2,006	5,978	1,493	9,477
Option 2b - GUH & RGH	26.25	139.09	33.09	198.43	2,006	5,978	1,493	9,477
Option 2c - GUH & YYF	26.25	139.09	33.09	198.43	2,006	5,978	1,493	9,477

Reduction in Nursing WTE's 10.35 (Reg & UnReg)
Reduction in number of dedicated Stroke Beds, 78 currently with proposal of 70
Reduction in annual cost £627k which will be required to support CoTE beds that will be transferred from YYF to alternative location.
Annual costs are based on 100% substantive rates for illustration. Actual costs would include variable pay to cover vacant sessions.
Nurse staffing - option 1 would require 2 full wards (>25 beds), Safer Staffing would require 46.27 wte's per ward.
Nurse staffing - option 2 would require 1 full ward (30 beds), Safer Staffing would require 46.27 wte's per ward plus 40.68 wte's (25 beds).
Dependant on outcome, relocation expenses will need to be considered.



Stroke Services Reconfiguration Communications and Engagement Plan

Draft Version 1.0

Summary:

1. This Communications and Engagement Plan sets out how we will communicate and engage with our staff, stakeholders and the general public.
2. It comprises overarching messages, together with plans for engagement and communication activity and the associated timelines.

Notes:

This Communications Plan is a working document, use version control

Proposed Publication/Distribution of Communications Plan:

- Stroke reconfiguration – Project Leads

Version	Updated by	Date	Circulated to
1.0	JH	15/06/2023	Tracey Morgan / Kate Fitzgerald
2.0			
3.0			
4.0			

Stroke Services in ABUHB – Communications Plan – Activity Schedule

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Stroke Services in ABUHB – Communications Plan – Activity Schedule

1 Background

In line with our original Clinical Futures Strategy, since The Grange University Hospital opened in November 2020, we have delivered Stroke services across the Health Board area via the HASU (GUH) and rehabilitation wards at RGH, NHH and YYF.

In recent months, our Stroke rehabilitation services have become unsustainable across the four sites due to severe medical staffing shortages and difficulties in recruiting to vacant posts. This has impacted on the quality of care we have been able to offer to patients and has adversely affected staff morale.

Earlier in 2023, a review of our Stroke services took place (involving Health Board staff and expert stakeholders and partners from across the UK). The review findings recommended that the quality and sustainability of our Stroke services would be enhanced if the Health Board moved to a two site model.

Due to medical staffing shortages, it has become necessary to take emergency measures to centralise our Stroke rehabilitation services to one eLGH hospital site. Representatives from the service, involving staff from all sites and staffing groups, have met to analyse and evaluate the possible configuration of the rehabilitation services going forward.

In the short term, this working group has recommended that a rehabilitation centre at YYF should support the HASU at GUH as an emergency measure, meaning the Stroke wards at RGH and NHH will be repurposed.

In the longer term, the Health Board will engage with staff, the public and partners to design a plan for effective and sustainable Stroke services for Gwent.

2 Key Messages

2.1 Main Messages

- Patient safety and high quality Stoke care are our highest priorities.
- Staffing shortages across Wales and the UK mean that we have to take urgent action to reconfigure Stroke services.
- A review of services, involving Stroke experts from across the UK, recommended that our services need to be reconfigured.
- Even when we move to a 2-site model, patients will still be treated as close to home as possible throughout their rehabilitation journey, according to their needs.

2.2 Further key Messages for ABUHB staff

- Representatives from our Stroke services, involving staff from all sites and staffing groups, are involved in the in-depth decision-making process to find the best option in both the short and long term.
- We understand that there is no option that will satisfy all staff and sites, but changes need to be made to ensure the quality and sustainability of the service.
- Support will be available to any staff who are affected by the changes being made.
- Staff will be engaged with regarding their future working options and place of work according to our Workforce policies.

3 Aims and Objectives

Communication Aims and Objectives

To maintain confidence in the Clinical Futures model	<ul style="list-style-type: none">• Communicate that we are still following a 'Care Closer to Home' philosophy wherever possible, and that patients can receive more general rehabilitation care at their closest hospital• Reinforce the fact that centralising stroke rehabilitation services in our area was a key recommendation following the independent review
Keep staff well-informed	<ul style="list-style-type: none">• Avoid hearsay and the spreading of inaccurate information by regularly communicating with staff and providing them with up-to-date information• Be open and honest with staff, and being sympathetic to how this reconfiguration will impact them (mentally, emotionally)

Stroke Services in ABUHB – Communications Plan – Activity Schedule

	<ul style="list-style-type: none"> • Make them aware of the support available to them • Keep them involved with the decision-making process around potential changes of base/ specialty etc
Maintain confidence in the safety and quality of our services (stakeholders, partners, patients, wider public)	<ul style="list-style-type: none"> • Be open and honest with key stakeholders and keep them well-informed of any developments • Demonstrate that patient care remains our highest priority and at the centre of everything we do

4 Key People

Spokespeople

Lead spokesperson for the Reconfiguration of Stroke Services	Leanne Watkins
Lead clinical spokesperson for ABUHB	Dr Philip Campbell / Dr Yaqoob Bhat

5 Suggested Channels

Staff facing (affected staff)	<ul style="list-style-type: none"> • Targeted email to certain staffing groups/ sites • Team Briefings • Management cascade
Wider Staff	<ul style="list-style-type: none"> • Intranet • Global E-mails • Staff Newsletters
Stakeholder	<ul style="list-style-type: none"> • Stakeholder briefing • Engagement e-mails • Directly through Stroke Reconfiguration Working Group
Media	<ul style="list-style-type: none"> • Pre-prepared statement • Reactive media interviews

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6 Stakeholders

Indicative stakeholder map for development by Communications and Engagement Workstream.

Sector	Audience	Further detail	Channel	Responsible Officer
A. Patients and Service Users	Stroke patients	Prepare statement / FAQs if asked.	Provide FAQs if asked – directly on wards, printed document or online FAQs	ABUHB Comms & Stroke Leads to develop; Ward staff & Stroke Leads to distribute
	Other patients directly affected by reconfiguration (e.g. patients currently on a ward that will be used to accommodate additional stroke patients)	Keep these patients well-informed of the plans once agreed, and how they will be affected by the reconfiguration	Provide FAQs if asked – directly on wards, printed document or online FAQs	ABUHB Comms & Stroke Leads to develop; Ward staff & Stroke Leads to distribute
B. Public and Communities	All residents of Aneurin Bevan	Share FAQs and statement <i>if asked</i>	FAQs and statement	ABUHB Comms/ Engagement
C. ABUHB Staff and Contractors	NHH Staff	Distribution of accurate, up-to-date information to staff supporting stroke services at NHH, utilising key messages to provide reassurance of job security and freedom	Team Briefings, Targeted e-mails, manager cascade across all divisions	ABUHB Comms / Stroke Project Team
	RGH Staff	Distribution of accurate, up-to-date information to staff supporting stroke services at RGH, utilising key messages to provide reassurance of job security and freedom	As above	ABUHB Comms / Stroke Project Team
	YYF Staff	Distribution of accurate, up-to-date information to staff supporting stroke services at YYF, setting out steps for future	As above	ABUHB Comms / Stroke Project Team
	GUH Staff	Distribution of accurate, up-to-date information to staff supporting stroke services at YYF,	As above	ABUHB Comms / Stroke Project Team

Stroke Services in ABUHB – Communications Plan – Activity Schedule

		setting out steps for future		
	Executive Board	Seek sign off for proposed reconfigured model	Keep informed and engaged via Exec briefings	Stroke Leads/ ABUHB Comms
	Wider ABUHB Staff	Develop briefing to share if asked pre-decision, share information post-decision	AB Pulse, all-staff e-mail	ABUHB Comms
D. Partners	Cwm Taf, Cardiff & Vale (regarding repatriations)	Powys?	ABUHB Comms	ABUHB Comms
	Trade Union Partnership Forum	Keep informed and provide updates as and when needed	Briefings, e-mails	Stroke Leads
	Local Medical Council	Keep informed and provide updates as and when needed	Briefings, e-mails	Stroke Leads
	Local Negotiating Committee	Keep informed and provide updates as and when needed	Briefings, e-mails	Stroke Leads
	WAST	Keep informed and provide updates as and when needed	Briefings, e-mails	Stroke Leads
	Local Authorities	Keep informed and provide updates as and when needed	Briefings, e-mails	Stroke Leads
E. National Organisations	Welsh Government	Keep informed and provide updates as and when needed	Via Communications Team	ABUHB Comms
	Stroke Association	Keep informed and provide updates as and when needed	Briefings, e-mails	Stroke Leads
	<i>Llais</i> Aneurin Bevan	Keep informed of any updates	Briefing at <i>Llais</i> and ABUHB Board meeting, sharing of FAQs	ABUHB Stroke Project Team
	Health Education and Improvement Wales (HEIW)	Keep informed of any updates	Briefing at <i>Llais</i> and ABUHB Board meeting, sharing of FAQs	ABUHB Stroke Project Team
G. Political	Local MSs and MPs	Keep informed and provide updates as and when needed	Stakeholder e-mails, stakeholder briefings	ABUHB Comms ABUHB Engagement
H. Press & Media	Local Media	Prepare 'if asked' statement to share	Digital and print news outlets	ABUHB Comms

Stroke Services in ABUHB – Communications Plan – Activity Schedule

8 Timeline

Date of Activity	Audience	Activity	Comments	Lead / By Whom	Achieved	Evidence Logged
Warning Phase - June & July 2023						
Early June	Llais, TUPF, LNC	Pre-engagement meetings to keep informed of process	All understood the rationale and supportive of the process	TM		
WC 19 th June	Service staff RGH, YYF, GUH, NHH	Create and distribute staff briefing to reassure and prevent the spread of misinformation (appendix 1)	Drafted and signed off	TM / KF /JH / HS / CK		
Early July	Executive Team	Recommended model considered by Executive team on 6 th July for approval to take to Board	Await further action following decision	TM		
Early July	Key stakeholders	Distribute briefing to inform of upcoming Board decision		Stroke Leads JH / HS/		
Mid July	Key Stakeholders	Take decision to Board on 19 th July for formal approval		LW		
Informing Phase – July & August 2023						
July (after Board decision)	Llais, TUPF, LNC	Update on Board decision and engage on next steps.	All understood the rationale and supportive of the process	TM		
July (after Board decision)	Staff at all sites	Inform all affected staff of decision and set out next steps in accordance with NHS Wales Organisational Change Policy (OCP)	Provide support to affected staff - <i>Develop new patient pathways etc?</i> <i>If so – how to communicate these</i>	Stroke Leads		

Stroke Services in ABUHB – Communications Plan – Activity Schedule

Date of Activity	Audience	Activity	Comments	Lead / By Whom	Achieved	Evidence Logged
July	Affected patients	Inform all affected patients and set out next steps		Stroke Leads/ Ward Staff		
July	Wider Staff / stakeholders	Inform wider staff of decision with page on AB Pulse and formal communication		TM / HS/ JH		
July	Media	Issue statement to those who request it – <u>only if asked</u>		HS/ JH		

Appendix One – Staff Briefing July 2023



eLGH%20reconfiguration%20staff%20br

Stroke Consolidation – Stakeholder Map

Influence on Stakeholders	High	High Influence, Low Interest Keep Satisfied Wider voluntary groups	High influence, High Interest Manage Closely Medicine Division Family & Therapy Division PCC Division Trade Union Partnership Local Medical Council Local Negotiation Committee Stroke Association Llais Local MPs Stroke patients/families/carers Local Authority WAST HEIW
	Low	Low influence, Low interest Monitor (Minimum Effort) Wider ABUHB staff Non stroke patients Neighbouring Health Boards	Low influence, High interest Keep Informed Wider communities Members of the public Local media
		Low Influence on Stakeholders High	



Report Title	Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps			Agenda Item	4.2
Meeting Title	Aneurin Bevan University Health Board Cardiff and Vale University Health Board Cwm Taf University Health Board Hywel Dda University Health Board Powys Teaching Health Board			Meeting Date	19 th July 2023
FOI Status	Open				
Purpose of the Report	The purpose of this report is to outline the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input checked="" type="checkbox"/>	ASSURE <input type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
Recommendations: Members are asked to: <ul style="list-style-type: none">• Note the report,• Receive the outcome of the engagement process• Note the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales,• Note and consider the feedback received from patients, staff and stakeholders with respect commissioning intent,• Support the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation,• Note the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and• Note that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.					

COCHLEAR AND BONE CONDUCTION HEARING IMPLANT (BCHI) ENGAGEMENT & NEXT STEPS

1.0 SITUATION

The purpose of this report is to outline the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.

2.0 BACKGROUND

There are approximately **613,000** people over the age of 16 with severe / profound deafness in England and Wales.¹

Around **370** children in England and **20** children in Wales are born with permanent severe/profound deafness each year. Around **90%** of these children live with hearing parents. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. It is 2 in every 1,000 between the ages of 9 and 16.

There are two specialist centres for Cochlear Implant services in South Wales:

- One at the University Hospital of Wales (UHW), Cardiff and Vale University Health Board (CVUHB); and
- One at the Princess of Wales Hospital (PoWH), Cwm Taf Morgannwg, University Health Board (CTMUHB).

Urgent temporary service change arrangements for the Cochlear Implant service located in the PoWH, Bridgend have been in place since September 2019. The patients previously seen at the PoWH are currently seen in the UHW in Cardiff.

There are three centres delivering the BCHI Service. Services from UHW, Cardiff and the other at Neath Port Talbot Hospital (NPTH) are funded by the Welsh Health Specialised Services Committee (WHSSC) on behalf of all Health Boards (HBs).

The service delivered from the Royal Gwent Hospital (RGH) is funded by Aneurin Bevan University Health Board (ABUHB).

¹ [Overview | Cochlear Implant implants for children and adults with severe to profound deafness | Guidance | NICE](#)

3.0 ASSESSMENT

3.1 Current Position

Following notification from CTMUHB in 2019, that the HB would no longer be able to provide the Cochlear service from PoWH in Bridgend, due to issues of workforce and sustainability, an urgent temporary service change was enabled that resulted in all patients from South West Wales, South East Wales and South Powys being seen at the UHW within CVUHB.

The Covid19 pandemic delayed the ability to proceed with public engagement / consultation. The process restarted as appropriate within the context of other recovery and commissioning priorities.

When recommenced; a number of processes were enabled to determine a preferred commissioning model onward; and to ensure a solid background to the engagement process. The components of this were:

- A clinical option appraisal,
- An independent assessment of the options by an external assessor (from a comparable service in NHS England); and
- A financial appraisal of the options.

Horizon scanning and reviews of models of specialist auditory provision in other parts of the UK resulted in WHSSC considering the entire / potential services within its remit. This would allow the commissioning ambition for a Centre of Excellence in Wales which would include Cochlear implants, BCHI's, and middle ear implants (should they be approved through a process which is enabled in 2023).

This information was brought together and considered by both the WHSSC Management Group and the Joint Committee, who then supported both the content and process relating to a period of engagement on a 'a single implantable device hub for both children and adults with an outreach support model'.

Agreement was reached through HBs during September 2022, for a period of targeted engagement with regard future provision of both Cochlear and BCHI.

3.2 Aim of the targeted engagement

Early discussions were held with Community Health Councils (CHC's) and a targeted engagement was agreed as the affected patient cohort were small in numbers and it was a highly specialised service.

The scope of the engagement was to seek support or otherwise for a Centre of Excellence for Specialist Auditory Devices (including BCHI, Cochlear and middle ear implants – subject to approval of the latter).

3.3 Process

The process, which was agreed with the CHC, was of a targeted engagement with those accessing the service. Because BCHI services were also included within the scope of the engagement, a broader stakeholder cascade of information was made. A summary of the reach is outlined in **table 1** below.

Table 1: Summary of the Reach

GROUP	METHOD
Patients	952 patients cascaded via their local clinical teams
Staff	All documentation made available to clinical teams via the Heads of Service
Stakeholders	<p>National organisations managed by WHSSC</p> <p>Cascade of documentation via:</p> <ul style="list-style-type: none">• ABUHB Stakeholder network & website• BCUHB Stakeholder network & website• CTMUHB Stakeholder network & website• CVUHB Stakeholder network & website• HDUHB Stakeholder network & website• PTHB Stakeholder network & website• SBUHB Stakeholder network & website

A number of materials were produced to support the process:

- Core consultation document (English and Welsh),
- Summary document (English and Welsh),
- Easy read document (English and Welsh),
- Video (with British Sign Language (BSL)),
- Questionnaire,
- Equality Impact Assessment (EQIA); and
- Publications on HB websites signposting to the engagement.

3.4 Outcome

There were 201 responses to the questionnaire, of these, 5 were from organisations, and 196 were from individuals. There was also a detailed written response from the clinical community, submitted via the Audiology Standing Specialist Advisory Group (ASSAG). The data from the questionnaire is reported against the engagement questions presented at **Appendix 1**. The ASSAG response is presented at **Appendix 3**.

A thematic analysis has been undertaken against the data. The key themes that emerged from the analysis are outlined in **table 2** below:

Table 2: Key Themes of Analysis

Theme	Summary
<ul style="list-style-type: none"> General support for the proposed change 	There was good support for a single implantable device hub with 74% of respondents agreeing to the preferred option. The qualitative information presented in Appendix 2 is worthy of further note.
<ul style="list-style-type: none"> No support for the proposed change 	There were 8% who disagreed with the preferred option and 18% who had no particular view. The qualitative information presented in Appendix 2 is worthy of further note.
<ul style="list-style-type: none"> Access, travel, location, parking & costs 	The four most consistent themes were of accessibility, i.e. location of services particularly the single hub centre, sustainability, the patient experience and travel and journey times for patients.
<ul style="list-style-type: none"> Staff and resources 	There were a number of statements related to either staffing levels or service funding.
<ul style="list-style-type: none"> Service design 	A number of suggestions/comments were made in respect of service design.
<ul style="list-style-type: none"> Service feedback/general comments 	There was good support and positive comments from respondents about the current provision of services, how they had received excellent quality care and were well looked after by the staff. There were also some areas suggested for improvement.
<ul style="list-style-type: none"> Comments on process and options 	A number of issues of process were raised, these predominantly related to the length of the process (which delayed through COVID); the separation of Cochlear from BCHI and the separation of children from adults, these responses were predominantly from the clinical community.
<ul style="list-style-type: none"> Waiting times 	The majority of comments were with regard waiting times.

All responses are reported against the themes outlined in **Appendix 2**.

(Note - some quotes have been used for illustration in the text, however should not be considered in isolation of the data presented in the appendices).

3.5 Findings and Exploration

The majority of the respondents (74%) were **supportive of the preferred option**. Reasons stated included the benefits of a single Centre of Excellence, all staff in the same place, continuity of personnel and an anticipated benefit regarding waiting times and staff availability. There were examples of respondents being supportive of the preferred option, however they were also aware of a broader impact for example on travel times/distance and associated costs. These have been captured in the thematic report.

I think that this will be a positive move, everything will be easily accessible and all at one place

The most important thing is the experience of the person setting up the hearing aid to give maximum benefit. If you have to travel for this it is worth it.

High volume surgical sites' are key for good outcomes. At the same time follow up services should be 'local to a patient' for better compliance & outcomes

Having one team of skilled experienced specialists in one hub can be a huge benefit to implant surgery. It is however vital that regional outreach support is maintained as access from across Wales to one central hub is not practical for all

A smaller number of respondents (8%) who offered their views as to why they **would not support the preferred option**, with the dominant reason being linked to travel impact for both patients and staff.

Too large, anonymous, patients are not familiar with staff and feel insecure and apprehensive. Harder for relatives to visit.

The view of the professional group was that there is support for the centralisation of Cochlear services, but not for BCHI, due to the reasons outlined in **Appendix 3**. (Permission to publish the clinical communities' response has been gained).

The highest number of consistent themes from the engagement process were in the areas of: **Access, travel, location, parking & costs.** Cochlear services have all been on a single site since 2019, as such whilst the inconvenience of travel to and parking at a single sight, is acknowledged it does not appear to have impacted attendance at clinics to date.

Accessibility is the key problem for me, already having issues with train strikes, limited timetables for all public transport.

People living in far reaches of the area that provides hearing devices have a hard time reaching one hub, especially in inclement weather

With regard **staff and resources**; the main areas of feedback here were with regard adequate staffing numbers; appropriate training; sufficient finances to support the service, and the right level of specialist staff.

The success of delivering the future aims is very much dependable upon consistent funding

For all of the above to be achieved I think will take a long time. It needs much more funding.

Through the responses, a number of observations and suggestions were made with regard **Service Design**. These included increased access through outreach clinics; weekly hub presence; increased use of technology and new advances in treatment; working to agreed standards, and provision of emotional support to families.

Local outreach and access, including audiology appointments and rehabilitation appointments would enable ease of access

Many respondents took the opportunity through the engagement process to offer general commentary on their experience of the service and some personal patient stories. These collectively offer a rich picture and should be considered in forward planning and delivery of service. (Note the relevant section is outlined in **Appendix 2**).

A number of comments were also received on the **process** that had been followed. Specifically comments predominantly related to separating Cochlear and BCHI; separating adult and children; the length of time that the process has taken since the urgent temporary change in 2019; and a few respondents suggested they would prefer a different option. There was some suggestion that insufficient regard had been given to the clinical view, and that the incorrect guidance had been used to inform the work, and that there was inconsistency in two of the resources supporting the engagement information.

A theme also emerged with regard to **waiting times**, some regarding aspiration and hope for shortened waiting times as a result of a centralised service, and others with regard actual experience. Some respondents for example, suggested that the proposed single implantable device hub would offer a more timely service with equitable waiting times for all patients, conversely, some respondents commented that it could increase waiting times due to the increase in volume of patients trying to access the service.

The proposed mitigations arising from the engagement are as follows:

I am wondering if this will have a positive impact on waiting times.

Table 3: Proposed Mitigations

Theme	Mitigation
<ul style="list-style-type: none"> Access, travel, location, parking & costs 	Whilst a single central location is proposed (site to be identified) the service model should a) have a central MDT, b) centralised operations; and c) local follow up, monitoring and modifications. Commitment will remain to local outreach clinics.
<ul style="list-style-type: none"> Staff and resources 	The financial option appraisal undertaken to inform this work demonstrated that there is sufficient funding within the service, and that finance was not a driver for this work. WHSSC will review further service developments as part of its normal commissioning processes.
<ul style="list-style-type: none"> Service design 	Issues raised regarding: access through outreach clinics; weekly hub presence; increased use of technology and new advances in treatment; working to agreed standards, and

Theme	Mitigation
	<p>provision of emotional support to families will be included within service modelling and implementation discussions.</p> <p>Further understanding is to be had with regard availability of soundproofed rooms</p>
<ul style="list-style-type: none"> Service feedback/general comments 	<p>Feedback to be shared with clinical teams delivering services, and suggestions (as appropriate) used to inform future service modelling</p>
<ul style="list-style-type: none"> Comments on process and options 	<p>Further engagement is required with the Clinical Reference Group regarding the specifics of the issues raised. Also further discussions with the Chair of ASSAG will take place.</p> <p>With regard the specific point raised by the clinical community on the relevance of the guidance - We acknowledge the reference to the latest policy. Both the 2013 and 2016 policies are listed as current published documents on the NHS England website and have therefore been used to inform the review of the services.</p> <p>We acknowledge that BCIG standards are for the Cochlear Implant service only. The BCHI standard "a centre should undertake a minimum of 15 BCHI per year" has been quoted from the Clinical Commissioning Policy: Bone Anchored Hearing Aids, April 2013. Reference NHSCB/D09/P/a.</p>
<ul style="list-style-type: none"> Waiting times 	<p>Monitoring information on waiting times to continue to be regularly reviewed.</p>

3.6 Conclusion and Next Steps

The engagement process outlined above has tested support or otherwise for the commissioning of a single implantable hub for South East Wales, South West Wales and South Powys. The patient voice appears to give strong support, whilst there is further engagement to be held with the clinical community on the future

service model. A number of mitigations have been highlighted in the response to the patient voice.

The clinical view has been consistent throughout the process, and WHSSC has again considered the issues raised by the clinical community. The feedback obtained through the consultation process does not appear to have identified any information (aside of the need to profile available sound proof rooms), which had not previously been taken into account when the preferred commission model was agreed. Specifically:

- The preferred option will enable the safe and sustainable delivery of services for patients requiring an implantable hearing device which will include:
 - Assessment by a multi-disciplinary team that is able to offer access to all types of (commissioned) hearing implants; and
 - Guidance on standards for BCHI services comes from a consensus statement of experts, which states:

"That BCHI fitting should take place in a specialist auditory implant device centre performing at least 15 implants per year." [Clinical Commissioning Policy](#)

In addition, the implementation of the Duty of Quality (Health and Social Care (Quality and Engagement) (Wales) Act 2020) means that WHSSC now risks legal challenge if it derogates from established best practice.

Taking all of the above into account and, in particular, the strong patient support for the single centre, WHSSC continues with the ambition to commission a Centre of Excellence for all Auditory Specialist Implantable Devices (Cochlear, BCHI and middle ear if supported).

To date, no location has been specified for the centre, as such WHSSC will now move forward into a second phase of consultation which includes a preferred location. To do this, a designated provider process will need to be enabled, this means WHSSC will ask providers to submit a proposal outlining if they wish to deliver the centralised service, and if so how they can deliver the service. WHSSC will develop clear criteria against which the service proposals are assessed and will use this information as the basis of consultation on a preferred option.

In the meantime, all Cochlear patients will continue to be seen at CVUHB. There will be no immediate change to the provision of BCHI.

In line with Welsh Government (WG) guidance for engagement and consultation on changes to health services in Wales, guidance is required from CHC colleagues with regard the process that has been enabled, the outcome of the exercise and proposed next steps. Formal discussions to agree next necessary steps are to take place with Llais shortly. The final report to Joint Committee will include their recommendation.

3.7 Llais and Joint Committee consideration

The outcome of the engagement was presented to Llais on the 9 May 2023 where both process and outcome were well received.

The Joint Committee received an update report on [16 May 2023](#)² and agreed to the following recommendations:

- **Noted** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales,
- **Noted** and **considered** the feedback received from patients, staff and stakeholders with respect commissioning intent,
- **Approved** the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model,
- **Supported** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation,
- **Noted** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and
- **Agreed** to take the outcome and proposed next steps through Health Boards for consideration.

Now that the proposal has been formally taken through the Joint Committee to seek support for the change, there is now a requirement for final approval from each of the HBs. Further to the approval to move to a period of engagement through HBs during September 2023, Health Boards are now recommended to consider this report and support the recommendations outlined below.

4.0 RECOMMENDATIONS:

Health Boards are asked to:

- **Note** the report,
- **Receive** the outcome of the engagement process,
- **Note** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales,
- **Note** and **consider** the feedback received from patients, staff and stakeholders with respect commissioning intent,
- **Support** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation,
- **Note** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to

² Page 17 of the pdf document bundle

NHS services in Wales; and

- **Note** that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance
Link to Integrated Commissioning Plan	Cochlear Implants and BCHI are deemed a Specialist service, and as such commissioned by WHSSC
Health and Care Standards	Governance, Leadership and Accountability Safe Care Individual Care
Principles of Prudent Healthcare	Reduce inappropriate variation Public & professionals are equal partners through co-production
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement The health and social care workforce is motivated and sustainable
Organisational Implications	
Quality, Safety & Patient Experience	This engagement has been undertaken in order to respond to issues of service sustainability and patient experience.
Finance/Resource Implications	A financial option appraisal has been undertaken to inform this work
Population Health	No adverse implications relating to population health have been identified.
Legal Implications (including equality & diversity, socio economic duty etc.)	An EQIA was undertaken to inform the work. A number of issues have arisen through the process with regard socio economic issues, specifically as related to travel, location and cost. These are detailed within the report, along with any available mitigating actions.
Long Term Implications (incl. WBFG Act 2015)	The framework has been developed cognisant of the relevant long term implications
Report History (Meeting/Date/Summary of Outcome)	WHSSC Management Group (MG) - 27 April 2023 Corporate Directors Group Board (CDGB) – 2 May 2023
Appendices	Appendix 1 - Presentation of data against questions asked Appendix 2 - Thematic analysis Appendix 3 - Professional Community response

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	People Plan 2022-2025, Putting People First - Annual Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: REPORTING OFFICER:	Shelley Williams, Peter Brown, Julie Chappelle, Assistant Directors of Workforce and Organisational Development; Adrian Neal, Head of Wellbeing

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Health Board's *People Plan, 2022 -2025, 'Putting People First'*, was approved by the Board in May 2022. The plan outlines the Workforce and Organisational Development strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people.

The People Plan has 3 core objectives:

1. **Staff Health & Wellbeing:** Creating an environment for staff to feel proud to work for the Health Board where they feel included, engaged, and have a sense of belonging.
2. **Employer of Choice:** Building on the reputation of the Health Board as a great place to train, work and grow.
3. **Workforce Sustainability:** Ensuring we have the right workforce models that embed innovative thinking.

This report describes the progress made during the first 12-months of implementing the plan. Some core areas of progress are illustrated in the infographic overleaf.

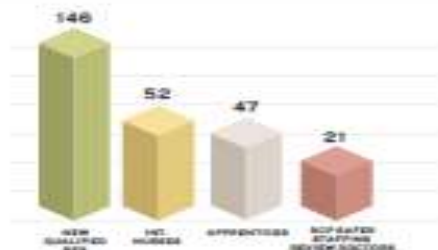
The Board is asked to note the progress made in the plan, including opportunities for the year ahead, noting our current operating context and the highly challenging workforce position that we continue to experience both locally and nationally.

WORKFORCE & ORGANISATIONAL DEVELOPMENT

PEOPLE PLAN IN NUMBERS



AGENCY REDUCTION PROGRAMME:
① 326 WTE HCSW



VACANCIES (FTE):

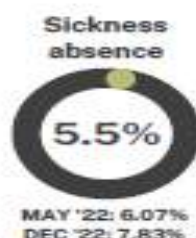
DOCTORS: JULY 2023 148, MAY 2022: 144

NURSES: JULY 2023 275, MAY 2022: 350

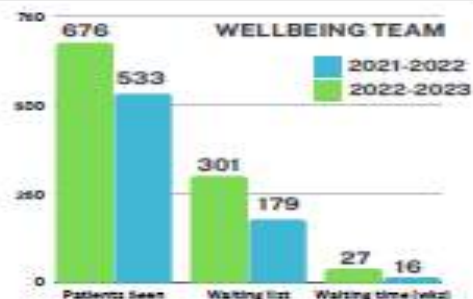
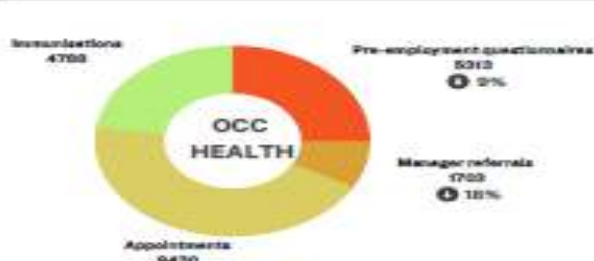
↑ 3%

↓ 21%

KEY ABUHB WORKFORCE METRICS



STAFF OCCUPATIONAL HEALTH & WELLBEING 12 MONTH SUMMARY



STAFF DEVELOPMENT & ENGAGEMENT



Cefndir / Background

The People Plan aims to ensure an efficient and effective workforce for the future. It is shaped by the Ministerial priorities, A Healthier Wales: Our Plan for Health and

Social Care (2020) and most recently the National Workforce Implementation Plan (2023) which outlines a series of practical actions that will act as enablers to accelerate Welsh Government's ten-year NHS workforce vision.

Delivery of the People Plan is set within a very difficult local and national socio-economic context. Delivering the People Plan is through collaboration with partners within the Health Board such as corporate and clinical divisions, our Trade Union partners and external partners including academic institutions and NHS Wales partners e.g., HEIW.

Progress against the People Plan's three objectives has been shared throughout the year with the People and Culture Committee at the following meetings:

Objective 1: 20/09/2022

Objective 2: 12/01/2023

Objective 3: 13/06/2023

Asesiad / Assessment

The People Plan delivery framework consists of 23 actions, set out under the three objectives and the urgency, capacity and funding for delivery and the wider Health Board challenges have influenced the priority order. The first-year priority actions were as set out below:

	Objective	Action
1	Staff Health and Wellbeing	Establish the Wellbeing Centre of Excellence
2	Staff Health and Wellbeing	Implement Integrated Psychological Wellbeing Practitioners
3	Staff Health and Wellbeing	Enhance Wellbeing of Staff
4	Staff Health and Wellbeing	Implement People First Staff Engagement Programme
5	Staff Health and Wellbeing	Research the concept of a Healthy Working Day
6	Staff Health and Wellbeing	Developing our offer for Leaders and Managers
7	Staff Health and Wellbeing	Occupational Health Service
8	Staff Health and Wellbeing	People Practices- Implement Avoidable Employee Harm
9	Staff Health and Wellbeing	Improve our Financial Wellbeing offer for staff
10	Employer of Choice	Develop a Strong Health Board Identity
11	Employer of Choice	Talent and Succession Planning Proposals
12	Employer of Choice	Building our Connections with Schools/ Education Providers/Communities
13	Employer of Choice	Widening Access to employment and training
14	Employer of Choice	Recruitment and Retention Strategies
15	Employer of Choice	Equality Diversity and Inclusion
16	Employer of Choice	Welsh Language Standards Implementation
17	Employer of Choice	Volunteering Opportunities
18	Workforce Sustainability	Workforce Sustainability Plans
19	Workforce Sustainability	Transformation Work stream
20	Workforce Sustainability	Accelerated Cluster Development
21	Workforce Sustainability	Workforce Analytics and E-Systems
22	Workforce Sustainability	Agile/Hybrid Working
23	Workforce Sustainability	Variable Pay Reduction Plan

A summary of the achievements and in some cases barriers to the delivery of these actions from May 2022 to date are detailed within **Appendix 1**.

Summarised below are some of the key highlights relating to many actions in more detail.

Objective 1 – Staff Health and Wellbeing

Wellbeing Centre of Excellence (WCoE)

Over the past 12 months we have been working towards delivering the Wellbeing Centre of Excellence (WCoE) service model approved by the Board in 2020. This service model formed the basis of our bid to the Welsh Government in 2022. A central component of this bid was to implement integrated wellbeing roles. Our bid was unsuccessful due to funding constraints. However, internally we have redesigned our approach to deliver the model incrementally through creating our own income generation approach.

In the past 12 months, we have secured over £200K linked to several commissioned pieces of work with partners including: HEIW, National Association of Education Leaders (Wales), numerous NHS England Foundation trusts, Local Partnership Board, and Social Care Wales. The income generation work is in its infancy; however it is already showing promise and has enabled funding of 1wte additional staff counsellor for our psychological therapy service. Recruitment is challenging and we are considering flexible models to improve our position and other services such as Employee Assistance Programmes to meet the increasing demand shown in the infographic.

Consequently, over the past 12 months significant progress has been made positively impacting on our people, the organisation, and our wider public sector partners. Our Psychological Therapy Service has responded to the psychological/mental health needs of our staff, many of which have been informed by our wellbeing surveys. Outcomes from all four pathways is constantly high, with good rates of recovery of 68% (7 out of 10 people who have a course of treatment show reliable and substantial reduction in distress).

The base for the service at Llanfrechfa Grange has been refurbished increasing the number of clinical and non-clinical rooms and allowing space to be shared with colleagues from Occupational Health and Organisational Development. This has provided a more welcoming environment for our staff.

Healthy Working Day and Employee Experience

The Healthy Working Day action within the plan relates to an innovative research project in conjunction with Cardiff University. We had hoped to progress this last year, however, with ongoing system pressures and impact on capacity we have experienced delays. We have submitted a request for internal research and development approval and achieved ethics approval from Cardiff University. We are also in the process of recruiting staff to take part in the project working with clinical leaders. This project will involve understanding the multiple entangled factors which contribute towards our staff's Healthy Working Day.

Building on this project and many other streams of work within the People Plan, over the next 12 months we will develop a long-term Employee Experience Strategy. The vision of this approach is "To create an organisation with the best employee

experience in the NHS.” There are 8 domains to the strategy shown below and our focus over the next 6 months is to bring these to life for teams across the organisation to maximise the chance of staff thriving in work.



The 'Avoidable Employee Harm' Programme

The avoidable employee harm programme was launched in July 2022 focusing on the potential harm that employee investigations can cause to those involved in the process and the wider impact on the organisation's culture, reputation and finances. A review of investigations undertaken by our Human Resources (HR) team had identified an over-use of formal disciplinary process to address workplace issues. In 12 months, WOD have developed the 'Improving our Employee Investigations' programme to support an organisation-wide approach to using disciplinary investigations.

A recent review of progress (July 2022 to June 2023) has shown a 66% reduction in the number of employee investigations commissioned. One divisional nurse observed:

"As a result of the training and new approaches, there has been less time spent on investigations, more timely resolution, less stress for staff and a reduction in sickness and absences."

We have partnered with HEIW to deliver this programme to over 500 people across NHS Wales and other public sector bodies and we are currently working with WAST and two other Health Boards to embed this practice. The next area of work for the avoidable employee harm programme is a focus on creating a culture that supports 'speaking up' and an initial development session, with a leading expert, is planned for autumn 2023.

Taking Care Giving Care Rounds

Taking Care Giving Care rounds (TCGC) have been run across the Health Board since 2015. An hour-long practice enabling staff teams to explore self-care, compassion, and connection between team members, they have reached 2000+ staff, and have regularly been used on nurse induction and training programs. TCGC rounds are a joint venture between Psychology, Well-Being, and OD.

Over the last year, rounds have reached over 240 staff across 16 different teams/courses. Participants report it increased their self-care, and their compassion for patients and colleagues. An adapted large group TCGC was run for over 30 staff

in Cardiac Rehab on 03 July 2023 who described the 60-minute session as "brilliant", "fantastic" and "insightful". Feedback included:

"Safe space and time to connect and share with colleagues. Also appreciated the mixture of time to think about ourselves and think about the service."

People First Project for staff engagement

Over the past 2 years, the #PeopleFirst (#CynnalCynefin), staff engagement initiative has been implemented, designed to acknowledge, understand and address where appropriate the challenges staff experience within work. Since its inception many engagement events at our hospitals and community sites day and night have meant hundreds of staff have been heard, sharing their challenges. The performance impact of this project has been huge, for example feedback from a senior member of staff was:

"I can't believe it, you came and listened to us then actually did something about the issues. For once I feel like the Health Board actually cares."

More recently we have worked with divisional and clinical managers to use the principles of the project to create their own people first strategies (e.g., Radiology and Pathology).



Team Development and interventions

During the last 12 months the OD team have responded to 150 separate requests for bespoke support for individuals and teams. This is in addition to planned programmes of work. Around 30% have been for bespoke team development. Coaching and Leadership related projects have comprised 26% of activity, and 10% of activity has comprised of projects requiring strategic OD interventions.

Occupational Health

Our service processed 5,313 pre-employment occupational health checks in the last 12 months (slightly less than the previous 12 months at 5,821) and of those 4,449 were cleared to work. This reduction is linked to decreased recruitment activity which was higher in the previous year due to recruiting to COVID services. In the last year 1,703 staff were referred by their manager to the service compared with 2,070 referrals in the previous year, this decrease correlates with a reduction in absence. The top reasons why staff referred to the service during this period were Stress and Anxiety, Psychological, Musculoskeletal - Lower Limb and long Covid.

Access to Occupational Health appointments, recruiting qualified occupational health consultants and practitioners and ensuring we can maintain service capacity is continually challenging. We will continue to review our capacity and service model over the forthcoming year. This will include considering options for working with neighbouring Health Boards to consider what opportunities may be available to work together.

Objective 2 - Employer of Choice

Our objective of being an 'Employer of Choice' aims to reduce vacancies, improving our offer to widen access to employment, recognises the public health benefits and the principles of foundational economy by promoting employment and training opportunities.

Recruitment Modernisation Programme

The NHS onboarding process has been difficult for some candidates to navigate, and we know it has often taken many months to complete pre-employment checks, causing poor candidate experience and delayed start dates. The NHS Wales Recruitment Modernisation Programme was implemented in October 2022 with the intention of reducing the time to hire and to improve the candidate's experience. The new process provides appointed candidates with an indicative start date upfront and allows managers to risk assess some of the checks (excluding mandatory checks such as the right to work in the UK). An internal analysis suggests that there has been a significant reduction in the time between conditional offer and start date now taking 11 days, when this was previously 65 days. This is a very early indicator which will continue to be monitored.

One-stop shop for HCSW Recruitment

In accordance with the Variable Pay Reduction Programme we have supported a one-stop shop to recruit a variety of HCSW posts across the Health Board. Prospective applicants can attend a recruitment event where they can apply, be interviewed, receive a job offer (if successful) and indicate a preference of site/speciality on the same day. This reduces administration and provides the candidates with a much better first experience of joining the Health Board. We will continue to support centralised events such as this and early indications demonstrate that new starters will commence in post two months earlier than a traditional recruitment route. Learning from this approach and expanding it to other recruitment initiatives is underway.

Speciality Doctor and Clinical Fellow Framework

The aim of this framework is to improve attraction and retention for Clinical Fellows and Speciality Doctors and ensures that this cohort of doctors are supported through good governance and career development. We held a workshop in April 2023 in conjunction with the General Medical Council (GMC) to encourage and support doctors wishing to progress and practice as a consultant grade through the CESR route (Certificate of Eligibility for Specialist Registration). This route is aimed at doctors who completed or partially completed their training outside of the UK to demonstrate that their skills and competencies match those required to be a consultant. The Health Board was also well advanced in the implementation of the new Speciality Doctor Contract and successfully appointed a Speciality Doctor Advocate and first in Wales to advertise roles in line with the new contractual arrangements.

Welsh Language

Having identified a clear shortage in confident Welsh speakers applying for roles the Welsh language unit have developed existing resources around careers advice emphasising the importance of Welsh language skills. We have ensured that we have the capacity to deliver sessions in Welsh-to-Welsh speaking students. We have established strong connections with Welsh medium schools as well as further

education establishments. In addition, workshops with non-Welsh medium schools have been developed to ensure students maximise their opportunities to learn Welsh.

Although a large improvement in compliance related to Welsh language abilities by staff has taken place, we are still unable to fully audit the whole workforce, as approximately 25% of staff have not completed this mandatory requirement on Electronic Staff Record (ESR). We have established systems to simplify this for staff, the challenge is to ensure this data set is viewed by the relevant individuals to influence and inform Workforce planning.

We have employed our own internal translator this year which has supported an increase in words translated and our ability to advertise more job opportunities in the medium of Welsh where appropriate. The appointment of an internal translator has also supported our ability to increase the number of words translated by 27% the activity is shown in the infographic above which we will use to measure improvements in the future. We acknowledge that we still have more work to do in this area and will continue to work with colleagues and the Welsh Language Commissioners office to improve our "active offer".

Core Learning Committee

Statutory and Mandatory (StaM) training provides a base level of knowledge across a series of topics for all employees across NHS Wales. Welsh Government sets a national target of 85% compliance within NHS Wales. Currently (as of April 2023), the Health Board's compliance as an organisation sits at 79%, which is comparable to other NHS Wales organisations.

On 01 June 2023 the Executive Committee were presented with a report on Statutory & Mandatory Training (StaM) and supported the implementation of a cross-organisation Core Learning Committee. This governance group will determine the organisational StaM requirements, monitor compliance, consider any new additions to StaM training and focus on increasing compliance through a number of measures including ease of access to training and clarity of requirements by professional/staff group.

Leadership Development

Recognising the role and demands of leaders across the Health Board has resulted in the development and extension of our internal learning offers. This includes two new programmes, firstly, CDx, which is for all existing and potential clinical directors spanning a 10-month development programme, and LDP which is our open access Leadership Development Programme for new and junior leaders. These two new programmes have meant over 300 colleagues have accessed bespoke internal leadership development curated specifically for their leadership challenges. In addition, the continuation of the Senior Nursing Academy (a talent programme for senior nurses), Leading People, our internal leadership programme for middle to senior leaders have both been renewed and delivered. Leadership development has been well received and impactful, with evaluation from CDx showing:

"If I hadn't been on this programme, I think I would have left the Health Board". (Clinical Director)



Picture: The launch of the seventh cohort of Leading People (March 2023)

Equality, Diversity and Inclusion (EDI)

In 2022, the Health Board established several staff diversity networks.



Staff Networks



We have continued to promote our Staff Networks via EDI newsletters. We are committed to supporting the growth of our networks as a valuable resource for engagement and feedback. Work is underway to develop a framework for each network to ensure their growth and sustainability. This includes the nomination of a Chair and Vice Chair, Terms of Reference, and annual action plans.

The networks enable staff to share experiences, information and best practice, offer peer support, and influence positive change a member of the Enable@ABUHB Network shares:

"I would like to pass on my thanks and gratitude to the Health Board for setting up the Staff Network Groups. I am a proud member of the Enable Staff Network Group, sharing my real lived experiences to help make a change in the Health Board".

There has been significant progress on several areas of staff training, which are in addition to the resources already available on the EDI intranet resources pages. These include:

- Active Bystander training.
- Basic BSL sessions, over 200 staff were involved.
- Race Equality First were commissioned to provide Cultural Awareness training to the Board.

- Started the development of a reverse mentorship programme, supported by our staff networks.
- Dyslexia Awareness sessions, which aimed to provide participants with a better understanding of what dyslexia means and the impact dyslexia may have on individuals at work.

Furthermore, the Policy for the Employment of Disabled People has been reviewed to reflect the social model of disability language and to include an Empowerment Passport. The passport is a document that details the reasonable adjustments a staff member with health or disability issues needs at work. As a Disability Confident Employer, we will continue to look at further ways of building our knowledge, confidence and understanding of how to create an inclusive and supportive environment. This will inform the work underway to attain Disability Leader accreditation.

Ensuring our workforce data regarding protected characteristics is complete remains a challenge. We will continue to encourage staff to complete their equality monitoring data on their ESR as an integral part of ESR training, through specific promotional activities and regular communication. Over the last 12 months we have held a number of staff roadshows with the Welsh Language team to encourage and support staff to update their personal information, recognising the importance of respecting personal choice.

Development of Equality Impact Assessment Process

Scrutiny of the Equality Impact Assessment (EqIA) has been strengthened this year. An Equality@ABUHB group has been established to provide a more holistic approach, support and governance to staff completing an EqIA. The Group comprises representatives from various divisions, including Workforce, Finance, Planning, Welsh Language and Trade Unions. The process aims to ensure that the Health Board implements services, policies and measures that meet the diverse needs of our service, population and workforce ensuring that none are placed at a disadvantage over others.

Objective 3 - Workforce Sustainability Actions

The Workforce Sustainability objectives focus around 5 overarching areas including Workforce Sustainability, Transformation Programme, Delivery of the Accelerated Cluster Development (ACD), Workforce analytics and Agile and Hybrid Working. In addition to these key areas, the People Plan also includes focused work to reduce reliance upon temporary workers.

Nursing Workforce Strategy

With the Director of Nursing, we have developed a 3-year [nursing workforce strategy](#) to address the nursing and midwifery workforce challenges (2023-2026) recognising that our ability to deliver high quality, compassionate care depends upon recruiting and retaining the right people with the right skills. We are on track with delivering the recruitment actions outlined within the strategy to reduce the current vacancies and build a pipeline of talent for many years to come.

Medical Workforce

There are currently 148wte doctor vacancies across the Health Board, this has remained constant over recent years. Recruitment continues to be highly challenging

with national and international skills shortages in certain specialties. We have already facilitated a safer staffing review in accordance with the Royal College of Physicians (RCP) principles on the medical workforce required dependent on the patient demand and acuity. As a result, it was identified and agreed that an additional 21 doctors were required and were successfully recruited in a challenging market.

We have responded with short term measures, for example, agreeing an internal locum rate card to improve fill rate of empty shifts, innovative job descriptions to attract new recruits and have worked closely with divisional colleagues to address key issues. In addition, with the Medical Director we are working on developing a Medical and Dental Workforce Strategy across our healthcare system to develop a medium to longer term organisational approach.

The procurement of a medical workforce e-system will be a core enabler in supporting the Health Board to address medical and dental workforce planning. The new system will record and provide live data on three components with anticipated implementation dates below:

- Job Planning – March 2024
- Electronic Rostering – December 2024
- Locum Bank – October 2023

Variable Pay Reduction Programme

The variable pay reduction programme was launched in September 2022. The programme focuses on several actions which includes increased recruitment activity, retention workshops and working with nursing colleagues to work towards eradicating off-contract agency for Registered Nurses (RN) on 01 March 2023 and all HCSW agency on 04 June 2023. The programme of work will require continued focus; however output of the programme so far includes:

- RN agency reducing from over 240wte to circa 170wte, the majority of the reduction is within off contract, higher cost agency.
- HCSW agency reducing from over 260wte to circa 50wte.

Agile Working Programme

An agile working framework has been developed to support the implementation of an agile working environment. Mapping of agile spaces has been completed across the Health Board and this analysis was presented to the Agile Programme Board and will shortly be published on the intranet. Following a favourable advisory audit, we have developed an Agile/Hybrid Working Strategy which is due to be presented to the Executive Committee and Board in the forthcoming months along with a managers assessment.

Whilst responding to the need to work differently during the Covid 19 pandemic catapulted agile working we have estate that are under-utilised. Working closely with colleagues and aligning the agile working strategy with the estates opportunities over the next period will enable the Health Board to realise additional benefits from agile working.

Transformation and Accelerated Cluster Development (ACD)

We continue to work with Gwent Workforce Board, as a sub-committee of the Regional Partnership Board (RPB). This past year, following the successful completion of a 10-month programme on Circular Economies, the Workforce Transformation Team delivered an integrated ideation workshop with key partners on workforce employability. Partners from Gwent Workforce Board attended to generate new ideas and innovation. The outcome of the session instigated the production of an employability document which promotes single point of access, improved engagement with schools, colleges and universities and routes to recruitment. This is now being progressed as a priority by the College Consortium Regional Group.

We continue to work on developing opportunities for joint apprenticeship opportunities. We have also agreed to provide Coleg Gwent Health and Social Care students paid work experience from September 2023.

The Health Board has a defined programme of work for the ACD project, which has dedicated workforce support to deliver the workforce related priorities with a detailed action plan. This support is focused on delivering integrated workforce plans, and transformational change. An example of where this has worked well is the collaborative workshop on behalf of Blaenau Gwent Integrated Services Partnership Board. The purpose of the session was to build partnerships across traditional boundaries and identify opportunities to create real impact and positive outcomes for children and young people. Through joint working colleagues from across health, local authority and third sector identified three key priorities to improve the lives of children and young people with Blaenau Gwent. Due to the positive outcome of this approach, further workshops are planned to support People with Learning Disabilities, Autistic Spectrum, Unpaid Carers and Young Carers/Adult Carers, Older People and Mental Health and Housing.

Talent & Succession Planning

During early 2023 funding for a 6-month post was secured from HEIW focussing on developing our strategy for talent management and succession planning (TMSP) commencing in July 2023. The strategy will include providing training for managers in how to hold 'career conversations' and undertaking two pilots to put TMSP tools into practice within Operations and Finance. Following this pilot, the intention is to distribute this strategy across the organisation to deliberately spot, develop and retain our home-grown talent.

Retention Programme

Retaining our workforce is one of the key factors for our Health Board to deliver high quality care in the current context and for the future. To meet these challenges our delivery plan activity to date is highlighted below:

Action	Outcome
Since November 2022 facilitation of monthly retention chat Cafes across the Health Board	Engagement with over 350 staff, of which 50 required action to enhance their potential of retention. Of these 50, 4 were resolved immediately, 5 were resolved after being referred to their line manager, 14 were resolved after being referred to a specialist and 25 resolved through signposting.



Areas of concern related to wellbeing, agile working, flexible working, occupational Health advice, learning and development advice, HR/ESR issues.

Local Retention events held in partnership with divisions	Engagement with over 171 staff.
Regular retention meetings with key stakeholders including Trade Union Partners	Terms of reference agreed. Work plan agreed for 2023. Regular review of retention metrics to inform targeted support.
Close engagement with HEIW to support the delivery of the strategic nursing workforce plan	Active engagement with the development of a retention guide for employees, teams, managers across NHS Wales.

Recognising that we already employ many of our future workforce, continued work to develop a long-term approach to retention will continue to be a central part of the People Plan.

Simplifying the PADR process

Completing a review of the PADR process in 2023 was identified as a priority within the People Plan. Whilst opportunities to talk to staff about their performance, ambitions and wellbeing should be more than an annual process, it is recognised that the PADR process is a cornerstone in supporting staff wellbeing, engagement, identify opportunities to progress and succession plan, as well as supporting retention. There is a national target for all staff to complete a PADR every 12 months. Despite continued improvement, the Health Board has not reached the 85% target. A new simplified and streamlined PADR process has been launched with a focus on individuals' wellbeing, contribution and development. Feedback has been positive as it offers a coaching approach to the conversation with an easy to record form. The new approach was launched in June, feedback received to date notes that:

"I really enjoyed the new process and liked the focus on my wellbeing".

Summary

Whilst we recognise that the People Plan will require regular review and priorities will continue to be assessed to ensure we can proactively respond to our changing environment and operating context, a considerable effort has been made to progress key actions across the 3 core objectives.

Regular updates on progress will continue to be shared with People and Culture Committee. In developing the People Plan, we are committed to keeping staff informed and involved. We regularly collect and share news and ideas from staff

and Trade Unions colleagues through various methods, some of which are noted within the report. Likewise, the fourth organisation wide People Plan communication will be shared later this month in which we share news key areas of work. We also invite staff to share their views via abb.wodpeopleplan@wales.nhs.uk.

Argymhelliad / Recommendation

The Board is asked to note the annual update of implementation of the People Plan, note the progress to date and opportunities for the forthcoming year.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	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:	Not Applicable
Rhestr Termau: Glossary of Terms:	ACD - Accelerated Cluster Development CESR - Certificate of Eligibility for Specialist Registration EDI – Equality, Diversity, and Inclusion EqIA Equality Impact Assessment ESR – Electronic Staff Record GMC - General Medical Council HEIW – Health Education and Improvement Wales RBP – Regional Partnership Board

	RCP - Royal College of Physicians RN - Registered Nurses StaM - Statutory and Mandatory TCGC - Taking Care Giving Care TMSP - Talent Management and Succession Planning WAST – Welsh Ambulance Services Trust WCoE - Wellbeing Centre of Excellence
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Progress of the People Plan three objectives has been shared and approved by the People and Culture Committee: Objective 1: 20/09/2022 Objective 2: 12/01/2023 Objective 3: 13/06/2023

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



PEOPLE PLAN 2022-2025 - HIGHLIGHT REPORT

Yearly Update (Progress as of May 2023)

ACTIONS ACHIEVED MAY 2022 - MAY 2023

People Plan Objective	Action	Outcomes
Objective 1 – Staff Health & Wellbeing	Action 1 - Centre of Excellence of Wellbeing – new centre at Llanfrechfa Grange House	<ul style="list-style-type: none"> Employee Wellbeing Centre open in Grange House. Communications to promote the new centre underway (including during Retention Cafes). Recruitment currently underway for 1.2 WTE Band 6 Staff Counsellors.
	Action 2 - New Integrated Psychology Wellbeing Services	<ul style="list-style-type: none"> Integrated Psychology roles not progressed as unable to secure funding. Internal funding stream progressed through income generation approach. To be reviewed March 24. Other connected actions: New mediators trained. Cohort of local mediators trained across the Health Board with a mediator in place for each division. This will provide organisational resilience and a network. Local process in place to manage requests for mediation.
	Action 3 – Develop a Medium to Longer Term Wellbeing Strategy	<ul style="list-style-type: none"> Restarted the planning for the 10-year Employee Experience plan, including a central vision and mission statement.
	Action 4 - People First	<ul style="list-style-type: none"> Initial 6-month project of staff re-connection via the People First Programme has been reviewed. Executive engagement, significant shift in executive mindset and emotional connection to staff and issues. Progressing next phase locally with interested divisions.
	Action 5 - Health Working Day /Organisational Development – (including PADR, Induction, Training)	<ul style="list-style-type: none"> Continue to review and refresh Health Board OD offer building on work undertaken as part of RIF. Evaluation of bilingual induction programmes. Review into psychometrics training and offer from OD to create recommendations to support recruitment methods, on-boarding, team building, and transformational approaches complete.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> • PADR process and form has been reviewed and new streamlined process agreed by Executive Committee with a greater focus on wellbeing and career conversations. • Research starting in July 2023 regarding the entangled factors which contribute towards staff working day with outputs planned for October 2023 to inform staff wellbeing and retention strategies.
	Action 6 - Developing our Leaders and Managers	<ul style="list-style-type: none"> • Proposal to offer internal graduate management scheme approved and supported by the Executive Committee in April 2023. • CDx programme launched in October 2022 and in month 7 of 10 with 48 participants. • LDP – Leadership Development Programme launched in February 2023 (replacement as entry level leadership programme with open access) over 200 participants signed up.
	Action 7 - Review of Occupational Health Services	<ul style="list-style-type: none"> • Paper in relation to benchmarking of Occupational Health Services complete. Work ongoing to pilot Talent Management and Succession Planning within Occupational Health. • New national IT system planned to rollout in September 2023.
	Action 8 - People Practices and Policies/Coaching - Refresh the approach taken to reduce investigation timelines, provide managers and supervisors with the skills to compassionately implement HR policies	<ul style="list-style-type: none"> • Approach taken to reduce investigation timelines, provide managers and supervisors with the skills to compassionately implement HR policies has been refreshed. • Avoidable employee harm training continues to be rolled out across Wales. The reduction in new disciplinary investigations has been maintained with a sustained 60% reduction in disciplinary cases compared to 2021/22. Dismissals have reduced from 14 to 4 in the same period.

People Plan Objective	Action	Outcomes
	Action 9 - Financial Wellbeing Offer	<ul style="list-style-type: none"> Financial Wellbeing support guidance and signposting on intranet. Support for staff provided via Money and Pensions Service. National support implemented for travel. Local support implemented for meal subsidy.
Objective 2 – Employer of Choice	Action 10 - Develop strong Health Board Identity	<ul style="list-style-type: none"> Gold Corporate Health standard awarded on 22 March 2023 with high commendations. Successfully undertaken an Enhanced Status Check and achieved a 12-month revalidation of the Platinum Corporate Health Standard in recognition of our achievements in workplace health and wellbeing awarded on 11 April 2023.
		<ul style="list-style-type: none"> Storytelling workshop completed with new methods and approaches learned to share the positive impact of W&OD across the Health Board. Internal (Primary and Secondary Care) and external Veterans Network established. Bilingual job description profiles created and approved. All requests received to date have been translated. The Recruitment Modernisation Programme (phase 1) was implemented in October 2022 and has resulted in steady improvements in time to hire. In April 2023, 64% of applicants completed their pre-employment checks within 28 days. Engaged with an all-Wales programme of work overseen by Health Education and Improvement Wales (HEIW) to model registered nursing vacancies. Internal KPI's developed for bank and medical recruitment. Nursing Recruitment and Retention Workforce Strategy approved. Medical workforce recruitment plans commenced via divisions. Strategy in early stages of development.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> • Regular Retention Cafes organised at various hospital sites to gain staff perceptions. • Group established with TOR to support the Armed Forces Covenant. Internal and external veterans network established. • Continued to work closely with recruitment agencies, service partners and European Gateway, BAPIO.
	Action 11 - Talent Management and Succession Planning	<ul style="list-style-type: none"> • Funding negotiated with HEIW for 6 months to pilot W&OD Talent and Succession planning strategy within Divisional Managers and Clinical Directors Relationships and links established with recruitment sites and being utilised to advertise roles. • Introduced successful bespoke approaches for our recent Executive appointments. • "Introduction to Leadership" formerly known as Learning to Lead and Taking the Lead, this has been revamped and modernized to a new program called the "Leadership Development Program" and will cater for those entering leadership roles. • "Leading People": the aim of this program is to develop highly skilled and effective leaders from across the health, social care and third sectors. It is a multidisciplinary program designed for advanced leaders. • CDx -The bespoke 10-month clinical director leadership programme has launched in October with over 45 current and potential CDs subscribed. • Continue to support NHS Wales graduate placements. • Internal trainee management scheme to be launched 2023.
	Action 12 - Building connections with schools, education providers/third sector and community groups	<ul style="list-style-type: none"> • Engaged with local schools and communities to raise the profile of working in health and work with the community to provide opportunities for meaningful employment. • Attended a variety of jobs fairs at schools, private venues and hosted career events at health board sites.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> • HCSW – Clinical HCSW qualification (Level 2 HCSW) now available to non-clinical HCSW who intend to be starting a permanent internal clinical HCSW role. • HCSW Conference 2023 • Volunteer to Career pathway established. • Successfully worked with Coleg Gwent to place students within the Health Board.
	Action 13 – Widening Access	<ul style="list-style-type: none"> • Internal Apprenticeships - currently have 235 internal active learners on apprenticeships (161 completing a clinical healthcare qualification, remainder across other disciplines, e.g., management, accounting, business administration etc.). • An apprenticeship evaluation has been undertaken following the first cohort of Health Board apprentices. This determined that 70% of the 28 apprentices appointed as part of the first cohort found the on-boarding and induction process very good or excellent. • Recruitment Bus in partnership with Gwent Workforce Board from March 2023 with a focus on Social Care workforce. • Throughout 2022, supported 16 Kickstart placements which aimed to improve the employability prospects of young people (aged 16-24) and 6 of those placements converted into a fixed term or permanent post with the Health Board.
	Action 14 - Recruitment and Retention Strategy	<ul style="list-style-type: none"> • Engaged in the Kerala Welsh Government initiative to recruit medical staff. • Recruited circa 326wte Health Care Support Workers through a new recruitment initiative. • Targeted recruitment campaigns to reach difficult to recruit areas/specialities/professions.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> Supported 102 HCSW's to undertake a flexible route to train to become a registered nurse, either through the Open University or the University of South Wales. Medical Workforce R&R plans initiated within divisions. Monthly Retention Cafes held across all sites and utilising this along with short surveys and exit questionnaires to assess retention interventions. Over 300 people shared their experience of work at these cafes with 48 issues explored and supported on a range of topics including flexible working, occupational health support, learning opportunities. Speciality Doctors and Clinical Fellows Work Programme, work has started to develop this strategy through the development of an Autonomous Practice Policy, Induction Programme, International Medical Graduates Supervisor Support, appointment of the Speciality Associate Specialist Advocate and communications.
	Action 15 - Equality, Diversity and Inclusion (EDI) - Development of Equality Impact Assessment toolkit and new assessment process.	<ul style="list-style-type: none"> Equality Impact Assessment developed. A review of the guidance and tools is in progress. EDI intranet developed with guidance and tools. Newsletter established and updated bi-weekly via intranet. Proposal for Reverse Mentorship has commenced. Menopause café active and has received good engagement. Consultation Plan to support the Equality Objectives 2024-2028 is in the consultation phase.
	Action 16 - Welsh Language - Introduce a revised Welsh Language Awareness training package.	<ul style="list-style-type: none"> Promoting and implementing the "Active Offer" principle in line with the Welsh Government's Strategic Framework: More Than Just Words. Implementing the Bilingual Skills Strategy to ensure our workforce communication skills match our populations needs. Creation of MS form which allows learners to give greater details on expectations and commitment.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> • New mandatory course live on ESR. • Establishment relationships with Welsh Language recruitment agencies and sites to support implementation of the Bilingual Skills Strategy. • Translation of Job descriptions • Develop a series of protocols and guidelines to meet the requirements of the Welsh Language Standards.
Objective 3 – Workforce Sustainability	Action 18 - Workforce sustainability	<ul style="list-style-type: none"> • IMTP Workforce and Educational Commissioning plan complete. • Updated Registered Nursing medium term workforce tracker to support enabling strategies to reduce vacancies. • Development of Registered Nursing and Health Care Support Worker Supply and Demand tracker. • Introduced the role of the Paramedic within our Urgent Care pathway and Physicians Associates into Post Anaesthetic Care Unit. • Successful reduction of agency with further plans in progress. • Nursing Workforce Strategy published.
	Action 19 - Regional Partnership Board - Transformation Programme	<ul style="list-style-type: none"> • Collaboration with Gwent Workforce Board, workshops held, and TOR agreed, and Gwent Workforce Strategy drafted. • Primary Care Workforce Plan- local engagement event held. • Established joint recruitment initiatives with LA's.
	Action 20 - Accelerated Cluster Development	<ul style="list-style-type: none"> • Dedicated workforce support for NCN Development. • Workforce mappings against place of work and place of home already completed. • Mapping of workforce data against deprivation demographic data.
	Action 21 - Workforce Analytics – E systems	<ul style="list-style-type: none"> • New Workforce and OD monthly dashboard • Safe Care rolled out to Nevill Hall, YYF and RGH and commenced GUH.

People Plan Objective	Action	Outcomes
		<ul style="list-style-type: none"> Medical E- systems – Procurement Completed. To support the medical E- Systems rollout, a Health Board Junior Doctor's Locum Rate Card was developed and launched in November 2022. The rate card will provide consistency and transparency on rates across the organisation.
	Action 22 - Rollout of Agile/Hybrid Working/New Ways of Working	<ul style="list-style-type: none"> Agile/Hybrid Working Framework, guidance, Home Working Policy and map of agile spaces developed to support the rollout and implementation across the Health Board. All Wales Agile/Hybrid Working Network established and is underway sharing good practice and ideas via bi-monthly meetings and Gwella (HEIW portal) engagement. All Wales Progress Map has been developed to document and evidence delivery across organisations in Wales. Agile working opportunities at Grange House/GUH have been assessed. A map to evidence the agile spaces available across the Health Board for staff has been developed with input from other divisions.
	Action 23 - Agency Reduction Plan	<ul style="list-style-type: none"> Variable Pay Reduction Plan launched in September 2022. Off contract Registered Nurses (RN) was implemented on 1 March 2023. Significant progress in eradicated on-contract HCSW usage across most divisions. HCSW vacancies have reduced by 200wte. RN vacancies reduced from 350wte to 275wte. To date there has been savings of up to £3m in 2022/23 with agency reducing by 70wte RNs and 210wte HCSW.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	TRADE UNION PARTNERSHIP FORUM ANNUAL REPORT
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive and the Joint Chair of the TUPF
SWYDDOG ADRODD: REPORTING OFFICER:	George Puckett, Staff Side Chair

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 overview of partnership working from the Chair of Staff Side and a summary of the work undertaken by the TUPF over the past year. It outlines the key issues discussed by the Forum during the past twelve months, a focus of the work for 2022/23, the links to the IMTP and the implementation of Clinical Futures.

The Trade Union Partnership Forum operates as a key advisory group of the Board, reporting directly to the Board with responsibility for engaging with staff organisations on key issues facing the organisation. The TUPF provides the formal mechanism for consultation, negotiation and communication between staff organisations and management, embracing the TUC principles of partnership. It provides an opportunity to have detailed discussions about matters of particular importance to the Health Board and the staff it employs e.g. service change plans.

This group is jointly chaired by the Staff Side Chair for Trade Unions and the Chief Executive.

Cefndir / Background

The Health Board and the Trade Unions have a common objective in ensuring the effective delivery of high quality health care services to patients. The organisation's 'Trade Union Recognition and Partnership Agreement' provides the

framework within which the Health Board and the Trades' Unions work together to achieve this objective.

Our local TUPF operates in the context of the Welsh Partnership Forum which is a tripartite group, sponsored by the Welsh Government which consists of representatives from;

- The recognised healthcare trade unions for NHS Wales
- Executive representatives
- Representatives of senior management for NHS Wales

The main purpose of the Welsh Partnership Forum is the development, support and delivery of workforce policies on a national, regional and local level. The Welsh Partnership Forum provides strategic leadership on partnership working between employers and employee representatives.

Asesiad / Assessment

KEY TOPICS

The Forum provides an excellent opportunity for managers and Trade Unions across the Health Board to meet and enter into dialogue on a number of strategic issues impacting on delivery of services and the workforce. There are a set of standard agenda items that are considered and discussed at each meeting, these are listed in Table 1 below:

Agenda items discussed during the year (not exhaustive)	
• Service changes and redesign	
• IMTP	
• Wales Collaborative	
• Integrated Performance Dashboard	
• Workforce Performance Dashboard	
• Financial Report	
• Equality, Diversity and Inclusion updates	
Papers for information	
• TUPF Minutes	
• Workforce & OD Policy Group Minutes	
• Health & Safety Committee Minutes	
Additional Agenda items considered	
<ul style="list-style-type: none"> • Employee investigations – Looking after the process & people • Arts in Health Strategy • Transformational Change Programme – ‘You Said, We Did’ • Update on the 6th Staff Wellbeing Survey • Anti-racist Plan • Financial Wellbeing • Variable Pay Reduction Plan • Dying to Work 	

- | | |
|---|--|
| <ul style="list-style-type: none"> • Nursing Midwifery, SCPHN Workforce Strategy • IMTP | |
|---|--|

In addition, agenda items include items directly related to staff well-being and support.

AREAS OF JOINT WORKING

Where issues are highlighted that require joint working, task and finish groups are set up to report back to TUPF and Policy group. Over the last year these have included, but not limited to:

- OCP and Service Changes

ACHIEVING POSITIVE CHANGE IN PARTNERSHIP

The last year has again created unprecedented circumstances which required exceptional levels of support from lead staff side representatives.

Concerns are still being raised by Trade Unions on behalf of members around there being no, or very limited engagement, between themselves and managers, resulting in unnecessarily increased anxiety for staff. TUs are not able to ensure adequate support is in place for members affected. Staff **still** feel these managers are not reminded and/or reprimanded for their actions.

It is recognised that without established partnership working the Health Board would not be in a position to deliver its key objectives and ensure safe and effective patient care and a positive environment for the well-being of our staff. Key to achieving these positive outcomes are:

- Well-informed lead trade union representatives to further strengthen staff communication from the initial stages through to completion of any service change and, where appropriate, provide assurance to staff during significant periods of change and uncertainty.
- A mutual understanding of the Health Board's financial position and the challenges it presents, together with service expectations.
- Constructive debate and joint solution finding to explore ways to increase cost effectiveness whilst safeguarding employment, well-being and patient care as a priority. An example of this would be discussions in relation to Service Change Plans and their implications in relation to the application of the national organisational change policy.
- Supporting local manager/staff discussion on their service(s), to openly discuss openly option appraisals on both improvement in delivery and staff well-being.

The following principles for effective partnership working, are essential, and need to be applied in all cases for success:

- Managers ensuring they communicate effectively and in a timely and transparent way. Without this an environment of uncertainty and distrust could be created within the workforce.
- Ensuring local Trade Union Representatives are afforded adequate time to engage in the strategic and operational agendas.
- Ensuring Trade Union colleagues are engaged at an early stage in problem discussions, as well as change management. This will prevent an adverse impact on partnership working and on delivering effective change.

A development session has been held to discuss partnership working this year with a renewed joint statement in support of partnership working from the Chief Executive and TUPF Chair. A number of actions were discussed at this session. Understanding the barriers to implementing some of these actions will be key in moving forward during the forthcoming year.

Specific issues that have needed attention over the past year include;

- Health Visitor concerns raised

Specific issues that need attention going forward in 2023 include;

- Health Visitor concerns
- Continue to build on and further improve work undertaken in partnership.

KEY AREAS OF FOCUS FOR ONGOING YEARS

1. Embedding partnership working at the earliest opportunity at a departmental level and ensuring managers and Trade Unions understand their responsibility to work in partnership locally, divisionally and strategically, in order to both support staff and service. This will ensure all parties are included in early arrangements for future planning of meetings, workshops etc. to maximise attendance and reduce delays.
2. Highlighting "Hotspot" areas where concerns have been raised, enabling a deep dive approach to resolve inappropriate, unsafe or unhealthy working practices.
3. Ensuring we continue to improve and apply consistently the principles listed above to maintain the high standards of partnership working that already exist within the Health Board. This will ensure the Health Boards partnership model will continue to support and enhance service change.

The TUPF will also continue to provide and develop its role in challenging the organisation, and encouraging its members, to ensure that:

- Working environments are safe and fit for purpose, including agile/hybrid working initiatives.
- Individuals are appraised and engaged with the organisation's strategic vision through mechanisms such as PADRs.
- Improved efficiencies; both organisational and individual.
- Performance is delivered through engaged service and workforce redesign and team working.
- Service change(s) are discussed at the earliest opportunity by all parties.

Argymhelliad / Recommendation

The Board is asked to note the content of the paper and to continue supporting partnership working on all organisational workforce issues.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	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.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Governance
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:	
Rhestr Termiau: Glossary of Terms:	

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
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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:
<ul style="list-style-type: none"> • Workforce 	Choose an item.
<ul style="list-style-type: none"> • Service Activity & Performance 	Choose an item.
<ul style="list-style-type: none"> • Financial 	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Communications and Engagement Annual Report 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Karen Newman, Assistant Director of Communications and Engagement

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

To provide assurance to the Board on the Communications and Engagement activities of the Health Board in 2022/23, highlighting progress across key areas of work.

Cefndir / Background

The report highlights the work of the Health Board's Communications and Engagement Team over the past 12 months and details initiatives and campaigns that have been delivered to enhance both internal and external communications and engagement.

Like other teams around the Health Board, the Communications and Engagement team was severely tested during the Covid-19 pandemic and needed to adjust to the changes in how staff and the public want to receive and share information. In 2022/23 the communications and engagement activity was planned and implemented to best serve staff and the public during the post-pandemic recovery phase.

The past year has also seen an increase in the synergy between the Health Board's Communications and Engagement functions, which has developed more efficient and effective ways of working.

Asesiad / Assessment

The Annual Report for 2022/23 describes the Communications and Engagement activity over the past 12 months and the work that has been done to support the Health Board to meet its aims and objectives.

The mutual benefits of merging the Communications and Engagement functions have been evident throughout the year, with our communications mechanisms utilised to disseminate stakeholder messaging and promote face-to-face sessions in our communities, and the intelligence gathered from our engagement sessions directly informing our communications and services.

The team has also further developed the digital approach, launching a new Intranet site for staff, and expanding social media presence. A large amount of reactive queries from the public and media have been responded to, whilst also producing a variety of proactive content for the audiences in Gwent to demonstrate the positive work staff are doing to address the priorities set out in the IMTP, Clinical Futures programme, Six Goals for Urgent and Emergency Care, Healthier Gwent and other important programmes.

The Communications approach has helped to relieve service pressures through public messaging - particularly on how to access local NHS services appropriately - and Social Media comments and questions have provided an opportunity to gather the views of patients and communities. Despite all the pressures in 2022/23, many positive sentiments towards staff have been seen and shared internally to help raise morale.

A number of successful events, awards ceremonies, and ministerial and media visits have also been a key component of the Communications and Engagement work programme.

The report also details the Communications and Engagement support provided to a number of local and national programmes and initiatives during the year, including:

- Clinical Futures
- 111 (Press 2)
- Green Healthcare / Decarbonisation Programme
- Sexual Health Services redesign
- Winter Plan
- Help Us Help You
- NCN Development Programme
- #BeKind campaign (preventing abuse to staff)
- Building a Fairer Gwent
- Supporting Diverse Communities

The wide and varied work detailed in the report demonstrates that the Communication and Engagement activities facilitate an ongoing conversation between the Health Board and staff, the public, service users and partners. The work over the past year has set a foundation for the further development of the Health Board's interesting, engaging, and innovative Communications and Engagement approach.

Despite great progress across this agenda, a new Communication and Engagement strategy is in development for consideration in September 2023. This will set out further ambitions about how we communicate and engage with staff, the public and key stakeholders in the future.

Argymhelliad / Recommendation

The Board is asked to note the progress that the Communications and Engagement Team has made over the past 12 months and provide a view on future priorities set out at the end of the report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. All
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	IMTP – Integrated Medium Term Plan NCN – Neighbourhood Care Network
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	N/A

Parties / Committees consulted prior to University Health Board:	
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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/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives



Communications and Engagement Annual Report 2022/23



Foreword

I am delighted to present this 2022/23 Annual Report, which showcases the amazing work of the Health Board's Communications and Engagement Team over the past 12 months.

Like others, our team was severely tested during the Covid-19 pandemic, but I believe the work we did highlighted the power and importance of Communications and Engagement. As we moved into the post-pandemic period this past year, our team have continued to manage many and varied pieces of internal and external reactive and proactive work.

The past year has also seen us increase the synergy between the Communications and Engagement functions within our team, which has developed more efficient and effective ways of working. Although our team members have specialisms and strengths in particular areas, we are encouraging them all to be omniscient in their Communications and Engagement skillset, and began a team CPD programme this year to facilitate this consistent learning. The mutual benefits of merging our Communications and Engagement functions have been evident throughout the year, with our communications mechanisms utilised to disseminate stakeholder messaging and promote face-to-face sessions in our communities, and the intelligence gathered from our Engagement sessions directly informing our communications.

We have also further developed our digital approach, launching a new Intranet site for staff and expanding our social media presence. We have dealt with a large amount of reactive queries from the public and media, whilst also producing a variety of proactive content for our audiences in Gwent to demonstrate the positive work our staff are doing to address the priorities set out in our IMTP, Clinical Futures programme, Six Goals for Urgent and Emergency Care, Healthier Gwent and other important programmes. We have helped to relieve service pressures through public messaging - particularly on how to access our services appropriately - and Social Media comments and questions have provided an opportunity to gather the views of our patients and communities. Despite all the pressures in 2022/23, we have been encouraged by much positive sentiment towards our staff, which we have shared to help raise morale.

I am very proud of everything we have achieved over the past year and I would like to thank our team members who have all contributed to our success and are determined to further develop the Health Board's Communications and Engagement agenda. I would also like to thank the Executive Team and Board for their continued support and encouragement.

Karen Newman MCIPR

Assistant Director of Communications and Engagement



Internal Communications

Keeping our staff informed and engaged...

New intranet site launched for staff

In April 2022, the Health Board launched a new Intranet site – named AB Pulse – to all staff.

The new Intranet site contains all the key features of the previous site, along with a number of significant improvements. The former intranet site, which had been in place for many years, had become outdated and contained thousands of duplicated documents and pages.

Although launched in the past year, AB Pulse was the culmination of many months of hard work and planning by the Communications and Engagement Team. Leading a programme involving IT and workforce colleagues, we engaged with staff and trained hundreds of content providers across the Health Board to ensure the new Intranet was ready for launch before DHCW decommissioned the software that hosted our old site.

AB Pulse is modern, fresh, and makes information easier to find, and has been embraced by staff across the organisation. The new Intranet is accessible to anyone with an NHS Wales e-mail address, and it can be accessed 24 hours a day, through work or personal devices, in work or at home.

The Communications and Engagement Team has worked hard to promote the site, create exciting content, and to make information accessible to staff. As you can see from the stats below, AB Pulse has been embraced by staff across the Health Board - it has become a very busy hub of information and interaction for our staff.



The Numbers



An AB Pulse news round-up is e-mailed to all staff every Friday!

More than 13,000 unique users per month

550,000 page views per month

80 locally managed department hub sites

35 news items posted each week

Green Healthcare



This year, *Green Healthcare* pages have been developed on AB Pulse to showcase the work of the Decarbonisation Board's agenda, ABCi and other departments - and to support colleagues in seeking greener solutions in healthcare.

By having a central community for the health board, and a platform to shout about positive case studies, we drive others to get involved so we can meet the NHS Wales Decarbonisation Strategic Delivery Plan's objectives by 2030. From waste reduction to optimising energy usage; encouraging greener transport to launching innovative new workplace processes; these all lead towards more green conversations and reductions in carbon emissions, contributing to a more sustainable future.



Sharing our Plans to Ease Pressures over Winter



This year, we knew that with the current pressures across the health and social care system, along with the cost of living crisis, we were facing our busiest winter ever. We communicated to staff the Health Board's plans to ease pressures off our services over winter, which included working together with partners to keep Gwent well and reduce hospital attendances and admissions by increasing care in the community and treating people in the most appropriate place. **Staff buy-in was an integral part of this work.**

This work involved:

Launching a new web page with advice and guidance on keeping well over winter and encouraging staff to use and signpost patients to it.

Ensuring they were kept up-to-date with all the latest services and initiatives.

Asking staff to get involved with our winter communications activities and help us tell their story.

Increasing staff awareness around the detrimental effects of muscle deconditioning to reinforce the 'Home is Best' approach.

Recognising the outstanding contributions of our staff...

Staff Recognition Awards 2023

It is always a pleasure to welcome everyone to our annual Staff Recognition Awards, but this year was incredibly special, as it was the first in-person event since before the pandemic in 2019.

Colleagues from across the Health Board gathered to celebrate each other's achievements and the hard work, dedication and outstanding care demonstrated by teams day in, day out.

The event was hosted by Chief Executive, Nicola Prygodzicz, and saw performances from Coleg Gwent students, as well as local band, The Verge. It was certainly a night to remember and staff commented on how well put together the event was, as well as how appreciated it made them feel.



Long Service Awards 2023

This year, in response to suggestions from staff and the public, the Communications & Engagement team worked with the Workforce and Organisational Development teams to evolve how the Long Service Awards take place for those with over 25 and 40 years' service.

Team members have put together several events so far, led by Chair, Ann Lloyd, and Chief Executive, Nicola Prygodzicz. The change enhances the focus on a more informal and compassionate approach, where staff are invited rather than having to apply for recognition. With every award holder having their photo taken and a welcoming environment awaiting them, these events offer a place where old friends can reunite and staff are thanked in person.

We've already captured an incredible feat of service within the 4 sessions held so far, with a combined 3,000+ years of service among the more than 120 staff recognised this year, and more to be acknowledged at upcoming events.



Chief Executive's newsletter...

A quarterly newsletter from our Chief Executive was re-launched to announce the appointment of Nicola Prygodzicz and to share her reflections and future priorities with Health Board staff.

Internal Comms & Engagement Survey

In November 2022, the Comms & Engagement Team issued a survey for staff to give their views on how they would like to be communicated and engaged with. From the 1,018 responses given (gathered digitally and in-person), it is clear that many of our staff value face-to-face interactions with senior staff, as well as e-mailed and digital news updates.

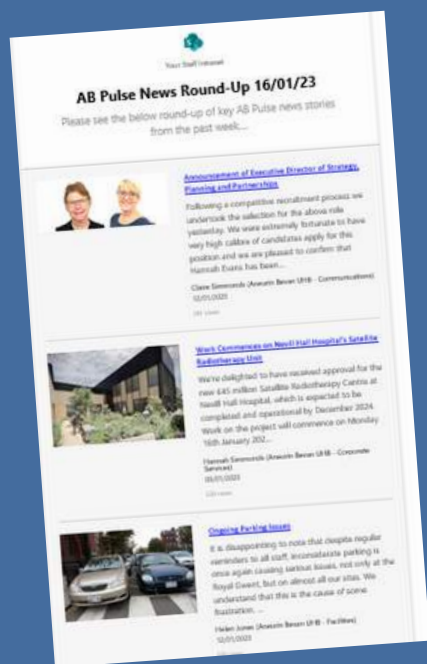
The results have been used to guide our internal communications over the last year and they are also being used to shape our future strategy and plans.



≡ POLL

Comms survey responses: 1,018

All-staff emails & the AB Pulse News Round-Up...



All-staff emails are a useful way of reaching staff directly with information. Over the year, we sent 81 email bulletins to every member of staff in the Health Board.

With the launch of the new Intranet in April 2022, the Communications and Engagement team created an e-bulletin to bring together important and interesting news articles posted each week.

Every Friday, the **AB Pulse News Round-up** is sent to all staff via email to highlight these key stories and to drive people to view and interact with the new Intranet system.

Feedback for the weekly bulletins has been very favourable, with staff telling us they look out for them and find them useful - particularly when they don't have time to check the news articles on AB Pulse each day.

Ask the CEO

Over the past year, this Intranet staff forum feature generated **346** questions from staff members across the Health Board.

The **Top 3 themes** of the queries were:

1. **Parking** – particular issues include difficulties in parking across sites (especially GUH and RGH), concerns in relation to inconsiderate parking, staff parking inappropriately in disabled bays, and EV charging bays.
2. **Staff restaurants** – highlighted issues include pricing, the variety and quality of food, and the use of non-recyclable containers.
3. **Smoking** – many concerns were raised in relation to staff and visitors smoking on hospital grounds.

Our Communication Campaigns



Integrated Medium-Term Plan (IMTP)

This year saw the beginning of our work to bring to life the Health Board’s three-year Integrated Medium-Term Plan to reduce health inequalities in Gwent by working towards key priorities across the five life-course. Embedded in all that we do, this work has acted as a golden thread throughout our monthly content plans as we’ve showcased the Health Board’s progress, achievements, and new initiatives and services.

With a broad range of topics to cover and audiences to reach, there are a number of Communications and Engagement campaigns outlined below that have contributed to the overall aims of the IMTP throughout the year, and will continue to do so over the coming months and years.



Six Goals for Urgent and Emergency Care & Winter Plan

Every year, the Communications and Engagement team implements a Communications and Engagement plan based on the Health Board’s Operational Plan for the winter period. This year, in order to achieve the many mutual aims of the Six Goals for Urgent and Emergency Care Strategy and the Winter Plan, both of these work streams were incorporated into one Communications and Engagement Plan to reinforce the “*right care, in the right place, at the right time*” message, whilst also contributing to the priorities of the Integrated Medium-Term Plan.



Key Themes of a Dual Plan

There were a number of key themes we communicated and engaged on to help achieve the IMTP and Six Goals aims. These included:

- Reinforcing *Help Us Help You* messaging to help the local population choose the right service and provide further education on our Clinical Futures model of healthcare (**goals 1 and 2**);
- Offering information on self-care and care at home to reduce seasonal pressures on our services (**goal 1**);
- Increasing uptake of Flu and Covid-19 Vaccinations (**goal 1**);
- Traditional cold-weather related information around keeping safe and looking in on loved ones (**goals 1 and 6**);
- Providing Cost of Living information and support (**goal 1**);
- Highlighting alternative services to the Emergency Department and visiting a GP (**goals 2 and 4**);
- Featuring our SDEC units and their work in avoiding or reducing hospital admissions (**goal 3**);
- Introducing the new 111 press 2 service for mental health support (**goal 4**);
- Increasing awareness of deconditioning in hospital to improve discharges and reduce length of admissions (**goals 5 and 6**); and
- Messaging around how relatives can play a part in helping a loved one leave hospital (**goals 5 and 6**).

Am gyngor
iechyd meddwl
ar frys 24/7

**Ffoniwch 111 &
gwasgwch Opsiwn 2**

For 24/7 urgent
mental health
support

Call 111 &
press **Option 2**

GIG 111 Cymru
NHS 111 Wales



Welsh Mental Health Support
English Mental Health Support



111 Option 2

This year saw the introduction of a much-needed localised service - 111 (Option 2) for urgent mental health support.

Following a successful soft launch during the infancy of the service, we were able to produce printed and digital materials to more overtly promote the service once it became 24/7 in March. The assets produced include a number of marketing merchandise, such as pens, trolley coins, business cards and fidget keyrings, as well as pop up banners, posters and leaflets. These materials are now a prominent feature of our community engagement sessions and the Communications and Engagement team has successfully signposted a number of local residents to this fantastic new service.

Clinical Futures



With the Clinical Futures programme now moving in a new direction following the opening of The Grange University Hospital, this year, we have focused on the new services and developments that are part of the Clinical Futures model.

Following Welsh Government's funding approval for the new Satellite Radiotherapy Unit at Nevill Hall Hospital and the Breast Centre at Ysbyty Ystrad Fawr, the beginning of the buildings' construction has allowed us to promote these new purpose-built centres to local residents, staff and stakeholders. To achieve this, we have used channels such as our website, intranet, social media, community engagement and stakeholder networks to publicise the new centres and how they will fit into our *Care Closer to Home* principles.



Let's talk about **SECS** Baby- An award winning sexual health campaign

Following a successful public engagement campaign to redesign access to sexual health services, the Communications and Engagement team, in collaboration with young people, developed a fresh new look for the young people's sexual health service. With a vision of promoting sexual well-being and stopping the stigma for young people, the campaign has been causing excitement across Gwent and has connected with young people by putting health on their agenda. The team recently accepted an award for the campaign from Llais.

**Let's talk
contraception**



Across Social Media..



130K+ Followers



1.7million Engagements



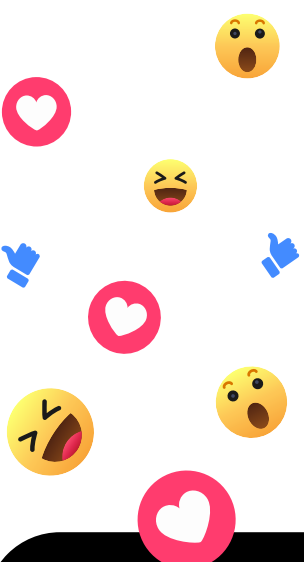
26.5 million Impressions



Through social media, the Health Board has an opportunity to reach and engage hundreds of thousands of people every day, and it has been an incredibly busy and successful year for social media in the Health Board. We began the year by developing a new social media strategy and planning model, with the aim of taking our social channels to new heights and increasing our audiences - and the work has paid off. With over **130k** followers across our four main channels and a reach of **26.5 million** in the year, our key messages have reached far and wide.



Our social media strategy is centred around creating and distributing rich, shareable, platform-specific content to inform, inspire and engage audiences, taking a *quality, not quantity* approach. All content is now developed with purpose to help achieve the overall objectives detailed in the corporate Communications & Engagement strategy, and is adaptable to monthly analytics reports to ensure our content is engaging our audiences. This has proved a success, with **1.7 million** engagements through the year and over **40k inbox messages** received.



Over the past year, a key priority has been to develop and embed TikTok into our day-to-day social media agenda. Our key objectives for TikTok are to engage with younger audiences about health and empower younger communities to live well through self-care and healthy living.

In the space of a few months, we have grown our following by 770% - with our top performing post reaching over 19,000 views - and we have engaged with our growing community by listening to their questions and feedback.

In order to grow the channel, we have taken part in TikTok trends, collaborated with organisations and have carefully planned and tailored the content for our TikTok audience. We are continuing to learn what performs well and what doesn't land with our TikTok community, which keeps the content creation process exciting and innovative.



What our communities had to say on Social Media this year

With a combined total of over 40k messages and comments, our social media team had a busy year responding. Key topics of conversation from our followers included:

- Outpatient appointment queries and missed calls from the Booking Team
- Emergency Department and ambulance waits
- Primary Care waiting times and access to appointments
- Positive feedback to our patient stories
- Positive feedback for Staff
- Requests to open the A&E departments in RGH and NHH again
- Vaccinations
- Long Service Recognition Awards



Our Top Three Performing Posts



Engagements: **45,186**
Shares: **168**

This video featured Cally, who sadly lost her son, Junior. Cally explained that without the Bereavement midwives, she wouldn't be who she is today.



Engagements: **44,232**
Shares: **903**

Taken during a visit to the Children's ward at The Grange University Hospital in the lead up to Christmas, this photo was posted on Christmas Eve with the simple caption: 'Shhh... he's been!'



Engagements: **23,612**
Shares: **121**

This was a post about houses that have been refurbished by the Health Board to provide accommodation for Neonatal Intensive Care Unit families.

How we compare to other Health Boards...

Top 5 Performing Health boards

Profile	Audience	Net Audience Growth	Published Posts	Public Engagements	Public Engagements per Post	% Audience Growth
Your Profiles Average	35,965.00	817.25	695.75	61,728.50	88.72	2.33%
Competitor Profiles Average	17,067.23	740.88	616.73	15,035.46	24.38	4.54%
1 Aneurin Bevan Un...	104,709	1,226	1,121	210,982	188.21	1.18%
2 Hywel Dda Health B...	58,282	547	1,020	56,827	55.71	0.95%
3 Swansea Bay NHS	40,608	658	884	57,969	65.58	1.65%
4 Betsi Cadwaladr	40,303	1,393	851	46,510	54.65	3.58%
5 Cwm Taf Morgannw...	35,455	1,201	1,269	33,142	26.12	3.51%

Our Website



During the year, we have seen a large amount of traffic through the website, which the team have worked hard to update based on demand of information. As we move into the next year, we will be looking to improve the navigation of the Health Board website.

674,000 Total Visitors ✓



Visit Us



Top 5 most visited pages:

1. Sexual & Reproductive Health (92k Visits)
2. The Grange University Hospital (91.5k Visits)
3. Royal Gwent Hospital (81k Visits)
4. Contact Us (69k Visits)
5. Help Keep your Child Well this Winter (62k Visits)



About our page visitors

Devices used:

- Mobile- 67.4%
- Desktop- 28.7%
- Tablet- 3.8%

Browser:

- Safari- 280k
- Chrome- 210k
- Edge- 75k

Geography of visitors:

- Newport- 62k
- Cardiff- 50k
- Cwmbran- 42k
- Pontypool- 22k
- Caerphilly- 16k
- Chepstow- 10k
- Monmouth- 3.5k
- Abergavenny- 14k

Languages of visitors:

- English- 665,000
- Polish- 1200
- Welsh- 920
- Chinese- 851
- Spanish- 424
- German- 315
- Russian- 312
- Italian- 250
- Romanian- 233



Press and Media 2022/23

Press Enquiries this year 426
Press Releases this year 61

This year remained an incredibly busy time for press and media activity, with themes of press enquiries involving a broad range of topics; from ED waits, flow issues and ambulance handover times; to vaccinations, waiting lists, and GP Practice closures.

We also received a number of filming location requests, and were able to successfully host Black Cake Productions in an unused area of St Cadoc's Hospital in January for their filming of an upcoming CBS drama set in the 1960s.

We also received a significant amount of positive media attention through our proactive media work, having distributed 61 press releases, mainly involving good news stories about the Health Board. Some of these stories included praise from previous patients and their families or those wanting to raise awareness of the signs of certain illnesses and conditions, as well as releases celebrating staff achievements and long-service, and new Health Board services and initiatives.

News Stories snapshot...

BREAKING NEWS

BBC

NHS Wales: Patient in hospital for weeks due to social care backlog

Paul Underwood, who manages urgent care in Aneurin Bevan University Health Board, said there are well over 350 patients medically fit enough...



South Wales Argus

New inpatient mental health unit planned at Grange University ...

The Aneurin Bevan University Health Board is expected to put an outline business case – one of the early steps needed to secure funding – to...



South Wales Argus

<https://www.southwalesargus.co.uk/news/2321285...>

Aneurin Bevan health board Christmas video NHS staff ...

24 Dec 2022 — The video follows Valmai Palmer, a patient receiving rehabilitation treatment at Abergavenny's Nevill Hall Hospital, with a Christmas wish ...



Inviting the media in...

For the first time since before the Covid-19 Pandemic, in January 2023, we invited the BBC into our hospitals to document the long-standing patient flow difficulties. To illustrate this whole-system challenge, BBC Health Correspondent, Owain Clarke, interviewed staff and patients in the Emergency Department and Operations Team at The Grange University Hospital, as well as at the Royal Gwent Hospital.

The piece was very well-received by staff and patients alike, and was able to increase understanding how patient flow is affected by increased demand and staff shortages in health and social care.

Primary Care Services

Throughout the year, the Communications and Engagement team have focused on improving the public's understanding of our Primary Care services, with elements of this work involving highlighting the Neighbourhood Care Network Development Programme and Primary Care-focused campaigns.

The Neighbourhood Care Network (NCN) Development Programme

The Neighbourhood Care Network Development Programme was accelerated this year and has resulted in significant communications activity. The four key priorities within the programme are to support the sustainability of Primary Care services, which are facing immense pressure and low staff morale; to showcase the work being undertaken at a Health Board wide and cluster level; improve care navigation and encourage a right place, first time behaviour both internally and externally; and to produce targeted localised communications at a cluster level.

This collaborative-working approach has been incredibly effective so far, and we look forward to seeing this further develop over the coming years.



Raising the profile of Primary Care teams

As part of ensuring patients know where to go for healthcare services and attend the right place, first time; a campaign was introduced to highlight the wide range of healthcare professionals that are based at GP Surgeries. A series of video role profiles were produced to emphasise the expertise of these roles, with the aim of changing behaviour and reducing pressure on GPs.

#BeKind Campaign

As abuse from members of the public was becoming increasingly frequent in our post-pandemic world, the team launched a *Be Kind* Campaign to help combat abuse received from the public towards staff in Primary Care settings.

Following its success, there are future plans to extend this campaign to hospital settings in order to further change public behaviour and improve sentiment.



Developments

This year saw some exciting developments in Primary Care, with the construction of The Bevan Health and Well-being Centre on the former site of Tredegar General Hospital now near completion, as well as the full business case approval for the Newport East Health and Well-being Centre, with demolition of the existing Ringland Medical Practice underway.



Preserving a Part of History in Tredegar

A very special discovery at the old Tredegar General Hospital site presented an exciting opportunity for the Health Board in the form of a 1903 Time Capsule! The team have worked with the BBC and the local community to document the unveiling of this important piece of history at the birthplace of the founder of the NHS.

Population Health

In line with Building a Fairer and Healthier Gwent, and against both the IMTP and the Public Health priorities, we have been concentrating on health promotion communications across a variety of key content pillars, including:

Healthy Weight

Mental Wellbeing

Smoking Cessation

Health Inequalities

Cost of Living

Vaccinations



Building a Fairer Gwent

In 2022, Gwent committed to tackling inequalities across its communities by becoming Wales' first *Marmot* region. This means that working collaboratively with partners using the 8 Marmot Principles against the Gwent Wellbeing Plan, we will strive to reduce health inequalities by supporting our communities to live well and live longer. To coincide with this work, a new brand was created through collaboration with young people, partners and community groups.



LEARN MORE

Health Promotion

Page visits: **2,153**

During the early stages of the Cost of Living Crisis, the Communications and Engagement team created a central hub of information to promote Health Board-wide services and partner initiatives, which were available to the whole of Gwent. This concentrated on several key areas, including:

- Staying Well
- Eating on a budget
- Wellbeing support
- Financial support
- Urgent Help



LEARN MORE



Campaign Reach: **235,770**

Campaign likes: **15,632**

LEARN MORE

November was Men's Health Awareness month, and we teamed up with local rugby stars at Dragons RFC to help spread important messages to the men of Gwent and beyond. Focusing on a number of topics, such as mental health and wellbeing and male cancers, these crucial messages helped raise awareness of how men can get support when they need it.



Population Health

Health Protection

Covid Information Page visits: **56,373**

- **Covid-19 & Flu joint respiratory campaign**- Whilst waiting for national campaign assets, we developed a local Covid-19 Vaccination communications campaign to promote the Covid-19 Autumn Booster, which included a dedicated webpage. As well as this, we delivered a local Spring Booster campaign using trusted local voices, including Dr Ramzan from Muslim Doctors Cymru, and Dr Liam Taylor, Deputy Medical Director and Clinical Lead for Immunisation. We also worked to promote child nasal flu as Mass Vaccination Centres opened up to deliver it, where we featured a local case study of a boy called Freddie, as well as including information on the *Help keep your child well this Winter* web page.
- **Staff Flu**- We carried out a 3 phase internal campaign to support flu vaccination uptake across Health Board staff. In order to support the delivery of phase two, a staff survey was also conducted halfway through the campaign to assess current sentiment towards the vaccine and to use further communications to address any key concerns.



The Gwent Communications Hub- A partnership approach to communications.

Building on from ways of working during the pandemic, we knew that to support our communities to live well and live longer, a 'together' approach was stronger, so we formed the Gwent Communications Hub. Chaired by the Strategic Head of Communications for Population Health and our Content and Social Media Manager, the group has communications representatives from across Gwent Local Authorities, the Public Sector and the Third Sector. The group have worked together to share approaches, collaborate on Gwent-wide communications and plan future campaigns.



Some of our products and programmes:

Population Health

Key work across our programmes

As the only Health Board in Wales with dedicated strategic and operational communications support for Population Health, the team works collaboratively to build a variety of campaigns locally and support local initiatives to help communities across Gwent live well and live longer. Below are a few key pieces of work in the past year:



To achieve priorities around helping pregnant women to stop smoking, we developed a targeted maternity communications plan for *Help Me Quit*. We humanised the *Help Me Quit* team by creating a variety of content featuring the maternity *Help Me Quit* team, which was shared across the maternity social media channels. As well as developing a variety of posters with trackable links, we also worked with the Maternity team to consider the patient journey and the various touch points that we could use to promote the support available.

[LEARN MORE](#)

In collaboration with the Public Health team, we have worked to refine our key priorities for the *Melo* platform. In order to meet the aims of the IMTP, we are now looking to increase content and traffic for young people, families, and LGBTQIA communities, as well as increased use from partners across Gwent. We have brought *Melo* into our corporate social media planning in order to position it as the go-to platform for managing mental health. We have also worked with key local partners, including Dragons RFC, to raise awareness of mental health in sport and males.



To support communities across Gwent in accessing information around the things happening in their local area to improve well-being, we worked with the Integrated Well-being Networks to create online interactive maps for each local area. We also expanded on this work by assisting each area with a local brand refresh and creating digital assets to enable each programme to be self-sustainable in delivering local communications to their communities.

[LEARN MORE](#)

As part of a new Pilot, we have worked with the community health programme to build a hyper-localised campaign in Blaenau Gwent West and Caerphilly North. Targeted at those who are digitally excluded, the campaign offered support in maintaining a healthy weight on a budget. Based on insight gathered from the community engagement sessions carried out, we then worked with an agency and the Dietetics team to create a specialised pack for the Community Health Programme.



Our Engagement Activity in 2022/23

Following the successful 6-month *Work With Us* Engagement and Recruitment Roadshow at the end of 2021/22, a comprehensive community engagement program was organised and implemented in May 2022. However, with over 600,000 residents living across the Aneurin Bevan University Health Board area, we know we cannot do this alone.



Partnership Working

Engaging with **young people and their families** is a key priority for us. Throughout the year, the team attended **Coleg Gwent** Health & Wellbeing and Freshers Fayres across all campuses to share information and speak to young people and college staff about their health needs and experiences.

Information is shared with all **Gwent schools** on a regular basis, and the team attend Parents' evenings, coffee mornings and provide support and guidance at events throughout the year in order to speak with families. Alongside the Sexual Health Services team, the Engagement team attended the Gwent Youth Question Time event, where young people from across Gwent were able to ask questions to professionals about services that mattered to them.

In conjunction with Local Authority and PSB partners, we have had many opportunities to engage with our communities at local events such as *Pontypool in the Park* and *Families Love Newport*, in addition to supporting cost of living sessions, warm hubs and specific activities for Carers and 50+ networks. The team were also invited by Local councillors to attend *Community Talk to Us* sessions.

The team has developed good links with local organisations, such as *Age Cymru*; *Citizens Advice Bureau*; *Department of Work & Pensions*; *Dwr Cymru Welsh Water*, and *United Welsh Housing Association* to deliver different sessions together for staff and customers.

This year the Health Board was asked to deliver Talks to groups about its services as part of their annual program. Groups included Retired members of the National Association of Head Teachers and Raglan Afternoon Teas Group, as well as Pontypool and Newport 50+ Forums.



Nye's Community Champions

Over **200 Nye's Community Champions** continue to support the Health Board to share its important messages and to be the eyes and ears on the ground in our communities. Champions share valuable insight from our communities at our 6-weekly meetings and help us to shape future delivery of services. Champions receive up-to-date factual information that they can share with their networks and have the opportunity to listen to guest speakers at each meeting.

Our Engagement Activity in 2022/23



Face-to-face engagement across Gwent

This year, we have spoken with 4193 people across 149 venues in Gwent.

The sessions were split across:

- 27 in Blaenau Gwent
- 38 in Newport
- 24 in Caerphilly
- 34 in Torfaen
- 26 in Monmouthshire

Stakeholder Communications

Stakeholder Emails - **113** to **1,919** contacts
WhatsApp messages - **93** to **311** subscribers

Listening, insight and information from our community engagement

Topics of Conversations included:

- **Primary Care Services:**
 - Difficulties in accessing appointments
 - Not being able to see the same GP
 - Educating the public about roles within a GP Practice, in particular, the role of the Care Navigator
- **Choose Pharmacy Common Ailments Service** not offered consistently across all pharmacies
- **The Grange University Hospital**
 - ED Waiting room too small and long waits
 - While long waits are experienced - excellent treatment was received
- **Closure of A&Es in RGH and NHH** should never have happened
- **Covid Vaccination Queries**

Information we have shared:

- How to appropriately access NHS services including when to visit the Emergency Department or Minor Injuries Units
- Choose Pharmacy - Common Ailments Service
- MELO Cymru Website
- NHS 111 Wales
- 111 Option 2 - Urgent Mental Health Support
- Help Me Quit Smoking Cessation
- Healthier Together website
- Move Better Gwent MSK website
- Health Visiting & School Nursing
- Covid & Flu Vaccinations
- Integrated Wellbeing Networks

Supporting our Diverse Communities

In September 2022, the team organised a health event for Diverse communities at Community House in Newport, which saw over 100 people attend and two people diagnosed with suspected Atrial Fibrillation during health checks delivered by Muslim Doctors Cymru.

Bespoke sessions on dental, health visiting and health inclusion services were also organised for the Roma community in Newport.



In May 2022, we supported and signposted Ukrainian guests at Caerphilly County Borough Council's *Welcome to Caerphilly* event and at the Welcome Centre in Magor. Information was shared at organisation *Kidcare4u*'s event at the Pill Millennium Centre in Newport, and we spoke with ESOL (English as a Second Language) students at the Coleg Gwent ESOL Freshers Fair about a range of services.

Our Priorities for 2023/24

As you can see from the volume and variety of the work outlined in this report, we have certainly had a busy and progressive year. As we look forward to the next 12 months, we plan to focus on the following priorities in line with the Health Board's IMTP and our own draft Communications and Engagement Strategy:

- We will finalise and seek Board approval for the Health Board's new Communications and Engagement Strategy. We will use the new strategy to build on our existing approach and to further develop our staff.
- We will continue our focus on communicating and engaging on the Health Board's IMTP, as well as Six Goals for Urgent and Emergency Care, Building a Fairer Gwent, Decarbonisation, and other major programmes.
- We will build a profile of insight to develop a more data-driven approach to our Communications and Engagement activities. This will include utilising Behaviour Change science and techniques to guide our work.
- We will focus on reaching children and our early years population in order to influence their health behaviour at the earliest opportunity, so that they grow and develop with a sound knowledge of our services, how to access them, and how to keep themselves healthy.
- We will review our Social Media Strategy and consider how we can best utilise new and emerging platforms.
- We will refresh our website to ensure it is easy to navigate and meets accessibility criteria.
- We will consider new and creative ways to engage with our staff and our population across Gwent.
- A refreshed Staff Communications and Engagement Strategy

Karen Newman MCIPR

Assistant Director for Communications and Engagement





BUILDING A FAIRER
GWENT
TEG I BAWB



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Winter Plan Evaluation 2022/23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Deputy Director of Strategy Planning and Partnerships

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out how the Health Board in partnerships with a range of public sector organisation delivered against the Integrated Winter Resilience Plan 2022-2023. The integrated Winter Resilience Plan was approved by the Board in November 2022.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report is provided to assure the Board on implementation of the Integrated Winter Resilience Plan 2022 to 2023 and to inform the development of Winter Planning for 2023 to 2024.

Responding to seasonal threats is best met through partnership. Therefore, the planning for this period was delivered through the Regional Partnership Board mechanism drawing together actions to be taken by health, social care and wider system organisations to support the population, corralling these actions into a single integrated plan. Planning took place throughout September to October with formal sign off in November 2022. Although November was the formal sign off date, actions began to be implemented well ahead of this, with Regional Integrated Fund (RIF) schemes agreed early in September 2022 to aid recruitment.

Plans were developed in response to formal Welsh Government guidance and modelling. This guidance provided a most likely and reasonable worst-case scenario to support planning assumptions. The forecast most likely "combined

scenario” for covid, flu and RSV equated to 14% of beds occupied with respiratory disease nationally, which translated to the Gwent context equated to circa 270 beds occupied by people with respiratory diseases at the original anticipated peak in early December. Welsh Government also provided forecasts for NHS Wales staff absences due to COVID-19 sickness peaking in early December at between 0.5-1.5%. It was these assumptions which were used as the basis for planning.

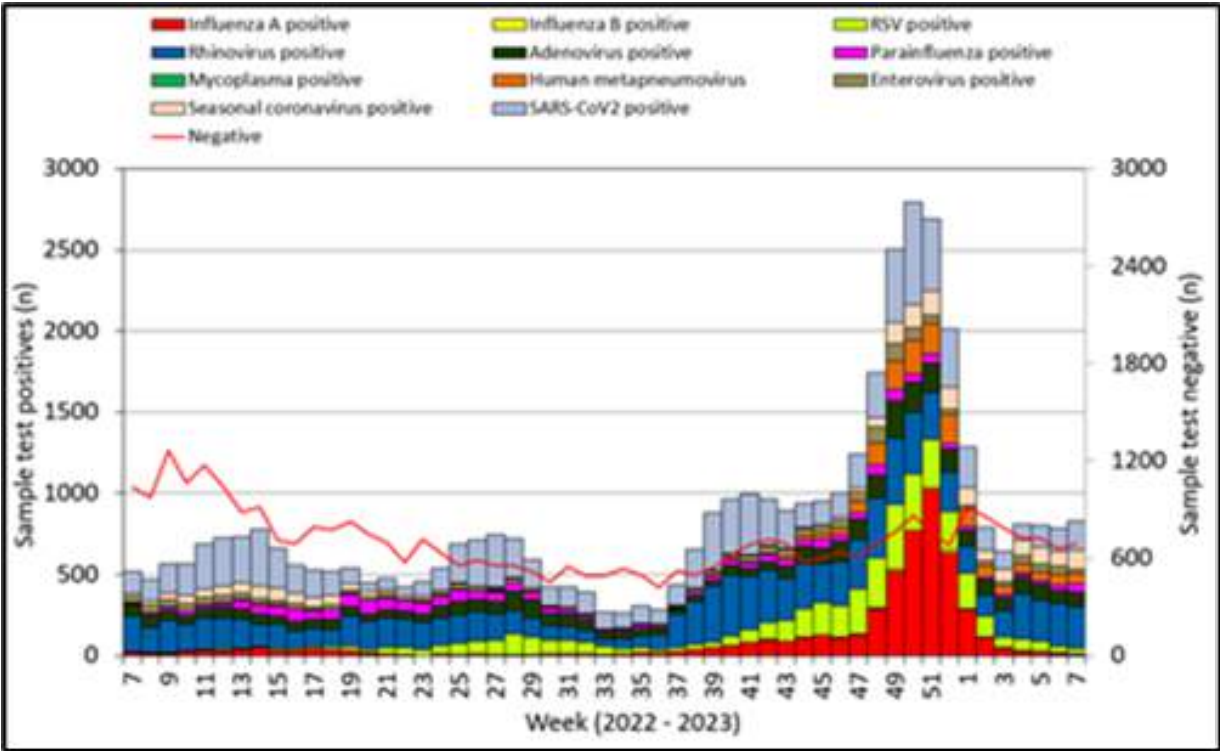
The plan set out four key areas with associated actions. This report reviews delivery against these areas and their associated actions.



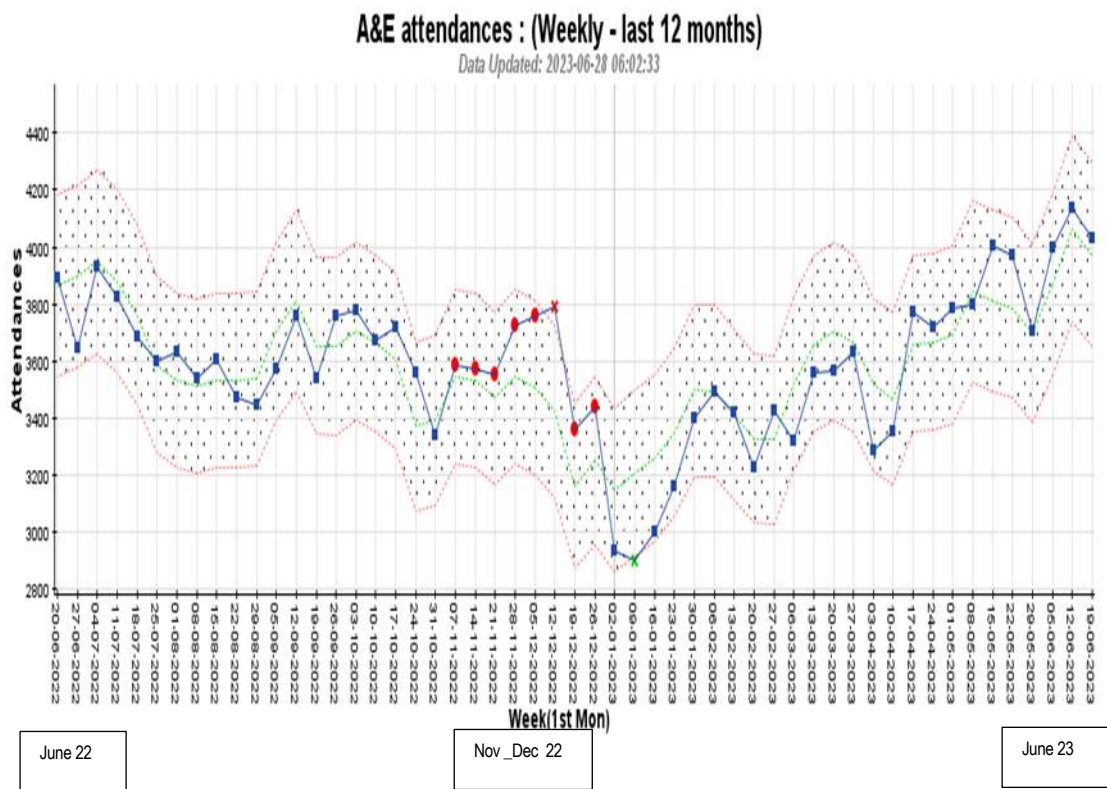
Cefndir / Background

The forecast multi respiratory threat did materialise this winter. As can be seen in the graph below there was a significant peak in respiratory diseases in the final weeks of December 2023.

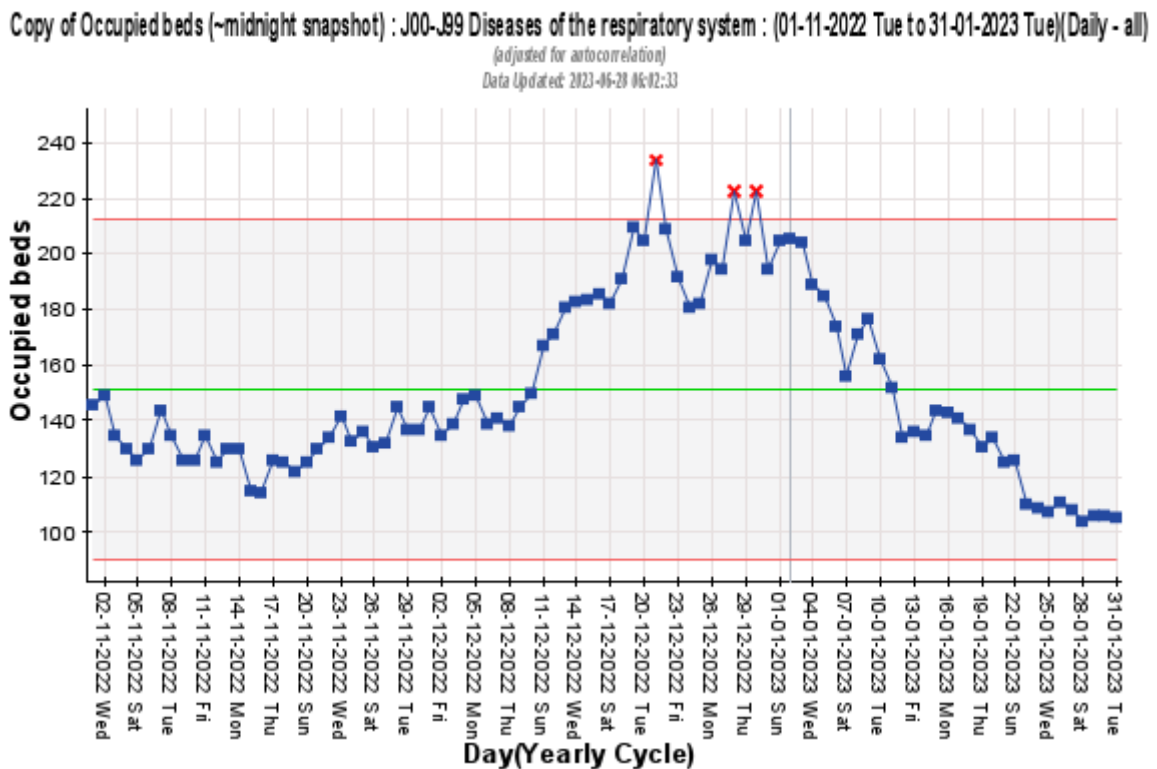
The peak came earlier than originally forecast coinciding with the Christmas holiday period.



Accident and Emergency attendances over November and December 2022 were above the forecast figures as indicated by the red dots on the below chart. This is consistent with the longer-term trend of increasing attendances over winter periods for the last several years.



In line with the modelling, although earlier than forecast there was a significant peak in occupancy for respiratory conditions over December and into the new year, peaking at around 240 occupied beds for respiratory conditions alone.



The above demonstrates the importance of insight and modelling to inform plans for Winter, albeit some for the timings of the peak was earlier than predicted. The next section sets out the key components of the Integrated Winter Resilience plan and draws out the available evidence to assess the efficacy of those plans.

Asesiad / Assessment

1. Health Protection

This section of the Integrated Winter Resilience Plan set out actions to provide protection in the form of vaccination to the population.

Covid Booster

The ambition set out in the Integrated Winter Resilience Plan was to achieve 75% uptake in Covid booster. 215,798 vaccines were delivered in total with the 75 % uptake achieved for the Autumn booster in line with the Welsh Government target. This was delivered via a mixed model of primary care, mass vaccination clinics, outreach services and mobile care home teams. It is also worth noting 82% uptake has been achieved for the spring booster which finished 30th June 23.

Childhood Flu Vaccination

As set out in the plan, Flu Vaccines for 2-3 year olds deployed a new delivery model. This year the team worked closely with the early years coordinators in five Local Authority areas and delivered dedicated briefing sessions for managers of early years settings e.g. play settings, creches, nurseries etc. They were encouraged and empowered to speak to parents of 2-3 years olds with key messages explaining the benefits having the fluenz nasal spray. This was supported with a dedicated social media campaign featuring a superhero character promoting the 'no needles needed' message and incentives were also offered such as free soft play vouchers. Appointments were also offered in the Mass Vaccination Centres for 2-3 year olds from January and March in addition to the usual offers.

In spite of these actions, very little improvement in uptake was seen compared with last year. The regions uptake was 47.4% vs national 44% and the Health Board area had the second highest uptake in Wales (Denominator 12696, vaccines given 6017).

Learning from other Health Board pilots last year, this year the plan will be to offer vaccinations (in part) on site and in school nurseries in a similar approach to school aged children.

Adult Flu Vaccination

For Flu Vaccination for those aged 65+, the region had the second highest uptake in Wales at 78.2% (Denominator 123,198, vaccines given 96,297) compared with the Wales uptake of 76.3%.

For aged under 65 at risk groups the region had the highest uptake in Wales at 47.4% (Denominator 89,152, vaccines given 42,259) compared with Wales uptake 44.2%.

Teams noted significant variation within neighbourhood care network (NCNs) and further work is needed to understand this differential practice. There was a walk-in offer for flu from late December to January via the Mass Vaccination Centres with 4800 individuals receiving their vaccine this way including adults and children. This will be repeated this year potentially with a wider window of access.

Staff Vaccination

The staff flu vaccine uptake in 2022-23 (54.7%) was lower compared with uptakes in 2021-22 (58 %) and 2020-21 (66.4%). Target for flu vaccination uptake is 75%.

Although the organisation did not meet this target, the Health Board had the highest total staff flu uptake compared with all other Health Boards (Wales uptake 46.5%) and joint highest performance against Health Board and NHS Trusts for front line staff uptake (Wales uptake 47.2%).

Staff were offered flu vaccine through Mass Vaccination Centres (MVCs) in addition to historical provision through the Flu Champions and Occupational Health Clinics. 25.6% (n=3551) staff received flu vaccine along with COVID vaccine at the MVCs, 20.6% (n=2867) received flu vaccine through flu champions, 6.6% (n=909) received at the Occupational Health clinics and 1.9% (n=262) received at either GP practices or pharmacies. 1.2% (n=160) staff declined flu vaccine and 44.1% (n=6116) remained unaccounted for.

Key Learning

The collaboration and engagement with partners across the NCNs last year with regards to flu has been critical. A best practice guide for flu has now been co-produced with partners, taking learning across the NCNs where practises have consistently delivered high uptake year on year. This guide is currently being reviewed with the intention to roll this out across all localities.

The Mass Vaccination Programme has been particularly successful in supporting non COVID vaccines in line with the ambition in the National Immunisation Framework. Almost half of all staff flu vaccines were delivered via the Mass Vaccination Centres, 4800 general population flu vaccines were given through the Mass Vaccination Centres and other critical vaccine services were offered in response to the Welsh Health Circular (Childhood imms catch up) by the MVP both in the centres and via domiciliary visits for the most vulnerable or hard to reach families.

Plans this year will include regular catch-up programmes via the Mass Vaccination Programme to target uptake in key areas such as childhood immunisations and school aged immunisations. A shingles catch-up programme is also being scoped.

2. Keeping People Well At Home

This section of the plan focussed on actions across partners to support people in the community.

The Integrated Winter Resilience Plan included a range of actions to support people to be able to move quickly through urgent and emergency care services

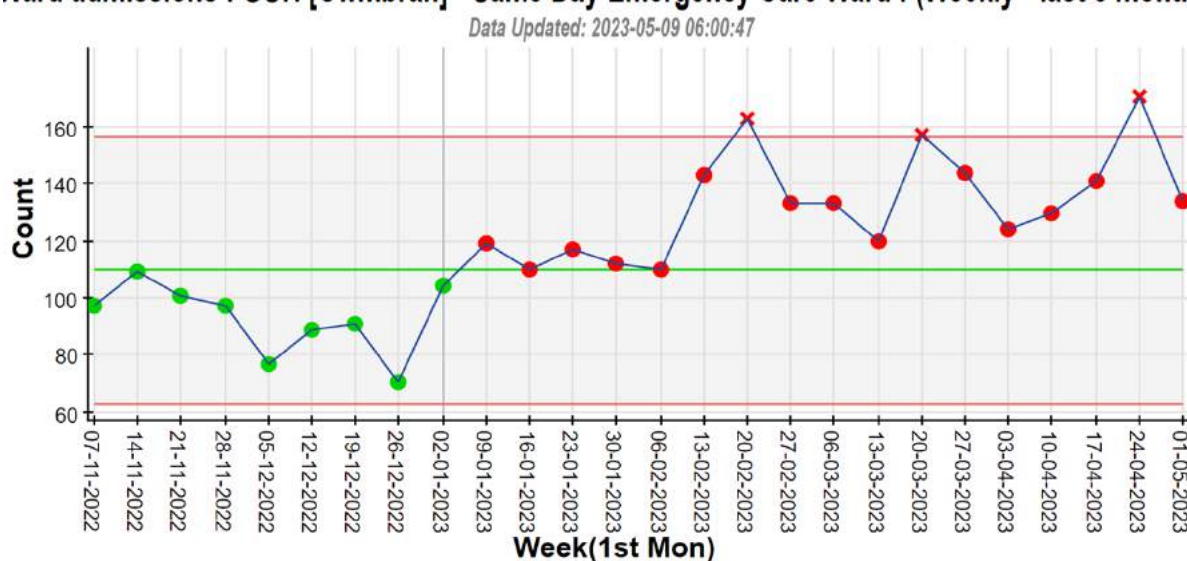
back to communities. The actions were aligned with the work of the Six Goals for Urgent and Emergency Care Programme.

Same Day Emergency Care (SDEC)

The Plan set out the role of SDEC at the Grange and phasing up the model in the winter period.

SDEC in the Grange has seen over 4300 patients and has been incredibly impactful upon patient flow and patient experience at GUH, most notably for General Surgery. SDEC receives roughly 40% of the overall Emergency General Surgery take. Prior to SDEC all patients would have been seen through the Surgical Assessment Unit (SAU). There was a stepped increase in utilisation of SDEC in the winter period.

Nard admissions : GUH [Cwmbran] - Same Day Emergency Care Ward : (Weekly - last 6 months)



The median time on SDEC is just under 4 hours and has remained fairly consistent over the last 6 months. This includes all patient activity including assessment and minor procedures.

Surgical presentations to ED have reduced by approximately 25 per week since implementation of SDEC which could be attributed to a coincidental change in demand through the period or more likely that GPs are seeing the value in the SDEC service and are using the pathway into SDEC more often than suggesting presentation at ED.

As part of the Winter Plan a medical SDEC was also established in YYF. The pilot project was successfully implemented and treated 589 patients between 31 October '22 and 31 March '23. Data has demonstrated a reduction in waiting times, a high assessed out rate, excellent patient satisfaction rates and good staff experience which has reduced congestion and unnecessary admission in a very busy Acute Medical Unit.

This is evidenced by:

- 99% of patients said their experience was 'very good',

- a reduction in deconditioning of patients waiting to be seen in the Acute Medical Unit,
- an average length of stay of 3 hour 16 minutes,
- a 5% increase in patient spending less than 12 hours in the Assessment Unit.

Community Admission Avoidance

Additional therapies services were provided in the Emergency Department as part of the admission avoidance element of the plan. Recruitment meant the service was not fully established until February 2023 but between February and April the service took 550 requests, mostly from ED. 65% required specific assessment, 77% of these were seen within 1 hour and 65.5% of these were discharged home with 71.1% sent home within 12 hours.

Primary Care Expansion

The plan set out a range of actions to increase primary care provision. GMS capacity was increased with 48 practices making use of 'additional clinical sessions' match funding from Welsh Government to increase GMS capacity. As set out in the plan, teams established a process to utilise Urgent Primary Care NHH hub capacity to support with demand in surges in primary care in particular for home visiting.

Bespoke vaccination teams undertaking housebound flu vaccinations on behalf of District Nursing teams were established in Caerphilly. The teams also supported practices where they themselves had clinical sustainability issues.

Primary Care increased the number of direct access pathway beds available for GP and Frailty referrals in Monmouthshire in line with expanding the Rapid medical Model.

Further Additional Services

The plan contained an action to provide Advanced Paramedic Practitioner (APP) Service to the Flow Centre to support the appropriate direction of patients. During the pilot, the Flow Centre received an average of 22 calls per day from WAST and the APP handled an average of 13 calls per day (59%). On evaluating the calls, the pilot demonstrated that the APP role does not significantly reduce the numbers of patients conveyed to the Emergency Department at the Grange, taking into account the proportion of calls taken and decisions that existing team would have made.

There were parts of the plan that were not realised due to the ability to identify, recruit and take staff through the change processes within the timeframes. For example, expanding Community Resource Teams to an 8 to 8 service and significant expansion of physiotherapy and Occupational Therapy provision was not delivered. Whilst these challenges prevented the plans materialising in time to support winter pressures, implementation was still pursued with increased pharmacy support to ED going live in June and additional night support service was soft launched in April.

Key Learning

The number of Emergency Department attendances in the Winter Period was significant and greater than winter periods over the last few years. Therefore, the counterfactual argument is that actions in the plan did stabilise some parts of the system with additional capacity to mitigate the impact of demand. However overall pressure compared with previous years was not reduced.

The inability to realise some elements of the plan relates to key learning for implementation timescales and realism in workforce planning.

3. Enabling Additional Capacity

The Integrated Winter Resilience Plan set out an approach to deliver additional bed or bed equivalent capacity to contribute to the national 1000 alternative bed initiative.

Social Care Capacity

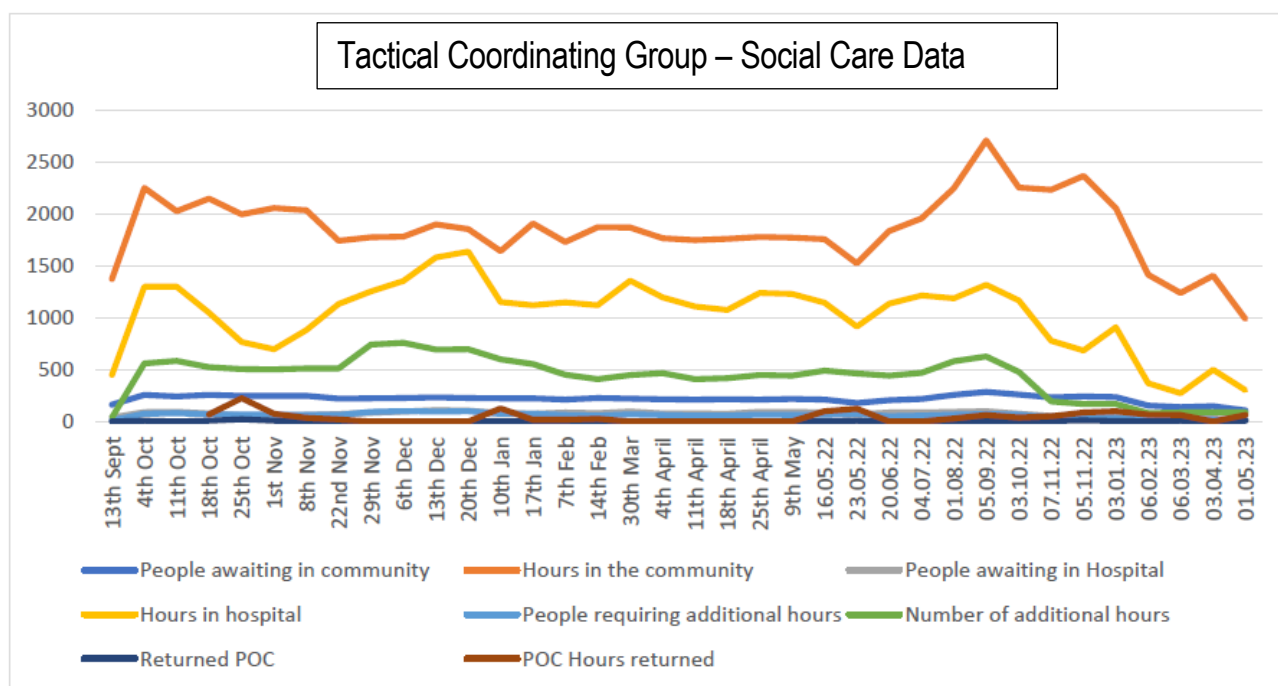
A hybrid model of Step Closer to Home (a model that moves patients who are medically fit into placements until their packages of care could be put in place) was implemented for Winter 2022-23, with block booked and spot purchase arrangements with the ambition to provide 80 bed equivalent spaces. The criteria for this initiative were to support individuals waiting for 3-4 domiciliary care calls per day to enable discharge from hospital. In addition to the existing spot purchasing arrangement (in place since Winter 2021-22), further block booked beds were commissioned with available care homes. This resulted in block booked capacity being placed in the north of the region. There was low utilisation of this initiative, as well as a reduction in referrals across the total Step Closer to Home pathway from January.

Some barriers were experienced in placing individuals outside their residing locality, even though they may already be in a hospital outside of their locality. Many of the individuals identified as potentially suitable required reablement interventions and could not therefore be supported as they were outside the agreed criteria. There were also a significant proportion of individuals in hospital waiting for 1 or 2 calls per day. Findings also identified there was mixed implementation of the no choice policy and ambiguity between the step close to home and Homeward Bound Units (see next section).

Lastly, there were unintended consequences experienced due to the very low utilisation of block booked capacity. Whereby it was anticipated there would be a natural transition from the arrangement when individuals were discharged from SC2H placements, as the placements were not filled providers were faced with a funding cliff edge at the end of March 2023, causing market instability.

More successfully, additional capacity was funded in some Caerphilly community teams across the region via the New Directions project (Domiciliary Care Commissioning). The graph below highlights the reduction in Hours awaiting allocation (orange and yellow lines). This is reflective of a wide range of commissioning activity, reviewing and right sizing of community care packages to

free up resource alongside winter initiatives therefore cannot be attributed solely to the Winter Plan.



Homeward Bound

Alongside the expansion of traditional medical winter wards at Nevill Hall Hospital and in Community Hospitals the Integrated Winter Resilience Plan also set out plans to introduce Homeward Bound Units across the Health Board hospital network. These units sought to provide an alternative model of care for medically optimised patients. Units were established in YYF and St Woolos Hospitals.

An evaluation of the units has been completed and a summary of the outcomes is set out below;

Anticipated Benefits	Outcome
Optimised patient experience in an appropriate environment	Lack of day rooms in available locations resulted in patients continuing to eat meals in rooms with no opportunity to socialise or undertake daily activities.
Improved patient outcomes	Feedback from families/patients noted that patients received more person-centred care and the promotion of independence was greater than on an acute ward.
Enhanced links with community and social care services	Little or no benefits reported in terms of discharge, difficulties experienced locating appropriate patients in line with the criteria of the unit.
Reduced inpatient stay	Average LOS – SWH 13 days, YYF 11 days (154 Admissions over 4 months). Compared with average length of stay

	in our ELGH sites of 10 days and community hospitals of 25 days.
Expedited discharge through a focussed approach	Full model not realised in terms of daily living activities and reablement intervention
Financial benefits and cost reduction	Financial benefits and cost reduction not realised, creation of additional capacity not reconfiguration of existing as surge medical capacity maintained

As can be seen in the summary there is significant learning from the pilot approach this winter which is being taken forward by the new Discharge Improvement Group, chaired by the Executive Director of Nursing.

Key Learning

The traditional expansion of medical ward capacity and community hospital capacity did support the mitigation of demand on the Health Board. However, these models relied on high levels of agency and bank staffing to sustain.

The impact on the social care market of block booking is a key learning point and a revised model for Step Closer to Home is being considered by the Gwent Adult Strategic Partnership to deliver more appropriate approaches.

Similarly, the learning from the Homeward Bound Unit approach is informing the refreshed approach to discharge planning and development of revised models for the next winter period.

4. Getting People Home from Hospital

The final section of the plan considered actions across partners to support people to get home from hospitals.

Additional equipment was provided to the regional Gwent Wide Integrated Community Equipment Service (GWICES). Equipment was ordered and delivered on as timely basis to ensure that hospital discharge was not delayed due to assessed equipment need, which benefitted both health and social care. Specialist expensive equipment was able to be purchased which allowed for safe manual handling and single-handed care in the community. There is a cost reduction to all partners both on equipment and outside of the partnership (bed days, less complexity and single-handed package of care etc.)

The timing of the availability of funding meant that equipment options purchased were restricted to the delivery timeframes to meet funding terms and conditions. Covid and Brexit has continued to impact on both delivery lead times for equipment and cost. GASP previously recommended providing capacity to the Gwent Wide Integrated Community Equipment Service (GWICES) in September to support expected additional demand typically experienced over winter months.

Description	No. of items
Phase 1 - Manual Handling	709
(Seating, Hoists & Standaids)	
Phase 2 - Bettercare	2,016
(Showering, Bathing including Bariatric)	
Phase 3 - Single Handed Care	1,513
(Elks, Slings, Returns including Bariatric)	
TOTAL	4,238

In addition, to supporting discharge additional Home First staff were provided in the Grange. However, this resulted in a displacement of some staff from Nevill Hall Hospital. The additional pharmacy staff and Homeward Bound Units were also part of the actions to support discharge as set out earlier in the paper.

Through the winter plan period the Health Board was required to report against length of delay post fit for discharge, as prescribed by the Delivery Unit. The table below demonstrates the data reported, with the columns identified in green as those with validated data being picked up via a refreshed reporting arrangement. No consistent gains are noted within this data; however, the counterfactual argument is that whilst no gains were identified there was not significant deterioration in a time of extreme pressures.

Length of Delay post fit for discharge (days)	Number of Patients													
	30/09/2022	04/10/2022	18/10/2022	08/11/2022	15/11/2022	29/11/2022	13/12/2022	29/12/2022	10/01/2023	24/01/2023	07/02/2023	21/02/2023	07/03/2023	21/03/2023
0-3	79	50	25	128	64	79	50	65	71	64	59	70	54	67
4-7	38	64	58	37	77	76	85	19	96	97	91	67	119	118
8-14	56	70	64	49	61	64	41	46	34	60	71	71	42	65
15-21	45	32	39	25	30	37	40	29	17	25	53	30	26	37
22-44	82	83	80	41	34	42	58	54	45	25	39	52	59	37
45-65	24	35	25	18	19	14	9	9	16	13	7	4	10	20
66-90	6	10	11	14	15	10	5	2	3	3	7	3	2	1
91-120	3	2	5	1	0	3	9	5	3	1	1	4	3	4
120+	2	2	3	3	3	3	2	3	3	3	2	1	1	1
Total Number	335	348	310	316	303	328	299	232	288	291	330	302	316	350

British Red Cross provided same day non-emergency transport, intended to support discharges from hospital to Step Closer to Home placements. Due to the low utilisation of the Step Closer to Home beds, the British Red Cross capacity was defaulted at the Grange Emergency department to strengthen the offer of the ED resettlement service. This is reported to have been a significant benefit to the department, resulting in a greater number of individuals being supported to return home as follows;

Outcomes	Jan-23	Feb-23	Mar-23	Total
Conveyance from hospital to SC2H care home	1	2	3	6
Conveyance from care home to home/permanent residence	12	22	15	49
Conveyance from ED to home	30	59	85	174
Conveyance from Hospital to hospital	35	33	36	104
COVID-19 transfers	0	3	2	5
End of Life	2	1		3
Homeless	1	1		2
Total	81	121	141	343

Key Learning

Learning is being taken forward through the renewed approach to discharge through the Health Board's Discharge Board and the Gwent Adult Strategic Partnership. There were some successes in the equipment service and the ED resettlement schemes. Additional home first services and care provision did mitigate some of the operational pressure experienced.

Summary

This review of the Integrated Winter Resilience Plan provides a mixed review of the impact of schemes planned to mitigate the impact of seasonal pressures. The table below summarises the position of the RPB in respect of the winter initiatives:

Theme	Initiative	Did it work?	Status	Could it be repeated?
Resilient Community Capacity	New Directions Caerphilly (AB complex care dom care runs)	Yes	Temporary funding up to 30/06/2023	Yes
	Additional winter capacity within community teams (additional hours / weekend working)	Yes	Initiative concluded	Yes
	Equitable Fuel Reimbursement	Yes	Initiative concluded	N/A
Admission Avoidance	COTE/Frailty Redesign – 8am to 8pm CRT model	No	Did not commence in term of plan	Potential longer term solution
	COTE/Frailty Redesign – Proactive Frailty Transformation Project	No	Did not commence in term of plan	N/A
	COTE/Frailty Redesign – Night Time Support	No	Did not commence in term of plan	Potential longer term solution
	Same Day Emergency Care @ YYF	Yes	Temporary funding up to 30/06/2023	Yes

Discharge Enablers	Additional GWICES Equipment	Yes	Initiative concluded	Yes
	Strengthened Home First Resource	No	Additional resource not funded currently	Potential longer term solution
	Alternative Bedded Capacity (Step Closer to Home) <ul style="list-style-type: none"> ▪ Spot Purchase model ▪ Block Booked Arrangement 	Yes No	Temporary funding for spot purchase model up to 30/06/2023	Spot purchase – Yes Block booked – No

It is worth highlighting that during this period the Health Board did not evoke Black Escalation (the highest level of operational escalation) and was not required to declare a critical incident, appropriate command and control arrangements in place and actions did go some way to mitigating the impacts of demand.

Summary of key learning;

- Early and proactive prevention programmes supported mitigation of the impact of respiratory disease.
- Same Day Emergency Care Services supported the mitigation of pressures on emergency departments and provided improved patient experience and should be further expanded
- Traditional approaches to workforce expansion were limited by availability of recruitment as well as agency and bank models
- Market stability in social care impacted on delivery and revised models for step closer to home services are required
- Models providing care to medically fit patients on hospital sites were limited in impact and need to be revised via work on discharge

There is rich learning from a challenging winter period which is already supporting work being taken forward via Six Goals of Urgent Care and the Gwent Adult Strategic Partnership.

The final comment in this paper must go to recognising the tireless efforts of staff to meet the challenges of this winter, working in difficult circumstances and making decisions always focused on providing the safest care possible.

Argymhelliad / Recommendation

- The Board is asked to note the review

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Cyfeirnod Cofrestr Risg
Corfforaethol a Sgôr Cyfredol:
Corporate Risk Register
Reference and Score:

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. 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 Choose an item. Choose an item. Choose an item.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	approach-for-respiratory-viruses-technical-guidance-for-healthcare-planning.pdf (gov.wales) Public health approach to respiratory viruses including COVID-19 2022 to 2023 GOV.WALES
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	
Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb	No does not meet requirements

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.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Enhanced Care: Proposal for a Proof of Concept and Service Evaluation at Ysbyty Ystrad Fawr
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade
SWYDDOG ADRODD: REPORTING OFFICER:	Linda Alexander Tanya Strange

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Enhanced care is an important part of person-centred care for people who may require a closer level of observation for a period of time. It should be used to reduce risk of injury or harm to a person or to other people within the clinical environment. In its truest sense, it involves close monitoring of emotional, physical, and mental well-being, encouraging independence and active engagement through meaningful activities. Although the ethos of enhanced care should be of a therapeutic nature, it can be extremely restrictive for the person, particularly where the staff member responsible for the supervision is not skilled or confident to engage patients in meaningful activity or trained to de-escalate behaviours that challenge. This then results in staff 'containing' or limiting the person's freedom for longer than is necessary.

Although there has been a reduction in requests for enhanced care over recent months, more could be done through the Care Aims Framework to enhance patient, carer and staff experience, and reduce agency and bank use.

Board is asked to note the current usage and expenditure that is supporting Enhanced Care and to CONSIDER a Proof of Concept (PoC) to improve Quality, Safety and Patient Experience and reduce costs.

Cefndir / Background

The Nurse Staffing Levels (Wales) Act 2016 (NSLWA) lays down in statute that all 25B wards should undertake a bi-annual acuity audit and triangulation to determine appropriate nurse staffing levels to meet the needs of patients. The requirement of enhanced care is captured within this audit and triangulation, and ultimately the agreed establishments should accommodate for this. Despite this, enhanced care requirements often exceed what is captured within the bi-annual acuity audit meaning enhanced care needs are often met through the employment of bank and agency staff. This additionality is above the funded agreed baseline establishment, is a substantial element of Divisional deficits and a significant cost pressure.

Welsh Levels of Care are a key component of the implementation of the Nurse Staffing Levels Act and set out 5 levels of care to assist in measuring levels of patient acuity, summarised as;

Level 1- Routine Care: The patient has clearly identified problem with minimal other complicating factors.

Level 2- Care Pathways: The patient has a clearly defined problem but may have a small number of additional factors that affect how treatment is provided.

Level 3- Complex Care: The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment.

Level 4- Urgent Care: The patient is in a highly unstable and unpredictable condition, either related to a primary problem or an exacerbation of other related factors.

Level 5- 1 to 1 Care: The patient requires at least one to one continuous nursing supervision and observation 24 hours a day.

The below table represents the acuity trend for ABUHB January 2020-January 2023.

Column1	No. of Patients Jan-20	No. of Patients Jun-20	No. of Patients Jan-21	No. of Patients Jun-21	No. of Patients Jan-22	No. of Patients Jun-22	No. of Patients Jan-23	Trend
Level 1- Routine care	1376	766	302	284	47	28	413	↑
Level 2-Pathway Care	6213	4068	2405	3227	3837	3587	2815	↑
Level 3-Complex Care	12080	9497	7969	10611	11005	13273	17293	↑
Level 4-Urgent Care	4186	3886	4593	5802	6897	5747	4950	↑
Level 5-One-One Care	951	894	1303	1617	1619	1420	1619	↑

Patient acuity and dependency is one of the main drivers for the increased nursing establishments seen over recent years, associated with a significant increase in Level 3 complex care patients. ELGH

sites are also reporting an increase in level 4 and 5 enhanced care thought to be attributed to the Covid pandemic. Although this decreased in June 2022, January 2023 figures indicate an upward trend in acuity and Level 5 Enhanced Care.

Asesiad / Assessment

Evidence Base to Support A Review of Current Enhanced Care

- **Transformation Through Care Aims**

The Care Aims Intended Outcomes Framework utilises the pillars of Duty of Care (Legal and Ethical Principles) to support professional decision-making. Through improving relationships at all levels, it promotes skilled, empowering conversations within and across teams, and with families, carers and leaders. Conversations with and about service users are designed to understand each unique set of circumstances to increase the likelihood of effectiveness and reduce anxiety and

psychological dependence on services. Adopting the Care Aims Framework and consideration of what matters to people will result in reasoned and collaborative decision- making when considering Enhanced Care, less restrictive practice, psychological safety for patients and staff and a reduction in agency and bank use.

- **Human Rights**

Human rights are the basic rights and freedoms that belong to every person in the world. They are based on core principles such as dignity, fairness, equality, respect, and autonomy. They protect the freedom of people to control their own life, to take part effectively in decisions made about them which impact upon their rights, and to receive fair and equal services. Human rights must be considered when making decisions around Enhanced Care.

- **Restrictive Practice**

The aim of one-to-one Enhanced Care is to provide continuous observation for an individual patient for a period of time during acute physical or mental illness. However, this can be restrictive. The term restrictive practices can apply to a number of different acts, for example, physical restraint, chemical restraint, seclusion, social restraint, psychological restraint, and long-term segregation. Restrictive practice does not necessarily require the use of force, it can also include acts of interference, for example moving someone's walking frame out of reach, delivering close 1:1 care that prevents the person from walking around etc. The best way to avoid restrictive practices is to work preventatively and meet individual physical, psychological and emotional needs before crisis arises.

- **Single Rooms**

Although single rooms have the advantage of increasing patients' privacy and dignity, the potential disadvantages include reduced social interaction with other patients leading to isolation, reduced visibility from staff for those patients at risk and higher rates of slips, trips and falls (Ulrich *et al* 2008). For patients requiring more focussed supervision, this often necessitates the need for 1:1 enhanced care, provided often by agency staff (increased agency costs).

Recent feedback has identified that many patients on wards, especially those in single rooms, are negatively impacted by reduced positive stimuli, resulting in increased loneliness, boredom, increased anxiety or agitation. Meaningful person-centred activities which address individual needs and preferences can help to improve physical fitness, mood, help to combat depression and anxiety, improve the quality of sleep, nutrition and hydration as well as reduce falls and incidents of aggression.

- **Lack of 'Therapeutic' Observations**

Across wards, the number of patients requiring Enhanced Care remains high. Restricted meaningful stimuli and activity consequently results in increased numbers of patients who need enhanced supervision whilst on the wards. Enhanced Care (often provided by temporary agency or bank staff who do not know the patient) can be intrusive, difficult to staff and financially costly to the Health Board. The lack of meaningful activity is cited by persons living with dementia and their families as one of the most critical and persistent unmet needs (Trahan, et al. 2014).

Enhanced Care - The Current Position

Enhanced Care Observation Framework

Significant focus has been afforded to both reducing variable pay and improving patient experience during 2022/23, supported with the introduction of an Enhanced Care Observation Framework. This Framework focuses on a multi-disciplinary approach and individualised care planning, supported by what matters to people and meaningful activities.

The Framework is patient centred, focusing on specific patient needs and their care aims which have been developed in conjunction with the family, rather than only the assessed level of care. This allows opportunities for ‘cohorting’ of patients even those assessed as level 5, with the possibility of one HCSW observing 2 patients rather than necessarily automatically requiring 1 to 1.

The success of the Framework is dependent on the right people undertaking enhanced care, such as HCSWs trained in caring for patients with cognitive impairment with the skills required to provide the correct stimulation by day and night. A meaningful activity training programme alongside tailored learning aimed at improving the knowledge and confidence of staff to better identify the activities that may reduce challenging behaviours is being rolled out. Where teams have embraced the training and the ethos that person-centred care is not the sole domain of ‘medical treatment’, behaviours that challenge and requests for enhanced care have reduced.

However, this is not embedded across all wards and there is potential to address further the requirement for often costly and restrictive enhanced care, and in doing so, deliver outcome based person-centred care.

Financial Spend

Between April 2021 and May 2023, the Health Board’s total spend on Enhanced Care equated to almost £20.6m. 44.8% of all hours were agency staff, totalling 58.3% of that spend. Agency HCSW’s generally earn an average of £10 an hour more than directly employed HCSW’s, with rates increasing for night and weekend shifts. Use of Enhanced Care within the Medicines Directorate accounted for 50% of the total Health Board Enhanced Care spend.



Over the past year, the financial spend on enhanced care across the Health Board has reduced from £1million in May 2022, to around £500,000 in May 2023. This is primarily due to the decrease in agency usage. Although it is encouraging to see a decrease in agency use, bank hours per month for Enhanced Care remains high (18.8k in May 2023).

Associated Safety Risks

Alongside the current spend and potential for escalating financial risks, are the specific risks to patients, families, and staff wellbeing. Of particular note is the need to ensure that as this Proof of Concept commences, the psychological safety of staff to consider new ways of working is embedded in the work.

The increase in Enhanced Care is partly due to the increased acuity/frailty of patients. During the pandemic and restrictions on community support, families had to cope with the deteriorating conditions of those they were caring for often without help. Anecdotally, more families are now requesting assurance of appropriate care at home prior to agreeing to discharge. Requests for additional support at home following discharge can be influenced by the fact that patients may have received 1:1 care in the hospital.

The number of ward moves/site transfers can contribute to increased Lengths of Stay (LoS). Repeated ward transfers for patients with cognitive impairment can often result in disorientation and fear, resulting in an escalation of challenging behaviours and requests for Enhanced Care. This behaviour and perceived risks can culminate in a delay in stepping down Enhanced Care.

The single room environment at Ysbyty Ystrad Fawr (YYF), Ysbyty Aneurin Bevan (YAB) and Grange University Hospital (GUH) and lack of day rooms result in challenges in regard to supervision and monitoring of patients. Where someone may be at risk of falls in single bays, and in the absence, for example of family or volunteers, this can 'trigger' requests for Enhanced Care.

Enhanced Care that is not informed by the psychological and emotional needs of the person, and with the absence of meaningful activity is often restrictive in nature. This can lead to de-conditioning and an increase in agitation or frustration for the patient. There is a risk that the management of agitation can include the administration of sedation, potentially increasing the risk of falls, weight loss etc. Additionally, Coroners reports which have referred to the absence of Enhanced Care when someone has an identified falls risk, can influence managers decisions to request higher levels of enhanced supervision.

There will always be a need for Enhanced Care for those who are seriously ill, at significant risk or whose condition is very unstable. However, more can be done to consider the support mechanisms that could be used to support rehabilitation and wellbeing, preventing the need for 1:1 direct supervision. This could include better understanding of the care and support someone received at home prior to admission, what matters to the person, how families/volunteers can be more involved in a persons plan of care, the meaningful activity that would both occupy and de-escalate behaviours that challenge and the role that smart technology plays in personal safety and the wider provision of person-centred care.

Highest Levels of Enhanced Care

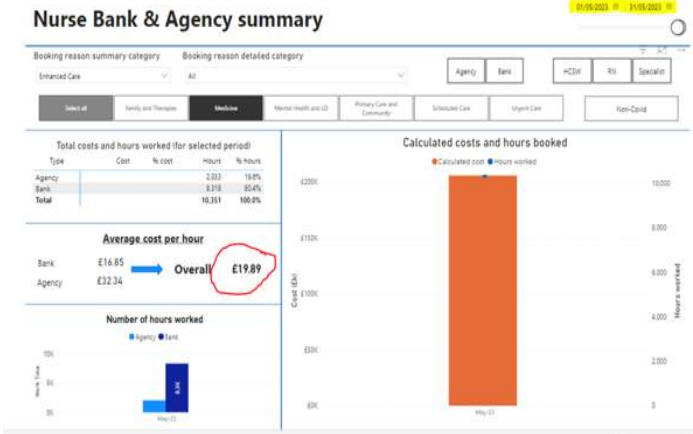
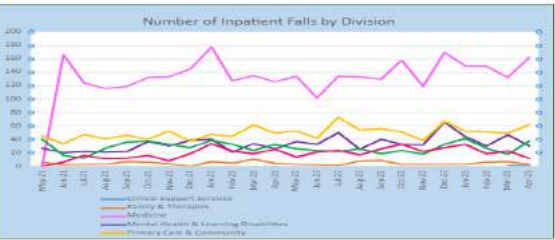
The Medicines Directorate has significantly reduced the amount of agency staff deployed to support patients with Enhanced Care needs. However, this Directorate has the highest level of Enhanced Care overall.

Of the total 18.8k Enhanced Care hours recorded in May 2023, Medicines account for 8.3k (45%) Enhanced Care hours per month, 80% of which was provided by Bank HCSW's.

During the month of May 2023, 5 wards at Ysbyty Ystrad Fawr (YYF) employed Enhanced Care hours that exceeded 400 hours per ward. Collectively, this equated to 4,288.2 hours of Enhanced Care, which is the equivalent of 28.12 WTE.

In-Patient Falls

Many requests for Enhanced Care are made due to assessed falls risks.



May 2023				
Hospital	Ward	Hours	WTE	Cost
YYF	Risca	473.2	3.1	£9,412
YYF	Stroke Rehab (Bargoed)	789.5	5.26	£15,703
YYF	Oakdale	870.2	5.8	£17,308
YYF	Bedwas	702	4.68	£13,963
YYF	Penallta	1,393.3	9.28	£27,713
Total EC Hours May 2023		4,228.2 Hours		
Total WTE (Enhanced Care)		28.12		
Total Enhanced Care May 2023		£84,099		

The chart indicates the number of falls across Divisions.

There are a higher number of falls within the Medicines Directorate.

Proposed Way Forward

It is proposed that a Proof of Concept (PoC) underpinned by the Care Aims Framework and reasoned decision-making, is undertaken within the Medicines Directorate, at Ysbyty Ystrad Fawr.

A PoC multi-disciplinary task and finish group will be established. This will include nursing, doctors, therapies, facilities, mental health (OPAL), discharge leads, community leads, volunteers, technology leads, and technology companies. The group will develop the quality and patient experience outcomes and service evaluation model. A clinical review of all patients currently receiving Red and Amber levels of enhanced care will be undertaken. Patients and family inclusion and feedback will be integral to the concept.

The PoC will be supported by the Senior Nurse, Specialist Dementia Practitioner and Volunteer Co-ordinator from the Person-Centred Care Team who will be allocated dedicated time to support the multi-disciplinary team in implementing and evaluating the PoC.

Phase 1: July 2023

Agree approach with Divisional Nurse in discussion with ward teams/managers. Person Centred Care Survey across all wards at YYF including Mental Health Wards. Unobtrusive observation of any Enhanced Care being provided e.g., is the person providing the care engaging the patient or sat outside the room. Patients receiving Enhanced Care and/or their families will be asked to provide experience feedback.

Phase 2: August 2023

In preparation for the Proof-of Concept, members of the Person-Centred Care Team will undertake an independent clinical analysis of Enhanced Care on two wards within YYF to test the clinical audit tool and gather baseline information to inform the fuller programme. This will include:

- Focussed Enhanced Care case review on two wards (Penallta and Bargoed) for all patients receiving **red** and **amber** enhanced levels of care.
- Case review will include consideration of status prior to admission, reasons for admission, diagnosis, cognition, risks, ward moves, consideration of Care Aims principles and integrated decision making, level of Enhanced Care, what could be put in place to better support person centred care, what do staff feel would better support the person and team e.g. telecare/volunteer support, discharge planning etc
- A discussion around the recommendation of the level of Enhanced Care and alternative support will be discussed with the ward manager.
- Feedback report to Executive Director of Nursing, Deputy Director of Nursing and Divisional Nurse.

See draft case analysis/audit (Appendix I)

Phase 3: Proof of Concept Plan (Appendix II)

Phase 4: November 2023

- Overall report of Proof of Concept to Executive Team
- To include recommendations and options appraisal for sustainability - consider whether YYF could become a 'SMART' hospital.
- Consideration of roll out.

Financial Assessment/Invest to Save

As well as the primary intent to improve patient experience and quality of care, the Proof of Concept will identify the long-term financial savings that working within Care Aims principles and reasoned decision making will release. It is anticipated that there will be opportunities to re-direct some of the current spend on Enhanced Care to both improve patient experience, staff well-being and reduce the overall Enhanced Care spend going forward.

Some of these invest to save opportunities could include:

- Dedicated psychological/staff wellbeing support to prepare staff to embrace reasoned-decision making and 'acceptable risk' through the Care Aims principles (psychological safety) – cost to be determined.
- Employment of Band 2 Wellbeing Assistants on each ward 8-8 7/7- These staff would engage with patients and families to determine what matters at the point of admission to the ward. This will then be considered when considering Enhanced Care. These staff would support the clinical team with contacting relatives when patients arrive on the wards, 'intentional rounding' to check patients needs/safety, and alongside volunteers, engage patients in meaningful activities.
- Employment of 2 x Band 4 Activity Co-Ordinator's 9-5: to work with patients, families, and staff to develop meaningful activity for patients, with a focus on those patients requiring Enhanced Care. They would direct the band 2's in the activities required to support individuals.
- Targeted recruitment campaign to extend volunteer and companion workforce at YYF. Rota of Volunteers per ward to be devised: Expenses only @47p per mile.
- Telecare: Request that Tec companies support Proof of Concept and provide as a trial (no or minimal cost) telecare/technology that may better support patients and their identified risks e.g. falls sensors, Smart technology that enhance wellbeing etc
- Employment of Technology Lead (band to be determined) to work with clinical leads to identify the tools that would support Enhanced care- e.g. potential equipment such as falls sensors and motion sensors based on individual need (first step). Long term costs for such equipment will need to be scoped.
- Purchase of 'put me up' beds or more comfortable chairs and footstools to support overnight/longer stays for relatives.

The Proof of Concept will be evaluated and a sustainable model that would support invest to save will be determined. It is suggested that reinvesting some of the current Enhanced Care spend on the employment of Activities Co-ordinators, a Telecare/Technology Lead and Well-Being Assistants would make a significant difference to patient experience now.

Quality, Safety and Patient Experience

Quality	Safety	Experience
Care is evidence based and effective care through reasoned decision making.	Reduced falls	What matters to people informs care plans and Enhanced Care.
Staff confidence/ improved person-centred care	Reduced 'restrictive' practice.	People have more control of their lives.
Timely and appropriate therapeutic observations	Prevention of deconditioning.	People are integral to decision-making.
Improved discharge planning	Reduced unintended harm e.g., sedation adding to increased risk of falls, nutrition and hydration etc	People are allowed to take their own informed risks.
Prudent- Enhanced Care will consider lower-level	Pain management/reduced distress	Human rights upheld.

<p>support/tools as an alternative to 1:1 direct care.</p> <p>Equitable: people with cognitive issues are given the same opportunities to be involved in decision making that promote safety and well-being</p>		<p>Improved involvement of patients, families, and staff</p> <p>Reduced lengths of stay</p> <p>Greater staff confidence, satisfaction, and wellbeing</p>
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Argymhelliad / Recommendation

This paper proposes that a Proof of Concept (PoC), undertaken within a Service Evaluation Framework and embedded within the Care Aims principles is undertaken at Ysbyty Ystrad Fawr. This Proof of Concept will enable a detailed analysis of Enhanced Care. It aims to support embedding the Care Aims principles and through an intended outcomes framework, result in a shift in the balance of care from one that is dependent on additional 1:1 staffing for those who may require additional observation to a therapeutic model where smart technology, meaningful activities and more inclusive family involvement leads to improved person-centred care, enhanced wellbeing and a reduction in costly 1:1 care.

Board is asked to note the current usage and expenditure that is supporting Enhanced Care and to CONSIDER a Proof of Concept (PoC) to improve Quality, Safety and Patient Experience and reduce costs.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
<p>Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:</p>	
<p>Safon(au) Gofal ac Iechyd: Health and Care Standard(s):</p>	<p>2. Safe Care 2.1 Managing Risk and Promoting Health and Safety 2.3 Falls Prevention 4.1 Dignified Care</p>
<p>Blaenoriaethau CTCI IMTP Priorities</p> <p>Link to IMTP</p>	<p>Adults in Gwent live healthily and age well</p>
<p>Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP</p>	<p>Experience Quality and Safety</p>

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	<p>Improve the Wellbeing and engagement of our staff</p> <p>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</p> <p>Improve the access, experience and outcomes of those who require mental health and learning disability services</p> <p>Choose an item.</p>
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Human Rights Care Aims Intended Outcomes Framework Therapeutic Observation Enhanced Care Framework
Rhestr Termiau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Nursing Corporate Finance Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>Yes not yet available</p> <p>The Proof of Concept and Service Evaluation will determine the requirement for an EQIA. It is anticipated that there will be positive impact for patients and staff.</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>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>

Enhanced Care Clinical Review to Inform Proof of Concept

Hospital:	Ward:		Date:	
Person-Centred Enhanced Care Decision Making and Non-Clinical Support				
Has the patient and/or their family been involved in discussions around Enhanced Care?	Yes	No	Has there been a multi-disciplinary discussion around Enhanced Care?	Yes No
Has <i>What Matters</i> to the Patient been considered?	Yes	No	Is ' <i>This is Me</i> ' available (or other documentation)?	Yes No
Does the patient have capacity to make decisions around care and treatment?	Yes	No	If patient does not have capacity to make decisions around care and treatment, has a capacity assessment and best interest assessment been undertaken to inform Enhanced Care?	Yes No
If the patient has capacity, have they consented to Enhanced care?	Yes	No		
Does the patient have a diagnosed cognitive impairment/Dementia?	Yes	No	Is there a DoLS in place?	Yes No
			Is the person detained under the Mental Health Act	Yes No
Does the ward have open visiting?	Yes	No	Does the patient have family or friends visiting?	Yes No
Is John's Campaign being supported for people living with dementia? OR are the principles of Johns Campaign being used to support visiting for patients without dementia?	Yes	No	Is there provision for family/friends to stay overnight?	Yes No
Are Volunteers visiting the patient?	Yes	No	Are OPAL involved?	Yes No

Pre-Admission/Initial Admission				
Place of residence before admission	Home	Care Home	Supported Living	Other (please state)
Pre-admission status (summary)- include mobility, continence, etc.				
Package of care in the community before admission. (Include informal carer support, commissioned visits, whether patient lives alone).				
Date of Admission?		Destination on Admission e.g. A&E/MaU?		
Reason for Admission?				
Baseline status on admission e.g., self-caring, mobile, continent etc				
Is there a change to baseline status at time of this review?				
Ward Admission (ward where review is being undertaken)				
Date of Admission to this ward?		How many ward moves since admission?		
Date Enhanced Care Commenced?		Level of Enhanced Care?		
Reason for Enhanced Care? E.g., delirium, risk of falls, agitation etc				

Number of Days on this Level?		Date last reviewed?	
Observation of Enhanced Care at time of visit e.g., meaningful activities, 1:1, cohorting etc?		Observation of patient at the time of the review.	
What are the staff views and reasons for Enhanced Care for this person?			
Would staff feel confident and able to reduce the current level of Enhanced Care?	Yes	No	If no, why not and what do staff believe would need to be in place to reduce the level of observation?
Do Enhanced Care reviews include the patient and/or family?	Yes	No	Is the Enhanced Care Documentation fully completed?
Is the PSAG Board/Bedside Board up to date/completed?	Yes	No	Has the need for Red/Amber Enhanced Care been evidenced during this review?
Does the patient report or appear to be in pain?	Yes	No	Date of Pain Assessment
Is there a pain assessment in place?	Yes	No	Does a review of pain need to be undertaken?
Is the patient receiving sedative medication?	Yes	No	Date this was prescribed in hospital and frequency e.g., PRN, QDS etc
Was this prescribed prior to admission?	Yes	No	Is the patient anxious/agitated?
Does the patient exhibit behaviours that challenge?	Yes	No	If yes, is there evidence that a range of interventions have been used to 'de-escalate'?
Is the patient at risk of falls?	Yes	No	Are there falls sensors/alarms in place?

Current mobility status e.g. mobile, nursed in bed, walking frame etc		Is this a change to pre-admission status?	Yes	No	
Current continence status e.g., continent, wears pads etc		Is this a change to pre-admission status?	Yes	No	
Current nutrition and hydration status e.g., independent, needs support etc		Is this a change to pre-admission status?	Yes	No	
Is mobility and movement encouraged (to prevent deconditioning)?	Yes	No	Is patient dressed and out of bed?	Yes	No
Are meaningful activities available to the patient informed by what matters to them?	Yes	No	Are the meaningful activities supplied to the wards in use?	Yes	No
What Meaningful Activities have been tried (if any?) e.g., RITA, I-Pads, Magic Table etc					
Is intentional 'rounding' in place?	Yes	No	If yes, how often and who undertakes this?		
Discharge Planning					
Is the patient medically fit?	Yes	No	Has the patient and/or family been involved in discharge planning?	Yes	No
When is the Expected Discharge Date?			Is the Clinical opinion that Enhanced Care will be in place up until discharge?	Yes	No
What is the discharge destination e.g., back home, care home etc					
What is the anticipated care package in the community? E.g., number of calls, discharge to care home etc			Will Enhanced Care be needed following discharge?	Yes	No

If discharge date agreed, why is the patient still in hospital?					
If patient is going back home, have they/the carer been offered any support, advice or training to maintain self-care at home?	Yes	No	Would the patient/carers benefit from additional pre-discharge advice and support e.g., does the carer need advice in de-escalating behaviours that challenge?	Yes	No
Observations of Current Enhanced Care Provision and Potential Alternatives					
What is the Enhanced Care level recommendation following review?			What is the justification for this?		
What alternatives to 1:1/close observations could be considered for this patient to support person-centred care and therapeutic observations? E.g., increased visiting, falls sensors, volunteers etc					
What support do staff need to embrace new ways of working and ensure psychological safety?					
Overall Comments and Wider Recommendations					
Review undertaken by:					
Discussed with:					
Signatures	Registered Nurse Reviewer		Registered Nurse/Nurse Manager		

Appendix II

Proof of Concept Plan

1. **Proof of Concept:** to embed Care Aims in decision making and reduce requests for enhanced care at YYF through improved person-centred care planning.
2. **Service Evaluation Framework Agreed:** to underpin the model and support the final evaluation.
3. **Staff Engagement/Staff Survey:** Feedback on focussed audit above. Engagement in ethos of Proof of Concept. Identify leaders to support work. What do staff believe would make a difference? Consider psychological safety. Baseline staff survey.
4. **Establish Proof of Concept Task and Finish (T&F) Group:** multi-disciplinary clinical teams, technology leads, WoD, Well-Being leads, PALS, engagement with patients, families and volunteers.
5. **Priority Focus/Outcomes:** To be determined by T&F Group. Will include improved/informed decision making, patient experience, reduced loneliness and isolation, reduced falls, reduced enhanced care and improvements in nutrition, hydration, continence care, family involvement (need to link closely with falls and delirium strands), staff wellbeing, improved discharge planning which includes training informal carers to de-escalate behaviours that challenge at home, technology that could support people at home etc.
6. **Current Workforce Model:** benchmark of current staffing compliment and Enhanced Care in place.
7. **Acuity:** audit of acuity and consideration of support required. Identify what is needed to shift the balance of care e.g. Could Band 2 Wellbeing Assistants and increased volunteer support improve experience and reduce/challenge existing workforce model.
8. **Repurposing Enhanced Care Spend:** analyse current spend and remodel staffing to reduce enhanced care spend e.g., employment of Activity Co-ordinator, wellbeing assistants etc.
9. **Benchmark Audit across All Wards:** current acuity, falls. Kings Fund Dementia Audit and improvement plans, completion of 'This is Me' and other associated tools that identify what matters to people, incidents, enhanced care, transfers, referrals to other professionals, Smart technology usage, number of volunteers etc.

- 10. Support Prior to Admission:** Determine care package at home. If person receiving 1:1 care at home, would it be more cost effective for the commissioned community carer to continue intervention with the patient in hospital.
- 11. Patient and Family Involvement:** Determine what matters to people, care to include meaningful activities. Promotion of carer involvement in recovery e.g., enhanced/longer visiting with support to stay overnight if supported by care plan etc. Embed Johns Campaign.
- 12. Draft Outcome measures:** will include reduction in falls, reduction in incidents, reduction in referrals to OPAL, reduction in inter-site transfers, reduction in referrals to dieticians, medication reduction (particularly sedatives), reduced enhanced care requests, reduced agency/bank costs, improved patient, carer and staff satisfaction, reduced lengths of stay, discharge plans that support improved carer involvement.
- 13. Dementia Companions and Volunteers:** role profile, campaign. Will primarily support those patients requiring enhanced care levels 4-5 with generic volunteers supporting others. Scope interest amongst existing volunteers.
- 14. Training Programme:** person-centred meaningful activity, 'This is Me', dementia and managing challenging behaviours, nutrition etc for Volunteer Companions, Dementia Companions and ward staff (particularly HCSW's involved in providing enhanced care) - to be completed by end of May.
- 15. Patient and Carer Education:** identify through work programme education patients and carers need to manage at home e.g. training to use a hoist, safe medicines administration, activities to de-escalate behaviours.
- 16. Physical Activity:** Contact Coleg Gwent re Physical Activity Students supporting low level bed-based exercises (with physiotherapy approval).
- 17. Digital Inclusion/Smart Technology:** Digital Champions/Volunteers to support activity e.g., virtual visiting, RITA etc Tec organisations will be asked to support the PoC through trialling technology that may promote safety and alerts to staff e.g., motion sensors. Aim is making wards 'smart wards'. Consideration of dedicated technology post to drive this forward.
- 18. Electronic resources:** Digital activity toolkit to be available and accessible to all ward staff.

- 19. Activity Pack:** explore development so that every patient has access to activities that they enjoy, make a difference, and can participate in and that staff can include in enhanced care plans.
- 20. Discharge Planning:** How does this currently look? Are patients and carers given expected discharge date, if telecare used in the ward, will this be available on discharge, consider community volunteer support, signposting to volunteer services etc.
- 21. Repeat Person Centred Care Survey:** what difference has this made to patients/carers?
- 22. Repeat Staff Survey:** what difference has this made? Do staff feel more confident, psychologically safe?
- 23. Revisit Workforce Model:** How should this look now?
- 24. Complete Evaluation:** What are the recommendations?

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Briefing Paper - WCCIS (Welsh Community Care Information System)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Paul Solloway, Director of Digital

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report is to provide an update on the implementation of the WCCIS (Welsh Community Care Information System) within Aneurin Bevan University Health Board (ABUHB). The detail of the report is for information purposes and provides a position on progress, current challenges and what is required to resolve those challenges in order to progress the continued delivery of the programme.

Phase one implementation of WCCIS focussed on delivery into Mental Health and Learning Disabilities (MH&LD). The WCCIS system went LIVE in August 2022 and is now in live use in over 120 Mental Health teams with in excess of 2,000 users. The system is currently being used for management of referrals, caseloads, digital workflows, inpatient management and reporting.

Issues encountered prior to and during the technical implementation and data migration from ePEX, the legacy system, led to the realisation of patient risk and a delay was required to develop and implement sufficient mitigation. As a result of this delay, the service were running business continuity procedures with no electronic system available and during this time, a significant backlog of data processing built up. Since the go LIVE, the Health Board has been unable to meet fully its statutory mental health reporting commitment.

This has also impacted wider ABUHB reporting such as for Outpatient Clinic (OPC), H A M, and safety and risk reporting that require Occupied Bed Day information. The accurate reporting of Referral to Treatment (RTT) waiting lists across Psychology, Primary Care Mental Health Support Service (PCMHSS), Gwent Specialist Substance Misuse Service (GSSMS), and Memory Assessment Clinic (MAS) services has also been unavailable.

Following the go LIVE, the ABUHB WCCIS programme team logged 9 urgent WCCIS Change Requests required to improve reporting capability and system functionality. These were prioritised by the national programme team and supplier for development and inclusion in a release which was deployed in May 2023. As a result of these changes and automated processes being implemented, the following reports will be reinstated in July 2023 (with caveats):

- Part 1 A/B Mental Health Measure
- Psychological Therapy Waiting Lists
- Part 2 (Pending Qlik form development)
- CAMHS Psychiatry waiting lists

This is in addition to the APC (inpatient episodes of care), Outpatient and referral reporting that has been taking place since January 2023. Clinical teams continue to cleanse data to enable improved reporting. There also continue to be some elements of local reporting requirements which cannot currently be reinstated due to changes being required to WCCIS to capture the information required.

A considerable amount of work has been undertaken to enable reporting to recommence and further work is being undertaken to further automate workflows to enable/improve reporting for Psychology and Memory Assessment Services.

Performance of the system has also been challenging for the service with slow system performance being reported. The WCCIS programme team continues to investigate locally including the analysis of a user performance survey looking to identify trends and an analysis of the ABUHB network when performance issues are reported. The national programme team and Advanced are also engaged in the review of the entire national network and system capacity with the aim of identifying a resolution.

In addition, the legacy application in use by the Mental Health Service, ePEX, has been unsupported by the supplier since 2019 as the product reached end of life, but there is currently a volume of documentation that still needs to be migrated into WCCIS. This work is now underway following contractual discussions with the ePEX supplier, which will allow ePEX to be fully decommissioned.

Whilst WCCIS has been implemented, the benefits set out in the original business case are yet to be realised as full integration and the mobile application is still not available from the supplier and DHCW. There are also upcoming pressures at a national level, with the current WCCIS platform reaching end of life support in January 2026 and a full data centre hardware refresh being required by December 2025.

Cefndir / Background

WCCIS was nationally procured to support the transformation of community, social care, mental health and therapy services across Wales. WCCIS allows local

authorities and health services to share care records and optimise services for citizens across Wales, delivering against the strategic requirements set out in the Social Services and Well-being (Wales) Act (2014).

Whilst the decision was taken to implement WCCIS, largely due to the end of life legacy system (ePEX), there are a number of key deliverables that are yet to be implemented, including national integration with other local and national systems, and the mobile application, which will enable WCCIS on the ipads already issued to the service for use in the community. The inability to deliver these functions, due to the lack of a national delivery plan, have impacted significantly the ability to deliver and realise the benefits set out in the local business case.

Asesiad / Assessment

Progress to Date

- WCCIS is currently live across Mental Health services, with in excess of 120 teams and services using the solution, including Adults, Older Adults, Primary Care Mental Health Support Services, Child and adolescent Mental Health Service (CAMHS), Child Psychology and Learning Disabilities.
- Over 2000 users are using WCCIS for the management of referrals, caseloads, workflows, inpatient management, scheduling of appointments and reporting a diary functionality to capture and manage appointments.
- Ability to manage the administration of the Mental Health Act.
- Work is ongoing to support data entry for the records backlog associated with data migration issues from the legacy Mental Health application (ePEX) to WCCIS.
 - This work also includes the cleansing of data that was inherently migrated from the pre-existing ePEX solution.
- Business Change & System Management members of the programme team have invested significant time and resource in delivering training, in terms of production of materials, face to face and distance learning. This is to ensure staff are confident in using the system and processes are fully embedded within the services.
- Work is in progress to support the delivery of forms and letter creation but progress to date is slow due to capacity in resources versus the need to support other elements of post go live activity such as ongoing data entry, training needs, change requests from the service as well as fault and issue resolution.
- Work is in progress to support the delivery of data dashboards and intelligent reporting services and to review existing dashboards that have already been created. Progress has been hampered due to capacity in resources versus the need to support other elements of post go live activity.
- Mobile ways of working are in progress with work ongoing to identify the right devices for inpatient settings.
- The desktop webapp version is currently available and carries essential functionality and a reasonable user experience.
- The mobile workstream is currently monitoring the progress and relative success of the Mobile App pilots in Hywel Dda University Health Board.

- The national team and Advanced have provided a short-term roadmap for integration and interoperability between WCCIS and other third-party applications, for some of the required integration
- Preparation for Phase 3 (community nursing) has begun with initial high-level engagements with the service seeking to establish, approach, Scope and service leads.

Challenge and Issues

Clinical Service Impact: The service is continuing to face challenges as a result of the backlog resulting from data migration. Whilst the backlog relating to referrals has now largely been addressed, there is ongoing work to address the recording of appointments. Data quality dashboards are currently being rolled out to all teams and work is continuing with clinical teams to embed WCCIS and standardise how the system is being used across the service.

WCCIS Support team impact: Capacity to support and deliver strategic objectives of WCCIS programme has been challenging since go LIVE due to the following:

- Demand for support and training across the MH&LD service, largely due to staff turnover in the service, continued changes to the platform and system functionality, which requires support locally and regionally to test and implement, and system performance.
- The WCCIS team has been supporting the migration of backlog records from ePEX to WCCIS. Although the workload is reducing in this area and although this has less of an impact on programme team resource, still impacts clinical workload.
- There is currently a high rate of change requests being received from the service as ABUHB began using functionality that has not been implemented anywhere else in Wales
- There are continued issues with the stability and performance of WCCIS which has existed since implementation, but arises periodically rather than being a consistent issue. This in turn places an unpredictable demand on the WCCIS team to manage and minimise impact on the MH&LD service.

System Functionality: The WCCIS team continue to work with the national programme team and Advanced on the delivery of an integration plan and mobile app plan and with the service on the optimisation of system forms and dashboards to improve clinical processes / workflow

System Performance: There are continued performance issues which impact on clinical service – the WCCIS and ICT support teams continue to work with the supplier and the national programme team to identify the root cause and optimise system performance.

Benefits Realisation: Due to the issues that have been encountered, initial benefits measurement post go LIVE had been delayed. There have been some initial anecdotal benefits identified, for example, live access to reporting information and improved access to clinical information by teams (linked to the implementation of a regional information sharing dashboard). The WCCIS team,

in conjunction with the service, will shortly commence data collection to measure the anticipated benefits identified in the local business case.

National Strategic Review: There are a number of arising factors associated more broadly with the delivery of WCCIS across Health and Social Care in Wales including:

- Hardware refresh
 - Current hosted infrastructure is due to go end of life in December 2025 with a full refresh required at or before that date.
- WCCIS (CRM platform) end of life
 - There will be a need to migrate to a new solution as the current CRM platform for WCCIS v5 will be end of life in January 2026.

Recommendations addressing these technical challenges were drafted by the national programme team and passed on to Welsh Government following a formal independent strategic review of the programme. The national programme team met with Government Ministers on Monday June 5 to discuss the recommendations, and a way forward has been agreed. The national programme team is engaging with Regions throughout July and August 2023 on the proposed options. The Gwent Region is yet to see this detail.

Next Steps

Following an assessment of the above challenges the WCCIS team proposes the action plan below in order to ensure the programme is focused on the delivery of the benefits outlined in the local business case.

Action	Narrative	By When
Review of ABUHB WCCIS team support services	Review and restructuring of support services to establish the approach and associated procedure and process, from end user through to the supplier.	Q2 2023/24
Review of functionality	Full review of current functionality availability in WCCIS mapped to service requirements and benefits realisation. Prioritise outstanding workload and focus on areas of greatest impact/benefit.	Q2 2023/24
Third party priorities and roadmap	Work with the National team (DHCW) and supplier (Advanced) to establish their responsibilities in delivering outstanding features and	Q3 2023/24

	functionality. Establish the priority order and develop a roadmap.	
Planning for transition of phase 1 to Business as Usual	Establish with Mental Health and Learning Difficulties the steps to enable strategic closure of the implementation phase and transition to business as usual. Start strategic planning for delivery of further phases in the programme.	Q3 2023/24
Strategic review of WCCIS programme delivery	Review current programme of delivery and associated approach, milestones resourcing and timelines in line with the wider strategic review and recommendations from the National team (DHCW) and Welsh Government.	Q3 2023/24

Argymhelliad / Recommendation

Whilst this report has been produced to provide an update for information purposes only the board is asked to endorse the action plan above to address the current issues in the delivery of the WCCIS programme.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	NA
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.4 Information Governance and Communications Technology 3.5 Record Keeping Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Digital, Data, Intelligence
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	WCCIS – Welsh Community Care Information System ABUHB – Aneurin Bevan University Health Board MH&LD – Mental Health & Learning Disabilities ePEX – Legacy System OPC – Outpatient clinic RTT – Referral to treatment PCMHSS – Primary Care Mental Health Support Service GSSMS – Gwent Specialist Substance Misuse Service MAS – Memory Assessment Clinic APC – inpatient episodes of care report CAMHS – Child and Adolescent Mental Health Services DHCW – Digital Health and Care Wales CRM – Customer Relationship Management
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable

• Service Activity & Performance	Yes, outlined within the paper
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>Choose an item.</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>
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>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>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</p>

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Integrated Medium Term Plan (IMTP) 2023/26 Quarter 1 Progress Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans (Director of Strategy, Planning and Partnerships)
SWYDDOG ADRODD: REPORTING OFFICER:	Jennifer Keyte (Senior Corporate Planning & Service Improvement Manager)

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to provide the Board with a progress report against the Aneurin Bevan University Health Boards Integrated Medium Term Plan (IMTP). This report summarises the Health Boards progress during Quarter 1, bringing together these following key components:

- Outcomes Framework
- Performance Report
- Clinical Futures Priority Programme progress
- Ministerial priorities progress
- A review of the planning scenario

The Board is asked to:

- Note the progressed achieved during Quarter 1

Cefndir / Background

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

Outcomes and Performance Framework

With the IMTP vision and 5 life course priorities in mind, the Health Board has developed a set of supporting outcomes and associated indicators that helped focus understanding of how well they were doing in these areas. Indicators have been included that cover the full spectrum of what the organisation understand the health system to be, and what can be realistically measured at the moment.

The aim is to provide information and measurement at a system and population level to support the understanding of progress against the IMTP. Alongside this, the report provides a high-level overview of activity and performance at the end of June 2023, with a focus on delivery against key national targets included within the performance dashboard. The update focuses on the areas of RTT, Diagnostics, Urgent Care, Cancer and Mental Health.

Priority Programme Progress

The IMTP set out key priorities, which, based on the understanding of the system, will deliver the biggest impact and improve the sustainability of the health and care system. By their very nature, these key strategic priorities are complex, system wide and the programmes of work are designing to implement these changes during the course of the IMTP. This report provides an update against the key milestones and progress made against each of the key priorities.

IMTP Planning Scenario

Working with a data partner, the organisation adopted a dynamic planning approach to understand the potential demand, risks and capacity requirements of the system. Working with each clinical team by speciality using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints, the Health Board developed a clear understanding of predicted demand on the system and the capacity needed against what is available. This report provides an update against what was planned, what took place and forward projections.

This information has supported refreshed profiles included in the updated Minimum Data Set for Quarter 1, this is required to be submitted to Welsh Government as part of the IMTP process.

Asesiad / Assessment

In Quarter 1 there has been sustained performance in this quarter in line with the forecasted activity levels, with increases in activity and strong indicators that the Health Board is recovering activity to pre-Covid levels. Our planning assumptions were set out in the IMTP, and they are in line with expected delivery.

In summary, during Quarter 1 the Health Board delivered:

✓ Maintenance of childhood immunisations rates,

- ✓ Increase in Urgent Primary Care contacts,
- ✓ Improvements in several Urgent Care performance including the highest performance levels across Wales in relation to patients treated within 4 hours.
- ✓ Meeting the 104-treatment milestone 1 month ahead of forecast
- ✓ Increase in life satisfaction among working age adults,
- ✓ Increased compliance against the 62-day target for definitive cancer treatment ahead of projections,
- ✓ Increase in older people free from limiting long term illness,
- ✓ Decrease in inpatient mortality rates,
- ✓ Maintenance of position of lowest rates of eColi, S.aureus and Aeruginosa across Wales.

In Quarter 1 there are areas of risk that were assessed for the IMTP 2023/24 within the following pathways and will continue to need attention in the following quarters due to known capacity constraints and sustained urgency profiles that mean reducing the numbers of patients waiting will continue to be challenging. These pathways are:

- Planned Care system, ENT and Orthopaedic Spines waiting times,
- Continued medical and community bed pressures,
- Sustainability of Primary Care access,
- Urgent Care system, including ambulance waits,
- Mental Health interventions.

The actions to improve the position and risk level have been included in our plans set out within the report.

Overall, the indicators show that the Health Board is making some progress in key areas. Childhood immunisation rates have been sustained across both measures and breastfeeding rates have increased across Gwent. Additionally, there has been a significant decrease in the number of children waiting over 36 weeks over the last year. A sustained picture is also observed in the outcomes to 'supporting being a healthy weight' and 'improving healthy lifestyle behaviours' amongst children and young adults.

In relation to our adult population, progress is mixed. We are making progress in cancer survival, increase in national screening programmes and reducing smoking rates and which reflect longer term outcomes. However, in relation to making the best use of an individual's time, progress is challenging due to the urgent care and post-covid pressures in our system. This demonstrates the importance of our Clinical Futures programmes which is focussing on urgent care and planned care. Similarly, in relation to supporting people to live well in the community, the system is holding too many patients in hospitals, and consequently redesigning services for older people is a fundamental component of the Urgent Care Transformation Programme, and a key focus for our population through Regional Partnership work programme.

This Quarter 1 assessment sets out the organisation's understanding of its system and plans remains robust and the priority decisions made in the IMTP remain valid areas of focus now and into next year's IMTP planning.

Argymhelliad / Recommendation

Board is asked to:

- Note the progressed achieved during Quarter 1.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. This is a Quarterly report against the Integrated Medium-Term Plan and the key organisational priorities informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

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

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

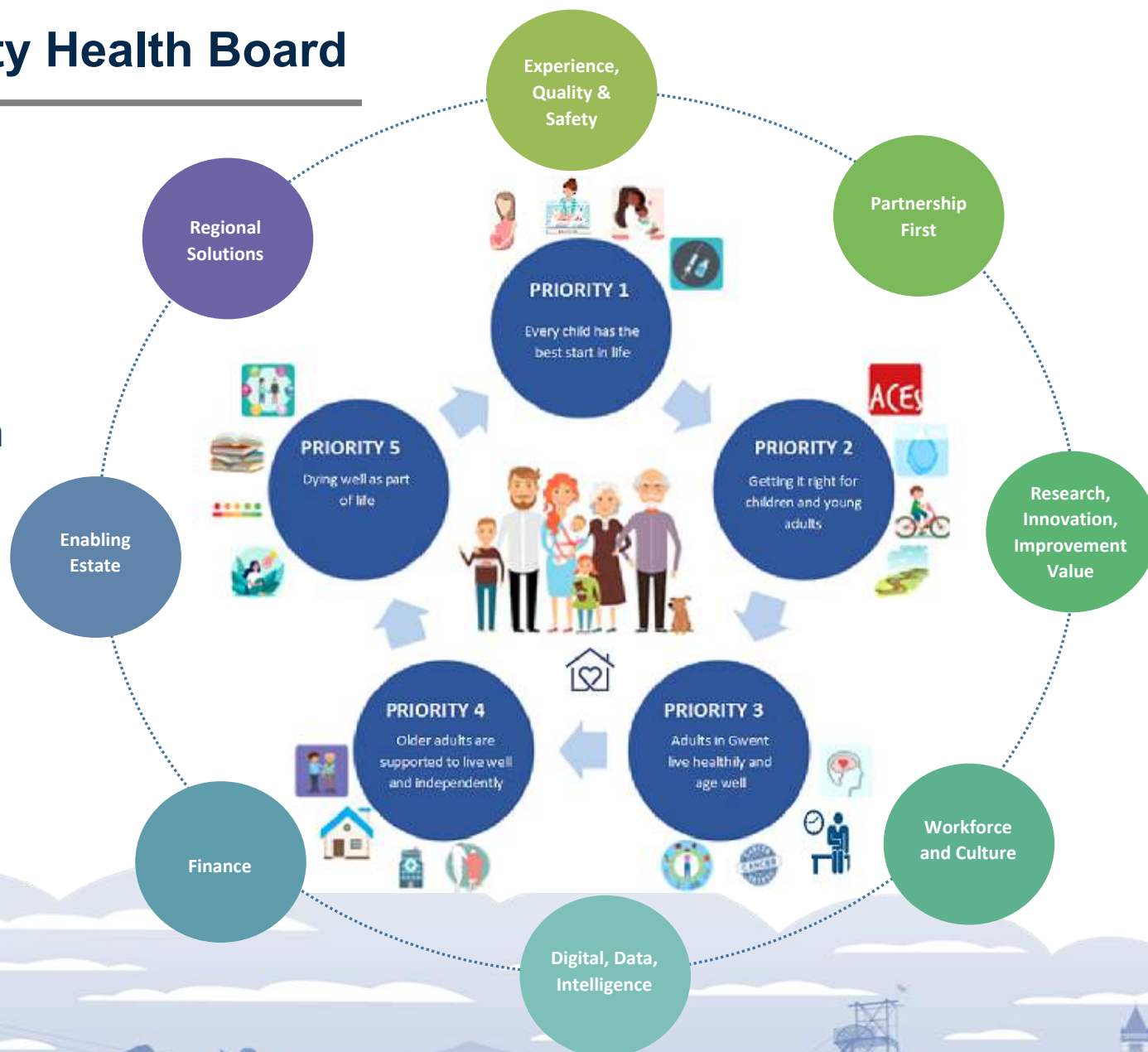
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you 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.

IMTP

Integrated Medium-Term Plan

2023/26

Quarter 1



1. INTRODUCTION

This report summarises the Health Board’s progress for Quarter 1 against the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes, Ministerial Priorities and a review of the underpinning planning scenarios. Due to the timing of report, where June data is not yet validated it has not been included and this is highlighted throughout the report.

The IMTP was approved by the Board, and reflections recognised the significant challenges and risks going forward, and in particular the financial context in which we are operating in to deliver this plan alongside the importance of the new legal Duty of Quality and Duty of Candour in mind.

The plan maintained a three year focus given the emphasis on long term sustainability but with a greater level of detail on year one delivery given the scale of challenge and ministerial expectations. The continued focus on understanding of the Health Board system has highlighted the areas where attention was focused to enable the delivery of sustainable recovery. This informed the Clinical Futures Transformation and Delivery priorities for 2023 -2026. Overall, this is a plan based on a realistic assessment of delivery as well some ambition in respect of delivery and progress.

In summary, during Quarter 1 the Health Board delivered:

- ✓ Maintenance of childhood immunisations rates,
- ✓ Increase in Urgent Primary Care contacts,
- ✓ Improvements in several Urgent Care performance areas,
- ✓ Increase in life satisfaction among working age adults,
- ✓ Increased compliance against the 62-day target for definitive cancer treatment ahead of projections,
- ✓ Decrease in inpatient mortality rates,
- ✓ Maintenance of position of lowest rates of eColi, S.aureus and Aeruginosa across Wales.

In Quarter 1 there are areas of risk that were assessed for the IMTP 2023/24 within the following pathways and will continue to need attention in the following quarters due to known capacity constraints and sustained urgency profiles that mean reducing the numbers of patients waiting will continue to be challenging. These pathways are:

- In the Planned Care system, the ENT and Orthopaedic Spines waiting times,
- Continued medical and community bed pressures,
- Sustainability of Primary Care access,
- Urgent Care system, including ambulance waits,
- Delivery of Mental Health interventions (Part 1b) in a timely way

The actions to improve the position and risk level have been included in our plans set out later in this document.

Structure

This report is structured across four sections as follows:

CHAPTER	PAGE
Outcomes Framework and Performance Summary – This section reports against the life cycle priority outcome measures. It provides population and system outcome measures to support understanding of IMTP delivery.	1
Progress of Clinical Futures Priority Programmes – This section reports on the progress of the Clinical Futures Programmes set out in the IMTP.	12
Progress of Ministerial Priorities – This section reports on the key milestones and actions against the ministerial priorities as set out in the IMTP	23
IMTP Planning Scenarios - This section reports against the planning scenarios as set out in the Minimum Data Set of the IMTP.	33

2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY

The vision set out in the IMTP 2023-2026 is to:

Improve population health and reduce the health inequalities experienced by our communities.

In order to achieve this vision, the IMTP focuses on 5 life course priorities. The Outcomes Framework is updated quarterly and, depending on data availability, the latest data is reported for each indicator. For the 2023/26 IMTP, the Outcomes Framework was reviewed and aligned, where appropriate, aligned with the newly published [Public Health Outcomes Framework](#). The timescales for indicators vary according to the data source. Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

A total of 41 indicators are reported upon and of these indicators, 17 measures have shown improvements over the last reporting period. A total of 10 indicator values have deteriorated and 14 are statistically similar. The full outcomes framework can be found in Appendix 1 and a breakdown of the type of change by priority can be seen in the table below:

Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	1	8	2	2	17
Similar	4	3	2	4	1	14
Deteriorated	0	1	6	1	2	10
Total indicators	8	5	16	7	5	41

Priority 1
Every child has the best start in life

Our Outcomes:

Improving Good Health in Pregnancy



Optimising a child's long term potential



Increasing childhood immunisation



Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board's IMTP committed to working with partners to take forward actions and activities that have a positive impact on the first 1000 days of life. The table below sets out three core outcomes to be achieved in this area. Alongside identified measures, this information

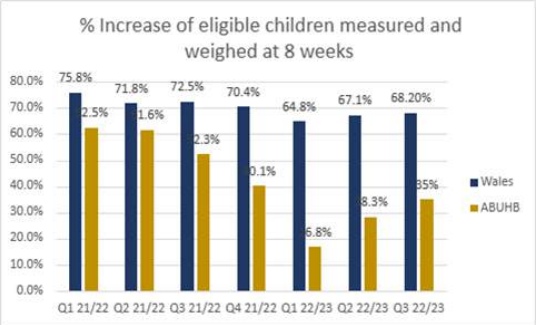
is used to target and priorities

actions identify for the

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%	2021	5.1%	-	-	Improved	Decrease in indicator over the last 3 years. Significantly lower than the all Wales average. Next update due Quarter 2 2023/24 (provisional).
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021. Next update due Quarter 2 (provisional).
		Decrease in stillbirths	4.8	3.0	2021	3.9	-	-	Improved	18.75% decrease in stillbirths over the last 5 years. Next update due August 2023 (provisional).
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q2 2022/23	56.6%	Q3 2022/23	56.5%	Similar	Indicator value has remained stable.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q2 2022/23	28.3%	Q3 2022/23	35.0%	Improved	Improvement in indicator over the last 2 quarters, however this remains below the all Wales average.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q2 2022/23	42.1%	Q3 2022/23	41.5%	Similar	Indicator value has remained stable.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2022/23	90%	Q4 2022/23	90%	Similar	Indicator value has remained stable.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2022/23	94%	Q4 2022/23	94%	Similar	Indicator value has remained stable.

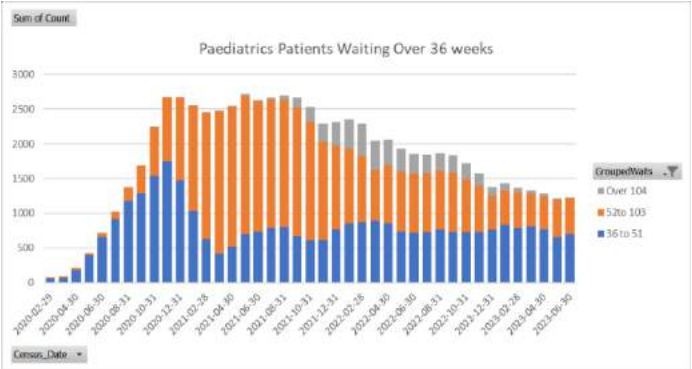
organisation.

Following the impacts of the Covid-19 pandemic in 2020, the number of Healthy Child Wales Programme contacts have recovered to numbers seen prior to the pandemic. There has been an improvement in one indicator of the outcome **‘Optimising a child’s long-term potential’** with an increase from the last reported position of 28.3% (Q2 2022/23) to 35% in the increase of eligible children measured and weighed at 8 weeks as part of the Healthy Wales Child programme. Additionally, the percentage of eligible children with contact at 3.5 years pre-school has been sustained at 41.5%. Contacts who were not completed are largely due to workforce capacity constraints or contacts not attending an appointment. A recovery plan is in place to address these barriers with the aim to increase compliance.



There has been a sustained position in the reported indicator in the outcome **‘Increasing childhood immunisation and preventing outbreaks’** with 90% of children receiving 2 doses of the MMR vaccine by the age of 5. Additionally, 94% of children received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1, demonstrating sustained strong performance.

The number of children on the Health Board’s waiting lists who have been waiting over 36 weeks increased during the pandemic and peaked during the summer of 2021. There have been and continue to be focused efforts to reduce paediatric waiting times and, in the lead up to December 2022 ENT was the last remaining specialty with patients waiting more than 52 weeks. Consequently, intensive plans were developed to reduce the waiting time for first outpatient appointments within ENT which was achieved by the end of December 2022 and has been maintained across all specialties since.



Additionally, the Health Board is working alongside the Welsh Health Specialities Services Committee (WHSSC), who are undertaking a deep dive into a range of paediatric sub-specialities to develop options with a focus on addressing increased waiting lists, in particular those waiting over 2 years.

Priority 2

Getting it right for children and young adults

Our Outcomes:

Improve mental health resilience

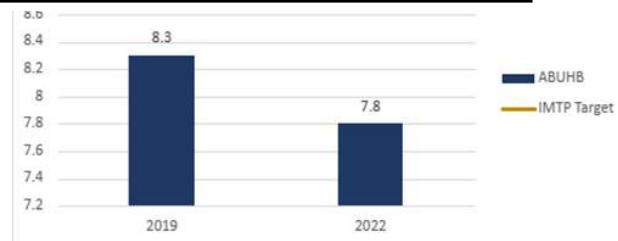
Support being a healthy weight

Improve healthy lifestyle behaviours

Nurturing future generations is essential for our communities. There is strong evidence that healthy behaviours in childhood impact throughout life; therefore, targeting actions to improve outcomes in these areas has a long-lasting impact on delivery. Young adult mental health is a Ministerial priority area with CAMHS a focus in the national performance framework.

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Q1 2022/23	97.4%	-	-	Improved	Due to the implementation of WCCIS, it is not possible to currently provide a further update. An update will be available from July.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Feb-23	42.2%	May	34.0%	Deteriorated	Indicator has deteriorated from 42.2 (Feb 23) to 34% (May 23)
	Support being a healthy weight	Increase in physical activity (for at least 60 minutes a day) in adolescents	15.1%	20%			2022	15.1%	Similar	**New Indicator** Indicator is lower than the welsh average of 16.2%. Please note, trend data is not yet available.
	Improve healthy lifestyle behaviours	Decrease in adolescents using alcohol	40.9%	30%			2021	40.9%	Similar	**New Indicator** Indicator is higher than the welsh average of 40.2%. Please note, trend data is not yet available.
		Decrease in adolescents drinking sugary drinks once a day or more	18.5%	10%			2021	18.5%	Similar	**New Indicator** Indicator is higher than the all welsh average of 16.4%. Please note, trend data is not yet available.

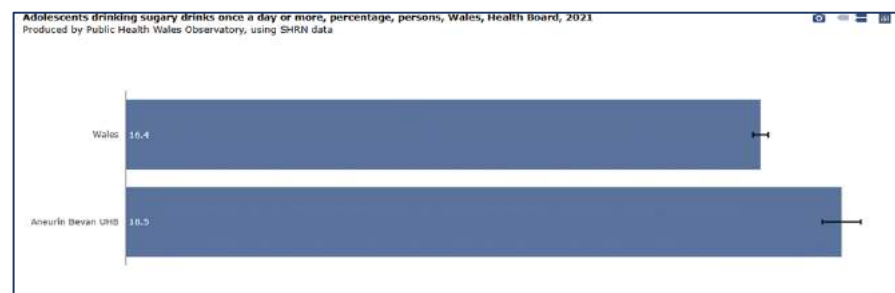
Progress within the **‘Improve Mental health Resilience in Children and Young Adults’** outcome remains mixed. The CAMHS Neuro-developmental (ND) Service remains committed to achieving the 80% target of completing ND assessments within 26 weeks. Quarter 1 of 2023/24 has seen a continued demand of referrals requesting consideration of a ND assessment and this challenge has resulted in an RTT compliance for the end of June 2023 of 35.4%. A robust ND recovery plan was implemented in April 2023 to be able to support the current waiting lists across the 0 -18 years pathway by separating the cohorts of 0 - 5 years and the 5 - 18 years.



A new pathway has been approved for those aged 0-5 years on the waiting list waiting for an ASD assessment. This will begin to have an impact once the new team is in place following recruitment, that should commence August 2023. For the children and young people on the 5-18 years waiting list, an ND recovery team has been put in place to support with the longest waiters and support the core ND team. Focus will also be on the ND screening of new referrals with completed supporting information.

The ND Over 5's position is forecasted to be recovered at end of September 23 - however the Under 5's position is forecasted not to recover compliance this financial year, which will impact the overall under 18's pathway RTT compliance due to the need to establish fully a new clinical team and pathway for under 5 year's ND. It is anticipated that the Quarter 2 position will reflect the impact of the start of the recovery work however, the trajectory of the under 18 year's compliance is forecast to be 48% - 50% at the end of the next quarter.

A number of further new indicators have been developed for this priority including the 'Increase in physical activity' in adolescents as part of the **‘Support being a healthy weight’** outcome measure. Within Gwent, the percentage of adolescents participating in at least 60 minutes of



exercise a day is reported at 15.1%. Physical activity diminishes with age, from 20.7% (age 11) to 12.4% (16) and by gender with 20.7% reported amongst males and 11.9% amongst females. Additionally, there is a reported variation based on deprivation, with those living in a more affluent area more likely to engage in exercise (18%) compared to those in the least affluent areas (14%).

Within the ‘**Improving healthy lifestyle behaviours**’ outcome the indicators ‘percentage of adolescents using alcohol’ and ‘drinking sugary drinks once a day or more’ have both reported higher rates than the all-Wales average. Both newly reported indicators feature as part of the Marmot commitments of strengthening the role and impact of ill-health prevention. The average percentage of adolescents drinking sugary drinks once a day or more is currently 18.5% compared to the all-Wales average of 16.4%.

People who begin drinking early in life run the risk of developing serious alcohol problems, including alcoholism, later in life. They are also at greater risk for a variety of adverse consequences and poor performance in school. The average percentage of adolescents using alcohol is currently 40.9% compared to the all-Wales average of 40.2% and this rate rapidly increases by age, increasing from 15.2% at the age of 11 to 71.8% by the age of 16.

Priority 3

Adults in Gwent live healthily and age well

Our Outcomes:

Maximise an individuals time

Adults living healthily and aging well

Improve mental health resilience

Maximise cancer outcomes

Our ambition is for citizens to enjoy a high quality of life and to be empowered to take responsibility for their own health and care. A significant number of measures fall within this area, particularly in relation to maximising an individual’s time. The outcomes and performance set out below underpin the work of the priority programmes and in particular the work of the 6 Goals for Urgent and Emergency Care, Planned Care and Mental Health. The progress for these can be found in [Chapter 3](#).

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Feb-23	34324	May-23	35155	Deteriorated	Indicator value has decreased since Feb 23 and May 23 by 2.4%.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Feb-23	120688	May-23	122608	Similar	Indicator value has increased by 1.6% but remains statistically similar.
		Increase in Urgent Primary Care Contacts	5336	8000	Mar-23	5456	May-23	6632	Improved	Significant increase in the number of UPCC contacts between March 23 and May 23.
		Reduction of ambulance handovers over 1 hour	737	0	Mar-23	1497	Jun-23	1285	Improved	Improving trend over the last 3 months, reducing by 14.2%
		Reduction in patients never waiting in ED over 16 hours	417	0	Mar-23	498	Jun-23	358	Improved	Decrease in indicator value between Q3 and Q4. Rate has decreased by 21.6%. Decreasing trend observed since Dec 22.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Mar-23	2.3 hours	Jun-23	4.4 hours	Deteriorated	Deterioration from 2.3 hours in Mar 23 to 4.4 hours in Jun 23.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Mar-23	13.9 hours	Jun-23	7.9 hours	Improved	Improving trend overserved over the last 3 months.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2020/21	53%	2021/22	51%	Deteriorated	Since Covid-19, there has been a decrease in physical activity from 55% (19/20) to 51% (21/22)
		Decrease in the % of adults smoking	19%	15%	2020/21	12.9%	2021/22	11.9%	Improved	IMTP target met. Decrease in percentage of adults smoking and in line with national trends.
		Increase in working age adults of healthy weight	39.5%	50%	2020/21	36.7%	2021/22	35.4%	Deteriorated	Since Covid-19, there has been an small increase in the number of overweight or obese adults.
		Increase in working age adults in good or very good health	69%	80%	2020/21	76.9%	2021/22	70.5%	Deteriorated	**New Indicator** Deterioration in indicator from 76.9% to 70.5% between 2020/21 and 2021/22
		Increase uptake of National Screening Programmes	64.2%	80%	2020/21	70.2%	-	-	Improved	Improvements in indicator value observed. Next update scheduled Quarter 2 (provisional).
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	55	2020/21	76.4%	2021/22	79.5%	Improved	**New Indicator** Increase in value between 2020/21 and 21/22
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	**Measure will be available from July and will be included within the next quarterly report**
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Feb-23	56.0%	May-23	60.2%	Improved	Improvement in indicator value from 56% (Feb 23) to 60.2 (May 23)
		Increase in 5 year cancer survival	49.1%	60%	2015-19	54%			Similar	Indicator value is similar and has been sustained. Next update scheduled August 23 (provisional).

Maximising an Individual's Time- Planned Care

Maximising an individual's time is a core element of planned care. As of April 2023, there are 3,227 patients waiting more than 104 weeks for referral to treatment and as illustrated on the chart to the right, the Health Board had the smallest number of long waiters.

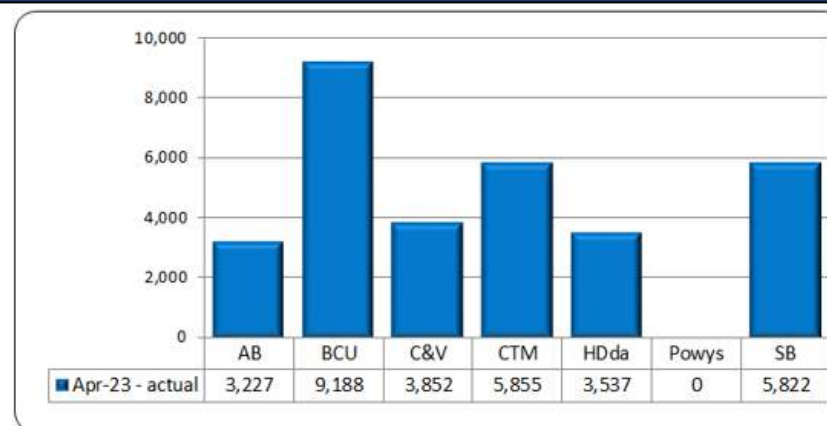
Whilst activity is off track to meet the Quarter 1 milestone for the number of patients waiting more than 104 weeks for a new outpatient appointment (1,313 waiting as of May 23 with target of 625 at end of June 23), Aneurin Bevan has one of the lowest proportion of patients waiting across Wales. This is expected to return in line with forecast with the commencement of Ophthalmology contract and a focus on ENT waits in Quarter 2.

For Ophthalmology, a Business Case seeks to provide a 14-month solution for additional regional capacity for cataract outpatient and inpatient stages to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region has been developed for approval during this quarter.

Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus on the Planned Care Programme. Despite tracking just above trajectory, Aneurin Bevan UHB has one of the smallest proportion of patients waiting more than 52 weeks for a new outpatient appointment. 6.1 (March avg 2762) 5.4% (all of June, 2354)

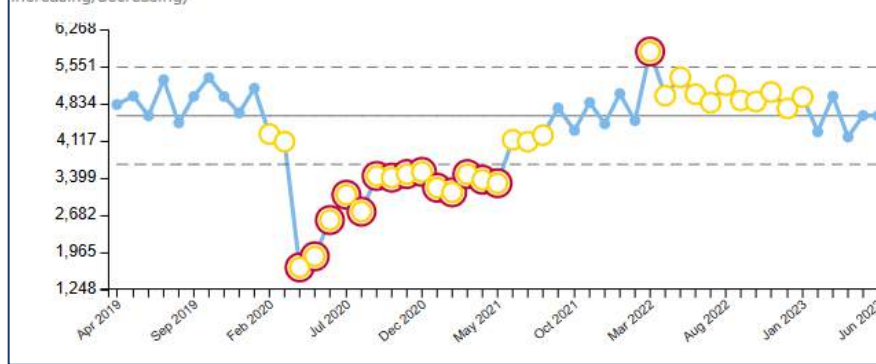
The outpatient transformation programme is focussing on its outpatient Did Not Attend (DNA) plan, of which the current rate has reduced from 6.1% (2,762) in March 2023 to 5.4% (2,354) in June 2023. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus next quarter to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.

No of pts waiting more than 104 weeks for referral to treatment



Outpatient DNAs per Month (excluding current)

Outlier = Red (beyond limits), Run = Yellow (7 or more above/below median), Trend = Green (5 or more increasing/decreasing)

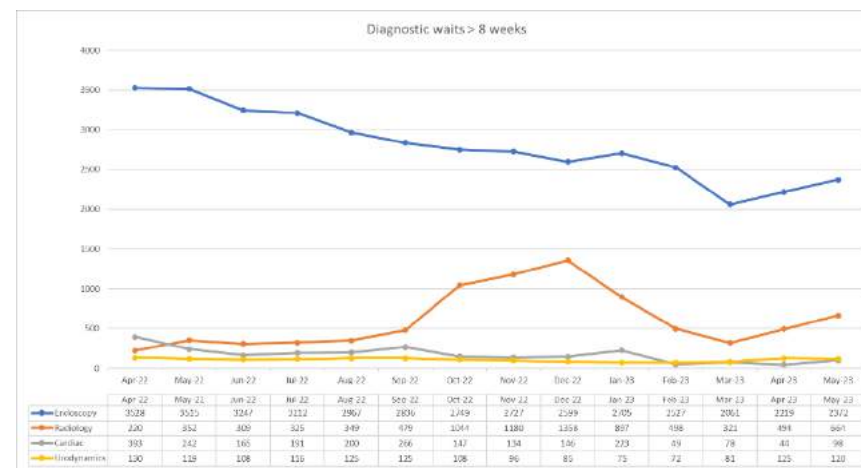


The Health Board has worked hard to increase treatment (inpatient day case) capacity post COVID and following the opening of the Outpatient Treatment Unit at the Royal Gwent Hospital, capacity is currently 105% of pre COVID levels. The outpatient treatment unit has two treatment rooms and whilst the first is fully staffed, a plan has been developed and is in place to staff the second room. A business case will be developed during Quarter 2 to seek continued support through the next financial year. A business case has also been drafted for the continued funding of an Automated Clinic Booking system which aims to increase clinic efficiencies and utilisation across the Health Board. Further details against key actions and milestones can be found within the [‘Progress of Ministerial Priorities’](#) chapter.

Maximising and Individual's Time- Diagnostics

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

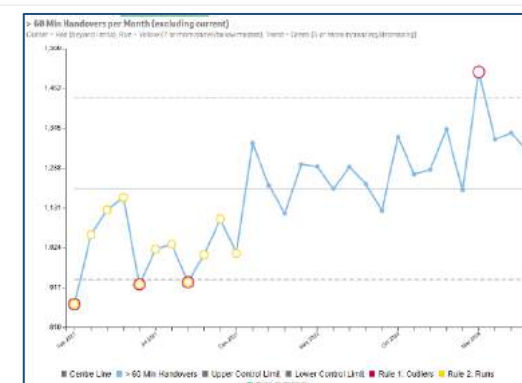
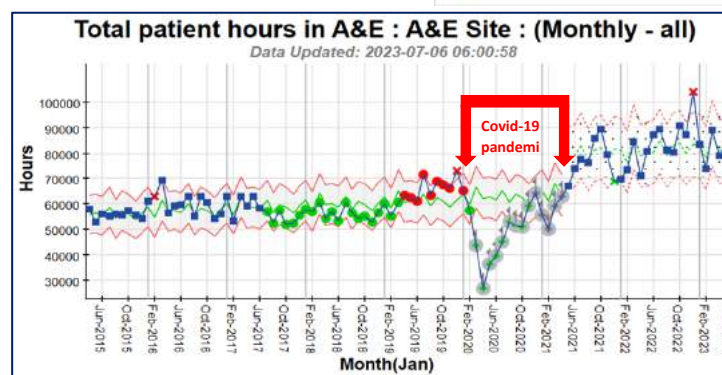
- continued insourcing of additional endoscopy capacity has supported a maintenance in the 8-week backlog with a small decrease in the numbers of people waiting at the end of May (2,372)
- radiology diagnostics have remained within tolerance but a slight increase as between observed during the first two months of Quarter 1
- the future developments of the Royal Gwent Hospital endoscopy unit has progressed with approval to recruit ahead of the new unit opening in November 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening.



Maximising an Individual's Time- Urgent Care

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

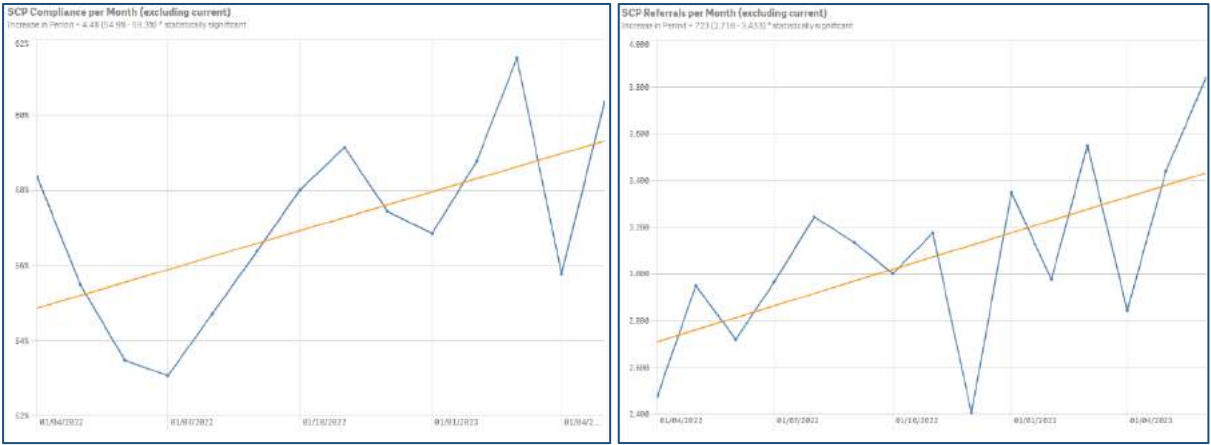
Over the last 3 months, there have been on average 619 daily attendances to the Emergency Department or a Minor Injury Unit and the pressure on the urgent care system has resulted in patients staying in hospital for longer. The average time from arrival to departure in the GUH Emergency Department continues to be above target and significantly above pre-covid levels as the chart on the left demonstrates. During June, a total of 1,285 patients waited for over 60 minutes to be transferred to the Emergency Department from an Ambulance. Whilst this remains high as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers and as such this has reduced significantly from 1497 reported in March 23.



Despite the extreme pressures upon the urgent care system, the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments has improved. As of May 2023, compliance against patients treated within 4 hours was 76.9% compared to 72.5% in March 23. The most recent national performance data reports that whilst the 95% target has not been met, the Health Board's performance is higher than the Welsh average of 66% and remains the best performing Health Board in Wales (excluding Powys).

Maximising cancer outcomes

There has been significant improvement in the rate of 5-year cancer survival reported over the last 10 years. Compliance against the 62-day target for definitive cancer treatment has also increased from 51.9% (Feb 23) to 60.2% at the end of May 2023 and has met the target of 60% ahead of the end of the quarter. Significant increases in demand relating to suspected cancer referrals have continued to exceed 3,000 referrals per month and whilst SCP compliance is improving, this increased demand is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres.



There are a number of factors which have had an impact on overall performance. A primary driver is a considerable reduction in skin treatments. The volumes for this specialty have historically contributed in increasing the performance denominator. This reduction has been influenced by the current pathology pressures. The pressure on the diagnostics part of the pathway is a significant constraint with actions continuing to improve the position through outsourcing of services.

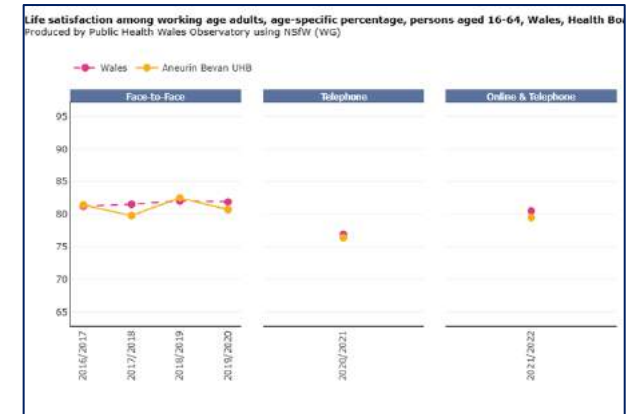
Adults living healthily and well

Latest data reports that there has been a decreasing trend in the percentage of adults smoking and rates currently stand at 11.9%. This has been and continues to be a comprehensive programme of activity aiming to reduce smoking prevalence, focussing on helping adults who smoke to quit; preventing the uptake among children and young people; and de-normalising smoking in society which has undoubtedly reduced visibility of the behaviour in public.

Mental Health in Working Adults

Mental wellbeing and life satisfaction result in better subsequent health outcomes on some physical health indicators, health behaviours and psychosocial indications, including depressive symptoms. Mental wellbeing remains a key priority for the organisation and improvements have been observed in the **'Improved mental health resilience in adults'** outcome measure. The newly developed indicator which measures satisfaction among working age adults increased and from 76.4% in 2020/21 to 79.5% in 2021/22 and shows signs of returning close to pre-covid levels.

Due to the implementation of WCCIS, it is not possible to provide a validated RTT position at the time of reporting. The Division have been working closely with the Informatics Directorate and a resolution to reporting validated activity has been sought and will be in place from next month (July). Unvalidated data indicates that assessments are compliant with RTT targets, however treatments are non compliant.



Priority 4

Older adults are supported to live well and independently

Our Outcomes:

Prevention and keeping older adults well



Delivering care closer to home



Reducing admissions and time spent in hospital



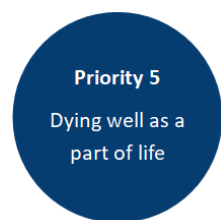
Supporting older adults to live well and independently is a core component of the Health Boards' plan for a sustainable health and care system. We know we need to deliver improvement for this section of our population in our service offer. Within the Clinical Futures 6 Goals programme for Urgent and Emergency Care, there is prioritisation in Goals 1 and 2 for redesigning services for older people.

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people free from limiting long term illness	43.3%	50%	2020/21	43.3%	2021/22	46.7%	Improved	**New Indicator** Improvement in indicator from 43.3% (2020/21) to 46.7% (2021/22). However, this remains below the all Wales average of 51.7%
		Increase in life satisfaction among older people	75.0%	85%	2020/21	75.0%	2021/22	84.2%	Improved	**New Indicator** Improvement within indicator from 75% to 84.2%, surpassing the all Wales average of 82.4%.
		Increase in older people of healthy weight	38.7%	45%	2020/21	38.7%	2021/22	35.6%	Deteriorated	**New Indicator** Measure has deteriorated between 2020/21 and 2021/22 by 8%.
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Feb-23	326	May-23	322	Similar	Indicator has remained statistically similar.
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Feb-23	214	May-23	201	Similar	Indicator has remained statistically similar.
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1297	1000	Feb-23	1427	May-23	1415	Similar	Indicator has remained statistically similar.
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q4 2022/23	56%	Q1 2023/24	55%	Similar	IMTP target of 55% has been met during reporting period.

Good progress has been made in the **‘Prevention and keeping older adults well’** outcome has seen an improvement in 2 indicator values. Firstly, there has been an increase observed in the percentage of older people free from limiting long term illness from 43.3% (2020/21) to 46.7% in 2021/22. However, this remains below the all Wales average of 51.7%. Additionally, an increase in the percentage of older people reporting life satisfaction has been reported and is currently 84.5%, compared to 75%, surpassing the all Wales average of 51.7%

The indicator values have remained statistically similar for both the **‘Delivering Care Closer to Home’** and **‘Reducing admissions and time spent in hospital’** outcomes. As of May 2023, there were 326 accepted referrals to the Rapid Response Services and 201 to the Reablement & Falls Services. Goal 1 of the Urgent Care Transformation programme have progressed the development of redesign of frailty services, including the extension of CRT hours to 8am-8pm Monday to Friday and it is anticipated that the rate of accepted referrals would increase to enable people to remain at (or close to) home, where this is safe and appropriate.

The outcome **‘Reducing admissions and time spent in hospital’** has seen a sustained position with both indicators, and the number of emergency admissions for over 65 years of age is reported at 1415 at the end of May. Whilst the indicator ‘decrease in the length of stay over 21 days’ has remained statistically similar to the previously reported position, the gradual decrease from 56% (145/264) in March 2023 to 55% (140/255) in June 2023 has resulted in the IMTP target of 55% being met.



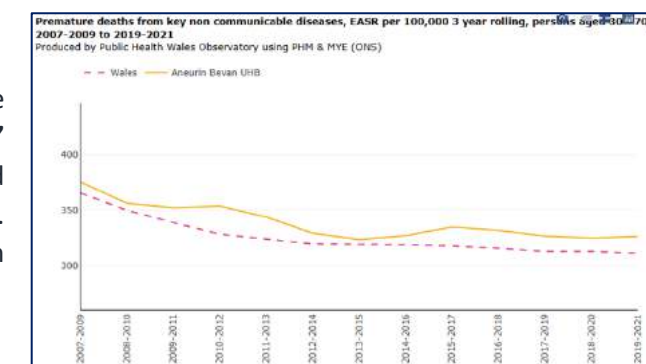
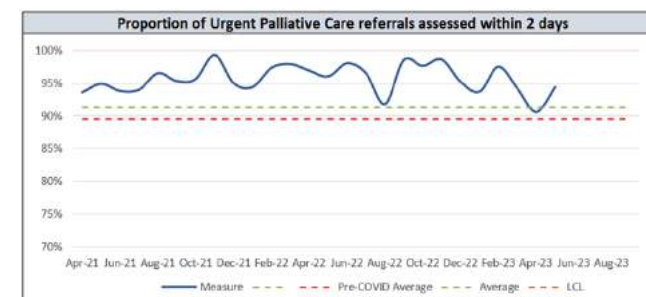
The IMTP sets out the commitment to continuously improve what we do to meet the need of people of all ages who are at the end of life. The measures represent indicators to support the organisations understanding of how it is delivering in this area to support the population to die in their place of choice and have access to good care.

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q4 2022/23	2.1%	Q1 2023/24	1.8%	Improved	Improved rate of inpatient mortality from 2.1% in Q4 22/23 to 1.8% in Q1 23/24
		Reduction in complaints	11	0	2021/22	11	2022/23	21	Deteriorated	**New Indicator** Deterioration in indicator from 11 complaints received during 2021/22 to 21 during 2022/23.
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Dec-22	171	May-23	181	Improved	Increase in referrals to Palliative Care services observed
		Increase in proportion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Dec-22	99%	May-23	94%	Deteriorated	Deterioration in the indicator value from 99% (Dec 22) to 94% (May 23).
	Minimising avoidable ill health	Reduction in the number of deaths from non communicable diseases	324.8	300	2018-2020	324.8	2019-2021	326.1	Similar	**New Indicator** The rate of deaths from non communicable diseases has remained statistically similar over the reporting period.

Progress against all three outcomes of this life course priority remains mixed. For the outcome measure **‘Improve care at the end of life’**, it is recognised that the relationship between mortality rates and the quality of patient care is a complex one. For this reason, the indicator ‘decrease inpatient mortality rate’ is used as a measure and trigger for further investigation, understanding that it may not indicate any deficiency in the quality of care. The rate in inpatient mortality decreased from 2.1% during Quarter 4 2022/23 to 1.8% during Quarter 1 of this financial year and has been following a downward trend since December 2022 as forecasted.

For the outcome **‘Improved planning and provision of end of life care’**, an increase in referrals to palliative care services has increased, however the proportion of urgent palliative care referrals assessed within 2 days deteriorated from 99% (Dec 2022) to 94% (May 2023).

Non communicable diseases (such as cancer, heart disease, stroke, diabetes, lung and liver disease) are responsible for more than half of all deaths in Wales. To monitor this, a new outcome measure **‘Minimising avoidable ill health’** has been included within the outcomes framework. The rate of deaths from non communicable diseases has remained similar over the last 3 years, increasing slightly from 324.9 per 100,000 in 2018-20 to 326.1 per 100,000 in 2019-21. When looking over a 12 year period, a decreasing trends overall has been observed, however, the rate in Aneurin Bevan UHB remains higher than the all Wales average (currently 310.9 per 100,000).



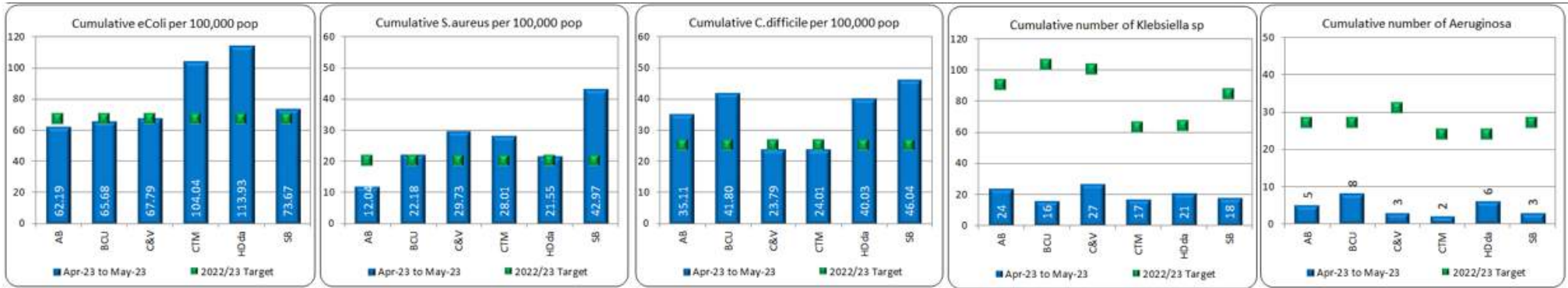
Key Enablers

Quality and Safety

Quality and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve.

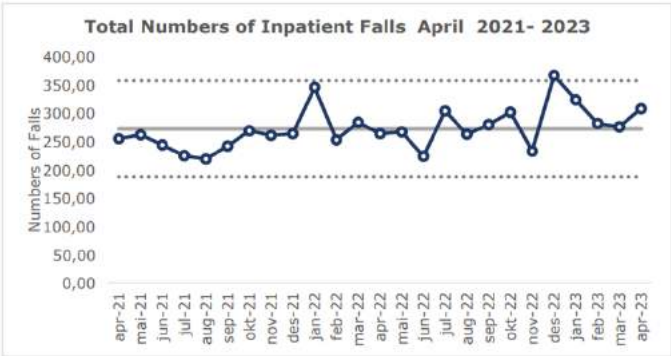
A patient quality, safety and outcomes dashboard has been developed around the themes of the Health and Care Standards (HCS) and is reported weekly to the operational group and directly to the Patient Quality and Safety Committee in order to provide assurance in relation to priority areas that are deemed to be higher risk.

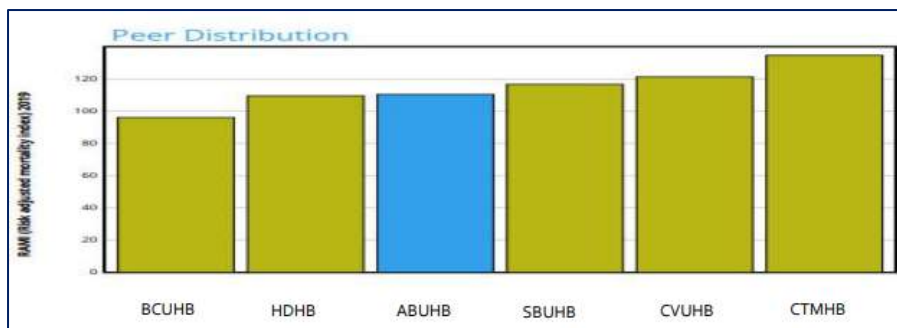
The Health Board has the lowest rates of eColi, S.aureus and Aeruginosa per 100,000 population across Wales, additionally, the Health board met the 2022/23 for all measures apart from C.difficile.



Falls

Analysis of data associated with Inpatient falls management continues to be monitored over a two-year rolling period to provide assurance. This approach identifies any changing trajectories or statistical variation in the number of fall incidents. The mean average number of monthly falls for ABUHB has seen an increase from 270 (March 2023) to 308 (April 2023). For the year 2022/23, incident reporting numbers remain subject to a greater degree of variation as compared to 2021/22. Since December 2022, there has been a downward trend to March 2023. April has seen an increase in reported incidents to a value of 308. 90% of the fall incidents reported are categorised as ‘no’ or ‘minimal’ harm.





Risk Adjusted Mortality Index (RAMI)

RAMI is used to assess whether inpatient mortality across all medical and surgical patients deviates from the expected, taking risk factors into considerations. Since the opening of the Grange University Hospital, there has been a significant decrease in RAMI until December 2021 before gradually increasing in line with the rest of Wales but continued to be below the Welsh average. To date, the Health Board is performing 3rd of 6 within its peer group as illustrated in the chart on the left.

Outcomes and Performance Summary

Further details on the individual outcome measures are provided in Appendix 1. Overall, the indicators show that the Health Board is making some progress in key areas. Childhood immunisation rates have been sustained across both measures and breastfeeding rates have been sustained across Gwent. Additionally, there has been a significant decrease in the number of children waiting over 36 weeks over the last year. A sustained picture is also observed in the outcomes to 'supporting being a healthy weight' and 'improving healthy lifestyle behaviours' amongst children and young adults.

In relation to our adult population, progress is mixed. We are making progress in increase in national screening programmes rates and reducing smoking rates and which reflect longer term outcomes. However, in relation to making the best use of an individual's time, progress is challenging due to the urgent care and post-covid pressures in our system. This demonstrates the importance of our Clinical Futures programmes which is focussing on urgent care and planned care. Similarly, in relation to supporting people to live well in the community, the system is holding too many patients in hospitals, and consequently redesigning services for older people is a fundamental component of the Urgent Care Transformation Programme, and a key focus for our population through Regional Partnership work programme.

3. PROGRESS OF CLINICAL FUTURES PRIORITY PROGRAMMES

Our Clinical Futures Strategy set out our ambition to transform our healthcare system and laid the foundations for change.

We have adopted a rigorous and systemic programme management approach to support the delivery of key components of our strategy. We have refocused our Clinical Futures Transformation and Delivery Team to support the delivery of a finite number of organisational priorities in response to the challenges identified through the dynamic planning model.

Our Health Board has set 8 key priorities which, based on our understanding of the system, will deliver the biggest impact, improve the sustainability of our system and enable us to reduce health inequalities and improve population health. These priorities are consistent with and allow us to maintain our commitment to the Ministerial priorities. These priorities are central to delivering our Life Course Approach, creating the capacity, new service models and balancing our efforts across prevention, proactive early intervention and services that response to illnesses and restore health and well-being.

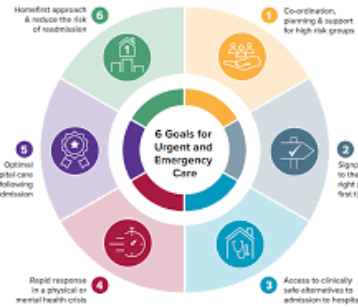
This chapter of the reports sets out the Clinical Futures priority key achievements made during Quarter 1 and what the key areas of focus are for the next quarter.



Clinical Futures Programmes:	
1. Urgent Care Transformation (including Redesigning services for older people)	2. Enhanced Local General Hospital network
3. Optimising Cancer Outcomes	4. 6 Goals for Planned Care
5. Public Health Population and Population Health Improvement	6. Placed Based Care (ACD)
7. Mental Health Transformation	8. Net Zero Decarbonisation including Agile Working

1. Urgent Care Transformation (including Service Redesign for Older People)

The Health Board has seen positive momentum through each of the goals despite significant operational pressures. Engagement with Welsh Government continues to build momentum with national goal lead representation at programme board.



Why is this a priority?

Prior to the pandemic, the situation in Emergency Departments was increasingly difficult, with demand soaring and the percentage of people being seen within the four-hour target reaching an all-time low over the 2019/20 winter. Since the start of the pandemic, ED attendance decreased significantly which led to performance improvements. Since lockdown eased, demand has steadily risen, and a greater number of people with serious problems are presenting themselves in our urgent and emergency care system.

Achievements and progress made this quarter:

Goal 1

- Continuation of extensive stakeholder engagement activities.
- Planning and proposal developed to describe the redesign of frailty services and support the extension of Community Resource Team (CRT) hours.
- Programme Board endorsement of resource group recommendations and action plan to develop frailty principles for standardised service delivery across each borough.
- Health Care Support Worker emergency care pilot commenced in April, operating at weekends.
- Ambulatory care proposals developed and endorsed by Programme Board.
- Proactive frailty approach, inclusion criteria and identification platform agreed. Expert reference group established.

Goals 2, 3 & 4

- Safety flow process rigour introduced to improve ambulance handover times.
- Single Point of Access workshop held.
- General Surgery model at Same Day Emergency Care (SDEC) Grange University Hospital (GUH) well established and delivering a strong service.
- Acute Medicine patient volume has increased through quarter with plans to sustain.
- Continue to monitor trends associated with our eLGH Assessment units where considerable volumes of patients are assessed-out within 12 hours.
- The Grange Level 1 Improved configuration completed.
- Respiratory Ambulatory Care Unit (RACU) funding sustained through core funding.
- Ysbyty Ystrad Fawr SDEC evaluation submitted to Gwent Adults Strategic Partnership for ratification and onward funding through Regional Integration Fund.
- Trauma & Orthopaedic SDEC GUH Pathway established.

Goals 5 & 6

- Established Integrated Discharge Board Improvement Board.
- Scope and development of short-term digital solution to capture discharge data.
- Delivered 'Move it May' campaign with focus on prevention of deconditioning, monthly audit completed, shared via Delivery Unit (DU) with other Health Boards as an example of best practice.
- Intranet site under development to support education and training.
- Continued roll out the Optimising Flow Patient Framework across all sites, monthly implementation meetings held with the DU.
- Trusted Assessor Task & Finish Group established and mapping of functions and roles to be undertaken across Health and Social Care.
- Pharmacy support secured to support early and timely discharges.

Key areas of focus for the next quarter:

<p>Goals 1</p> <ul style="list-style-type: none"> • Commence Organisational Change Procedure process with staff regarding CRT extended hours. • Commence review of frailty principles (resource group action plan), moving towards a core offer across all boroughs and parity of outcomes. • Produce ambulatory care workstream plan – developed scheduled and unscheduled response, working with existing services to avoid duplication. • Share Health Care Support Worker pilot evaluation & recommendations. • Commence test of concept for proactive frailty – pilot approach across small number of Neighbourhood Care Networks. • Develop Community Hospitals strategy and work programme. 	<p>Goals 2, 3 & 4</p> <ul style="list-style-type: none"> • Next Phase of eTriage planning. • Commence Task & Finish group to standardise access to the Single Point of Access and Flow Centre. • Pilot referral improvement process within the Emergency Department. • Continue safety flow process to embed and sustain ambulance handover improvement. • Commence pilot directing all GP referred Acute Medical Patients to SDEC. 	<p>Goals 5 & 6</p> <ul style="list-style-type: none"> • Establish Task & Finish Group for 'Ready to Go' ward and Discharge/Transfer Lounge proposal. • Finalise short term digital solution to capture discharge data, test collection of D2RA and Red to Green data sets. • Completed mapping for Trusted Assessor functions and rolls across Health and Social Care. • Roll out intranet site, promote to staff to assist with education and training. • Secure funding for Early Supported Discharge proposal development by Continuing Health Care. • Hold workshop to map current pilots/services across all of the programme goals linking with Regional Partnership Board colleagues. • Monitor discharge activity by ward on a weekly basis via the weekly operational discharge meeting.
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2. Enhanced Local General Hospital Network (eLGH)

The Health Board is now just over two years into the implementation of the new clinical model, noting that the eLGH sites are a key component of the model supporting the operational function of the Grange University Hospital (GUH) and wider system. To enable the wider system to operate successfully, the eLGH sites must be fit for purpose, with a stable workforce and delivering optimal care to meet the needs of our local population.

Key achievements and progress made this quarter:

- Reconfiguration of the first floor at GUH, the move included Ward A1, Surgical Assessment Unit (SAU) and Medical Assessment Unit (MAU), with the aim of improving the first-floor environment for patients and staff in terms of experience and safety, improved pathways into SAU to optimise SAU footprint, Emergency Department (ED) pull through benefits and streaming of medical patients to SDEC for initial assessment.

Why is this a priority?

The Enhanced Local General Hospital structure was established when the GUH opened in November 2020. The roles of the Royal Gwent (RGH) and Nevill Hall (NHH) Hospitals changed to be more similar to Ysbyty Ystrad Fawr (YYF). The eLGH model provides local emergency care services, outpatients and diagnostics, planned care day case and inpatient surgery and medical inpatient beds on all 3 sites. They hold key roles in providing direct emergency care and supporting patients who have received emergency and inpatient care at the GUH but who are not yet ready for discharge due to ongoing care needs including rehabilitation. In addition, each eLGH is developing specialist Health Board wide or regional services roles, for example the Breast Care Unit at YYF and the proposed developments of local cancer services at NHH.

- Stroke options appraisal was undertaken by the Stroke Task and Finish Group to review and analyse the optimal service configuration going forward.
- Initial General Internal Medicine meeting held chaired by the Medical Director to scope the work programme.
- Stroke options appraisal was undertaken by the Stroke Task and Finish Group to review and analyse the optimal service configuration going forward, paper will be submitted to the Board during Quarter 2 to seek approval to temporarily consolidate the stroke service across one Hyper Acute Stroke Unit and one eLGH site due to an urgent service risk.
- Commencement of the review of the acute medical model, taking into account the improved clinical capacity and enhance environments within GUH with both the development of SDEC and realignment of first floor. The aim of the review is to clarify the opportunities to sustain a core eLGH model whilst offering an enhanced service within GUH fully utilising the SDEC development.
- Review of Minor Injury Unit (MIU) and recent audit highlighted a disparity between opening hours, staffing resource and patient demand across Nevill Hall Hospital (NHH), Ysbyty Ystrad Fawr (YYF) and Ysbyty Aneurin Bevan (YAB) MIUs. The Executive Team agreed to the proposal subject to further engagement with staff, stakeholders and Llais. NHH MIU between 01:00 hours and 07:00 hours with the last patient registration at 22:00 hours, seven days per week in line with YYF opening hours.



Key areas of focus for the next quarter:

- A formal evaluation of the reconfiguration including a review of benefits.
- Subject to decision by the Board, progress implementation of the temporary consolidation of the stroke service including OCP and engagement with wider stakeholders.
- Establish General Internal Medicine (GIM) Task and Finish Group to oversee the workstream, pull together work plan including key milestones and deliverables.
- Progress the review of the acute medical model including streaming of all ambulatory General Practitioner referred patients to SDEC for initial assessment, Welsh Ambulance Service Patients continue to be directed to Acute Medical Unit.
- A bespoke session to be held to review the critical care model as part of the eLGH work programme, this review will include the critical care outreach model and longer-term strategy.
- Following Executive Team approval, progress the proposal to realign the MIU operating hours in accordance with patient demand the Urgent Division will commence engagement with key stakeholder groups, including staff and Llais, to determine service developments.

3. Placed Base Care (Accelerated Cluster Development)

A core aim of the Placed Based Care priority programme is to ensure accelerated implementation of the Primary Care Model through an improved planning and delivery infrastructure for NCNs with wider engagement through professional collaboratives. It requires an asset-based approach to the planning and delivery of services and focus on prevention and wellbeing. Developing and aligning NCNs with Integrated Service Partnership Boards (ISPBs) ensuring greater alignment to and communication with the Regional Partnership Board.

Why is this a priority?

The Primary Care Model for Wales set out how primary and community health services will work within the whole Public sector system to deliver Place-Based Care. Collaborative work is at the core of this bringing together local health and care services to ensure care is better coordinated to provide care closest to home and promote the wellbeing of people and communities.

Key achievements and progress made this quarter:

- Draft Integrated Service Partnership Boards (ISPB) 3-year plans published internally (Pulse) and externally (Regional Partnership Board).
- Nursing Collaborative Launch.
- Inaugural Dental Collaborative Meeting completed.
- Strategic Programme for Primary Care Fund Spend Plan, Readiness checklist & End of year report submitted.
- Neighbourhood Care Network funding governance reviewed – templates developed.
- Neighbourhood Care Network funded projects baseline evaluation undertaken.
- Evaluation methodology proposed & training developed.
- Professional Collaborative Working Group continue to meet and preparations underway for collaborative launch events to take place next quarter.



Key areas of focus for the next quarter:

- COO led review of programme, ambitions, milestones and priorities
- Workforce requirements to support delivery of NCN plans and inform Academy education and training programme.
- Deliver evaluation training and develop timetable for execution.
- Finalise ISPB Plans and undertake ratification process with respective partners alongside the RPB Area Plan.
- Professional Collaborative / NCN workshop – interface & support.
- Professional Collaborative launch events

4. 6 Goals for Planned Care

The purpose of the Planned Care Programme is to ensure strategic oversight of a sustainable, whole system approach to improving patient experience and outcomes within Planned Care.

The Programme brings together 6 Goals: Outpatients, Maximising Elective Capacity, Patient Access and Activation, Health Pathways, Diagnostics and Planned Care Academy) in line with the WG national programme and planned care response.

Why is this a priority?

During the pandemic, services had to be paused to respond to the immediate demands and challenges of COVID-19 and capacity has been reduced by infection prevention and control requirements. As a result, the number of people waiting – and the time people are waiting – for planned care services are now longer than ever. This position is further exacerbated by those who did not access health care during the pandemic and in addition to the backlog of patients known to the services there is a potentially significant cohort of 'unreferred demand'.

Key achievements and progress made this quarter:

<p>Outpatients</p> <ul style="list-style-type: none"> • Current See On Symptoms and Patient Initiated Follow-up outcome performance for the year to date is reported at 13% which places the HB as one of top 2 performing Health Boards in Wales. • Welsh Government has part-funded the Royal Gwent Hospital Outpatient Treatment Unit and Corporate Services are putting together a business case for continued support throughout the next financial year. • Business case drafted for continued funding of Automated Clinic Booking System to increase clinic efficiencies and utilisation across the Health Board. 	<p>Diagnostics:</p> <ul style="list-style-type: none"> • Established a monthly Diagnostics Board. • Development of business case for 2nd MRI scanner that would liberate some capacity for planned care in eLGHS <p>Regional Ophthalmology</p> <ul style="list-style-type: none"> • Business case for Cataracts agreed through Boards and submitted to Welsh Government on 12th May. • Planning for a Vitreo Retinal (VR) hub in Cardiff underway. • GIRFT (Getting It Right First Time) reviews undertaken across three Health Boards with recommendations to be incorporated into the sustainable cataracts plans. 	<p>Maximising Elective Capacity:</p> <ul style="list-style-type: none"> • Theatres stakeholder event took place – detailing improvements being rolled out across teams. • Nevill Hall Hospital (NHH) day surgery have extended the recovery hours on Thursdays, in process of confirming numbers to understand what productivity gains this has led to. • Agreement from General Surgery to routinely add 5 patients to NHH day case list – needs monitoring to ensure that theatre staff have time to operate on the increased number of patients.
<p>Patient Access and Activation:</p> <ul style="list-style-type: none"> • Landing page launched to provide public with appropriate signposting whilst waiting for treatment. • QR codes added to patient letters. • Baseline assessment being undertaken to understand what waiting well services are being delivered across the Health Board. 	<p>Health Pathways:</p> <ul style="list-style-type: none"> • Clinical Editors (clinicians who review, amend and test the pre-existing pathways) recruited and started w/c 3rd July. • Clinical Editor training undertaken. • Coordinator started in post. • Agreement on initial pathways for development and plan to start. 	<p>Planned Care Academy:</p> <ul style="list-style-type: none"> • Task and finish groups agreed and leads nominated. • Task and finish groups focus on: <ul style="list-style-type: none"> ○ Suite of Tools ○ Training ○ Policies and SOPs ○ Career Pathways

Key areas of focus for the next quarter:

Outpatients:

- Workstreams moving forward include: Ophthalmology; ENT; Urology; Spines; Gastro to have speciality focused plan to pick up best practice

Maximising Elective Capacity:

- Standard Operating Procedures to be put in place around processes for patients at the end of a list who can authorise cancellations. The next stakeholder event will be held during Quarter 2, focussing on 6-4-2 process.

Patient Access and Activation:

- Complete baseline assessment and apply for Welsh Government funding in line with the 3Ps policy directive
- Produce bilingual brochures including tips for Waiting Well for Surgery.

Health Pathways:

- Clinical Editors to work on the priority pathways (linked to the challenged specialties)
- Increase comms and engagement across the organisation on the value off and approach to Health Pathways

Regional Ophthalmology:

- Workforce plan to be developed.
- Implementation of Cataracts business case (subject to Welsh Government funding).
- Public engagement on sustainable cataracts plan.
- Recruitment to commence ahead of opening of Nevill Hall Hospital cataracts hub in Quarter 3/4.



5. Optimising Cancer Outcomes

The programme provides strategic oversight of cancer activity and delivery in partnership with key stakeholders across the system and specialities. The current structure is under review as the new Cancer Delivery Group is instigated that will oversee operational delivery of cancer services, with Cancer Board focussing on strategic planning, research, innovation and prevention.

Key achievements and progress made this quarter:

- Inaugural Cancer Delivery Group meeting held 14th June 2023, including a presentation and review of tertiary performance. Summary update of Nevill Hall Hospital Cancer Centre & Satellite Radiotherapy Unit also received.
- Task & Finish Groups established for Lower GI, Urology, Head and Neck to improve performance compliance.
- Automated 'live' Scorecard implemented to monitor Key Performance Indicators.
- Recovery action plans produced for each tumour site, focusing on front end of the pathway, bottlenecks and plans to reduce >62 and 104 day waits. Weekly meetings in place with Directorate Managers and Senior Managers to monitor progress.
- Weekly meetings implemented with Pathology and Radiology to address any delays in reporting.

Why is this a priority?

Cancer outcomes need to be improved. The Single Cancer Pathway, supported by Optimal Cancer Pathways for individual tumour sites, provides the roadmap to shorten diagnostic and treatment pathways once a person is suspected as having cancer. The Cancer Strategy, Delivering a Vision 2020-2025 sets out the broader context with prevention, early detection, patient experience, living and dying with cancer, cancer research and access to novel therapies also key components of the approach to transforming cancer services for our population.

Whilst it is too early to be able to measure the impact of successive pandemic waves on morbidity and mortality for cancers, there is concern that a reluctance by patients to attend primary care and hospital, together with the temporary suspension of national screening programmes and longer waiting times for diagnostic tests and treatment will result in patients presenting at a later stage in their cancers which will make improving cancer outcomes more challenging.

Key areas of focus for the next quarter:

- Prehabilitation Business Case to be presented at July Cancer Board.
- Establishment of Nevill Hall Hospital working groups.
- Drive forward full implementation of National Optimal Pathways, focusing initially on Gynaecology, Urology and Lower GI. Mapping work to be undertaken for these tumour sites.
- Regional recovery workshops scheduled for Gynaecology, Urology & Lower GI (July & September).
- Work ongoing with Commissioning and Tertiary providers to ensure timely treatment after referral.
- Validation exercise ongoing for long waiters in all tumour sites.

6. Decarbonisation (Net Zero)

The Welsh Government has transitioned the original climate change agenda into a new strategic planning document for Wales and the programme is now known as the Net Zero Decarbonisation Programme for Wales. Aneurin Bevan University Health Board developed a new strategic programme board which met for the first time in September 2022 & currently meet every two months.

Key achievements and progress made this quarter:

- Decarbonised Centralised Reporting Pilot reporting template for the decarbonisation NHS Wales Shared Services Partnership (NWSSP) new format has been completed and submitted as phase one.
- Staff communications and engagement to raise awareness and promote decarbonisation and sustainability is continuing via the website.
- Sub-contract commenced to develop 5 biodiversity studies on our main hospital sites with a plan to develop biodiversity levels across our sites.
- Continued progress regarding the ReFit programme, and develop alternative energy source facilities.
- Review ongoing of prescribing and procurement for low carbon savings across the organisation.
- New scavenging units introduced for use within the midwifery unit at the Grange University Hospital (GUH) to reduce the exposure limits when using Nitrous Oxide, currently being piloted.
- Continued engagement with the community of expert group sharing best practice across Wales.
- Further development of the lease/fleet software system for refined detail on data reporting.
- Monitoring and reporting including ranking feasible initiatives, target setting, sourcing data for accurate calculations and reporting progress.
- Collaboration with external resource, expertise, leadership and implementation of All Wales exemplars.
- Formal participation on the newly formed "Lets not Waste" Committee.

Transforming Cancer Services Model



Why is this a priority?

Welsh Government declared a Climate Emergency in 2019 and set out their ambition that the public sector in Wales should be in a carbon 'Net Zero' position by 2030. The response to the pandemic had demonstrated how significant and impactful changes can be incorporated into day-to-day life of the public and the approach to work for example remote working. Our ambition, now, is for a sustainable and healthy recovery with concerted actions within and across our system to tackle the climate emergency.

Key areas of focus for the next quarter:

- Evaluation survey is required from the National Grid supplier to determine the available capacity for Electric Vehicle (EV) charging stations across the estates within Gwent region.
- Decarbonised Centralised Reporting Phase II pilot development for the NWSSP reporting agenda
- Investigating the opportunity & capacity within the organisation to engage with the Green Apprenticeships that are currently being funded as part of the Welsh Government green ambitions.
- Continued project development with the four groups identifying improvement opportunities to both reduce costs and reduce our Carbon footprint.
- Continued Decarbonisation Action Plan peer review with Welsh Government
- Engage with the theatre group to help support the initiatives within this group.
- Further engagement with the wild flower and food growing group to identify opportunities on the Nevill Hall Hospital site.
- Continue the community of experts working group on collaboration and best practice sharing.



7. Public Health Protection and Population Health Improvement

As a population health organisation reducing health inequality and improving health is at the core of everything we do. Our long-term ambition to reduce demand for healthcare is fundamental to a sustainable system of care. This can only be achieved through systematic, population scale interventions that target the underlying causes of poor health, such as lifestyle choices and socio-economic deprivation, and the uptake of screening to improve early detection and optimal treatment of disease.

Why is this a priority?

COVID-19 has shown a spotlight on the inadequate level of preparedness for the challenges faced by our population, our workforce, and our services. The level of ambition for Public Health Protection (including preparedness for managing infectious outbreaks, contact tracing, protecting most vulnerable populations and workforce, effective surveillance and higher vaccination uptake must be stronger.

Key achievements and progress made this quarter:

- Co-produced health protection plan in partnership with Local Authorities
- ABUHB Public Health incident plan developed
- Covid-19 outbreak management of 7 care homes
- Delivery of the Covid-19 Spring Booster Programme. As of the 3rd July 2023, 82.1% (above the all Wales average) of individuals who are eligible for a spring booster have received a vaccination
- Supported community flu and staff flu programmes
- Hepatitis B and C elimination plan developed
- Continued screening of Asylum seekers and continued organisation of clinics as part of the Ukrainian Resettlement Programme.
- Ongoing Covid-19 inquiry preparation
- Avian flu pathway developed in partnership with Infection Prevention & Control and Public Health Wales
- Primary School Infection Control Promotion



Key areas of focus for the next quarter

- Further integrate the Gwent Health Protection Service and Vaccinations Programme to improve our agility and long-term sustainability.
- Join-up/better align the primary governing structures for the partnership; the Gwent Health Protection Service Leadership Group
- Vaccination Delivery Models - move beyond the description of a Mass Vaccination Programme
- Hepatitis B and C Elimination Plan to be submitted to Welsh Government

8. Mental Health Transformation

The vision is to provide high quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent. There are 2 transformational Programmes (Whole System, Whole Person Crisis Support Transformation and Complex Needs) that will deliver this vision.

Key achievements and progress made this quarter:

- The official opening of the Mental Health 24/7 Single Point of Contact (111 press 2) was held and attended by the Minister.
- Baseline planning work on the benefits realisation has progressed over the period. Initial feedback on use of the service was presented at the WPWS Programme Board.
- The Shared Lives initiative that is in place across adult services is now being extended into Older Adult Mental Health Services and final stage in planning were completed in the quarter, with a view to launching across two boroughs in July.
- The last of four Rehabilitation Pathway workshops was held in June as part of the scoping and planning of this element of the complex needs workstream. This will now enable the detailed planning of the workstream over the next quarter.
- Terms of reference have been agreed to establish a complex needs demand & capacity workstream in Learning Disabilities.
- Following submission of the Specialist Inpatient Unit outline business case to Welsh Government, the Health Board has just received the matrix response from Welsh Government and the Project Team will be reconvened to coordinate the responses to queries raised. In the interim several pieces of work have been agreed to be re-established, notably the catering model and workforce model. Work-packages have been developed for these over the quarter.
- Work has continued to finalise the set-up of the Acorn Project which will provide accommodation for young adults with complex needs and requiring intensive support through a community provide and the Hiraeth Team. Once opened, the facility will improve transition arrangements, support repatriation from out of area placements and enable early intervention to prevent out of area placements. Recruitment into support roles has progressed well over the quarter and suitable individuals are currently being identified to move into the accommodation.
- Planning work commenced on the design of the Complex Needs 'Conference' which will be held in September with contact made with a number of potential external speakers from NHS England and Wales.

Why is this a priority?

Throughout 2021 we set out and discussed our proposals to Transform Mental Health Services with our population. The detrimental impact of COVID-19 on the mental health and wellbeing of our population has been significant. Demand is likely to exceed capacity threefold over the next three to five years with significant increases in conditions such as severe anxiety under pressure and disproportionate impact on individuals with existing mental health conditions. Demand for mental health services is sharply increasing and we need to find ways of supporting people earlier within the community to better support crisis prevention and recovery.

Key areas of focus for the next quarter:

- Opening of Acorn Project to accommodate 5 individuals with Complex Needs.
- Complete planning of Complex Needs Programme Conference to be held on 6 September 2023.
- Roll out Older Adult Mental Health Shared Lives project across two boroughs in July 2023.
- Complete the responses to the issues raised on the WG Matrix return on the Specialist Inpatient Services Unit Outline Business Case and secure Executive approval to submit reply to Welsh Government.
- Develop workstream plans for Rehabilitation Pathway and LD Complex Needs Demand and Capacity workstreams, including key milestones and deliverables.

4. PROGRESS OF MINISTERIAL PRIORITIES

This chapter of the report updates on delivery against the Ministerial Priorities. There are overlaps in this section with the other chapters. There is a high degree of synergy between the Ministerial Priorities for 2023/24 that are designed to support a swift recovery of business as usual and to reduce growing waiting lists and waiting times. All priorities are underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

This chapter provides a quarterly update on progress made against key milestones, planned actions for the next quarter and measurement against trajectories. Below is a table summarising a number of the key metrics, which are also reviewed within each priority update.

Ministerial Priority	Measure / Outcome	Baseline (March 23)	Planned vs Actual	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer Recovery	Reduction in backlog of cancer patients waiting over 62 days	343	Planned	<300	<250	<250	<250
			Actual	375			
	Percentage of patients starting definitive cancer treatment within 62 days from point of suspicion	56%	Planned	60%	65%	70%	>75%
			Actual	60.2% (May)			
Mental Health and CAMHS	Assessment by LPMHSS within 28 days from referral	78.3%	Planned	80%	80%	80%	80%
			Actual	Validated data available from July			
	Interventions <28 days following assessment by LPMHSS	18.1%	Planned	80%	80%	80%	80%
			Actual	Validated data available from July			
	CAMHS 4+ week waiting list	98.1%	Planned	80%	80%	80%	80%
			Actual	Validated data available from July			
Planned Care, Recovery, Diagnostics and Pathways of Care	Number of patients waiting more than 52 weeks for a new outpatient appointment	9,834	Planned	10,729	10,979	10,311	9,802
			Actual	11,362 (May)			
	Number of patients waiting more than 36 weeks for a new outpatient appointment	20,031	Planned	19,138	19,240	19,228	19,463
			Actual	21,659 (May)			
	Number of patients waiting more than 104 weeks for treatment	1,821	Planned	1,260	903	428	0
			Actual	1,635 (May)			
	Number of patients waiting more than 104 weeks for a new outpatient appointment	781	Planned	625	284	127	0
			Actual	1,313 (May)			
Primary care access to services	Units of Dental Activity (UDAs) delivered	410,048	Planned	92,777	185,554	278,331	371,108
			Actual	116,878			
	Number of patients accessed NHS Ophthalmology Services	139,860	Planned	35,496	70,992	106,488	141,984
			Actual	39,910			
Delayed transfer of care	Reduction in the number of Pathway of Care Delays	275	Planned	<249	<232	<217	<203
			Actual	241			
Urgent & Emergency Care	Number of ambulance patient handovers over 1 hour	1,497	Planned	1,066	1,347	1,471	1,521
			Actual	1,285			

4.1. Cancer

Key focus should be on delivering	Priority area(s)
	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion.

Quarter 1 update against actions & milestones:

- Validation of backlog of patient completed with daily validation ongoing.
- Did Not Attend (DNA) reduction pilot schemes commented.
- Continued outsourcing of Pathology to maintain a decrease in waiting times (currently averaging 7.8 days).
- Reduction in backlog of patients waiting over 62 days to <300 is off track but within tolerance. End of June position (still in validation) is 375.

Planned actions & milestones for next quarter:

- Reduction in backlog of patients waiting over 62 days to recover to trajectories.
- Achieve 14 day first appointment compliance.
- Optimal pathway work to begin reducing volume of breaching patients through reviewing capacity scheduling with Specialties.
- Continued DNA reduction pilots and review.

4.2. Cancer SCP Pathway

Key focus should be on delivering	Priority area(s)
	Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026

Quarter 1 update against actions & milestones:

- 60.2% compliance as of May, however, unvalidated data currently stands at 64.1% at June and it is anticipated that the Quarter 1 target of 60% compliance will be met.
- Optimal Pathway Manager in post and full implementation strategy completed, initially focussing on Head & Neck and Urology.
- Skin and Lung now compliant with National Optimal Pathway.

- Small compliance gains within Skin, Gynaecology and Breast to increase proportion of patients meeting 62 pathway with work ongoing during the next quarter.

Planned actions & milestones for next quarter:

- 65% performance compliance.
- Health and Neck, Urology and Lower GI to be aligned to National Optimal Pathway.
- Waiting times reduced through maximising capacity.

4.3. Mental Health 111

Key focus should be on delivering	Priority area(s)
	Implement 111 press 2 for urgent mental health issues (24/7 basis)

Quarter 1 update against actions & milestones:

- Service expanded to cover a 24/7 period.
- Progressed the incorporation of urgent and crisis assessment into the Mental Health 111 service. Next steps include a formal HR process to be considered.
- Fully engagement within the national advertising campaign and local communication and engagement undertaken in line with national campaign.
- Maintenance of compliance with targets (service and pathway targets). Validated data will be available during Quarter 2.
- SIF funding being sought for the recruitment of Mental Health Clinicians and Mental Health & Wellbeing Practitioners.
- Working group established to develop the new mode4 of crisis and urgent assessments.

Planned actions & milestones for next quarter:

- Expand the use of the professional line to General Practitioners and other professionals.
- Secure funding and move the service into new accommodation.
- Maintain compliance with targets - service targets and pathway targets.

- Ensure the new crisis and urgent assessment model is robust - communicate with GPs to make urgent and crisis referrals via Mental Health 111 Professional Line.
- Working group to look at clinically safe ways of providing the same support to people via different methods.
- Map out what further support could be offered by the team and create plan to implement.
- Implement different ways for people to contact the Mental Health 111 service (explore text/video etc.).
- Explore different support that can be offered by the team, i.e. face to face/sanctuary type support.

4.4. Mental Health over 18 LPMHSS assessment and intervention

Key focus should be on delivering	Priority area(s)
	Recover waiting time performance to performance framework standards of 18+ LPMHSS assessment and intervention.

Quarter 1 update against actions & milestones:

- Covid-19 recovery plan implemented.
- Good progress made with respect to addressing the backlog within Welsh Community Care Information Systems (WCCIS). Currently 2,000 remain and will be entered onto WCCIS by November.
- WCCIS fully functional across all Primary Care Mental Health Specialist Services (PCMHS) Borough areas. Reporting will be available from end July.
- Pilot commenced of a NCN Hub based model.

Planned actions & milestones for next quarter:

- Commence recruitment of 5(wte) High Intensity Therapists (HIT). (Pending available funding from Welsh Government).
- Hub based model operating across four Neighbourhood Care Network (NCN) areas.
- Demand and capacity modelling completed to identify commissioned

4.5. Specialist CAMHS

Key focus should be on delivering	Priority area(s)
	Recover waiting time performance to performance framework standards for Specialist CAMHS

Quarter 1 update against actions & milestones:

- CAMHS have maintained and surpassed 80% compliance for CHOICE (new referrals) to assessment within 28 days for Quarter 1. RTT reporting from July will be made available.
- Monthly demand and capacity review undertaken, including monitoring referral flows, trends and forecasting informing quarterly flexing of job plans to ensure that job plans have sufficient capacity to meet CHOICE demand.
- CET ED clinician job plans continue to be reviewed in line with the Clinical and Product Assurance (CAPA) Framework and Team Leads to meet the service demand.
- Continued close working with Children's Clinical Information Hub (CCIH) and Single Point of Access for Children's Emotional (SPACE) to interface for pre-allocations and enquires to ensure timely referrals.
- Children's Clinical Information Hub (CCIH) to hold weekly performance meetings to review capacity and demand and expedite potential breachers.

Planned actions & milestones for next quarter:

- To maintain over 80% RTT Target Compliance for New Choice referrals to assessment within 28 days - CORE CAMHS and CET ED Teams
- Continue monthly CCIH reviews and monitor referral demand using data to forecast and inform quarterly job plans.
- Continue to ensure that job plans have sufficient capacity to meet CHOICE demand .
- Continue implementation of workforce plans including efficient recruitment into vacancies.

4.6. Mental Health under18 LPMHSS assessment and intervention

Key focus should be on delivering	Priority area(s)
	Recover waiting time performance to performance framework standards of under 18 LPMHSS assessment and intervention.

Quarter 1 update against actions & milestones:

- PCAMHS Initial assessment Part 1A RTT compliance met. Currently unverified data is availabl.. Internal monitoring indicated that RTT compliance dipped in April and May 23 and recovered June 23 meeting 80% target.
- Full recovery plan is being revised and implemented regarding PCAMHS Initial Assessment Part 1B recovery - continued validation of waiting list and deep dive of Children & Young People needs for intervention and format of delivery.
- Clinical audit completed to understand clinical need and complexity in PCAMHS and consider action plan to meet need as a whole service.
- Conversion audit completed to better understand referral numbers, destinations and outcomes within PCAMHS and wider system.
- Service engagement in quarterly Regional Safeguarding Steering Group (RSSG) to understand local area need and service provision and how this may impact on Part 1a and 1b and develop any needed action plans, e.g. SBC pause referrals etc.
- Following a planning exercise, a plan has been developed to utilise clinical capacity of the school holidays to support 1a and 1b if needed.

Planned actions & milestones for next quarter:

- Compliance with RTT and continued implementation of 1B recovery plan.
- To monitor how WCCIS supports data for Part 1a and 1b.
- Use of in-reach capacity in school holidays to support 1a and 1b as needed.
- Prepare for 12month review of In-reach service, to measure any impact this has had on Parts 1a and 1b.

4.7. Planned Care Diagnostics

Key focus should be on delivering	Priority area(s)
	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024.
	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024.

Quarter 1 update against actions & milestones:

- Business justification case for a second MRI scanner at GUH has been made. Pre-Investment Panel endorsement has been received and is scheduled for Executive review.

Planned actions & milestones for next quarter:

- Subject to approval within LHB and Welsh Government:
 - Produce supporting revenue business case for workforce / supporting services.
 - Progress MRI/ CT procurement / tendering process.
 - Confirm and progress estates enabling actions at GUH.
- Establish project manager/ implementation group for the establishment of a community diagnostic centre.

4.8. Straight To Test

Key focus should be on delivering	Priority area(s)
	Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary.

Quarter 1 update against actions & milestones:

- Maintained and sustained existing STT pathways in Respiratory General Surgery, Urology, Cardiology, Sleep, Asthma Gastro and Endoscopy.
- General Surgery – funding agreed for additional 1WTE STT Clinical Nurse Specialist and supporting administrative and booking support.
- General Surgery – Colorectal business case drafted and scheduled for Quarter 2 submission to the Pre-investment Panel.

- Urology - currently in the process of implementing the bladder STT pathway with Radiology Directorate.
- Cardiology review of STT pathways from GP's to 'Straight to CT' to improve waiting times undertaken and findings to be reviewed.

Planned actions & milestones for next quarter:

- General Surgery Appoint 1.5 WTE CNS and administrative support roles. Recruit and appoint additional STT staff.
- Respiratory - Recruitment to commence for MacMillan LC navigator (pending funding).
- Urology - Appoint and train bladder cancer navigator (pending funding).
- Cardiology - new additional 'Straight to CT' pathway in place.

4.9. Planned Care WP and OP RTT

	Priority area(s)
Key focus should be on delivering	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024.

Quarter 1 update against actions & milestones:

- Currently, validated data is only available until the end of May and therefore a full quarter review is not possible. However, the Quarter 1 target for the number of patients waiting more than 52 weeks for treatment has already been met. A more detailed review of RTT can be found in chapter 1 of this report.
- All specialities have continued validation and targeted scheduling support to increase activity.
- Enhanced performance management framework is in place to provide greater challenge and support.
- Planned care Academy Launch – as part of the academy, training requirements for administrative staff involved in outpatient waiting list management have been scoped.
- Ophthalmology – utilisation of cataract patients; extension and appointment of locum consultants to support backlog recovery is on track; pilot is ongoing regarding targeting list scheduling with data being reviewed during the next quarter.

- ENT – continued focus on recovery project; review of long waiting patients with potential for other services to support (Audiology & Dermatology) and TeleENT virtual review pilot commenced.
- General Surgery – Telemax virtual review undertaken and data to be review next quarter.
- Urology - Did Not Attend (DNA) rate, list utilisation and scheduling changes targeted.
- Orthopaedics – ongoing implementation of GIRFT and National Clinical Strategy for Orthopaedic Surgery actions plans; recruitment of 2 spinal speciality doctors taken place with both due to start in August; Short stay hip pilot to commence at Orthopaedic Surgical Unit.

Planned actions & milestones for next quarter:

- All specialties to continue to review targeted scheduling changes.
- Phase 2 sub speciality improvement opportunities and planning for specific areas of improvement.
- Urology – New substantive consultant to commence in role.
- General Surgery – Appoint trainee pelvic floor specialist practitioner to provide additional capacity and recruit 2 Colorectal Physician Associated to provide additional capacity.
- Orthopaedics – Explore opportunities to expand shoulder and spine capacity.

4.10. Planned Care WP and OP Speciality Gaps

	Priority area(s)
Key focus should be on delivering	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025. (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)

Quarter 1 update against actions & milestones:

- 52 and 104 week positions maintained
- Continue Implementation of Did not attend (DNA) action Plan. 5% target and currently tracking positively to improvement.

- Value Base review completed of the one stop Outpatient Treatment Unit at RGH. Outcome to assist with development of a business case for recurring funding (Welsh Government part funding of Unit for two -year period only)
- 15 new pathways identified and implemented with further pathways identified, along with establishing impact on waiting lists. Review All Wales Website to identify further opportunities. Work with clinical leads to identify further opportunities is ongoing.
- Continued patient contact and validation monthly programme to determine if patients still require their outpatient appointments.
- Speciality Specific Outpatient Transformation Plans updated and signed off for each Division.

Planned actions & milestones for next quarter:

- Continue to Implement DNA action Plan - 5%, with focus and support for Urology.
- Monitor actions by divisions to reduce under 6 -week Hospital cancellations (7.5% of attendances).
- Increase “advice only” disposition for referrals to 9%.
- Increase use of SoS and PiFU (Target 20%). Monitor outcomes of new pathways. Plus, review discharge rates alongside SoS/PiFU target.
- Finalise business case for Outpatient Treatment Unit continued funding.
- Agree and monitor outcomes of updated Speciality Action plans and Clinically Led OPD guidance – GIRFT.

4.11. Pharmacy

Key focus should be on delivering	Priority area(s)
	Improved use of community pharmacy

Quarter 1 update against actions & milestones:

- Active promotion of community pharmacies that are providing the smoking cessation services and increase availability of the “level 3” service to improve the use and availability of the services.

- Bridging Contraception Service implemented. Bridging contraception is a new service and a mandatory component of the National Clinical Community Pharmacy Service. It intends to improve patient access to NHS funded contraception by enabling pharmacies to provide an initial three-month supply of oral contraception.
- Inhaler Review commissioned. This is a reintroduction of a service suspended during covid.
- Engagement plan developed to implement the guidance and improve the number of prescriptions issued for treatment periods greater than 28 days.
- Liaison with partners to identify a solution in providing community pharmacies access to electronic discharge summaries via the Clinical Workstation.

Planned actions & milestones for next quarter:

- Expand the inpatient service and improve uptake.
- Review the Sore Throat Test and Treat (STTT) service including engaging with new contractors and promoting pharmacies that are providing the service to improve the use.

4.12. Dental

Key focus should be on delivering	Priority area(s)
	Increase access to dental services

Quarter 1 update against actions & milestones:

- Quarter 1 activity targets are on track with the units of dental activity and new patients accessing services for both NHS Dental Care and Community Dental Services.
- Continued to monitor and manage contract delivery, including orthodontic delivery, oral surgery (OS), sedation, Domiciliary (DOMs), asylum seekers.
- Dental Director appointed to provide clinical leadership for dental developments across Gwent.
- Re-established Integrated Oral Health Group and develop integrated plan and priorities for next 3 years.

Planned actions & milestones for next quarter:

- Continued to progress the units and levels of patients accessing NHS and Community Dental Services as per trajectories.
- Continue to monitor and manage contract delivery and urgent access
- Review and monitor delivery against Contract refrom (CR) metrics and UDA.
- Re-commission Prison dental services following a robust procurement exercise.
- Recruitment to Dental Therapist post to provide access to vulnerable children in the north of ABUHB.

4.13. GPs and Community Services

	Priority area(s)
Key focus should be on delivering	Improved access to GP and Community Services

Quarter 1 update against actions & milestones:

- Business Case supported for Primary Care Academy, featuring training cohorts for ANPs, Clinical Pharmacists, Pharmacy Technicians, Physician Assistants and GP Nurses.
- Quality Assurance and Improvement Framework (QAIF) reporting of elements relating to access in place.
- Commenced implementation of Managed Practice Recovery Plan, consisting of cross-practice standardisation of processes, alignment of back-office functions, floating clinical teams, portfolio GP roles.
- Proposal developed for use of Regional Partnership Board (RPB) funding on behalf of the region – including strategic planning, organisational development and programme of feasibility studies and utilisation monitoring to ensure best use of existing estate.
- Implementation plan developed and delivery commenced to ensure alignment of AB community services to the National Community Nursing Specification.
- Ongoing communication and engagement to increase public awareness of services - the importance of accessing the right place, first time.

Planned actions & milestones for next quarter:

- Implement streamlined hot clinic pathway for frail / elderly patients.
- Implementation of a two-hour, 72 hour and 10 working day response to referrals, by District Nursing Teams and Community Specialist Nursing Teams (National Community Nursing Specification).
- Direct referrals to District Nursing Services out of hours from Urgent Care Services including Out of Hours (OOH) GP, 111 and Welsh Ambulance Service Trust (WAST) Clinical Support Desk clinicians and Paramedics where direct referral pathways exist, are in place (National Community Nursing Specification).
- Implementation of a frailty score across all community nursing services (National Community Nursing Specification).

4.14 Optometry Services

	Priority area(s)
Key focus should be on delivering	Improved use of optometry services

Quarter 1 update against actions & milestones:

- Quarter 1 milestone of 35,495 new patients accessing NHS Optometry services has been met.
- Open Eyes digital record introduced.
- Appointment finalised to all Optometry Professional Collaborative Leads and implement local collaborative processes aligned to Neighbourhood Care Network (NCN) Planning / Accelerated Cluster Development Programme.
- Progression of a number of actions has been delayed due to awaiting national Clinical manuals of guidance and will be progressed during Quarter 2.
- Recruitment on track with critical vacant roles, including Clinical Ophthalmology Advisor.
- Finalise appointment to all Optometry Professional Collaborative Leads and implement local collaborative processes aligned to Neighbourhood Care Network (NCN) Planning / Accelerated Cluster Development Programme.

Planned actions & milestones for next quarter:

- 70,992 new patients accessed NHS Optometry Services (50% of FY forecast)
- Roll out of Wales National Workforce Reporting System (WNWRS) for optometry.
- Manage service change and/or practice closures as and when required.

4.15 Urgent Care Ambulance Handover Times

Priority area(s)	
Key focus should be on delivering	Health Boards must honour commitments that have been made to reduce handover waits.

Quarter 1 update against actions & milestones:

- Safety flow system introduced to ED GUH.
- Whilst the Quarter 1 target of 1,066 handovers > 1 hr has not been met, the number of ambulance patient handovers over 1 hour has reduced from 1,497 in March 2023 to 1,285 at the end of June and a decreasing trend has been observed.
- GUH – SAU moved into ward A1 & AMU moved to existing SAU/ reception footprint with the aim of increase in acute medicine SDEC activity.
- An APP at the Flow centre is in place to improve patient flow and reduce conveyance.
- Recruited dedicated Front Door Therapies staff to ED GUH for 5 days, 7 days is subject to business case.
- Pilot of Elderly frail assessment service at GUH front door took place with evaluation scheduled for Quarter 2.

Planned actions & milestones for next quarter:

- Continue to reduce ambulance handover delays
- System Flow Improvement, movements out of Emergency Department (ED) every 2 hours.
- Increase in PRU interventions preventing GUH or eLGH attendance.
- Elderly Frailty Assessment Service at GUH.
- Exploration of Integrated assessment model.
- Launch of Goal 5 Optimal Discharge Framework.

4.16 Urgent Care Pathways of Care (DTCOC)

Priority area(s)	
Key focus should be on delivering	Reduction in backlog o delays transfers of care (Pathways of Care)

Quarter 1 update against actions & milestones:

- Quarter 1 milestone of reduction of Pathway of Care Delays has been met with 241 against the target of <249.
- Continued monitoring and support of RGH discharge pilot / NHH pull model.
- Scope options and funding for capturing Board Round data digitally, explore use of digital white boards, Red to Green, D2RA. An ongoing short term proposal has been developed (September timescale).
- Discharge digital dashboard in development to enhance reporting and monitoring of patients delaying.
- Visit to Swansea to review Signal to support the scoping of digital options for an in house solution.
- Training ongoing at RGH as part of the education and training programme.
- SAFER – MDT approach embedded in Board round and approach will be further reviewed in Quarter 2.

Planned actions & milestones for next quarter:

- <232 number of Pathway of Care Delays
- Education programme roll out at NHH/YYF/community hospitals
- Implementation of the digital solution following scoping – short term solution
- Continue to monitor and support the RGH discharge pilot/NHH pull model.
- Continue to review and refine the dashboard measures.

4.17 Urgent Care SDEC

Priority area(s)	
Key focus should be on delivering	Implementation of Same Day Emergency Care services

Quarter 1 update against actions & milestones:

- Space identified at RGH for SDEC with next steps to review staffing model.
- Respiratory Ambulatory Care Unit (RACU) capacity sustained through core funding.
- Integration of T&O into SDEC GUH provision complete.
- Pathway development progressing with Velindre regarding integrating Acute oncology into SDEC GUH provision.
- Work underway to agree criteria for SDEC with T&O and Acute Oncology
- Reconfigure Level 1 GUH to enhance navigation to SDEC from ED, SAU, MAU.

Planned actions & milestones for next quarter:

- Increase Acute Medicine SDEC volume
- Increase overall weekly patient volume to 150
- Implement direct from triage referral to SDEC (Gen Surgery)
- Integrate ENT pathway
- Identify Clinical sessions to enable SDEC GUH
- Recruit additional locum resilience
- Develop criteria for 'direct referrals from ED triage'

4.18 Urgent Primary Care

	Priority area(s)
Key focus should be on delivering	Implementation of Same Day Emergency Care services

Quarter 1 update against actions & milestones:

- Current hybrid model to support UPCC in NHH where demand dictates. Workshop planned quarter 2 to review model and move towards more substantial hybrid support.
- Escalation process reviewed and disseminated to all Primary Care practices. Urgent Primary Care senior representatives now included within Primary Care sustainability board and NCN Leads in order to progress this agenda further.

- Visit undertaken to Cardiff and Vale. Learning outcomes from Cardiff and Vale visit, particularly in relation to nursing model. Links into Betsi Cadwaladr academy for shared learning on MDT expansion.
- UPC management presentations and presentations at health board wide practice manager forums, in order to promote support available from urgent primary care service.

Planned actions & milestones for next quarter:

- Linkage with frailty hot clinics within Blaenau Gwent as pilot, holistic support to maintain supporting people to remain at home.
- Development of pathways into MSK transformation programme, to support high level MSK conditions
- Continue to support DHCW in development of national performance matrix.
- Availability of clinic area alongside frailty hot clinics in Ysbyty Aneurin Bevan (YAB).
- Attendance at national forums to participate in informing developments of performance matrix.

Conclusion

In summary good progress has been made during Quarter 1 against the key milestones and actions set out within the Ministerial Templates. Despite a significant increase in cancer referrals, a sustained increase in the percentage of patients starting definitive cancer treatment within 62 days from point of suspicion has been observed and is to be commended.

Whilst verified data is currently unavailable for June to provide a complete picture of Quarter 1 in terms of Planned Care, Recovery, Diagnostics and Pathways of care, May activity provide the insight that the Health Board his largely on track for delivery of commitments against 52 and 104 week waits for new outpatient appointments and treatments, however this will be reviewed when the quarterly data set is complete.

Within Primary Care, there has been an increase in NHS Dental Care and Community Dental services units of activity and new patients. Additionally, the number of new patients accessing NHS Optometry services is on track. Both measures are tracking above forecasted levels.

Urgent Care progress against priorities has been positive. Whilst the target for number of delayed ambulance handovers over 1 hour has not been met, there has been a significant decrease during the first quarter of the year and good progress has been made against actions and milestones including the introduction of the Safety Flow System. The reduction in the number of Pathways of Care Delays target for Quarter 1 has been surpassed. Finally, SDEC and UPCC are continuing to make great strides in progression of their programme areas to support system flow.



5. IMTP PLANNING SCENARIO

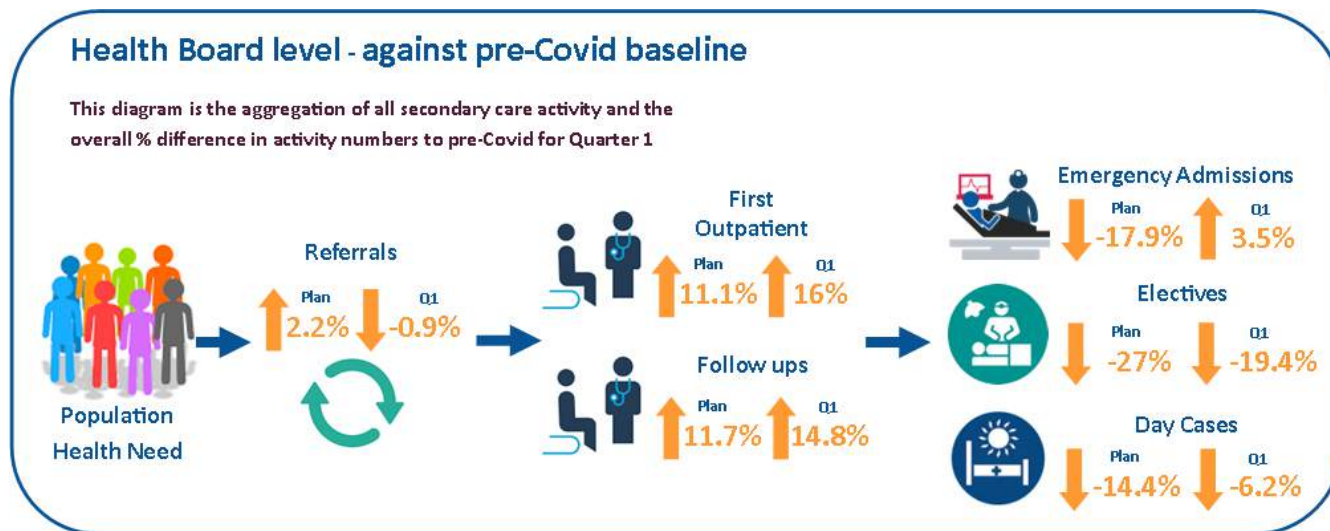
As part of the IMTP submission, the organisation was required to submit a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information and this information has been updated for the first quarter.

As set out in the IMTP, the Health Board adopted a dynamic planning approach for secondary care to understand the potential demand, risks, and capacity requirements of the system. By working with each clinical team using real time data, realistic workforce assumptions, emerging experience of how patients are returning to their services and known system constraints for our IMTP we developed a clear understanding of:

- The baseline position.
- Predicted demand on the system (this includes known backlog, and a clinical assessment of unreferral needs in our communities).
- The capacity needed in comparison to what is available.
- How much has changed and what is the new normal.
- Most likely/realistic activity profiles in context of known constraints.
- Potential impacts on population health.
- A realistic ‘most likely’ scenario.

The planning scenario has, in aggregate form, largely followed as predicted by the services and is in line with the pressures on the availability of capacity due to delayed discharges and length of stay. Outpatient and inpatient treatments are ahead of projections as of Quarter 1, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

- Referrals during Quarter 1 were slightly lower than forecasted and averaged 0.9% below pre-covid levels. However, this is offset by the significant increase in the number of emergency admissions which is above projection and may be attributed to patient acuity.
- Both new and follow-up outpatient levels have been operating above forecasted levels. This is particularly noted in a number of specialties including: Dermatology, Urology, General Surgery, Gastroenterology and Rheumatology.
- Elective inpatient activity is operating above the forecasted scenario, despite staffing challenges and urgent pressures. This is attributed to the significant drive to increase activity levels.



Waiting lists

The Health Board continues to make progress reducing the number of the longest waiting patients for planned care treatments and outpatient appointments. There has been a full review of the waiting list, cohorts, our rate of current additions and unreferral demand scenario (this was the consideration of patients who did not come forward during the pandemic but may now enter the system). Services continue to review their plans focusing on treating those that have waited the longest whilst balancing urgent and prioritised work. As noted in the report, whilst this influences RTT performance, it is in keeping with the principles of treating the patients with the greatest clinical need first.

As of Quarter 1, there remained a number of speciality areas where the majority of long waiters are reported within (Orthopaedics, Ophthalmology and ENT). There continued to be targeted work in all three speciality areas to treat the longest waiting cohort. Despite the challenges faced, no specialties are forecasted to have any patients waiting over 156 weeks for a treatment by the end of September 2023. For Ophthalmology, an approved Business Case seeks to provide a 14 month solution for additional regional capacity for cataract outpatient and inpatient stages to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region. Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus on the Planned Care Programme.

With the rate of referrals and current focus on treat in turn, there is a risk of greater waiting list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity.

Cancer

The Cancer forecasts for the numbers of referrals and patients starting treatment are in line with the forecasted planning scenario. The Suspected Cancer Pathway compliance has improved against forecasted performance this quarter. There is a recovery programme of work in place to improve this position and compliance is anticipated to be maintained at around 60-65% with an aim to reach 75% by the end of the financial year.

Urgent Care

Overall, the Quarter 1 forecasts were in line with the actual activity for ED attendances with a total of 49,449 attendances during the quarter across all sites. This is the highest number of attendances per quarter since records in 2015. Emergency admissions are in line with the forecasted position and the forward projections will not be amended.

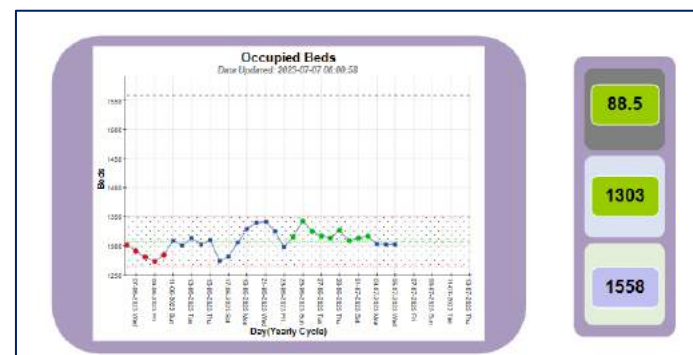
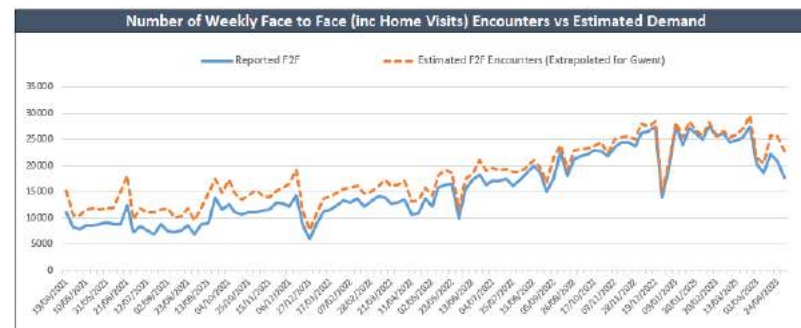
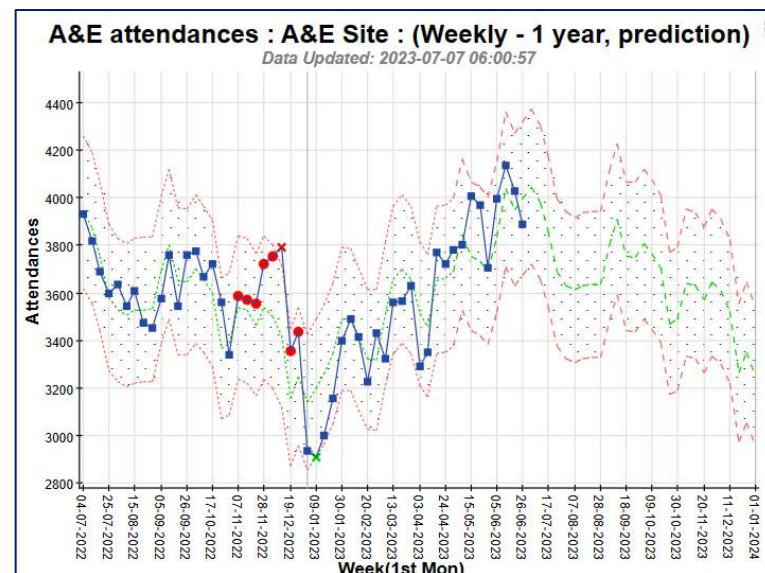
Primary Care

The following is noted for Primary Care in quarter 1 and continues to influence the forecasted projections:

- GMS activity levels have gradually started to decrease from April with more face-to-face activity and is currently ranging between 17,000 – 20,000 a week. Increased demand is reported by practices.
- GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment Units have been maintained at pre-covid levels.
- Community hospitals are continuing to operate with maximum surge capacity open, this continued position has not been descaled as forecasted.
- The greatest proportion of bed days lost for patients with complex needs awaiting discharge from hospital are associated with allocation of social workers and this continues to be noted particularly in Newport and additionally Caerphilly in Quarter 1.

Bed Plan

The bed plan has continued to follow the overall expected occupancy levels and demand patterns. During the first quarter of this year, the Medicine Division were running at 94.9% occupancy against their bed plan and the Community Division at 106.3%. Beds occupied by patients cared for by Care of the Elderly was in line with the forecast and continues to drive the need for additional inpatient capacity which presents associated workforce challenges. Occupied beds over 21 days is following the seasonal variation and is operating as forecasted.



Priority Indicator Summary

Quarter 1

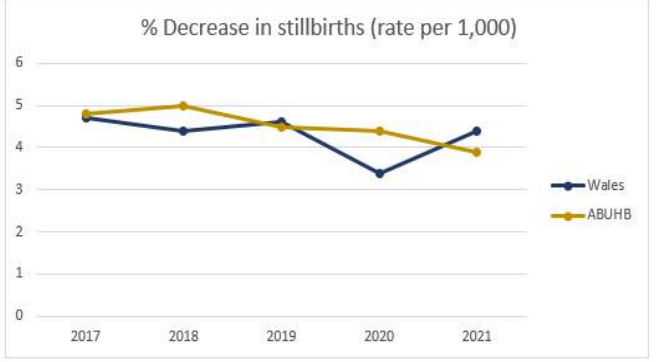
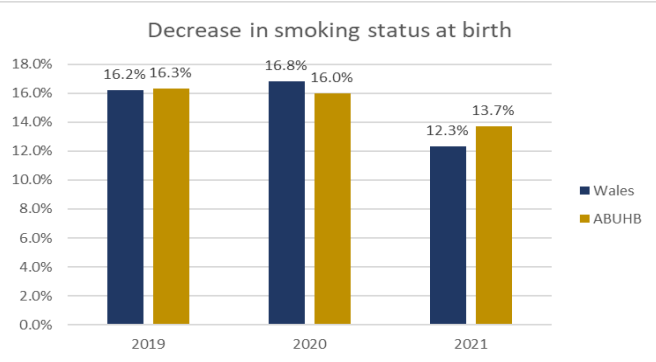
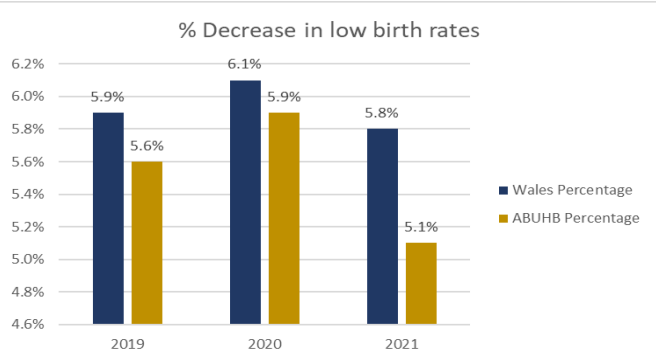
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	1	8	2	2	17
Similar	4	3	2	4	1	14
Deteriorated	0	1	6	1	2	10
Total indicators	8	5	16	7	5	41

Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

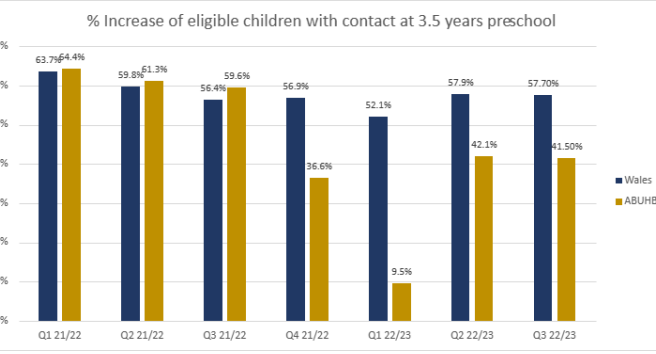
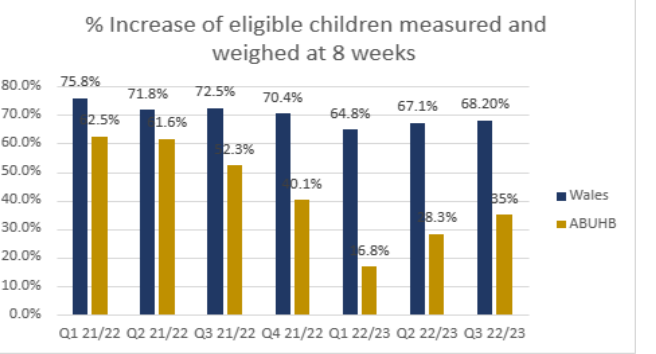
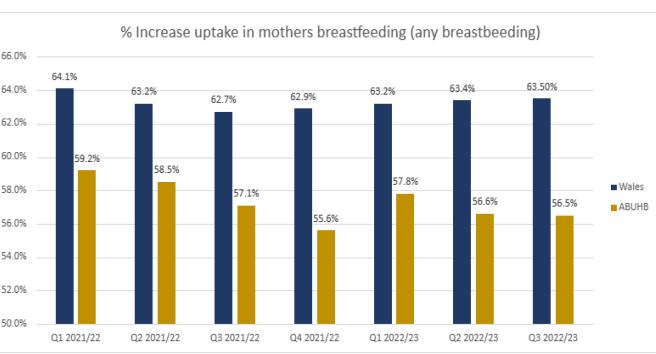
Priority 1 - Every Child has the best start in life

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best start in life	Improving Good Health in Pregnancy	Decrease in low birth weight rates	5.6%	4%	2021	5.1%	-	-	Improved	Decrease in indicator over the last 3 years. Significantly lower than the all Wales average. Next update due Quarter 2 2023/24 (provisional).
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021. Next update due Quarter 2 (provisional).
		Decrease in stillbirths	4.8	3.0	2021	3.9	-	-	Improved	18.75% decrease in stillbirths over the last 5 years. Next update due August 2023 (provisional).
	Optimising a child's long term potential	Increase uptake in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q2 2022/23	56.6%	Q3 2022/23	56.5%	Similar	Indicator value has remained stable.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q2 2022/23	28.3%	Q3 2022/23	35.0%	Improved	Improvement in indicator over the last 2 quarters, however this remains below the all Wales average.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q2 2022/23	42.1%	Q3 2022/23	41.5%	Similar	Indicator value has remained stable.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q3 2022/23	90%	Q4 2022/23	90%	Similar	Indicator value has remained stable.
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	96%	95%	Q3 2022/23	94%	Q4 2022/23	94%	Similar	Indicator value has remained stable.

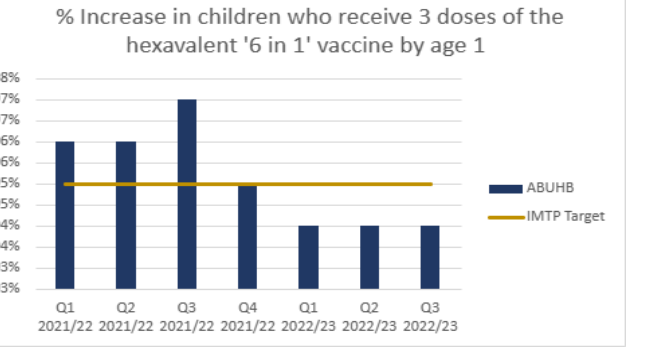
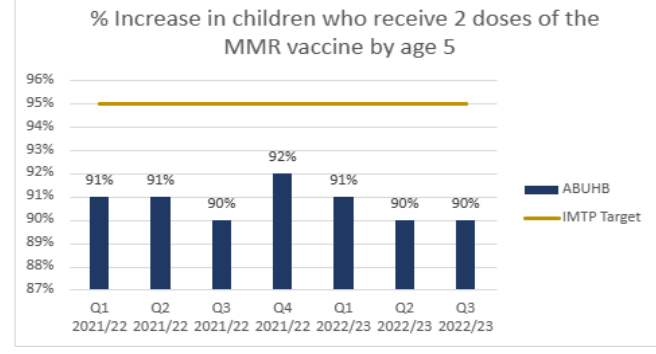
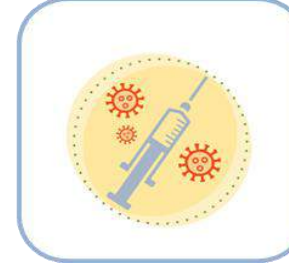
Improving Good Health in Pregnancy



Optimising a child's long term potential



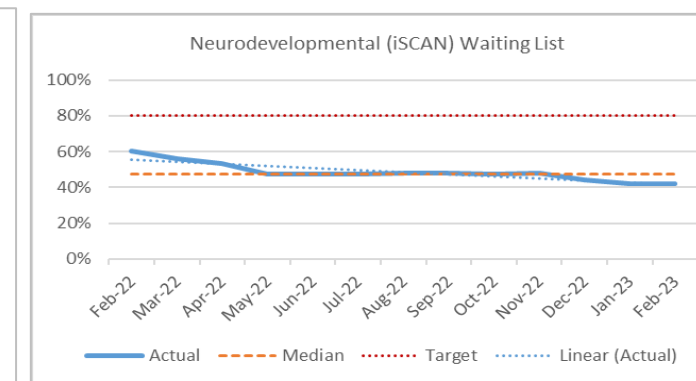
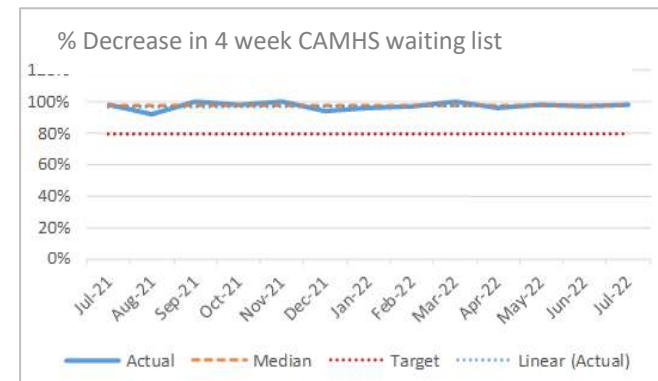
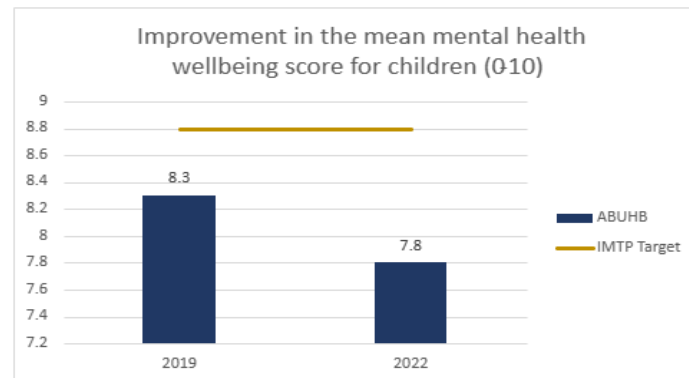
Increasing childhood immunisation



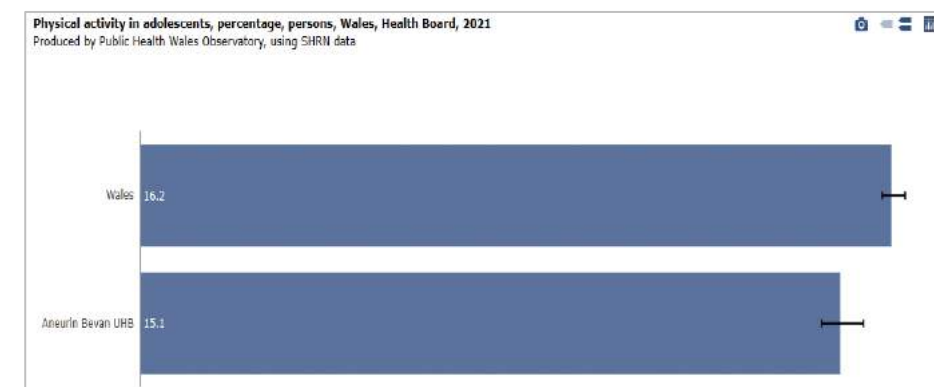
Priority 2 - Getting it right for children and young adults

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Decrease in 4 week CAMHS waiting list	95%	80%	Q1 2022/23	97.4%	-	-	Improved	Due to the implementation of WCCIS, it is not possible to currently provide a further update. An update will be available from July.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Feb-23	42.2%	May	34.0%	Deteriorated	Indicator has deteriorated from 42.2 (Feb 23) to 34% (May 23)
	Support being a healthy weight	Increase in physical activity (for at least 60 minutes a day) in adolescents	15.1%	20%			2022	15.1%	Similar	**New Indicator** Indicator is lower than the welsh average of 16.2%. Please note, trend data is not yet available.
	Improve healthy lifestyle behaviours	Decrease in adolescents using alcohol	40.9%	30%			2021	40.9%	Similar	**New Indicator** Indicator is higher than the welsh average of 40.2%. Please note, trend data is not yet available.
		Decrease in adolescents drinking sugary drinks once a day or more	18.5%	10%			2021	18.5%	Similar	**New Indicator** Indicator is higher than the all welsh average of 16.4%. Please note, trend data is not yet available.

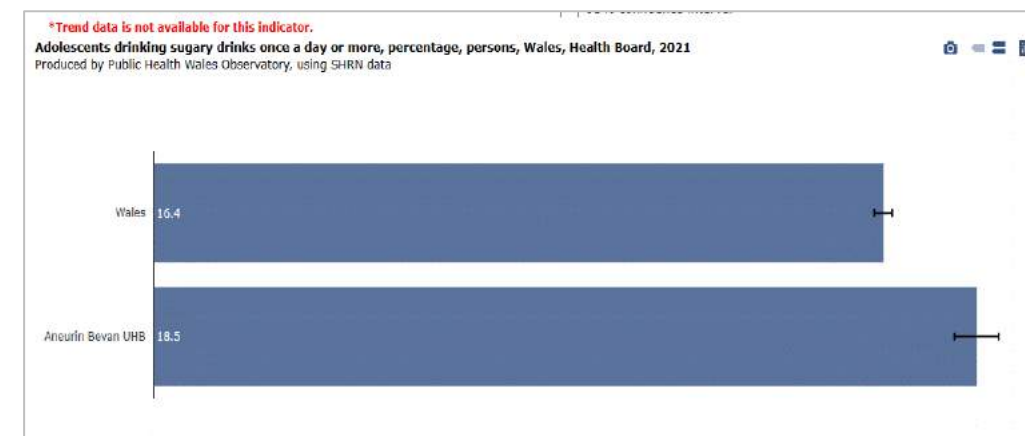
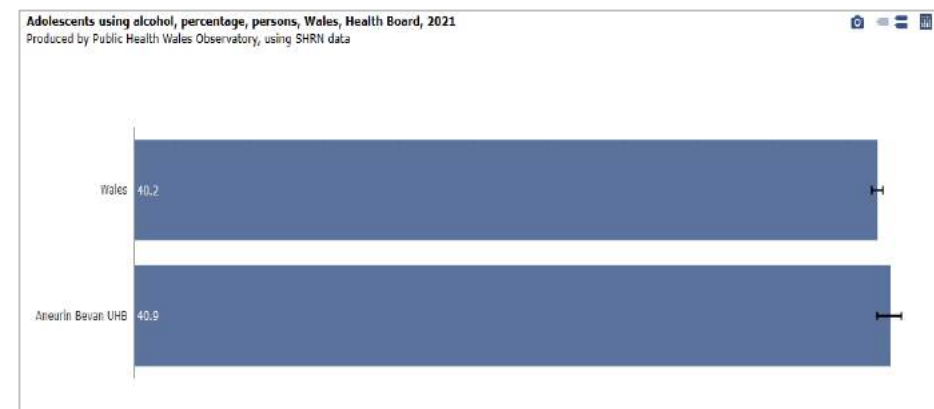
Improve mental health resilience



Support being a healthy weight

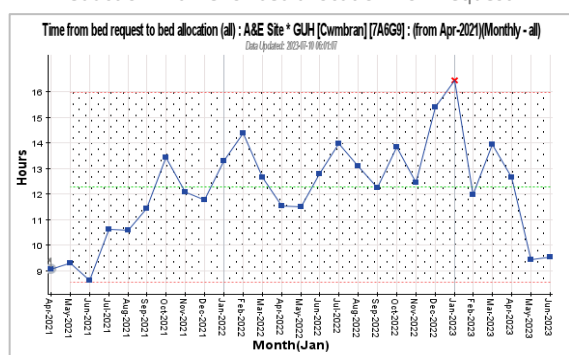
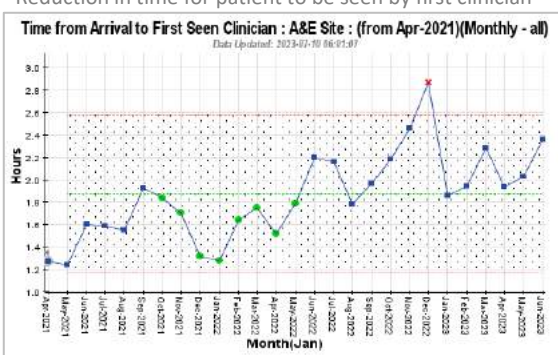
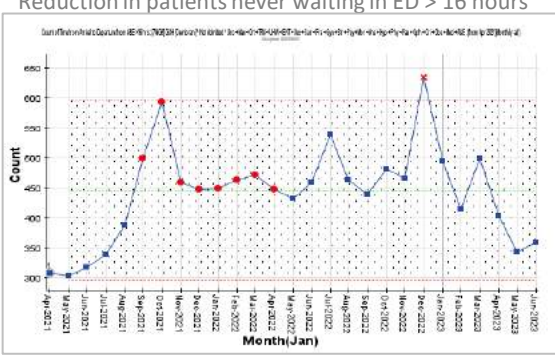
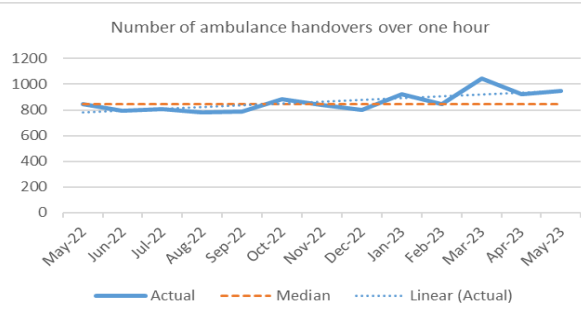
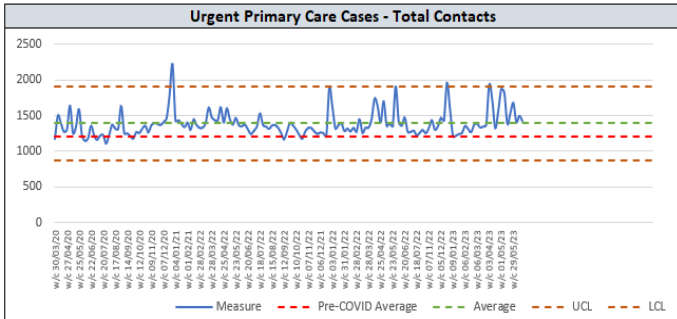
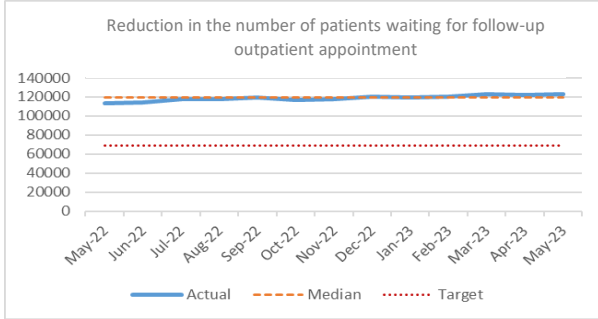
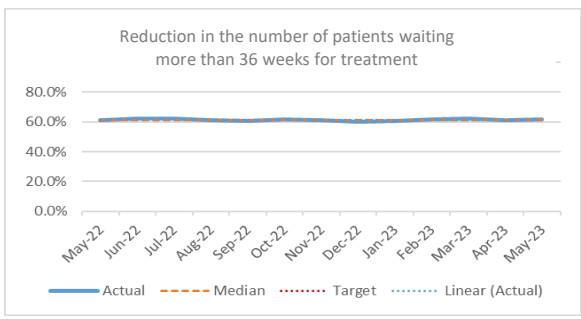


Improve healthy lifestyle behaviours

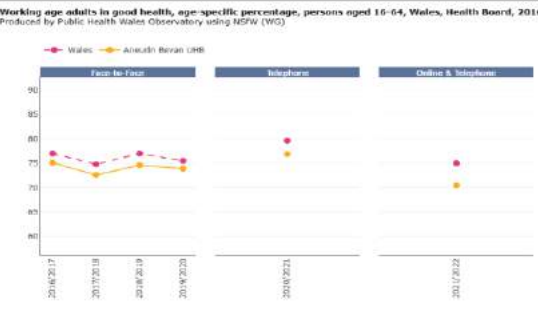
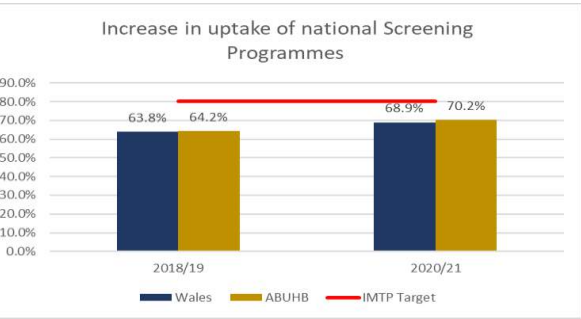
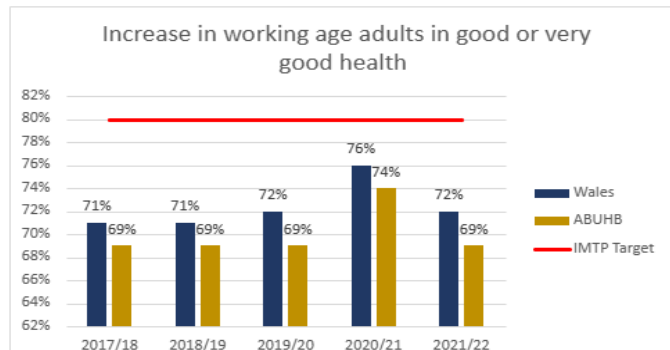
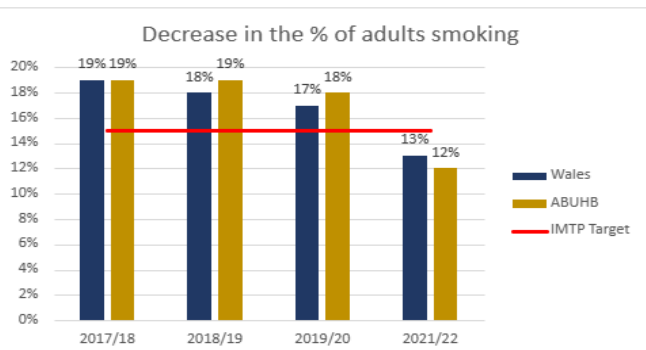
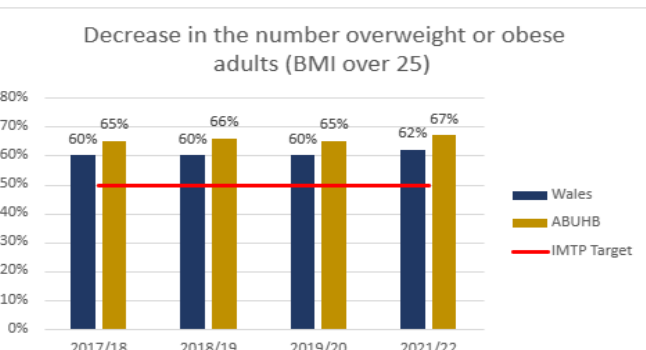
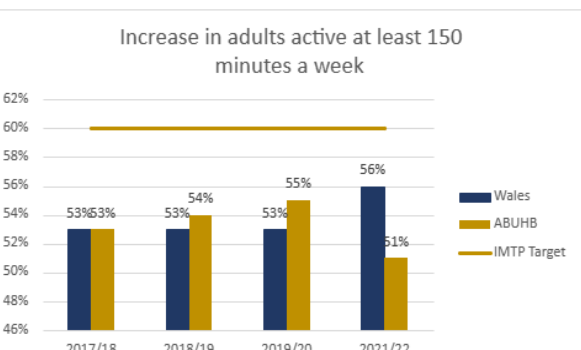


Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Feb-23	34324	May-23	35155	Deteriorated	Indicator value has decreased since Feb 23 and May 23 by 2.4%.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Feb-23	120688	May-23	122608	Similar	Indicator value has increased by 1.6% but remains statistically similar.
		Increase in Urgent Primary Care Contacts	5336	8000	Mar-23	5456	May-23	6632	Improved	Significant increase in the number of UPCC contacts between March 23 and May 23.
		Reduction of ambulance handovers over 1 hour	737	0	Mar-23	1497	Jun-23	1285	Improved	Improving trend over the last 3 months, reducing by 14.2%
		Reduction in patients never waiting in ED over 16 hours	417	0	Mar-23	498	Jun-23	358	Improved	Decrease in indicator value between Q3 and Q4. Rate has decreased by 21.6%. Decreasing trend observed since Dec 22.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Mar-23	2.3 hours	Jun-23	4.4 hours	Deteriorated	Deterioration from 2.3 hours in Mar 23 to 4.4 hours in Jun 23.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Mar-23	13.9 hours	Jun-23	7.9 hours	Improved	Improving trend overserved over the last 3 months.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2020/21	53%	2021/22	51%	Deteriorated	Since Covid-19, there has been a decrease in physical activity from 55% (19/20) to 51% (21/22)
		Decrease in the % of adults smoking	19%	15%	2020/21	12.9%	2021/22	11.9%	Improved	IMTP target met. Decrease in percentage of adults smoking and in line with national trends.
		Increase in working age adults of healthy weight	39.5%	50%	2020/21	36.7%	2021/22	35.4%	Deteriorated	Since Covid-19, there has been an small increase in the number of overweight or obese adults.
		Increase in working age adults in good or very good health	69%	80%	2020/21	76.9%	2021/22	70.5%	Deteriorated	**New Indicator** Deterioration in indicator from 76.9% to 70.5% between 2020/21 and 2021/22
		Increase uptake of National Screening Programmes	64.2%	80%	2020/21	70.2%	-	-	Improved	Improvements in indicator value observed. Next update scheduled Quarter 2 (provisional).
	Improved mental health resilience in adults	Increase in life satisfaction among working age adults	76.4%	55	2020/21	76.4%	2021/22	79.5%	Improved	**New Indicator** Increase in value between 2020/21 and 21/22
		Increase in percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	80%	90%	Q1 2022/23	75%	-	-	Deteriorated	**Measure will be available from July and will be included within the next quarterly report**
	Maximising cancer outcomes	Increased compliance of the number of patients starting their first definitive cancer treatment within 62 days from point of suspicion	56.9%	75%	Feb-23	56.0%	May-23	60.2%	Improved	Improvement in indicator value from 56% (Feb 23) to 60.2 (May 23)
		Increase in 5 year cancer survival	49.1%	60%	2015-19	54%			Similar	Indicator value is similar and has been sustained. Next update scheduled August 23 (provisional).

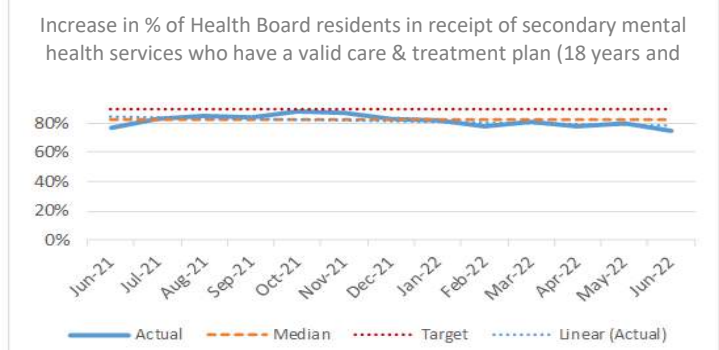
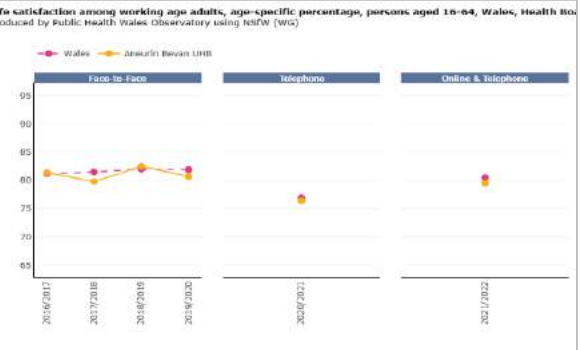
Maximise an individuals time



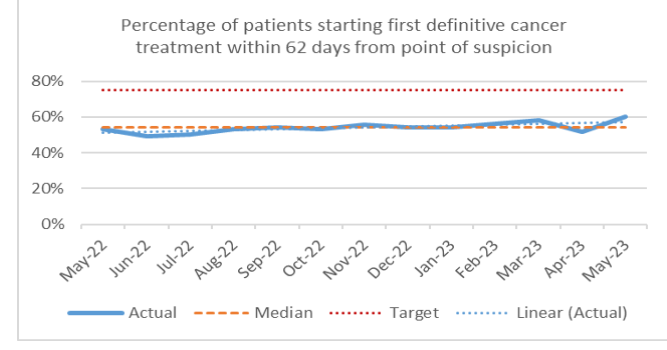
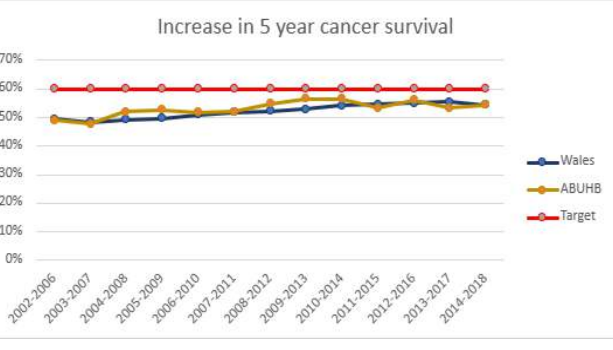
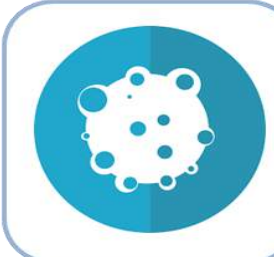
Adults living healthily and aging well



Improve mental health resilience



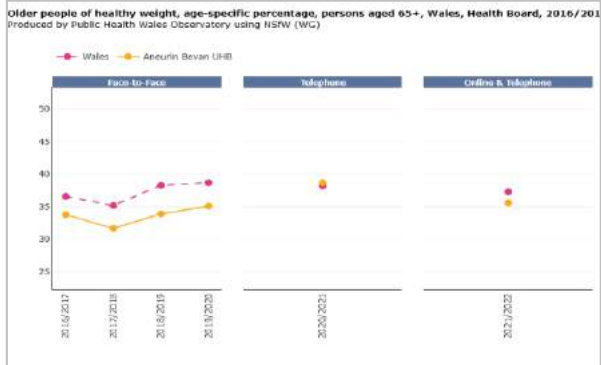
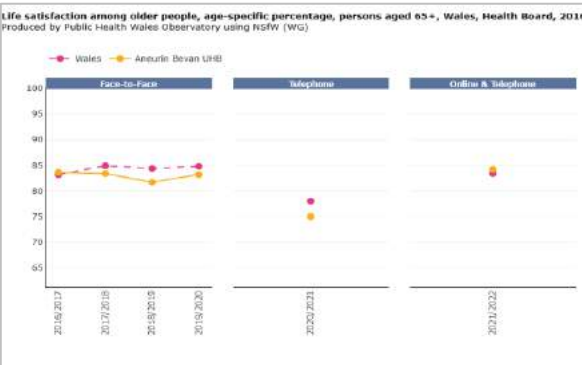
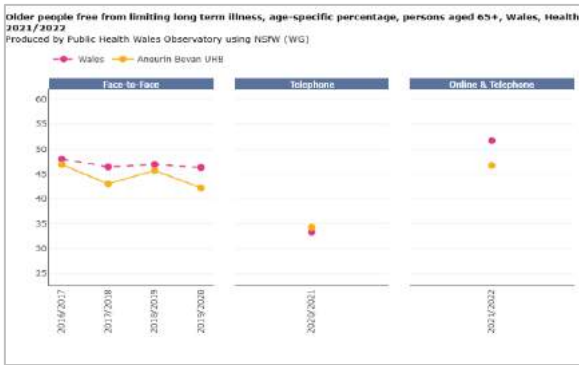
Maximise cancer outcomes



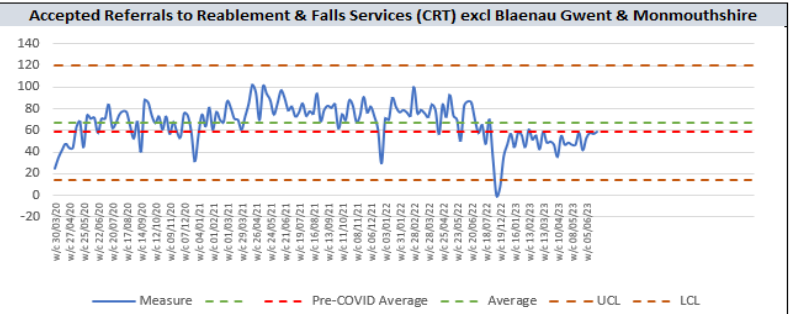
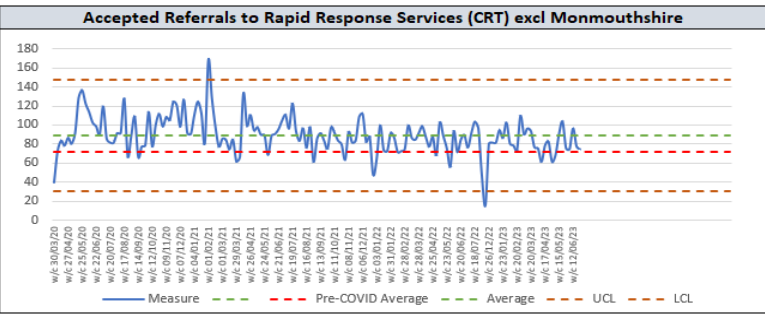
Priority 4 - Older adults are supported to live well and independently

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 4 - Older adults are supported to live well and independently	Prevention and keeping older adults well	Increase in older people free from limiting long term illness	43.3%	50%	2020/21	43.3%	2021/22	46.7%	Improved	**New Indicator** Improvement in indicator from 43.3% (2020/21) to 46.7% (2021/22). However, this remains below the all Wales average of 51.7%
		Increase in life satisfaction among older people	75.0%	85%	2020/21	75.0%	2021/22	84.2%	Improved	**New Indicator** Improvement within indicator from 75% to 84.2%, surpassing the all Wales average of 82.4%.
		Increase in older people of healthy weight	38.7%	45%	2020/21	38.7%	2021/22	35.6%	Deteriorated	**New Indicator** Measure has deteriorated between 2020/21 and 2021/22 by 8%.
	Delivering Care Closer to Home	Increase in accepted referrals to Rapid Response Services (CRT)	343	375	Feb-23	326	May-23	322	Similar	Indicator has remained statistically similar.
		Increase in accepted referrals to Reablement & Falls Services (CRT)	331	375	Feb-23	214	May-23	201	Similar	Indicator has remained statistically similar.
	Reducing admissions and time spent in hospital	Reduction in the number of Emergency Admissions >65 years of age	1297	1000	Feb-23	1427	May-23	1415	Similar	Indicator has remained statistically similar.
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q4 2022/23	56%	Q1 2023/24	55%	Similar	IMTP target of 55% has been met during reporting period.

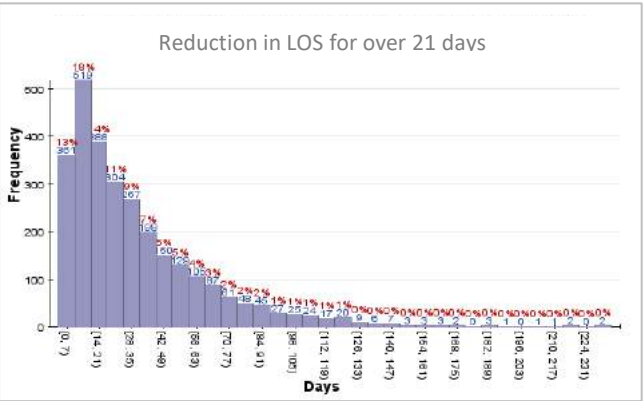
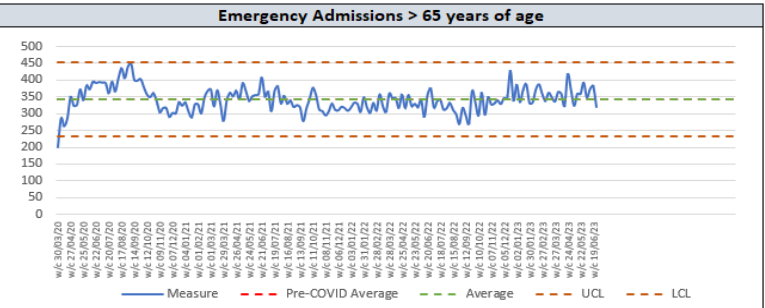
Prevention and keeping older adults well



Delivering care closer to home



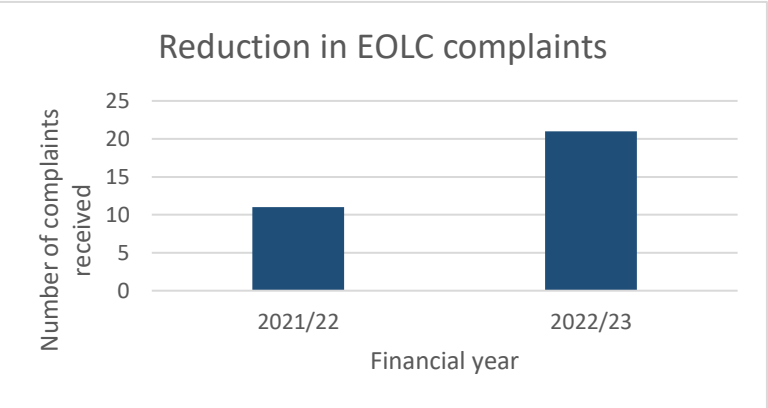
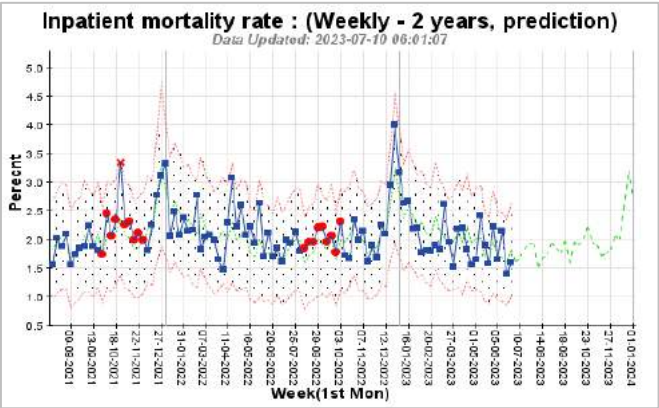
Reducing admissions and time spent in hospital



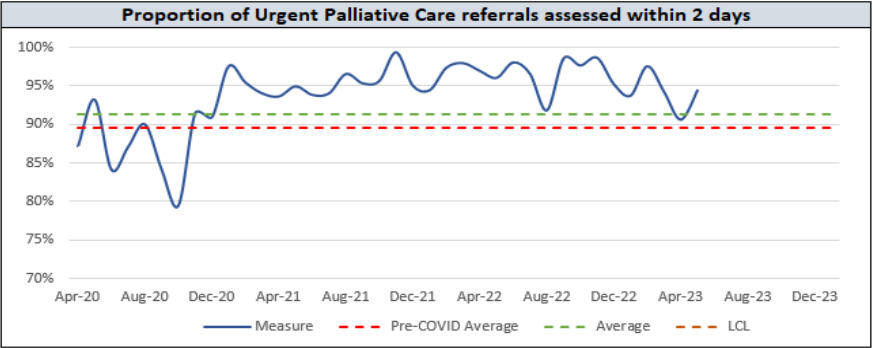
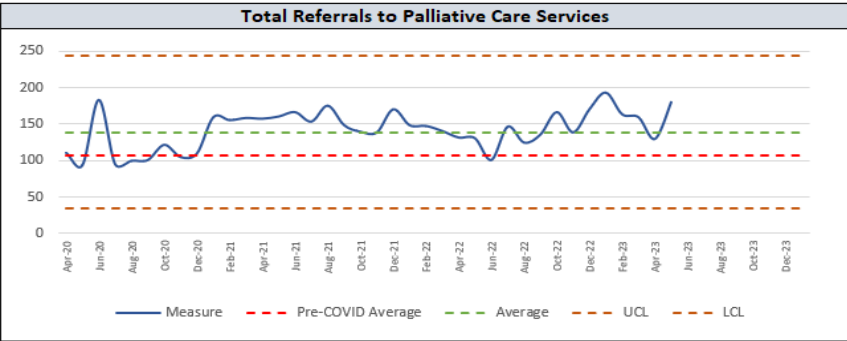
Priority 5 - Dying well as part of life

Priority	Outcome Description	Indicator	Baseline Value (Mar 23)	IMTP Target	Last reported position (Mar 23)		Current reported position (Jun 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in inpatient mortality rate	2.0%	1.5%	Q4 2022/23	2.1%	Q1 2023/24	1.8%	Improved	Improved rate of inpatient mortality from 2.1% in Q4 22/23 to 1.8% in Q1 23/24
		Reduction in compliants	11	0	2021/22	11	2022/23	21	Deteriorated	**New Indicator** Deterioration in indicator from 11 complaints received during 2021/22 to 21 during 2022/23.
	Improved planning and provision of end of life care	Increase in referrals to Palliative Care Services	141	200.0%	Dec-22	171	May-23	181	Improved	Increase in referrals to Palliative Care services observed
		Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Dec-22	99%	May-23	94%	Deteriorated	Deteriation in the indicator value from 99% (Dec 22) to 94% (May 23).
	Minimising avoidable ill health	Reduction in the number of deaths from non communicable diseases	324.8	300	2018-2020	324.8	2019-2021	326.1	Similar	**New Indicator** The rate of deaths from non communicable diseases has remained statistically similar over the reporting period.

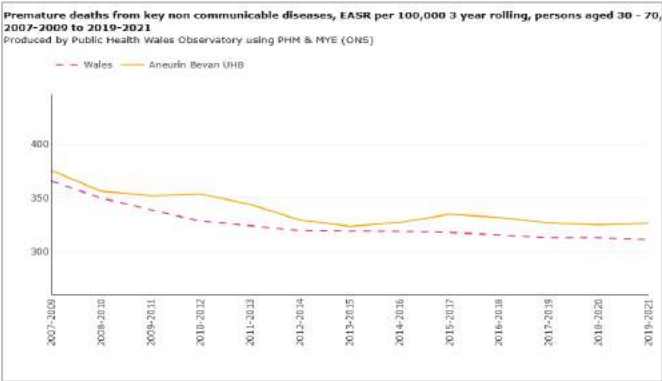
Improved end of life care experience



Improved planning and provision of end of life care




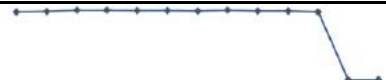


Minimising avoidable ill health



Integrated Performance Dashboard - 10/07/2023

Integrated Performance Dashboard																					
May 23											Appendix 1										
Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23
Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement	RTT	Patients waiting less than 26 weeks for treatment	May-23	95%	61.8%	61.3%	↑↑		61.4%	62.1%	62.1%	61.2%	60.9%	62.0%	61.4%	60.3%	60.9%	61.6%	62.5%	61.3%	61.8%
		Patients waiting more than 36 weeks for treatment	May-23	0	35155	35375	↑↑		32959	33570	34998	36051	35395	34750	34921	35342	34723	34324	33997	35375	35155
		Patients waiting more than 8 weeks for a specified diagnostic	May-23	0	3254	2882	↓↓		4266	3871	3882	3641	3706	4048	4137	4188	3900	3146	2541	2882	3254
		Patients waiting more than 14 weeks for a specified therapy	May-23	0	732	572	↓↓		412	403	371	419	518	516	450	362	541	572	521	572	732
	Follow Up	Number of patients waiting for a follow-up outpatient appointment	May-23	69268	122608	121927	↓↓		113809	114441	117711	117586	119848	116844	117900	120202	119754	120688	123304	121927	122608
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	May-23	3903	23270	22106	↓↓		18402	19055	21650	21306	21676	20894	20622	21233	21297	21604	21871	22106	23270
	HRF	% of R1 patients who are waiting within 25% in excess of their clinical target date	May-23	95%	48.7%	50.8%	↓↓		56.8%	55.4%	53.6%	54.4%	54.7%	55.6%	56.8%	55.8%	54.5%	53.8%	52.5%	50.8%	48.7%
	STROKE	% stroke patients directly admitted to acute stroke unit ≤4 hours	Apr-23	50%	11.0%	19.6%	↓↓		26.7%	25.0%	9.1%	17.5%	22.0%	14.7%	6.3%	11.9%	16.9%	31.8%	19.6%	11.0%	
		% of stroke patients assessed by a stroke consultant ≤24 hours	Apr-23	85%	96.0%	84.0%	↑		100.0%	94.5%	89.7%	50.0%	92.7%	80.0%	91.7%	91.3%	97.1%	96.6%	84.0%	96.0%	
		% of stroke patients receiving the required minutes for speech and language therapy	Apr-23	57%	31.1%	33.8%	↓↓		46.9%	39.0%	39.4%	33.1%	26.7%	30.0%	32.2%	39.1%	50.0%	48.3%	33.8%	31.1%	
		Percentage of stroke patients who receive mechanical thrombectomy	Mar-23	10%	1.5%	1.7%	↓↓		1.6%	1.9%	3.4%	0.0%	0.9%	1.8%	2.1%	0.3%	2.4%	1.7%	1.5%		
	ED	Category A ambulance response times within 8 minutes.	May-23	65%	56.1%	56.3%	↓↓		59.3%	55.0%	62.7%	56.1%	59.3%	56.4%	55.2%	41.5%	49.3%	51.9%	52.1%	56.3%	56.1%
		Number of ambulance handovers over one hour	May-23	0	951	925	↓↓		847	793	808	782	789	882	841	802	920	846	1048	925	951
		% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	May-23	95%	76.9%	76.1%	↑↑		74.2%	71.4%	73.0%	75.6%	74.8%	73.9%	72.3%	69.5%	75.4%	76.1%	72.5%	76.1%	76.9%
		Number patients waiting > 12 hrs in ABUHB A&E departments	May-23	0	1377	1374	↓↓		1378	1658	1607	1437	1415	1689	1662	2078	1437	1269	1606	1374	1377
	Cancer	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	May-23	75%	60.2%	51.6%	↑↑		53.4%	49.4%	50.4%	53.0%	54.2%	53.3%	55.6%	54.0%	54.3%	56.0%	58.2%	51.6%	60.2%
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	Jul-22	80%	91.6%	78.3%	↑		82.7%	78.3%	91.6%										
		Interventions ≤ 28 days following assessment by LPMHSS.	Jul-22	80%	27.8%	18.1%	↑↑		14.6%	18.1%	27.8%										
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-22	80%	72.0%	72.0%	↑↑		72.0%	72.0%											
	CAMHS	4+ Weeks Waiting List	Jul-22	80%	98.1%	97.7%	↑		98.3%	97.7%	98.1%										
		Neurodevelopmental (ISCAN) Waiting List	May-23	80%	34.0%	36.3%	↓↓		47.3%	47.5%	47.2%	47.7%	47.7%	47.7%	47.8%	44.4%	42.1%	42.2%	39.7%	36.3%	34.0%
	HCAIS	Cases of e coli per 100k population (rolling 12m)	May-23	67	57.05	51.94	↓		57.51	55.67	55.02	57.17	56.84	55	54.33	54.33	53.16	53.83	52.66	51.94	57.05
		Cases of staph aureus per 100k pop (rolling 12m)	May-23	20	18.12	22.26	↑		22.07	23.07	22.01	22.74	23.24	23.91	23.74	22.9	23.24	23.24	23.07	22.26	18.12
		Clostridium difficile cases per 100k pop (rolling 12m)	May-23	25	34.23	23.61	↓↓		35.27	32.93	33.51	32.6	33.77	34.1	32.93	32.26	33.43	32.1	32.26	23.61	34.23
		Cases of klebisella per 100k population (rolling 12m)	May-23		21.14	20.57	↓↓		15.88	15.38	18.51	15.38	17.22	16.22	16.88	17.55	18.72	19.73	19.73	20.57	21.14
		Cases of aeruginosa per 100k population (rolling 12m)	May-23		4.7	3.7	↓↓		4.85	4.68	3	4.35	4.18	4.01	3.51	3.51	3.34	3.01	3.01	3.7	4.7
		Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	May-23	8	14	10	↓↓		9	9	9	8	15	5	11	12	11	12	7	10	14
		Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	May-23	2	2	3	↑		1	3	2	3	1	3	1	0	2	0	2	3	2
Aim 1: People in Wales have improved health and well-being with better prevention and self-management	CHILDHOOD IMMUNISATION	Percentage of children who received 2 doses of the MMR vaccine by age 5	Mar-23	95%	90%	na	↓			91%			90%			90%			90%		
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Mar-23	95%	94%	na	↓			94%			94%			94%			94%		
	MENTAL HEALTH	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18)	Jun-22	90%	99%	99%	↓		99%	99%											
		Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Jun-22	90%	75%	80%	↓		80%	75%											

Integrated Performance Dashboard - 10/07/2023

Aim 3: The health and social care workforce is motivated and sustainable	W&D	% PADR / medical appraisal in the previous 12 months	Mar-23	85%	67%	67%	↓		60%	62%	63%	64%	66%	66%	66%	66%	67%	67%	67%		
		Monthly % hours lost due to sickness absence	Mar-23	7%	7%	7%	↑		7%	7%	7%	7%	7%	7%	7%	7%	7%	7%	7%		
		Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	Mar-23	85%	82%	82%	↑		81%	81%	82%	82%	84%	84%	84%	82%	82%	82%	82%		
Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and	HIP FRACTURE	Prompt Orthogeriatric Assessment	Mar-23	92%	94%	94%	↑		91%	91%	91%	91%	92%	93%	93%	93%	93%	94%	94%		
	CODING	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Mar-23	95%	68%	69%	↓		86%	87%	88%	85%	87%	88%	80%	86%	75%	69%	68%		
	AGENCY	Agency spend as a percentage of total pay bill	Mar-23	9%	8%	8%	↑		10%	10%	10%	9%	8%	9%	8%	8%	9%	8%	8%		
Efficiency & Productivity	Readmissions	Readmission Rate Within 28 Days (CHKS)	Feb-23	10%	10%	10.2%	↓		9.8%	10.5%	10.4%	9.7%	9.8%	9.1%	9.2%	9.2%	10.2%	10.1%			

Trend Key

1

2

3

4

↑

↓

↑

↓

Achieving rating target and improved against previous reported position

Achieving rating target but deteriorated against previous reported position

Not achieving rating target but improved against previous reported position

Not achieving rating target and deteriorated against previous reported position

If measures are no longer in the Delivery Framework, current perfomance is measured against previous month

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – May 2023 (2023/24 Month 2)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of May 2023 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of May 2023,
- The Health Board's underlying financial position, and
- The capital position.




ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

The 2023/24 financial performance is measured by comparing actual expenditure with the budgets delegated as approved in the Budget Delegation papers at the March 2023 Board meeting. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

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

Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	15,979	29,473		112,848
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 £50,676	3,578 7.1%	6,228 12.3%		2,071
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	96.3%	96.4%		>95%

Performance against requirements 23/24		20/21	21/22	22/23	3 Year Aggregate (20/21 to 22/23)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	(245)	(249)	36,842	36,348
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(13)	(50)	(43)	(106)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				

Underlying Financial Position (Brought Forward ULP)	20/21	21/22	22/23
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£16.261m Deficit	£20.914m Deficit	£89.600m Deficit

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

Cefndir / Background

Key points to note for month 2 include:

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

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

Asesiad / Assessment

• Revenue Performance

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

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

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

The table below describes the IMTP in summary:-

	£m
2022/23 Financial Forecast	37
Exceptional Costs (energy)	13
2022/23 agreed investments impacting 2023/24	9
Local Recurrent Covid plans 2022/23	30
Stated ULD	89
Savings	-52
22/23 Additional Recurrent Spend (linked to R Allocations)	10
National Cost Pressures	3
Inflationary Cost pressures	17
Demand / Service growth	17
Executive Approved decisions 23/24	11
Innovation / development Fund	10
Further inflationary & National pressures	7
Total In year cost pressures	75
2023/24 ABUHB Planned Deficit	112

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

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

Summary of key operational pressures for Month 2

- During May 2023, pay expenditure has increased by c.£2.1m (3.4%) compared with April.
 - Consolidated 2022/23 pay award costs were paid in May 2023, costs incurred year to date are c.£1.6m and this funding is expected and has been anticipated.
 - Medical agency pay has significantly increased partly due to some back-dated claims and payments for shifts undertaken in previous months (in Ophthalmology as well as other specialities).
 - Variable pay costs remain significant (£8.8m in month 2) and are mainly within nursing and medical staff categories to provide cover for vacancies, sickness and enhanced care and operational pressures.
 - HCSW costs in estates and facilities remain high linked to the continuation of enhanced cleaning standards.
- Non-Pay Spend (excluding capital adjustments) - has increased by c.£3m (3.6%) due to increased funded contractor, maintenance costs and expenditure related to external projects.
- Demand for emergency and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. There are 283 inpatients who are fit for discharge as at the end of May. Approximately 28% of the blocked bed days are health related,

56% are social care and package of care related with the remaining 16% relating to other reasons e.g. patient/family related and nursing homes.

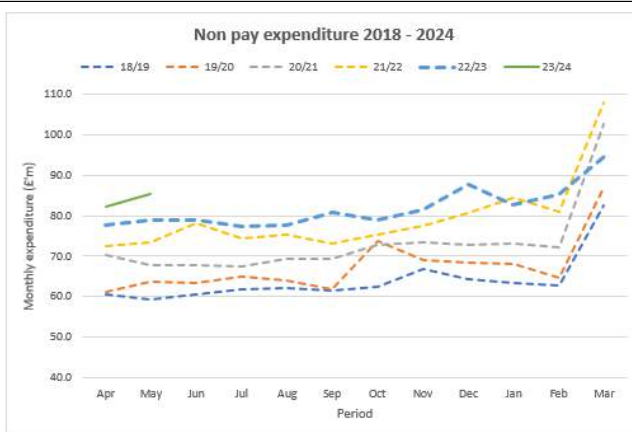
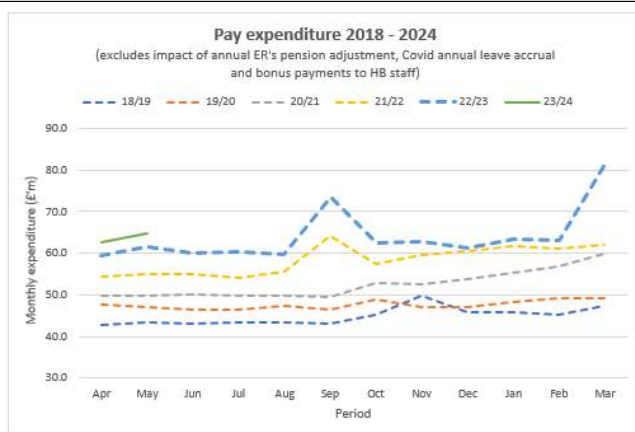
- The estimated cost for the year of continued blocked bed days which are social care and package of care related is c.£20m using a £200 cost per bed day (actual costs are likely to be more due to agency usage). These delays contribute to the patient flow challenges across the UHB and the surge bed capacity required for these continues to result in overspends.. The aim is to reduce the requirement for this capacity to achieve a safe and sustainable aligned service, workforce and financial plan for the UHB.
- Continued additional capacity, covering vacancies along with elective activity continue to drive financial pressure above funded levels.
- In May other significant issues include:-
 - Prescribing spend increased by £2.5m in month, of which £1.8m was due to increased average cost per item (forecast increase from £7.20 in the IMTP to £7.55 in February PAR), noting a month 1 to month 2 movement in forecast from £7.44 to £7.55,
 - CHC spend increase of £0.7m due to;
 - CHC growth pressures (Adult complex care growth, high-cost Paediatric packages and Mental Health),
 - CHC fees uplift (current forecast uplift of 12% compared with IMTP assumption of 6%),
 - Enhanced cleaning, additional security and other unfunded Covid-19 legacy costs.

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

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements,
- System level review of service delivery – spread and availability of resources to provide quality care,
- Urgent care pathways and elective care re-design,
- Demand and flow management, - reviewing the social care community actions,
- Operational efficiency opportunities – theatres, outpatients and booking,
- Workforce efficiency, reducing variable pay in particular agency and medical temporary pay costs,
- Review of Medicines management,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of savings plans, current investments made and service options across Divisions,
- Other actions to improve the financial position e.g. review of income and allocations.

Expenditure run-rates

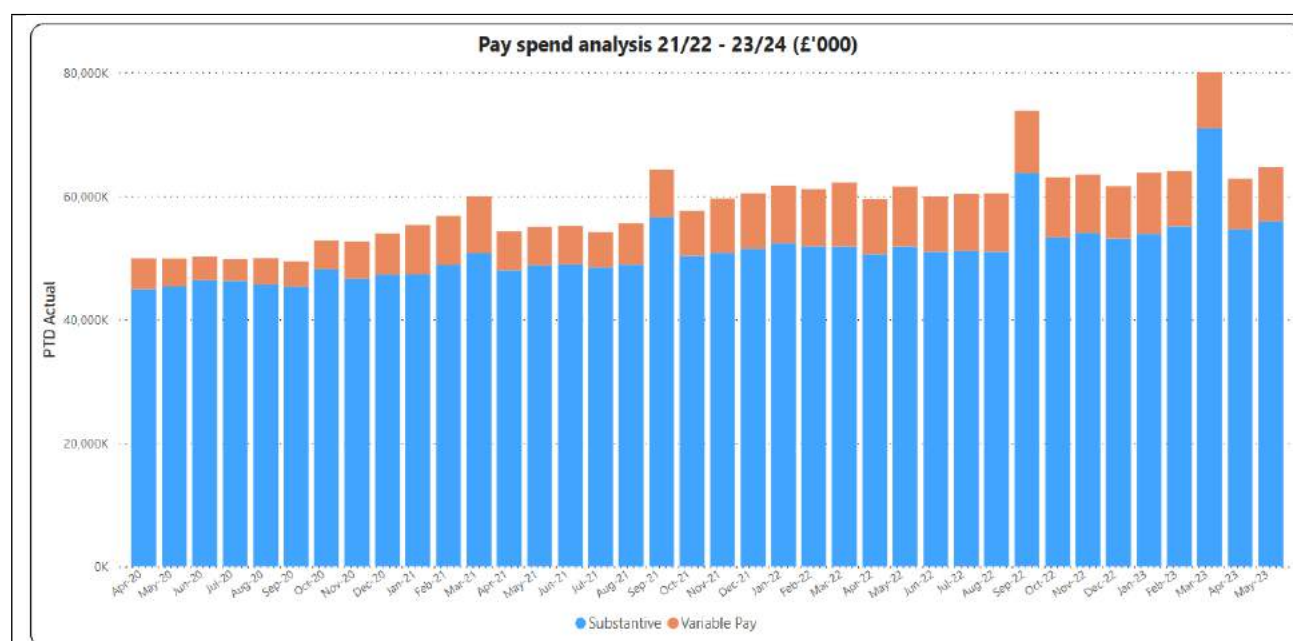
Pay and Non-Pay expenditure run-rates for the last four financial years are shown below to demonstrate the on-going step change in expenditure in 2022/23 which needs to start to decrease in 2023/24 to meet the IMTP target.



Workforce

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

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



Substantive staff

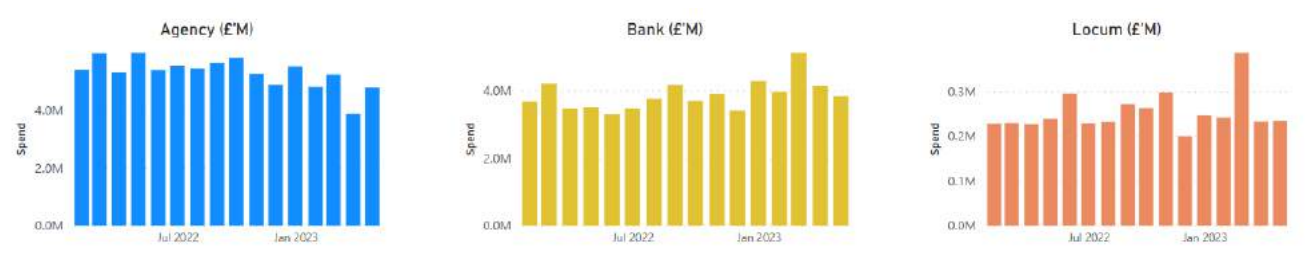
Substantive pay was £55.9m in May. The consolidated 22/23 wage award for April and May (at 1.5%, £1.6m) was paid in May. Enhancement costs increased given the payment of bank holidays and for 5 weeks rather than the usual 4, whilst waiting list payments also increased in May compared with April.

Variable pay

Variable pay (agency, bank and locum) was £8.8m in May (£8.2m in April). Vacancy cover along with sickness and enhanced care continue to drive a financial

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

pressure. Mental Health remains an area of concern with a general increase in acuity which subsequently impacts variable pay expenditure.



Bank staff

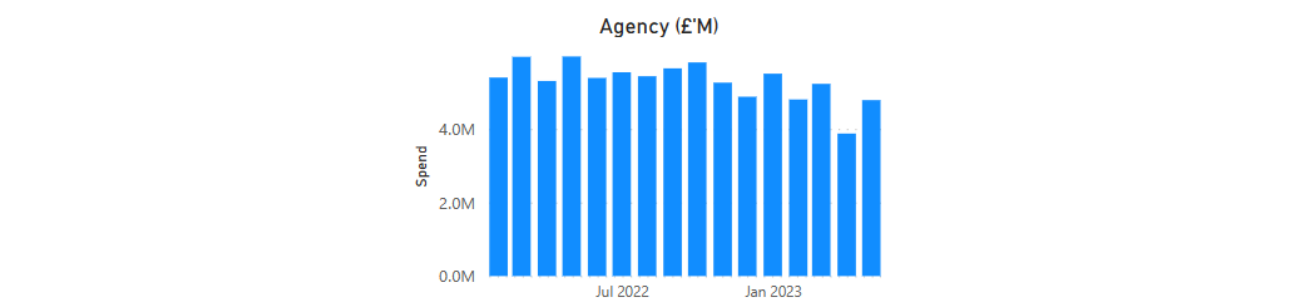
Bank (£'M)

Month	Spend (£'M)
Jul 2022	3.8
Aug 2022	4.2
Sep 2022	3.8
Oct 2022	3.8
Nov 2022	3.8
Dec 2022	3.8
Jan 2023	4.2
Feb 2023	4.2
Mar 2023	3.8
Apr 2023	3.8
May 2023	4.2
Jun 2023	4.2

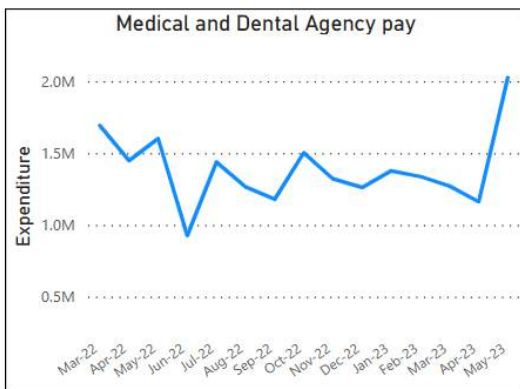
In-month spend of £3.8m, a £0.3m decrease compared with April.

- Continued pressures in Medicine wards, GUH Acute Medicine and GUH ED.
- Enhanced care / observation shifts particularly linked to Mental Health.
- Continued expenditure in Critical Care, general surgery and Trauma & Orthopaedics for operational pressures / elective activity.
- £0.42m expenditure within medicine wards in YYF.
- Noted on-going significant use of flexible rewards presenting a financial pressure across several Divisions.
- Flexible rewards are due to end in August 23.

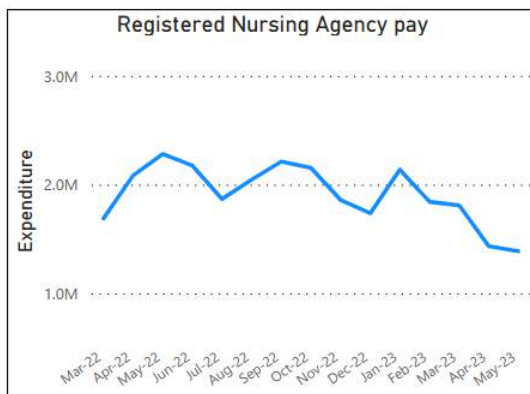
Agency



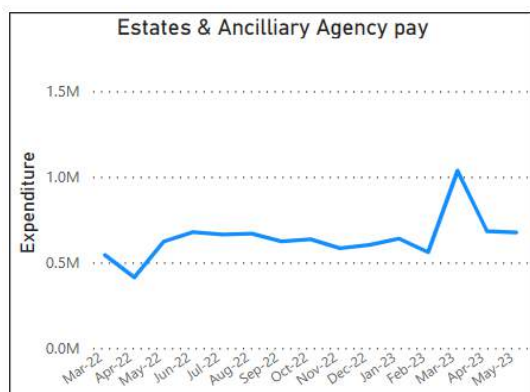
Total agency spend in May was £4.8m compared with £3.8m in April.



- In-month spend of £2.0m, a £0.9m increase compared with April.
 - Ophthalmology elective shifts including back-dated claims and costs (c.£0.5m)
 - Continued pressures in Medicine wards, GUH ED and community hospitals to cover operational pressures (c.£0.2m).
 - COTE expenditure (£0.15m) for operational pressures.
 - Trauma & orthopaedics costs (c.£0.2m) for operational and additional activity.
 - On-going costs for managed practices (£0.2m)
 - Mental Health pressures for vacancy cover (c.£0.2m).
- Medical agency spend averaged c.£1.3m per month in 2022/23.



- In-month spend of £1.4m, a similar level compared with April.
- Reasons for use of registered nurse agency include:
 - Vacancy cover
 - Additional service demand and support for recovering Covid-19 patients,
 - Enhanced care and increased acuity of patients across all sites, and
 - On-going sickness and international recruitment costs,
- On-going significant costs in GUH Emergency Department (c.£0.3m) and medicine wards (c.£0.4m) linked to enhanced care, sickness pressures as well as vacancy cover.
- Registered Nursing agency spend averaged c.£1.8m per month in 2022/23.



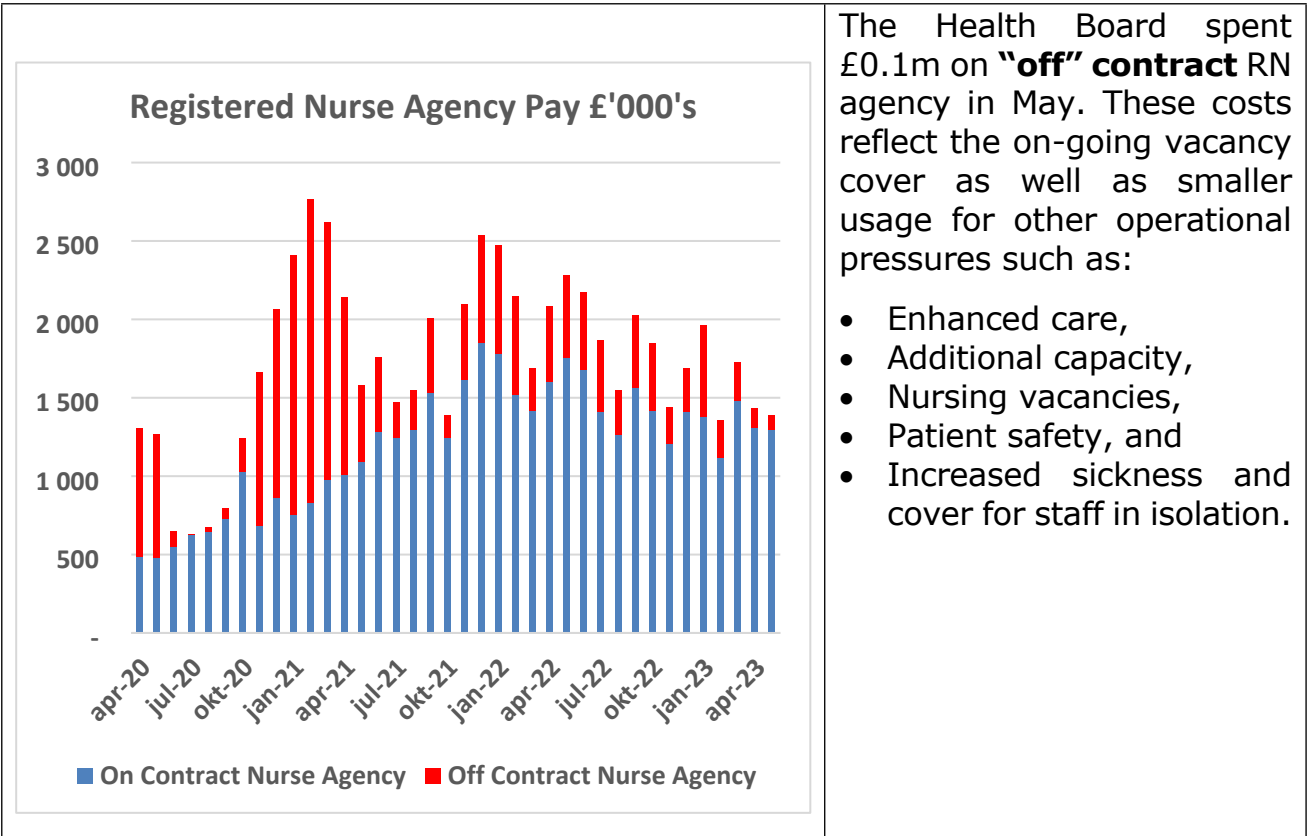
- In month spend of £0.7m on Estates & Ancillary agency, a similar level compared with April.
- Reasons for use of agency include:
 - Meeting enhanced cleaning standards,
 - Other additional surge capacity
 - Enhanced care and increased acuity of patients,
 - Sickness,
 - Vacancies and
 - Supporting National Covid-19 programmes (Mass Vaccination).
- Estates and Ancillary agency spend averaged c.£0.65m per month 2022/23.

Registered Nurse Agency

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

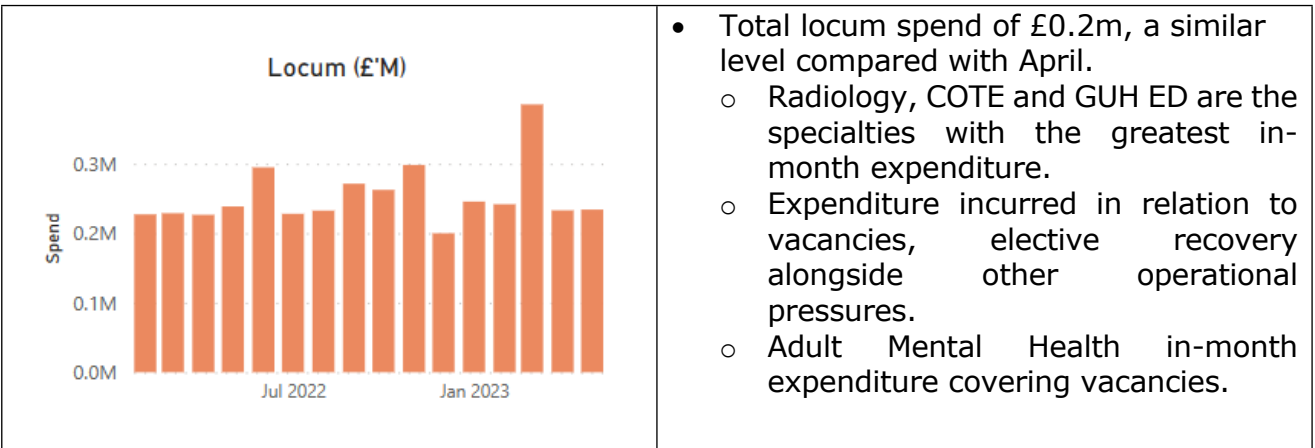
Health Board spend in May 2023 is £1.4m which is a similar value compared with April.

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



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

Medical locum staff

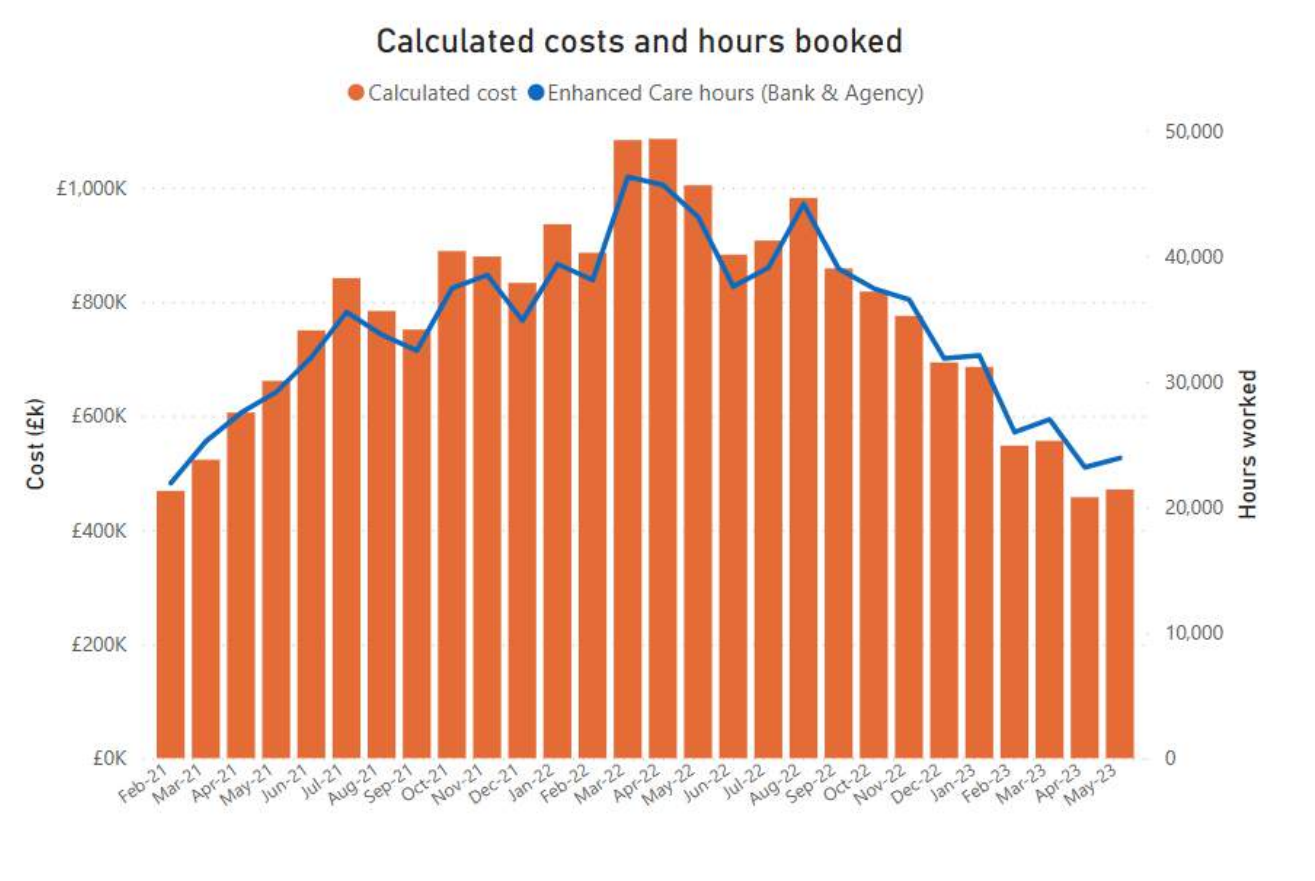


Enhanced Care

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

The following graph highlights the increase in hours attributed to enhanced care for the period February 2021 to May 2023 using bank and agency registered nurses and health care support workers.

Enhanced Care bank and agency calculated costs and hours booked



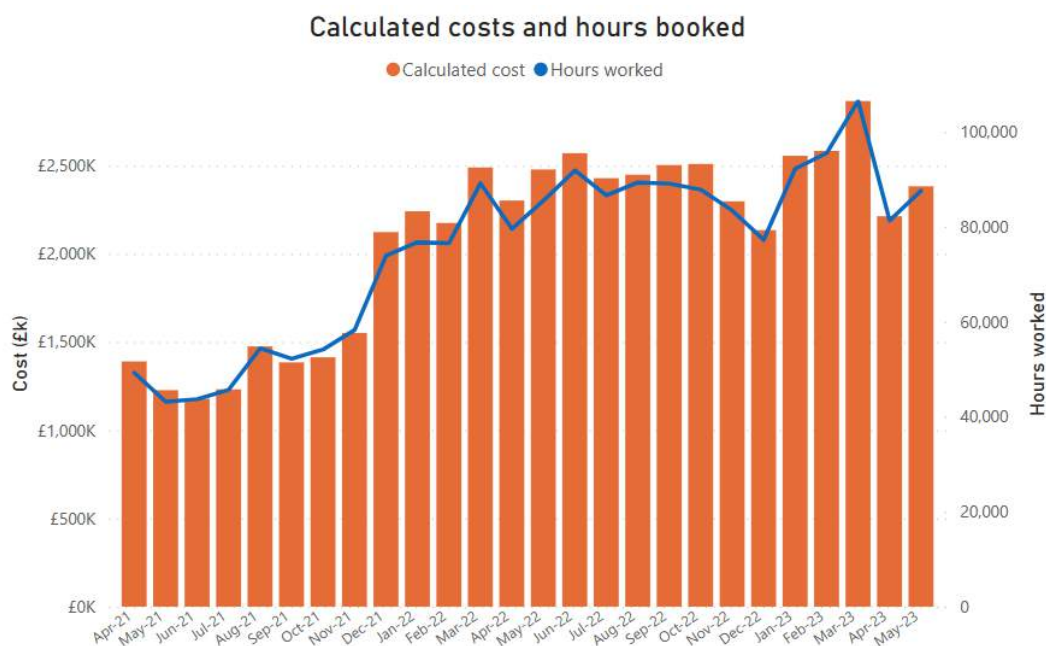
The level of the provision of enhanced care for patients within the Medicine Division for April to May 2023 shows no reductions. This is shown below:

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

Nursing vacancy cover

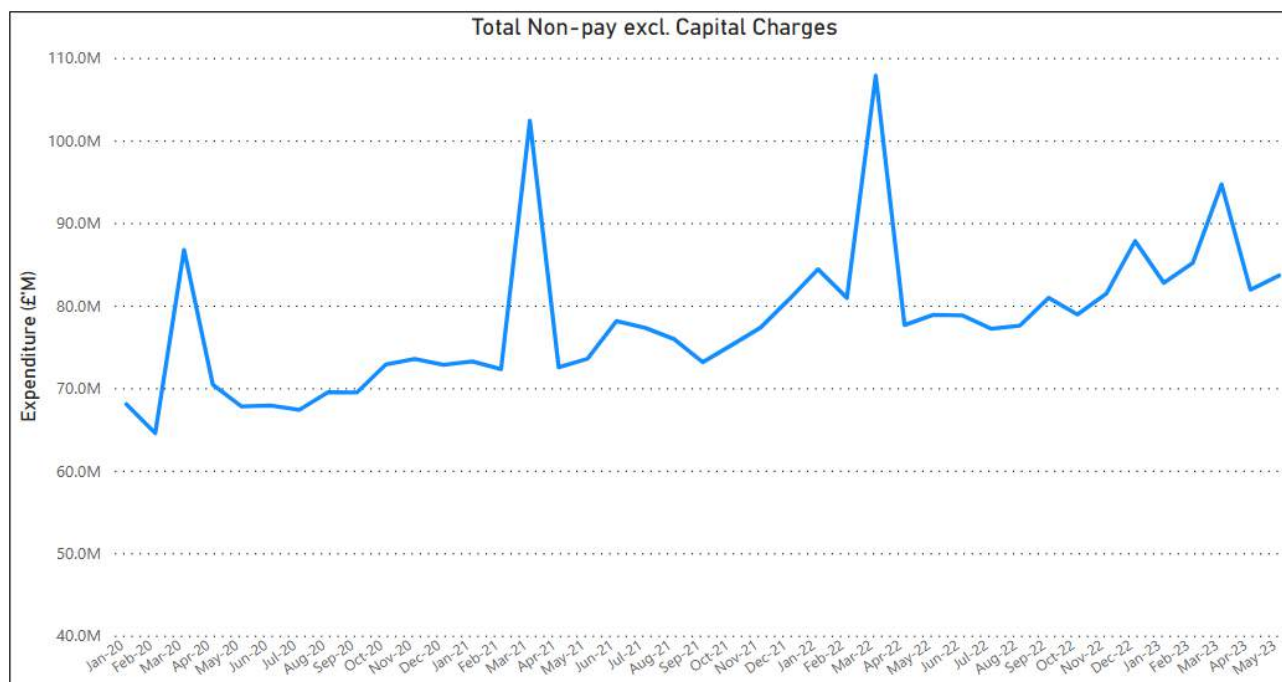
The graph below presents the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in May 2023 variable pay relating to vacancies remains significant and is c.£2.4m of 'notional calculated' expenditure.

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



Non-Pay

Spend (excluding capital) was £85.3m in May which is a £3m increase when compared with April, this is due to increased maintenance, contractual costs as well as expenditure related to external projects (e.g. 6 goals for emergency care). A graph demonstrating non-pay expenditure since January 2020 is shown below (it should be noted that the peaks are year-end adjustments and Month 12 items):-



Energy

Energy costs remain a volatile cost pressure. Additional non-recurrent funding received in 2022/23 was c.£13.7m with total expenditure of c.£22.2m. 2023/24 forecasts will continue to be updated in line with the latest data received from NWSSP and internally for those energy costs outside of this arrangement. In-month expenditure is £1.6m with a current forecast of £16.6m for the 2023/24 financial year. This is significantly lower than the IMTP forecast expenditure of £29.3m.

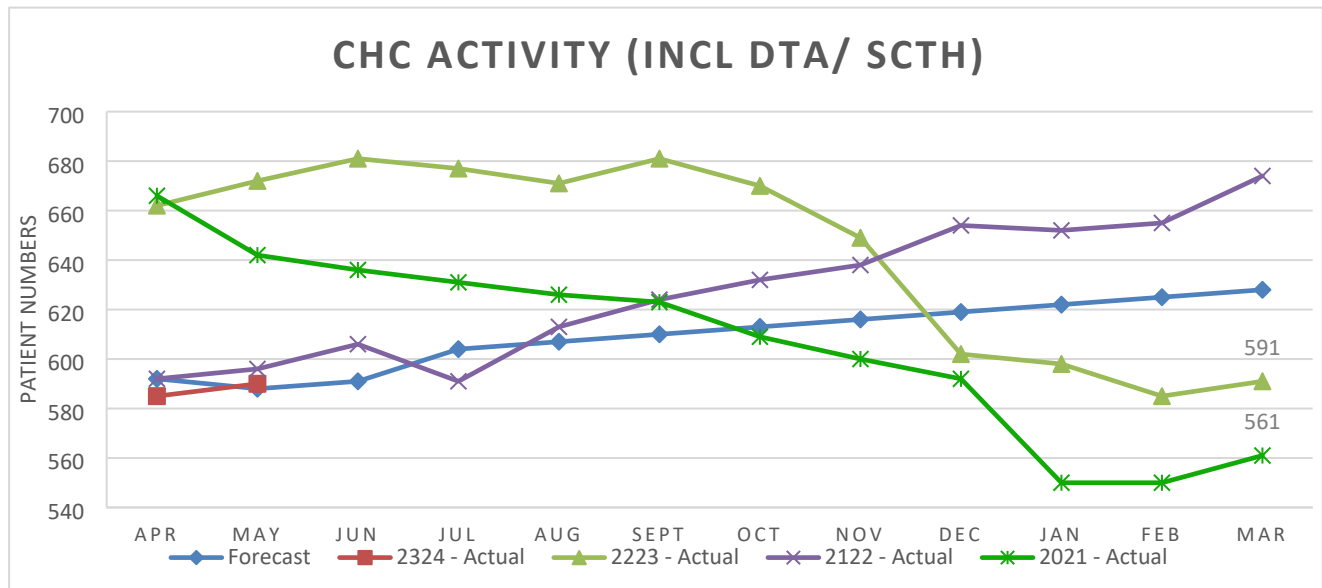
CHC

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

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

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

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

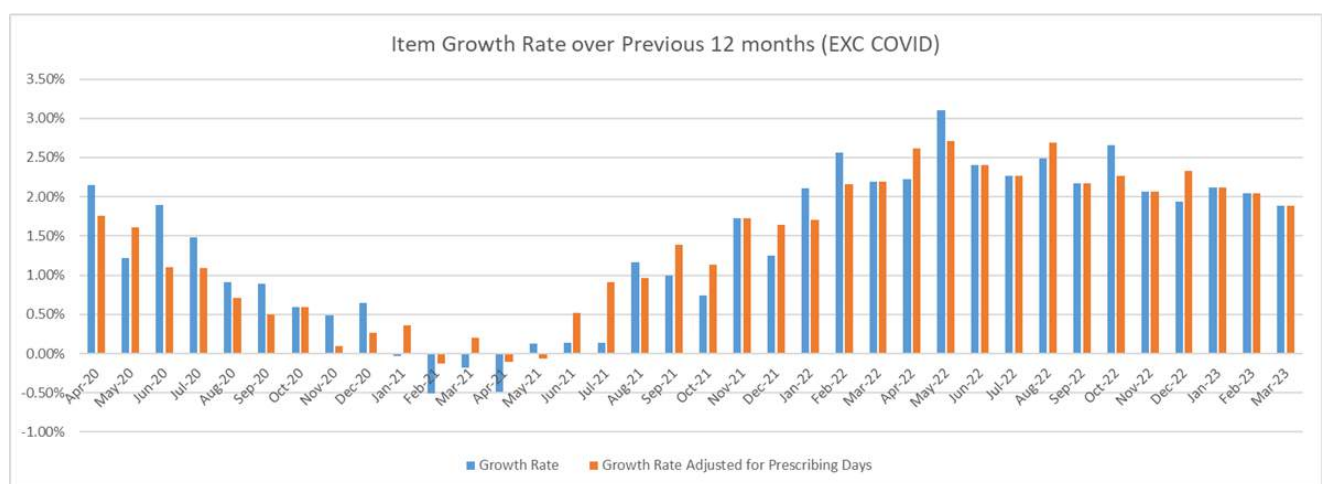


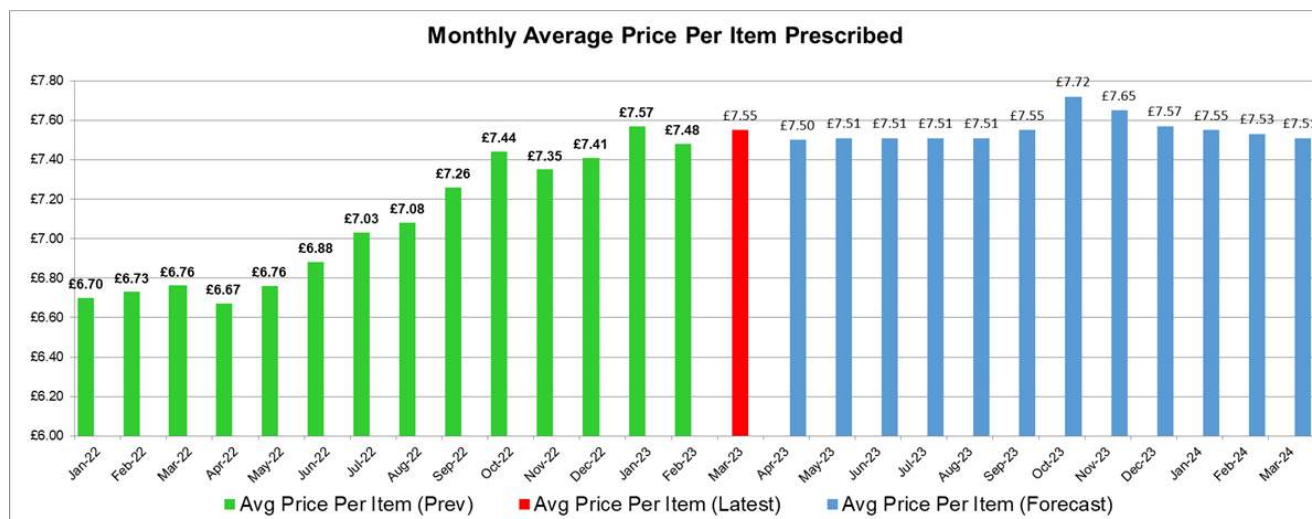
- CHC Paediatric – currently 20 Out of County patients (2023/24 year to date cost of £0.3m) and 9 internal packages. There were 2 high cost patients who continue to be a cost pressure against funded levels. Procedures are being reviewed to improve the quality of patient information on the management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

Prescribing

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

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

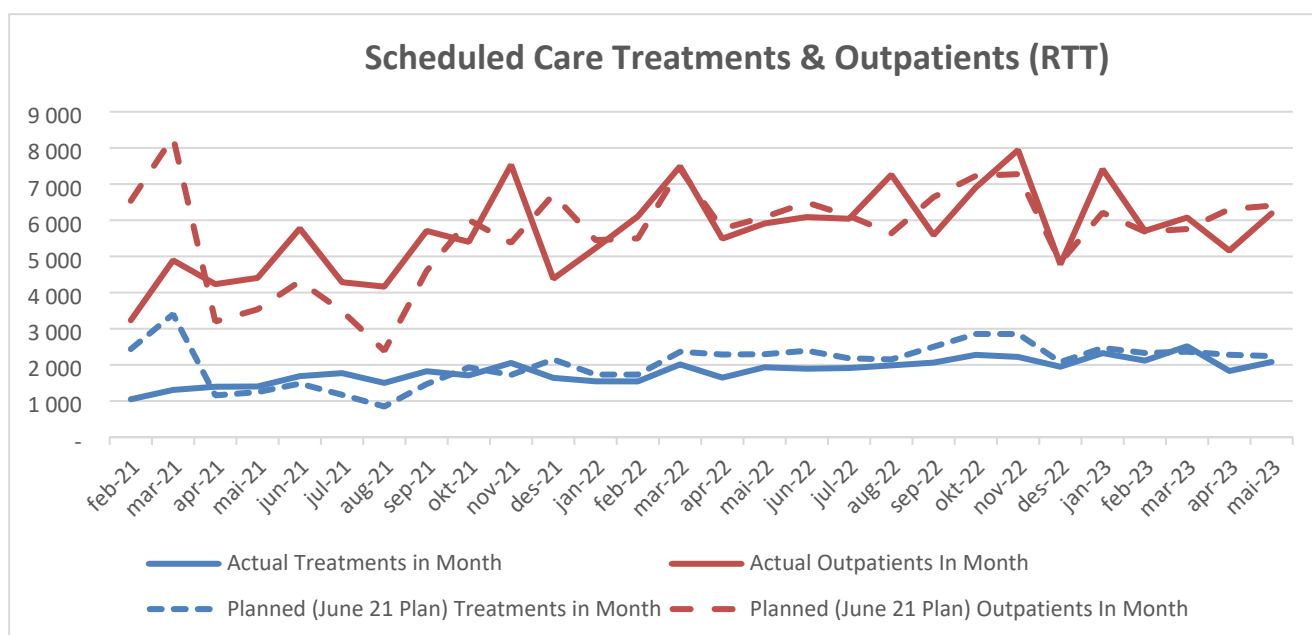




Scheduled Care treatments and outpatients

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

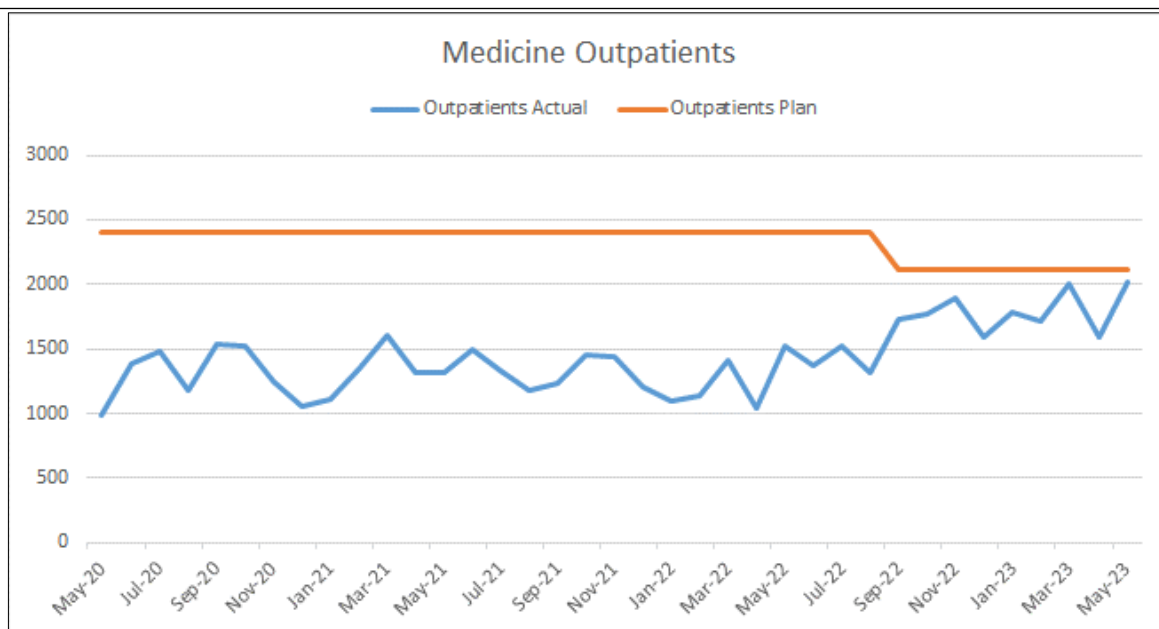
There are significant efficiency opportunities in the delivery of elective care which will be progressed as part of the Planned Care programme, delivery of these are part of the IMTP savings plans.



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

Medicine Outpatient Activity

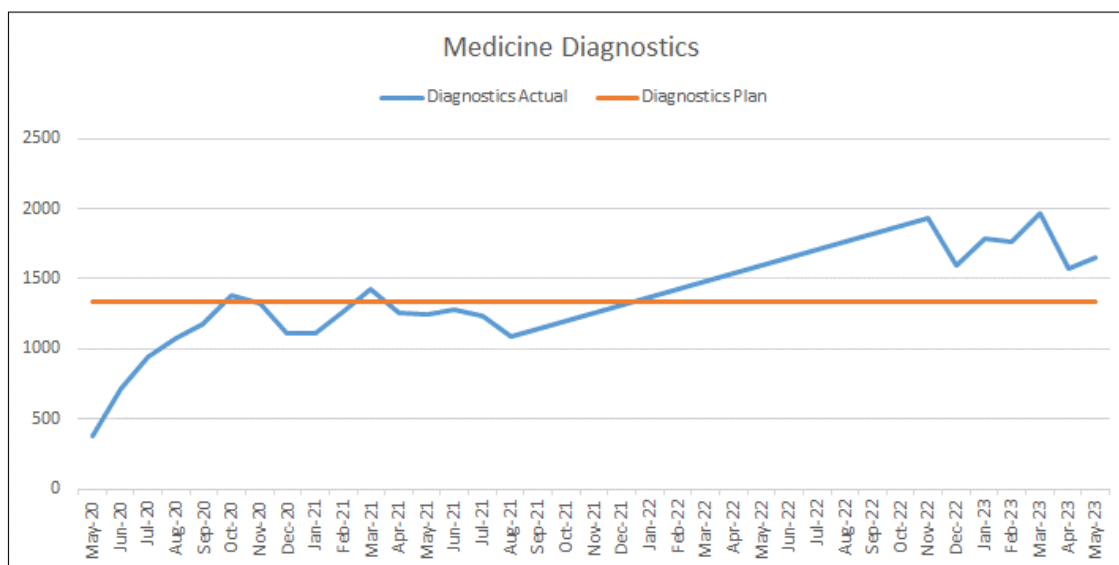
Medicine Outpatient activity for May '23 was 2,017 attendances (April '23 was 1,596 attendances). The activity is presented by specialty below:



Medicine Diagnostics (Endoscopy) Activity

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

The activity undertaken since April '20 is shown below;



Divisional analysis

Summaries of the Divisional forecast positions are included in the attached appendices. These include expenditure and budget profiles along with a list of savings schemes and their current progress. Bank, agency and locum expenditure graphs are alongside key forecast issues for reference.

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

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

Covid-19 – 2023/24 Revenue Financial Assessment

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

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

- Nosocomial investigation (received) - £0.753m

Anticipated funding

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

Costs will continue to be reviewed as detailed service delivery plans and models are approved.

The Health Board continues to incur additional costs for enhanced cleaning standards, security and rental costs. These costs result in an on-going financial pressure for the Health Board.

- **Revenue Reserves**

Health Board reserves are held by the Board, until they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose.

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

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

Long Term Agreements (LTA's)

ABUHB is currently agreeing LTA documentation with organisations.

ABUHB has prepared and sent to commissioners LTA proposals for 2023-24 where AB is the provider of services.

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

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

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

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position was a brought forward value of £89.6m. The current carry forward position for the 2024/25 financial year is assessed to be £129.76m deficit in line with the IMTP.

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

- Forecast 2023/24 deficit - £112.8m
- Non Recurrent Savings - £11.5m
- FYE Cost Pressures - £5.46m
- **Total £129.76m**

Financial sustainability is an on-going priority and focus for the Health Board.

It is noted that this assumes Health Board savings and mitigating actions for 2023/24 are implemented in line with the plan.

Savings delivery

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

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

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

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

Savings Progress: as at Year To Date
Month 02

- ABUHB Savings required to be Identified Per IMTP Submission
- IMTP Savings Identified to WG
- Savings Plans Forecast Delivering
- Savings Achieved to M02

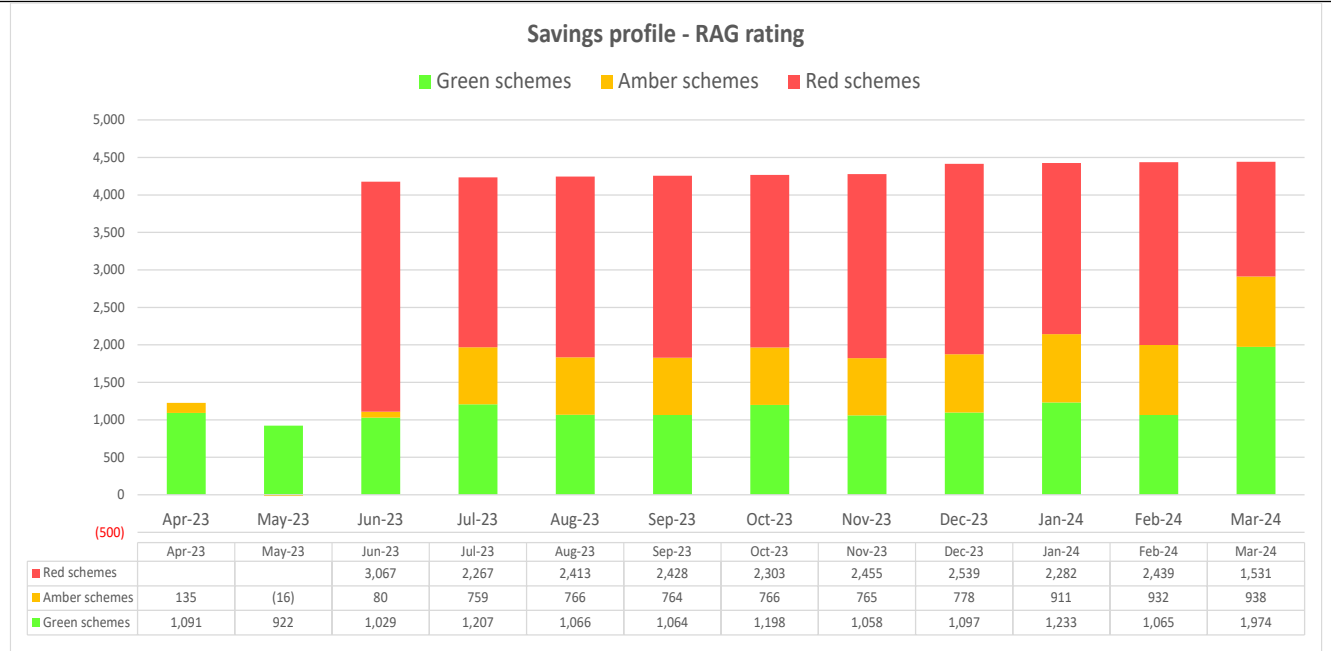
Month 2 Forecast Savings Plans

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

Month 2 Forecast Savings Plans – Green

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

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



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

2023/24 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP for 2023/24 is presented below:

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	12.27	12.27	8.75	8.90	8.90	8.75	8.90	8.90	8.90	8.90	8.90	8.48	112.85

The revised profile for 2023/24 with current savings assessment and noting the month 2 position is described as follows:-

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

Risks & Opportunities (2023/24)

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

- Ensuring full delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial pressures identified outside of the IMTP saving plan,
- Receipt of all anticipated allocations,
- Workforce absence and vacancies, availability of staff for priority areas,
- Delayed transfers of care due to both NHS and LA service challenges,
- Funding for any wage award or change in terms and conditions,
- Prescribing growth in items and average cost per item,
- Further CHC growth & fee uplifts above forecast levels,

- Establishment increases relating to patient safety issues,
- Covid legacy costs to adhere to specific guidelines, e.g. enhanced cleaning costs,
- Inflationary impacts including provisions and supplies,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs,
- Additional national costs such as LINC,
- Not committing to new investments,
- Making choices to reduce costs and implications of those, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

Capital

The approved Capital Resource Limit (CRL) as at Month 2 totalled £50.676m. The forecast outturn at Month 2 is £52.747m resulting in a forecast overspend of £2.071m caused by in year overspends on various All-Wales Capital Programme (AWCP) schemes (detailed below). The position has worsened by £0.813m during month 2 which mainly relates to the approval required to fund E Block replacement equipment (flood damage). As mitigation, Discretionary Capital programme (DCP) schemes totalling £1.981m are on hold temporarily until the forecast position improves or more funding can be obtained. A Welsh Risk Pool Claim will also be submitted in relation to the E Block damaged equipment (replacement cost £753k); however, this is only estimated to cover around £200k of the capital replacement costs.

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

The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £423k in 2023/24. The total forecast overspend for the scheme is £512k with the balance of this amount falling into 2024/25. The completion of Phase 1 of Tredegar H&WBC is anticipated to be November 2023. The overspend is due to significant cost pressures including the inclusion of EV charging points, culvert diversion, Heart building stabilisation and inflation. The cost advisor has reported costs of £1.056m ex VAT in relation to unfunded inflation allowances on works and fees, EV charging and other required changes that are intended to be submitted as an additional funding request to WG. This needs to be addressed urgently to mitigate the current overspend position and impact on DCP. In addition to the costs identified above, further risks in relation to two disputed compensation events (re-design of the foundations (£753k plus VAT) and costs associated with the cancellation of the brick supply (£644k plus VAT) are not currently built into the forecast outturn. If these claims are found to be valid, they will increase the reported overspend position.

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

The YYF Breast scheme is currently forecasting an overspend against the approved CRL of £0.159m, however, a further £0.330m of funding is available within the unapproved section of the CRL in relation to inflationary uplifts which need to be evidenced before the funding is released.

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

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

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

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

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

- 2023/24 DCP Funding - £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution – (£0.629m)
- Less 2022/23 AWCP scheme brokerage – (£2.278m)

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

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

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

Cash

The cash balance on the 31st of May is £4.795m, which is within the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in May (96.3%). We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in May is 89.3%. The level of performance is below the 95% target as a result of delays in raising and receipting the purchase orders to enable the invoices to be paid promptly and within the payment terms. A review and improvement exercise is progressing with budget holders.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of May 2023 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- The revenue reserve position on the 31st of May 2023,
- The Health Board's underlying financial position, and
- The capital position.

Note the appendices attached providing further information.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children’s Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTCOC – Delayed Transfer of Care

EASC – Emergency Ambulance Services Committee
 ED – Emergency Department
 EDCIMS – Emergency Department Clinical Information Management System
 eLGH – Enhanced Local general Hospital
 EFAB – Estates Funding Advisory Board
 ENT – Ear, Nose and Throat specialty
 EoY – End of Year
 ETTF – Enabling Through Technology Fund
 F&T – Family & Therapies (Division)
 FBC – Full Business Case
 FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK – Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership
 ODTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report

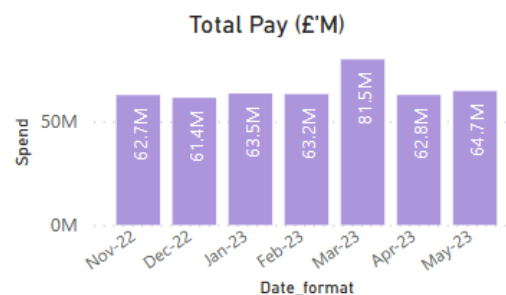
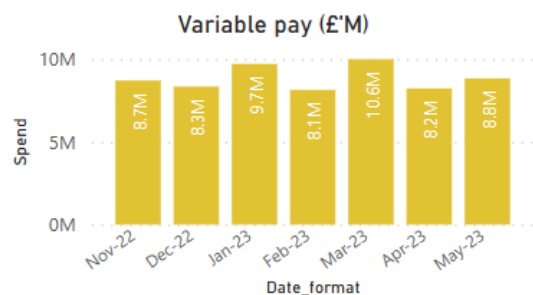
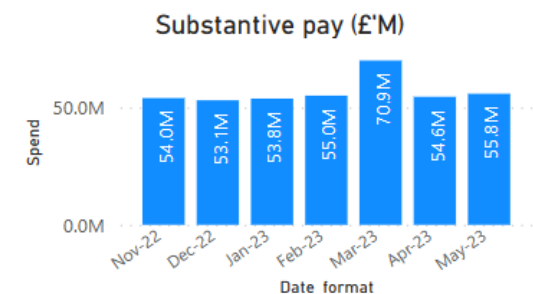
	<p>PCN – Primary Care Networks (Primary Care Division)</p> <p>PER – Prescribing Incentive Scheme</p> <p>PICU – Psychiatric Intensive Care Unit</p> <p>PrEP – Pre-exposure prophylaxis</p> <p>PSNC –Pharmaceutical Services Negotiating Committee</p> <p>PSPP – Public Sector Payment Policy</p> <p>PCR – Patient Charges Revenue</p> <p>PPE – Personal Protective Equipment</p> <p>PFI – Private Finance Initiative</p> <p>RGH – Royal Gwent Hospital</p> <p>RN – Registered Nursing</p> <p>RRL – Revenue Resource Limit</p> <p>RTT – Referral to Treatment</p> <p>RPB – Regional Partnership Board</p> <p>RIF – Regional Integration Fund</p> <p>SCCC – Specialist Critical Care Centre</p> <p>SCH – Scheduled Care Division</p> <p>SCP – Service Change Plan (reference IMTP)</p> <p>SLF – Straight Line Forecast</p> <p>SpR – Specialist Registrar</p> <p>STW – St.Woolos Hospital</p> <p>TCS – Transforming Cancer Services (Velindre programme)</p> <p>T&O – Trauma & Orthopaedics</p> <p>TAG – Technical Accounting Group</p> <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:</p> <p>Parties / Committees consulted prior to University Health Board:</p>	<p>Finance & Performance Committee</p>

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.</p> <p>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>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 – May (Month 2) 2023/24
Appendices

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



Substantive (£'000)

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

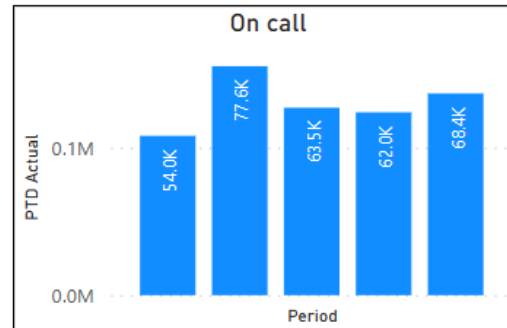
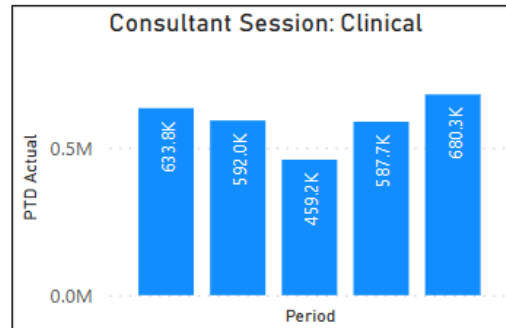
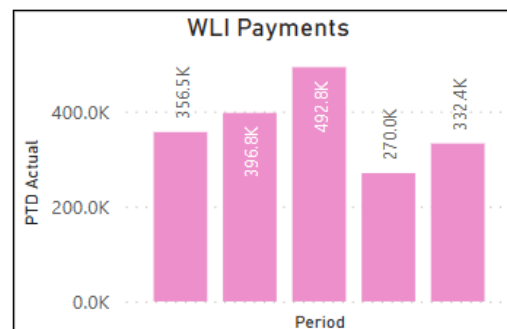
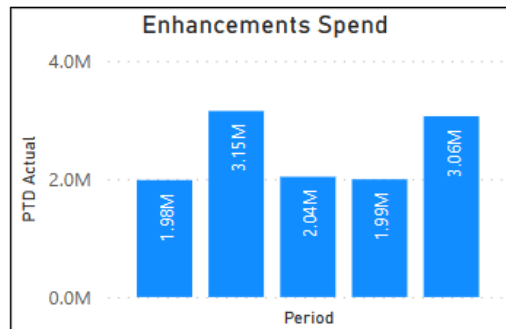
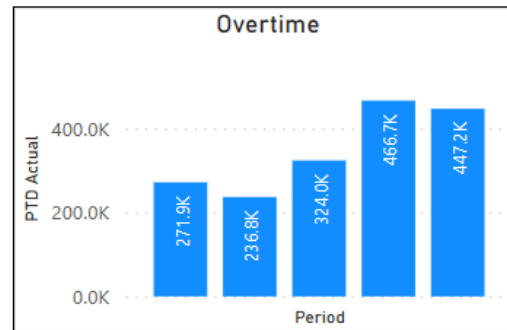
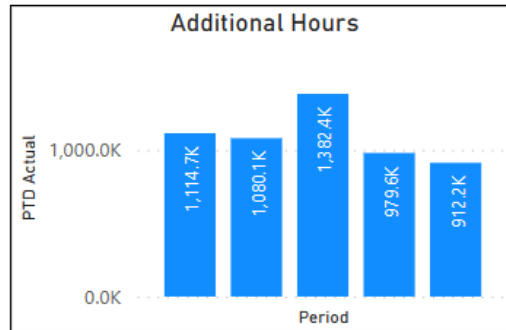
Variable pay (£'000)

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

Total pay (£'000)

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

Pay Summary (2): Substantive Pay

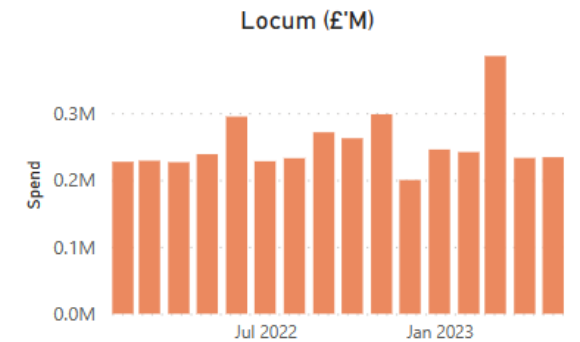
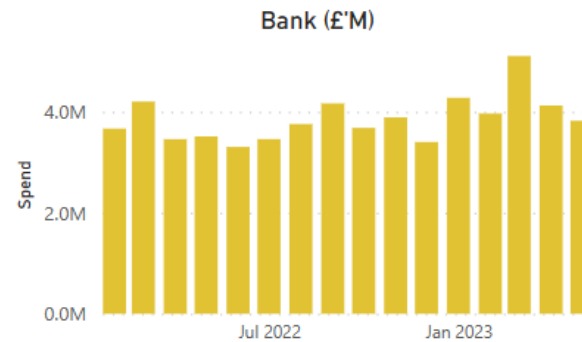
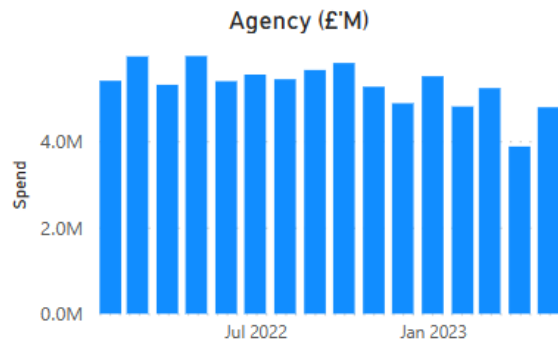


Analysis type by Division

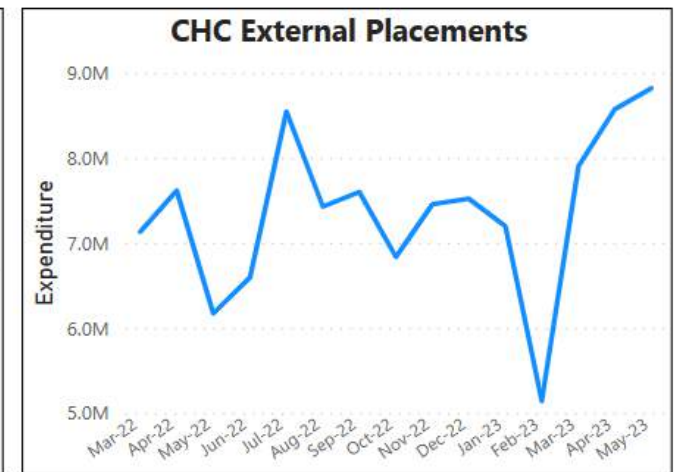
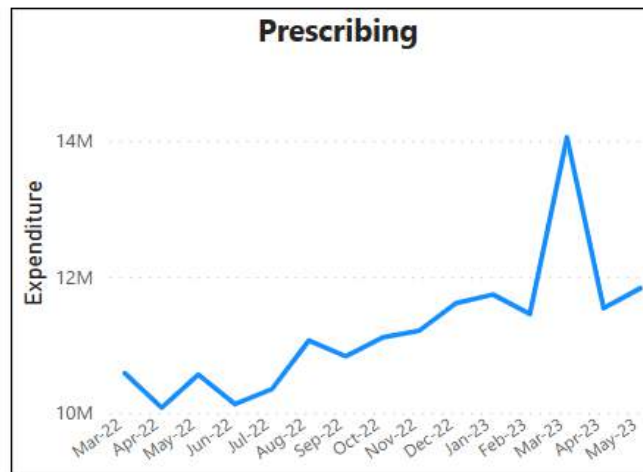
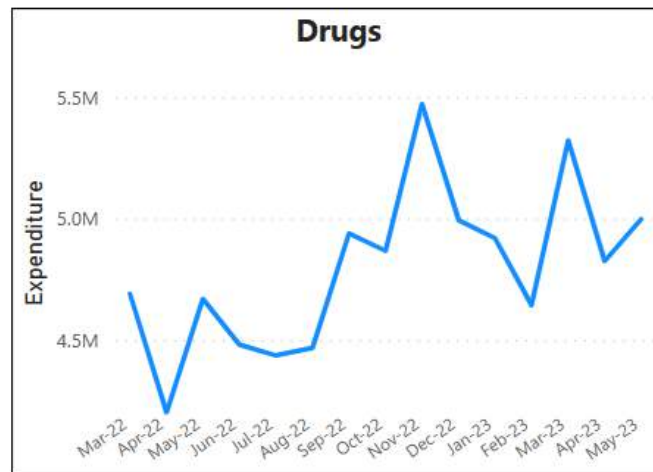
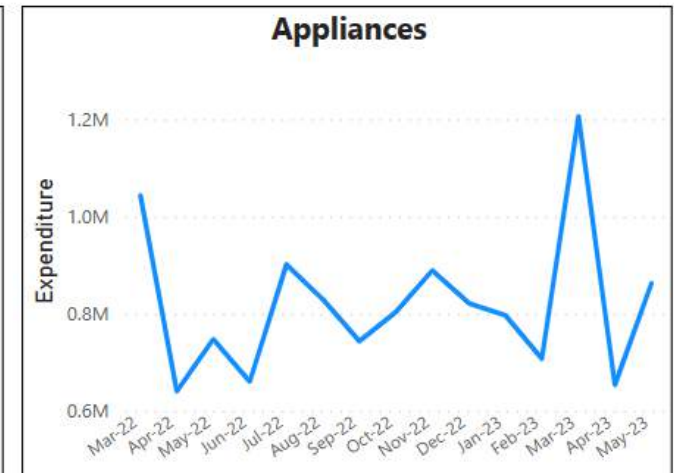
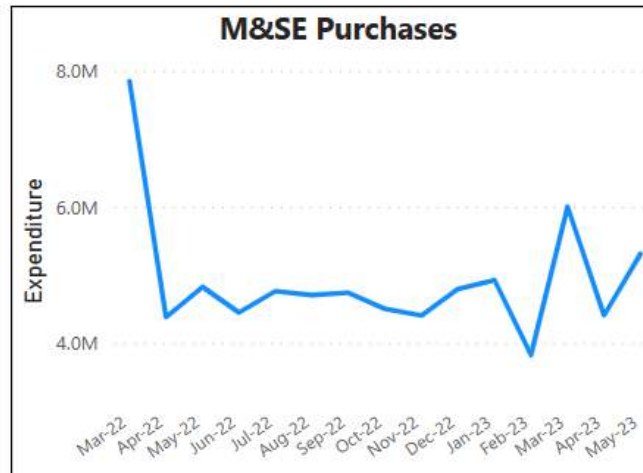
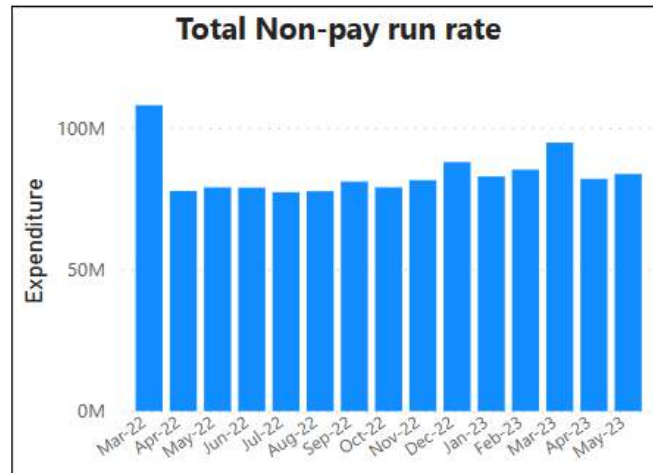
Analysis type	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Total
<input type="checkbox"/> Enhancements						
<input type="checkbox"/> Medicine	301	505	309	353	542	2,010
<input type="checkbox"/> Scheduled Care	301	482	318	304	451	1,856
<input type="checkbox"/> Estates and Facilities	292	435	310	299	446	1,782
<input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

Pay Summary (3): Variable Pay

Pay category	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Change	%
Agency																		
Admin & Clerical Agency	237	412	148	179	164	204	126	118	85	124	152	79	10	147	72	64	-8	-10.7%
Allied Health Prof Agency	155	213	108	136	169	155	97	319	187	279	108	232	188	165	171	219	49	28.4%
Estates & Ancilliary Agency	44	544	413	622	677	663	669	623	635	583	602	639	560	1,036	683	675	-8	-1.1%
Medical Agency	1,688	1,693	1,448	1,602	927	1,439	1,265	1,179	1,503	1,321	1,261	1,377	1,336	1,271	1,162	2,025	863	74.3%
Nurse HCA/HCSW Agency	951	1,020	1,101	1,086	1,185	1,122	1,080	1,092	1,135	975	977	980	798	690	293	339	46	15.7%
Other Agency	170	390	-1	61	87	88	146	100	105	116	37	53	64	105	58	70	12	21.0%
Registered Nurse Agency	2,148	1,687	2,084	2,282	2,175	1,867	2,048	2,213	2,155	1,859	1,737	2,139	1,842	1,810	1,434	1,387	-47	-3.3%
Total	5,395	5,958	5,301	5,968	5,384	5,538	5,430	5,644	5,806	5,256	4,873	5,500	4,798	5,224	3,873	4,781	908	23.5%
Bank																		
Admin & Clerical Bank	102	117	104	111	102	101	105	136	104	108	80	109	88	123	94	86	-7	-7.7%
Estates & Ancilliary Bank	142	173	159	168	172	181	192	217	169	151	155	156	158	204	138	142	4	3.0%
Nurse HCA/HCSW Bank	1,397	1,427	1,276	1,313	1,140	1,243	1,408	1,660	1,378	1,455	1,249	1,614	1,452	1,765	1,598	1,485	-113	-7.1%
Other Bank	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-347.9%
Registered Nurse Bank	2,026	2,486	1,919	1,920	1,889	1,934	2,052	2,154	2,031	2,175	1,918	2,397	2,268	3,014	2,295	2,110	-185	-8.1%
Total	3,667	4,203	3,458	3,512	3,304	3,460	3,757	4,166	3,681	3,889	3,402	4,277	3,966	5,105	4,125	3,823	-302	-7.3%
Locum																		
Medical Locum	227	229	226	238	294	228	232	271	262	298	200	245	241	385	233	234	1	0.5%
Total	227	229	226	238	294	228	232	271	262	298	200	245	241	385	233	234	1	0.5%
Total	9,289	10,389	8,986	9,718	8,982	9,226	9,420	10,082	9,749	9,443	8,475	10,022	9,006	10,713	8,230	8,838	608	7.4%



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



Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

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

Planned Treatments (M02)						Actual Treatments (M02)						Treatment Variance (M02)					
Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	226	0		0	226	Derm	197	0	15	0	212	Derm	(29)	0	15	0	(14)
N147-ENT	112	0		0	112	ENT	109	6	0	0	115	ENT	(3)	6	0	0	3
N105-General Surgery	269	56		0	325	GS	244	112	0	0	356	GS	(25)	56	0	0	31
N146-Oral Surgery	119	12		0	131	Max Fax	186	0	0	0	186	Max Fax	67	(12)	0	0	55
N148-Ophthalmology	483	0		0	483	Ophth	245	10	0	0	255	Ophth	(238)	10	0	0	(228)
N108-Rheumatology	0	0		0	0	Rheum	0	0	0	0	0	Rheum	0	0	0	0	0
N115-Trauma & Orthopaedics	361	138		0	499	T&O	408	48	0	0	456	T&O	47	(90)	0	0	(43)
N106-Urology	467	0		0	467	Urology	445	19	36	0	500	Urology	(22)	19	36	0	33
	2,038	206	0	0	2,244		1,834	195	51	0	2,080		(204)	(11)	51	0	(164)

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

Planned Outpatients (M02)						Actual Outpatients (M02)						Outpatient Variance (M02)					
Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,300	0		0	1,300	Derm	1,061	0	0	0	1,061	Derm	(239)	0	0	0	(239)
N147-ENT	569	0		0	569	ENT	529	0	0	0	529	ENT	(40)	0	0	0	(40)
N105-General Surgery	1,660	0		0	1,660	GS	2,036	57	32	0	2,125	GS	376	57	32	0	465
N146-Oral Surgery	277	40		0	317	Max Fax	295	0	0	0	295	Max Fax	18	(40)	0	0	(22)
N148-Ophthalmology	936	0		0	936	Ophth	557	20	0	0	577	Ophth	(379)	20	0	0	(359)
N108-Rheumatology	177	0		0	177	Rheum	183	0	0	0	183	Rheum	6	0	0	0	6
N115-Trauma & Orthopaedics	705	287		0	992	T&O	659	302	0	0	961	T&O	(46)	15	0	0	(31)
N106-Urology	435	18		0	453	Urology	430	0	28	0	458	Urology	(5)	(18)	28	0	5
	6,059	345	0	0	6,404		5,750	379	60	0	6,189		(309)	34	60	0	(215)

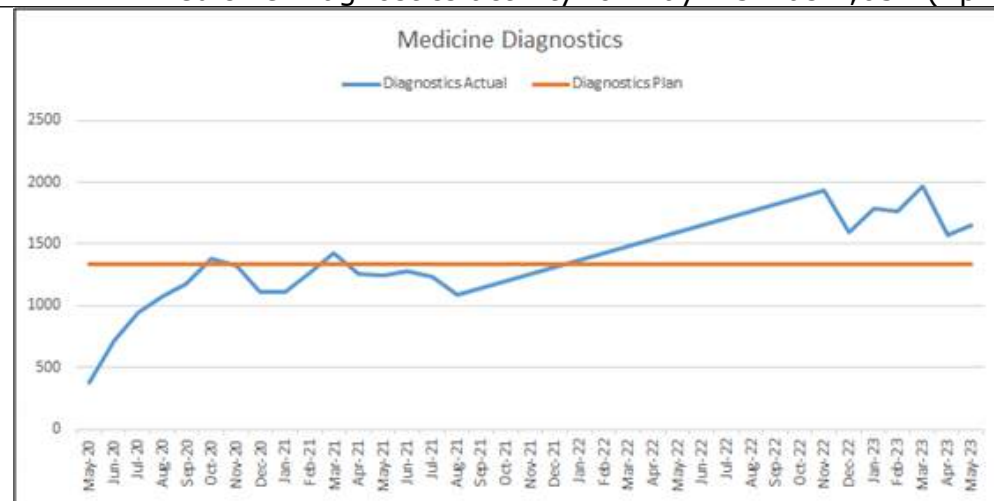
- Medicine Outpatients activity for May '23 was 2,017 (April '23 was 1,596 and for 2022/23 was 19,258):

May-23

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

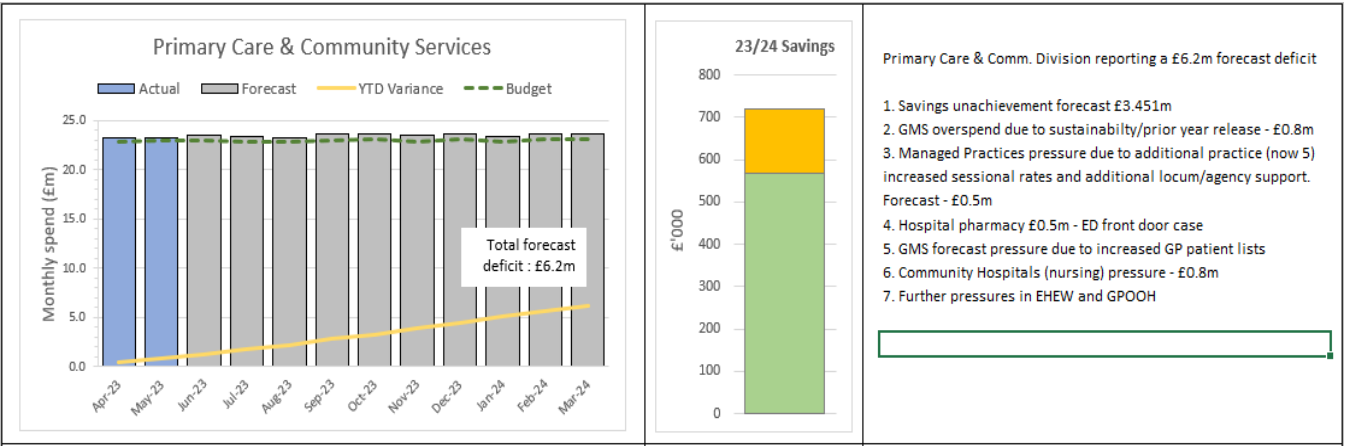
YTD May-23	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	950	715	-235	25%
Cardiology	860	786	-74	9%
Respiratory (inc Sleep)	910	947	37	-4%
Neurology	514	448	-66	13%
Endocrinology	372	319	-53	14%
Geriatric Medicine	626	398	-228	36%
Total	4232	3613	-619	15%

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

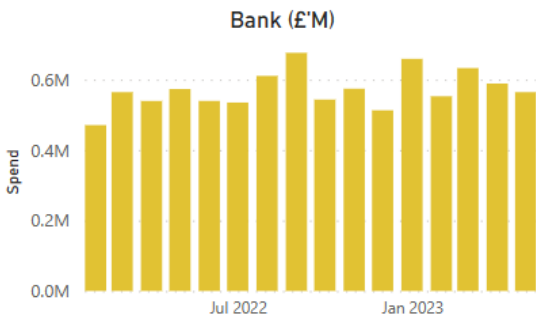
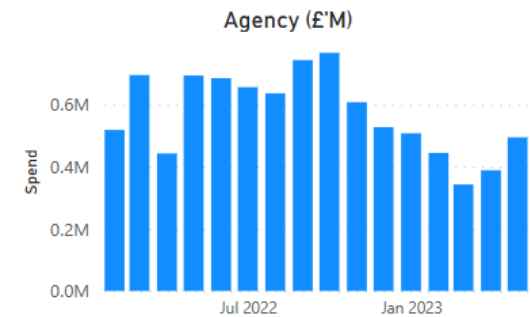


YTD May 23	YTD Plan	YTD Actual	Variance	Variance
Endoscopy	2668	3222	554	-21%
Total	2668	3222	554	-21%

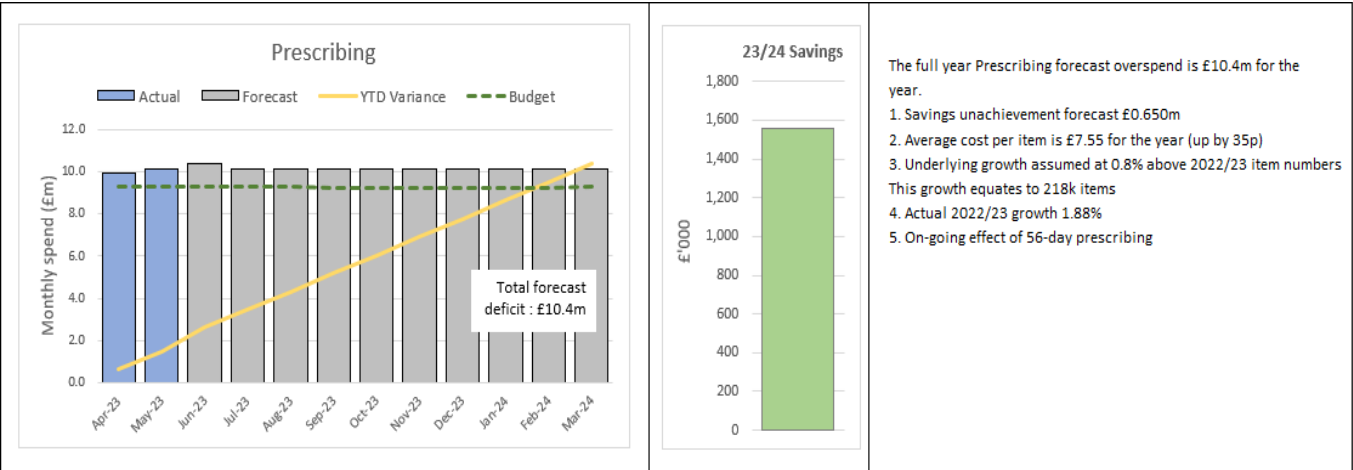
Divisional analysis – Primary Care and Community



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

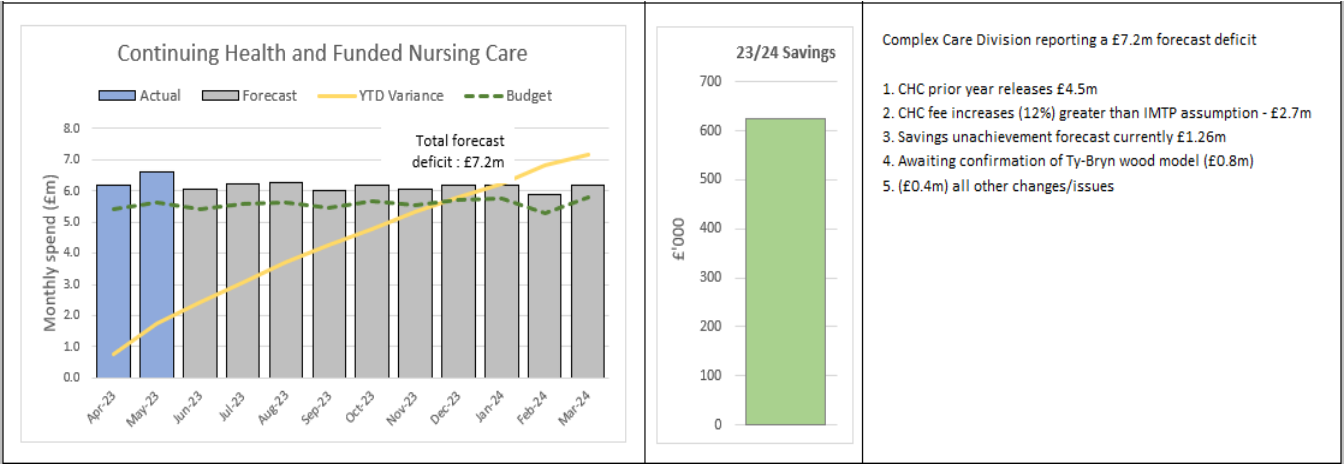


Divisional analysis – Prescribing

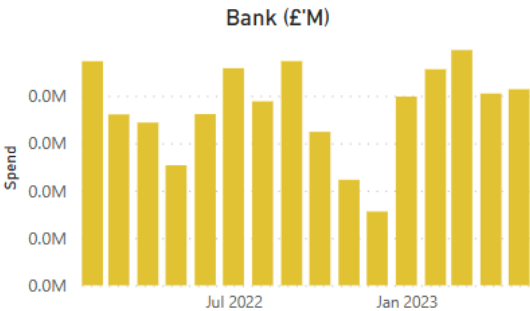
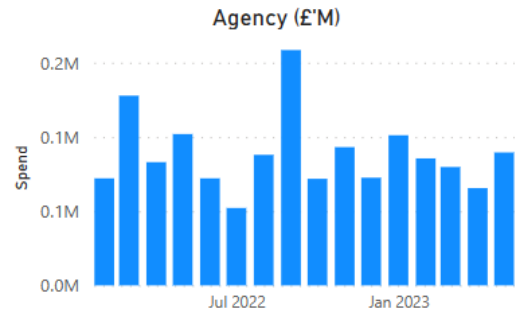


Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Prescribing	Prescribing	PCC-03	Generic CIP - Non-Pay	R	Green	72	88	16	435	435	0
Prescribing	Prescribing	PCC-07	Medicines management	R	Green	77	77	0	1,125	1,125	0
Prescribing	Prescribing	PCC-09	Medicines management	R	Red	108	0	(108)	650	0	(650)
						258	165	(93)	2,210	1,560	(650)

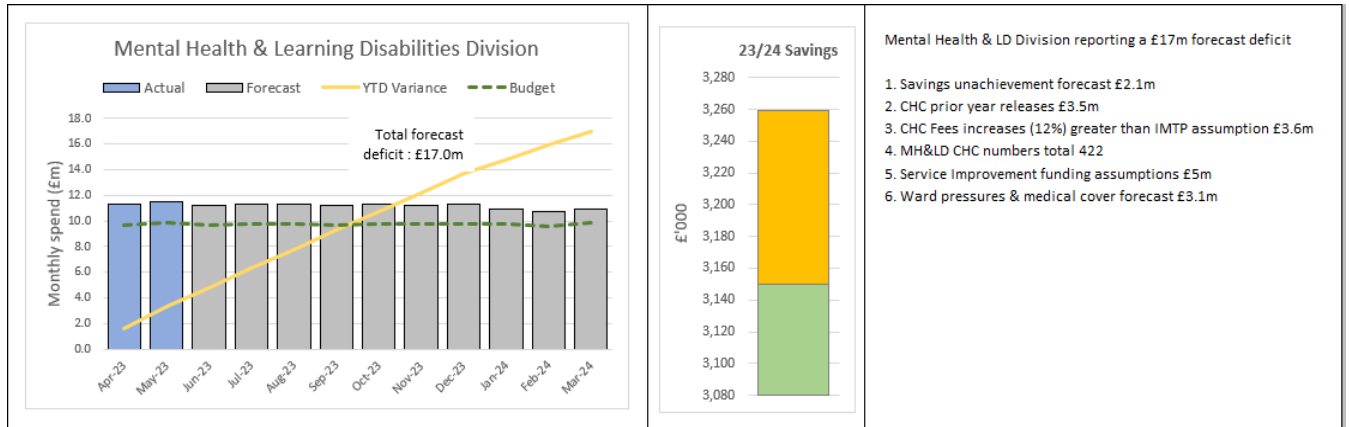
Divisional analysis – Complex Care



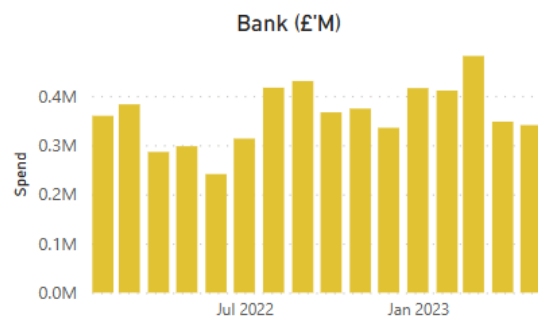
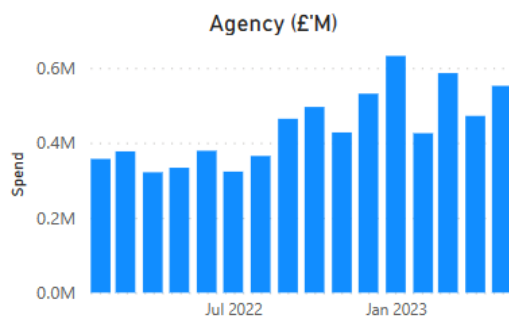
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Complex Care	Complex Care	CHC-01	Generic CIP - Pay	R	Red	6	0	(6)	34	0	(34)
Complex Care	Complex Care	CHC-02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



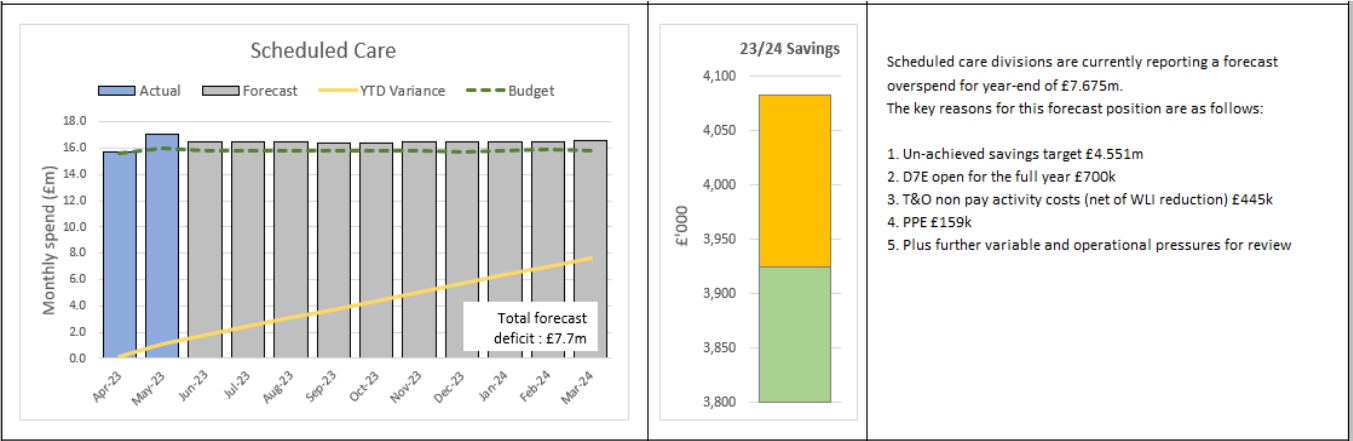
Divisional analysis – Mental Health and Learning Disabilities



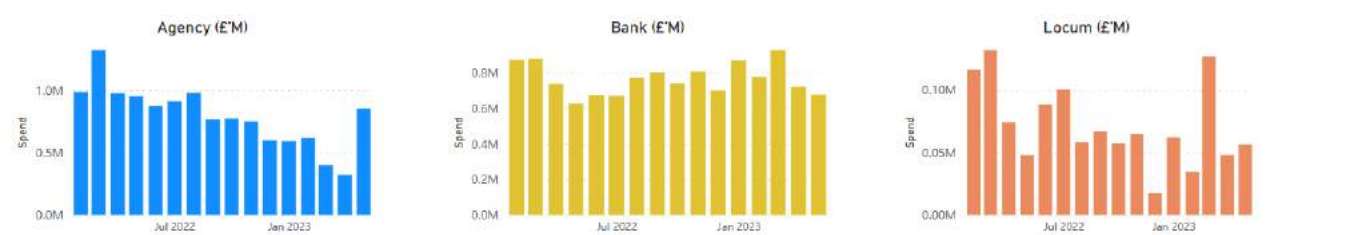
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-01	Generic CIP - Pay	R	Red	51	0	(51)	308	0	(308)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-02	Generic CIP - Non-Pay	R	Red	48	0	(48)	289	0	(289)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-03	Rostering Efficiencies	R	Red	94	0	(94)	562	0	(562)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-04	MH CHC - LD	R	Red	154	0	(154)	922	0	(922)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-05	MH CHC High cost packages	R	Red	42	0	(42)	250	0	(250)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-06	MH Older Adults Beds	R	Red	59	0	(59)	356	0	(356)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-07	Review of Mental Health expenditure	NR	Red	333	0	(333)	2,000	0	(2,000)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-08	MH CHC (balance to NP plan (3m target @60% of 2021/22)	R	Red	105	0	(105)	628	0	(628)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-09	procurement	R	Red	9	0	(9)	55	0	(55)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-10	CHC Eligibility Reviews	R	Green	0	8	8	0	59	59
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-11	CHC Repatriations to in house wards	R	Green	61	44	(18)	856	884	28
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-12	CHC Right Size Packages	R	Green	11	13	2	83	93	11
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-13	CHC Step Down	R	Green	52	53	2	449	346	(103)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-14	CHC Change in Need	R	Green	119	70	(49)	1,313	1,318	5
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-15	Structured Clinical Management	R	Green	0	0	0	450	450	0
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-16	Paliperidone HC FYE	R	Amber	36	20	(16)	57	20	(37)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-17	Paliperidone Non HC FYE	R	Amber	73	26	(47)	106	26	(80)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-18	Clozapine repatriation FYE	R	Amber	17	9	(7)	183	59	(124)
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MHLD-19	Clozapine price reduction	R	Amber	6	0	(6)	64	4	(60)
						1,269	243	(1,026)	8,930	3,259	(5,671)



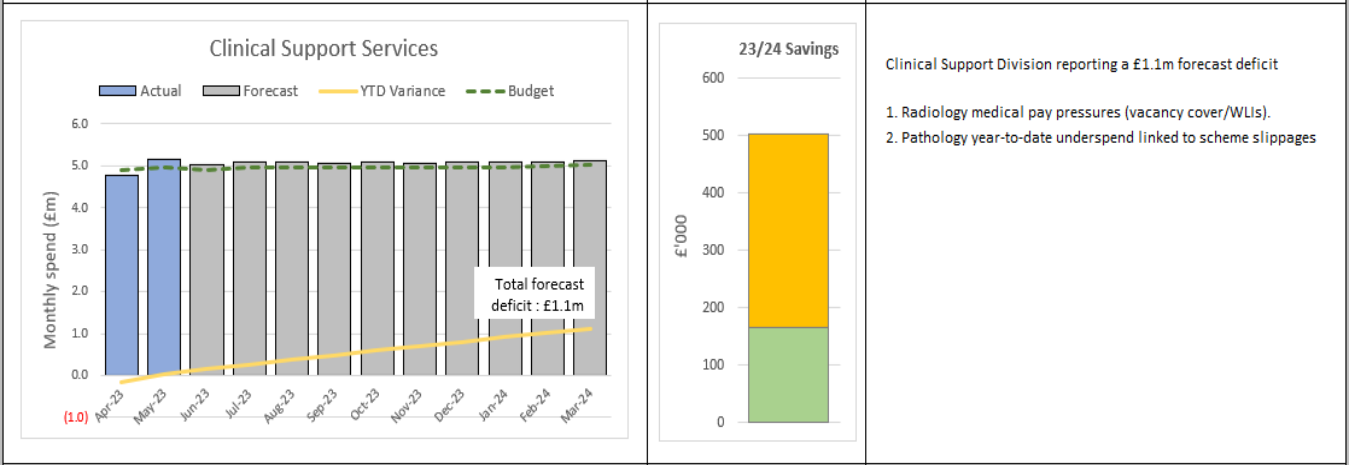
Divisional analysis – Scheduled Care



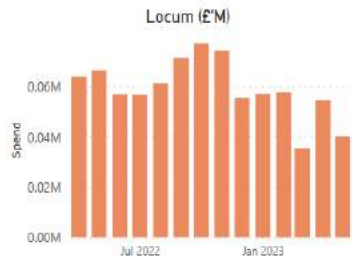
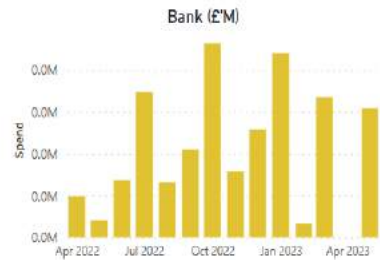
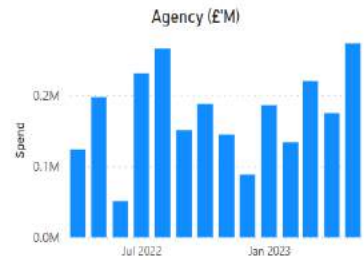
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Scheduled Care	Scheduled Care	SCH-01	Generic CIP - Pay	R	Red	117	0	(117)	703	0	(703)
Scheduled Care	Scheduled Care	SCH-02	BADS	R	Red	80	0	(80)	478	0	(478)
Scheduled Care	Scheduled Care	SCH-03	RTT WLI	R	Green	383	348	(35)	2,296	2,261	(35)
Scheduled Care	Scheduled Care	SCH-04	RTT Backfill	R	Green	160	91	(70)	962	91	(871)
Scheduled Care	Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	Red	248	0	(248)	1,490	0	(1,490)
Scheduled Care	Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up	R	Red	46	0	(46)	277	0	(277)
Scheduled Care	Scheduled Care	SCH-07	SAU rostering	R	Red	26	0	(26)	155	0	(155)
Scheduled Care	Scheduled Care	SCH-08	Procurement	R	Red	116	0	(116)	586	0	(586)
Scheduled Care	Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre con	R	Amber	0	0	0	38	38	0
Scheduled Care	Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	Amber	0	0	0	72	72	0
Scheduled Care	Scheduled Care	SCH-09	Rostering Efficiencies	R	Green	157	360	203	895	807	(88)
Scheduled Care	Scheduled Care	SCH-09a	Ortho Geriatric variable pay saving	R	Amber	0	0	0	48	48	0
Scheduled Care	Scheduled Care	SCH-10	Medicines management	R	Green	25	41	16	150	766	616
Scheduled Care	Scheduled Care	SCH-11	procurement	R	Red	28	0	(28)	166	0	(166)
Scheduled Care	Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	Red	53	0	(53)	317	0	(317)
						1,439	840	(599)	8,634	4,083	(4,551)



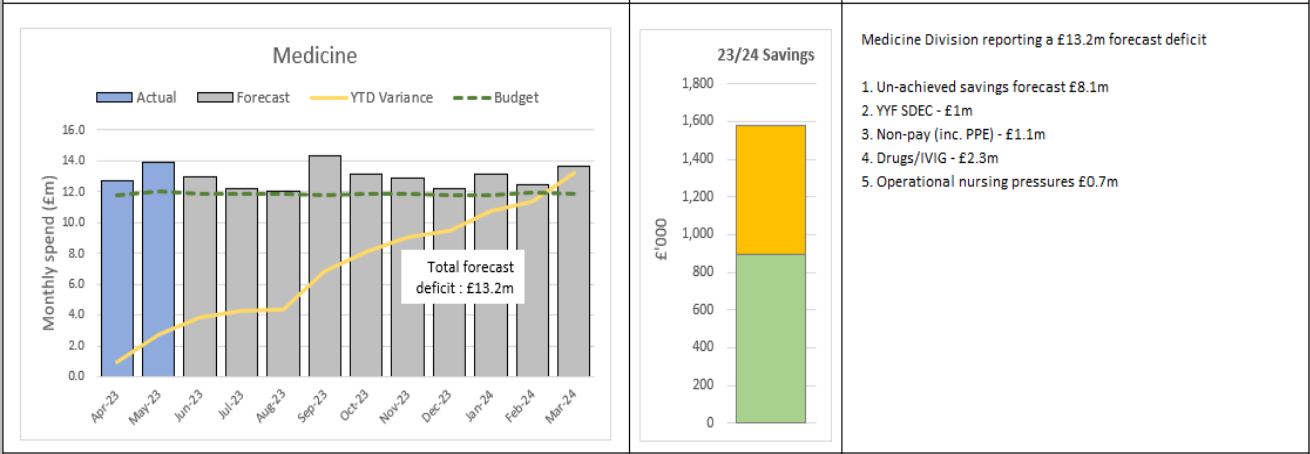
Divisional analysis – Clinical Support Services



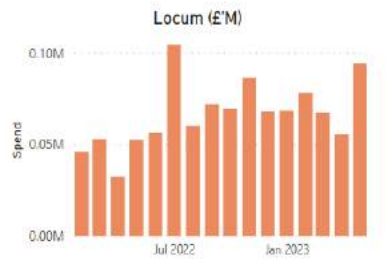
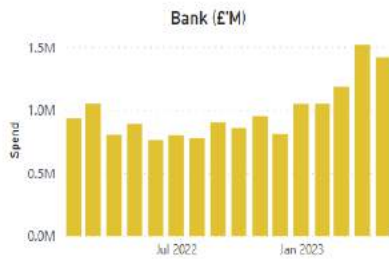
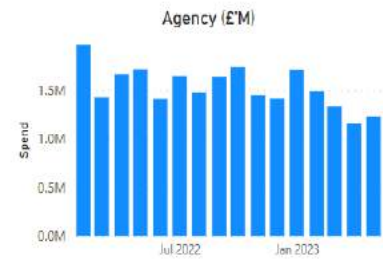
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Clinical Support Services	Clinical Support Services	CSS-01	Generic CIP - Pay	R	Green	32	8	(24)	190	166	(24)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



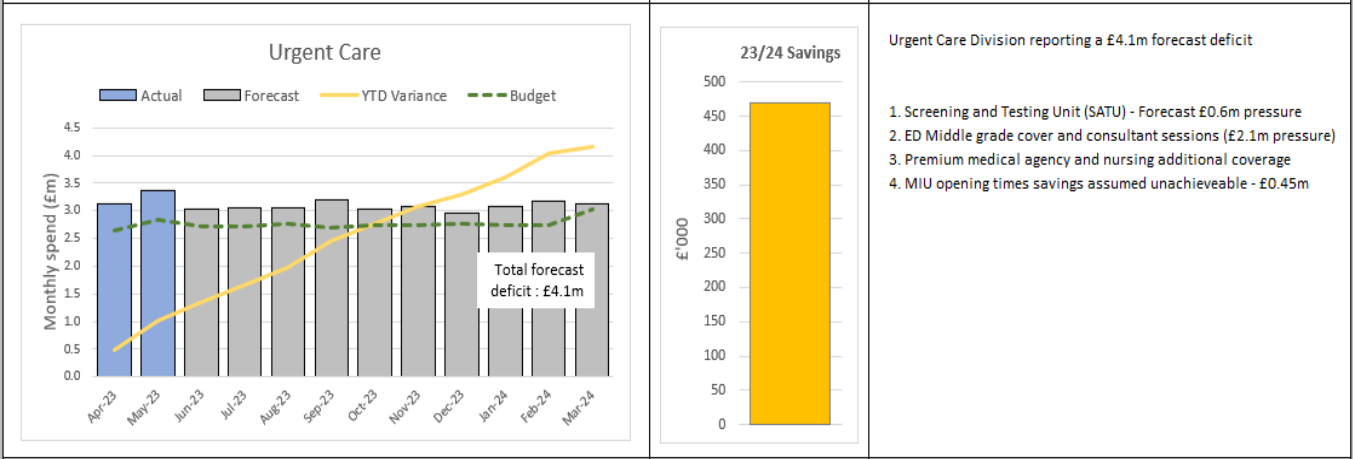
Divisional analysis – Medicine



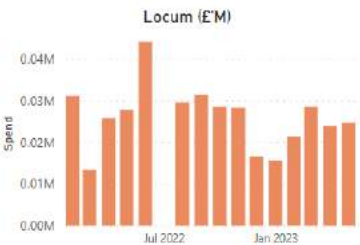
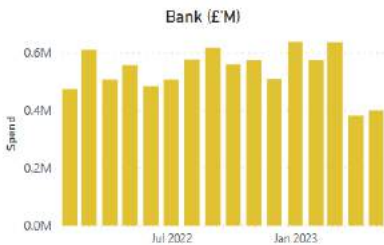
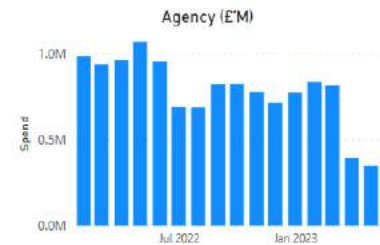
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	Medicine	MED-01	Generic CIP - Pay	R	Amber	86	0	(86)	516	387	(129)
Medicine	Medicine	MED-02	Outpatient transformation (F2f and Virtual)	R	Red	16	0	(16)	95	0	(95)
Medicine	Medicine	MED-03	Outpatient transformation (New to Follow Up)	R	Red	109	0	(109)	656	0	(656)
Medicine	Medicine	MED-04	Beds (1 ward Med)	R	Red	371	0	(371)	2,223	0	(2,223)
Medicine	Medicine	MED-05	Procurement	R	Amber	4	0	(4)	25	19	(6)
Medicine	Medicine	MED-06	Rostering Efficiencies	R	Green	123	279	156	738	894	156
Medicine	Medicine	MED-07	Insourcing review	R	Red	178	0	(178)	1,066	0	(1,066)
Medicine	Medicine	MED-08	Medicines management	R	Amber	25	0	(25)	150	113	(38)
Medicine	Medicine	MED-09	procurement	R	Amber	6	0	(6)	35	26	(9)
Medicine	Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	Red	667	0	(667)	4,000	0	(4,000)
Medicine	Medicine	MED-11	Generic CIP - Non-Pay	R	Amber	31	0	(31)	184	138	(46)
						1,615	279	(1,336)	9,688	1,577	(8,112)



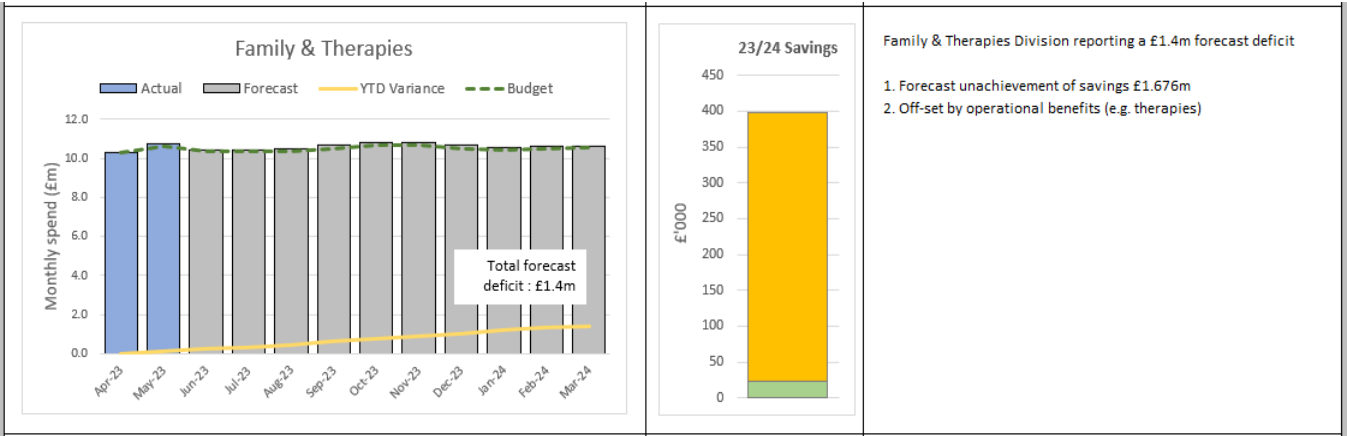
Divisional analysis – Urgent Care



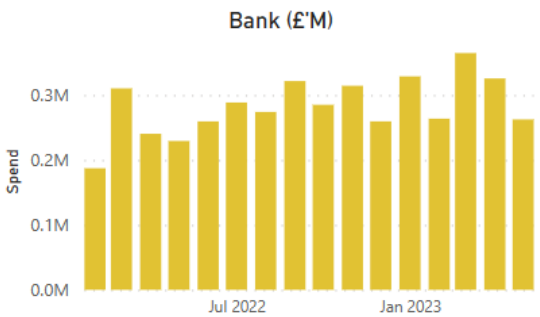
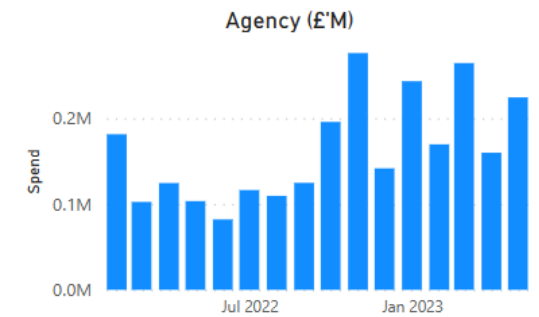
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Urgent Care	Urgent care	URG-01	Generic CIP - Pay	R	Amber	0	0	0	198	198	0
Urgent Care	Urgent care	URG-02	Procurement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



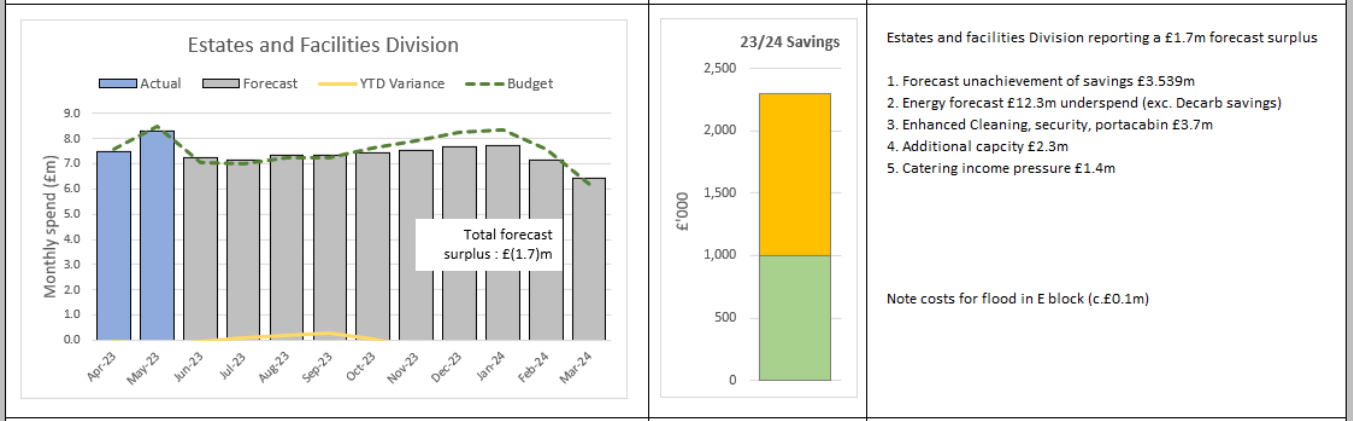
Divisional analysis – Family & Therapies



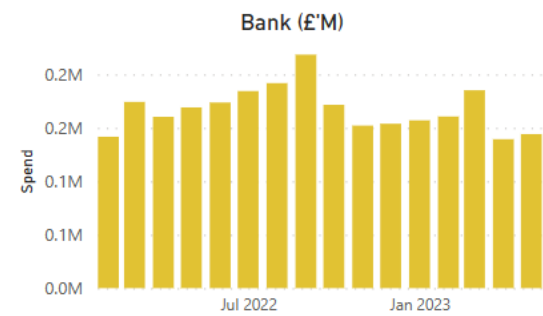
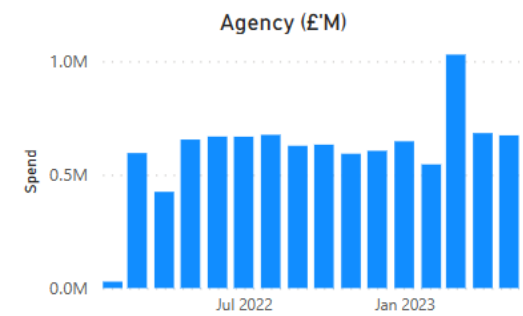
Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Families and Therapies	Families and Therapies	FAT-01	Generic CIP - Pay	R	Amber	93	36	(57)	558	211	(347)
Families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



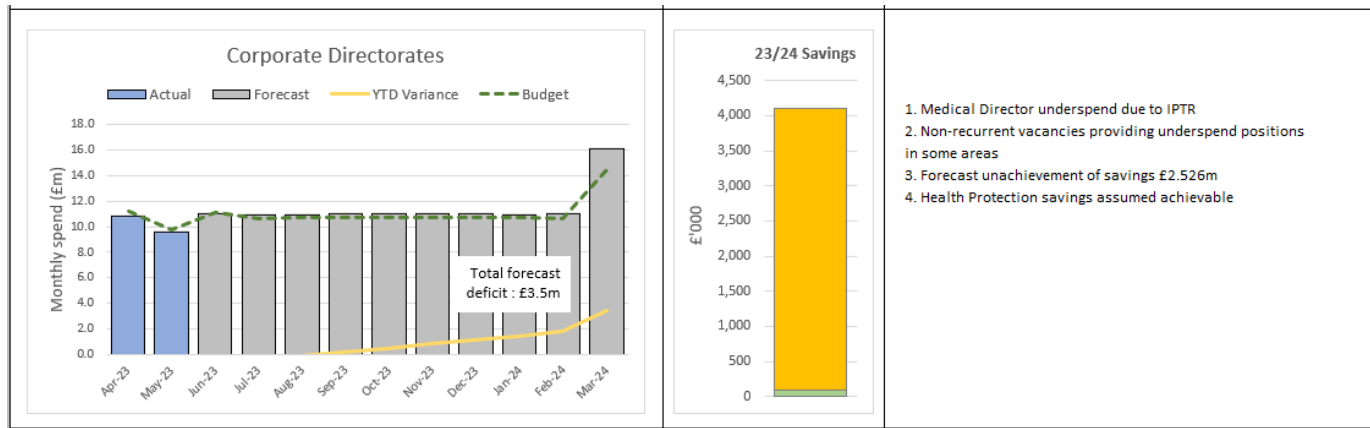
Divisional analysis – Estates & Facilities



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

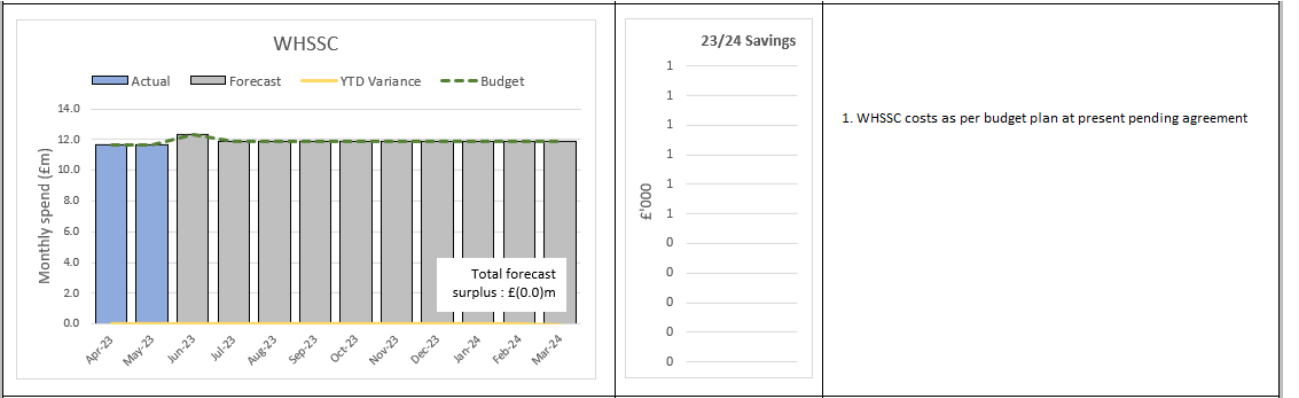
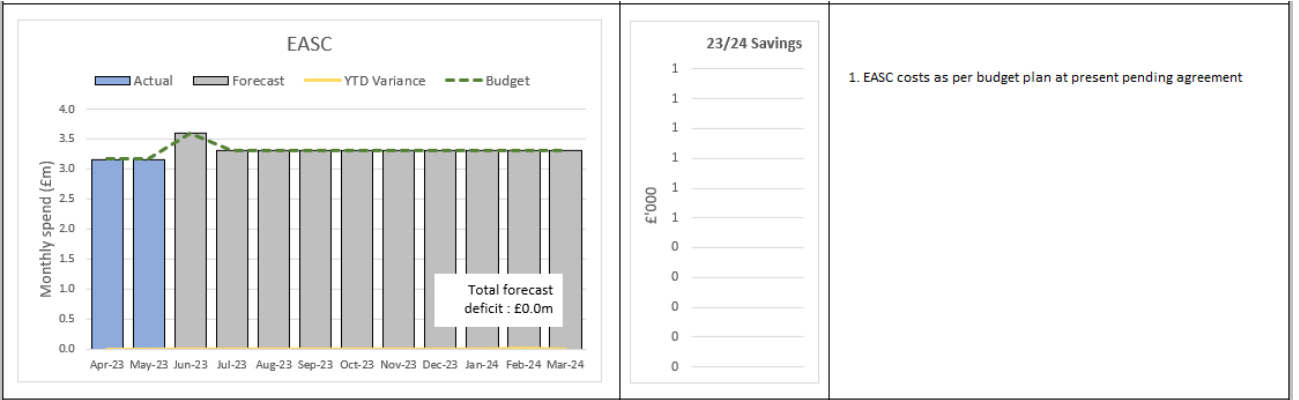
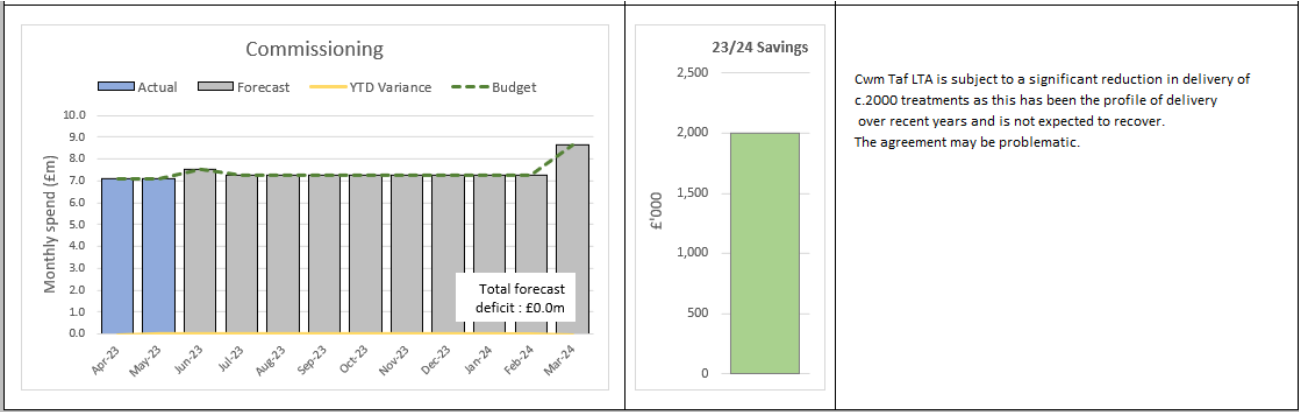


Divisional analysis – Corporate



Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Corporate-ABCI	Corporate-ABCI	CORP-01	Generic CIP - Non-Pay	R	Red	1	0	(1)	4	0	(4)
Corporate-CEO	Corporate-CEO	CORP-02	Generic CIP - Pay	R	Red	0	0	0	0	0	0
Corporate-CEO	Corporate-CEO	CORP-03	Review of RIF expenditure	NR	Red	50	0	(50)	300	0	(300)
Corporate-CEO	Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	Red	200	0	(200)	1,200	0	(1,200)
Corporate-CEO	Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	Red	69	0	(69)	415	0	(415)
Corporate-DirFin	Corporate-DirFin	CORP-06	Generic CIP - Pay	R	Green	8	0	(8)	46	46	(0)
Corporate-DirFin	Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	Green	1	0	(1)	5	5	0
Corporate-DirNurs	Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	Red	6	0	(6)	34	0	(34)
Corporate-DirNurs	Corporate-DirNurs	CORP-09	procurement	R	Red	0	0	(0)	1	0	(1)
Corporate-DirNurs	Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	Red	1	0	(1)	6	0	(6)
Corporate-DirOps	Corporate-DirOps	CORP-11	Generic CIP - Pay	R	Red	10	0	(10)	61	0	(61)
Corporate-DirOps	Corporate-DirOps	CORP-12	procurement	R	Red	0	0	(0)	2	0	(2)
Corporate-DirOps	Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	Red	3	0	(3)	16	0	(16)
Corporate-DirPCMH	Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	Red	0	0	(0)	2	0	(2)
Corporate-DirPH	Corporate-DirPH	CORP-15	Generic CIP - Pay	R	Green	6	0	(6)	33	33	(0)
Corporate-DirPH	Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	Green	0	0	(0)	3	3	0
Corporate-DirPH	Corporate-DirPH	CORP-17	Health protection review	NR	Amber	167	0	(167)	1,000	1,000	(0)
Corporate-DirPH	Corporate-DirPH	CORP-18	procurement	R	Green	0	0	(0)	1	1	(0)
Corporate-DirPH	Corporate-DirPH	CORP-19	Health protection review	NR	Amber	500	0	(500)	3,000	3,000	0
Corporate-DirTher	Corporate-DirTher	CORP-20	Generic CIP - Pay	R	Red	1	0	(1)	6	0	(6)
Corporate-DirTher	Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	Red	0	0	(0)	2	0	(2)
Corporate-DirTher	Corporate-DirTher	CORP-22	Rostering Efficiencies	R	Red	8	0	(8)	47	0	(47)
Corporate-Governance	Corporate-Governance	CORP-23	Generic CIP - Pay	R	Green	1	0	(1)	7	7	0
Corporate-Governance	Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	Green	0	0	(0)	2	2	0
Corporate-Litig	Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	Red	2	0	(2)	11	0	(11)
Corporate-Litig	Corporate-Litig	CORP-26	procurement	R	Red	0	0	(0)	2	0	(2)
Corporate-MedDir	Corporate-MedDir	CORP-27	Generic CIP - Pay	R	Red	3	0	(3)	19	0	(19)
Corporate-MedDir	Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	Red	2	0	(2)	10	0	(10)
Corporate-PlanICT	Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	Red	17	0	(17)	102	0	(102)
Corporate-PlanICT	Corporate-PlanICT	CORP-30	procurement	R	Red	19	0	(19)	113	0	(113)
Corporate-PlanICT	Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	Red	14	0	(14)	83	0	(83)
Corporate-WOD	Corporate-WOD	CORP-32	Generic CIP - Pay	R	Red	7	0	(7)	43	0	(43)
Corporate-WOD	Corporate-WOD	CORP-33	procurement	R	Red	1	0	(1)	6	0	(6)
Corporate-WOD	Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	Red	7	0	(7)	43	0	(43)
						1,104	0	(1,104)	6,622	4,097	(2,526)

Divisional analysis – External Commissioning / WHSSC / EASC



Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	R/NR	Scheme RAG rating	YTD			Full year		
						Plan £'000	Forecast £'000	Variance £'000	Plan £'000	Forecast £'000	Variance £'000
Contracting and Commissioning	Contracting and Commissioning	CON-01	External Contracts	R	Green	333	333	0	2,000	2,000	0
WHSSC	WHSSC	WHC-01	WHSSC	R	Red	250	0	(250)	1,500	0	(1,500)
						583	333	(250)	3,500	2,000	(1,500)

National Covid-19 Funding Assumptions

The Health Board has received £0.753m of funding relating to Covid-19 schemes. Anticipated WG funding for Covid-19 is listed below;

Type	Covid-19 Specific allocations - May 2023	£'000
HCHS	Nosocomial Covid 19 cases - Investigation and learning	753
	Total Confirmed Covid-19 Allocations	753
HCHS	Adferiad Programme	1,216
HCHS	23-24 C19 Vaccination programme	8,100
HCHS	23-24 C19 TTP	4,800
HCHS	Covid Public enquiry	776
HCHS	PPE	1,500
	Total Anticipated Covid-19 Allocations	16,392
	Total Covid-19 Allocations	17,145

In addition, legacy costs for areas such as enhanced cleaning, security, portacabins continue and provide a significant forecast pressure for 2023/24 (forecast c.£7.3m).

Reserves

7769-ALLOCATIONS TO BE DELEGATED			
Confirmed or Anticipated	R / NR	Description	23/24
Confirmed	R	Effective use of AHP (share of £5m)	850,000
Confirmed	R	AHP project support	50,000
Anticipated	NR	PPE 23-24	1,500,000
Confirmed	NR	Speech and Language Therapy	82,013
Anticipated	NR	CAMHS Sanctuary provision (F&T)	50,000
Confirmed Allocations to be apportioned			2,532,013

7788-COMMITMENTS TO BE DELEGATED	
Description	23/24
Innovation and Development Fund (£10m)	9,739,312
Further National Pressures	1,000,000
Allocation risks / ULD risks	874,769
Further Inflationary Pressures	5,500,000
Total Commitments	17,114,081

7565-CONTINGENCY	
Description	23/24
23/24 recurrent deficit	(112,848,200)
Confirmed Allocations to be apportioned	(112,848,200)

Reserves Delegation:

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

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

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

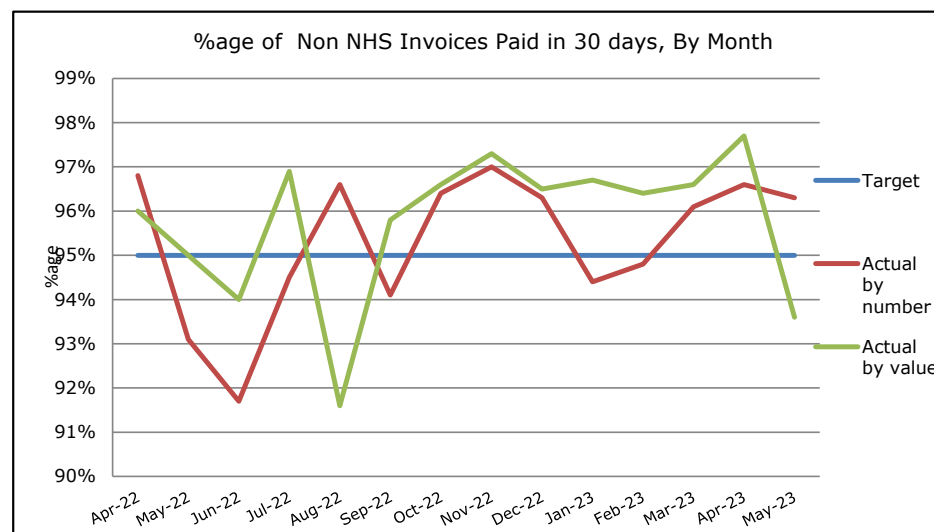
Cash Position

- The cash balance at the 31st of May is £4.795m, which is within the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in May (96.3%). We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and at the NHS payment rate.

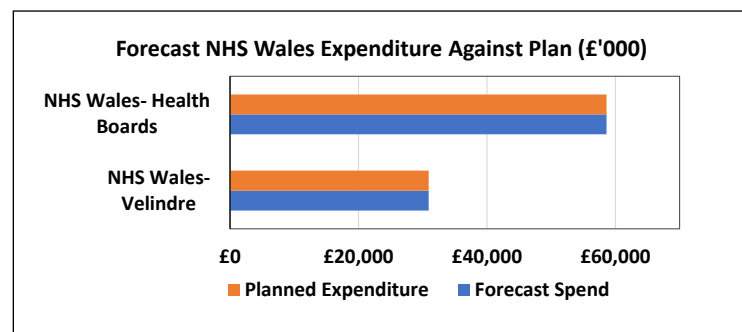
The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in May is 89.3%. The level of performance is below the 95% target as a result of delays in raising and receipting the purchase orders to enable the invoices to be paid promptly and within the payment terms. Areas of concern are laboratory tests with English NHS Trusts, secondments, Northumbria lease car invoices, 111 project invoices and other SLA invoices. We will work with the departments concerned to ensure that the correct type of order is raised, call off, estimated etc and that the department understand the importance of timely receipting to eliminate the late payment going forward.



Contracting & Commissioning – LTA Spend & Income

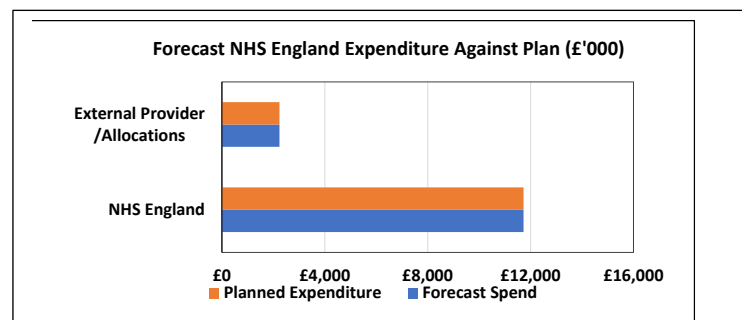
Month/Financial Year:- Month 2 (May) 2023/24

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



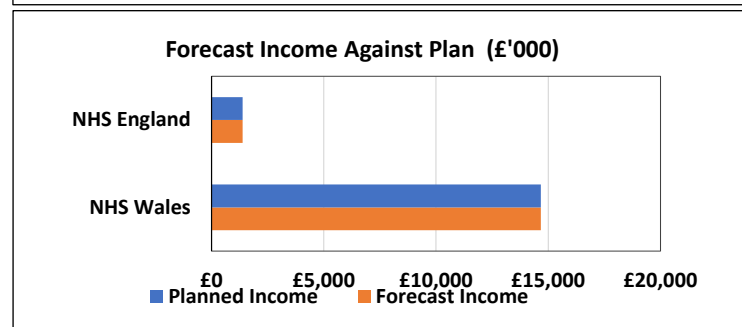
NHS Wales Expenditure

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



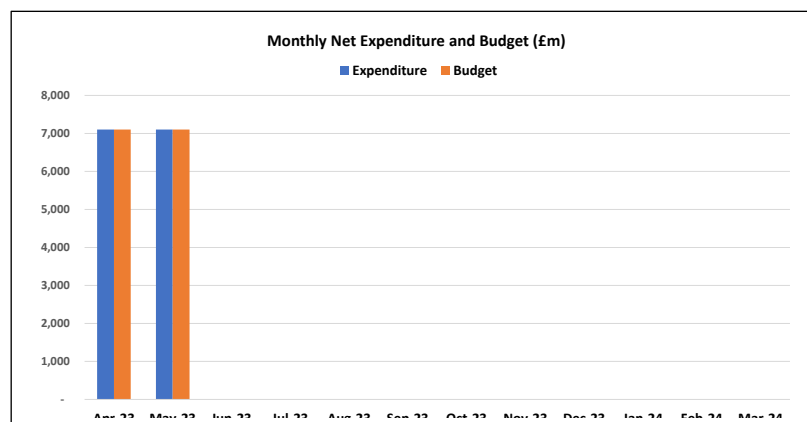
NHS England Expenditure

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



Provider Income

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

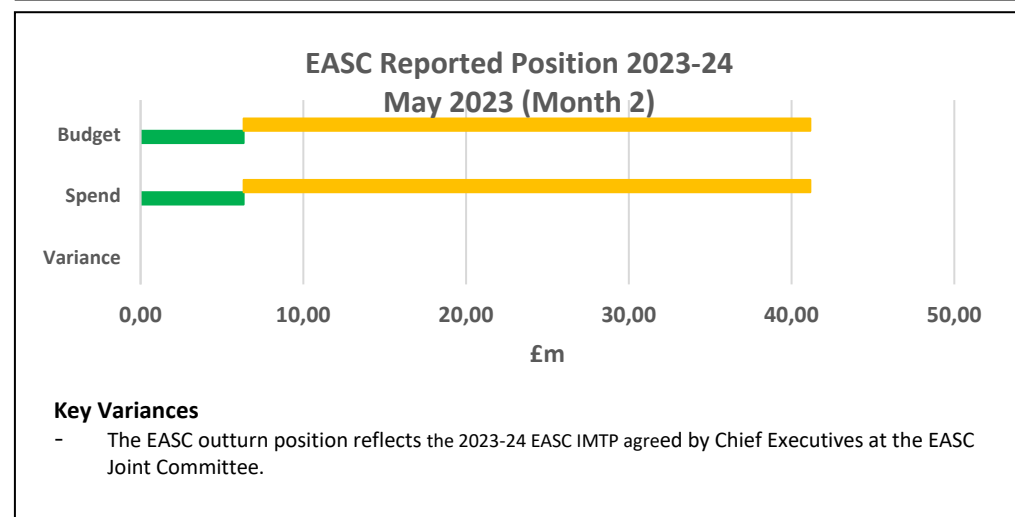
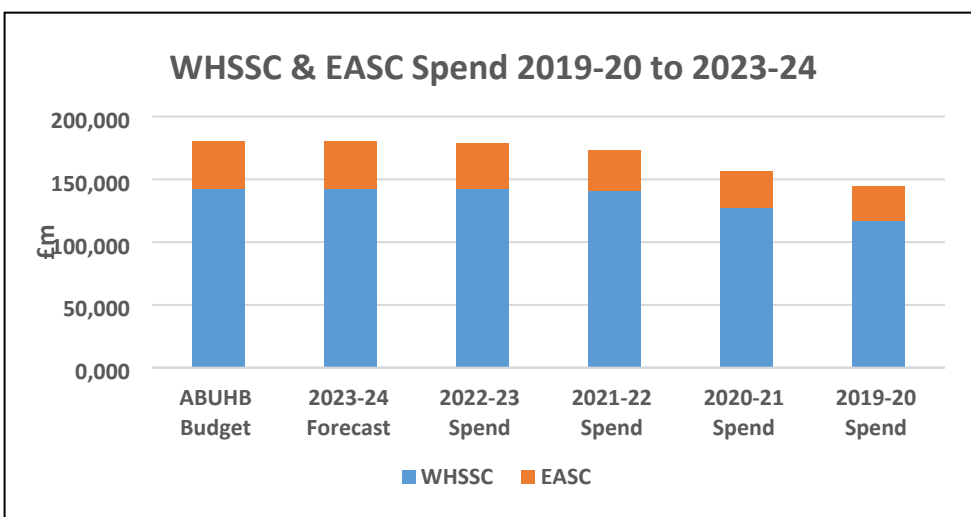
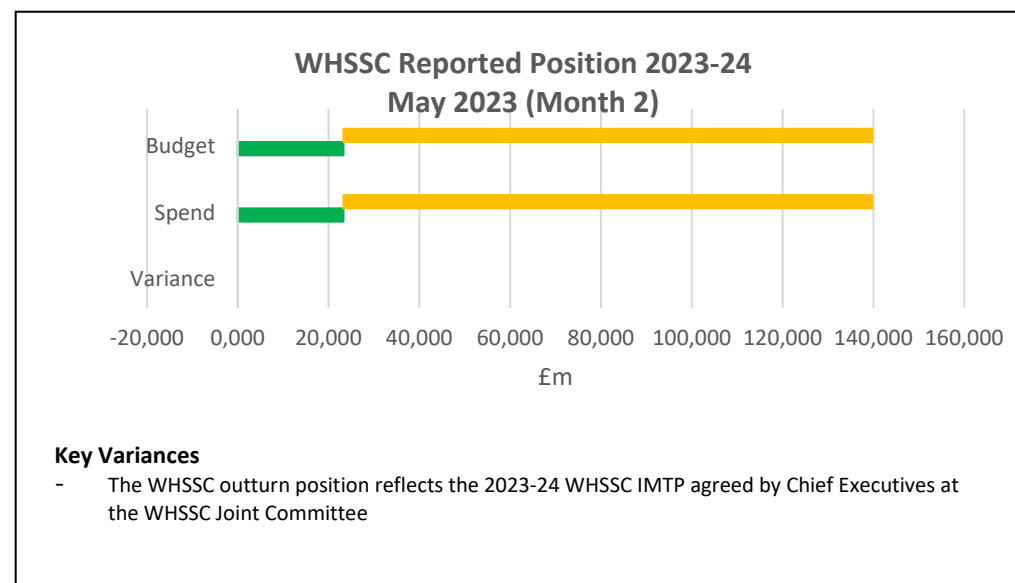
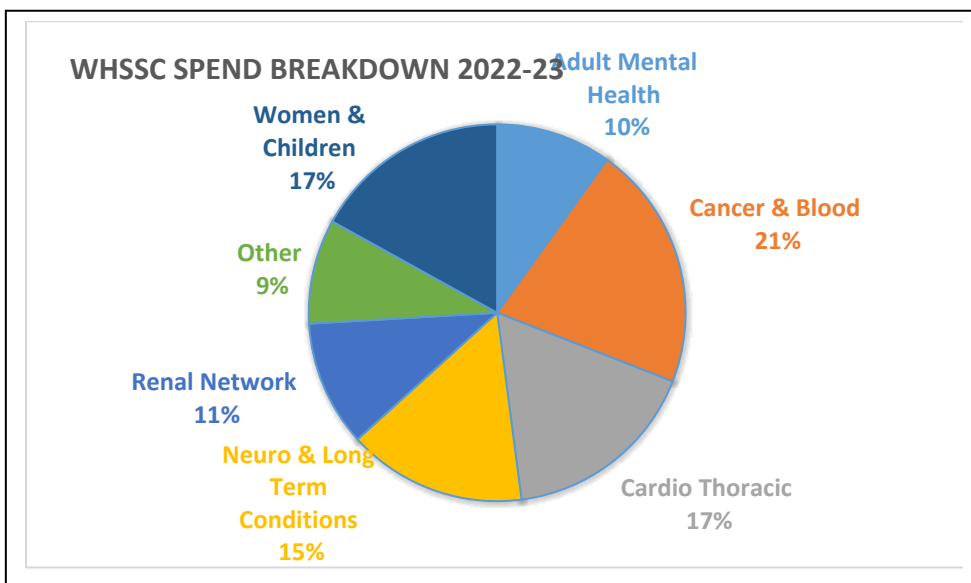


Key Issues 2023-24

- All LTAs are required to be signed agreed by the end of June 2023 WG deadline.
- The nationally agreed inflationary uplift of 1.5% has been funded and is reflected in the above position
- The forecast position anticipates the full achievement of a £2m savings target from additional underperformance from Cwm Taf Morgannwg UHB
- The forecast spend at Velindre Trust is in line with the provider IMTP however there is a degree of uncertainty around NICE and activity forecasts and the implementation of new service developments
- The plan and forecast takes into account the full year effect of the regional vascular centralisation project in Cardiff and the phased contract reduction for Powys patients in relation to reduced GUH flows (income)

WHSSC & EASC Financial Performance Period: Month 2 2023-24

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



Balance Sheet

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

Fixed Assets:-

- An increase in net additions of £6.2m in relation to new 2023/24 capital expenditure incurred.
- A reduction of £7m for depreciation charges. A reduction of £0.7m for IFRS16 related charges.
- An increase in indexation costs of £14.5m

Other Non-Current Assets:

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

Inventories

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

Current Assets, Trade & Other Receivables:

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

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

Cash:

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

Liabilities, Provisions:

- The movement since the end of 2022/23 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£1.8m), an increase in NHS Creditor accruals (£3.3m), a decrease in the level of invoices held for payment from the year end (£14.9m), an increase in non NHS accruals (£3.3m), an increase in Tax & Superannuation (£2.4m), a decrease in other creditors (£12.7m), a decrease in payments on account (£0.1m).
- Due to the increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £2.8m and the decrease in pensions & other provisions £0.4m.

General Fund:

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

Health Board Income WG Funding Allocations: £1.6bn

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

	£'000
HCHS	1,332,952
GMS	107,879
Pharmacy	33,407
Dental	32,654
Total Confirmed Allocations - May 2023	1,506,892

Plus Anticipated Allocation - May 2023	43,584
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Total Allocations - May 2023	1,550,476
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Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £103.2m. (£108m for 22/23). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.65bn (£1.75bn for 22/23).

WG anticipated allocations: £43.6m

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

Capital Planning & Performance

Summary Capital Plan Month 2 2023/24	2023/24				
	Original Plan £000	Revised Plan £000	Spend to M2 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	9,521	9,521		9,521	0
Less EFAB Contribution	-629	-629		-629	0
Less AWCP Brokerage 22/23	-1,472	-2,278		-2,278	0
Total Approved Discretionary Funding	7,420	6,614		6,614	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	43,396	44,062		44,062	0
Total Approved AWCP Funding	43,396	44,062		44,062	0
Total Capital Funding / Capital Resource Limit (CRL)	50,816	50,676		50,676	0
Applications:					
Discretionary Capital:					
Commitments B/f From 2022/23	321	610	239	650	39
Statutory Allocations	576	590	144	590	0
Divisional Priorities	2,868	3,712	123	3,712	0
Corporate Priorities	300	300	162	300	0
Informatics National Priority & Sustainability	2,170	1,362	156	1,362	0
Remaining DCP Contingency	1,185	40	0	0	-40
Total Discretionary Capital	7,420	6,614	825	6,613	-1
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517	-3,130	88	-3,130	0
Tredegar Health & Wellbeing Centre Development	4,019	3,375	866	3,798	423
NHH Satellite Radiotherapy Centre	17,675	17,133	1,582	18,128	995
YYF Breast Centralisation Unit	8,685	8,482	826	8,641	159
Newport East Health & Wellbeing Centre Development	10,362	9,427	834	10,018	591
RGH Endoscopy Unit	4,004	4,914	1,078	4,682	-232
RGH – Block 1 and 2 Demolition and Car Park	404	554	0	654	100
EFAB Schemes	1,764	1,776	21	1,808	32
EOY Funding Schemes	0	239	37	243	4
MH SISU Development	0	136	1	136	0
ICF Schemes	0	48	0	48	0
HCF Schemes	0	15	0	15	0
ED Waiting Area Funding	0	111	86	111	0
CAHMS Sactuary Hub	0	889	0	889	0
National Imaging Programme	0	55	0	55	0
Digital Eye Care	0	10	6	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	0	9	0
SDEC Equipment	0	19	-21	19	0
Total AWCP Capital	43,396	44,062	5,403	46,134	2,072
Total Programme Allocation and Expenditure	50,816	50,676	6,228	52,747	2,071
Forecast Overspend against Overall CRL					2,071

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Trafodaeth/For Discussion

This report provides the Board with an assessment of strategic risks associated with achievement of the Board's strategic priorities in 2023/24. This is an initial step in the refresh of the Board's Strategic Risk and Assurance reporting arrangements, aligned to the Risk Management Strategy.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

At its meeting in March 2023, the Board received a Strategic Risk and Assurance Report which provided a summary of strategic risks, along with a mapping of the internal control system for each risk, sources of assurance, and proposed actions to address gaps in controls and assurances. At this meeting it was agreed that a thorough review of the strategic risks presented was required, to ensure that these were appropriately articulated and aligned to the Board's strategic priorities for 2023/24.

The Executive Committee has undertaken a risk identification exercise and re-framed the Board's strategic risks for the start of 2023/24. This is the first stage of the process set out in our risk management framework and will inform the development of the Strategic Risk and Assurance Report (the Board Assurance Framework) over the coming months through assessment and scoring, to treatment and recording and monitoring and review with a greater focus on transparency of the effectiveness of controls and mitigating actions along with assurances. This process will be underpinned by the mechanisms in place to escalate risks to Executive Directors, the Executive Committee and Board which will continue to inform the Executive Risk Register (held by Executive Committee).

Cefndir / Background

The Health Board's risk management approach outlined within the current risk management strategy remains theoretically sound and allows for risks to be escalated through the system, as well as strategic risks to be identified by the Executive Team and the Board. The Health Board approach contains principles of evidenced-based risk management methodologies and aligns with enterprise risk management (ERM) and COSO risk management standards.

The Risk Management Strategy continues to develop as the Health Board's risk management approach matures, to include an assessment on where there are potential gaps in the current strategy and exploring how these could be strengthened. A particular focus within the review is on internal escalation and the need for clarity on reporting hierarchies, triggers and thresholds. The revised Risk Management Strategy will be developed in the coming months in readiness for Board approval.

In March and April 2023, the Board held facilitated development sessions to focus on risk and assurance management arrangements, with particular attention on risk appetite and tolerance. The outcomes of which will form a fundamental component of the updated Risk Management Strategy.

The Audit, Risk & Assurance Committee has endorsed a Risk Management Benefits Realisation Plan, aligned to the extant Risk Management Framework. This Plan will also be updated to support implementation of the revised Risk Management Strategy, once finalised and approved.

Asesiad / Assessment

The Strategic Risk Report provides a summary of the significant risks to the delivery of the health board's strategic objectives. Following a risk identification process, undertaken by the Executive Committee in April – May 2023, there are **8** high-level strategic risks identified, which include a total of **18** sub-sets as summarised in the table below. Further detail on the cause, effect, likelihood and impact is provided at **Appendix A**, and are presented within themes (these themes will be aligned to the themes of the Board's Risk Appetite Statement).

High-level Strategic Risk	Sub-set determined by cause	
SR 001: There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population	4 x High	2 x Moderate
SR 002: There is a risk that there will be significant failure of the Health Board's estate	1 x High	1 x Moderate
SR 003: There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	2 x High	N/A

SR 004: There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	1 x High	N/A
SR 005: There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	N/A	3 x Moderate
SR 006: 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	N/A	2 x Moderate
SR 007: There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	N/A	1 x Moderate
SR 008: There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	N/A	1 x Moderate

As mentioned above, this risk identification process for the start of 2023/24 will inform the development of the Strategic Risk and Assurance Report (the Board Assurance Framework) over the coming months through assessment and scoring, to treatment and recording and monitoring and review with a greater focus on transparency of the effectiveness of controls and mitigating actions along with assurances.

In March 2023, the Strategic Risk and Assurance Report presented to the Board outlined 25 strategic risks (18 high and 7 moderate). In light of the revised Strategic Risks presented with this paper, a mapping against each of the previously reported risks is attached at **Appendix B**, to provide an audit trail on changes.

Argymhelliad / Recommendation

The Board is requested to DISCUSS and ENDORSE the revised Strategic Risks for 2023/24, noting that further work is required to develop the underpinning risk assessments which set out controls, mitigating actions and assurances.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Strategic Risk Report assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Respective committees of the Board have considered risks contained within the Strategic Risk Report

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. N/A

APPENDIX A

Risk Owner:	Ref:	There is a risk that:	Due to:	Which could result in:	Likelihood of the risk occurring:	Impact of the risk occurring:	Overall Risk Score:	Risk Level:
RISK THEME: PEOPLE								
Director of Workforce & OD	SR 001	1. There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities	<ul style="list-style-type: none">Adverse impacts on delivery of care to patients across acute and non-acute settingsNon-compliance with safe staffing principles and standardsReliance on agency and bank staffLitigation & Financial Penalties	4 – Likely	4 – Major	4x4 = 16	High
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff	<ul style="list-style-type: none">High absence levels, with some sustained long periodsAdverse impacts on delivery of care to patients across acute and non-acute settingsNon-compliance with safe staffing principles and standardsReputational damage to the health board as an employerWork-related industrial injury claimsMoral injury	3 – Possible	4 – Major	3x4 = 12	Moderate
			c) Due to insufficient and ineffective leadership levels throughout the organisation	<ul style="list-style-type: none">Adverse impacts on delivery of care to patients across acute and non-acute settingsFailure to deliver health board priorities, required improvements and achieve sustainabilityPoor levels of accountability and deliveryReputational damage to the health board as an employerAdverse impacts on staff recruitment and retention	3 – Possible	4 – Major	3x4 = 12	Moderate
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	<ul style="list-style-type: none">Adverse impacts on delivery of care to patients across acute and non-acute settingsNon-compliance with safe staffing principles and standardsLitigation & Financial PenaltiesReputational damage to the health board and loss of public confidence	4 – Likely	4 – Major	4x4 = 16	High
RISK THEME: ABUHB ACTIVITIES (COMPLIANCE AND SAFETY SPECIFIC)								
Chief Operating Officer	SR 002	1. 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	<ul style="list-style-type: none">Harm or injury to patients and/or staffAdverse impacts on delivery of care to patients across acute and non-acute settingsNon-compliance with Health & Safety legislationLitigation & Financial Penalties	5 – Almost Certain	4 – Major	3x4 = 20	High
			b) Due to significant levels of backlog maintenance	<ul style="list-style-type: none">Harm or injury to patients and/or staffAdverse impacts on delivery of care to patients across acute and non-acute settingsNon-compliance with Health & Safety legislation	3 – Possible	4 – Major	3x4 = 12	Moderate

Director of Nursing	SR 003	1. There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	a) Due to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care practitioners	<ul style="list-style-type: none"> • Litigation • Missed safeguarding concerns, resulting in harm or death • Vulnerable individuals not identified appropriately, resulting in harm or death • Lack of staff understanding of reporting and escalation process • Health Board breaches statutory duties • Litigation & Financial Penalties • Reputational damage and loss of public confidence 	3 – Possible	5 – Catastrophic	3x5 = 15	High
Chief Operating Officer			b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement	<ul style="list-style-type: none"> • Harm or injury to patients and/or staff • Health Board breaches statutory duties • Litigation & Financial Penalties • Reputational damage and loss of public confidence 	4 – Likely	4 – Major	4x4 = 16	High
Director of Strategy, Planning & Partnerships	SR 004	1. There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a. Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	<ul style="list-style-type: none"> • Adverse impacts on delivery of care to patients across acute and non-acute settings • Harm or injury to patients and/or staff • Health Board breaches statutory duties under the Civil Contingencies Act 2004 • Litigation & Financial Penalties • Reputational damage and loss of public confidence 	3 – Possible	5 – Catastrophic	3x5 = 15	High
RISK THEME: ABUHB ACTIVITIES (SERVICE DELIVERY)								
Chief Operating Officer	SR 001	2. There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population	a) Due to inadequate arrangements to support system-wide patient flow	<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 	5 - Almost Certain	5 – Catastrophic	5x5 = 25	High
Director of Digital	SR 005	1. 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	<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 	3 – Possible	4 – Major	3x4 = 12	Moderate
			b) Due to an adverse impact on service delivery in the implementation of new digital systems	<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 	3 – Possible	4 – Major	3x4 = 12	Moderate

				<ul style="list-style-type: none"> Reputational damage and loss of public confidence 				
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future	<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 Failure to deliver health board priorities, required improvements and achieve sustainability Reputational damage and loss of public confidence 	3 – Possible	4 – Major	3x4 = 12	Moderate
Director of Strategy, Planning & Partnerships	SR 006	1. There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the changing needs of the population	a) Due to inadequate strategic plans which respond to population health and socio-economic needs	<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 	2 – Unlikely	4 – Major	2x4 = 8	Moderate
			b) Due to unsustainable service models	<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 Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to deliver health board priorities, required improvements and achieve sustainability Reputational damage and loss of public confidence 	3 – Possible	4 – Major	3x4 = 12	Moderate
RISK THEME: FINANCIAL SUSTAINABILITY								
Director of Finance & Procurement	SR 001	3. There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population	a) Due to long term financial sustainability plans not being realised through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes	<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 achieve longer-term sustainability Prioritisation and possible disinvestment in service delivery Reputational damage and loss of public confidence 	4 – Likely	4 – Major	4x4 = 16	High

RISK THEME: TRANSFORMATION & PARTNERSHIP WORKING								
Director of Strategy, Planning & Partnerships	SR 007	1. There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to ineffective relationships with strategic partners	<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 	2 – Unlikely	4 – Major	2x4 = 8	Moderate
Director of Nursing	SR 008	1. 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	<ul style="list-style-type: none"> Adverse impact on patient experience Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence Failure to deliver Duty of Quality 	2 – Unlikely	4 – Major	2x4 = 8	Moderate

Risk Scoring Matrix (Likelihood x Consequence = Risk Score)		Consequence:				
Likelihood:	Frequency:	1 Negligible	2 Minor	3 Moderate	4 Major	5 Catastrophic
1 Rare - Will probably never happen/recur	Not for years	1	2	3	4	5
2 Unlikely - Do not expect it to happen/recur but it is possible	At least annually	2	4	6	8	10
3 Possible - It might happen/recur occasionally	At least monthly	3	6	9	12	15
4 Likely - Will probably happen/recur, but is not a persisting issue	At least weekly	4	8	12	16	20
5 Almost Certain - Will undoubtedly happen/recur, maybe frequently	At least daily	5	10	15	20	25

Very Low	1-3	Low	4-6	Moderate	8-12	High	15-25
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Strategic Risk Description at 31/03/23	Risk Score at 31/03/23	Status at 30/06/23
CRR019 Failure to meet the needs of the population who require high levels of emergency supportive care and inability to release ambulances promptly to respond to unmanaged community demand.	High	Replaced with Strategic Risk SR001.2a : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population, due to inadequate arrangements to support system-wide patient flow (Score - High)
CRR002 Failure to recruit and retain staff across all disciplines and specialties leading to adverse impacts on delivery of care to patients across acute and non-acute settings and non-compliance with safe staffing principles and standards. Nursing and HCSW agencies refusing to contract with the Health Board.	High	Replaced with Strategic Risk SR001.1a : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population, due to an inability to recruit and retain staff across all disciplines and specialties (Score - High)
CRR013 Failure to prevent and control hospital and community acquired infections to include COVID-19	Moderate	Risk de-escalated to Divisional Risk Registers for re-assessment, management and oversight.
CRR023 Potential risk to population health in relation to avoidable harm due to priority being given to management of the COVID pandemic.	High	Risk de-escalated and closed.
CRR007 The Health Board's inability to meet the changing demographic need for its population.	Moderate	Replaced with Strategic Risk SR006.a&b : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the changing needs of the population, due to: a) Inadequate strategic plans which respond to population health and socio-economic needs (Score - Moderate) b) Unsustainable service models (Score - Moderate)

Appendix B

CRR027 Effectiveness of COVID vaccination and booster programme compromised resulting from the emergence of a Variant of Concern	High	Risk de-escalated and closed.
CRR028 Continued inappropriate admissions of Children and Young People to adult mental health in-patient beds.	High	Replaced with Strategic Risk SR003.2b : There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement (Score – High)
CRR003 Inadequate and clinically unsafe Mental Health Service provision due to operational impact of WCCIS	Moderate	Replaced with Strategic Risk SR005.1b : There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery due to an adverse impact on service delivery in the implementation of new digital systems (Score – Moderate)
CRR004 Failure to comply with Wellbeing of Future Generations (Wales) Act	Moderate	Risk de-escalated to Divisional Risk Register for re-assessment, management and oversight.
CRR017 Partial or full failure of ICT infrastructure and cyber security	High	Replaced with Strategic Risk SR005.1a : There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery due to the full or partial failure of existing digital infrastructure and systems (Score – Moderate)
CRR016 Achievement of Financial Balance	High	Replaced with Strategic Risk SR001.3a : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet

		the needs of the population, due to long term financial sustainability not being realised through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes (Score – High)
CRR012 Inability to address health inequalities across the population leading to increased dependency on Health Board services in the longer term and impacts ability of achievement of strategic aims/objectives.	Moderate	Replaced with Strategic Risk SR006.a&b : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the changing needs of the population, due to: c) Inadequate strategic plans which respond to population health and socio-economic needs (Score – Moderate) d) Unsustainable service models (Score – Moderate)
CRR008 Health Board Estate not fit for purpose	High	Replaced with Strategic Risk SR002.1a&b : There is a risk that there will be significant failure of the Health Board's estate, due to: a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures (Score – High) b) Due to significant levels of backlog maintenance (Score – Moderate)
CRR032 Failure to achieve underlying recurrent financial balance	High	Replaced with Strategic Risk SR001.3a : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population, due to long term financial sustainability not being realised through underachievement of strategic and operational delivery plans to

		reduce costs to funded levels and improve outcomes (Score – High)
CRR033 Civil Contingencies Act Compliance	High	Replaced with Strategic Risk SR004.1a : 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, due to ineffective and insufficient emergency planning arrangements at a corporate and operational level (Score – High)
CRR021 Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, resulting in Welsh speakers will not being able to receive services in their language of choice	Moderate	Risk de-escalated to Divisional Risk Registers for re-assessment, management and oversight.
CRR025 Lack of mental and psychological staff preparedness will have a negative impact on absenteeism and could result in long term sickness with PTSD & other forms of emotional traumatisation. High work-related industrial injury claims and compensation pay-outs	Moderate	Replaced with Strategic Risk SR001.1b : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population, due to a deterioration in, and a failure to improve, the well-being of our staff (Score - Moderate)
CRR036 Clinically unsafe and inappropriate inter-site patient transfers and into communities	High	Replaced with Strategic Risk SR001.2a : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population, due to inadequate arrangements to support system-wide patient flow (Score - High)
CRR038 Increased levels of patient acuity presenting resulting in an inability to staff appropriately and provide	High	Replaced with Strategic Risk SR006.a&b : There is a risk that the Health Board will be unable to deliver and maintain high-quality,

acceptable levels of care in line with best practice and guidelines.		safe and sustainable services which meet the changing needs of the population, due to: e) Inadequate strategic plans which respond to population health and socio-economic needs (Score – Moderate) f) Unsustainable service models (Score – Moderate)
CRR040 Putting Things Right (PTR) – Continued and sustained non-compliance with The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	High	Replaced with Strategic Risk SR008.1a : There is a risk that the Health Board fails to build positive relationships with patients, staff and the public, due to inadequate arrangements to listen and learn from patient experience and enable patient involvement (Score – Moderate)
CRR041 Industrial Action Failure to sustain current levels of staffing due to industrial action following 2022 pay round and ballots, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing	High	Replaced with Strategic Risk SR001.1d : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population, due to the threat of Industrial Action during ongoing disputes and negotiations at a national level (Score - Moderate)
CRR042 Inability to continue to provide adequate quality of care to asylum seekers, migrants populations and Unaccompanied Children Asylum Seekers (UCAS)	High	Replaced with Strategic Risk SR001.2a : There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe and sustainable services which meet the needs of the population, due to inadequate arrangements to support system-wide patient flow (Score - High)
CRR043 Cost of living crisis Impact on population of Gwent and staff Levels of staff absence may increase due to the costs associated with travelling to and from work, increased	High	Replaced with Strategic Risk SR006.a&b : There is a risk that the Health Board will be unable to deliver and maintain high-quality,

demand for services as population unable to heat their homes adequately, especially impacting the elderly population of Gwent.		safe and sustainable services which meet the changing needs of the population, due to: a) Inadequate strategic plans which respond to population health and socio-economic needs (Score – Moderate) b) Unsustainable service models (Score – Moderate)
CRR045 LINC Programme – If the new LIMS service is not fully deployed before the contract for the current LIMS expires in June 2025, then operational delivery of pathology services may be severely impacted resulting in potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	High	Risk de-escalated to Executive Team and Divisional Risk Register for management and oversight.
CRR030 Risk of Hidden Safeguarding Harms experienced by patients in their homes and communities due to the COVID-19 pandemic and significantly increased demand on Health Board services.	High	Replaced with Strategic Risk SR003.2a&b : There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse due to: a. Poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care practitioners (Score – High) b. Limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement (Score – High)

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Activity: May 2023 – July 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Board with an overview of a range of issues discussed by the Executive Committee at meetings held during the period 15th May 2023 to 7th July 2023. Due to the nature of the business of the Executive Committee, 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, 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 support the Chief Executive/Accountable Officer to discharge her responsibilities.

Asesiad / Assessment

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A quarterly Clinical Futures Board, which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meetings agendas, given the Executive Team's responsibilities in strategy development and its delivery.

The Workplan of the Executive Committee is based on 5 key areas to ensure appropriate focus and oversight of the organisation's business and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

1. Quality, Safety and Culture
2. Delivery, Performance and Efficiencies
3. Strategic Planning and Service Development
4. Strategic Partnership arrangements
5. Transformational programmes (IMTP/Clinical Futures).

During the period 15th May 2023 – 7th July 2023, the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Executive Committee has also maintained a focus on the performance of ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the whole system.

Other matters discussed include:

- Patient Advice & Liaison Service

The Executive Committee approved a business case for the implementation of a Patient Advice and Liaison Service (PALS).

Supporting the Health Board's Patient Experience and Engagement Strategy and organisational direction to improve patient experience, the PALS service will provide timely, practical and early resolution support for people,

addressing any issues as they arise, improving the experience of patients/service users, relatives and staff, whilst decreasing the number of formal complaints needing to be managed through the Putting Things Right process.

- Reducing Nosocomial Transmission

The Executive Committee endorsed a recommendation of the Reducing Nosocomial Transmission Group that masks were now only required to be worn in clinical areas when caring for clinically immune patients, e.g. respiratory and critical care services.

The Executive Committee also received and discussed the National Nosocomial COVID-19 Programme (NNCP) Interim Learning Report. It was noted that a review was being undertaken to map areas of national learning to the Health Board.

- Quality Outcomes Framework

The Executive Committee received an update on the development of a Quality Outcomes Framework. As part of implementing the Board's Quality Strategy, a Quality Outcomes Framework and indicators will be used to provide a systematic approach to measure, monitor, and enhance the quality of our healthcare services. The approach will be for the Quality Outcomes Framework to remain as a standalone report alongside the Quarterly Outcomes and Performance Report, reported to the Board, and replace the current reporting to the Patient Quality, Safety and Outcomes Committee.

- Community PROMPT Wales 2023

In May 2023, the Welsh Risk Pool provided a quality assurance report regarding Community PROMPT (Practical Obstetric Multi-Professional Training) within the Health Board. On the 28th February 2023, the Welsh Risk Pool Observing Team attended Ysbyty Ystrad Fawr Hospital Midwife led Birth Centre to undertake a quality assurance review. The Executive Committee received a report which provided feedback and action regarding the community PROMPT training in maternity services. This report was also shared with the Board's Patient Quality, Safety & Outcomes Committee for assurance.

- MBRACE-UK Perinatal Report: 2021 Births

The Executive Committee received the findings and recommendations outlined by MBRACE-UK regarding all stillbirths and neonatal deaths for births of babies born after 24 weeks gestation, within Aneurin Bevan University Health Board, during 2021. This report was also shared with the Board's Patient Quality, Safety & Outcomes Committee for assurance. The Executive Committee will receive a further report in July 2023 which will set out actions required to see improvement in those areas required.

- Welsh Risk Pool Penalty Fines

The Executive Committee received a briefing on the application of penalty fines by Welsh Risk Pool when deadlines for providing learning from incidents have been missed. The briefing included information on the overall process and the number of breaches for the Health Board. It was agreed

that a Standard Operating Procedure would be developed for the submission of evidence of the learning Committee.

- Safe Care Partnership - Quality Improvement & Leadership

The Executive Committee received an update on the progress of the leadership workstream as part of the Safe Care Partnership and implementation of the Board's Quality Strategy.

The Health Board's Leadership for Patient Safety Improvement workstream will focus its efforts across three areas:

1. National - Wider influence at a strategic level across Wales
 - a. Engaging with other health board/trust executive teams through the Safe Care Collaborative bringing together common themes
2. Board/Executive – learning and development
 - a. Board development sessions to educate, inform and demonstrate measurable progress against our strategy for Quality
 - b. Governance structures - reviewing our existing knowledge and capability
 - c. Walk-rounds – as part of our Strategy for Quality and learning programme to inform the workplan and improvement programmes
 - d. Learning from external health systems
3. Organisation-wide – enabling integrated leadership
 - a. Building capability – across all levels and teams
 - b. Communication – sharing learning and progress.

- Ward Accreditation

The Executive Committee supported the implementation of a Ward Accreditation Pilot at Ysbyty Aneurin Bevan. The Accreditation Framework will be based on evidence of best practice and use of a range of existing metrics, such as national indicators of quality and workforce performance and agreed local standards.

The benefits of the Pilot are intent to:

- create a culture for continuous improvement;
- increases staff pride and team working within the ward areas;
- improve staff moral and reduce staff turnover and sickness;
- support collective leadership and personal and professional development; and
- improve accountability.

Delivery, Performance & Efficiencies

- Flexible Rewards

The Executive Committee considered proposals regarding the use of flexible rewards. Flexible Rewards are an enhanced payment made to bank workers that was traditionally used in winter periods only. The application of flexible rewards has been instrumental in supporting our response to the pandemic and a reduction of agency use. However, they are being used to fill over 62% of shifts whereas in previous winter periods flexible rewards were applied to approximately 40% of shifts (RN) and for a finite period of time. The increased application is having an impact on variable pay costs and changing patterns in employment with substantive staff leaving employment to work solely via our Resource Bank. The Health Board is also the only NHS

employer in Wales that offered this payment. The Executive Committee therefore agreed to removing Flexible Rewards with effect from 26 August 2023 due to improvements in rostering governance, recruitment and a significant reduction in agency use. The proposal seeks to improve retention of substantive staff and to ensure the objectives of the variable pay programme are met. A review will be undertaken on any proposals for increasing workforce supply for the winter period.

- Statutory & Mandatory Training

The Executive Committee approved a proposal to establish a governance group (a Core Learning Committee) with the objective of determining the organisational Statutory and Mandatory requirements, monitoring compliance, considering any new additions to training and to focus on increasing compliance through a number of measures, including ease of access to training and clarity of requirements by professional/staff group. This report was also shared with the Board's People & Culture Committee for assurance.

- Once for Wales Concerns Management System Update

The Executive Committee received an update on the implementation of the Once for Wales Concerns Management System within the Health Board. Issues associated with the delay in implementing the risk management module of the system were noted and mitigating actions are underway.

- Screening and Testing Unit (SATU)

The SATU was originally established to provide a designated pathway for patients presenting with COVID-19 symptoms to be screened before entering the GUH at the ED. Over time, with declining infection rates and increasing immunity through vaccination, the demand for the SATU has reduced. In April and May 2023, the average usage was 22 patients per day and the rate of positive results was 3.7 per day (positivity rate is 17%). The Executive Committee therefore approved a proposal to remove the SATU pathway, reducing expenditure that was not balanced against need. The Executive Committee's decision was taken on the basis that individual assessment units (Acute Medicine Unit, Surgical Assessment Unit and Paediatrics) would adapt their own screening and testing methods for expected patients. To reduce the environmental risk within waiting areas, these departments would also be required to continue with the Key Standards for Environmental Cleanliness (2021) guidelines.

- Salary Sacrifice Scheme

The Health Board operates a number of salary sacrifice schemes for pension advice, childcare, bicycles and cars. The Executive Committee recently supported proposals to enhance the Salary Sacrifice Scheme offer to staff, as follows:

- To include a Home Electronic Solutions Scheme, in partnership with Curry's PC World, to provide access to over 5,000 products, including the latest desktop computers, laptops, tablets, cameras, DVD players, televisions, smart technology and a range of white goods including dishwashers, fridge freezers and washing machines; and

- Amend the Bicycle Scheme, currently contracted to Cycle to Solutions, to increase the current £2,000 limit to £3,000 to broaden the choice of bicycles available and to encourage an uptake on employees using bicycles to travel to work.
- Medical E-Systems
The Health Board has been looking for solutions that will work together in a seamless and integrated manner in order to enable delivery of an end-to-end process, from job planning to rostering and onwards into locum bank and the relationship with agencies for the fulfilment of rostering gaps. Such solutions will also provide suitable interoperability with other third-party solutions such as Electronic Staff Record (ESR), Oracle financials and Payroll for the purposes of automated data exchange and streamlined business process. Following a single procurement process, the Executive Committee supported the recommendation to proceed to the next stage of contract award and implementation of the eSystems. The contract award has subsequently been approved via Chair's Action.
- Returning ABUHB Managed GP Practices to Independent Contractor Status
The Health Board currently directly manages five practices across three boroughs; Tredegar Health Centre, Aberbeeg Medical Practice, Brynmawr Medical Practice, Blaenavon Medical Practice and Bryntirion Surgery (plus Markham branch surgery). The Executive Committee considered and supported proposals to return one or more of ABUHB's Managed GP Practices to Independent Contractor status, wherever possible, in a phased approach and to continue to implement existing plans to develop remaining managed practices to become flagships for testing new models of delivery.

Strategic Planning & Service Development

- Population Health
The Executive Committee held an informal session, led by the Director of Public Health, on the opportunities to promote population health and address health inequalities across Gwent. This work will be used to inform the review of the Board's Clinical Futures Strategy, which will be scheduled for discussion in the coming months.
- Bereavement Support
The Executive Committee discussed opportunities to review and resign the Health Board's bereavement care pathway, improving the experience of those who require support. This work will be progressed by the Executive Director of Nursing with relevant teams.
- Surgical Robot Business Case
The Executive Committee considered a business case, developed by the Scheduled Care Division, for the development of a robot-assisted surgery service to enable access to the latest high-quality surgical care. There is clear evidence that robot-assisted surgery will reduce clinical variation, with the minimally invasive nature providing significant quality benefits to the patient.
The Executive Committee supported the premise of the business case, however requested that further work was undertaken to understand the

capital funding requirements and development of the financial case to demonstrate improved efficiencies.

- Primary and Community Care Academy

The Executive Committee approved a business case to re-establish the Aneurin Bevan Care Academy, rebranded as the Integrated Primary and Community Care Academy (IPCCA) in a phased approach.

The overarching aim of the IPCCA is to provide appropriate training for a range of healthcare professionals to allow them work effectively in Multi-Disciplinary Teams in Primary and Community Care. The premise being that the IPCCA will increase the number of available trained staff in clinical roles and explore the need for development of further extended roles such as Mental Health Practitioners, Psychological Wellbeing Practitioners, Paramedics and Physicians Associates. Future plans will include the IPCCA providing training and a clear development pathway for Healthcare Support Workers to develop their skills and provide essential healthcare service as part of the MDT.

- Development of a Tier 4 Weight Management Surgery (Bariatric Surgery)

The level 4 weight management service for the population of South Wales is commissioned on a national basis by the Welsh Health Specialised Service Commission for Wales (WHSSC), from the Welsh Institute for Metabolic and Obesity Surgery (WIMOS) based in Swansea Bay UHB. The activity provided by WIMOS is currently insufficient to meet demand. Consequently, the WHSSC Integrated Commissioning Plan for 2022–2025 highlighted Bariatric Surgery as a service of concern from a waiting list performance perspective. Aneurin Bevan University Health Board was subsequently approached and invited to submit a business case for delivery of the required additional activity to close the demand / capacity gap.

The Executive Committee considered a business case, developed by the Scheduled Care Division, which demonstrated that Aneurin Bevan University Health Board is ideally positioned to provide a high-quality, cost-effective service for its local population and neighbouring regions. With a robust tier 3 service already in situ, the development of a tier 4 service would establish the organisation as a centre of excellence for obesity management in Wales. The Executive Committee therefore approved the business case for submission to the Welsh Health Specialised Service Committee for consideration. If approved by WHSSC, funding would be achieved via the Joint Committee's Integrated Commissioning Plan.

- Capital Planning Governance

The Executive Committee approved revised and improved arrangements for the management and governance of Strategic Capital and Discretionary Capital within the Health Board. An overview of these arrangements was also shared with the Board's partnerships, Population Health and Planning Committee for assurance.

Strategic Partnership Arrangements

On 25th May 2023, the Executive Team held an "Executive to Executive" meeting with the Welsh Health Specialised Services Committee (WHSSC). At the meeting an update was provided on WHSSC's 10-year Strategy, the Integrated

Commissioning Plan for 2023/24 and the review of National Commissioning arrangements. The Health Board provided an update on Clinical Futures and work to review the longer-term strategy for the Health Board. The Executives also took the opportunity to discuss any Strategic Service issues.

Other Formal Business

As standing agenda items, the Executive Committee receives:

- Internal Audit reports issued;
- Routine reporting against Audit Recommendations Tracking; and
- Published Welsh Health Circulars and Ministerial Guidance.

In this reporting period, the Executive Committee has also considered development of papers ahead of Board consideration, including:

- Radiology Informatics System Procurement, Full Business Case
- Annual Complex Care/MH&LD Independent Provider Feed Uplift 2023/24
- Vacant Practice Panel Outcomes
- Stroke Reconfiguration
- Enhanced Care

System Leadership Group

The Executive Team has established monthly System Leadership Group meetings throughout 2023 with leaders from across the Health Board. The meetings have been used to discuss systemwide priorities, including a focus on how to deliver improvements and financial savings, designing a Delivery Framework and a system of accountability for delivery.

The last meeting was held on 9th June 2023 and was used as an opportunity to discuss digital programme priorities as well as capital programme priorities and the risks and opportunities faced in the context of the current financial context.

The System Leadership Group will next meet on 14th July with the session focussed on improving value and sustainability as part of the financial recovery approach.

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 consider the development of systematic quality and improvement arrangements at all levels of the organisation.

Argymhelliad / Recommendation

The Board is asked to **NOTE** the update of the Executive Committee and the overview of some of its activities.

Amcanion: (rhaid cwblhau)
Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

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

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

	If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) Update Report – July 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Welsh Health Specialised Services Committee as a Joint Committee of the Board.

Cefndir / Background

WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales.

In establishing WHSSC to work on their behalf, the seven Health Boards recognised that the most efficient and effective way of planning these services was to work together to reduce duplication and ensure consistency.

The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health Boards include the Governance Framework for WHSSC, including a Scheme of Delegation as published on the WHSSC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/whscc/schedule-4).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Asesiad / Assessment

The Joint Committee held its most recent meeting on 16th May 2023. The papers for the meeting are available at: <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20222023-meeting-papers/jc-agenda-bundle-14032023/> . A summary of the business discussed at this meeting was presented to the Board at its meeting on 24th May 2023.

The Joint Committee will next meet on 18th July 2023. The agenda and papers for this meeting will be available at: <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20232024-joint-committee/jc-bundle-in-public-meeting-july-2023/>. A summary of this meeting will be formally reported to the Board in September 2023, with a verbal update provided to the Board on 19th July 2023.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on WHSSC Joint Committee activity.

Attachments

None included.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) Update Report – July 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

Cefndir / Background

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/emergency-ambulance-services-committee/schedule-4).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the

provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

Asesiad / Assessment

The Joint Committee held its most recent meeting on 16th May 2023. The papers for the meeting are available at [May 2023 - Emergency Ambulance Services Committee \(nhs.wales\)](#). A summary of the business discussed at this meeting was presented to the Board at its meeting on 24th May 2023.

The Joint Committee will next meet on 18th July 2023. The agenda and papers for this meeting will be available at: [Meetings and Papers - Emergency Ambulance Services Committee \(nhs.wales\)](#). A summary of this meeting will be formally reported to the Board in September 2023, with a verbal update provided to the Board on 19th July 2023.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on EASC Joint 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)	
	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/	Choose an item. Choose an item.

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 July 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee and Advisory Group Update and Assurance Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In line with the Health Board's Standing Orders, a number of Board Committees and Advisory Groups have been established. This report provides, for assurance, an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required.

Cefndir / Background

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

- Audit, Risk and Assurance Committee
- Charitable Funds Committee
- Patient Safety, Quality and Outcomes Committee
- Mental Health Act Monitoring Committee
- People and Culture Committee
- Remuneration and Terms of Service Committee
- Partnerships, Population Health and Planning Committee

Assurance Reporting

The following Committee assurance reports are included:

- Audit, Risk and Assurance Committee – 23rd May 2023
- People and Culture Committee – 13th June 2023
- Mental Health Act Monitoring Committee – 19th June 2023
- Patient Quality, Safety and Outcome Committee – 20th June 2023
- Finance and Performance Committee – 21st June 2023
- Charitable Funds Committee – 28th June 2023

External Committees and Group

Representatives from the Health Board also attend a number of Joint sub-Committees or partnerships of the Health Board, these are:

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the following minutes, assurance reports and briefings are included:

- Shared Services Partnership Committee – 18th May 2023
- WHSSC/EASC – provided within Agenda item 5.11 – An Overview of Joint Committee Activity.

Asesiad / Assessment

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate

Argymhelliad / Recommendation

The Board is asked to note for assurance this report, and the updates provided from Health Board Committees.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. There is no direct link to the Plan associated with this report, however the work of individual

	committees contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this specific report, however WBFGA considerations are included within committee's considerations

Name of Committee:	Audit Risk & Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	23 May 2023
Key Decisions and Matters Considered by the Committee:	
<p>Draft Annual Report 2022/23, including the Performance Report (Part 1) and Accountability Report (Part 2): The Committee NOTED the draft report and requested that a few amendments be made before going to the Board for approval prior to submission to Welsh Government.</p> <p>Draft Financial Statements 2022/23 (Part 3), including Annual Accounts 2022/23 The Committee NOTED the draft report and requested that a few amendments be made before going to the Board for approval prior to submission to Welsh Government.</p> <p>Audit Enquiries to those charged with Governance and Management The Committee NOTED the report for information.</p> <p>Internal Audit Plan Reports The Committee NOTED the following two Reasonable Assurance Reports:</p> <ul style="list-style-type: none"> • Development of a Regional Radiotherapy Satellite Centre (RSC) at Nevil Hall Hospital • Royal Gwent Hospital Redevelopment & Expansion of Endoscopy Services <p>The Committee requested that capital project governance arrangements be strengthened to ensure tighter control over contract management.</p> <p>Internal Audit Plan 2023/24 (Final) The Committee APPROVED the final plan, noting that it had been developed based on risk, recommendations, and legislative changes and that it included flexibility and contingency to accommodate additional work or key emerging risks.</p> <p>The Committee was informed that the internal audit for 2022/2023 would conclude in a reasonable assurance overall opinion, noting that there were six limited assurance reports for 2022/2023, an increase from the previous year, but that positive improvements had been made in those areas.</p> <p>External Audit Progress Report The Committee NOTED the Progress Report and was assured that the Charitable Funds audits would meet statutory deadlines.</p> <p>Audit Wales Plan 2023/24 The Committee NOTED the Audit Wales Outline Plan 2023/24.</p>	
Matters Requiring Board Level Consideration or Approval:	
<ul style="list-style-type: none"> • Nothing Raised 	
Key Risks and Issues/Matters of Concern:	
<ul style="list-style-type: none"> • Nothing Raised 	
<p>Planned Committee Business for the Next Reporting Period: Audit Risk & Assurance Committee Work Plan 2023-24</p>	
<p>Date of Next Meeting: Tuesday 12th September 09:30 – 12:00 via Microsoft Teams</p>	

Name of Committee:	People & Culture Committee
Chair of Committee:	Louise Wright
Reporting Period:	13th June 2023
Key Decisions and Matters Considered by the Committee:	
Committee Risk Report, May 2023, including Plans to address gaps in Workforce Assurance	
The Committee received assurance that the Divisional Risk Register aligned to the Corporate Risk Register, and received an overview of current, new and updated risks.	
The Committee endorsed the new risk log template.	
Director of Workforce Report; including Employee Relations, Suspensions over 4 months and an update on Specialty Doctors and Clinical Fellows Framework.	
The Committee received an update on progress, including:	
<ul style="list-style-type: none"> • Employee relations; • Suspensions over 4 months; • Development of the Speciality Doctors and Clinical Fellows Framework; • Recruitment and Retention Strategy, including international recruitment; • Medical Workforce E-Systems update; • New PADR document. 	
An overview was provided outlining the plans for the All-Wales NHS Staff Survey, due to commence in September 2023.	
People Plan 2022/25, Quarter 4; including an Annual Review of the People Plan and its Priorities and Assurance on the Delivery of Actions and Activity within Objective 3-Workforce Sustainability	
The Committee received an update on the progress of the Health Board's People Plan as at quarter 4 2022/23. The update included the key achievements of Objective 3, Workforce Sustainability, and a summary of the first year of the People Plan.	
An update was provided on the progress made towards the eradication of the use of Off-Contract agency staff.	
Assurance on Compliance with the Welsh Language (Wales) Measure 2011	
The Committee received an update, providing assurance on Health Board compliance against the Welsh Language Commissioners Standards and Welsh Government targets.	
An update was provided on improved staff compliance when completing the Welsh Language Audit on ESR.	
Delivery of Welsh Government's Race Equality Action Plan for Wales	
The Committee received an update outlining the Health Board's response to the requirements of the Welsh Government's Anti-Racist Wales Action Plan, including progress made.	
The Committee emphasised the requirement for the appointment of an Executive Race Equality Champion and Executive sponsors for each of the diversity groups. Members were assured that work was in progress to formalise reporting mechanisms, governance arrangements and proposed champions for all protected characteristic groups.	
Assurance on Workforce Planning and Education Commissioning Numbers	
The Committee received an update on the education commissioning numbers required to commence training in 2024, who will complete their training predominantly in 2027. Members were informed that HEIW would undertake an assessment before making recommendations for funding and placement numbers later in 2023.	

An update on the Review of Mandatory and Statutory Training

The Committee received an overview of the results of the review of mandatory and statutory training. The Health Board's compliance sits at 79% versus an average of 79% across NHS Wales.

Members were informed that more work was required to improve the current eLearning systems.

Heath Education and Improvement Wales (HEIW) Bi-Annual Report

The Committee received an update of the HEIW Bi-Annual report, including an overview of recommendations from the recent HEIW visit in February 2023 and next steps.

Members were assured by the improvement made to support medical students, including the action plans in place for Educational Supervisors.

Committee Annual Report 2022/23

The Committee Annual Report was received by the Committee for information.

Matters Requiring Board Level Consideration or Approval:**Key Risks and Issues/Matters of Concern:****Anti-Racist Plan:**

Committee Chair to raise with the Board that Executive Race Equality champions and Executive sponsors for each of the diversity groups were yet to be identified/appointed.

Date of Next Meeting: Thursday 19th October 2023

Name of Committee:	Mental Health Act Monitoring Committee
Chair of Committee:	Pippa Britton
Reporting Period:	19th June 2023
Key Decisions and Matters Considered by the Committee:	
<p>Mental Health Act Compliance Report- including All Wales Benchmarking Data The Committee received a detailed overview of the activity information on the use of the Mental Health Act over Quarter 4, January – March 2023, with a comparison of activity over the previous quarter.</p> <p>Members noted the commencement of the 111 press 2 service and asked for an update on the impact on patient care at a future meeting.</p> <p>The Committee received the report for assurance on the compliance with the legislative requirements of the Mental Health Act.</p> <p>Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee) The Committee received a verbal update, noting that Mental Health Act Manager recruitment process had commenced in June 2023.</p> <p>Members congratulated Paul Deneen, Independent Member, who had been selected for the role of Chair of the MHA Managers Group.</p> <p>Members were assured that an update from the MHA Managers Group and finalised recruitment would come back to the next meeting.</p>	
Matters Requiring Board Level Consideration or Approval:	
None Noted.	
Key Risks and Issues/Matters of Concern:	
There were no issues or matters of concern.	
Planned Committee Business for the Next Reporting Period:	
<ul style="list-style-type: none"> • Mental Health Act Update. • Power of Discharge Sub-Committee Update. 	
Date of Next Meeting: Tuesday 5 th September 2023	

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	20th June 2023
Key Decisions and Matters Considered by the Committee:	
<p>Clinical Audit</p> <p>Annual Clinical Audit Activity Report 2022/23</p> <p>The Committee received the annual report for assurance. The Committee noted the standardised template for national clinical audits. Members welcomed future audit reports to include triangulation of all relevant Health Board data, and patient voice, where appropriate.</p> <p>Clinical Audit Plan</p> <p>The Committee received the report for assurance. Members were assured by Health Board plans to -</p> <ul style="list-style-type: none"> • develop a clinical audit programme for 2023/2024. • update the Health Board policy on Clinical Audit. • Prepare a Health Board Audit Report. • Implementation of AMaT audit management system across the Health Board. <p>Patient Quality and Safety Outcomes Performance Report, June 2023</p> <p>The Committee received the Patient Quality & Safety Outcomes Committee Performance Report for June 2023. The report provided an update on the work being undertaken relating to the:</p> <ul style="list-style-type: none"> • Incident reporting and severity of harm • Duty of Candour, Falls, Thematic reviews and learning • Next steps - pressure ulcers, medicines management and mortality • Patient Experience and Staff Feedback will include compliments • Civica • Patient Experience and Involvement Strategy • Business case to PIP for PALs (June 2023) • Complaints and concerns • Health, Safety and Security • Infection Prevention and Control, Covid-19 investigations • Safeguarding • Urgent and Emergency Care • Planned Care • Cancer Pathways <p>The Committee approved a division-by-division focus for future meetings. Members would receive an update on the HIW inspection of Ty Lafant at the next meeting.</p> <p>The Committee noted good progress in increasing the uptake of staff statutory and mandatory training.</p> <p>EMBRACE UK Perinatal Mortality Data</p> <p>The Committee received the report, noting the following recommendations for to help reduce rates of stillbirths and improve outcomes for mothers and babies;-</p> <ul style="list-style-type: none"> • Continue to monitor all cases of small for gestational age babies through audit. • Ongoing work re PeriPrem • Ongoing work re Gap and Grow training. • Ensure continued use of the Perinatal Mortality Review Tool, case review and audit of 2022 cases. • Public Health agenda. 	

<p>The Committee noted the good progress made with ultrasound, noting the number of Health Board Midwives training for and qualifying as Sonographers.</p> <p>Highlight Reports:</p> <p>The Committee received the following Highlight Reports for Information: -</p> <ul style="list-style-type: none"> • Quality and Patient Safety Operational Group • Children’s Rights Participation Forum • Safeguarding Group Highlight Report • Clinical Effectiveness and Standards Committee Report • WHSSC QPS Committee Report • ABUHB Community PROMPT Wales Quality Assurance Report
<p>Matters Requiring Board Level Consideration or Approval:</p> <p>None Noted.</p>
<p>Key Risks and Issues/Matters of Concern:</p> <p>There were no issues or matters of concern.</p>
<p>Planned Committee Business for the Next Reporting Period:</p> <p>•</p>
<p>Date of Next Meeting: Wednesday 26th July 2023 at 09:30 via Microsoft Teams</p>

Name of Committee:	Finance & Performance Committee
Chair of Committee:	Richard Clark
Reporting Period:	21st June 2023
Key Decisions and Matters Considered by the Committee:	
<p>Outpatient Transformation</p> <p>The Committee received the report for assurance, noting the following progress had been made:</p> <ul style="list-style-type: none"> the financial modelling for all outpatient specialities with the Divisions of Scheduled Care, Family and Therapies and Medicine the progress on Outpatient Transformation the level of cost avoidance for 22/23 the level of risk pertaining to Outpatient Transformation savings. the Outpatient Programme Plan priorities for 23/24 <p>Performance Overview Report with Exception Reporting</p> <p>The Committee noted the integrated performance dashboard and the interim progress report against the Aneurin Bevan University Health Boards Integrated Medium Term Plan (IMTP) for April/May 2023.</p> <p>Members were informed of sustained operational pressures, impacted by increased bed occupancy and sickness levels across clinical teams.</p> <p>Monthly Finance Report & Monitoring Returns; Savings Reporting- Month 2 Review</p> <p>The Committee received an update on the Health Boards financial performance as of May 2023, including;</p> <ul style="list-style-type: none"> The financial performance at the end of May 2023 and the forecast position against the statutory revenue and capital resource limits, The savings position for 2023/24, The revenue reserve position on the 31st of May 2023, The Health Board's underlying financial position, and The capital position. <p>Members were assured that regular Board and Committee meetings would be scheduled based upon the current financial position.</p> <p>Value Based Healthcare Report 22/23</p> <p>The Committee received the annual report for Value Based Healthcare. Members were reminded of the focus on achieving the best patient care, outcomes, and experiences through utilising a range of outcome measurement 'tools', with the continued development of systems and processes to improve data collection.</p> <p>Members were assured of the alignment between the Value Based Healthcare work, Aneurin Bevan Continuous Improvement (ABCi), and the Person-Centred Care Teams, utilising data to inform future patient care and experience.</p> <p>Efficiency Opportunities</p> <p>The Committee received the report for assurance, noting the key areas of;</p> <ul style="list-style-type: none"> The ABUHB efficiency opportunities identified for review as part of national costing returns for 2021/22, The efficiency opportunities identified through the 'Getting it right first time' (GIRFT) best practice assessment for ENT services in ABUHB. Efficiency opportunities identified by the Welsh Government 'Utilisation of Resources Group' (UOG). <p>Members were informed that, as part of financial recovery in ABUHB, an Efficiency Board had been established.</p>	

Committee Annual Report

The Committee received the report for information, noting that it had been presented to Board in May 2023.

Matters Requiring Board Level Consideration or Approval:

N/A

Key Risks and Issues/Matters of Concern:

N/A

Planned Committee Business for the Next Reporting Period:

- Exception Report- Cataracts (Efficiency Opportunities)

Date of Next Meeting: Thursday 7th September 2023

Name of Committee:	Charitable Funds Committee (CFC)
Chair of Committee:	Paul Deneen
Reporting Period:	28th June 2023
Key Decisions and Matters Considered by the Committee:	
<p>Draft Committee Workplan 23-24 The Committee received the and approved the work programme for 2023/24.</p> <p>Finance Report, including Key Performance Indicators The Committee received the overview of the financial update, including Key Performance Indicators (KPIs) for the period ending 31st March 2023 for assurance and compliance.</p> <p>Members received and discussed information on spent and merged funds and two further funds established to receive grant funding. It was noted that the aim was to rationalise the number of funds to aligned to the Committee's request.</p> <p>Levels of Reserve 2023-24 The Committee received the Levels of Reserve 2023/24 report which provided the Committee with options on how funding can be utilised to recreate a reserve for 2023/24.</p> <p>The Committee agreed and accepted the proposal to create a reserve for 2023/24.</p> <p>Funds Available and CHC Small Grants Scheme The Committee noted details of funds that were available to them as at 31st March 2023 and approved three small grant requests:</p> <ul style="list-style-type: none"> • SGS 009 Value Based Conference – To enable 70 staff from clinical, operational and support services, including cardiology, diabetes, planning, finance and primary care to attend the Education Programme. • SCS 010 Clinical Supervision - to develop a Clinical Supervision Programme based in the Quality and Safety Department, Mental Health and LD based at St Cadoc's Hospital. • SCS 011 Advanced Communication Skills Training, Cancer Services - Funding a 2-day course provided by Reach Communication Skills aimed at staff dealing with families and colleagues. The course would be repeated a few times during the year. <p>Annual Spending Plans over £25k Update The Committee received an update on Annual Spending Plans over £25K.</p> <p>The Committee agreed to prioritise the inviting the fundholders of those funds with large balances and no predicted plans for spending to attend the Committee to enable the Committee to encourage the development of plans.</p> <p>Raising the profile of the CFC and funds available and the Chair to explore this area of activity further with NP, CFC team and Communications Team.</p> <p>Update on 13 Clytha Square The Committee received an update on the potential sale of 13 Clytha Square.</p> <p>It was noted that in order to sell the property alternative accommodation in or close to the Royal Gwent Hospital was needed to rehouse the staff currently based in 13 Clytha Square. The Accommodation Group was undertaking a review of occupancy in all buildings of the Royal Gwent Hospital by the end of the year.</p> <p>The Committee agreed to look to commence the selling process.</p>	

Legislation Updates

The Committee noted that there were no Legislation Changes to note.

TP Price Update

The Committee received an update on TP Price and noted that the Health Board had been advised to register the land and freehold before trying to sell the property. The registration route was currently underway. There had been a delay and backlog with the Land Registry which was being progressed. It was hoped to go to auction in September 2023.

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
- Financial Update including Investments Valuation and KPIs
- Report on Significant Donations and Gifts
- Update on new and closed funds
- Overdrawn Accounts
- Legislation Changes
- Expenditure Approval
- Fund Holder- Attendance at Meetings
- Spending Plans Review
- Levels of Reserves
- Review of Investment Performance- CCLA to attend
- Review of Financial Control Procedure
- Appointment of Investment Managers
- Approval of Admin Charge/Unrealised Gain Apportionment 23/24
- Update on Property
- Final Accounts and Annual Report- for approval

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	18 May 2023
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Duty of Quality</u> <p>Following a formal presentation to the Committee in March, a verbal update was provided demonstrating good progress in identifying the quality measures in each division and mapping the Quality Management Systems already in place within NWSSP. Staff have been briefed on the requirements and implications and discussions have taken place with Welsh Government and Delivery Unit colleagues on how the self-assessment, which is primarily clinically focused, can best be adapted to accurately portray the activities undertaken within NWSSP. A further formal update will be provided in September.</p> <p>The Committee NOTED the update.</p>	
<u>Deep Dive – Welsh Risk Pool</u> <p>The Committee were provided an overview of the many and various activities undertaken by the Risk Pool.</p> <p>One of the key aims of the Risk Pool is to ensure that NHS Wales organisations learn and share lessons from claims that are received. Learning from Events reports were introduced in 2018 and scrutiny is undertaken by a Learning Advisory Panel. A number of Safety and Learning networks help to share good practice and support is provided to Health Bodies to conduct complex investigations where specialisms and/or independence will add value. Investigations are supported not only by specialists from within NHS Wales, but from across the UK to ensure that advice being provided is of the highest calibre.</p> <p>The Committee NOTED the update.</p>	
<u>Chair's Report</u>	

The Chair updated the Committee on her attendance at recent meetings, both within NWSSP and externally.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The very positive outcome of the five-yearly External Quality Assessment of the Audit and Assurance Service.
- The recent visit of the NWSSP Senior Leadership Group to North Wales where they visited a number of sites including the Laundry and Stores and presented awards to staff who had been successful in the Staff Awards process that concluded in January of this year.
- The recent visit to India by NWSSP members including the Medical Director and colleagues from Health Boards and Welsh Government which has led to the potential recruitment of 58 nurses and on-going conversations with a further 20 Doctors.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Citizen Voice Body SLA - LLAIS

The Committee were presented with the draft SLA to govern the services provided to LLAIS by NWSSP. Further work is required on the SLA and the accompanying Memorandum of Understanding (MOU) and so while there was **AGREEMENT IN PRINCIPLE** on the documentation provided, the final SLA and MOU will need to be brought back to the Committee for formal approval.

Service Level Agreements

The overarching Service Level Agreement and the supporting schedules for 2023/24, which cover the core services provided to all NHS Wales bodies by NWSSP, were **APPROVED** by the Committee.

Primary Care Workforce Intelligence System

A summary of the Business Case for the Workforce Intelligence System for Primary Care was presented. This pulls together a number of separate systems into one system covering the following:

- Compliant registration of practicing clinicians to meet the NHS regulations via the Performers List & Pharmacy Database;
- The capture and reporting of the primary and community service workforce data and information respectively including the compliance registration for the Scheme of General Medical Practice Indemnity (GMPI) of substantive

and Locum workforce; and

- Capture and publication of declarations of interest enabling open and transparent assessment of conflict of interest.

The proposal requires capital funding in Year One but thereafter will deliver savings against current costs.

The Committee **APPROVED** the paper subject to confirmation of Welsh Government funding and sight of the Full Business Case.

Items for Noting

Internal Audit – External Quality Assessment

The 5-year external quality assessment of Internal Audit was undertaken by the Chartered Institute of Public Finance & Accountancy over recent months and resulted in the highest possible rating being awarded to the service that is operated by NWSSP. There were no areas of either partial or non-compliance noted with the standards.

The Committee **NOTED** the paper.

Laundry Services Update

The business case to build two new laundries and to significantly refurbish a third laundry has been put on hold due to a lack of available capital funding. Alternative plans are therefore being developed to ensure that the laundry service meet the appropriate environmental and legal regulations, but within a much-reduced financial envelope. These have been produced but at present Welsh Government are still unable to confirm any capital funding for the laundry service.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The final (unaudited) position for 2022/23 was a surplus of £12k with £2m re-distributed to Health bodies and Welsh Government. The Welsh Risk Pool position was as forecast in the IMTP, and all allocated capital funding was spent. The value of stock amounted to £24m and reflected several valuation adjustments that had been made in accordance with the relevant Accounting Standards. The adjustments had been approved by and funded by Welsh Government.

People & OD Update – Sickness absence rates remain low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. Staff turnover is relatively high, but this is largely due to starters and leavers in the Single Lead Employer Division.

Performance – In-month performance was generally on target with an improvement seen in Recruitment service time to hire. Report turnaround within

Audit and Assurance continues to be behind target but is largely outside the direct control of NWSSP. With regards to recruitment the review of, and subsequent clearance of historic cases, is continuing to adversely affect performance in the short-term but will deliver a longer-term benefit. The Payroll Call Handling Team have achieved their targets for the last three months, which represents a significant turnaround in performance.

IMTP Q4 Progress Report - Progress has been made towards achieving our IMTP objectives that form part of our 3-year rolling plan, with 45% on track for delivery as part of those longer-term programmes of work. 36% of our total objectives were successfully achieved, as planned, in year across our divisions.

Project Management Office Update – The new Case Management System, the Patient Medical Records Accommodation and the TrAMS Projects remain red-rated. All other projects are on track.

Corporate Risk Register – Two of the previously reported seven red-rated risks covering energy costs and industrial action, have been down-graded to amber. A number of COVID-specific risks have also been removed from the Register.

Draft Annual Governance Statement – This was provided for comment at this stage and will come back to the July Committee prior to final approval at the Audit Committee.

The Committee **NOTED** the above Reports.

Papers for Information

The following items were provided for information only:

- Audit Wales Plan
- 2023/24 Internal Audit Plan
- Audit Committee Assurance Report;
- 2022/23 Annual Complaints Report
- Finance Monitoring Returns (Months 12 and 1).
- 2023/24 Forward Plan.

AOB

It was agreed that the planned Committee Development Session scheduled for 9 June would be postponed in recognition of the pressures on NHS Wales colleagues at the current time. The session planned for November will however still go ahead.

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees	
N/A	
Date of next meeting	20 July 2023