Aneurin Bevan University Health Board

Wed 24 May 2023, 09:30 - 13:00

Conference Centre, St Cadoc's Hospital and via Microsoft Teams

Agenda

1. Preliminary matters

Agenda 24.05.23docx.pdf (3 pages)

1.1. Welcome and Introductions

Verbal *Chair*

1.2. Apologies for Absence for Noting

Verbal *Chair*

1.3. Declarations of Interest for Noting

Verbal *Chair*

1.4. Draft Minutes of the Health Board Meeting, held on 29th March 2023, for Approval

Attachment *Chair*

1.4 Draft Board Minutes 29.03.23.pdf (12 pages)

1.5. Summary of Board Business, held In-Committee, on 29th March 2023

Attachment *Chair*

1.5 Summary of Board Business held In Committee.pdf (3 pages)

1.6. Board Action Log for Review

Attachment *Chair*

1.6 Action Log May 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. Patient Experience and Public Engagement

2.1. Patient Story: Alcohol Care Team

Presentation *Director of Nursing*

3. Items for Approval/Ratification/Decision

3.1. Integrated Medium Term Plan 2023-2026: Update

Attachment *Director of Strategy, Planning and Partnerships*

3.1 IMTP Resubmission Cover Paper.pdf (10 pages)

3.2. Annual General Meeting - Variation to Standing Orders

Attachment *Director of Corporate Governance*

3.2 Variation to Standing Orders.pdf (3 pages)

3.3. Primary Care Provision

Attachment *Chief Operating Officer*

1. Aber Branch Surgery - to ratify Chair's Action
2. Vacanct GP Practice Update - Meddyga Gelligaer, Caerphilly and The Mount Surgery, Torfaen

3.3.1 a Aber Medical Bedwas.pdf (6 pages)
3.3.1 c Stakeholder Engagement Summary.pdf (2 pages)
3.3.1 d Chairs Action Aber Medical Centre Branch Surgery Closure Signed.pdf (4 pages)
3.3.2 a Vacant Practice Update.pdf (4 pages)

3.4. Nursing, Midwifery and SCPHN Workforce Strategy 2023-26

Attachment *Director of Nursing*

3.4 a NMSCPHN Strategy.pdf (4 pages)
3.4 b Workforce Strategy.pdf (29 pages)

3.5. Regional Cataract Business Case

Attachment *Director of Strategy, Planning and Partnerships*

3.5 a Cataracts BC Cover report for Board AB -final.pdf (8 pages)
3.5 c Executive Summary - Regional Cataracts Business Case.pdf (10 pages)

3.6. Item Withdrawn

3.7. Same Day Emergency Care (SDEC) Business Case at Ysbyty Ystrad Fawr

Attachment *Chief Operating Officer*

3.7 a SDEC BC Cover report for Board May 2023.pdf (6 pages)
3.7 b SDEC YYF Buisness Case.pdf (31 pages)

3.8. Velindre Cancer Centre Business Case

Attachment *Director of Finance and Procurement*

3.8 a nVCC Covering Report May 2023.pdf (6 pages)

3.9. Annual Complex Care/Mental Health & Learning Disabilities Independent Provider Fee Uplift for 2023/24

Attachment *Chief Operating Officer*

3.9 Complex Care - Fee Board Report 23.24 - Vfinal.pdf (8 pages)

4. Items for Discussion

4.1. Six Goals Update

Attachment *Chief Operating Officer*

4.1 Six Goals for Urgent and Emergency Care May 2023 v.3.pdf (17 pages)

4.2. Nurse Staffing Levels (Wales) Act 2016 Annual Assurance Report

Attachment *Director of Nursing*

4.2 a NSLWA Assurance Report 2023.pdf (4 pages)
4.2 b Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act April 2023.docx - FINAL.pdf (14 pages)
4.2 c Appendix 2 - Summary of Required Establishments - November 2022.pdf (4 pages)

4.3. Quarter 4 2022/23 Outcomes Report

Attachment *Director of Strategy, Planning and Partnerships*

4.3 a IMTP 2022-23 Q4 Progress Cover report NP.pdf (4 pages)
4.3 b IMTP 2022 to 23 Quarter 4 Progress Report Final.pdf (26 pages)
4.3 c Outcomes Framework 2223 Quarter 4.pdf (6 pages)
4.3 d Integrated Performance Dashboard Feb 23 (1).pdf (2 pages)

4.4. Financial Performance: Month 12, 2022/23

4.4 a Board Finance Report 22-23 M12 final.pdf (28 pages)
4.4 b Finance board report appendices M12 (Apr23)updated.pdf (20 pages)

4.5. Executive Committee Chair's Report

Attachment *Chief Executive*

4.5 Executive Committee Board Report March to May 2023.pdf (8 pages)

4.6. Regional Partnership Board Update

Attachment *Director of Strategy, Planning and Partnerships*

4.6 RPB Update AL NP.pdf (7 pages)

4.7. An overview of Joint Committee Activity

Attachment *Chief Executive*

a) WHSSC Update Report
b) EASC Update Report

4.7 a 1 WHSSC Assurance Report_May23.pdf (5 pages)
4.7 a 2 WHSSC Governance and Accountability Framework.pdf (10 pages)
4.7 b 1 EASC Assurance Report_May23docx.pdf (4 pages)
4.7 b 2 confirmed minutes 17_Jan_2023atEASC_14_Mar_2023.pdf (15 pages)

4.8. Key Matters from Committees of the Board

Attachment *Committee Chairs*

- To include Committee Annual Reports

4.8 a Key Matters from Committees.pdf (9 pages)
4.8 b SSPC Assurance Report 23 March 2023.pdf (4 pages)
4.8 c Audit_Risk and Assurance Annual Report 2022_23. FINAL.pdf (45 pages)
4.8 d PQSOC Annual Report 2022-23.pdf (29 pages)
4.8 e 2022-23 MHAMC Annual Report.pdf (19 pages)

- 4.8 f 2022-23 PCC Annual Report Approved.pdf (27 pages)
- 4.8 g 2022-23 PPHPC Annual Report.pdf (23 pages)
- 4.8 h FPC Annual Report 2022.23.pdf (23 pages)

5. Other Matters

5.1. Date of the Next Meeting

Wednesday 19th July 2023

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

AGENDA	
Date and Time	**Wednesday 24th May 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 29th March 2023, for Approval	Attachment	Chair
1.5	Summary of Board Business, held In-Committee, on 29th March 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	Chair
2	**PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT**		
2.1	Patient Story: Alcohol Care Team	Presentation	Director of Nursing
3	**ITEMS FOR APPROVAL/RATIFICATION/DECISION**		
3.1	Integrated Medium Term Plan 2023-2026: Upate	To Follow	Director of Strategy, Planning and Partnerships
3.2	Annual General Meeting – Variation to Standing Orders	Attachment	Director of Corporate Governance
3.3	Primary Care Provision: 1. Aber Branch Surgery – to ratify Chair's Action 2. Vacant GP Practice Update- Meddygfa Gelligaer, Caerphilly The Mount Surgery, Torfaen	Attachment	Chief Operating Officer
3.4	Nursing, Midwifery and SCPHN Workforce Strategy 2023-26	Attachment	Director of Nursing
3.5	Regional Cataract Business Case	Attachment	Director of Strategy, Planning and Partnerships
3.6	Item withdrawn		

3.7	SDEC Business Case & Evaluation at Ysbyty Ystrad Fawr	Attachment	Chief Operating Officer
3.8	Velindre Cancer Centre Business Case	Attachment	Director of Finance and Procurement
3.9	Annual Complex Care/Mental Health and Learning Disabilities Independent Provider Fee Uplift for 2023/24	To Follow	Chief Operating Officer
4	**ITEMS FOR DISCUSSION**		
4.1	Six Goals Update (to include a focus on discharge and redesigning services for older people and including SDEC GUH evaluation)	Attachment	Chief Operating Officer
4.2	Nurse Staffing Levels (Wales) Act 2016 Annual Assurance Report	Attachment	Director of Nursing
4.3	Quarter 4 2022/23 Outcomes Report	Attachment	Director of Strategy, Planning and Partnerships
4.4	Financial Performance: Month 12, 2022/23	Attachment	Director of Finance and Procurement
4.5	Executive Committee Chair's report	Attachment	Chief Executive
4.6	Regional Partnership Board Update	Attachment	Director of Strategy, Planning and Partnerships
4.7	An overview of Joint Committee Activity: a) WHSSC Update Report b) EASC Update Report	Attachment	Chief Executive
4.8	Key Matters from Committees of the Board • To include Committee Annual Reports	Attachment	Committee Chairs
5	**OTHER MATTERS**		
5.1	Date of the Next Meeting: • Wednesday 19th July 2023		

KEY:	
Priority 1	• Every Child has the Best Start in Life
Priority 2	• Getting it Right for Children and Young Adults
Priority 3	• Adults in Gwent Live Healthily and Age Well
Priority 4	• Older Adults are Supported to Live Well and Independently
Priority 5	• Dying Well as part of Life
Enablers	• Experience, Quality & Safety • Partnership First • Research, Innovation, Improvement, Value • Workforce & Organisational Development • Finance • Digital, Data, Intelligence • Estate • Regional Solutions • Governance

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

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN

MINUTES OF ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING

DATE OF MEETING	Wednesday 29th March 2023
VENUE	Conference Centre, St Cadoc's Hospital and via Microsoft Teams

PRESENT	Ann Lloyd	Chair
	Nicola Prygodzicz	Chief Executive
	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
	Katija Dew	Independent Member (Third Sector)
	Chris Dawson-Morris	Interim Director of Planning and Performance
	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)
IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Stuart Bourne	Deputy Director Public Health
	Bryony Codd	Head of Corporate Governance
	Lucy Windsor	Corporate Services Manager
	Ian Thomas	Project Lead
	Gemma O'Brien	Clinical Director
	Jemma Morgan	Chief Officer, CHC
APOLOGIES	Pippa Britton	Interim Vice Chair
	Dr Chris O'Connor	Interim Director of Primary, Community and Mental Health Services
	Prof Helen Sweetland	Independent Member (University)
	Cllr Richard Clark	Independent Member (Local Authority)
	Shelley Bosson	Independent Member (Community)

ABUHB 2903/01	**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 Jemma Morgan to the meeting and thanked her and Lesley Perry, for their work as Chief Officer and Chair of Aneurin Bevan CHC, prior to the establishment of Llais on 1st April 2023. The Chair thanked them for the work of

	the CHC to help and provide support to patients and to help the Health Board to improve. The Chair stated that this would be the final meeting for Katija Dew, Independent Member who had served on the Board for 7 years. The Chair thanked Katija for the invaluable contribution she had made, commenting that she always offered sound advice. The Chair also thanked Chris Dawson-Morris for covering the Director of Planning and Performance position on an interim basis. Chris would be returning to his deputy role, and taking a lead in partnership working for the Health Board.
ABUHB 2903/02	**Declarations of Interest** There were no Declarations of Interest raised relating to items on the agenda.
ABUHB 2903/03	**Minutes of the previous meeting** The minutes of the meeting held on 25th January 2023 were agreed as a true and accurate record.
ABUHB 2903/04	**Summary of Board Business, held In-Committee, on 25th January and 15th February 2023** The Board NOTED an overview of the formal discussions held by the Board at its private meetings held on 25th January and 15th February 2023.
ABUHB 2903/05	**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 2903/06	**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 11th January and 13th March 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 2903/07	**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: • Visit to Chepstow Community Hospital and County Hospital. The Chair commented how impressed she was with the way the service had changed to become far more community orientated; particularly in Chepstow with the establishment of hot clinics for frail and elderly people. • Attended a meeting with Chepstow Town Council at which they raised concerns regarding the provision of a Minor Injury Unit. It was noted that this was not planned, however the Health Board were re-looking at the numbers required to make the service viable. The GP present at the meeting also provided information about a minor ailments service being developed. • Two meetings of Health Board Chairs had taken place, as well as an away day with the Minister for Health and Social Services. Much of the discussion had been concerned with performance and finance, but also patient safety and best practice, digital strategies and improving digital access, as well as the new proposal from the Minister regarding community and social care – Further,

	Faster Together. Governance and assurance had also been a focus in light of the issues in North Wales. • • A number of long service awards, highlighting 8 people attending the Staff Recognition Awards who had worked in the NHS for over 50 years. • Met with cabinet members for social services who now sit on the Regional Partnership (RPB) Board to discuss the work programme for the RPB. • Meet RPB Chairs on a monthly basis to discuss areas of mutual concern. • RPB met last week and discussed the outcomes of the Winter Plan. • PSB met with the Minister, at the request of the PSB Chair, to discuss concerns in social care and committed to find different ways to overcome the issues across the health and social care system. The Chair was grateful to the Executive Team and staff for maintaining their focus on the provision of high standards of care for the Communities. The Board NOTED the Chair's Report.
ABUHB 2903/08	**Chief Executive's Report** Nicola Prygodzicz (NP), Chief Executive, commented that it was evident from the agenda for today's meeting that it had been a busy few months, whilst continuing to focus on delivery. NP highlighted: • Planning and preparation for the IMTP, with an enhanced focus on quality and patient experience. • Work with wider senior leadership teams to improve accountability and empower teams. • Continued focus on system safety, how to address long waits, recognising a whole system approach. • Staff Recognition Awards which recognised some of the great work being undertaken across the Health Board. The Board NOTED the CEO's Report.
ABUHB 2903/09	**Report from Aneurin Bevan Community Health Council** Jemma Morgan (JM), Chief Officer of the Community Health Council presented the report which provided an overview of recent issues of concern and the positive observations or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent. JM thanked the Public Health Team for their collaboration with the CHC on the HMP survey project noting that the report would be issued shortly. JM highlighted an unannounced visit to ward 3.3 following an urgent issue raised to the advocacy service regarding standards of care. JM thanked the nursing team for the quick action taken to respond to the issues raised. The Winter Patient experience report had recognised ongoing concerns regarding long waits but highlighted excellent patient feedback once seen. JM noted the access to BSL support in hospitals and the improvements made; however this would be kept under review.

	JM commented that CHCs across Wales were picking up issues regarding a slow reduction in the availability of pharmacies at weekends and this would be monitored. The Board NOTED the report.
ABUHB 2903/10	**Integrated Medium Term Plan 2023-26** Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, presented for approval the Integrated Medium-Term Plan 2023-26. CDM noted the duty to submit an IMTP to Welsh Government, including a requirement to breakeven on a 3-year rolling basis; and outlined the 3 core themes within the plan as: • Renewed and refreshed approach to quality as a core driver • Efficiency • Workforce – matching demand and capacity and being an employer of choice. This year's plan maintained the life course approach to planning and work continued to refine the priority areas in the plan, including a new place based model. CDM commented that the plan set out the ambition and in respect of achieving targets the Health Board had taken a realistic approach to profiles and delivery, which acknowledged that the targets may not be met in a small number of areas. The Chair asked how sophisticated the IMTPs of Neighbourhood Care Networks (NCNs) would be and what resources were being provided to support their development. CDM explained that there was a small team in primary care to support this. He recognised there was further work required. In terms of place-based care, Nicola Prygodzicz (NP), Chief Executive, explained that, as part of focussing priorities, clinical futures resource was being directed to place based care to determine what this means, what it would deliver and the difference it would make. Iwan Jones (IJ), Independent Member, asked when the underlying detailed plans would be available. Rob Holcombe (RH), Director of Finance and Procurement, explained that work continued to develop the granularity of plans at a divisional level. NP confirmed that many services plans/improvement plans were already in place and would continue, such as 6 Goals and Planned Care Programmes. CDM confirmed that clarity at divisional level should be available by the end of quarter one. Katija Dew (KD), Independent Member, asked how the Health Board was supporting partners to be able to fill their workforce provisions to meet the expectations of the HB. CDM confirmed that there was work ongoing to support role development, and to map services to ensure maximum resources to NCNs and enable better use of commissioning/contracting with the third sector. Sarah Simmonds (SS), Director of Workforce, explained that there was dedicated workforce resource available to NCN to develop skills and expertise for workforce

	planning In addition, there was work being undertaken across Wales to develop a primary care workforce plan. Dafydd Vaughan (DV), Independent Member commented on the comparatively low level of digital and capital funding, and the number of national programmes that were struggling leading to a risk in delivering digital transformation. Phil Robson (PR), Special Advisor, welcomed the plan, commenting that improvements were being seen in most areas. However, he did not feel that the required progress was being made out of hospital and asked how the Health Board was engaging with partners to sign up to this plan. Jennifer Winslade, Director of Nursing, said that there was an opportunity to work differently and that she had started to see behaviour change in relation to discharge and frailty. It was agreed that a joint update on discharge and frailty, with 6 goals progress would be presented to the next meeting. **Action: Medical Director/Nurse Director** Leanne Watkins (LW), Director of Operations, commented that all staff needed to be engaged to deliver this plan, and teams needed to be given the headroom to enable delivery. The Chair concluded that this was an ambitious but realistic plan which will not compromise quality and safety and acknowledged that the granularity of the delivery plans was awaited. The Board APPROVED the Integrated Medium-Term Plan 2023-26. **Development of an Accountability Framework** Rani Dash (RD), Director of Corporate Governance, provided an update on the work being undertaken to develop and organisational Accountability Framework to monitor the delivery and achievement of our strategic priorities and operational plans; as well as identifying areas of excellence and wider sharing. RD noted the work undertaken with the senior leadership group to develop the approach and underlying principles. This will continue with a focus on integrated performance arrangements. It was recognised that embedding the culture across the organisation would take time. The Board NOTED the report.
ABUHB 2903/11	**Revenue Budget Setting 2023/24** Rob Holcombe (RH), Director of Finance and Procurement, presented for approval the initial revenue budges to be delegated for the 2023/24 financial year. RH confirmed that the figures included within the report reconciled to the IMTP financial plan. The budget plan for 2023/24 aligned to assuming an overspend of £124m and had been included in delegated budgets. A negative reserve had been established as a way of balancing income. RH highlighted that: • this was a practical approach to establishing budgets;

	• Budget setting would be a considerable exercise from a practical point of view; • Where possible, if new funding was received, it would be used to off set the deficit reserve; • The approach would allow budget variance to become a more effective way of monitoring financial performance. Iwan Jones (IJ), Independent Member, asked who would be accountable for adverse budget movements. It was noted that all areas were ultimately accountable to an Executive and a summary would be circulated. The Board APPROVED the approach to the delegation of budgets.
ABUHB 2903/12	**Quality Strategy 2023/24** Jennifer Winslade (JW), Director of Nursing, presented for approval the Health Board's Quality Strategy. JW explained that this was a new approach to quality to enable the Health Board to deliver the Duties of Quality and Candour and provide a transparent commitment to our staff and patients. The Strategy builds on capacity to enable accountability from ward to Board and to empower staff to take steps for learning and improvement. A delivery plan with milestones would be developed to support the implementation of the Strategy and JW confirmed that she had been working with the planning and performance team regarding integrated performance reporting which included quality. The Board APPROVED the Quality Strategy.
ABUHB 2903/13	**Patient Experience and Involvement Strategy 2023/24** Jennifer Winslade (JW), Director of Nursing, presented, for approval, the Health Board's Patient Experience and Involvement Strategy. The Strategy brought together learning, improvement and opportunities and outlined a new approach, particularly in relation to the concerns and complaints process, ensuring earlier engagement. The Strategy focussed on what matters to patients and how to empower staff to have these conversations. James Calvert (JC), Medical Director, explained that consultants were traditionally held to account via number of clinics, patients seen etc however. CIVICA would also information on feedback from patients to be part of their appraisals, which was welcomed. The Board APPROVED the Patient Experience and Involvement Strategy
ABUHB 2903/14	**Adult Mental Health and Learning Disabilities Specialist Inpatient Services Unit (SISU) Outline Business Case** Chris Dawson-Morris, Interim Director of Planning and Performance, presented the SISU OBC, for approval for submission to Welsh Government.

	CDM explained that this was a key piece of architecture for delivering Mental Health Services and confirmed the required capital cost of £89m. It was noted that, as the SISU model developed and was implemented, the Health Board would be able to repatriate out of area placements closer to home to provide a better patient experience. Ian Thomas (IT), Project Lead, confirmed that the key challenges of finance and workforce would be worked through in the Full Business Case Stage. Iwan Jones (IJ), Independent Member, queried whether or not the case was fit for purpose in terms of the numbers of beds as it seemed as though the reduction of out of area placements in the first 3 years would subsequently increase in 7/8 years. IT explained that the bed numbers were a reflection of mathematical modelling and historical activity. The numbers of patients requiring out of area treatment in 7 years would be low. It was also noted that the patient pathway and development of community services to intervene earlier were part of the transformation programme being developed in tandem. IT commented that once this unit was in place, with the community infrastructure alongside, there should not be a need for outsourcing past year 4. James Calvert (JC), Medical Director, highlighted that the delivery of services from the St Cadoc's site was not ideal as the estate was not fit for purpose. There was therefore a commitment to look to relocate all services from the Site as the FBC for the SISU was developed. The Board APPROVED the submission of the OBC to the Welsh Government, on the basis that all Mental Health Services would be relocated from the St Cadoc's site in the Full Business Case.
ABUHB 2903/15	**South East Wales Regional Ophthalmology Strategy** Chris Dawson-Morris (CDM), Interim Director of Planning and Performance presented for endorsement the Regional Ophthalmology Strategy. It was noted that the Strategy was a culmination of work across four Health Boards and had been developed from a Clinical Summit with both clinical and managerial representation from all Health Boards, and from dialogue with clinicians and other stakeholders from across the region. CDM confirmed that this was an overarching strategy providing the direction of travel with a number of workstreams developing business cases with specific ambitions and targets. The Chair welcomed the Strategy stating that it was a real step forward for these vital services. The Board ENDORSED the SEW Regional Ophthalmology Strategy.
ABUHB 2903/16	**Annual Equality Report** Sarah Simmonds (SS), Director of Workforce and OD, presented for approval the Annual Equality Report, including the Gender Pay Gap and Race Pay Gap reports,

	which demonstrated the progress towards achieving the statutory equality objectives. It was noted that workforce monitoring data was as at 31st March 2022. SS highlighted the significant work undertaken in re-energising and creating networks in relation to protected characteristic, training and awareness and development of a new EQIA process. In relation to the Gender Pay Gap report, SS explained that the data separated those staff on Agenda for Change and those outside to provide transparency regarding the different Terms and Conditions. The report highlighted a significant difference between the average and median range. Actions were progressing to close this gap; however it was noted that, as with other NHS organisations, the Health Board employed significantly more females than males. The Race Pay Gap report demonstrated a significantly higher level of BAME representation at Band 5 and medical and dental staff which was a reflection of international recruitment. Louise Wright (LW), Independent Member, asked if there was an opportunity to expand the team to deliver this work. SS explained that a lot of the work is delivered through colleagues in other departments but there was an opportunity to map where this workforce is and bring together to create capacity. The Board APPROVED the Annual Equality Report.
ABUHB 2903/17	**Gwent Public Service Board (PSB) Well Being Plan** Stuart Bourne (SB), Deputy Director Public Health, presented for approval the Gwent PSB Well Being Plan. SB explained that this was the first five year Well Being Plan the Gwent PSB had produced. The plan set out local objectives, and the steps to be taken to meet them. The plan also described how the PSB intends to improve the economic, social, environmental and cultural well-being of the local area by setting local objectives which maximise the contribution made by the board to achieving the well-being goals in its area. The Plan was due to be approved by the PSB on the 23rd June 2023 and each of the eight statutory member organisations were required to endorse the plan prior to this. It was noted that, following approval, detailed delivery plans would be developed by the autumn. The Board ENDORSED the Gwent PSB Well Being Plan.
ABUHB 2903/18	**Velindre Cancer Centre Business Case** Rob Holcombe (RH), Director of Finance and Procurement, presented for approval the Velindre Cancer Centre Full Business Case. RH highlighted that the Outlined Business Case had been approved by the Board in 2018. RH explained that the current environment had limited space and was

	below standard. The FBC therefore had been developed for a new Cancer Hospital in Cardiff to deliver specialist oncology services for the population of South East Wales, manage demand, provide flexibility for expansion and provide a better environment for patients and staff. RH explained that the FBC consisted of 5 cases (Strategic; Economic; Commercial; Management; and Financial) which were inter-connected and set out the case for investment. Of the 5 Cases, four (Strategic; Economic; Management; and Financial) were complete. Given the commercially sensitive nature of the FBC, the economic and financial cases had been discussed by the Board in private session prior to this meeting. It was highlighted that there would be an increased revenue cost to the Health Board of £1.9m, with no increase in patient activity. Nicola Prygodzicz (NP), Chief Executive, acknowledged the pace of change required but highlighted that due consideration needed to be given to: • Affordability; • Much of the Health Board's own estate was not fit for purpose; • Maintenance backlog Members raised concerns regarding affordability and how the increased revenue would meet the objectives of improved patient outcomes and quality. The Board agreed supported the case for change in principle, as it was clear that the current environment at Velindre was no longer sustainable, and there is a need to improve the environment by building a new setting which would provide better surroundings for patients. However, given the current operating environment and financial situation, the Health Board agreed it could not commit to paying an additional £1.9million at this time. Velindre NHST would be asked to reconsider the finance and economic cases.
ABUHB 2903/19	**Integrated Medium Term Plan (IMTP) 2022/25 Quarter 3 Progress Report** Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, presented, for noting, the progress against the Health Board's IMTP during Quarter 3. CDM highlighted that the progress reflected the operating environment of the Health Board and was a testament to staff in maintaining a strong safety focus through the winter period. In light of continued pressures, the Health Board had continued to make progress in planned care and reducing long waiting times, with small numbers remaining. There had been continued progress in cancer services and in public health. It was acknowledged that the Health Board was not in the position is wanted to be, but steady progress was being made during a difficult operating period. Dafydd Vaughan (DV), Independent Member commented that the Health Board was still unable to report Mental Health data due to WCCIS and that this was not acceptable from a national system. CDM confirmed that work was ongoing with DHCW and some manual reporting was being undertaken to address the backlog. The Board NOTED the report, the current pressures and the action being taken.

ABUHB 2903/20	**Financial Performance** Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining financial performance to the end of January 2023, highlighting a year-to-date revenue deficit of £34.2m and a year end forecast deficit of £37m, in line with the revised plan. The capital resource limit was forecasting to breakeven and the public sector payment policy was achieving the 95% target. RH outlined the following key points: • Year to date position slightly above plan • Anticipated income for COVID and exceptional costs of £22m had now been received thus removing the risk • Pay expenditure increased in January • Non pay reduced in January (due to one off costs in month 9) • Drugs continued to be a pressure • Year to date savings were £2.7m above profile • Underlying position updated – deficit of £89m in to the new financial year, in line with the IMTP. The Board NOTED the report.
ABUHB 2903/21	**Strategic Risk Report** Nicola Prygodzicz (NP), Chief Executive, presented for assurance the 25 strategic risks within the Corporate Risk Register. NP acknowledged the Board session the previous week on risk and assurance and the plans to reframe and refocus risk reporting in 2023/24. NP highlighted the reframing of the WCCIS risk and the reduction in risk rating for inpatient falls. The Board noted the new risk in relation to the dilapidation of Health Board Estate and NP noted that this was a national issue. WG were working with the Health Boards on a detailed survey to understand the level of risk. The Board NOTED the report.
ABUHB 2903/22	**Executive Committee Activity** Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held between 12th January and 15th March 2023. NP highlighted the following issues discussed by the Executive Committee: • Stroke services at both a national and local level; • Workforce variable pay; • Draft Regional Ophthalmology Plan; • What does being a Marmot region mean for the Health Board; NP explained that Cwm Taf Morgannwg University Health Board currently hosted the National Imaging Academy Wales (NIAW) on behalf of Health Bodies in Wales. The current hosting agreement expires on 31 March 2023 and therefore Health Boards in NHS Wales have been asked to extend the hosting agreement for a further 3 years to 31 March 2026.

	The Board ENDORSED the signing of this agreement by the Chief Executive Officer on behalf of Aneurin Bevan University Health Board. The Board NOTED the report.
ABUHB 2903/23	**An overview of Joint Committee Activity** Nicola Prygodzicz (NP), Chief Executive, provided an update on the issues discussed and agreed at recent meetings of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), as joint committees of the Board. Key issues discussed with WHSSC included Thrombectomy, Stroke, eating disorders and neonatal services. Peter Carr (PC), Director of Therapies and Health Science commented that, notwithstanding the planning work to develop Thrombectomy capacity in Wales, at a Health Board level, the current arrangements for Thrombectomy were to refer eligible stroke patients to Southmead Hospital in Bristol. From May 2023, Southmead would expand their Thrombectomy operating hours from 8am – 8pm, to 24 hrs per day; this change has allowed the Health Board to refer patients at any time of day, and therefore increase the number of patients benefiting from Thrombectomy. NP highlighted the briefing note from the Joint Clinical Directors of the interim Spinal Network, with regard to the introduction of a new Spinal Network for South Wales, West Wales and South Powys (SWSN). The SWSN will be a partnership between participating organisations, working collaboratively to improve patient outcomes by developing a Value-Based healthcare approach to the management of spinal disorders, delivering care at the most effective part of the pathway. The SWSN would be hosted by Swansea Bay University Health Board (SBUHB), and would be commissioned by the Welsh Health Specialised Services Committee. The Board ENDORSED the signing of Memorandum of Understanding for the SWSN by the Chief Executive Officer on behalf of Aneurin Bevan University Health Board. The Board NOTED the report.
ABUHB 2903/24	**Key Matters from Committees of the Board** The Board RECEIVED Assurance Reports from the following Committees: • Finance and Performance Committee • People and Culture Committee • Audit, Risk and Assurance Committee • Patient Quality, Safety and Outcome Committee • Charitable Funds Committee • Mental Health Act Monitoring Committee • Shared Services Partnership
ABUHB 2903/25	Date of the Next Meeting: Wednesday 25th May 2023

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 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 meeting held on 29th March 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

Velindre Cancer Centre Full Business Case
The Board considered the commercially sensitive elements of the Full Business Case, in advance of considering the FBC for approval and the funding commitment requested during the Board's meeting to be held in public.

The Board agreed the detail of the Full Business Case at its main meeting, held in public and recorded within the respective minutes.

TPP Estate – Arrears of Rent
The Board considered and approved a recommendation from the Charitable Funds Committee to sell the property at auction with a sitting tenant.

Asesiad / Assessment

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

Argymhelliad / Recommendation

The Board is requested to note this report.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

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

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

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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
25th January 2023	**ABUHB 2501/12**	**Performance Overview Report, January 2023:** Report to be provided to the next meeting to provide an update on discharge planning, including discharge processes for the frail and elderly.	**Director of Nursing / Interim Director of Primary, Community and Mental Health.**	March 2023	Discharge Planning and redesigning services for older people included as a focus in the Six Goals Programme Report at item 4.1
29th March 2023	**ABUHB 2903/10**	**Integrated Medium Term Plan 2023-26:** Joint update on discharge and frailty, with 6 goals would be presented to the next meeting.	Director of Nursing/Medical Director	May 2023	Discharge Planning and redesigning services for older people included as a focus in the Six Goals Programme Report at item 4.1

All actions in this log are currently active and are either part of the Board's forward work programme or require more immediate attention, such as an update on the action or confirmation that the item scheduled for the next Board meeting will be ready.
Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 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 between the 14th March and 11th May 2023.

The Board is asked to note that there has been one (1) document that required the use of the Health Board's seal during the above period.

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

During the period between the 14th March and 11th May 2023, four (4) 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. One document was sealed between the 14th March and 11th May 2023, as outlined below.

Date	Title
04/05/2023	Planning obligation by Deed of Agreement between ABUHB and Torfaen County Borough Council in respect of side land at Llanfrechfa Grange

3.2 Chair's Action

All Chair's Actions undertaken between 14th March and 11th May 2023 are listed below, all of which were approved by the Chair.

Date	Title
06/04/2023	Access to NHS Dentistry: Contract Reform (Detail not included due to commercial sensitivities)
06/04/2023	Remedy Healthcare Solutions – Endoscopy Insourcing
18/04/2023	Aber Medical Centre – Branch Surgery Closure and Boundary Change Request *(further report provided at Agenda Item 3.3)*
26/04/2023	Postal Services

Asesiad / Assessment

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

Argymhelliad / Recommendation

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

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

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

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

Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) of the insourcing of endoscopy services by Remedy Healthcare Solutions.

Financial Value	Contract period including extension options: 1st April 2023 – 30th November 2023 (8 months) Annual value of current contract: £2,071,650.00 VAT included Annual value of new contract £1,550,620.00 Total value of new contract: £1,550,620.00

Situation

Request to approve the Request for Approval (RFA) with an option to extend.

Background

In December 2022 the Executive Team approved the insourcing of endoscopy services by Remedy Healthcare Solutions until the new Endoscopy unit opens (planned November 2023), acknowledging the increased demand on the service and in particular, the risk to patient outcomes.

Endoscopy services play an essential part in diagnosing and staging of suspected/confirmed cancer and positive bowel screening results, providing follow-up for patients with prior diagnosis and delivering interventional treatment thus delivering both therapeutic and diagnostic services. The service covers several modalities of diagnosis and treatment with waiting lists being subject to an 8 weeks diagnostic target.

Request

It is recommended the cost is approved to ensure the continuity of the service to meet the increase in demand that has continued over the last few months. The Gastroenterology Directorate is currently facing an extremely challenging situation in terms of meeting waiting times for endoscopy diagnostics, Bowel Screening Wales and repeat/surveillance procedures.

Accompanying documents:

RFA1052 - Remedy Insourcing - April 2(

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:
	4/4/23
Signature: Chief Executive	**Date:**
	4.4.23
Signature: Director of Corporate Governance	**Date:**
	4th April 2023
Signature: Independent member	**Date:**
PIPPA BRITTON - APPROVED BY SEPARATE EMAIL	5/4/23
Signature: Independent member	**Date:**
PAUL DENEEN - APPROVED BY SEPARATE EMAIL	6/4/23

---- End ----

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 13th April 2023.

Whilst the matter will be agreed via the use of urgent chair's action to enable timely decision making, the matter will be reported as a substantive agenda item to the Board meeting held in public in May 2023.

Financial Value	No information provided

Situation

At its meeting of 14 April 2023, Executive Committee approved the recommendation of the Branch Surgery Closure Panel where an application for the closure of Bedwas Surgery East Avenue, Bedwas was considered – the branch surgery of Aber Medical Centre, Caerphilly South.

Given the immediate difficulties that the practice is currently experiencing with regards to service delivery and significant sustainability concerns, the Panel also recommended a 4 week notice period, with closure taking effect from Monday 8th May 2023. This recommendation was in agreement with Llais.

This Chair's Action seeks endorsement of the decision ahead of the next Board meeting scheduled for 22 May 2023, in order to meet the recommended closure date.

Background

Aber Medical Centre is a 2 GP Partner practice with a registered list size of 8,881, as of 1st January 2023.

The practice currently provides 24.4 GP equivalent sessions weekly across all sites and includes 2 GP partners, 1 Advanced Nurse Practitioner and 1 regular Locum GP.

Based on the locally agreed benchmark of 1 clinical session per 200 registered patients, the practice has a shortfall of 20 clinical sessions due to GP vacancies based on list size.

The practice has tried to recruit over the past few years and have had some success, unfortunately, these GPs have subsequently left the practice returning to locum work, due to the volume of work they experienced in surgery. The practice is currently applying for the Tier 2 sponsorship for GPs.

The practice currently provides services across four sites as below:

- Aber Medical Centre main branch – 27-29 Thomas Street, Abertridwr, Caerphilly South
- Abertridwr branch site – 30 Thomas Street, Abertridwr, Caerphilly South
- Bedwas branch site – East Avenue, Bedwas, Caerphilly South
- Llanbradach branch site – Pencerrig Street, Llanbradach, Caerphilly South

Due to the inability to recruit GPs, the practice has determined that by the closure of one of the sites, this will support the future sustainability of the practice. By consolidating services between the two sites in Abertridwr and their Llanbradach branch (three sites), this would support the delivery of the full range of services to their registered population.

On the 9th December 2022, Aneurin Bevan University Health Board received an application from Aber Medical Centre, Caerphilly South to close their branch site Bedwas Surgery East Avenue, Bedwas, Caerphilly South.

Additionally, the practice requested a boundary change to withdraw from accepting new patient residing in Bedwas, Trethomas and Machen areas. The practice was not requesting to reassign any patients residing outside the proposed new practice boundary.

The current services and workforce delivered from Bedwas would be redistributed across the remaining 3 sites, maintaining the current level of capacity.

A Branch Surgery Closure Panel convened on 4 April 2023 to consider the business case, supporting information and results from the patient engagement and equality impact assessment, which are appended to this request. The Panel concluded by recommending that the practice application to close the branch surgery is approved. Executive Committee subsequently approved the Panel's recommendation at its meeting on 13 April 2023.

Accompanying documents:

2.2 Outcome Report Aber Medica

2.2a Patient Consultation Summ

2.2b EQIA On Impact of Bedwas Cl

Request:

It is requested that the recommendations of the Branch Surgery Closure Panel, Llais and the Health Board's Executive Committee to close Bedwas Surgery East Avenue, Bedwas, Caerphilly South is endorsed.

Approval:

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to endorse the branch closure to ensure that the practice can continue to provide continuity of care to its patients.

Signatures: Chair / Vice Chair	**Date:**
	18/04/23
Signature: Chief Executive	**Date:**
	17/4/23
Signature: Director of Corporate Governance	**Date:**
	16th April 2023
Signature: Independent member	**Date:**
Signature: Independent member	**Date:**

---- End ----

Description of Request:

To consider as Chairs Action the approval of a Request for Approval (RFA) for Postal Services.

Financial Value	Annual value of current contract £498,653.69
	Annual value of new contract £583,424.13
	Total value of new contract £583,424.13

Situation

Request to approve the Request for Approval (RFA) for the period 1st October 2023 to 31st March 2024.

Background

The Health Board currently sends out in the region of 1.5 million pieces of mail per year. The majority of the postage costs is incurred in supporting the patient appointment process. The largest volume of appointments is managed through the St Woolos and Nevill Hall booking centres who send out around 500,000 pieces of mail per year.

The post is franked or stamped locally and passed to the company Whistl for sorting and delivery.

However, for the last 36 months the Health Board has been trialling a hybrid mail solution with PSL Print Management Limited. Following a trial in Nevill Hall and St Woolos a dual approach is currently being operated within the Health Board where part of the post services is continuing to be completed via hybrid mail, as part of the ongoing trials, and the other using Whistl and posting via Royal Mail.

In addition, investigations are being completed into adopting digitalised communications to enable the Health Board to reduce the reliance on paper communications for appointments and other information.

Request:

Approval of a 12-month extension request of the current contract is required to enable the service from Whistl to continue until a fully hybrid approach is rolled-out across the Health Board.

As the volumes of mail sent each year changes, the calculations for costs is based on total costs for the previous year. The actual annual costs can fluctuate dependent on service utilisation.

Accompanying documents:

ABU-MIN-52894
Part Signed pdf

Approval:

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

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

25/4/23

Signature: Chief Executive **Date:**

25.4.23

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

25th April 2023

Signature: Independent member **Date:**

Pippa Britton - Approved by separate email 26/4/23

Signature: Independent member **Date:**

Paul Deneen - Approved by separate email 26/4/23

---- End ----

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN ANEURIN BEVAN UNIVERSITY HEALTH BOARD MEETING	
DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 May 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	IMTP Annual Plan 23/24 May Resubmission
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans (Director of Strategy, Planning and Partnerships)
SWYDDOG ADRODD: REPORTING OFFICER:	Trish Chalk (Interim Deputy Director of Planning and Assistant Director of ABCI (Aneurin Bevan

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

ADRODDIAD SCAA SBAR REPORT
Sefyllfa / Situation The purpose of this paper is to provide the Board with the response to the Welsh Government's feedback on the Aneurin Bevan University Health Board's Integrated Medium-Term Plan (IMTP) and to seek support for the revised elements on the plan. This report summarises the feedback, describes the actions taken in response to the feedback, proposes some key changes made to the delivery commitment against the Ministerial Priorities, along with the review of the financial position. The Board is asked to: • **Note** the Welsh Government's feedback on the March submission of the IMTP • **Note** and **approve** the changes to the commitments against the Ministerial Priorities (as articulated in the templates). • **Note** and **approve** the financial position and risk

Cefndir / Background

The Health Board's Integrated Medium-Term Plan (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 (23/24) 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.

The letter requested that the Health Board 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. The Executive team met with Welsh Government colleagues for specific feedback on 2nd May and a Board Briefing session took place on 3rd May where the feedback was shared, and options and actions agreed and discussed.

The Welsh Government's assessment of delivery and feedback provided against the Ministerial Priorities can be summarised as follows:

Ministerial Priority	**Welsh Government Feedback**
Delayed Transfers of Care	Commitments accepted and update not required by WG Although noted that additional work on trajectories underway so opportunity to reflect any improvements made internally
Primary Care Access	Review and Update required Further work to strengthen access improvements Assurance required on the impact of the actions to improve access.
Urgent and Emergency Care	Review and Update required Challenge to increase ambition in performance and delivery (ensuring actions and milestones align) A focus on Ambulance Handover delays Clarity on pre-hospital service model

Planned Care, Diagnostics and Pathways	Review and Update required A challenge to the outpatient and treatment performance ambition and ask that further opportunities to improve delivery are explored. Confirmation of commitment to regional working on diagnostics required through template.
Cancer Recovery	Review and Update required Note commitment to deliver ministerial priorities for SCP Additional assurance required that plans as set out will deliver. Review pace of roll out of Optimal pathways
Mental Health	Commitments accepted and update not required by WG

Welsh Government's assessment of delivery against the financial requirements recognised the challenge of the significant service and workforce constraints faced by the Health Board and heightened by the challenging economic context within which we are operating. Notwithstanding this, a review of financial plan against the following areas are required:

(i) Underlying position – The need to test assumptions, particularly in cost growth as LHB (Local Health Board) a potential outlier in these assumptions.
(ii) Investment decisions -review of investments made to test for benefit and impact to inform choices.
(iii) Cost pressures and cost reductions – test actions that can be taken to reduce new costs/investments
(iv) Savings plans/mitigations. Clarity required on level of confidence and risk associated with current plans requires improvement.

Asesiad / Assessment

Review of Ministerial Priorities

In response to the above feedback, the Health Board has undertaken detailed work to test opportunities to make improvements to delivery commitments. This work has been undertaken in line with the following principles:

- Stretch to delivery ambition but realistic as to achievability
- Incorporating updated data sets to review forecasts
- Reflect known service and workforce updates and changes since March submission
- Inclusion of activity associated with the Cataracts interim business case (assumed funded)
- Review and test of productivity and efficiency opportunities (theatres, outpatients, scheduling)

- No assumptions on additionality via WLIs or unfunded activity

Proposed improvements to commitments are set out below. The detailed Templates are found in the supporting papers.

Priority	Feedback	Health Board Response
Delayed Transfers of Care (Pathways of Care)	Update not required by WG Although noted that additional work on trajectories underway	**TEMPLATE UPDATED** AB will reduce the backlog of Pathways of Care delays through early joint discharge planning. Improvement Trajectory included shows a 20% improvement
Primary Care Access	Update required Further work to strengthen access improvements Assurance required on the impact of the actions to improve access.	**TEMPLATE NOT UPDATED MATERIALLY** Review undertaken. Commitment to sustain the baseline position- due to service sustainability risks, including contract returns, impact of national contracts, changes in approach of national pharmacy providers.
Urgent and Emergency Care	Update required Additional assurance required on the milestones and deliverables A focus on Ambulance Handover and clarity on improvement trajectories.	**TEMPLATE UPDATED** Ambulance hand over trajectory added – **Delivery of commitment to zero four hour ambulance waits from Q2** SDEC (Same Day Emergency Care) information updated, and the **HB delivery meets the requirement** **UPCC (Urgent Primary Care Centers) model already in place and meets the requirement.**
Planned Care	Update required Clarity on planned care commitments A challenge to the outpatient performance ambition as no clear commitment to improve. Diagnostics plans are required to be added to a template and regional commitments set out. Straight to test focuses on Cancer pathways only	**TEMPLATE UPDATED** • **Continue** to meet the urgent priorities and Cancer delivery profile. • **Improvement** in the numbers waiting longer than 36 weeks Stage 1 by 17% from original forecast • **Sustain** the numbers waiting longer than 36 weeks Stage 4 • **88% of all specialties** clearing those waiting longer than 52 weeks with 4 specialties remaining with clear action plans • **Achievement** of all 104 week cohort Stage 1 by December 23 • **Achievement** of all 104 week cohort Stage 4 by December 23 • **Achievement** of all those waiting longer than 156 weeks for treatment by all Specialties by September 23

		Summary below
Cancer Recovery	Update required Note commitment to deliver ministerial priorities for SCP Additional assurance required that plans as set out will deliver. Review pace of roll out of Optimal pathways	**TEMPLATE UPDATED** Commitment to reduce the backlog of those waiting 62 days meeting requirement <250 patients waiting by March 2024 Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026 Commitment to implementing 5 pathways this year and to meeting the national target (75% by Q4)
Mental Health	Update not required by WG	**NO UPDATE REQUIRED** Waiting time performance and plans profiled to be achieved by March 2024 The service plans for delivery of the 111 service to be achieved from Q1

Summary position of planned care delivery is:

Ministerial Priorities	March Position	IMTP Submission	Resubmission	Change from March 2023	Proportional Change from March 2023
36 Weeks - Stage 1	20,031	24,761	19,463	-568	-3%
36 Weeks - Stage 4	10,872	8,346	9,619	-1,253	-12%
52 Weeks - Stage 1	9,834	12,387	9,802	-32	0%
104 Weeks - Stage 1	781	0	0	-781	-100%
104 Weeks - Stage 4	1,821	756	0	-1,821	-100%
156 Weeks - Stage 4	535	0	0	-535	-100%

This plan now:

- Ensures all 156 week waits (all stages) are booked, with majority seen by August 23, and all seen by September 23 (Q2)
- Eliminates all 104 week waits (all stages) by December 23,
- Delivers no patients waiting over 52 weeks for outpatients (Stage 1) in all but 4 specialties (ENT, Ophthalmology, Orthopaedics and Urology),
- For these 4 specialties, the May submission improves the 52-week outpatient position from previous submission so that numbers of patients waiting are just below March 23 levels ,
- Improves delivery on all planned care ministerial priorities, with greatest gains targeted at the longest waiting patients, without compromising prioritising clinically urgent and cancer patients.

Review of Financial Plan

The Health Board has reviewed the elements of the financial plan following WG feedback. This review has considered the points raised and reflects the additional information and analysis requested.

Overall, the health board has developed a financial plan based on improving the sustainability of services to patients, improved efficiency and cost reduction. Given the current strategic, external, and operational challenges it is a very ambitious service and workforce plan that is driving the savings and financial forecast.

As such the Health Board has developed a plan with risks which may need to be managed with a degree of flexibility to ensure mitigation is identified where risks are realised and have a financial impact. Thus, currently the health board does not consider there is a feasible option to change its overall financial assessment without direct impact on patient care and delivery of ministerial priorities but will continuously review the position as part of core governance arrangements.

Underlying Deficit

The reported underlying deficit £89m was formulated as part of the IMTP timetable and has been reported and analysed previously as part of monitoring returns.

The position includes the opening underlying deficit from 2022/23 and cost pressures incurred during 2022/23 which could not be mitigated. Energy costs which are a recurrent issue are included here, the Board is aware this is a dynamic cost that will move and will be kept under review as part of savings delivery. The full year effect of specific investments is included and recurrent covid response plans are also included and the detail has been shared previously, these will be reviewed throughout the year.

Inflation

The Health Board has applied the nationally agreed inflation estimates and added local knowledge to better inform estimates for the IMTP. In comparison with other Health Boards the assessment appears to correlate and be reasonable at this point in time.

However, there is an emerging risk in two areas:

- The costs of price inflation on continuing health care placements as Local Authority fee uplifts are beginning to emerge at much higher rates than expected (from 6% to 12%) c. £5m.
- The most recent prescribing prices are presenting as significantly higher than expected, these will be dynamic throughout the year and forecast will be amended appropriately c. £7m

These two significant risks are likely to be pressures for all health boards & will require mitigation.

Growth & Investment plans for 2023/24

The MDS is formulated from a mixture of new investments both directed and discretionary and growth in existing service costs where demand for services expected

to be greater in 2023/24, highlights include commitments through the WHSSC IMTP, delayed transfers of care driving ward costs, implementation of NICE recommendations, significant digital investments and primary care cost increases for managed practices. The health board has also identified an 'innovation & development' fund to enable opportunities (invest to save) in year & provide an element of cover for cost movements.

Appendix 1 attached includes a full analysis of these investments.

The analysis of net spend run rates has been previously provided and illustrates the ambition to manage overall cost growth down and is included below for reference.
No net financial impact has been assumed for regional cataract activity at this point.

Savings Plans

The IMTP included £51m of savings through cost reduction, efficiency improvement and income opportunities. This target is higher than any previous year and demonstrates the ambition to drive financial sustainability and improved efficiency through service and workforce plans.
The confidence RAG rating included in the IMTP was;

- Green £24m
- Amber £8m
- Red £19m

Following review these remain the confidence levels, but there is an expectation of improvement during the year. In comparison with other health boards the ABUHB savings level is ambitious.

Risk Assessment

The plan identified a deficit risk range from £93m to £139m with a likely assessment of £112m. Following review and production of month 1 accounts risks remain significant, therefore at this point the IMTP range is unchanged. This will be constantly monitored as part of established financial governance arrangements with mitigating actions required to de-risk the plan wherever possible.

Options and choices to improve the financial position have been considered, some are national policy options, others will be local health board options however these do not align with the Health Board or Ministerial priorities of improving and preserving access tp planned care, cancer and urgent and emergency care and these will need to be informed by comprehensive Impact Assessments (considering matters such as the Duty of Quality, Socio-Economic Duty and Equalities Act 2010), consideration of the requirements on Health Boards in respect of Consultation and Engagement Arrangements and other aspects such sustainability factors, performance implications including an assessment of Value for Money and the ability to release costs in year.

Conclusion

The Health Board has reviewed the IMTP and 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.
As an overall summary the financial plan presents:

- Deficit 22/23 £37m
- Decrease in income £120m
- Decrease in spend (£45m)
- Net forecast £112m deficit

Argymhelliad / Recommendation

The Board is asked to:

- **Note** the Welsh Government's feedback on the March submission of the IMTP
- **Note** and **approve** the changes to the commitments against the Ministerial Priorities (as articulated in the templates).
- **Note** and **approve** the financial position and risk

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The report updates the March submission of the IMTP following WG review
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. This related to all of the IMTP.
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:	

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	Choose an item. An EQIA (Equality Impact Assessment) 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.

APPENDIX 1 – REVIEW OF INVESTMENTS MADE

IMTP MDS 'Growth' analysis section	Division	£'000	WG Clarification Response
Growth - NICE & New High Cost Drugs	Across Service Areas	4,659	The ABUHB is required to implement NICE drugs in a timely manner, as are our provider partners. This is particularly relevant for Velindre where new cancer drugs or expansion of use of the drugs is frequent. There is a continued pressure in this area and it is closely monitored via LTA / contract discussion, albeit there remains issues and significant risks with Velindre drugs forecasting. The benefit is for the patient and the value for money is via NICE approval
Growth - Specialist Services	Across Service Areas	5,728	This is FYE of previous investments, investments in key WG priorities, investment in provider sustainability and service issues/gaps and growth in specialised services. The benefit for the growth in services is reviewed by management group and joint committee before the scheme is agreed so the benefits are known in advance for each service development.
DHCW and potential National schemes	Non Clinical Support (inc. Executive / Corporate and Facilities)	2,995	DHCW - SLA uplifts, MS centre of excellence (tbc), WHNR, Pharmacy stock system, WPAS and other national schemes including LINC, o365 licences uplift
CHC and Mental Health CHC including Central costs	Primary & Community Care	4,481	Adult CHC growth is £1,687m, which is 3.3% from 22/23 position. This % increase is in line with the growth seen over the last two years and represents growth 20 in the average number of placements. FNC growth is £137k, which is 1.5% from 22/23 position and represents growth of 13 in the average number of placements. MH CHC Based on growth last 30 months, net 29 patients growth after savings 1.675m'
Prescribing	Primary & Community Care	945	items growth rate @ 0.8% rate
Planned Emergency Theatre / Machen POD (GUH)	Scheduled Care	1,438	Planned Emergency Theatre (PET) is £1m of this, Machen Pod being £438k. Planned Emergency Theatre (PET) is set up on the GUH site to support the new SDEC unit, providing a dedicated day case theatre ensuring patients requiring urgent surgery are treated promptly, improving patient flow across the site. Machen Pod is 5 additional beds ringfenced beds in CCU to for cancer patients. Patients were regularly cancelled on the day of their surgery/investigation due to lack of bed capacity. These included cancer cases as well as urgent elective cases. This resulted in long delays for diagnostic procedures as well as cancer treatment. The single cancer pathway compliance was in decline, as well as the WG (Welsh Government) RTT targets. BThe ENT service also conducted an audit of patient cancellations as part of a wider theatre utilisation audit. An audit of 163 patients pre-Machen Pod showed a cancellation figure of 44 cases (26.9%). 22 (13.4%) of these were due to no bed. A Post Machen audit of 154 cases showed a cancellation of 12 patients (7.8%). None of these are due to no bed.
Transition Care cots	Unscheduled Care	119	Transitional care used for babies who require more monitoring than is generally provided on a postnatal ward, but without it babies are admitted to Neonatal care, which requires separation from the mother. This unit is expected to reduce Neonatal admissions by 27%. Growth relates to staffing for transitional care cots to improve NICU flow. 4 Transition care cots, ½ yr effect, 5.97 wte Nursery Nurses (Band 4's) – seen as part of solution to on-going Neonatal service pressures. Brings ABUHB in line with C&V and Swansea HB's
Children's Community CHC	Primary & Community Care	240	½ yr effect, 11.28wte staff (mixture of Reg & HCSW's) – Own staff required to meet increasing no of packages of care who meet Continuing Healthcare criteria. 9 packages of care currently on CHC database, 4 of which are deemed high value packages (costing more than £100k per annum each).
All other Family & Therapies (Therapy front door YYF/RGH / Ward nutrition / SARC)	Across Service Areas	1,149	Half yr Physio and OT front door (£0.2m). Half Yr Dietetics 3 x Dietetic Assistants to cover 3 Orthogeriatric wards to improve recovery which the potential to reduce LOS. National agreements such as SARC (0.4m) and PPE ongoing pressure.
Urgent Care schemes	Unscheduled Care	2,587	Physician Response Unit (£0.3m), ED medical workforce (£1m), safer staffing levels to match acuity, MIU additional nurses (£0.8m).
Clinical Support services (inc. Histopathology outsourcing (6 month value))	Clinical Support	1,176	£0.9m Outsourcing for backlog of diagnostics, 1,388 cases per month.
All other Estates & Facilities	Non Clinical Support (inc. Executive / Corporate and Facilities)	1,254	backlog maintenance, water risk management, HSDU, PPE
Pathology elements - MSC's / Digitilisation / Non-Welsh providers / non-pay 12% blood products / BT LIMS transfusion	Clinical Support	409	BT LIMS, blood products 12% increased costs, digitisation and Pathology Managed Service Contracts inflation
Tredegar HWBC (E&F)	Non Clinical Support (inc. Executive / Corporate and Facilities)	255	Revenue consequence of capital investment pay and non pay
Newport East HWBC (E&F)	Non Clinical Support (inc. Executive / Corporate and Facilities)	278	Revenue consequence of capital investment pay and non pay
Anaesthetics variable pay to cover clinics	Scheduled Care	270	Variable pay to cover gaps in rota.
Informatics posts (RPA, Telephony, A&E, O365)	Non Clinical Support (inc. Executive / Corporate and Facilities)	3,073	RPA (£0.5m), telephony (£0.2m), A&E (£0.25m), o365 staff internal (£0.3m), Careflow (c£0.5m), WNCR internal staff (£0.15m), other FYE on GUH expenditure (c.£1m) and increasing pressures on service delivery
All other Scheduled Care (Practice facilitators, Haem Day Case Unit)	Scheduled Care	2,960	Practice Facilitators, Haem day case unit, FYE of ward capacity (D7W), safer staffing act and other emerging costs
Regional additional pressures	Across Service Areas	1,350	Further growth risk in recovering to pre covid levels and waiting list reductions
Medicine / Community beds	Across Service Areas	5,140	Urgent care driven Acuity increase & DTOC's pressures - Medicine Surge beds
Medicine and Corporate schemes	Unscheduled Care	4,234	Staffing act (c.£0.6m), substantive staffing b3/c5w (c.£1.8m), medical staffing (c.£0.6m) Nursing enhanced care and sickness (c.£1.2m)
Respiratory RACU beyond March 23	Unscheduled Care	240	Admission avoidance for suitable patients. Department receiving an average of 32 admissions per week and therefore reducing pressure on wards, with a 3 hour average stay. RACU to extend opening hours to correlate with 2nd peak of demand after 4pm. This is only recent so additional benefit to be quantified.
Bone Health - Fracture Liaison Service	Unscheduled Care	148	Shift to a 'First Fracture, Last Fracture' by considering the impact of the whole system of Health and Social Care. Focus is collating data at present to establish an evidence base on re-admissions/treatments due to multiple fractures.
TARN Business Care / Frequent Flyers (High risk adults)	Unscheduled Care	102	B6 / B4 resource for Trauma Audit and Research work.
Primary Care issues	Primary & Community Care	4,645	On going and increasing pressures: Managed practices costs (expecting possibly 6 to be managed this year) £1.8m, GP sustainability support £0.4m, sickness cover (£0.7m), unitary rpi charge (0.1m) plus other increases and emerging costs. Community hospital DTOC pressures surge beds £1.8m
Welsh Risk Pool	Non Clinical Support (inc. Executive / Corporate and Facilities)	194	As advised by WRP
External Commissioning growth inc NHS England	Across Service Areas	1,040	Growth in activity for in and out of area, realigning to pre covid levels
NWSSP estimated	Across Service Areas	460	As advised by NWSSP
Innovation / development fund	Across Service Areas	10,000	CEO decision for future innovation and developments
Subtotal Other Volume Growth / Investments		61,569	

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**VARIATION TO STANDING ORDERS: ANNUAL GENERAL MEETING TEMPORARY DATE AMENDMENT**
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 line with current Standing Orders, the Health Board is required to hold an Annual General Meeting by the 31st July 2023.

Audit Wales previously advised that the introduction of the new auditing standard would impact upon how Audit Wales will undertake the 2022-23 audit, with the current certification deadline being extended to 31st July 2023.

This therefore impacts on the timing of the Health Board's Annual General Meeting.

Cefndir / Background

In light of the revised timetable for Audit Wales to submit final Annual Reports and Accounts to HSSG Finance for the reporting period 2022-2023, the Health Board is now unable to hold its AGM in July 2023 as planned.

This revision leads to a variation to the Health Board's current Standing Orders and requires approval by the Board. It is important to note that the Health Board is able to vary or suspend its own Standing Orders, providing that it is able to demonstrate that it complies with the relevant regulations. It has been determined that this section of the Standing Orders can be for local determination.

The Health Boards were given notice of this motion via email from Welsh Government on the 18th April 2023. The purpose of this paper is for the Board to formally endorse the variation in standing orders in respect of the temporary arrangements for the AGM in 2023.

Asesiad / Assessment

The temporary variation to the Health Board's Standing Orders is outlined below:

- **Current:** *"The LHB must hold an AGM in public no later than the 31 July each year".*

- **Temporary Amendment:** *"The LHB must hold its 2023 AGM in public no later than the 28th September. This variation from the date of July will be reviewed on the 31st March 2024".*

It is proposed that the Health Board holds is Annual General Meeting on Wednesday 27th September 2023, following the scheduled public meeting.

Argymhelliad / Recommendation

The Board is asked to **APPROVE** the variation in Standing Orders in respect the date of the AGM in 2023.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Enabler
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable to this report

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

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Branch Surgery Closure – Aber Medical – Bedwas Branch – Caerphilly.
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, where an application for the closure of Bedwas branch was considered, the branch surgery of Aber Medical Centre, Caerphilly.
Cefndir / Background On the 9th December 2022, Aneurin Bevan University Health Board received an application from Aber Medical Centre, Caerphilly South to close their branch site Bedwas Surgery East Avenue, Bedwas, Caerphilly South. All branch surgery closure requests are subject to consideration under the process for "Considering Branch Surgery Closure Applications" - Appendix 1. The formal Branch Surgery Closure Process was implemented, including patient engagement. The decision on the closure of a branch surgery is the statutory duty of the Health Board as each GP is contracted to 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.

Aber Medical Centre is a 2 GP Partner practice with a registered list size of 8,881, as of 1st January 2023. The practice currently provides 24.4 GP equivalent sessions weekly across all sites and includes 2 GP partners, 1 Advanced Nurse Practitioner and 1 regular Locum GP.

Based on the locally agreed benchmark of 1 clinical session per 200 registered patients, the practice currently has a shortfall of 20 clinical sessions based on list size. This is due to GP vacancies.

The practice has tried to recruit over the past few years and have had some success, but unfortunately these GPs have subsequently left the practice returning to locum work. The practice is currently applying for the Tier 2 sponsorship for GPs.
The practice provides services across four sites as below:

- Aber Medical Centre main branch –Abertridwr, Caerphilly South
- Abertridwr branch site – Abertridwr, Caerphilly South
- Bedwas branch site – Bedwas, Caerphilly South
- Llanbradach branch site –Llanbradach, Caerphilly South

Due to the inability to recruit GPs, the practice has determined that by the closure of one of the sites, this will support the future sustainability of the practice. By consolidating services between the two sites in Abertridwr and their Llanbradach branch (three sites), this would support the delivery of the full range of services to their registered population.

Patients who reside in Bedwas are already attending the other sites for General Medical Services as all maternity and baby services are provided in Abertridwr, all minor ops services are provided in Llanbradach, counselling and physiotherapy services are provided at both Abertridwr sites and the Llanbradach site.

The practice is not seeking to remove any patients, or reduce services; however, they have requested to amend their boundary, as part of this application.

Case for Closure

Aber Medical Centre has cited a number of difficulties which have led to their decision to apply to close the Bedwas branch surgery. These are documented below and reflect the discussion at Panel:

1. Maintaining a safe and sufficient service provision: The practice has insufficient number of clinical staff to cover all four sites due to ongoing recruitment difficulties, and a shortfall of 17 sessions per week, based on list size due to vacancies for a GP Partner and Salaried GP, which will

increase to 20 sessions per week when the Senior Partner retires at the end of March 2023.

2. Closing the Bedwas branch would enable the practice to better utilise their resources and allow them to have a greater range of clinical expertise available under one roof, enhancing patient care and safety and providing better continuity of care. For example, Minor Ops services can only be performed at the Llanbradach site currently.
3. The practice has a separate reception team on each site. By consolidating the resources from four to three sites, the practice will be able to sustain the full range of services for their patients and continue to meet the requirements of the access standards.
4. Many patients residing in Bedwas already travel to either Abertridwr or Llanbradach sites for appointments.
5. Recruitment Issues and Sustainability: Over the past few years, the practice has experienced GP vacancies - 1 Salaried GP and 1 GP Partner resulting in an immediate deficit of 17 GP sessions per week across all sites. Based on the practice list size they should be providing 44 GP sessions weekly (4.89 WTE) but currently provide 18 GP Partner sessions (2 WTE), supplemented by 8 (6.4 GP equivalent) Advanced Nurse Practitioner sessions and 2 GP Locum sessions.
6. The practice has tried to recruit additional GPs via adverts with GP Wales (aimed at Locum GPs) and via the NHS Jobs website. They also enrolled with a recruitment agency who have sent them several suitable candidates. However, the majority are not yet fully qualified. Recently the practice has successfully recruited 2 new salaried GPs; unfortunately these GPs have subsequently left the practice returning to locum work due to the volume of work they experienced. The practice is currently applying for Tier 2 sponsorship for GPs.
7. Some additional sessions are provided by the GP Partners; however, this will not significantly improve the shortfall and cannot be sustained long term. Additionally, the practice plans to utilise locum GPs to support service delivery in the shorter term.
8. The practice considers that locum GPs only have a minimal effect in supporting the practice as locums will often place restrictions on the number of patients they will agree to see.
9. Many locums will not work alone at the branch site due to safety concerns. By condensing services from one site the practice feels these issues would no longer exist and locum staff would be able to support the team better and make the working day safer and more efficient for both staff and patients.
10. The practice feels that having fewer sites may help attract/retain new GPs to the practice with the aim of converting to Partners for succession purposes.
11. The practice is stretched, with the limited resources spread across all 4 sites which is not sustainable. By consolidating all resources between the 2 Abertridwr sites and the site in Llanbradach (3 sites), this should support the sustainability of the practice and enable the workforce to continue with the provision of safe, effective care.
12. The GP Partners are seriously concerned about how they will continue to provide any services, should the application to close the branch site be unsuccessful.

Asesiad / Assessment

A Branch Surgery Closure Panel convened on 4th April 2023, to consider the business case and supporting information, results from the patient engagement and equality impact assessments. The practice was also invited to present their case for closure.

The Health Board, in conjunction with Llais (Community Health Council at the time) agreed an 8-week stakeholder engagement period between 16th January 2023 to 12th March 2023. All patients aged 16 and over were sent the approved questionnaire which provided patients with the opportunity to consider how any potential change in service delivery might affect them (Stakeholder Engagement Summary – Appendix 2). Additionally, the practice has requested a boundary change to withdraw from accepting new patients residing in Bedwas, Trethomas and Machen areas.

All patients from these areas and/or attend the Bedwas branch surgery would remain registered with the practice, but would need to access services at either the main/branch sites in Abertridwr or the branch site in Llanbradach. Alternatively, patients can choose to register at an alternate neighbouring practice, providing they reside within the boundary of that practice.

The practice has advised that they are not requesting to reassign any patients residing outside the proposed new practice boundary.

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 sustainability issues, including workforce difficulties, future viability, and their overall aim to provide safe, effective, and timely care to their patients.

These factors were considered by the panel, and it was agreed that by consolidating service provision over fewer sites would support Aber Medical Centre to provide the safe delivery of care and support the future sustainability of the practice, therefore supporting the practice application to the close the branch surgery.

Given the immediate difficulties that the practice is currently experiencing, the panel also recommended a 4 week notice period, with closure taking effect from Monday 8th May 2023. This recommendation was made in agreement with Llais.

The Executive Team subsequently approved this recommendation of the panel and Chairs Action was granted, in support of the closure, on the 18th April 2023. Appendix 3.

Argymhelliad / Recommendation

The Board is asked to approve the content of the report and ratify the decision.

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	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:	
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	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/	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 Mount Surgery, Pontypool **Integration** – facilitates integrated working with independent contractors. **Involvement** –Involvement from the Local Medical Committee and Aneurin Bevan Community Health Council. **Collaboration** – Independent GP Practices and cluster teams. Local Medical Committee and Aneurin Bevan Community Health Council. **Prevention –** this will ensure the ongoing provision of GMS services to patients.

Stakeholder Engagement Summary

The Health Board received 376 completed patient engagement questionnaires giving a response rate of 5.16%. The patient questionnaire asked whether patients attend the main and branch site and if so, how often, what mode of transport they used and if they have any specific difficulty in accessing the Abertridwr or Llanbradach sites.

Summary of patient engagement:

- Of the 376 completed responses received, 320 (85%) patients attend the Branch Surgery and 56 (15%) patients do not attend the Branch Surgery.
- Of the 376 responders, 38% sometimes attended the Bedwas branch and 25% visited often or very often.
- 52% of patients attend the branch surgery via car. Whilst 32% walked to the branch; 5% accessed the branch via a lift and 4% took the bus. Of the 93 patients that visit the branch often or very often, 54 (58%) walk and 24 (26%) use their car to attend.
- Of the 376 respondents, 297 (79%) attend the main site in Aber compared to the 320 respondents who attended the branch site in Aber (85%). 78% of patients that attend the branch surgery, also attend the main site. 69 patients that responded to the survey attend only the branch site in Aber and not the Main site.
- 19% of respondents attend the practice often or very often; with 68% attending sometimes or rarely and 13% never attending the main surgery.
- The majority of patients that attend the main surgery, use a car to make their appointment. Of the 45 that walk to the main branch, 23 of them also attend the branch surgery. Their postcodes are mainly in the Abertridwr area.
- 75% of respondents attend the Branch Surgery at Llanbradach. Of these, 250 (88%) attend the branch surgery at Bedwas.
- 10% of respondents attended the Llanbradach Branch Surgery often or very often; 20% never attended and 70% attended sometimes or rarely. Of the patients that attended the branch surgery at Llanbradach often or very often all of them also attended the branch surgery at Bedwas and all bar 3 attended also attended the main branch.

- The majority (64%) of patients attended the Llanbradach Branch surgery by car. The next frequent methods where via a lift (9%) or the bus (5%)
- 43% of respondents had no concerns in relation to accessing the alternative practices at Abertridwr or Llanbradach. 20% respondents had concerns over travel/distance issues and 12% had concerns about parking issues. 9% had concerns over mobility issues; 6% had concerns over public transport links and 2% had issues over costs. 3% did not answer this question.
- 145 (39%) respondents had no issues, although a similar percentage of 35% had concerns around convenience. 50 (13%) respondents had concerns over appointment issues and 18 respondents (5%) had service issue concerns. 3% did not answer this question.

Patients were also given the opportunity to make any additional comments on the questionnaire. There were 234 (62% of all respondents) individual comments, these comments were categorised and reflect recurring themes:

- 63 respondents stated that the Bedwas branch was convenient and ability to access the main surgery or the branch in Llanbradach may be difficult. This included a number of people who stated that the walked to the practice.
- 53 people were concerned about the ability of older or elderly people to access the practices in Abertridwr.
- 40 respondents were concerned about a lack of appointments at the other sites. In particular, there was concern that this would be a greater pressure on staff if more patients attended the other sites.
- Travel distances were cited as a reason for not closing the branch, including one comment regarding the green agenda of local services to reduce the carbon footprint.
- 35 people mentioned the issues in getting a bus to the other sites. Many respondents have identified that two buses would be needed
- 4 respondents were particularly concerned about how they would access repeat prescriptions
- A number of patients expressed how much they liked Bedwas branch and that the staff there were very helpful
- 12 respondents commented on the lack of service being a huge loss to the local community and that as a deprived area, the need for a practice was very important.

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

Aber Medical Centre – Branch Surgery Closure & Boundary Change Request

Date: 14th April 2023

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 13th April 2023.

Whilst the matter will be agreed via the use of urgent chair's action to enable timely decision making, the matter will be reported as a substantive agenda item to the Board meeting held in public in May 2023.

Financial Value	No information provided

Situation

At its meeting of 14 April 2023, Executive Committee approved the recommendation of the Branch Surgery Closure Panel where an application for the closure of Bedwas Surgery East Avenue, Bedwas was considered – the branch surgery of Aber Medical Centre, Caerphilly South.

Given the immediate difficulties that the practice is currently experiencing with regards to service delivery and significant sustainability concerns, the Panel also recommended a 4 week notice period, with closure taking effect from Monday 8th May 2023. This recommendation was in agreement with Llais.

This Chair's Action seeks endorsement of the decision ahead of the next Board meeting scheduled for 22 May 2023, in order to meet the recommended closure date.

Background

Aber Medical Centre is a 2 GP Partner practice with a registered list size of 8,881, as of 1st January 2023.

The practice currently provides 24.4 GP equivalent sessions weekly across all sites and includes 2 GP partners, 1 Advanced Nurse Practitioner and 1 regular Locum GP.

Based on the locally agreed benchmark of 1 clinical session per 200 registered patients, the practice has a shortfall of 20 clinical sessions due to GP vacancies based on list size.

The practice has tried to recruit over the past few years and have had some success, unfortunately, these GPs have subsequently left the practice returning to locum work, due to the volume of work they experienced in surgery. The practice is currently applying for the Tier 2 sponsorship for GPs.

The practice currently provides services across four sites as below:

- Aber Medical Centre main branch – 27-29 Thomas Street, Abertridwr, Caerphilly South
- Abertridwr branch site – 30 Thomas Street, Abertridwr, Caerphilly South
- Bedwas branch site – East Avenue, Bedwas, Caerphilly South
- Llanbradach branch site – Pencerrig Street, Llanbradach, Caerphilly South

Due to the inability to recruit GPs, the practice has determined that by the closure of one of the sites, this will support the future sustainability of the practice. By consolidating services between the two sites in Abertridwr and their Llanbradach branch (three sites), this would support the delivery of the full range of services to their registered population.

On the 9th December 2022, Aneurin Bevan University Health Board received an application from Aber Medical Centre, Caerphilly South to close their branch site Bedwas Surgery East Avenue, Bedwas, Caerphilly South.

Additionally, the practice requested a boundary change to withdraw from accepting new patient residing in Bedwas, Trethomas and Machen areas. The practice was not requesting to reassign any patients residing outside the proposed new practice boundary.

The current services and workforce delivered from Bedwas would be redistributed across the remaining 3 sites, maintaining the current level of capacity.

A Branch Surgery Closure Panel convened on 4 April 2023 to consider the business case, supporting information and results from the patient engagement and equality impact assessment, which are appended to this request. The Panel concluded by recommending that the practice application to close the branch surgery is approved. Executive Committee subsequently approved the Panel's recommendation at its meeting on 13 April 2023.

Accompanying documents:

2.2 Outcome Report Aber Medica

2.2a Patient Consultation Summ

2.2b EQIA On Impact of Bedwas Cl

Request:

It is requested that the recommendations of the Branch Surgery Closure Panel, Llais and the Health Board's Executive Committee to close Bedwas Surgery East Avenue, Bedwas, Caerphilly South is endorsed.

Approval:

In accordance with the Delegated Limits set out within the Health Boards SFI's, the Chair is requested to endorse the branch closure to ensure that the practice can continue to provide continuity of care to its patients.

Signatures: Chair / Vice Chair	**Date:**
	18/04/23
Signature: Chief Executive	**Date:**
	17.4.23
Signature: Director of Corporate Governance	**Date:**
	16th April 2023
Signature: Independent member	**Date:**
Pippa Britton – Approved by separate email	17th April 2023
Signature: Independent member	**Date:**
Paul Deneen – Approved by separate email	18th April 2023

---- End ----

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Vacant GP Practice Update- Meddygfa Gelligaer, Caerphilly The Mount 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 Process in relation to Meddygfa Gelligaer, Caerphilly and The Mount Surgery, Torfaen.
Cefndir / Background • Meddygfa Gelligaer, Caerphilly – list size 8,194 registered patients. On the 17th October 2022 the Health Board was advised by the Partners of their intention to resign the General Medical Services (GMS) contract with effect from 30th April 2023. • The Mount Surgery, Torfaen – list size 11,348 registered patients. On the 17th January 2023 the Health Board was advised by the Partners of their intention to resign the GMS contract with effect from 31st July 2023. All GMS contract resignations are subject to consideration under the process for "GMS Vacant Practice Policy" - Appendix 1.

The formal Vacant Practice Process was implemented for both contract resignations.

Asesiad / Assessment

- Meddygfa Gelligaer

An urgent sustainability meeting was scheduled with neighbouring practices on the evening of the 26th October 2022 in order to discuss the vacant practice process, potential impact on practices within the Neighbourhood Care Network (NCN) area and to enable early discussions in relation to the future of Meddygfa Gelligaer.

A Vacant Practice Panel convened on the 27th October 2022 and 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.

The practice was advertised locally and nationally, with a closing date of 28th November 2022. The Health Board received one business case submitted on 27th November 2022 from Dr David Kaushal, who was invited to attend for interview on the 12th January 2023.

Based on the outcome of the interview, and submission of letter of intent signed by all partners, it was recommended that the full General Medical Services Contract for Meddygfa Gelligaer be awarded to Dr David Kaushal & partners. This would result in the current services continuing to be delivered and all staff subject to Transfer of Undertakings (Protection of Employment) (TUPE). This was ratified by the Executive Committee on the 19th January 2023.

The 2ealthh Board has worked closely with the incoming and outgoing partnership to ensure a smooth transition to ensure the delivery of the contract from the 1st May 2023.

- The Mount Surgery

An urgent sustainability meeting was scheduled with neighbouring practices on the evening of the 2nd February 2023 in order to discuss the vacant practice, potential impact on the practices within the NCN area and to enable early discussions in relation to the future of The Mount Surgery.

A Vacant Practice Panel convened on the 8th February 2023 and 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.

The practice was advertised locally and nationally, with a closing date of 13th March 2023. The Health Board received three business cases, 2 were shortlisted and invited to interview on the 5th April 2023.

Based on the outcome of the interview, it was recommended that the full General Medical Services Contract be awarded to Dr Allinson and Dr Ahmed. This would result in the current services continuing to be delivered across both sites and all staff subject to TUPE. This was ratified by the Executive Committee on the 13th April 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 1st August 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:	
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 Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	

Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	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/	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 Mount Surgery, Pontypool **Integration** – facilitates integrated working with independent contractors. **Involvement** –Involvement from the Local Medical Committee and Aneurin Bevan Community Health Council. **Collaboration** – Independent GP Practices and cluster teams. Local Medical Committee and Aneurin Bevan Community Health Council. **Prevention –** this will ensure the ongoing provision of GMS services to patients.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Nursing, Midwifery and Specialist Community Public Health Nurses (SCPHN) Workforce
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade, Director of Nursing Sarah Simmonds, Director of Workforce and OD
SWYDDOG ADRODD: **REPORTING OFFICER:**	Linda Alexander, Deputy Director of Nursing Shelley Williams, Assistant Director of Workforce

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Workforce sustainability is considered the greatest corporate risk in the delivery of safe, efficient, and sustainable patient care and experience at Aneurin Bevan University Health Board (ABUHB), specifically, in respect of the nursing workforce recruitment and retention challenge.

There are a significant number of Registered Nursing (RN) and Health Care Support Workers (HCSW) vacancies, along with a high turnover rate. Conventional recruitment and retention methods are not wholly sufficient and therefore our approach must be courageous and innovative with a mandate that supports new ways of working.

Workforce planning forecasts suggest that we may reach 461 WTE RN vacancies by 2026 (of which 345 WTE would relate to general adult nursing); therefore we urgently need to reduce turnover and widen and transform our recruitment and retention approach.

This position is not unique to ABUHB, with the Royal College of Nursing (RCN) reporting 47,000 RN vacancies in England (RN vacancies are not currently reported centrally in Wales).

Cefndir / Background

A sustainable nursing workforce has been challenging for more than a decade with parliamentary publications suggesting that the nursing workforce has increased by 1% in the UK since 2010, despite the overall population increasing by 5.7%. Additionally people are living longer with more complex needs.

The Nursing and Midwifery Council (NMC) who confirm that the number of registered nursing professionals increased by only 1.7% between April – September 2022. The Kings Fund also reports that the UK has fewer nursing staff per 100,000 population in comparison to other countries.

Asesiad / Assessment

The Nursing, Midwifery and SCPHN workforce strategy sets out the health boards vision and ambition to address the current workforce challenges and to drive forward a plan that explores and supports new ways of working with clear pathways for career progression, competence progression and educational opportunities.

The focus of the strategy is to place ABUHB in the very best position possible to attract and recruit staff, ensuring every contact counts and a smooth transition and on-boarding process for candidates and managers.

The strategy aims to ensure staff feel supported and that their future is important to us. The Health Board must strive to retain existing staff and as such ensure ABUHB is the employer of choice, where staff are inspired to accomplish their most ambitious goals. The strategy focuses on career development and educational opportunities within the nursing profession and demonstrates our commitment to existing staff. This commitment is to provide opportunities in clinical practise, leadership, professional development, research, management and education.

As a Health Board we wish to ensure people see nursing as a career of choice and as such raise our profile within schools and communities, increasing our offer of "volunteer to career", apprenticeships and investing in our HCSW workforce which will be supported by a new 'future nurse academy'.

Recent modelling suggests that the vacancy position is likely to increase year-on-year and therefore workforce transformation is essential to ensure some level of sustainability. Emerging and refreshed workforce plans will need to consider alternative roles and new approaches to delivering patient care to direct the limited nursing workforce to roles that only nurses can undertake. Plans to develop and further expand band 3 and band 4 roles and embed into safe staffing models forms part of the strategy.

The strategy, supported by a detailed workforce plan aims to close the gap between the number of vacancies and the forecasted requirements for the nursing workforce by 2026.

Argymhelliad / Recommendation

The Board is asked to endorse the Nursing, Midwifery and SCPHN Workforce Strategy 2023-26.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 5. Timely Care 3.1 Safe and Clinically Effective Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse 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:	Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	Choose an item.

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/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Choose an item.

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

NURSING, MIDWIFERY, SCPHN WORKFORCE STRATEGY 2023-2026

Foreword

This Nursing Workforce Strategy outlines Aneurin Bevan University Health Board's (ABUHB) ambition, objectives and actions to address the nursing and midwifery workforce challenges, 2023 to 2026. The ability to deliver high quality, compassionate care depends upon recruiting and retaining the right people with the right skills, hence, an innovative and effective workforce strategy that compliments the ABUHB People Plan, Integrated Medium Term Plan (IMTP) and Chief Nursing Officer (CNO) priorities is essential. ABUHB needs to improve how it retains, leads and develops its existing workforce. Such a strategy cannot rely on traditional methods but must be bold and innovative with a mandate that explores and supports new ways of working with clear pathways for education and development.

Workforce sustainability is considered the highest corporate risk in the delivery of safe, efficient and sustainable patient care and experience at ABUHB. The current vacancy gap is circa, 7.8% Registered Nurses (RN) and 5.8% Health Care Support Workers (HCSW). These workforce gaps are not unique to ABUHB with the Royal College of Nursing (RCN) reporting 47k vacancies across England (this data is not collected within Wales) hence creating significant competition in recruiting staff.

ABUHB needs to increase the substantive nursing workforce to ensure the Nurse Staffing Levels (Wales) Act 2016 (NSLWA) is met, ensure safe and sustainable delivery of care and to eliminate reliance on a temporary workforce, namely agency. This strategy outlines a variety of recruitment initiatives, development and educational opportunities and retention practices to mitigate the number of vacancies, improve attraction and aims to deliver our People Plan ambition of being an Employer of Choice.

Key themes running throughout this document include:

- Alignment to ABUHB People Plan and the ambition of being an Employer of Choice
- Link to workforce planning and IMTP
- Emphasis on Health Board wide interventions and also targeted actions addressing unique and local challenges
- Creating clarity on career progression and development opportunities
- Demonstrating our commitment to recruit staff embarking on the first steps of their career to 'grow our own'.

Executive Director of Nursing

Sarah Simmonds
Executive Director of Workforce & OD

OUR AMBITION

Exceptional care delivered every time by a skilled workforce

1. Leadership from every member of the nursing workforce having a sense of responsibility and ownership over delivery of care.
2. An agile and competent workforce that is willing and able to respond to the needs of our patients, relatives and carers.
3. To attract and retain a diverse workforce.
4. An employer of choice, creating innovative career pathways.
5. A highly engaged, resilient nursing workforce committed to providing excellence in care.
6. Multi-professional teams working together to deliver the best possible care.
7. A financially sustainable workforce utilising the best use of resources ensuring individuals undertake tasks that only they can do.

Our challenges

No long-term workforce plan or strategy that are linked to recruitment plans

National shortages of nurses
Difficulty in recruiting to rural locations

High competition from other Health Boards and private sector including retail

High agency use

Long term vacancies

Retention with turnover rate for the nursing workforce, on average 21 Registered Nurses and 18 Health Care Support Workers leaving each month.

Workforce Gaps – Current Vacancies:
Registered Nurse: 376 WTE
Health Care Support Worker: 142 WTE

High absenteeism (Dec '22):
Registered Nurse: 9.34%
Health Care Support Worker: 12.5%

Lack of opportunities for individuals to progress within the Health Board

Educational capacity
(University and Open University)

An ageing workforce

Service demand

How to address our workforce challenges?

Recruitment Effectiveness

Recruitment Experience

Career Development & Educational Opportunities

Brand & Marketing

Attraction & Retention

Address the recruitment needs identified in IMTP by recruiting high quality candidates

- Clear link to IMTP
- International recruitment
- Succession and career planning
- Innovation in the way we recruit
- Innovation in the roles we recruit into

Improve the recruitment experience for all candidates

- Innovative use of social media to create visibility
- Process to ensure "every contact counts"
- Key Performance Indicators

Career Development and Educational Experience

- Embrace career progression
- Endeavour to support development by way of education and training
- Provide career opportunities at the highest level

Establish the brand and enhance the reputation of ABUHB as an employer of choice quality employer

- Marketing and branding support
- Innovative use of social media
- Focus on NHS incentives
- Create an environment where people feel proud to work for ABUHB

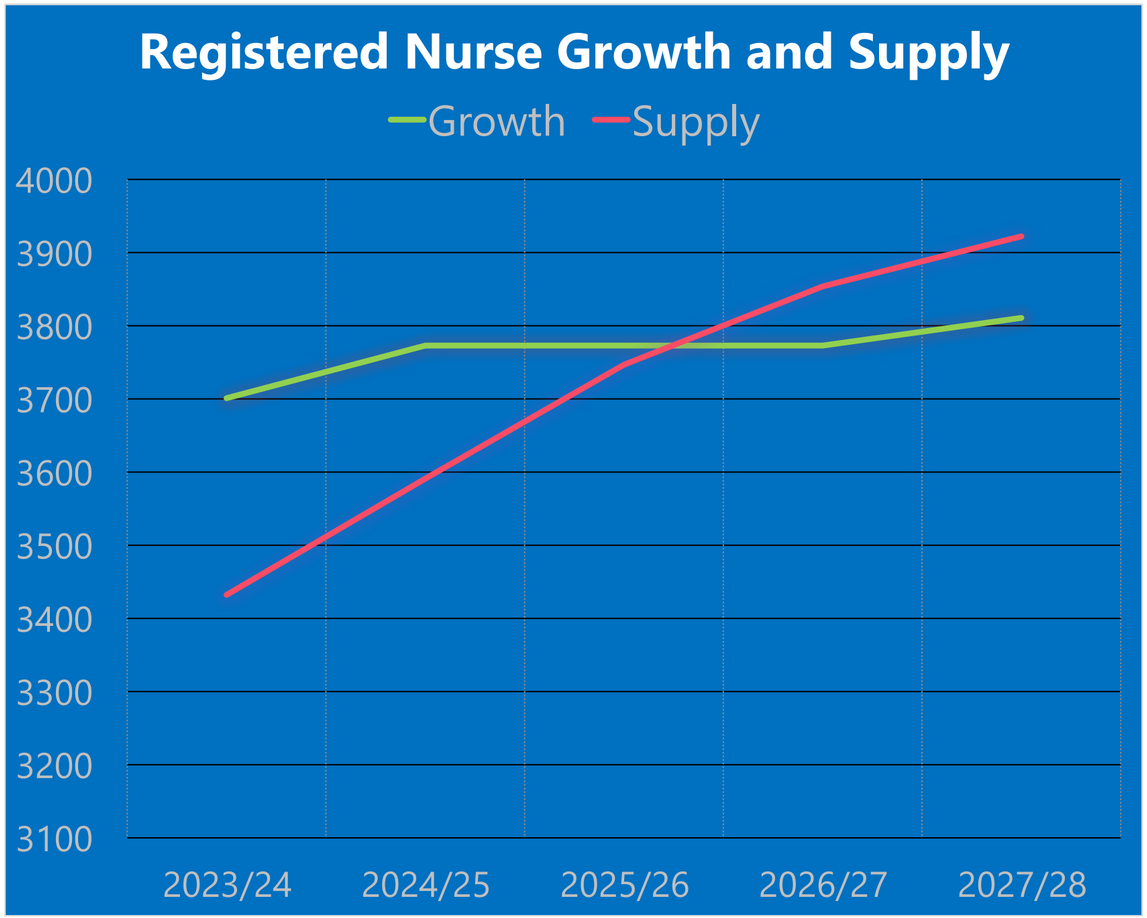
Refresh the attraction and retention strategy to retain the existing workforce

- Understand why people stay and leave
- Focus on turnover data
- Identify what really matters to our staff
- Focus on flexible working arrangements

Steps we must take to address the challenges

Registered Nurse growth and supply

A growth* in nursing is expected over the next 3 years linked with service developments and the extension of Nurse Staffing Levels (Wales) Act 2016 within Mental Health.



** Working on a year by year service development model there is the risk that there June be additional growth or even increased skill mix that June impact the growth data. Turnover is included in the data, absenteeism is excluded.*

To address the current vacancy factor and to tackle increasing nurse workforce gaps, an increase in the supply of registered nurses is required along with introducing new and innovative ways of working.

To support the long term resource challenges within ABUHB, we need to:

- Continue recruitment outside of streamlining
- Increase student nurse commissioning numbers in all specialities and recruit these nurses through streamlining
- Increase apprentices to 50 in 23/24 – 20% annual increase thereafter
- Support 20 Nurse Cadets per year
- Enrol 35 Flexi-Route Trainees per year
- Recruit 75 International Nurses annually for next 3 years – adjusted in 2023 to support recruitment timelines
- Stable leaver and start index to support ageing working in adult nursing

Our Approach

The development of an annual workforce plan will form the foundation of our recruitment and commissioning activity, this will be monitored monthly via the Strategic Nursing, Midwifery and SCPHN Workforce Group.

STEP 1 Undertake baseline assessment

STEP 2 Review known service developments (IMTP)

STEP 3 Profile assumptions

STEP 4 Populate workforce planning template

STEP 5 Determine demand / capacity gap

STEP 6 Sense check and confirm with key stakeholders

STEP 7 Complete master template and align with finance

STEP 8 Finalise and sign off

Recruitment Effectiveness

Return to Practice

- Marketing of flexible working
- Make contact and welcome former employees

Engage with Higher Education Institutes

- Embrace and further develop partnership working with local HEI's
- Ensure visibility at student events.

Role Development and Re-design

- Team around Patient
- Core Care Team
- Increase opportunities across professions
- Develop nurse led services

Focused Recruitment Campaigns (Local and National)

- Tailored recruitment for hard to fill areas
- Speciality driven campaigns

Develop an Annual Recruitment Plan

- Monthly analysis via workforce trajectory
- Ensure steady pipeline
- Anticipate and plan on-boarding and training needs

Create well designed, innovative and attractive jobs

- Review service provision and delivery
- Curate comprehensive job descriptions
- Emphasise career advancement

Enhance existing Nurse Resource Bank

- Increase bank usage
- Reduce costs
- Agency reduction plan
- Recruitment strategy offering substantive opportunities

Resourcing Methods

A range of resourcing methods need to be utilised to ensure people with the right skills and experience are employed to work within ABUHB.

New Role Development Programmes

- Design new and innovative roles
- Develop programmes to embed new roles
- Make career development a top priority
- Emphasise career progression
- An ambition to create more advanced and specialist role

International Recruitment

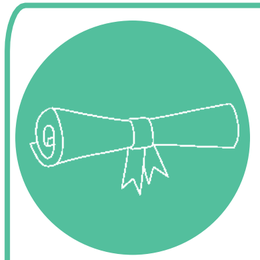
- Develop a continuous international recruitment pipeline
- Support education, training and career progression.
- Recognise previous experience and role alignment

Targeted UK Recruitment

- Department / Ward specific campaigns
- Ensure a Health Board presence at specific events
- Strengthen Return to Practice
- Relaunch Recruitment wheel.

Internal Development & Succession Planning

- Educate and develop staff, roles and responsibilities as part of succession planning
- Journey of Excellence in all fields of nursing.
- Leadership Academy & Alumni
- Identify education and training requirements via PADR



Apprenticeships

- Work experience
- Nursing Cadets
- Volunteer to Career
- Nursing Apprenticeships

Agency and Temporary Staffing Strategy

- Review bank incentives and recruitment plans
- Agency reduction plan
- Increase bank availability

Prudent Recruitment

- Recruit for the future, account for absenteeism, turnover and age profile
- Review roles in line with service development

Career to registration

- Develop career pathways for Health Care Support Workers to Registered Nurses through the Future Nurse Academy

International Recruitment

Commencing a career as a Registered Nurse can be challenging even more so for those moving to another country.

Since September 2019 ABUHB have welcomed 260 International Nurses through local and international recruitment and more recently alongside the all Wales recruitment campaign.

The Health Board has invested in a team of Practise Educators to support internationally trained nurses to prepare for their Objective Structured Clinical Examinations (OSCE) and support them through the NMC (Nursing and Midwifery Council) process to gain their registration.

The Health Board has a dedicated team working directly with our international colleagues, from greeting them on arrival, to orientating them on what life will be like living in Wales.

We strive to ensure that our new arrivals feel welcomed in Wales. Strong, pastoral care is crucial and a robust onboarding process is in place to meet their needs and ensures everyone feels culturally, emotionally and professionally supported.

Recruitment from outside of the UK will continue to feature as an important part of the workforce supply strategy for the organisation moving forward. In addition, we will reach out to internationally trained nurses living locally with a range of opportunities to attract, develop and retain our workforce.

A friends and family programme will support close relatives of current employees to join the nursing workforce within Aneurin Bevan University Health Board.

The Ambition

- To recruit 75 internationally trained nurses annually.
- To deliver an ethical and sustainable recruitment model that supports the Heath Board to increase and develop international recruitment plans.
- To increase the volume and recruitment activity to support timely recruitment, new starter experience, pastoral care and in turn improve retention.

International

- Recruitment from outside of the UK will continue to be an important part of the workforce strategy.
- Crucial pastoral care and a robust onboarding process to meet needs and ensure cultural, emotional and professional support is essential.
- A friends and family programme will support close relatives of current employees to join the workforce.

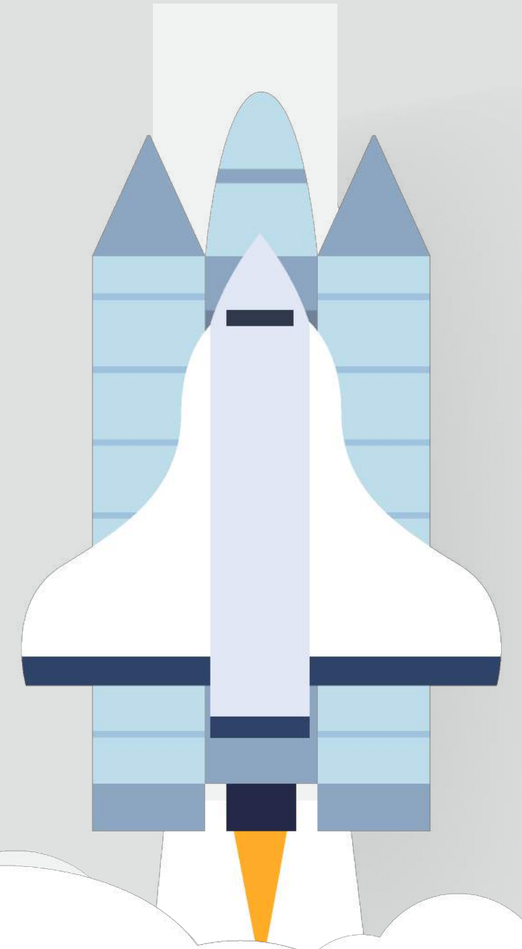
Local

- We will reach out to internationally educated nurses living locally. and will provide:
  - Support to work as a Health Care Professional within ABUHB, including nurses going through refugee re-settlement.
  - Paid employment whilst on a registration pathway
  - Preceptorship and Development
  - Clinical rotation or fixed-based opportunities
  - Career long development opportunities

Priority Action Plan – Recruitment Effectiveness

Action	What will this achieve?	To include:	Timeline
Develop an annual recruitment Plan	• Ensure a co-ordinated, sustainable flow of candidates linked to the Health Board's Workforce Plan • Ensure a planned approach to on-boarding and training needs	• Planned campaigns both locally and nationally • Timeline, specific actions and representation from all fields of nursing for each campaign.	June 2023
Continue to invest in internationally trained nurses	• Address long term vacancies and contribute to the ongoing supply of nurses into ABUHB	• Trajectory of nurses required for the next 3 years • Budget required to include support for education, training and pastoral care. • Securing affordable housing across all sites.	June 2023 - September 2026
Recruit to the future nurse and midwifery academy	• Ensure a future pipeline of candidates to undertake under-graduate nursing and midwifery training • Attraction and Retention • Nursing career becomes a career of choice	• Work with communities and schools to promote a career in nursing • Analyse current HCSW qualifications • Identify entry points into N&M academy • Marketing and recruitment of the 'future nurse' pathway • Link with HEI's to ensure adequate commissioning places are available for flexible route • Engagement with Divison to ensure pipeline and talent spotting for future Nurse Academy	July 2023
Develop succession and career planning approach for ABUHB	• Attract and retain nurses to work and stay within ABUHB • Offer developmental and career opportunities within all fields of nursing	• Career pathways • Developmental and educational opportunities • Identification of critical roles to include nurse-led services • Link to WOD team for support	October 2023

Workforce Campaigns and Target Numbers 2023/’24



88
External Recruitment

19
Flexible Route Student Nurses

5
Registered Nurses (Friends & Family Campaign)

50
Apprentices

75
Internationally Educated Nurses

100
Streamlining Midwives/Nurses

32
Retire and Return

20
Prince of Wales Nurse Cadets

Recruitment Experience

Improve the recruitment experience for all candidates – Every Contact Counts

Recruitment and selection training for managers

- User friendly Recruitment Intranet page with clear signposting to resources
- Updated guidance documents, training videos and forms

Talent Pools

- Improved use of existing systems to track and use appointable candidates for future roles
- Utilise talent pool to 'register your interest' in working for ABUHB

Improved engagement with local community

- Increased use of social media to attract local population and advertise a career in ABUHB
- Dedicated team for engagement events
- Promotional videos attraction

Recruitment Service Improvement

- Streamline processes
- Mass recruitment for general posts = mass induction to achieve further streamlining
- Improvements to the candidate journey

KPIs / Performance Targets

- Track and monitor improvements in reducing time to hire
- A renewed focus on candidate and manager surveys

Improved on-boarding process

- Continue to monitor Recruitment Modernisation impact
- Track and monitor improvements of on-boarding teams and impact on time to hire

Recruitment Experience

We will endeavour that every interaction with ABUHB is a positive experience for potential candidates and to further promote the ambition of being an employer of choice.

We will:

- Utilise additional technology and further engage Divisional Teams to ensure the process is streamlined and effective.
- Educate all nurse managers on the whole recruitment process to ensure they are aware of next steps.
- Refresh application and manager surveys to obtain feedback for continuous improvement.
- Develop and circulate career pathways into nursing
- Further educate nurse managers by updating guidance, resources and promoting recruitment training events.

Partnership Working

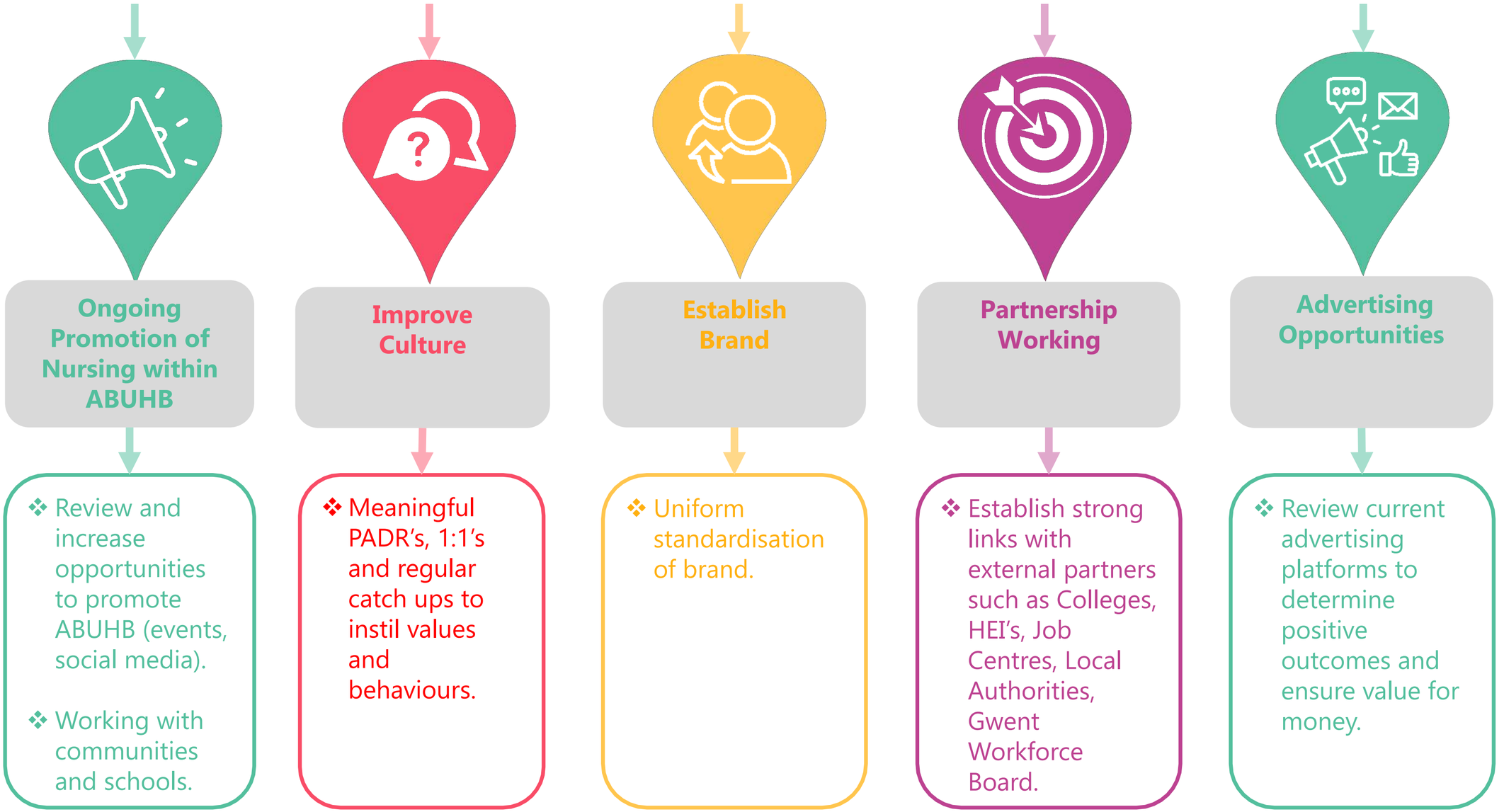
- ✓ Monitor, evaluate and improve the Recruitment Modernisation process implemented October 2022.
- ✓ Maintain strong partnerships with the Gwent Workforce Board to promote employment opportunities.

Priority Action Plan: Recruitment Experience

Actions	What will this achieve?	To include:	Timeline
Easy to find and refreshed Recruitment intranet and internet pages to include recruitment and selection training for managers	• Managers will know where to go for all things Recruitment	• Guidance / Training videos / forms / processes • On-Line Training • Workshops / Drop-ins	September 2023
Introduction of talent pools	• A space to hold appointable candidates that have already been interviewed to offer future posts for high turnover posts • Create a mechanism for the public to register their interest to work for the Health Board	• Time to hire metrics • Attraction figures • Figures of conversion from applicant to offered/started • Recruitment Bus	June 2023
Engagement with local community	• Attract local population and develop Employer of Choice recognition	• Promotional videos • Social media adverts • Recruitment Bus • Candidate journey • Dedicated team focussing on engagement events	September 2023
Review and streamline recruitment processes to ensure they support equality and diversity for our local communities	• Supports our workforce to reflect the diversity of the community • More enjoyable experience for the candidate	• Streamline processes • Recruitment Bus • Candidate surveys • Mass recruitment = Mass induction	September 2023
Introduction of KPIs for Bank and continue to monitor General Recruitment KPIS	• Monitoring of time to hire and identify key areas for immediate intervention	• Time to Hire • Recruitment Modernisation Impact	April 2023
Continued training and retention for Recruitment Teams	• Improvements for on-boarding leading to reduction in time to hire	• KPIs	April 2023

Brand and Marketing

Enhance our brand and marketing as an employer of choice



Priority Action Plan: Brand and Marketing

Actions	What will this achieve?	To include:	Timeline
Uniform standardisation of brand	Strong connection and promotion of ABUHB	• Standardised colours, text, logos, adverts • Communication with key stakeholders across the organisation	June 2023
Increase attendance and visibility in the community	Community awareness of ABUHB as an employer (for all jobs)and mutually beneficial links with partner HEI's Improve relationships with key stakeholders	• A rolling plan for bespoke visits • Job Fayres, Universities, Schools, Colleges • Attending events • An annual planner and tracker for events which will be populated by individuals	June 2023
Review internal processes for staff engagement and feedback	A greater sense of belonging and feeling valued	• Education for managers in relation to meaningful PADR's, 1:1's and catch ups • Process review	June 2023
Review current advertising platforms and seek all opportunities	Effective advertising and best value for money	• Current costs, application figures and conversion rate to successful applicant • Platforms used and exploration for innovative alternatives	June 2023

Career Development and Educational Opportunities

Clinical Practice Development

- Support nurses to develop new skills, through CPD, research and policy development.
- Ensure Journey Of Excellence is developed across all fields of nursing.
- Provide time and support for developmental opportunities.

Leadership Development

- Develop in-house leadership programmes specific to nursing midwifery and SCPHN for all levels.
- Ensure access to external leadership programmes.
- Ensure access to effective communication skills training

Professional Development

- Ensure access to preceptorship, mentorship, clinical supervision and coaching.
- Provide career opportunities at the highest level – CNS, ANP, Consultant Nurse
- Encourage professional growth through education and training

Research & Development

- Spotlight research nursing as an attractive career.
- Make accessible information on postgraduate research training.
- Provide shadowing opportunities with lead clinical research nurse.
- Provide short-term work placements.

Nursing Management

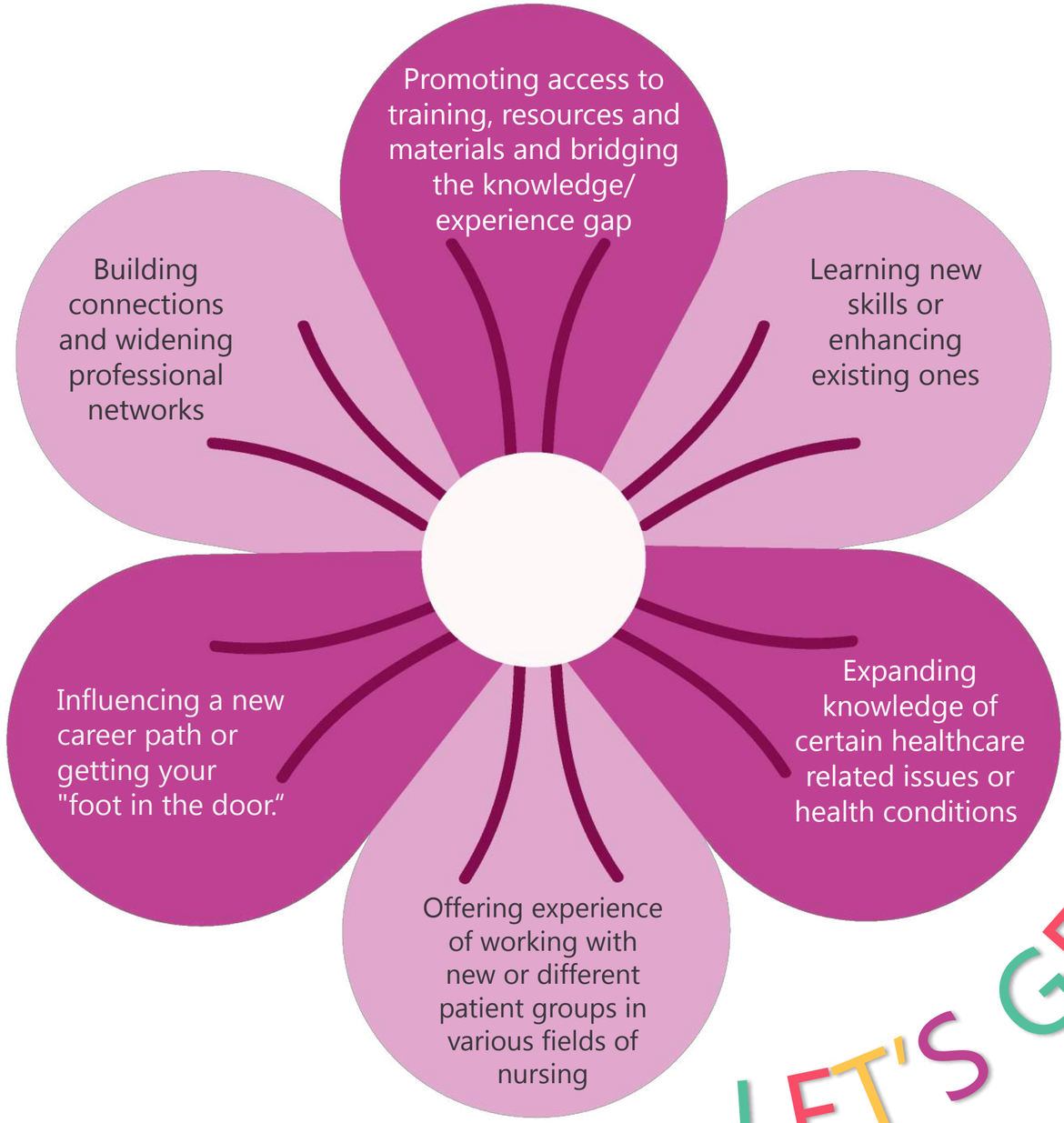
- Shadowing opportunities.
- Encourage staff to serve as a mentor and seek a mentor.
- Access leadership programmes to tackle management challenges.

Educational Opportunities

- Support lifelong learning.
- Explore advanced nursing education.
- Provide flexible opportunities to support study.
- Make accessible educational opportunities to allow nurses to follow their career of choice.

Growing our Own – Volunteer to Career

ABUHB's vision is to establish and grow a Volunteer to Career model, one that aims to offer paid employment to skilled volunteers through a defined pathway. This model will provide a career pathway for existing and new volunteers, will help address the current Band 2 vacancies, reduce variable pay and Health Care Support Worker agency spend and fundamentally, improve patient and staff experience through a sustainable, committed, and compassionate workforce.



LET'S GET GROWING

Step into the Academy and into your chosen career…

We will focus on developing our current and future staff to become Registered Nurses through the *Future Nurse and Midwifery Academy.*

This development Academy will support Health Care Support Workers at differing levels to progress to a chosen field of full-time or part-time pre-registration degree in the field of: -

- Adult
- Child
- Learning Disabilities
- Mental Health
- Midwifery

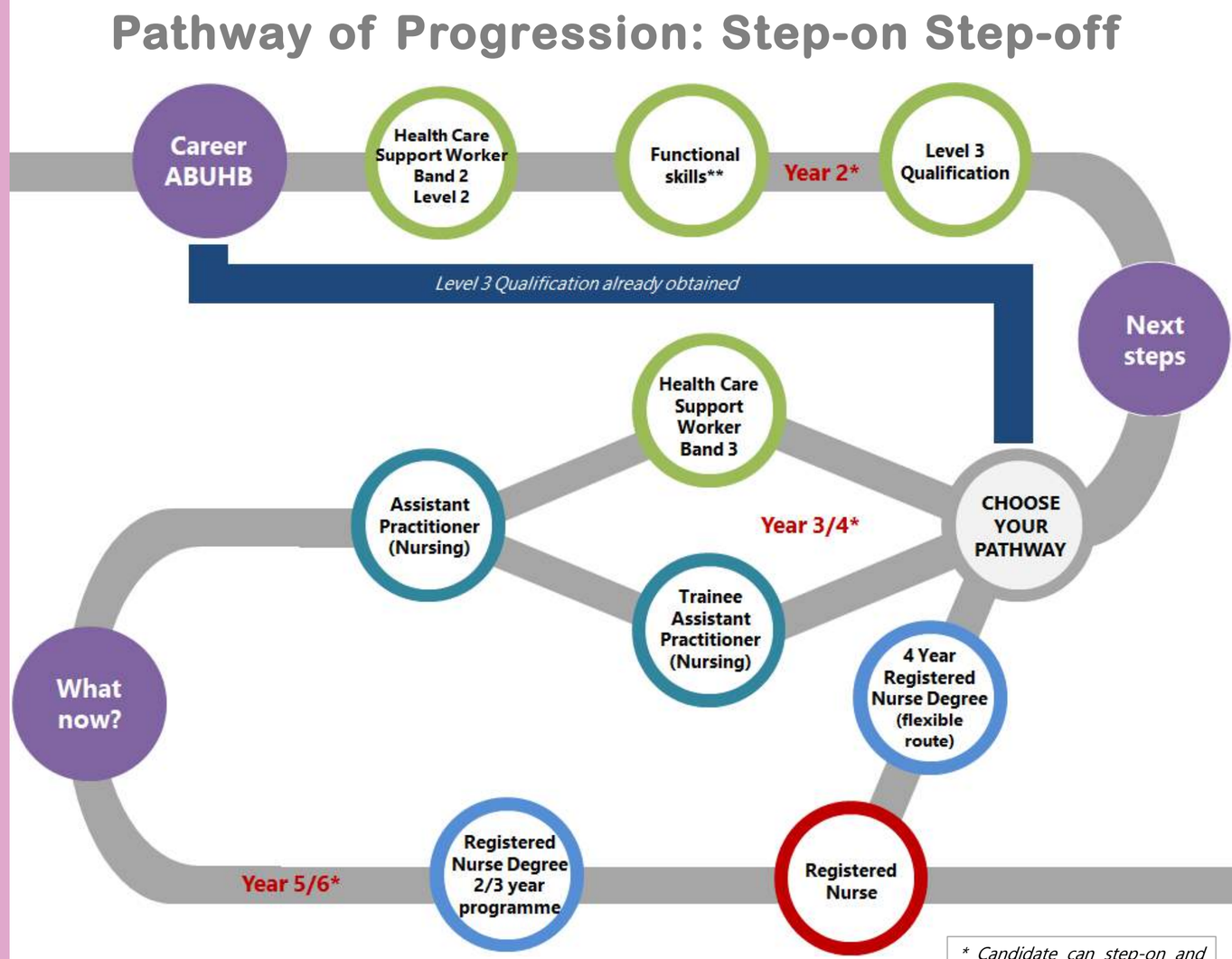
The Academy will also support International Educated Nurses to progress to NMC registration.

We will develop:

- A clear pathway of progression for Health Care Support Workers into nursing degrees.
- A robust selection criteria to optimise success and opportunity.
- Rotational pathways - creating development opportunities, enhancement of skills and widening choice opportunities for undergraduate study.
- Unique characteristics of the Academy which include both professional and educational support.

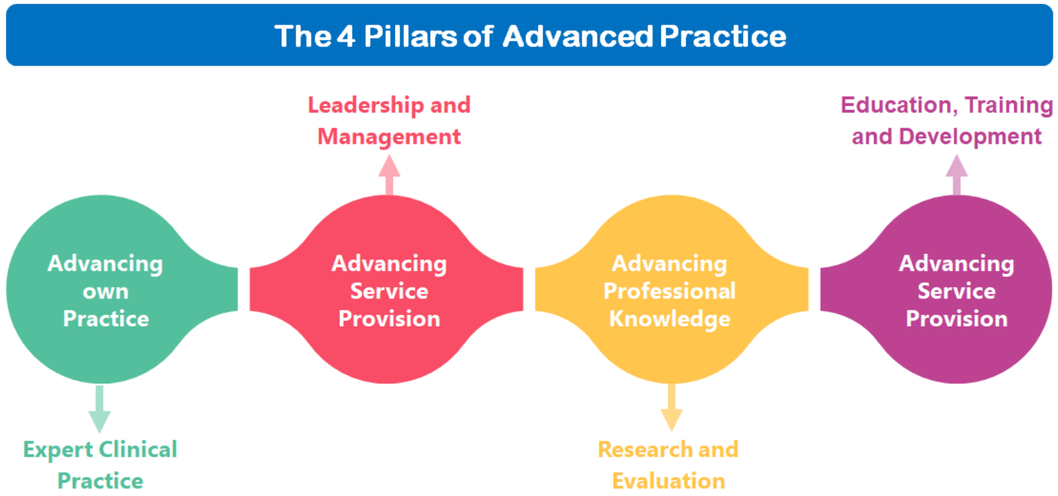
Recruitment for registered nursing and midwifery posts will focus on recruiting band 2 Health Care Support Workers as "the nurse or midwife of the future".

Continuous on-boarding of Health Care Support Workers is essential to support the backfill to the Academy.



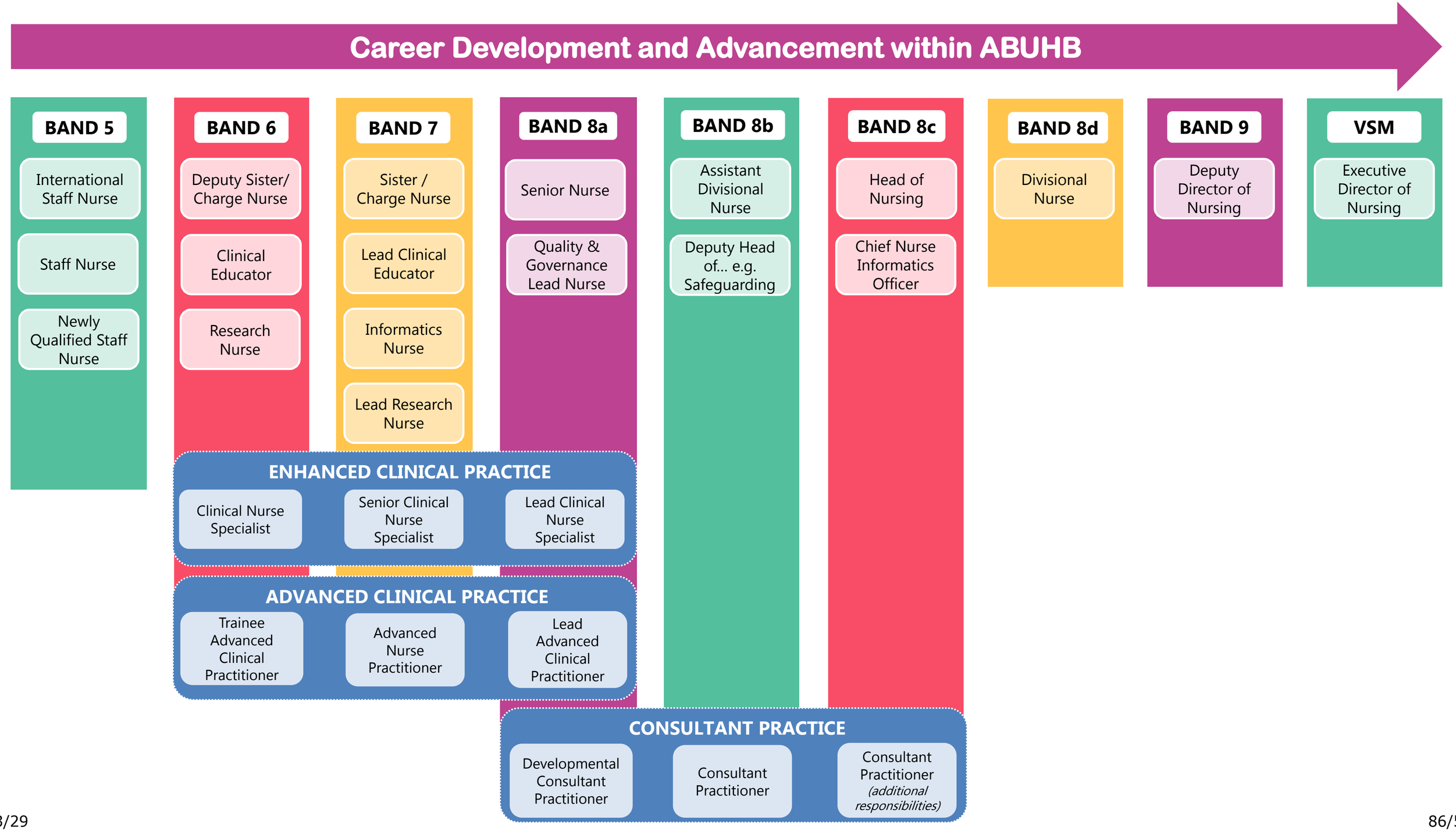
Career Development and Educational Opportunities

There are many ways to become an invaluable part of the patient journey within Aneurin Bevan University Hospital. From entry level to some of the most senior positions, integrating opportunities for further development via traditional and apprenticeship routes at undergraduate, graduate and postgraduate levels.



- We will welcome those wishing to join us with little experience and qualifications or with a multitude of academic and experiential achievements.
- ABUHB is committed to support individuals to begin their nursing journey and support them on a career pathway in their chosen specialty, aiming to signpost and support individuals to reach their full potential.
- ABUHB will endeavour to support development, by way of education and training, across the four pillars of practice: clinical practice, leadership and management, education and research.

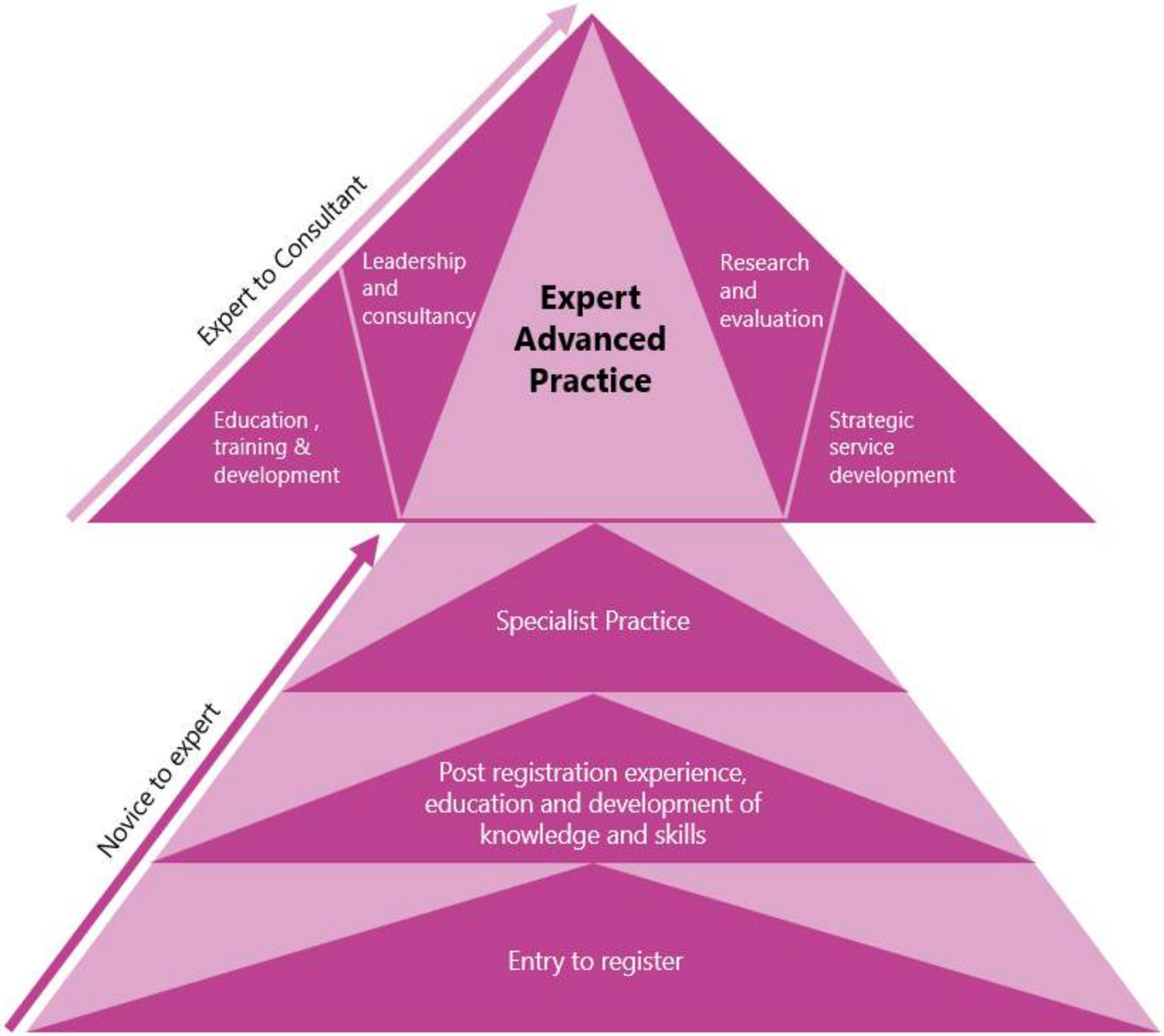
Career Development and Advancement within ABUHB



Creating Opportunities in Advanced Practice and Consultant Nurse Roles

Establishing advanced practice and Consultant Nurse posts improves outcomes for patients, clients and/or communities by enhancing services and quality of care. These advanced posts June be established in any service or area of practice where it is clear that doing so would contribute to the development of service/s in line with current health policies and strategies.

ABUHB will act to grow and develop these posts aligned to service development to provide career opportunities at the highest level. This will help to retain experienced and expert practitioners in clinical practice, strengthen leadership within the professions, facilitate strong partnerships between education and service, extend research opportunities and encourage cross-boundary working.



Priority Action Plan: Career Development/Educational Opportunities

Actions	What will this achieve?	To include:	Timeline
Review service developments and potential opportunities for clinical nurse specialists, advanced practise and consultant nurse roles.	Opportunities to develop, educate and retain existing workforce and attract staff form outside the Health Board.	• A look forward exercise to ensure nursing workforce is aligned to service need, to include nurse led services. • Scoping exercise to ascertain workforce requirement and potential opportunities for staff to develop into these roles. • Work closely with HEI's to ensure appropriate availability of education and training to support these roles.	September 2023
Secure a fit for purpose education facility for nursing and midwifery education	Provision for essential education, timely progression of IEN's to NMC registration, efficient use of resources	• Assessment of current education provision across the HB and usage • Engagement with planning about fit for purpose opportunities • Support from the Executive Team	June 2023
Develop clear and ambitious pathways and opportunities.	Will support individuals to reach their ambition, improve job satisfaction and ensure a skilled workforce.	• Health Care Support Worker career pathway, to include Band 3 • To develop a consultant nurse/advanced practice/clinical nurse specialist career framework.	July 2023
Increase opportunity for professional support and development.	A supportive culture.	• Develop a pool of clinical supervisors and coaches. • Support café • Network Groups, for example Nurse Consultant, Advanced Practice.	June 2023

Retention

Communication and Feedback

- Organisational wide and local communication and feedback – Retention Chat Café, Exit questionnaires, Divisional events.
- Gaining and interrogating data from multiple sources to fully understand the issues.
- Identify and design support systems and initiatives that value, support, and invest in retaining our staff.
- Links to avoidable employee harm workstream.
- Active engagement with staff side partners.

Training and Development

- Refresh forums for different staff groups including Assistant Practitioners, Advanced Nurse Practitioners
- Review and develop pathways that will step into the Future Nurse Academy
- Increase provision and opportunity for leadership programmes for all bands >6
- Secure a purpose built, dedicated education area for nursing and midwifery
- Support employee career development across the employee life cycle, through a suite of resources ,to enable effective career conversations

Staff Support

- Develop and embed clinical supervision across the Health Board
- Develop a pool of coaches within nursing, embed a coaching conversation culture
- Develop a pastoral "buddy system" for staff new to the area
- Maintain regular "International Educated Nurses" Café's
- Refresh the newly registered nurse support Café's
- Establish networks for different staff groups
- Recognise that personal commitments change throughout the employment life cycle and support flexible working

Branding

- Develop retention branding (retention logo, design banner, twitter feeds etc.

Actions to retain our workforce…

Whilst successful recruitment, education and training is essential for the future workforce, our attraction and retention practices aim to retain our current nursing workforce for as long as possible.

Our Key Priorities:

- Make ABUHB an employer of excellence – valuing, nurturing, supporting, developing and investing in all fields of nursing.
- Ensure access to support, development, opportunities and encourage achievement of individual ambitions.

Our Commitment…

- Actively support career development and advancement – by creating mentorship and leadership programs and initiatives that help nurses and midwives prepare to take on new responsibilities, to move into different niches if desired. We will help nurses determine what it will take to accomplish their most ambitious goals.
- Offer flexible working arrangements – shift work is a necessary reality however promoting a healthy work-life balance is an important key to improve staff retention.
- Identify and design support systems and initiatives that value, support, and invest in retaining our staff through the People Plan Retention group.
- Support and encourage our nurses to explore opportunities and evoke change.
- Foster a culture of learning – ensuring nurses and midwives engage in lifelong learning, not only mandatory, statutory or regulatory training but the continuous development they need.
- Create and lead a culture where nurses and midwives feel valued and inspired to deliver excellent standards of care for patients.
- Offer flexible working arrangements – shift work is a necessary reality however promoting a healthy work-life balance is an important key to improve staff retention.

An employee's journey from onboarding to leaving the organisation will be reviewed to support improvements to ensure the best possible experience.

On-boarding

Improve the new member of staff's experience during their initial 3-6 months

Development and Support

Support nurses, midwives and SCPHN to develop and excel within their roles

Leadership and Teams

Leadership Development Programmes will be more widely available for all employee

Team Working

Improve multi –professional team work and effectiveness.

Leaving

Pro-actively engage with employees to understand and facilitate opportunities to stay

Priority Action Plan: Retention

Actions	What will this achieve?	To include:	Timeline
Implement exit questionnaires	Feedback on what we need to do to be the employer of choice and improve retention of current staff.	• ESR questionnaire • Analysis of information • Action Planning • Market and educate managers to ensure completion of exit questionnaires.	June 2023
Encourage and support the use of self-rostering	Increased staff satisfaction, reduce sickness absence.	• Education and training for ward managers and staff on the benefits of self-rostering. • Identify areas to pilot • Staff satisfaction surveys to be completed following implementation.	September 2023
Retire and Return Initiative	Encourage experienced staff to return to work.	• Ensure a pro-active approach to all staff wishing to retire to discuss the option of retire and return. • Ensure all opportunities are considered: part-time, nurse bank, flexible working opportunities.	September 2023
Increase opportunity for professional support and development	A supportive culture.	• Develop a pool of clinical supervisors and coaches. • Support café • Network Groups, for example Nurse Consultant, Advanced Practice. • Rotational opportunities.	July 2023
Optimise flexible working opportunities	▪ Work-life balance ▪ Return to practice ▪ Make the profession more attractive	• Review current flexible working offer • Increase marketing of opportunities • Ensure all marketing material support flexible working opportunities • Encourage and share good practice	June 2023

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Regional Cataracts Expansion Business Case
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director for Planning
SWYDDOG ADRODD: **REPORTING OFFICER:**	Hannah Brayford, Senior Programme Manager

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Chief Executives across Aneurin Bevan, Cardiff & Vale and Cwm Taf Morgannwg Health Boards have recently reaffirmed their commitment to collaborative working and regional service provision where clinically appropriate, overseen by a revised and strengthened regional governance structure (including a new Regional Oversight Board).

This refreshed approach to the governance will coordinate these efforts and each Health Board is taking the lead for a specific priority;

1. ABUHB: Ophthalmology
2. CTMUHB: Diagnostics
3. CAVUHB: Orthopaedics

Whilst the concept of regional Ophthalmology provision is not new and has been considered since 2017, the significant service pressures experienced over recent months and the focus on planned care recovery have escalated both the scale and pace of thinking.

The three Health Boards have been working together to form a Regional Ophthalmology Programme Board. The Board is chaired by the Aneurin Bevan Health Board Director of Planning, with the Health Board also providing a

Programme Manager to support the work. The Programme Board has both clinical and non-clinical representation from all organisations.

The Executive Committee and Board have recently endorsed the Regional Ophthalmology Strategy that sets the longer-term direction for collaborative working across the region within Opthamology.

The first stage of the strategy implementation is a regional solution for the recovery of cataract waiting list backlogs that is taking place in two parts. The business case represents the first part of the solution

- Stage 1 – A Business Case for maximising our existing assets and increasing capacity with a focus on recovery activity and reducing waiting lists to run for 14 months.
- Stage 2 – Developing sustainable staffing and clinical models for cataracts and vitreo-retinal (VR) in University Hospital Wales (UHW), Cardiff, and cataracts and VR referral pathways across the region to include new staffing models, new clinical models and costings. This model will be operational on the conclusion of stage 1.

The Regional Cataracts Business Case has been approved by the following:

- Regional Ophthamology Programme Board - 13th February 2023
- Regional Portfolio Delivery Board – 6th April 2023
- Regional Portfolio Oversight Board – 13th April 2023
- Management Executives ABUHB – 13th April 2023
- Investment Group CVUHB – 18th April 2023
- Strategic Leadership Group CVUHB – 4th May 2023
- Management Executives CTMUHB – 9th May

In order to expedite a funding decision, the Regional Portfolio Oversight Board agreed to submit the business case to Welsh Government for funding after it has been approved by Executive Team governance of the 3 Health Boards but before consideration by Boards. The case will be considered at the Public Health Board meetings on the following dates:

- ABUHB – 24th May
- CVUHB – 25th May
- CTMUHB – 25th May

Cefndir / Background

This 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.
This additional capacity will provide a service for health board patients from Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards.

Aims

The aims of the regional solution outlined in this business case are

- to enact a collaborative regional approach to recovery
- to provide additional regional capacity for cataract outpatient and inpatient stages
- to demonstrate optimal utilisation of our assets and resources across the region
- to address current waiting list backlogs
- to reduce clinical risk on an equitable basis across the region
- to improve patient outcomes and cost effectiveness.

The Regional Ophthalmology Programme Board has also agreed a set of regional working principles on which the approach to expanding cataract capacity will be based.

- Treating the longest waiters first, regardless of their 'home' health board
- Using the outsourcing, insourcing, evenings and weekends capacity for less complex patients
- Adopting best practice guidance in all sites
- Adopting shared waiting list (PTL) management arrangements

Each health board is at a different starting point for their waiting list and this is reflected in the trajectories and projections. It is anticipated that as a result of this business case the following trajectories will be met:

- Aneurin Bevan: no patients waiting over 104 weeks for an outpatient appointment or inpatient procedure by the end of the funding period
- Cwm Taf Morgannwg: no patients waiting over 104 weeks for an outpatient appointment or inpatient procedure by the end of the funding period
- Cardiff and Vale: no patients waiting over 78 weeks for an outpatient appointment or inpatient procedure by the end of the funding period

Demand and Capacity

The region is presented with a sizable challenge in managing backlog, demand and capacity effectively. Demand continues to outstrip capacity and is forecast to grow year on year.

- The total number of patients waiting for assessment and treatment for cataracts is forecast to reach over 19,000 by the end of March 2023.
- Demand across the region has returned to pre-pandemic levels and is forecast to be 9,960 per year for 23/24
- The projected combined core capacity across the region for 23/24 with no further intervention is 5,940 treatments and assessments per year, broken down as follows
    - Aneurin Bevan UHB – 2,400
    - Cardiff and Vale UHB – 1,440
    - Cwm Taf Morgannwg UHB – 2,100

Eliminating the waiting list backlog in 23/24 would require a capacity of 28,960 in one year, almost five times the projected combined core capacity. With no further intervention the projected waiting list of 19,000 in March 2023 would therefore be over 23,000 by March 2024.

Delivery Assumptions

Shared PTL

To support a regional approach, the three health boards have agreed to pool their patient treatment lists (PTL) and adopt shared waiting list management arrangements for the allocation of the additional regional capacity. This will be supported by a regional booking team who will also manage the shared patient waiting list ensuring that the patients who have been waiting the longest are treated first, regardless of their 'home' health board.

North and South Hubs

The geography of the region lends itself to distributing the capacity across a North and South Hub model. This model that will keep service delivery closer to home and reduce patient travel as far as possible.

Insourcing and Outsourcing

The capacity across the region can be rapidly increased by utilising the local opportunities for insourcing and outsourcing. These arrangements make the best use of our assets across the region for short-term flexible arrangements that protect our core capacity.

Patient Second Offer and Travel

Patients will be offered the opportunity to travel to receive their assessment and treatment as part of the additional capacity arrangements where they may be able to be treated sooner. At a maximum, travel distance would be 40 miles and 55 minutes by private car under normal traffic conditions and most of the patient travel will be shorter. Patients unable or unwilling to travel will keep their place on the waiting list and receive treatment from their home health board. A recent survey of 140 patients across the region shows that 71% of patients would be willing to travel.

Allocation by Health Board

The table below shows the numbers of patients waiting and how this is split proportionally across the region. Data relates to August 2022 and includes the total number of patients waiting in each health board and has been agreed as the baseline to use for planning Health Board shares.

Patient Waits	Total Waiting			Over 52 weeks	
AB	7041	39%		2175	36%
CAV	4066	22%		891	15%
CTM	7103	39%		2939	49%
Total	18210			6005	

As a proportion of the patients waiting, 39% are from AB. 39% from CTM and 22% from CAV. When this is viewed as patients waiting at the end of the lists the proportions change and it is from this pool of patients that the additional capacity would be targeted.

Of this group of longer waiters 49% are from CTM, 36% from AB and 15% from CAV and this indicates how the additional capacity will be used.

Asesiad / Assessment

Options

To achieve the stated aims of the business case, the options need to:

- Be mobilised quickly
- Be deliverable with the resources available
- Protect the viability of the core capacity
- Keep patient travel to a minimum

Preferred Option

The preferred option in this business case is Option 3b which is use of Vanguard in UHW as South Hub and maximum use of NHH as North hub. Specifically it is:

- South Hub Weekdays: Retaining the weekday 20 sessions in vanguard and using 7.5 sessions for CAV core capacity (1620 patients annually, funded by CAV) and 12.5 sessions for regional capacity (2700 patients annually, regionally funded, provided by NHS staff) for outpatient assessment and inpatient procedures
- South Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in Vanguard (UHW)
- North Hub Weekdays: 1610 outpatient assessment and inpatient procedures carried out in weekdays in NHH using NHS staffing
- North Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in NHH
- An additional 2,000 outsourced outpatient and inpatient procedures
- Total core 7,140 for 14 months (6,120 annual)
- Plus 9,310 additional outpatient assessments and inpatient procedures
- Total capacity 16,450 per year (to include 14 months of core capacity)
- Waiting list reduction of 4,832 (from 19,000 to 14,168)
- Total costs in 2023/24 £10.5m and 2024/25 £4.8m total over 2 financial years £15.3m for outpatient assessments and inpatient procedures

Implications for Aneurin Bevan UHB

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

The costs for AB are:

- 23/24: £3,765,327
- 24/25: £1,730,792
- Total: £5,496,118

The number of ABUHB patients planned to be treated across the 14 months for outpatient assessment and treatment is shown below:

Delivery is split over 2 financial years as follows:

- 9 months of 23/24 from 1st July 2023 to 31st March 2024
- 5 months of 24/25 from 1st April 2024 to 31st August 2024

AB Patients

	Core: AB In House	AB 36%	AB Total from this business case
1st July 2023 to 31st March 2024	1800	2313	4113
1st April 2024 to 31st August 2024	1000	1039	2039
Total Allocation	2800	3352	6152

Regional Total

	AB Total	CAV Total	CTM Total	Regional Total
1st July 2023 to 31st March 2024	4113	2179	4723	11014
1st April 2024 to 31st August 2024	2039	1108	2289	5436
Total Allocation	6152	3287	7012	**16450**

Plans and budgets are included within the IMTP and Planned Care Recovery.

The Ophthalmology Programme governance arrangements have been revised to take account of the transition to implementation phase. This group will continue to report into the Regional oversight and assurance arrangements and internally into the Executive Committee and Planned Care Board as appropriate.

Argymhelliad / Recommendation

The Executive Team are asked to:

- Endorse this Business Case, the funding arrangements and volumes
- Support the implementation of the case across the region

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care 5.1 Timely Access

	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	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Regional Ophthalmology Programme Board Regional Portfolio Delivery Board Regional Portfolio Oversight 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	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Offthalmoleg Ardal De-ddwyrain Cymru
South East Wales Regional Ophthalmology

Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg

University Health Boards

Business Case

Title	Regional Cataracts Expansion Business Case		
		Date Last Updated	12/05/2023
Accountable Executive	Chris Dawson Morris, Director of Planning (AB)	**Lead /Project Manager** **Clinical Lead**	Hannah Brayford, Programme Manager Dr Rhianon Reynolds, Dr Siene Ng, Dr Anjana Haridas
Clinical Service		Planned Care, Ophthalmology	

1. Executive Summary

This 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.

This additional capacity will provide a service for health board patients from Aneurin Bevan, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards.

Aims

The aims of the regional solution outlined in this business case are

- to enact a collaborative regional approach to recovery
- to provide additional regional capacity for cataract outpatient and inpatient stages
- to demonstrate optimal utilisation of our assets and resources across the region
- to address current waiting list backlogs
- to reduce clinical risk on an equitable basis across the region

The Regional Ophthalmology Programme Board have also agreed a set of regional working principles on which the approach to expanding cataract capacity will be based.

- Treating the longest waiters first, regardless of their 'home' health board
- Using the outsourcing, insourcing, evenings and weekends capacity for less complex patients
- Adopting best practice guidance in all sites
- Adopting shared waiting list (PTL) management arrangements

Each health board is at a different starting point for their waiting list and this is reflected in the trajectories and projections. It is anticipated that as a result of this business case the following trajectories will be met:

- Aneurin Bevan: no patients waiting over 104 weeks for an outpatient appointment by the end of the funding period
- Cwm Taf Morgannwg: no patients waiting over 104 weeks for an outpatient appointment by the end of the funding period
- Cardiff and Vale: no patients waiting over 78 weeks for an outpatient appointment by the end of the funding period

Staged Delivery

The Regional Ophthalmology Programme Board have agreed the following staged approach to delivering sustainable cataracts solutions in the region, whilst balancing the need to activate capacity quickly and reduce the rate that the backlog is growing. This business case represents the first stage.

- Stage 1 – A Business Case for maximising our existing assets and increasing capacity with a focus on recovery activity and reducing waiting lists to run for 14 months.
- Stage 2 – Developing sustainable staffing and clinical models for the region. For cataracts and VR in University Hospital Wales (UHW), Cardiff, and cataracts and VR referral pathways across the region. To include new staffing models, new clinical models and costings, this model will be operational on the conclusion of stage 1.

Demand and Capacity

The region is presented with a sizable challenge for backlog, demand and capacity. Demand continues to outstrip capacity and is forecast to grow year on year.

- The total number of patients waiting for assessment and treatment for cataracts is forecast to reach over 19,000 by the end of March 2023.

- Demand across the region has returned to pre-pandemic levels and is forecast to be 9,960 per year for 23/24
- The projected combined core capacity across the region for 23/24 with no further intervention is 5,940 treatments and assessments per year, broken down as follows
    - Aneurin Bevan UHB – 2,400
    - Cardiff and Vale UHB – 1,440
    - Cwm Taf Morgannwg UHB – 2,100

Eliminating the waiting list backlog in 23/24 would require a capacity of 28,960 in one year, almost five times the projected combined core capacity. With no further intervention the projected waiting list of 19,000 in March 2023 would therefore be over 23,000 by March 2024.

Delivery Assumptions

Shared PTL

To support a regional approach, the three health boards have agreed to pool their patient treatment lists (PTL) and adopt shared waiting list management arrangements for the allocation of the additional regional capacity. This will be supported by a regional booking team who will also manage the shared patient waiting list ensuring that the patients who have been waiting the longest are treated first, regardless of their 'home' health board.

North and South Hubs

The geography of the region lends itself to distributing the capacity is across a North and South Hub model. This model that will keep service delivery closer to home and reduce patient travel as far as possible.

Insourcing and Outsourcing

The capacity across the region can be rapidly increased by utilising the local opportunities for insourcing and outsourcing. These arrangements make the best use of our assets across the region for short-term flexible arrangements that protect our core capacity.

Patient Second Offer and Travel

Patients will be offered the opportunity to travel to receive their assessment and treatment as part of the additional capacity arrangements where thy may be able to be treated sooner. At a maximum travel would be 40 miles and 55 minutes by private car under normal traffic conditions and most of the patient travel will be shorter. Patients unable or unwilling to travel will keep their place on the waiting list and receive treatment from their home health board. A recent survey of 140 patients across the region shows that 71% of patients would be willing to travel.

Allocation by Health Board

The table below shows the numbers of patients waiting and how this is split proportionally across the region. Data relates to August 2022 and includes the total number of patients waiting in each health board.

Patient Waits	Total			Over 52 weeks	
AB	7041	39%		2175	36%
CAV	4066	22%		891	15%
CTM	7103	39%		2939	49%
	18210			6005	

As a proportion of the patients waiting, 39% are from AB. 39% from CTM and 22% from CAV. When this is viewed as patients waiting at the end of the lists the proportions change and it is from this pool of patients that the additional capacity would be targeted.

Of this group of longer waiters 49% are from CTM, 36% from AB and 15% from CAV and this indicates how the additional capacity will be used.

Options

To achieve the stated aims of the business case, the options need to:

- Be mobilised quickly
- Be deliverable with the resources available
- Protect the viability of the core capacity
- Keep patient travel to a minimum

The options are:

- **Option 1: Do nothing**
  - Core capacity 5,940 only

- **Option 2: Maximising the use of NHH and POWH**
  - North Hub: in NHH (1,610, weekdays NHS staff recruitment)
  - North Hub: in NHH (1,500 Weekend Insourcing)
  - South Hub: in POWH (3,558, for 1 NHS session and Evenings and Weekend Insourcing)
  - Outsourcing (2,000)
  - Total additional 8,668 (plus 5,940 core is 14,608 total)
  - One theatre in NHH and twin theatres in POWH

- **Option 3a: Vanguard and NHH**
  - North Hub: in NHH (1,500 Weekend Insourcing)
  - South Hub: 12.5 sessions of Vanguard Unit (2,770 weekdays NHS staff)
  - South Hub: in UHW (1,500 Weekend Insourcing)
  - Outsourcing (2,000)
  - Total additional 7700 (plus 6,120 core is 13,820 total)
  - One theatre in NHH and twin theatres in Vanguard

- **Option 3b: Vanguard and Maximising NHH**
  - North Hub: in NHH (1,610, weekdays NHS staff recruitment)
  - North Hub: in NHH (1,500 Weekend Insourcing)
  - South Hub: 12.5 sessions of Vanguard Unit (2,770 weekdays NHS staff)
  - South Hub: in UHW (1,500 Weekend Insourcing)
  - Outsourcing (2,000)
  - Total additional 9,310 (plus 7,140 core is 16,450 total)
  - One theatre in NHH and twin theatres in Vanguard

- **Option 4: Weekend Insourcing and Outsourcing only**
  - North Hub: in NHH (1,500 Weekend Insourcing)
  - South Hub: in POWH (1,500 Weekend Insourcing)
  - Outsourcing (2,000)
  - Total additional 5000 (plus 5,940 core is 10,940 total)
  - One theatre in NHH and twin theatres in POWH

- **Option 5: Outsourcing activity to external provider (s)**
  - Outsourcing (5,000)
  - Total additional 5000 (plus 5,940 core is 10,940 total)

Options Summary

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH **	Option 4 Weekends	Option 5 Outsourcing
North Hub: NHH Weekdays NHS Staff		1610		1610		
North Hub: NHH Weekends Insourcing		1500	1500	1500	1500	
South Hub: Vanguard Weekdays NHS Staff			2700	2700		
South Hub: Vanguard Weekends Insourcing			1500	1500		
South Hub: POWH Evenings insourcing (+1 NHS session)		2058				
South Hub: POWH Weekends Insourcing		1500			1500	
Outsourcing		2000	2000	2000	2000	5000
Total Additional	0	8668	7700	9310	5000	5000
Plus Core	5940	5940	6120	7140	5940	5940
Total	**5940**	**14608**	**13,820**	**16450**	**10940**	**10940**

*Yellow – Provision on AB site, Blue – provision on CAV site, Green – provision on CTM site

**Option 3b is for 14 months

High level Financials

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH*	Option 4 Weekends	Option 5 Outsourcing
Core Capacity	5,940	5,940	6,120	7,140*	5,940	5,940
Additional Regional Capacity	0	8668	7,700	9,310	5,000	5,000
Total Capacity	5,940	14,608	13,820	16,450	10,940	10,940
Total Revenue Costs	£0	£12.4m	£10.5m	£12.9m**	£7.5m	£7m
Total Capital Costs	£0	£0	£2.4m	£2.4m	£0	£0
Total Costs (Capital + Revenue)	£0	£12.4m	£12.9m	£15.3m	£7.5m	£7m
Cost per patient	n/a	£1,436	£1,672	£1,640	£1,504	£1,410

**Option 3b is for 14 months*

***Costing for this option include 5% increase on all pay costs*

Waiting List Changes

The table below shows the impact of each of the options on the total size of the waiting list. The start position for each option is 19,000 patients waiting.

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH*	Option 4 Weekends	Option 5 Outsourcing
Waiting list project end	23,046	14,352	15,186	14,168	18,483	18,483
Waiting list change from 19,000 baseline	+4,046	-4,648	-3,814	-4,832	-517	-517

Options Appraisal

The six options have been through an options appraisal process. An exercise was undertaken with each health board individually to score and assess each option against the business case aims and the principles of regional working in section 2.1 below and appendix two.

Weighting for the scoring was allocated as follows:

- Quality and Safety: 35%
- Effective use of resources: 10%
- Strategic Fit: 10%
- Sustainability: 15%
- Access: 10%
- Deliverability: 20%

Results of the appraisal process are shown below. All three health boards have selected the same option as the highest scoring option against the criteria. Results are shown below. Scores are out of 5, with the regional total out of 15.

	Option 1 Do Nothing	Option 2 POWH and NHH	Option 3a Vanguard and NHH	Option 3b Vanguard and Max NHH	Option 4 Weekends	Option 5 Outsourcing
Cardiff and Vale	1.65	3.10	4.00	4.25	1.85	1.65
Cwm Taf Morgannwg	1.60	4.30	3.70	4.35	2.30	2.00
Aneurin Bevan	1.80	3.35	3.30	3.55	2.15	2.15
Regional Total	5.05	10.75	11.00	12.15	6.30	5.80

Preferred Option

The preferred option in this business case is Option 3b Vanguard and Max NHH

- South Hub Weekdays: Retaining the weekday 20 sessions in vanguard and using 7.5 sessions for CAV core capacity (1620 patients per year, funded by CAV) and 12.5 sessions for regional capacity (2700 patients per year, regionally funded, provided by NHS staff)
- South Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in Vanguard (UHW)
- North Hub Weekdays: 1610 outpatient assessment and inpatient procedures carried out in weekdays in NHH using NHS staffing

- North Hub Weekends: 1,500 outpatient assessment and inpatient procedures carried out by an insourcing company in NHH
- An additional 2,000 outsourced outpatient and inpatient procedures
- One theatre in NHH and twin theatres in Vanguard
- Total core 7,140 for 14 months (6,120 annual)
- **Plus 9,310 additional**
- **Total capacity 16,450 per year**
- Waiting list reduction 4,832 (from 19,000 to 14,168)
- Total costs: £15.3m
- Cost per patient: £1,640

Preferred Option Financials

Option 3b: Use of NHH weekends and weekdays and Vanguard

Revenue Costs

Host Health Board	Delivery	Pre Go Live costs	2023/24 Patients	2023/24 Patients	2023/24 Total Estimated Costs	Cost per Patient	2024/25 Host Health Board	2024/25 Delivery	2024/25 Patients	2024/25 Patients	TOTAL ACTIVITY Patients	TOTAL COST Patients
Provider			Activity	Cost		Cost per case excl capital and pre go live			Activity	Cost	Activity	Cost
Cardiff and Vale	Insource Weekend		1,090	£1,731,622	£1,731,622	£1,589	Cardiff and Vale	Insource Weekend	410	£651,344	1,500	£2,382,967
Cardiff and Vale	Weekday		2,025	£1,643,721	£1,643,721	£812	Cardiff and Vale	Weekday	675	£547,907	2,700	£2,191,628
Aneurin Bevan	Insource Weekend	£125,784	1,000	£1,328,411	£1,454,195	£1,328	Aneurin Bevan	Insource Weekend	500	£664,206	1,500	£2,118,401
Aneurin Bevan	Weekday Capacity	£163,522	940	£1,082,215	£1,245,737	£1,151	Aneurin Bevan	Weekday Capacity	670	£771,366	1,610	£2,017,103
External	Outsource		1,334	1,861,757	£1,861,757	£1,396	External	Outsource	666	£929,483	2,000	£2,791,240
Regional Operational Team		£50,642		£871,566	£922,208		Regional Operational Team			£443,449		£1,365,656
TOTAL		**£339,948**	**6,389**	**£8,519,293**	**£8,859,241**		**TOTAL**		**2,921**	**£4,007,754**	**9,310**	**£12,866,995**

Capital Costs Assumed to convert to revenue

Temporary Theatre @UHW	**£1,600,000**	**£800,000**	**£2,400,000**
TOTAL COSTS	**£10,459,241**	**£4,807,754**	**£15,266,995**

Anticiptaed Utilisation and commissioner share

AB	36%	**£3,765,327**	**£1,730,792**	**£5,496,118**
CAV	15%	**£1,568,886**	**£721,163**	**£2,290,049**
CTM	49%	**£5,125,028**	**£2,355,800**	**£7,480,828**

Financial Assumptions

Key Assumptions

- Activity and cost is assumed to be utilised as per the 'long waiters' commissioner split in the business case. An indicative commissioner share of cost and activity is in the attached
- Some costs are now fully expected in 2023/24 where these are required as 'pre go live'. These relate to revenue equipment costs in AB.
- Vanguard and procurement costs are estimated based on current agreements and are therefore subject to possible variation
- The 'regional operational team' meets workforce expectations for the structure and requirements
- There is risk of recurrent recruitment costs if staff are permanently employed for a time limited project however there is an expectation of future service development
- Delivery plans and costings are estimated on the case mix complexity as outlined in the business case

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Business Case – Same Day Emergency Care (SDEC) in Ysbyty Ystrad Fawr
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Director of Operations
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jane Thornton, Hospital Manager YYF

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

A decision is sought to approve the Business Case and recommendation of the Executive Committee to underwrite the proposal to extend the Same Day Emergency Care service at Ysbyty Ystrad Fawr.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this paper is to provide feedback from the Pre-Investment Panel (PIP) and Executive Committee on a business case that has been considered as a priority for investment as part of the Health Board's IMTP / annual planning process and within the context of the Health Board's financial performance and available resources.

The Executive Committee considered and supported the funding proposal for Same Day Emergency Care service at Ysbyty Ystrad Fawr which was considered in April 2023.

The SDEC service has been piloted at YYF from 31st October 2022 until 31st March 2023 utilising slippage from the Welsh Government funding for the SDEC service at The Grange University Hospital and Regional Integration Fund (RIF) investment which provided an opportunity to test the concept of SDEC for medicine at YYF for six months over the winter period operating at 8am to 4pm Monday to Friday (not including weekends and Bank Holidays). RIF funding has been extended for a further 2 months pending evaluation of the project and re-submission for continued funding of the extended SDEC service outlined below.

The SDEC Pilot project initially pulled patients who had been referred to the Acute Medical Unit via the Flow Centre who met the criteria for SDEC. The criteria was exactly the same as those agreed for The Grange University Hospital SDEC medicine service to ensure continuity across all sites. This resulted in an average of 20% of patients referred to AMU being re-directed to SDEC between the hours of 8am to 4pm. Those patients who had outstanding investigations, results or treatment after 4pm were transferred back to the AMU for ongoing care. The pilot quickly demonstrated that with the service finishing at 4pm the optimum opportunity to impact on AMU attendances was being missed. The pilot had a very short lead in time and was set up with the minimum staffing numbers and supported on a 'good will' basis by the on-call consultant to provide senior decision making. It provided an opportunity to review the limitations and the successes to build on for a future, sustainable services.

The Delivery Unit from Welsh Government has been explicit in their expectations that the Health Board continues to develop SDEC services across all sites as an alternative to admission to Assessment Units which are already struggling to manage demand. Therefore, this business case is setting out what is required to sustain and develop an SDEC service at YYF to meet the expectations of Welsh Government and the need of the Health Board.

The preferred option is 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. The proposal recognises the positive impact SDEC has on patient experience and the Division's ability to meet the medical needs of the Caerphilly residents in the limited space available in the AMU at YYF.

Cefndir / Background

The business case has been produced to secure recurrent funding for the Same Day Emergency Care (SDEC) service at Ysbyty Ystrad Fawr (YYF) and was supported by the Executive Committee in April 2023. It was felt that the business case should be submitted for further RPB / RIF funding for 2023/24 underwritten by the Health Board with a minimum of bi-annual reviews of progress against the aims of the services. The full year projected resource implication is £866K.

A Full Winter Project Evaluation of the service has been submitted and considered by RIF and will be considered for additional ongoing funding of the extended model in May 2023. RIF funding has been extended to end May 2023 with additional funding allocation of £129.5K for months 1 and 2 of the 2023/24 financial year. The financial implication for this year is detailed below.

YYF is a key component of the Clinical Futures model supporting the operational function of the GUH and the supporting extended local general hospital sites. It is acknowledged that to enable the wider system to operate successfully, YYF needs to provide a front door service that meets the needs of the local population, the current demand and the projected demand going forward.

The 6 month pilot of the SDEC service from 31 October 2022 to 31 March 2023 at YYF achieved the following aims:

Aims	Achievements
• Improve patient flow. • Assess, treat and discharge patients by the right professional in the right place. • See and treat patients in a timely manner, on the same day. • Provide direct access appointments to allow patients to be seen without delay. • Avoid unnecessary admissions to hospital. • Prevent avoidable disruptions to packages of care / support at home	• 589 patients treated in SDEC between 31 October 2022 and 31 March 2023 • 82% discharged on the same day • Average LOS of 3 hours 16 mins • 5% increase in the number of patients spending less than 12 Hours within the Assessment Unit reducing risk of deconditioning • Maintained assessed out rate of 80-85% in AMU YYF • 99% of patients said their experience was SDEC of 'Very good'

The Same Day Emergency Care model aligns with the Welsh Government 6 Goals Programme (Goal 3 specifically) and the organisational IMTP. This patient centred model of delivering care has proven to be successful since SDEC opened as a pilot in October 2022. The opportunities for the future to expand the service to include longer opening hours, improved engagement with the Flow Centre and Primary Care, develop pathways for WAST direct access, and direct step-down opportunities from ED and AMU at GUH, means that it is likely to have a positive impact, not only for patients but also for urgent care and the assessment units in the eLGHs.

The patient and staff feedback and the performance data all indicate that SDEC is having a positive impact on the medical assessment service and for patients.

The table below outlines the revenue requirements for the full year service.

Cost summary	**Year 1**	**Year 2**	**Year 3**
	£	**£**	**£**
Capital – N/A			
Revenue -Staff*	792,000	792,000	792,000
Revenue – Non-Staff Facilities Consumables Lab Testing Kits (Point of Care) Pharmacy	74,000	74,000	74,000
Set Up costs – N/A			
Total	866,000	866,000	866,000
Less Savings (funding agreed – 2 months RIF)	129.5	-	-
Revised Total	736,500	866,000	866,000

Asesiad / Assessment

The proposed business case investment will address some of the ongoing front door congestion issues that have been experienced at YYF. The model of providing treatment for ambulatory patients, who meet the criteria, in a purpose built SDEC area provides an opportunity to change the mindset of patients (and referrers) of attending hospital for *treatment* rather than *admission*.

The number of patients attending the YYF Assessment Unit continues to rise to pre-pandemic numbers averaging 170 attendances per week. Extending the SDEC service to 8am to 8pm Monday to Friday will provide the opportunity to:

- Provide targeted training, support and education to the Flow Centre team so that referrals via this route are optimised.
- Develop pathways for direct step down from GUH Emergency Department and Acute Medical Unit to SDEC to release capacity.
- Link with Neighbourhood Care Networks (NCNs) and target GPs to promote the SDEC service and develop GP direct referrals.
- Work with WAST to develop direct referrals to SDEC.
- See an additional 30 patients per week by diverting 20% of attendances to AMU that present between 3pm and 7pm to SDEC.

Financial Implications and Assumptions

- The extended service will provide an opportunity to collect data on quality efficiencies and cost benefits by comparing AMU / SDEC patient journeys and avoidable overnight stays in AMU.
- In respect of non-pay / stock costs, the pilot was based on the assumption that the stock was simply transferred from AMU to SDEC (i.e. it was simply a change in environment for this group of AMU patients). However, with updated attendance data the potential savings will be easier to identify.
- The case will not enable AMU staffing levels to reduce. The AMU funded establishment is for 9 trolleys and morning demand is generally between 18-25 patients. When the trolley spaces were increased to 14 and 1 triage the staffing numbers increased with it, but AMU remains over capacity & the staffing ratio for this area remains a concern and is high on the agenda for the senior nursing team.
- As a result of the above and the continued experience of high levels of demand, it is difficult at this stage to commit to a target of cash-releasing savings, although this will continue to be carefully monitored and it is believed that the extension of opening hours to Mon-Fri 0800 – 2000 will have a significant beneficial impact and further cost based analysis will be undertaken.
- The Executive Committee requested that SDEC improvements are reported regularly throughout the financial year to allow for ongoing assessment of any investment.

The cost of the preferred option for 2023/24 with RIF funding for months 1 and 2 is £736.5K and full year costs of the preferred option in the revised business case is £866K (see table above).

It should be noted that although referenced, we still await confirmation of RPB / RIF funding sources at the time of writing this report (except for 1st two months of 2023/24), and the recurrent costs therefore constitute the worst-case scenario i.e. continued funding from within existing health board resources. However, Welsh Government established a £25m recurrent fund to support development and sustainable implementation of new models of care that will enable the 6 Goals for Urgent and Emergency Care. The Delivery Unit from Welsh Government has been explicit in their expectations that the Health Board continues to develop SDEC services across all sites as an alternative to admission to Assessment Units which are already struggling to manage demand. Therefore this business case is setting out what is required to sustain and develop SDEC service at YYF to meet the expectations of Welsh Government and to also put the Health Board in a strong position to successfully bid for any future central funding that is made available.

Following Executive scrutiny, the Health Board is recommended to support approval to proceed and confirmation of recurrent funding.

Argymhelliad / Recommendation

The Board is asked to:

- Approve this business case for the SDEC service at Ysbyty Ystrad Fawr
- Consider the recommendation within the case to proceed with the preferred option
- Consider whether to approve formally the required recurrent investment from the £10m enabling funding set aside in the IMTP in the event funding is not secured from any other source.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care 5.1 Timely Access 2. Safe 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 Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the wellbeing and engagement of our staff

	Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Relevant national and professional standards are referenced in the attached document.
Rhestr Termau: Glossary of Terms:	SDEC – Same Day Emergency Care DU – Delivery Unit, Welsh Government
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Division of Medicine, Senior Management Team SDEC Project Board Pre-Investment Panel 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/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

BUSINESS CASE TEMPLATE

This template should be used to document NEW investment cases greater than £50k, as per the Scheme of Delegation. Please refer to separate guidance on the content required for each section.

Title of Business Case:	**Funding Proposal for Same Day Emergency Care at YYF**
Unique ref No.:	

Directorate/Division:	Medicine, Ysbyty Ystrad Fawr
Divisional Director:	Dr Philip Campbell
Project Lead(s):	Jane Thornton, Hospital Manager – YYF Gill Cox, Service Improvement Manager - YYF

Drafting and Approvals Status Record

Version No.	Date Issued	Amendment History	Accountable Manager
1	8.2.23	Sent to Divisional Senior Management Team for comment. Comments received by Nicola Mather and Simon Robert – SDEC Project Board	Jane Thornton
2	15.2.23	All comments responded to and finalised with Division and sent to David Hanks	Jane Thornton
3	27.2.23	Discussed at PIP and amended in response to feedback and questions	Jane Thornton
4.	6.04.23	Further comments received from PIP members	Jane Thornton

Integrated Divisional/Corporate team members involved in developing Business Case	
Finance Business Partner (Name)	Karen Archer
HR Business Partner (Name)	Nicola Mather
Capital Planning (if applicable) (Name)	N/A

Approval by Divisional Manager / DMT (Name)	Tracy Morgan, General Manager, Medicine Division

1. Executive Summary

Subject/Purpose
The business case is to secure recurrent funding for the Same Day Emergency Care service at Ysbyty Ystrad Fawr (YYF).

The SDEC service has been piloted at YYF from 31st October 2022 until 31st March 2023 utilising slippage from the Welsh Government funding for the SDEC service at The Grange University Hospital and Regional Integration Fund investment which has provided an opportunity to test the concept of SDEC for medicine at YYF for six months over the winter period. The Delivery Unit from Welsh Government has been explicit in their expectations that the Health Board continues to develop SDEC services across all sites as an alternative to admission to Assessment Units which are already struggling to manage demand. Therefore, this business case is setting out what is required to sustain and develop an SDEC service at YYF to meet the expectations of Welsh Government.

YYF is a key component of the Clinical Futures model supporting the operational function of the GUH and eLGH sites. It is noted that to enable the wider system to operate successfully YYF needs to provide a front door service that meets the needs of the local population, the current demand and the projected demand going forward. The further development of an SDEC model at YYF will realise a number of benefits including:

- Patient is seen at the right time, in the right place by the right person
- Optimised patient experience
- Reduction in waiting times
- Avoiding unnecessary overnight admission
- Improved patient flow
- Reducing congestion in the Acute Medicine Unit
- Reduced bed occupancy

Benefits of SDEC
SDEC ensures that patients who meet the criteria, avoid admission into the busy Acute Medical Unit (AMU) by being signposted directly from the flow centre and primary care. It reduces the general medicine presentations to AMU and ensures that patients are being reviewed and treated by a medical team at the point of initial assessment with an average length of stay of 2 hours 48 minutes. As a result, patients avoid lengthy waiting times, delays in treatment, unnecessary overnight stays in the AMU (often in the corridor) and unnecessary investigations. Patient investigations are appropriate and timely by utilising point of care testing equipment and easy access to diagnostics has been established. This provides a streamlined patient pathway and the pilot has shown a greatly improved patient experience. If necessary, patients return to the SDEC for further treatment and review without the need to stay in hospital overnight.

During the pilot scheme data has been collected to evaluate the impact SDEC has had on AMU service and patient experience and outcomes. An overview of the data (to end February 2023) is displayed below:

Risks

The benefits of an SDEC service are clearly evidenced nationally by the NHS Benchmarking Network and locally by the GUH service evaluation and the YYF pilot project evaluation. The evaluation metrics are consistent across the services and in line with the requirements of the Delivery Unit. If the SDEC service is discontinued at YYF patients would default back to the AMU which has continued to be congested throughout the post pandemic period and reintroducing this ambulatory patient group would only add to the existing congestion and significant patient safety risks including falls, pressure area damage, healthcare acquired infections, medication incidents and the overall timely delivery of nursing care.

The SDEC workforce for the pilot has been employed on 6-month fixed term contracts which are due to end on 31 March 2023. This specifically affects the medical staff and ward clerk. The nursing staff have been employed against current AMU vacancies and would therefore be absorbed. The current job uncertainty presents a risk that the medical staff and ward clerk may choose to leave for more secure employment opportunities. Should the business case not be supported we expect to lose a proportion of the team where vacancies are not available.

The AMU data demonstrates that the limited opening hours of 8am to 4pm misses the opportunity to have the biggest impact on the AMU demand issues. During phase 1 (pulling patient directly from AMU) the early part of the day has been primarily utilised for returning patients rather than new attenders. However, we expect this to change in phase 2 with referrals via the Flow Centre which commenced on 6th February 2023. however the clerical staff in the Flow Centre require additional training and support to be confident in referring appropriate patients. Data shows that the peak demand in AMU is in the afternoon and early evening. The business case is looking for approval to extend the hours of service to 8am to 8pm and the workforce required to do so.

SDEC is a stand-alone unit (a short distance away from the AMU) and there is a risk that patients can deteriorate or on arrival do not meet the criteria for SDEC. The consultant is the

senior decision maker and is essential in ensuring patients are assessed, stabilised and transferred to AMU as appropriate or that patients are risk assessed in SDEC avoiding AMU.

Scope

Proposal – Preferred Option

The preferred option is to provide permanent recurrent funding for a sustainable SDEC service at YYF from 1st April 2023, including extending the service hours to 8am to 8pm Monday to Friday (including bank holidays) with uplift to cover 52 weeks of the year. The proposal recognises the positive impact SDEC has on patient experience and the Division's ability to meet the medical needs of the Caerphilly residents in the limited space available in the AMU at YYF.

Resource Implications

Cost summary	Year 1	Year 2	Year 3
	£	£	£
Capital – N/A			
Revenue -Staff*	792,000	792,000	792,000
Revenue – Non-Staff Facilities Consumables Lab Testing Kits (Point of Care) Pharmacy	74,000	74,000	74,000
Set Up costs – N/A			
Total	866,000	866,000	866,000
Less Savings	-	-	-
Revised Total	866,000	866,000	866,000

Benefits and Risks of Preferred Option – (Risk based prioritisation of the preferred option to be appended – Appendix 3)

Risk based prioritisation assessment for the preferred option (appendix 3:
Outcome for Complexity / resource consumption is Medium (12)
Outcome or strategic fit criteria is High (25)
Overall Score is: Medium
Priority for organisation based on strategic alignment, outcomes and benefits is High

Conclusion & Recommendation

The Same Day Emergency Care unit aligns with the Welsh Government 6 Goals (Goal 3 specifically) and the organisational IMTP. This patient centred model of delivering care has

proved to be successful since SDEC opened as a pilot in October 2022. The opportunities for the future to expand the service to include longer opening hours, and direct step-down opportunities from ED and AMU at GUH means that it is likely to have a positive impact, not only for patients but also for urgent care and the assessment units in the eLGHs.

The patient and staff feedback and the performance data all indicate that SDEC is having a positive impact on the medical assessment service and for patients.

The Executive Team are recommended to take forward the lowest risk option and to allow SDEC at YYF to expand the workforce to run the service Monday to Friday 8am to 8pm with recurrent funding at a recurring cost of £866K.

2. Context/Background

Welsh Government made £25m of recurring national funding available to support Health Boards to deliver the 'Six Goals' for Urgent and Emergency Care. Specifically Goal 3 – Clinically Safe Alternatives to Admission to Hospital states that;

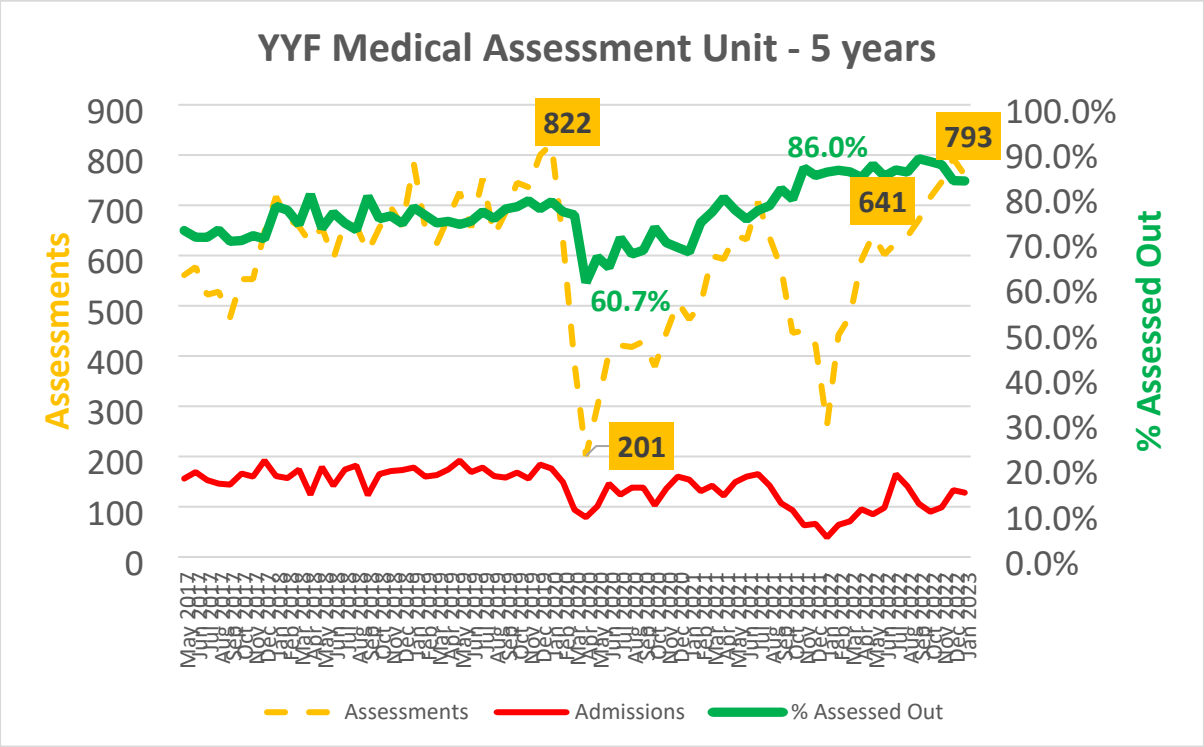
- Extension of a national same day emergency care across Wales, building on existing ambulatory emergency care offerings and consistently reducing the number of people requiring overnight admission for a healthcare emergency by April 2023
- Implementation of SDEC services so that they support 100% of type 1 emergency departments, allowing for the rapid assessment, diagnosis and treatment of people presenting with certain conditions and discharge home same day where clinically appropriate, 12 hours a day and 7 days a week – April 2025

The SDEC model at GUH is now operational and started receiving patients in August 2022. This is primarily a surgical SDEC service with the medical model continuing to be developed. As the Urgent Care system develops it is proposed that other sites within the Health Board will provide similar services aligned to the SDEC principles; this includes the YYF SDEC service. Following capital funding to convert the old pathology laboratory at YYF to a clinical area, YYF were given permission to set up a medicine SDEC service between October 2022 and 31 March 2023 to test the model and utilise slippage from the GUH scheme and Health and Social Care Regional Integration Fund (RIF).

Justification of an SDEC service at YYF is multi-faceted - it is one of the many ways the NHS is working to provide the right care in the right place at the right time for patients. It is a model of care that avoids unnecessary overnight hospital stays and particularly for YYF a way for patients presenting at hospital with relevant conditions to be rapidly assessed, diagnosed and treated on the same day, without being admitted to a ward or AMU.

YYF has seen a consistent increase in the number of attendances to the AMU year on year. Pre-covid, the AMU was averaging 800 attendances per month and data shows that attendances have returned to pre-pandemic numbers. The AMU lacks the space to assess, treat and provide personal care to patients who, on a daily basis, are being cared for in the corridor in a space that lacks confidentiality and dignity. In the event of a cardiac arrest the congestion means that the management of the arrest has a profound impact on the surrounding patients due to their close proximity.

The graph below illustrates the position over a five-year period:



3. Case for Change

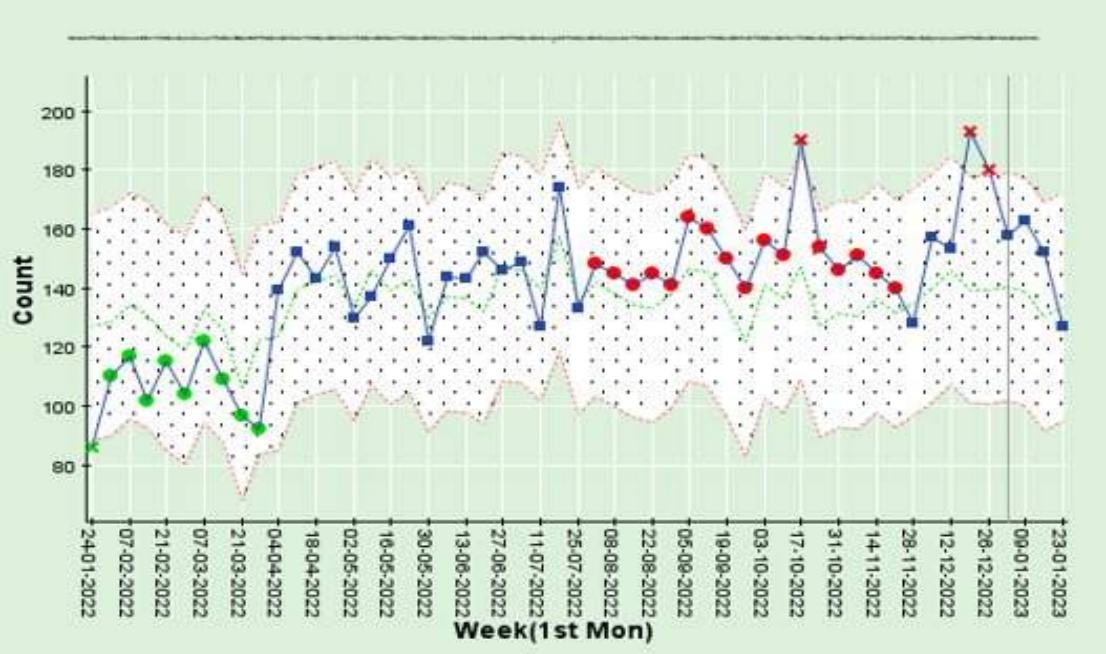
Current Service Provision

SDEC Model Pilot October 2022 to March 2023

The SDEC pilot provides 9 treatment spaces between 8am and 4pm Monday to Friday and all patients must arrive in SDEC by 3pm to enable timely review and investigations to commence. Those not able to be discharged by 4pm are transferred to AMU for ongoing care under the current model. The pilot anticipated that a demand of 45 patients per week could be met. The data shows an average of 25 patients were seen per week during the pilot; however for a period of 3 weeks between 15 December 2022 and 9 January 2023 there was a significant increase in Covid-19 positive and flu positive patients referred to AMU who could not be treated in SDEC. This combined with the Christmas Bank holidays and severe staffing shortages impacted on our ability to run the SDEC service during this time. From mid-January 2023 the number of patients seen per week has increased to an average of 32 per week. It is envisaged that the presented service model set out in this paper would support 65 - 80 patients per week.

The development of SDEC alongside other improvements in AMU (environment and workforce reviews) will ensure that YYF is in a better position to meet the demands and requirements for the Caerphilly population, supporting whole system flow and optimising patient outcomes.

The graph below shows AMU presentations for a calendar year from January 2022-23. Activity has been around 150 attendances per week since 4th April 2022 steadily increasing to 190 attendances per week, for the week commencing 17th October 2022.



The criteria for SDEC at YYF is the same as the criteria for the medical SDEC at GUH ensuring consistency across the services. The first phase of the pilot focussed on medical patients who were referred to AMU with suitable patients pulled to SDEC. There is also a small cohort of patients referred directly from the Minor Injuries Unit to SDEC who were successfully assessed and treated without having to attend AMU.

Phase 2 of the pilot commenced on 6 February 2023 and refers patients via the Flow Centre who are:

- Self-mobile and not reliant on hospital transport; and
- NEWS score <3

The decision whether or not a patient is suitable is based on the information given by the referring GP, ambulance crew or 111 practitioner. Any uncertainties are discussed with the relevant SDEC doctor via Vocera or telephone. The patients are instructed to attend SDEC and are booked in directly and assessed. If on arrival the patient is deemed inappropriate for SDEC they are redirected to AMU. The initial numbers of referrals received via the Flow centre was very small but this is increasing week on week with 10 patients referred during the week commencing 20 February 2023. If funding is agreed a priority will be to provide training and support to the flow centre to increase the identification of appropriate patients from referral.

By extracting this lower risk, ambulatory cohort of patients out of AMU it has allowed AMU to concentrate on those patients who are more acutely unwell, improving patient safety and patient experience by reducing congestion within the department. The benefits that have been realised during the pilot include:

- Assessed, treated and discharged by the right professional in the right place in the purpose built SDEC Unit at YYF
- Seen and treated in a timely manner and on the same day – with an average length of stay of 2 hours and 48 minutes
- Provided direct access appointments to allow patients to be seen without waiting – hot slot appointments built into the morning session to return patients for a treatment plan without an unnecessary overnight stay in AMU
- Avoided unnecessary admissions to hospital often being cared for in the AMU corridor or boarded.
- Prevented avoidable disruptions to packages of care / support at home because patients are not waiting overnight for assessment, treatment and investigations
- Reduced risks of falls and healthcare acquired infections because the patient is not in a congested AMU waiting to be seen and by reducing congestion around patients who are high risk in AMU

Patient experience

Working with the Value Based Health Care team, patients in AMU prior to the opening of SDEC were questioned on their experience. A sample size of 105 patients contributed to this evaluation with 56% reporting that the waiting time was “about right” whilst 10% patients reported that the waiting time was “much too long”.

The same questions have been asked of patients attending SDEC during the pilot. 87% of patients reported that the waiting time in SDEC was “about right” and 99% that their experience in SDEC was “very good”.

We have continued to send PREMs to patients via text message, however the majority of patients have happily completed the paper questionnaires whilst attending SDEC. The PREMs are sent to the Value Based Healthcare Teams for analysis and then shared.

We will continue to monitor the quality of the service by collecting direct patient feedback on an on going basis, working closely with the value based health care team and the SDEC project board.

Patient Reported Outcome Measures

Working with the Value Based Healthcare team we have ruled out the collection of patient reported outcome measures for this business case.

The business case benefits for this case are demonstrated by process, experience and activity measures.

The nature of this case and the services offered via SDEC do not lend themselves to the use of Patient Reported, or Clinically Reported outcome improvements.

This is mainly due to the treatment variables and interventions received by patients being the same as ‘pre-SDEC’ and are typically the same interventions, thus as such any anticipated improvement in outcomes would only result from accessing the services ‘quicker’ and as an alternative to longer waiting lists and waiting times.

There is no evidence to support that patient reported and clinical reported outcome measures will improve as a direct result of SDEC.

The demonstration of value for our population is demonstrated through this business case in terms of quicker access and intervention at a point of need, resulting in better dedicated access to the required medical resources to treat specific cases, admission avoidance and length of stay.

Staff experience

Staff working in SDEC have been asked about their experience of working in the unit. Feedback is overwhelmingly positive with 88% of staff reporting that they "really enjoy" working on the SDEC unit.

"Being able to provide a good patient experience in a relaxing environment, providing the right care at the right time. The overall experience for both patients relatives and staff is an organised one and not chaotic."

"Working as a team, we jointly reassure the patient they will be listened too, kept up to date with their treatment and reduce their anxieties around their health concern. Seeing patients come in for treatment and feel they are being treated as a human being and not as the media portrays a number and a drain on the NHS. Patients leave feeling they have a pathway, and feel at ease. We have had patients pop in to see us even though there was no need for their return. I feel I am encouraged to be part of the team and I am given the opportunity to chat with the patients, to gain the friendly atmosphere."

"We have a good team enjoying everything at the moment"

"I like how fast paced it can be sometimes"

We will continue to engage with the SDEC team via the operational team meetings and will look to repeat the staff questionnaire every 6 months. This level of positive feedback is encouraging for future recruitment and retention into the SDEC service and provides a confidence in our ability to successfully recruit into the new model.

SDEC Future Plan and Improvements to Model

The pilot has allowed us to predict more accurately how SDEC can best support needs of Caerphilly population and front door service demand. We have reviewed the data presented below relating to demand and capacity for AMU and SDEC which demonstrates that AMU attendances peak during the afternoon and early evening. Therefore, our proposal is to extend the workforce model to provide a service 8am to 8pm Monday to Friday. The future plan incorporates:

- Extend the hours to meet demand
- Increase the workforce to allow for extended hours

- Dedicated consultant to provide senior decision making and to drive the service forward
- Include uplift to provide a service 52 weeks of the year
- Build in breaks for staff
- Provide training to Flow Centre call handlers to improve patient selection
- Extensive communication with NCN primary care
- Develop SOP for safe direct step downs from ED and AMU at GUH
- Continue to work closely with GUH labs to ensure Fastrack turnaround of bloods requests and optimise Point of Care testing equipment as it becomes available (There is no laboratory based at YYF)
- Open bank holidays not weekends

The data shows that the peak patient presentations in AMU is between 3pm and 7pm; however the evidence does not support a weekend service currently. However, we do plan to open SDEC on bank holidays and evaluate the impact. There may be evidence to support a weekend SDEC service across ABUHB region rather than individual sites, which could be considered in the future.

Consideration has been given to the option of extending the opening hours into the evening whilst opening later in the morning when there is reduced demand. However, this would impact on the ability to ask patients who are safe to be discharged overnight but need further assessment and/or treatment to be called back in the early part of the morning. During the pilot phase 21% of patients have presented before 10 a.m. with most of these being returning patients. If the opening hours of SDEC are extended to 8 p.m. it is likely that the number of returning patients will increase. By opening at 8 a.m. this provides the opportunity to even out the demand through the day

By maximising the number of patients, utilising SDEC, capacity is released in AMU for patients directly transferred from GUH ED and GUH AMU notwithstanding that some patients in these departments may also meet the SDEC criteria and directly step down to SDEC in the future model.

Workforce Models

The section below describes the workforce model that has been established to run the SDEC pilot since October 2022 and the proposed workforce model to ensure sustainability and maximum benefits of the SDEC service for the future.

Pilot Workforce Model (Monday to Friday 8am to 4pm)

The table below shows the workforce costs that were approved for the pilot period (currently funded via RIF) October 2022 to March 2023. The workforce plan took into consideration the likelihood of successful recruitment in the very short turnaround implementation period and on a fixed term basis. Specifically, we could not develop a new consultant post in this timeframe therefore the current YYF consultant body agreed on a good will basis to support SDEC during the pilot phase and a Specialty Doctor was employed to provide senior decision making, with support from the on call consultant. This allowed the pilot to commence but

the ultimate workforce model is to develop the SDEC consultant post. The consultant workforce have been clear that the continuation of the current model of providing support on a goodwill basis is not sustainable and will not continue without a plan to achieve a sustainable model within a reasonable timeframe.

Initially the service operated on a very reduced staffing level whilst posts were recruited to. The band 5 registered nurses were recruited to 1.7 WTE and the Junior Clinical Fellows were backfilled by the end of November 2022. The last to join was the Specialty Doctor in December 2022. The ward clerk commenced in post in November 2022. This meant that the number of patients referred to SDEC had to be managed closely to ensure safety and staff well-being.

WTE	Post	Band	£'000 pa per WTE*	£'000 pa recurrent*	FY22-23 only*^
2.54	Registered Nurse	5	51	130	**65**
2.54	HCSW	2	35	89	**45**
1.00	Ward Clerk	2	27	27	**14**
0.30	Pharmacist technician	4	33	10	**5**
1.00	Specialty Doctor	Mid-point	83	83	**42**
2.00	Junior Clinical Fellow	MN39	60	120	**60**
9.38	**TOTAL PAY COST**			**459**	**231**

Proposed Workforce Model (Extended service Monday to Friday 8am to 8pm, 52 weeks per year including Bank Holidays)

The table below sets out the workforce plan for a sustainable SDEC service with increased hours to cover 8am to 8pm Monday to Friday and includes uplift to ensure the service can run 52 weeks of the year without requiring cover by redeploying staff from wards or departments.

The experience and learning from the pilot period has been reflected in the revised workforce plan. This includes a reduction in the WTE registered nurse requirement from 2.54 to 2 WTE and consideration of a Prescribing ANP and Junior Clinical Fellow combination rather than 2 JCFs to provide a broader range of skills and nursing leadership. However, an ANP of this level may be difficult to recruit hence maintaining the option of 2 JCFs in the plan.

It was always anticipated that SDEC would require a dedicated consultant establishment if the service was to continue beyond the pilot phase and be sustainable. Notwithstanding the difficulties in recruiting to consultant posts we feel that it is achievable given the attraction of the SDEC model, being flexible in working patterns with the potential for employing GPs with a special interest.

The Same Day Emergency Care: Clinical definition, patient selection and metrics published by the NHS Improvement and the Ambulatory Emergency Care Network states Senior clinical decision makers are essential for the rapid identification and streaming of patient to SDEC. They need to be present in the SDEC service and referring service.

These decision makers will need:

- Excellent clinical assessment skills
- Detailed knowledge of the SDEC service resources and capabilities
- System knowledge of alternative pathways to admission and access methods
- Rapid decision making using limited clinical information
- High level risk management
- Excellent interpersonal skills to challenge admission and referral decisions
- Authority to act on their judgement.

Following feedback from the consultants it was felt strongly that the SD level of doctor did not meet these essential criteria with only a level of decision making and risk assessment being considered before referring to the consultant. This contributes to increasing LOS for patients and a requirement of a 3 tier medical model which is not clinically or financially viable.

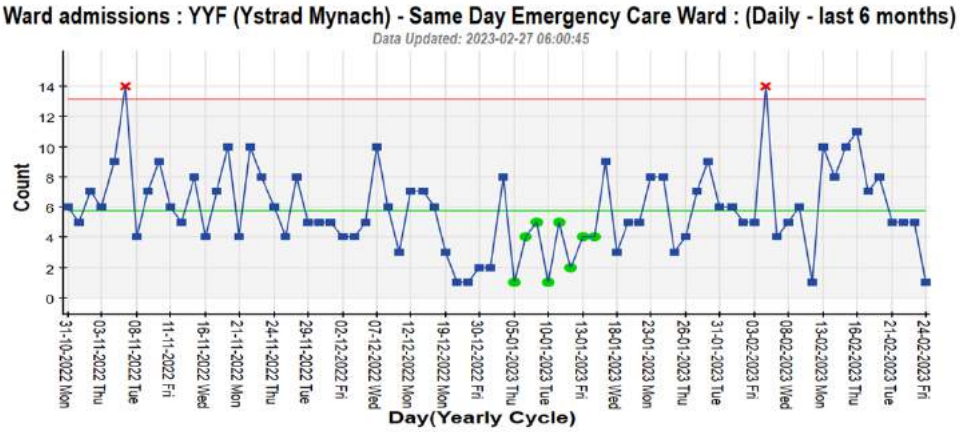
Workforce	**Band**	**Cover**	**Total WTE required**	**£'000 pa per WTE**	**FY23-24**
RN HCSW runner Ward Clerk	5 2 2	1 x 5 x 12 2 x 5 x 12 1 x 5 x 12	2 4 2	42 27 27	**86** **108** **54**
Pharmacy Technician	4	Omnicell Top up only	0.3	33	**10**
Advanced Nurse Practitioner *	7	1 x 5 x 12	2	61	**124**
Junior Clinical Fellow*	MN39	1 x 5 x 12	2	54	**108**
Consultant	Mid - ZM81	1 x 5 x 10	2.2	137	**302**
TOTAL					**792**

- *Consideration of skill mix between Junior Clinical Fellow and Independent Prescribing Advanced Nurse Partitioner depending on recruitment availability. Option 1 to recruit an ANP (2 WTE) and a Junior Clinical Fellow (2 WTE). Option 2 to recruit 2 Junior Clinical Fellows (4 WTE). The difference in cost between the two options is £14k therefore the higher outcome has been included in the table above.
- Assumptions:
    - above pay costs at FY22/23 rates.
    - Top of band for non-medical posts otherwise mid-point of scale
    - No on call (supplements/banding) assumed
    - Assumes permanent start/opening 1.4.23

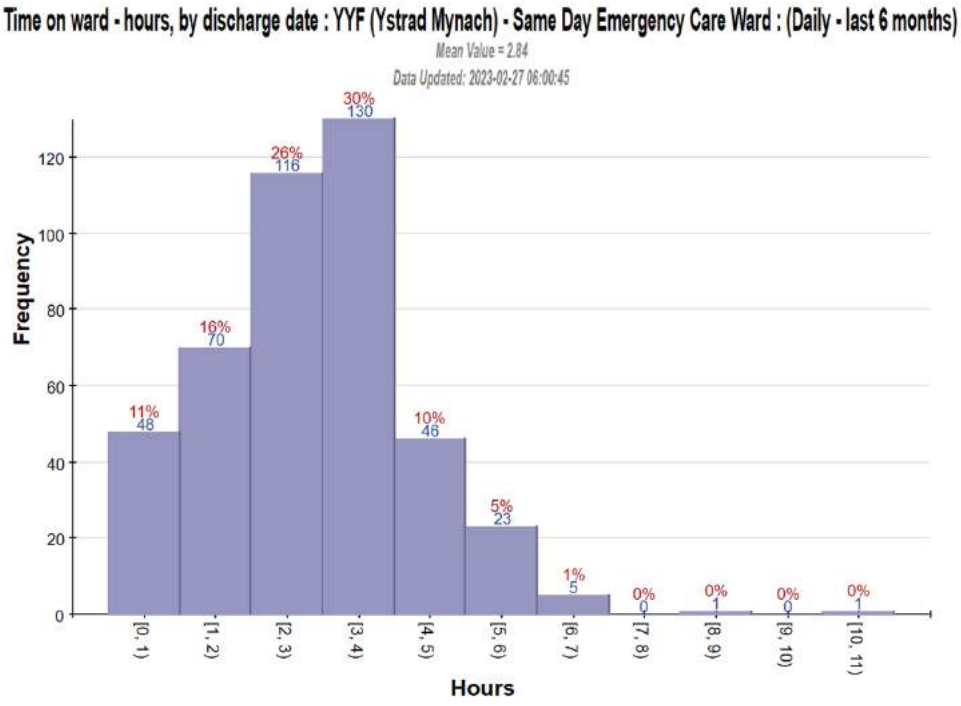
Service Performance - Baseline Information (Productivity and efficiency measures and metrics, bench-marking)

In line with the GUH Project Board the YYF SDEC pilot has evaluated the service provision and outcomes using the same metrics. PREMs data has been analysed via the Value Based Healthcare teams.

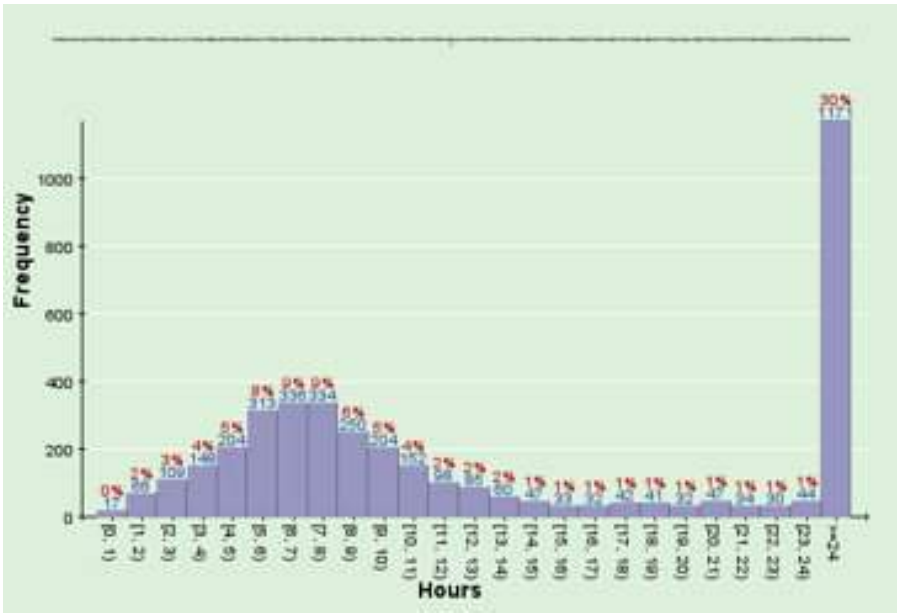
The graph below shows the number patients treated within SDEC since it opened on 31st October 2022 until 24th February 2023. During December the patient numbers were impacted by the bank holidays, high levels of patients presenting with symptoms of flu and Covid who were unsuitable for SDEC and the unavailability of nursing staff. Patient numbers have averaged 6 per day but there is a wide variation with peaks of 14 patients treated on one day.



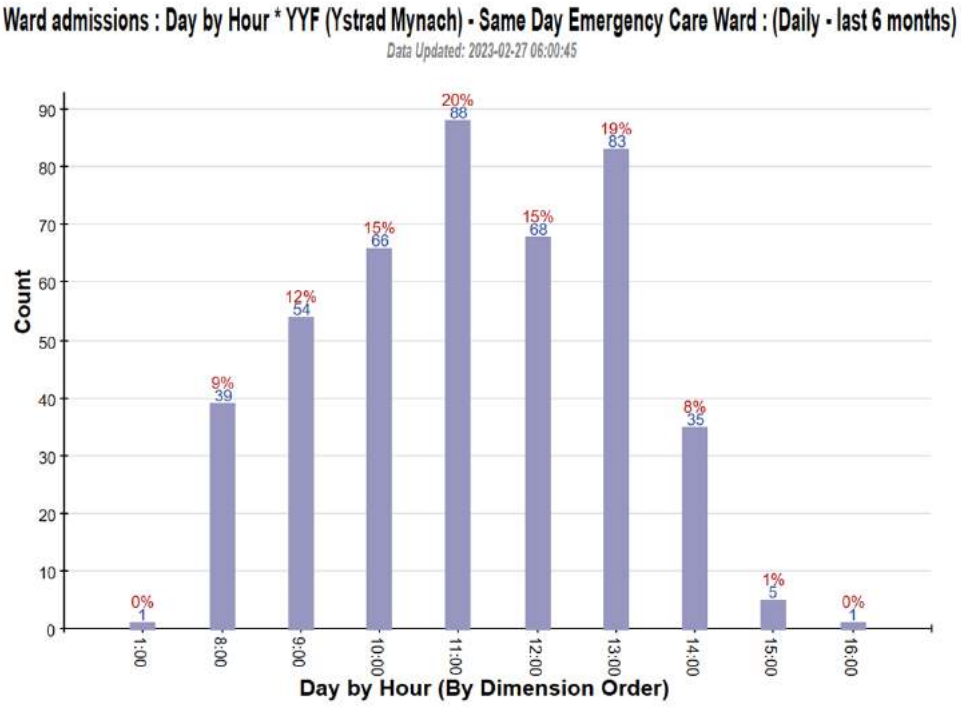
The two graphs below show the discharge times for patients attending SDEC and AMU respectively. 83% of SDEC patients have been discharged in under 4 hours compared with 9% of AMU patients. The POCHi (point of care)enables full blood count tests to be completed on site without the need to send blood tests to GUH laboratory. SDEC performance is likely to further improve with the installation in February 2023 of a POCHi machine but at the moment the numbers are too small to impact on the data. The data does show a consistency of a LOS under 4 hours being achieved.



The graph below shows the lengths of stays for patients in AMU over the last 6 months.

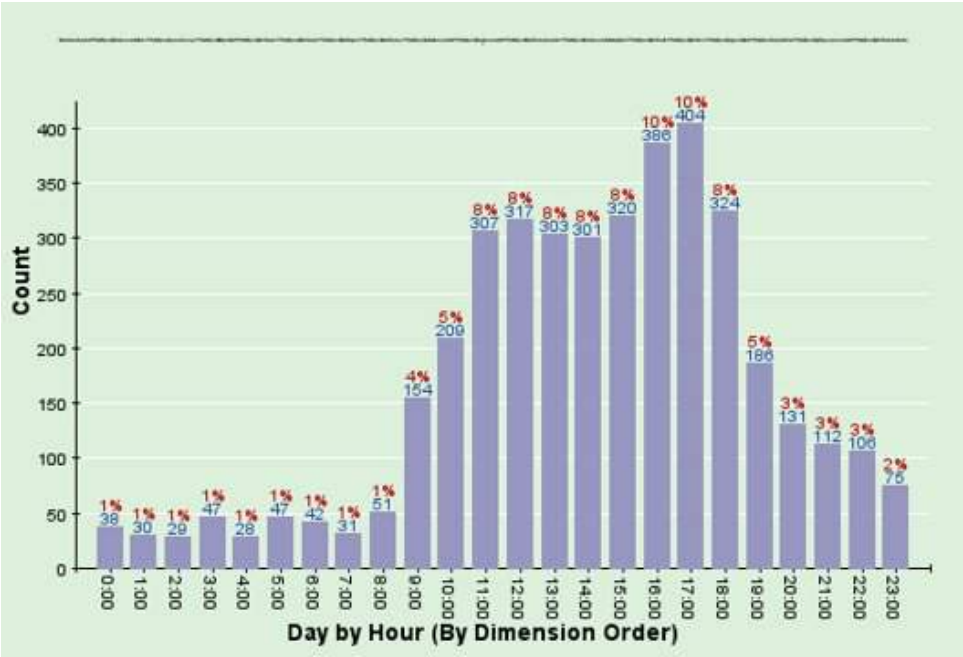


The graph below shows admission times of patients to SDEC. Due to the current opening hours of SDEC the admissions from 2.30 pm onwards are severely restricted. This is the peak time for presentations at AMU. Therefore the plan for extending the hours to 8am to 8pm should see a significant increase in patients attending SDEC and a corresponding reduction in patient attending AMU.



The graph below shows the admission times of patients to the AMU at YYF which evidences the peak times for patient presentation from 3-7 pm with 36% of patients presenting during these hours when the current SDEC unit is not available for new admissions. 21% of patients present before 10 a.m. and these are mainly returning

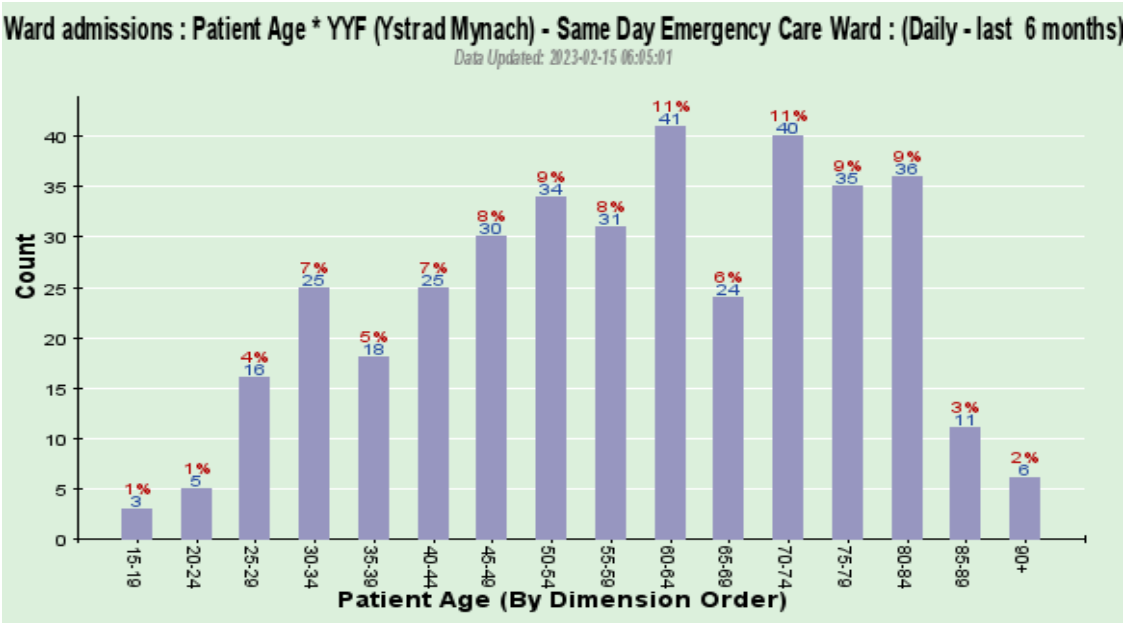
patients. If the opening hours are extended it is likely that the number of returning patients will increase which will assist in evening out the demand through the day.



The table below shows the destination for patients transferred or discharged from SDEC. Despite the limited opening hours 87% of patients are discharged home. Of those who were transferred to AMU a proportion of patients would have continued to have been treated and discharged home from SDEC if the unit was open beyond 4 p.m.

WS by Site - Next Ward	Value	%
None	365	83%
YYF (Ystrad Mynach) - Medical Assessment Uni	73	17%
YYF (Ystrad Mynach) - Ward 1.1 Bedwas	2	0%
Total	**440**	

The final table demonstrate the age profile of the patients attending SDEC



4. Outcomes and Benefits Realisation Plan - Value

What are the desired objectives and benefits of the proposal? These need to be specific and measurable. Detail to be appended, see Appendix 1- Detailed Benefits Realisation Plan based on Value Team definitions

The expectation is that the benefits and outcomes realised during the pilot will continue to be monitored and evaluated. This is likely to include the expectations of the Delivery Unit evaluation. Benefits realised are:

- Better access to assessment and treatment – right patient, right place, right professional
- Improved discharge in less than 4 hours
- Increased numbers of patients seen via the AEC pathway
- Avoiding admissions and unnecessary overnight stays in AMU
- A better patient experience
- Improved staff satisfaction and well-being

Service evaluation will be undertaken formally using the relevant national standards:

- Royal College of Physicians Acute care toolkit 10: Ambulatory emergency care | RCP London for implementing AEC.
- RCPE / SAM SDEC quality standards https://www.rcpe.ac.uk/sites/default/files/ambulatory_care_report.pdf appendix is a comprehensive dataset the majority of which can be collected via Lightfoot and Symphony (i.e. pre-existing electronic data capture) without needing program management support or infrastructure investment.

The reporting framework for the SDEC at YYF will be agreed by the SDEC project board and in consultation with the Delivery Unit

The following measures are set out in the above mentioned national standards,

- The number of new walk-in patients who presented at emergency department (ED)
- The number of new GP referrals that presented at ED
- The number of new ambulance arrivals that presented at ED
- The number of new ED presentations discharged same day
- The number of new ED presentations referred to AEC/SDEC
- The number of new ED presentations referred to assessment units
- The number of new presentations to AEC/SDEC sent home that day
- The number of new presentations to assessment units sent home that day
- The number of new presentations to AEC/SDEC admitted to a ward for an overnight stay of at least one night
- The number of new presentations to assessment units admitted to a ward for an overnight stay of at least one night
- The number of new presentations to AEC/SDEC from GP referrals
- An indication of whether the site generally takes GP referrals direct to AEC/SDEC or not - this is the only data item which is not a daily 'count'
- The number of new non-elective presentations seen and treated in AEC/SDEC
- The number of new non-elective presentations of patients who convert to an admission of at least one night
- The number of unplanned re-presentations of patients who had been managed by the AEC/SDEC unit within the previous seven days
- The number of new AEC/SDEC patients with a length of stay of less than two hours (maybe an indicator of potentially wasted capacity), eg inappropriate moves from ED
- The number of new assessment unit presentations referred to AEC/SDEC
- The number of new presentations to AEC/SDEC from 999
- Number of patients referred to AEC/SDEC from ED more than two hours after their arrival at ED (may need audit rather than regular reporting)

Other key measures include :

- Patient experience data
- Staff experience feedback

5. **Option Appraisal –** to include at least 2 options

i. **"Do Nothing" – Funding and service ceases 31.3.2023**

Benefits: No benefits

Pay & Non Pay Costs: None as service currently funded via RIF

Risks including consequence, likelihood and mitigating action/s:

- All patients default back to AMU which is already a congested area with no further scope to extend. This impacts on patient safety and infection prevention and control and YYF's ability to safely meet the demands including step down patients from ED and AMU at GUH.
- Poor patient experience and low staff morale due to working environment, congestion and providing care in corridor spaces.

ii. Option 2 – Continue providing SDEC on a temporary basis with no extension to service (as per pilot)

Benefits: Staff currently in place and pathways have been established. Current benefits of the service as per pilot evaluation will continue

Pay and Non Pay Costs: £459K in staff and service costs
Risks including consequence, likelihood and mitigating action/s:

- The current consultant workforce have been supporting the SDEC pilot on a good will basis which will not continue after March 2023. SDEC requires senior consultant presence to operate therefore risks closing the service without this resource.
- Limited hours fail to capture the peak periods of demand and maximise the benefits of the service
- Would restrict the opportunities of future extension to the pathway (eg direct step down from GUH ED and AMU)
- Current staff have temporary short-term contracts for the pilot and it would prove difficult to retain staff without job security and certainty. Continuous recruitment on short term contract restricts service development opportunities and continuity.

iii. Option 3 – Extend the SDEC service hours and workforce with recurrent funding

Benefits: Provide extended hours of service to meet the afternoon / evening demand
Provide dedicated senior consultant presence and decision making.
Opportunity to extend the pathway to improve flow and enhance patient experience of right patient, right place, right professional
Improved patient safety and IPAC concerns in AMU
Maximise admission avoidance

Pay and Non Pay Costs: Increase spend: £866K recurrent funding
Risks including consequence, likelihood and mitigating action/s:

- Financial cost of a new service which has many qualitative benefits but no financial saving attached.
- Risk in successful recruitment of consultant and ANP with appropriate experience. If ANP cannot be recruited a second Junior Clinical Fellow (as per pilot) would be easier to recruit. The flexible working and positive feedback from the medical teams are likely to make these attractive positions.

Preferred Option

The preferred option is Option 3 to extend the hours of service and workforce model to maximise the benefits of SDEC at YYF.

6. Impact Assessment, Resource Implications and Affordability of Preferred Option

Workforce Implications
The details of the proposed workforce plan are included in the case for change section above.

The staff employed for the pilot project period are all in a position to continue in post beyond March 2023. The main impact of the proposal is the recruitment of the consultant workforce which is essential to the SDEC service continuing. The consultant workforce are willing to continue on a goodwill basis for a short period beyond April 1st as long as there is a commitment to fund and recruit to an SDEC consultant post.

Potential Service Impacts
See guidance on the evidence required to show that key stakeholders have been involved, and assessment of impact on other services has been considered. As a minimum the following should be considered:

- Patients, Carers or Public – Continue to ask for feedback via the PREMS already established per and post service evaluation
- Clinical Support Services – GUH laboratory service – continue to work closely with the laboratory services to ensure quick turnaround of blood results and to continue to have a member of the laboratory team on the SDEC project group. Pharmacy Manager is a member of the SDEC project group. The AMU Senior nurse and Band 7 Ward Manager are the nursing leads for the project. The SDEC project team report to the ABUHB SDEC Project Board.
- Non-clinical Support Services and Facilities Management includes facilities for cleaning and refreshments for patients. Porters are not required as the HCSW role includes acting as a runner, chaperone and phlebotomist as well as traditional HCSW role. Ward clerk hours included in workforce plan
- Patients utilise own transport therefore no WAST issues anticipated. WAST have been informed of the service for awareness.
- Works and Estates – included in the initial capital development of the area
- Equipment and ICT all included as part of pilot and original capital project
- Primary and Community Services initial meeting with NCN leads, however follow up meetings to be established if approval to develop service is agreed
- Local Authority Services, CRT have been informed for awareness specifically in avoiding unnecessary breaks in POCs due to overnight admissions

Capital requirements
NIL

Revenue implications
Details as outlined above and in Appendix 2

Proposed Funding Source
During the pilot project funding has been secured via RIF, however the proposal requires additional investment in line with Welsh Government implementation plans of Goal 3. In

recent correspondence form the Delivery Unit it was stated that for 2023/24 financial year slippage would be reviewed for the programme and allocated to the UHBs that have evidenced their requirement and that in future years recurrent spend would be allocated to support the development of SDEC services. RIF funding has been extended to end May 2023 to provide time for the business case to be considered and a decision made regarding the service.

7. Implementation Plan and Measurement of Success

A summary of how the case will be managed and implemented should be included.

ID	Task Description	Named Lead	Estimated start date (ESD)	Estimated finish date (EFD)	Dependent on any preceding task/s	Status
1	Finalise job description and job plan for Consultant posts and advertise	Dr I Singh / Jane Thornton	January 2023	April 2023	Approval from RCP and receipt of funding approval	
2	Finalise job description for SDEC Advanced Nurse Practitioner and recruit	Kertrina Jenkins / Jane Thornton	January 2023	April 2023	Approval and receipt of funding approval	
3	Review contracts for staff employed against pilot SDEC scheme	HR / Jane Thornton	February 2023	April 2023	Approval and receipt of funding approval	
4	Finalise performance measures and integrate with DU expectations for service development	Simon Roberts / Jane Thornton	February 2023	March 2023	receipt of funding approval	

8. Conclusion and Recommendation

The Same Day Emergency Care unit aligns with the Welsh Government 6 Goals (Goal 3 specifically) and the organisational IMTP. This patient centred model of delivering care has proven to be successful since SDEC opened as a pilot in October 2022. The opportunities for the future to expand the service to include longer opening hours, and direct step-down opportunities from ED and AMU at GUH means that it is likely to have a positive impact, not only for patients but also for urgent care and the assessment units in the eLGHs.

The patient and staff feedback and the performance data all indicate that SDEC is having a positive impact to the medical assessment service and for patients.

The Executive Team is recommended to take forward the lowest risk option and to allow SDEC at YYF to expand the workforce to run the service Monday to Friday 8am to 8pm with recurrent funding at a recurring cost of £866K.

Detailed Benefits Realisation Plan based on Value Team definitions **APPENDIX 1**

Desired Objectives	Benefit	Current State (Baseline)	Target Future State	Timescale
Better access / timeliness of service	*Improve waiting times and length of stay for patients otherwise seen in the Medical Assessment Unit Number of patient with LOS of less than 4 hours*	*% patients discharged in less than 4 hours in AMU = 9%* *% patients discharged in less than 4 hours in SDEC = 83%*	*95%*	*End Q2 2023*
Improved Pathway efficiencies	*Number of patients on an AEC pathway*	*440 (31.10.22 – 24.2.23)*	*Benchmark against national average*	*Ongoing via SDEC Project Board*
Admission avoidance	*Improved turnaround times to reduce the number of patients in MAU and admissions overnight*	*83% (365 out of 440 of patients discharged home from AEC pathway (SDEC)* *17% (73) patients referred to AMU*	*90% Discharged home* *Less than 10% referred to AMU*	
More patient-centred / Improved patient experience	*Significantly improved patient centred experience with reduced delays and improved environment*	*75 out of 76 (99%) patients rated their experience as "very good"*	*Maintain above 95% positive feedback*	*Report quarterly*
Improved staff wellbeing / staff satisfaction	*Improved staff satisfaction working in the SDEC service*	*7 out of 8 (88%) said that they really enjoyed working in SDEC*	*90% monitor every 6 months*	*Report bi-annual to project board*

Financial Schedule **APPENDIX 2 (i)**

Revenue	WTE	Band/ Scale	REC/ NR	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
				£	£	£
Direct Pay Costs – Staff Type						
Registered Nurse	**2**	**5**	**REC**	**86**		
HCSW	**4**	**2**	**REC**	**108**		
Ward Clerk	**2**	**2**	**REC**	**54**		
Advanced Nurse Practitioner	**2**	**7**	**REC**	**124**		
Junior Clinical Fellow	**2**	**MN39**	**REC**	**108**		
Consultant	**Total 22 sessions**	**Point 3**	**REC**	**302**		
Impact on Support Departments						
Pharmacy – Pharmacy Technician	**0.30**	**3**	**REC**	**10**		
TOTAL PAY				**866**		

Revenue	WTE	Band/ Scale	REC/ NR	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
				£	£	£
Direct Non Pay Costs						
Facilities				**74,000**	**74,000**	**74,000**
Consumables						
Lab Testing Kits (Point of Care)						
Pharmacy drugs						
Impact on Support Departments						
Pharmacy						
Therapies						
OP/Medical Records						
Facilities						
Theatres						
Infrastructure						
Estates maintenance/Premises						
Utilities/Rates						
Information Technology/Telecoms						
Revenue consequence of capital spend:						
TOTAL Non PAY				**74,000**	**74,000**	**74,000**

Financial Schedule **Appendix 2(ii)**

Revenue	WTE	Band/ Scale	REC/ NR	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
				£	£	£
TOTAL EXPENDITURE				**866,000**		
Less: INCOME/SAVING:				**0**		
TOTAL INCOME				**0**		
COST AVOIDANCE / EFFICIENCY GAINS				**0**		
NET COST/(SAVING)				**0**		

CAPITAL	Cost Year 1 PYE	Cost Year FYE	Cost Year FYE
	£	£	£
CAPITAL		**0**	
TOTAL		**0**	

APPENDIX 3(i)

Risk Based Prioritisation of the Preferred Option *This is a 2-part matrix to assess the scale of your project, i.e. complexity, risk, capacity, support required, and its priority status against operational and strategic objectives. Choose the statement for each criteria that best fits your scheme proposal.*

Score for Complexity and Resource Consumption Criteria (Part 1)						
Criteria	**1**	**2**	**3**	**4**	**5**	**Score**
Scope	One main deliverable		Multiple deliverables		Complex and vague. Dynamic dependencies.	1
Costs	Resource neutral.	May involve some costs within departmental Scheme of Delegation i.e. <£50k.	Investment required <£100k. Executive approval.	Investment required £100-£250k	Investment required >£250k	5
Workforce Dependencies	No changes to workforce.	Workforce impact involves changing practice and procedures. Provision of short training programmes provided through in house. May require recruitment but no current skills shortages and no risk of the use of agency or high cost variable pay.	Workforce changes effect small number of staff and involve changes to base or rotas only (potential short term protection), which may require formal consultation under OCP or Requires provision of in house or external training or Will require recruitment but no current skills shortages identified and low risk that failure to recruit will require agency or high cost variable pay.	Workforce changes impact staff and involve reduction of staff in post &/or changes to roles by 2 thirds &/or changes to bases &/or rotas (potential long term and short term protection through formal OCP or Requires provision of external training and backfill of posts. Will require recruitment of skills already in short supply, & Likely risk of failure to recruit which will require agency usage or high cost variable pay.	Significant workforce changes effecting a whole service, function or ward and involving reduction of staff in post &/or changes to roles by 2 thirds &/or changes to bases &/or rotas (potential long term and short term protection through formal OCP) or Requires external training and backfill of posts. Will require recruitment of skills where there are already significant vacancies and skills on occupational shortage lists and and will require agency usage or high cost pay to provide the level of resource requirements/or internal recruitment creates vacancies and high cost variable pay or other parts of the service.	3

Indicative Capital Requirements* ***** It is recognised that capital requirements may not be clear at the scoping stage, so if you are unsure about how to score this, please contact Capital Team for advice.	No capital requirements	Small scheme <£100k ABHB CEO / Dep. CEO approval required.	£100k to £500k ABHB Executive Team approval required.	£500k - £1m ABHB Board level approval required	>£1m External capital funding and approval required.	1
Stakeholder Involvement & Consultation	Needs only internal staff (or 'free' resources) to do the work and consuming very low effort Informal internal discussion with staff only.	Involves working across 2 or more service areas. Informal discussions with stakeholders such as CHC, patients and staff required. HR and Trade Union support may be required.	Involves working across 2 or more service areas, and external partners or bodies. Some corporate support may be needed. Informal discussions with Trade Unions, HR, CHC and patients. Formal workforce consultation required.	Formal discussions with Trade Unions, HR, CHC and patients advised. Executive or Board level approvals required. Needs close working with other Divisions and/or corporate support to do the work. Requires some dedicated staff to do the work.	Requires dedicated staff resources and its own budget to deliver. Formal public consultation required. Potential political interest. Likely stakeholder opposition.	1
Project Duration	Very short-term – <3 months	Short- term – 3-8 months	Medium 9-<12 months	Med-Long term 12-18 months	Long term >18 months	1
Score for Complexity and Resource Consumption Criteria (Max score 30)					**Total Score**	12

***** It is recognised that capital requirements may not be clear at the scoping stage, so if you are unsure about how to score this, please contact Capital Team for advice.

Score for Strategic Fit (Part 2)						
Criteria	**1**	**2**	**3**	**4**	**5**	**Score**
IMTP Strategic Priority: **Degree of Alignment**	Local priority e.g. improves efficiency, resolves local difficulty.	Key to delivery of Divisional objectives, e.g. financial or annual plans.	Key to delivery of ABUHB corporate objectives, e.g. financial balance, Clinical Futures	Key to delivery of a national priority e.g. target or strategy.	Delivers more than one national or regional or legislative directives	4
IMTP Strategic Priority: **Health Inequalities**	No/neutral impact on health inequalities.	Some small evidence that narrows gap in life or healthy life expectancy for small % of target Pop.	Some evidence of positive impact on moderate % of target Pop.	Good evidence of positive impact on significant % of target Pop.	Robust and convincing evidence on large % target Pop.	3
Organisational Risk Profile	Very low risk, if any. Failure not mission critical.	Low risk, modest changes, failure a local difficulty	Moderate risk profile (Amber). Major changes. Failure would have significant impact on business or operations.	Major changes. Failure would have major impact on strategic objectives and/or reputation.	High risk profile or mandatory compliance issue Red-rated risk on ABUHB Corporate Risk Register. Failure potentially catastrophic.	3
Evidence of Effectiveness	No evidence will have intended impact.	Limited amount of evidence predominantly from descriptive case studies, surveys or expert opinion.	Some evidence from non-comparative cross-sectional, or before and after studies, e.g. case control and cohort studies.	Moderate evidence from randomised and non-randomised comparative studies.	Strong evidence of effectiveness (well-conducted systematic reviews/meta-analyses).	5
Benefits/Value: **Financial**	Small financial benefit.		Makes a moderate contribution to the division's /organisation's savings target.		Makes a significant contribution to the division's/ organisation's savings target.	1
Benefits/Value **Non-financial (inc QPS & EQIA)**	Outcomes – capture of PROMS	Outcomes – capture of PROMS and clinical outcomes	Outcomes & Costing – transforming element of a pathway	Outcomes & Costing - transforming and capturing over a complete pathway	Full Integrated Practice Unit	4
Sustainability	Does not support Well Being Future Gens' – Long term way of working or other ABUHB sustainability objectives, e.g. Clinical Futures.		Partially supports achievement		Fully supports achievement including impact on other services and the overall health and social care system.	5
Score for Organisational Priority (Max score 35)					**Total Score**	25

When you have scored the two matrices, check the outcome for each rating using the tables below. The see next page.

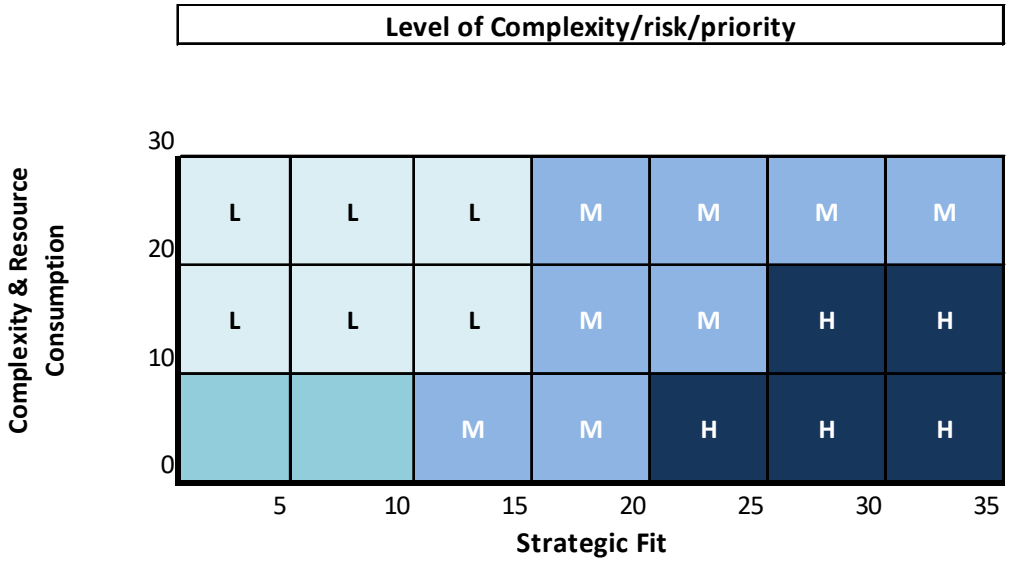
Score for Complexity and Resource Consumption Criteria	Outcome
< = 10	Low level consumption
11 – 20	**Moderate level consumption**
>20	High level consumption

Score for Strategic Fit	Outcome
< = 10	Low Priority for Organisation
11 - 20	Moderate Priority for Organisation
>20	**High Priority for Organisation**

Prioritisation of the Preferred Option

Assess the project by category type, using the assessment matrix below, and include in the **Executive Summary** of this form. The scoring and categorisation will assist the Pre Investment Panel in assessing the relativity of each business case with regards to complexity, risk, capacity requirements and support needed, in conjunction with its priority status against operational and strategic objectives. The Executive Board will use this assessment to assist in its decision making and prioritisation process.

The prioritisation level for the Preferred Option in this business case is: Medium


Level of Complexity/risk/priority
Complexity & Resource Consumption
30
20
10
0
L L L M M M M
L L L M M H H
M M H H H
5 10 15 20 25 30 35
Strategic Fit
H High priority for the Organisation
M Medium priority for the Organisation
L Low priority for the Organisation
Low priority for the Organisation but High priority for Division

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	New Velindre Cancer Centre (nVCC) Full Business Case (FBC)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Robert Holcombe, Director of Finance & Procurement
SWYDDOG ADRODD: **REPORTING OFFICER:**	Philip Meredith, Finance Business Partner Commissioning

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This paper presents an update on Full Business Case (FBC) from Velindre University NHS Trust (VUNHST) for the new Velindre Cancer Centre (nVCC), a replacement hospital to be developed in Cardiff to provide specialist oncology services for the population of South East Wales.

Recurring revenue investment £1.490m is required from the Health Board by Velindre University NHS Trust as a commissioner of their services, noting the Welsh Government and National digital funding presumed.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Aneurin Bevan University Health Board, along with all other South Wales Commissioners of Velindre NHS Trust Cancer Services, are being asked to consider and approve the Full Business Case (FBC) of the proposed new Velindre Cancer Centre (nVCC), located in Whitchurch, Cardiff.

Cefndir / Background

The Full Business Case was considered by the ABUHB Board on 29 March 2023 where a number of issues were raised, including the affordability of the proposal, resulting in the following response being communicated to Velindre NHS Trust.

"The Board agreed that it supported the case for change in principle, as it is evident that the current environment at Velindre NHST is no longer sustainable, and there is a need to improve the environment by building a new setting which would provide better surroundings for our patients. However, given the current operating environment and financial situation, the Health Board agreed it could not commit to paying an additional £1.9 million at this time for running costs of a building (which could be £2.4m if WG assumed funding isn't secured), and the Board asked that VNHT reconsiders the associated finance and economic cases.

I appreciate that this outcome will be disappointing for your Board, particularly given the significant work that has gone into development of the FBC. Please accept my assurance that we remain fully committed to working with VNHST as one of our key partners and are happy to engage in further discussions in respect of the FBC as required"

Asesiad / Assessment

In response to this, Velindre NHS Trust has provided a further update paper which considers the following

- Investment Context and Programme Benefits
- Demonstrating the nVCC is appropriately sized
- Strengthening the clinical model for cancer services in ABUHB
- Affordability

The Update Paper is provided as an appendix to this report but the key elements are summarised below.

Investment Context and Programme Benefits

The Velindre NHS Trust paper sets out a range of monetised and non monetised benefits.

Demonstrating the nVCC is appropriately sized

Velindre Cancer Centre is currently 17,500 square metres and to rebuild the existing facility to current standards building requirement would require a facility of 28,500sqm. The nVCC design is 30,200 square metres and the additional 1,700sqm is based upon the forecast demand, the requirements for fit-for-purpose education/learning facilities and a regional research bunker.

Strengthening the clinical model for cancer services in ABUHB

There are a number of workstreams specific to ABUHB and VUNHST which have progressed, including:

- Development of the Acute Oncology Service
- Recent work between ABUHB and VUNHST have continued and focused on a new initiative relating to the delivery of a shared Haemato-oncology, SACT and Outpatient development at the Nevill Hall site sitting alongside the Radiotherapy Satellite Centre (RSC) which VUNHST can confirm its continued commitment to.

Affordability

The revised ABUHB recuring revenue requirement as part of the Full Business Case has reduced from £1.882m to £1.390m. The changes are summarised below

	£m
Funding Requirement (ABUHB March 2023 Board)	1.882
Reduction as a result of an Electricity Cost Review	-0.365
Assumed WG Funding of Insurance	-0.165
Assumed Trust risk for Contract Mgt & Digital	-0.213
Removal of WG Transitional Funding Assumption	0.351
Funding Requirement (May 2023)	**1.490**
Reduction	**0.392**

Note: the requirement for an additional £0.9m of non-recurring revenue funding (to fund dual running costs) from ABUHB remains unchanged.

An updated reconciliation back to the OBC is included for reference

	ABUHB March 2023 Board		Updated May 2023	
	Total (All Commissioners)	ABUHB Share	Total (All Commissioners)	ABUHB Share
	£m	£m	£m	£m
Baseline Investment already in Long Term Agreement (LTA) with VNHST	**4.172**	**1.524**	**4.172**	**1.524**
OBC Revenue Cost (Inflated 21-22 Prices)	8.252	3.014	8.252	3.014
Increase agreed by commissioners over LTA Baseline at OBC Stage	4.080	1.490	4.080	1.490
FBC Recurring Revenue Costs	10.744	3.924	9.741	3.557
Further increase above OBC proposed at FBC Stage	2.492	0.910	1.489	0.544

Total Funding Recurring Revenue Requirement Increase (OBC stage plus increase at FBC stage) (Before Funding)	**6.572**	**2.400**	**5.569**	**2.034**
Assumed Digital Priorities Investment Funding	-0.456	-0.167	-0.456	-0.167 **HB Risk**
Assumed WG Funding of Insurance			-0.451	-0.165 **HB Risk**
Assumed Trust risk for Contract Mgt & Digital			-0.582	-0.213 Velindre risk
Assumed WG Funding – Transitional	-0.961	-0.351		
Revised Funding Recurring Revenue Requirement	**5.155**	**1.882**	**4.080**	**1.490**

Key Points to Note

- The Digital Priorities Investment Funding and WG Funding of Insurance should be considered a risk at this stage. There is a risk of this funding not materialising or being on a non recurrent basis with the associated risk passed back to commissioners. If the funding outlined is not received, the ABUHB recurring funding requirement increases from £1.490m to £1.822m.
- Note the attribution of £0.213m to Velindre NHS Trust of the risk around Contract Management and Digital.

Conclusion

The FBC has been presented to commissioning Health Boards for their approval. Delivering the proposed design of the new Velindre Cancer Centre has significant recurring revenue consequences for commissioning Health Boards and it should be noted that any activity growth will be chargeable in addition to the costs outlined in this paper.

Argymhelliad / Recommendation

The Board is asked to;

Consider the updated information and the revised funding commitment requested for the new Velindre Cancer Centre full business case.

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 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
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	nVCC – New Velindre Cancer Centre OBC – Outline Business Case WG – Welsh Government
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 Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Complex and Long-Term Care, Mental Health and Learning Disabilities Divisions Independent Provider Fee Uplifts – 2023/24
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins – Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	• Chris Commins - Assistant Director of Finance • Hayley Jones - Head of Business and Performance • Nadine Gould – Divisional Nurse • Sally Griffiths - Business Partner Accountant

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

The Complex and Long-Term Care & The Mental Health & Learning Disability Division commissions Long-Term Complex Care for individuals who are eligible for Continuing NHS Healthcare (CHC) & Section 117 of the Mental Health Act where a person's primary need has been assessed as health based. Care can be provided within a care home or within a person's home (domiciliary care/supported living) and is part of a continuum of care and support that an individual with complex needs requires.

The Executive Board is asked to support the following 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.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

Commissioned care services are essential to support the delivery of the Continuing NHS Healthcare National Framework, ensuring an integrated approach the

commissioning of services across both the Long-Term Complex Care and Mental Health & Learning Disabilities divisions to exercise maximum influence over the development of provision, and ensure that an appropriate range of services are in place to respond to the needs of the population. Working collaboratively across both divisions, this report sets out to establish a robust, transparent and consistent approach to determining and applying annual uplifts for commissioned services.

Contractual arrangements between the Health Board and commissioned service providers often span over financial years and as a result there is a requirement to consider the financial pressures in terms of inflation and other business related costs and award uplifts in the fees requested. This is common practice for the Health Board and is required to be decided as near to the start of the financial year as possible to ensure that the Health Board has a formula to forecast this component of growth.

Cefndir / Background

In July 2015, the Executive Board approved a fee methodology for Long-Term Complex Care to enable delivery of an equitable, transparent, and robust methodology for setting care home Continuing NHS Healthcare (CHC) placement fees. Building on this approach which has proved successful since its implementation, the divisions have further developed criteria for all other categories (Domiciliary Care and Placements or Services with Individual Costs) of commissioned services.

Uplifts applied in 22/23 and prior years for the above-mentioned categories (Domiciliary Care and Placements or Services with Individual Costs) are detailed below:

Domiciliary Care - The uplift mechanism applied for domiciliary care providers was the average combined percentage uplift of the 5 Local Authority partners, which were all different rates. The timeliness in receiving this information is dependent on the completion of local authority partners fee setting and approval process and this varies between each Local Authority.

Placements or Services with Individual Costs - The uplift mechanism applied for placements or services with an individual cost in 22/23 was the Real Living Wage (RLW) Uplift.

Asesiad / Assessment

Care Homes in Gwent

To continue with the approved fee methodology for Care Homes in Gwent which identifies the following three key elements in the (CHC) weekly fee structure:

1. The baseline aligned to Local Authority individual residential nursing rates.
2. Plus, the NHS Funded Nursing Care (FNC) rate, set Nationally and linked to annual NHS pay award percentage uplift.

3. Plus, 7 hours of a HCSW per week in recognition of the complexities and additional care required for a CHC patient when compared to an FNC patient. This uplift is linked to the NHS pay award percentage uplift.

The use of the Local Authority individual residential nursing rates as a baseline for the above methodology is due to this rate covering the provision of accommodation, nursing or personal care in a care home. This aligns to the requirements of the Continuing NHS Healthcare Framework where it states that *where an individual receives their CHC care package in a care home, the NHS will fully fund the* ***care, including the accommodation, board costs and personal care***.

Summary of Criteria where the above methodology will be used:

- The Care Home is within the Gwent area with an agreed LA rate.
- Where a standard (same) rate is applied to all CHC and S117 Commissioned Placements.

The FNC rate and additional 7 hours HCSW element annual uplift is linked to the pay award granted to NHS Wales staff under the agenda for change payscales. In previous years, there have been delays in awarding the CHC fee uplift as new rates for all elements of the fee has not been known until the pay award has been announced. Whilst uplifts were backdated to 1st April where appropriate, it resulted in an extended period of time where the payments were based on prior year rates.

Due to this, we are requesting agreement to apply an interim rate for the care homes whilst the pay award for 23/24 is considered using the following criteria:

- Known Local Authority rate where uplift has been agreed plus interim FNC and CHC HCSW rate of 5% above 22/23 payscales (offer as at 01 April 2023)
- 10.1% uplift on Local Authority rate where uplift has not been agreed plus interim FNC and CHC HCSW rate of 5% above 22/23 payscales (offer as at 01 April 2023)

Should the final uplift be less than the interim rate, an adjustment will be made to reclaim any fees above the interim figure. The financial impact outline in the report is based on these assumptions.

<u>Domiciliary Care</u>

Domiciliary Care for the purpose of this fee setting methodology is defined as services commissioned to support an individual in their own home, which are provided on a 'call basis' of 15-, 30-, 45- and 60-minute durations. Care is administered proportionately throughout the day.

Supported Living Providers – Supported Living for the purpose of this fee setting methodology is defined as CHC / S117 patients who live in supportive housing, will have their own tenancy, and live in designated housing provided by a specialist organisation. A domiciliary support service, provided by a separate specialist organisation is administered to meet the care needs of the CHC / S117 service users and it is this organisation which the Health Board commissions with.

Summary of Criteria where the above methodology will be used:

- Care is provided on a call basis.
- The same rate/s are applied to all CHC and S117 commissioned packages with an independent agency.

The recommended uplift mechanism to be applied in 2023/24 for Domiciliary Care is the Real Living Wage (RLW) Uplift.

Reason for a change in methodology to that applied in previous years:

- Significant Real Living Wage increased awarded in 23/24 (+3.2% increase on 22/23 uplift).
- The total hourly commissioned rate is split on average 51% for care staff costs and 49% for business running and employer on costs. The Real Living Wage increase of 10.1% to be applied to the total hourly commissioned rate.
- Applying the RLW aligns to the national direction and Welsh Government pledges, that the Health Board are committed to recognising the efforts and commitment of the Social Care workforce in the delivery or care and support to our most vulnerable residents.
- Allows the Health Board to provide an expectation on providers that registered workers will receive a minimum hourly rate equivalent to the Real Living Wage, in order to support workforce sustainability.
- Removes the Health Boards reliance upon LA rates which are dependent on the completion of local authority partners fee setting and approval process and varies between each Local Authority.
- The application of the RLW uplift reflects the needs of service users currently supported and ensures value for money is achieved.

Placements or Services with Individual Costs

A placement or service with an individual cost for the purpose of this fee setting criteria is defined as a CHC / S117 service or placement commissioned where an individual cost is applied to each patient within the service.

Summary of Criteria where the above methodology will be used:

- Placements or Services where a standard rate cannot be applied to all CHC / S117 patients/services commissioned.
- There is an individual rate for each individual CHC / S117 Patient.

To continue with the uplift mechanism applied in 2022/23 for placements or services with an individual cost, to apply the Real Living Wage (RLW) Uplift of 10.1% for 23/24.

Services/Placements covered under this category:

Care Home placements (with Nursing & Residential) where there are individual placement costs for each CHC / S117 Patient.

Services - Where there is an individual service cost for each CHC / S117 Patient.

Live in Care – Live in Care for the purpose of this fee setting methodology is defined as CHC / S117 patients who receive care from *dedicated, full-time, carer moving into their home to support with care needs.*

Care Staffing Agencies providing 1:1 Care – A Care Staffing Agency for the purpose of this fee setting methodology is defined as an agency who supplies temporary staff to care for CHC / S117 individuals in care homes who require an enhanced level of support. This care is flexible and can be increased or decreased at any time, without providing notice.

Sleep in Nights – A sleep-in night care service for the purpose of this fee setting methodology is defined as a night shift where care staff will sleep at the workplace. This time is classed as working time, due to the requirement for care staff to be at the workplace.

Fast Track Palliative Care - The Long-Term Complex Care service quality assures and commissions all CHC fast track palliative care packages for ABUHB and care may be provided in residential, nursing homes or at a person's own home. Fees for Fast Track placements made in residential or nursing homes would align to the LA residential rate (for residential Homes) and the CHC rate for nursing homes. For community packages there are set standard rates, as detailed in appendix 1.

For placements or services with individual costs, fees are largely based on assessed need, therefore, uplifts will only be applied on receipt of a written request from the provider, and in cases where the request is higher than that of the RLW uplift, the RLW uplift will be offered. Retrospective uplift requests will be applied from the date that the request is received and follow the process of the fee methodology.

Principles to note:

1. The Health Board commissions the National Collaborative Commissioning Unit (NCCU) for the financial governance and contract monitoring of All Wales Framework placements. The Health Board has supported the negotiation of uplifts along with the NWSSP procurement team, the outcome of these awarded fees will be reported in the appendix of this paper.
2. ABUHB Commissioners reserve the right to undertake an ongoing review of locally commissioned hours with domiciliary care agencies and have the flexibility to implement locally negotiated terms, conditions, and price reductions, where appropriate. This flexibility means that arrangements that commissioners enter into with providers meet the needs of the patients in their local health economy and provides best value for money from these services.
3. For packages or services that are jointly funded with the Local Authority, the uplift awarded by the LA will be matched.
4. Requests received for uplifts outside of the agreed uplift award will be honoured using the approved uplift award as the maximum ceiling imposed.

Financial Impact: The tables below demonstrate the 2023/24 financial impact for both divisions, pending agreement of recommended uplift.

Complex & Long-Term Care

Category of Care	Estimated 23/24 fee uplift - £000
Care Homes in Gwent	£2,324
Domiciliary Care	£585
Placements or Services with Individual Costs	£1,775
Total	**£4,684**
23/24 Budget Allocation for inflationary pressures	£1,820
SHORTFALL	**£2,864**

Complex Care - Mental Health & Learning Disability

Category of Care	Estimated 23/24 fee uplift - £000
Hospital Framework	£1,112
Residential Framework	£452
Real Living Wage (Domiciliary Care, Placements or Services with Individual Costs)	£2,484
Care Homes	£43
LA Rates	£244
Total	**£4,335**
23/24 Budget Allocation for inflationary pressures	£920
SHORTFALL	**£3,415**

Following updated discussions and assessments outlined in this paper, the additional costs above the financial plan relating to complex care, both community and mental health & learning disabilities have been identified as £6.2m.

The IMTP identified a spend increase for inflationary pressures based on approximately 6%, within the budget setting there was an expectation that real living wage (RLW) would be managed. A review of the assumptions used for the IMTP has been undertaken and the updated inflationary (including RLW) impacts included in this paper for 2023/24 are significantly in excess of the assumptions used for the IMTP and are emerging as circa 12% overall.

There remain significant savings targets set for complex care and these will need to be achieved to mitigate any further cost risks.

Argymhelliad / Recommendation

The Board is asked to support the above methodologies and cost in line with the listed criteria within the Assessment section of this report. Attached is the current list of commission providers and the category/criteria that will be applied to determine the uplift for 23/24.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	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:**	25 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Six Goals for Urgent and Emergency Care (UEC) – Programme Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Simon Roberts, Programme Lead

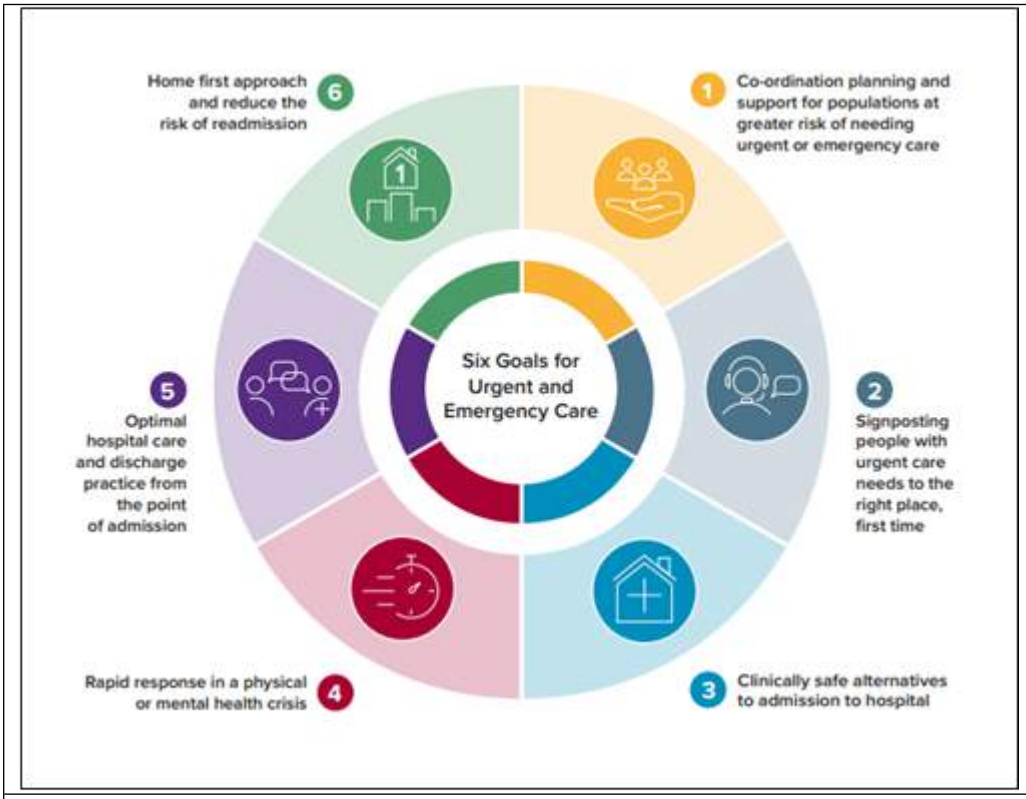
Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of the report is to inform the board of the Six Goals for Urgent and Emergency Care Programme and provide progress updates on each of the three workstreams in addition to recent programme structure changes.



Cefndir / Background

Six Goals for UEC was established in April 2022 and had evolved from the former Urgent Care Transformation board. The programme is identified as one of the key priorities for the Health Board and aligns to the National work on Six Goals for UEC and is supported by Welsh Government through an element of revenue funding until 2026.

The purpose of the programme is to provide strategic oversight of a sustainable, whole system approach to improving patient experience and outcomes within urgent and emergency care by delivering on multiple programmes of improvement.

Based on the learning from the first year of the programme, in April 2023 the structure has changed to include another key priority programme, Redesigning services for older People and has evolved into a three workstream approach as detailed below.

The Programme is structured into three overarching workstreams each with an SRO and Executive Sponsor. The Programme has an Executive Chair, Programme Lead and Clinical Lead.

Each workstream consists of various projects that are at differing stages of maturity. The Programme is underpinned by an improvement ethos and tests of change are actively encouraged through a 'Plan, Do, Study, Act' (PDSA) methodology.

At a macro-level it is difficult to categorically attribute changes in demand to the Six Goals Programme, if anything demand patterns have normalized following a prolonged period of change including both the effects of COVID-19 and of a redesigned Urgent Care system in Gwent. However, demonstrated improvement

can be seen in specific project areas as detailed below and overall performance would have deteriorated without the work of the programme.

Asesiad / Assessment

Evolution of Programme Structure

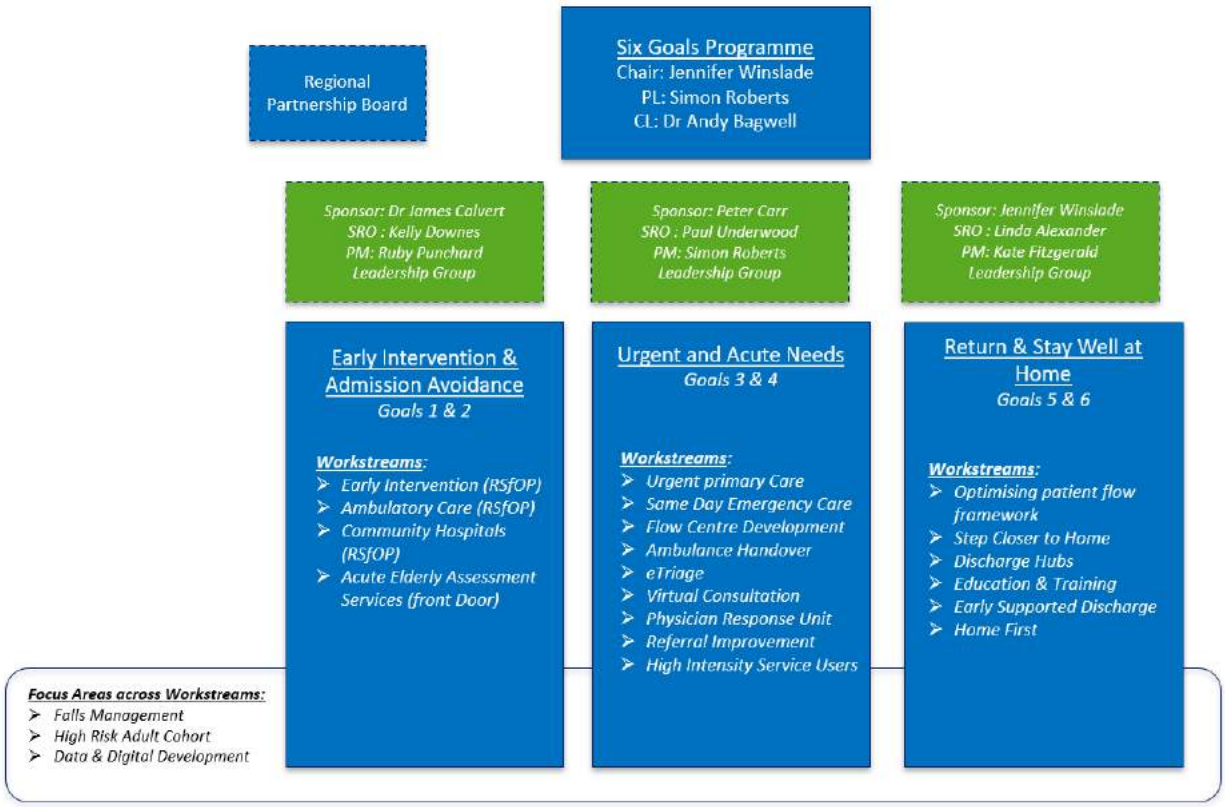
Merging of the Urgent and Emergeny Care Six Goals and Redesigning Services for Older People (RSfOP) Programmes

These two programmes are linked inextricably. It has become increasingly clear that the UEC Six Goals and RSfOP programmes have significant synergies and co-dependencies, to such a degree that it would be difficult to improve one without the other. Merging these two programmes under the umbrella of the UEC Six Goals optimises the ability to make systemwide change, taking account of shared interdependencies and benefits. The combined programme will be able to achieve short, medium and long term system improvements in accordance with the ambition to support people to be well and healthy in their own homes and communities.

The potential benefits of doing this include improved visibility of our RSfOP initiatives, reduced duplication of effort and wider expert input resulting in stronger workstream coordination and systemwide impact. From a programme resourcing perspective, it enables 'pooled' resource in the Clinical Futures team with 3 programme managers working more closely and reducing the number and frequency of board meetings while having the capacity and capability to drive change. The outcomes and benefits of both programmes will be aligned, providing a systemwide view of impact and preventing duplication.

Consolidation into Three Workstreams

To aid delivery of the UEC 6 Goals programme objectives, the structure will be divided into 3 sub programmes each covering 2 goals with specific workstreams under each, with their own programme manager, SRO and Executive Sponsor as represented below:



Workstream Updates

Prevention and Early Intervention (Goals 1 & 2)

Evidence demonstrates that now is the time to do something different to avoid people over 65 enduring extended periods of time away from their own home. Legislation over recent years provides direction indicating the requirement to change the status quo. In engaging with staff, they are also aware of the need to work differently in line with evidence.

The Redesigning Services for Older People (RSfOP) programme, underpinned by Primary Care and Community Services (PCCS) is designed to support all health care professionals to engage with what is right for individuals, first time. The programme acknowledges the need to provide support for people to stay as close to home as possible but recognises that timely and appropriate care is necessary, wherever provided.

The primary outcome of the programme is to support individuals to stay at home or close to home, where this is both safe and appropriate.

There are four main workstreams under goals 1 & 2.

Ambulatory Care & Admission Avoidance

Provide support to professionals to access additional advice and treatment without the necessity for the individual to attend, and wait at, a busy emergency department. By streamlining access to services via one telephone number, and making the services that are available, more transparent, it is expected that at least 20 people will access alternative services each week. This will reduce the risk

of long waits in the front door services and of admission, increasing time spent at home. By bringing community teams closer to the flow centre, it is intended that both an advice facility can be provided to professionals as well as an administrative function that ensures prudency.

We will establish a process across CRT and COTE whereby GPs or other professionals can obtain an urgent appointment to avoid admission to acute sites, ensure referrals to existing same day services are maximised for appropriate individuals, as well as consider how established technology ie Consultant Connect or new algorithmic responses can support remote appointments.

Early Intervention

Extend senior-led rapid response support from 8am-5pm Monday-Friday to 8am-8pm seven days per week. This will enable colleagues to refer individuals later into the evening and provide multidisciplinary support, both reducing the risk of transfer and admission to acute sites. Medical and nursing staff hours and care provision will be reviewed to ensure this remains prudent and person centred with teams being aligned more closely together. Additional HCSW teams will be developed to support people to stay at home, overnight or at weekends, when a short period of additional care is required. In addition, the hours of operation of the Direct Admission to Community Hospital project will be extended to support referral across the 24/7 period. This project has demonstrated that direct admission reduces average length of stay and improves outcomes by reducing the risks of deterioration and increased dependency. It is anticipated that these changes will support at least 20 additional people each week to be cared for at, or close to home. This will reduce time spent away from home and the subsequent impact on secondary care services.

Community Hospitals

Ensure that community hospitals maximise opportunities for people to be cared for in this environment when they require complex discharge planning and/or rehabilitation. In addition, the opportunity for people to be directly admitted to a community site will increase as a result of the work above. The principles of Discharge to Recover to Assess (D2RA) need to be the guiding mantra; people should transfer home ahead of transferring to another site.

In addition, other aspects of this work that will be further developed as part of phase two include:

- Developing a process and a platform that identifies those individuals who are pre-frail or are at risk of becoming frail in order that a process can be introduced to reduce the risks associated with increasing frailty.
- Recognising the impact of falling on the over 65's and working collaboratively with wider partners to review falls prevention and mitigation, resulting in reduced time away from home and the impact on secondary care services.
- Working with pharmacy teams to review current and potential future state.

Acute Elderly Front Door Assessment Services

This workstream is in its infancy and seeks to assess the value of dedicated elderly/Frailty clinical assessment within the Assessment process of the GUH. A pilot will be commenced utilising clinicians from the RGH to review potential benefit in this service. Spread of staffing will be a key consideration to form part of that evaluation.

The programme will work in synergy with the six goals programme, avoiding duplication and reducing harm, waste and variation. Communication and engagement with services users, their families and staff will be imperative in a smooth transition in practice and any changes should be co-designed.

Urgent and Acute (Goals 3 & 4)

This workstream is focused on developing solutions to support admission avoidance and improving the collective response in a physical or mental health crisis. There are multiple points where intervention and innovation can increase admission avoidance through alternative Pathways. The Flow Centre is an enabler in doing this and forms a key part of the workstream. In addition the workstream aims to improve the experience and wait times for patients who do require the Emergency Department through improved ambulance handover times and innovations such as eTriage. The main focus of this section is on Same Day Emergency Care where evaluation was specifically requested by the Board to be included in the update.

Same Day Emergency Care (SDEC) – GUH

SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home on the same day their care is provided.

SDEC can benefit patient experience and patient flow as it is designed to provide an additional pathway for lower acuity patients, releasing capacity in the Medical and Surgical Assessment units.

In August 2022, SDEC opened at the Grange University Hospital (GUH) supported by national funding. SDEC receives patients primarily referred from GPs but also from ED and assessment units. It was originally intended that the make up of patients attending SDEC would be evenly split between General Surgery and Acute Medicine. However, since the planning phase in 2021 the Urgent Care system and Flow Centre hub has matured considerably and presentation patterns have normalized following initial peaks after COVID-19 restriction easing.

Due to a combination of this coupled with Acute Physician vacancies, the SDEC GUH patient volume is 80% General Surgery patients and 20% other specialities and Acute Medicine (see Table 1 for supported data).

SDEC continues to integrate other specialities into the clinical model including Trauma & Orthopaedics, Maxillofacial and Ear, Nose and Throat.

SDEC 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).

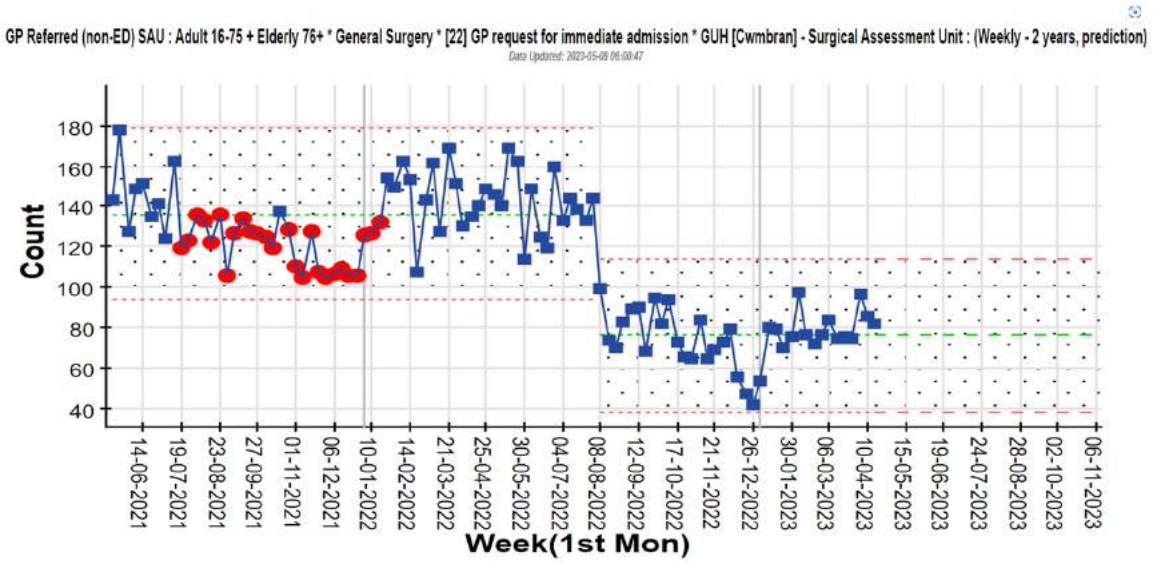


Figure 1 : GP referred Patients to SAU Before and after opening of SDEC

SDEC Attendences are following an increasing trend reflecting increasing referral rates from GPs and ED as well as use of SDEC by T&O and ENT.
Since January 2023, weekly attendances to SDEC have increased from 110 to 150.

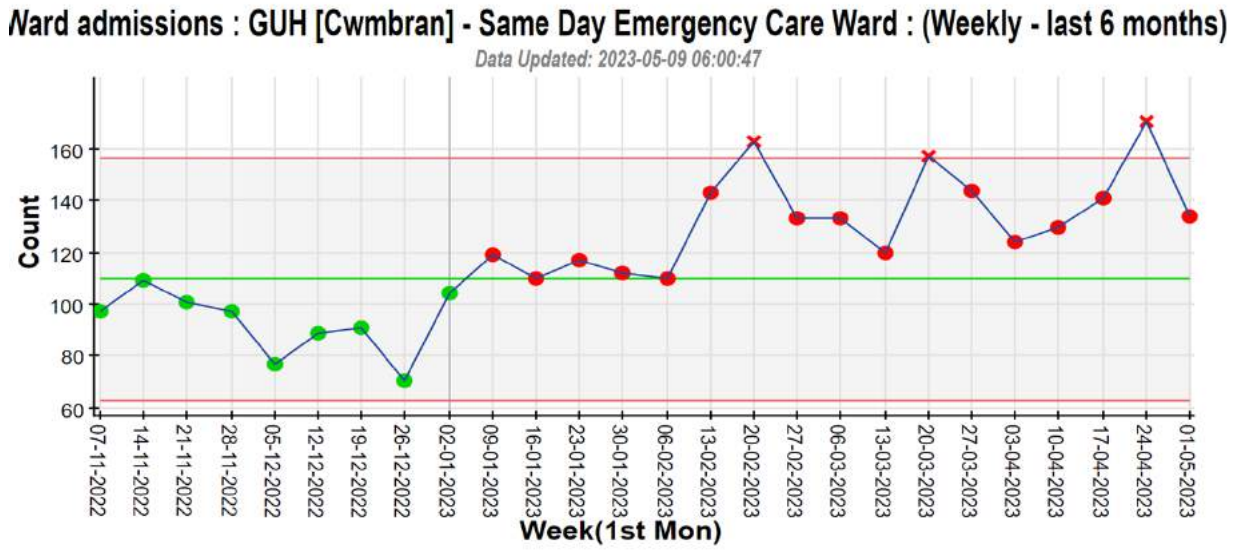


Figure 2: SDEC GUH Attendance Trend

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 the implementation of SDEC which could be attributed to a coincidental change in demand through the period or more likely, because GPs are seeing the value in the SDEC service and are using the pathway into SDEC more often than presentation

at ED. However, this pattern will need to be monitored to understand true root cause.

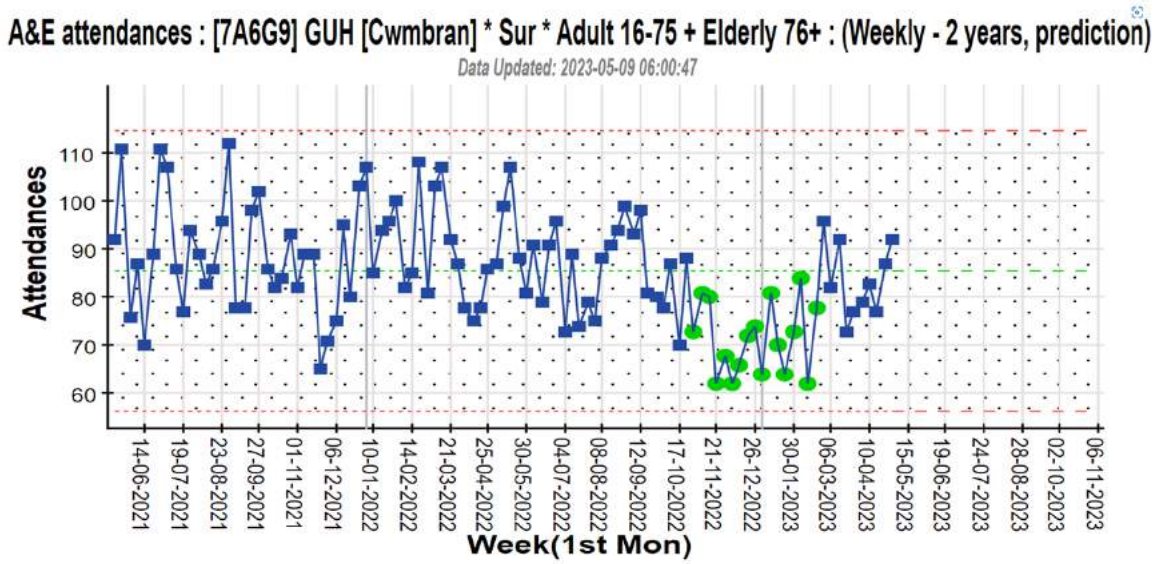


Figure 3: Surgical Presentations to ED

In addition, data demonstrates that General Surgery patients are more likely to spend less time in hospital since SDEC opened. There is an 8% increase in patients spending fewer than 12 hours within General Surgery post SDEC.

SDEC has changed the flow of patients through GUH; higher acuity patients now go to SAU and lower acuity patients go to SDEC. This means there are fewer patients waiting in the SAU waiting area and corridor, therefore less congestion. This has enabled 10 chairs to be removed from the SAU corridor improving patient and staff experience (per below).

Out of 470 SDEC patients surveyed to date, 83% said their overall experience of SDEC was 'Very good' or 'Good'. In addition, 70% said they felt the overall length of time in SDEC was 'About right'.

Health Board wide SDEC Summary

In October 2021, in the context of covid-19 a Respiratory Ambulatory Care Unit (RACU) was established at the Royal Gwent Hospital (RGH) to receive referrals from General Practice through the flow centre thus avoiding emergency admission. This service has been very successful and is now funded for 3 years by the Health Board.

In early 2022, plans were developed to transform a former pathology lab within Ysbyty Ystrad Fawr (YYF) into a Medical SDEC providing extra capacity for an already over capacity MAU. The capital element was funded and completed by the Health Board. The revenue element was successfully approved by the Regional Integration fund (RIF) to support an interim service from October 2022 to March 2023. The SDEC YYF opened on 31st October 2022. An initial evaluation of SDEC YYF produced similar findings to that of the GUH evaluation (as above) in terms of patient reported experience and length of stay measures. Extension of SDEC YYF is subject to approval of funding through RIF which should be determined in May 2023 (There is also a seprate board paper relating to YYF).

The introduction of the three services (SDEC GUH, SDEC YYF and RACU) have been extremely positive both in terms of releasing system capacity, admission avoidance and ultimately improving patient experience.

As at March 2023 the following SDEC services (either by definition or by proxy measures) are delivered by the Health Board:

- SDEC at GUH (Surgical)
- SDEC at GUH (Medicine/Other)
- SDEC at YYF (Medicine)
- Respiratory Ambulatory Care Unit (RACU) Medicine at RGH
- 1x Medical Assessment Unit at GUH
- 1x Surgical Assessment Unit at GUH
- 3x Medical Assessment at eLGH sites (RGH, NHH, YYF)

Current average weekly Patient throughput by Service is summarised below:

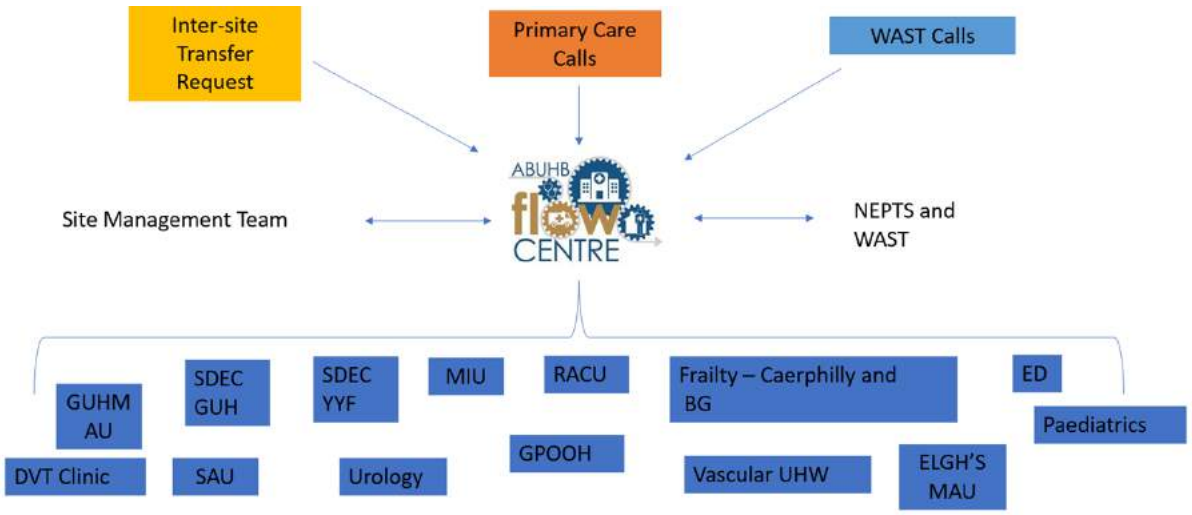
SDEC Service	**Weekly Patient throughput (Approx)**
SDEC GUH (General Surgery)	120
SDEC GUH (Medicine)	25
SDEC GUH (Other Speciality)	20
SDEC YYF	25
RACU	25
SAU GUH (Includes Weekend)	66* *(40% of SAU GUH Attendances)*
MAU GUH (Includes Weekend)	47* *(29% of MAU GUH Attendances)*
MAU eLGH (Included Weekend)	230* *(51% of eLGH MAU Attendances)*
Total	**568**

*Less than 12 hour LOS used as a proxy measure

The primary referral source into all services is General Practice via the flow centre. However referrals can also be made through the ED, WAST and Minor Injury Units

The strategy for SDEC is to continue developing existing services and review applicability and feasibility for use by other specialities. There is a particular focus on Acute medicine in terms of model development which is currently limited by vacancies. However the goal remains to have an SDEC approach in enhanced Local General Hospitals (eLGH) for 'care closer to home' with a default position of discharge, but step up / admit facility available if necessary to the MAU at GUH.

Flow Centre Development



The Flow Centre is integral to system navigation by internal staff and partners including WAST and GPs. The Flow Centre has 11 WTE Call handlers 14 WTE nurses and a clinical lead. The Flow centre handles around 200 – 225 calls on weekdays from a mix of GP, WAST referrals and intersite transfer requests. The Flow centre is a key focus area due to its influence upon patient navigation.

Recently, a pilot was done with an Advanced Paramedic Practitioner (APP) from WAST based in the Flow Centre to assess whether or not this role would add value in patient flow and conveyance rates. It would also test a change in the the workforce model and provide additional senior decision-making capacity. In 80% of the calls handled by the APP, a Nurse decision would have been the same. An evaluation of the pilot concluded that the APP role does not significantly reduce the numbers of patients conveyed to ED, taking into account the proportion of calls taken and decisions that existing team would have made. However there were associated benefits including improved working relationships and inter-organisational learning.

The Flow Centre has also developed an older person pathway to improve the flow of older patients through our system. A series of additional appropriate questions has been agreed based on the clinical frailty score system. The additional questions are designed to identify patients that are over 65 and where care would be more appropriate for the patient needs within an eLGH setting rather than GUH. The questions include whether the patient is completely dependant on personal

care and whether or not the patient is approaching end of life. If answered yes, the pathway streams patients to an eLGH site for initial assessment instead of The Grange. Initial feedback of the process highlights that more appropriate calls are escalated to nurse decision and performance measures demonstrate that the proportion of over 65's directed to the GUH has reduced by approximately 9% which is a significant improvement. Step-ups from eLGH to GUH have remained consistent.

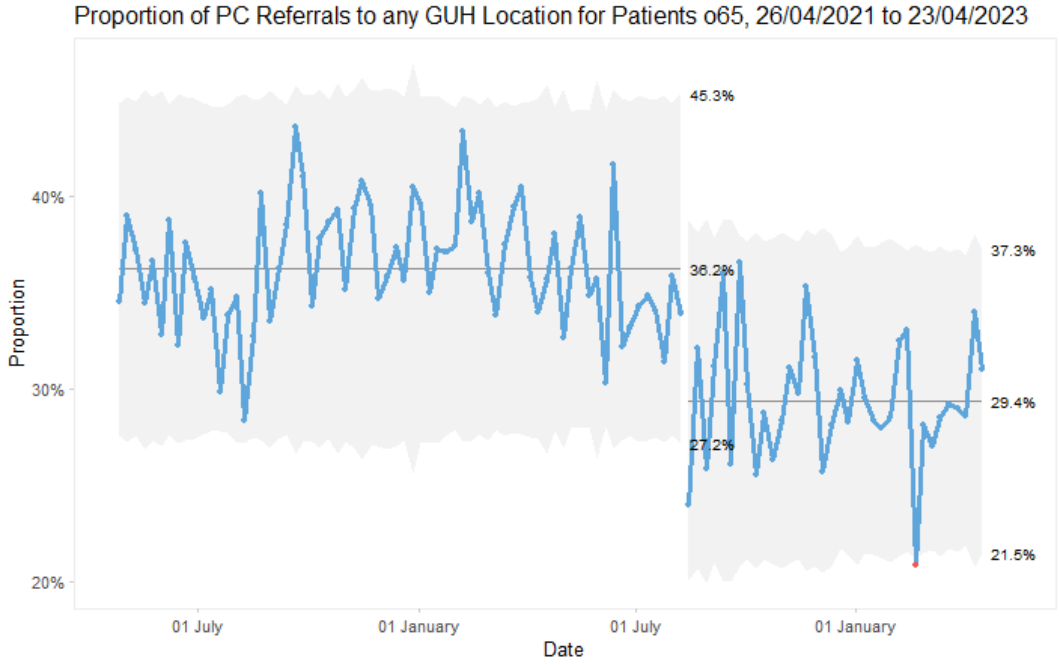


Figure 4: Proportion of Primary care referrals to GUH Over 65

On May 3rd 2023, a workshop was held with partners to review how accessing Urgent Care can be made easier for users and patients. The Flow Centre, Single point of Access for Frailty and Urgent Primary Care teams were brought together along with service users to seek thoughts and ideas about which aspects work well and which could be improved. The workshop was very productive and there was a unanimous perspective that the flow centre model worked well and is the right approac. However it requires some incremental changes to work towards having one single contact number, improving primary care visibilty to available pathways and ensuring all specialities are accessible. The workshop findings will form the basis of the detailed and targeted improvement plan.

Etriage

Funding has been received through the National Six Goals Innovation fund to source and implement an eTriage system with our main waiting areas at the Emergency Department GUH and Minor Injury Units at NHH and RGH. The funding is for a one year pilot to evaluate the benefits of such a system. Procurement has completed and planning has now commenced with the aim of going live within Q3 of 2023/24. eTriage enabled ipads will be fixed within the waiting areas and enable patients to self check-in inputting key demographics and presenting complaint.

The software is designed to improve waiting room environment and staff experience especially at peak times; it also enables earlier risk assessment of the waiting room as patients will be electronically triaged earlier in the process as well as providing earlier opportunity to re-direct patients who could be treated in a

more appropriate setting. Key milestones include integration with existing software and enabling architecture via DHCW.

Safety Flow

There is significant active effort to improve system flow through the Urgent Care system aiming to decongest the Emergency Department and assessment units and therefore making them safer and more effective. It is also antipcated to reduce the length of time of patients in ED to a maximum of 24 hours, reduce ambulance handover delays initially working towards a red line of 4 hours on the forecourt and ultimately ensuring a better and safer experience for patients and managing risk appropriately across the entire system.

A number of actions are in progress associated with this change including a reconfiguration of layout within Level 1 GUH, clarification of roles and responsibilities and new daily operating rhythm for escalation of ambulances that exceed 4 hours waiting on the forecourt.

Return and stay well at home (Goals 5 and 6)

People admitted to hospital should be treated consistently and reliably in line with the expectations of health, social care, third and independent sector partners. Goals 5 and 6 focus on optimal hospital care and discharge practice from the point of admission, for people to return home following a hospital stay, or to their local community, with additional support if required at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.

Optimising Patient Flow Framework

This workstream is aiming to establish a consistent approach to patient flow based on the nationally agreed framework. Key themes within the workstream include Implementation of Discharge to Recover then Assess (D2RA), re-energizing SAFER principles, preventing deconditioning, developing or leveraging digital systems and a continuous education/training programme specifically in the area of discharge.

The new framework was launched in January with a well attended workshop designed to shape the programme plan. All workstreams are currently being implemented and embedded across acute and community hopsitals with the addition of an 'integrated discharge hub' on the RGH site. Whilst this workstream sits under the overarching Six Goals umbrella, the work is considerable in size and scope therefore an 'Integrated Discharge Board' has been established (including partners) to oversee progress and set direction.

The core of the initiatve is to set the standard required in the process of discharge and sustain effective daily rhythms. This will require identification of site and ward level 'champions' as well as ensuring daily board rounds are structured to answer the right questions and are well attended in a multi-disciplinary fashion.

Community Admission Avoidance Therapy Team (CAATT)

The CAAT team service launched on 6th February 2023 and is made up of 2 Therapists and 1.6 Assistant therapy practitioners covering GUH 'front door' areas

such as ED, MAU and SAU. The team is operational Monday to Friday 08:00 – 16:30. The function of the team is to undertake prompt initial AHP focussed proportionate assessments and interventions and where necessary and appropriate, to refer onto health, social care and third sector community support services to facilitate a safe and timely return home for the patient, thereby preventing avoidable admission to hospital.

From the period 6th Feb to 31st March there were 346 referrals mostly from ED. Of those assessed 58% were discharged as a result with majority returning home in under 12 hours. Those who returned home, were discharged home with a range of community services including CRT, Home First, Equipment, Red Cross, Community Physiotherapy, Advice.

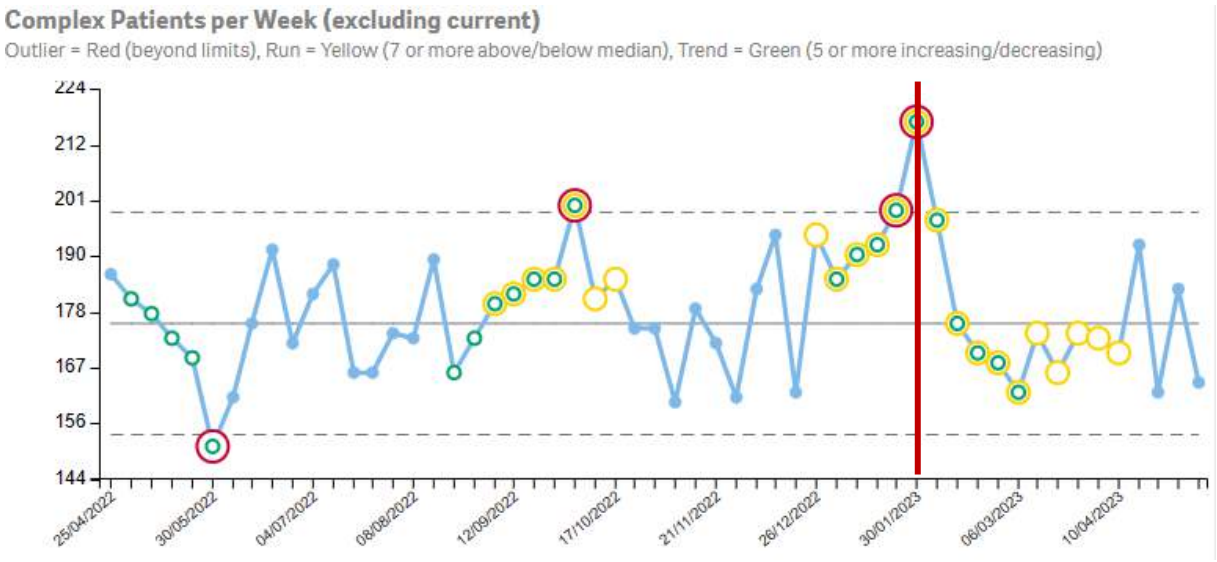
A full Q1 evaluation will be completed and based on initial evidence there will be plans to expand the service to a 7 day provision and potentially include eLGH sites depending on resource availablity.

RGH Integrated Discharge Hub

On 30th January 2023 an integrated discharge hub pilot commenced, staffed by health board and local authority teams including a dedicated senior social worker together with aligned discharge assistants. The purpose of the integrated approach is to arrange treatment and supported recovery at home, whenever it is clinically safe to do so. Initiated as soon as treatment, which can only be delivered within an acute hospital environment, is completed. Although the preferred option is always for a patient to return to their home, there will be occasions whereby they require short term or complex support. The team will ensure patients are placed on the correct pathway at the earliest opportunity to ensure they have the correct support and assessment required for their needs.

In terms of the number of complex patients at RGH, the red line in the graph below, indicates the start of the Discharge Hub on 30th January 2023. The number of complex patients in RGH peaked w/c 30th January 2023 at 217 patients, 65 -75 of these patients were medically optimised with no assigned discharge date.

Following the implementation of the Discharge Hub the number of complex patients at RGH reduced significantly to 162 w/c 6th March 2023. Since then, the level of complex patients at RGH has remained between 162 and 192. In addition the number of complex patients deemed medically optimised has reduced to between 37 and 59 since 1st April 2023, averaging 48 patients with no assigned discharge date.



Next steps include learning from the progress made and assessing steps required to replicate the model across other eLGH sites, and consider how to embed the trusted assessor model, which is working well in Newport, across to other boroughs.

<u>NHH / Monmouthshire specific 'Pull' exercise</u>

Following review of Monmoushire based patient activity the majority of Monmouthshire residents who attended a hospital needed acute intervention.

Presentations were generally chest pain / abdominal pain / head injury. A significant proportion of Monmouthshire residents attending were over the age of 75yrs. Attendences were usually at NHH or GUH.

Monmouthshire Local Authority and the Health Board teams have met regularly since the start of 2023 to discuss how as an integrated team they could 'pull' from acute into community settings or home.

Since the outset of the pilot in February 2023, the integrated services team has reviewed 395 patients in NHH:

- 325 (82%) seen and discharged from NHH
- 70 (18%) not yet discharged
- 194 (85%) seen and assessed within 0-1 day
- 111 people (28%) have a Package Of Care in place
- 249 people (63%) do not have a Package of Care in place

The pilot also has a second workstream, working in conjunction with Home First, to enhance discharges in AMU, NHH. Initial data indicates a reduction in the length of stay, which is considered to be as a consequnce of the pull model introduced to support discharge:

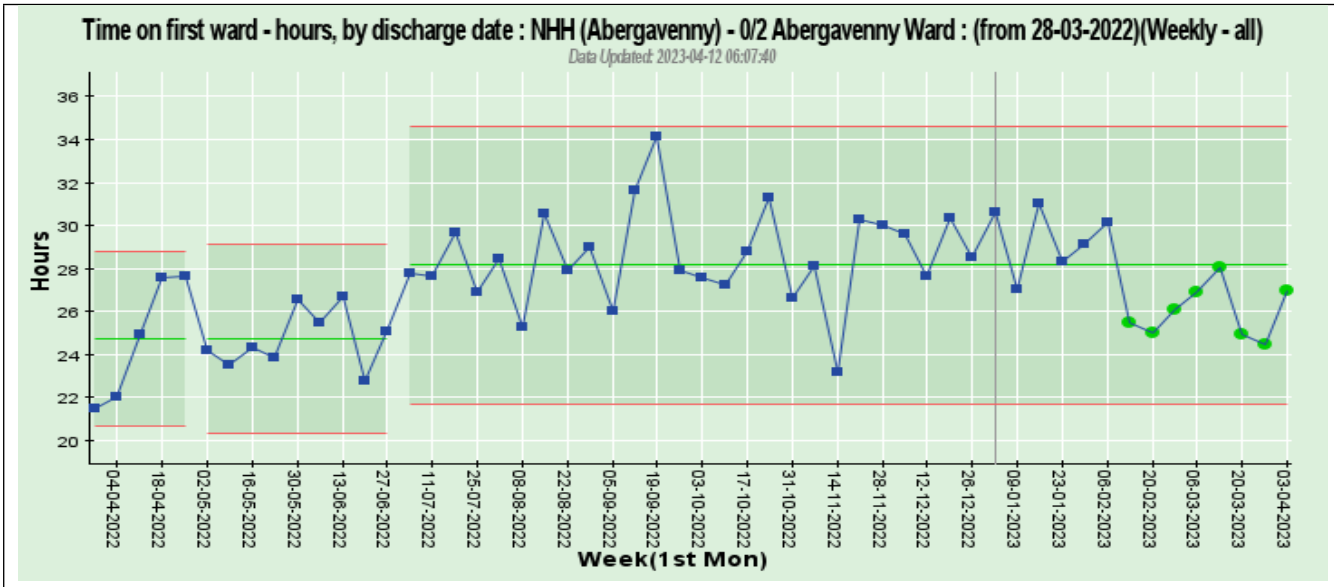


Figure 5: Time on Ward NHH MAU

Deconditioning

A key part of goals 5 and 6, and a priority for the Health Board, is to improve discharges and reduce length of stay to prevent deconditioning. It is well publicised that muscle deconditioning can have a detrimental effect on patients' health, well-being, mobility, independence and comfort. We know the longer a patient remains in hospital the harder it is for them to return to their own home.

The Health Board has embarked on a campaign to address the issue of deconditioning across all hospital sites. During the month of May we began to promote the 'Sit up, get dressed, keep moving' deconditioning awareness and prevention campaign by way of #moveitmay. The campaign has gained great momentum and engagement in the first week of its launch which must now be sustained and embedded in to every day practise.

Education and Training

Advice, guidance and support is required to improve hospital discharge and to ensure all health and care professionals involved in the discharge process act in a way that values patient time and helps facilitate safe and timely discharge.

The following work is underway to support the multidisciplinary teams in improving the discharge process:

- Easy to read, easy to follow material has been distributed to all in-patient wards – relating to D2RA, Red to Green, SAFER and deconditioning
- Well attended multi-disciplinary teaching sessions have been organised by the Delivery Unit (DU) across all acute sites.
- Bespoke teaching sessions organised for Care Of The Elderly consultants via the DU.
- Education and training on hospital discharge must be embedded pre-registration and for all newly qualified staff. The Delivery Unit is currently scoping the opportunity to link in with higher education institutes to progress this training within pre-registration education. In order to embed this

practise within ABUHB, the Journey of Excellence for newly qualified staff has specific learning outcomes relating to hospital discharge practice.
- Local authority teaching sessions for health care staff being organised to promote the role of local authorities and their role in the discharge process.
- On-line mandatory training module currently being developed by the DU

In Summary, the Six Goals Programme has made considerable progress in the first 12 months. Each workstream has clear objectives to support older people staying at home, increasing pathways that support admission avoidance and improving the discharge profile particularly those greater than 7 days. Each of these areas will contribute to the overall improvement of the Urgent and Emergency Care system, but importantly develop further a solid and effective community based service.

To support this, the refreshed programme structure and governance arrangements outlined will ultimately enhance delivery of the objectives due to the optimised Clinical Futures team capacity, reduced duplication and improved visibility.

Argymhelliad / Recommendation

The Board is asked to:

- Review and approve the Strategic Direction of the Six Goals Programme

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):	3.3 Quality Improvement, Research and Innovation 2. Safe Care 5. Timely Care 3. Effective 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	Research, Innovation, Improvement, Value

Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Annual Assurance Report on Compliance with the Nurse Staffing Levels (Wales) Act 2016
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade - Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Linda Alexander – Deputy Director of Nursing

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The board is required to consider and have due regard for the duty on them, under Section 25A of the Nurse Staffing Levels (Wales) Act, to provide sufficient nurses to allow time to care for patients sensitively wherever they are receiving nursing services. The report, therefore, outlines the actions taken to comply with Section 25A of the Act.

The report provides an annual review and position of 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). It outlines the measures taken to assure the Board regarding compliance with the requirements of the Act.

Cefndir / Background

In September 2016, the Nurse Staffing (Wales) Act (NSLWA) became law. The Act sets out the Health Board's overarching responsibility to ensure robust workforce plans are in place to make provision for appropriate nurse staffing levels and ensure sufficient nurses are provided to allow nurse's time to care (Section 25A). This requirement extends to all care environments in which NHS Wales provides or commission a third party to provide nurses.

Further duties, Sections 25B and 25C, came into effect from April 2018. The responsibility for meeting the requirements of the Act applies to staff at all levels

with the Board and Chief Executive being ultimately responsible for ensuring compliance with the Act.

Section 25E of 'the Act' requires Health Boards to report their compliance in maintaining the nurse staffing levels for each acute medical, surgical and paediatric in-patient ward for the entire reporting period. This report provides ongoing assurances on the approach, mechanisms, monitoring and management of risks relating to Nurse Staffing Levels and the overall compliance with the requirements of 'the Act' over the past 12-month period, 6th April 2022 to 5th April 2023.

Asesiad / Assessment

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses required and staff to whom nursing duties have been delegated by a registered nurse to deliver the planned roster. It is acknowledged there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment; however these staff are not included within the data for this report.

Following the June 2022 recalculations an increase of 4.25 WTE Registered Nurses (RN's) and 34.39WTE Health Care Support Workers (HCSW's) were required to support increased dependency and enhanced care needs of patients in our enhanced local general hospitals (ELGH). In November 2022 Board gave full approval to support this request in order to ensure a more sustainable workforce to improve patient safety, quality and experience.

The substantive staff funding agreed in November 2022 to meet the Health Board statutory requirements was £1,242,910. However, the expectation was costs associated with temporary staffing, in particular agency, would reduce significantly as a result of appointing substantively. The Health Boards agency reduction plan and Project Board governance arrangements are in place to monitor agency reduction

The information below outlines the work that has been completed over the past 12-month reporting period; 6th April 2022 to 5th April 2023:

Date	Position	Status
April 2022	January acuity recalculation scrutiny panels held.	Completed
May 2022	Annual Assurance Report 2021-22 on compliance with the Nurse Staffing Levels (Wales) Act 2016 presented to Board	Completed
June 2022	June Acuity Audit Undertaken	Completed
October/September 2022	June acuity recalculation scrutiny panels held	Completed
November 2022	Mandatory Annual Assurance 2021-22 report on compliance with the Nurse Staffing Levels (Wales) Act 2016; paper taken to Board	Completed

Argymhelliad / Recommendation

The Board is asked to formally receive and **NOTE** the information contained within the Nurse Staffing Levels (Wales) Act 2016 Annual Assurance Report.

This report does not come with an additional financial request but is for Board Assurance only.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2. Safe Care 5. Timely Care 3.1 Safe and Clinically Effective Care 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse.

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	• 25A Duty to have regard to providing sufficient nurses • 25B Duty to calculate and take steps to maintain nurse staffing levels • 25C Nurse staffing levels: method of calculation • 25D Nurse staffing levels: guidance • 25E Nurse staffing levels: report

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

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

Annual Assurance Report on compliance with the Nurse Staffing Levels (Wales) Act: Report for Board/Delegated Committee 6th April 2022 to 5th April 2023	
Health Board	Aneurin Bevan University Health Board (ABUHB)
Date annual assurance report is presented to Board	Presented to Executive Team: 4th May 2023 To be presented to Board: 24th May 2023

	Adult acute <u>medical</u> inpatient wards	**Adult acute <u>surgical</u> inpatient wards**	**Paediatric inpatient wards**
During the last year the lowest and highest number of wards	Lowest - 21 Highest - 21	Lowest - 12 Highest – 13 (1 surgical ward temporarily closed following Covid pandemic- reopened October 2022)	1 (50 bedded ward)
During the last year the number of occasions (for section 25B wards) where the nurse staffing level has been reviewed/ recalculated outside the bi-annual calculation periods	0	0	0

The process and methodology used to calculate the nurse staffing level	In accordance with the Nurse Staffing Levels (Wales) Act 2016 (NSLWA) - a systematic triangulated approach to review and recalculate the nurse staffing levels on all 25B wards (Adult and Paediatric) has been applied as stipulated in legislation.
	
	The triangulated methodology prescribed within the Act is the required approach to calculate the nurse staffing levels for each 25B ward, this process is fully embedded as routine within the Health Board. A 6-monthly cycle, utilising the Biannual acuity data from January and June, is undertaken during the months of March/April and August/September respectively with the nursing management teams, finance, and HR representative, responsible for each 25B ward.
	
	Terms of reference for the BI-annual meetings have been developed to aid and inform discussions, this ensures the required methodology is applied to ascertain the total number of staff required to provide sufficient resource to deploy a staffing level appropriate to the individual ward.
	
	Professional discussions consider:
	
	• Current ward bed numbers and speciality.
	
	• Existing agreed establishment, including those members of the team not included in the core roster, but provide valuable support in managing the ward.
	
	• Patient flow and acuity data.
	
	  ○ Acuity is determined by utilizing the evidence based Welsh Levels of Care Tool. It consists of 5 levels of acuity ranging from level 5 where the patient is highly unstable and at risk, requiring an intense level of continuous nursing care on a 1:1 basis; to level 1 where the patient's condition is stable and predictable, requiring routine nursing care.
	
	• Care quality indicator data, to include total number of:
	
	  ○ Pressure ulcers grade III, IV and unstageable
	  ○ Never event medication incidents
	  ○ Patients falls resulting in significant harm.

	○ Infiltration/extravasation injuries specific to paediatric wards. ○ Complaints wholly or partially associated with nursing care. • Professional judgement – in-depth roster reviews are undertaken ensuring professional judgement is applied to meet the requirements of the Act. Examples of such are - skill mix, competencies, experience, RN:HCSW ratios, complexities of patient need in addition to their medical/surgical, paediatric need. • Additional staffing related quality indicators are also discussed as part of the review process to enhance the triangulated approach such as: use of temporary staffing, sickness, PADR compliance, mandatory training, and service user feedback. In addition, when considering the required establishment, workforce data and analysis ensures the Ward Manager has supernumerary status, a 26.9% uplift is applied to manage annual leave, sickness and study leave is embedded into the establishment. Themes identified following the June 2022 recalculations highlighted an increase in the number of patients requiring an enhanced level of care. This increased requirement has led to a reliance on temporary staffing which has both financial and patient quality and safety implications. The majority of establishments requiring an uplift were associated within the Medical Division, specifically Nevill Hall and Ysbyty Ystrad Fawr Hospital. Both hospitals have several care of the elderly wards, high levels of complex care patients and an increase in patients with enhanced care needs. YYF has the added complexity of nursing patients in single room occupancy, with limited options to cohort patients. The Challenge and Support meetings which followed the June 2022 audit indicated a total of 14 wards under Section 25B required amendments to previously agreed planned rosters. In full compliance with the statutory requirements, the outcome of these meetings influences the agreed establishment. The agreed and adjusted nursing establishments aligned to the 14 wards were fully supported by the Executive Team and presented and agreed by Board on the 24th November 2022.

Informing patients	The 2016 Act requires Health Boards/Trusts to inform patients of the nurse staffing level on each 25B ward. Following each 6 monthly cycle, Bi-lingual posters (Welsh and English) are displayed at the entrance of each ward detailing the planned establishment and the date presented to the Board. ABUHB has processes in place to ensure the posters are always on display. Information on the 2016 Act and details on the "frequently asked questions" and how to raise a concern regarding nurse staffing levels is accessible to service users in English and Welsh. This information can also be accessed on the ABUHB web site.

Section 25E (2a) Extent to which the nurse staffing level has been maintained

As the nurse staffing level is defined under the NSLWA as comprising both the planned roster *and* the required establishment, this section should provide assurance of the extent to which the planned roster has been maintained *and* how the required establishments for Section 25B wards have been achieved/maintained over the reporting period.

Extent to which the required establishment has been maintained within adult acute medical and surgical wards		**Period covered: 5 April 2022 – 6 April 2023**		
		Number of Wards:	**RN (Wte)**	**HCSW (Wte)**
	Required establishment (WTE) of adult acute medical and surgical wards calculated during first cycle (May)	33	594.1	641.6
	WTE of required establishment of adult acute medical and surgical wards funded following first (May) calculation cycle	33	594.1	641.6
	Required establishment (WTE) of adult acute medical and surgical wards calculated during second (Nov) calculation cycle	33	582.31	695.33
	WTE of required establishment of adult acute medical and surgical wards funded following second (Nov) calculation cycle	33	582.31	695.33

In accordance with the requirements of the Nurse Staffing Levels (Wales) Act 2016 and its associated Statutory Guidance, the 'nurse staffing level' is the establishment of registered nurses, and other staff to whom nursing duties have been delegated by a registered nurse, which are required to deliver the planned roster. It is acknowledged there is a range of additional healthcare professionals that contribute to the delivery and coordination of patient care and treatment, however these are not included within the data for this report.

Following the June 2022 recalculations there was an increase of 4.25 WTE Registered Nurse approved. The WTE for all 25B wards appear less than the previous year due to 1 surgical ward (D7E) being temporarily closed and therefore, not included in the June recalculation. The workforce from D7E was temporarily redeployed to other 25B wards on the RGH site to support vacancy deficits. The ward re-opened in October 2022 and will be included in the next cycle of re-calculations.

Additionally, there was a request to significantly increase the Health Care Support Worker (HCSW) establishment by 34.39 WTE, to support increased dependency and enhanced care needs of patients in our enhanced local general hospitals (ELGH) and to reduce the reliance on a temporary workforce. Board gave full support in order to ensure a more sustainable workforce to improve patient safety, quality and experience.

Patient Acuity

Patient acuity and dependency is one of the main drivers for the increased nursing establishments. ABUHB has observed, over the last few years, a significant increase in patient acuity within the majority of 25B wards. Level 3 complex care patients have increased significantly over the past 2 years. Our ELGH's are also reporting an increase in level 4 and 5 enhanced care requirements. The increase in level 4 and 5 patients was thought to be attributed to the Covid pandemic. The June 2022 figures appear to demonstrate the increase is on the decline, whilst remaining significantly higher than pre-pandemic. The increased trend in enhanced care, coupled with the complexity of caring for them, has necessitated an increase in workforce to ensure patients receive safe and effective care. Further work has been commissioned to consider and enhance the concept of a 'team around the patient'. This will ensure new ways of working are considered and care is delivered by the most appropriate team which may not be entirely dependent on a registered nursing workforce.

Vacancy Position

Workforce sustainability continues to be considered the greatest corporate risk in the delivery of safe, efficient, and sustainable patient care and experience. This is not unique to ABUHB, with all Health Boards across Wales facing similar recruitment and retention challenges. The nursing workforce specifically presents a recruitment and retention challenge for ABUHB, currently circa 376 WTE (RN) vacancies, (of which 285 WTE relate to general adult nursing).

Board was given assurance in November 22 that the agreed investment in a substantive HCSW workforce would be monitored via the Health Boards Temporary Staffing Reduction Plan. The agreement to recruit HCSW's substantively has resulted in a significant reduction in HCSW agency usage. Additionally, the use of HCSW and Registered Nurse off-contract agency has virtually been eradicated and now only utilised in exceptional circumstances.

Recruitment and Retention

The Health Board has developed a Nursing, Midwifery and SCPHN Workforce Strategy 2023-2026. In recognition of the competitive market and a similar position across Wales, ABUHB aims to deliver its People Plan ambition of being an employer of choice and for nursing to be the career of choice.

The Nursing, Midwifery and SCPHN Workforce Strategy 2023-2026 focuses on:

- Recruitment Effectiveness
- Recruitment Experience
- Brand and Marketing
- Career Development and Educational Opportunities – Growing our Own
- Attraction and Retention

Extent to which the required establishment has been maintained within <u>paediatric inpatient wards</u>	**Period Covered: 5 April 2022 – 6 April 2023**			
		Number of Wards:	**RN (Wte)**	**HCSW (Wte)**
	Required establishment (WTE) of <u>paediatrics</u> wards calculated during first cycle (May)	**1 (50 beds)**	**70.22**	**17.00**
	WTE of required establishment of <u>Paediatric wards</u> funded following first (May)calculation cycle	**1 (50 beds)**	**70.22**	**17.00**
	Required establishment (WTE) of <u>paediatric wards</u> calculated during second calculation cycle (Nov)	**1 (50 beds)**	**70.22**	**17.00**
	WTE of required establishment of <u>paediatric wards</u> funded following second calculation cycle (Nov)	**1 (50 beds)**	**70.22**	**17.00**
	In accordance with the Act, paediatric wards have been included in the bi-annual calculations along with the adult acute medical and surgical wards since October 2021. Themes discussed within Paediatrics recalculations included: • The time-of-day acuity levels are captured and the need to include High Dependency Unit (HDU) patients, to ensure accurate acuity capture. • The recognition of a very junior nursing workforce within the Directorate. • Paediatric nurses only registering once a year hampers recruitment. • The Divison is currently progressing a different workforce model, to include Assistant Practitioners. • The bed occupancy fluctuates as does the acuity with higher admissions and acuity during winter months, which the current establishment can facilitate. At the time of the recalculation the Paediatric nursing team was satisfied with the funded establishment and considered that there was no requirement to increase the establishment.			

Extent to which the planned rosters has been maintained	Health Boards/Trusts across Wales continue to experience difficulty in providing the necessary reporting data required under s25E of the Act as a result of limited access to a national informatics system. Consequently, all Health Boards/Trusts across Wales have committed to implementing a universal IT system "SafeCare" by November 2023, which will ensure future reporting data is accurate and consistent. Safecare will enable Health Boards/Trusts to demonstrate the extent to which the planned roster has been maintained and whether the deployment of nursing staffing was appropriate to meet the needs of patients. Once safecare is embedded on all 25B wards, the Health Board will be able to fulfil the requirements of the Nurse Staffing Act and report on each occasion when the nursing teams on 25B wards considered the staffing levels to be appropriate both when the planned roster was not met and when it was met. ABUHB is making good progress in regards the implementation of SafeCare, with completion planned for early July 2023. The implementation team continue to monitor compliance and provide wards with monthly compliance reports.
Process for maintaining the Nurse staffing level	Processes to manage and escalate nurse staffing deficits are embedded across the organisation and all reasonable steps are followed to maintain appropriate nurse staffing levels, which include: • A ratified Nurse Staffing Operational Framework, the purpose of which is to standardise and inform staff groups of their responsibilities and of processes and procedures for ensuring appropriate and carefully considered nurse staffing in all areas. Specifically, the overarching duty, s25A, is referenced within the Policy. • Quality metrics, progress and learning now feed into the bi-monthly Patient Quality Safety Outcomes Committee • A weekly reporting and escalation process by which staffing deficits across the Health Board are reported.

	• A workforce tracker is presented to the Executive Team detailing progress on recruitment, bank and agency usage, turnover, and absenteeism. • A monthly Strategic Workforce (NSLWA) meeting is held with representation from all clinical Divisions, with the purpose of overseeing the implementation of the Act and monitoring key workforce and staffing metrics. • Daily review of nurse staffing levels – to manage and mitigate risk. Safecare assists senior nursing teams by providing a live representation of patient acuity and staffing levels on a shift-by-shift basis on all 25B wards. • Incentives to support rosters and encourage substantive and bank staff to undertake additional shifts. • On occasion, there has been a requirement to reduce capacity to maintain appropriate staffing levels.

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in adult acute medical & surgical inpatients wards

Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	**Total number of incidents/ complaints during last year**	**Number of closed incidents/ complaints during current year**	**Total number of incidents/ complaints <u>not closed</u> and to be reported on/during the <u>next</u> year**	**Increase (decrease) in number of closed incidents/ complaints between previous year and current year**	**Number of incidents/ complaints when the nurse staffing level (planned roster) was not maintained**	**Number of incidents/complaints where failure to maintain the nurse staffing level (planned roster) was considered to have been a contributing factor**
Hospital acquired pressure damage (grade 3, 4 and unstageable)	61	28	6	Decrease	2	2

Falls resulting in serious harm or death (i.e. level 4 and 5 incidents)	48	20	7	Decrease	3	2
Medication errors never events	0	0	0	Remains the Same	0	0
Any complaints about nursing care	227	66	15	Decrease	18	8

NOTE: Complaints refers to those complaints made under NHS Wales complaints regulations (Putting Things Right (PTR) whereby the senior nurse has reviewed the complaint and made a professional judgement as to whether the staffing levels have contributed to the complaint.

*The reportable data for this reporting period 6 April 2022- 5 April 2023 is significantly lower in comparison to incidents reported upon in the previous year. It is acknowledged that there has been some inconsistency across Wales as to how complaints/incidents should be reported. Consequently, significant work has been undertaken by the All-Wales group to clarify and provide consistency in the reporting of metrics. Having contributed to this work programme, ABUHB has seen a significant reduction in incidents for this reporting period.

Next year there will be a change in the reporting requirements; health boards will be required to include incidents causing moderate harm as well as serious harm (In line with the duty of Candour). Therefore, the Health Board will see a rise in reported incidents on all subsequent reports.

Section 25E (2b) Impact on care due to not maintaining the nurse staffing levels in Paediatric inpatient wards						
Incidents of patient harm with reference to quality indicators and any complaints about care provided by nurses	**Total number of incidents/ complaints during last year**	**Number of closed incidents/ complaints during current year**	**Total number of incidents/ complaints <u>not closed</u> and to be reported on/during the <u>next</u> year**	**Increase (decrease) in number of closed incidents/ complaints between previous year and current year**	**Number of incidents/ complaints when the nurse staffing level (planned roster) was not maintained**	**Number of incidents/ complaints where failure to maintain the nurse staffing level (planned roster) was considered to have**

						been a contributing factor
Hospital acquired pressure damage (grade 3, 4 and unstageable)	0	0	0	0	0	0
Medication errors never events	0	0	0	0	0	0
Infiltration/ extravasation injuries	4	0	0	0	0	0
Falls resulting in serious harm or death (i.e. level 4 and 5 incidents)	0	0	0	0	0	0
Any complaints about nursing care	0	0	0	0	0	0

Section 25E (2c) Actions taken if the nurse staffing level is not maintained	
Actions taken when the nurse staffing level <u>was not</u> maintained in section 25B wards	By way of assurance, the Health Board has in place: • A well embedded process to investigate all Grade 3, 4 and unstageable Health Care Acquired Pressure Ulcers (HAPU's) through root cause analysis (RCA) which considers a range of variables which may have contributed to the incident. Any HAPU's considered to have been deemed avoidable are reported to Welsh Government and are considered at the Redress Panel, enabling a process of reflection and learning. • All falls resulting in fracture or head injury are reported via Datix and to the Delivery Unit, Welsh Government. • A Falls Review Panel is well established, where all variables are considered, to include nurse staffing levels, any falls deemed avoidable are taken for consideration to the Redress Panel. Organisational shared learning events have taken place in relation to falls. • Complaints is a complex metric to capture due to the multi-faceted nature of complaints. To date there are 9 recorded complaints, during the last reporting period, whereby nurse staffing levels has either partially or wholly contributed to the complaint. NB: It is important to note there are still outstanding incidents which require a root cause analyses to determine causation which fit this reporting period. During the 2022-2023 period, 9 (5 - unstageable and 4 - grade 3) of the closed hospital acquired pressure ulcer incidents were deemed to be avoidable, with 1 HAPU attributed to staffing levels not being met, high levels of temporary staff on the 25B wards were noted as a contributing factor. Closed incidents of falls causing serious harm included 12 Hip fractures and 2 head injuries (3 of which were attributed to staffing levels not being met). The occasions when the planned roster could not be met, all reasonable steps were taken to meet the required staffing levels however despite this, shifts remained unfilled. During recalculation meetings no specific themes were identified however it was noted that many of the falls occurred on the Care of The Elderly (COTE) wards. Divisional work has

	been undertaken to ensure all staff undertake falls risk assessment training. All falls with injury are scrutinised in the monthly falls panel and learning is shared throughout the divisions. The paediatric senior nurse has confirmed that in all incidences (4) of intravasation/infiltration injuries, pumps are sent to medical electronics to be checked. (No issues identified). It is recognised there are a high number of incidences that remain open, this is in part attributed to the new Datix system (RL Datix), proactive education is ongoing on the new system. Time scales for closure of the outstanding incidents is considered a priority. The Nurse Staffing Act Lead will continue to monitor compliance and prompt staff to undertake timely investigations of all reportable incidents. Moving forward, and the introduction of the Duty of Candour from 1st April 2023 (Health and Social Care (Wales) Act 2020), it is anticipated all incidents identified as causing moderate harm or above will be investigated and closed in a timelier manner.
Conclusion & Recommendations	In conclusion, ABUHB has: • Clear processes in place to identify, investigate and escalate, from Ward to Board, any deviations from the planned roster and any potential harm as a consequence. • NSLWA is now a standing agenda item within the bi-monthly PQSOC. • Introduced new and innovative ways of working to strengthen and stabilise the workforce – focusing on safe and effective delegation to improve patient safety and quality. • Reviewed and adjusted the reporting a quality metrics.

	• Demonstrated Health Board compliance with the agreed outcomes of the Bi-annual re-calculations. • Implemented the agreed National informatics system, "Safecare". • Developed a Nursing, Midwifery and SCPHN Workforce Strategy. • NSLWA lead appointed to coordinate and support compliance with the Act.

APPENDIX 2: SUMMARY OF REQUIRED ESTABLISHMENT

Health Board:	Aneurin Bevan University Health Board	
Period reviewed:	Start date:	1st October 2021
	End date:	30th September 2022
Number of ward where section 25B applies:	Medical:	21
	Surgery:	12
	Paediatrics:	1

MEDICAL

Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
GUH Med A2	19.91 Miss calculation	16.78	Yes	21.16	16.78	Yes	Yes	No		No	No	
GUH Med A4	26.85	22.37	Yes	26.86	22.38	Yes	Yes	No		No	No	
GUH Med B4	19.32 miss calculation	17.4 miss calculation	Yes	18.32	16.77	Yes	Yes	No		No	No	
GUH Med C4	41.07	27.97	Yes	41.07	27.97	yes	Yes	No		No	No	
RGH Med C4E	15.48	25.22	Yes	15.48	25.20	Yes	Yes	No		No	No	
RGH Med C5E	15.48	16.78	Yes	15.48	16.78	Yes	Yes	No		No	No	

Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
RGH Med C5W (B3)	15.48	22.42	Yes	15.48	25.22	**Yes**	**Yes**	**Yes**	Relocated to ward C5W in August 2022	**No**	**No**	
RGH Med C6E	15.48	22.42	Yes	15.48	22.42	Yes	Yes	No		No	No	
RGH Med C6W	18.48	22.42	Yes	18.48	22.42	**Yes**	**Yes**	**No**		**No**	**No**	
RGH Med D4E	15.48	25.17	Yes	15.48	25.20	Yes	Yes	No		No	No	
RGH Med D4W	15.48	25.17	Yes	15.48	25.20	Yes	Yes	No	High levels of enhanced care	No	No	
NHH Med 3/1	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	High levels of enhanced care	No	No	
NHH Med 3/2	15.48	22.42	Yes	15.48	22.42	Yes	Yes	No		No	No	
NHH Med 3/3	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	High levels of enhanced care	No	No	
NHH Med 3/4	15.48	22.42	Yes	15.48	22.42	Yes	Yes	No		No	No	
NHH Med 4/3	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	High levels of enhanced care	No	No	
NHH Med 4/4	21.16	13.98	Yes	21.16	13.98	Yes	Yes	No		No	No	
YYF Med Bedwas	Not25B	Not 25B	Yes	18.32	22.36	Yes	Yes	Yes	Ward layout & high levels of enhanced care	No	No	Newly included in 25B- (separated from (AMU) agreed in principle in January to increase to 3 HCSW by night and 4 LD on weekends. Due to

Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
												continued high levels of enhanced care, request to increase to 4 by night this time.
YYF Med Bargoed	15.48	22.42	Yes	15.48	25.20	Yes	Yes	Yes	Ward layout & high levels of enhanced care	No	No	
YYF Med Oakdale	18.32	19.56	Yes	18.32	22.36	Yes	Yes	Yes	Ward layout and high levels of enhanced care	No	No	
YYF Med Risca	18.32	19.58	Yes	18.32	22.36	Yes	Yes	Yes	Ward layout and high levels of enhanced care	No	No	

SURGICAL													
Ward	Required establishment at the start of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the start of the reporting period	Required establishment at the end of the reporting period		Is the Senior Nurse/Charge Nurse supernumerary to the required establishment at the end of the reporting period	Bi-annual calculation cycle reviews and reasons for any changes made			Any review outside of bi-annual calculation. If yes, reasons for any changes made.		
	RN WTE	HCSW WTE		RN WTE	HCSW WTE		Completed	Changed	Rationale	Completed	Changed	Rationale
GUH Surg B0	23.17	21.16	Yes	26.85	25.2	Yes	Yes	No		No	No	
GUH Surg C0	23.17	21.16	Yes	26.85	25.2	Yes	Yes	No		No	No	
GUH Surg A3 Gynae	20.18	11.48	Yes	21.16	13.98	Yes	Yes	Yes	High acuity and ward layout	No	No	
RGH Surg C7E	15.48	19.61	Yes	15.48	22.40	Yes	Yes	Yes	High levels of enhanced care	No	No	
RGH Surg C7W	15.48	16.81	Yes	15.48	19.61	Yes	Yes	Yes	High acuity by night	No	No	
RGH Surg D2E	12.64	11.19	Yes	15.48	8.38	Yes	Yes	Yes	Swap RN AP, high acuity	No	No	
RGH Surg D2W	13.91	5.59	Yes 2 shifts per week	12.89	5.59	Yes	Yes	No		No	No	
RGH Surg D3E	16.48 miss calculation	21.37	Yes	18.32	19.61	Yes	Yes	No		No	No	
RGH Surg D5W	15.48	22.37	Yes	15.48	22.46	Yes	Yes	No		No	No	
RGH Surg D7E	12.64	11.19	**Closed 12.64 HCSW 8.43 Plan to re-open in October 2022**									
SWH Surg OSU	17.32	8.38	Yes	17.92	8.39	Yes	Yes	Yes	Pre GUH template and budget	No	No	Reverting to template and budget pre-opening of GUH
NHH Surg 4/2	15.48	22.42	Yes	15.48	22.40	Yes	Yes	No		No	No	
GUH Paeds	70.75	17.06	Yes									

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Integrated Medium Term Plan (IMTP) 2022/25 Quarter 4 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 4, bringing together these following key components:

- Outcomes Framework
- Performance Report
- A review of the planning scenario
- Clinical Futures Priority Programme progress

The Board is asked to:

- Note the progress achieved during Quarter 4

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 the 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 March 2023, with a focus on delivery against key national targets included within the performance dashboard. The update focuses on the areas of RTT, Diagnostics, unscheduled care access, 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 4, this is required to be submitted to Welsh Government as part of the IMTP process.

Asesiad / Assessment

Quarter 4 has continued to see sustained pressure on our services as the Health Service comes out of pandemic measures and manages Covid pressures alongside recovery and day to day service delivery. Despite these challenges there have been performance improvements as the organisation aims to return to pre-pandemic levels of service and to deliver service transformation. Our planning assumptions were set out in the IMTP and they are in line with expected delivery.

In Quarter 4 the Health Board delivered:

- ✓ Sustained levels of GMS activity with more face-to-face activity
- ✓ Maintenance of Urgent Care performance within expected range
- ✓ Maintenance of childhood immunisations rates
- ✓ Increased compliance against the 62 day target for definitive cancer treatment
- ✓ Increased capacity for new outpatient appointments and reduction in the number of patients waiting over 36 weeks for a new outpatient appointment

- ✓ Target met for the percentage of adults who smoke, decreasing from 18% to 12%
- ✓ Increased in national screening programme rates from 64.2% to 70.2%

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.

In relation to our adult population, progress is mixed. We are making progress in cancer survival and improved Mental Health resilience 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 pandemic 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 Clinical Futures Programme, and a key focus for our population through Regional Partnership work programme.

The Quarter 4 assessment set out the organisations 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 4

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.

Aneurin Bevan University Health Board

IMTP

Integrated Medium-Term Plan

2022/25

Quarter 4 Report

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

1. INTRODUCTION

This report summarises the Health Board's progress for Quarter 4 against the Integrated Medium-Term Plan (IMTP), bringing together reporting on outcomes, performance, priority programmes and a review of the underpinning planning scenarios.

The Health Board has remained under sustained operational pressure at the levels that, pre-covid, would have been seen in the winter period only. Covid-19 bed occupancy decreased over the reporting period, however, overall bed occupancy continued to increase along with sickness levels across all clinical teams. This has continued to present challenges in maintaining consistent services across primary and secondary care.

Despite these challenges there have been performance improvements as the organisation aims to return to pre-covid levels of service and to deliver service transformation. Our planning assumptions were set out in the IMTP and they are in line with current delivery.

In Quarter 4 the Health Board delivered:

- ✓ Sustained levels of GMS activity with more face-to-face activity
- ✓ Maintenance of Urgent Care performance within expected range
- ✓ Maintenance of childhood immunisations rates
- ✓ Increased compliance against the 62 day target for definitive cancer treatment
- ✓ Increased capacity for new outpatient appointments and reduction in the number of patients waiting over 36 weeks
- ✓ Target met for the percentage of adults who smoke, decreasing from 18% to 12%
- ✓ Increase in national screening programme rates from 64.2% to 70.2%

The sustained urgent care pressures and challenges faced by the social care system continue to impact on service recovery, and the organisation has therefore not revised forecasts for planned activity during quarter 4. This was a realistic assessment of the Health Board's current performance, staff sickness rates and the number of patients delayed but medically fit for discharge.

There are areas of risk that were assessed for the IMTP 2022/23 within the following pathways and will continue to need attention in the new financial year 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:

- Eye Care, ENT and Orthopaedic Spines
- Single Cancer Pathway, specifically diagnostics
- 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 later in this document.

Structure

This report is structured across three sections as follows:

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.

Progress of Clinical Futures Priority Programmes– This section reports on the progress of the Clinical Futures Programmes set out in the IMTP.

Planning Scenarios- This section reports against the planning scenarios as set out in the Minimum Data Set of the IMTP.

2. OUTCOMES FRAMEWORK & PERFORMANCE SUMMARY – QUARTER 4

The vision set out in the IMTP 2022-2025 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. 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 43 indicators are reported upon and of those, 38 have been measured with the remaining 5 currently in development. Of these indicators, 16 measures have shown improvements over the last reporting time period. A total of 11 indicator values have deteriorated and 11 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:

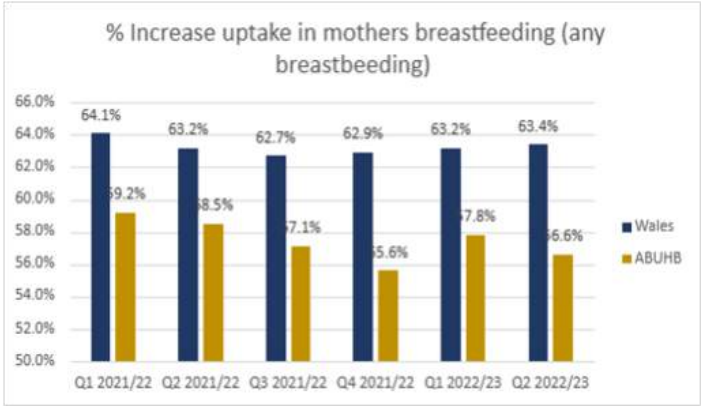
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	2	7	1	2	**16**
Similar	3	2	4	1	1	**11**
Deteriorated	1	1	6	3	0	**11**
No data	0	2	0	1	2	**5**
Total indicators	**8**	**7**	**17**	**6**	**5**	**43**

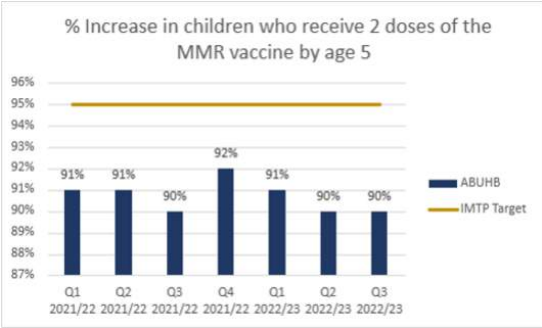
Early childhood experiences, including before birth, are key to ensuring improved health outcomes. The Health Board's IMTP committed to working with partners to take forward actions and activities that have a positive impact on the first 1000 days of life. The table below sets out three core outcomes to be achieved in this area. Alongside identified measures, this information is used to target actions and identify priorities for the organisation.

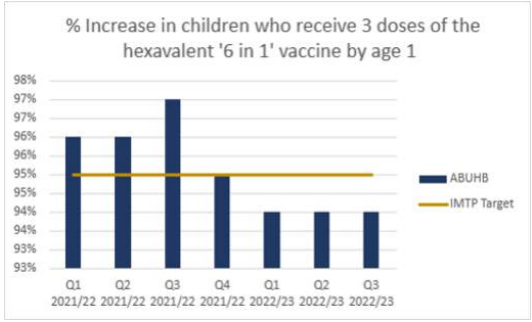
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 1 - Every child has the best 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 May 2023 (provisional).
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021. Next update due May 2023 (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 update in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2021/22	55.6%	Q2 2022/23	56.6%	Similar	Increase in indicator over the last quarter, however this remains significantly lower than the welsh average.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q4 2021/22	40.1%	Q2 2022/23	28.3%	Deteriorated	Continued decrease in indicator. Significant decrease from 40.1% Q4 to 28.3% Q2.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q4 2021/22	36.6%	Q2 2022/23	42.1%	Improved	Improvement in indicator, however this remains lower than the welsh average.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q2 2022/23	90%	Q3 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%	Q2 2022/23	94%	Q3 2022/23	94%	Similar	Indicator value has remained stable.

Since the last reporting period, improvements in the outcome 'Optimising a child's long-term potential' was reported at a Health Board level for one indicator. There has been a significant increase during Quarter 2 2022/23 for the 'rate of eligible children with contact at 3.5 years pre-school' where there has been an increase from 36.6% to 42.1%. Whilst the IMTP target has not yet been met, the Health Board is making good progress in implementing its local plans to increase contact in line with overall Welsh performance levels.

The most recently published rates of mothers breastfeeding within Aneurin Bevan have shown an improvement in performance compared to what was published last quarter. Currently 56.6% of new mothers in Aneurin Bevan are breastfeeding, which is an increase from 55.6% as previously reported. The Health Board's Response Feeding Service work closely alongside Midwives and Health Visitors to offer advice to mothers and families with breastfeeding within 3 days of discharge from hospital. All midwives and maternity support staff are UNICEF baby friendly trained in breastfeeding support to encourage the uptake of breastfeeding in Wales in line with the All Wales 5 Year Breastfeeding Action plan.







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.

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; 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 (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 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	Improvement in the mean mental health wellbeing score for children	Indicator to be developed						No data	Indicator to be developed.
		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 Q2 update. Sustained and improved compliance against indicator target. Target met.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Q3 2022/23	44.4%	Feb-23	42.2%	Deteriorated	Indicator has deteriorated from 44.4 (Dec 22) to 42.2% (Feb 23)
	Support being a healthy weight	Increase in children age 5 of a healthy weight	73.1%	80%	2017	74.9%	-	-	Improved	Indicator has shown continued increases since 2006.
		Increase in adolescents of healthy weight	Indicator to be developed						No data	Indicator to be developed (Spring 2023)
	Improve healthy lifestyle behaviours	Increase in the percentage of children (aged 2-7 years) who are active for at least 1 hour seven dats a week	62%	70%	2020	63%	-	-	Similar	Indicator value has shown signs of improvement.
		Increase in the percentage of children who eat vegetables every day	67%	70%	2020	68%	-	-	Similar	Indicator value has shown signs of improvement.

Access to services on the CAMHS Neurodevelopmental (ND) pathway has a target of children waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment. The service has unfortunately not seen an improvement in February 2023 with 42.2% compliance against target compared with 44.4% reported in December 2022 against the target of 80%, with the current adjusted waiting time averaging 33 weeks. Increase in demand, the impact of the easing of COVID-19 lockdown and the restarting of face-to-face appointments has resulted in a backlog of follow up appointments for children undergoing a neuro-developmental assessment. The recovery plan (working with Local Education teams, with the help of our Schools In-Reach, School Nurses, the Locality Community support services and school staff) to help schools produce a tailored school setting support plan has seen an improvement by 4% between Quarter 1 and Quarter 2. Access to services is a focus of the national performance framework.

At the end of June 2022, 97.4% of patients were waiting less than 28 days for a first appointment. The implementation of the SPACE wellbeing service (development of a single point of access and multi-agency panels), which is operational in all five local authority areas, has continued to have a positive impact on access to services. Due to the implementation of WCCIS it is not possible to provide a Quarter 4 update, however, the service is working with the Information Services department to provide a local solution.

Priority 3

Adults in Gwent live healthily and age well

Our 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 Section 3.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 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	Q3 2022/23	35341	Feb-23	34324	Improved	Indicator value has decreased since Dec 22 and Feb 23 by 2.8%.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Q3 2022/23	120202	Feb-23	120688	Similar	Indicator value is similar.
		Increase in Urgent Primary Care Contacts	6969	20000	Q1 2022/23	19563	Q4 2022/23	17323	Deteriorated	Decrease in the number of UPCC contacts between Q1 and Q4, however an increasing trend since January has been observed.
		Increase in Think 111 calls	493	800	Q1 2022/23	673	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant improvement in indicator value since Autumn 2021. On track to meet target.
		Reduction of ambulance handovers over 1 hour	737	0	Q3 2022/23	802	Feb-23	846	Deteriorated	Overall increasing trend reported in value since 2021. Indicator is breaching target.
		Reduction in patients never waiting in ED over 16 hours	417	0	Q3 2022/23	635	Q4 2022/23	498	Improved	Significant decrease in indicator value between Q3 and Q4. Rate has decreased by 21.6%.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Q3 2022/23	2.9 hours	Q4 2022/23	2.3 hours	Improved	Significant decrease and improvement in indicator value.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Q2 2022/23	13.1 hours	Q4 2022/23	13.9 hours	Deteriorated	Continued increase in indicator value. Rate has increased by 17.5% from baseline.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2019/20	55%	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%	2019/20	18%	2021/22	12%	Improved	IMTP target met. Significant increase in percentage of adults smoking and in line with national trends.
		Decrease in the number overweight or obese adults (BMI over 25)	65%	50%	2019/20	65%	2021/22	67%	Similar	Since Covid-19, there has been an small increase in the number of overweight or obese adults from 65% (19/20) to 67% (21/22)
		Increase in working age adults in good or very good health	69%	80%	2020/21	74%	2021/22	69%	Deteriorated	Deteriation in indicator by 6.8% since 2020/21 and 2021/22
		Increase uptake of National Screening Programmes	64.2%	80%	2018/19	64.2%	2020/21	70.2%	Improved	***New reported indicator*** Improvements in indicator value observed.
	Improved mental health resilience in adults	Increase in Mental Health Well-being score for adults	50.3%	55	2018/19	50.5%	-	-	Similar	Small increase in value.
		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	Indicator value has decreased from baseline by 5%.
	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%	Nov 2022/23	54.0%	Feb 2022/23	56.0%	Improved	Improvement in indicator value from 54% (Nov 22) to 56% (Feb 23)
		Increase in 5 year cancer survival	49.1%	60%	2014-2018	54%	2015-19	54%	Similar	Indicator value is similar and has been sustained.

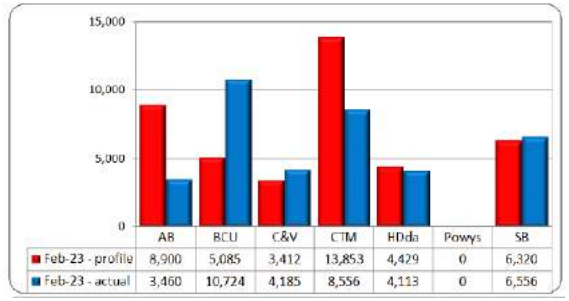
Maximising an individual's time

Time-based waiting measures form a large element of the Minister's Priority Delivery Measures. In this framework, a smaller number of core measures have been selected to represent key areas of delivery as proxy measures of effective use of an individual's time. As part of the organisation's forecast performance against the core Ministerial measures, the table below shows actual performance as of March 2023 against the plan.

Measure	Target	Mar-22	Forecast		
			JAN	FEB	MAR
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	8,946	4,067	3,574	3,144
	Planned		8,900	8,900	8,900
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	32,720	34,723	34,324	33,997
	Planned		32,013	39,092	32,169
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	58%	60.9%	61.6%	62.5%
	Planned		62%	63%	63%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	1,884	909	836	781
	Planned		272	289	578
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	9,975	9,692	9,877	9,834
	Planned		9,300	9,300	9,300
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	17,910	21,297	21,604	21,871
	Planned				
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	2,986	2,705	2,527	2,061
	Planned		951	807	628
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	65%	54.3%	56.0%	
	Planned		60%	60%	60%

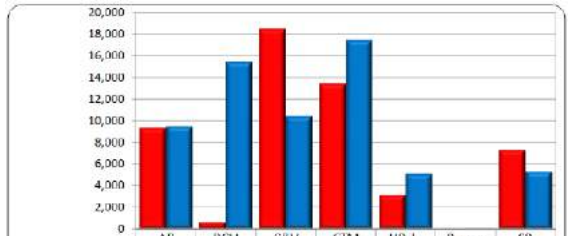
Maximising an Individuals Time- Planned Care Maximising an individual's time is a core element of planned care. There has been some further progress during Quarter 4 in treating the longest waiting patients, those waiting over 104 weeks. Progress has been made with the new See on Symptom (SoS) and 'Patient initiatived follow-up' (Pifu) Implementation Plan with 12 new pathways developed. Overall, the Health Board has continued with progress throughout the year and has achieved and surpassed the 104 week target and has the smallest proportion of patients waiting across Wales. Additionally, there has been an improved position in the number of patients waiting more than 36 weeks for treatment since quarter 3, however, this still remains above target. Despite achieving the trajectories, there remains a number of specialty areas where the majority of long waiters are reported within (Orthopaedics, Ophthalmology, and ENT). There continues to be targeted work in all three specialities to treat the longest wating cohort with the exception on ENT, where the total capacity available for ENT is less than total demand to meet the target. Despite these challenges, no specialities are forecasted to have any patients waiting over 156 weeks for a treatment by the end of Quarter 2 2023/24. For Ophthalmology a Business Case seeks to provide a 14-month solution for additional

Patients waiting >104 weeks for referral to treatment



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 the next quarter. 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.

Patients waiting >52 weeks for new outpatient app



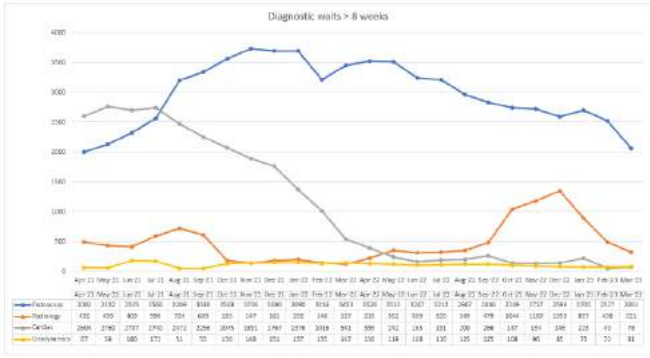
	AB	BCU	C&V	CTM	HDda	Powys	SB
Feb-23 - profile	9,300	601	18,484	13,421	3,104	0	7,265
Feb-23 - actual	9,486	15,423	10,403	17,416	5,017	1	5,281

Improvement in outpatient performance remains essential to make the most of an individual's time and is a core focus of the Planned Care Programme. 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.

The Health Board has 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.

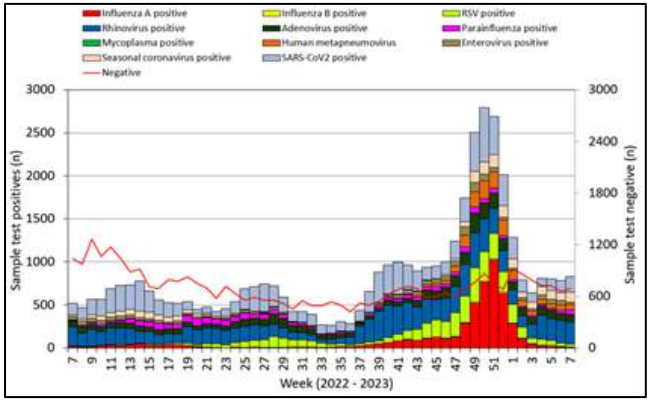
Maximising and Individuals Time- Diagnostics

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 March (2061)
- radiology diagnostics have seen a decreasing trend 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.

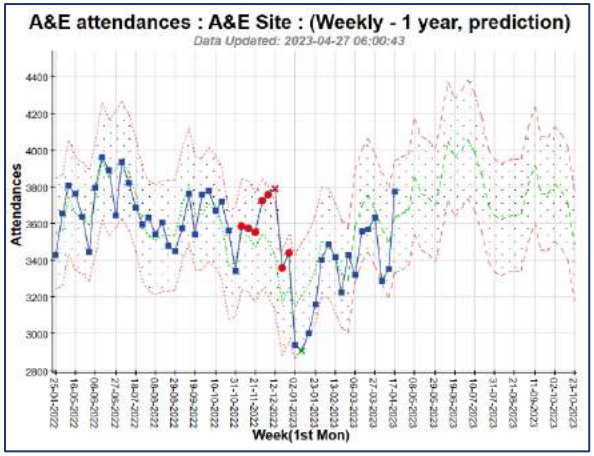
Maximising an Individuals Time- Urgent Care

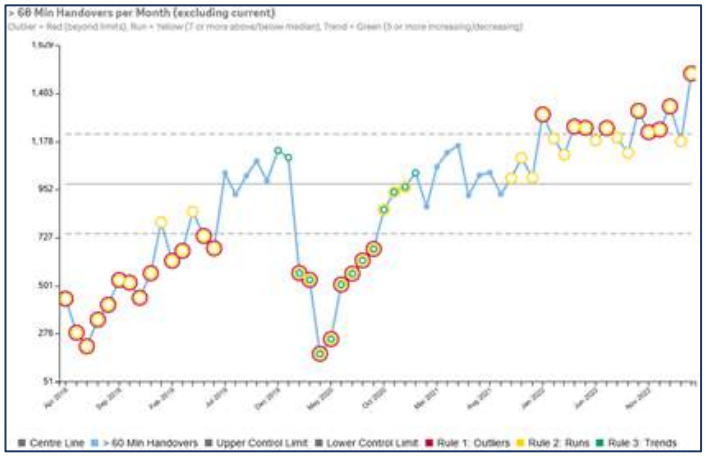


Urgent Care services continue be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. The end of Quarter 3 and beginning of quarter 4 saw a large number of patients presenting with respiratory viruses – particularly flu and Covid-19 and this significant increase in respiratory viruses across our communities also caused high levels of staff sickness which placed additional pressure on urgent care services and staff. 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 GUH ED department continues to be above target and increased during January in line

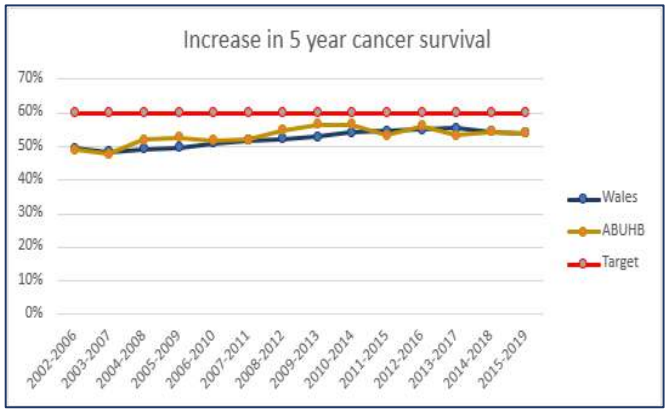
with peaks in respiratory illness. Additionally, during March, a total of 1,497 patients waited for over 60 minutes to be transferred to the Emergency Department from an Ambulance. This is a result of poor flow through the system for those who need to be admitted, and the pressure to enable patients who are medically fit to return home. The sustained numbers referred to a specialty but discharged from ED is a key indicator of the pressure across the system.

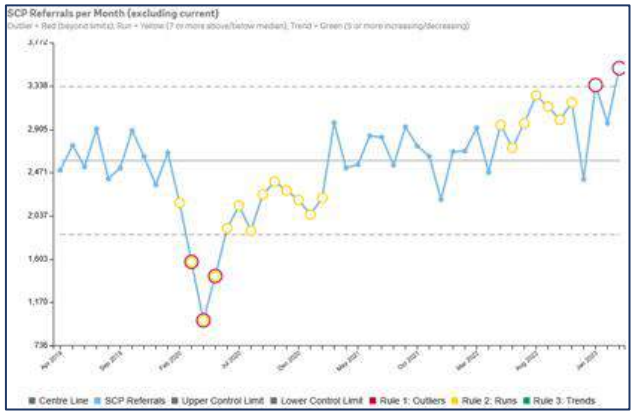


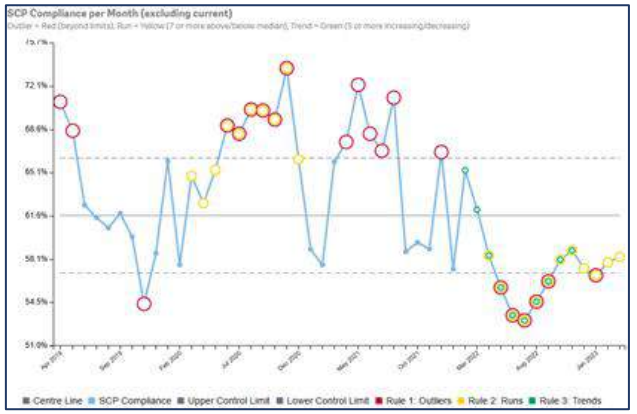


The extreme pressures upon the urgent care system this winter have impacted on the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments. As of February 2023, compliance against patients treated within 4 hours improved to 76.1% from 69.5% (Dec 22). During February, Aneurin Bevan remained the highest performing Health Board for this measure, and whilst the 95% target has not been met, its performance is significantly higher than the all Wales average of 72%. Additionally, during February, there was a significant decrease increase from 2078 patients (Dec 22) waiting over 12 hours to 1269.

Maximising cancer outcomes







There has been significant improvement in the rate of 5-year cancer survival reported over the last 10 years and this outcome measure is on track to meet the target. Compliance against the 62-day target for definitive cancer treatment has also increased from 55.6% (November 2022) to 56% at the end of February 2023. Whilst performance is compliant with the planned level of 55%, this remains in breach of the 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 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.

Priority 4

Older adults are supported to live well and independently

Our Outcomes:

Prevention and keeping older adults well

Delivering care closer to home

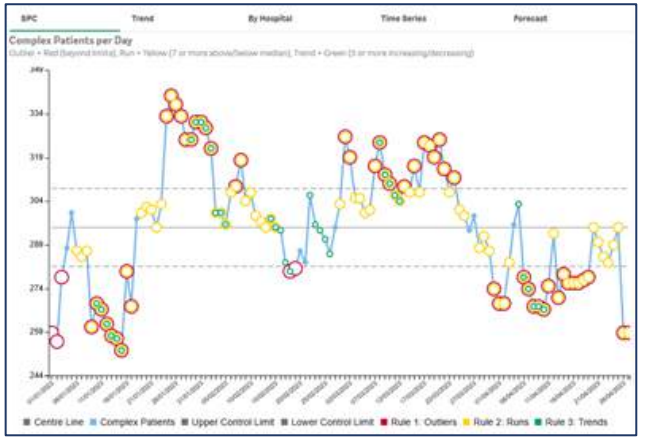
Reducing admissions and time spent in hospital

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. Redesigning services for older people is a Clinical Futures priority programme.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 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 in good health	Indicator to be developed						No data	Indicator to be developed.
	Delivering Care Closer to Home	Increase in Rapid Response within 4 hours	38%	50%	Q1 2022/23	35%	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q4 update. Decrease in indicator value over the last 12 months across all 4 Local Authority areas (excludes Monouthshire)
		Reduction in the number of short stay patients (<7 days)	12%	5%	Q3 2022/23	13%	Q4 2022/23	12%	Similar	Small decrease in indicator value.
		Reduction in average LOS case load	39.9 days	30 days	Q1 2022/23	52.7 days	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q4 update. Significant increase (32%) in indicator value.
	Reducing admissions and time spent in hospital	Increase in Admission avoidance (month)	71	100	Q1 2022/23	68	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q4 update. An improvement in the indicator value across all 4 Local Authority areas (excludes Monmouthshire).
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q3 2022/23	51%	Q4 2022/23	56%	Deteriorated	Increase in the indicator from 51% (Q3) to 56% (Q4)

The 'Delivering Care Closer to Home' outcome has seen a deterioration in 2 indicator values, however, a Cyber incident in August 22 has impacted on 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 case load. This is most notable in Blaenau Gwent and Newport Boroughs. The 'reduction in number of short stay patients' indicator value has been sustained at around 12%.

For the next financial year, this is an area of focus 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.



Priority 5

Dying well as a part of life

Our Outcomes:

Improved end of life care experience

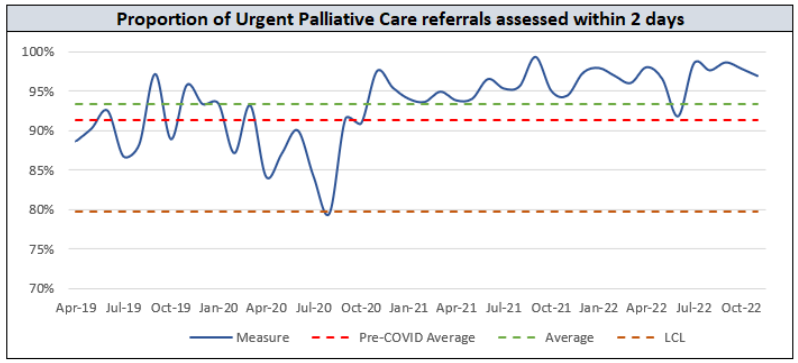
Improved planning and provision of end of life care

The IMTP sets out the commitment to continuously improve what we do to meet the need of people of all ages who are at the end of life. The measures represent indicators to support the 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 (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 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 the % of hospital as a place of death	53%	40%	2022	50%	-	-	Improved	Decrease reported over the last 3 years.
		Increase in compliance of issuing of Medical Certificates within 5 days	81%	90%	Q2 2022/23	83%	-	-	Improved	The reported rate is similar to baseline value and therefore current performance levels have remained. Target to be amended from 5 to 7days.
		Reduction in compliants	Indicator to be developed						No data	Indicator to be developed.
	Improved planning and provision of end of life care	Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Q2 2022/23	99%	Q3 2022/23	99%	Similar	Signficant improvement in the indicator value since July 2020 and on track to meet target.
		Increase in the number of Advanced Care Plans in place	Indicator to be developed						No data	Indicator to be developed.

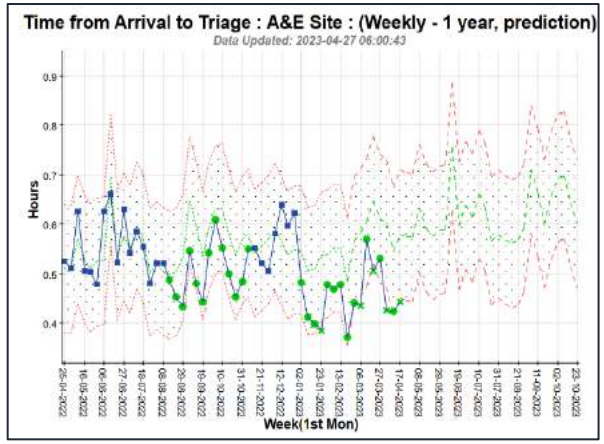
For the 'Improved planning and provision of end-of-life care' outcome, there has been a significant increase in the proportion of Urgent Palliative Care referrals assessed within 2 days since July 2020 and a further increase from 97% to 99% during Quarter 2 and Quarter 3.

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



Key Enablers

Quality and Safety

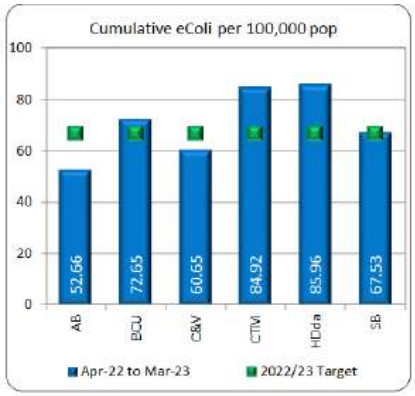


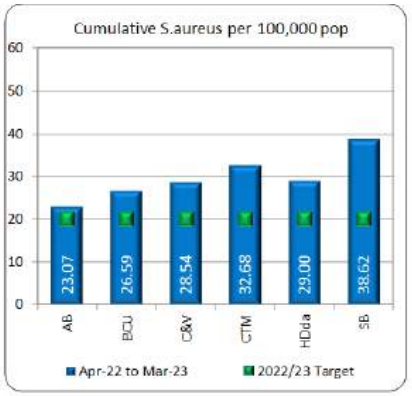
Quality and safety is at the centre of our work to secure improvements in the quality of care and services we deliver and to improve outcomes for the population we serve. A patient quality, safety and outcomes dashboard has been developed around the themes of the Health and Care Standards (HCS) and is reported weekly to the operational group and directly to the committee in order to provide assurance in relation to priority areas that are deemed to be higher risk.

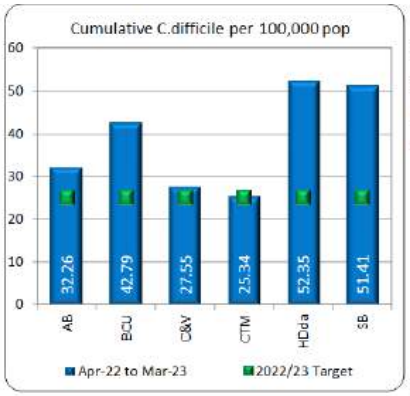
Urgent Care remains one of the top organisational risks, an issue mirrored nationally, with the Emergency Department at the Grange University Hospital seeing an increasing trend in the number of attendances. The Health Board is committed to delivering safe and effective care to the population of Gwent 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 triage under 15 minutes 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 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.

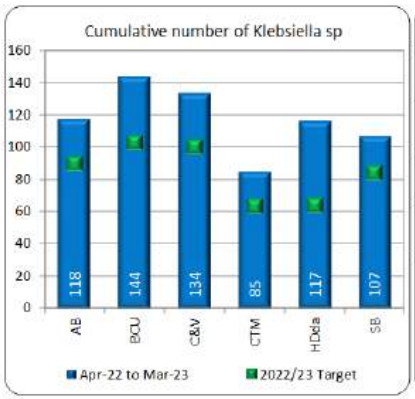
There were on average 469 patients per month waiting in ED over 16 hours during quarter 4, which is a significant reduction from 674 reported during Quarter 3. Time from request to bed allocation has also reduced significantly from 13.6 hours to 10.4 hours. Quality metrics are regularly monitored by the Senior Management Team (SMT), the Divisional Management Team (DMT) and escalated accordingly. Patient falls, medication incidents and violence and aggression incidents are also reducing.

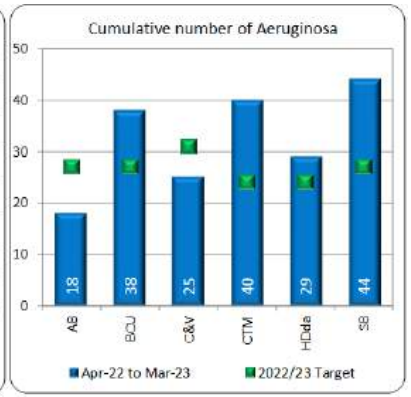
The Health Board has the lowest rates of eColi, S.aureus and Aeruginosa per 100,000 population across Wales. Whilst the 22/23 target rates of C.difficile have not yet been met, there has been a reduction in rates from 33.77 (Quarter 2) to 32.26 (Quarter 3) per 100,000 population.





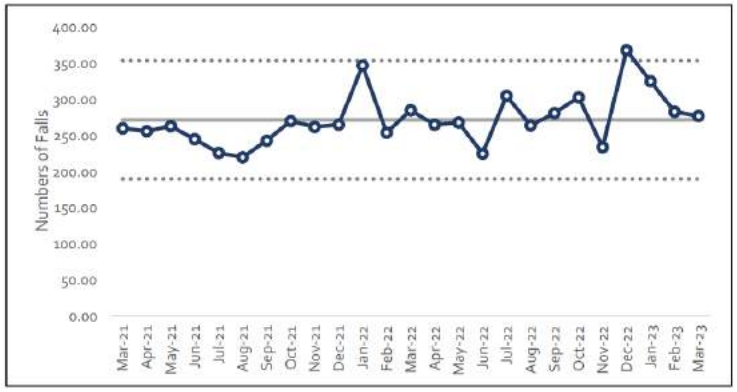






Falls

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 number of fall incidents. The mean average number of monthly falls for ABUHB has seen a marginal decrease to 270 in March 2023. 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 incidents reported are categorised as 'no' or 'minimal' harm.



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 increased across Gwent.

In relation to our adult population, progress is mixed. We are making progress in cancer survival and improved Mental Health resilience 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 Clinical Futures Programme, and a key focus for our population through Regional Partnership work programme. Many of the metrics are still very much process measures and more work is underway for 2023/24 to look at more outcome-based measures and their reporting timelines.

1. IMTP PRIORITY PROGRAMME UPDATE – QUARTER 4

The IMTP set out key priorities based on understanding the system and what will deliver the biggest impact and improve the sustainability of services for the local communities.

The Health Board delivers these priorities utilising a Programme Management approach through the Clinical Futures Programme Team. By their very nature, these key strategic priorities are complex, system wide and the programmes of work we are designing to implement these changes will be realised incrementally over the life of this three-year plan and beyond. Notwithstanding this, progress against each priority for Quarter 4 are shown below.

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

Dyfodol Clinigol Clinical Futures

1. Urgent and Emergency Care Improvement (6 Goals)

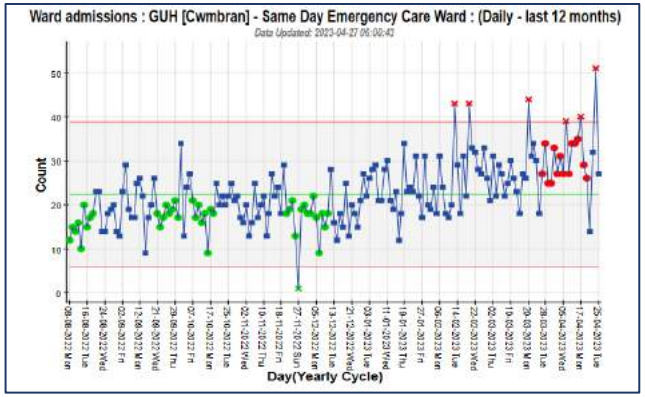
The Health Board has seen broadly positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continued to build momentum with national goal lead representation at programme board.

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.

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. A business case is being developed to support the expansion of this.
- Following the opening of SDEC (Same Day Emergency Care) at Ysbyty Ystrad Fawr (YYF) during the last quarter, funding has now been secured through RIF (subject to ratification) for a provisional expansion.
- 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 receive referrals from re-directions, 111 and in-hours primary care escalation.



- The Health Board has 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. Procurement has now been completed and project board established to drive implementation during Quarter 1 23/24.
- Elderly Frailty Assessment pilot has now been completed at GUH with a number of positive learnings and actions for follow-up. A workshop is planned during Quarter 1 23/24 to review complexities and opportunities.
- 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 Emergency Department to support 'home first' approach. The first team started in late December and recruitment completed during Quarter 4.
- 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.
- Roll out of the Optimising Patient Flow Framework across all sites, launched through a workshop in January 2023, focus on education and training, ward audits and discharge 'champions' across all sites.

2. Enhanced Local General Hospital

This workstream is focused on the reconfiguration of clinical service models across the eLGH sites, ensuring workforce sustainability and optimisation of patient outcomes and experience.

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.

Some areas of progress include:

- Completed implementation of the A1 reconfiguration at the Grange University Hospital delivered during April 2023. During Quarter 1, the benefits of the reconfiguration across each service (Emergency Department, Surgical Assessment Unit and Acute Medical unit) will be delivered along with the installation of permanent signage. The next phase will include mapping clinical pathways and obtaining patient stories.
- A Stroke Audit has been undertaken, along with scenario modelling for reconfiguration of stroke services, to address stroke sustainability issues. Quarter 1 will see the mapping of workforce elements across medical, nursing and therapies.
- Homeward Bound Wards implemented at Ysbyty Ystrad Fawr and St Woolos Hosptial, positive patient feedback and patient centred care. An evaluation of the Homeward Bound Wards has been completed, including the lessons learned. This will inform the wider graduated care model and workforce modelling going forward.
- Establishment of Acute Medicine workstream to review workforce and patient flows post the Grange University Hospital opening.
- Review of the Critical Care Model – bespoke session to take place during the next quarter.

3. Redesigning Services for Older People

The system urgently needs further transformation to ensure that older people can access evidence based clinical interventions that respond to their needs, in the context of what matters to them and ensuring that the care they receive helps prevent dependency now and later in life.

Why is this a priority?

The importance of getting things right 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. As we emerged from the direct impacts of COVID-19 emerged, older people including those receiving acute care, active treatment including rehabilitation and those who are waiting to move to the next phase of their pathway occupy over 430 beds in our acute system, up to 50% of these people are designated fit for discharge.

Some areas of Progress include:

- Funding was awarded for 3 workforce sustainability & transformation (RIF) winter bids to support and/or expedite activities in Workstream 1, which includes 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 described future state of the model.
- The mapping of resources to target limited resources in the right area and is supported by the Value Based Health Care team. A proposed model for ambulatory care has now been drafted and an audit is planned to ascertain patient needs and numbers.
- Comprehensive staff engagement for Workstream 1 and 2 has commenced.
- Assessment of unmet need for further Hot Clinics has progressed with a proposal in development.
- Scoping for the potential for a small-scale proactive frailty pilot.

4. Neighbourhood Care Network Development Programme (Accelerated Cluster Development)

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.

A core programme team is established and 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 NCN office work programme to NCN plans and published Integrated Services Partnership Board (ISPB) plans alongside the Regional Partnership Board area plan.
- Good programme 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 recruitment and establishment of the NCN Office, organisation development and sustainability has been a key priority with developed 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 (where established) have begun to respond to published population needs assessments (such as RPNAs due to be published in April 2022) and identify their service gaps and developments in response to Welsh Government planning guidance.

5. Planned Care Recovery

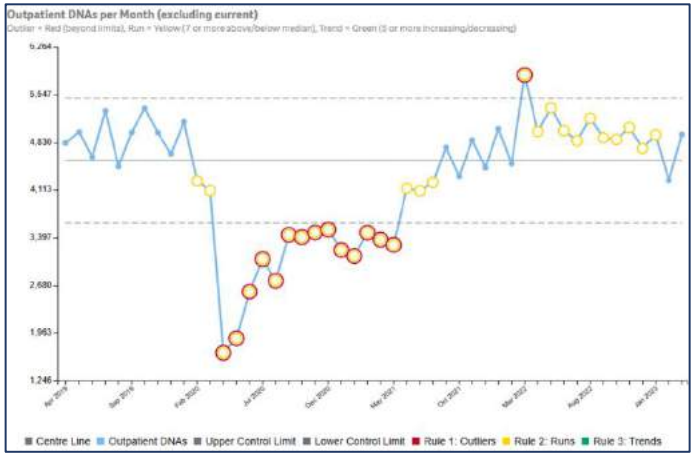
Why is this a priority?

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'.

In April 2022, Welsh Government published the 'Transforming and modernising planned care and reducing waiting lists' plan to encourage 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.

Some further 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 patient keep well before surgery or planned treatment to help give treatments the best chance as possible as well as supporting recovery.
- The outpatient transformation programme continues to develop and implement response plans including 'See on Symptoms' and 'Patient Initiated Follow Ups'. Implementation of outpatients DNA (Did Not Attend) 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 be developed from Quarter 1 23/24 with a local solution to be approved.
- A time in 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.

6. Maximising Cancer Outcomes

Planned Care and Cancer Services are interconnected; it is the same workforce, accessing the same diagnostic and treatment capacity.

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.

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 days pathway, and ministerial challenge to achieve 70%. Improved 62.5% adherence to Single Cancer Pathway in March 2023, due to improved 14-day adherence in January (69.1%).
- Reporting arranged for Histopathology outsourcing have been agreed and the newly formed Diagnostics Board will receive escalations, apart from those areas that impact on Cancer.
- Patient Navigator for Endoscopy have resulted in a notable improvement in days of first contact from 68.8% in January to 85.5% in April. Overall single cancer pathway compliance has improved, as noted above, and is 0.9% away from the national target.
- 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 £38 million investment to improve cancer radiotherapy services with a new radiotherapy 'Satellite' centre at Nevill Hall hospital, which will be open by 2024.
- Commencement of the Breast Unit at YYF during quarter 3 following Welsh Government approval. The 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.

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.

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 Bourne Viruses (BBVs).
- Significant progress has been made towards a full implementation of HPS 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 Mpox vaccination as business as usual.
- Support Hepatitis B and C elimination plan through reviewing action plan and population level data review.

8. Mental Health Transformation

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 pression 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.

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. There are multiple projects that sit under both Programmes including:

-111 press 2
-review of Primary Care Mental Health Services
- in patient ward remodelling
- reviewing complex needs pathways
- strengthening crisis assessment and home treatment services
- improve transport for patients in crisis

Through a single point of access, we will develop a variety of sanctuary services (in Emergency Department and community), shared lives, 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 hose/carer 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 Waites 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.
- Continuation of ED sanctuary.

9. Decarbonisation (Net Zero)

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.

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 are 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 has been made.
- Progression of the outcomes of the solar panel report looking at roof space alternatives for solar panel systems.
- Pharmacy and Respiratory are reviewing opportunities for decarbonisation in its 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 further be refined to support reporting for the Welsh Government Carbon return later this year.

10. Agile Working

Why is this a priority?

Welsh Government have 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 validated during the next quarter.
- Revised agile vision 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 further identify and progress these opportunities in the future.
- 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.

Summary

In order to support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital (GUH) in November 2020, the Health Board's continued approach to take forward an improvement programme aligned to the Health Board's Clinical Futures Strategy, has supported delivery of our key national and local priorities. The priority programmes have seen progress and the proposed reconfiguration as part of the IMTP 23/24 alongside confirmation of Programme Management Office support arrangements for each of the proposed programmes with confirmation of the expectations of key programme roles and responsibilities, will strengthen delivery and accountability.

4. IMTP PLANNING SCENARIO – QUARTER 4

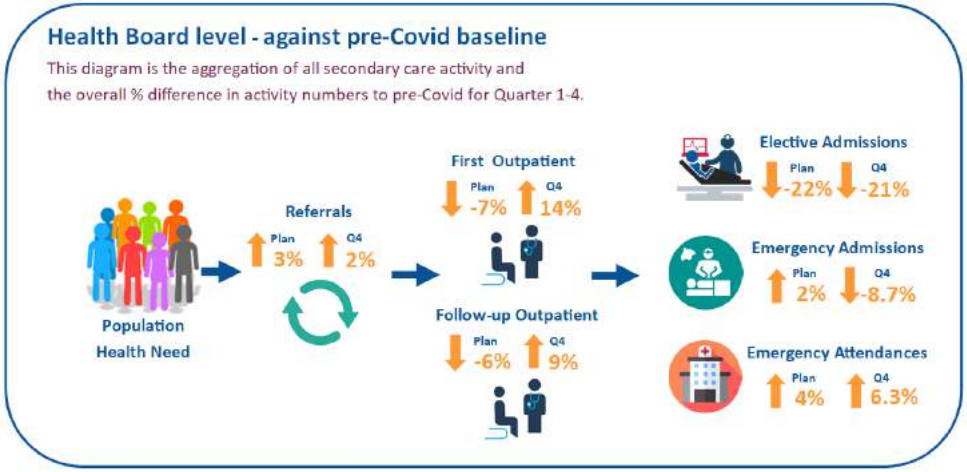
As part of the IMTP submission, the organisation was required to submit a Minimum Data Set (MDS) outlining a profile of activity for the year alongside forecast performance and workforce information. This information has been updated for the fourth quarter and a full data set presented in the refreshed MDS at Appendix 3.

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 unreferred 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 activity is ahead of projections as of Quarter 4, reflecting the priority that services are placing on addressing the longest waiting patients and managing demand.

- Referrals during Quarter 4 are lower than pre-Covid and the predicted increase has not yet fully materialised.
- Overall, there have been significant increases in the number of first and follow-up outpatient appointments delivered across all services returning quickly to pre Covid levels.
- Increases in first outpatient appointment activity has been sustained and in line with the re-forecasted trajectories.
- Elective inpatient activity is operating as the forecasted scenario, despite staffing challenges and urgent pressures.
- Bed occupancy is in line with the forecast, with utilisation for non-protected areas running at 95% - 97%.



With continued pressure on our urgent care system, sustained levels of staff sickness and sustained issues with patient flow, given the high numbers of medically fit patients who are unable to be discharged, maintaining performance at this rate and prevention of further deterioration is an achievement.

MDS Highlights

The Quarter 4 review reflects that the organisation is planning appropriately for activity which is broadly in line with the planning scenario. The following changes have been noted this quarter:

Improvements:

- Improvement in the number of new face to face outpatient appointments above projected from 27,996 to 33,339
- Improvement in the number of follow up outpatient appointments above projected from 45,772 to 57,463
- Increase in the number of elective day cases
- Cancer performance has been sustained at the forecast at 54-56% compliance with the outsourcing of diagnostic to support the improvement to 60%.

Waiting lists

The Health Board continues to make progress in the reduction in the volume of patients waiting for planned care treatments and outpatient appointments. There has already been significant progress in bringing down the longest waiting patients during the last year. There has been a full review of the waiting list, cohorts, our rate of current additions and unreferred 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 4, there are 3 specialties that remain a focus for the Health Board with targeted support and review; ENT, Orthopaedics, and Urology. During 2022/23, all 3 specialities have seen a reduction in the number of patients waiting more than 104 weeks for treatment. Urology are in a realistic position to have no patients waiting over 104 weeks by March 2024, Orthopaedics forecasted to reduce the number of patients waiting by 46% and ENT by 31%. With regards to outpatient appointments, all but ENT are in a realistic position to have no patients waiting over 104 weeks for a new outpatient appointment.

With the rate of referrals and current focus on treat in turn, there is a risk of greater wating list growth due to the profile and will mean the Year 2 position may become more challenging without changes in activity.

Unreferred Demand

The planning scenario in the IMTP was predicated on unreferred demand presenting during Year 1 of this planning cycle. We have factored this scenario into our demand and capacity assumptions on a specialty by specialty basis. It is still too early to start to draw any firm conclusions on the presentation of unreferred demand for Quarter 4. Overall, the numbers forecasted have shown that unreferred demand for Gynaecology has returned to the system and therefore presents a risk in Year 2 treatment capacity, General Surgery has also seen an increase in the number of urgent referrals and indicates unreferred demand has returned. Orthopaedics has not yet seen this increase or the return

of unreferred demand and due to the nature of the specialty this may be seen in Year 2. There are increases in emergency activity, and increased referrals for Gynaecology, General Surgery and Gastroenterology. This suggests patients who did not get referred in during the pandemic are now presenting in our emergency care system.

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 deteriorated 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 50-55% with an aim to reach 60%.

Urgent Care

Overall, the Quarter 4 forecasts were in line with the actual activity for ED attendances with a total of 42,520 attendances during the quarter across all sites. 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 4 and continues to influence the forecasted projections:

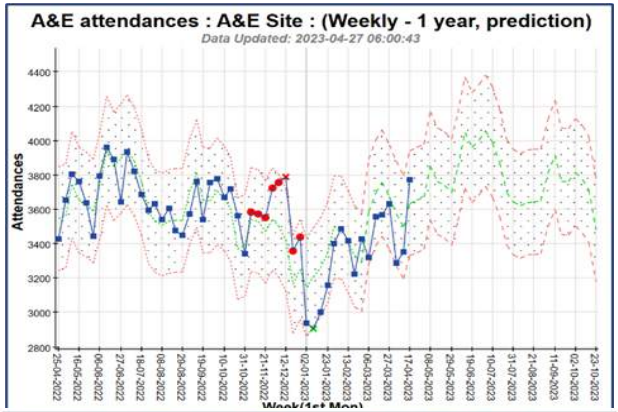
- GMS activity levels have increased with more face-to-face activity. Increased demand is reported by practices. National estimates vary from 9 – 18% (NHS England, RCGP, 2022) with inter-practice variation.
- GP referrals for urgent assessments via Rapid Response, Emergency Departments or Assessment 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 4.

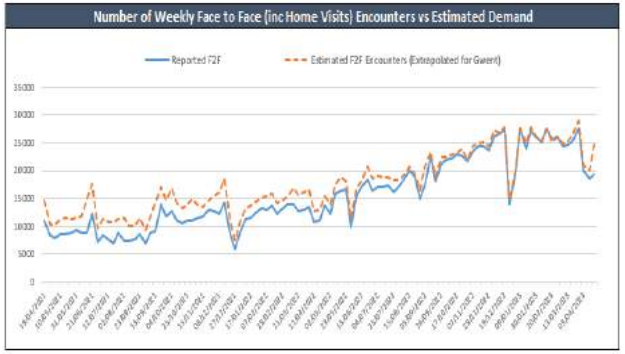
Bed Plan

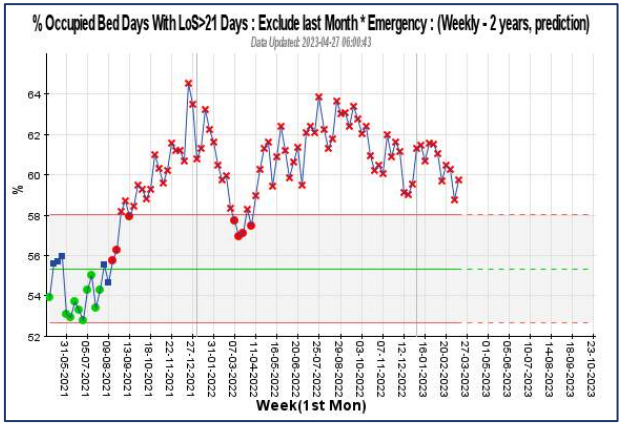
The bed plan has continued to follow the overall expected occupancy levels and demand patterns. During Quarter 4, the Medicine Division were running at 102% occupancy against their bed plan and the Community Division at 110%.

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.

Whilst the numbers admitted as an emergency who stay over 21 days has seen an improvement through Quarters 3 and 4 returning to pre Covid levels, the percentage of occupied bed days remains out of range.







Summary

This report provides information to support the organisation to understand the progress it is making against the IMTP and enable effective decision making looking to future quarters of activity.

Overall, 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. The forecasts for Quarter 1 of 2023/24 will remain with a note of caution due to continued demand pressure on all parts of the system with particular attention to social care capacity and front door demand.

The Quarter 4 assessment sets out the organisations 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.

Priority Indicator Summary

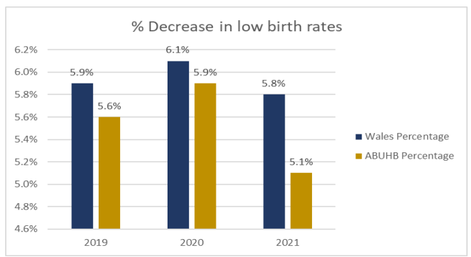
Quarter 4

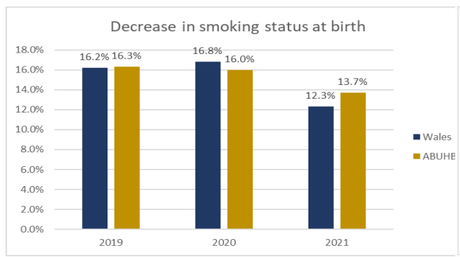
Type of change	P1 - Every child has the best start in life	P2 - Getting it right for children and young adults	P3 - Adults living healthily and aging well	P4 - Older adults are supported to live well and independently	P5 - Dying well as part of life	Total
Improved	4	2	7	1	2	**16**
Similar	3	2	4	1	1	**11**
Deteriorated	1	1	6	3	0	**11**
No data	0	2	0	1	2	**5**
Total indicators	**8**	**7**	**17**	**6**	**5**	**43**

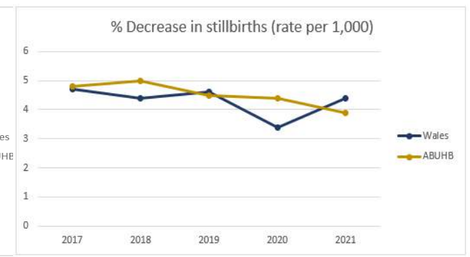
Indicators are classed as 'Similar' if the percentage change is between -2 and +2 and either 'Improved' or 'Deteriorated' if not. The 'No Data' category is used where the indicator is in development.

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 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 May 2023 (provisional).
		Decrease in smoking status at birth	16%	10%	2021	13.7%	-	-	Improved	Significant decrease between 2020 and 2021. Next update due May 2023 (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 update in mothers breastfeeding (any breastfeeding)	59.2%	65%	Q4 2021/22	55.6%	Q2 2022/23	56.6%	Similar	Increase in indicator over the last quarter, however this remains significantly lower than the welsh average.
		Increase of eligible children measured and weighed at 8 weeks	62.5%	60%	Q4 2021/22	40.1%	Q2 2022/23	28.3%	Deteriorated	Continued decrease in indicator. Significant decrease from 40.1% Q4 to 28.3% Q2.
		Increase of eligible children with contact at 3.5 years pre-school	64.4%	60%	Q4 2021/22	36.6%	Q2 2022/23	42.1%	Improved	Improvement in indicator, however this remains lower than the welsh average.
	Increasing childhood immunisation and preventing outbreaks	Percentage of children who received 2 doses of the MMR vaccine by age 5	91%	95%	Q2 2022/23	90%	Q3 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%	Q2 2022/23	94%	Q3 2022/23	94%	Similar	Indicator value has remained stable.

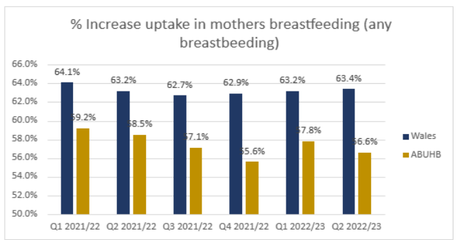
Improving Good Health in Pregnancy

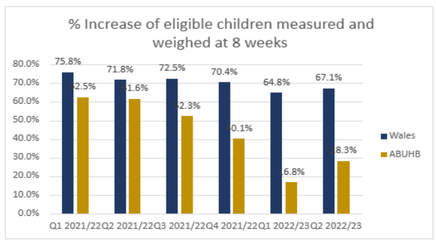


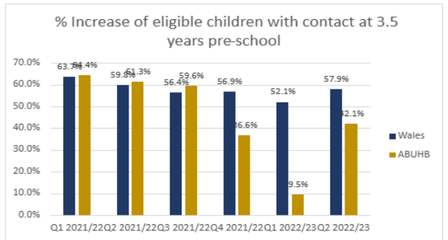




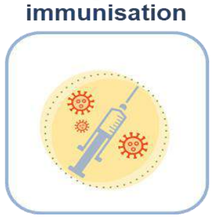
Optimising a child's long term potential

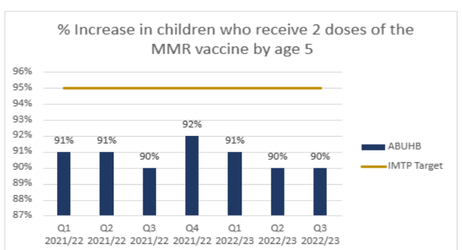


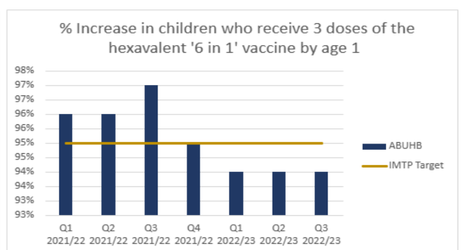




Increasing childhood immunisation

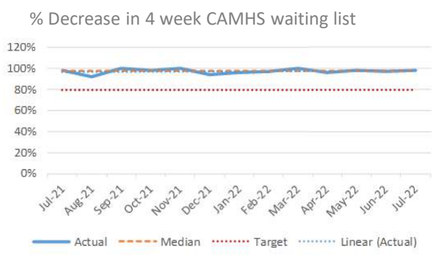


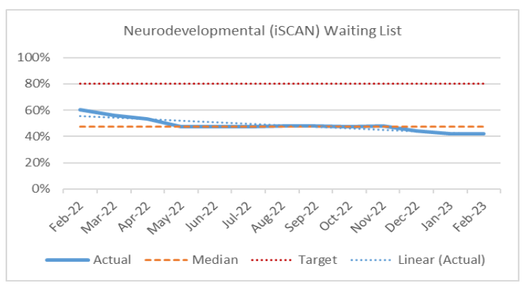




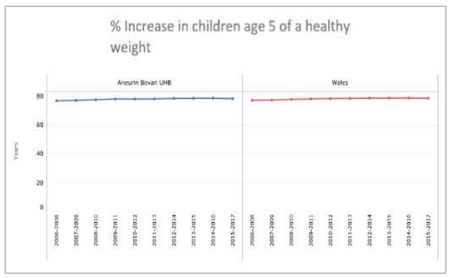
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 2 - Getting it right for children and young adults	Improve Mental Health Resilience in Children and Young adults	Improvement in the mean mental health wellbeing score for children	Indicator to be developed						No data	Indicator to be developed.
		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 Q2 update. Sustained and improved compliance against indicator target. Target met.
		Decrease in neurodevelopmental (SCAN) waiting list	80%	80%	Q3 2022/23	44.4%	Feb-23	42.2%	Deteriorated	Indicator has deteriorated from 44.4 (Dec 22) to 42.2% (Feb 23)
	Support being a healthy weight	Increase in children age 5 of a healthy weight	73.1%	80%	2017	74.9%	-	-	Improved	Indicator has shown continued increases since 2006.
		Increase in adolescents of healthy weight	Indicator to be developed						No data	Indicator to be developed (Spring 2023)
	Improve healthy lifestyle behaviours	Increase in the percentage of children (aged 2-7 years) who are active for at least 1 hour seven dats a week	62%	70%	2020	63%	-	-	Similar	Indicator value has shown signs of improvement.
		Increase in the percentage of children who eat vegetables every day	67%	70%	2020	68%	-	-	Similar	Indicator value has shown signs of improvement.

Improve mental health resilience

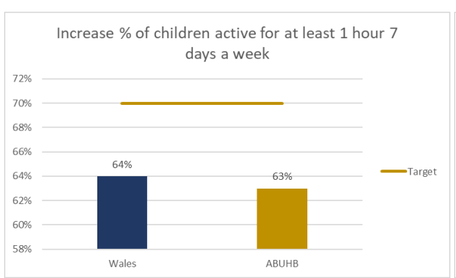


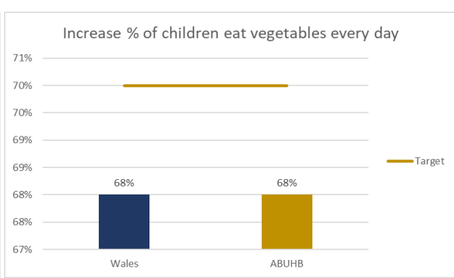


Support being a healthy weight



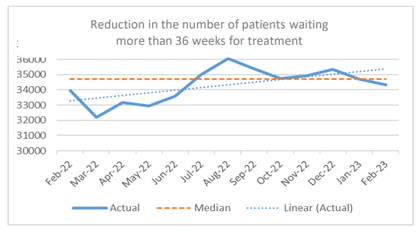
Improve healthy lifestyle behaviours

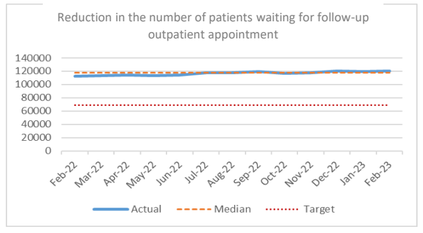


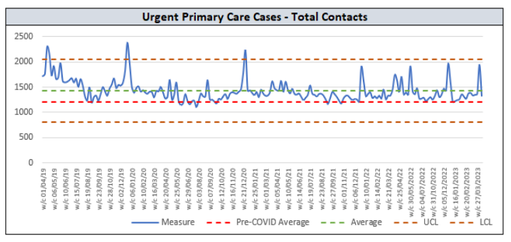


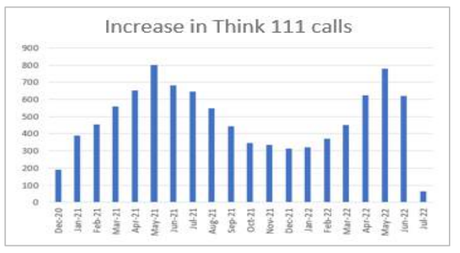
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 3 - Adults living healthily and aging well	Maximising an individuals time	Reduction in the number of patients waiting more than 36 weeks for treatment	32202	32168	Q3 2022/23	35341	Feb-23	34324	Improved	Indicator value has decreased since Dec 22 and Feb 23 by 2.8%.
		Reduction in the number of patients waiting for a follow-up outpatient appointment	113107	69268	Q3 2022/23	120202	Feb-23	120688	Similar	Indicator value is similar.
		Increase in Urgent Primary Care Contacts	6969	20000	Q1 2022/23	19563	Q4 2022/23	17323	Deteriorated	Decrease in the number of UPCC contacts between Q1 and Q4, however an increasing trend since January has been observed.
		Increase in Think 111 calls	493	800	Q1 2022/23	673	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q2 update. Significant improvement in indicator value since Autumn 2021. On track to meet target.
		Reduction of ambulance handovers over 1 hour	737	0	Q3 2022/23	802	Feb-23	846	Deteriorated	Overall increasing trend reported in value since 2021. Indicator is breaching target.
		Reduction in patients never waiting in ED over 16 hours	417	0	Q3 2022/23	635	Q4 2022/23	498	Improved	Significant decrease in indicator value between Q3 and Q4. Rate has decreased by 21.6%.
		Reduction in time for patients to be seen by first clinician	1.6 hours	2 hours	Q3 2022/23	2.9 hours	Q4 2022/23	2.3 hours	Improved	Significant decrease and improvement in indicator value.
		Reduction in time for bed allocation from request	11.5 hours	8 hours	Q2 2022/23	13.1 hours	Q4 2022/23	13.9 hours	Deteriorated	Continued increase in indicator value. Rate has increased by 17.5% from baseline.
	Adults living healthily and aging well	Increase in adults active at least 150 minutes a week	53.0%	60%	2019/20	55%	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%	2019/20	18%	2021/22	12%	Improved	IMTP target met. Significant increase in percentage of adults smoking and in line with national trends.
		Decrease in the number overweight or obese adults (BMI over 25)	65%	50%	2019/20	65%	2021/22	67%	Similar	Since Covid-19, there has been an small increase in the number of overweight or obese adults from 65% (19/20) to 67% (21/22)
		Increase in working age adults in good or very good health	69%	80%	2020/21	74%	2021/22	69%	Deteriorated	Deteriation in indicator by 6.8% since 2020/21 and 2021/22
		Increase uptake of National Screening Programmes	64.2%	80%	2018/19	64.2%	2020/21	70.2%	Improved	***New reported indicator*** Improvements in indicator value observed.
	Improved mental health resilience in adults	Increase in Mental Health Well-being score for adults	50.3%	55	2018/19	50.5%	-	-	Similar	Small increase in value.
		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	Indicator value has decreased from baseline by 5%.
	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%	Nov 2022/23	54.0%	Feb 2022/23	56.0%	Improved	Improvement in indicator value from 54% (Nov 22) to 56% (Feb 23)
		Increase in 5 year cancer survival	49.1%	60%	2014-2018	54%	2015-19	54%	Similar	Indicator value is similar and has been sustained.

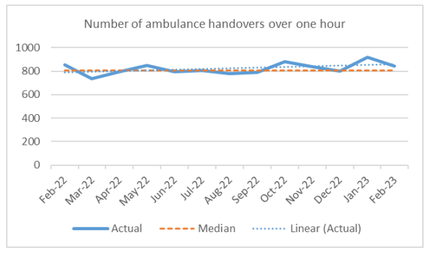
Maximise an individuals time

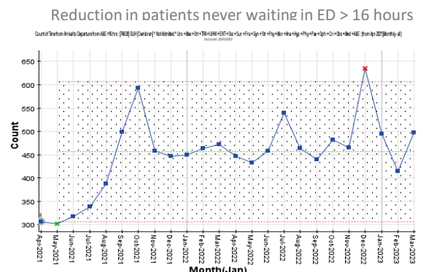


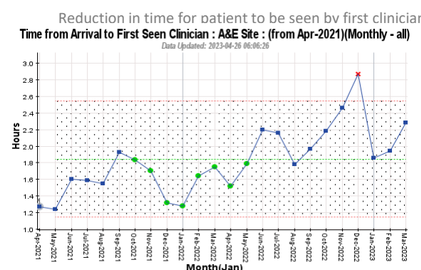


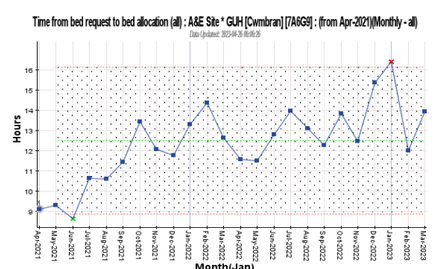




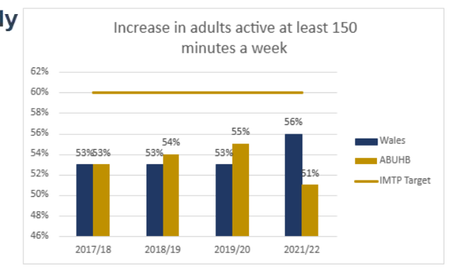


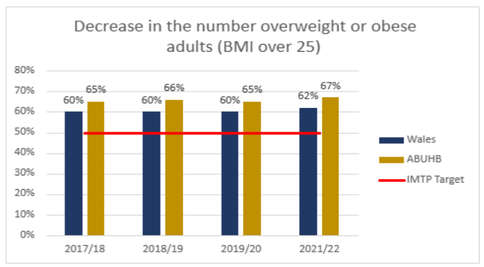


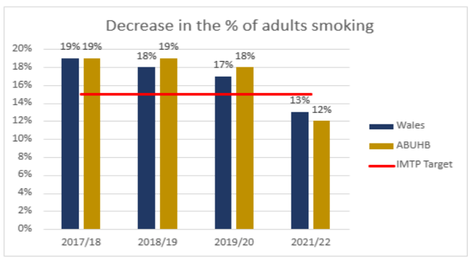


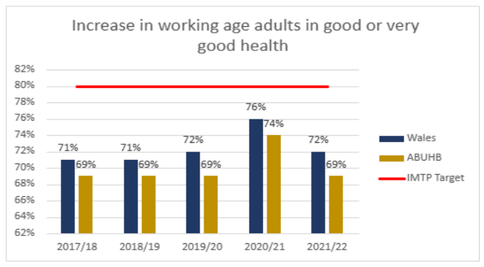


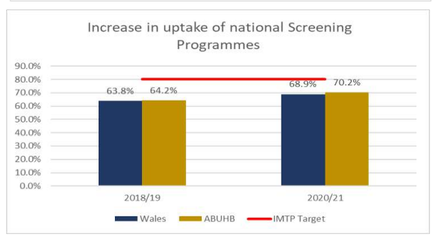
Adults living healthily and aging well



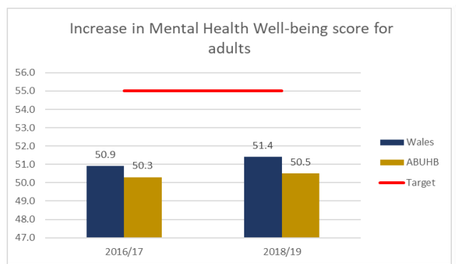


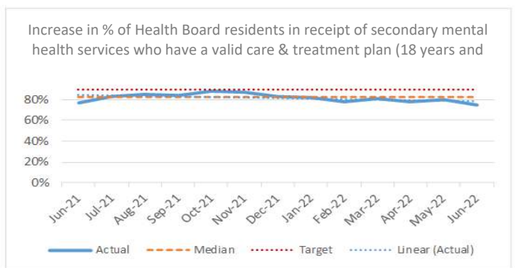






Improve mental health resilience



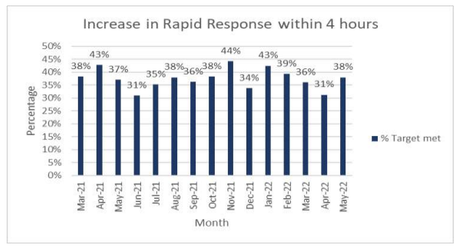


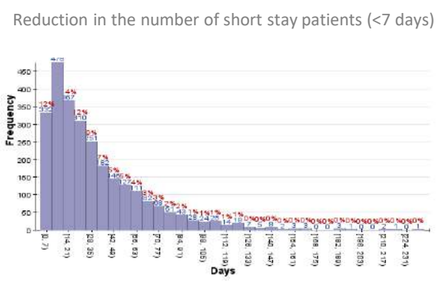
Maximise cancer

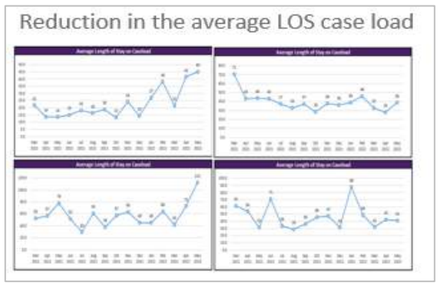
Priority 4 - Older adults are supported to live well and independently

Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 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 in good health	Indicator to be developed						No data	Indicator to be developed.
	Delivering Care Closer to Home	Increase in Rapid Response within 4 hours	38%	50%	Q1 2022/23	35%	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q4 update. Decrease in indicator value over the last 12 months across all 4 Local Authority areas (excludes Monouthshire)
		Reduction in the number of short stay patients (<7 days)	12%	5%	Q3 2022/23	13%	Q4 2022/23	12%	Similar	Small decrease in indicator value.
		Reduction in average LOS case load	39.9 days	30 days	Q1 2022/23	52.7 days	-	-	Deteriorated	Due to a cyber incident in Aug 22, it is not possible to provide a Q4 update. Significant increase (32%) in indicator value.
	Reducing admissions and time spent in hospital	Increase in Admission avoidance (month)	71	100	Q1 2022/23	68	-	-	Improved	Due to a cyber incident in Aug 22, it is not possible to provide a Q4 update. An improvement in the indicator value across all 4 Local Authority areas (excludes Monmouthshire).
		Decrease (from 65 - 55%) in LOS over 21 days	65%	55%	Q3 2022/23	51%	Q4 2022/23	56%	Deteriorated	Increase in the indicator from 51% (Q3) to 56% (Q4)

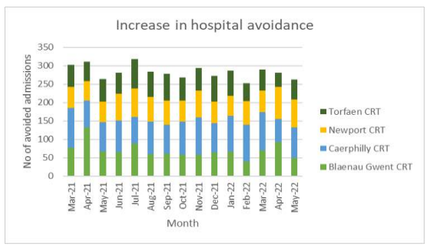
Delivering care closer to home

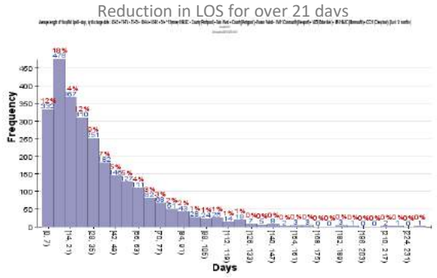






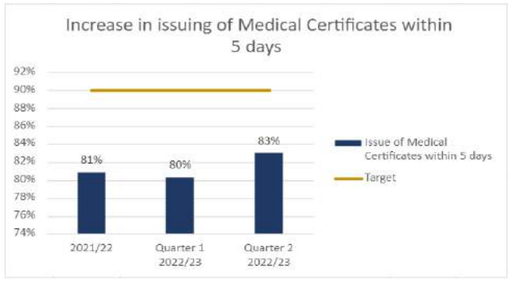
Reducing admissions and time spent in hospital

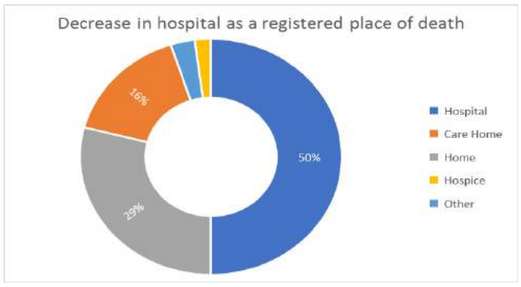




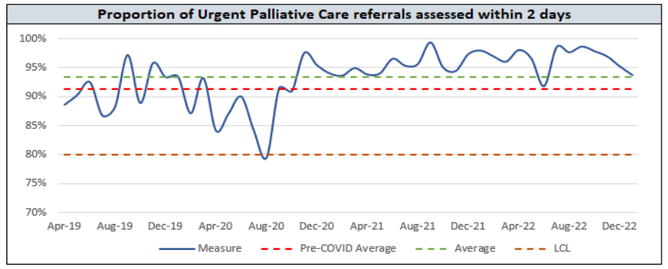
Priority	Outcome Description	Indicator	Baseline Value (April 22)	IMTP Target	Last reported position (Dec 22)		Current reported position (Mar 23)		Change over the last time period	Latest findings
					Data Available	Indicator value	Data Available	Indicator value		
Priority 5 - Dying well as part of life	Improve care at end of life	Decrease in the % of hospital as a place of death	53%	40%	2022	50%	-	-	Improved	Decrease reported over the last 3 years.
		Increase in compliance of issuing of Medical Certificates within 5 days	81%	90%	Q2 2022/23	83%	-	-	Improved	The reported rate is similar to baseline value and therefore current performance levels have remained. Target to be amended from 5 to 7days.
		Reduction in compliants	Indicator to be developed						No data	Indicator to be developed.
	Improved planning and provision of end of life care	Increase in propotion of Urgent Palliative Care referrals assessed within 2 days	91%	95%	Q2 2022/23	99%	Q3 2022/23	99%	Similar	Signficant improvement in the indicator value since July 2020 and on track to meet target.
		Increase in the number of Advanced Care Plans in place	Indicator to be developed						No data	Indicator to be developed.

Improved end of life care experience





Improved planning and provision of end of life care



Integrated Performance Dashboard - 27/04/2023

Integrated Performance Dashboard — February 23

Appendix 1

Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	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
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	Feb-23	95%	**61.6%**	60.9%	↑		59.8%	61.9%	61.2%	61.4%	62.1%	62.1%	61.2%	60.9%	62.0%	61.4%	60.3%	60.9%	61.6%
		Patients waiting more than 36 weeks for treatment	Feb-23	0	**34324**	34723	↑		33947	32202	33177	32959	33570	34998	36051	35395	34750	34921	35342	34723	34324
		Patients waiting more than 8 weeks for a specified diagnostic	Feb-23	0	**3146**	3900	↑		4574	4300	4305	4266	3871	3882	3641	3706	4048	4137	4188	3900	3146
		Patients waiting more than 14 weeks for a specified therapy	Feb-23	0	**572**	541	↓		997	866	574	412	403	371	419	518	516	450	362	541	572
	Follow Up	Number of patients waiting for a follow-up outpatient appointment	Feb-23	69268	**120688**	119754	↓		112359	113107	114624	113809	114441	117711	117586	119848	116844	117900	120202	119754	120688
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Feb-23	3903	**21604**	21297	↓		18032	17939	18787	18402	19055	21650	21306	21676	20894	20622	21233	21297	21604
	HRF	% of R1 patients who are waiting within 25% in excess of their clinical target date	Feb-23	95%	**53.8%**	54.5%	↓		59.0%	59.5%	57.7%	56.8%	55.4%	53.6%	54.4%	54.7%	55.6%	56.8%	55.8%	54.5%	53.8%
	STROKE	% stroke patients directly admitted to acute stroke unit ≤4 hours	Feb-23	50%	**31.0%**	5.9%	↑		14.0%	14.5%	10.3%	21.7%	25.9%	10.7%	25.0%	25.0%	20.0%	8.3%	0.0%	5.9%	31.0%
		% of stroke patients assessed by a stroke consultant ≤24 hours	Feb-23	85%	**96.6%**	97.1%	↓		93.0%	94.3%	96.7%	100.0%	94.5%	89.7%	50.0%	92.7%	80.0%	91.7%	91.3%	97.1%	96.6%
		% of stroke patients receiving the required minutes for speech and language therapy	Feb-23	57%	**48.3%**	50.0%	↓		53.5%	13.6%	20.0%	46.9%	39.0%	39.4%	33.1%	26.7%	30.0%	32.2%	39.1%	50.0%	48.3%
		Percentage of stroke patients who receive mechanical thrombectomy	Feb-23	10%	**0.0%**	0.0%	↑		1.5%	0.5%	0.8%	1.6%	1.9%	3.4%	0.0%	2.5%	0.0%	0.0%	0.0%	0.0%	0.0%
	ED	Category A ambulance response times within 8 minutes.	Feb-23	65%	**51.9%**	49.3%	↑		58.1%	57.4%	59.6%	59.3%	55.0%	62.7%	56.1%	59.3%	56.4%	55.2%	41.5%	49.3%	51.9%
		Number of ambulance handovers over one hour	Feb-23	0	**846**	920	↑		853	737	794	847	793	808	782	789	882	841	802	920	846
		% patients waiting < 4 hrs in A&E figures inc. YAB & YYF	Feb-23	95%	**76.1%**	75.4%	↑		74.9%	73.7%	76.4%	74.2%	71.4%	73.0%	75.6%	74.8%	73.9%	72.3%	69.5%	75.4%	76.1%
		Number patients waiting > 12 hrs in ABUHB A&E departments	Feb-23	0	**1269**	1437	↑		1354	1509	1229	1378	1658	1607	1437	1415	1689	1662	2078	1437	1269
	Cancer	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Feb-23	75%	**56.0%**	54.3%	↑		64.4%	59.7%	56.9%	53.4%	49.4%	50.4%	53.0%	54.2%	53.3%	55.6%	54.0%	54.3%	56.0%
	MENTAL HEALTH	Assessment by LPMHSS within 28 days of referral.	Jul-22	80%	**91.6%**	78.3%	↑		83.7%	77.5%	65.6%	82.7%	78.3%	91.6%							
		Interventions ≤ 28 days following assessment by LPMHSS.	Jul-22	80%	**27.8%**	18.1%	↑		13.1%	10.7%	11.2%	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%	↑		74.6%	72.3%	69.3%	72.0%	72.0%								
	CAMHS	4+ Weeks Waiting List	Jul-22	80%	**98.1%**	97.7%	↑		97.2%	100.0%	96.3%	98.3%	97.7%	98.1%							
		Neurodevelopmental (iSCAN) Waiting List	Feb-23	80%	**42.2%**	42.1%	↑		60.1%	56.2%	53.2%	47.3%	47.5%	47.2%	47.7%	47.7%	47.7%	47.8%	44.4%	42.1%	42.2%
	HCAIS	Cases of e coli per 100k population (rolling 12m)	Feb-23	67	**53.83**	53.16	↓		57.17	58.01	56.84	57.51	55.67	55.02	57.17	56.84	55	54.33	54.33	53.16	53.83
		Cases of staph aureus per 100k pop (rolling 12m)	Feb-23	20	**23.24**	23.24	↑		22.74	22.4	22.07	22.07	23.07	22.01	22.74	23.24	23.91	23.74	22.9	23.24	23.24
		Clostridium difficile cases per 100k pop (rolling 12m)	Feb-23	25	**32.1**	33.43	↑		32.93	34.27	34.94	35.27	32.93	33.51	32.6	33.77	34.1	32.93	32.26	33.43	32.1
		Cases of klebisella per 100k population (rolling 12m)	Feb-23		**19.73**	18.72	↓		16.22	15.55	15.88	15.88	15.38	18.51	15.38	17.22	16.22	16.88	17.55	18.72	19.73
		Cases of aeruginosa per 100k population (rolling 12m)	Feb-23		**3.01**	3.34	↑		5.18	5.18	5.18	4.85	4.68	3	4.35	4.18	4.01	3.51	3.51	3.34	3.01
		Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Feb-23	8	**12**	11	↓		6	6	10	9	9	9	8	15	5	11	12	11	12
		Cumulative number of laboratory confirmed bacteraemia cases - Aeruginosa	Feb-23	2	**0**	2	↑		2	2	0	1	3	2	3	1	3	1	0	2	0
	COVID	Percentage of confirmed COVID cases within hospital which had a definite hospital onset of COVID	Feb-23	40%	**55%**	46%	↓		50%	38%	25%	39%	38%	39%	40%	38%	43%	33%	55%	46%	55%
		Percentage of confirmed COVID cases within hospital which had a probable hospital onset of COVID	Feb-23	16.63%	**25.6%**	26.4%	↑		12.9%	14.4%	15.8%	16.7%	12.7%	19.3%	20.2%	16.1%	16.6%	9.8%	19.0%	26.4%	25.6%
Aim 1: People in Wales have improved health and well-being with better prevention and self-management	SMOKING CESSATION	Percentage of adult smokers who make a quit attempt via smoking cessation services	Sep-22	1.25%	**2.4%**	na	↓			4.3%			1.2%			2.4%						
	CHILDHOOD IMMUNISATION	Percentage of children who received 2 doses of the MMR vaccine by age 5	Dec-22	95%	**90%**	na	↓			92%			91%			90%			90%			
		Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1	Dec-22	95%	**94%**	na	↓			95%			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%	↓		95%	80%	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%	↓		78%	81%	78%	80%	75%								

Integrated Performance Dashboard - 27/04/2023

Aim 3:The health and social care workforce is motivated and sustainable	W&D	% PADR / medical appraisal in the previous 12 months	Nov-22	85%	**66%**	66%	↑		60%	58%	59%	60%	62%	63%	64%	66%	66%	66%			
		Monthly % hours lost due to sickness absence	Nov-22	7%	**7%**	7%	↑		6%	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	Nov-22	85%	**84%**	84%	↑		73%	74%	75%	81%	81%	82%	82%	84%	84%	84%			
Aim 4:Wales has a higher value health and social care system that has demonstrated rapid improvement and	HIP FRACTURE	Prompt Orthogeriatric Assessment	Jan-23	92%	**93%**	93%	↑		90%	90%	91%	91%	91%	91%	91%	92%	93%	93%	93%	93%	
	CODING	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Jan-23	95%	**75%**	86%	↓		85%	86%	87%	86%	87%	88%	85%	87%	88%	80%	86%	75%	
	AGENCY	Agency spend as a percentage of total pay bill	Nov-22	9%	**8%**	9%	↑		10%	11%	9%	10%	10%	10%	9%	8%	9%	8%			
Efficiency & Productivity	Readmissions	Readmission Rate Within 28 Days (CHKS)	Nov-22	10%	**9%**	9.1%	↑		10.5%	10.8%	10.9%	9.8%	10.5%	10.4%	9.7%	9.8%	9.1%	9.2%			

Trend Key

1 ↑ Achieving rating target and improved against previous reported position
2 ↓ Achieving rating target but deteriorated against previous reported position
3 ↑ Not achieving rating target but improved against previous reported position
4 ↓ Not achieving rating target and deteriorated against previous reported position

If measures are no longer in the Delivery Framework, current perfromance is measured against previous month

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Performance Report – March 2023 (2022/23 Month 12)
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 for the 2022/23 financial year (subject to audit review) – against the statutory revenue and capital resource limits,
- The savings position for 2022/23,
- The revenue reserve position on the 31st of March 2023,
- The Health Board's underlying financial position,
- The cash position, and
- Public sector payment policy performance.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, for the month of March 2023 (month 12) and the financial year 2022/23.

The 2022/23 financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation papers agreed at the March & July 2022 Board meetings and updated during the year. 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.

Mar-23
Performance against key financial targets 2022/23
+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. *This confirms the YTD and forecast variance.*	£'000	3,073	36,842	↑	**36,842**
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. *This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.*	£'000 £40,844	10,350 25.3%	40,801 100.0%	↔	**(43)**
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)	%	96.1%	95.2%	↑	**>95%**

Performance against requirements 22/23		**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**

Note: The Health Board has submitted an IMTP for 2022/23 – 2024/25, which has been approved by WG on the basis of achieving financial balance.

Cefndir / Background

Key points to note for month 12 include:

- A reported full year position of **£36.842m deficit**, the revised in year profile was expected to be £37m deficit.
- Income – includes non-consolidated & consolidated pay award, Covid-19 and Exceptional costs funding,
- Pay Spend – has increased by c.£46.8m due to the following reasons:-
  - Variable pay c.£2.4m - Vacancy cover costs remain significant across the Health Board as do agency payments made for additional elective activity.
  - Other issues (mainly enhancements) (c.£0.4m)
  - Funded 1.5% consolidated pay award c.£9m
  - Funded 1.5% non-consolidated c.£7.2m
  - Funded notional pension costs of 6.3% c.£28.4m
- Non–Pay Spend (excluding capital adjustments) - has increased by c.£9.5m (11.2%) due to increased prescribing, GMS, CHC and funded WHSSC costs.
- Savings – overall achievement is £23.1m in line with the month 6 revised plan.

At Month 12, the reported revenue position is a £36.8m deficit and the reported capital position is a surplus of £43k. These figures are subject to any final accounts adjustments and review by Audit Wales.

The underlying financial deficit coming into the 2022/23 financial year was £20.9m, the revised underlying financial deficit for 2023/24 is assessed as **£89.6m** after analysis and Board agreement for the 2023/24 IMTP.

Asesiad / Assessment

- **Revenue Performance**

The month 12 position is reported as a **£36.842m deficit**, The forecast position was agreed by the Board on the 12th of October as **a likely deficit of £37m**.

The financial deficit continues to be made up of the following elements:-

- Additional bed costs and enhanced care above clinical futures plan – £12m
- Unachieved savings plans, urgent care system variable pay - £20m
- CHC / Prescribing costs above funded levels – £15m
- Further risks incurred outside of IMTP, income, planned care and cancer- £5m
- Testing costs above funded levels - £1.6m
- Mitigating actions to reduce testing expenditure – (£1.6m)
- Revised savings and mitigating actions – (£15.0m)
- **Total 2022/23 forecast deficit = £37m**

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

Summary Reported position - March 2023 (M12)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	284,686	(3,272)	(1,959)	(1,312)
Prescribing	99,202	15,130	11,385	3,745
Community CHC & FNC	71,942	(6,061)	(5,124)	(937)
Mental Health	111,654	11,621	9,859	1,762
Director of Primary Community and Mental Health	950	(124)	(98)	(26)
Total Primary Care, Community and Mental Health	**568,434**	**17,295**	**14,063**	**3,232**
Scheduled Care	183,501	16,748	15,275	1,473
Clinical Support Services	51,482	6,267	6,111	156
Medicine	115,049	23,506	22,507	999
Urgent Care	43,170	5,395	5,307	88
Family & Therapies	126,139	(17)	(162)	144
Estates and Facilities	103,883	1	(197)	198
Director of Operations	7,796	841	911	(70)
Total Director of Operations	**631,021**	**52,741**	**49,752**	**2,989**
Total Operational Divisions	**1,199,454**	**70,036**	**63,815**	**6,221**
Corporate Divisions	149,911	(19,937)	(16,516)	(3,422)
Specialist Services	181,634	(3,041)	(3,554)	514
External Contracts	82,765	(1,807)	(861)	(947)
Capital Charges	30,402	(417)	(437)	20
Total Delegated Position	**1,644,167**	**44,834**	**42,447**	**2,387**
Total Reserves	7,992	(7,992)	(8,678)	686
Total Income	(1,652,158)	0	0	0
Total Reported Position	**0**	**36,842**	**33,769**	**3,073**

The position has been underpinned by appropriately releasing part of the annual leave accrual, maximising available non-recurrent opportunities and receiving funding for Covid-19 and exceptional pressures to match related costs.

As part of the mid-year review, it was determined that a forecast deficit of £37m was most likely for the 2022/23 outturn position.

The Board considered and approved a revised savings plan for income opportunities and cost reduction opportunities and likely delivery levels for 22/23. The focus areas included in the revised forecasts were:

- Variable pay - Medical, Enhanced Care, HCSW agency - £2.8m,
- Bed reductions - £1.5m
- Additional Medicines Management - £1m
- CHC (Mental Health and Complex Care) - £0.8m
- Further procurement - £0.9m
- Investment opportunities slippage - £1.5m
- Corporate / commissioning / expenditure avoidance - £4.5m
- Income / efficiencies - £0.7m
- RTT opportunities - £1.2m
- Testing - £1.6m

An update on these areas is provided later in the report.

Summary of key operational pressures for Month 12

- During March 2023, pay expenditure (excluding the effect of reduced annual leave provisions and notional pension costs) increased significantly compared with February.
    - Pay award costs were assumed in month 12 for the consolidated (1.5%) and non-consolidated (1.5%) elements of pay a total of £16.2m, which were funded.
    - There was an increase in Health Board employed variable pay due to the 1.5% consolidated pay award (c.£0.9m); this was funded.
    - Pay spend also increased significantly (£28.4m) due to the funded increase in notional pension costs (6.3%) which is consistent with previous financial years.
    - Variable pay costs remain significant (£10.6m in month 12 including £0.9m relating to bank pay award assumed costs) and are mainly within nursing and medical staff categories to provide cover for vacancies, sickness and enhanced care.
    - HCSW costs in estates and facilities remain high compared with other Health Boards; however, Estates & facilities agency costs also decreased linked to substantive appointments being made.

- Non–Pay Spend (excluding capital adjustments) - has increased by c.£1.5m (1.7%) due to increased prescribing, GMS, CHC and funded WHSSC costs.

- The number of Covid-19 positive patients in hospital has increased throughout March. The total number of patients (positive, suspected and recovering) is 159 (31st March 2023). There remain a considerable number of patients recovering from Covid-19 across wards in the Health Board. The temporary staffing cost to operate these areas, some of which are surge capacity, remains significant.

- 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 277 inpatients who are fit for discharge as at the end of March; approximately 24% of the blocked bed days are health related, 55% are social care and package of care related with the remaining 21% relating to other reasons e.g. patient/family related, nursing homes, etc.

- The estimated cost of the associated blocked bed days which are social care and package of care related is c.£12.1m using a £200 cost per bed day (actual costs may be more due to agency usage). The surge capacity required for this as well as the increased Covid measures in place continues to result in overspends across the HB. There also remain challenges in terms of demand and flow across the HB. The ideal is to reduce the requirement for this capacity to achieve a safe and sustainable aligned service, workforce and financial plan for the HB.

- Surge capacity, covering vacancies along with elective activity are driving on-going financial pressures.

- In March a number of other key issues resulted in the 2022/23 financial performance aligning to the overall forecast deficit of £37m:-

    - National Covid slippage on funding (c.£0.7m benefit)
    - Public Health slippage on funding (c.£1.3m benefit)
    - Reduced Velindre drugs expenditure (c.£0.8m benefit)
    - WHSSC additional costs (£0.9m adverse)
    - Increased prescribing costs (c.£2m adverse)
    - Regional Programme Board funding (c.£1m benefit)
    - Study leave accrual increase (c.£0.4m adverse)

Additional local Covid-19 costs are being incurred due to the following:

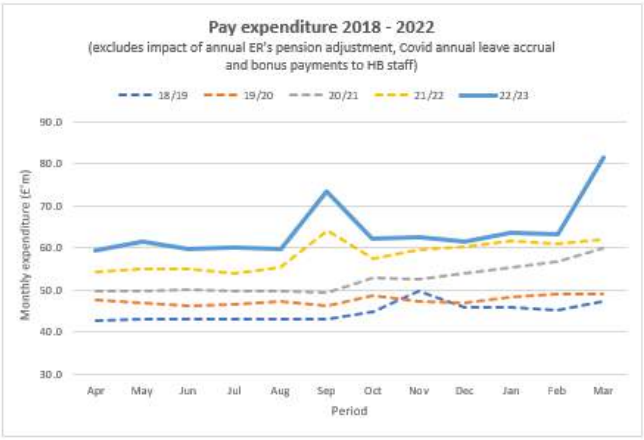
- Additional services established to deal with exceptional emergency pressures across all sites,
- 'green' patient pathways to minimise infection,
- additional bed capacity across hospital sites,
- the number of patients requiring enhanced care,
- delayed discharges for patients waiting for social care support and packages of care, and
- service models being flexed to respond to service pressures faced.

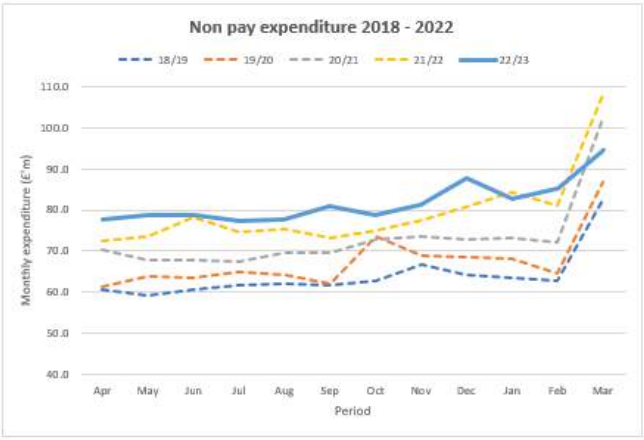
Key areas of focus for mitigating actions for the Health Board remain:

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- 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 HCSW 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/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 particularly for pay. If the service response to Covid-19 implications could be de-escalated it should result in cost reductions and would benefit the operational areas currently impacted.



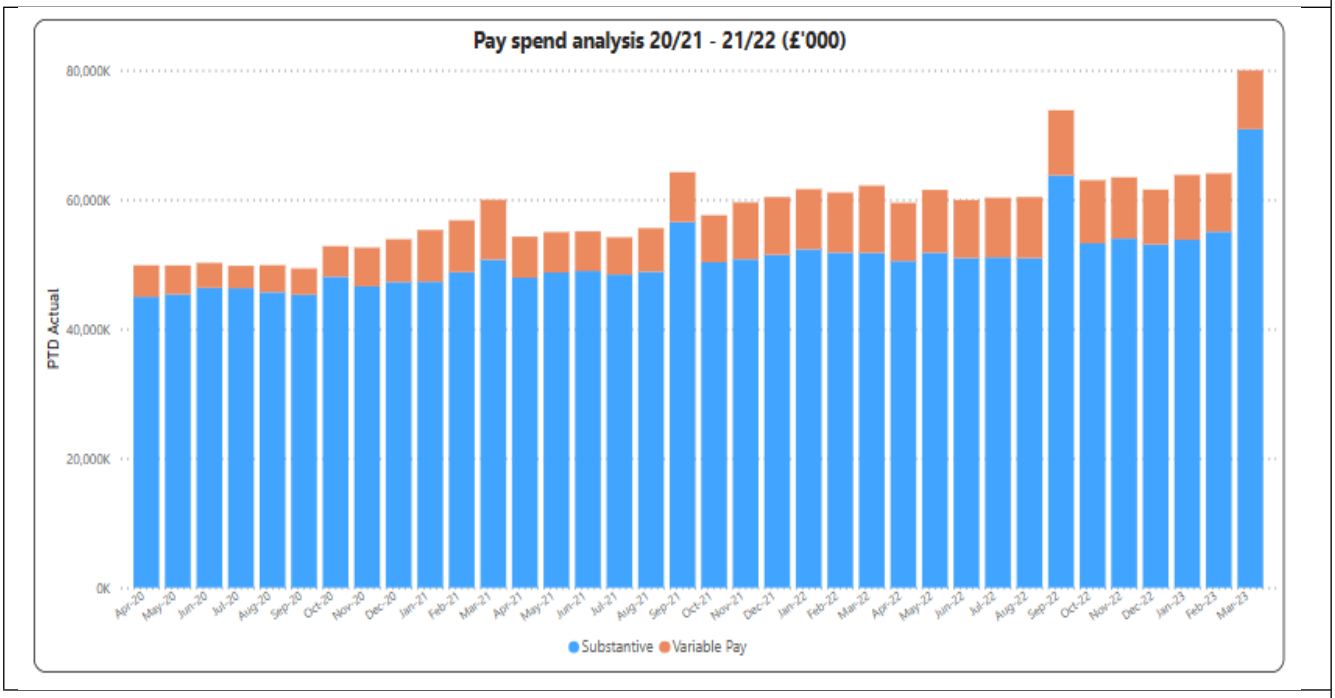


Workforce

The Health Board spent £81.5m on workforce in month 12 22/23 an increase of £18.3m (excluding the notional pension uplift) compared with month 11 (21/22 monthly average of £58.3m).

This is due to the month 12 inclusion of funded pay award costs of c.£16.2m and £2.1m of additional pay costs above month 11, an increase in spend trend.

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



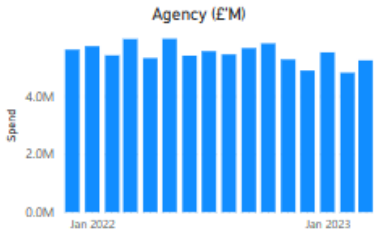
[1] *To enable useful comparisons and trends all references to 21/22 pay expenditure exclude the month 12 expenditure for: Covid-19 annual leave provision (£2m), and Additional employer pension contributions (6.3%/£27m).*

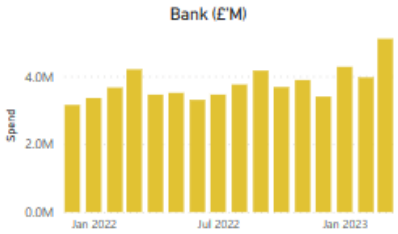
Substantive staff

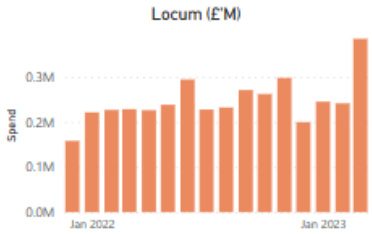
Substantive pay was £70.9m in March (exc. annual leave related adjustments and notional pension contributions) – a £15.8m increase compared with February. The wage awards, at 1.5% each, Non-consolidated (c.£7.2m) and consolidated (c.£9m) were accounted for in March 2023. Bank holiday enhancements were paid for the Christmas and New Year period (£1.1m) in February resulting in a comparative reduction in March expenditure.

Variable pay

Variable pay (agency, bank and locum) was £10.7m in March (excluding agency nursing provision adjustments) – an increase of £1.7m compared with February due to consolidated pay award (1.5%) for bank staff. Enhanced care and vacancy cover particularly within Mental Health continue to present a financial pressure.

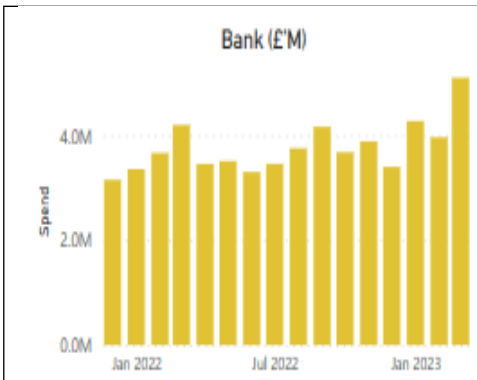






In March 2023, there continues to be a reduction in off-contract agency usage which should progress into the 2023/24 financial year.

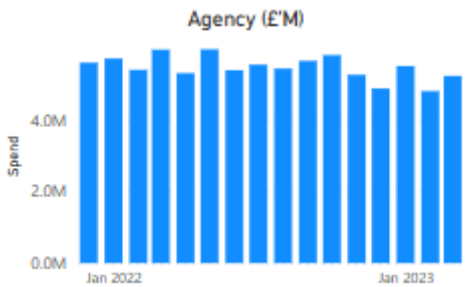
Bank staff



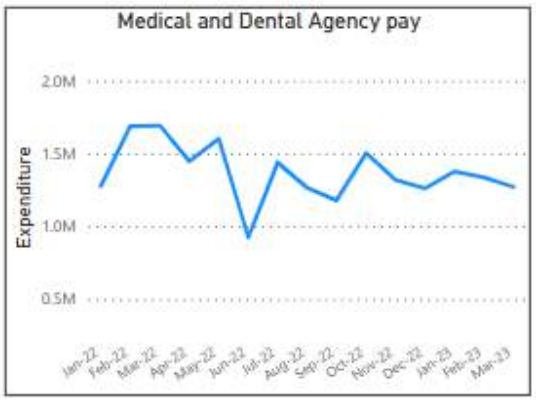
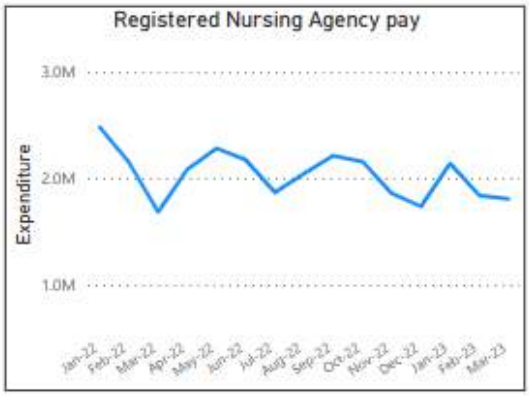
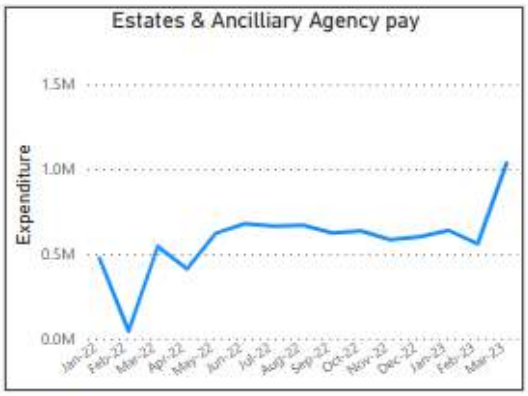
In-month spend of £5.1m, a £1.1m increase compared with February.

- Consolidated pay award (1.5%) accounted for in March (£0.9m).
- Continued pressures in Medicine wards, GUH ED and community hospitals.
- Continued high usage of enhanced care shifts particularly linked to Mental Health.
- Continued expenditure in Critical Care, general surgery and Trauma & Orthopaedics for operational pressures
- £0.45m expenditure within medicine wards in YYF.

Agency



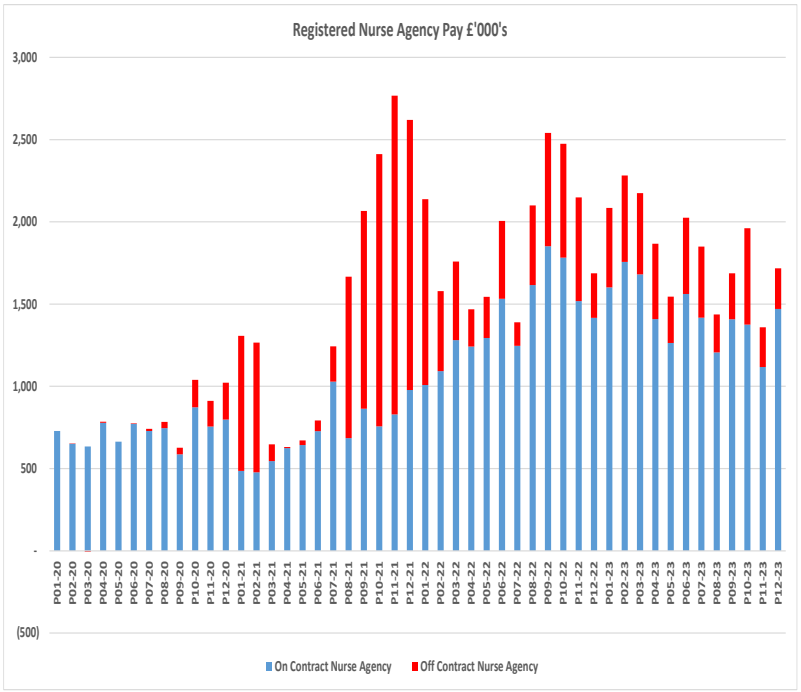
Total agency spend in March was £5.2m (excluding the nurse agency provision adjustments) an increase of £0.4m compared with February. Costs stated exclude the release of any agency provision as a result of the review of cancelled shifts across all Divisions.

	• In-month spend of £1.3m, a similar position compared with February. ○ Continued pressures in Medicine wards, GUH ED and community hospitals to cover operational pressures. ○ Increase in COTE expenditure for operational pressures. ○ Increased trauma & orthopaedics costs for operational and additional activity. ○ On-going costs for managed practices (£0.1m in March). • Medical agency spend averaged c.£1.3m per month in 2021/22.
	• In-month spend of £1.8m, a similar position compared with February. • Reasons for use of registered nurse agency include: ○ Additional service demand including opening additional hospital beds (winter surge), support for recovering Covid-19 patients, ○ Enhanced care and increased acuity of patients across all sites, ○ On-going sickness and international recruitment costs and, ○ vacancies • Increased costs in GUH Emergency Department and medicine wards linked to enhanced care, sickness pressures as well as vacancy cover. • Registered Nursing agency spend averaged c.£1.9m per month in 2021/22.
	• In month spend of £1m on Estates & Ancillary agency, an increase of £0.4m compared with February due to consolidated and non-consolidated pay award effect for agency staff covering substantive positions primarily within GUH and mainly related to Covid. • Reasons for use of agency include: ○ Meeting enhanced cleaning standards, ○ Covid-19 and surge capacity ○ Enhanced care and increased acuity of patients, ○ Sickness, ○ Vacancies and ○ Supporting the Mass Vaccination Programme. • Estates and Ancillary agency spend averaged c.£0.5m per month 2021/22.

Registered Nurse Agency

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

Health Board spend for the 2022/23 financial year is £22m on registered nurse agency. The use of "off-contract" agency – not via a supplier on an approved procurement framework – usually incurs higher rates of pay and remains significant in month.

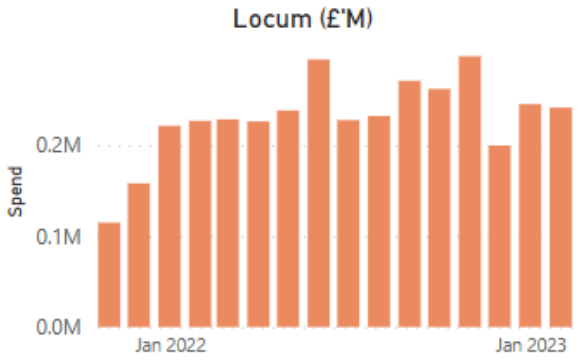


The Health Board spent £0.25m on **"off" contract** RN agency in March which is at a similar level compared with February expenditure levels. These costs reflect the on-going vacancy cover and the usage of agency to cover enhanced care hours. The main reasons for its usage are:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety,
- Covid-19 responses (especially for recovering patients), and
- Increased sickness and cover for staff in isolation.

It should be noted that the number of unfilled nursing shifts remains at a high level throughout the HB. If all these shifts were filled (c.200wte in February/March) through variable pay the cost impact would be significantly increased.

Medical locum staff



- Total locum spend of £0.4m in month, a £0.2m increase compared with February.
  - General Surgery additional activity resulted in £0.075m in-month expenditure.
  - Adult Mental Health £0.059m had significant in-month expenditure covering vacancies.
  - Radiology remains the specialty with the greatest 2022/23 expenditure.
  - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

Enhanced Care

Enhanced Care, also known as 'specialling', can be provided for a variety of reasons ranging from the provision of assistance to 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.

A review of the financial impact of 'enhanced care' – including the use of bank and agency staff – has identified the following use of nursing staff:

	2020/21	2021/22	2022/23	2022/23 increase
Average number of hours used per month	15,305	35,446	36,616	3%
Average monthly notional expenditure (£m)	£ 0.24	£ 0.70	£ 0.79	
Increase in average notional cost per month (£m) compared to prior year				£0.1m
Total annual costs (£'000)	**2,826**	**8,413**	**9,497**	**1,084**

In March, enhanced care hours and associated costs remained high within the Medicine Division with significant use in Mental Health, Community Hospitals and Scheduled Care. It should be noted that the hours quoted are the number of bank and agency hours worked using 'enhanced care' as the reason for booking. Notional costs are calculated using average registered/unregistered hourly rates incurred. These have been updated for 2022/23 using shift time, type and specialist rates where defined, as well as updating for bank payments.

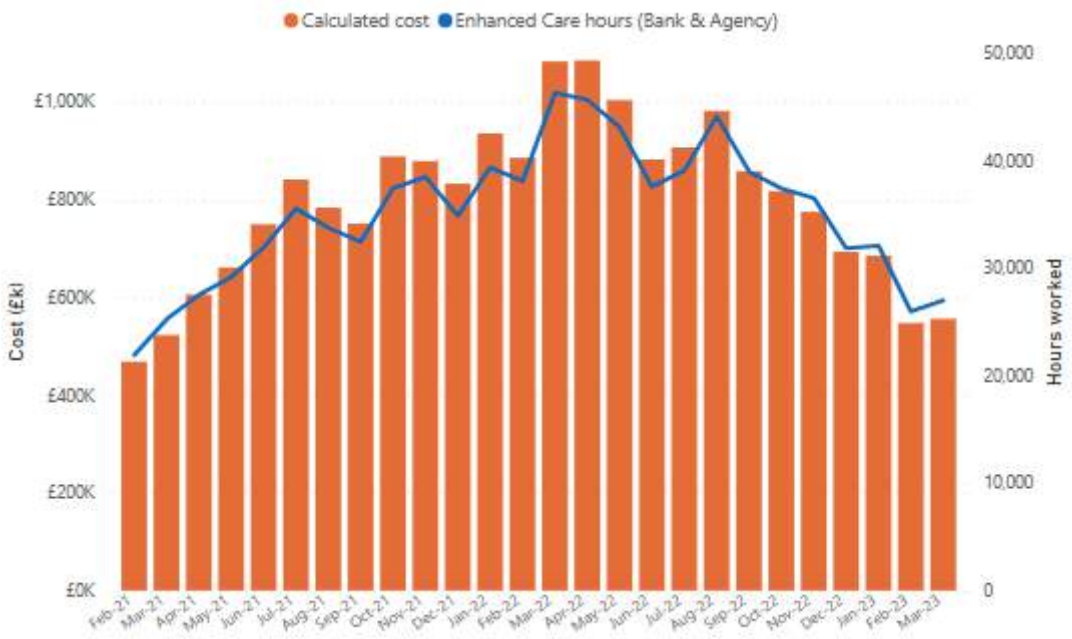
There has been an increasing trend in the use of enhanced care hours (and associated costs) from February 2022 (see graph below). The monthly average from April 2021 to February 2022 was approx. 34,400 hours and £0.68m cost. The March 2023 cost of £0.56m is now lower than this average and is forecast to continue into 2023/24.

The level of the provision of enhanced care for patients within Medicine for April 2022 to March 2023 is shown below (note NHH February data not available):

Enhanced Care by Hospital Site as a percentage of total bed capacity	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
RGH												
Total no of Medicine beds	192	192	192	192	192	192	192	192	192	192	192	192
monthly average enh care patients	42	44	43	30	45	55	58	69	46	33	28	59
%age of beds in receipt of enh care	22%	23%	22%	16%	23%	29%	30%	30%	24%	17%	15%	31%
NHH												
Total no of Medicine beds	164	164	164	164	164	164	164	164	164	164	164	164
monthly average enh care patients	62	59	59	39	35	28	26	26	26	25		17
%age of beds in receipt of enh care	38%	36%	36%	24%	21%	17%	16%	16%	16%	15%	0%	10%
GUH												
Total no of Medicine beds	91	91	91	91	91	91	91	91	91	91	91	91
monthly average enh care patients	40	29	24	18	32	41	36	41	29	36	32	30
%age of beds in receipt of enh care	44%	32%	26%	20%	35%	45%	40%	45%	32%	40%	35%	33%
YYF												
Total no of Medicine beds	148	148	148	148	148	148	148	148	148	148	148	148
monthly average enh care patients			63	46	35	49	52	53	42	39	34	46
%age of beds in receipt of enh care	0%	0%	43%	31%	24%	33%	35%	36%	28%	26%	23%	31%
Total												
Total no of beds	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**	**595**
Total monthly average enh care patients	**144**	**132**	**188**	**134**	**147**	**173**	**172**	**189**	**143**	**133**	**94**	**152**
	24%	**22%**	**32%**	**22%**	**25%**	**29%**	**29%**	**32%**	**24%**	**22%**	**16%**	**26%**

The following graph highlights the increase in hours attributed to enhanced care for the period April 2021 to March 2023 using bank and agency registered nurses and health care support workers.

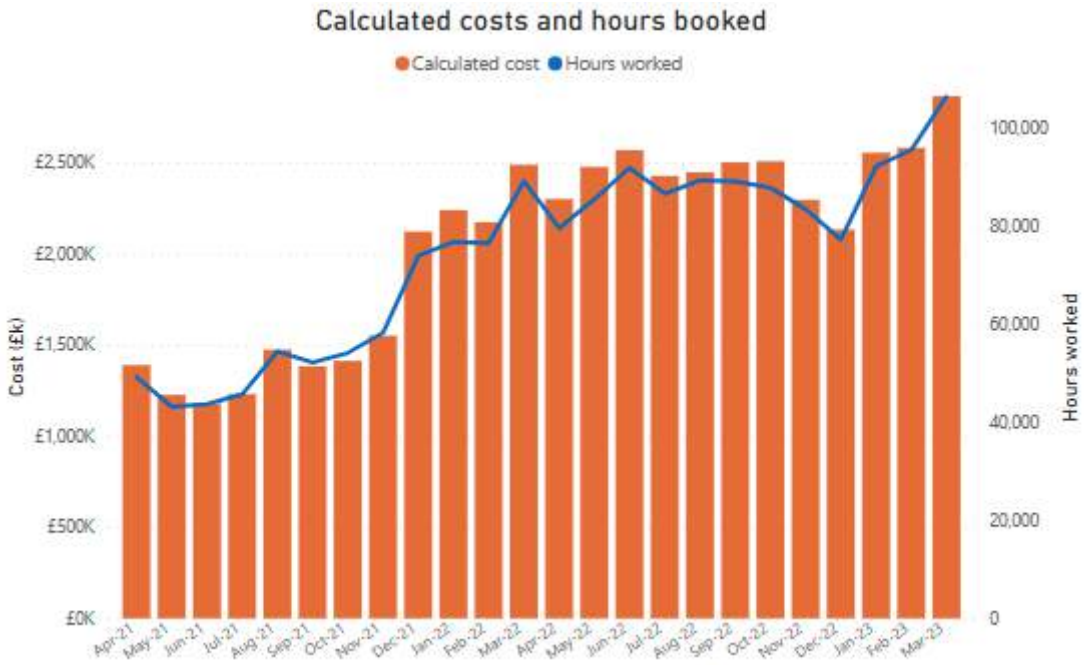
Enhanced Care bank and agency calculated costs and hours booked



Nursing vacancy cover

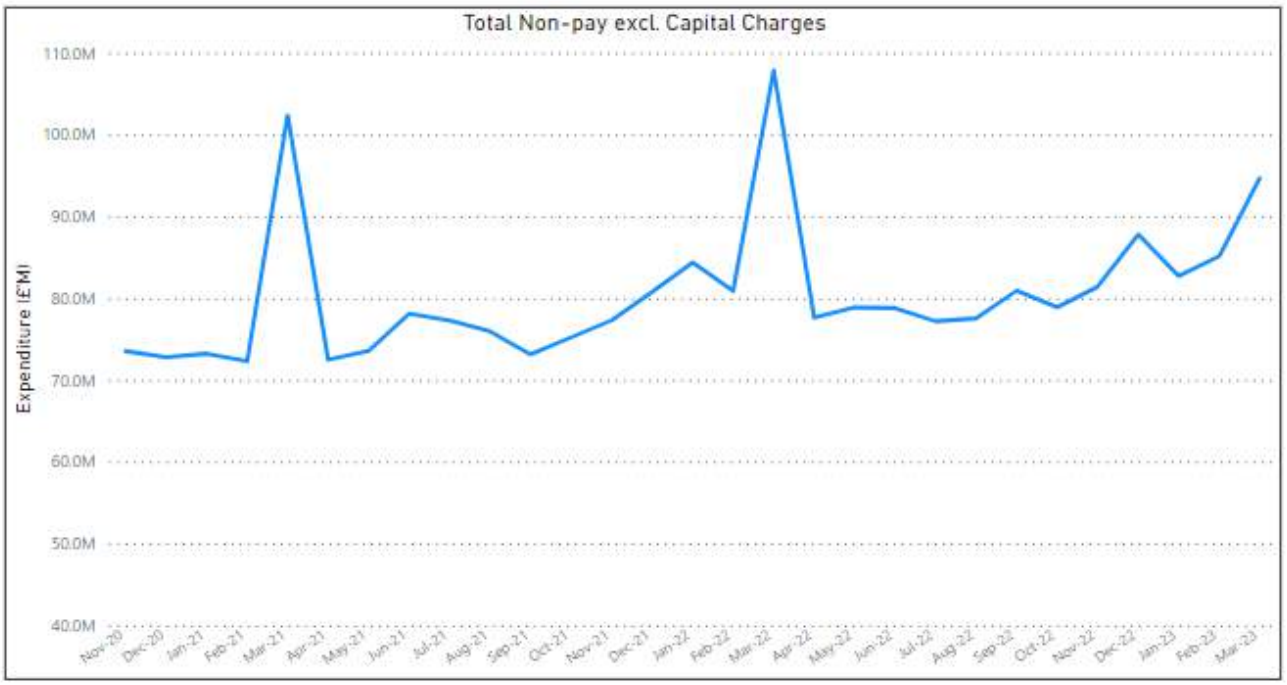
The graph below describes the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in March variable pay relating to vacancies remains significant and is c.£2.87m of 'notional calculated' expenditure.

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



Non-Pay

Spend (excluding capital) was £94.7m in March which is a £9.5m increase in comparison with February. Funded WHSSC costs, GMS, CHC and prescribing costs all result in increased March expenditure. The increased costs described were off-set by reduced national Covid schemes costs within Mass Vaccination, Testing, long Covid and Public Health slippage against funded costs. 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):-



Increased energy costs remain a volatile cost pressure, additional funding received was c.£13.7m, based on latest data from NWSSP. 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.

Other areas to note are:

- CHC Mental Health – the current patient numbers at the end of March were 422 (at a cost of £4.2m in March) which is unchanged from February.
- CHC Adult / Complex Care - 587 total active placements (increase of 6 from February). There was a decrease of 2 D2A patients and a decrease of 1 placement on the 'Step Closer to Home' pathway (23 total) in March. The table below summarises the current position:

Activity	March 2023	February 2023	Movement
D2A	40	42	-2
Step Closer to Home	23	24	-1
All Other CHC	524	515	+9
Total	587	581	+6

- FNC - currently 963 active placements, which is an increase of 17 from the end of February placements (expenditure of £0.88m in March).
- CHC Paediatric – currently 29 Out of County patients (2022/23 cost of £1.9m) and 14 internal packages. There were 2 high cost patients which significantly increased the costs incurred in March 2023. Procedures are being reviewed given this increase was outside of forecast levels of activity.
- Primary Care prescribing – the expenditure year to date is £114.9m. The March 2023 costs are based on growth in items off-set by the impact of implementing 56 day prescribing (using underlying growth estimate) with an average cost per item of £7.21, No Cheaper Stock Obtainable (NCSO) drug costs remain high, historically this cost pressure related to 5 or 6 drugs however, this has increased to approximately 200 drugs with an increased pressure of £1.1m.

Service Pressures & Activity Performance

Bed Capacity

Additional medical beds have been opened as part of responding to the system pressures described previously. Additional capacity beds increased in March 2023 and is now at 188 beds (185 additional beds in February) these are described in the table below:

No. of Additional Beds						
Site	**Ward**	**Nov-22**	**Dec-22**	**Jan-23**	**Feb-23**	**Mar-23**
RGH	C6E Med Additional Capacity from Oct	30	30	30	28	28
	Other wards	8	0	0	0	0
NHH	3rd Floor	11	11	11	11	11
	4th Floor	7	7	43	41	41
	AMU	0	0	0	0	0
GUH	B4	8	8	8	8	8
	A4	1	2	2	1	4
	A1	8	8	8	8	8
	Fox Pod	0	0	0	0	0
	Other wards	6	3	0	0	0
YYF	Rhymney	0	2	0	0	0
	Rhymney (Homeward Bound 'ward')	0	0	0	12	12
	MAU	27	27	27	27	27
RGH AMU	AMU / D1W	0	6	12	0	0
Sub-total Medicine		**106**	**104**	**141**	**136**	**139**
STW	Ruperra	24	24	24	24	24
	Holly	0	10	10	10	10
YAB	Tyleri	15	15	15	15	15
Sub-total Community		39	49	49	49	49
Total		**145**	**153**	**190**	**185**	**188**

Due to Urgent Care system pressures there is also frequently the need to 'Board' patients in temporary beds in wards, which is not reflected above.

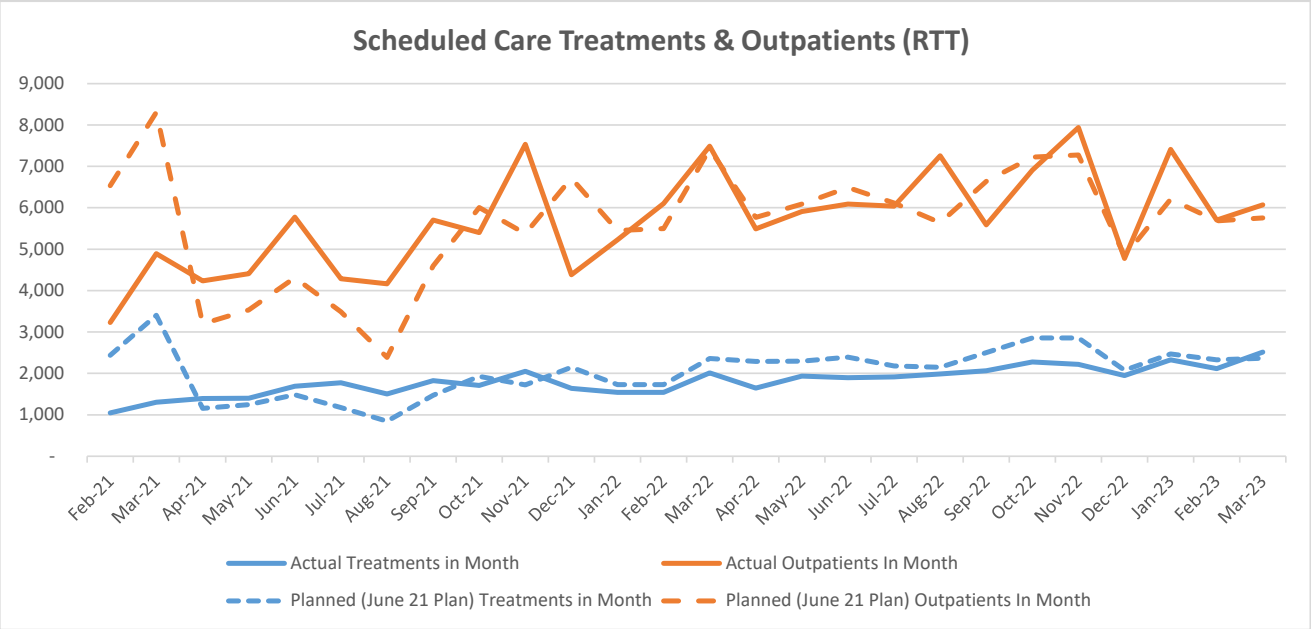
Scheduled Care treatments and outpatients

Elective activity increased in March using additional clinics, however, the 2022/23 performance was significantly below planned levels (3,916 treatments under plan for 2022/23). Activity remains below plan due to a range of reasons including vacancies, sickness, reduced theatre utilisation and a low uptake to provide additional sessions. Urgent care pressures and winter plans will have also affected performance.

Outpatient activity increased compared with February and remains above planned activity for the financial year. This is predominantly due to the use of Virtual clinics. It should be noted that elective activity remains lower than pre-Covid-19 levels.

Activity plans are linked to demand and capacity plans and triangulated with service, workforce and financial impact.

For future years there remains significant efficiency opportunities in the delivery of elective care.



- Elective Treatments for March '23 were 2,515 (February '23 were 2,118).
- Outpatient appointments for March '23 were 6,074 (February '23 were 5,705).

Scheduled care performance is based on the original Divisional D&C plans, which were agreed at the beginning of the financial year. Variable activity remains lower than plan driven by staff availability, but there has been reluctance this year from consultants to undertake WLIs (particularly in T&O) due to the potential pension tax impacts. The Division refreshed their D&C plans to give a more realistic target. As at the end of M12, achievement of core activity (not WLI or backfill lists) was consistent at 92.6%. The achievement against core targets needs to be maximised to avoid the use of variable activity high cost solutions.

Medicine Outpatient Activity

Medicine Outpatient activity for March '23 was 2,006 attendances (February '23 was 1,710 attendances and 2021/22 activity 15,581, a monthly average of 1,298). The year to date activity is presented by specialty below:

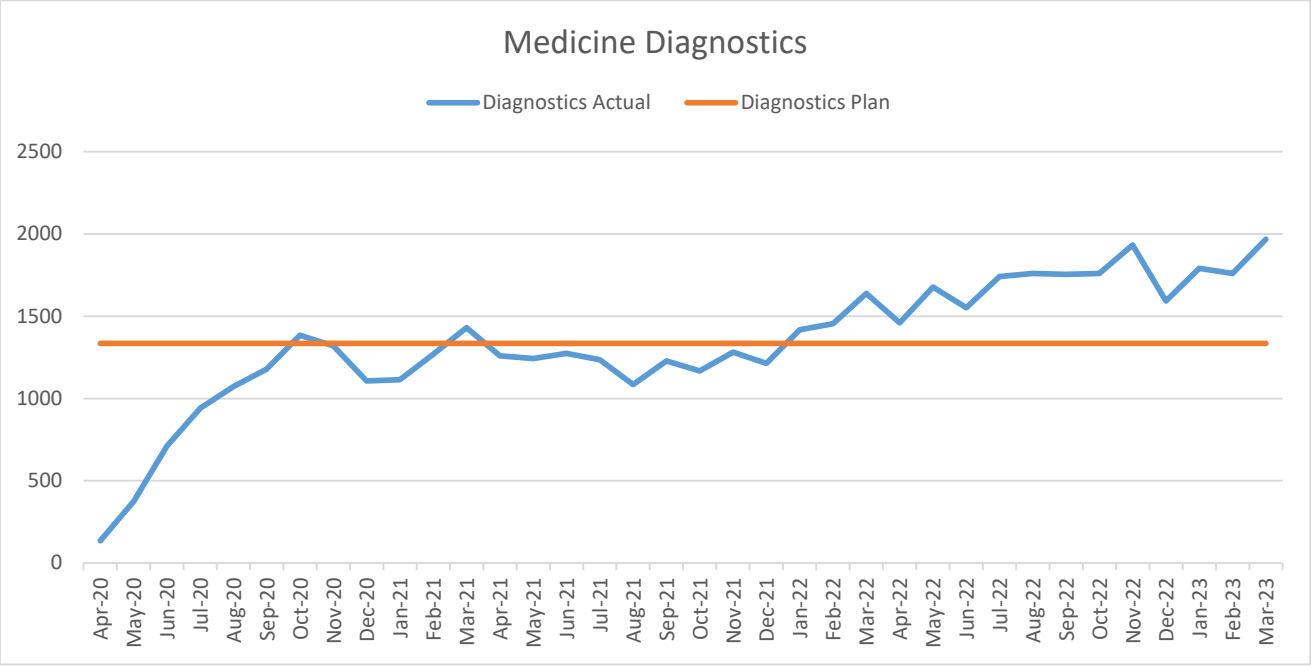
Mar-23

YTD Mar-23	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	5875	3288	-2587	44%
Cardiology	5775	4377	-1398	24%
Respiratory (inc Sleep)	6215	4464	-1751	28%
Neurology	3094	2982	-112	4%
Endocrinology	2512	1919	-593	24%
Geriatric Medicine	3346	2228	-1118	33%
Total	**26817**	**19258**	**-7447**	**28%**

Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for March '23 was 1,967 procedures which is 633 cases more than plan. Additional services have been commissioned.

The activity undertaken since April '20 is shown below;



Covid-19 – Revenue Financial Assessment

Total Covid-19 funding was c.£70.9m with costs incurred for the 2022/23 financial year c.£70.2m stated as follows:

- Testing - £4.53m. This funding includes Testing Team and Pathology department testing costs.
- Tracing - £6m
- Mass Vaccination - £7.75m
- Extended flu - £1.5m
- PPE - £2.2m
- Cleaning standards - £2.6m
- Long Covid - £0.8m
- Nosocomial investigation - £0.8m, and
- Other additional local Covid-19 costs (now including dental income target reduction) - £44.5m.

The Health Board is reporting costs for additional capacity and maintaining Covid-19 safe and compliant operational service delivery across all sites, as part of the other additional local Covid-19 costs.

Though a higher cost, the Covid assumptions are in line with those used for the submitted IMTP, correspondence from WG and the IMTP financial assumptions letter sent in March 2022.

The table below describes allocations which have been confirmed and received.

Type	Covid-19 Specific allocations - March 2023	£'000
HCHS	Tracing	6,058
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	4,577
HCHS	PPE	2,324
HCHS	Mass COVID-19 Vaccination	6,540
GMS	Mass COVID-19 Vaccination	1,560
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,285
HCHS	Cleaning standards	2,594
HCHS	Long Covid	887
HCHS	A2. Increased bed capacity specifically related to C-19	10,535
HCHS	A3. Other capacity & facilities costs	7,267
HCHS	B1. Prescribing charges directly related to COVID symptoms	22
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	14,716
HCHS	D1. Discharge Support	7,315
HCHS	D5. Other Services that support the ongoing COVID response	1,987
HCHS	Nosocomial investigation and learning	753
	Total Covid-19 Allocations	**70,937**

Exceptional Cost Pressures

The exceptional cost pressures recognised by Welsh Government for 22/23 include energy prices, employers NI and the Real living wage costs for social care contracts.

- It should be noted that increased energy costs are based on forecasts provided by NWSSP adjusted for any local information. Energy prices were adjusted based on the latest information received in March. For reference historic energy costs were c.£8.5m in 2021/22.
- Employers NI and Real living wage funding have been received.

Type	Exceptional items allocations - March 2023	£'000
HCHS	Energy prices increase	13,596
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	Total Exceptional items allocations	**18,703**

- **Revenue Reserves**

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose.

The following reserves, relating to WG Funding, were approved for delegation by the CEO in Month 12.

£1.143m New Medical Training Posts 2017-2022 cohorts - delegate funding to Divisions in line with WG/HEIW schedules	£1.210m Dispensing Doctors and PADMs fee increase - delegate to Primary Care as per funding letter
£7.179m Non-consolidated pay award 1.5% - delegate to Divisions as per payroll schedules	£68k Non-consolidated consultants pay award – delegate to Divisions in line with actual payments
(£45k) National Imaging Academy underspend – recover income from External Commissioning	£49k Research and Development pay award – delegate to R&D following WG confirmation
£248k Single Lead Employer 1.5% Non-consolidated pay award – delegate across Divisions in line with costs	£33k Planned Care PSA programme additional funding – delegate to Director of Planning and Digital/ICT
£8k HR work undertaken at BCUHB – delegate to Director of Workforce	(£153k) IMCA/LPS funding recovery – recover funding reduction from Primary Care and Workforce
£4k National Clinical Lead for Falls / Frailty additional funding – delegate to Medicine for clinical sessions undertaken	£50k Learning Disabilities funding RPB – delegate funding to Chief Executive
£50k Mental Health Sanctuary – delegate to Mental Health & LD	

There is no contingency reserve held by the Board in 22/23.

Long Term Agreements (LTA's)

LTA agreements have been signed with all Welsh providers/commissioners in accordance with the DOF LTA Financial Framework for 2022-23. Performance data shows significant variation from baselines levels (both under and over performance) depending on the provider / commissioner.

Work is ongoing to review the performance variation by provider to inform the performance and financial forecast that may crystallise in 2023/24. Velindre NICE drug forecasting proved to be particularly volatile in 2022/23 as a result of rebates. ABUHB has established a clinically led drugs review process with Velindre NHS Trust.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position was a brought forward value of £21m. Going into 2023/24 the position was planned to be an underlying deficit to carry forward of £8.1m; this was based on the level of IMTP planned in year recurrent savings.

A paper describing the closing forecast underlying position was agreed in principle with the Finance & Performance Committee (11th January 2023).

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

- Forecast 2022/23 deficit - £37m
- Local Covid schemes becoming recurrent - £30m

- Energy costs - £13.6m
- Full year effect of 22/23 plans (and non-recurrent actions) - £9m
- Total £89.6m

Financial sustainability is an on-going priority and focus for the Health Board.

It is noted that this assumes Health Board savings schemes for 2022/23 are implemented on a recurrent basis.

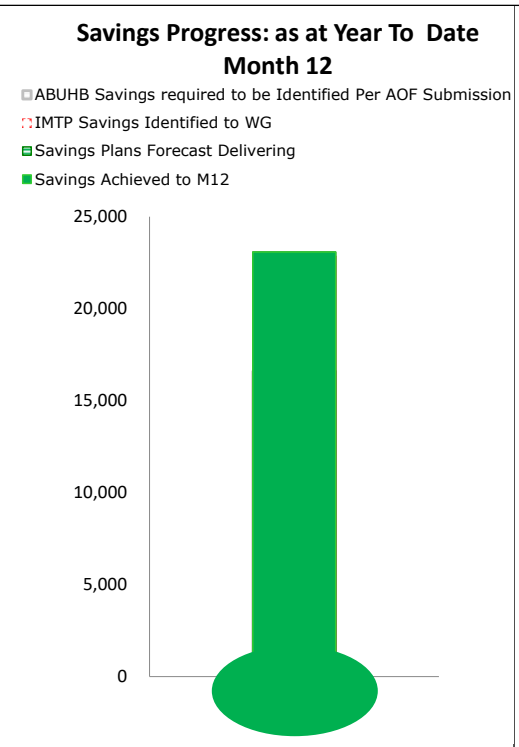
Savings delivery

As part of the IMTP submitted by the Board to Welsh Government (March 2022), the financial plan for 2022/23 identifies a core savings requirement of £26m and cost mitigation of £19m. As part of the mid-year review a revised savings plan of £23m has been confirmed.

In agreement with the Board, IMTP savings schemes were replaced with alternative savings plans which were required to deliver in full in order to achieve the £37m deficit forecast. The revised savings forecast plan was made up of:

	£'000
Original IMTP plan	26,238
Remove amber schemes which will not be achieved and adjustments for forecast schemes being achieved	(19,818)
Additional amber schemes input in month 6	16,663
Revised 2022/23 savings forecast	**23,083**

Actual savings delivered for 2022/23 amounted to £23.1m, in line with revised delivery profile; however, they were not all recurrent.



Month 12 Forecast Savings Plans

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	1,504	1,504	0	0
Commissioned Services	4,072	4,072	0	0
Medicines Management (Primary and Secondary Care)	4,222	1,482	2,740	3,451
Pay	3,849	1,728	2,122	2,654
Non Pay	9,436	9,385	51	180
Total	**23,083**	**18,171**	**4,913**	**6,285**

Further scheme detail is provided in the appendices

Savings by WG monitoring return (MMR) and general category are shown as per the table below:

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,680		2,680
	Scheduled Care rationalisation / switching original plan	215		215
	Scheduled Care Lenaliomide	1,301		1,301
	Further medicines management	27		27
Pay	Variable pay - sickness / overseas & medical agency	2,113	-	2,113
	MSK	28	-	28
	Further medical agency	597		597
	Enhanced Care	575		575
	HCSW agency	506		506
	DTOC / Surge beds	1,500		1,500
	All others	177		177
Non-pay	Procurement revised	941	-	941
	Facilities related	232	-	232
	Adult & Paediatric CHC	1,504		1,504
	Other non-pay / schemes	979	-	979
Income / other schemes	Specific funding queries	2,278		2,278
	Hospital / Out of hospital efficiency	1,343		1,343
	Testing reduction	1,600	-	1,600
	Commissioning	3,955		3,955
	RTT review	533		533
Total		**23,083**	**0**	**23,083**

Forecast savings by Division are shown below:-

Division	Savings delivered		
	Green	Amber	Total
Complex Care	1,304		1,304
Medicine	917		917
Urgent Care	564		564
Scheduled Care	3,489		3,489
Clinical Support Services	400		400
Primary Care and Community	5,553		5,553
Mental Health and Learning Disabilities	966		966
Family & Therapies	611		611
Estates and Facilities	682		682
Corporate	4,642		4,642
Commissioning	3,955	-	3,955
Total	**23,083**	**0**	**23,083**

It is important to note that Divisions continue to pursue savings plans to mitigate underlying pressures.

2022/23 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP (@ M1) for 2022/23 is presented below:

£m Deficit (Surplus)	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Year End Position
Forecast Monthly Position	1.67	1.27	1.01	- 0.39	- 0.39	- 0.39	- 0.45	- 0.45	- 0.45	- 0.45	- 0.45	- 0.52	0.00

The revised profile for 2022/23 with the additional savings (£16.6m) from month 6 mitigating operational pressures reflected shown as follows in the table below:

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	2022/23 year-end position
Revised forecast position	1.67	3.21	3.48	5.97	3.10	5.35	2.96	3.02	3.00	2.42	(0.41)	3.07	**36.84**

Risks & Opportunities (2022/23)

The following risks remain a challenge continuing into 2023/24 from a service, workforce and therefore financial perspective:-

- Ensuring full delivery of the savings plans, especially focussing on recurrent plans, identified in the IMTP
- Workforce absence / self-isolation / vacancies, availability of staff for priority areas,
- Continued or increased delayed discharges of care / medically fit patients in hospital beds including delays in social services and packages of care, (c.£22.3m of which £12m relates to social care reasons),
- Additional operational pressures including increased managed practices, prescribing, external commissioning and nurse vacancy cover,
- IFRS16 - implementation of IFRS16 (lease accounting) in NHS Wales went live in April 2022,
- Additional Welsh Risk Pool and/or Litigation costs,
- Review of 'unpalatable' decisions
- Anticipated WG allocations awaiting receipt, and
- Cash availability
- Ensuring all services are cost effective and sustainable.

Capital

The final Capital Resource Limit (CRL) as at Month 12 totalled £40.723m including £3.135m of funding for new leases that are required to be capitalised under the new lease accounting standard (IFRS16). In addition, grants totalling £62k and disposals proceeds of £59k have been confirmed. The Health Board has agreed the brokerage adjustments required to reflect the end of year expenditure position on All-Wales Capital Programme (AWCP) schemes. These adjustments have been included in the final CRL. The outturn against the overall CRL for 2022/23 is an under spend of £43k.

The GUH final account with Laing O'Rourke is anticipated to be agreed in April. Funding of £387k has been carried forward to 2023/24 in relation to Well-being works, fees, equipment and commissioning costs that will fall into next financial year. The works to Grange House are on-going and due to complete in April 2023.

The completion of Phase 1 of Tredegar H&WBC has been further delayed to November 2023. There continue to be significant cost impacts / risks to the scheme including the re-design of the foundations (£753k plus VAT), EV charging points,

culvert diversion, Heart building stabilisation, brick supply cancellation (£644k plus VAT) and inflation. The current forecast overspend on the total scheme is £531k which will impact on the DCP in 2023/24 unless further WG funding can be secured. If the foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24. The cost advisor has reported costs of £1.076m ex VAT in relation to unfunded inflation allowances on works and fees, EV charging and other required changes that could potentially be submitted as an additional funding request to WG. The HB will look to progress a claim for these costs to mitigate the overspend position.

Works are on-going on the NHH Satellite Radiotherapy Centre Scheme with the temporary car park works and demolitions on programme. Funding of £542k was accelerated from the approved 2023/24 allocation for this scheme. The planned overspend was part of the HB's plan to manage the end of year position by offsetting slippage on other AWCP schemes.

Slippage of £276k has been carried forward to 2023/24 on the YYF Breast scheme due to delays caused by the cold weather, lower than anticipated spend on the contractor's preliminaries and delayed IT equipment deliveries.

Funding of £351k was accelerated from the approved 2023/24 allocation for the Newport East H&WB Centre to cover higher than anticipated expenditure in 2022/23. Planned completion is now expected to be March 2025 due to a 5-week delay caused by the requirement for more extensive asbestos removal works. The additional asbestos works costs of £146k plus VAT impact significantly on the remaining contingency budget.

The Outline Business Case for the Mental Health SISU was approved at March Board and has now been submitted to WG for approval. The scheme reported slippage into 2023/24 of £136k.

The first and second fix works are on-going at RGH Endoscopy. The reported 12-week delay means the scheme is expecting to complete on 2nd October 2023. In total the 12-week delay caused slippage of £2.862m against the fixed CRL allocation agreed with WG at the end of October. The slippage was addressed through brokerage with other AWCP and 2023/24 DCP schemes to ensure the Health Board did not lose the allocation available.

As a result of various works and equipment delays slippage has also been brokered to 2023/24 on ICF/Housing with Care schemes (£63k), RGH Blocks 1 & 2 Demolitions and Car Park (£150k), Emergency Department Waiting Area Improvements (£111k) and End of Year Funding schemes (£239k).

The final Health Board Discretionary Capital Programme (DCP) funding available at month 12 totalled £9.486m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- Reimbursements from AWCP schemes (GUH/ Newport East / RGH Endoscopy) - £727k
- Grant funding received (Sparkle, R&D and Creche) - £62k
- Disposal Proceeds - £59k
- Less 2021/22 AWCP scheme brokerage & AWCP scheme overspends – (£1.866m)
- Plus 2022/23 AWCP brokerage - £2.277m

The final expenditure outturn for 2022/23 was £9.445m resulting in an under spend against DCP of **£43k**.

Cash

The cash balance on the 31st of March is £4.704m, 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 both in March (96.1%) but also for the 2022/23 financial year (95.2%). 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 March is 86.6%, (cumulative 2022/23 was 88.6%). The reduced level of performance is 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. Finance / procurement are re-directing resource to provide training to requisitioners to reiterate the importance of 'no PO, no pay' and correct receipting.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance for the 2022/23 financial year (subject to audit review) – against the statutory revenue and capital resource limits,
- The savings position for 2022/23,
- The revenue reserve position on the 31st of March 2023,
- The Health Board's underlying financial position,
- The cash position, and
- Public sector payment policy performance.

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 DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time HCHS – Health Care & Hospital Services HCSW – Health Care Support Worker HIV – Human Immunodeficiency Virus HSDU – Hospital Sterilisation and Disinfection Unit H&WBC – Health and Well-Being Centre IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health

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

	WET AMD – Wet age-related macular degeneration WG – Welsh Government WHC – Welsh Health Circular WHSSC – Welsh Health Specialised Services Committee WLI – Waiting List Initiative WLIMS – Welsh Laboratory Information Management System WRP – Welsh Risk Pool YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

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

Aneurin Bevan University Health Board

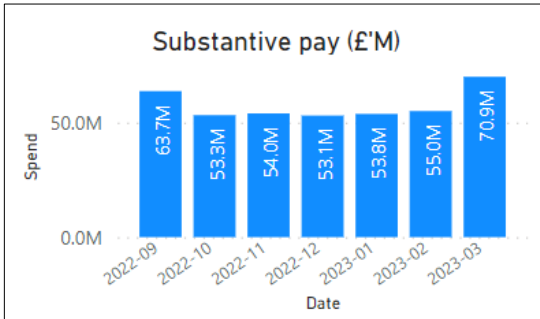
Finance Report – March (Month 12) 2022/23

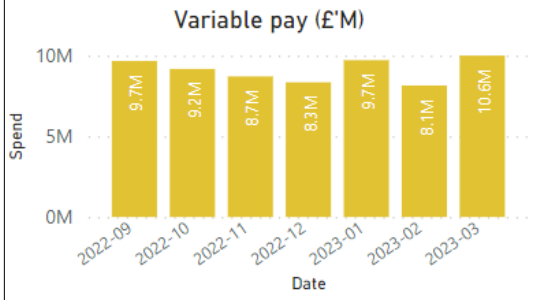
Appendices

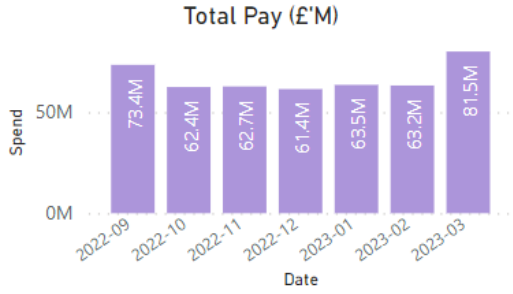
Pay Summary (1) (subject to change excluding annual leave and Pension employer costs):

Note variable pay excludes the effect of changes to the nurse agency accrual.

Costs subject to audit review / adjustments







Substantive (£'000)

Pay category	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Change	%	Avg 21/22
ADD PROF SCIENTIFIC AND TECHNICAL	2,277	1,970	1,955	1,978	1,970	1,981	2,644	663	33.5%	2,219
ADDITIONAL CLINICAL SERVICES	8,952	6,974	7,084	6,660	6,829	7,242	8,982	1,739	24.0%	6,550
ADMINISTRATIVE & CLERICAL	10,817	9,074	9,312	9,287	9,410	9,367	12,548	3,181	34.0%	8,262
ALLIED HEALTH PROFESSIONALS	4,439	3,729	3,751	3,709	3,751	3,829	5,039	1,210	31.6%	3,249
ESTATES AND ANCILLIARY	3,494	2,647	2,732	2,623	2,595	2,769	3,589	820	29.6%	2,611
HEALTHCARE SCIENTISTS	1,087	1,021	988	1,014	1,015	1,039	1,368	329	31.7%	996
MEDICAL AND DENTAL	14,814	12,740	12,797	12,776	13,247	13,312	16,582	3,270	24.6%	11,744
NURSING AND MIDWIFERY REGISTERED	17,845	15,087	15,375	15,019	14,964	15,494	20,127	4,633	29.9%	15,021
STUDENTS	16	9	7	7	7	7	9	2	32.4%	3
Total	**63,741**	**53,251**	**54,002**	**53,072**	**53,789**	**55,041**	**70,889**	**15,848**	**28.8%**	**50,655**

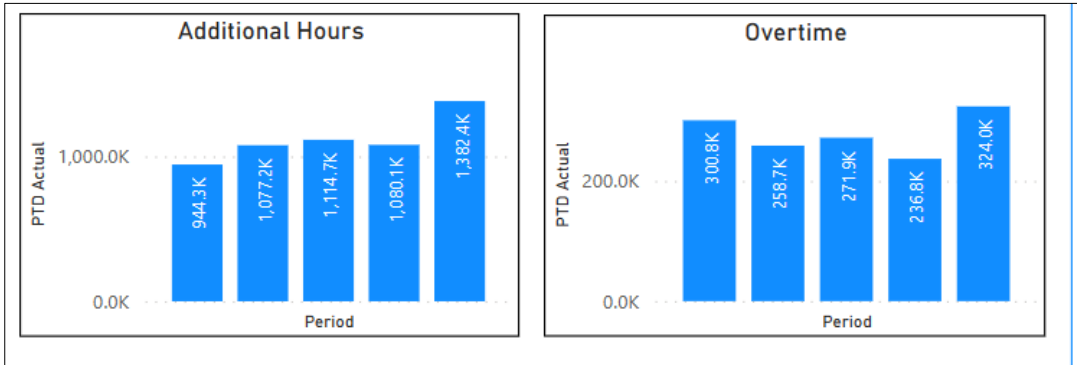
Variable pay (£'000)

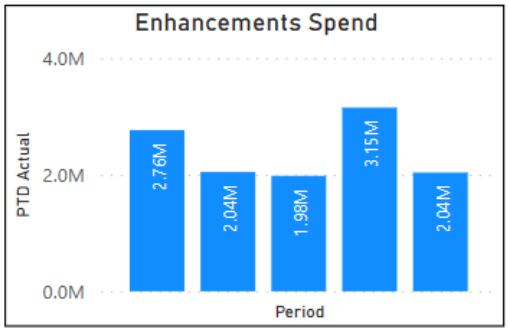
Pay category	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Change	%	Avg 21/22
Agency	5,228	5,232	4,523	4,745	5,195	3,941	5,075	1,134	28.8%	4,774
Bank	4,166	3,681	3,889	3,402	4,277	3,966	5,105	1,138	28.7%	2,812
Locum	271	262	298	200	245	241	385	143	59.4%	152
Total	**9,666**	**9,176**	**8,710**	**8,346**	**9,717**	**8,149**	**10,564**	**2,416**	**29.6%**	**7,738**

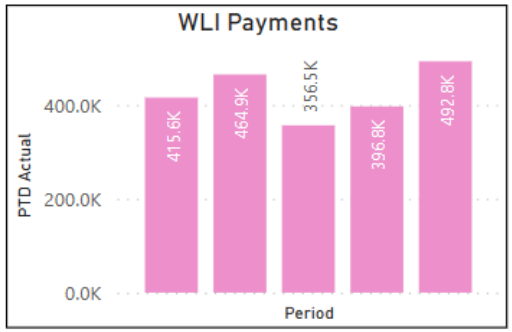
Total pay (£'000)

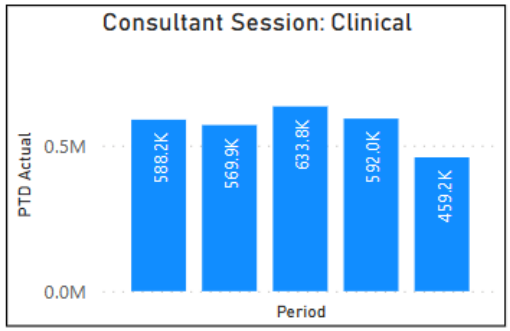
Pay category	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Change	%	Avg 21/22
Pay	**73,407**	**62,426**	**62,712**	**61,418**	**63,506**	**63,190**	**81,453**	**18,263**	**28.9%**	**58,392**

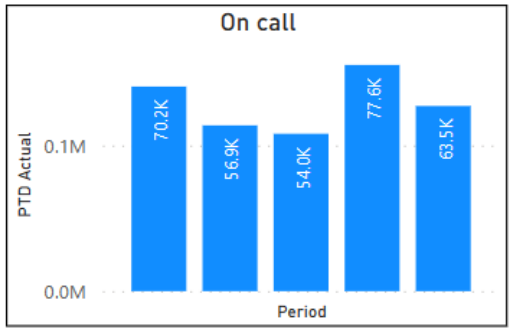
Pay Summary (2): Substantive Pay (subject to audit review / adjustments)









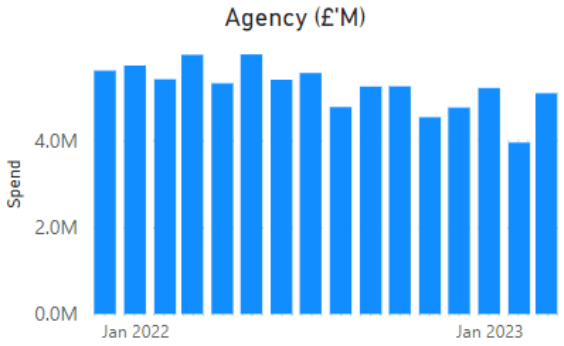


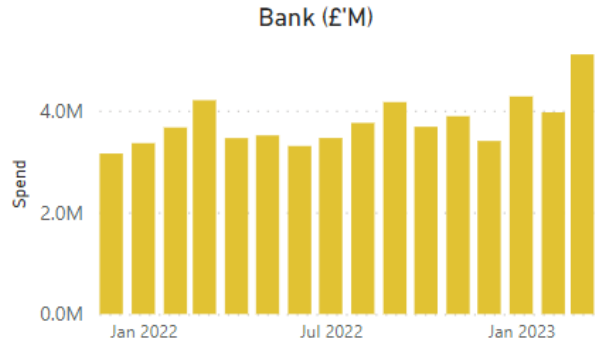
Analysis type by Division

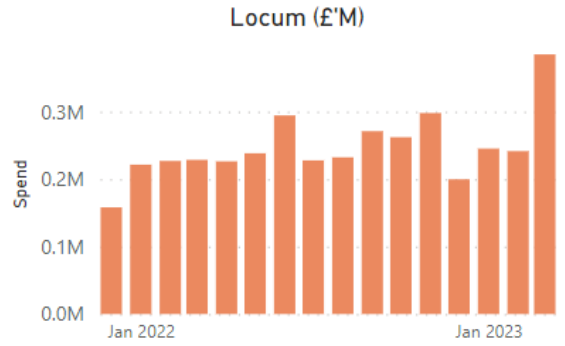
Analysis type	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
⊟ Enhancements						
⊞ Medicine	499	365	351	582	356	2,153
⊞ Scheduled Care	435	321	301	482	318	1,857
⊞ Estates and Facilities	385	294	292	435	310	1,716
⊞ Primary Care & Community	353	245	250	435	247	1,530
⊞ Family & Therapies	346	269	252	385	260	1,511
⊞ Mental Health	239	181	173	283	180	1,056
⊞ Urgent Care	209	156	152	245	157	918
⊞ Clinical Support Services	129	94	92	128	89	532
⊞ CHC/FNC	121	91	87	133	88	520
⊞ Corporate	46	30	30	44	32	182
Total	2,764	2,045	1,980	3,150	2,036	11,976
⊞ ADDITIONAL HOURS	944	1,077	1,115	1,080	1,382	5,599
⊞ CONSULTANTS SESSION: CLINICAL	588	570	634	592	459	2,843
⊟ WAITING LIST PAYMENTS: CONSULTANTS						
⊞ Scheduled Care	195	236	146	126	134	838
⊞ Clinical Support Services	138	147	125	89	143	643
⊞ Medicine	83	81	84	80	98	426
⊟ Urgent Care						
Operations Miscellaneous				100	100	199
Total				100	100	199
⊞ Mental Health				1	11	13
⊞ Family & Therapies			1		6	7
Total	416	465	356	397	493	2,127
⊞ Overtime	301	259	272	237	324	1,392
⊞ ON CALL	70	57	54	78	64	322
Total	5,083	4,472	4,411	5,534	4,758	24,259

Pay Summary (3): Variable Pay (subject to audit review / adjustments)

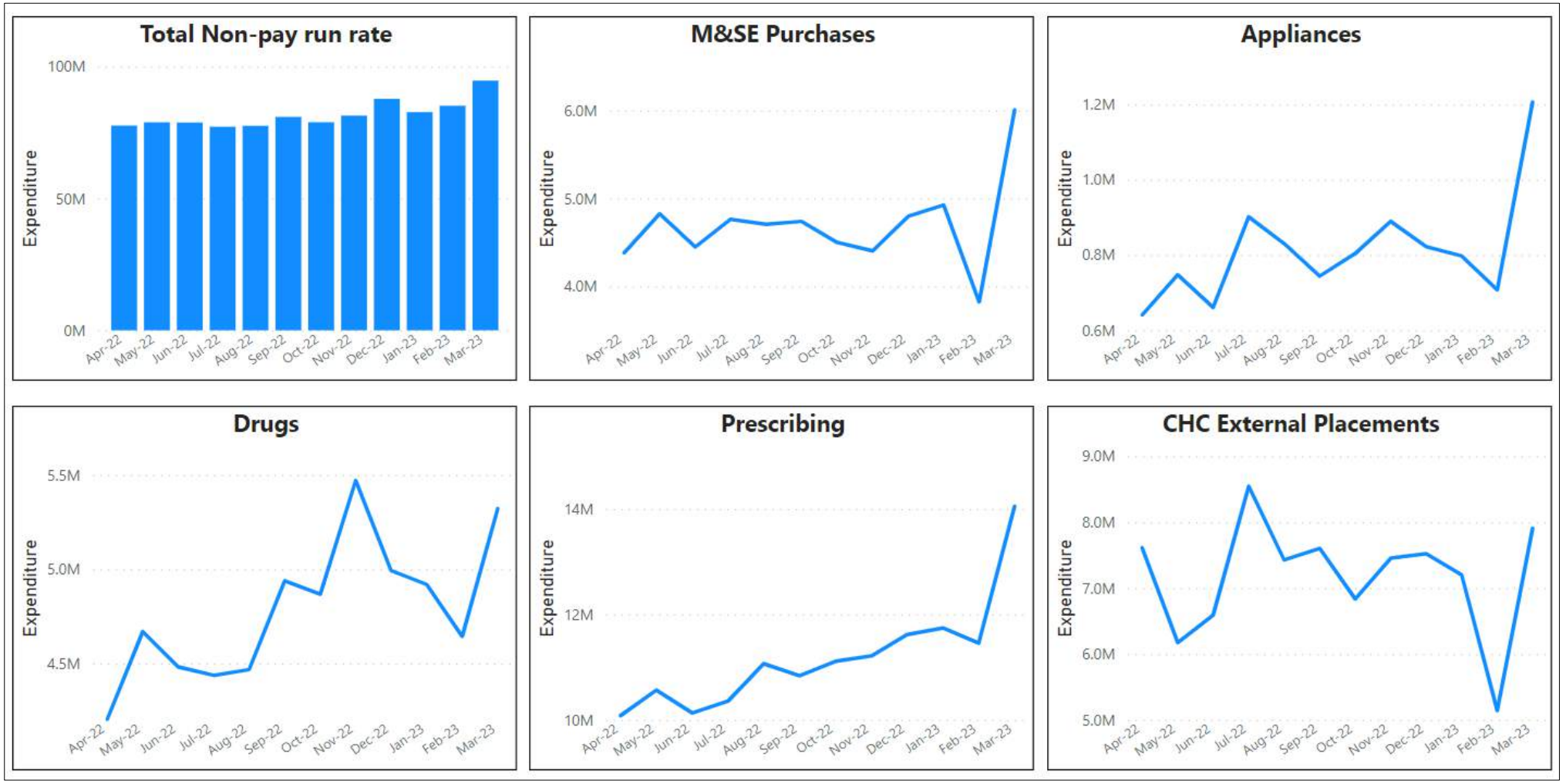
Pay category	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Change	%
Agency																		
Admin & Clerical Agency	191	243	237	412	148	179	164	204	126	118	85	124	152	79	10	147	137	1313.8%
Allied Health Prof Agency	172	144	155	213	108	136	169	155	97	319	187	279	108	232	188	165	-23	-12.3%
Estates & Ancilliary Agency	807	474	44	544	413	622	677	663	669	623	635	583	602	639	560	1,036	476	85.0%
Medical Agency	1,704	1,278	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	-65	-4.9%
Nurse HCA/HCSW Agency	67	917	951	1,020	1,101	1,086	1,185	1,122	908	863	867	663	898	853	423	625	202	47.7%
Other Agency	114	180	170	390	-1	61	87	88	146	100	105	116	37	53	64	105	41	64.1%
Registered Nurse Agency	2,540	2,475	2,148	1,687	2,084	2,282	2,175	1,867	1,546	2,025	1,849	1,437	1,688	1,962	1,359	1,726	366	27.0%
Total	**5,594**	**5,711**	**5,395**	**5,958**	**5,301**	**5,968**	**5,384**	**5,538**	**4,756**	**5,228**	**5,232**	**4,523**	**4,745**	**5,195**	**3,941**	**5,075**	**1,134**	**28.8%**
Bank																		
Admin & Clerical Bank	108	131	102	117	104	111	102	101	105	136	104	108	80	109	88	123	35	39.5%
Estates & Ancilliary Bank	148	153	142	173	159	168	172	181	192	217	169	151	155	156	158	204	46	29.0%
Nurse HCA/HCSW Bank	1,193	1,217	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	312	21.5%
Other Bank	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-733.3%
Registered Nurse Bank	1,706	1,858	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	745	32.9%
Total	**3,155**	**3,359**	**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**	**1,138**	**28.7%**
Locum																		
Medical Locum	158	221	227	229	226	238	294	228	232	271	262	298	200	245	241	385	143	59.4%
Total	**158**	**221**	**227**	**229**	**226**	**238**	**294**	**228**	**232**	**271**	**262**	**298**	**200**	**245**	**241**	**385**	**143**	**59.4%**
Total	**8,907**	**9,292**	**9,289**	**10,389**	**8,986**	**9,718**	**8,982**	**9,226**	**8,746**	**9,666**	**9,176**	**8,710**	**8,346**	**9,717**	**8,149**	**10,564**	**2,416**	**29.6%**







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 March '23 was 2,515 (2022/23 total was 22,327). (February 2020 was 2,440, 2019/20 total was 28,004)

Planned Treatments (M11)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	135	0	81	0	216
ENT	124	0	38	0	162
GS	240	82	4	0	326
Max Fax	205	12	24	0	241
Ophth	274	24	6	0	304
Rheum	0	0	0	0	0
T&O	352	121	154	0	627
Urology	435	18	0	0	453
	1,765	257	307	0	2,329

Actual Treatments (M11)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	212		9		221
ENT	57	47	12		116
GS	277	91			368
Max Fax	169	9	0		178
Ophth	220	2	0		222
Rheum					0
T&O	342	58	92		492
Urology	471	12	38		521
	1,748	219	151	0	2,118

Treatment Variance (M11)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	77	0	(72)	0	5
ENT	(67)	47	(26)	0	(46)
GS	37	9	(4)	0	42
Max Fax	(36)	(3)	(24)	0	(63)
Ophth	(54)	(22)	(6)	0	(82)
Rheum	0	0	0	0	0
T&O	(10)	(63)	(62)	0	(135)
Urology	36	(6)	38	0	68
	(17)	(38)	(156)	0	(211)

- Outpatient activity for March '23 was 5,705 (2022/23 total was 65,873). (February 2020 was 6,161, 2019/20 total was 75,707)

Planned Treatments (M11)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	1,112	0	36	0	1,148
ENT	387	0	100	0	487
GS	1,000	3	40	0	1,043
Max Fax	339	0	0	0	339
Ophth	754	0	100	0	854
Rheum	116	0	0	0	116
T&O	837	118	320	0	1,275
Urology	392	0	30	0	422
	4,937	121	626	0	5,684

Actual Treatments (M11)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	724	0	0		724
ENT	353	0	41		394
GS	1,502	46	24		1,572
Max Fax	265	0	36		301
Ophth	570	33	118		721
Rheum	194	0	0		194
T&O	764	0	480		1,244
Urology	525	0	30		555
	4,897	79	729	0	5,705

Treatment Variance (M11)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	(388)	0	(36)	0	(424)
ENT	(34)	0	(59)	0	(93)
GS	502	43	(16)	0	529
Max Fax	(74)	0	36	0	(38)
Ophth	(184)	33	18	0	(133)
Rheum	78	0	0	0	78
T&O	(73)	(118)	160	0	(31)
Urology	133	0	0	0	133
	(40)	(42)	103	0	21

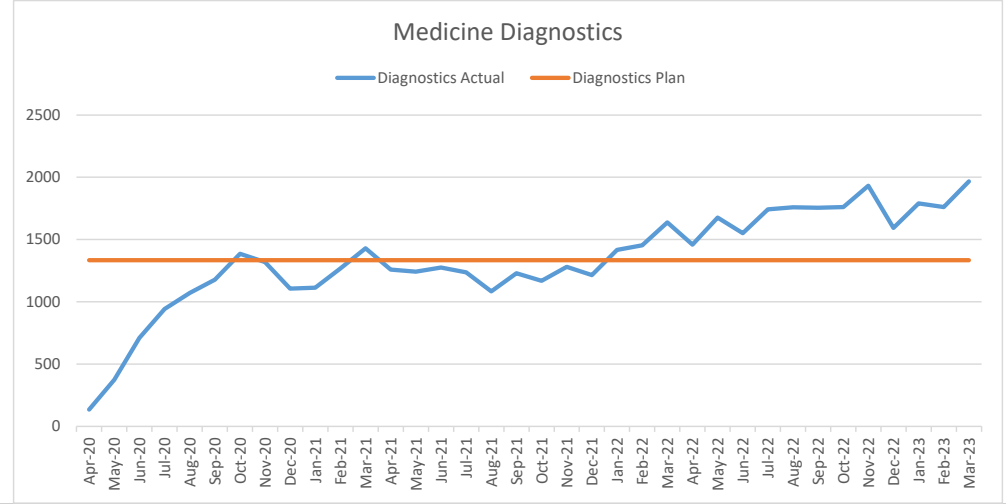
- Medicine Outpatients activity for March '23 was 2,004 and for 2022/23 was 19,258:

Mar-23

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	378	-97
Cardiology	430	402	-28
Respiratory (inc Sleep)	455	495	40
Neurology	257	308	51
Endocrinology	186	195	9
Geriatric Medicine	313	226	-87
Total	**2116**	**2004**	**-112**

YTD Mar-23	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	5875	3288	-2587	44%
Cardiology	5775	4377	-1398	24%
Respiratory (inc Sleep)	6215	4464	-1751	28%
Neurology	3094	2982	-112	4%
Endocrinology	2512	1919	-593	24%
Geriatric Medicine	3346	2228	-1118	33%
Total	**26817**	**19258**	**-7447**	**28%**

- Medicine Diagnostics activity for March '23 was 1,967:



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YTD March 23	Assumed monthly activity	Actual activity	Variance	Variance
Endoscopy	16008	20748	4740	-30%
Total	**16008**	**20748**	**4740**	**-30%**

Waiting List Initiatives:

Medicine / Urgent Care have spent £198k in March 23:

- Gastroenterology (£51k): Patients seen in February 2023 was 706 (January 2023 was 792, December 2022 was 848, November 2022 was 955).
- Cardiology (£13k): including virtual, telephone, Tilt, and Echo seeing 24 invasive patients and 62 non-invasive patients.
- Diabetes (£4k): clinic sessions including telephone, face to face, virtual and audit
- Urgent Care / Outpatients (£100k),
- Neurology (£12k),

Scheduled Care / Clinical Support Services Divisions have spent £277k in March:

- Radiology (£74k)
- Pathology (£11k)
- Rapid Diagnostic Centre (£4k)
- Trauma & Orthopaedics (£106k)
- Anaesthetics (-£11k)
- General Surgery (-£31k)
- Urology (£34k)
- ENT (£14k)
- Ophthalmology (£10k)
- Dermatology (£4k)

There was £11k of spend in Older Adult Mental Health and £6k within Family & Therapies Division (CAMHS).

Covid-19 and Exceptional items Funding Assumptions

The Health Board has received WG funding for Covid-19 as listed below;

Type	Covid-19 Specific allocations - March 2023	£'000
HCHS	Tracing	6,058
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	4,577
HCHS	PPE	2,324
HCHS	Mass COVID-19 Vaccination	6,540
GMS	Mass COVID-19 Vaccination	1,560
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,285
HCHS	Cleaning standards	2,594
HCHS	Long Covid	887
HCHS	A2. Increased bed capacity specifically related to C-19	10,535
HCHS	A3. Other capacity & facilities costs	7,267
HCHS	B1. Prescribing charges directly related to COVID symptoms	22
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	14,716
HCHS	D1. Discharge Support	7,315
HCHS	D5. Other Services that support the ongoing COVID response	1,987
HCHS	Nosocomial investigation and learning	753
	Total Covid-19 Allocations	**70,937**

Type	Exceptional items allocations - March 2023	£'000
HCHS	Energy prices increase	13,596
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	Total Exceptional items allocations	**18,703**

Covid-19 Funding & Delegation

The UHB has received Covid funding totalling £70.9m. The UHB has received funding of £18m for exceptional items listed in the WG letter dated 14th March.

Actual Covid costs decreased further in month 12 (c.£0.3m) linked to an on-going reduction in Mass Vaccination, Testing, Long Covid and TTP costs.

Savings – list of Green schemes as at month 12

HB	Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Forecast	Scheme RAG rating
AB	Corporate	Corporate	CORP02	Workforce variable pay	163	Green
AB	Estates and Facilities	Estates and Facilities	EF01	Minor works	138	Green
AB	Estates and Facilities	Estates and Facilities	EF03	Park Square car park	94	Green
AB	Estates and Facilities	Estates and Facilities	EF05	Workforce variable pay	291	Green
AB	Family & Therapies	Family & Therapies	FT02	MSK	28	Green
AB	Family & Therapies	Family & Therapies	FT03	Workforce variable pay	248	Green
AB	Medicine	Medicine	MED05	Endoscopy Backfill Cost Reduction	100	Green
AB	Medicine	Medicine	MED06	Retinue Savings	101	Green
AB	Medicine	Medicine	MM Med1	Antibiotic Savings	0	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH01	Workforce variable pay	266	Green
AB	Primary Care and Community	Primary Care and Community	PCC01	Workforce variable pay	300	Green
AB	Primary Care and Community	Primary Care and Community	PCC02	Prescribing support dieticians (Prescribing)	75	Green
AB	Primary Care and Community	Primary Care and Community	PCC03	Waste reduction scheme (Prescribing)	172	Green
AB	Primary Care and Community	Primary Care and Community	PCC04	Pharmacy led savings (Prescribing)	31	Green
AB	Primary Care and Community	Primary Care and Community	PCC05	Scriptswitch (acute) (Prescribing)	183	Green
AB	Primary Care and Community	Primary Care and Community	PCC06	Scriptswitch (repeat) (Prescribing)	595	Green
AB	Primary Care and Community	Primary Care and Community	PCC07	Darifenacin to Solifenacin switch	37	Green
AB	Primary Care and Community	Primary Care and Community	PCC08	Respiratory Inhaler Switches	124	Green
AB	Primary Care and Community	Primary Care and Community	PCC09	Rebate - total (Prescribing)	1,467	Green
AB	Scheduled Care	Scheduled Care	SCH09	SACU / POCU	77	Green
AB	Scheduled Care	Scheduled Care	SCH12	Workforce variable pay	571	Green
AB	Scheduled Care	Scheduled Care	MM SCD2	Lenalidomide Price Reduction	1,117	Green
AB	Scheduled Care	Scheduled Care	MM SCD3	Bortezomib rationalisation	80	Green
AB	Scheduled Care	Scheduled Care	MM SCD8	Lucentis to Ongavia	20	Green
AB	Urgent Care	Urgent Care	URG01	Medical staffing roster	78	Green
AB	Urgent Care	Urgent Care	URG03	Retinue	91	Green
AB	Clinical Support Services	Radiology	CSS17	CT Replacement - Maintenance Cost Saving - NHH	26	Green
AB	Clinical Support Services	Radiology	CSS18	CT Replacement - Maintenance Cost Saving - RGH	16	Green
AB	Clinical Support Services	Radiology	CSS19	DR Replacements - Maintenance Cost Saving - YYF/YAB/NHH	9	Green
AB	Clinical Support Services	Radiology	CSS21	Review of Maintenance Contracts	349	Green
AB	Contracting and Commissioning	Commissioning	COMM02	Improvement in Velindre/Cwm Taf foreacst id M7	706	Green
AB	Contracting and Commissioning	Commissioning	Comm03	Improvement in Velindre forecast M8	1,070	Green
AB	Contracting and Commissioning	Commissioning	Comm04	Improvement in Velindre forecast M9	97	Green
AB	Contracting and Commissioning	Commissioning	Comm05	Improvement in CTM M10	30	Green
AB	Contracting and Commissioning	Commissioning	Comm06	Improvement in Velindre forecast M11	562	Green
AB	Contracting and Commissioning	Commissioning	Comm07	Improvement in CTM CV LTAs	221	Green
AB	Contracting and Commissioning	Commissioning	Comm08	Vascular and outsourcing non rec slippage M11	288	Green
AB	Corporate	Corporate	CORP05	Informatics EE telephone charges	300	Green
AB	EASC	EASC	EASC01	EASC IMTP Slippage	690	Green
AB	Family & Therapies	Families & Therapies	FT 104	HIV - Genvoya & Stribild switch	9	Green
AB	Family & Therapies	Families & Therapies	FT 105	HIV - Dolutegravir and Descovy switch	6	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH02	CHC Commissioning balance sheet review	0	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH03	Community Sanctuary service stopped	69	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH04	Recovery workers under performance Q1	48	Green

Savings – list of Green schemes as at month 12 (continued)

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Forecast	Scheme RAG rating
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH05	Paliperidone change	5	Green
Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH06	CHC Fees revision and review	200	Green
Primary Care and Community	Primary Care and Community	PCC10	Low Value Medicines - Test Strips	6	Green
Primary Care and Community	Primary Care and Community	PCC11	Low Value Medicines - Rubifacients	0	Green
Primary Care and Community	Primary Care and Community	PCC12	Low Value Medicines - Lidocaine Patches	1	Green
Scheduled Care	Scheduled Care	MM SCD9	Adalimumab to biosimilar Idacio	20	Green
Scheduled Care	Scheduled Care	MM SCD10	Lenolidemide switch to new biosimilar	0	Green
Scheduled Care	Scheduled Care	SCH 107	Procurement	81	Green
WHSSC	WHSSC	WHSSC01	WHSSC IMTP Slippage	291	Green
Medicine	Medicine	MED 100	Medical and other agency and locum	259	Green
Scheduled Care	Scheduled Care	SCH 100	Medical and other agency and locum	259	Green
Urgent Care	Urgent Care	URG 100	Medical and other agency and locum	259	Green
Medicine	Medicine	MED 101	Enhanced Care	253	Green
Scheduled Care	Scheduled Care	SCH 101	Enhanced Care	253	Green
Urgent Care	Urgent Care	URG 101	Enhanced Care	253	Green
Medicine	Medicine	MED 102	HCSW Agency	194	Green
Scheduled Care	Scheduled Care	SCH 102	HCSW Agency	194	Green
Family & Therapies	Families & Therapies	FT 100	HCSW Agency	194	Green
Primary Care and Community	Primary Care and Community	PCC 100	DTOC / RPB plans - surge beds	1,500	Green
Mental Health and Learning Disabilities	Mental Health	MH 101	Mental Health	0	Green
Complex Care	CHC	CHC 101	Complex Care	1,304	Green
Complex Care	CHC	CHC 102	Other	0	Green
Medicine	Medicine	MED 103	Procurement - overall	157	Green
Scheduled Care	Scheduled Care	SCH 103	Procurement - overall	152	Green
Family & Therapies	Families & Therapies	FT 101	Procurement - overall	151	Green
Estates and Facilities	Facilities	EF 100	Divisional specific	159	Green
Scheduled Care	Scheduled Care	SCH 104	All schemes not within other sections	0	Green
Medicine	Medicine	MED 104	All schemes not within other sections	0	Green
Family & Therapies	Families & Therapies	FT 102	All schemes not within other sections	0	Green
Mental Health and Learning Disabilities	Mental Health	MH 102	All schemes not within other sections	0	Green
Estates and Facilities	Facilities	EF 102	All schemes not within other sections	0	Green
Corporate	Corporate	CORP 101	All schemes not within other sections	0	Green
Primary Care and Community	Primary Care	PCC 102	All schemes not within other sections	0	Green
Corporate	Corporate (Project 111)	CORP 102	WG and other funding slippage - Project 111	249	Green
Corporate	Corporate (WCCIS)	CORP 103	WG and other funding slippage - WCCIS + all other	1,100	Green
Mental Health and Learning Disabilities	Mental Health (Dementia)	MH 103	WG and other funding slippage	378	Green
Corporate	Public Health	CORP 104	Corporate opportunities / slippage	800	Green
Corporate	Corporate	CORP 105	Corporate vacancy review	430	Green
Contracting and Commissioning	Commissioning	COMM 101	External contracts	0	Green
Contracting and Commissioning	Commissioning	COMM 102	WHSSC/EASC	0	Green
Corporate	Director Finance	CORP 106	Testing	1,600	Green
Corporate	Director Finance	CORP 107	Any potential additional allocations	0	Green
Primary Care and Community	Primary Care and Community	PCC 103	Efficiency opportunities out of hospital	1,067	Green
Scheduled Care	Scheduled Care	SCH 106a	RTT slippage	371	Green

Savings – summary by Division and Category programme

Division	Forecast		
	Green	Amber	Total
Complex Care	1,304		1,304
Medicine	1,064		1,064
Urgent Care	681		681
Scheduled Care	3,194		3,194
Clinical Support Services	400		400
Primary Care and Community	4,589		4,589
Mental Health and Learning Disabilities	1,936		1,936
Family & Therapies	636		636
Estates and Facilities	682		682
Corporate	5,332		5,332
Commissioning	3,265	-	3,265

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,685		2,685
	Scheduled Care rationalisation / switching original plan	100		100
	Scheduled Care Lenaliomide	1,117		1,117
	Further medicines management	47		47
Pay	Variable pay - sickness / overseas & medical agency	2,111	-	2,111
	MSK	28	-	28
	Further medical agency	777		777
	Enhanced Care	758		758
	HCSW agency	582		582
	DTOC / Surge beds	1,500		1,500
	All others	177		177
Non-pay	Procurement revised	941	-	941
	Facilities related	232	-	232
	Adult & Paediatric CHC	1,504		1,504
	Other non-pay / schemes	977	-	977
Income / other schemes	Specific funding queries	2,278		2,278
	Hospital / Out of hospital efficiency	1,343		1,343
	Testing reduction	1,600	-	1,600
	Commissioning	3,955		3,955
	RTT review	371		371
Total		**23,083**	**0**	**23,083**

Reserves

7769-ALLOCATIONS

Confirmed or Anticipated	R / NR	Description	22/23
Confirmed	R	Pay award 22-23	3,589,441
Confirmed	NR	Exceptional-Incremental National Insurance	2,953,000
		Confirmed Allocations to be apportioned	**6,542,441**

7788-COMMITMENTS

Description	22/23
Value Based Recovery - funding recovered	351,000
Other	1,098,094
Total Commitments	**1,449,094**

Reserves Delegation:

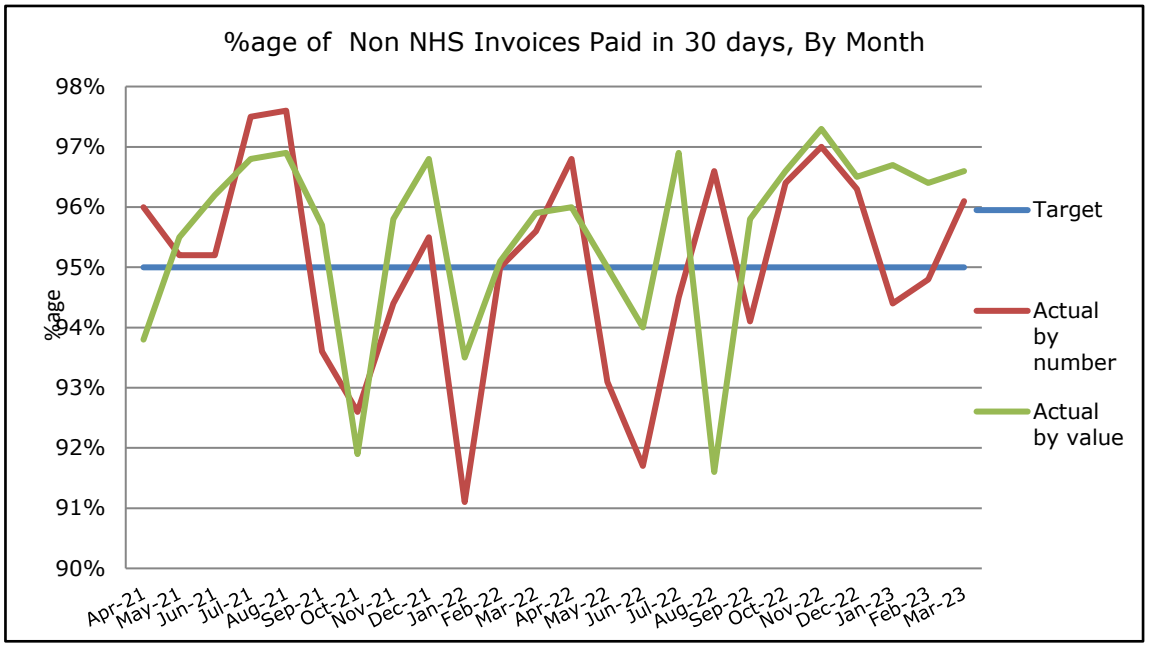
The UHB Board approved the quarter 2 budget delegation paper on the 28th July. As a result, the majority of anticipated allocations for Covid-19, exceptional items, mental health and other primary care elements were delegated based on quarter 1 estimates.

Cash Position

- The cash balance at the 31st March is £4.704m, 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 both in March (96.1%) but also for the 2022/23 financial year (95.2%). 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.

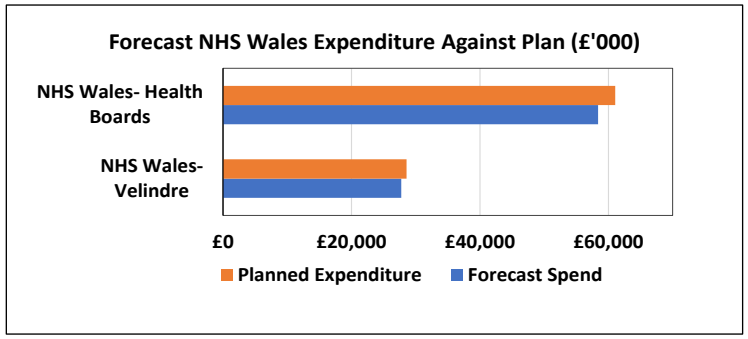


Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 12 (March) 2022-23

At Month 12 the financial performance for Contracting and Commissioning is a YTD favourable variance of £1.808m,

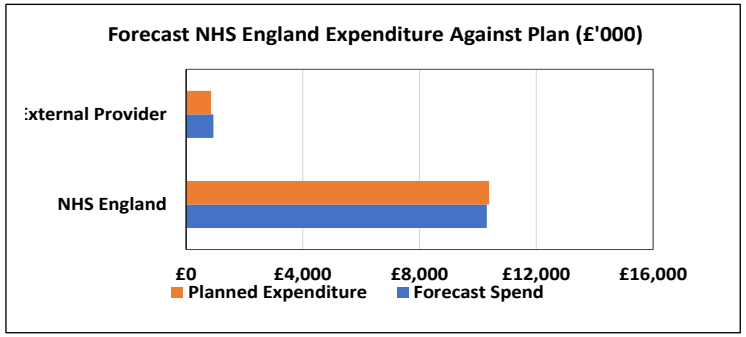
The key elements contributing to this position at Month 12 are as follows:



NHS Wales Expenditure

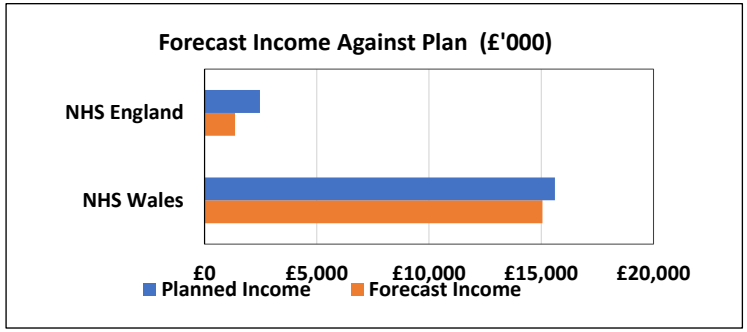
There is lower drug spend then planned at Velindre for ABUHB patients receiving cancer treatment, partly due to high levels of rebates received during the year.

ABUHB have also recovered c£2m in underperformance due to less activity being delivered by Cwm Taf



NHS England Expenditure

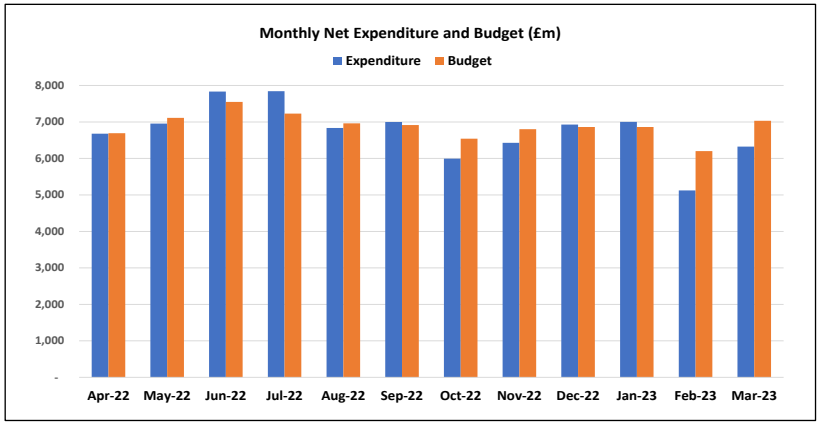
Contract Expenditure with NHS England organisations has resulted in an adverse variance of c£100k from plan as more activity has been delivered in 2022/23 for ABUHB patients.



Provider Income

There is a c£2.5m cost pressure expected from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital

This has been partly funded by £1.6m budget delegated.

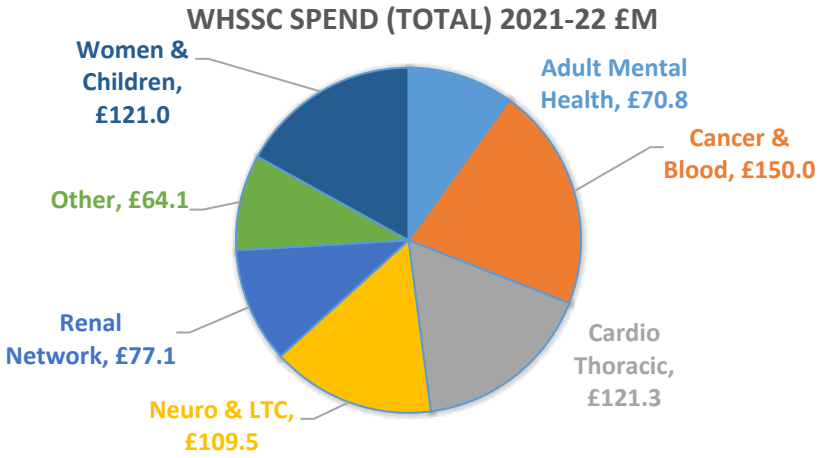


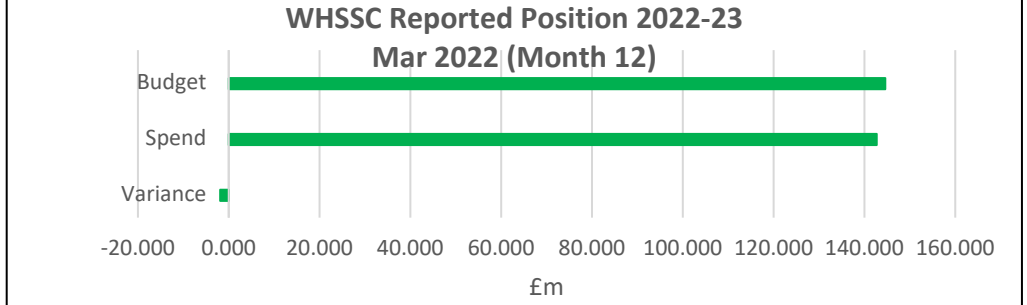
Key Issues 2022-23

- All LTAs signed and agreed in compliance with 30 June 2022 deadline.
- The nationally agreed inflationary uplift of 2.8% and the impact of the 21-22 NHS Pay Award has been funded and is reflected in the above position
- Directors of Finance have agreed a contract mechanism within Wales to 'block' non admitted patient care charges based on 2019/20 and to apply a 10% 'tolerance' to admitted patient care to reduce volatility in the contracting position. Enhanced rates will be available for recovery/increased activity.
- Underperformance through the DoF framework from Cwm Taf UHB is expected to be c£1.9m this year as a result of reduced emergency admissions
- NICE costs continue to operate on a pass through basis with Velindre incurring less spend for ABUHB patients than expected at the start of the year
- There is a c£2.5m cost pressure from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital partly funded by c£1.6m budget delegated in year.
- There is a c£472k cost pressure from outsourcing activity to St Josephs hospital to support endoscopy and MRI (c£833k expenditure partly offset by £360k funding allocated in year).

WHSSC & EASC Financial Performance Period: Month 12 2022-23

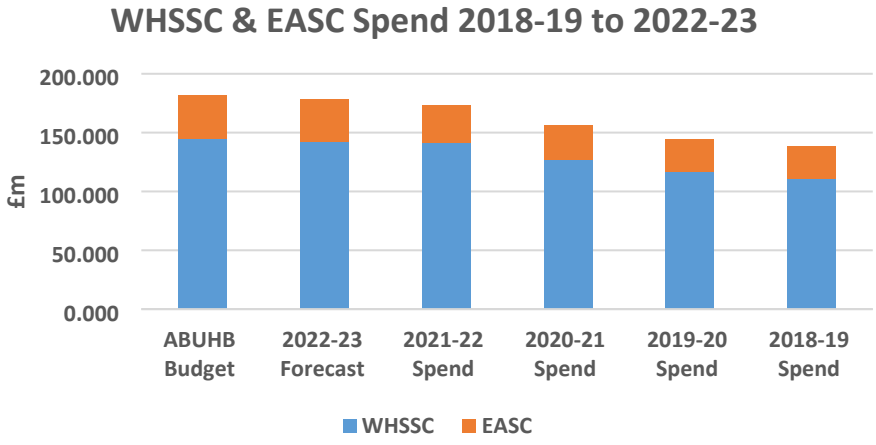
The Month 12 financial performance for WHSSC & EASC is a YTD underspend of £3.041m, the Month 12 position reflects the agreed IMTP & LTA agreements with providers.

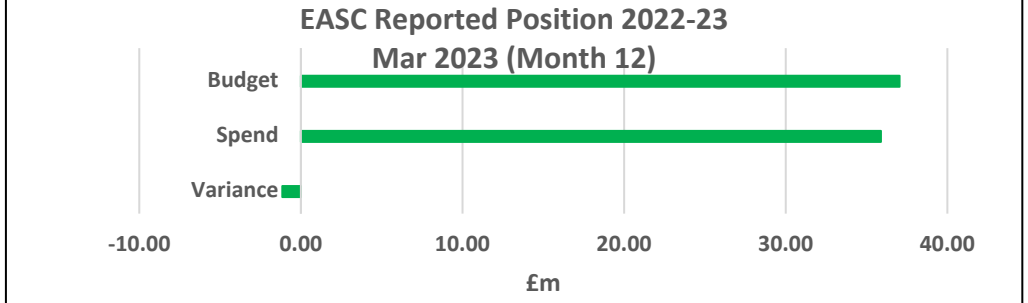




Key Variances

- The WHSSC outturn position reflects the 2022-23 WHSSC IMTP agreed by Chief Executives at the WHSSC Joint Committee
- The outturn position reflect slippage and underperformance on Welsh agreements and the release of residual WHSSC investment slippage/reserves .





Key Variances

- The EASC outturn position reflects the 2022-23 EASC IMTP agreed by Chief Executives at the EASC Joint Committee.
- The outturn position reflects the HB's contribution share of £1.8m non recurring support to Welsh Ambulance Services Trust in 2022-23 to support ongoing recruitment and service pressures offset by investment slippage against the EASC plan.

Balance Sheet (pending Audit review)

Balance sheet as at 31st March 2023	2022/23 Opening balance £000s	31st March 2023 £000s	Movement £000s	
Fixed Assets	810,479	893,409	82,930	
Other Non current assets	131,429	81,690	-49,739	*
Current Assets				
Inventories	8,726	9,576	850	
Trade and other receivables	133,807	153,720	19,913	*
Cash	1,720	4,704	2,984	
Non-current assets 'Held for Sale'	0	0	0	
Total Current Assets	144,253	168,000	23,747	
Liabilities				
Trade and other payables	226,999	242,310	15,311	
Provisions	195,707	168,466	-27,241	
	422,706	410,776	-11,930	
	663,455	**732,323**	**68,868**	
Financed by:-				
General Fund	530,429	553,273	22,844	
Revaluation Reserve	133,026	179,050	46,024	
	663,455	**732,323**	**68,868**	

Fixed Assets:-

- An increase of £35.364m in relation to new 2022/23 capital expenditure incurred.
- A reduction of £42.936m for depreciation charges.
- An increase of £28.895m for indexation
- An increase of £37.740m for the Quinquennial Valuations of Land and Buildings
- An increase of £23.867m in relation to IFRS16 lease assets.

Other Non-Current Assets:

- This relates to a decrease in Welsh Risk Pool claims due in more than one year £49.5m and a decrease in intangible assets £0.1m since the end of 2021/22.

Inventories

- The increase in year relates to changes in stock held within the divisions.

Current Assets, Trade & Other Receivables:

The main movements since the end of 2021/22 relate to:

- An increase in the value of debts outstanding on the Accounts Receivable system since 2021/22 to the end of March £11.7m. An increase in the value of both NHS & Non-NHS accruals of £9.7m, of which £26.0m relates to an increase of Welsh Risk Pool claims due in less than one year and £15.8m relates to a decrease in NHS & Non NHS accruals and £0.5m relates to VAT/other debtors decrease. A decrease in the value of prepayments held of £1.5m.

Cash:

- The cash balance held in month 12 is £4.704m.

Liabilities, Provisions:

- The movement since the end of 2021/22 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£3.4m), an increase in NHS Creditor accruals (£3.3m), an increase in the level of invoices held for payment from the year end (£4m), a decrease in non NHS accruals (£15.2m), an increase in Tax & Superannuation (£12.2m), an increase in other creditors (£1.4m), an increase in liability for lease payment (£21m), inc. payments on account (£1.4m).
- Due to the decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £25.7m and the decrease in pensions & other provisions £1.5m.

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 March 2023 (M12 2022/23)

		£'000
HCHS		1,458,168
GMS		113,051
Pharmacy		33,407
Dental		34,962
Total Confirmed Allocations - March 2023		**1,639,588**
Plus Anticipated Allocation - March 2023		**0**
Total Allocations - March 2023		**1,639,588**

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 £107.5m. (£109m for 21/22). 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 £1.75bn for 22/23.

WG allocations: £1,640m

	Allocations Rec'd		
£'m	Recurring	Non Recurring	Total
Hospital & Health Services (HCHS)			
Initial Allocation	1,254.0		1,254.0
Additional Allocations (in year)	29.9	174.3	204.2
Total HCHS	**1,283.9**	**174.3**	**1,458.2**
General Medical Services (GMS)			
Initial Allocation	102.0		102.0
Additional Allocations (in year)	5.9	5.2	11.0
Total GMS	**107.9**	**5.2**	**113.1**
Dental			
Initial Allocation	30.9		30.9
Additional Allocations (in year)	1.7	2.3	4.0
Total Dental	**32.7**	**2.3**	**35.0**
Pharmacy			
Initial Allocation	32.8		32.8
Additional Allocations (in year)	0.6	-	0.6
Total Pharmacy	**33.4**	**-**	**33.4**
Total Allocations 2022/23	**1,457.8**	**181.7**	**1,639.6**

Summary Capital Plan Month 12 2022/23	2022/23		
	Original Plan £000	Revised Plan £000	Final Outturn £000
Source:			
Discretionary Capital:			
Approved Discretionary Capital Funding Allocation	8,227	8,227	8,227
Less AWCP Brokerage 21/22	-1,534	-1,859	-1,859
Plus AWCP Brokerage 22/23	0	2,277	2,277
Grant Income Received	0	62	62
NBV of Assets Disposed	0	59	59
Total Approved Discretionary Funding	6,693	8,766	8,766
All Wales Capital Programme Funding:			
AWCP Approved Funding	24,615	28,943	28,943
Total Approved AWCP Funding	24,615	28,943	28,943
Total Approved IFRS16 Lease funding	0	3,135	3,135
Total Capital Funding / Capital Resource Limit (CRL)	**31,308**	**40,844**	**40,844**
Applications:			
Discretionary Capital:			
Commitments B/f From 2021/22	1,317	1,090	1,161
Statutory Allocations	576	821	728
Divisional Priorities	587	2,675	2,384
Corporate Priorities	2,182	910	848
Informatics National Priority & Sustainability	1,800	4,163	4,324
Remaining DCP Contingency	231	0	0
Total Discretionary Capital	**6,693**	**9,659**	**9,445**
All Wales Capital Programme:			
Grange University Hospital Remaining works	-1,408	2,356	2,035
Tredegar Health & Wellbeing Centre Development	10,023	7,439	7,439
NHH Satellite Radiotherapy Centre	198	1,549	1,549
YYF Breast Centralisation Unit	8,989	2,522	2,522
Newport East Health & Wellbeing Centre Development	0	3,229	3,035
MH SISU	258	127	127
Covid Recovery Funding	1,400	1,620	1,620
National Programme - Imaging	4,700	3,439	3,439
Digital Eyecare	0	97	97
National Programme - Infrastructure	12	12	21
NHH SRU Enabling Works	400	394	394
SDEC Equipment	0	60	60
ICF Discretionary Fund Schemes	43	105	105
RGH Endoscopy Unit	0	4,533	4,321
DPIF - Digital Medicines Transformation Portfolio	0	14	13
RGH – Block 1 and 2 Demolition and Car Park	0	153	153
Emergency Department Waiting Area Improvements	0	150	149
EOY Funding	0	680	680
EFAB Schemes	0	320	321
CAHMS Crisis Sanctuary Provision	0	61	61
HCF Discretionary Schemes	0	63	63
Ambulance Shoreline Connections	0	4	3
PHW IT Equipment Transfer	0	16	16
Total AWCP Capital	**24,615**	**28,943**	**28,223**
Total IFRS16 Lease Expenditure	**0**	**3,135**	**3,133**
Total Programme Allocation and Expenditure	**31,308**	**41,736**	**40,801**
Underspend against Overall CRL			**-43**

Capital Planning & Performance

The final Capital Resource Limit (CRL) as at Month 12 totalled £40.723m including £3.135m of funding for new leases that are required to be capitalised under the new lease accounting standard (IFRS16). In addition, grants totalling £62k and disposals proceeds of £59k have been confirmed. The Health Board has agreed the brokerage adjustments required to reflect the end of year expenditure position on All-Wales Capital Programme (AWCP) schemes. These adjustments have been included in the final CRL. The outturn against the overall CRL for 2022/23 is an under spend of £43k.

The GUH final account with Laing O'Rourke is anticipated to be agreed in April. Funding of £387k has been carried forward to 2023/24 in relation to Well-being works, fees, equipment and commissioning costs that will fall into next financial year. The works to Grange House are on-going and due to complete in April 2023.

The completion of Phase 1 of Tredegar H&WBC has been further delayed to November 2023. There continues to be significant cost impacts / risks to the scheme including the re-design of the foundations (£753k plus VAT), EV charging points, culvert diversion, Heart building stabilisation, brick supply cancellation (£644k plus VAT) and inflation. The current forecast overspend on the total scheme is £531k which will impact on the DCP in 2023/24 unless further WG funding can be secured. If the foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24. The cost advisor has reported costs of £1.076m ex VAT in relation to unfunded inflation allowances on works and fees, EV charging and other required changes that could potentially be submitted as an additional funding request to WG. The HB will look to progress a claim for these costs to mitigate the overspend position.

Works are on-going on the NHH Satellite Radiotherapy Centre Scheme with the temporary car park works and demolitions on programme. Funding of £542k

was accelerated from the approved 2023/24 allocation for this scheme. The planned overspend was part of the HB's plan to manage the end of year position by offsetting slippage on other AWCP schemes.

Slippage of £276k has been carried forward to 2023/24 on the YYF Breast scheme due to delays caused by the cold weather, lower than anticipated spend on the contractor's preliminaries and delayed IT equipment deliveries.

Funding of £351k was accelerated from the approved 2023/24 allocation for the Newport East H&WB Centre to cover higher than anticipated expenditure in 2022/23. Planned completion is now expected to be March 2025 due to a 5-week delay caused by the requirement for more extensive asbestos removal works. The additional asbestos works costs of £146k plus VAT impact significantly on the remaining contingency budget.

The Outline Business Case for the Mental Health SISU was approved at March Board and has now been submitted to WG for approval. The scheme reported slippage into 2023/24 of £136k.

The first and second fix works are on-going at RGH Endoscopy. The reported 12-week delay means the scheme is expecting to complete on 2nd October 2023. In total the 12-week delay caused slippage of £2.862m against the fixed CRL allocation agreed with WG at the end of October. The slippage was addressed through brokerage with other AWCP and 2023/24 DCP schemes to ensure the Health Board did not lose the allocation available.

As a result of various works and equipment delays slippage has also been brokered to 2023/24 on ICF/Housing with Care schemes (£63k), RGH Blocks 1 & 2 Demolitions and Car Park (£150k), Emergency Department Waiting Area Improvements (£111k) and End of Year Funding schemes (£239k).

The final Health Board Discretionary Capital Programme (DCP) funding available at month 12 totalled £9.486m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- Reimbursements from AWCP schemes (GUH/ Newport East / RGH Endoscopy) - £727k
- Grant funding received (Sparkle, R&D and Creche) - £62k
- Disposal Proceeds - £59k
- Less 2021/22 AWCP scheme brokerage & AWCP scheme overspends – (£1.866m)
- Plus 2022/23 AWCP brokerage - £2.277m

The final expenditure outturn for 2022/23 was £9.445m resulting in an under spend against DCP of **£43k**.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Executive Committee Activity: March 2023 – May 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 16th March 2023 to 10th May 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 therefore responsible for ensuring the effective and efficient co-ordination of all functions of the organisation, and thus supporting 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 Oversight 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 16th March 2023 – 10th May 2023, the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

At each weekly meeting, the Executive Committee received 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. In recent weeks, the Executive Committee, with senior teams, has had a specific focus on introducing measures to ensure ambulance handovers are achieved within 4-hours and the improved management of any patients waiting within the Emergency Department for 24-hours or more, the purpose of which to ensure an appropriate balance of risk across the whole system and a dedicated commitment to improving quality and safety.

The Executive Committee has received an update on the backlog with the Cellular Pathology Service including Service demands and the mitigating actions undertaken. The Executive Committee has approved continuation of an outsourcing contract to reduce the risk to patient safety.

An update has been provided on changes to Welsh Government Guidance on COVID testing of patients/wearing of face masks and the Executive Committee supported the Reducing Nosocomial Transmission Group's (RNTG) recommended guidance.

Delivery, Performance & Efficiencies

The Executive Committee received regular updates on Dental and General Practice Services across the Health Board and any contract variations and the impact on patients.

An update was provided on End of Year (2022/23) Contract Management for NHS General Dental Services and the Executive Committee discussed Welsh Government changes to dental contracts, dental activity and financial implications.

A Robotic Process Automation (RPA) Business Case was presented to the Executive Committee. The Committee supported the Business Case in principle and requested an RPA Programme Board be established to ensure due diligence and develop recommendations for the allocation of RPA as a resource.

The Executive Committee received an update on the Health Board's Nurse Recruitment & Retention Strategy and discussed implementation of the strategy, ahead of presentation to the Board for approval.

The Executive Committee discussed Internal Audit Reports on:

- The Bevan Health & Wellbeing Centre and received an update on the Programme;
- Discharge Planning and received an update on the work being progressed as part of the Health Board's Discharge Improvement Plan.

An evaluation and Business Case on Same Day Emergency Care (SDEC) was presented to the Executive Committee, which supported the submission of the Business Case to the May Board meeting. The Executive Committee highlighted the need for regular evaluation to ensure benefits for patients, the impact on other areas of the Health Board and to consider any further development of the Service.

The Executive Committee was informed of available Welsh Government Funding for additional Allied Health Professions. The Executive Committee supported a submission to Welsh Government on using the funds to develop the Community Admission Avoidability Team Service and rolling this out to other areas of the organisation. The Executive Committee considered that there would be a benefit to mapping out similar services and pilots to ensure alignment and to reduce duplication.

The Executive Committee has held monthly performance oversight meetings which discussed the:

- Quality & Safety Performance Report
- Workforce Dashboard
- Activity & Performance Report

- Financial Performance Report
- Strategic Risk Report

All of these reports have informed performance reporting to the Board and its Committees.

Strategic Planning & Service Development

The Executive Committee received a presentation on the Health Board's Integrated Medium-Term Plan 2023-26, including compliance with Ministerial Priorities, ahead of further discussion with the Board at its May 2023 meeting.

A presentation was provided on the Health Board's Discharge Work Programme including the development of an Integrated Discharge Improvement Board chaired by the Executive Nurse Director.

The Executive Committee discussed the ongoing commitment to the Graduate Trainee Scheme and discussed the opportunity to develop an Internal Management Scheme.

An update was provided to the Executive Committee on Sustainability in Primary Care. The update provided information on contract variations over the last 12 months and a draft action plan. In addition, a draft Primary Care Academic Business Case was presented. The Executive Committee supported the Business Case in Principle and requested this was included in a Board Briefing Session on Primary Care Sustainability (held April 2023).

The Executive Committee received a presentation on a proposed Emergency Department Expansion Plan, which aimed to increase the waiting room area to provide an improved environment for patients and their families and enhance patient safety. The Executive Committee requested that further engagement with clinical colleagues was undertaken to ensure any changes proposed considered clinical and service needs fully.

The Regional Cataract (Ophthalmology) Business Case was presented to the Executive Committee for consideration. The Executive Committee requested further exploratory work be undertaken on the options proposed prior to submission to the Board.

Strategic Partnership Arrangements

The Executive Committee receive a monthly update on Regional Planning Programmes in which the Health Board participates.

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 System Leadership Group has also discussed the development and implementation of a System-wide Safety Flow Model, supporting appropriate distribution of risk across the system and improved performance of ambulance handover delays and red release requests. The most

recent session had been held on 12th May 2023 and focus given to collaboratively agreeing the purpose of the Group and the difference that could be made to the organisation in system leaders coming together regularly.

Clinical Futures Programme Board

The Clinical Futures Programme Board is the critical forum for the Executive Team to review programme progress against intending outcomes, resolve issues and provide challenge and support as required. Clinical Futures Programme Board meetings are held on a quarterly basis, with each of the priority programmes submitting a highlight report.
The Clinical Futures Programme Board met in May 2023 and spent time focussing on the establishment of the programme for 2023/24, ensuring clarity on the workstreams, programme leads and support arrangements. The strategic priorities overseen by the Clinical Futures Programme Board in 2023/24 are outlined at **Annex A**.

Executive Team Time Out (held on 30th March 2023)

The Executive Team held an informal session to focus on key issues and opportunities for improved ways of working. The Executive Team took time to undertake an in-depth review of the Corporate Risk Register, taking time to reflect on the articulation and scoring of risks. This has informed ongoing work to develop a refreshed Corporate Risk Register for the Board which is comprehensive and reflects those risks which could impact achievement of the Board's strategic priorities in 2023/24.
The Executive Team also spent time reflecting on its collective team objectives, within the context of the strategic and operational priorities identified for 2023/24.

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	Choose an item.

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve 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

Annex A

Clinical Futures Priority Programmes – Scope Overview

Programme	Scope
UEC 6 Goals Resigning Services for Older People (to be include in UEC 6 Goals)	Strategic oversight of a sustainable, whole system approach to improving patient experience and outcomes within Urgent and Emergency Care by delivering on multiple programmes of improvement Improving access to care for people in, or close to their own homes by redesigning and reorientating services toward the community to effectively reduce the number of people attending ED and subsequently being admitted to hospital
Planned Care Recovery	Brings together 6 goals (outpatients, maximising elective capacity, patient access and activation, health pathways, planned care academy and diagnostics) in line with the WG National Programme and Planned Care response
Transforming Cancer Services	Strategic oversight of cancer activity and delivery in partnership with key stakeholders across the system and specialities. Four priorities identified, but are in review for this coming year (aligning to cancer strategy) :14 days to first contact, histopathology outsourcing, patient flow navigator and real time demand and capacity plans
Place Based Care (formerly Accelerated Cluster Development)	Rapid implementation of the Primary Care Model for Wales through an improved planning and delivery infrastructure for NCN with wider engagement through professional collaboratives for independent contractors, nursing and AHPs and establishment of Integrated Service Partnership Boards (ISPBs) ensuring greater alignment to the Regional Partnership Board
Decarbonisation	Delivery of the Health Board's approach to moving towards net zero in terms of building usage and energy, procurement changes, work patterns and alternative working arrangements for staff and influencing future service design and delivery to be less carbon intensive
eLGH Reconfiguration	Strategic oversight of the optimisation and design of the hospital network particularly in respect of the eLGH sites: 1. Workforce sustainability across eLGH sites 2. Optimisation of services to enhance patient outcomes and experience 3. Culture of integration across front door teams 4. Future proof model for each eLGH aligned to patient flow and transformation
Public Health Protection and Population Health Improvement	Brings together the four elements of the Health Protection: Covid 19 Mass Vaccination; Gwent Test, Trace Protect Service (GTTPS), Covid 19

	Testing Service and the Public Health Incident Plan
Mental Health Transformation	Strategic oversight and direction in the context of the Mental Health & Learning Disabilities Divisional transformation programme's aims and objectives. Supports delivery of the following local strategies: •Transforming Adult Mental Health Services in Gwent •Clinical Futures Strategy
Agile Working	Promotion and enhancement of alternative working patterns and opportunities for employees on where, and how they want to work. With a focus on offering mixed-use spaces with a variety of services, workspaces, and environments. More modern agile hubs 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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director Strategy, Planning & Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Chris Dawson-Morris, Deputy Director, Strategy, Planning & Partnerships

Pwrpas yr Adroddiad
Purpose of the Report

Er Gwybodaeth/For Information

This report is to provide the Board with information in relation to the Regional Partnership Board activities, including the development of an Area Plan for which the Health Board is a statutory Partner.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working.

RPBs need to work with wider partners such as the third sector and providers to ensure care and support services are in place to best meet the needs of their respective populations.

This report provides an update in relation to the development of the Area Plan 2023-2028, and information in relation to the development of a strategic capital plan and further activities.

Cefndir / Background

Regional Partnership Boards, under current legislation and more recent emerging policy directive, are required to undertake developments to respond to the following areas of legislation:

- Section 14a of the Social Services and Wellbeing Act requires RPBs to produce an Area Plan once every 5 years for submission to Welsh Government, to demonstrate the following:

  - The actions partners will take in relation to the priority areas for integration for RPBs
  - The instances and details of pooled funds to be established in response to the population needs assessment
  - How services will be procured or delivered, including by alternative delivery models
  - Details of the preventative services to be provided or arranged
  - Actions being taken in relation to the provision of information, advice, and assistance services.
  - Actions required to deliver services through the medium of Welsh.

- To ensure adequate strategic and forward planning regionally and nationally, Welsh Government have recently established a requirement for each RPB to have a 10-year strategic capital plan in place by 31 July 2023.

In 2022/23 the Regional Partnership Board handled Regional Integrated Funding and further ring-fenced revenue funding allocations of £27.5m and capital of £22.5m. This funding supported the activities of the Strategic Partnerships which have been established by the RPB and are delivered across 17 programmes of work.

Asesiad / Assessment

Area Plan Development

The RPB has developed the Area Plan during the backdrop of extreme challenges and unprecedented demands. Public Services are still recovering from the Covid-19 pandemic and its huge impact on the health and social care workforce which has been exacerbated by the recent cost of living increases and cuts to budgets. The challenges highlight the need for partners to come together to collaborate more than ever, to create synergy across services and avoid duplication. The RPB will be central to creating the partnership environment to tackle these challenges and the Area Plan sets out how partners intend to work together, pool resources and transform services.

The full Gwent RPB Area plan was approved by the RPB in March and can be found here: Regional Area Plan 2023 – 2028 (gwentrpb.wales)

The Area Plan was developed by the Regional Partnership Team (hosted by Torfaen Council). The Plan's priorities are centred on the priority population groups prescribed by Welsh Government, and are summarised as follows:

Children & Young People

1. To improve outcomes for children and young people with complex needs through earlier intervention, community based support, and placements closer to home
2. To ensure good mental health and emotional well-being for children and young people through effective partnership working, especially mitigating long term impact of Covid 19 pandemic

Older People including People with Dementia

1. To improve emotional wellbeing for older people by reducing loneliness and social isolation with earlier intervention and community resilience.
2. To improve outcomes for people living with dementia and their carers
3. To support older people to live, or return, following a period of hospitalisation, to their own homes and communities through early intervention, integrated care models and a whole system approach.
4. To mitigate the long-term impact of Covid-19 pandemic, especially by reducing waiting lists and times to access support, appointments, and medical procedures.

Health and Physical Disabilities

1. To support disabled people, including those with sensory impairment, through an all-age approach, to live independently in appropriate accommodation and access community-based services, including transport
2. Ensure people are supported through access to accurate information, assistance and 'rehabilitation' where required.
3. Improve transition across all age groups and support services.

People with a Learning Disability

1. To support people with learning disabilities to live independently with access to early intervention services in the community; and increase public awareness and understanding of people with learning disabilities needs.

Mental Health

1. Increase understanding and awareness of mental health amongst the public, to reduce stigma and help people to seek support earlier
2. Improve emotional wellbeing and mental health for adults and children through timely early intervention and community support.

Sensory Impairment

1. Ensure people are supported through access to accurate accessible information, assistance and 'rehabilitation' where required.
2. Increased opportunities for more accessible social interaction.

Carers

1. Support unpaid carers to care through flexible respite, access to accurate information, peer to peer support, effective care planning and through increased public understanding.
2. Improve wellbeing of young carers and young adult carers and mitigate against long-term impacts.

Autism

1. To provide more timely diagnosis of Autistic Spectrum Disorder and improved access to support services and information.

The Regional Area Plan 2023-2028 establishes a number of actions against the above priorities to ensure outcomes are realised during the timeframe of the plan. To support the delivery of the Area Plan the RPB receives funding through the Regional Integrated Fund (RIF); in 2022/23 this amounted to £27m revenue and 22m capital.

The funding has supported a wide range of programmes to meet the commitments in the Area Plan, including:

- support to children at the edge of care and to families with caring needs,
- supporting emotional wellbeing and the resilience of children to prevent escalation of conditions,
- supporting neurodiverse young adults with peer support and access to work, advice, and financial services,
- supporting children to transition from social and health care services into adulthood to promote independence,
- a wider range of dementia services to support early identification and meet needs to enable individuals to remain at home and to support family members,
- a wide range of community based services providing frontline support, information, advice and community care through hubs, groups and projects to meet community need preventing deterioration into health and care services.

Many of the programmes supported by the RPB provide frontline wellbeing, health and care services which prevent further deterioration and support early discharge from health and care settings.

In relation to progress in 2022/23 a full evaluation of the Regional Integrated Fund is being prepared for the RPB meeting in May 2023. Following this meeting the report will be shared with Board Members.

As a statutory partner the Health Board will play a key role in supporting the delivery of the plan and will ensure integration with core health board priority programmes set out in the Clinical Futures strategy.

Strategic Capital Plan

Welsh Government have set out a new requirement for Regional Partnership Boards to establish Strategic Capital Plans. They are increasingly allocating

capital through the RPB arrangements. The requirement from Government is that Strategic Capital Plans must address all population groups identified within the RPB function, and consider the frontline service delivery for health and social care services (statutory partners), Integrated hubs and associated services (across all partners) and, accommodation-based solutions (across local authorities and housing associations). As the Board will be aware, the Health Board's Capital Programme currently includes a range of Health and Wellbeing Centre developments.

This undertaking excludes Secondary Health Estate and estate connected with partner core functions (e.g. leisure centres and general housing stock).

The objective of the Strategic Capital Plan is to identify the infrastructure the RPB wishes to develop, for what purpose and when. In doing so, the plan will evolve to create:

- Greater understanding of infrastructure
- Improvement information/analyses of the conditions of assets and potential opportunities
- Effective sharing and joint analyses of assets
- Development of the regional and national capital programme

To support the preparation of a regional Strategic Capital Plan, independent support has been commissioned to undertake a range of strategic needs assessments and capital asset mapping against an expanded list of priority population cohorts, reflecting both WG priority areas for integration and regional priorities.

In addition the capital asset mapping will form the baseline of the health and social care infrastructure to inform future opportunities and address gaps in provision, and will be undertaken against the following asset types:

- Residential Care
- Extra Care Schemes
- Supporting Living schemes
- Intermediate Care (Step Up/Down facilities)
- Adapted/bespoke properties
- Hubs (there are a wide range of 'hubs' in place across the region, run by different organisations, that may or may not be part of our known community networks (particularly under the Integrated Wellbeing Networks)
- Decommissioned estate (applicable to all partners) that could provide development opportunities within a 10 year programme delivery plan

A more detailed assessment is required to understand the range of hubs already in place and the services co-located/provided from the hub in line with WG prescribed categorisation:

1. Community Wellbeing Hub
2. General Health and Wellbeing Hub
3. Specific population group health and wellbeing hub
4. Health and care centre
5. Other

This information exercise will then support the development of the Strategic Capital Plan for the RPB which will also need to inform the next phase of the Health Boards estates strategy.

RPB Governance

To support the next phase of RPB maturation, a review of governance arrangements is being commissioned which will help identify opportunities to strengthen and develop the existing arrangements. The RPB is due to consider and agree the Terms of Reference for this review at its May meeting and the Partnership, Population Health and Planning Committee and Board will be kept updated accordingly.

Argymhelliad / Recommendation

- The Board are asked to NOTE the information contained in 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):	Governance, Leadership and Accountability All Health & Care Standards Apply Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	All areas apply
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	N/A
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	

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:	Partnerships, Populations Health & Planning Committee 17th May

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC)** **Update Report – May 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 Emergency Ambulance Service Committee as a Joint Committee of the Board.

Cefndir / Background

WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible for the joint planning of Specialised and Tertiary Services on behalf of Health Boards in Wales.

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

The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health Boards include the Governance Framework for WHSSC, including a Scheme of Delegation as published on the WHSSC website Schedule 4 (nhs.wales).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

Asesiad / Assessment

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent 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/ . The Joint Committee was attended by Nicola Prygodzicz, Chief Executive Officer. In addition to the routine governance, performance and financial reports, some of the key matters discussed by the Joint Committee included:

a) WHSSC Specialised Services Strategy
The Joint Committee approved the final draft of the Specialised Services Commissioning Strategy for 2023-2033. The Strategy sets out the overall vision and priorities for the commissioning of Specialised Services for the Welsh population between 2023 and 2033, and sets the context for all other Specialised Services strategic developments. It was noted that further work is required on the development of a set of meaningful critical success measures for the strategic objectives, with a timescale of September 2023 for completion.

b) Review of Specialised Commissioning in Haematology
The Joint Committee received an outline of the main findings and proposals from the review of specialised commissioning for haematology services. WHSSC's Integrated Commissioning Plan (ICP) 2022/23 included the commitment to review the remit of specialised commissioning for haematology and the full review took place over quarters 2 and 3, 2022/23.

c) Cochlear and Bone Conduction Hearing Implant (BCHI)
The Joint Committee received an outline of the targeted engagement process undertaken regarding Cochlear and BCHI services for people in South East Wales, South West Wales and South Powys. Based on the outcome of engagement to-date, WHSSC continues with the ambition to commission a Centre of Excellence for all Auditory Specialist Implantable Devices (Cochlear, BCHI and middle ear). To date, no location has been specified for the centre. WHSSC will now move forward into a second phase of consultation which includes a preferred location. In the meantime, all Cochlear patients will continue to be seen at Cardiff and Vale University Health Board. There will be no immediate change to the provision of BCHI.

d) Performance Management Framework
The Joint Committee approved the draft WHSSC Performance Management Framework which will be embedded into WHSSC's business as usual

processes, and shared with provider organisations, for transparency and awareness.

e) Development of the Integrated Commissioning Plan 2024-2027
The Joint Committee received an outline of the process and timeline for the development of the WHSSC Integrated Commissioning Plan (ICP) for 2024-2027. The context within which the ICP is being developed this year means that there will be an additional emphasis on recommissioning and redesign. As such, additional steps have been added to the process to reflect this – i.e., the introduction of a recommissioning and efficiency Board, and a workshop on benchmarking, reviews and best practice.

f) Annual Governance Statement 2023-2023
The Joint Committee approved the Annual Governance Statement (AGS) 2022-23. The AGS, covering the period 1 April 2022- 31 March 2023, provides a clear understanding of WHSSC as an organisation and its' internal control structure, the stewardship of the organisation, an explanation of the risks the organisation is exposed to both currently and looking forward – and how these are mitigated, the potential impact of the risks and operating environment on the achievements of the organisation, and how the organisation has coped with the challenges faced.

WHSSC Governance and Accountability Framework
In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them.

Reserved to the Joint Committee, the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

Updated Model Standing Orders and Model Standing Financial Instructions were issued by the Minister for Health and Social Services in correspondence received on the 7 April 2021.

Revised Governance and Accountability Framework documents for WHSSC, including the SOs and SFIs, were approved by the WHSSC Joint Committee on 14 March 2023, and are now being presented to individual Health Boards for approval for inclusion as schedule 4.1 within their respective LHB SOs.

The detail is set out in the attached papers and the Board is therefore asked to:

- **Note** the attached report,
- **Approve** the proposed changes to the Standing Orders (SOs) and include as schedule 4.1 within the respective HB SO's,

- **Approve** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within the respective HB SO's; and
- **Approve** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

Argymhelliad / Recommendation

The Board is asked to:

1. DISCUSS and RECEIVE this report for assurance; and
2. APPROVE changes to WHSSC's Governance and Accountability Framework, as agreed by the WHSSC Joint Committee.

Attachments

a) WHSSC Governance and Accountability Framework Cover Paper
b) Appendix 1 – Updated Standing Orders (SOs)
c) Appendix 2 – Updated Memorandum of Agreement and Hosting Agreement
d) Appendix 3a – Updated Financial Scheme of Delegation
e) Appendix 3b – Updated Financial Authorisation Matrix

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

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

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

Report Title	**WHSSC Governance and Accountability Framework**			**Agenda Item**	x.x
Meeting Title	**Health Boards**			**Meeting Date**	14/03/2023
FOI Status	Open				
Author (Job title)	Committee Secretary				
Executive Lead (Job title)	Committee Secretary & Director of Finance				
Purpose of the Report	The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework.				
Specific Action Required	RATIFY ☐	APPROVE ☒	SUPPORT ☐	ASSURE ☒	INFORM ☒

Recommendation(s):

Members are asked to:

- **Note** the report,
- **Approve** the proposed changes to the Standing Orders (SOs) and include as schedule 4.1 within the respective HB SO's,
- **Approve** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within the respective HB SO's; and
- **Approve** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

WHSSC GOVERNANCE AND ACCOUNTABILITY FRAMEWORK

1.0 SITUATION

The purpose of this report is to provide an update on the WHSSC Governance and Accountability Framework.

2.0 BACKGROUND

2.1 Model Standing Orders and Standing Financial Instructions

In accordance with the WHSSC Regulations 2009, each Local Health Board (LHB) in Wales must agree Standing Orders (SOs) for the regulation of the Joint Committee proceedings and business. These Joint Committee standing orders form a schedule to each LHB's own standing orders, and have effect as if incorporated within them. Together with the adoption of the Scheme of Decisions Reserved to the Joint Committee; the Scheme of Delegations to Officers and Others; and the Standing Financial Instructions (SFIs), they provide the regulatory framework for the business conduct of the Joint Committee.

These documents, together with the Memorandum of Agreement setting out the governance arrangements for the seven LHBs and a Hosting Agreement between the Joint Committee and Cwm Taf Morgannwg University Health Board (as the Host LHB), form the basis upon which the Joint Committee's Governance and Accountability Framework is developed.

Updated Model Standing Orders and Model Standing Financial Instructions were issued by the Minister for Health and Social Services in correspondence received on the 7 April 2021.

To ensure effective governance and to comply with the provisions of the WHSSC Standing Orders (SOs) it is important that the SOs and Standing Financial Instructions (SFIs) are kept up to date to comply with the need for:

- The Joint Committee to take appropriate action to assure itself that all matters delegated are effectively carried out, and that
- The framework of delegation is kept under active review and, where appropriate, is revised to take account of organisational developments, review findings or other changes.

The revised Governance and Accountability Framework documents, including the SOs and SFIs, for WHSCC were approved by the Joint Committee on 14 March 2023, and are now being presented to individual HBs for approval for inclusion as schedule 4.1 within their respective LHB SOs.

3.0 CHANGES TO THE GOVERNANCE & ACCOUNTABILITY FRAMEWORK

3.1 Financial Limits and Reporting

On the 10 January 2022 the Joint Committee approved that the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19 pandemic could be adopted as new permanent limits, and approved the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action, subject to further discussion with the HB Board Secretaries.

The Committee Secretary at WHSSC shared the report and discussed the proposed changes with the NHS Wales HB Board Secretaries on 3 February 2023, and requested views on the proposal. Two queries were received as outlined in ***Table 1*** below:

Table 1 – Queries Received on the Proposed Changes

Query	Response
What is the process of Chairs action?	Section3.1 of the WHSSC SO's state: ***3.1 Chair's action on urgent matters*** *3.1.1 There may, occasionally, be circumstances where decisions which would normally be made by the Joint Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Joint Committee. In these circumstances, the Joint Committee Chair and the Lead Director, supported by the Committee Secretary, may deal with the matter on behalf of the Joint Committee - after first consulting with at least one other Independent Member. The Committee Secretary must ensure that any such action is formally recorded and reported to the next meeting of the Joint Committee for consideration and ratification.* The process is the same as the process adopted by HB's. Also, any chairs action undertaken is always shared with the Joint Committee in writing via a letter being issued to JC members sent via email, and it is also ratified by the Joint Committee under the Chairs report at the next available meeting with a specific recommendation to ratify the decision. This is captured in minutes etc.

Query	Response
Financial thresholds – appear higher than those in place in other NHS bodies	Advanced Medicinal Therapeutic Products (ATMPs) are commissioned by WHSSC and the Blueteq system is used to procure, prescribe and manage the ever increasing complexities associated with high cost therapies. The scale of the ATMP's has increased with an average minimum of £25k per annum up to £500,000 per annum for high cost drugs and potentially up to £2m for one-off new ATMPS all of which are NICE approved. Therefore, the financial thresholds are set reflect this.

The proposed changes were also discussed with the Head of NHS Board Governance on the 14 February 2023 and with the Board Secretary at CTMUHB on 17 February to provide assurance on the changes being made and an assurance was given that the changes did not deviate from the model SO's and SFI's in place, and any changes were in relation to bespoke changes for WHSSC's scheme of delegation, financial authorisation matrix and MoA with CTMUHB.

3.2 Welsh Renal Clinical Network (WRCN) – Governance Review

Further to the recent governance review undertaken on the Welsh Renal Clinical Network (WRCN) to evaluate and determine the adequacy of the systems and controls in place within WHSSC, the scheme of delegation has been updated in response to the recommendations made concerning:

- Delegated authority for the network board including which matters are reserved to itself to include executive officer responsibilities and financial delegation limits; and
- Delegated financial limits within the Standing Financial Instructions.

3.3 Memorandum of Agreement – Designation of Audit & Finance Lead Independent Member (IM)

On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Section 7.3 of the MoA has been updated to reflect this.

4.0 SUMMARY OF PROPOSED CHANGES

The updated SOs, MoA, Hosting Agreement, and SFIs are presented at ***Appendices 1-3*** for information. Note no changes have been made to the Welsh Government model guidance element of the SO's or the SFI's, and that the proposed changes only relate to the bespoke elements required for WHSSC.

For assurance, a summary of the updates made is outlined in ***table 2*** below:

Table 2 - Summary of Proposed Changes to the WHSSC Governance and Accountability Framework

Standing Orders – see Appendix 1	
Page 52 -	**Delegation of Powers to Sub-Committees and Others** Amendment from "Audit Committee", to "Audit and Risk Committee" (ARC) to reflect the correct title of the CTM ARC for hosted bodies. Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.
Page 54	**Scheme of Delegation to WHSST Directors and Officers** Addition of Welsh Kidney Network (WKN) and Programme Director, Executive Lead to comply with the following recommendations from the WKN governance review: • *The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs; and* • *The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.*
Page 56	**Annexe 3 – Joint Committee Sub-Committee Arrangements** Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.
Memorandum of Agreement & Hosting Agreement – see appendix 2	
Page 12	**Appointment and Role of Non-Officer Members** **Section 7.3 Audit Lead Independent Member** Section 7.3 states that: *"7.3 One non-officer member will be selected from the Host LHB. This non-officer member will act as the Audit Lead"* On the 18 January 2022, the Joint Committee approved that the existing arrangements for appointing a CTM audit lead IM, could transition to advertising for an Audit/Finance IM through a fair and open selection process through advertising the vacancy through the HB Chairs and the Board Secretaries, with eligibility confined to existing HB IMs. Therefore section 7.3 will be amended to:

	"7.3 the audit lead non-officer member role will be recruited through a fair and open recruitment process. To enable the WHSSC Independent Member Remuneration appointment arrangements to be consistent with the other two HB IM roles, with an emphasis on the skills required to participate in the Audit & Risk Committee (ARC). The audit lead IM will be required to attend the CTMUHB part 2 ARC meetings which WHSSC attends to discharge its audit and accountability requirements"
P16	**13. Accountability & Audit Committee** Amendment from "Audit Committee", to "Audit and Risk Committee" to reflect the correct title of the CTM ARC for hosted bodies.
Pages 22 & 23	**27.Review** Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).
Page 24	**Annex (i) to MoA** **Services delegated from LHBs to WHSSC for planning and funding** The list has been updated to reflect the full list of services for 2023-2024.
Pages 40 & 41	**Annex (ii) to MoA – Hosting Agreement** Amendments made to reflect the names of the newly appointed Chief Executive Officers (CEOs).
Page 66	**Annex (iv) to MoA – Clinical Networks** Amendment from "Welsh Renal Clinical Network", to the "Welsh Kidney Network", to reflect the name change agreed by the Joint Committee on 12 July 2022.
Standing Financial Instructions (SFI's) – Scheme of Delegation – see Appendix 3a	
Page 2	**Budget delegation and virements** **Section A1 Delegation of the management of defined Revenue budgets to budget holders** Updated to reflect the following recommendations from the WKN governance review: • *The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.* • *The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders*

Page 2	**Budget delegation and virements** **Section A1 Delegation of the management of defined Revenue budgets to budget holders** Updated to reflect budget holder status for Traumatic Stress Wales (TSW).
Page 4	**A1 Long Term Agreements with other NHS bodies** Wording updated to describe "In accordance with delegated authority within the Standing Financial Instructions".
Page 5	**A4 Individual NHS patient treatment charges outside of LTAs and SLAs** Updated to include reference to the updated process for the current SFI requirement for Joint Committee "approval" of non-contract cases above defined limits for annual and anticipated lifetime cost, to be replaced by an assurance report to Joint Committee and the CTMUHB Audit & Risk Committee (ARC) notifying of all approvals above the defined limit and Chairs action to reflect the need for timely approval action.
Standing Financial Instructions (SFI's) – Financial Authorisation Matrix – see Appendix 3b	
Column R	Updated to reflect the following recommendations from the WKN governance review: • *The Joint Committee should agree a scheme of delegation for the Network Board and agree which matters it wishes to reserve to itself to include executive officer responsibilities and financial delegation limits. This should explicitly include staff and non-staff costs.* • *The role of the executive lead should be clearly set out and referenced in the individual's job description and personal objectives, as well as in the schemes off delegation within Standing Orders. This should include accountability arrangements.*
All	Updated to include the increased financial delegation limits introduced in March 2020 to enable effective financial governance as a consequence of the COVID-19, approved by the Joint Committee on 10 January 2023.
Column Q	Updated to reflect Traumatic Stress Wales

5.0 GOVERNANCE & RISK

To ensure effective governance the WHSSC Governance and Accountability Framework is reviewed annually, and the Integrated Governance Committee were informed of proposed changes to the Framework on 14 February 2023, prior to the Joint Committee formally approving them on the 14 March 2023.

In accordance with the WHSSC governance framework once the Joint Committee approve the updated governance and accountability framework they must be taken forward for approval by the Boards of the seven HBs for inclusion as schedule 4.1 within their respective HB SOs. Thereafter, a report will be taken to the CTMUHB ARC for hosted bodies for assurance.

6.0 RECOMMENDATIONS

Members are asked to:

-
- **Note** the report,
- **Approve** the proposed changes to the Standing Orders (SOs), and include as schedule 4.1 within their respective HB SOs,
- **Approve** the proposed changes of the Memorandum of Agreement (MoA) and Hosting Agreement in place with CTMUHB, and include as schedule 4.1 within their respective HB SOs; and
- **Approve** the proposed changes to the financial scheme of delegation and financial authorisation matrix updating the Standing Financial Instructions (SFIs).

Governance and Assurance	
Link to Strategic Objectives	
Strategic Objective(s)	Governance and Assurance Choose an item. Choose an item.
Link to Integrated Commissioning Plan	Yes
Health and Care Standards	Governance, Leadership and Accountability Choose an item. Choose an item.
Principles of Prudent Healthcare	Reduce inappropriate variation Choose an item. Choose an item.
NHS Delivery Framework Quadruple Aim	People in Wales have improved health and well-being with better prevention and self-management Choose an item. Choose an item. Choose an item.
Organisational Implications	
Quality, Safety & Patient Experience	A strong financial governance framework is essential to ensuring patients experience the greatest possible levels of safety and quality in the services commissioned by WHSSC Informed decisions within the environment of a clear financial governance framework are more likely to impact favourably on the quality, safety and experience of patients and staff.
Finance/Resource Implications	The WHSSC Standing Financial Instructions (SFI's) outline the financial scheme of delegation, non-pay expenditure limits and accountability arrangements.
Population Health	There are no specific population health implications related to the activity outlined in this report.
Legal Implications (including equality & diversity, socio economic duty etc)	The Model Standing Orders, Reservations and Delegation of Powers (SO's) were last issued by Welsh Government in September 2019 for Local Health Boards, Trusts, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC). They were reviewed by officials in association with representatives of the NHS Wales Board Secretaries and the NHS Wales Directors of Finance group. The revised model documents are issued in accordance the Ministerial direction contained within sections 12(3) (for Local Health Boards) and 19(1) (for NHS Trusts) and 23(1) (Special Health Authorities) of the National Health Service (Wales) Act 2006.

Long Term Implications (incl WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.
Report History (Meeting/Date/ Summary of Outcome	14 March 2023 – Approved by the WHSSC Joint Committee 14 February 2023 – Integrated Governance Committee – update on progress 10 January 2023 – JC approved the financial limits and financial reporting report.
Appendices	Appendix 1 – Updated Standing Orders (SOs) Appendix 2 – Updated Memorandum of Agreement and Hosting Agreement Appendix 3 - Updated Standing Financial Instructions (SFIs) Appendix 3a – Updated Financial Scheme of Delegation Appendix 3b – Updated Financial Authorisation Matrix

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 2023
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC)** **Update Report – May 2023**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: **REPORTING OFFICER:**	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

Cefndir / Background

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website Schedule 4 (nhs.wales).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the

provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

Asesiad / Assessment

This report provides an update regarding business undertaken during the last reporting period.

The Joint Committee held its most recent meeting on 16th May 2023. The papers for the meeting are available at May 2023 - Emergency Ambulance Services Committee (nhs.wales). The Joint Committee was attended by Nicola Prygodzicz, Chief Executive Officer. Some of the key matters discussed by the Joint Committee included:

- EASC Performance Report - which provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have or are being implemented to support performance improvement.
- Quality and Safety Report – which provided an update on quality and safety matters for commissioned services currently being supported by the EASC Team. The report was in a revised format in line with the Duty of Candour and the Duty of Quality and reported around the six quality domains.
- Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) Service Review – which provided an update on the progress made on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Development Proposal received by the Joint Committee at its meeting on 8 November 2022. Significant public and political concerns continue to be raised around any proposed changes to the operation of the EMRTS and the Wales Air Ambulance Charity (WAAC), particularly in relation to the potential closure of bases. This has resulted in challenges for the Committee, EMRTS and the Charity.
- Committee Effectiveness
  The Joint Committee held discussion on the effectiveness of the Committee. It was agreed that the Joint Committee would meet in person twice a year going forward. It was also agreed that the Joint Committee would have a stronger focus on patient / staff stories and also work to ensure balanced assurance and performance reporting.

The paper also provides the Board with:

- Confirmed Minutes of the Joint Committee Meeting held 17th January 2023 – **Appendix A**

Argymhelliad / Recommendation

The Board is asked to discuss and receive this report for assurance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	N/A

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

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item.

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Ambiwlans Brys
Emergency Ambulance Services Committee

EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'UNCONFIRMED' MINUTES OF THE MEETING HELD ON 17 JANUARY AT 14:30HOURS VIRTUALLY BY MICROSOFT TEAMS LIVE

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Jennifer Winslade	Executive Nurse Director, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive, Betsi Cadwaladr BCUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB
Steve Moore	Chief Executive, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)
Cath O'Brien	Chief Operating Officer, Velindre University NHS Trust

In Attendance:	
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Ross Whitehead	Deputy Chief Ambulance Services Commissioner (DCASC)
Aled Brown	Policy Division, Welsh Government
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary
Sian Ashford	Senior Nurse Lead, Quality and Delivery Frameworks
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)

Part 1. PRELIMINARY MATTERS		**ACTION**
EASC 23/001	**WELCOME AND INTRODUCTIONS** Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting.	Chair
EASC 23/002	**APOLOGIES FOR ABSENCE** Apologies for absence were received from Nicola Prygodzicz, Mark Hackett, Steve Ham and Tracey Cooper.	Chair
EASC 23/003	**DECLARATIONS OF INTERESTS** There were none.	Chair
EASC 23/004	**MINUTES OF THE MEETING HELD ON 6 DECEMBER 2022** The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 6 December 2022. Members **RESOLVED** to: • **APPROVE** the minutes of the meeting held 6 December 2022.	Chair
EASC 23/005	**ACTION LOG** Members **RECEIVED** the action log and **NOTED**: **EASC 22/139** • **Performance Report (Ministerial Summit 28 November)** It was reported that discussions were being held with Chief Operating Officers to ensure a coordinated approach. Action closed. **EASC 22/119** • **Performance Report** Jason Killens reported that relevant metrics and charts have been updated following the roster changes, ensuring an accurate reflection of the current position. This action has been completed and was closed. **EASC 22/123** • **WAST Provider Report** Jason Killens confirmed that work to provide additional information on the improvement trajectory and understand the impact of interventions was underway and a more detailed report would be included at a future meeting. **EASC 22/101** • **WAST Provider Report – Red variation** As previously agreed, this would be to be discussed in more detail at the EASC Management Group to be held on 16 February.	Chair

	Stephen Harrhy added that this been identified in the Welsh Government Integrated Quality, Planning and Delivery (IQPD) meetings with the Welsh Ambulance Services NHS Trust (WAST) and WAST had been asked to undertake some modelling for this matter. **EASC 22/79** • **Different staff input to WAST Control / call options** It was reported that the number of patients in 'hear and treat' had increased and this was expected to rise further. **EASC 22/79** • **Red Demand and Variation** It was felt that this has already been picked up and that this action could be linked link with above action (EASC 22/101). **EASC 22/81** • **Roster Reviews** Members noted that the roster reviews had been completed and a table showing the breakdown of numbers and the investment level would be shared via the Committee Secretary. • **Changes to WAST working practices** It was reported that these discussions were currently on hold. **EASC 22/20** • **Performance Report** It was noted that this would be a standard item in the Chief Ambulance Services Commissioner's (CASC) Report. Members **RESOLVED** to: **NOTE** the Action Log.	WAST WAST/ EASCT
EASC 23/006	**MATTERS ARISING** There were no matters arising from the minutes.	Chair
EASC 23/007	**CHAIR'S REPORT** The Chair's report including the Chair's Objectives was received. Members **RESOLVED** to: • **NOTE** the information within the report • **NOTE** the Chair's objectives set by the Minister • **NOTE** the continuation of Chair's action from the last meeting in relation to the engagement materials for the formal engagement on the Emergency Medical Retrieval and Transfer Service Review process.	Chair

Part 2. ITEMS FOR DISCUSSION AND APPROVAL		ACTION
EASC 23/008	**PERFORMANCE REPORT** The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. Noted that: • the report provided an update on current emergency ambulance performance and an overview of the range of actions and processes that have been, or are being, implemented to support performance improvement • the report presented information in line with the most recent publication of the Ambulance Service Indicators (November information), the publication of December performance data would take place on 19 January • Chart 1 – significant challenge in relation to call volume and answer times • Chart 3 – the impact of remote clinical support for patients, the increasing numbers of patients receiving an outcome of "hear and treat" and the collection of more granular data on patient outcomes as a result of investment in both staff and technology within the clinical support desk • while there has been a reduction in the number of incidents receiving a response overall, there has been an increase in Red incident volume and that by their nature red incidents often require multiple responses at scene (Chart 4) • the addition of the Cymru High Acuity Resource Unit (CHARU) [a new type of resource that is replacing rapid response vehicles (RRVs), focused on improving clinical outcomes for the sickest patients] to the chart illustrating the total level of emergency medical services (EMS) hours produced (Chart 5) • that CHARU is a key driver of improved outcomes for sicker patients • the continued challenges regarding red and amber performance (Chart 7 & 8) • the unprecedented levels of ambulance handover lost hours and how these posed a real and significant challenge to the delivery of timely, safe and effective emergency ambulance provision for the population (Chart 10) • the Ministerial Summit held on 28 November 2022 related to handover delays with the aim of discussing ongoing concerns around impact of delays on patient harm. Each health board provided an update on their handover improvement plans and commitments • further, the Minister closed the meeting by asking attendees to continue to work with the Chief Ambulance Services Commissioner (CASC) and the EASC team to update handover improvement plans and to make immediate improvements to reduce the risk to patients in the community	

	• the EASC Action Plan including the actions that had been agreed to improve the current position. This is also taken through the Cwm Taf Morgannwg UHB Audit and Risk Committee. Agreed that: • a summary of the Briefing Session on emergency ambulance performance that took place prior to the EASC Committee meeting would be presented with the minutes. Members **RESOLVED** to: • **NOTE** the discussion content of the report • **NOTE** the Ambulance Services Indicators • **NOTE** the handover improvement Ministerial summit discussion and the specific requirements of organisations • **AGREE** to consider all additional actions that could be taken to improve performance delivery of commissioned services.	
EASC 23/009	**LOCAL INTEGRATED COMMISSIONING ACTION PLANS (ICAP) UPDATE** The Local Integrated Commissioning Actions Plan Update report was received. Noted that: • progress has been made against the development of Integrated Commissioning Action Plans (ICAPs) aligned to the Emergency Ambulance Services Collaborative Commissioning Framework Agreement • the EASC Team have been working collaboratively with health boards and WAST in the development of the ICAPs • ach health board has submitted outline ICAPs which have been reviewed by the EASC Team • going forward meetings will be held with health boards and WAST to review performance data relating to ambulance handover delays and data aligned to the delivery of actions set out in the health board's ICAP, also to consider any operational or strategic matters arising. Performance data will be monitored via the weekly performance dashboard that is circulated to all health boards and WAST • meetings will also be held to focus on the delivery of joint actions (health board and WAST) and individual actions set out in the ICAPs as well as to consider opportunities for shared learning, again these will include both health boards and WAST • the actions and outputs of the ICAP process will provide direction and content for the development of each organisation's IMTPs • updated ICAPs will also be included within the EASC Action Plan. Members **RESOLVED** to: **NOTE** the report as presented.	

EASC 23/013	**UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW** The update report was received. Noted that: • the report updates members on the progress made with the EMRTS Service Review and specifically that the review would be independent of the assumptions, comparisons and modelling included within the original EMRTS Service Development Proposal, previously received by the Committee • members had agreed to explore opportunities for service improvement, particularly utilisation and the impact of rurality and population density on levels of utilisation • members had also agreed to explore and maximise the additional activity that could be achieved from existing bases and to explore options to reconfigure the service • in relation to the formal public engagement process, Members agreed the need to engage upon the constraints, investment objectives and weightings as part of Phase 1, and that those applied as part of the decision-making process for the EMRTS 24/7 Service Expansion Review in 2018 would also be appropriate for this process • while Members had approved Chair's Action to commence the formal engagement process once engagement materials were agreed by all parties (but not before 9 January), the EASC Team had been supporting the NHS response to the current system pressure and therefore the required materials were not yet ready • nevertheless, the EASC Team had continued to work with health board engagement, communication and service change leads to draft the required engagement materials for development with CHC colleagues and this work would now continue apace • there was a high level of public interest in the service and in taking part in the engagement process. The work would ensure that materials are agreed in a timely manner • further, there was a commitment to get the engagement process right, not to rush the process and to ensure that plenty of notice is provided to ensure that those that want to participate would be provided with the opportunity to do so • an overview of the activities and engagement undertaken by the EASC Team was provided including responding to the comments and questions received from stakeholders, preparing and circulating briefing notes, updating CHC lead representatives and ongoing meetings with health board communication and engagement leads	

	• following discussion at the December meeting, the team had been successful in securing dedicated communication and engagement support from a health board • a Senedd debate had taken place on Wednesday 11 January and that the approach being taken has been endorsed by Senedd Members. Key points raised by Members during the debate would be considered in this engagement work. Agreed that • (as at previous meeting), Chair's Action would be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be in early February. Further noted that • members recognised the impact of supporting the wider system during times of unprecedented pressure on the NHS over recent weeks and months • key stakeholders were keen to understand when the formal public engagement process was likely to commence, even an indicative date would be helpful • early February was being worked towards, and that if further support was required from health boards during this period this would be forthcoming. The Chair reported that he had been closely briefed on the work being undertaken in recent weeks and was keen to ensure that due process was undertaken. The Chair would continue to track the progress being made and would undertake Chair's Action when he has the required assurance that all materials and arrangements were in place. Members **RESOLVED** to: • **NOTE** the report as presented • **AGREE** that Chair's Action will be taken to commence the formal engagement process once engagement materials are agreed by all parties, expected to be early February in line with agreement at EASC meeting on 6 December 2022.	
EASC 23/010	**QUALITY AND SAFETY REPORT** The Quality and Safety Report was received. Noted that: • report provided Members with an update on the quality and safety matters for commissioned services currently being supported by the EASC Team	

	• responding to the Healthcare Inspectorate Wales (Welsh Ambulance Services NHS Trust) Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover. Following feedback from HIW a further update was provided on a number of specific areas with HIW recently accepting the progress made to date. During 2023, the EASC Team would be required to develop a final output response for HIW on the recommendations. Input from Health Boards and WAST would be essential in the development of this response • establishing and coordinating a task and finish group to review the Appendix B process, to make recommendations for improvement and to monitor the impact of these. While the pilot process was live across Wales, the group continued to meet to share learning and good practice, alongside evaluating the impact of the new process. EASC Management Group will be asked to endorse the approach at their next meeting (see Action Log 'EASC 22/120') • that the pilot process was felt to be working well and that it would be useful to have a performance framework to track the progress of investments made and the improved outcomes for patients • work would also now be undertaken to include key quality and safety matters relating to Non-Emergency Patient Transport Services and the Emergency Medical Retrieval and Transfer Service within the EASC Quality & Safety Report • there has been a growth in the levels of adverse incidents, media interest, HM Coroner inquests and subsequent Regulation 28 reports, Prevention of Future Deaths. This was likely to increase as a result of the deteriorating performance and escalation position that had been seen since the autumn of 2021 • the EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances • the intention to develop the report to include more metrics and performance measures to sit alongside the existing Performance Report and to enhance the Committee's knowledge in terms of quality, outcomes and harm. Members **RESOLVED** to: • **NOTE** the report as presented.	
EASC 23/011	**EASC INTEGRATED MEDIUM TERM PLAN UPDATE** Stephen Harrhy provided an oral update on the development of the EASC Integrated Medium Term Plan (IMTP).	

	Noted that: • the private briefing session held prior to the Committee meeting had been helpful in discussing performance matters and the actions in place to improve these • the briefing session would ensure that similar ambitions and assumptions aligned to EASC Commissioning Intentions would be built in to the EASC, WAST and health board IMTPs • IMTPs would now be drafted and developed via the EASC governance arrangements and peer groups for discussion at the February meeting of the EASC Management Group and agreement at the March meeting of EAS Committee • IMTPs would need to be submitted to Welsh Government by end of March 2023. Members **RESOLVED** to: • **NOTE** the update provided.	
EASC 23/012	**WELSH AMBULANCE SERVICES NHS TRUST REPORTS** The reports of the Welsh Ambulance Services NHS Trust (WAST) were received. These included: • Provider Report • Immediate Release • Manchester Inquiry Recommendations • Meeting requirements of the Civil Contingencies Act • WAST Integrated Medium Term Plan (Oral). **WAST Provider Report** Members received the Provider Update. Noted that: • this provided an update on key issues affecting quality and performance for Emergency Medical Services (EMS) and Ambulance Care (including Non-emergency Patient Transport Services NEPTS) and provided an update on commissioning and planning for EMS and Ambulance Care (including NEPTS); • work is currently being undertaken to reduce the length of the Provider report • there is concern regarding red and amber response times and patient waits, as reported in the EASC Performance Report • progress had been made with 'consult and close' rates as a result of investment in the Clinical Support Desk during 2021-22 and this was currently close to the 15% benchmark, hopefully working towards 17/18% next year. Members **RESOLVED** to: • **NOTE** the report as presented. **Immediate Release** Members received the Report.	

Noted that:
- the All Wales Immediate Release Protocol was approved in July 2022 subject to a review after 3 months
- feedback from partners (Chief Operating Officers) had now informed a review of the protocol as requested
- from a commissioning perspective, this was felt to be a sensible approach.

Members **RESOLVED** to:
- **NOTE** the report as presented
- **APPROVE** the amendments to the All Wales Immediate Release Protocol as set out in paragraph 2.2, Appendix 1 and Appendix 2.

Manchester Inquiry Recommendations
Members received the Report.

Noted that:
- the report was prepared following an initial review of the emergency response to the Manchester Arena bombing
- the WAST Emergency Preparedness, Resilience & Response (EPRR) team would need to develop the capacity to receive, review, consider and plan a response to the 149 recommendations contained in volumes 2 and 3 of the report
- the Inquiry recommendations (specifically drawn to recommendations R105 and R106) are clear that ambulance trusts should make recommendations to NHS commissioners about additional resources required to ensure an effective response to mass casualty incidents.

Agreed that:
- WAST would collaborate with the CASC and the EASC team and bring forward recommendations to EASC.

Members **RESOLVED** to:
- **NOTE** the report as presented
- **AGREE** that WAST collaborate with the CASC and the team and bring forward recommendations to EASC.

Meeting requirements of the Civil Contingencies Act
Members received the Report.

Noted that:
- the operational and clinical pressures were worsening across health and social care in Wales

	• WAST were concerned about its ability to provide a major incident and/or mass casualty incident response to the people of Wales in a way that met the obligations as established within the Civil Contingencies Act (CCA) and as a Category 1 responder • during prolonged periods, WAST had seen more than 50% of its conveying capacity being unavailable to respond to patient incidents due to extreme handover delays with some handovers reaching over 48 hours • when business continuity and critical incidents were declared by WAST last month, due to WAST's inability to respond to patients categorised as immediately life threatening, no meaningful improvements to ambulance availability were seen • WAST were concerned that the health system would not be able to release ambulances held at emergency departments without delay should a major incident be declared. This would delay arrival of life saving care to those sadly caught up in any incident • WAST had developed a new risk for entry on its corporate risk register covering this issue and intended to raise this at the next public Trust Board meeting on Thursday 26 January 2023. It was anticipated that this risk would score as HIGH. Members **RESOLVED** to: • **NOTE** the report as presented • **NOTE** the system risk that WAST may fail to meet its Civil Contingency Act Category 1 responder responsibility if inhibited from sending its pre-determined attendance to a declared major incident or mass casualty incident due to emergency department handover delays • **AGREE** that Health board CCA officers engage with WAST to confirm WAST/health board CCA arrangements and for any issues arising to be escalated where needed to EASC Management Group. **WAST Integrated Medium Term Plan** (Oral) Noted that: • the WAST IMTP would need to be consistent with Commissioning Intentions and financial constraints; • there were 3 key areas: o actions to improve the quality of service and to improve patient outcomes o staff (recognising the pressure that staff have been under in recent years) o financial sustainability including reducing costs, improved efficiency and generating additional income with the aim to deliver a balanced financial plan	

	• the WAST team were meeting with the EASC Team fortnightly as they develop the IMTP • the WAST IMTP would be taken to the EASC Management Group in February, presented to the WAST Board and then EAS Committee for approval at the March meeting • there was an appropriate balance of strengthening core services and the longer-term strategic view. Members **RESOLVED** to: **NOTE** the report as presented.	
EASC 23/014	**CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT** The Chief Ambulance Services Commissioner's Update Report was received. Noted that: • the 'Plurality Model' was operated as part of the commissioning arrangements for Non-Emergency Patient Transport Services (NEPTS). As part of this approach, WAST was the provider of choice with other providers commissioned as appropriate. A tender process had recently been completed and was currently in the novation and implementation phase, this would ensure consistent standards of service delivery, cost efficiencies and savings. WAST were commended for the successful tender exercise • a review was being undertaken by NEPTS relating to access to dialysis and oncology services to ensure that these were in line with the expectation, this would be taken through the NEPTS Delivery Assurance Group (DAG) • there was much information available relating to NEPTS and that a NEPTS Dashboard was currently being developed, again this would be taken through the NEPTS DAG and would become part of the EASC performance management mechanism • one of the Commissioning Intentions related to the development of a National Transfer and Discharge Service to support service changes at a health board level and to improve patient flow. This work was ongoing and would be developed and shared via the NEPTS DAG, EASC Management Group and EAS Committee • there was a responsibility to firstly ensure best use of current resources ahead of seeking additional resources • WAST had recently commissioned work to model how best to use resources as part of this work • there were a number of patient transport services operating in Wales and the need to ensure robust oversight, coordination and management of these and the avoidance of duplication. Members **RESOLVED** to: **NOTE** the report as presented.	

EASC 23/015	**EASC COMMISSIONING UPDATE** The EASC Commissioning Update Report was received. This included • Commissioning Framework • Integrated Medium Term Plan • Commissioning Intentions Noted that: • progress had been made against the key elements of the collaborative commissioning approach • the EASC team had developed a process through the framework mechanism to enable this collaborative approach to transition and transformation through the development of local Integrated Commissioning Action Plans (ICAPs), update against Agenda item 2.2 • the EASC IMTP Quarter 2 Update was presented at the previous meeting. A Quarter 3 Update would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023 • a Quarter 2 Update against Commissioning Intentions for 2022-23 was provided at the November meeting. A Quarter 3 update against the EASC Commissioning Intentions (EMS, NEPTS and EMRTS Cymru) would be provided at the February meeting of the EASC Management Group and then to the EASC Committee in March 2023 • Commissioning Intentions for 2023-24 were currently being reviewed as part of the IMTP Process for 2023-26, however it was anticipated that the majority of intentions would remain extant. These would be considered for endorsement at the February meeting of the EASC Management Group and then approved at the EASC Committee. Members **RESOLVED** to: **NOTE** the report as presented.	
EASC 23/016	**EASC FINANCIAL PERFORMANCE REPORT MONTH 8 2022/23** The EASC Financial Performance Report at month 8 in 2022/23 was received. Noted that: • there was a current break-even position with no significant variance • work would continue on the income received from Welsh Government • health board Directors of Finance would be involved as appropriate	

	• work would being undertaken in relation to WHSSC and EASC Standing Financial Instructions and presented at the next meeting (Action Log). Members **RESOLVED** to: • **NOTE** the current financial position and forecast year-end position.	
EASC 23/016	**EASC SUB GROUPS** The Non-Emergency Patient Transport Services (NEPTS) Delivery Assurance Group notes from 6 October 2022 were received. Members **RESOLVED** to **APPROVE** the notes**.**	
EASC 23/017	**EASC GOVERNANCE** The report on EASC Governance was received. Noted that: • the Risk Register had been reviewed and updated by the EASC Team during January 2023 in response to issues raised at the Cwm Taf Morgannwg University Health Board Audit and Risk Committee meeting on 12 December (as the host body). Additional information had been included and related to the ongoing system pressures and the impact on patients and the increasing risk of harm • the EASC Assurance Framework would be updated for the next meeting in line with the changes above approved for the Risk Register • the EASC Standing Orders were due for review at the November 2022 meeting. However, there was ongoing work with the Standing Financial Instructions related to the Welsh Health Specialised Services Committee (WHSSC) /EASC and it was felt would be helpful to receive both sets of Standing Orders and Standing Financial Instructions at the same meeting • the Standing Financial Instructions for WHSSC were presented for approval at the meeting on 10 January 2023 and the EASC version would be presented alongside the Standing Orders at the next meeting in March 2023 • the term of the Vice Chair would be completed in February 2023 and a new Vice Chair would need to be agreed at the meeting in March • the Chair thanked Steve Moore, the current Vice Chair, for his help and support over the last two years • a letter was received on 22 November 2022 from the Welsh Language Commissioner (WLC) which indicated that a member of the public had concerns regarding documentation on the EASC website and related to the EMRTS Service Development Proposal	

	The member of the public had visited the website on 11 November 2022 and had been unable to find a Welsh language version of the EMRTS Service Development Proposal on the website • This occurred due to annual leave of a member of the EASC Team with responsibility for the website • Further, arrangements had been made to avoid this happening again. The EASC website had been reviewed to ensure compliance with the Welsh Language standards including ensuring that Welsh was not treated less favourably than English and also that the Welsh website is of the same standard as the English website in terms of content • a further update would be provided as the investigation continued. Members **RESOLVED** to: • **NOTE** the report as presented • **APPROVE** the updated risk register.	
EASC 23/018	**FORWARD LOOK AND ANNUAL BUSINESS PLAN** The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions. Members **RESOLVED** to: **APPROVE.**	
Part 3. OTHER MATTERS		**ACTION**
EASC 23/019	**ANY OTHER BUSINESS** There was no other business raised. The Chair closed the meeting by thanking Members for their contribution to the discussions.	
DATE AND TIME OF NEXT MEETING		**ACTION**
EASC 23/020	The next scheduled meeting of the Joint Committee would be held at 09:30 hrs, on Tuesday 14 March 2023 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.	Committee Secretary

Signed ……
Christopher Turner (Chair)

Date ……

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 May 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 – 18th April 2023
- Patient Quality, Safety and Outcome Committee – 25th April 2023

Annual Reports

Annual Reports have been prepared by each Committee which describe how they have discharged their roles and responsibilities during the period 1 April 2022 to 31 March 2023. These Annual Reports are provided for approval by the Board.

Where Committees have not met to consider their Annual Report, reports have been approved on a virtual basis and will be reported to the next Committee meeting.

- Audit, Risk and Assurance Committee
- Patient Safety, Quality and Outcomes Committee
- Mental Health Act Monitoring Committee
- People and Culture Committee
- Partnerships, Population Health and Planning Committee
- Finance and Performance Committee

An Annual Report has not been prepared for the Charitable Funds Committee, as the Board approved the Charitable Funds Accounts and Annual Report in January 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 – 23rd March 2023
- WHSSC/EASC – provided within Agenda item 4.9 – 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:

- Approve the Committee Annual Reports 2022/23

- 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:	**18 April 2023**
Key Decisions and Matters Considered by the Committee:	

Audit, Risk & Assurance Committee Annual Report 2022/23
The Committee **APPROVED** the Audit, Risk & Assurance Committee Annual Report 2022/23.

Audit, Risk & Assurance Committee Work Plan 2023/24
The Committee **APPROVED** the Audit, Risk & Assurance Committee Work Plan 2023/24.

Use of Single Tender Waivers
The Committee **APPROVED** the use of Single Tender Waivers for the period 11 January 2023 to 24 March 2023.

Financial Governance Report and Ratify Financial Control Procedures
The Committee **NOTED** the Governance Report and **APPROVED** the General Ledger Policy and Governance approach for Commissioning Additional (External & Insourced) Non-NHS Clinical Services Financial Control Procedures.

Counter Fraud Annual Plan 2023/24
The Committee **APPROVED** the Counter Fraud Annual Plan 2023/24.

Ratification of the Clinical Audit Plan
The Committee received a report that described the process of developing a Clinical Audit Plan and explained that both the process and the plan were new initiatives for the Health Board and were part of an overall ambition to develop a Quality Management System.

The Committee expressed concern, noting that ratification of the plan had been deferred from the 2022/23 work plan, resulting in a 2022/23 plan not being received, and asked for assurance on when a plan for 2023/24 could be expected.

The Clinical Audit Plan would be presented to the Committee for approval at its July meeting.

The Chair suggested that the Board be briefed on the position considering the recent Clinical Audit Plan Limited Assurance Internal Audit Report.

Annual Report on Clinical Audit Activity
The Committee was informed that the Clinical Audit Team had never produced an Annual Report before, that preparation had taken longer than anticipated, and that the Patient Quality, Safety, and Outcomes Committee would ratify the 2022/23 Annual Report at its June meeting.

Annual Report on Counter Fraud Activity
The Committee **NOTED** the report's content and was assured that the Counter Fraud Team was operating efficiently, but requested a future update on whether the team has enough resources to complete the agreed-upon number of days of investigation.

Strategic Risk & Assurance Report
The Committee NOTED of the work being done to strengthen risk escalation processes, including clarification on the levels within the hierarchy to support escalation, noting that the risk register would be explicit in which risks had been delegated to committees and that the revised strategy would clarify committees' roles in terms of committees not managing risks but seeking assurance around risk management.

Review of Audit Recommendations Tracking
The Committee **NOTED** the work done with Executive Directors to address the number of overdue recommendations and **ENDORSED** the 24 proposed revised time scales. Individual risk assessments would be carried out on the recommendations with revised timeframes to understand the level of risk being held while work was being done to close the recommendations.

Mid-Year update in respect of Post-Payment Verification (PPV) Activity
The Committee was provided with an overview of how practises had performed over the previous three PPV cycles, as well as a comparison of the Health Board's overall performance with national averages.

Internal Audit Plan Progress Update
The Committee was informed that there were 8 reviews left to complete from the 2022/23 work plan, which would be completed and submitted to the next Committee meeting on 23 May 2023.

The Substantial and Reasonable Assurance Internal Audit Reports were noted by the Committee.

The Committee received two Internal Audit Reports with Limited Assurance:

- Discharge Planning
- Bevan Health & Wellbeing Centre

The Committee requested that the governance arrangements for both be strengthened to ensure that the controls in place were robust enough to ensure the delivery of the management plans' actions.

Internal Audit Draft Plan 2023/24
The Committee **APPROVED** the draft 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**.**

External Audit Progress Report
The Committee **NOTED** the Progress Report.

Audit Wales Outline Plan 2023/24
The Committee **NOTED** the Audit Wales Outline Plan 2023/24.

Audit Wales Orthopaedic National and Local Report and Management Response
While surgery wait times were improving, the Committee was informed that demand continued to outweigh capacity. The immediate, as well as the potential long-term concern, was the overall availability of resources to the health sector, as well as the long-term impact of an aging population.

The Audit Wales Orthopaedic National and Local Report and Management Response were **NOTED** by the Committee.

Matters Requiring Board Level Consideration or Approval:

The Committee would like to bring to the Board's attention its concerns regarding the Clinical Audit Plan's current position. The Committee is responsible for ratifying the Plan following approval by the Patient Quality, Safety, and Outcomes Committee.

The Committee should have received the 2022/23 plan at its meeting in August 2022, as at the end of the financial year 2022/23 it had not been received. At its April meeting, the Committee was informed that the plan for 2023/24 is still being developed, that the process and the plan were new initiatives for the Health Board and that they were part of an ambition to develop a "Quality Management System" that underpinned regular review of outcomes and linked them to time-bound improvement plans prior to re-audit, and that the Plan would be received at the Committee's meeting in July.

The Committee is referring the matter to the Board because it has been unable to obtain adequate assurance that the Health Board has an effective clinical audit that meets the standards set for the NHS in Wales.

Key Risks and Issues/Matters of Concern:

- Nothing Raised

Planned Committee Business for the Next Reporting Period:
Audit Risk & Assurance Committee Work Plan 2023-24

Date of Next Meeting: Draft Accounts - Tuesday 23rd May at 14:00 via Microsoft Teams

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	25th April 2023

Key Decisions and Matters Considered by the Committee:

The Committee received and accepted the Patient Quality & Safety Outcomes Committee Annual Report for 2022/23 which seeks to provide a comprehensive evaluation on the business undertaken by the Committee over the course of the 2022-23 financial year including any issues, and gaps in assurance that have required escalation to the Board.

The Committee received the Patient Quality & Safety Outcomes Committee Performance Report for April 2023. The report provided an update on the work being undertaken relating to the:

- Nurse Staffing Levels (Wales) Act 2016;
- Pillars of Quality including the Quality Strategy Implementation and Delivery Plan;
- Safe Care Collaborative;
- Person Centred Care – Listening and Learning from Feedback;
- National Reportable Incidents;
- Never Events;
- Complaints and Serious Incidents;
- Claims, Redress and Inquests;
- Health, Safety and Security;
- Infection Prevention;
- COVID-19 Investigations;
- Safeguarding – Current practice review, Training and Development;
- Welsh Nursing Care Record;
- Inpatient Falls – March 2021-23;
- Urgent & Emergency Care;
- Planned Care;
- Cancer performance.

The Committee were pleased to note that walkaround visits were re-staring and agreed that these walkaround sessions were of great value, however emphasised the importance of having a clear purpose.

The Committee noted the PQSOC Strategic Risk Report for March 2023. 10 risks had been allocated to this Committee from the main Health Board Risk Register and the risks had not changed since previous reports.

The Committee received the following Annual Reports for assurance:-

- Blood Management
- Pharmacy and Medicines Management
- Research and Development
- Dementia Care
- Falls & Bone Health Committee
- Nutrition & Hydration Group

An update was provided on National Audit of Care at the End of Life (NACEL) Management. The Committee noted that work was being undertaken to address lack of documentation.

The Committee noted the ongoing work on Consent to Examination & Treatment Standards and the patient information leaflet being available and up to date.

The Committee noted that good progress was being made with Clinical Audit Activity.

The Committee received the following Highlight Reports for Information:-

- 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

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:

Patient Quality and Safety Outcomes Measures Report, June 2023

- 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

Additional Risks and Issues

Date of Next Meeting: Tuesday 20th June 2023 at 09:30 via Microsoft Teams

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	23 March 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Matters Arising – Recruitment Update

The Recruitment Modernisation Plan is positively impacting performance, with the time to hire for new recruits effectively being halved at the initial sites where the changes have been fully implemented. Actions have included the training of over 1800 Recruitment Managers across NHS Wales in the last twelve months and the provision of regular and dedicated communications. One area still in need of improvement is to receive more comprehensive forecast information from Health Boards, Trusts, and Special Health Authorities, in terms of recruitment plans for the medium and longer term.

The Committee **NOTED** the update.

Chair's Report

The Chair updated the Committee on attendance at recent meetings, both within NWSSP and externally. The Chair also confirmed the dates of further Committee development sessions, on the 9th of June and the 10th of November.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The number of fleet electric vehicles has increased but the UK Government trial of electric HGVs is stalled.
- Consultation with staff has started regarding the move from Companies House to Cathays Park.
- Brecon House accommodation in Mamhilad continues to have structural issues

with the concrete roof structure which means that we will need to look for alternative accommodation to store the primary care records.
- Welsh Government have confirmed that the required capital is not available to support the OBCs for the Laundry Service, and we are therefore working on an alternative "do minimum" plan which will allow us to refurbish three of the existing sites but within a substantially reduced capital envelope.
- There is an ongoing conversation with colleagues in Welsh Government around PPE storage, stock management, ordering, delivery, and the links to supplies to Primary Care and Social Care.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Duty of Quality

The Committee discussed and **APPROVED** a paper setting out the proposed approach that NWSSP will adopt to take forward compliance with the Duty of Quality. This includes the role of the Partnership Committee to provide oversight and the twofold role NWSSP will have in providing evidence under Duty of Quality.

Chair's Action – Telephony and Contact Centre

This relates to a joint procurement led by DHCW to award a new contract for telephony and contact centre systems that just missed the deadline for the January Committee. Approval had been given under Chair's Action on behalf of both the Committee and the Velindre Trust Board.

The Committee **RATIFIED** the contract award.

Energy Procurement

Eifion Williams attended to present this item. Following the withdrawal of British Gas from the commercial energy market, alternative options had been presented to Directors of Finance and a decision taken to establish a revised procurement arrangement with Crown Commercial Service (CCS), due to their substantial presence in the energy market across the public sector. The new arrangements will come into force in October of this year, NHS Wales would participate in fixed price energy baskets to cover the first 18 months of the contract removing financial uncertainty. Existing forward purchases with British Gas will be sold back to the supplier generating a surplus for NHS Wales. The Directors of Finance also suggested a change in governance arrangements and consequently the Energy Price Risk Management Group will be replaced by the Welsh Energy Group and the Welsh Energy Operating Group, with the former being a sub-committee to the Partnership Committee.

The Committee **APPROVED** the transfer to CCS, the fixed purchase price of energy, the sale back of existing forward purchase to British Gas, and the establishment of the Welsh Energy Group and the Welsh Energy Operating Group.

Items for Noting

Chair's Appraisal

The Chair's appraisal was conducted earlier in the month and included feedback by Committee members. A summary of the appraisal was provided to Committee members.

The Committee **NOTED** the paper.

Overpayment Policy

The Committee Members discussed the Overpayments update report presented by the Director of Finance. It was agreed that further work was needed to develop an all-Wales Overpayment policy as well as to review the end-to-end processes and streamline procedures which would make it easier for managers to submit termination documentation. It was agreed that further updates would be provided to the Committee members once the various Task and Finish Groups and Service Improvement Team had looked into the issues in more detail.

The Committee **NOTED** the paper.

Finance, Performance, People, Programme and Governance Updates

Finance –The position at M11 forecasts a break-even position with £2m re-distributed to Health Boards. The Welsh Risk Pool forecast outturn position remains as forecast in the IMTP, and all allocated capital funding should be utilised by the end of March.

People & OD Update – Sickness absence rates remain very low, and there has been an increase in Statutory and Mandatory Training compliance to 91%. PADR completion is almost at green. The only area of concern is staff turnover, which is higher than expected, and a review is being undertaken to investigate the reasons for this.

Performance – The in-month (January) performance was generally good with 32 out of 37 KPIs achieving target. The one red-rated indicator was Payroll call-handling, but steady improvements are now being noted in this area.

IMTP Q3 Progress Report - 78% of required actions are either complete or on-track, with those actions that are off track are assessed during the quarterly review process within NWSSP.

Project Management Office Update – The Case Management System and the Laundry Transformation Projects remain red-rated and are also included as red risks on the Corporate Risk Register. All other projects are on track.

Corporate Risk Register – There remain seven red-rated risks covering areas such as energy costs and provision, industrial action, insufficient staff resource, the Legal and Risk and Laundry project risks, and an issue with the roof of Brecon

House that may require the lease to be terminated. The Committee **NOTED** the above Reports.
Papers for Information
The following items were provided for information only: • Audit Committee Assurance Report; • Finance Monitoring Returns (Months 10 and 11).
AOB
N/a
Matters requiring Board/Committee level consideration and/or approval
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.
Matters referred to other Committees
N/A

Date of next meeting	18 May 2023

AUDIT, RISK AND ASSURANCE COMMITTEE

ANNUAL REPORT FOR 2022-23

Approved by: Audit Risk & Assurance Committee Date Approved: 18 April 2023

CONTENTS:

FOREWORD

I am pleased to present the Audit, Risk and Assurance Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee and describe the steps taken to strengthen audit, risk management and assurance arrangements in the last 12 months.

The Committee has welcomed the main conclusion of the Auditor General for Wales' in the Structured Assessment for 2022 which concluded that Aneurin Bevan University Health Board: 'has broadly sound arrangements in place for governance, strategic planning and use of resources'.

The Committee has also acknowledged its role in overseeing the important work that is still ongoing in a number of areas to further strengthen governance and assurance arrangements. This will be a key focus in the Committee's work in the year ahead.

Finally, I would like to express my personal appreciation to all who contributed to the audit, risk and assurance agenda over the last 12-months. Special thanks must go to Shelley Bosson for her tenure as chair of the Committee up until August 2022 and Katija Dew whose term of appointment as an Independent Member of the Health Board came to an end in March 2023.

Diolch yn Fawr / Thank you

Iwan Jones

Chair, Audit, Risk and Assurance Committee

1. INTRODUCTION TO THE REPORT AND AUDIT, RISK AND ASSURANCE COMMITTEE

1.1 The Standing Orders[1] of Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB' or the 'Health Board') state that: "*The Board may and, where directed by the Welsh Government must, appoint Committees either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*". [Section 3]

1.2 The Term of Reference of the Audit & Assurance Committee (referred to throughout this report as 'the Committee') that applied in 2022/23 were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

1.3 The Committee formally adopted its Terms of Reference, following the Board's approval, on 07 April 2022.

The purpose of the Committee is to undertake scrutiny and review of matters related to audit, financial accounting, assurance and risk management. In doing so, the Committee will support the Board and the Accountable Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

1.4 The remainder of this report describes how the Committee complied with and satisfied the requirements set out within its Terms of Reference during the period 1 April 2022 to 31 March 2023.

[1] LHB Model Standing Orders Reservation and Delegation of Powers - 25 March 2021 v5 Final (nhs.wales)

2022-23 WORK PROGRAMME

2.1 ABUHB Standing Orders require the Director of Corporate Governance to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

2.2 When the Committee's Work Programme (see **Appendix 2**) was agreed care was taken to ensure that this was aligned to its Terms of Reference and the requirement for the Committee to 'proactively seek information to gain assurance for itself and/or on behalf of the Board'. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. FREQUENCY OF COMMITTEE MEETINGS AND MEMBERSHIP

3.1 During 2022-23, the Committee met eight times virtually via Microsoft Teams:

- 07 April 2022
- 17 May 2022 (draft annual accounts)
- 13 June 2022 (final annual accounts)
- 02 August 2022
- 06 October 2022
- 01 December 2022
- 02 February 2023.

This met the requirement that the committee should meet at least bi-monthly.

Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 Shelley Bosson, Independent Member, stepped down as Chair of the Committee on 02 August 2022, but remains a voting member. Iwan Jones, Independent Member (Finance), took over as Chair on 03 August 2022, and presided over his first Committee meeting as Chair on 06 October 2022.

3.3 As at 31 March 2023, the Committee comprised the following Independent Members:

- Iwan Jones – Chair
- Richard Clark – Vice Chair
- Shelley Bosson
- Paul Deneen
- Vacancy (awaiting the appointment of a new Independent Member)

3.4 Committee meetings were regularly attended by representatives from:

- Audit Wales; the Health Board's external auditor;
- Audit & Assurance Services NHS Wales Shared Services Partnership (Internal Audit) and
- Local Counter Fraud Services

3.5 In 2022-23, Committee received private briefings (without officers present) from auditors and the local counter-fraud lead as below:

- Internal Audit (*August 2022 & February 2023*)
- External Audit (*October 2022*)
- Counter Fraud (April 2022 & *December 2022*)

4. COMMITTEE REPORTING ARRANGEMENTS

4.1 The minutes of Committee meetings are routinely submitted to the Board by way of an Assurance Report, these are included in an overarching Committee Assurance Report.

All Board papers can be accessed via the following link:

Audit Risk and Assurance Committee

5. COMPLIANCE WITH THE COMMITTEE'S WORK PROGRAMME

5.1 Among the key issues considered by the Committee during 2022-23, as outlined in the Committee's Work Programme, the following were also considered:

- Update on Outpatient Transformation
- 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

6. ASSURANCE AND IMPROVEMENT

6.1 The Committee reviewed and approved the audit strategies and plans for the auditors as listed below and received audit reports produced in support of them during 2022-23:

- External Auditors, Audit Wales
- Internal Auditors, NWSSP Audit & Assurance Services (AAS)

In approving the strategies and plans, the Committee ensured that they were robust and linked to the health board's risk profile.

6.2 Where reports received a less than reasonable assurance audit rating or where there were specific areas of concern, the appropriate Executive Directors were requested to attend Committee meetings. This process provided opportunities to discuss the reports more fully, and for the Committee to satisfy itself that the findings and recommendations raised in the reports were being addressed in a timely manner and implemented to address control weaknesses or compliance issues.

Certain reports were referred to other Committees of the Board for ongoing monitoring, for example reports relating to clinical governance issues were referred for further consideration by the Patient Quality Safety and Outcomes Committee.

EXTERNAL AUDIT – AUDIT WALES (AW)

6.3 The Auditor General for Wales is the statutory external auditor for the NHS in Wales. Audit Wales (AW) undertakes the external auditor role for the Health Board on behalf of the Auditor General.

6.4 The WAO 2022 Structured Assessment work reviewed the Health Board's corporate governance and financial management arrangements, particularly the progress made in addressing the previous year's recommendations. Findings from the 2022 review were reported to the Committee in February 2023, prior to submission to the Board in March 2023.

Overall, the WAO report stated: "**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 the say that:

- Governance – the Health Board has taken positive steps to improve the effectiveness of its governance arrangements, opportunities exist to enhance these arrangements further to address key risks and operational pressures.

- Strategic planning – the Health Board needs to revisit its clinical strategy to ensure that clinical and medium-term plans

help to drive service improvement and help to shape long-term sustainable services.

- Wider arrangements that support the efficient, effective, and economical use of resources – the Health Board has a reasonably effective approach to planning, and financial controls remain generally effective but there is a need to strengthen its focus on financial performance. The Health Board Estates remains a challenge due to availability of capital finance and there needs to be stronger oversight of digital strategy and plan implementation.

6.5 The WAO Structured Assessment 2022 was subsequently received by the Board on 29 March 2023. During discussions with the Committee, Audit Wales was pleased to hear from Committee Members that they fully recognised the conclusions drawn and the key issues that required further improvement in the year ahead.

Copies of reports produced by Audit Wales can be accessed via the following link: Audit Wales Publications.

6.6 Each meeting of the Committee received a progress report from Audit Wales and during 2022-23 the Committee received one External Audit report, relating to the Health Board's External Audit Plan.

Efficiency Review Report

The review considered the high-level arrangements for planning, delivery, and monitoring of efficiency and savings and sought to address the following question: Is the Health Board putting in place effective arrangements to secure savings and efficiencies?

The review recognised that there is a good overall ethos at a senior level and that the Health Board integrates its efficiencies approach into its IMTP programmes. This had been demonstrated in the Health Board's intent to deliver financial efficiencies through a balanced approach to service transformation and value based programmes, alongside short-term savings, which is considered as a safe approach, as an over-reliance on short-term and non-recurrent transactional cost cutting can impact adversely on longer-term financial stability.

The review recommended that the Health Boards needs to focus its oversight on the risks to operational delivery of plans and better

understand the impact of efficiency plans and recommended that the Health Board regularly update its forecast to provide a sense of urgency when and if the financial position deteriorates.

INTERNAL AUDIT - AUDIT & ASSURANCE SERVICES NHS WALES SHARED SERVICES PARTNERSHIP

6.7 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.

In total, 32 audit reviews were carried out during the year, including six that were carried over from 2021/22. These are detailed in the assurance rating sections.

The Committee will receive the following final reports from the 2022-23 Internal Audit Plan at its April meeting.

- Risk Management (Reasonable Assurance)
- Financial Sustainability (Reasonable Assurance)
- Discharge Planning (Limited Assurance)
- Monitoring Action Plans (Reasonable Assurance)
- Follow Up High Recommendations (Reasonable Assurance)
- Cyber Security (Advisory)
- Management of the Robotic Process Automation (Reasonable Assurance)
- IT Strategy (Reasonable Assurance)
- Tredegar Health & Wellbeing Centre (Limited Assurance)

The following ten reports will be presented at Committee meetings during Quarters 1 and 2 of the 2023-24 financial year.

- Clinical Futures - Care Closer to Home
- Contract Management (Urgent Care System)
- Mental Health Transformation
- Dementia Services
- Infection Prevention & Control
- Putting Things Right
- Integrated Wellbeing Networks
- Review of Bank Office & Temporary Staff
- Satellite Radiotherapy Centre
- Endoscopy Services

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.

6.8 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.

6.9 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 and Procurement
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.

6.10 **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.

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.

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.

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.

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.

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.

6.11 No Assurance

There were no audited areas that reported **no assurance.**

6.12 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.

7. MONITORING AND IMPLEMENTATION OF AUDIT RECCOMENDATIONS

7.1 At the April 2022 meeting, the 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 April 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.

The Health Board recognises that progress on a number of outstanding audit recommendations has been challenging owing to the impact of COVID-19 on the organisation, that further progress is required in relation to overdue audit recommendations, and that it is committed to maintaining the good progress made over the last year.

8. RISK MANAGEMENT

8.1 BOARD AND RISK ASSURANCE FRAMEWORK

In July 2022, the Committee received the internal audit review on the Board and Risk Assurance Framework ('B&RAF'). 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 findings of the report were used as a baseline to inform the revised approach for 2023/24.

At the August 2022 meeting, the 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. It was also proposed that enhanced assurance mapping would be included to replicate the Three Lines of Defence Model [2] highlighted as best practice for evidencing sources of assurance and reassurance through the Good Governance Institute (GGI).

The Committee considered the current position, and was challenged on its understanding of the BAF, how effective it was and if it was confident that plans were in place to address gaps in assurance. In exploring this, the Committee was able to recognise that there was a lack of clarity, ownership and understanding of the BAF. A synergy needed to be developed between the BAF and the Corporate Risk Register and a system-wide assurance mapping exercise needed to be undertaken to ensure the Committee was assured of the effectiveness of the internal system of control.

[2] The three lines of defence for assurance and reassurance GGI

It was agreed that a system of assurance would be developed and would focus on the following:

- **Board Assurance Framework (Risk Based)**
  Aligned to Corporate Risk Register, focussed on Strategic Risks and Strategic Priorities

- **Assurance Mapping (Process Based)**
  Organisational assurance mapping to review system-wide internal control.

- **Quality Assurance Framework**
  To ensure a systematic, continued, and sustained improvement in the quality of care

The first steps to achieving this revised approach to the BAF have been taken and at the March 2023 Board meeting, the Board received the first iteration of the 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 currently held strategic risks and a revised Risk Management Strategy. This is expected to be presented to the May 2023 Board.

8.2 FREQUENCY OF RISK REVIEWS AND REPORTING

At each meeting of the Committee, an overview of the Corporate Risk Register is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Board then receives the overview of the Corporate Risk Register, and any areas of concerns are highlighted, as appropriate.

8.3 RISK MANAGEMENT

In April 2022 the Committee received the internal audit review on Risk Management. The purpose of the review was to "*provide an opinion on the effectiveness of the risk management arrangements in place within the Health Board to ensure strategic objectives are achieved*."

The report made 3 medium level recommendations to strengthen risk management arrangements across the Health Board. As a result, and in response to a specific recommendation, the Committee also received at the April 2022 meeting, a Risk Management Strategy

Benefits Realisation plan. This was welcomed by the Committee and provided reassurance that plans were in place to achieve the strategic aims of the Risk Management Strategy, address the training gaps (following successful implementation of the RLDATIX risk management module) and provide enhanced clarity regarding templates and best practice.

Unfortunately, the National work taking place in relation to development of a 'Once for Wales' risk management module has not yet been concluded and is not due for implementation until April 2024. This has hindered progress in relation to a training programme for the organisation however, risk identification and risk assessment training continues to be delivered via induction courses provided by the Health and Safety Team. The Committee has and will continue to be updated in respect of this issue and will provide leadership, advice and support where appropriate.

8.4 COMMUNITY OF PRACTICE – RISK MANAGEMENT – PROGRESS IN 2022/23

The Health Board has successfully established a Risk Management Community of Practice (CoP) that held its inaugural meeting in November 2021. 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.

The Committee has been engaged with the inception and continued development of the Community of Practice and recognises the importance of this group in embedding the principles and objectives of the Health Board Risk Management Strategy.

8.5 RISK MANAGEMENT STRATEGY

The Committee received a risk management strategy benefits realisation plan in April 2022 that mapped the objectives highlighted in the Strategy with progress updates and clarity on how the Health Board will determine measurements of success. The Committee welcomed this approach to receiving assurance on the collective success related to the objectives of the Risk Management Strategy. The plan will be updated to reflect any change to strategic objectives of the revised Risk Management Strategy, following formal ratification by the Board in May 2023.

9. SELF ASSESSMENT & EVALUATION

9.1 The Board has undertaken an overall 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 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.

10. KEY AREAS OF FOCUS IN 2023-24

10.1 In the year ahead the Committee will continue to focus on those matters that will strengthen audit, risk and assurance arrangements. The Committee Work Programme has been designed to ensure that in relation to all aspects of audit:

- internal financial control matters, such as safeguarding of assets, the maintenance of proper accounting records and the reliability of financial information;
- adequacy of disclosure statements (Governance Statement) which are supported by the Head of Internal Audit Opinion and other opinions;
- internal and external audit recommendations continues to be monitored, reviewed and evaluated to ensure compliance and where compliance is not evidenced, clear, agreed rationale is provided;
- the policies and procedures related to fraud and corruption; and
- that the system for risk management is robust in identifying and mitigating risks.

Thus, enabling the Committee to provide the Board with assurance that the risks impacting on the delivery of the Health Board's objectives are being appropriately managed.

10.2 The Committee Work Programme[3] is reported to each meeting for discussion.

Hardcopies of the Work Programme can be obtained from the Director of Corporate Governance, Headquarters, St Cadoc's Hospital, Lodge Road, Caerleon, NP18 3ZQ.

11. CONCLUSION

11.1 This report provides a summary of the work undertaken by the Committee over the past 12 months and demonstrates how the Committee has complied with the Terms of Reference.

12. APPENDICES

- Appendix 1 – Audit, Risk & Assurance Committee Terms of Reference
- Appendix 2 - Audit, Risk & Assurance Committee 2022/23 Work Plan
- Appendix 3 - Independent Members and Lead Executives Attendance at the Audit, Risk & Assurance Committee Meetings 2022/23

[3] Audit Risk and Assurance Committee

Appendix 1

Terms of Reference & Operating Arrangements

Version: Approved

Date: March 2022

Document Title:	Audit, Risk & Assurance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

1.1 Section 2 of Aneurin Bevan University Health Board's Standing Orders (referred to in this document as 'ABUHB or the 'Health Board') Standing Orders provides that "*The Board may and, where directed by the Welsh Government must, appoint Committees of the THB either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

1.2 The Board has established a committee to be known as the **Audit, Risk and Assurance Committee** (referred to throughout this document as 'the Committee'). The Committee has been established in order to enable the scrutiny and review of matters related to audit, financial accounting, assurance and risk management, to a level of depth and detail not possible in Board meetings.

1.3 The detailed Terms of Reference and operating arrangements approved by the Board for this Committee are detailed below.

2. PURPOSE

2.1 The purpose of the Committee is to support the Board and Accounting Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report by:

- independently monitoring, reviewing and reporting to the Board on the processes of governance, risk management and internal control in accordance with the standards of good governance determined for the NHS in Wales;

- advising the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further;

- Maintaining an appropriate financial focus demonstrated through robust financial reporting and maintenance of sound systems of internal control; and

- Working with the other committees of the Board to provide assurance that governance and risk management arrangements are adequate and part of an embedded Board Assurance Framework that is 'fit for purpose'.

3. DELEGATED POWERS AND AUTHORITY

3.1 The Audit, Risk and Assurance Committee will advise the Board and Accountable Officer on:

- the design, operation and effectiveness of strategic processes for risk management, internal control and corporate governance across the whole of the organisations activities;

- the Annual Accountability Report, which includes the Annual Governance Statement;

- the accounting policies, the accounts, and the annual report of the organisation, including the process for review of the accounts prior to submission for audit, levels of error identified, and management's letter of representation to the external auditors;

- the planned activity and results of internal and external audit;

- adequacy of management response to issues identified by audit activity, including external audit's management letter;

- assurances relating to the management of risk and corporate governance requirements for the organisation;

- systems for financial reporting to the Board (including those of budgetary control);

- proposals for tendering for the purchase of audit and non-audit services from contractors who provide audit services; and

- anti-fraud policies, whistle-blowing processes, and arrangements for special investigations.

The Audit, Risk and Assurance Committee will also periodically review its own effectiveness and report the results of that review to the Board.

3.2 The Committee's workplan will include:

- a report summarising any significant changes to the organisation's strategic risks and a copy of the strategic/corporate Risk Register;

- a progress report from the Head of Internal Audit summarising:

  - ✓ work performed (and a comparison with work planned);
  - ✓ key issues emerging from the work of internal audit;
  - ✓ management response to audit recommendations;
  - ✓ changes to the agreed internal audit plan; and
  - ✓ any resourcing issues affecting the delivery of the objectives of internal audit;

- a progress report (written/verbal) from the External Audit representative summarising work done and emerging findings (this may include, where relevant to the organisation, aspects of the wider work carried out by the Audit Wales, for example, Value for Money reports and good practice findings);

- management assurance reports;

- reports (where appropriate) on action taken within the Board's Scheme of Delegation as regards:

- use of single tender waivers;
- extensions of contracts:
- writing off of losses; or
- the making of special payments;

- A report summarising progress in the implementation of audit recommendations, together with a copy of the Audit Recommendations Tracker;

and when appropriate the Committee will be provided with:

- proposals for the terms of reference of internal audit / the internal audit charter;
- the internal audit strategy;
- the Head of Internal Audit's Annual Opinion and Report;
- quality assurance reports on the internal audit function;
- the draft accounts of the organisation;
- the draft Annual Accountability Report which includes the Annual Governance Statement;
- a report on any changes to accounting policies;
- external Audit's management letter;
- a report on any proposals to tender for audit functions;
- a report on co-operation between internal and external audit;
- the organisation's Risk Management strategy;

- periodic reporting on Post Payment Verification Audits, and arrangements for managing declarations of interest and gifts and hospitality; and

- annual review of the Board's Standing Orders and Standing Financial Instructions, monitoring compliance and reporting any proposed changes to the Board for consideration and approval.

3.3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

3.4 The Committee's programme of work will also be designed to provide assurance that:

- there is an effective internal audit function that meets the standards set for the provision of internal audit in the NHS in Wales and provides appropriate independent assurance to the Board and the Accountable Officer through the Committee;

- there is an effective counter fraud service that meets the standards set for the provision of counter fraud in the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Committee;

- there is an effective clinical audit and quality improvement function that meets the standards set for the NHS in Wales and provides appropriate assurance to the Board and the Accountable Officer through the Experience, Quality & Safety Committee;

- there are effective arrangements in place to secure active, ongoing assurance from management with regard to their responsibilities and accountabilities, whether directly to the

Board and the Accountable Officer or through the work of the Board's committees;

- the work carried out by key sources of external assurance, in particular, but not limited to the health board's external auditors, is appropriately planned and co-ordinated and that the results of external assurance activity complements and informs (but does not replace) internal assurance activity;

- the work carried out by the whole range of external review bodies is brought to the attention of the Board, and that the organisation is aware of the need to comply with related standards and recommendations of these review bodies, and the risks of failing to comply; and

- the results of audit and assurance work specific to the health boards, and the implications of the findings of wider audit and assurance activity relevant to the HB's operations, are appropriately considered and acted upon to secure the ongoing development and improvement of the organisations governance arrangements.

Authority

3.5 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the health board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate. It may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and

- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.6 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it

necessary, in accordance with the Board's procurement, budgetary and other requirements.

Access

3.7 The Head of Internal Audit and the Engagement Partner/Audit Manager of External Audit shall have unrestricted and confidential access to the Chair of the Audit, Risk & Assurance Committee.

3.8 The Committee will meet with Internal and External Auditors and the nominated Local Counter Fraud Specialist without the presence of officials on at least one occasion each year.

3.9 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.10 The Committee may, subject to the approval of the LHB Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

4. MEMBERSHIP

Members

4.1 Membership will comprise a minimum of four (4) members, comprising:

Chair	Independent Member of the Board
Vice Chair	Independent Member of the Board
Members	Independent Member of the Board x 2
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following members of the Executive Team will be regular attendees:

- The Accountable Officer
- Director of Finance, Procurement and VBHC
- Director of Corporate Governance

Other attendees will be:

- Head of Internal Audit
- Local Counter Fraud Specialist
- Representative of the Auditor General/External Audit

4.3 By invitation: The Committee Chair may extend invitations to attend committee meetings to the following:

- other Executive Directors; and

- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The secretariat for the Committee will be provided by the Office of the Director of Corporate Governance.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to

deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least three members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members notify the Committee Chair or Committee Secretariat that they are unable to attend a meeting, and there is a danger that the Committee will not be quorate, the Chair can invite another independent member to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee, in agreement with Committee Members, shall determine the timing and frequency of meetings. However, meetings shall be held as a minimum on a **Bi-Monthly basis** (six times per year) and in line with the health board's annual plan of Board Business. However, additional meetings will be called, in agreement with the Chair of the Committee, if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.4 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g. interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.5 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a

confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for the audit and assurance. The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee, through its Chair and members, shall work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- appropriate escalation of concerns.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the health board's corporate standards, priorities and requirements, e.g., equality and human rights through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;

- bring to the Board's specific attention any significant matters under consideration by the Committee;

- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the health board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g. Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g. where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance, on behalf of the Board, shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

The Board and Board Committee Handbook provides detailed guidance on the conduct of the Committees business.

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix 2

AUDIT, RISK & ASSURANCE COMMITTEE

PROGRAMME OF BUSINESS 2022/23

The purpose of the Audit, Risk and Assurance Committee is to support the Board and Accountable Officer by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of financial statements and the annual report.

This Annual Programme of Business has been developed with due regard to guidance set out in NHS Wales' Audit Committee Handbook (June 2012), to enable the Audit, Risk and Assurance Committee to: -

- fulfil its Terms of Reference as agreed by the Board (March 2022);
- seek assurance and provide scrutiny on behalf of the Board, in relation to the delivery of the key elements of the health boards internal and external audit, counter fraud and PPV arrangements (second and third lines of defence);
- seek assurance that governance, risk and assurance arrangements are in place and working well;
- seek assurance in relation to the preparation and audit of the Annual Accounts; and
- ensure compliance with key statutory, national, and best practice audit and assurance requirements and reporting arrangement

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
Preliminary Matters									
Attendance and Apologies	Standing Item	Chair	√	√	√	√	√	√	√
Declarations of Interest		All Members	√	√	√	√	√	√	√
Minutes of the Previous Meeting		Chair	√	√	√	√	√	√	√
Action Log and Matters Arising		Chair	√	√	√	√	√	√	√
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG				√			
Review of Committee Programme of Business	Standing Item	Chair					√	√	√
Annual Review of Committee Terms of Reference 2022/23	Annually **(April)**	Chair & Director of CG	√						
Annual Review of Committee Effectiveness 2022/23	Annually **(April)**	Chair & Director of CG	√						
Committee Annual Report 2022/23	Annually **(April)**	Chair & Director of CG	√						
Corporate Governance, Risk & Assurance									
Receive assurance on implementation of the Governance Priorities set out within the IMTP 2022-25	Quarterly	Director of CG					x		√

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
Review and report upon the adequacy of arrangements for declaring, registering and handling interests	Annually	Director of CG						X Deferred to April 2023	
Receive full report of all offers of gifts and hospitality as declared	Annually	Director of CG						X Deferred to April 2023	
Compliance with Ministerial Directions	Bi-Annually	Director of CG			√		X Deferred to Dec 22	Received √	
Compliance with Welsh Health Circulars (WHCs)	Bi-Annually	Director of CG			√		X Deferred to Dec 22	Received √	
Review of Standing Orders, Standing Financial Instructions and Scheme of Delegation	Annually	Director of CG							√
Review of Audit Recommendation Tracking Procedure	Annually	Director of CG	√						√
Audit Recommendations Tracking Report	Standing Item	Director of CG	√			√	√	√	√
Annual Review of Risk Management Strategy	Annually	Director of CG					X Deferred to Dec 22	Received √	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
Report on the Implementation of the Risk Management Strategy Realisation Plan	Bi-Annually	Director of CG					X Deferred to Dec 22	Received √	
Annual Review of the Board Assurance Framework Process	Annually	Director of CG							X Deferred to April 2023
Review of the Board Assurance Framework	Bi-Annually	Director of CG				√			
Committee Risk Report	Standing Item	Director of CG	√			√	√	√	√
Financial Governance and Control									
Report of the use of Single Tender Waivers	Standing Item	Director of FPV	√	√		√	√	√	√
Report of Losses and Special Payments	Bi-Annually	Director of FPV		√			√		
Reviewed and Updated Financial Control Procedures	As Required	Director of FPV	√			√	√	√	
Annual Report and Accounts									
To consider the approach and timelines for the Annual Report and Accounts	Annually	Director of FPV & Director of CG	√						
Review the Health Board's Annual Report (Overview & Performance Section) (Part 1)	Annually	Director of CG		√	√				
Review Draft/Final Accountability Report, including Annual Governance Statement (Part 2)	Annually	Director of CG		√	√				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
Review Draft/Final Annual Accounts and Financial Statements (Part 3)	Annually	Director of FPV		√	√				
Audit Enquiries to those charged with Governance and Management	Annually	Director of FPV		√					
Audit Wales, Audit of Accounts (ISA 260) including Letter of Representation	Annually	External Audit			√				
Final Annual Accounts Memorandum	Annually	External Audit						√	
Receive the Annual Head of Internal Audit Opinion (including Specialised)	Annually	Internal Audit			√				
Agree a recommendation to the Board in respect of the audited annual report and accounts	Annually	Chair			√				
Anti-Fraud									
Review of the Counter Fraud, Bribery and Corruption Policy	3-Yearly (2023)	Director of FPV							√
Receive the Counter Fraud Annual Report	Annually	Head of CF		√					
Agree the Counter Fraud Annual Workplan	Annually	Head of CF		√					
Receive a Quarterly Report on Counter Fraud Activity	Quarterly	Head of CF				√		√	
Agree the Counter Fraud Functional Standard Return Declaration	Annually	Head of CF			√				
Receive the Post Payment Verification Annual Report	Annually	PPV Manager				√			

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
Agree the Post Payment Verification Annual Workplan	Annually	PPV Manager		√					
Receive a Mid-Year update in respect of Post-Payment Verification Activity	Bi-Annually	PPV Manager				√			Deferred to April 2023
Clinical Audit									
Ratify the Clinical Audit Plan to be overseen by the PQSO Committee	Annually	Medical Director				X Deferred to April 2023			
Receive an Annual Report on Clinical Audit Activity	Annually	Medical Director							X Deferred to April 2023
Internal Audit (Including Specialised Audit) – NWSSP Audit & Assurance Services									
Agree the Internal Audit Annual Workplan	Annually	Head of Internal Audit			√				
Receive Internal Audit Progress Reports	Standing Item	Head of Internal Audit	√	√	√	√	√	√	√
Receive Internal Audit Review Reports, reviewing the adequacy of executive & management responses to any issues identified, ensuring that they are acted upon	As Scheduled within Annual Work plan	Head of Internal Audit Plan							

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
Review and approve Internal Audit terms of reference (charter) and the effectiveness of internal audit	Annually	Head of Internal Audit with Chair			√				
External Audit – Audit Wales									
Receive the External Audit Annual Audit Report	Annually	Audit Wales						x Deferred to Feb 2023	Received √
Agree the External Audit Annual Plan	Annually	Audit Wales		√					
Receive the 2022 Structured Assessment	Annually	Audit Wales						√	√
Receive External Audit Progress Report 2022-23	Standing Item	Audit Wales	√	√		√	√	√	√
Review of External Audit Reports including results & the adequacy of executive & management responses to any issues identified, ensuring that they are acted upon	As Scheduled within Annual Work plan	Audit Wales							
Consider any Audit Wales National Value for Money Examinations & Performance Reports	Ad-hoc	Audit Wales							
Audit, Risk and Assurance Committee Members to meet Independently with:									

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
External Audit Team	Bi-Annually	Chair					√		
Internal Audit Team	Bi-Annually	Chair				√			√
Local Counter Fraud Team	Bi-Annually	Chair	√					√	

KEY	
D of CG	Director of Corporate Governance
D of FPV	Director of Finance, Procurement and Value
Head of CF	Head of Counter Fraud
PPV	Post Payment Verification

Appendix 3

Attendance at 2022-23 Audit, Risk and Assurance Committee Meetings:
Independent Members and Lead Executives

Meeting dates	7th April 2022	17th May	13th June	2nd Aug	6th Oct	1st Dec	2nd Feb 2023
INDEPENDENT MEMBERS							
Iwan Jones *(Chair October 2022 onwards)*	☐	☐	Apologies	☐	☐	☐	☐
Richard Clark (Vice Chair)	☐	☐	☐	☐	Apologies	☐	☐
Shelley Bosson *(Chair up to and including August 2022)*	☐	☐	☐	☐	☐	☐	☐
Paul Deneen	☐	☐	☐	☐	☐	☐	☐
Katija Dew	☐	☐	☐	☐	☐	☐	Apologies
OFFICERS							
Chief Executive *(Glyn Jones up to and including August 2022* *Nicola Prygodzizc October onwards)*	Apologies (No representative)	☐	☐	Apologies (No representative)	Apologies (No representative)	Apologies (No representative)	☐
Director of Finance, Procurement & Value	☐	☐	☐	☐	☐	☐	☐
Director of Corporate Governance	☐	☐	☐	☐	☐	☐	☐

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

Patient Quality, Safety and Outcomes Committee

Annual Report for 2022-23

April 2023

CONTENTS

Foreword

Chair's Foreword

I am pleased to present the Patient Quality, Safety and Outcome Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee, which extends to the full range of Health Board responsibilities; and encompasses all areas of patient experience, quality and safety relating to patients, carers and service users.

In particular, I welcome the approval of the Quality Strategy by the Board in March 2023, which will ensure that quality is embedded in our culture and that we are delivering the highest quality healthcare to our local communities and putting Quality, Safety and Learning at the heart of everything we do.

In addition, the Patient Experience and Involvement Strategy, which will help drive our teams and our staff members passion to improve people's experiences within our services.

Finally, I would like to express my personal appreciation to all who contributed to the patient quality, safety and outcomes agenda over the last 12-months.

Diolch yn Fawr / Thank you

Pippa Britton
Chair
Patient Quality, Safety and Committee

1. Introduction

1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.2 The Term of Reference of the Patient Quality, Safety and Outcomes Committee (referred to throughout this document as 'PQSO' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

1.3 The Committee formally adopted its Terms of Reference, following the Board's approval, on 05 April 2022.

The purpose of the PQSOC is to provide: evidence based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of healthcare; and assurance to the Board in relation to the Health Board's arrangements for safeguarding and improving the quality and safety of patient centred healthcare in accordance with its stated objectives and the requirements and standards determined for the NHS in Wales.

1.4 This report describes how the PQSOC discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023. This was a year of change for the Committee, it being a first full year in role for some committee members and a year in which there were both interim and permanent changes in the executive team supporting PQSO Committee in meeting its responsibilities.

2 2022-23 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for PQSOC in 2022-23 is attached to this report (see **Appendix 2**).

2.4 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives PQSOC flexibility to identify changing priorities or any need for further assurance or information.

3 PQSO Committee Meetings and Membership

3.1 During 2022-23, PQSOC met five times via Microsoft Teams- in April 2022, June 2022, August 2022, December 2022 and February 2023. The meeting scheduled to take place in October 2022 was cancelled due to systems pressures at that time, however all reports were received at the December 2022 meeting. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.4 The Committee comprised the following Independent Members:

- Pippa Britton Chair
- Louise Wright Vice Chair
- Paul Deneen
- Helen Sweetland
- Shelley Bosson (until 1.11.22)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's website in advance of meetings.

3.5 The Committee's agenda and papers were made public, save where it was necessary to meet 'in private', which it did on two occasions in 2022-23. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest.

Issues discussed in private session include calling black escalation and a specific incident and investigation outcome.

4 PQSOC Reporting Arrangements

4.1 Following each meeting, the PQSOC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link.

5. PQSOC Work Programme: 2022-23

5.1 The PQSOC Work Programme for 2022-23 is set out in **Appendix 2**.

5.2 During the year, PQSOC received internal presentations or annual reports on:

- 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 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 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**.

Together, these provided the Committee with an overview of how the PQSOC agenda was being implemented at a local level.

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.
- GUH Quality Assurance Report
- 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 GUH**, 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 an effective care, although the hard work of staff was recognised.
- 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' review of the Quality Governance Arrangements within Swansea Bay University Health Board, for the delivery of healthcare services to Her Majesty's Prison Swansea.

5.3 The Committee approved

- **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.

6. Patient Centred Care

6.1 The Committee has sought assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust.

6.2 Presentation of a Patient-Staff Story at a Board meeting continued in 2022-23, on topics such as:

- Long COVID Service - staff member shared their experience of using the service and the impact of long-COVID on their health and 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 - which highlighted the importance of dignity and respect for patients.

7. Assurance and Improvement

7.1 The Committee receive a performance Report at each meeting, this has continued to develop during the year and provides an overview at each meeting of the Health Board's quality and safety metrics and summary of performance. It is aligned to the Ministerial priorities and key challenges, which are:

- **Workforce Nursing Staffing Levels (Wales) Act 2016**
- **Quality and Safety Pillars** (incident reporting, patient experience and staff feedback, complaints and concerns, health and safety, infection prevention and control, safeguarding)
- **Urgent Care**
- **Planned Care**
- **Cancer**

8 Committee Oversight of Risk

At each Committee meeting during 2022/23 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

There has been an increased synergy between the risk report, the patient outcomes report and Committee agenda items over the year. This was informed by the work of the Audit, Risk and Assurance Committee (ARAC) when in July 2022, the ARA Committee received an internal audit review on the BAF. 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 findings of the report were used as a baseline to inform the revised approach for 2023/24.

At a further meeting of ARAC in August 2022, a presentation from the Director of Corporate Governance outlined an updated approach to development of the BAF allowing for closer alignment and reporting with the Corporate Risk Register. It was also proposed that enhanced assurance mapping would be included to replicate the Three Lines of Defence Model The three lines of defence for assurance and reassurance GGI as highlighted as best practice for evidencing sources of assurance and reassurance through the Good Governance Institute (GGI).

It was agreed that a system of assurance would be developed and would focus on the following:

- **Board Assurance Framework (Risk Based)**
  - Aligned to Corporate Risk Register, focussed on Strategic Risks and Strategic Priorities
- **Assurance Mapping (Process Based)**
  - Organisational assurance mapping to review system-wide internal control.
- **Quality Assurance Framework**
  - To ensure a systematic, continued, and sustained improvement in the quality of care

The first steps to achieving this revised approach to the BAF have been taken and at the March 2023 Board meeting, the Board received the

first iteration of the 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 currently held strategic risks and a revised Risk Management Strategy. This is expected to be presented to the May 2023 Board.

8.2 **Themes of Risks Reported**

At the time of writing the Committee had responsibility for oversight of **10** organisational risks that relate to various aspects of Patient, Quality, Safety and Outcomes. A breakdown of the current risks is depicted below:

High	**8**
Moderate	**2**
Low	**0**

A high-level breakdown of the themes that have been consistently reported to the Committee are as follows:

- **Patient flow and discharge**
- **Inter-site patient transfers**
- **Mental Health service provision**
- **Increased levels of patient acuity**
- **Increase in Putting Things Right (PTR) complaints and incidents.**
- **Safeguarding**

At the October 2022 Committee meeting, members were advised of the Risk Management Strategy Benefits Realisation Plan. This made clear links to the objectives contained within the Health Board Risk Management Strategy and how each objective would be measured and monitored and the intended outcomes of each.

A further update on Health Board commissioned arrangements was provided at the October 2022 meeting, following an internal audit review into the Mental Health and Learning Disabilities Commissioning arrangements. Members were advised that to align with the proposed system of assurance to support the Board and Risk Assurance Framework, an organisational mapping exercise to determine sources of assurance would be undertaken. It is anticipated that this work will conclude and be reported back to the Committee during 2023/24.

9. Self-assessment and Evaluation

9.1 The Board has undertaken an overall 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 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.

10. Key Areas of focus in 2023-24

10.1 Arrangements to ensure focus on and, where necessary, strengthen Board and committee oversight on patient experience, quality and safety, in line with the six domains of quality outlined in the Health Board's Quality Strategy:

- Person-centred care
- Safe care
- Timely care
- Efficient care
- Effective care
- Equitable care

11. Conclusion

11.1 This report provides a summary of the diverse and often complex work undertaken by the PQSOC during 2022-23, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

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

Patient Quality, Safety and Outcomes Committee

Terms of Reference – 2022/23

Version: Approved
Date: March 2022

Document Title:	Patient Quality, Safety and Outcomes Committee Terms of Reference – 2022/23
Date of Document:	March 2022
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1. INTRODUCTION

1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.3 The Health Board has established a committee to be known as the **Patient Quality, Safety & Outcomes Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are provided below.

2. PURPOSE

2.1 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses all areas of patient experience, quality and safety relating to patients, carers and service users, within directly provided services and commissioned services. The Committee will embrace the Health and Care Standards as the Framework in which it will fulfil its purpose:

- Staying Healthy
- Safe Care
- Effective Care
- Dignified Care
- Timely Care
- Individual Care
- Staff and Resources

2.1 ADVICE

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters, consistent with the Board's overall strategic direction

- Citizen Experience; and
- Quality and Safety of directly provided and commissioned services.

2.2 ASSURANCE

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances on:

a. The robustness of the Board's Clinical Quality Governance Arrangements;
b. the experience of patients, citizens and carers ensuring continuous learning;
c. the provision of high quality, safe and effective healthcare within directly provided and commissioned services; and
d. the effectiveness of arrangements in place to support Improvement and Innovation.

3 DELEGATED POWERS AND AUTHORITY

3.1 With regard to the powers delegated to it by the Board, the Committee will:

A. Seek assurance that the Health Board's **Clinical Quality Governance Arrangements** remain appropriate and aligned to the National Quality Framework and is embedded in practice.

B. Seek assurance that arrangements for capturing the **experience of patients, citizens and carers** are sufficient, effective and robust, including:

- the delivery of the Patient Experience Plan; and
- the implementation of Putting Things Right regulations (to include patient safety incidents, complaints, compliments, clinical negligence claims and inquests) reporting trends, with particular emphasis on ensuring that lessons are learned.

C. Seek assurance that arrangements for **the provision of high quality, safe and effective healthcare** are sufficient, effective and robust, including:

- the systems and processes in place to ensure efficient, effective, timely, dignified and safe delivery of directly provided services;
- the commissioning assurance arrangements in place to ensure efficient, effective, timely, dignified and safe delivery of those services commissioned for delivery on ABUHB's behalf;
- the arrangements in place to undertake, review and act on clinical audit activity which responds to national and local priorities;
- the recommendations made by internal and external review bodies, ensuring where appropriate, that action is taken in response;

- the arrangements in place to ensure that there are robust infection prevention and control measures in place in all settings;
- the development of the Board's Annual Quality Priorities; and,
- performance against key quality outcomes focussed indicators and metrics.

D. Seek assurance on the arrangements in place to support **Research and Development** and **Improvement and Innovation**, including:
   - an overview of the research and development activity within the organisation;
   - alignment with the national objectives published by Health and Care Research Wales (HCRW);
   - an overview of the quality improvement activity within the organisation.

E. Seek assurance that arrangements for **compliance with Health and Safety Regulations and Fire Safety Standards** are sufficient, effective and robust, including:
   - the operating practices in respect of: staff health and safety; stress at work; patient health and safety, i.e., patient falls, patient manual handling; violence and aggression; fire safety; risk assessment processes; safe handling of loads; and hazardous substances

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.10 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.
This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4 MEMBERSHIP

Members

4.1 Membership will comprise of five (5) members:

Chair:	Independent member of the Board
Vice Chair:	Independent member of the Board
Other Members:	Three other independent members of the Board *[one of which should be the Vice Chair of the Health Board and the Chair of the Audit, Risk and Assurance Committee]*

The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Nursing
- Director of Therapies and Health Science
- Medical Director
- Director of Primary, Community Services and Mental Health

4.3 By invitation:
The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5 COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **bi-monthly (six times yearly)**, and in line with the Health Board's annual plan of Board Business.

5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and

- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

9.2 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee – after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix Two

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			5th April	7th June	16th Aug	18th Oct	6th Dec	7th Feb	25th April
Preliminary Matters									
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓	✓	✓	✓
Declarations of Interest		All Members	✓	✓	✓	✓	✓	✓	✓
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓	✓	✓	✓
Action Log and Matters Arising		Chair	✓	✓	✓	✓	✓	✓	✓
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG			✓				
Review of Committee Programme of Business	Standing Item	Chair			✓	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG						✓	
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG							deferred
Committee Annual Report 2022/23	Annually	Chair & Director of CG							✓
Quality Domain: Safe Care									
Pharmacy and Medicines Management Annual Report	Annually	Medical Director							✓
Internal Audit Review: Medicines Management (Reasonable Assurance) – Update on actions	Annually	Medical Director						✓	
Learning from Death Report	Bi-Annually	Medical Director		✓			✓		
Cleaning Standards Annual Report	Annually	Director of Operations						deferred	
Nutrition and Hydration Standards and Strategy'	Annually	Director of Therapies & HS							✓
Falls Prevention and Management Report	Bi-Annually	Director of Therapies & HS							✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			5th April	7th June	16th Aug	18th Oct	6th Dec	7th Feb	25th April
Health and Safety Compliance Report	Annually	Director of Therapies & HS					✓		
Safeguarding Annual Report	Annually	Director of Nursing			✓				
Safeguarding Group Highlight Report	Quarterly	Director of Nursing			✓		✓		✓
Operation Jasmine Action Plan	Bi-Annually	Director of Nursing		✓				✓	
Children's Rights & Participation Forum	Bi-Annually	Director of Nursing				✓			✓
Infection Prevention and Control Annual Report	Annually	Director of Nursing			✓				
Infection Prevention and Control Report	Quarterly	Director of Nursing			✓	✓		PQSO report	
Blood Management Annual Report	Annually	Medical Director						deferred	
Organ Donation Annual Report	Annually	Medical Director						✓	
Quality Domain: Effective Care									
Quality Assurance Framework Annual Review and Evaluation of Progress	Annually	Clinical Executives						✓	
Commissioning Assurance Framework, Development and Implementation	Bi-Annually	Clinical Executives					✓		
Clinical Effectiveness and Standards Committee Report	Bi-Annually	Medical Director				✓			✓
Annual Clinical Audit Plan (prior to ratification) by the Audit, Risk & Assurance Committee	Annually	Medical Director			✓				
Clinical Audit Activity Report (Local and National) Feb 23 to include Annual Clinical Audit Draft Internal Audit Report	Quarterly	Medical Director			✓			✓	

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			5th April	7th June	16th Aug	18th Oct	6th Dec	7th Feb	25th April
Quality Improvement Annual Report	Annually	Director of Planning							deferred
Research and Development Annual Report	Annually	Medical Director							✓
Medical Devices Annual Report	Annually	Director of Therapies & HS					✓		
Point of Care Testing Annual Report	Annually	Director of Therapies & HS					✓		
Quality and Safety Outcomes Report	Standing Item	Clinical Executives	✓	✓	✓	✓	✓	✓	✓
Committee Risk Report, including BAF	Standing Item	Director of Corporate Gov	✓	✓	✓	✓	✓	✓	✓
WHSSC QPS Committee Report	Standing Item	Director of Nursing	✓	✓	✓	✓	✓	✓	✓
Quality Domain: Dignified Care & Individual Care									
Patient Story	Standing Item	Clinical Executives	TBC	TBC	TBC	TBC	TBC	TBC	TBC
Putting Things Right Policy	Every 3-yrs (2022)	Director of Nursing				✓			
Putting Things Right Reporting (complaints, compliments, and redress)	Standing Item[1]	Director of Nursing	✓	✓	✓	✓	✓	PQSO report	PQSO report
Quality & Engagement (Wales) Act, Preparedness and Implementation	Annually	Director of Nursing					✓		PQSO report
Patient Experience Report	Quarterly	Director of Nursing		✓			✓		✓
Dementia Care Annual Report	Annually	Director of Nursing							✓

[1] Via Quality and Safety Outcomes Report

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			5th April	7th June	16th Aug	18th Oct	6th Dec	7th Feb	25th April
Clinical Negligence Claims and Coroners Inquests Report	Bi-Annually	Director of Nursing				✓			PQSO report
Patient Safety Incidents and Learning	Standing Item[2]	Director of Therapies & HS	✓	✓	✓	✓	✓	PQSO report	PQSO report
Covid-19 Concerns and Claims	Bi-Annually	Director of Nursing		✓				✓	
Service Specific Deep-Dive Assurance Reviews									
Learning Disabilities	Annually	Director of PCCMH			✓				
Urgent and Emergency Care Demand and Impact on Outcomes	Quarterly	Director of Operations			✓		✓		deferred
Maternity Services: Organisational Improvement and Action Plan	Bi-Annually	Director of Nursing		✓		✓			
Child and Adolescent Mental Health Crisis Hub and Safe Accommodation	Annually	Director of Nursing							
Self-Harm & Suicide - Children & Young People	Annually	Director of Nursing							
Primary Care Quality	Bi-Annually	Director of PCCMH							deferred
Independent Audit, Regulation and Inspection									
Internal Audit Reports relevant to the remit of the Committee	Ad-hoc	Clinical Executives	As scheduled within the Annual Internal Audit Plan						
External Audit Reports relevant to the remit of the Committee	Ad-hoc	Clinical Executives	As scheduled within the Annual External Audit Plan						
Action Plan for "*Review of Quality Governance Arrangements*" Audit, Wales Review (2021/22)	Bi-Annually	Clinical Executives		✓			➲	✓	
Internal Audit Review - Quality Governance arrangements for the	Bi-Annually	Director of Primary,			✓			✓	

[2] Via Quality and Safety Outcomes Report

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			5th April	7th June	16th Aug	18th Oct	6th Dec	7th Feb	25th April
commissioning of NHS Continuing Care within the Mental Health & Learning Disabilities (limited assurance) – Action Plan Update		Community Care & Mental Health							
Internal Audit Review – Medical Devices – Action Plan Update	Bi-Annually	Director of Therapies & HS			✓		✓ (linked to Annual Report)		
Overview of Audit Recommendation Tracking (relevant to the Committee)	Quarterly	Director of Corporate Gov			✓		✓		✓
Inspections of Healthcare Inspectorate Wales	Ad-hoc	Director of Nursing	As published						
Inspections of the Community Health Council	Ad-hoc	Director of Nursing	As published						
Tracking of Improvement Actions Arising from Inspections and Reviews	Quarterly	Director of Nursing		✓		✓		✓	
Healthcare Inspectorate Wales Operational Plan	Annually	Director of Nursing			✓				
Healthcare Inspectorate Wales Annual Report	Annually	Director of Nursing						✓ Included in Dec 22	
WRP Report and Management Response/Action Plan: National Review of Consent to examination and treatment standards in NHS Wales		Medical Director							✓

Appendix 3

Patient Quality, Safety and Outcomes Committee: Attendance at meetings in 2022-23

Attended | **Did Not Attend** | **Not a Member/Required Attendee**

Meeting Dates	5th April	7th June	16th August	18th October	6th December	7th February
Independent Members						
Pippa Britton (Chair)				Meeting Cancelled		
Louise Wright (Vice Chair)						
Paul Deneen						
Helen Sweetland						
Shelley Bosson						
Executive Directors						
James Calvert				Meeting Cancelled		
Jenny Winslade						
Peter Carr						
Rhiannon Jones						
Leanne Watkins						
Chris O'Connor						
Rani Dash						
Glyn Jones						

Should I just include lead execs or any that have attended?

Mental Health Act Monitoring Committee

Annual Report for 2022-23

DATE

CONTENTS

Foreword

Chair's Foreword

I am pleased to present the Mental Health Act Monitoring Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee in ensuring compliance with the legislative requirements of the Mental Health Act.

Finally, I would like to express my personal appreciation to all who contributed to the Committee over the past 12 months. Special thanks must go to Katija Dew, for her support and commitment to the Committee, and in particular in her role as Chair of the Power of Discharge Sub Committee, whose term of appointment as an Independent Member of Aneurin Bevan University Health Board came to an end in March 2023.

Diolch yn Fawr / Thank you

Pippa Britton
Chair
Mental Health Act Monitoring Committee

1. Introduction

1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.2 The Term of Reference of the Mental Health Act Monitoring Committee (referred to throughout this document as 'MHAMC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

1.3 The purpose of the **Mental Health Act Monitoring Committee** is to advise and assure the Board and the Accountable Officer by critically monitoring and reviewing the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983 (the MH Act).

1.4 This report describes how the MHAMC discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023.

2. 2022-23 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for MHAMC in 2022-23 is attached to this report (see **Appendix 2**).

1.5 A Work Programme is designed to align to its terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives MHAMC flexibility to identify changing priorities or any need for further assurance or information.

3. MHAM Committee Meetings and Membership

3.1 During 2022-23, the MHAMC met four times via Microsoft Teams- June 2022, September 2022, December 2022 and March 2023. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Pippa Brittons (Chair)
- Katija Dew (Vice Chair)
- Paul Deneen

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's website in advance of meetings.

4. MHAMC Reporting Arrangements

4.1 Following each meeting, the MHAMC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link

5. MHAMC Work Programme: 2022-23

5.1 The PQSOC Work Programme for 2022-23 is set out in **Appendix 2**.

5.2 The focus of the MHAMC 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.

Throughout 2022/23, the Committee has discussed the impact the pandemic had had on demand and level of acuity in mental health services.

5.3 **Power of Discharge Sub Committee:** The Health Board, as Hospital Managers, may arrange for their functions under the Mental Health Act to be performed on a day-to-day basis by an Officer or Lay Member on their behalf. These individuals appointed by the Health Board will be known as Associate Hospital Managers and will form the membership of the Power of Discharge Sub-Committee.

The 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.

A **Power of Discharge Sub-Committee** has been established as a formal sub-committee of the MHAMC.

The Sub-Committee reports routinely to the Committee for assurance and developmental purposes.

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.

6. Self-assessment and Evaluation

6.1 The Board has undertaken an overall 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 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.

7. Key Areas of focus in 2023-24

7.1 To maintain focus on ensuring compliance with the legislative requirements of the Mental Health Act.

8. Conclusion

8.1 This report provides a summary of the work undertaken by the MHAMC during 2022-23, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Appendix One

Mental Health Act Monitoring Committee

Terms of Reference 2022/23

Version: Approved

Document Title:	Mental Health Act Monitoring Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that "*The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **Mental Health Act Monitoring Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the **Mental Health Act Monitoring Committee** ("the Committee") is to:

Advise and ***assure*** the Board and the Accountable Officer by critically monitoring and reviewing the way in which the Health Board discharges its functions and responsibilities under the Mental Health Act 1983 (the MH Act).

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity (clinical and non-clinical) within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.2. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

In this respect a ***Power of Discharge Sub-Committee*** will be created.

The Health Board, as Hospital Managers, may arrange for their functions under the Mental Health Act to be performed on a day-to-day basis by an Officer or Lay Member on their behalf. These individuals appointed by the Health Board will be known as Associate Hospital Managers and will form the membership of the Power of Discharge Sub-Committee.

The Sub-Committee will report routinely to the Committee for assurance and developmental purposes.

4. Function and Work Programme

4.1. Governance and Assurance

The Committee's programme of work will consider:

- how the delegated functions under the Mental Health Act are being exercised (for example using a programme of Annual Audit) and in line with the 'Code of Practice' requirements
- the operation of the 1983 Act within the Aneurin Bevan University Health Board area
- the multi-agency training requirements of those exercising the functions (including discussing the training report for assurance)
- issues arising from the operation of the hospital managers' power of discharge
- a suitable mechanism for reviewing multi agency protocols/policies relating to the 1983 Act
- trends and patterns of use of the Mental Health Act 1983
- cross-agency audit themes and sponsor appropriate cross-agency audits
- lessons learnt from difficulties in practice and the development of areas of good practice

To assist it the Committee will utilise the work of scrutiny and other assurance services including NHS Wales Internal Audit and Audit Wales, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.

4.2. Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

4.3. Access

The Head of Internal Audit and the Auditor General and his representatives shall have unrestricted and confidential access to the Chair of the Committee at any time, and vice versa.

The Chair of the Mental Health Act Monitoring Committee shall have reasonable access to Executive Directors and other relevant senior staff.

5. Membership

The Mental Health Act 1983 gives responsibility to health and social care organisations and practitioners, in collaboration with a range of other agencies including police and ambulance services, as well as third sector

bodies such as advocacy providers. Therefore, consideration will be given to reflecting this wider partnership in the membership of the Committee, as different agencies and practitioners have differing responsibilities and duties under the Act.

5.1. Members

The Committee shall comprise of three (3) members:

Chair:	Vice Chair of the Health Board
Vice Chair:	Independent member of the Board
Other Members:	One other independent member of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

5.2. Attendees

Health Board:

- Director of Primary Care, Community and Mental Health will be the lead Executive but will not be a formal member of the Committee.
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board official and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

5.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

6. Support

6.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

6.2. Advice and Member Support

The Board Secretary, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;

  and

- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

7. Committee Meetings

7.1. Quorum

At least two of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The Director of Primary Care, Community and Mental Health (or deputy) will count towards quorum, although is not considered a member of the Committee.

7.2. Frequency of Meetings

Meetings will be held quarterly per annum and otherwise as the Chair of the Committee deems necessary – consistent with the Health Boards plan of Board business.

7.3. In Committee and withdrawal of individuals in attendance

The Chairman may ask any or all of those who normally attend but who are not members of the Committee to withdraw to receive information which may include matters of a sensitive and/or confidential nature.

7.4. Record of the Committee Meeting

A record of the meeting will be presented as notes and action points.

7.5. Public Meetings

The Committee will be open to the public.

8. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business and
- Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

9. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;
- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report and the Annual Governance Statement, specifically commenting on the adequacy of the assurance arrangements, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Board Secretary, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

10. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum

11. Review

These terms of reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23						
			13th June	6th Sept	8th Dec	9th March			
Preliminary Matters									
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓			
Declarations of Interest		All Members	✓	✓	✓	✓			
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓			
Action Log and Matters Arising		Chair	✓	✓	✓	✓			
Committee Requirements as set out in Standing Orders									
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG				✓			
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓			
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG				✓			
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG				✓			
Committee Annual Report 2022/23	Annually	Chair & Director of CG				✓			
Mental Health Act Compliance									
Mental Health Act Compliance Report	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓			
Power of Discharge Committee Update	Standing Item	Head of Quality & Improvement	✓	✓	✓	✓			

Mental Health Act Monitoring Committee: Attendance at meetings in 2022-23

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	13th June	6th September	8th December	9th March
Independent Members				
Pippa Britton				
Paul Deneen				
Katija Dew				
Executive Directors				
Chris O'Connor				

People and Culture Committee

Annual Report for 2022-23

April 2023

CONTENTS

Foreword

Chair's Foreword

I am pleased to present the People and Culture Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee, which has covered all matters relating to staff and workforce planning and plans to enhance the environment to drive the desired culture throughout the Health Board to deliver safer better healthcare.

I would like to take this opportunity to acknowledge the significant and sustained pressure our staff have experienced during 2022/23 and thank everyone for their ongoing commitment and hard work to ensure the delivery of the highest quality of care to our patients.

Finally, I would like to express my personal appreciation to all who contributed to the people and culture agenda over the last 12-months.

Diolch yn Fawr / Thank you

Louise Wright
Chair
People and Culture Committee

1. Introduction

1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.2 The Term of Reference of the People and Culture Committee (referred to throughout this document as 'PCC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

1.3 The purpose of the PCC is to advise the Board on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare. The Committee also provides advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board

1.3 This report describes how the PCC discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023.

2. 2022-23 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups. The Work Programme adopted for PCC in 2022-23 is attached to this report (see **Appendix 2**).

2.2 A Work Programme is designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive

agenda. This gives the PCC flexibility to identify changing priorities or any need for further assurance or information.

3. PCC Committee Meetings and Membership

3.1 During 2022-23, the PCC met three times via Microsoft Teams- April 2022, September 2022 and January 2023. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Louise Wright (Chair)
- Paul Deneen (Vice Chair)
- Helen Sweetland
- Dafydd Vaughan (from 1.11.22)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's website in advance of meetings.

3.3 The Committee's agenda and papers were made public, with the exception of where it was necessary to meet 'in private', which it did on two occasions in 2022-23, to consider feedback from HEIW reviews. Future updates will provided in the core agenda for the meeting.

Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious incidents or escalated concerns which would not be in the public interest.

4. PCC Reporting Arrangements

4.1 Following each meeting, the PCC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link: Public Board papers

5. PCC Work Programme: 2022-23

5.1 The PCC Work Programme for 2022-23 is set out in **Appendix 2**.

5.2 Amongst the key issues considered by the Committee during 2022-23 were the following:

- 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 Programme**, including a summary of the first two phases of the plan.
- A **Review of the Equality Impact Assessment (EQIA) Process** (*More than Just a Tick Box Exercise),* including the proposal for the establishment of an integrated EQIA group.
- 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 within **Objective 2- Employer of Choice**, including updates on the **People Plan**.
- 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 In Wales (HEIW).
- An overview of the Health Boards **Medical Appraisal and Revalidation** process.

The Committee also received external reports, as below; -

- Audit Wales Report, **'Taking Care of the Carers'** and ABUHB Management Response.

6. Self-assessment and Evaluation

6.1 The Board has undertaken an overall 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 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.

7. Key Areas of focus in 2023-24

7.1 In the year ahead the Committee will continue to focus on

- effective mechanisms in place in respect of improving workforce and organisational development
- providing the Board with advice and assurance on the robustness of the Health Board's approach, systems and processes for developing workforce strategies and plans.

8. Committee Oversight of Risk

At each Committee meeting during 2022/23 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

There has been an increased synergy between the risk report, the patient outcomes report and Committee agenda items over the year. This was informed by the work of the Audit, Risk and Assurance Committee (ARAC) when in July 2022, the ARA Committee received an

internal audit review on the BAF. 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 findings of the report were used as a baseline to inform the revised approach for 2023/24.

At a further meeting of ARAC in August 2022, a presentation from the Director of Corporate Governance outlined an updated approach to development of the BAF allowing for closer alignment and reporting with the Corporate Risk Register. It was also proposed that enhanced assurance mapping would be included to replicate the Three Lines of Defence Model The three lines of defence for assurance and reassurance GGI as highlighted as best practice for evidencing sources of assurance and reassurance through the Good Governance Institute (GGI).

It was agreed that a system of assurance would be developed and would focus on the following:

- **Board Assurance Framework (Risk Based)**
  - Aligned to Corporate Risk Register, focussed on Strategic Risks and Strategic Priorities
- **Assurance Mapping (Process Based)**
  - Organisational assurance mapping to review system-wide internal control.
- **Quality Assurance Framework**
  - To ensure a systematic, continued, and sustained improvement in the quality of care

The first steps to achieving this revised approach to the BAF have been taken and at the March 2023 Board meeting, the Board received the first iteration of the 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 currently held strategic risks and a revised Risk Management Strategy. This is expected to be presented to the May 2023 Board.

8.2 **Themes of Risks Reported**

At the time of writing the Committee had responsibility for oversight of **4** organisational risks that relate to various aspects included in the remit of the People and Culture Committee. A breakdown of the current risks is depicted below:

High	**2**
Moderate	**2**
Low	**0**

A high-level breakdown of the themes are as follows:

- **Impact of absenteeism and long-term sickness**
- **Compliance with Welsh Language Standards**
- **Industrial Action**
- **Recruitment and retention of staff**

9. Conclusion

9.1 This report provides a summary of the work undertaken by the PCC during 2022-23 and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

People and Culture Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	People and Culture Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Draft
Previous version:	May 2021
Approved by:	Board
Review date:	March 2023

1. Introduction

The Aneurin Bevan University Health Board's standing orders provide that "*The Board may and, where directed by the Welsh Government, must appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees*".

In line with standing orders and the Health Board's Scheme of Delegation, the Board shall nominate annually a committee to be known as the **People and Culture Committee**.

The Committee is formed of Independent Members of the Health Board and has no executive powers, other than those specifically delegated to it by the Board as outlined in these Terms of Reference.

The detailed Terms of Reference and operating arrangements set by the Board in respect of this Committee are set out in this document.

2. Purpose of the Committee

The purpose of the People and Culture Committee is to advise and assure the Board and the Accountable Officer on all matters relating to staff and workforce planning of the Health Board; and plans to enhance the environment that supports and values staff in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the Health Board to deliver safer better healthcare.

The Committee will also provide advice and assurance to the Board in relation to the direction and delivery of Organisational Development and other related frameworks to drive continuous improvement and to achieve the objectives of the Health Board.

It will support the Health Board in discharging its accountabilities and responsibilities for the achievement of the Health Board's objectives and organisational requirements in accordance with the standards of good governance determined for the NHS in Wales.

Where appropriate, the Committee will advise the Board and the Accountable Officer (Chief Executive) on where and how its system of governance and assurance may be strengthened and further developed.

3. Delegated Powers and Authority

3.1. Principal Duties

The Committee will, in respect of its provision of advice and assurance to the Board:

a) **Culture & Values**:

- Oversee a credible process for assessing, measuring and reporting on the "culture of the organisation" on a consistent basis over time.
- Oversee the coherence and comprehensiveness of the ways in which the Health Board engages with staff and with staff voices, including the staff survey, and report on the intelligence gathered, and its implications.
- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence.
- Seek assurance that there is positive progress on equality and diversity, including shaping and setting direction, monitoring progress and promoting understanding inside and outside the Health Board.
- Promote staff engagement and partnership working.
- Seek assurance that the organisation adopts a consistent working environment which promotes staff well-being, where people feel safe and are able to raise concerns, and where bullying and harassment are visibly and effectively addressed.
- Support the enhancement of collaborative working relationships across the Health Board between professions and other stakeholders including representative bodies and regulators to improve culture.

b) **Organisational Development & Capacity:**

- Seek assurance on the implementation of the Board's Organisational Development Plans;
- Seek assurance that the systems, processes and plans used by the Health Board have integrity and are fit for purpose in the following areas:
    - strategic approach to growing the capacity of the workforce;
    - analysis and use of sound workforce, employment and demographic intelligence;
    - the planning of current and future workforce capacity;
    - effective recruitment and retention;
    - new models of care and roles;
    - agile working;
    - identification of urgent capacity problems and their resolution
    - continuous development of personal and professional skills;
    - talent management
- Seek assurance on the Health Board's plans for ensuring the development of leadership and management capacity, including the Health Board's approach to succession planning;
- Seek assurance that workforce and organisational development plans, including those developed with strategic partners, are informed by the Sustainable Development Principle as defined by the Well-being of Future Generations (Wales) Act 2015.

c) Performance Reporting:

- Seek assurances that internal control arrangements are appropriately designed and operating effectively to ensure the provision of high quality, legal and safe workforce practices, processes and procedures.
- Scrutinise workforce and organisational development performance issues and key performance indicators and the associated plans to deliver against these requirements, achieved by establishing a succinct set of key performance and progress measures (in the form a performance dashboard) relating to the full purpose and function of the Committee, including:
    - The Health Board's strategic priorities relating to workforce;
    - organisational culture;
    - strategies to promote and protect staff Health & Wellbeing;
    - workforce utilisation and sustainability;
    - recruitment, retention and absence management strategies;
    - strategic communications;
    - workforce planning;
    - plans regarding staff recruitment, retention and remuneration;
    - succession planning and talent management;
    - staff appraisal and performance management;
    - Training, development and education; and
    - Management & leadership capacity programmes.

- Seek assurance on the implementation of those strategic plans developed in partnership which relate to workforce and culture.
- Ensure there is an effective system in place to consider and respond in a timely manner to workforce and organisational development performance audits received across the organisation and an effective system in place to monitor progress on actions resulting from such audits.
- Monitor and scrutinise relevant internal and external audit reports, management responses to action plans.

The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

d) Risk Management

The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

e) Statutory and Mandatory Compliance:

Seek assurance, on behalf of the Board, that current statutory and regulatory compliance and reporting requirements are met, including:

- Equality & Diversity Legislation
- Welsh Language Standards
- Wellbeing of Future Generations Act (where relevant to this Committee)
- Consultation on Organisational Change
- Mandatory and Statutory Training

3.2. Authority

The Committee is authorised by the Board to investigate or to have investigated any activity within its Terms of Reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit (ensuring patient, service user, client and staff confidentiality, as appropriate). It may seek relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee);

and

- any other committee, sub-committee or group set up by the Board to assist it in the delivery of its functions.

The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outside representatives with relevant experience and expertise if it considers it necessary, in accordance with the Board's procurement, budgetary and other requirements.

The Committee may act on any particular matter or issue upon which the Board or the Accountable Officer may seek advice.

3.3. Sub-Committees

The Committee may, subject to the approval of the Health Board, establish sub-committees or task and finish groups to perform specific aspects of Committee business.

3.4. Committee Programme of Work

Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

3.5. Access

The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

4. Membership

4.1. Members

The Committee shall comprise of three (3) members *[one of which should be the Independent Member (Trade Union)*:

Chair:	Independent member of the Board
Vice Chair:	Independent member of the Board
Other Members:	Two (2) other independent members of the Board

The committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

4.2. Attendees

Officers of the Health Board may attend:

- The lead Executive for the Committee will be the Director of Workforce and Organisational Development.
- Chief Executive / Accountable Officer
- Director of Finance, Procurement and VBHC
- Other Executive Directors will attend as required by the Committee

Others by invitation

The Committee Chair may invite any other Health Board officials and / or any others from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter (except when issues relating to their personal remuneration and terms and conditions are being discussed).

4.3. Member Appointments

The membership of the Committee shall be determined by the Board, based on the recommendation of the Health Board Chair, taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office.

During their period of appointment a member may resign or be removed by the Board.

5. Support

5.1. Secretariat

Secretariat arrangements will be determined and arranged by the Director of Corporate Governance.

5.2. Advice and Member Support

The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- Arrange the provision of advice and support to Committee members on any aspect related to the conduct of their role;

  and

- Ensure the provision of a programme of organisational development for committee members as part of the Health Board's overall OD programme developed by the Director of Workforce and Organisational Development.

6. Committee Meetings

6.1. Quorum

At least three (3) of the selected members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

6.2. Frequency of Meetings

The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

6.3. Openness and Transparency

Section 3.1 of the Health Board's Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 6.4);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through PTHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

6.4. Withdrawal of individuals in attendance

There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which

would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

7. Relationship and Accountabilities with the Board and its Committees

Although the Board has delegated authority to the Committee for the exercise of certain functions as set out within these Terms of Reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for its citizens through the effective governance of the organisation.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these Terms of Reference.

The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

- Joint planning and co-ordination of Board and Committee business and
- Sharing of information

In doing so, it will contribute to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance arrangements.

The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

8. Reporting and Assurance Arrangements

The Committee Chair shall:

- Report formally, regularly and on a timely basis to the Board and the Accountable Officer on the Committee's activities. This includes verbal updates on activity and the submission of committee minutes and written reports throughout the year;
- Bring to the Board and the Accountable Officer's specific attention any significant matters under consideration by the Committee;

- Ensure appropriate escalation arrangements are in place to alert the Health Board Chair, Chief Executive (and Accountable Officer) or Chairs of other relevant committees of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

The Committee shall provide a written, annual report to the Board and the Accountable Officer on its work in support of the Accountability Report, the Annual Governance Statement and the Annual Quality Statement, specifically commenting on the adequacy of the assurance arrangements, the extent to which risk management is comprehensively embedded throughout the organisation, the integration of governance arrangements and the appropriateness of self-assessment activity against relevant standards. The report will also record the results of the committee's self-assessment and evaluation.

The Board may require the Committee Chair to report upon the Committee's activities at public meetings or to community partners and other stakeholders, where this is considered appropriate, e.g. where the Committee's assurance role relates to a joint or shared responsibility.

The Director of Corporate Governance, on behalf of the Board, shall oversee a process of annual self-assessment and evaluation of the Committee's performance and operation including that of any sub committees established. In doing so, account will be taken of the requirements set out in the NHS Wales Audit Committee Handbook.

9. Applicability of Standing Orders to Committee Business

The requirements for the conduct of business as set out in the Health Board's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee Papers

10. Chair's Action on Urgent Matters

There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Board Secretary must ensure that any such action is formally recorded

and reported to the next meeting of the Committee for consideration and ratification.

Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

11. Review

These Terms of Reference shall be reviewed annually by the Committee with reference to the Board.

Appendix Two- Committee Workplan

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	10th January 2023	
Preliminary Matters						
Attendance and Apologies	Standing Item	Chair	X	X	X	
Declarations of Interest		All Members	X	X	X	
Minutes of the Previous Meeting		Chair	X	X	X	
Action Log and Matters Arising		Chair	X	X	X	
Committee Requirements as set out in Standing Orders						
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG	X			
Review of Committee Programme of Business	Standing Item	Chair		X	X	
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG	X			
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG	X			
Committee Annual Report 2022/23	Annually	Chair & Director of CG				
Corporate Governance, Risk & Assurance						
Committee Risk Report	Standing Item	Director of CG	X	X	X	
Board Assurance Framework – address gaps in assurances related to Workforce	Standing Item (revised BAF to be developed)	Director of CG				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	10th January 2023	
People Plan 2022-25						
Annual Review and Refresh of the People Plan and its Priorities	Annually	Director of WOD				
Assurance on Delivery of Actions and Activity within Objective 1 – Staff Health and Wellbeing (see Appendix 1)	Deep-Dive Annually	Director of WOD	X			
Assurance on Delivery of Actions and Activity within Objective 2 – Employer of Choice (see Appendix 1)	Deep-Dive Annually	Director of WOD			X	
Assurance on Delivery of Actions and Activity within Objective 3 – Workforce Sustainability and Transformation (see Appendix 1)	Deep-Dive Annually	Director of WOD				
Welsh Language						
Assurance on Compliance with the Welsh Language (Wales) Measure 2011	Bi-annually	Director of WOD				
Assurance on Delivery of Welsh Government's "More Than Just Words" Framework	Annually	Director of WOD		X		
Equality, Diversity & Inclusion						
Assurance on Compliance with the Equality Act 2010, including Equality Impact Assessment	Annually	Director of WOD	X		X	
Delivery of Welsh Government's Race Equality Action Plan for Wales	Annually	Director of WOD				
Culture, Values & Behaviours						
Review and Refresh of ABUHB Values & Behaviours Framework	Annually	Director of WOD				
NHS Wales Staff Survey – Results and Action Plan	Every 3-years (TBC)	Director of WOD				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	10th January 2023	
Staff Wellbeing Survey – Results and Action Plan	Annually	Director of WOD		X		
Assurance on the Development and Delivery of an Agile Working Framework	Twice-yearly	Director of WOD	X		X	
Workforce Planning & Development						
Assurance on Workforce Planning and Education Commissioning Numbers	Annually	Director of WOD				
Annual Assurance Report of Medical Revalidation and Job Planning	Annually	Medical Director			X Being presented at Jan 23 Board	
Annual Assurance Report of Nursing Revalidation	Annually	Director of Nursing				
Workforce Performance Reporting						
Workforce Performance Dashboard incorporating Key Performance Indicators	Standing Item	Director of WOD	X	X	X	
People Plan 2022/25, Quarterly Review	Standing Item	Director of WOD		Q1	Q2&3	
Report from The Director of Workforce & OD, including Employee Relations & Suspensions over 4 months	Standing Item	Director of WOD and DON	X	X	X	
Internal Audit Plan 2022/23 – NWSSP Audit & Assurance Services						
To receive relevant audit reviews for assurance and oversight of improvements required: • Recruitment Selection Process • Agile Delivery • Review of Bank Office & Temporary Staffing Unit • Workforce Planning	TBC upon completion of audit reports	Director of WOD				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			14th April 2022	13th September 2022	10th January 2023	
• Job Evaluation						
External Audit – Audit Wales/HEIW/HIW/CHC						
Receive the External Audit Annual Audit Reports pertinent to the Committee as and when they arise	TBC	Audit Wales				
"Taking Care of Carers" – Management Response and Action Plan	As requested	Director of WOD/Audit Wales	X	X		
To receive the External Inspection reports and recommendations related to Workforce as they arise	As requested	Director of WOD/TBC				

Appendix 3

People and Culture Committee: Attendance at meetings in 2022-23

Meeting dates	14th April 2022	20th September 2022	12th January 2023
INDEPENDENT MEMBERS			
Louise Wright (Chair)	✓	✓	✓
Paul Deneen (Vice Chair)	✓	✓	✓
Helen Sweetland	× (*Pippa Britton represented*)	✓	×
Dafydd Vaughan			✓
OFFICERS			
Chief Executive *(Glyn Jones up to and including August 2022 Nicola Prygodzicz October onwards)*	✓	×	×

Director of Workforce and OD	✓	✓	✓
Director of Corporate Governance	×	×	×

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Partnerships, Population Health & Planning Committee

Annual Report for 2022-23

March 2023

CONTENTS

Foreword

Chair's Foreword

I am pleased to present the first Partnerships, Population Health and Planning Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee, which covers all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

During the first year of this Committee, we have been pleased to see the determination of our planning teams in implementing discussions and actions in respect of regional services and regional working for the population, a key priority for the Minister for Health and Social Services Wales.

We also recognise the commitment to the work undertaken towards creating collaborative partnership working in Gwent, with the work in relation to the Marmot region beginning to take effect.

Finally, I would like to express my personal appreciation to all who contributed to the Committee over the past 12 months. Special thanks must go to Katija Dew, Vice Chair of the Committee, whose term of appointment as an Independent Member of Aneurin Bevan University Health Board came to an end in March 2023.

Ann Lloyd
Chair
Partnerships, Population Health and Planning Committee

1. Introduction

1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.2 The Term of Reference of the Partnerships, Population Health, and Planning Committee (referred to throughout this document as 'the Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year. The Terms of Reference were approved by the Board in March 2022 and endorsed by the Committee on 25th April 2022.

1.3 The purpose of the PPHPC is to advise the Board on all matters relating to areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities. The Committee will provide accurate, evidence based (where possible) and timely advice to the Board in respect of the development of the Health Board's priorities and plans to improve population health and wellbeing; strategic frameworks and plans for the delivery of high quality and safe services; business cases and service planning proposals, including the alignment of supporting and enabling strategies, including workforce, capital, estates and digital. The Committee also provides advice to the Board in relation to any implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board.

1.4 This report describes how the Committee discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023.

2. 2022-23 Work Programme

2.1 ABUHB Standing Orders require the Board Secretary to produce an Annual Plan of Board business. This should incorporate formal Board meetings, regular Board Development sessions and, as appropriate, planned activities of the Board's Committees and Advisory Groups.

The Work Programme adopted for the Partnerships, Population Health, and Planning Committee in 2022-23 is attached to this report (see **Appendix 2**).

2.2 The Work Programme was designed to align to the Committee's terms of reference and the requirement for it to seek information to be able to give advice or gain assurance for itself and on behalf of the Board. The Work Programme is, however, a framework rather than a prescriptive agenda. This gives the Committee flexibility to identify changing priorities or any need for further assurance or information.

3. Partnerships, Population Health and Planning Committee Meetings and Membership

3.1 During 2022-23, the Committee met three times via Microsoft Teams- April 2022, July 2022, and November 2022. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Ann Lloyd (Chair)
- Katija Dew (Vice Chair)
- Richard Clark
- Dafydd Vaughan (from 1.11.22)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's website in advance of meetings.

3.2 The Committee's agenda and papers were made public, excluding where it was necessary to meet 'in private', which it did on one occasion in 2022-23. Private meetings are held where it would not be appropriate to discuss a matter in public, due to issues of patient or staff confidentiality, commercial confidentiality, or discussion of serious

incidents or escalated concerns which would not be in the public interest.

4. Committee Reporting Arrangements

4.1 Following each meeting, the Committee submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern and areas of risk. All Board papers can be accessed via the following link:

5. Committee Work Programme: 2022-23

5.1 The Partnerships, Population Health and Planning Committee Work Programme for 2022-23 is set out in **Appendix 2**.

5.2 Amongst the key issues considered by the Committee during 2022-23 were the following:

- 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.
- 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 Boards **Capital Programme 2021-2022**.
- Report regarding the Third Wales Wellbeing Survey
- Committee Risk Report

The Committee also received various external reports, including; -

- The **Health and Wellbeing Alliance Report, 'Mind the gap: What's stopping change'**, with a focus on the cost-of-living crisis and the rose in inequalities in Wales.
- The Committee received the Audit Wales report, **'Public Sector Readiness for Net Zero Carbon by 2030; evidence report**'.

6. Self-assessment and Evaluation

6.1 The Board has undertaken an overall 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 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.

7. Committee Oversight of Risk

At each Committee meeting during 2022/23 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

7.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **2** organisational risks that relate to various aspects of partnerships, population health and planning. A breakdown of the current risks is depicted below:

High	**2**
Moderate	**0**
Low	**0**

A high-level breakdown of the themes are as follows:

- **Inability to meet the changing demographic need for our population**
- **Inability to address health inequalities across the population/increased dependency on Health Board services in longer term**

8. Key Areas of Focus in 2023-24

8.1 In the year ahead the Committee will continue to focus on

- ensuring that strategic collaboration and effective partnership arrangements are in place;
- that there are effective mechanisms in place in respect of improving population health and reducing health inequalities
- providing the Board with advice and assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership and
- a specific focus on the development of our Clinical Futures Clinical Model and supporting plans.

9. Conclusion

9.1 This report provides a summary of the work undertaken by the Partnerships, Population Health and Planning Committee over the past 12 months and demonstrates how the Committee has complied with the Terms of Reference.

Appendix 1

Partnerships, Population Health and Planning Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Partnerships, Population Health and Planning Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Partnerships, Population Health and Planning Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

1.4 The scope of the Committee extends to all areas of Partnership Working, Population Health and Planning across the full breadth of the Health Board's responsibilities.

1.5 This Committee will not be responsible for the development of strategy, which is a collective Board responsibility and therefore reserved for full Board discussions.

2. PURPOSE

2.1 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the development of the following matters consistent with the Board's overall strategic direction:

a. strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction;
b. business cases and service planning proposals;
c. the alignment of supporting and enabling strategies, including workforce, capital, estates and digital;
d. the implications for service planning arising from strategies and plans developed through the Joint Committees of the Board or other strategic partnerships, collaborations or working arrangements approved by the Board; and
e. the Health Board's priorities and plans to improve population health and wellbeing.

2.2 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances in:

a. the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership;
b. plans and arrangements for the following matters are adequate, effective and robust and achieving intended outcomes:
   (i) Joint committee and partnership planning;
   (ii) Engagement and communication; and
   (iii) Civil Contingencies and Business Continuity;
c. that partnership governance and partnership working is effective and successful; and
d. that those arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will:

a) Partnership Working

i. consider the development of strategies and plans developed in partnership with key strategic partners

ii. monitor work undertaken with partner organisations and stakeholders to influence the provision of services to meet current and future population need
iii. seek assurance that partnership governance and partnership working is effective and successful.

b) Population Health

i. consider population health and wellbeing assessments and other key information that underpins the strategic planning process to ensure the robustness and best fit of developing plans;
ii. consider plans for whole-system pathway development and re-design;
iii. seek assurance on plans, systems and processes to deliver health improvement and increase health equity;
iv. seek assurance on the work of the Health Board to reduce avoidable health inequalities.

a) Strategic Planning

a. Seek assurance that the health board's Planning arrangements are robust and fit for purpose, including the approach to developing the Integrated Medium-Term Plan and Annual Priorities;
b. Seek assurance that the Health board Has sufficient enabling plans to support the achievement of strategic objectives;
c. Seek assurance that the Health Board's arrangements for engagement and consultation in respect of service change matters are robust and effective;
d. Seek assurance that national and regional planning guidance is used to inform the development of strategic plans;
e. Seek assurance on the process for the development of the Board's Capital Discretionary Programme and Capital Business Cases;
f. Seek assurance that the Health Board's Commissioning Plans robust and fit for purpose;
g. Seek assurance on the effectiveness of the Health Board's Civil Contingency Plans and Major Incident Planning;
h. Seek assurance that plans respond to the Wellbeing of Future Generations Act (Wales) 2015; and
i. Seek assurance that the Health Board's plans give due regard to the Socio-economic Duty for Wales.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records, or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:

- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, subcommittee or group set up by the Board to assist it in the delivery of its functions.

3.5 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.

This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	Independent member of the Board x2
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge, and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Planning, Performance, Digital & IT
- Director of Public Health & Strategic Partnerships
- Director of Finance, Procurement and VBHC

4.3 By invitation:
The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **three times yearly**, and in line with the Health Board's annual plan of Board Business.

5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee will work closely with the Board's other committees, joint and sub committees, and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- applicable escalation of concerns.

In doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

PARTNERSHIPS, POPULATION HEALTH AND PLANNING COMMITTEE

PROGRAMME OF BUSINESS 2022/23

The purpose of the Partnerships, Population Health and Planning Committee is to seek assurance on the robustness of the Health Board's approach, systems and processes for developing strategies and plans, including those developed in partnership; that plans and arrangements are adequate, effective, robust and achieving outcomes in relation to Joint Committee and partnership planning, engagement and communication and Civil contingencies and business continuity; that partnership governance and partnership working is effective and successful; and that the arrangements in place to improve population health and wellbeing are robust and effective and delivering intended outcomes.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board in March 2022;
- the Board's Assurance Framework (based on its Annual Objectives for 2021/22 and 2022/23);
- delivery of the IMTP 2022-25;
- key risks identified through the Corporate (Strategic) Risk Register and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee); and
- key statutory, national, and best practice requirements and reporting arrangements.

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			25 April 2022	7 July 2022	16 Nov 2022	19 April 2023
Preliminary Matters						
Attendance and Apologies	Standing Item	Chair	✓	✓	✓	✓
Declarations of Interest		All Members	✓	✓	✓	✓
Minutes of the Previous Meeting		Chair	✓	✓	✓	✓
Action Log and Matters Arising		Chair	✓	✓	✓	✓
Committee Requirements as set out in Standing Orders						
Development of Committee Annual Programme of Business 2022/23	Annually	Chair & Director of CG	✓			
Review of Committee Programme of Business	Standing Item	Chair	✓	✓	✓	✓
Annual Review of Committee Terms of Reference 2022/23	Annually	Chair & Director of CG				✓
Annual Review of Committee Effectiveness 2022/23	Annually	Chair & Director of CG				✓
Committee Annual Report 2022/23	Annually	Chair & Director of CG				✓
Strategic Partnerships						
Overview of work of the Gwent PSB, including an update in respect of Developing a Marmot Region	Standing Item	Director of Public Health	✓	✓	✓	✓
Overview of discussions at the Regional Partnership Board (RPB)	Standing Item	Chair	✓	✓	✓	✓

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			25 April 2022	7 July 2022	16 Nov 2022	19 April 2023
Update on the development and delivery of a Strategy for Mental Health Services in Gwent	Annually	Dir. PC,C&MHS		✓		
Gwent Marmot Region Communication and Engagement Strategy (as presented to the PSB on 30th June 2022)	Annually	Director of Public Health			✓	
Strategic Planning and Developments						
Approach to developing the Integrated Medium-Term Plan	Annually	Director of Planning & Performance			✓	
Draft Integrated Medium-Term Plan	Annually	Director of Planning & Performance	✓			✓
Regional Planning Update	Standing Item	Director of Planning & Performance	✓	✓	✓	✓
A report on the evaluation of the Vascular Services Network	Annually	Director of Planning & Performance				✓
Update on the Overarching Clinical Futures Programme	Standing Item	Director of Planning & Performance		✓	✓	✓
To review the development of plans in respect of the key Clinical Future Priorities:						
1. Public Health Protection and Population Health Improvement	Annually	Director of Public Health				✓
2. Accelerated Cluster Development	Annually	Dir. PC,C&MHS				
3. Redesigning Services for Older People	Annually	Medical Director			✓	
4. Mental Health Transformation	Annually	Dir. PC,C&MHS				✓
5. Planned Care Recovery: *Outpatient Transformation & Pathway Optimisation*	Annually	Director of Operations				

Matter to be Considered by Committee	Frequency	Responsible Lead	Scheduled Committee Dates 2022/23			
			25 April 2022	7 July 2022	16 Nov 2022	19 April 2023
6. Urgent and Emergency Care Improvement, to include an update on SDEC	Annually	Director of Operations			✓	
7. Enhanced Local General Hospital Network	Annually	Director of Operations				
8. Transforming Cancer Services	Annually	Medical Director				
9. Net Zero – Decarbonisation	Annually	Director of Finance, Procurement & VBHC	✓			✓
Enablers: Update on the development and delivery of an Agile Working Strategy	Annually	Director of Workforce & OD		✓		
Enablers: Capital Programme	Annually	Director of Operations			✓	
Enablers: Digital Strategy	Annually	Chief Executive				

KEY	
D of CG	Director of Corporate Governance
Dir. PC,C&MHS	Director of Primary, Community and Mental Health Services

Appendix 3

Meeting dates	25th April 2022	7th July 2022	16th November 2022
INDEPENDENT MEMBERS			
Ann Lloyd (Chair)	✓	✓	✓
Katija Dew (Vice Chair)	✓	✓	✓
Richard Clark	✓	✓	✓
Dafydd Vaughan			x
Phil Robson (Co-opted member, Special Advisor)	✓	✓	✓
OFFICERS			
Chief Executive *(Glyn Jones up to and including August 2022* *Nicola Prygodzicz October onwards)*	✓	✓	x
Director of Planning, Performance, Digital and IT *(Nicola Prygodzicz up to and including August 2022* *Chris Dawson-Morris onwards)*	x	✓	✓
Director of Public Health and Strategic Partnerships	✓	✓	✓
Director of Corporate Governance	✓	x	✓

Finance and Performance Committee

Annual Report for 2022-23

DATE

CONTENTS

Foreword

Chair's Foreword

I am pleased to present the Finance and Performance Committee's (the Committee's) Annual Report for the year ended 31 March 2023.

In this report we provide an overview of the work of the Committee in the ongoing development of an improving performance culture and acknowledge the significant financial challenges faced by the Health Board in 2022/23, which will continue into 2023/24.

I would like to express my personal appreciation to all who contributed to the finance and performance agenda and the development of the Finance and Performance Committee during its first year.

Diolch yn Fawr / Thank you

Richard Clark
Chair
Finance and Performance Committee

1. Introduction

1.1 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB', 'the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.2 The Term of Reference of the Finance and Performance Committee (referred to throughout this document as 'FPC' or the 'Committee') were approved by the Board in March 2022 (see **Appendix 1**). These were not changed during the reporting year.

1.3 The purpose of the FPC is to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee has sought assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. Included within this, the Committee has sought assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

1.4The FPC was a new Committee in 2022-23 and this report describes how the FPC discharged its role and responsibilities during the period 1 April 2022 to 31 March 2023.

2. 2022-23 Work Programme

2.1 The Finance and Performance Committee did not have a work plan in place for 2022-23, instead a risk based approach was taken to develop the agendas, based on the financial position and areas of performance requiring further focus.

2.2 The FPC agreed a set of priorities for 2022-23:

- Development and Implementation of a Performance and Outcomes Framework for 2022-25

- Overall Delivery of the IMTP 2022-25, including Enabling Priorities, e.g. Digital, Estates
- Delivery of the Planned Care Programme, aligned to the National Programme
- Delivery of the Six Goals for Urgent and Emergency Care Programme
- Achievement of Financial Performance and Delivery of actions identified to achieve internal Financial Turnaround
- Embedding of the Health Board's Efficiency Framework
- Consider Efficiency Reviews on a Speciality Basis (phased approach)
- Delivery of Regional Integration Fund (RIF) Schemes
- Any Arising Strategic Risks and Gaps in Assurance (BAF

3 FPC Committee Meetings and Membership

3.1 During 2022-23, the FPC met three times via Microsoft Teams- July 2022, October 2022 and January. Detail of the members and executive directors who attended these meetings is provided at **Appendix 3**.

3.2 The Committee comprised the following Independent Members:

- Richard Clark Chair
- Iwan Jones Vice Chair (from 1.11.22)
- Shelley Bosson
- Dafydd Vaughan (from 1.11.22)
- Pippa Britton (until 1.11.22)

3.3 In accordance with the Public Bodies (Admissions to Meetings) Act 1960 the organisation is required to meet in public. As a result of the public health risk linked to the pandemic there have been limitations on public gatherings, and it has not therefore been possible to allow the public to attend committee meetings throughout 2022/23. This has therefore meant that the Health Board has not complied with its Standing Orders in this regard.

To ensure business was conducted in as open and transparent manner as possible during this time the meeting agenda packs have been published to the Health Board's website in advance of meetings.

4 FPC Reporting Arrangements

4.1 Following each meeting, the FPC submits an Assurance Report to the following Board meeting, outlining topics discussed, areas of concern

and areas of risk. All Board papers can be accessed via the following link

5. FPC Work Programme: 2022-23

5.1 Amongst the key issues considered by the Committee during 2022-23 were the following:

Finance

- **Financial Performance** the update 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 21/22**, 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.
- 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.

Performance

- A live demonstration of the Health Board's automated version of the **Performance Management Dashboard**.

- Performance Exception Reporting:
    - **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):
    - 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.

5.2 Financial Recovery 2022-23

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.

This forecast position was agreed by the CEO (Accountable Officer) and the Board on the 12th of October 2022. 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 response to this, governance arrangements for financial recovery were established. Whilst the Board resolved to reserve for itself the oversight, monitoring and scrutiny of financial recovery for the remainder of the 2022/23 financial year; the Board requested that the FPC 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.

6. Self-assessment and Evaluation

6.1 The Board has undertaken an overall 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 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.

7. Key Areas of focus in 2023-24

7.1 To maintain focus on financial planning for 2023/24, organisational performance, with attention to risk-based exception reporting.

8. Committee Oversight of Risk

8.1 At each Committee meeting during 2022/23 the Committee received a strategic risk report. An overview of the risks that are reported to the Committee is provided with detailed risk assessments of the risks that receive direct oversight from the Committee. The Committee also has an opportunity to highlight any areas of concerns or significant risk, as appropriate.

8.2 Themes of Risks Reported

At the time of writing the Committee had responsibility for oversight of **5** organisational risks that relate to various aspects of Finance and Performance. A breakdown of the current risks is depicted below:

High	**5**
Moderate	**0**
Low	**0**

A high-level breakdown of the themes are as follows:

- **Financial performance (current year)**
- **Financial Performance (long term strategy)**
- **Full/partial failure of IT systems and cyber security**
- **Health Board estate not fit for purpose**
- **Failure to comply with the full set of civil protection duties**

9. Conclusion

9.1 This report provides a summary of the work undertaken by the FPC during 2022-23, and demonstrates that the Committee has complied with its Terms of Reference as approved in March 2022.

Appendix One

Finance and Performance Committee

Terms of Reference – 2022/23

Version: Approved

Date: March 2022

Document Title:	Finance and Performance Committee Terms of Reference – 2022/23
Date of Document:	March 2022
Current version:	Approved
Previous version:	N/A
Approved by:	Board
Review date:	March 2023

1. INTRODUCTION

1.2 Section 2 of the Standing Orders of the Aneurin Bevan University Health Board (referred to throughout this document as 'ABUHB, the Board' or the 'Health Board') provides that:

"*The Board may and, where directed by the Welsh Government must, appoint Committees of the Health Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of its business extends equally to the work carried out on its behalf by committees*".

1.3 In-line with Standing Orders and the Board's Scheme of Delegation and Reservation of Powers, the Health Board has established a committee to be known as the **Finance and Performance Committee** (referred to throughout this document as 'the Committee'). The Terms of Reference and operating arrangements set by the Board in respect of this committee are set out below.

1.3 The scope of the Committee extends to the full range of ABUHB responsibilities. This encompasses the delivery and performance management of all directly provided and commissioned services.

2. PURPOSE

2.1 The purpose of the Finance & Performance Committee will be to provide advice and assurance to the Board on the achievement of the Board's aims and objectives as set out in its Integrated Medium-Term Plan, in accordance with the standards of good governance determined for the NHS in Wales. In doing so, the Committee will seek assurance that there is ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework. The Committee will seek assurance that arrangements for financial management and financial performance are sufficient, effective and robust.

2.2 **ADVICE**

The Committee will provide accurate, evidence based (where possible) and timely advice to the Board and its committees in respect of the ongoing development of an improving performance culture which continuously strives for excellence and focuses on improvement in all aspects of the health board's business, in line with the Board's Performance Management Framework.

2.3 **ASSURANCE**

In respect of the achievement of the Boards' strategic aims, objectives and priorities, the Committee will seek assurances:

a. on timely and appropriate access to health care services to achieve the best health outcomes within agreed targets, for directly provided and commissioned services;
b. that services are improving efficiency and productivity and financial plans are being delivered;
c. risks are suitably identified, mitigated and residual risks controlled and corrective actions are taken as required to sustain or improve performance.

3. DELEGATED POWERS AND AUTHORITY

3.1 With regard to specific powers delegated to it by the Board, the Committee will play a key role in monitoring the achievement of the Board's strategic aims, objectives and priorities and will:

A. Seek assurance that arrangements for **financial management** and **financial performance** are sufficient, effective and robust, including:

- the allocation of revenue budgets, based on allocation of funding and other forecast income;
- the monitoring of financial performance against revenue budgets and statutory financial duties;
- the monitoring of performance against capital budgets;
- the monitoring of progress against savings plans, cost improvement programmes and implementation of the efficiency framework;
- the monitoring of budget expenditure variance and the corrective actions being taken to improve performance;
- the monitoring of activity and financial information for external contracts to ensure performance within specified contract terms, conditions and quality thresholds;
- the monitoring of arrangements to ensure efficiency, productivity and value for money, including delivery of the Health Board's Efficiency Framework; and
- the monitoring of delivery against the agreed Discretionary Capital Programme

B. Seek assurance that arrangements for the **performance management** and **accountability** of **directly provided** and **commissioned services** are sufficient, effective and robust, including:
    - the implementation of the Board's Performance Management Framework, enabling appropriate action to be taken when performance against set targets deteriorates, and support and promote continuous improvement in service delivery;
    - the monitoring of performance information against the Board's Priorities and Objectives and associated outcomes;
    - the monitoring of performance information against National Outcome Frameworks, including the NHS Wales Outcomes Framework, the Public Health Outcomes Framework and the Social Services Outcomes Framework, developed in-line with the Wellbeing of Future Generations Act and the Social Services Wellbeing Act;
    - the monitoring of performance information across directly provided services including scheduled care, urgent and emergency care, medicine, family and therapies, primary, community care and mental health services;
    - the monitoring of performance information across commissioned services including Primary Care Contractors, complex care, specialist mental health and CAMHS services, WHSCC, EASC and NHS Wales Shared Services Partnership;
    - the monitoring of poor performance through effective and comprehensive exception reporting, including trajectories for improved performance; and
    - the review of performance through comparison to best practice and peers and identifying areas for improvement.

C. Seek assurance that arrangements for **information management** are sufficient, effective and robust, including:
    - the monitoring of information related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
    - the monitoring of the implementation and application of information related legislation, policies and standards, including GDPR and Freedom of Information;
    - the review of arrangements to protect the integrity of data and information to ensure valid, accurate, complete and timely data and information is available for use within the organisation;
    - the reporting of data breaches, incidents and complaints, ensuring lessons are learned;
    - the recommendations arising from national and local audits and self-assessments, including assessment against the Caldicott Standards; and
    - the monitoring of arrangements to support the continued development of business intelligence and capacity.

D. Seek assurance that arrangements for the **performance management** of **digital and information management and technology (IM&T) systems** are sufficient, effective and robust, including:
   - the monitoring of digital related objectives and priorities as set out in the Board's IMTP and Annual Priorities; and
   - the monitoring of the annual business plan for IM&T.

E. Seek assurance that arrangements for the **performance management** of **capital**, **estates and support services related standards and systems** are sufficient, effective and robust, including:
   - the monitoring of capital and estates related objectives and priorities as set out in the Board's IMTP and Annual Priorities;
   - the monitoring of compliance with Health Technical Memorandums;
   - the monitoring of progress in delivery Board-approved capital business cases and programmes of work.

3.2 The Committee will consider and recommend to the Board for approval those policies reserved for the Board and delegated to this Committee for review, in-line with the Board's Policy Management Framework and Scheme of Delegation and Reservation of Powers.

3.3 The Committee will seek assurances on the management of strategic risks delegated to the Committee by the Board, via the Corporate Risk Register.

Authority

3.4 The Committee is authorised by the Board to investigate or have investigated any activity within its terms of reference. In doing so, the Committee shall have the right to inspect any books, records or documents of the Health Board relevant to the Committee's remit and ensuring patient/client and staff confidentiality, as appropriate.

The Committee may seek any relevant information from any:
- employee (and all employees are directed to cooperate with any reasonable request made by the Committee); and
- any other committee, sub committee or group set up by the Board to assist it in the delivery of its functions.

3.4 The Committee is authorised by the Board to obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers it necessary (subject to the Board's procurement, budgetary and any other applicable standing requirements).

3.5

Access

3.6 The Head of Internal Audit shall have unrestricted and confidential access to the Chair of the Committee.

3.7 The Chair of the Committee shall have reasonable access to Executive Directors and other relevant senior staff.

Sub Committees

3.8 The Committee may, subject to the approval of the Board, establish sub committees or task and finish groups to carry out on its behalf specific aspects of Committee business.

Committee Programme of Work

3.9 Each year the Board will determine the Committee's priorities for its annual programme of work, based on the Board's Assurance Framework and Corporate Risk Register. This approach will ensure that the Committee's focus is directed to the areas of greatest assurance needs. This will therefore mean that these Terms of Reference are provided as a framework for the Committee's annual programme of work and is not an exhaustive list for full coverage.
This approach recognises that the Committee's programme of work will be dynamic and flexible to meet the needs of the Board throughout the year.

4. MEMBERSHIP

Members

4.1 Membership will comprise:

Chair	Independent member of the Board
Vice Chair	Independent member of the Board
Members	2 x Independent member of the Board
	The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

Attendees

4.2 In attendance: The following Executive Directors of the Board will be regular attendees:

- Director of Finance, Procurement and VBHC
- Director of Planning, Performance, Digital & IT

4.3 By invitation:
The Committee Chair extends an invitation to the ABUHB Chair and Chief Executive to attend committee meetings.

The Committee Chair will extend invitations to attend committee meetings, dependent upon the nature of business, to the following:

- other Executive Directors not listed above;
- other Senior Managers and
- other officials from within or outside the organisation to attend all or part of a meeting to assist it with its discussions on any particular matter.

Secretariat

4.4 The Office of the Director of Corporate Governance will provide secretariat services to the Committee.

Member Appointments

4.5 The membership of the Committee shall be determined by the Board, based on the recommendation of the Chair of ABUHB - taking account of the balance of skills and expertise necessary to deliver the Committee's remit and subject to any specific requirements or directions made by the Welsh Government.

4.6 Members shall be appointed to hold office for a period of one year at a time, up to a maximum of their term of office. During this time a member may resign or be removed by the Board.

4.7 Terms and conditions of appointment, (including any remuneration and reimbursement) in respect of co-opted independent external members are determined by the Board, based upon the recommendation of the Chair of ABUHB.

Support to Committee Members

4.8 The Director of Corporate Governance, on behalf of the Committee Chair, shall:

- arrange the provision of advice and support to committee members on any aspect related to the conduct of their role; and
- ensure the provision of a programme of development for committee members as part of the Board's overall Development Programme.

5. COMMITTEE MEETINGS

Quorum

5.1 At least **three** members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

5.2 Where members are unable to attend a meeting and there is a likelihood that the Committee will not be quorate, the Chair can invite another independent member of the board to become a temporary member of the Committee.

Frequency of Meetings

5.3 The Chair of the Committee shall determine the timing and frequency of meetings, which shall be held no less than **Quarterly**, and in line with the Health Board's annual plan of Board Business.

5.4 The Chair of the Committee may call additional meetings if urgent business is required to be taken forward between scheduled meetings.

Openness and Transparency

5.5 Section 3.1 of ABUHB Standings Orders confirms the Board's commitment to openness and transparency in the conduct of all its business and extends equally to the work carried out on its behalf by Committees. The Board requires, wherever possible, meetings to be held in public. The Committee will:

- hold meetings in public, other than where a matter is required to be discussed in private (see point 5.6);
- issue an annual programme of meetings (including timings and venues) and its annual programme of business;
- publish agendas and papers on the Health Board's website in advance of meetings;
- ensure the provision of agendas and minutes in English and Welsh and upon request in accessible formats, such as Braille, large print, and easy read; and
- through ABUHB's website, promote information on how attendees can notify the Health Board of any access needs sufficiently in advance of a proposed meeting, e.g., interpretation or translation arrangements, in accordance with legislative requirements such as the Equality Act 2010 and Welsh Language Standards 2018.

Withdrawal of individuals in attendance

5.6 There may be circumstances where it would not be in the public interest to discuss a matter in public, e.g., business that relates to a confidential matter. In such cases the Chair (advised by the Director of Corporate Governance where appropriate) shall schedule these issues accordingly and require that any observers withdraw from the meeting. In doing

so, the Committee shall resolve:

That representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960 (c.67).

In these circumstances, when the Committee is not meeting in public session it shall operate in private session, formally reporting any decisions taken to the next meeting of the Committee in public session.

6. RELATIONSHIP & ACCOUNTABILITIES WITH THE BOARD AND ITS COMMITTEES/GROUPS

6.1 Although the Board has delegated authority to the Committee for the exercise of certain functions (as set out within these terms of reference), the Board retains overall responsibility and accountability for all matters relating to performance and resources.

The Committee is directly accountable to the Board for its performance in exercising the functions set out in these terms of reference.

6.2 The Committee will work closely with the Board's other committees, joint and sub committees and groups to provide advice and assurance to the Board through the:

- joint planning and co-ordination of Board and Committee business;
- sharing of appropriate information; and
- applicable escalation of concerns.

in doing so, this contributes to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Board's overall risk and assurance framework.

6.3 The Committee shall embed the Health Board's agreed Values and Behaviours, as set out in the Board's Values and Behaviours Framework, through the conduct of its business.

7. REPORTING AND ASSURANCE ARRANGEMENTS

7.1 The Committee Chair shall:

- report formally, regularly and on a timely basis to the Board on the Committee's activities. This includes verbal updates on

activity, and the submission of Committee minutes and written reports;
- bring to the Board's specific attention any significant matters under consideration by the Committee;
- ensure appropriate escalation arrangements are in place to alert the Chair of ABUHB, Chief Executive or Chairs of other relevant committees/groups of any urgent/critical matters that may affect the operation and/or reputation of the Health Board.

7.2 The Board may also require the Committee Chair to report upon the Committee's activities at public meetings, e.g., Annual General Meeting, or to community partners and other stakeholders, where this is considered appropriate, e.g., where the committee's assurance role relates to a joint or shared responsibility.

7.3 The Director of Corporate Governance shall oversee a process of regular and rigorous self-assessment and evaluation of the Committee's performance and operation including that of further committees established.

7.4 The Committee shall provide a written annual report to the Board on its activities. The report will also record the results of the Committee's self-assessment and evaluation.

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

8.1 The requirements for the conduct of business as set out in ABUHB's Standing Orders are equally applicable to the operation of the Committee, except in the following areas:

- Quorum
- Issue of Committee papers

9. CHAIR'S ACTION ON URGENT MATTERS

9.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings, and it is not practicable to call a meeting of the Committee. In these circumstances, the Chair of the Committee, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Committee - after first consulting with at least two other Independent Members of the Committee. The Director of Corporate Governance must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

9.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring a decision.

10. REVIEW

10.1 These Terms of Reference shall be reviewed annually by the Committee. The Committee Chair will report any changes to the Board for ratification.

Appendix Two

Finance and Performance Committee: Attendance at meetings in 2022-23

Attended	Did Not Attend	Not a Member/Required Attendee

Meeting Dates	6th July	5th October	11th January
Independent Members			
Richard Clark			
Iwan Jones			
Shelley Bosson			
Dafydd Vaughan			
Pippa Britton			
Executive Directors			
Rob Holcombe			
Nicola Prygodzicz			
Chris Dawson-Morris			