

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Quality Performance – Interim Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Leeanne Lewis – Assistant Director for Quality and Patient Safety Tracey Partridge Wilson - Deputy Director of Nursing

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

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

As an NHS Wales organisation, there are clear expectations set out for the quality standards we must maintain. These are set out through the:

- Health and Social Care (Quality and Engagement) (Wales) Act 2020;
- A Healthier Wales;

The Health Board is continuing to develop our Quality Management System to set meaningful targets, monitor, measure and report performance. This ensures we provide excellent standards of care and set quality goals to improve the services we provide continuously.

Cefndir / Background

Following the launch of the Quality Strategy and Patient Experience & Involvement Strategy we continue to develop and report quality metrics. This has been an iterative process and is under constant development. The measures allow the Health Board to report and capture what is important for our patients, their families and the public.

This is an interim report that provides quality metrics as mapped in the quality strategy. It focusses on patient safety, patient experience, health and safety and infection prevention and control activity. Data is available up until January 2025.

Asesiad / Assessment

The Health and Care Quality Standards provide a clear framework to help the planning, delivery and monitoring of healthcare services in Aneurin Bevan University Health Board. These continue to be developed to enable delivery of our services around the six domains of quality and the six quality enablers. These outcomes and indicators establish a set of quality indicators that align with the Health Board's priorities and strategic goals. The indicators cover all aspects of care, clinical outcomes, patient safety, patient experience, and efficiency.

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

- Patient and staff experience and stories
- Incident reporting – falls, pressure ulcers, medicines management and mortality
- Complaints, concerns and compliments
- Health, safety and security
- Infection Control and Prevention
- Safeguarding

These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains. Providing data across these Pillars of Quality will enable us to review our performance. The pillars are our Quality Markers in the quality management system. Strengthening our quality management system helps us make sure our decision-making focuses on improving the quality of health services.

Areas of Improvement

- Mortality - the Health Board has seen improvement in the Risk Adjusted Mortality Indicator (RAMI) with a focus on Learning from Deaths reporting based on the English model.
- Since its launch, the PALS service receives around 496 enquiries per month. Work has been undertaken to review how the service supports the PTR process, allowing issues being resolved at an informal stage.
- Civica has been successfully implemented with a satisfaction rate over the 85% benchmark (for January 2025, 90% satisfaction). The new digital solution will increase up take.



- Overdue NRIs decreased from 71% (July 2024) to 23% (January 2025) which is a 48% improvement. There continues to be a focus on the management of the PSI process.
- There have been no new Never Events reported.
- During Q4 (January and February 2025) the Health Board have reported 6 incidents to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). 83.3% of these cases were reported within the legal timeframes within the legislation.
- The Health Board continues to support a number of nationally recognised quality improvement projects which are improving patient safety and patient experience significantly. The Safe Care Partnership has a number of workstreams, including projects within acute deterioration, deconditioning and improving quality management systems.

Areas of Focus

There are a number of issues, risks and concerns which are discussed in the report and reflect areas requiring improvement in terms of quality outcomes. The report details the analysis, actions and assurance. For Board consideration, the areas are summarised below.

- Infection rates for C.Difficile have risen over the last 12 months, which is a picture seen across Wales. The reasons for this are complex with rates impacted by community prevalence, the number of people with complex co-morbidities, anti-microbial prescribing and poly pharmacy as well as a need to refresh basic good IPC practice. An improvement plan has been produced and is being enacted.
- The Health Board has seen variation in the number of inpatient Falls.
- Themes from incidents continue to include the deteriorating patient, which is part of the safer care collaborative.
- There is a focus on improving uptake of Level 1 and Level 2 Safeguarding training
- The compliance with closure of PTR concerns within 30 days remains of concern. The Health Board saw a rise in the number of concerns received during January. Whilst not unexpected due to the recognised pressures across the system and the Health Board, this has had an adverse impact upon compliance.

This report demonstrates the hard work and commitment from the Health Board to develop the quality strategy and our reporting obligation under the Duty of Quality. The report demonstrates how the Health Board is striving to understand our systems of care. We continue to mature our Quality Management System to enable us to set meaningful targets to monitor, measure and report our performance.

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



Argymhelliad/ Recommendation

This report is to provide **ASSURANCE** to the Board on the ongoing work to deliver the Duty of Quality and Duty of Candour, through implementing the Quality Strategy and Patient Experience & Involvement Strategy.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable currently
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5. Timely Care 6.3 Listening and Learning from Feedback 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 prioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	The Health and Social Care (Quality and Engagement) Wales Act (2020)). Duty of Quality.
Rhestr Termau: Glossary of Terms:	
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	



Effaith: (rhaid cwblhau)
Impact: (must be completed)

Is EIA Required and included with this paper	
<p>Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed</p>	<p>Choose an item.</p> <p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
<p>Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working</p> <p>https://futuregenerations.wales/about-us/future-generations-act/</p>	<p>Choose an item. Choose an item.</p>





Quality Report for Board

MARCH 2025





Section 1



Pillars of Quality



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

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

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

PATIENT AND STAFF EXPERIENCE AND STORIES

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

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

COMPLAINTS, CONCERNS AND COMPLIMENTS

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

INFECTION PREVENTION AND CONTROL

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

INCIDENT REPORTING

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

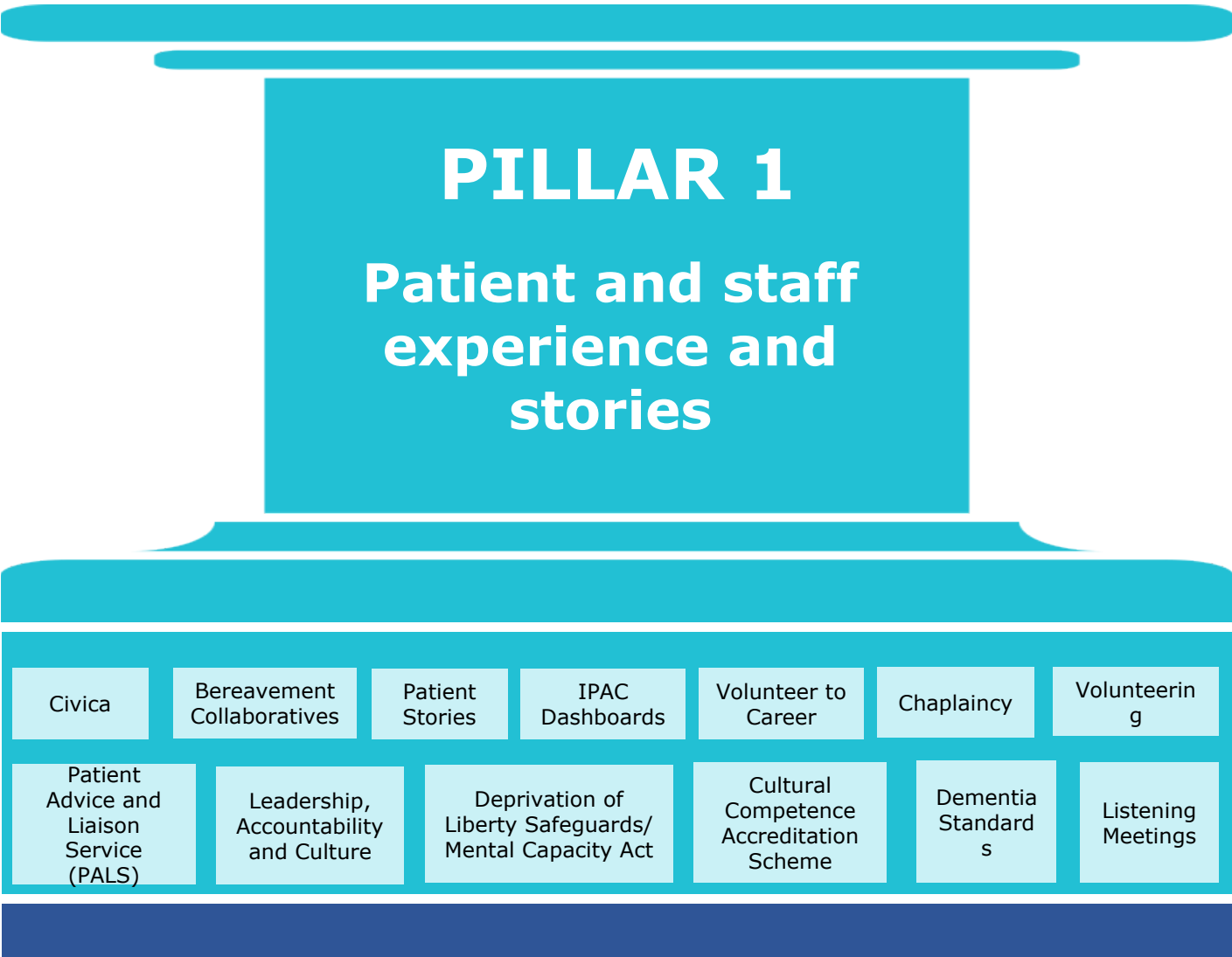
Our commitment to staff is to have a **just** culture, where staff feel safe to report concerns, incidents and near misses, knowing this will result in a timely, fair, comprehensive investigation. Our incident reporting system 'Datix' is a key component in providing insights to data gathering and learning

HEALTH, SAFETY AND SECURITY

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

SAFEGUARDING

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



CIVICA Patient Experience Feedback April 2024 – January 2025

All Surveys

6068 responses	90% satisfaction
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Person Centred Care (PCC) Survey

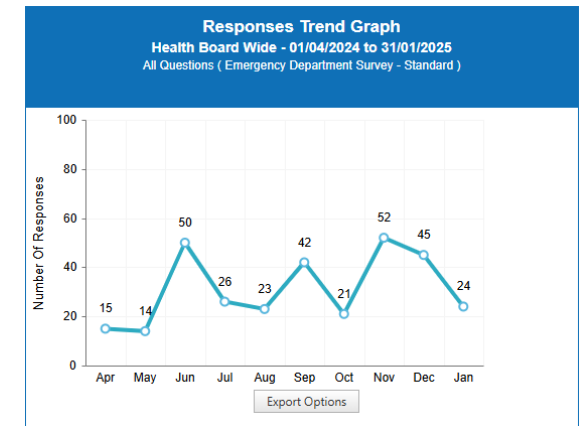
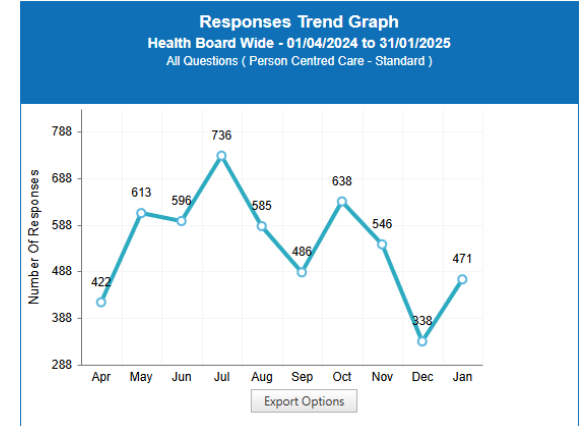
5431 responses	91% satisfaction
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Emergency Department Survey

312 responses	69% satisfaction
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**Response Trend
Person Centred
Care**

**Response Trend
Emergency
Department**

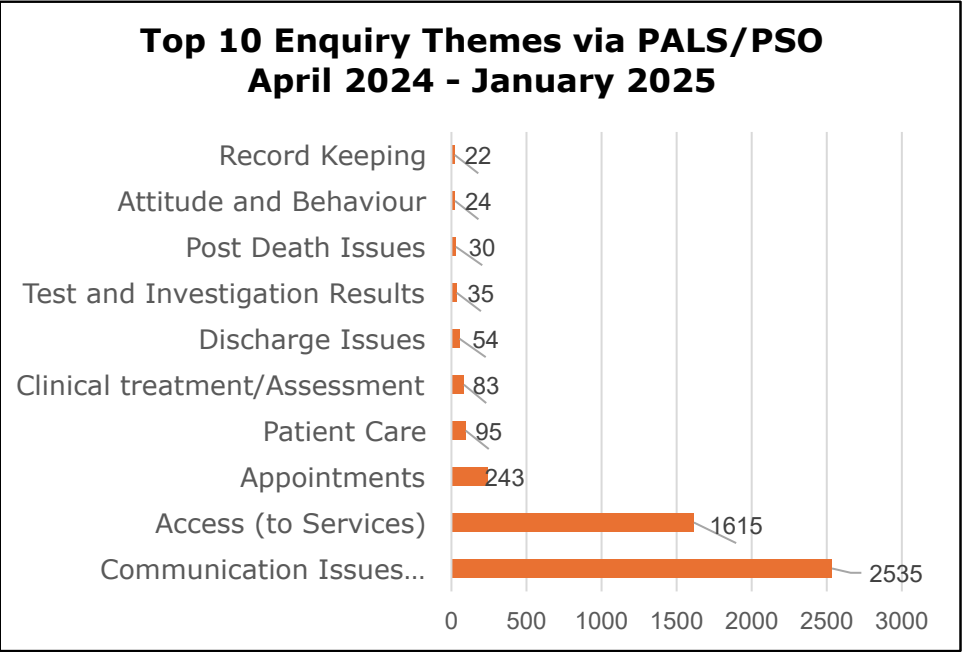
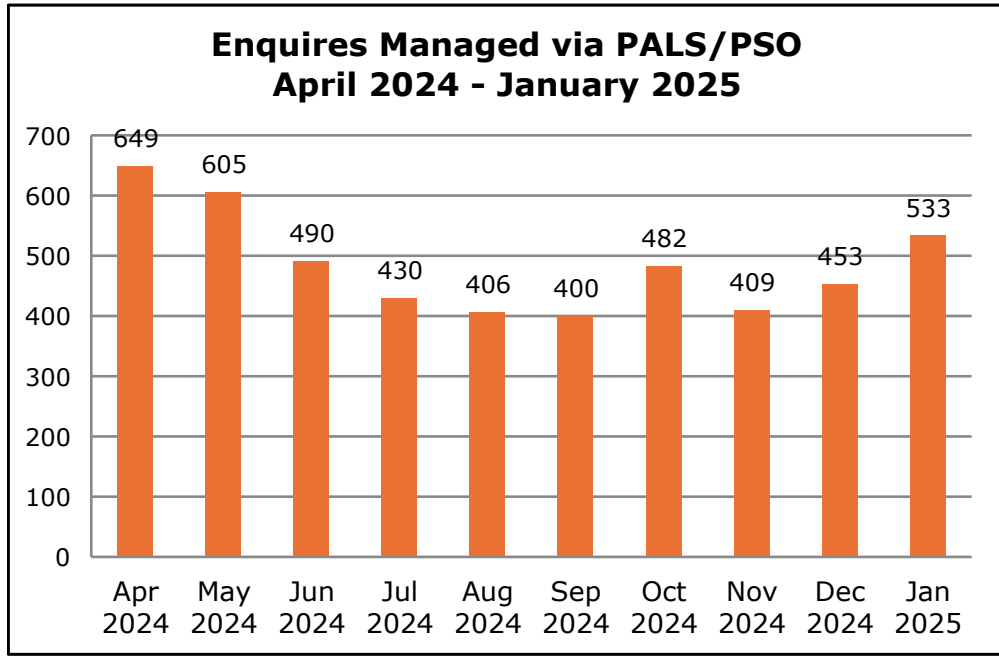


Patient Experience Feedback Update: January 2025

- Feedback numbers have marginally increased after the decline seen in December 2024. July 2024 still remains the best month to date (759 responses). There is a noticeable decline in feedback number for the Emergency Department Survey for January compared to November and December.
- Each month, new areas start to collect feedback for the first time, although a number of locations still have no feedback even though they have been live for some time – Divisional support is required to embed the feedback system to all areas live.
- Completion of surveys still limited to QR code or paper, however the last two months has seen a higher completion by QR vs paper. Work to implement SMS is underway (initially for ED and MIU) although this will not be February 2025 as previously shared but now planned for early March. Currently going through testing. Communications are ready to share with staff, patients and the public.
- Focus on SMS implementation has stalled the Health Board wide rollout due to single resource, however each month new areas do get added.
- CIVICA captures a large number of compliments. Where a response has been clearly written as a compliment these are currently being recorded on DATIX with the support of the PALS Team – shown on a later slide.
- A monthly (all Divisions) reports continues to be shared with the Facilities Team to highlight patient comments relating to these areas.
- Monthly Reports (all Divisions) are also now being shared for any comments around Dementia and/or specifically around the care of the elderly.
- A volunteer continues to support in YYF and has supported with the completion of 64 Surveys during Jan 2025.
- Jan 2025 Endoscopy specific survey launched.
- Training continues with two sessions a month.

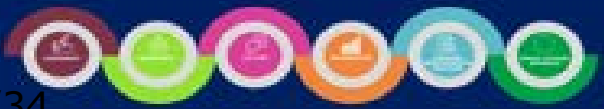


Patient Advice & Liaison Service



Enquires Overview: -

- **Average Number of Enquiries** - 486 per month. Although this is a significant number, it must be noted that due to a vacancy (July-Sept) and long term sick leave of a PSO (reduction of 43% of PSO hours since April 2024) this impacted on the number of enquiries being managed each month. When a PSO is not in, if in the office the PALS officers answer the phones. If the PALS officers are on the wards, the PSO phone goes to voicemail where callers are asked to leave a message and the calls are returned within 24 hours.
- **Top Theme** - Communication Issues make up for 53.5% of the total Enquires for April - January 2024.
- **Main enquiries** - Relate to lack of updates regarding Emergency Admissions. This is something the PALS, and especially PSO's, deal with on an hourly basis.

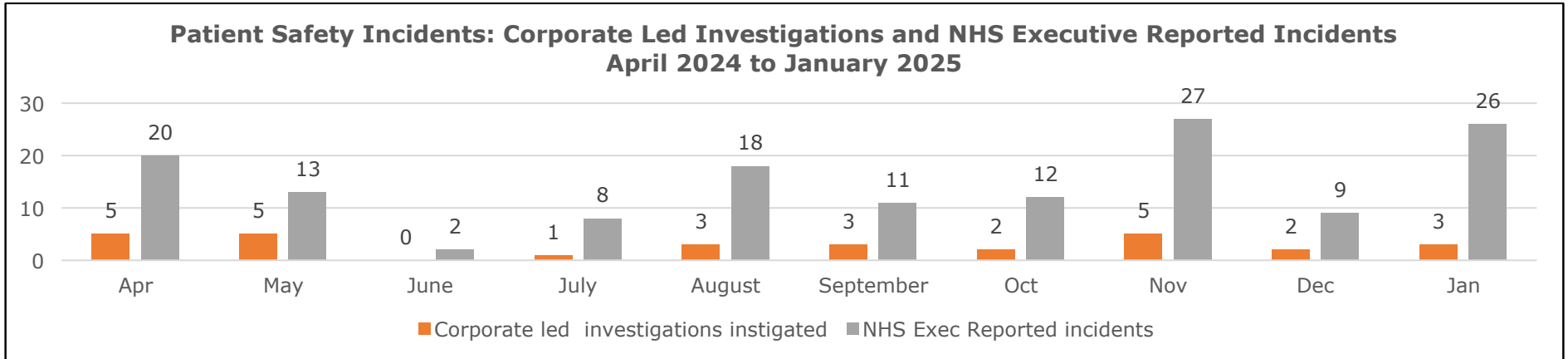


PILLAR 2

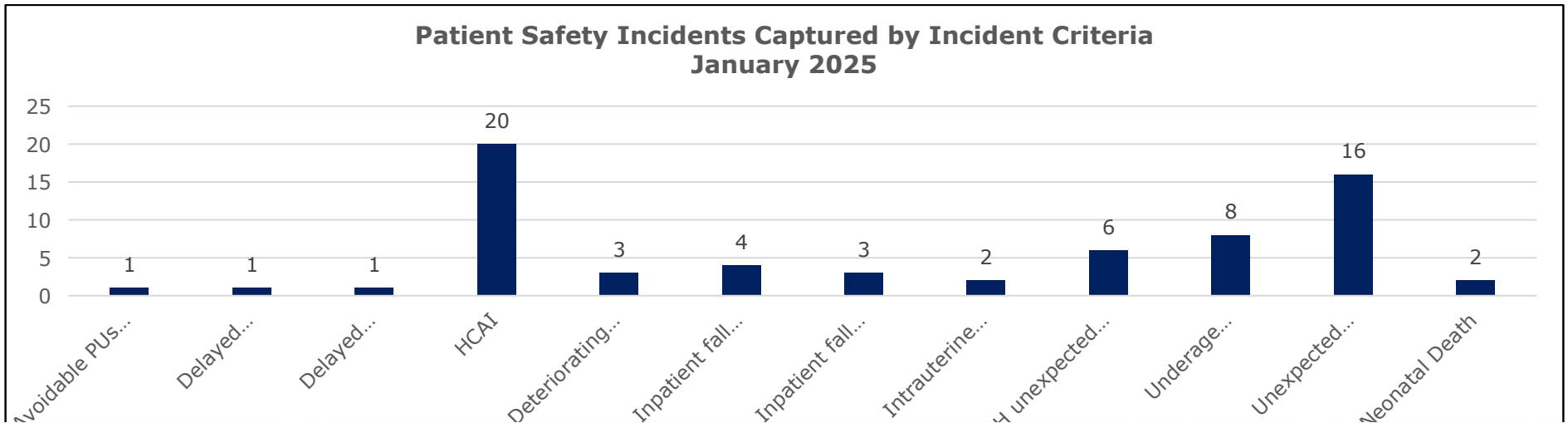
Incident Reporting, Falls,
Pressure Ulcers,
Medicines Management
and Mortality

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

Patient Safety Incidents

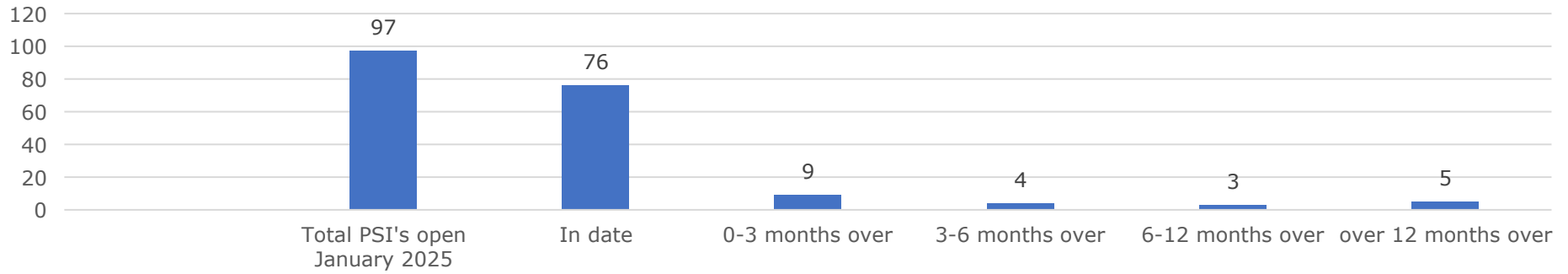


- **26** incidents in January met the NHS Executive reporting criteria.
- **67** Patient Safety Incidents (PSI) met the criteria for either Corporate or Divisional led Investigation were identified during January 2025.



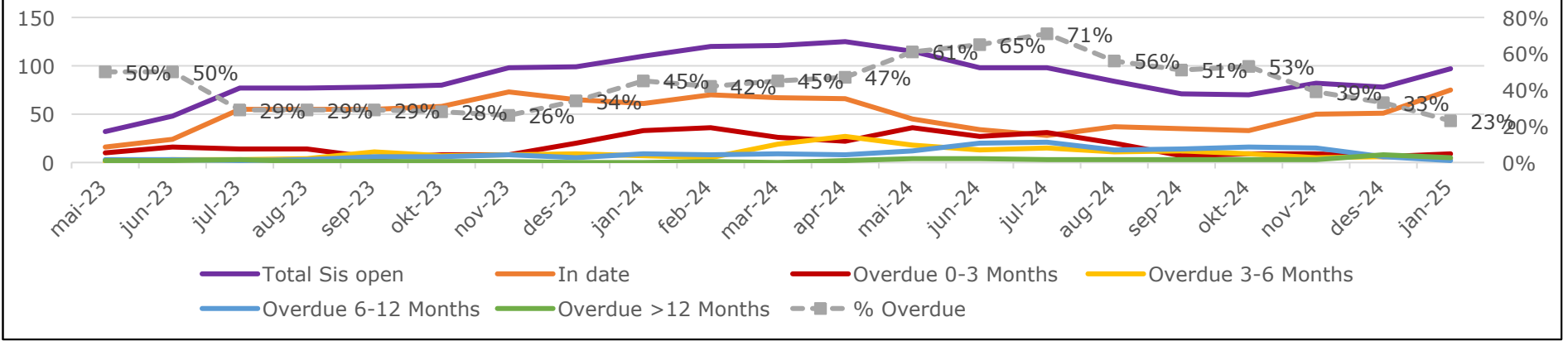
Open NRIs

Open Reported NRIs as of 31 January 2025



The top graph shows the number and status of compliance for open NRI's as of the end of January 2025. The lower graph shows the NRI compliance over time for comparison. Overdue NRIs decreased from **71%** (July 2024) to **23%** (January 2025) which is a **48%** improvement. There continues to be a focus on the management of the PSI process.

Health Board Wide PSI Run Chart



PSI Team Updates

- Overdue NRIs decreased from **71%** (July 2024) to **23%** (January 2025) which is a **48%** improvement. There continues to be a focus on the management of the PSI process.
- The PSI team are providing additional training for Investigating Officers assigned to a PSI and are intending to restart IO training in April 2025.
- The PSI has recruited a new band 7 Patient Safety Incident Manager
- The PSI Team continue to run drop-in virtual training sessions for Investigating Officers to provide support and discuss any concerns.
- The PSI Team meet weekly with the Divisional Quality & Patient Safety (QPS) Teams to discuss PSIs, Medical Examiner Cases, and any incidents awaiting harm reviews. This initiative aims to help Divisions monitor their progress and ensure adherence to incident reporting standards.
- Bespoke strategy meetings chaired by a clinical executive for complex and potentially challenging incidents, are proving to be successful in progressing investigations appropriately.

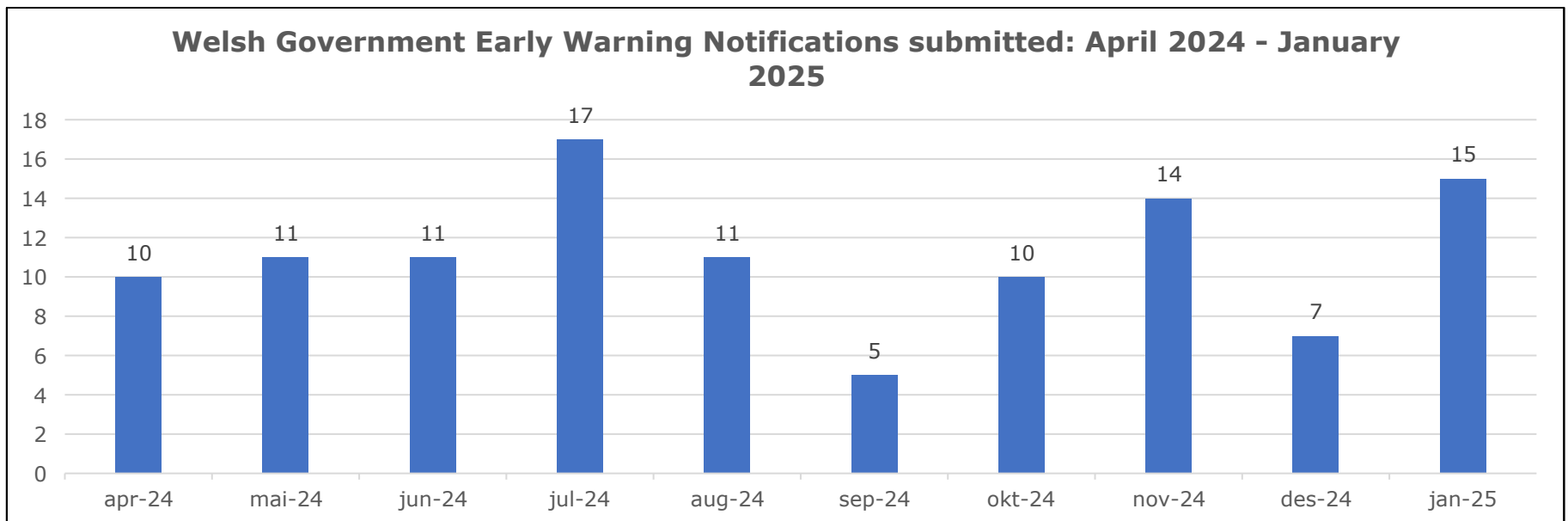
Never Events – January 2025

There were no Never Events recorded in January 2025. Work remains ongoing across the organisation with improvement and prevention of such occurrences.



Early Warning Notifications

There were **15** Early Warning Notifications (EWNs) reported to Welsh Government (WG) in January 2025. EWN are managed through the Health Board processes.

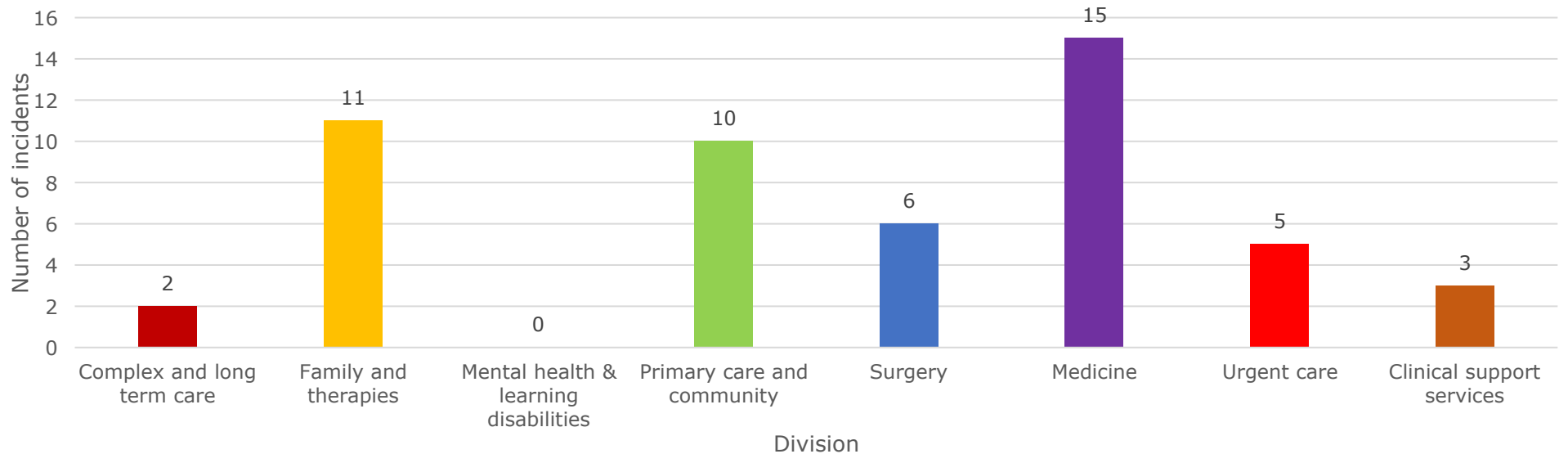


Duty of Candour

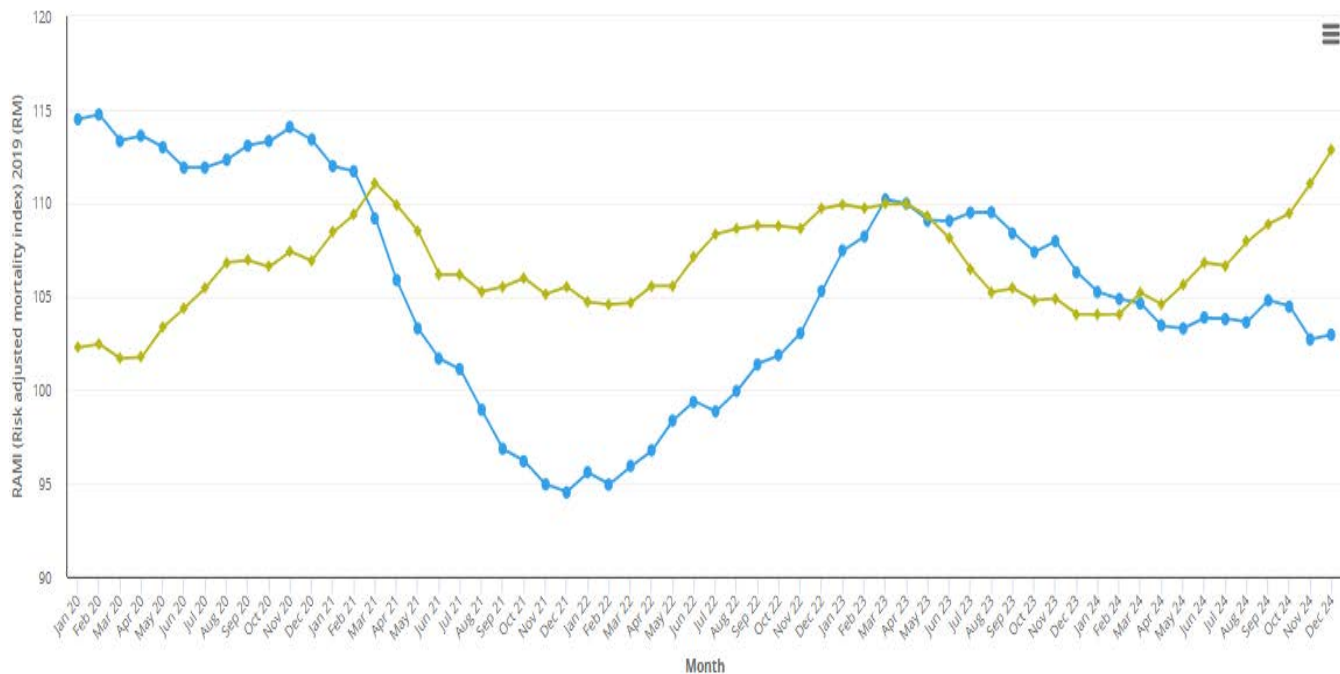
Between April 2024 and January 2025 there were **22294** incidents affecting patients reported on the Datix Cymru system. This is in comparison to **21570** incidents for the same period in 2023/24.

There have been **52** incidents that have triggered Duty of Candour. *This figure is based on the question - **Was Healthcare provided a factor?***

Incidents which have triggered Duty of Candour: April 2024 to January 2025



RAMI/ Crude Mortality in Hospital



RAMI has dropped below the All Wales peer but continues to vary.

Crude mortality and the mortality rate are flat and consistent.

Individual mortality reports will enable Directorates to undertake deep dives in high mortality specialties.

Blue - ABUHB
Yellow - PEERS (All Wales)

Inpatient Falls



I Chart

Total Number of Falls Across the health Board (over a rolling 2 years)



I Chart

Falls/ 1000 Occupied Beds Days Across the Health Board (over a rolling 2 years)



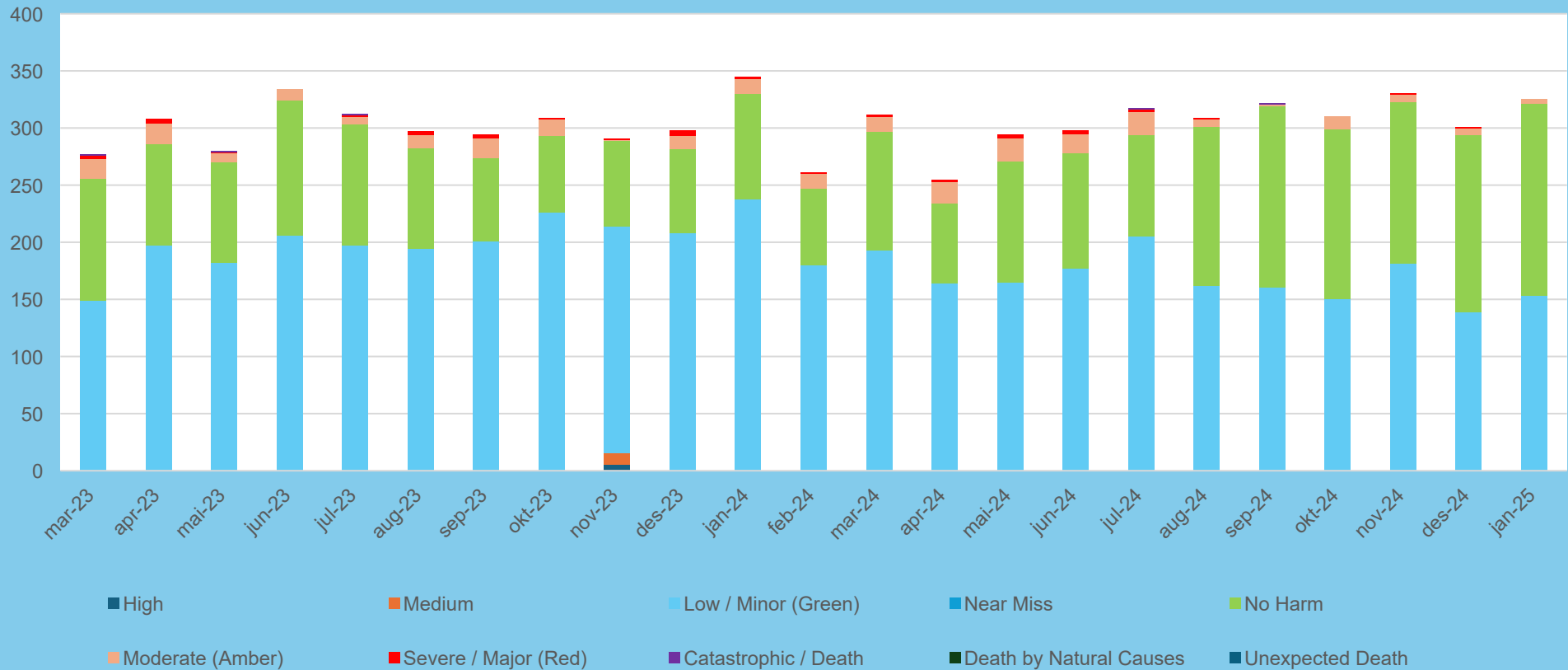
The data used in this chart has been retrieved from RLDatix.

The data represents the collective information for ABUHB and refers to the total numbers of reported falls incidents up to Feb 24.



Inpatient Falls Severity of Harm

Number of Inpatient Falls by Severity



Definitions	What the chart tells us	Variation
<p>Reported fall incidents in Aneurin Bevan University Health Board (ABUHB).</p> <p>This data was retrieved from RLDatix as the information source.</p>	<p>Of the total numbers of falls incidents reported for which the severity of harm is categorised up to January 2025.</p>	<p>The severity data is reflective of the identified level of harm recorded post investigation.</p>

The data represents the collective information for ABUHB and refers to the severity of reported falls incidents up to January 2025.



PILLAR 3

Complaints, Concerns and Compliments

QPSE
Dashboards

PTR
Regulations

Patient and
Staff
Feedback

Complaints –
Themes and
Learning

PSOW –
Themes &
Learning

Psychologica
l Safety

Leadership,
Accountability
and Culture

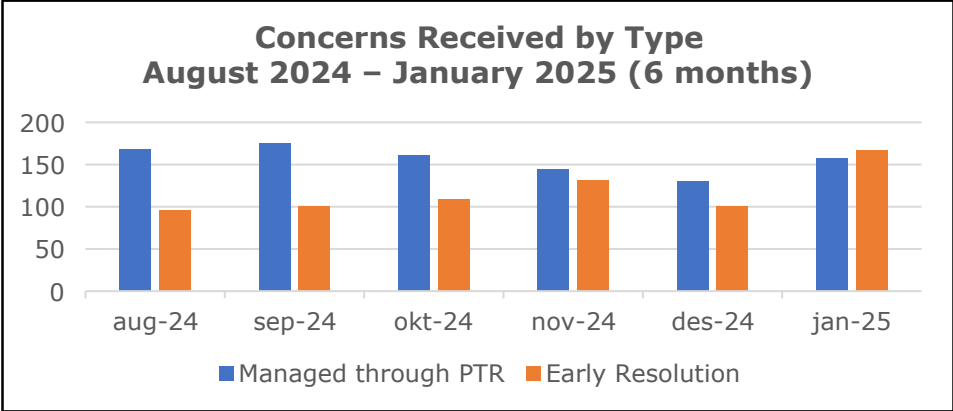
Collaborative
Forums

Staff Training
and
Mentorship
(IO)

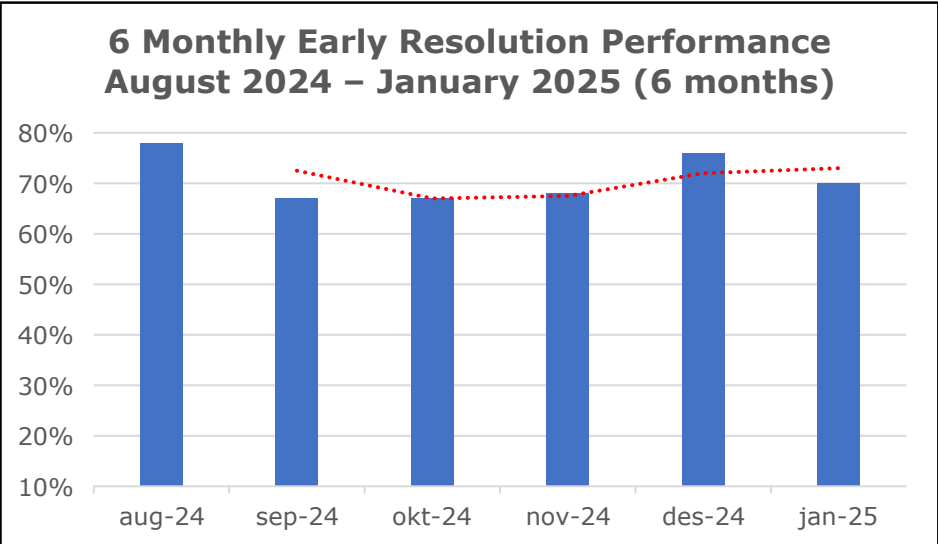
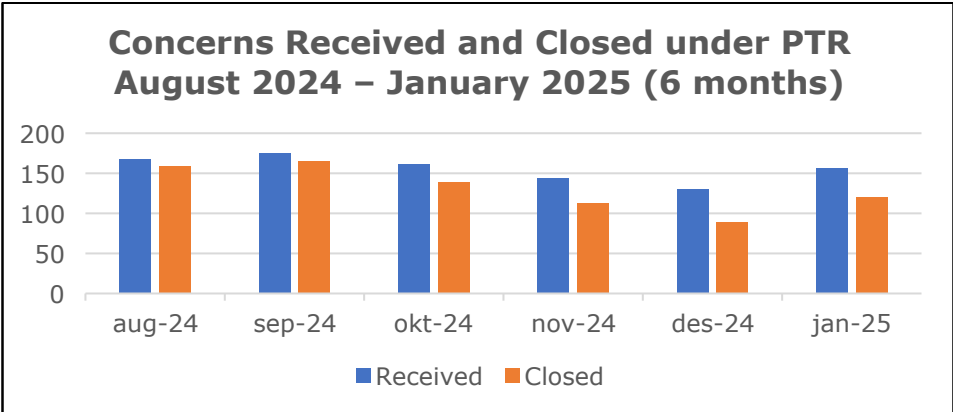
Early and
Regular
Contact

Speaking
up Safely

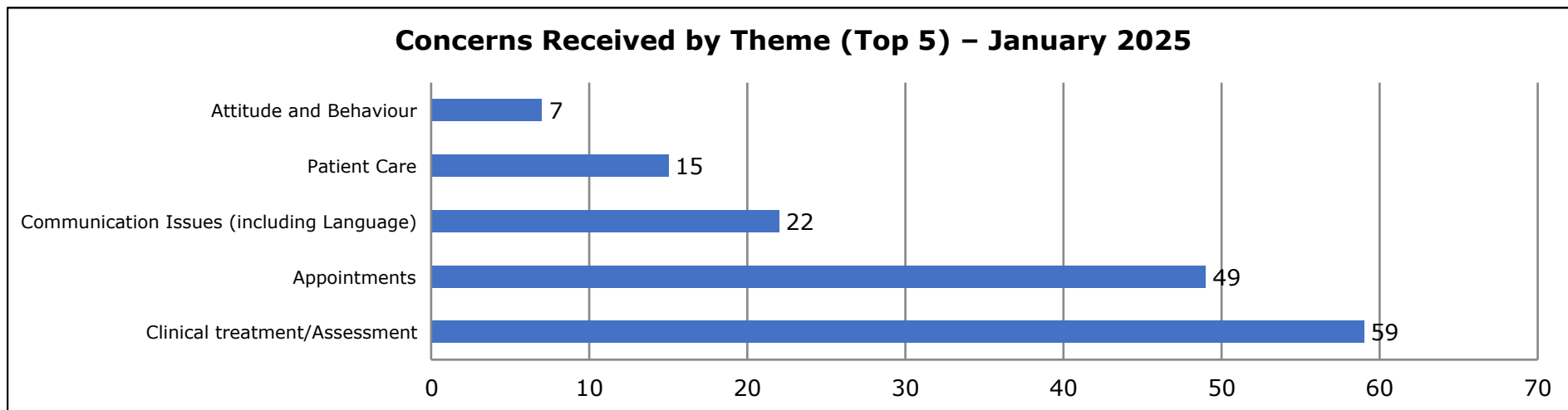
Complaints Performance



The Health Board saw a significant rise in the number of concerns received during January, whilst not unexpected due to the recognised pressures across the system and the Health Board. This has had an adverse impact upon compliance. However, the focussed work to address and close overdue concerns has had a positive impact, with a 23% decrease in the number of 6 months + open concerns compared to this time last year. Early Resolution averaged 71% over the last 6 months.



Complaints

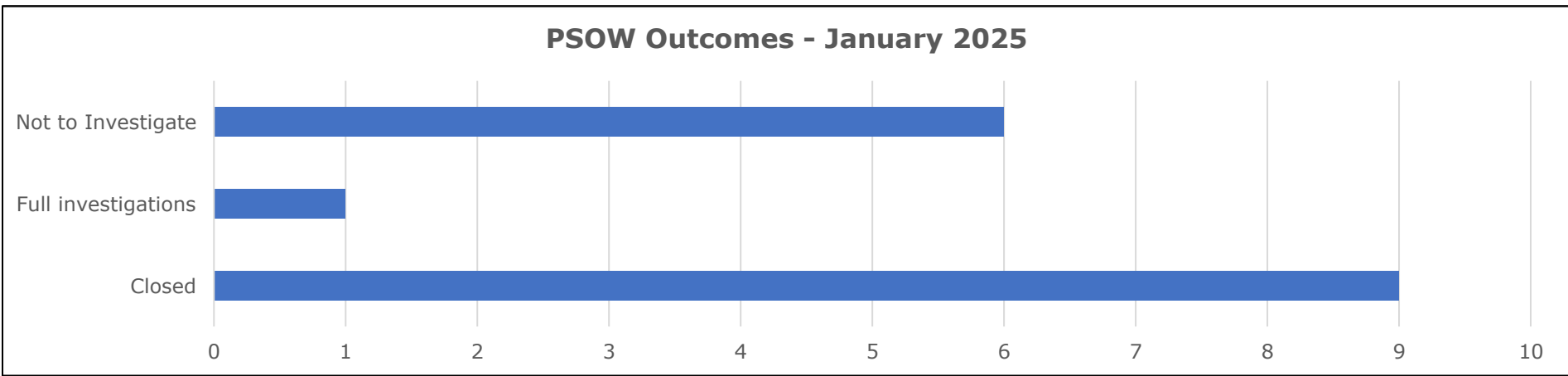


- During January 2025, the Top 5 themes remain unchanged.
- There is a focussed piece of work on Planned Care with additional activity to try and recover backlog.
- We have introduced Communication Standards throughout the Health Board. These standards set the expectation for communication, including regular and meaningful contact from the outset. This is also being supported by targeted work to ensure that concerns that can be managed as Early Resolution are being accurately identified from the outset. Similarly, definitions are being formalised in relation to enquiries/Early Resolution/concerns – in order that these are managed and/or signposted appropriately. Elements of this work already undertaken saw a significant decrease in the open concerns.
- A collaborative and pro-active approach with divisions has already resulted in several positive changes regarding the management of concerns at an early juncture.
- Targeted meetings to set actions and escalation, ensuring that the oldest concerns are being moved through the system via the appropriate channels in order to bring resolution to complainants.



Ombudsman (PSOW)/Regulation 28

PSOW Outcomes - January 2025



Learning and Completed Recommendations

Of the 6 settlements across this period, 50% resulted in financial payments.

- January 2025 saw **6** not upheld reports.
- **9** cases were closed and **1** new investigation opened.
- The Health Board received notification of 1 upheld report, the theme identified was delay in providing pain medication. The PSOW has made a number of recommendations. These have been agreed to be undertaken by the Division and evidence will be supplied to the PSOW in due course.



PILLAR 4

Health, Safety and Security





Health and Safety Statutory and Mandatory Training:

At end of February 2025 training compliance for the Health Board was reported as the table below. A programme of manual handling training is being implemented in April 2025 and the target is to increase compliance for high risk areas to at least 85% by December 2025.

Health & Safety	86.7%
Fire Safety	82.9%
Violence & Aggression	86.0%
Manual Handling	69.8%

Health and Safety Training for Senior Leaders

Members of the Executive Team have completed the IOSH Safety for Executives and Directors training

Health and Safety Policies:

A planned programme to review all existing health and safety policies has been developed. The plan will focus on the policies that overdue review.

Policy compliance will be significantly improved in Q1 2025/26.

Violence Prevention & Reduction Strategy:

The Health Board are currently developing a Violence Prevention & Reduction Strategy. The strategy will identify key goals for the Health Board.

The strategy will be published in Q1 2025/26.

Health and Safety Executive Engagement:

There has been no further engagement with the HSE during Q3 2024/25.

The Health Board have two active cases with the HSE, both relate to fatal patient falls reported in accordance with RIDDOR.

South Wales Fire & Rescue Service Activity:

The Health Board have complied with the requirements of the two enforcement notices relating to fire safety at Residences at Nevill Hall Hospital (Gerylyn and Bron Haul).



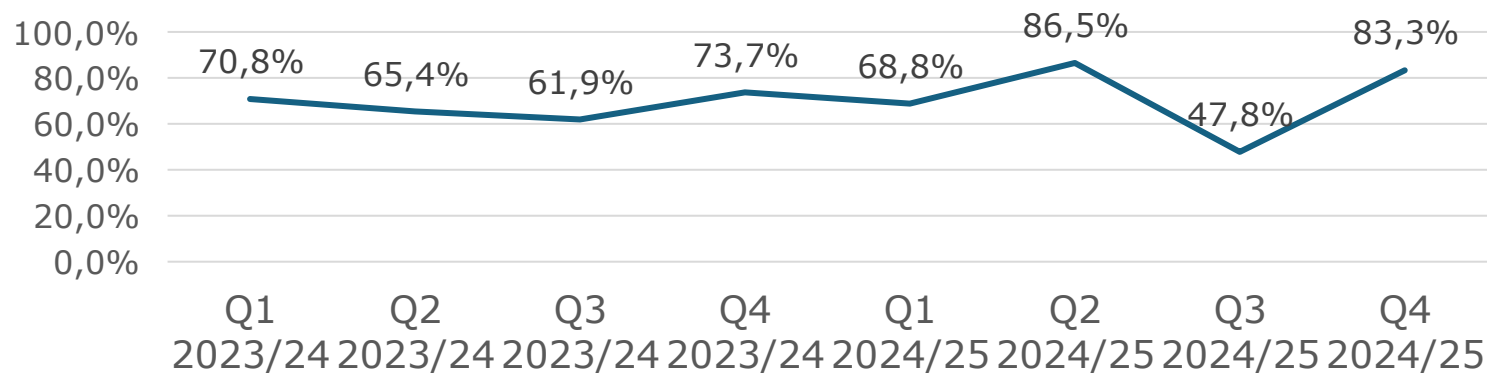


Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

During Q4 (January and February 2025) the Health Board have reported **6 incidents** to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

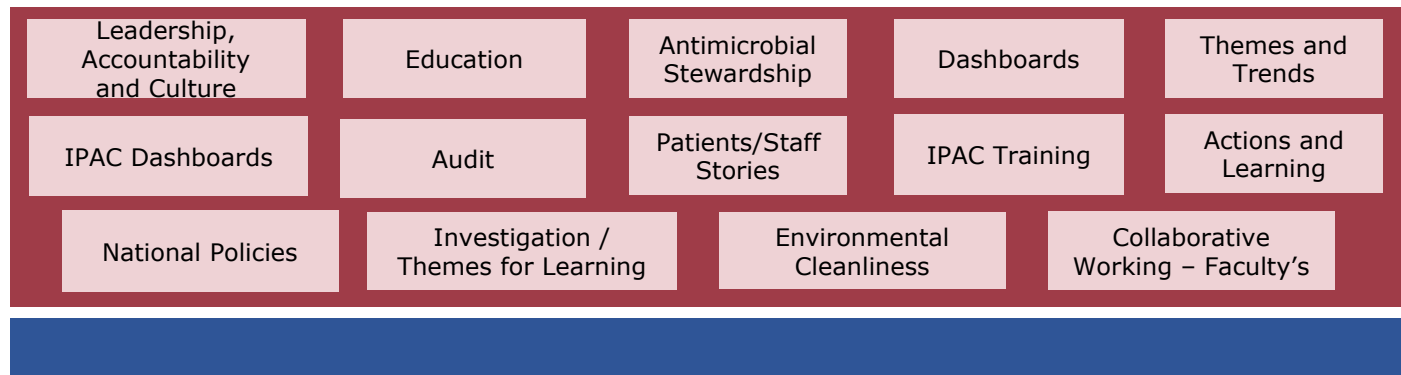
83.3% of these cases were reported within the legal timeframes within the legislation.

This is a significant increase on the previous quarter



PILLAR 5

Infection Control and Prevention



Infection Prevention & Control Healthcare Associated Infections

All Wales Comparison

Current count of cases for FY 24/25

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	239	14	145	318	101	37
Betsi Cadwaladr UHB	297	11	139	447	119	19
Cardiff and Vale UHB	179	8	147	236	107	34
Cwm Taf Morgannwg UHB	142	8	104	291	92	11
Hywel Dda UHB	164	9	101	305	87	20
Powys THB	22	0	1	2	0	0
Swansea Bay UHB	236	4	103	191	99	15
Velindre NHST	4	1	2	10	8	0
Wales	1283	55	742	1800	613	136

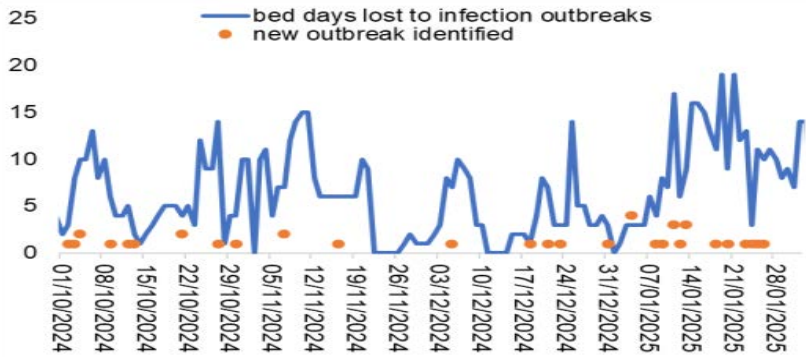
Rate per 100,000 population

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	48.2	2.82	29.25	64.14	20.37	7.46
Betsi Cadwaladr UHB	51.48	1.91	24.09	77.48	20.63	3.29
Cardiff and Vale UHB	42.23	1.89	34.68	55.68	25.24	8.02
Cwm Taf Morgannwg UHB	38.15	2.15	27.94	78.17	24.71	2.95
Hywel Dda UHB	50.8	2.79	31.28	94.47	26.95	6.19
Powys THB	19.6	0	0.89	1.78	0	0
Swansea Bay UHB	73.42	1.24	32.04	59.42	30.8	4.67
Velindre NHST						
Wales	48.87	2.09	28.26	68.56	23.35	5.18

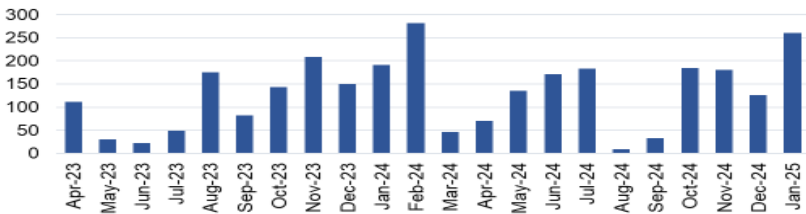
Infection Prevention: Bed Days Lost

Issue

Total ward closures due to infections Apr 24 – Jan 25:
 19 wards due to C difficile (January = A4 & 3/4)
 22 wards due to Norovirus (January = C4, C5W Gwanwyn, 3/4, D6E
 Ruperra, C5E Penhow, 4/2, Sycamore, Casgwent, Oak, D1W, 3/1, D4E)
 3 wards due to Influenza (January = Sycamore, Tyleri, Ty Cyfannol)



No of bed Days Lost to Infections
 Apr 2023 - Jan 2025



Actions

C difficile

- Outbreak control meetings convened
- Incidental finding due to increase of norovirus on ward 3-4
- No Geno sequence links

Covid-19

- Promoted covid safety measures
- Enhanced cleaning of touch point areas
- Patients cohorted on a like for like infection

Norovirus

- Enhanced cleaning
- Rapid isolation/cohort of affected patients
- Visitors notices – not to visit if unwell
- Wearing appropriate PPE including masks
- Removed alcohol hand gel & promoted hand washing with soap & water

Influenza

- Risk assess staff working with symptoms
- Wards closed to transfers & discharges

Learning & Improvement

C difficile

- Compliance with fundamental IP

Covid-19

- Poor ventilation
- Symptomatic visitors

Norovirus

- Shared facilities
- Lack of isolation cubicles
- Less impact on staff as been wearing face coverings

Influenza

- Unable to isolate MHL D patients

Introduced mask wearing in the clinical area across the Health Board, resulting in fewer staff becoming affected.

Established Silver Command Group to identify emerging risks and timely solutions, escalation to exec team for decision making.



Respiratory

Covid-19

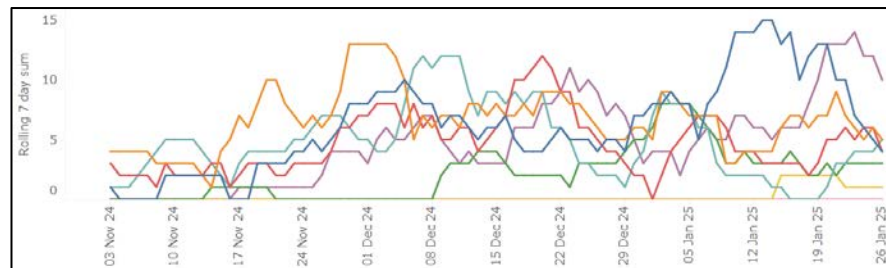
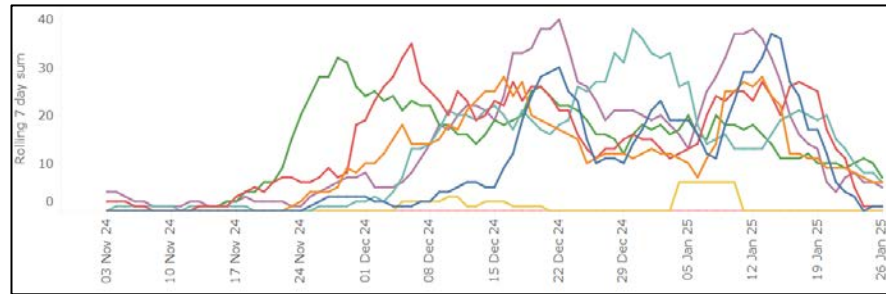
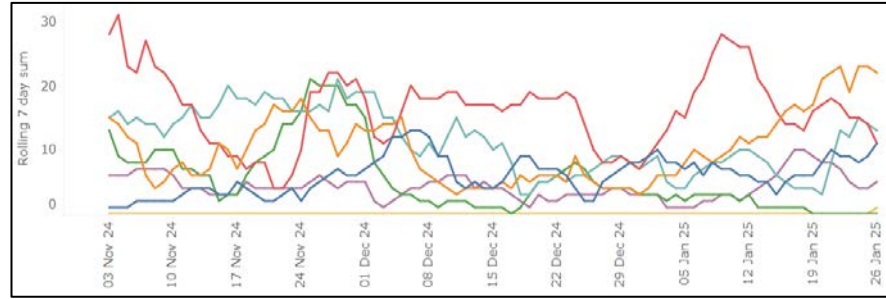
0 full ward closures.
 Bay C on D5W – monitoring
 Continue to promote patient placement
 Point of care testing within assessment
 areas to support risk assessment

Influenza

0 full ward closures
 As above
 Ongoing promotion of vaccine

RSV

0 full ward closures
 3 bay closed with 10 patients
 affected at RGH
 Promoted respiratory precautions



- Aneurin Bevan UHB
- Betsi Cadwaladr UHB
- Cardiff and Vale UHB
- Cwm Taf Morgannwg UHB
- Hywel Dda UHB
- Powys THB
- Swansea Bay UHB
- Velindre NHST



PILLAR 6

Safeguarding

Policy/SOP

Leadership,
Accountability and
Culture

Level 1, 2 and 3
Training

Safeguarding
Supervision

Practitioner
Concerns

Partnership
Working

Domestic Abuse
and Sexual Safety

Statutory Reviews



Training Module	Compliance %
Adult Safeguarding Level 1	82%
Children's Safeguarding Level 1	82%
Adult Safeguarding Level 2	82%
Children's Safeguarding Level 2	82%

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

All training for Safeguarding Level 1 and 2 is up until February 2025.

Level 3 Children's and Adults training continues to be a challenge and further work is required across the Health Board to ensure that this is mandated to staff appropriately via ESR and that compliance data can then be analysed. A final list of staff has now been identified and the ESR team are in the process of uploading this to the system.





	Quarter 1			Quarter 2			Quarter 3		
	2023/2024	2024/2025	Increase	2023/2024	2024/2025	Increase	2023/2024	2024/2025	Increase
Adult Duty to Report	72	102	41%	84	90	7.5%	98	145	48%
Children Duty to Report	963	1090	13%	928	1116	20%	971	999	3%

Refresh Of Safeguarding Strategic Meetings

Over the last twelve months the Corporate Safeguarding Team, supported by leaderships from Divisions, has firmly embedded the Strategic Safeguarding Group, which has met regularly and been well attended. As a result of its success, it has been noted that work needs to be supported by sub groups, in order to manage the growing agenda.

In light of the above, it has been agreed that the following Sub Groups will be formally introduced in January 2025:

- Safeguarding Adults Operational Group
- Safeguarding Children and Transitional Safeguarding Group
- Practitioner Concerns Steering Group

Both Children and Adult Groups will have a focus on Policy Development and embedding learning from Statutory Reviews.

Each of the Groups will be meeting quarterly and will provide a formal report to the Strategic Safeguarding Group, which is Chaired by the Executive Director of Nursing and Vice-Chaired by the Deputy Director of Nursing.





Quality Improvement Capability Strategy: Embedding Quality Improvement into Everything we do - 2025 – 2028

- The approach has been supported by AB Executive Team and the Public Board in November 2024
- Board Development Session – October 2024
- Discussion as part of workshop facilitated with Maxine Power – January 2025
- QI Capability Strategy presented to Paned Q – Welsh Q Community Members, Jan 2025

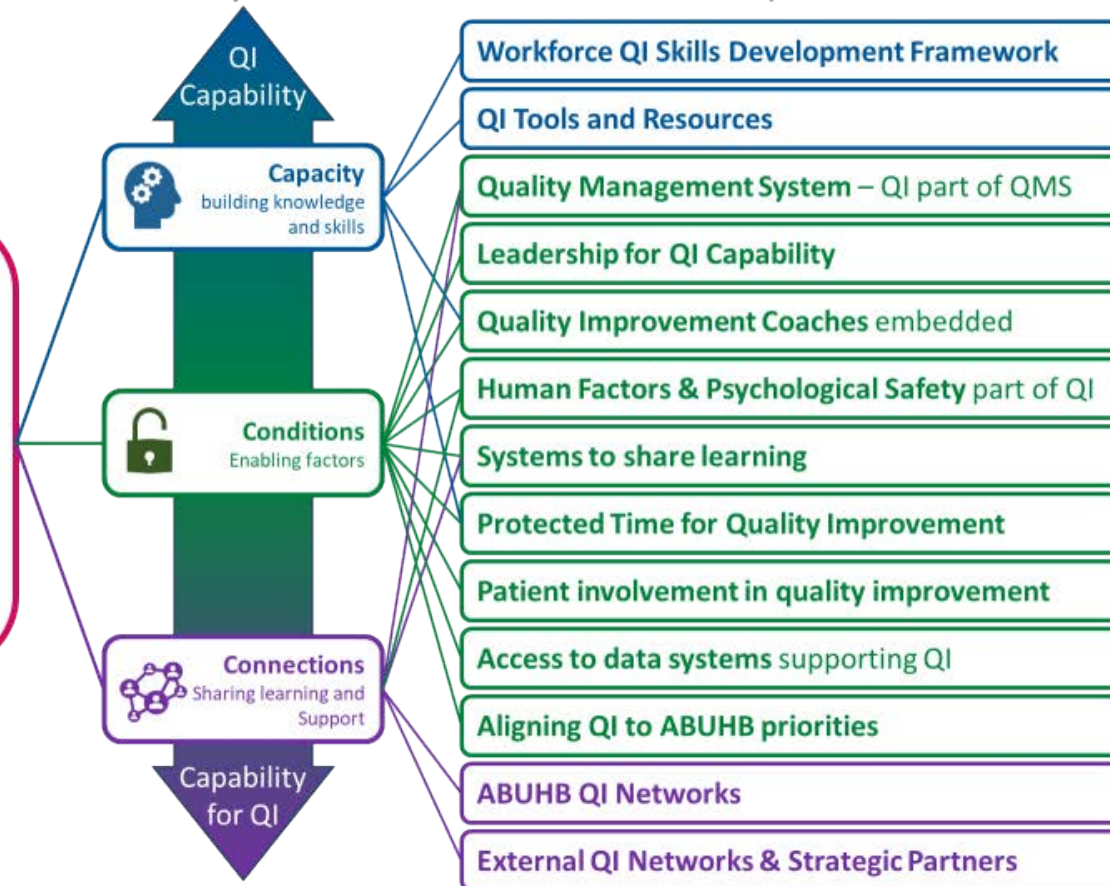
ABUHB QI Capability Driver Diagram

**QI is the AB way:
Embedding Quality Improvement into Everything we do**

Outcome

Primary Drivers

Secondary Drivers





Workforce QI Skills Development Framework

PocEd QI Training (virtual) – 2 half days - QI method/tools

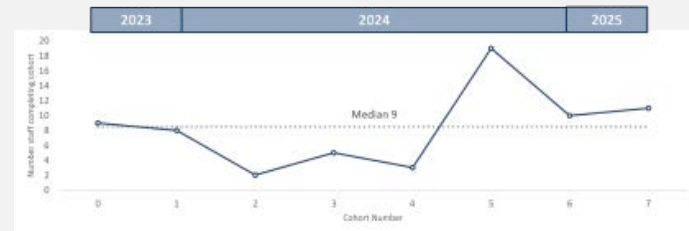
- 349 Staff undertaken training in total
- 32% increase, 102 trained during 2024



PocEd Measurement Training (virtual) – 1 half day

Time Series Data, includes Runcharts and Control Charts (SPC)

- 67 staff trained in total over 8 cohorts



Quality Improvement Coaches embedded

Quality Improvement Coach Programme (face to face) –

4 days total, very interactive, experiential programme.

Coaches sign up to undertake half day coaching each month.

- Cohort 2 started February 2025 with 3 cohorts set for 2025
- 31 coaches in total have completed the programme (inc. 3 external candidates). Further 6 in process.

Aim 'unleash a million minutes of QI Coaching over next four years' 15,280/1000,000 minutes of QI Coaching delivered

Next steps: Divisions to support QI Coach protected time.

Agree methods to prioritise QI work and coach allocation.

Leadership for upcoming Safe Care National streams of work.

Quality Management System QI Part of QMS

Ward Accreditation Programme

- Working with Ward/Team Accreditation Programme to develop QI Maturity matrix aligned to Accreditation Levels. Moving from single project to embed QI into practice.





The Safe Care Partnership (SCP) is a collaboration Wales Health Boards, Trusts, Improvement Cymru within HS&I (NHS Executive). The aim of the SCP is to provide nationally coordinated, locally delivered support for safe, reliable and effective care supporting national collaboration and cross boundary learning.



The Safe Care Partnership (SCP) – Next Steps Acute Deterioration Workstream

The initial phase of this work will be implementation by all health boards and trusts of standardised early warning scores across all ages, supported by the Acute Physical Deterioration Implementation Network (APDIN). Improvement science will be employed to improve the response to - and escalation of - the deteriorating patient and to trial models for patient and family escalation that will enable delivery of Call 4 Concern for all ages

The Safe Care Partnership (SCP) – Next Steps Deconditioning workstream

Stakeholder attended a webinar in February to inform the selection of a cohort of projects that will be undertaken by teams throughout NHS Wales to identify and test improvements preventing aspects of deconditioning. Projects will be submitted for involvement Friday 14 March with work starting from May. You can [view the webinar here](#)

Duty of Quality Leaders Workstream

This workstream supports the delivery of effective quality management systems at organisational level, with a QMS learning network being convened and a national resource hub in development to support this. A co-design virtual workshop is being scheduled at the beginning of April to shape and focus the network to meet the needs of NHS Wales' organisations. The workstream will also include prototyping directorate/Care Group implementation, while staff development packages and Board development sessions are also planned.

New – Leading Quality and Safety Improvement Programme

by the new Leading Quality and Safety Improvement Programme, a programme that has been designed using extensive feedback from across NHS Wales.

Designed for all professions and grades involved in leading improvement, the programme uses the IHI SREC Framework as its foundation. The programme will empower NHS Wales leaders at all levels with the knowledge, skills and strategies to foster and sustain a culture of service safety and continuous improvement, ensuring the consistent delivery of high-quality services.



DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – January 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance and Procurement
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of January 2025 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 31st January 2025,
- The Health Board’s underlying financial position,
- The cash position,
- Public sector payment policy performance,
- The Capital position, and
- Month 10 Welsh Government Monthly Monitoring return.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, as at the 31st January 2025 (month 10) for the financial year 2024/25.

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

Jan-25

Performance against key financial targets 2024/25

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Year-end Forecast	Movement
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	(64)	7,221	7,356	
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. <i>This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.</i>	£'000	5,870	44,391	0	
	£67,445	8.7%	65.8%		
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)	%	96.9%	97.7%	>95%	

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

Underlying Financial Position (Brought Forward ULP)	21/22	22/23	23/24	24/25 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£20.914m Deficit	£89.6m Deficit	£81.4m Deficit	£14.5m Deficit

As at Month 10, ABUHB is reporting a year-to-date deficit of **£7.221m**, with a forecast year end deficit of **£7.356m**. The Welsh Government letter dated 2nd December 24 notified the Health Board of additional funding totalling £40.5m; £9.5m issued recurrently to support ongoing operational pressures, and a further £31m also issued on a recurrent basis but conditional on the Health Board delivering against objectives specified within the letter. The Health Board has anticipated the total funding of £40.5m on a recurrent basis, reflected the year-to-date impact in the reported position, and adjusted the underlying and forecast positions accordingly.

There remain risks associated with this forecast position, particularly full achievement of saving opportunities, prescribing / drug cost growth, receipt of anticipated allocations and operational demand & workforce pressures.

The 2024/25 forecast of £7.356m is consistent with the revised Welsh Government control total following the additional funding of £40.5m. The Health Board is expected to achieve the control total as a minimum.

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

Cefndir / Background

Key points to note for month 10 include:

- Year to date position is a deficit of **£7.221m** with a reported full year position of **£7.356m deficit**
- Income at month 10 included anticipated funding for a number of areas in particular, CHC real living wage (£4m), and outstanding pay award funding (£30.2m). *(Funding for CHC and pay awards was subsequently received in full from Welsh Government post-month end.)*
- Pay expenditure within the Health Board increased by £1.5m compared to December. Variable pay was £6.8m in-month which was an increase of £0.7m compared with the prior month. The net increase in total pay is attributable to the additional pay award impact for January with regards to the new incremental point for grades Band 8 and above (including backpay), Intensity Banding arrears, Locum arrears and Strike Cover arrears, increases in variable pay across Bank and Agency (£0.5m), offset in part by salary overpayment recoveries in-month (net £0.9m). Operational pressures including enhanced care (including for RNs & RMN's), sickness and vacant posts continue to cause a pressure on the Health Board position.
- Non-pay expenditure (excluding capital adjustments) increased by £1.0m compared with December. Key movements in non-pay are in relation to additional funding and expenditure for South-East Wales Cataracts (£2m), recruitment costs for International nurses and Medical staff (£0.5m), offset in part by a reduction in spend on the Section 33 pooled budget with Caerphilly (£0.750m spend in prior month), and CHC reductions in spend in line with the savings profile.
- Savings – total annual plan savings were £40.5m with a current forecast delivery of £45.4m. The forecast delivery has increased by £1.2m due to recognition of the CTM LTA contract performance negotiation outcome (£1.7m), offset in part by reductions in the expected savings on Medicine beds (£0.2m), a reduction in Dental Patient Charges (£0.1m) and Mental Health CHC savings forecast reduction (£0.2m). Overall in-month achievement is £5.7m (YTD £35.2m).

At Month 10, the reported revenue position is a £7.221m deficit and the reported capital position is break-even. There are risks in achieving the reported forecasts.

The underlying financial deficit coming into the 2024/25 financial year was £81.4m, and the carry forward underlying deficit for 2025/26 was previously determined as £55m but was updated in November to **£14.5m** following notification from Welsh Government of additional recurrent (baseline and conditional) funding of £40.5m.

The underlying position for 2025/26 will be revised as part of developing the 2025/26 annual plan.

Asesiad / Assessment

- **Revenue Performance**

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

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

Annual Plan Forecast Deficit £48.9m

Following Welsh Government additional funding totalling £40.5m and the £1m reduction in forecast against the annual plan submission from Health Board actions enabled the Health Board to reduce the financial forecast to a deficit of £7.356m. In line with the revised control total for the Health Board. A summary of significant movements, updated to reflect in-month changes is as follows:

- CTM arbitration on base LTA case (£1.5m)
- CTM under-delivery at marginal rates forecast (£1.7m)
- Anticipated income for PADM's / Dispensing Dr's funding (£1.1m), Optometry contract funding (£1.1m), and international recruitment (£0.9m) – total £3.1m
- Resolution of CHC disputes (£2.3m)
- Additional prescribing costs above plan due to increased average price per item using August 24/25 PAR data (+£7.0m)
- Recognition of WHSSC current forecast over-performance (+£1.0m)
- Secondary care acute drugs (+£5.8m)
- Increase in forecast savings (£1.7m)
- Release of reserves held for unplanned pressures and investments (£1.3m)
- Review of balance sheet liabilities, in particular CHC and FNC growth assumptions (£1m)

- Non-recurrent benefits (£4.2m), including review of Agency liabilities (£0.8m), GMS enhanced service review (£0.9m), review of CHC growth assumptions (£1.2m), and VAT on lease cars (£0.6m)
- Net operational pressures in particular Gynaecology medical staff and Nursing maternity leave (+£2.0m)
- Welsh Government additional funding notified November 24 (£40.5m)

Annual Forecast Deficit @ Month 10 - £7.356m

The table below describes the updated position following the annual plan submission (31st of May) in further detail:-

Category	Plan submissions		Monthly reported position						
	March	May	Mth 4	Mth 5	Mth 6	Mth 7	Mth 8	Mth 9	Mth 10
Underlying deficit b/f (£m)	81.4	81.4	81.4	81.4	81.4	81.4	81.4	81.4	81.4
Cost pressures identified (£m)	59.8	59.8	59.8	59.8	59.8	59.8	59.8	59.8	59.8
WG discretionary funding (£m)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)	(51.8)
Identified savings (£m)	(29.1)	(34.4)	(40.5)	(40.5)	(40.5)	(40.5)	(40.5)	(40.5)	(40.5)
Pipeline opportunities (£m)	(11.4)	(6.1)	-	-	-	-	-	-	-
24/25 additional funding notified 2nd December 24							(40.5)	(40.5)	(40.5)
Sub-total deficit (£m)	48.9	48.9	48.9	48.9	48.9	48.9	8.4	8.4	8.4
CTM arbitration case benefit & revised performance	-	-	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)	(1.5)
CTM under-delivery at marginal rates				(1.4)	(1.4)	(1.4)	(1.4)	(1.4)	(1.7)
Dispensing Drs, International Recruitment and Optometry funding			(1.1)	(2.8)	(2.8)	(2.8)	(3.1)	(3.1)	(3.1)
Resolution of Community CHC case & MH CHC Case					(1.3)	(1.3)	(1.3)	(2.3)	(2.3)
Prescribing average price per item increase and NCSO				3.1	4.5	7.0	7.0	7.0	7.0
WHSSC forecast pressure (£m)			0.7	0.7	1.0	1.0	1.0	1.0	1.0
Secondary Care acute drugs					3.2	4.5	5.0	5.0	5.8
Increase in forecast savings				(1.2)	(1.5)	(1.5)	(1.0)	(1.0)	(1.7)
Release of reserves held for unplanned pressures and investments						(1.5)	(1.5)	(1.5)	(1.3)
Review of balance sheet liabilities						(1.0)	(1.0)	(1.0)	(1.0)
Non-recurrent benefits					(2.2)	(3.5)	(4.2)	(4.2)	(4.2)
Other net operational pressures including cover for maternity leave within Maternity (15 WTE), and other variable pay (+£1.0m). Plus increased enhanced care / agency in Medicine & Surgery.			0.9	2.1	1.0	1.0	1.0	2.0	2.0
Total deficit	48.9	48.9	47.9	47.9	47.9	47.9	7.4	7.4	7.4

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

Summary Reported position - January 2025 (M10)	Full Year Budget £000s	YTD Reported Variance - M10 £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	305,985	(495)	(149)	(346)
Prescribing	117,139	3,871	3,124	747
Community CHC & FNC	70,293	1,152	1,158	(6)
Mental Health & Learning Disabilities	146,204	(201)	353	(554)
Total Primary Care, Community and Mental Health	639,621	4,327	4,486	(159)
Surgery	148,762	8,183	6,265	1,918
Clinical Support Services	133,841	924	853	71
Medicine	171,965	4,351	3,351	1,000
Urgent Care	41,857	(94)	(108)	14
Family & Therapies	143,235	1,764	1,267	497
Estates and Facilities	95,338	(1,284)	(1,198)	(85)
Chief Operating Officer	9,790	(445)	(527)	82
Total Director of Operations	744,788	13,399	9,901	3,498
Total Operational Divisions	1,384,409	17,727	14,387	3,339
Corporate Divisions	101,326	(5,410)	(4,072)	(1,339)
Specialist Services	188,444	748	673	75
External Contracts	115,370	(2,461)	(1,989)	(472)
Capital Charges	50,561	(33)	(24)	(9)
Total Delegated Position	1,840,110	10,569	8,975	1,594
Total Reserves	15,082	(3,348)	(1,691)	(1,658)
Total Allocations	(1,842,620)	(0)	(0)	0
Other Corporate Income	(12,572)	(0)	(0)	(0)
Total Reported Position	0	7,221	7,285	(64)

Summary of key operational points for Month 10

- During January 2025, pay expenditure was £72.3m, an increase of £1.5m compared with December.
 - Substantive pay spend was £65.5m (December £64.8m).
 - Variable pay spend was £6.8m (December £6.1m).

Pay movements include:

- additional pay award impact with regards to the new incremental point for grades Band 8 and above (including backpay), Intensity Banding arrears, Locum arrears and Strike Cover arrears, offset in part by salary overpayment recoveries (net +£0.6m)
- increase in in Bank usage (mainly Registered Nurses), in addition to £0.1m increase in Agency costs (total +£0.7m)
- Non-pay expenditure (excluding capital adjustments) increased by £1.0m compared with December. Key movements in non-pay are in relation to additional funding and expenditure for South East Wales Cataracts (£2m), recruitment costs for International nurses and Medical staff (£0.5m), offset in

part by a reduction in spend on the Section 33 pooled budget with Caerphilly (£0.750m spend in prior month), and CHC reductions in spend in line with the savings profile.

- On-going acute secondary care drugs growth presents a significant pressure above planned levels and continues to increase the forecast (+£5m to date). Previous NICE indications within Haematology and Dermatology along with continued activity growth in Ophthalmology, Gastroenterology and Neurology contribute to this pressure. An analysis tool has been developed to enable the drill down of the reasons for the changes in the drugs spend, this has highlighted increased prices, increased volumes and new NICE implementations.
- Demand pressures for elective and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre-pandemic levels. There were 175 in-patients fit for discharge at the data capture point in January (201 in December). These are reported as 38 Health delays, 57 Social care delays and 80 Joint delays. The top 5 reason categories in relation to delayed days are as follows:

Awaiting extra care/ supported living availability	15.7%
Homeless	9.9%
Awaiting start of new home care package	9.6%
Awaiting completion of assessment by social care	9.0%
Awaiting joint assessment	6.7%

The data reflects the validated *Pathways of Care Delays* reported to Welsh Government.

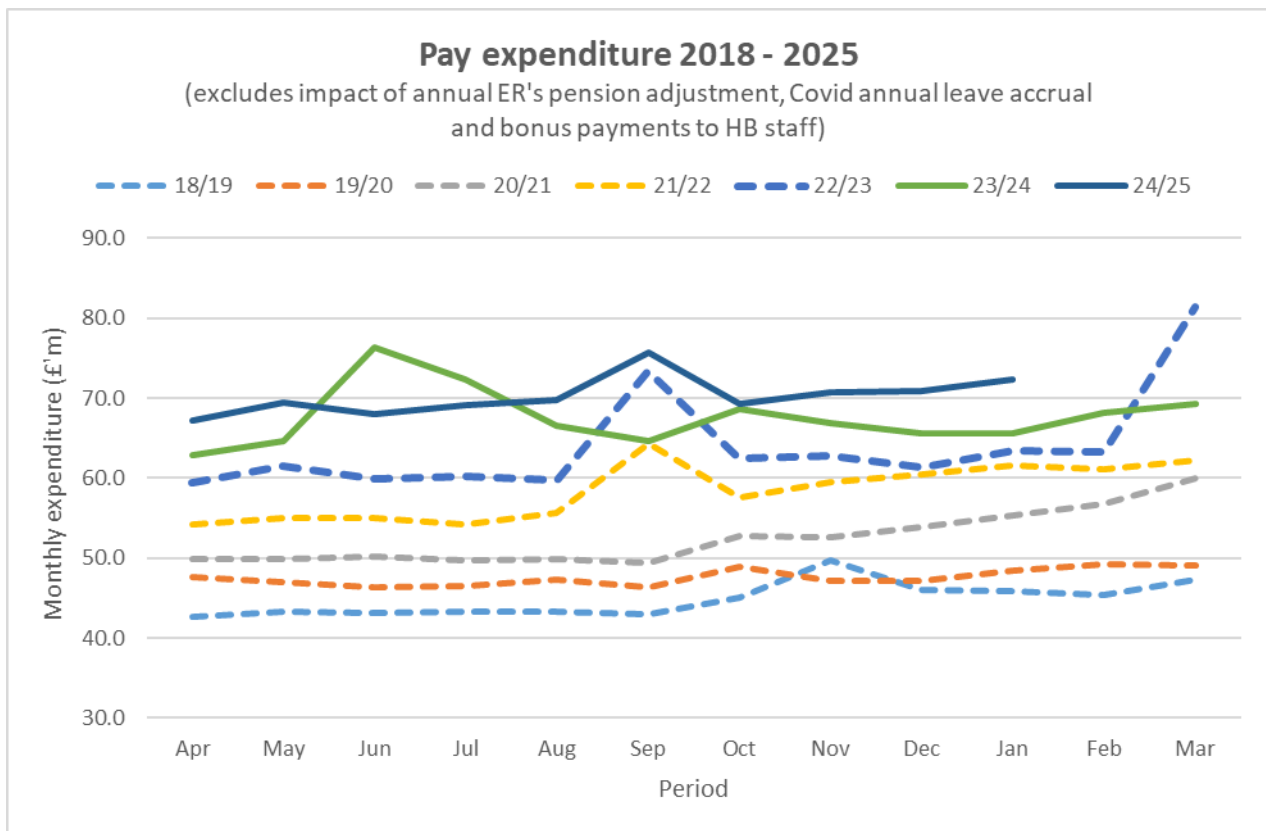
- The estimated cost for the year of continued blocked bed days for all reasons is c.£12.8m using a £200 cost per bed day (based on the number of in-patients for January). The demand and flow challenges across the Health Board drive surge bed capacity requirements which result in increased demand in high-cost temporary staff, impacting overspends and performance across the Health Board. The delays need to be reduced to avoid the requirement for this capacity and optimise appropriate bed capacity to support financial sustainability, this is being progressed through the discharge and bed reduction saving programme.
- Other in-month significant points include:-
 - Prescribing costs present a significant financial pressure compared with Annual Plan financial forecasts. The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.66 (November PAR) resulting in a forecast overspend of £5.3m compared to budget of £117.1m. Growth is assumed to be 0.8% for 2024/25 and will be

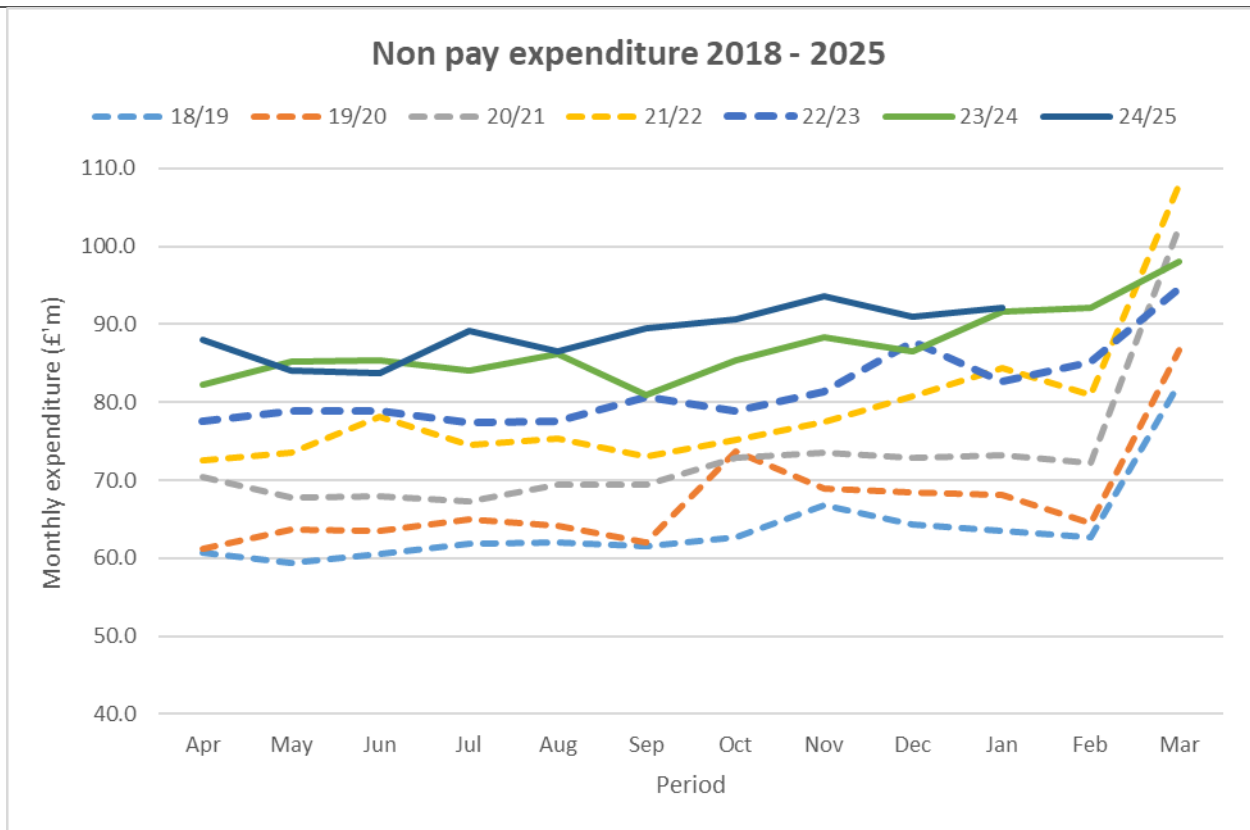
reviewed further using future PAR data. Compared to current month 10 budget, the year-to-date impact is an overspend of £3.9m.

- CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present an underlying financial pressure. This is expected to improve in future months due to the profile of savings achievement. Additional high-cost packages within Learning Disabilities and Paediatrics may present a further pressure in future months.
- On-going use of variable pay by Mental Health, Medicine and Urgent Care divisions for enhanced care due to increased acuity, as well as sickness, maternity and vacancy cover has contributed to an increase in the forecast spend.

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last six financial years are shown below; assuming the current level of income, the expenditure run-rates need to reduce in order for the Health Board to meet its annual plan deficit and even more so to deliver a break-even position in future financial years.





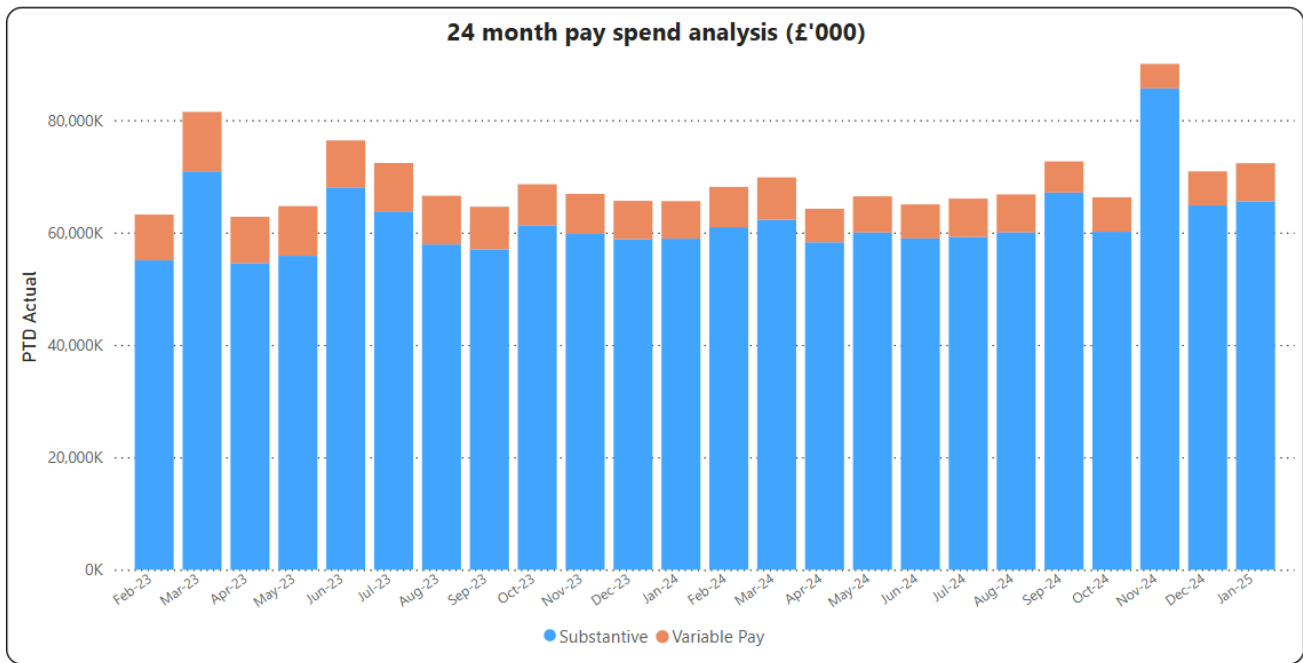
Workforce

The Health Board spent £72.3m in January on workforce, an increase of £1.5m compared with December.

Variable pay was £6.8m in-month which was an increase of £0.7m compared with the prior month. The net increase in total pay is attributable to the additional pay award impact for January with regards to the new incremental point for grades Band 8 and above (including backpay), Intensity Banding arrears, Locum arrears and Strike Cover arrears, increases in variable pay across Bank and Agency (£0.5m), offset in part by salary overpayment recoveries in-month (net £0.9m). Operational pressures including Critical Incidents in January, enhanced care, sickness and vacant posts continue to provide a pressure on the Health Board position.

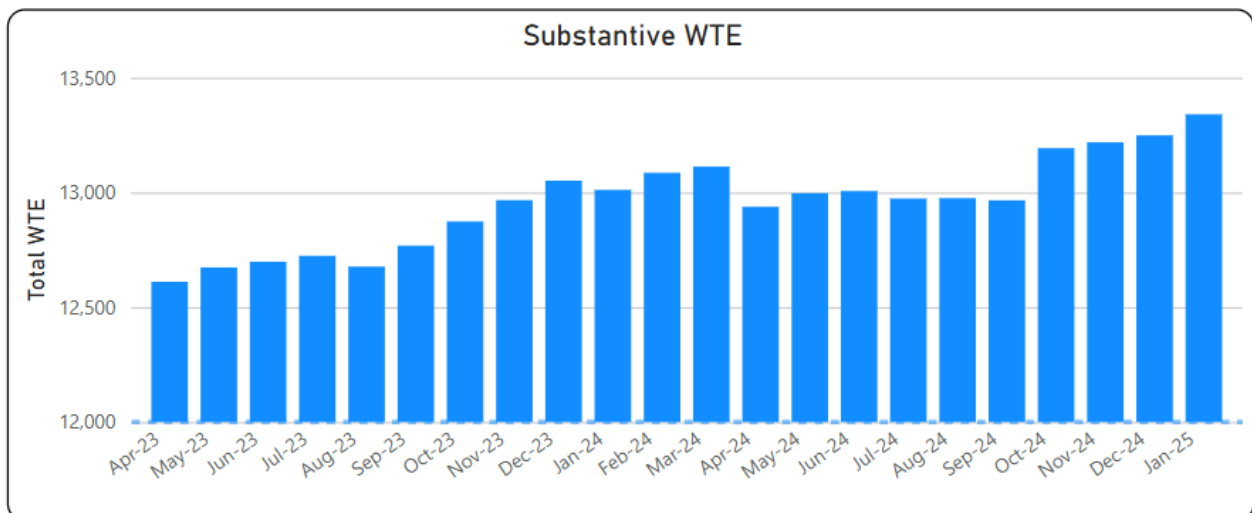
Workforce expenditure is shown below differentiating between substantive and variable pay¹:

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



Substantive staff

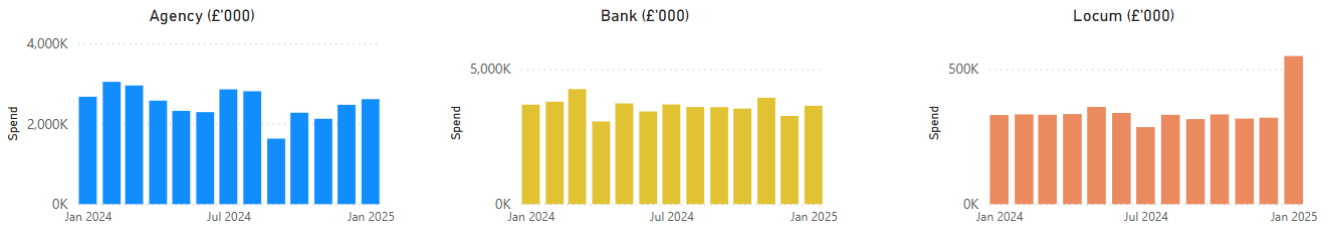
Substantive pay was £65.5m in January, an overall increase of £0.7m compared with December, due to new arrears incremental point for grades Band 8 and above (including backpay) (£0.8m), agreed strike cover arrears (£0.093m) and additional shifts to cover Winter pressures. This is partially offset with an in-month reduction for Apprenticeship Levy (£0.2m). Month 10 records 13,340 wte employed staff (M9=13,249).



Variable pay

Variable pay (Agency, Bank and Locum) was £6.8m in January compared with £6.1m in December. The increase shown in variable pay was mainly attributable to the December 24 pay circular award arrears (£0.23m) and an increase in Registered Nurse agency, Healthcare support workers and Allied Health

Professionals (£0.5m). The main reasons for nurse bank spend is to cover vacancies, maternity and sickness, along with additional capacity, enhanced care and exceptional winter pressures in January. The monthly average variable pay to January is £6.3m per month (£7.75m 2023/24, £9.2m 2022/23).



Bank staff

Month	Spend
Jan 2024	2,500
Feb 2024	2,800
Mar 2024	3,200
Apr 2024	2,200
May 2024	2,800
Jun 2024	2,500
Jul 2024	2,500
Aug 2024	2,500
Sep 2024	2,500
Oct 2024	2,800
Nov 2024	2,200
Dec 2024	2,500
Jan 2025	2,500

In-month spend of £3.6m, a £0.4m increase compared with December exacerbated by winter pressures and additional activity in planned care (2023/24 average monthly spend £3.9m).

- Continued pressures in Medicine wards/ Urgent Care, GUH Acute Medicine and GUH ED - £1.5m
- Facilities bank staff - £0.3m
- Community Hospitals/localities - £0.5m
- Mental Health shifts particularly linked to enhanced care / observation - £0.5m
- Continued expenditure in Surgery and Clinical Support Services linked to elective activity - £0.6m
- Family & Therapies (Maternity leave cover, Neonatal and Paediatrics) - £0.15m

Agency

Total agency spend in January was £2.6m compared with £2.5m in December. A significant part of this increase was seen in the Family & Therapies Community Admission Avoidance Scheme.

Month	Expenditure
Jan-24	0.7M
Feb-24	1.3M
Mar-24	0.9M
Apr-24	1.1M
May-24	0.8M
Jun-24	0.9M
Jul-24	1.2M
Aug-24	1.2M
Sep-24	0.8M
Oct-24	0.9M
Nov-24	0.9M
Dec-24	0.9M
Jan-25	0.9M

- In-month spend of £0.9m, which remains static compared with December (2023/24 average monthly spend of c.£1.2m). Pressures continue at a similar level to the prior period:
 - On-going expenditure in Mental Health for vacancies (although slight reduction in December), Frailty and Community Hospitals - c.£0.2m
 - Continued pressures in Medicine wards and Urgent Care to cover operational pressures - c.£0.5m
 - Trauma & Orthopaedics (£0.9m) costs for junior rota (vacancies), Ophthalmology (£0.1m) vacancy cover and Audiology c.£0.23m

	<ul style="list-style-type: none"> • In-month spend of £1.2m, which remains static compared to December (2023/24 average monthly spend of c.£1.5m). • Reasons for use of registered nurse agency include: <ul style="list-style-type: none"> ○ Vacancy, sickness and maternity cover ○ Additional service demand ○ Enhanced care (where HCSW not available) ○ Critical Incidences • On-going costs in GUH Emergency Department and Medicine wards (total c.£0.7m) linked to enhanced care, sickness pressures as well as vacancy cover. • Mental Health and Primary Care agency costs of c.£0.4m mainly linked to enhanced care cover.
	<ul style="list-style-type: none"> • In-month spend of £0.7m on Estates & Ancillary agency, an increase of £0.3m compared with December. • Reasons for use of agency include: <ul style="list-style-type: none"> ○ Meeting enhanced cleaning standards, ○ Other additional surge capacity, ○ Sickness, ○ Vacancies • Estates and Ancillary agency spend averaged £0.65m per month 2023/24.
	<ul style="list-style-type: none"> • In month spend of £0.13m on HCSW agency, a slight increase compared to previous months (2023/24 average monthly spend of c.£0.16m). • Areas where spend remains are: <ul style="list-style-type: none"> ○ MH&LD £52k ○ Family & Therapies (CAMHS) £49k ○ PCCS (Community hospitals) £28k

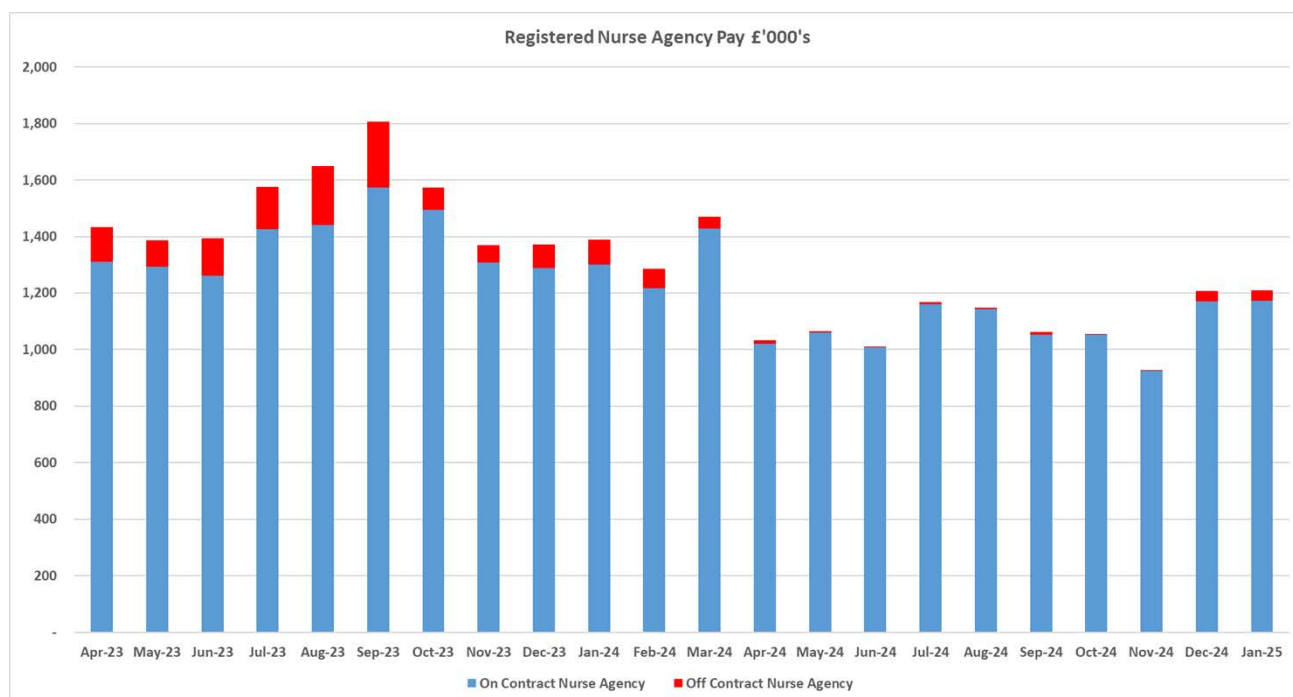
Registered Nurse Agency

Health Board spend on RN Agency in January 2025 is £1.2m, which remains the same as December. If spend continues at the average of 2024/25 levels throughout the financial year then spend on RN agency would be c.£13m.

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

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

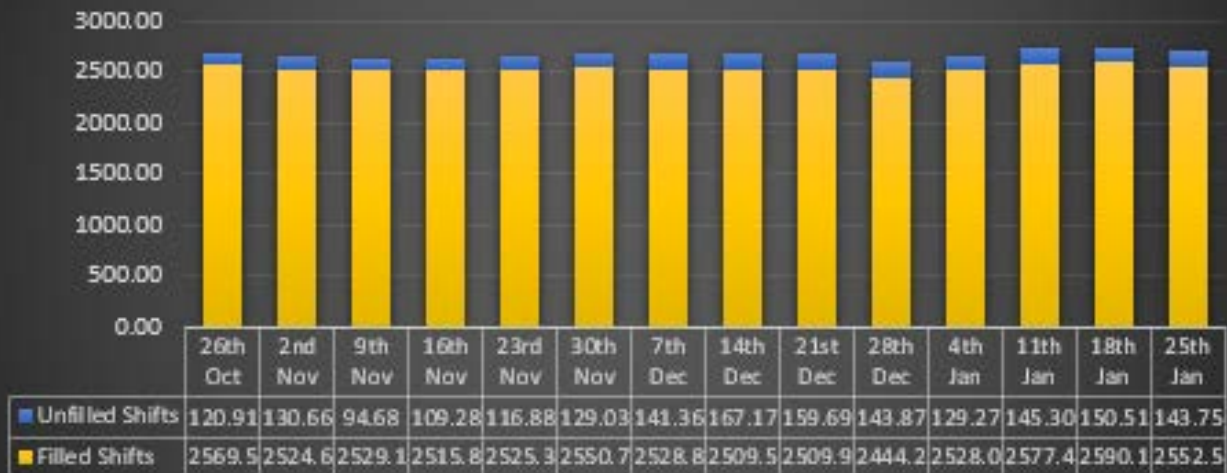
Use of off-contract has increased during January (£38k) across a number of Divisions and reflects the on-going vacancy cover as well as usage for other operational pressures within Mental Health (£5k), Primary Care (£19k), Medicine (£16k) and CHC (£3k) for Enhanced care, sickness and vacancies. Off-contract Registered Nursing agency costs have been at minimal levels during 2024/25 (£2k in November, £4k in October) which is a significant improvement compared to previous financial years.



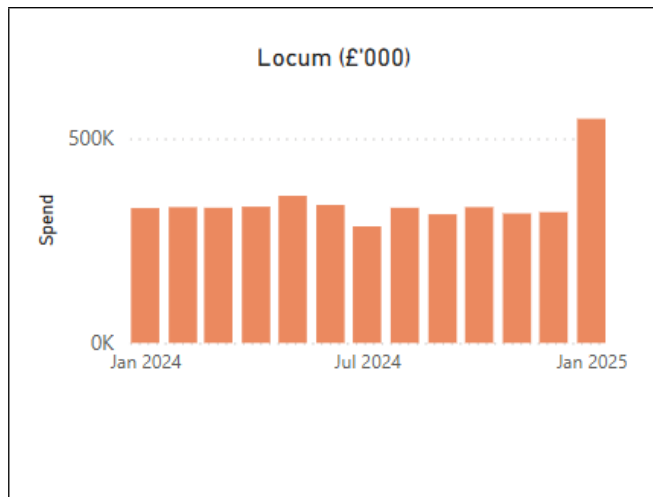
Implications of Nursing Shift 'Fill Rate'

There are high levels of unfilled shifts within the Health Board. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In January there were approximately 113 unfilled registered nursing shifts and 456 unfilled HCSW shifts. The increase in substantive appointments continues to decrease the level of unfilled shifts which should demonstrate service improvement but presents a financial risk in terms of the variable pay saving opportunity due to possible increased availability to cover more shifts. The graph below shows the overall filled and unfilled shifts over the last 3 months.

Filled and Unfilled Shifts - WTE



Medical locum staff



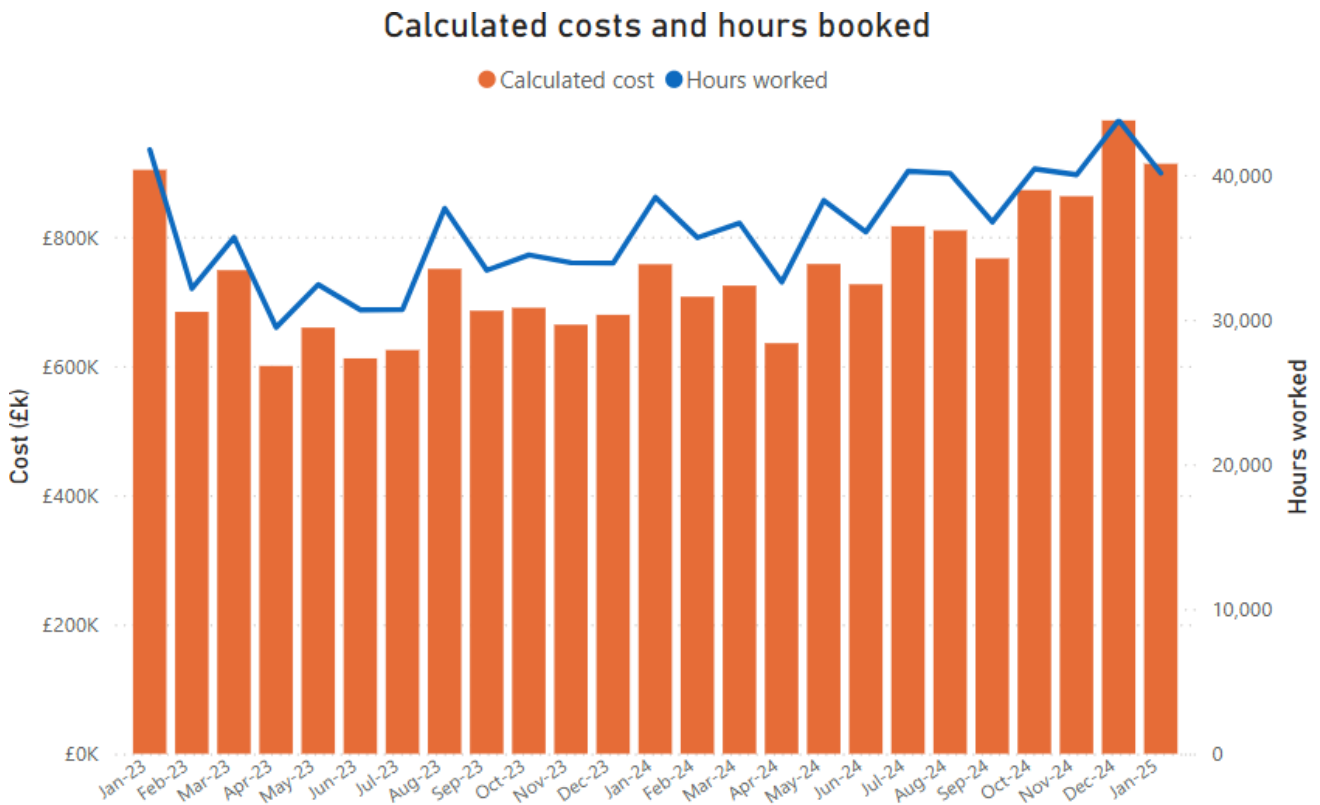
- Total locum spend of £0.5m, an increase of £0.2m compared to December due to the pay award arrears paid in month (23/24 average £0.3m).
 - Radiology, Gastro, Adult Mental Health and YYF medicine are the specialties with the greatest in-month expenditure.
 - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

Enhanced Care

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

The following graph highlights the hours attributed to Enhanced Care and Mental Health levels of observation for the period January 2023 to January 2025 (£0.9m 'notional calculated' expenditure in January) using bank and agency registered nurses and health care support workers.

Enhanced Care (inc. MH levels of observation) bank and agency calculated costs and hours booked.



The level of the provision of enhanced care for patients within the Medicine Division for 2024/25 is shown below.

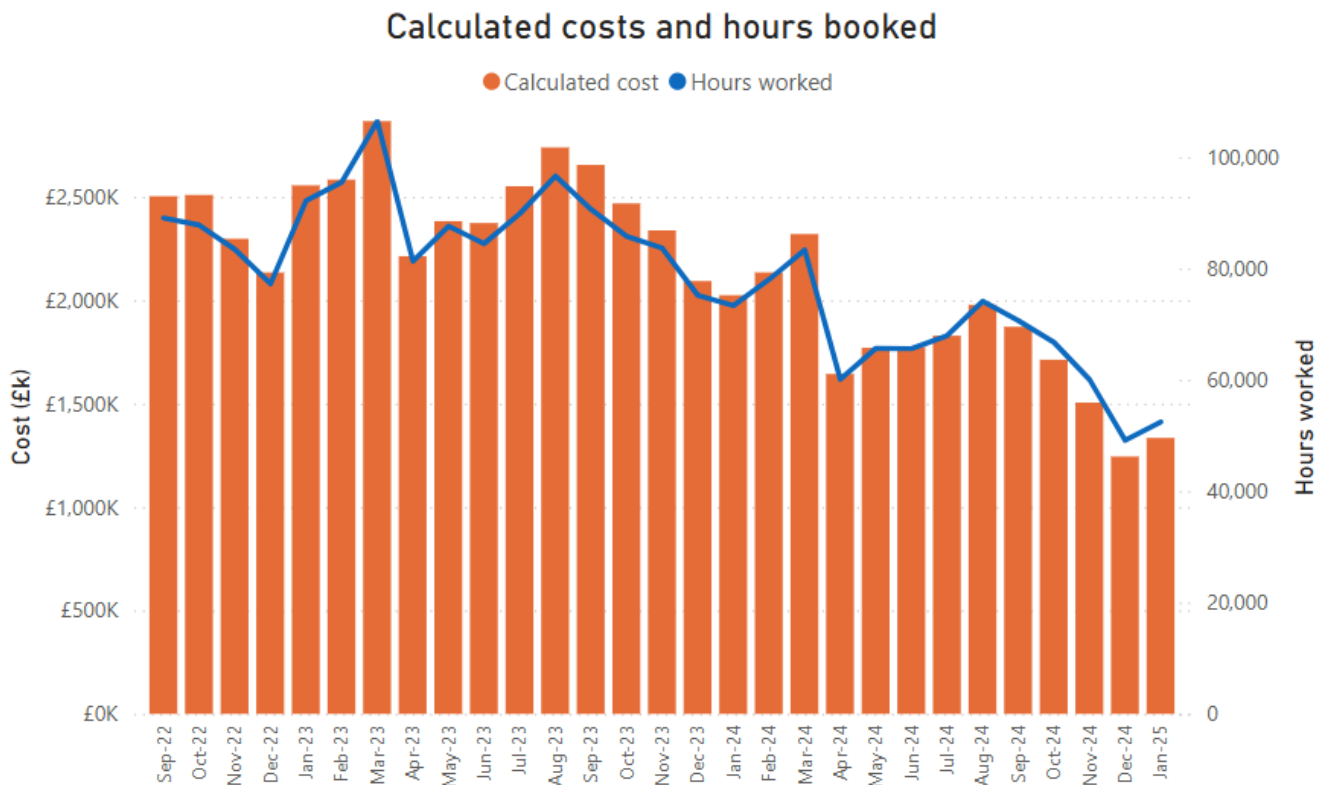
	2023/24 average	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
RGH											
Total no of Medicine beds	192	192	192	192	192	192	192	192	192	192	192
Monthly average enh care patients	34	28	26	21	21	26	25	25	24	18	17
%age of beds in receipt of enh care	18%	15%	14%	11%	11%	14%	13%	13%	13%	9%	9%
NHH											
Total no of Medicine beds	164	164	164	164	164	164	164	164	164	164	164
monthly average enh care patients	22	23	16	18	21	26	30	29	25	19	12
%age of beds in receipt of enh care	13%	14%	10%	11%	13%	16%	18%	18%	15%	12%	7%
GUH											
Total no of Medicine beds	91	91	91	91	91	91	91	91	91	91	91
monthly average enh care patients	12	13	15	12	11	13	12	12	15	12	15
%age of beds in receipt of enh care	13%	14%	16%	14%	13%	14%	13%	13%	16%	13%	16%
YYF											
Total no of Medicine beds	148	148	148	148	148	148	148	148	148	148	148
monthly average enh care patients	24	27	22	24	26	25	24	22	18	17	21
%age of beds in receipt of enh care	16%	18%	15%	16%	18%	17%	16%	15%	12%	11%	14%
Total											
Total no of beds	595	595	595	595	595	595	595	595	595	595	595
Total monthly average enh care patients	92	91	79	75	80	90	91	88	82	66	65
	15%	15%	13%	13%	13%	15%	15%	15%	14%	11%	11%

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

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The graph highlights that in January 2025 variable pay relating to vacancies is c.£1.3m ('notional calculated' expenditure).

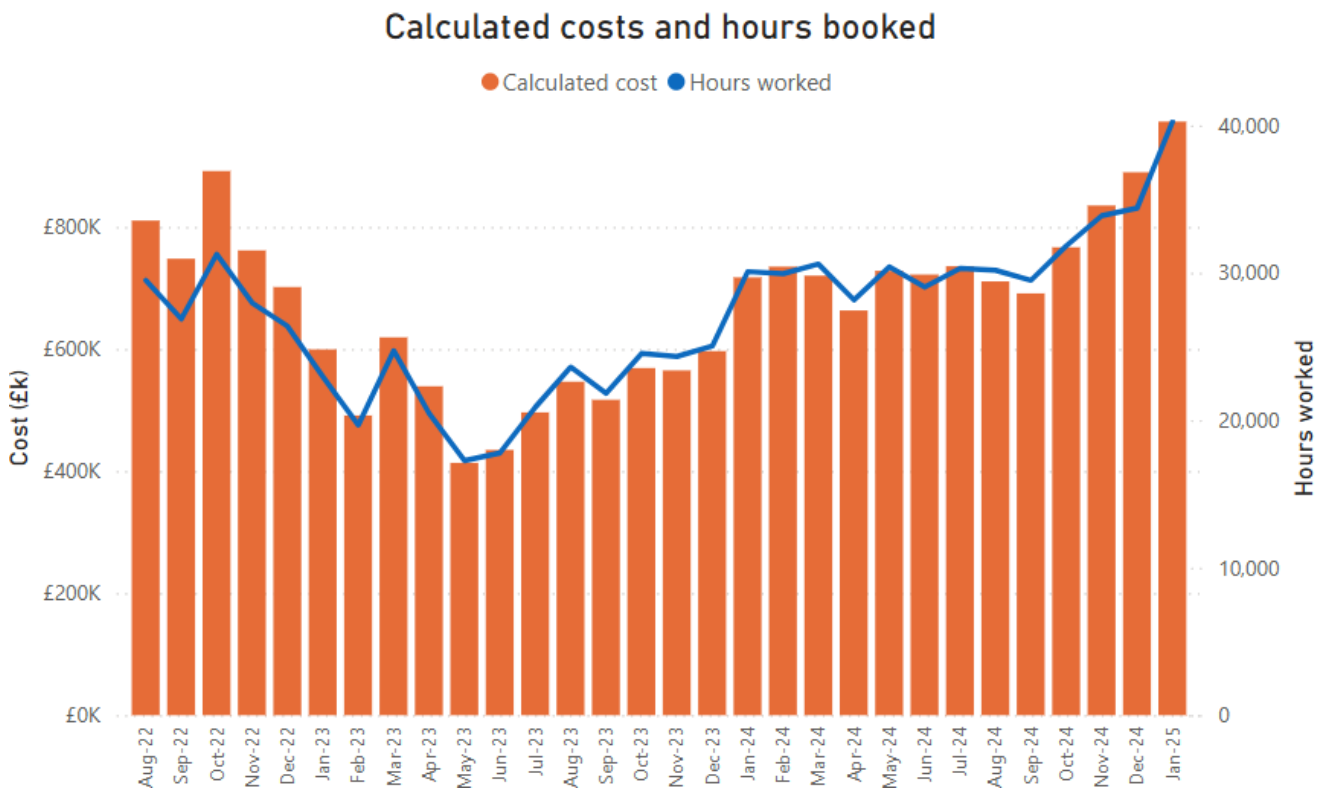
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in January 2025 variable pay relating to sickness is c.£0.97m ('notional calculated' expenditure).

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

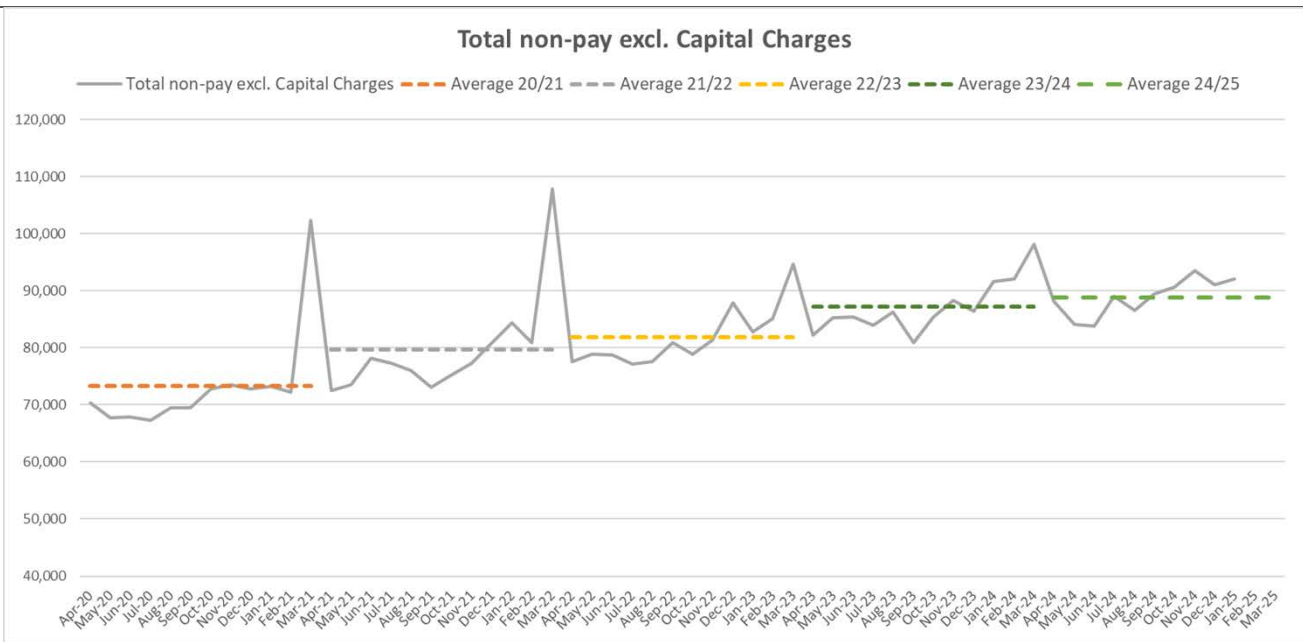


Non-Pay

Spend (excluding capital) was £92.0m in January, which is an increase of £1.0m compared with December spend (£91.0m). The increase is due to in-month items listed below:

- Additional expenditure for South-East Wales Cataracts (£2m).
- Recruitment Costs for international nurses and medical staff (£0.5m)
- Partially offset by a reduction in spend on the Section 33 pooled budget with Caerphilly (£0.750m spend in prior month), and CHC reductions in spend in line with the savings profile.
- Other movements including increases in prescribing (£0.35m) and direct delivery vaccines (£0.2m), offset with reductions in school immunisation (£0.1m) and FP10s (£0.28m).

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



Energy

Energy costs remain a cost pressure with a forecast annual growth of £0.2m compared with 2023/24 expenditure. The last energy forecast was received in June but an internal review has led to a further reduction in the forecast at month 10 (£0.3m). The following table reflects the current position for 2024/25:-

Gas & Electricity	2022/23 Actuals (£'000)	2023/24 Actuals (£'000)	2024/25 Forecast (£'000)	2024/25 Plan (£'000)
Total Shared Service Energy Cost	21,612	16,834	17,035	18,961
Total Other Energy costs	571	777	396	447
Total	22,183	17,611	17,431	19,408

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

To note the budget relating to the reduced energy forecast (£1.66m) has been taken from the Estates & Facilities Division and returned to reserves to support the health board forecast.

CHC

- CHC Mental Health – the patient numbers at the end of January were 432 at a cost of £4.5m (December: 428 patients at a cost of £4.6m).
- CHC Adult / Complex Care - 532 total active placements on 31st January at a cost of £4.8m in-month (December: 525 placements at a cost of £4.9m). There was an increase in the number of D2A patients of 5 and an increase of 2 in the number of 'Step Closer to Home' (SCTH) patients in January.

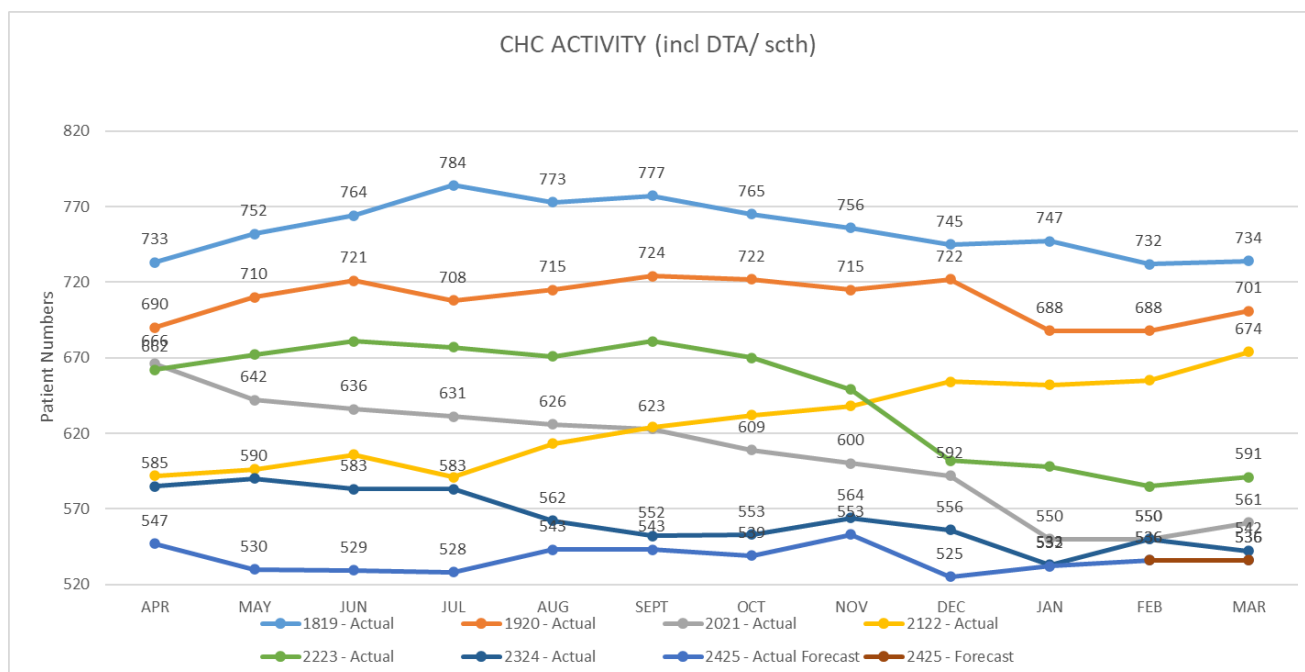
- A reduced number of patients on the step closer to home pathway is impacting the number of patients being discharged. This pathway is funded by the RPB and has previously had c.49 patients on the pathway, there are 9 in January. Utilisation is being reviewed.
- Newport Local Authority have negotiated and agreed uplifts to their nursing rates for 2024/25 (8.5% as opposed to the annual plan assumption uplift of 7.7%) which will impact the rate the Health Board pays. Care at Home staffing forecasts have decreased but continue to present a forecast financial pressure.
- The table below summarises the current position (patient numbers and costs):

Activity	January 2025	December 2024	Movement
D2A	24	19	+5
Step Closer to Home	9	7	+2
All Other CHC	499	499	-
Total	532	525	+7

Activity	2024/25 forecast as at M10 £'000	2024/25 forecast as at M9 £'000	2023/24 out-turn position £'000
D2A	1,827	1,584	2,093
Step closer to home	207	257	407
All other CHC	41,462	41,702	41,053
Total	43,496	43,543	43,553

- FNC - currently 1,065 active placements, which is a reduction of 10 compared with December (expenditure of £1m in both December and January).

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



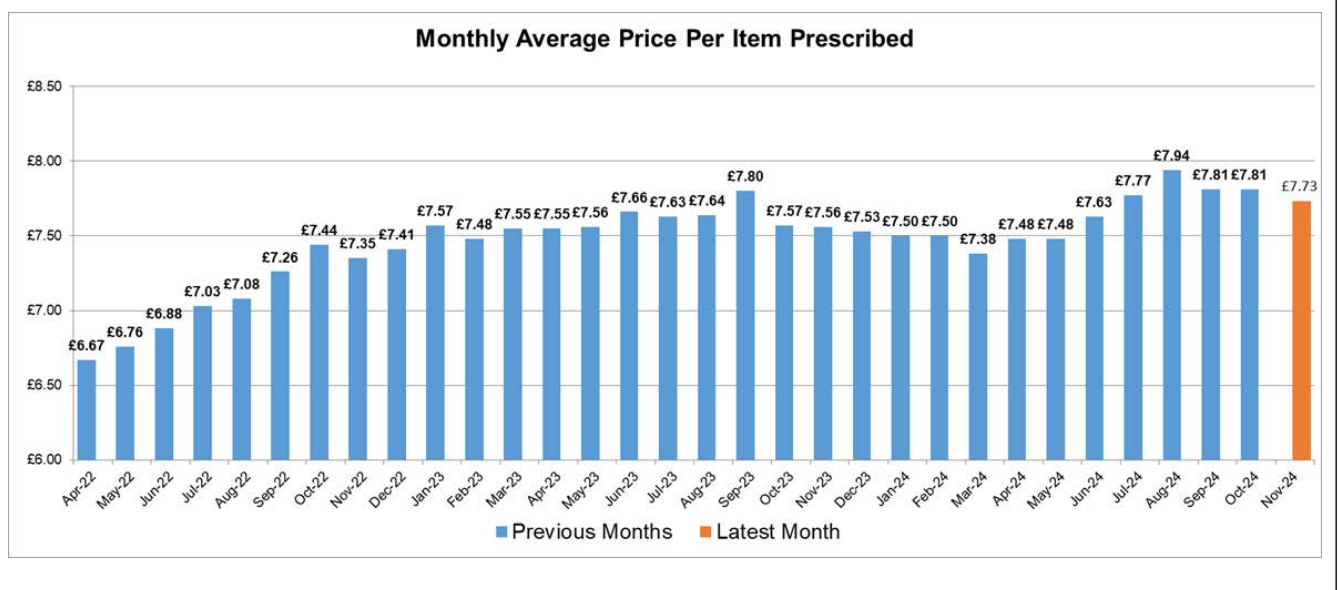
- CHC Paediatric – currently 27 Out of County patients, cost for January of c.£0.18m, slightly lower than last month. Forecast 24/25 spend is currently £0.8m which is unchanged from December. 2023/24 total cost was £4.1m, this was higher in comparison due to a number of high value backdated cases in 23/24 and a successful dispute resolution in 24/25. In addition, there are 12 internal packages (12 patients) provided during January compared with 13 packages (13 patients) in December.

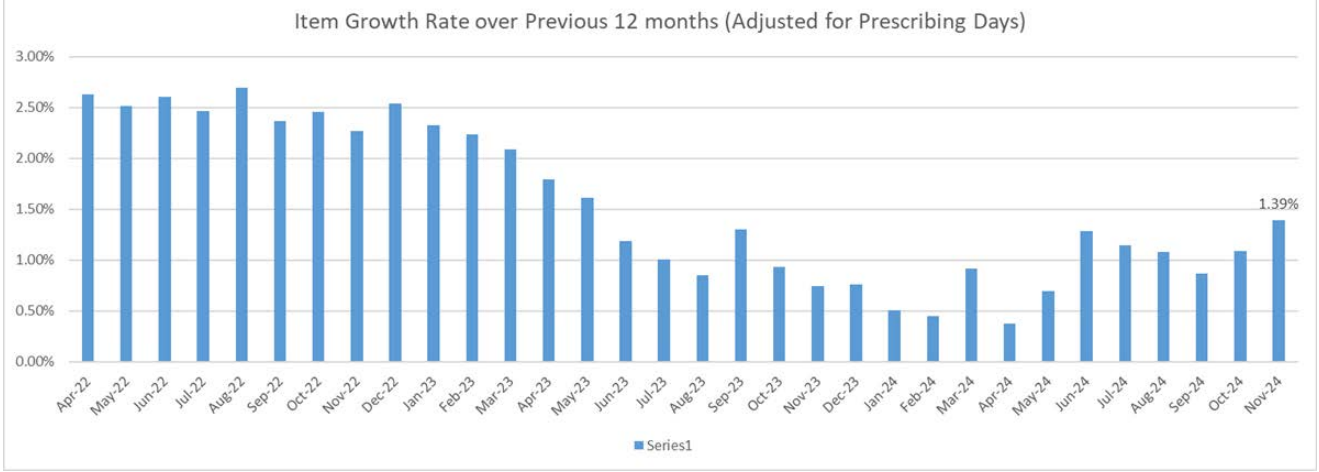
There are 9 external and 6 internal high cost packages which continue to be a cost pressure (>£100k per annum expenditure each).

Prescribing

- Primary Care prescribing – January 2025 expenditure is £10.6m, with a full year forecast cost of £122.4m, the annual plan forecast was £116.9m spend (2023/24 cost was £121.9m). The January 2025 costs are based on November PAR data:
 - Annual Plan item growth rate for 2024/25 was 0.8%, (forecast volume of items based on the number of prescriptions for 24/25 is c.15.9m)
 - The growth rate for the 12 months to November PAR 2024 is 1.39%, adjusted for the number of prescribing days.
 - Forecast average cost per item for 2024/25 is £7.66 (unchanged from December). The annual plan estimated £7.29 cost per item.
 - Average actual cost per item for 2022/23 was £7.21.
 - Average actual cost per item for 2023/24 was £7.57.

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





Scheduled Care treatments and outpatients

Elective Treatments for January '25 was 2,324 (December '24: 1,884).

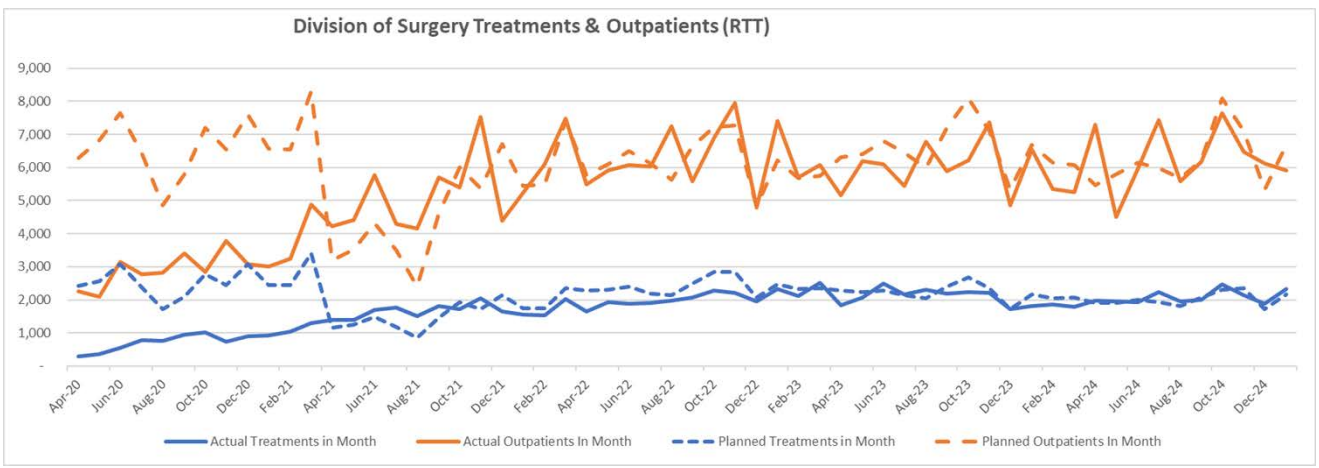
Elective Activity in January has increased by 440 treatments compared with December (23%). The number of in month treatments are 160 above plan for January including 123 'backfill' and 111 WLI treatments. Increased activity to reduce Tier 1 waiting list targets remains a priority.

Outpatient activity for January '25 is 5,908 (December '24 was 6,132).

Outpatient activity has decreased by 224. In month activity includes backfill (151), WLI (234) and other activity (257) outside of core in order to reduce waiting list pressures for 104 and 156 week waits.

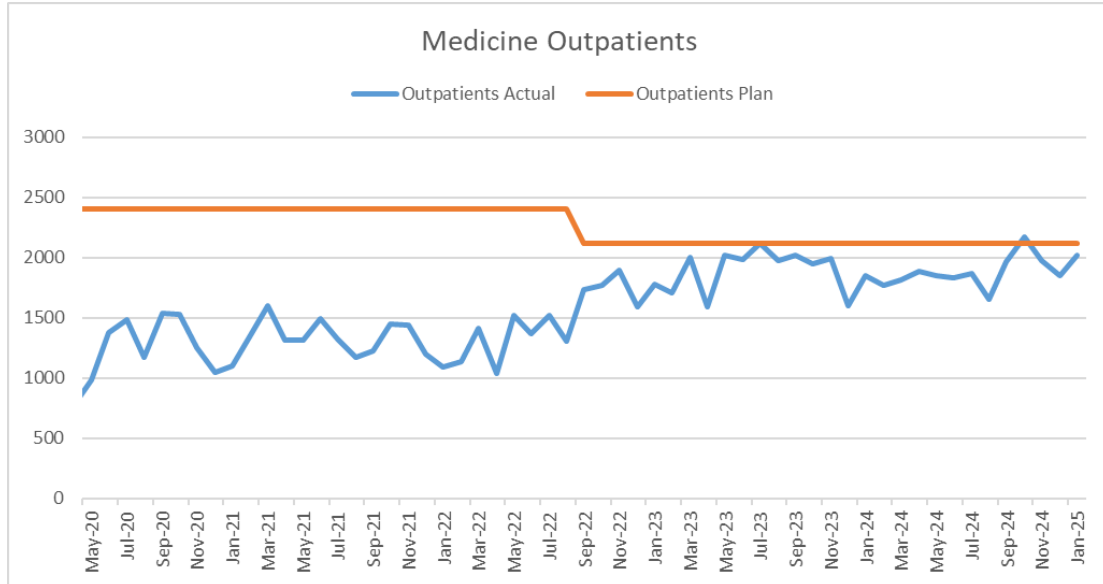
There were WLIs in-month for cancer treatments and elective work to improve the 156 week position for Trauma and Orthopaedics (139 outpatients), General Surgery (80 outpatients) and Urology (15 outpatients).

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



Medicine Outpatient Activity

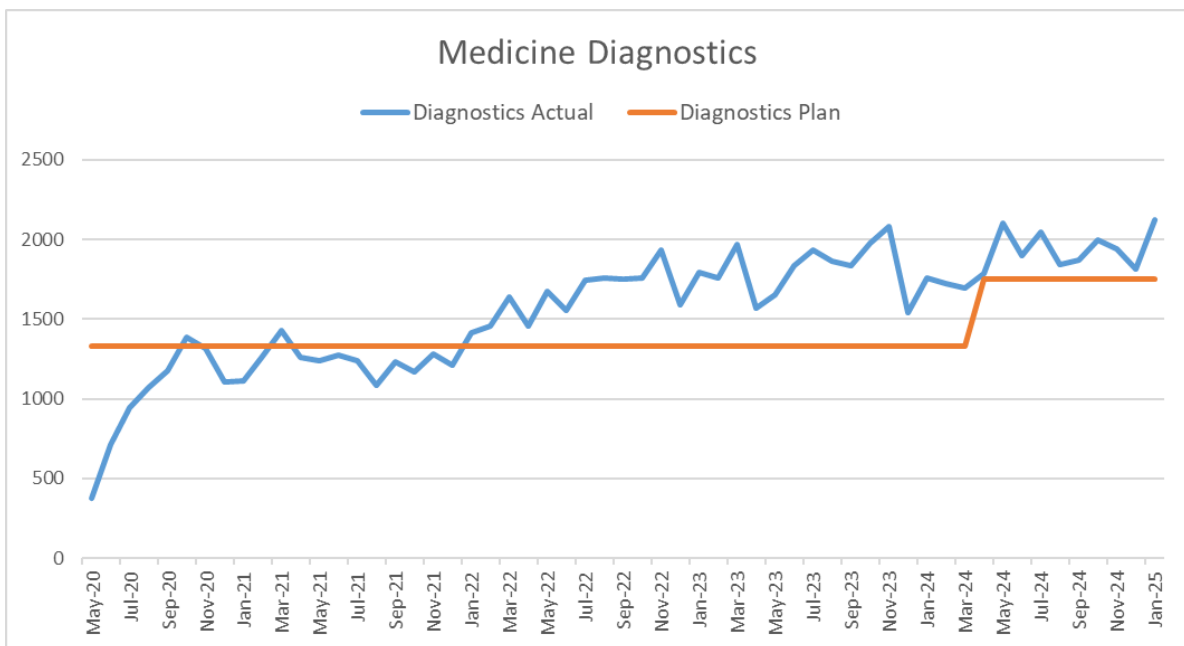
Medicine Outpatient activity for January '25 was 2,020 attendances, which was 262 below plan (December '25 was 1,854 attendances). The activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for January '25 was 2,127 procedures which is 378 cases more than the updated 2024/25 plan (December '24 activity was 1,818).

The activity undertaken since April '20 is shown below.



Divisional Forecast Analysis

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

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

Summary Reported position - January 2025 (M10)	Full Year Budget £000s	Full-year Forecast at M10 £000s	Full-year Forecast at M09 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	305,985	(768)	(482)	(285)
Prescribing	117,139	5,306	5,192	114
Community CHC & FNC	70,293	681	577	104
Mental Health & Learning Disabilities	146,204	(803)	(952)	148
Surgery	148,762	9,985	8,284	1,701
Clinical Support Services	133,841	1,790	1,560	230
Medicine	171,965	5,515	4,467	1,048
Urgent Care	41,857	152	267	(115)
Family & Therapies	143,235	2,803	2,551	252
Estates and Facilities	95,338	(1,376)	(1,094)	(282)

Key forecast movement issues include:-

- **Primary Care and Community** – Wage award related costs (£0.132m), additional capacity in community (£0.122m), Dr's and PADM's recharge less than expected (-£0.088m), Optometry contract funding (-£0.278m), frailty (-£0.090m).
- **Prescribing** – Drs and PADMs offset by GMS improvement (£0.088m).
- **Mental Health & LD** – International nurses (£0.212m), variable pay (£0.203m), pay arrears (band 8, locum, intensity) (£0.158m), pension arrears (£0.054m), offset with junior doctor income (-£0.045m), payroll overpayments recovery (£0.063m), CHC balance sheet release (£0.361m).
- **Surgery** – Increase in drugs: a revised drug rebate, NICE implementations, homecare catchup from December & drug switches (£0.697m), general surgery waiting lists (£0.200m), wage award related costs (£0.142m), expected increases in non-pay related to activity (£0.606m).
- **Clinical Support services** – general surgery planned care delivery (£0.300m), radiopharmaceuticals from Swansea (£0.050m), wage award related costs (£0.180m), PHW wage award correction (£0.010m), offset by NR overpayment of salary recovery (-£0.049m), HEIW & training grade

funding (-£0.077m), overperformance on liver ablations JCC (-£0.100m) & cell salvage rebate (-£0.045m).

- **Medicine** – winter & critical incident nursing & medical costs (£0.530m), wage award related costs (£0.171m), non-pay in various areas (£0.204m) partly offset by HEIW funding (-£0.108m) NR overpayment of salary recovery (-£0.076m), expected increases in pay & non pay related to activity & system pressures (£0.300m).
- **Urgent Care** – wage award related costs (£0.071m) offset by NR overpayment of salary recovery (-£0.052m), HEIW funding (-£0.017m), increase in RTC income (-£27m) & nurse variable pay improvement due to recruitment (-£0.110m)
- **Family & Therapies** – wage award related costs (£0.227m), PILON (£0.036m), PHW wage award correction (£0.049m), offset by NR overpayment of salary recovery (-£0.024m), HEIW funding (-£0.048m).
- **Estates and Facilities** – wage award related costs (£0.002m), NR overpayment of salary recovery (-£0.057m), HSDU revised spend plans (-£0.048m), soft facilities management staffing (-£0.058m), gritting spend less than plan (-£0.068m) & Chepstow PFI NR credit (-£0.045m)

The expectation and requirement is for Divisional forecasts to be break-even, but some of the current Divisional forecast positions present a risk to achieving the planned forecast deficit of £7.356m.

To note the forecast is underpinned by the following:

- COO £1.1m budget surplus
- Corporate Budget performance
- Budget reserves release, and
- All anticipated Welsh Government Funding

Covid-19 – 2024/25 Revenue Financial Assessment

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

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

The expenditure reported is reflective of the funding, however, the profile of this spend needs to be reviewed and clarified to Welsh Government, who have confirmed underspend on this funding can be retained by the health Board in 2024/25.

The Health Board continues to have surge capacity open which is a legacy of the Covid-19 response. The Health Board also continues to incur legacy costs which form part of the underlying deficit linked to estates & facilities costs including -

- Enhanced Cleaning
- Additional security and rental of portacabins

Revenue Reserves

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

An amount of £1.343m is being held in the reserve '*Innovation and Development fund*' for approval by the CEO and Board as required for in year priorities.

A summary of all Health Board reserves on 31st January can be found in the appendices.

Long Term Agreements (LTA's)

LTAs have been agreed with all provider and commissioners.

ABUHB has recognised the JCC current end of year forecast deficit risk share of £0.998m, however there are risks reported, on an overall basis, above this that have not yet been recognised including:

- Savings achievement – overall plans underachieving by £3m. We are not aware of any plans to address this gap with the shortfall being offset by slippage on developments/non recurrent balance sheet releases.
- NHS England uplift income anticipated by JCC – This equates to £0.258m for the Health Board and has been included in risks on the advice of the JCC in month 9.
- Any over-performance as a result of meeting the Ministers KPI's – i.e. Plastics,

JCC are still working on options to a breakeven plan, they will provide a full update on the forecast to the JCC and potential options required to break even overall, this may then result in a revised forecast for ABUHB but this is now considered unlikely.

Underlying Financial Position (ULP)

The underlying (U/L) forecast position brought forward into 2024/25 was a deficit of £81.4m, and the carry forward underlying deficit for 2025/26 was estimated as

£55m. This has now been revised to a deficit of £14.5m following notification from Welsh Government of additional recurrent (baseline and conditional) funding of £40.5m.

The underlying deficit was updated to £55m in month 4, and following the additional funding notified in November, the revised analysis of the carried-forward underlying deficit is as follows:-

Forecast 2024/25 deficit at month 4	£48.9m
Non-recurrent savings	£6.1m
Underlying deficit reported at month 4	£55.0m
Additional WG funding received in month 8	(£40.5m)
Underlying deficit reported at month 9	£14.5m

The underlying deficit will be subject to review to consider further changes in year, such as non-recurrent savings and full year impacts of savings & spend.

Financial sustainability is an on-going priority and focus for the Health Board and a 3-year delivery plan is being developed following the agreed route map to sustainability as part of the 2025/26 IMTP process.

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

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

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

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

Underlying deficit c/f 2024/25	Primary Care & Community £m	Complex Care £m	MH&LD £m	Surgery / CSS £m	Medicine £m	Urgent Care £m	F&T £m	E&F £m	External commissioning £m	Central £m	Total £m
WG 2023/24 non-recurrent funding utilised to support workforce cost growth			3.0	3.0	5.5	1.0	1.5				14.0
Medical staffing cost increases due to operational acuity including ED safer staffing				1.0	1.5	3.0	1.0				6.5
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and Urgent Care			2.5		2.5	1.0	1.0				7.0
CHC		1.5	3.5				1.0				6.0
Medicines management (prescribing and acute drug costs)	7.0			2.0	2.0						11.0
Covid legacy (estates & facilities)								3.0			3.0
WHSSC / EASC (service growth in excess of funded levels)									5.0		5.0
Cancer additional activity delivery through WLI and additional diagnostics				2.5							2.5
Additional funding notified from WG in November										(40.5)	(40.5)
Total	7.0	1.5	9.0	8.5	11.5	5.0	4.5	3.0	5.0	(40.5)	14.5

It is important to note that although the 2023/24 mid-year support allocation funding of £64.5m (£28.9 underlying deficit + £35.6m inflationary uplift) is recurrent in the Health Board's 2024/25 allocation letter, it is **conditional** on making progress towards achievement of the WG target control total. The control total for the Health Board has been revised to £7.356m (previously £13m) following notification of the additional £40.5m of funding, however the conditional nature of the £64.5m remains a Health Board assumption until Welsh Government confirm otherwise. If this, or any other funding is clawed back by WG it will directly impact the forecast deficit.

Savings delivery

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

As at month 10, forecast savings are £45.4m which supports achievement of the revised forecast of £7.356m. Mitigating actions would be required for additional operational pressures, for non-delivery of forecast savings or to improve the position and deliver further underlying improvement.

The month 10 savings forecast includes several Divisional schemes which are assumed not to deliver against their initial plan, these are included in the Appendix but include the following:-

- Administrative & Clerical savings – several divisions
- CHC contract price reductions – removed following legal advice.
- CHC hospital admissions / Premium contract cost reduction – removed following legal advice.
- Bed day and Theatre efficiencies (Surgery)

- Intersite transport (COO) – contract value likely to be higher than forecast due to additional vehicle usage.
- Bed reconfiguration and efficiency schemes – Medicine and Community Hospitals.
- 111 funding redistribution – PCCS
- Theatre efficiencies - Clinical Support Services
- Other schemes including bed contract and CHC savings

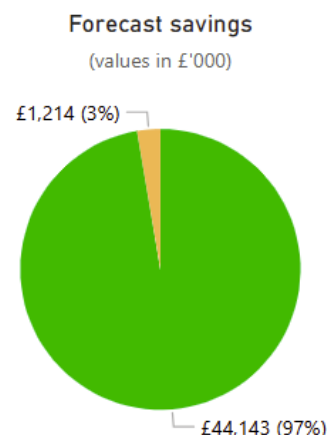
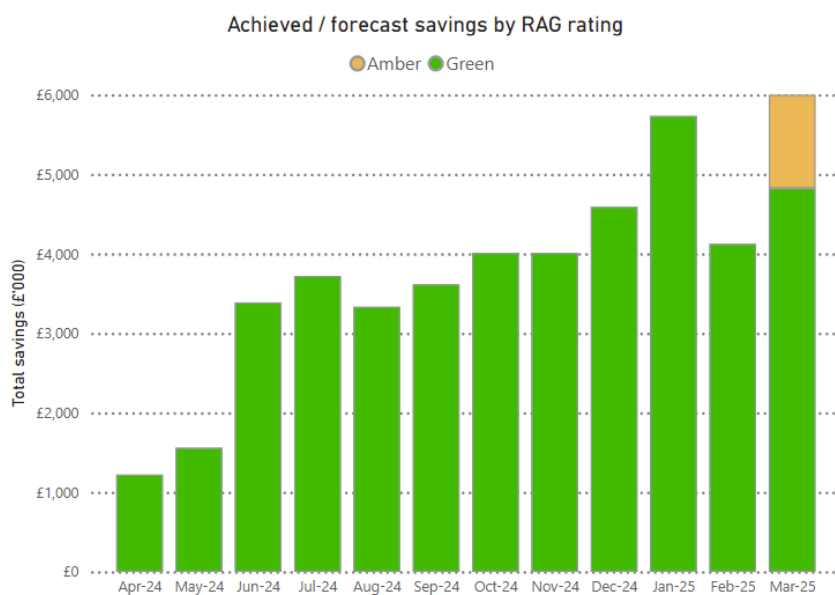
Other areas are currently being examined which may develop into new savings plans to mitigate the risks described above these include:-

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

Actual savings delivered to date for 2024/25 are £35.2m.

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

Division	% of total Plan	Annual Plan	YTD Plan	YTD Achieved	YTD Variance	Forecast	Forecast variance to Plan	% Achieved
Clinical Support Services	2.1%	£846	£652	£1,220	£568	£1,418	£571	167.5%
Complex Care	9.0%	£3,633	£2,673	£2,707	£35	£2,903	−£730	79.9%
Contracting and Commissioning	1.7%	£706	£566	£3,357	£2,792	£4,056	£3,350	574.5%
Corporate	17.7%	£7,164	£5,713	£5,040	−£674	£6,468	−£696	90.3%
Estates and Facilities	6.5%	£2,640	£2,048	£3,387	£1,339	£4,124	£1,484	156.2%
Families and Therapies	2.1%	£857	£682	£647	−£35	£907	£49	105.8%
Medicine	6.9%	£2,801	£2,159	£2,734	£574	£3,709	£909	132.4%
Mental Health and Learning Disabilities	14.6%	£5,906	£4,462	£3,476	−£986	£5,759	−£147	97.5%
Primary Care and Community	28.1%	£11,385	£8,943	£9,198	£255	£11,889	£503	104.4%
Surgery	4.6%	£1,855	£1,417	£1,058	−£359	£1,256	−£599	67.7%
Urgent Care	0.2%	£81	£66	£174	£108	£236	£154	289.5%
WHSSC	6.5%	£2,633	£2,165	£2,194	£30	£2,633	−£0	100.0%
Total	100.0%	£40,508	£31,546	£35,192	£3,647	£45,357	£4,849	112.0%



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	14	£6,244	£5,273	£-971	£8,443	£7,496	£-947
Medicines Management	18	£2,742	£3,797	£1,055	£3,518	£5,393	£1,875
Procurement & Non-pay	113	£12,007	£16,270	£4,264	£15,115	£20,142	£5,027
Service Redesign	8	£2,606	£1,236	£-1,370	£3,624	£1,641	£-1,983
Workforce	62	£7,947	£8,616	£669	£9,808	£10,686	£879
Total	215	£31,546	£35,192	£3,647	£40,508	£45,357	£4,849

WG Category	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	7,496	2,473	5,022	5,028
Commissioned Services	6,539	0	6,539	6,539
Medicines Management	5,328	1,524	3,804	5,694
Pay	11,181	1,614	9,567	10,897
Non Pay	14,813	7,288	7,525	8,477
Total	45,357	12,899	32,458	36,635

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

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

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

Risks

The Health Board is looking for options to 'de-risk' the forecast but risks remain.

- Prescribing average price per item (and number of items) growth above November PAR data and associated forecast and horizon scanning for NICE implementations - £1m
- JCC Performance – Risk associated with JCC achievement of savings target has been removed, whilst are unlikely to make the savings required they are offsetting this pressure with slippage in other areas. However, a new risk has emerged this month relating to English Tariff funding that JCC had previously assumed would be funded by WG - £0.25m
- Additional operational and service pressures outside of the annual plan. This includes costs for acute NICE drugs, Diabetes, CAMHS, Winter and the infected blood inquiry. This figure has increased this month to recognise the significant operational and site pressures currently being experienced - £0.5m
- Delivery of savings plans including mitigating actions against operational pressures – c.£0.4m
- Risks of non-receipt (or full receipt) of anticipated income in particular the balance of the International Nurse recruitment - £0.4m
- Wage award funding in relation to arrears payments for Intensity Banding, Locum arrears and strike cover - £0.5m

In addition, there are a number of further challenges to the financial forecast for 2024/25, these are not included in the risk table as they are currently assumed to be mitigated by the Health Board or require further information to enable an accurate financial value to be assigned. These include:

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

Opportunities

The following items are opportunities pending further analysis and delivery via the Value & Sustainability Board and relevant Divisions/Departments. These opportunities are not quantifiable at this time and it is envisaged that should any of these materialise they will be needed to manage the operational risks being experienced by sites across the Health Board currently, for this reason it is likely that these opportunities will not improve the financial delivery beyond the control target.

- Variable pay reduction linked to Administration & Clerical and Enhanced Care service reviews
- Service re-design – bed reductions
- Other income / funding opportunities
- Energy forecast changes
- Work to identify new pipeline opportunities, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

It is expected that any opportunities that materialise will be needed to manage operational pressures and site issues that arise in the remainder of the year.

Capital

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is now complete. Additional funding totalling £2.558m was received in December in relation to costs for inflation allowances on works and fees, EV charging, foundation changes and the brickwork supply delay. A review of final costs will now be completed to confirm if there is any underspend against the current allocation. The £0.100m underspend currently reported relates to the reimbursement to the DCP for the overspend funded during 2023/24.

Slippage of £1.491m was approved in October for the works at NHH Satellite Radiotherapy Centre due to delays in relation to asbestos. The handover of the building is now expected to be delayed until April 2025. The overall scheme is forecast to be £0.091m under budget largely because of additional VAT recovery.

19 Hills Health and Well-being Centre (Newport East) Phase 1 handover took place in January. Phase 2 completion is scheduled for March 2025. The overall project budget remains under pressure due to additional asbestos, utilities and S111 road crossing works costs with a forecast overspend of £0.333m. The overspend is currently being funded by the DCP.

Slippage of £1.881m was approved in October in relation to the Grange Emergency Department Extension scheme due to reported delays. Further slippage of £0.567m has been reported in January and will be included in the February brokerage request

to WG. The anticipated completion of Phase 1 is now May 2025 with Phase 2 estimated to be August 2025.

The fees to complete the Outline Business case for the Dixton Health and Well-being Centre are forecasting an underspend of £0.130m in the current financial year. The underspend amount is required to be brokered via the DCP. The OBC is expected to be submitted to WG in May 2025.

Brokerage of £0.901m has been approved to reflect slippage against the Backlog Maintenance allocation due to delays associated with the St Cadoc's Duct and NHH/RGH Lift replacement schemes. In January, further slippage of £0.401m has been reported on the St Cadoc's Duct scheme which will be reported to WG in February. This slippage will need to be brokered via the DCP.

Underspends are being reflected against end of year funding schemes for essential works (£0.102m) and Diagnostic Equipment (£0.206m). A request will be submitted to WG to request these underspends be reallocated to support additional purchases.

Works have commenced on the Centralised Decontamination Unit at RGH. The underspend of £0.249m against this scheme relates to the reimbursement to DCP for fees incurred in prior financial years (£0.139m) and slippage reported in January that is required to be brokered via DCP (£0.110m).

The Health Board has received additional funding allocations in month in relation to End of Year funding for essential works schemes (£0.625m), Housing with Care Fund (£0.053m) and Commercial Research Delivery Wales equipment (£0.012m).

The Health Board Discretionary Capital Programme (DCP) forecast for 2024/25 is £11.469m at Month 10 made up of:

- 2024/25 DCP Funding - £10.814m
- Less 30% EFAB contribution - (£0.725m)
- Less 2023/24 AWCP scheme brokerage - (£1.669m)
- Plus 2023/24 DCP scheme brokerage - £0.350m
- Plus 2024/25 AWCP scheme brokerage - £1.170m
- Plus other 2024/25 AWCP under spends - £1.494m
- Plus Disposal Proceeds - £0.035m

During the month, new essential Works, Digital and Equipment schemes totalling £2.890m have been approved to use the remaining contingency balance and offset the brokerage required for AWCP scheme slippage. As a result of further slippage reported in January the remaining DCP contingency as at Month 10 is £0.591m. Additional schemes are expected to be approved at the February Capital and Estates Board to utilise the remaining balance.

Cash

The cash balance at the 31st January £6.218m, which slightly exceeds the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in January (96.9%) and for the year to date (97.7%). ABUHB is continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and where the NHS payment rate is below target.

The Health Board has not achieved the target to pay 95% of the number of NHS creditors within 30 days of delivery of goods, in January 91.0% was achieved, which is an increase compared with December (88.2%).

The NHS PSPP percentage has increased in month to 91%, however this remains below the 95% target. The issues this month relate to primarily once more with NHS Wales invoices. We have written to our counterparts to remind them that the No PO No Pay policy applies for Intra-NHS Wales invoices. We are expecting this communication to have a positive impact on the Health Board’s PSPP figures.

Following the updated KPI reporting information from NWSSP for January – Aneurin Bevan continues to have the highest cumulative performance against PSPP targets for both NHS and Non-NHS invoices.

Category	Invoices	In Mth %	YTD %
NHS	Value	99.3	97.8
	Number	91.0	90.9
Non NHS	Value	94.2	96.2
	Number	96.9	97.7

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of January 2025 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 31st January 2025,

- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: the appendices attached providing further detailed information.

Note: the Month 10 Welsh Government Monthly Monitoring return can be accessed on the internet via this link [Key Documents - Aneurin Bevan University Health Board](#).

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Financial Sustainability
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 Value & Sustainability Board

Rhestr Termau: Glossary of Terms:	<p>A&C – Administration & Clerical</p> <p>A&E – Accident & Emergency</p> <p>A4C - Agenda for Change</p> <p>AME – (WG) Annually Managed Expenditure</p> <p>AQF – Annual Quality Framework</p> <p>AWCP – All Wales Capital Programme</p> <p>AP – Accounts Payable</p> <p>AOF – Annual Operating Framework</p> <p>ATMP – Advanced Therapeutic Medicinal Products</p> <p>B/F – Brought Forward</p> <p>BH – Bank Holiday</p> <p>C&V – Cardiff and Vale</p> <p>CAMHS – Child & Adolescent Mental Health Services</p> <p>C/F – Carried Forward</p> <p>CHC – Continuing Health Care</p> <p>Commissioned Services – Services purchased external to ABUHB both within and outside Wales</p> <p>COTE – Care of the Elderly</p> <p>CRL – Capital Resource Limit</p> <p>Category M – category of drugs</p> <p>CEO – Chief Executive Officer</p> <p>CEAU – Children’s Emergency Assessment Unit</p> <p>CTM – Cwm Taf Morgannwg</p> <p>D&C – Demand & Capacity</p> <p>DGP – Discretionary Capital Programme</p> <p>DHR – Digital Health Record</p> <p>DNA – Did Not Attend</p> <p>DOSA – Day of Surgery Admission</p> <p>D2A – Discharge to Assess</p> <p>DoLS - Deprivation of Liberty Safeguards</p> <p>DoF – Director(s) of Finance</p> <p>DTOC – Delayed Transfer of Care</p> <p>EASC – Emergency Ambulance Services Committee</p> <p>ED – Emergency Department</p> <p>EDCIMS – Emergency Department Clinical Information Management System</p> <p>eLGH – Enhanced Local general Hospital</p> <p>EFAB – Estates Funding Advisory Board</p> <p>ENT – Ear, Nose and Throat specialty</p> <p>EoY – End of Year</p> <p>ETTF – Enabling Through Technology Fund</p> <p>F&T – Family & Therapies (Division)</p> <p>FBC – Full Business Case</p>
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FNC – Funded Nursing Care
 GDS – General Dental Services
 GMS – General Medical Services
 GP – General Practitioner
 GWICES – Gwent Wide Integrated Community
 Equipment Service
 GUH – Grange University Hospital
 GIRFT – Getting it Right First Time
 HCHS – Health Care & Hospital Services
 HCSW – Health Care Support Worker
 HIV – Human Immunodeficiency Virus
 HSDU – Hospital Sterilisation and Disinfection
 Unit
 H&WBC – Health and Well-Being Centre
 IMTP – Integrated Medium Term Plan
 INNU – Interventions not normally undertaken
 IPTR – Individual Patient Treatment Referral
 I&E – Income & Expenditure
 ICF – Integrated Care Fund
 LoS – Length of Stay
 LTA – Long Term Agreement
 LD – Learning Disabilities
 MH – Mental Health
 MSK – Musculoskeletal
 Med – Medicine (Division)
 MCA – Mental Capacity Act
 MDT – Multi-disciplinary Team
 MMR – Welsh Government Monthly Monitoring
 Return
 NCA – Non-contractual agreements
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NI – National Insurance
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services
 Partnership
 ODT – Optometric Diagnostic and Treatment
 Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care
 Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC – Pharmaceutical Services Negotiating
 Committee
 PSPP – Public Sector Payment Policy

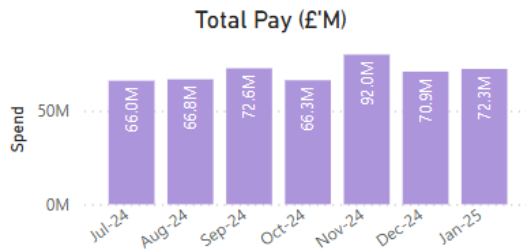
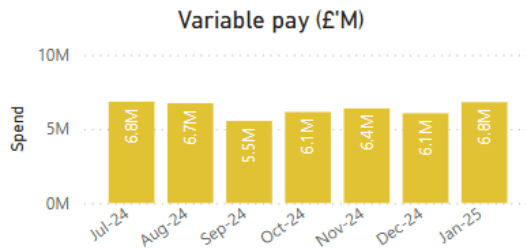
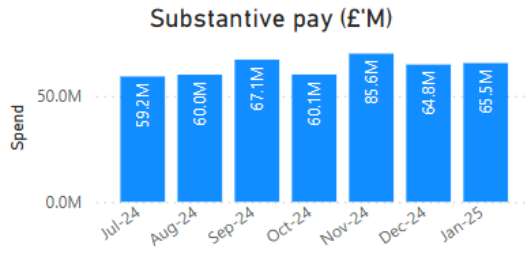
	<p>PCR – Patient Charges Revenue PPE – Personal Protective Equipment PFI – Private Finance Initiative RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical 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</p>
Partion / 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 No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>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</p>

Aneurin Bevan University Health Board
Finance Report – January (Month 10) 2024/25
Appendices

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



Substantive (£'000)

Pay category	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
ADD PROF SCIENTIFIC AND TECHNICAL	2,344	2,336	2,349	2,310	3,323	2,549	2,702
ADDITIONAL CLINICAL SERVICES	8,118	8,214	7,890	7,990	10,637	8,425	8,290
ADMINISTRATIVE & CLERICAL	9,572	9,659	9,409	9,546	13,353	10,023	10,346
ALLIED HEALTH PROFESSIONALS	4,040	4,070	4,135	4,118	5,978	4,477	4,462
ESTATES AND ANCILLIARY	3,038	3,157	3,062	3,082	3,870	3,173	3,139
HEALTHCARE SCIENTISTS	1,155	1,153	1,134	1,184	1,702	1,257	1,338
MEDICAL AND DENTAL	14,184	14,435	22,601	14,744	22,124	16,552	16,876
NURSING AND MIDWIFERY REGISTERED	16,745	17,018	16,533	17,153	24,657	18,361	18,370
STUDENTS	2	2	2	2	2	2	2
Total	59,199	60,043	67,114	60,129	85,646	64,819	65,526

Change	%	Avg 23/24
153	6.0%	2,245
-135	-1.6%	8,134
323	3.2%	10,394
-15	-0.3%	4,140
-34	-1.1%	3,015
81	6.5%	1,148
324	2.0%	14,112
9	0.1%	16,722
0	-0.4%	3
707	1.1%	59,912

Variable pay (£'000)

Pay category	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Agency	2,852	2,805	1,627	2,271	2,121	2,468	2,609
Bank	3,690	3,595	3,590	3,537	3,939	3,265	3,641
Locum	285	330	315	332	317	320	548
Total	6,828	6,730	5,532	6,140	6,377	6,053	6,798

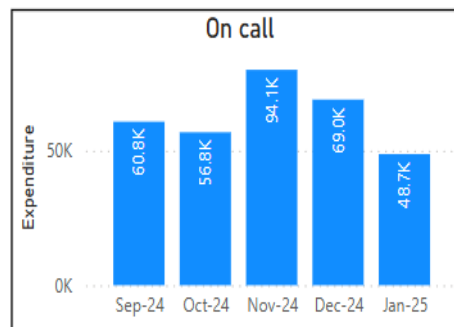
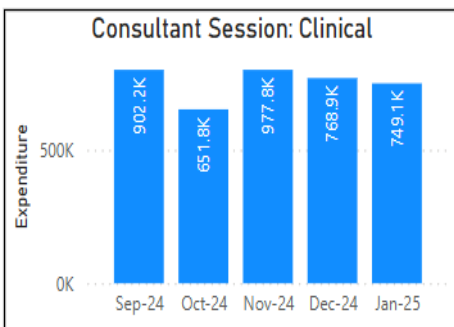
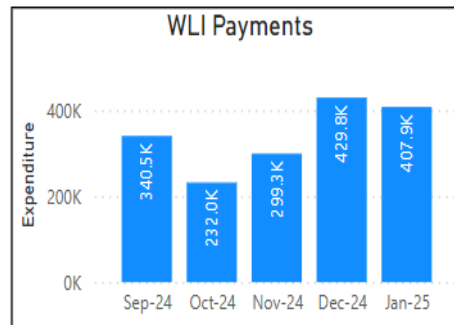
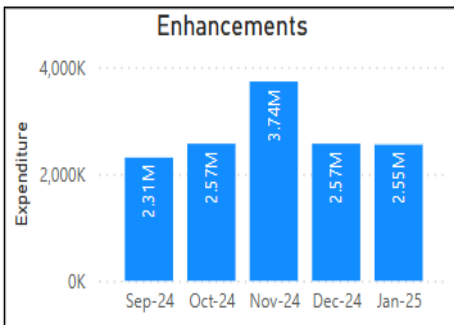
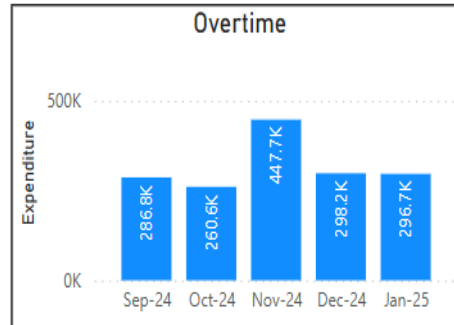
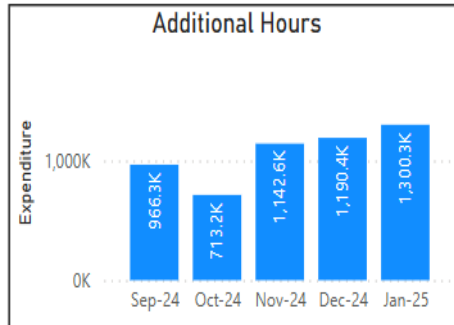
Change	%	Avg 23/24
141	5.7%	3,527
376	11.5%	3,919
228	71.4%	299
745	12.3%	7,746

Total pay (£'000)

	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Pay	66,026	66,774	72,646	66,269	92,023	70,872	72,324

Change	%	Avg 23/24
1,452	2.0%	67,658

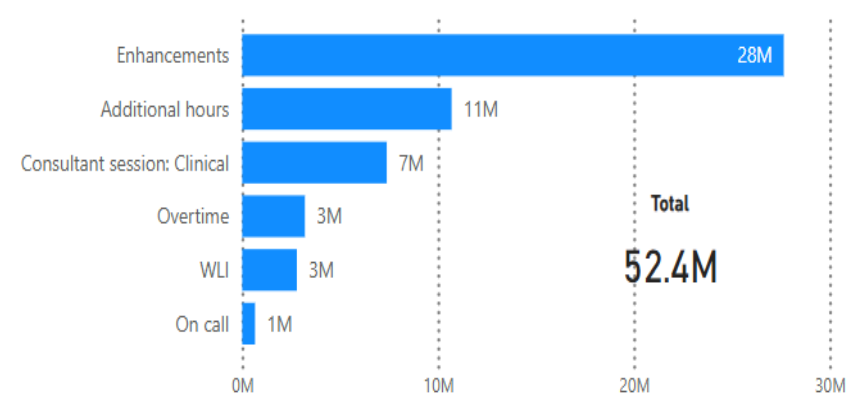
Pay Summary (2): Substantive Pay: Additional pay element



Total additional pay by Division (£'000)

Division	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Total
Medicine	1,131	1,160	1,565	1,278	1,286	6,421
Surgery	842	748	1,000	934	964	4,487
Clinical Support Services	758	664	942	755	791	3,910
Family and Therapies	523	529	728	596	583	2,960
Urgent Care	395	415	602	456	442	2,310
Primary Care and Community	421	434	582	409	411	2,256
Estates and Facilities Division	361	396	529	388	388	2,062
Mental Health and LD	297	319	472	339	341	1,768
CHC and FNC	80	111	185	114	107	596
Corporate	57	-291	93	57	42	-43
Total	4,865	4,484	6,697	5,326	5,356	26,727

Total additional pay costs YTD 24/25



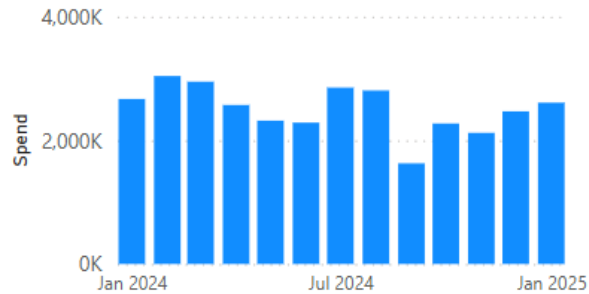
Pay Summary (3): Variable Pay (£'k)

Pay category	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
Agency													
Admin & Clerical Agency	67	82	59	28	8	19	-4	6	12	-6	-47	3	31
Allied Health Prof Agency	120	86	82	102	105	162	132	128	105	132	148	166	253
Estates & Ancilliary Agency	239	184	232	205	139	78	188	176	-446	78	36	34	67
Medical Agency	690	1,274	938	1,124	869	902	1,201	1,227	792	876	962	859	868
Nurse HCA/HCSW Agency	65	88	59	26	39	38	57	37	39	58	43	120	131
Other Agency	99	39	109	53	94	77	109	82	63	76	51	79	50
Registered Nurse Agency	1,388	1,286	1,469	1,034	1,064	1,011	1,169	1,150	1,064	1,056	927	1,207	1,210
Total	2,668	3,040	2,948	2,571	2,318	2,286	2,852	2,805	1,627	2,271	2,121	2,468	2,609
Bank													
Admin & Clerical Bank	95	84	119	68	79	75	93	82	76	70	83	67	74
Estates & Ancilliary Bank	254	235	263	218	257	249	263	260	256	252	287	259	255
Nurse HCA/HCSW Bank	1,711	1,523	1,784	1,428	1,680	1,548	1,614	1,656	1,649	1,589	1,749	1,504	1,641
Other Bank	0	0	0	1	0	1	0	-1	0	0	5	-2	-1
Registered Nurse Bank	1,620	1,949	2,093	1,345	1,711	1,555	1,721	1,598	1,608	1,625	1,816	1,437	1,672
Total	3,681	3,790	4,259	3,060	3,727	3,427	3,690	3,595	3,590	3,537	3,939	3,265	3,641
Locum													
Medical Locum	330	332	330	333	360	337	285	330	315	332	317	320	548
Total	330	332	330	333	360	337	285	330	315	332	317	320	548
Total	6,678	7,162	7,537	5,964	6,404	6,051	6,828	6,730	5,532	6,140	6,377	6,053	6,798

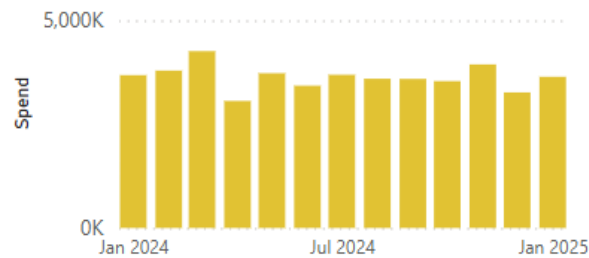
Change	%
28	877.5%
87	52.5%
32	93.3%
9	1.0%
11	8.9%
-29	-36.6%
3	0.2%
141	5.7%
7	10.8%
-4	-1.4%
137	9.1%
0	-25.6%
235	16.4%
376	11.5%
228	71.4%
228	71.4%
745	12.3%

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

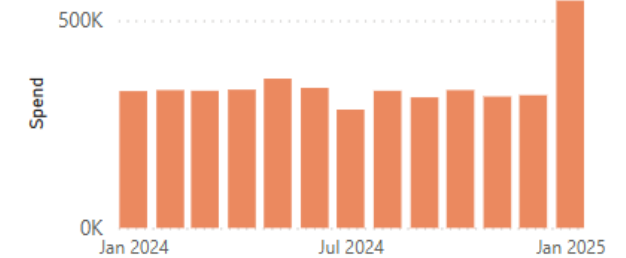
Agency (£'000)



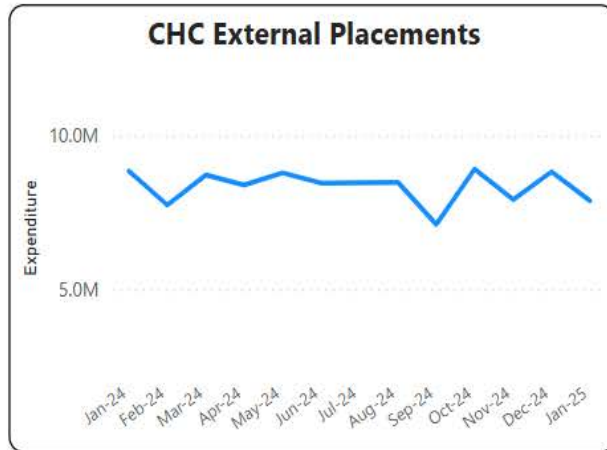
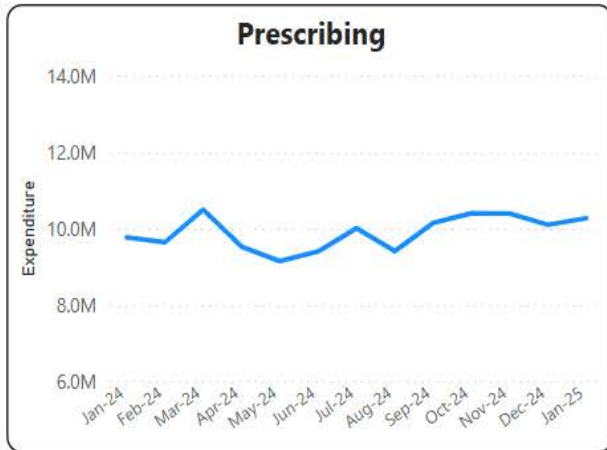
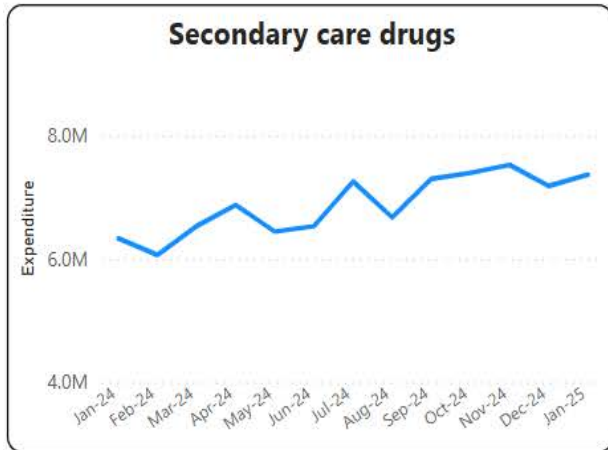
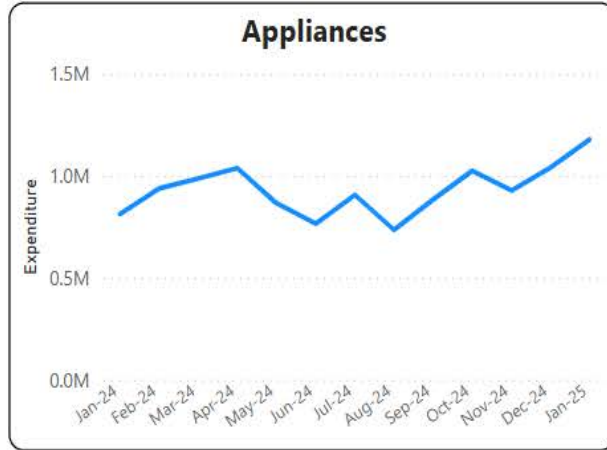
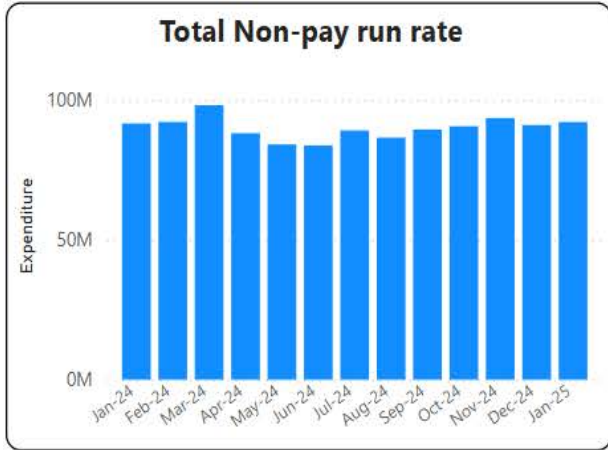
Bank (£'000)



Locum (£'000)



Non-Pay Summary:



Referral to Treatment (RTT):

- Elective Treatments for Jan '25 was 2,324 (Dec '24: 1,884. 2023/24 total: 24,688, 22/23 total: 22,327, 19/20 total: 28,004)

Planned Treatments (M10)						Actual Treatments (M10)						Treatment Variance (M10)				
Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Total
N107-Dermatology	168	0	0	0	214	N107-Dermatology	256	11	0		267	Derm	88	11	0	53
N147-ENT	123	0	0	0	126	N147-ENT	136	0	0		136	ENT	13	0	0	10
N105-General Surgery	292	0	0	0	336	N105-General Surgery	373	24	0		397	GS	81	24	0	61
N146-Oral Surgery	197	0	0	0	141	N146-Oral Surgery	239	0	0		239	Max Fax	42	0	0	98
N148-Ophthalmology	224	0	0	0	295	N148-Ophthalmology	290	0	0		290	Ophth	66	0	0	(5)
N108-Rheumatology	0	0	0	0	0	N108-Rheumatology	0	0	0		0	Rheum	0	0	0	0
N115-Trauma & Orthopaedics	497	0	0	0	595	N115-Trauma & Orthopaedics	530	88	111		729	T&O	33	88	111	134
N106-Urology	449	0	0	0	458	N106-Urology	266	0	0		266	Urology	(183)	0	0	(192)
Total	1,958	206	0	0	2,164		2,090	123	111	0	2,324		132	(83)	111	160

- Outpatient activity for Jan '25 was 5,908 (Dec '24: 6,132. 2023/24 total: 71,165, 22/23 total: 65,873, 19/20 total: 75,707)

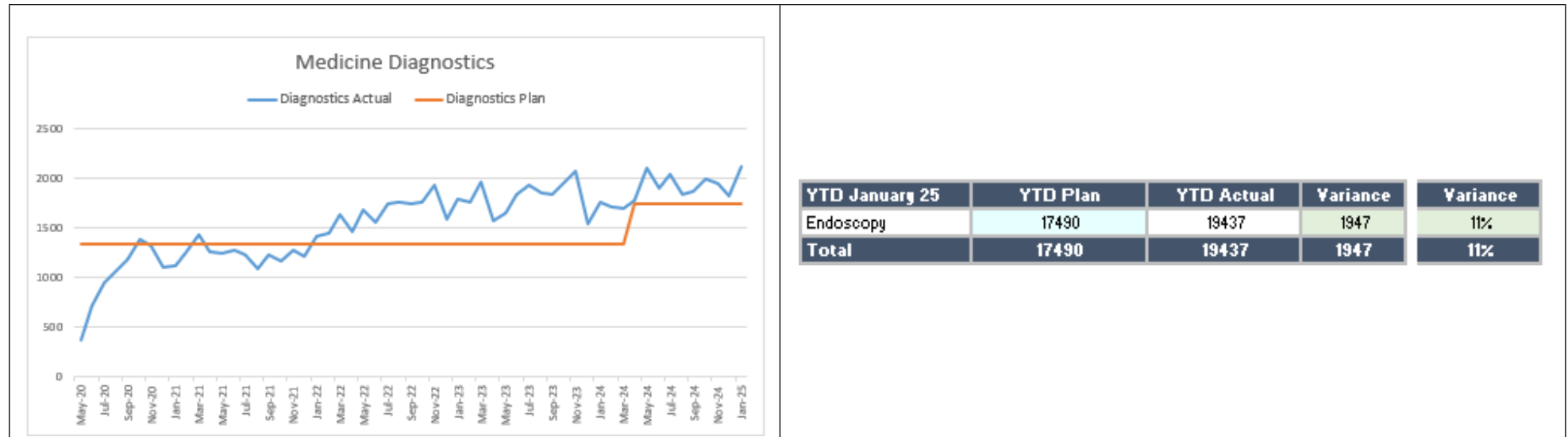
Planned Outpatients (M10)						Actual Outpatients (M10)						Outpatient Variance (M10)					
Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total
N107-Dermatology	1,255	0	0	0	1,228	N107-Dermatology	1,086	0	0	257	1,343	Derm	(169)	0	0	257	115
N147-ENT	482	0	0	0	608	N147-ENT	477	0	0	0	477	ENT	(5)	0	0	0	(131)
N105-General Surgery	1,709	0	0	0	1,790	N105-General Surgery	1,553	120	80	0	1,753	GS	(156)	120	80	0	(37)
N146-Oral Surgery	244	0	0	0	312	N146-Oral Surgery	274	7	0	0	281	Max Fax	30	7	0	0	(31)
N148-Ophthalmology	571	0	0	0	617	N148-Ophthalmology	636	24	0	0	660	Ophth	65	24	0	0	43
N108-Rheumatology	185	0	0	0	140	N108-Rheumatology	177	0	0	0	177	Rheum	(8)	0	0	0	37
N115-Trauma & Orthopaedics	878	0	0	0	1,539	N115-Trauma & Orthopaedics	548	0	139	0	687	T&O	(330)	0	139	0	(852)
N106-Urology	508	0	0	0	454	N106-Urology	515	0	15	0	530	Urology	7	0	15	0	76
Total	6,342	345	0	0	6,687		5,266	151	234	257	5,908		(1,076)	(194)	234	257	(779)

Medicine Outpatients activity for January '25 was 2,020, (Dec '24: 1,854, 2023/24: 22,708 2022/23: 19,258):

Jan-25			
	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	352	-123
Cardiology	430	440	10
Respiratory (inc Sleep)	455	419	-36
Neurology	257	342	85
Endocrinology	186	212	26
Geriatric Medicine	313	255	-58
Total	2116	2020	-96

Jan-25				
YTD	YTD Plan	YTD Actual	Variance	Variance
Gastroenterology	4750	3759	-991	-21%
Cardiology	4300	3892	-408	-9%
Respiratory (inc Sleep)	4550	4293	-257	-6%
Neurology	2570	3040	470	18%
Endocrinology	1860	1636	-224	-12%
Geriatric Medicine	3130	2460	-670	-21%
Total	21160	19080	-2080	-10%

Medicine Diagnostics activity for January '25 was 2,127 (Dec '24: 1,818, 2023/24: 21,466, 2022/23: 20,748):



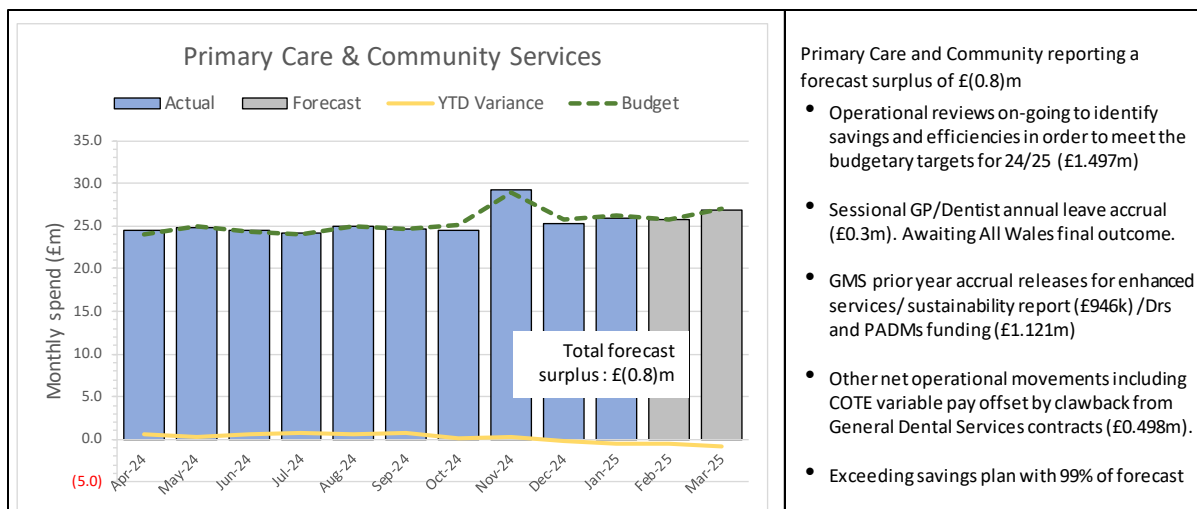
RAG rating category definitions

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

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

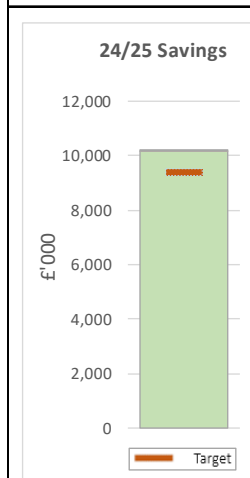
The definitions are consistent with Welsh Government guidance and have been communicated to Divisions.

Divisional analysis – Primary Care and Community



Primary Care and Community reporting a forecast surplus of £(0.8)m

- Operational reviews on-going to identify savings and efficiencies in order to meet the budgetary targets for 24/25 (£1.497m)
- Sessional GP/Dentist annual leave accrual (£0.3m). Awaiting All Wales final outcome.
- GMS prior year accrual releases for enhanced services/sustainability report (£946k)/Drs and PADMs funding (£1.121m)
- Other net operational movements including COTE variable pay offset by clawback from General Dental Services contracts (£0.498m).
- Exceeding savings plan with 99% of forecast



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	4	£1,036	£1,775	£739	£1,330	£2,370	£1,040
Procurement & Non-pay	36	£3,043	£3,203	£160	£3,880	£4,012	£132
Service Redesign	2	£535	£15	£-520	£794	£15	£-779
Workforce	19	£2,788	£3,135	£347	£3,395	£3,827	£433
Total	61	£7,402	£8,128	£726	£9,398	£10,225	£827

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-02	Managed practices to independant status from 01/04/24	R	Month 1	Green	1,607	1,928	1,928	0
PCC-03	Revise Academy Offer	NR	Month 1	Green	355	426	426	0
PCC-04	Stoma Team Phase 2	NR	Month 1	Green	124	149	149	0
PCC-05	NHS wales reduction in enhanced mileage rate	R	Month 1	Green	50	60	60	0
PCC-06	Reduction in Medication/NonPay stock - Reduction in Drugs moving STW to RGH by using omniceil cabinets and bed side lockers, opportunity to introduce across other sites for bigger savings if found beneficial	R	Month 1	Green	5	30	11	(20)
PCC-07	Pharmacy Closures - Benefits within various fees & services (mainly establishment fee). Four community pharmacies due to close by April 24 along with one additional pharmacy following this. Saving of £35k each in the year though this would be a one-off saving	NR	Month 1	Green	146	175	175	0
PCC-08	Staffing - Current B5 post holder reduction in hours	R	Month 1	Green	8	10	10	(0)
PCC-09	Staffing - Review of nursing rota and opportunities to decrease specialist nurse rate	R	Month 1	Green	4	5	5	0
PCC-10	Staffing - Currently have one agency GP, bring this peron on substantive contract so cost of fees removed	R	Month 1	Green	8	10	10	0

Primary Care & Community savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-11	Reduction in Chepstow beds - 2 - Reducing 2 beds within Cas Gwent ward	R	Month 1	Green	158	204	203	(1)
PCC-12	E-rostering scrutiny and efficiency. Adopting additional scrutiny, process transparency and further/refresh training	R	Month 1	Green	6	10	10	0
PCC-13	Staffing structure review - Remove 8a role from structure	R	Month 1	Green	53	65	65	1
PCC-14	Redeployment of Business Administrator - Redeployment of B3 administrator following end of secondment. Role not required due to apprentice in post.	R	Month 1	Green	23	28	28	0
PCC-15	Business Intelligence / Data Analyst - If Data Analyst / Business Partner model continues to be provided by Information Services (current agreed via ACD/SPPC) there will be less requirement to backfill vacancy for a dedicated band 6 performance manager. Workplan/commitment needed from Corporate Information to reassure that work will be progressed on Division's behalf. May necessitate permanent recruitment of B6 business manager from within current structure, thereby releasing a band 5 role.	R	Month 1	Green	37	44	44	(0)
PCC-16	Review Management structure	R	Month 1	Green	63	76	76	(0)
PCC-17	Review Admin Structure	R	Month 1	Green	18	32	27	(5)
PCC-18	Review Professional structure	R	Month 1	Green	57	76	76	0
PCC-19	Removal of vacant part time physio post	R	Month 1	Green	15	18	18	0
PCC-20	111 funding redistribution	NR	Month 1	Red	0	215	0	(215)
PCC-21	Non pay other - Look at opportunities including prescribing, Opex and Wireless Logic	R	Month 1	Green	8	10	10	0
PCC-22	Non pay premises rent - Explore accomodation opportunities. Currently UPC/GP OOH pick up costs for all P&CC care space within VPH which also includes SPA	R	Month 1	Red	0	30	0	(30)
PCC-23	Non-Pay reduction	R	Month 1	Green	28	22	28	6
PCC-24	Non-Pay reduction	R	Month 1	Red	0	10	0	(10)
PCC-25	Non-Pay reduction	R	Month 1	Green	9	10	10	0
PCC-26	Non-Pay reduction	R	Month 1	Green	7	10	10	0
PCC-27	Stock - Bring stock values in to balance sheet	NR	Month 1	Amber	0	66	66	0
PCC-28	Non pay review - Review stock, supplier usage, waste levels and training with a view to securing better prices / using less . Target 15% reduction.	R	Month 1	Green	91	109	109	0
PCC-29	Income opportunities - Increase charges to Llanarth Court to ensure costs are covered. Explore any other income generating opportunities	R	Month 1	Green	72	7	73	66
PCC-30	GDS contracts - Review service / number of sessions provided within the GDS contracts for OOHs, Blaenavon and Abertillery	R	Month 1	Green	50	60	60	0
PCC-31	Cessation of Hygiene Waste collection - Cessation of PHS contract and adoption of HB service supplier at saving of £2,000 per annum	R	Month 1	Green	2	2	2	0
PCC-32	Non Pay - Non Pay spend review to bring into line with budget for 24-25	R	Month 1	Green	5	5	5	0
PCC-33	Chase Project - Removal of this project	R	Month 1	Green	10	10	10	0
PCC-34	License Fees - No Longer needed	R	Month 1	Green	6	6	6	0
PCC-35	Reconfiguration of beds PCCS	R	Month 1	Red	0	750	0	(750)
PCC-36	Glyn Ebbw Closure	R	Month 1	Green	15	44	15	(29)
PCC-37	Staffing Structures in Community Dental Services	R	Month 1	Green	104	100	112	12
PCC-38	Additional clinical sessions LES	R	Month 1	Red	0	673	0	(673)
PCC-38a	Additional clinical sessions LES	NR	In Year	Green	561	0	673	673
PCC-39	Reduction in NCN areas	R	Month 1	Green	20	30	30	0
PCC-40	Relinquish Comms and Engagement agreement	R	Month 1	Red	0	30	0	(30)
PCC-41	GDS clawback savings - Corporate assessment	R	Month 1	Green	167	200	350	150
PCC-42	Dental patient charges	R	Month 1	Green	957	1,600	1,057	(543)
PCC-43	Administration & Clerical review savings (2%)	R	Month 1	Red	0	254	0	(254)
PCC-43a	Administration & Clerical review savings (2%)	NR	In Year	Green	349	0	410	410

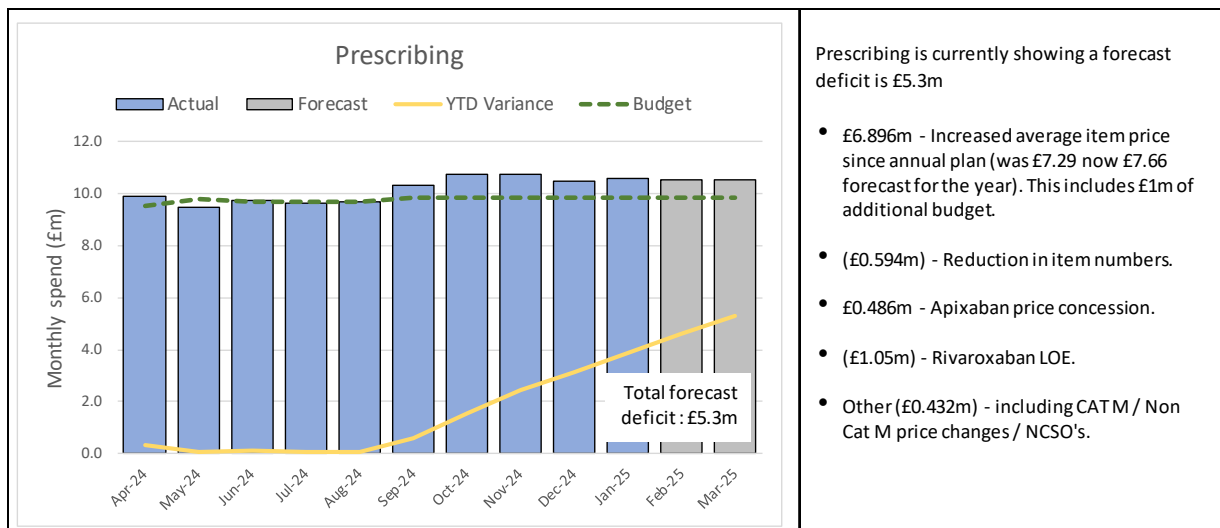
Primary Care & Community savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-44	Anti-viral cost mitigation / GP stock	R	Month 1	Red	0	1,300	0	(1,300)
PCC-44a	Anti-viral cost mitigation / GP stock	NR	In Year	Green	1,011	0	1,300	1,300
PCC-45	Optometry contract reduction	R	Month 1	Green	389	500	500	0
PCC-46	Nurse led Imms Team - under GMS Contract	R	In Year	Green	151	0	202	202
PCC-47	SLAs-Carers Collective Torfaen	NR	In Year	Green	37	0	45	45
PCC-48	SLAs-Carers Collective Monmouth	NR	In Year	Green	23	0	27	27
PCC-49	SLAs-British Red Cross Pan Gwent – Newport Hub	NR	In Year	Green	10	0	14	14
PCC-50	SLAs-Age Cymru Caerphilly	NR	In Year	Green	17	0	22	22
PCC-51	Llanarth House rates rebate	NR	In Year	Green	44	0	44	44
PCC-52	Ruperra - RTG Ward - Bed reduction and revised model	R	In Year	Green	201	0	283	283
PCC-53	GMS-HB Improvement Grant funding	NR	In Year	Green	167	0	200	200
PCC-55	SLAs - National Exercise Referral Scheme	NR	In Year	Green	10	0	12	12
PCC-56	ODTC & WET AMD - Activity cap	NR	In Year	Green	39	0	50	50
PCC-57	Rivaroxaban LOE - Price reduction	R	In Year	Green	760	0	1,060	1,060
PCC-58	Procurement saving for IV Giving Sets Switch	R	In Year	Red	0	0	0	0
PCC-59	Hospital Pharmacy - Temperature Monitoring	R	In Year	Green	2	0	4	4
PCC-60	ODTC & WET AMD Implementation of WGOS4	R	In Year	Green	71	0	105	105
					8,128	9,398	10,225	827

Red savings schemes (listed above) over £200k

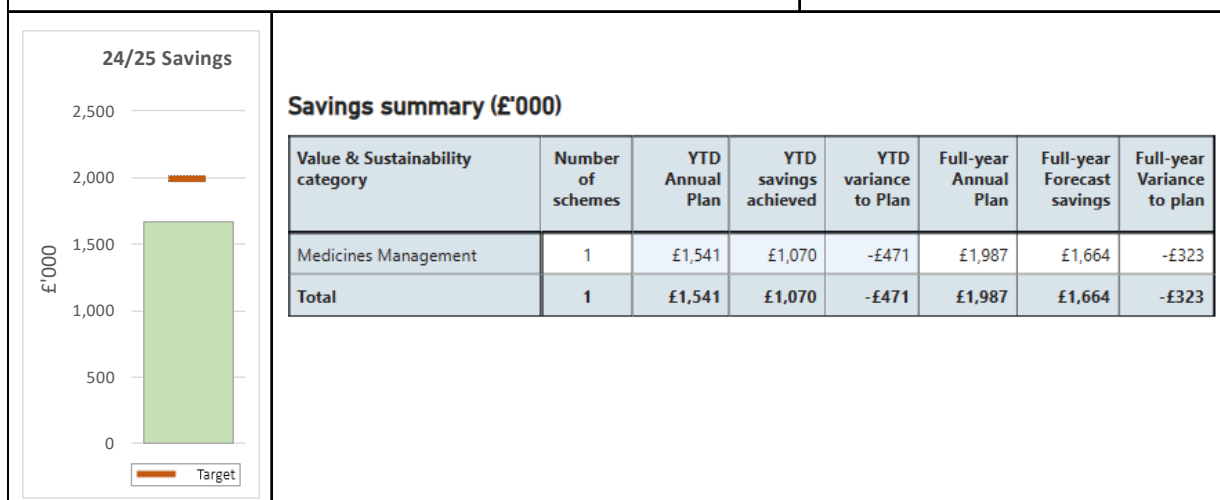
Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
Primary Care and Community	PCC-44	Anti-viral cost mitigation / GP stock	1,300	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-44a
Primary Care and Community	PCC-38	Additional clinical sessions LES	673	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-38a
Primary Care and Community	PCC-43	Administration & Clerical review savings (2%)	254	Savings are achieving for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme PCC-43a
Primary Care and Community	PCC-35	Reconfiguration of beds PCCS	750	Assumption regarding bed savings for Feb and March has been removed based on requirement to open
Primary Care and Community	PCC-20	111 funding redistribution	215	NHS Executive confirmed no distribution of underspend this year.

Divisional analysis – Prescribing



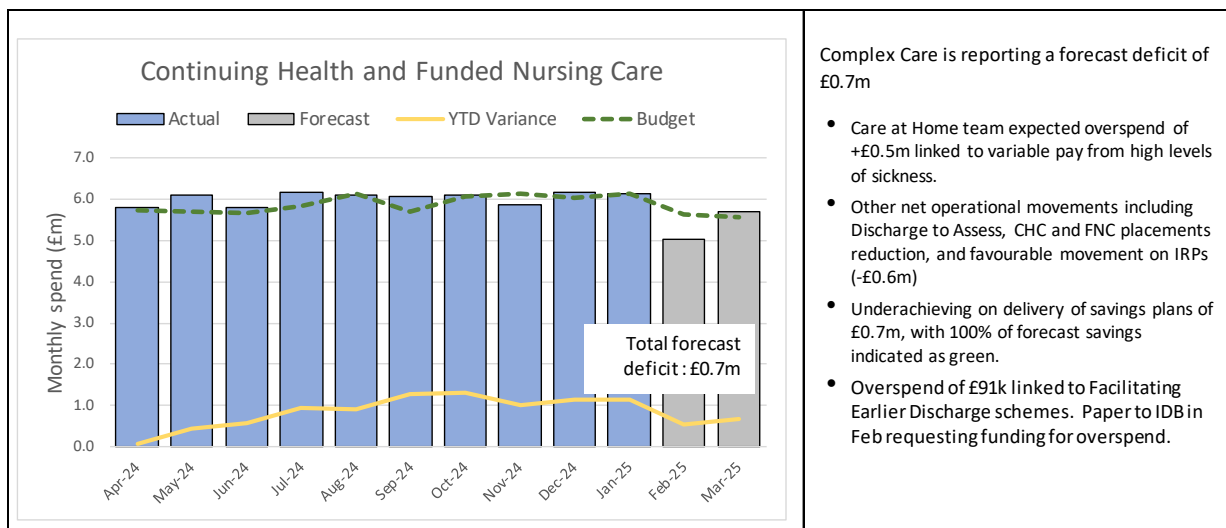
Prescribing is currently showing a forecast deficit is £5.3m

- £6.896m - Increased average item price since annual plan (was £7.29 now £7.66 forecast for the year). This includes £1m of additional budget.
- (£0.594m) - Reduction in item numbers.
- £0.486m - Apixaban price concession.
- (£1.05m) - Rivaroxaban LOE.
- Other (£0.432m) - including CATM / Non Cat M price changes / NCSO's.



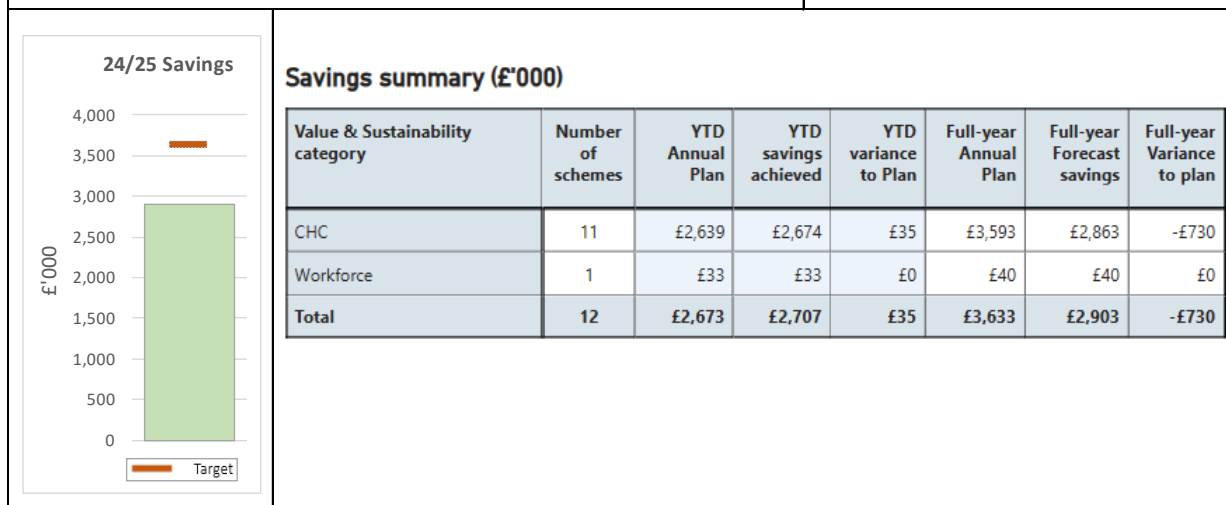
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-01	Prescribing savings options / opportunities	R	Month 1	Green	1,070	1,987	1,664	(323)
					1,070	1,987	1,664	(323)

Divisional analysis – Complex Care



Complex Care is reporting a forecast deficit of £0.7m

- Care at Home team expected overspend of +£0.5m linked to variable pay from high levels of sickness.
- Other net operational movements including Discharge to Assess, CHC and FNC placements reduction, and favourable movement on IRPs (-£0.6m)
- Underachieving on delivery of savings plans of £0.7m, with 100% of forecast savings indicated as green.
- Overspend of £91k linked to Facilitating Earlier Discharge schemes. Paper to IDB in Feb requesting funding for overspend.



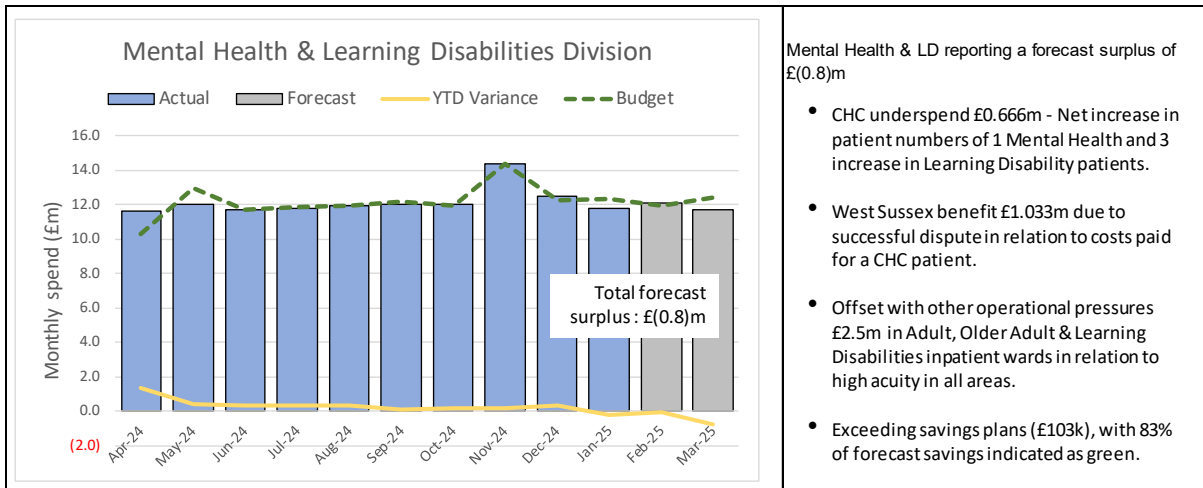
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Contract Adjustments - hospital admissions and days after death	R	Month 1	Red	0	314	0	(314)
CHC-02	Removal of CHC Premium for Gwent Care Homes with one to one placements	R	Month 1	Red	0	179	0	(179)
CHC-03	23/24 staff vacancies - no further recruitment	R	Month 1	Green	33	40	40	0
CHC-04	Deputyship SLA	R	Month 1	Red	0	35	0	(35)
CHC-05	Cwmgelli Enhanced Care contract	R	Month 1	Green	28	33	28	(6)
CHC-06	Travel (Mileage rate reduction of 5p)	R	Month 1	Green	10	12	12	0
CHC-07	CHC - Adult reviews	NR	Month 1	Green	1,343	1,440	1,440	0
CHC-08	Reduction in hospital payments for independent providers for CHC & FNC patients	R	Month 1	Red	0	203	0	(203)
CHC-09	New Direction Retainer	R	Month 1	Green	52	62	62	0
CHC-10	Administration & Clerical review	R	Month 1	Green	18	15	21	6
CHC-11	FNC activity reduction schemes	R	Month 1	Green	639	700	700	0
CHC-12	CHC Care at Home and other vacancies	R	Month 1	Green	585	600	600	0
					2,707	3,633	2,903	(730)

Complex Care continued...

Red savings schemes (listed above) over £200k

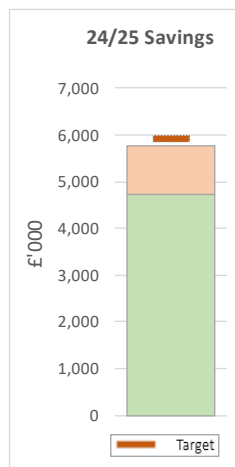
Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
CHC	CHC-08	Reduction in hospital payments for independent providers for CHC & FNC patients	203	The savings target for Scheme CHC-08 is incorporated within scheme CHC-01 currently shown as Amber
CHC	CHC-01	Contract Adjustments - hospital admissions and days after death	314	Following receipt of legal advice on provider feedback, savings target removed for 24/25
CHC	CHC-02	Removal of CHC Premium for Gwent Care Homes with one to one placements	179	Following receipt of legal advice for CHC-01, savings target removed for 24/25

Divisional analysis – Mental Health and Learning Disabilities



Mental Health & LD reporting a forecast surplus of £(0.8)m

- CHC underspend £0.666m - Net increase in patient numbers of 1 Mental Health and 3 increase in Learning Disability patients.
- West Sussex benefit £1.033m due to successful dispute in relation to costs paid for a CHC patient.
- Offset with other operational pressures £2.5m in Adult, Older Adult & Learning Disabilities inpatient wards in relation to high acuity in all areas.
- Exceeding savings plans (£103k), with 83% of forecast savings indicated as green.



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
CHC	3	£3,605	£2,599	£-1,006	£4,850	£4,633	£-217
Procurement & Non-pay	1	£80	£0	£-80	£103	£0	£-103
Workforce	7	£777	£877	£100	£953	£1,126	£173
Total	11	£4,462	£3,476	£-986	£5,906	£5,759	£-147

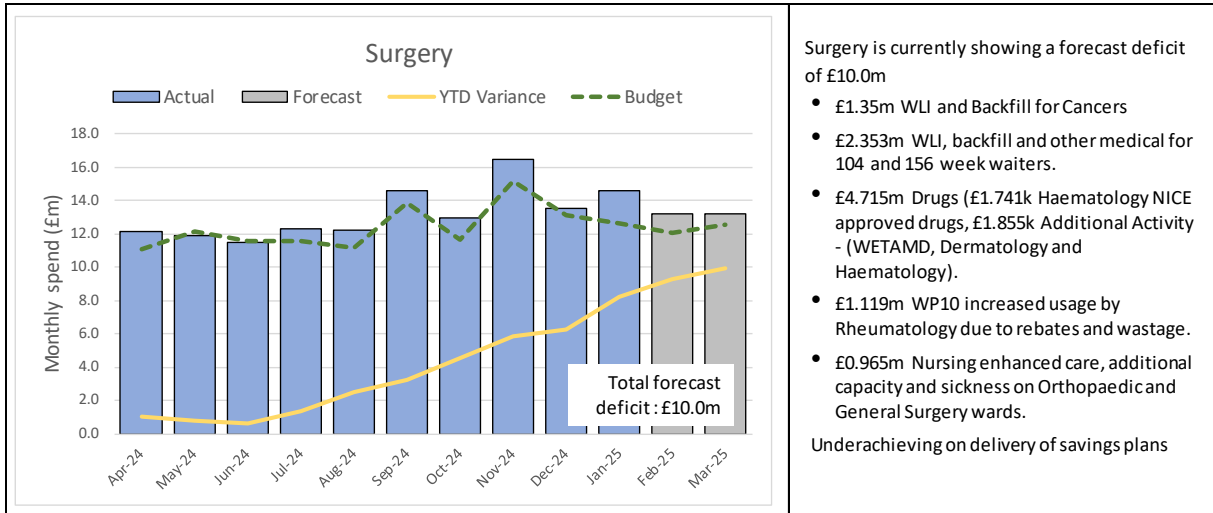
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MH-01	Reduction in variable pay agency premium B2 HCSW	R	Month 1	Green	163	192	192	0
MH-02	Ty Lafant ward LD reduction to VP	R	Month 1	Green	142	199	199	(0)
MH-03	Mitchell Close	R	Month 1	Red	0	103	0	(103)
MH-04	Medical Agency Reduction	R	Month 1	Green	127	169	169	0
MH-05	Reduction in PHP Leadership PHPs	R	Month 1	Green	45	54	54	0
MH-06	MH&LD CHC reduction	R	Month 1	Green	2,132	3,250	3,000	(250)
MH-07	Administration & Clerical review	R	Month 1	Red	0	140	0	(140)
MH-07a	Administration & Clerical review	NR	In Year	Green	106	0	140	140
MH-08	MH&LD CHC further reductions	R	Month 1	Green	467	600	600	0
MH-09	MH&LD variable pay schemes	R	Month 1	Green	294	200	373	173
OPPS2-10	West Sussex	NR	Month 1	Amber	0	1,000	1,033	33
					3,476	5,906	5,759	(147)

Mental Health and Learning Disabilities continued...

Red savings schemes (listed above) over £200k

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

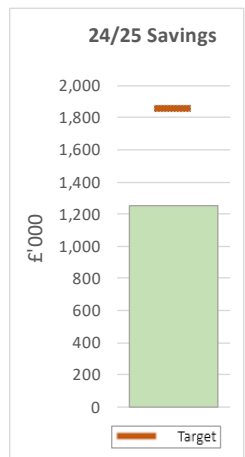
Divisional analysis – Surgery



Surgery is currently showing a forecast deficit of £10.0m

- £1.35m WLI and Backfill for Cancers
- £2.353m WLI, backfill and other medical for 104 and 156 week waiters.
- £4.715m Drugs (£1.741k Haematology NICE approved drugs, £1.855k Additional Activity - (WETAMD, Dermatology and Haematology).
- £1.119m WP10 increased usage by Rheumatology due to rebates and wastage.
- £0.965m Nursing enhanced care, additional capacity and sickness on Orthopaedic and General Surgery wards.

Underachieving on delivery of savings plans



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	1	£0	£423	£423	£0	£561	£561
Procurement & Non-pay	7	£855	£466	£-389	£1,085	£502	£-584
Service Redesign	2	£239	£0	£-239	£360	£0	£-360
Workforce	4	£323	£169	£-153	£410	£193	£-217
Total	14	£1,417	£1,058	£-359	£1,855	£1,256	£-599

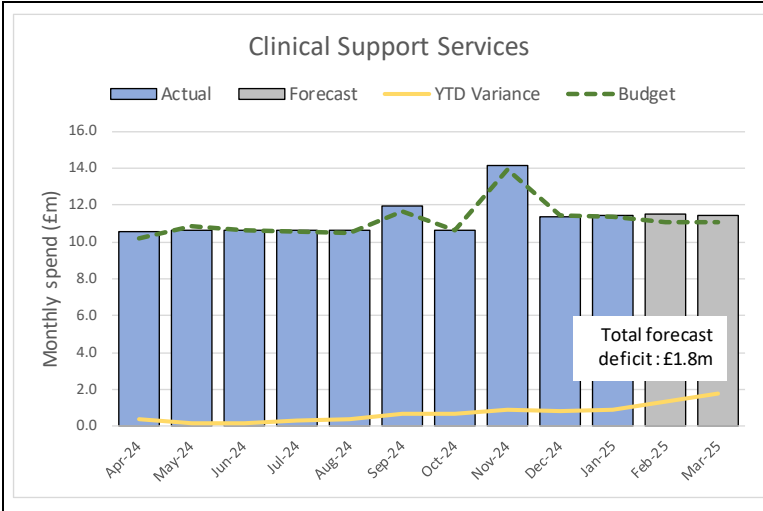
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
SUR-01	Ophthalmology Phaco Lenses and Procedure packs	R	Month 1	Green	46	79	46	(33)
SUR-02	Intensity Banding for On-call	R	Month 1	Red	0	44	0	(44)
SUR-03	Orthopaedics: Femoral Heads	R	Month 1	Green	47	45	55	10
SUR-04	Orthopaedics: rationalisation of suppliers for hips and knees	R	Month 1	Green	42	50	50	0
SUR-05	Trauma Contract	R	Month 1	Green	80	60	100	40
SUR-06	Bed Day Efficiencies	R	Month 1	Red	0	205	0	(205)
SUR-07	Theatre Efficiencies	R	Month 1	Red	0	155	0	(155)
SUR-08	Reduce Machen Ward Sat - Mon	R	Month 1	Red	0	179	0	(179)
SUR-10	Administration & Clerical Review	R	Month 1	Green	99	187	103	(84)
SUR-11	National priorities/best value biosimilars & Haematology	R	In Year	Green	423	0	561	561
SUR-12	Agency reduction with all junior clinical fellow posts now filled	NR	In Year	Green	70	0	90	90
OPPS2-11	WRP	R	Month 1	Red	0	251	0	(251)
OPPS2-11a	WRP	NR	In Year	Green	251	0	251	251
OPPS2-12	Consignment / other M&SE disposables	R	Month 1	Red	0	600	0	(600)
					1,058	1,855	1,256	(599)

Surgery continued...

Red savings schemes (listed above) over £200k

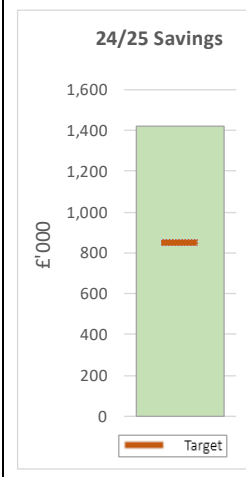
Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
OPPS2-12	Consignment / other M&SE disposables	600	Original plan for Consignment Stock saving determined unachievable following technical advice
OPPS2-11	WRP	251	Savings are achieving in full for 24/25, however will not achieve on a recurrent basis. The 2024/25 achievement is reflected in scheme OPPS2-11a
SUR-08	Reduce Machen Ward Sat - Mon	179	Machen ward unable to close on weekends so far due to shortages of beds in GUH.
SUR-06	Bed Day Efficiencies	205	As part of the annual plan savings schemes 300k was set as a target for bed and theatre day efficiencies through BADs. Although there is evidence some work has been done we have now lost the 5 bedded Machen ward to medicine and ministerial priority targets for the rest of the year has lead the Divisonal Director to decide we should remove these initiatives and they won't be achieved this Financial Year.
SUR-07	Theatre Efficiencies	154	

Divisional analysis – Clinical Support Services



Clinical Support Division is reporting a forecast deficit of £1.8m

- Operational pressures in diagnostics (£0.25m)
- Operational pressures in PACCT £0.9m
- Winter cost pressures £0.5m
- Planned Care Recovery £0.65m
- Exceeding savings plans (£571k), with 100% of forecast savings indicated as green.

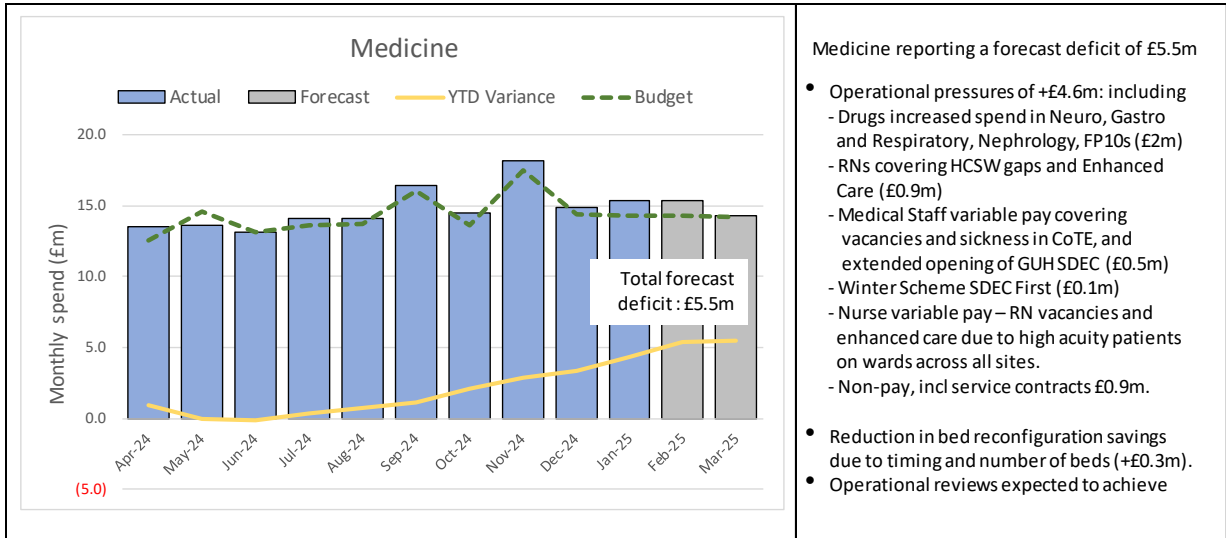


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	3	£0	£38	£38	£0	£44	£44
Procurement & Non-pay	17	£403	£992	£589	£493	£1,142	£649
Workforce	2	£249	£190	£-59	£353	£231	£-122
Total	22	£652	£1,220	£568	£846	£1,418	£571

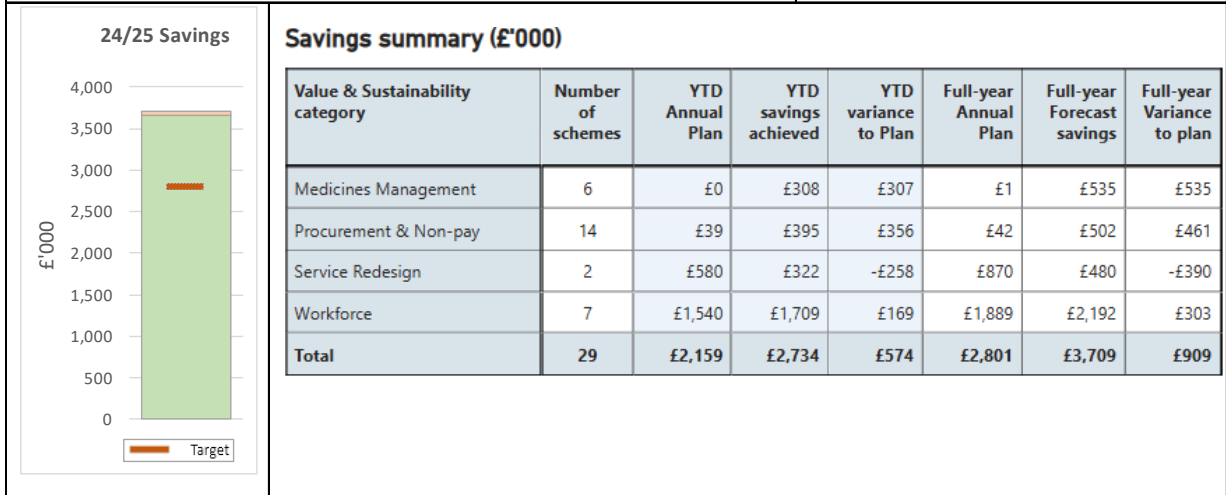
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Administration & Clerical review	R	Month 1	Green	123	123	158	35
CSS-02	Pathology - repatriation of tests	R	Month 1	Green	15	43	21	(22)
CSS-03	PFI saving (Llanwenarth suite)	R	Month 1	Green	250	300	300	0
CSS-04	Theatre Efficiencies	R	Month 1	Green	67	230	73	(157)
CSS-05	FIT Testing (Novation into Siemen's Managed Service contra	R	In Year	Green	23	0	29	29
CSS-06	Decommissioning NovaView Service & Maintenance	R	In Year	Green	16	0	19	19
CSS-07	Quantiliser Maintenance	NR	In Year	Green	5	0	5	5
CSS-08	Urine Collection Tubes	R	In Year	Green	8	0	10	10
CSS-10	Fuji - Equipment Inventory Review	R	In Year	Green	0	0	7	7
CSS-11	MIU General Room - RGH - Decommissioned	R	In Year	Green	1	0	3	3
CSS-12	MIU General Room - RGH - Replacement	NR	In Year	Green	1	0	4	4
CSS-13	Drugs - Sevoflourane	R	In Year	Green	7	0	8	8
CSS-14	Maintenance Contracts (Theatres, Radiology, Pathology)	NR	In Year	Green	390	0	390	390
CSS-15	Price Reduction in Ethicon suturing materials (Theatres)	NR	In Year	Green	40	0	50	50
CSS-16	Radiology - Contrast Media	R	In Year	Green	31	0	36	36
CSS-17	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	0	0	0	0
OPPS2-01	WHSSC Liver	R	Month 1	Green	174	116	213	97
OPPS2-02	Additional Savings Targets - Pathology NR maintenance savi	R	Month 1	Green	23	34	28	(7)
CSS-18	YYF General Room - capital replacement - maintenance cont	NR	In Year	Green	2	0	5	5
CSS-19	Radiology - Ante Natal scan photo kiosk income	R	In Year	Green	5	0	7	7
CSS-20	Pathology - D-Dimers tests	R	In Year	Green	2	0	6	6
CSS-21	Sal Salvage	NR	In Year	Green	37	0	45	45
					1,220	846	1,418	571

Divisional analysis – Medicine



Medicine reporting a forecast deficit of £5.5m

- Operational pressures of +£4.6m: including
 - Drugs increased spend in Neuro, Gastro and Respiratory, Nephrology, FP10s (£2m)
 - RNs covering HCSW gaps and Enhanced Care (£0.9m)
 - Medical Staff variable pay covering vacancies and sickness in CoTE, and extended opening of GUH SDEC (£0.5m)
 - Winter Scheme SDEC First (£0.1m)
 - Nurse variable pay – RN vacancies and enhanced care due to high acuity patients on wards across all sites.
 - Non-pay, incl service contracts £0.9m.
- Reduction in bed reconfiguration savings due to timing and number of beds (+£0.3m).
- Operational reviews expected to achieve

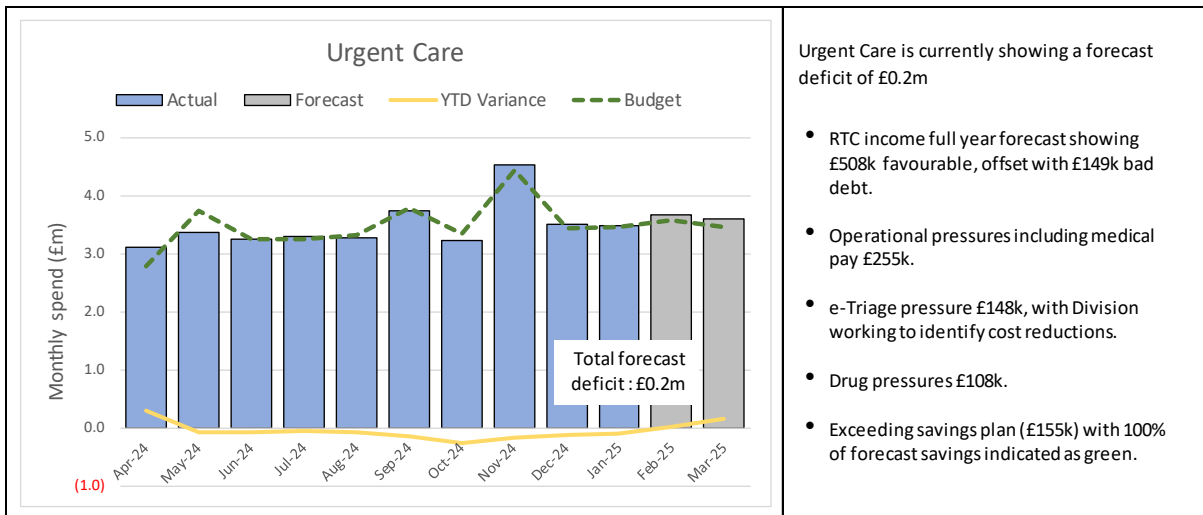


Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Med-01	Medicines Management review across Directorates. Horizon Scanning	NR	Month 1	Green	83	1	100	100
Med-02	Reconfiguration of beds across 3 wards with the net reduction of 14 beds for Medicine	R	Month 1	Green	1,382	1,558	1,663	105
Med-03	No backfill for 0.40 band 7 sleep nurse wef	R	Month 1	Green	20	24	24	0
Med-04	Procurement of Medtronic pumps at reduced rate for a set period of time	NR	Month 1	Green	17	27	17	(10)
Med-05	Reduced catalogue price for Medtronic sensors	NR	Month 1	Green	61	15	74	59
Med-06	Reconfiguration of beds Medicine	R	Month 1	Green	322	750	480	(270)
Med-07	Administration & Clerical review	R	Month 1	Red	0	158	0	(158)
Med-08	Cardiology backfill sessions	R	Month 1	Red	0	120	0	(120)
Med-09	Cardiology insourcing below plan	R	Month 1	Green	117	150	150	0
Med-10	Reduced catalogue price for Dexcom pumps and consumables	NR	In Year	Green	79	0	97	97

Medicine savings schemes continued...

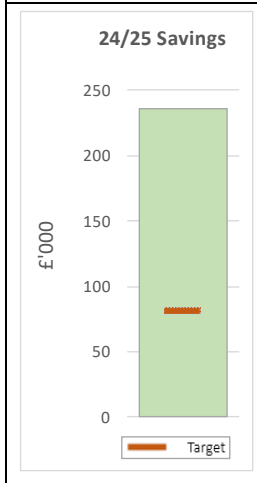
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Med-12	National priorities - Neurology - Teriflunomide	NR	In Year	Green	11	0	31	31
Med-13	National priorities - Neurology - Fingolimod	NR	In Year	Green	11	0	33	33
Med-15	Natalizumab - contract change	NR	In Year	Green	91	0	124	124
Med-17	Medical Rota - IMT Doctors (1 in 16 to 1 in 22 on call rota)	R	In Year	Green	53	0	70	70
Med-18	Respiratory CPAP purchase	NR	In Year	Green	62	0	80	80
Med-19	Gastroenterology Switch in product type Polyp Trap	R	In Year	Green	1	0	1	1
Med-20	Cardiology Reduction in Echo Insourcing reliance	R	In Year	Green	23	0	30	30
Med-21	Cardiology Recruitment Slippage CR/HF Hub	NR	In Year	Amber	0	0	45	45
Med-22	Gastroenterology Consent forms - Cessation of leaflet	R	In Year	Green	9	0	11	11
Med-23	Respiratory CPAP Mask Renewals	R	In Year	Green	50	0	60	60
Med-24	Respiratory CPAP Mask new set ups	R	In Year	Green	17	0	20	20
Med-25	Cardiology Mini comp tender Stents (Cath Lab)	R	In Year	Green	6	0	9	9
Med-27	Gastroenterology Out of Area drug cost recovery for Ward Attenders	NR	In Year	Green	33	0	50	50
Med-28	Neurology Out of Area drug cost recovery for Ward Attenders	NR	In Year	Green	33	0	50	50
Med-29	Acute Medicine Substantiate RNs in Line with Rosters	R	In Year	Green	138	0	240	240
Med-30	Diabetes Insulet Rebate	NR	In Year	Green	4	0	4	4
Med-31	GACU Giving Sets - Alternative Product with reduced Port	R	In Year	Green	0	0	0	0
Med-32	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	1	0	1	1
Med-33	Drug switch Ustekinumab	R	In Year	Green	112	0	247	247
					2,734	2,801	3,709	909

Divisional analysis – Urgent Care



Urgent Care is currently showing a forecast deficit of £0.2m

- RTC income full year forecast showing £508k favourable, offset with £149k bad debt.
- Operational pressures including medical pay £255k.
- e-Triage pressure £148k, with Division working to identify cost reductions.
- Drug pressures £108k.
- Exceeding savings plan (£155k) with 100% of forecast savings indicated as green.

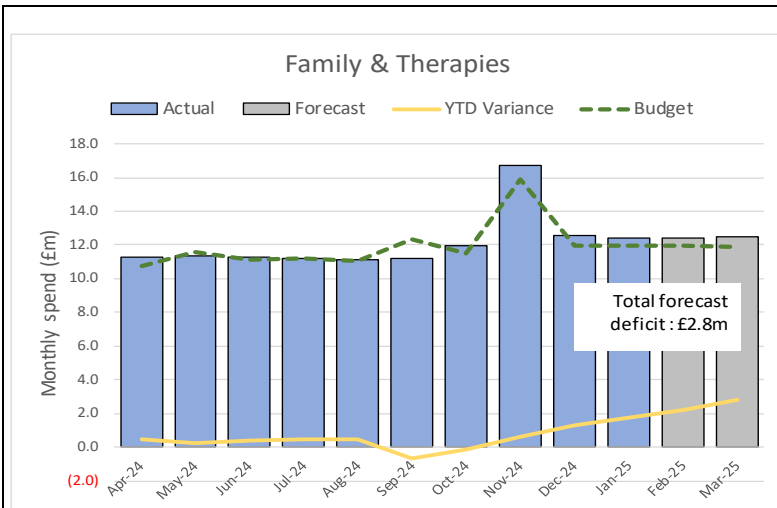


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	1	£0	£67	£67	£0	£100	£100
Workforce	2	£66	£108	£42	£81	£136	£55
Total	3	£66	£174	£108	£81	£236	£155

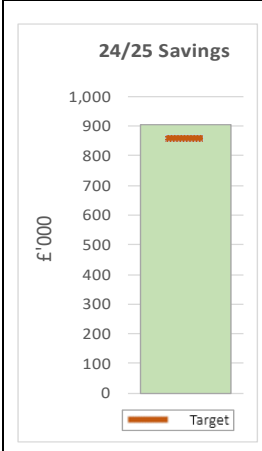
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
URG-01	Administration & Clerical review	R	Month 1	Green	68	81	81	0
URG-01a	Administration & Clerical review	NR	In Year	Green	40	0	55	55
URG-02	RTC Income	NR	In Year	Green	67	0	100	100
					174	81	236	155

Divisional analysis – Family & Therapies



Families and Therapies reporting a forecast deficit of £2.8m

- Operational and workforce pressures continue to drive overspend in all areas. £1.9m medical variable pay - driven by CAMHS, Gynaecology and Paediatrics. M09 sickness in Paediatrics being 8.92% driving variable pay which continues in M10.
- Other non pay and pay £0.9m
- Maternity - In M 10 C/Section rate and Induction rates continue to be high 44%, (av YTD 41%) and 37% (av YTD 33%) respectively, with Em C/Sections being 54% (av YTD 56%), which is driving non pay spend. Variable pay continues to be high due to sickness (av.7%), high maternity leave (13 WTE) and vacancies within the Maternity directorate.
- Exceeding savings plan (£49k) with 100% of forecast savings indicated as green.

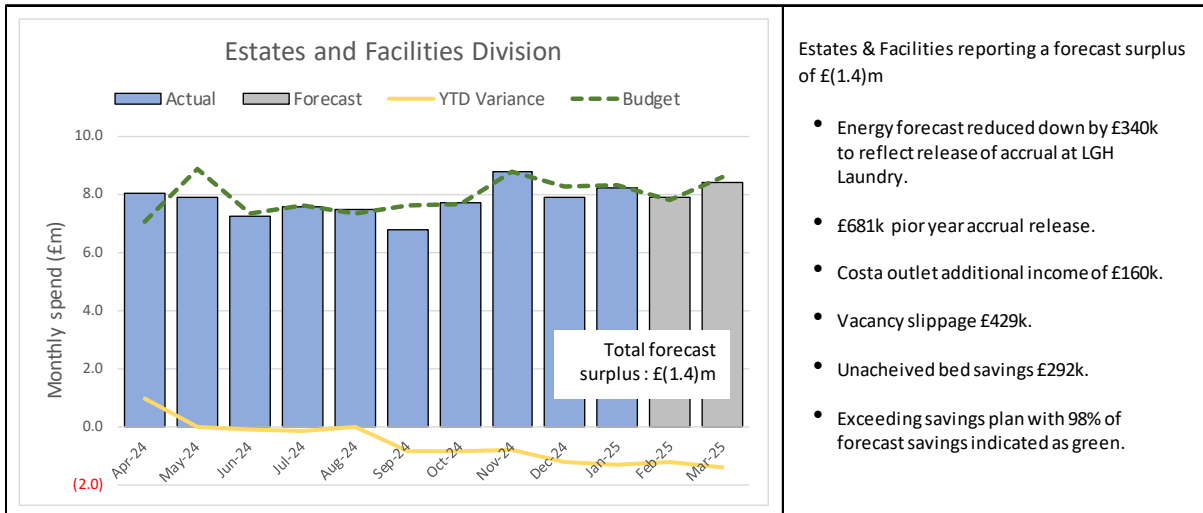


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Medicines Management	3	£165	£183	£18	£200	£218	£18
Procurement & Non-pay	9	£302	£320	£18	£380	£411	£31
Workforce	2	£215	£144	£-71	£277	£277	£0
Total	14	£682	£647	£-35	£857	£907	£49

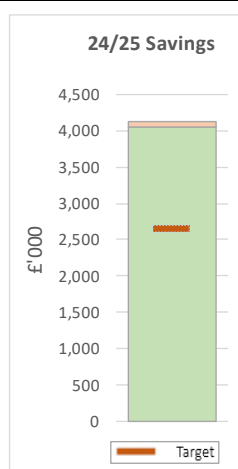
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
F&T-01	Maternity - Easy Pay Kiosk Additional Income (Ultrasound)	R	Month 1	Green	6	50	13	(37)
F&T-02	TRUCLEAR - Replacing Myosure consumables	R	Month 1	Green	138	177	177	0
F&T-03	Konica Photocopier / Printer Review	R	Month 1	Green	31	40	40	0
F&T-04	Reduction in Mileage by 5p per mile	R	Month 1	Green	44	53	53	0
F&T-05	Reduction in Variable pay	R	Month 1	Green	26	34	34	0
F&T-06	SRH - Billing C&V for MIV drug costs for C&V patients treated in ABUHB	R	Month 1	Green	177	200	210	10
F&T-07	Medtronic pump & Sensor All Wales procurement savings	R	Month 1	Green	50	60	60	0
F&T-08	Administration & Clerical review	R	Month 1	Green	118	243	243	0
F&T-09	HIV - Dovato Switches	R	In Year	Green	6	0	8	8
F&T-10	Switching to SOL Gases	R	In Year	Green	5	0	8	8
F&T-11	Enteral Feeding tubes	R	In Year	Green	5	0	8	8
F&T-12	CTG Wallets	R	In Year	Green	2	0	2	2
F&T-13	Paracetamol IV to Oral Omnicell Implementation	R	In Year	Green	0	0	0	0
F&T-14	Further price reduction of Dexacom Diabetes products	R	In Year	Green	39	0	51	51
					647	857	907	49

Divisional analysis – Estates & Facilities



Estates & Facilities reporting a forecast surplus of £(1.4)m

- Energy forecast reduced down by £340k to reflect release of accrual at LGH Laundry.
- £681k prior year accrual release.
- Costa outlet additional income of £160k.
- Vacancy slippage £429k.
- Unachieved bed savings £292k.
- Exceeding savings plan with 98% of forecast savings indicated as green.

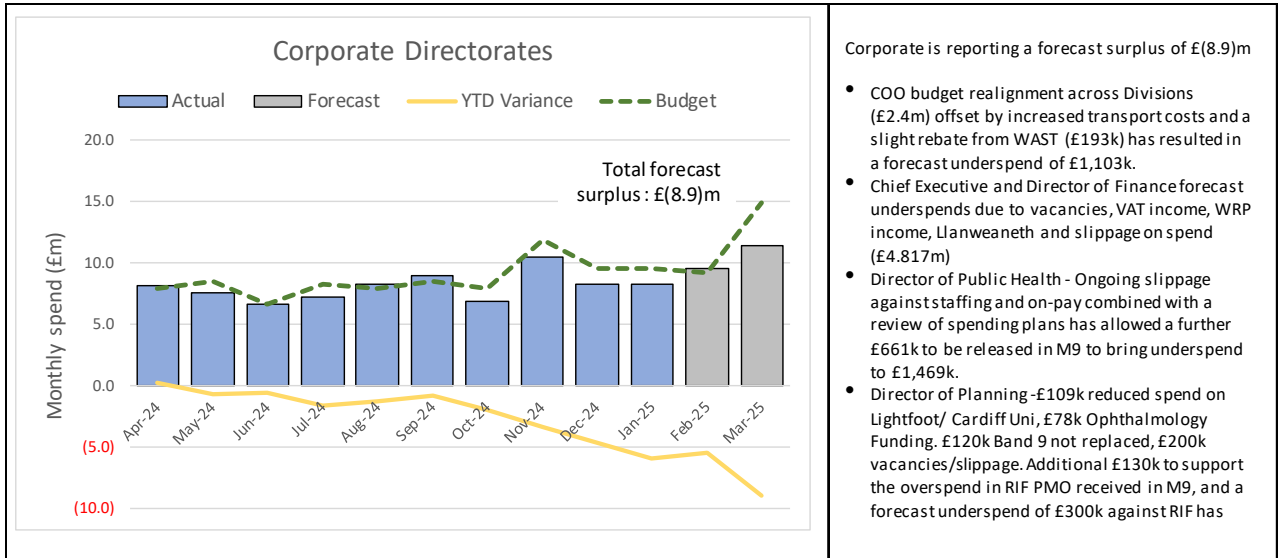


Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	10	£1,565	£2,851	£1,286	£2,026	£3,441	£1,415
Workforce	3	£484	£536	£52	£614	£683	£69
Total	13	£2,048	£3,387	£1,339	£2,640	£4,124	£1,484

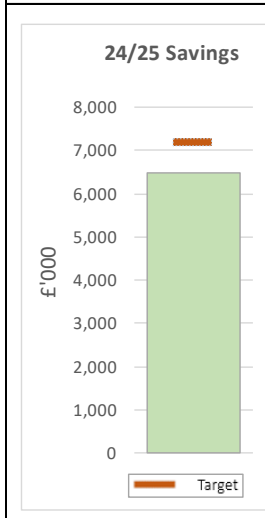
Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
EF-01	Window Cleaning Capped at 1 clean per year per site	R	Month 1	Green	16	19	19	0
EF-02	Cease Liftshare software	R	Month 1	Green	12	14	14	0
EF-03	COVID A&E Portacabin	R	Month 1	Green	263	316	316	0
EF-04	Administration & Clerical review	R	Month 1	Green	95	114	114	0
EF-05	Discharge Lounge Portacabin	R	Month 1	Green	52	62	62	0
EF-06	NWSSP Energy Saving	NR	In Year	Green	1,289	0	1,657	1,657
EF-07	NHH Ward Closure 4:3	R	In Year	Green	32	0	69	69
OPPS2-06a	Rates Rebates - Newport Sites	NR	Month 1	Green	980	930	980	50
OPPS2-06b	Rates Rebates - NHH	NR	Month 1	Amber	0	70	70	0
OPPS2-07	Enhanced Cleaning	R	Month 1	Green	409	500	500	0
OPPS2-08	Bed contract	R	Month 1	Green	125	500	208	(292)
OPPS2-09	WRP	R	Month 1	Red	0	115	0	(115)
OPPS2-09a	WRP	NR	In Year	Green	115	0	115	115
					3,387	2,640	4,124	1,484

Divisional analysis – Corporate



Corporate is reporting a forecast surplus of £(8.9)m

- COO budget realignment across Divisions (£2.4m) offset by increased transport costs and a slight rebate from WAST (£193k) has resulted in a forecast underspend of £1,103k.
- Chief Executive and Director of Finance forecast underspends due to vacancies, VAT income, WRP income, Llanweaneth and slippage on spend (£4.817m)
- Director of Public Health - Ongoing slippage against staffing and on-pay combined with a review of spending plans has allowed a further £661k to be released in M9 to bring underspend to £1,469k.
- Director of Planning -£109k reduced spend on Lightfoot/ Cardiff Uni, £78k Ophthalmology Funding. £120k Band 9 not replaced, £200k vacancies/slippage. Additional £130k to support the overspend in RIF PMO received in M9, and a forecast underspend of £300k against RIF has



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	12	£2,990	£2,426	-\$564	£3,767	£3,342	-\$425
Service Redesign	2	£1,251	£899	-\$352	£1,600	£1,146	-\$455
Workforce	15	£1,472	£1,714	£242	£1,796	£1,981	£184
Total	29	£5,713	£5,040	-\$674	£7,164	£6,468	-\$696

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CEO-01	Administration & Clerical review	R	Month 1	Green	41	53	52	(1)
COO-01	Administration & Clerical review	R	Month 1	Green	13	20	17	(3)
CORP-01	Generic CIP - Pay	R	Month 1	Green	35	53	44	(9)
CORP-02	Generic - Non-pay	NR	Month 1	Green	11	15	14	(1)
CORP-03	Hybrid mail	R	Month 1	Green	150	300	180	(120)
CORP-04	Intersite transport	R	Month 1	Green	749	1,300	966	(334)
CORP-05	Healthcare Pathways	R	Month 1	Red	0	120	0	(120)
CORP-06	Health Protection - Caerleon House	R	Month 1	Green	50	273	150	(123)
CORP-07	Health Protection - Newport	R	Month 1	Green	183	220	220	0
CORP-08	Health Protection - LA / TTP	R	Month 1	Green	445	534	534	0
CORP-09	Health Protection - Microbiology	R	Month 1	Green	243	291	291	0
CORP-10	VAT income / over-recovery	NR	Month 1	Green	295	300	345	45

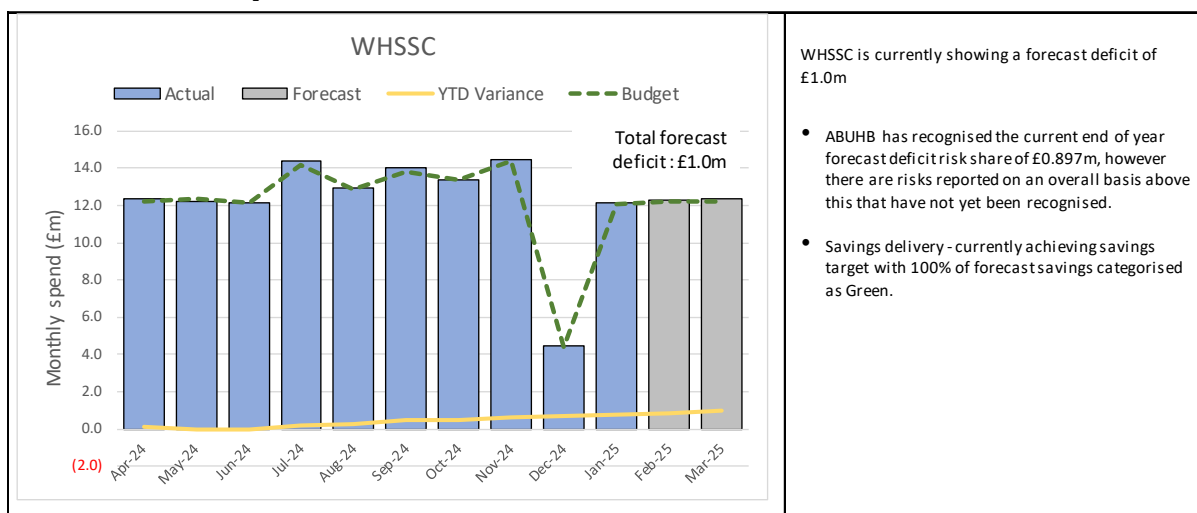
Corporate savings schemes continued...

Savings Scheme Number	Scheme / Opportunity	R/NR	Annual Plan v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CORP-11	Finance administration savings	R	Month 1	Green	134	161	161	0
DIG-02	Administration & Clerical review	R	Month 1	Green	571	319	596	277
FIN-03	Administration & Clerical review	R	Month 1	Green	116	139	139	0
GOV-01	Administration & Clerical review	R	Month 1	Green	16	19	20	1
MEDR-01	Administration & Clerical review	R	Month 1	Green	39	59	49	(10)
NUR-01	Administration & Clerical review	R	Month 1	Green	35	53	44	(9)
PLA-01	Administration & Clerical review	R	Month 1	Green	71	68	81	13
THE-01	Administration & Clerical review	R	Month 1	Green	13	19	16	(3)
WOD-01	Administration & Clerical review	R	Month 1	Green	154	122	171	49
CORP-13	Litigation cost reductions	R	Month 1	Green	299	385	385	0
CORP-14	Other specific funding benefits	NR	Month 1	Green	233	300	300	0
CORP-15	Recovery of agency fees	NR	Month 1	Green	534	700	812	112
CORP-16	NWSSP	NR	In Year	Green	0	0	197	197
OPPS2-03	WRP	R	Month 1	Red	0	335	0	(335)
OPPS2-03a	WRP	NR	In Year	Green	335	0	335	335
OPPS2-04	Further litigation schemes	R	Month 1	Green	272	350	350	0
OPPS2-05	Further Corporate schemes / opportunities inc. Public Health	R	Month 1	Red	0	655	0	(655)
					5,040	7,164	6,468	(696)

Red savings schemes (listed above) over £200k

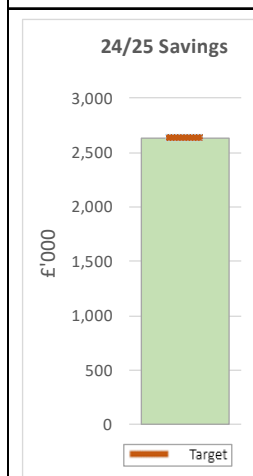
Savings Scheme Number	Scheme / Opportunity	Current Year Annual Plan £'000	Reason for unachievement
OPPS2-05	Further Corporate schemes / opportunities inc. Public Health	655	Unachievement due to no specific plan. Mitigated by overachievement in other areas
OPPS2-03	WRP	335	Savings are achieving in full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

Divisional analysis – WHSSC



WHSSC is currently showing a forecast deficit of £1.0m

- ABUHB has recognised the current end of year forecast deficit risk share of £0.897m, however there are risks reported on an overall basis above this that have not yet been recognised.
- Savings delivery - currently achieving savings target with 100% of forecast savings categorised as Green.

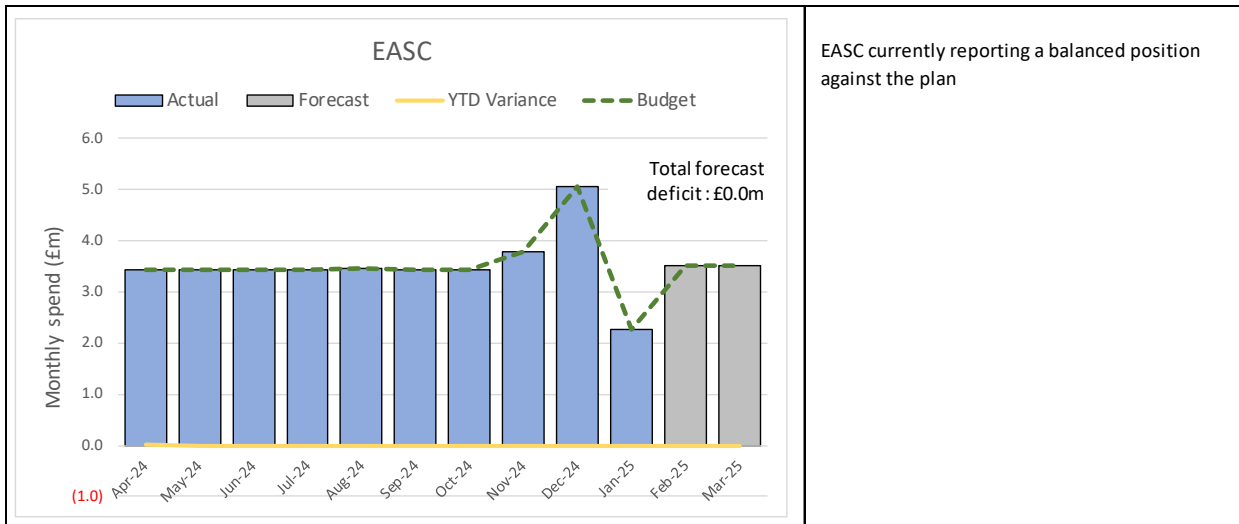


Savings summary (£'000)

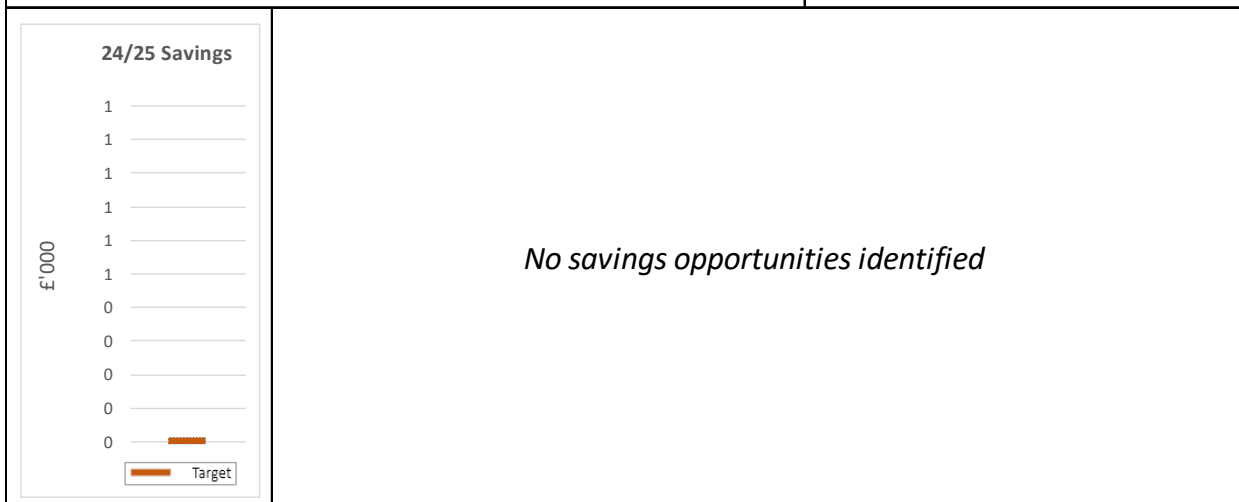
Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	2	£2,165	£2,194	£30	£2,633	£2,633	£0
Total	2	£2,165	£2,194	£30	£2,633	£2,633	£0

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
WHSSC-01	WHSSC Savings Schemes	R	Month 1	Green	1,749	2,099	2,099	(0)
WHSSC-02	WHSSC Savings Schemes	R	Month 1	Green	445	534	534	0
					2,194	2,633	2,633	(0)

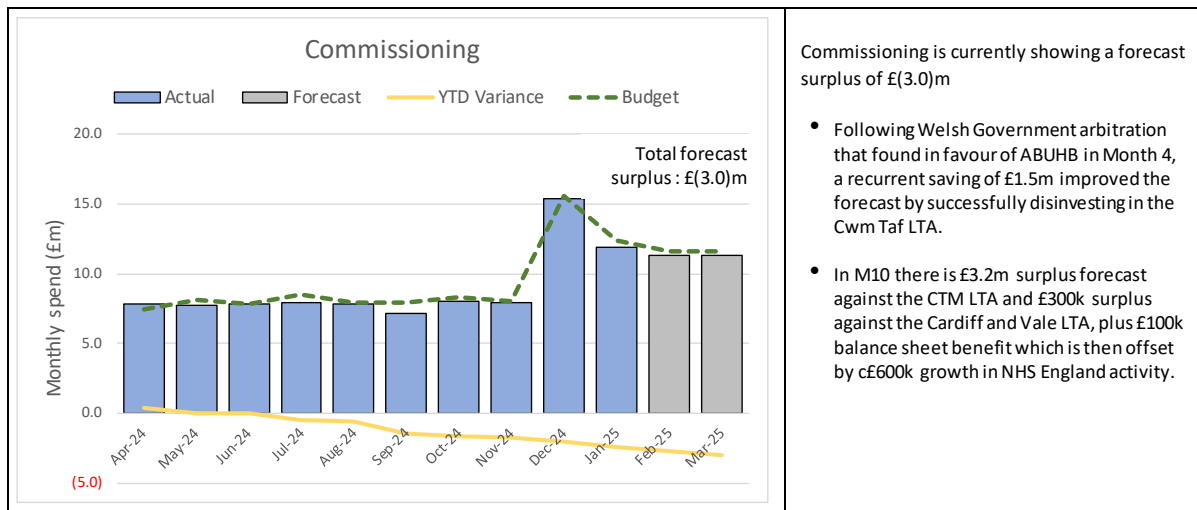
Divisional analysis – EASC



EASC currently reporting a balanced position against the plan

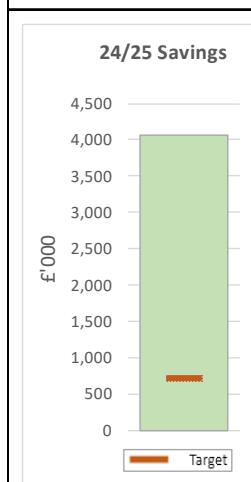


Divisional analysis – External Commissioning



Commissioning is currently showing a forecast surplus of £(3.0)m

- Following Welsh Government arbitration that found in favour of ABUHB in Month 4, a recurrent saving of £1.5m improved the forecast by successfully disinvesting in the Cwm Taf LTA.
- In M10 there is £3.2m surplus forecast against the CTM LTA and £300k surplus against the Cardiff and Vale LTA, plus £100k balance sheet benefit which is then offset by c£600k growth in NHS England activity.



Savings summary (£'000)

Value & Sustainability category	Number of schemes	YTD Annual Plan	YTD savings achieved	YTD variance to Plan	Full-year Annual Plan	Full-year Forecast savings	Full-year Variance to plan
Procurement & Non-pay	4	£566	£3,357	£2,792	£706	£4,056	£3,350
Total	4	£566	£3,357	£2,792	£706	£4,056	£3,350

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
COMM-01	Reduction in expenditure for robotic surgery (repat)	R	Month 1	Green	316	406	406	0
COMM-02	LTA reviews	R	Month 1	Green	1,500	300	1,800	1,500
COMM-03	Refugee scheme income	NR	In Year	Green	125	0	150	150
COMM-04	CTM LTA Performance (contract r	R	In Year	Green	1,417	0	1,700	1,700
					3,357	706	4,056	3,350

Reserves

Reserves Delegation:

Following Board budget delegation undertaken in month 2 the reserves position at 31st of January 25 is £15.081m. This consists of the revised recurrent deficit for 24/25 of £8.314m (following additional £40.5m Welsh Government funding), specific commitment reserves of £6.553m, allocations to be delegated of £13.619m and items retained to support the deficit position of £3.222m.

The specific commitment reserves include targeted funding to support additional expenditure relating to RTT. An Innovation and Development reserve of £1.343m remains within reserves for new pressures and investments. From the original £2.0m held for Innovation and Development, a number of Executive approved funding decisions have been made including expansion of the Multiple Sclerosis service (£0.257m), ED business case (£247k), Creo Endoscopy (£0.148m), Diabetic Pumps (£127k) and LIMS Project (£34k).

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

7769-ALLOCATIONS TO BE DELEGATED

Description	24/25
Mental Health 111 Press 2 service funding 24-25 (tranche 1)	142,857
Mental Health 111 Press 2 service funding 24-25 (tranche 2)	141,659
Real Living Wage (RLW) - 24/25	1,228,074
International Nurses 24-25	894,000
Planned Care - 104 week wait gap for Orthopaedics	2,600,550
Planned Care - Diagnostic Schemes	840,734
Planned Care - ENT	1,325,600
Planned Care -RTT Infrastructure	373,322
Pay funding-RLW from April-24	2,695,624
Pay funding-Band 8 increment Jan-25	1,302,840
Pay funding-Apprenticeship levy addtl	293,626
Pay-funding-Strike cover arrears	94,000
Pay funding-Intensity banding arrears	153,000
Pay funding-Locum consultant arrears	231,000
Waiting Times Balance of SE Cataracts funding balance	218,000
PCC Optometry funding 24-25	767,000
JCC NHS England Growth & Cost Pressures – as advised by JCC'	317,000
Confirmed / Anticipated Allocations to be apportioned	13,618,886

7788-COMMITMENTS TO BE DELEGATED

Description	24/25
Innovation and Development Fund	1,343,202
Approved Business Case: Discharge/Transfer lounge	134,426
Innovation and Development Fund - RTT	111,930
Inflationary pressures reserve	1,220,000
Newport East HWBC (GDS contract increase)	48,000
Newport East HWBC (E&F costs)	66,000
GUH ED Extension	161,000
Prescribing price & volume growth 2024/25	1,800,000
Energy underspend at M4	1,657,000
Pay award element relating to individuals charged to capital	12,296
Total Commitments	6,553,854

7501-SUPPORTING FINANCIAL POSITION

Description	24/25
Balance at month 9	2,336,557
Optometry funding from 24-25 budget setting	840,000
IT Revenue to capital M10	45,816
Total Supporting financial position reserve	3,222,373

7515-IMTP 23/24 DEFICIT

Description	24/25
24/25 recurrent deficit	(48,858,587)
Additional in-year funding re: Cost pressures	9,545,000
Additional in-year funding re: Target control total adjustment	31,000,000
Total IMTP 23/24 recurrent deficit	(8,313,587)

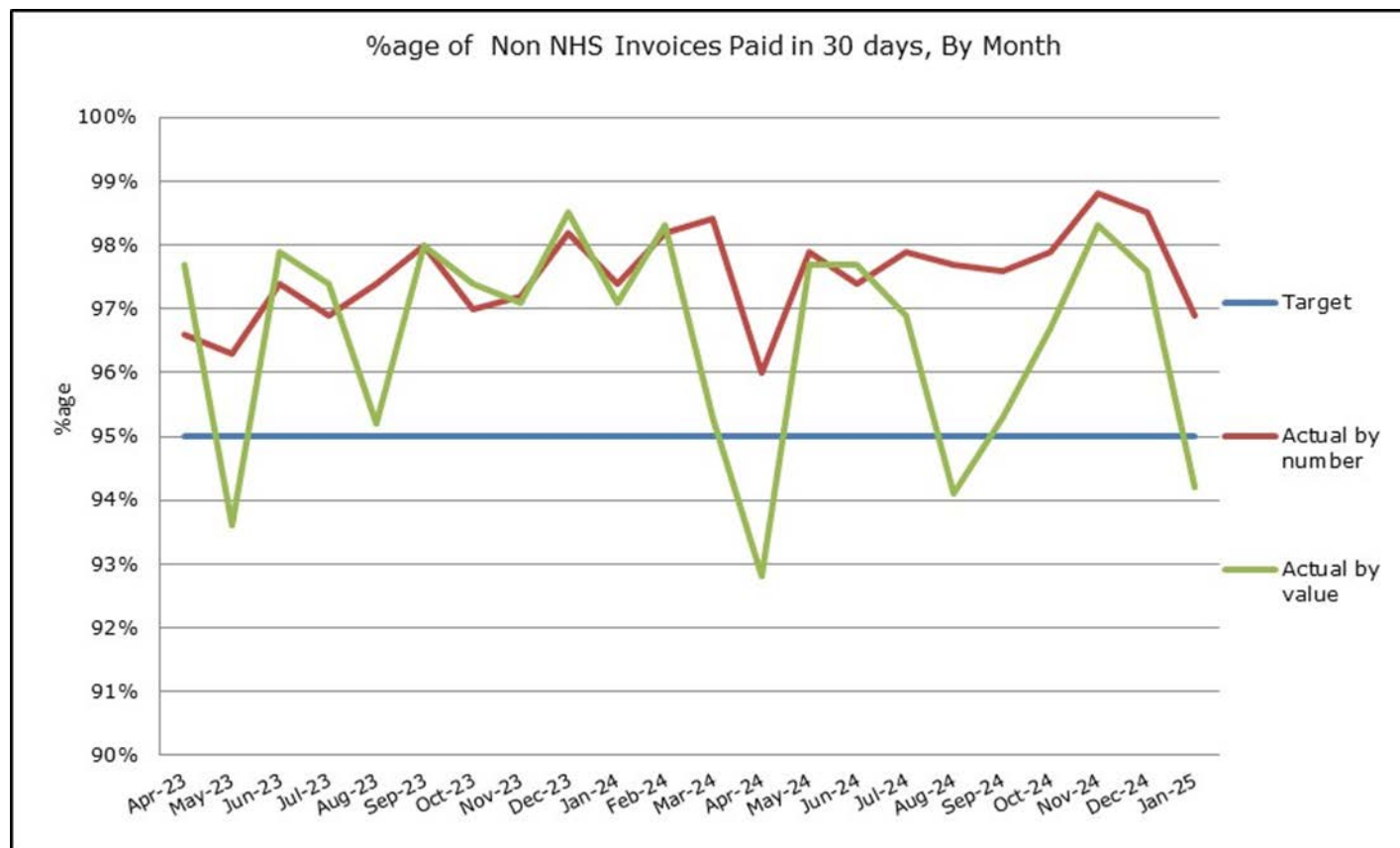
Totals **15,081,526**

Cash Position

The cash balance at the 31st January is £6.218m, which slightly exceeds the advisory figure set by Welsh Government of £6m.

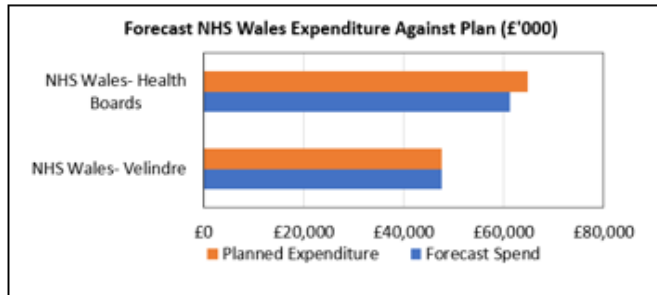
Public Sector Payment Policy (PSPP)

The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods/services in October and cumulatively. There has been an increase in the number of NHS invoices paid within 30 days this month.



Contracting & Commissioning – LTA Spend & Income

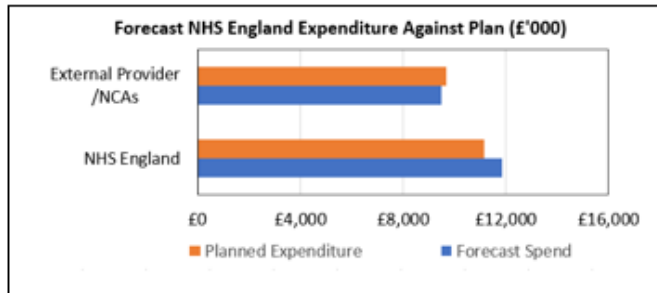
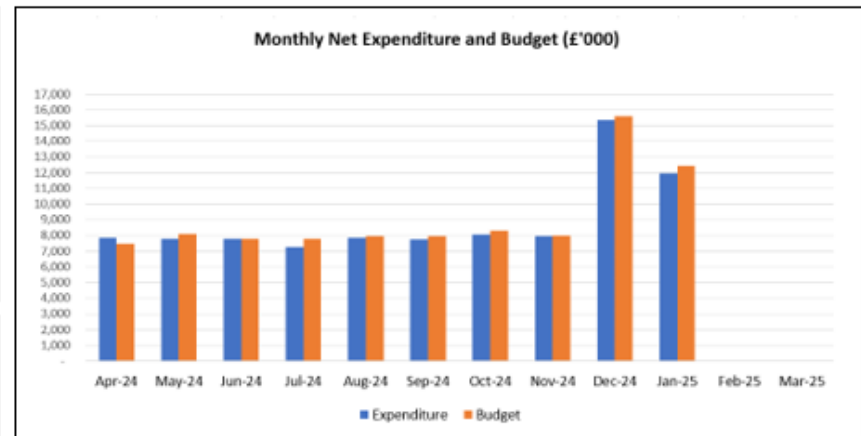
At Month 10 the year to date financial performance for Contracting and Commissioning is £2.5m underspend against the delegated budget, with a forecast outturn of £2.7m underspend. The key elements contributing to this position at Month 10 are as follows:



NHS Wales Expenditure

Expenditure in NHS Wales contracts is forecast to be £3.2m less than plan after the disinvestment from Cwm Taf was supported by Welsh Government.

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



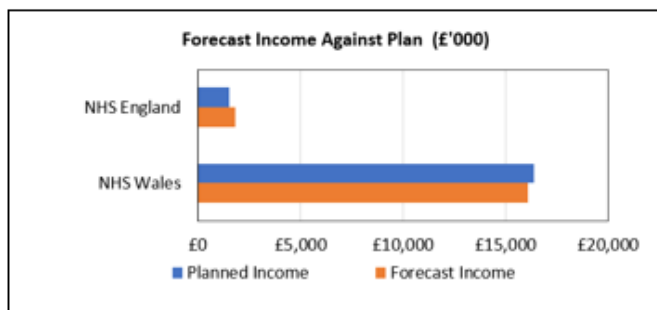
NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£13m in 2024/25

Month 9 monitoring that has been received is forecasting a pressure above planned levels as more activity is being delivered in NHS England

Key Issues 2024-25

- All LTAs have been signed in line with the WG deadline of the end of June 2024 including the Cwm Taf LTA which has recently been signed following WG arbitration and escalation.
- The nationally agreed core uplift of 3.67% has been funded and is reflected in the above position
- Infectious diseases support has been formally commissioned from Cardiff from 2024/25 ensuring that ABUHB patients and clinicians have access to specialist advice and treatment pathways for this service going forwards
- A saving of £406k for robotic surgery repatriation is being forecast to be achieved in 2024-25
- A recurrent annual saving of £1.8m from LTA negotiations with Cwm Taf has been achieved against a target of £300k which results in a £1.5m benefit.
- An additional c£1.7m underspend as a result of reduced activity is being forecast against the revised CTM LTA baseline
- The expenditure being forecast for cancer services at Velindre is in line with ABUHB IMTP planning assumptions.
- In month 9 there was a budget and expenditure transfer between the JCC Velindre contract and the Health Board's Velindre contract for c£10m of cancer services which is resource neutral for the Health Board



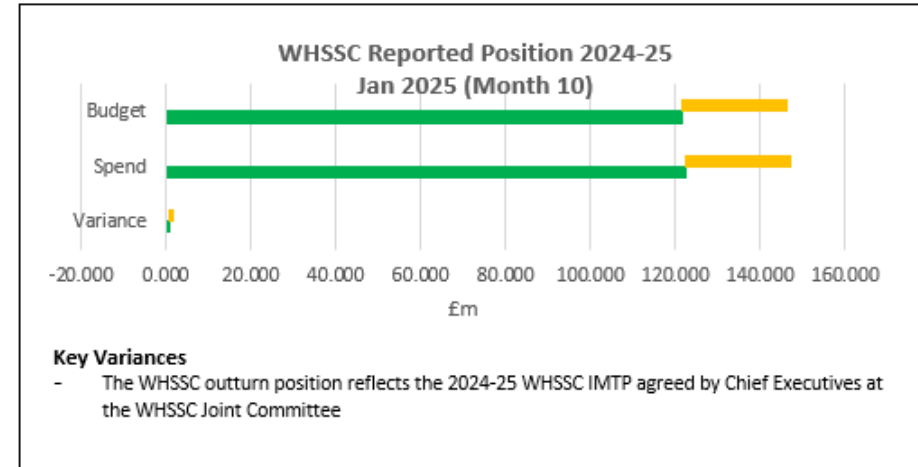
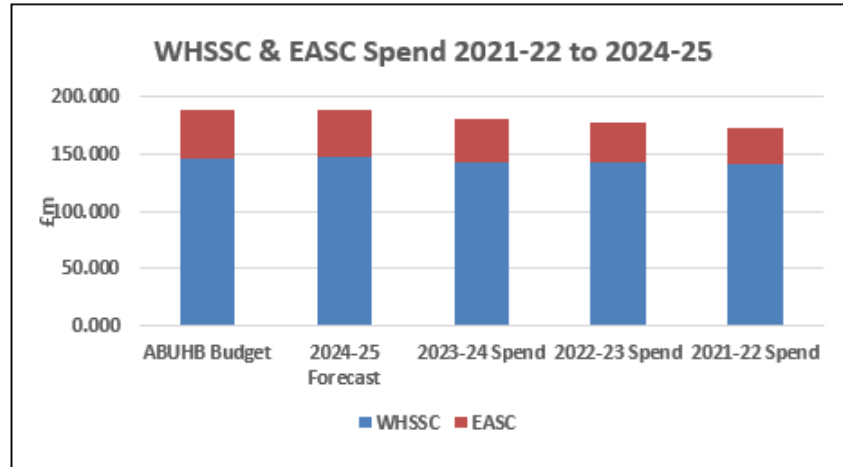
Provider Income

Provider income of c£17.9m is being planned and forecast in 2024/25 and will continue to be monitored and managed regularly

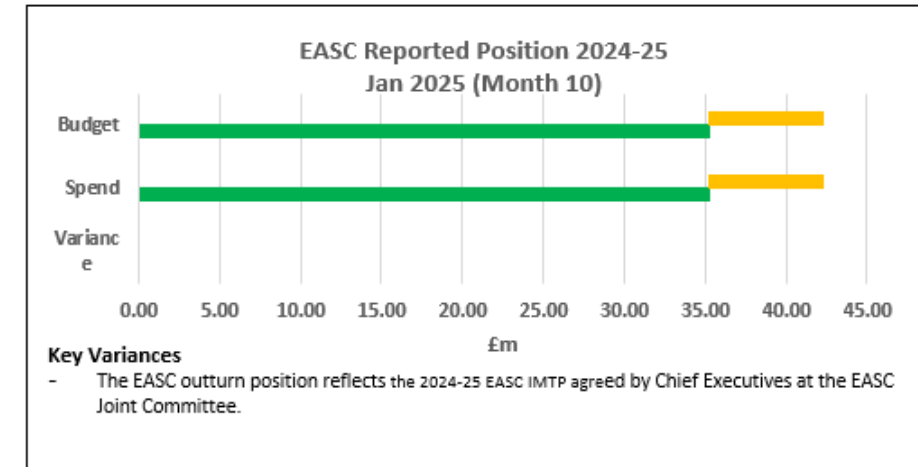
Month 9 activity provided by ABUHB has been in line with previous year's performance and is monitored monthly

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

The Month 10 financial performance for the Joint Commissioning Committee is a forecast overspend of £0.998m. The Month 10 position reflects the agreed IMTP and budget delegation for the Specialised Services (formerly WHSSC) and EASC elements



- Key Issues 2024-25**
- Specialised Services**
- Forecasts based on M9 of Activity and NICE drugs data where available
 - Key issues driving overspend
 - Overperformance in C&VUHB (Specialised Cardiology, ALAS, NICE drugs) & Individual patient treatments
 - Offset by underspends on Mental Health Placements and Slippage on Developments
 - Key risk around NHS England activity funding & delivery of savings plans
- EASC**
- Confirmation of final WG Allocations
 - Slippage against Plan
 - Activity Reporting



Balance Sheet

Balance sheet as at 31st January 2025			
	2024/25 Opening balance £000s	31st January 2025 £000s	Movement £000s
Fixed Assets	910,187	934,570	24,383
Other Non current assets	149,418	133,013	(16,405)
Current Assets			
Inventories	9,844	10,590	746
Trade and other receivables	136,632	133,403	(3,229)
Cash	4,145	6,218	2,073
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	150,621	150,211	(410)
Liabilities			
Trade and other payables	218,038	192,183	(25,855)
Provisions	221,474	193,376	(28,098)
	439,512	385,559	(53,953)
	770,714	832,235	61,521
Financed by:-			
General Fund	581,390	637,280	55,890
Revaluation Reserve	189,324	194,955	5,631
	770,714	832,235	61,521

Fixed Assets

- An increase in net additions of £40.993m in relation to new 2024/25 capital expenditure incurred.
- A reduction of £35.187m for depreciation charges. A decrease of £1.466m for IFRS16 related charges.
- An increase in indexation costs of £13.587m and other revaluations of £6.456m

Other Non-Current Assets: This relates to a decrease in Welsh Risk Pool claims due in more than one year £16.6m, a decrease in intangible assets of £0.1m and an increase in ICR income due in more than one year of £0.3m since the end of 2023/24.

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

Current Assets, Trade & Other Receivables: The main movements since the end of 2023/24 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2023/24 to the end of January of £5.2m
- A decrease in the value of both NHS & Non-NHS accruals of £1.5m, of which £3.2m relates to a decrease of Welsh Risk Pool claims due in less than one year, £2.3m relates to an increase in NHS and Non-NHS accruals and £0.6m relates to a decrease in VAT and other debtors since the end of 2023/24.
- An increase in the value of prepayments held of £3.5m

Cash: The cash balance held at the end of January is £6.218m.

Liabilities, Trade & other Payables:

The movement since the end of 2023/24 relates to a number of issues the most significant of which are:-

- A decrease in Capital accruals (£1.2m), an increase in NHS Creditor accruals (£1.4m), a decrease in the level of invoices held for payment from the year end (£12.5m), an increase in non NHS accruals (£1.8m), an increase in Tax & Superannuation (£1.3m), a decrease in other creditors (£13.9m), a decrease in the liability for lease payments (£1.3m), an increase in payments on account £1.5m)

Provisions:

- This is due to a decrease in the provision for clinical negligence and personal injury cases of £25.5m, which is based on information provided by the Welsh Risk Pool. There has also been a decrease in other provisions of £2.6m.

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

Health Board Income
WG Funding Allocations: £1.8bn

Confirmed Allocations as at January 2025 (M10 2024/25)

	£'000
HCHS	1,618,787
GMS	113,886
Pharmacy	36,808
Dental	34,643
Total Confirmed Allocations - January 2025	1,804,124
Plus Anticipated Allocation - January 2025	38,496
Total Allocations - January 2025	1,842,620

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 £119.6m. (£114m for 23/24). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.96bn (£1.88bn for 23/24).

WG anticipated allocations: £38.5m

WG Revenue Resource Limit : Anticipated Allocations (January)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	Capital - DEL Depreciation - Accelerated	190	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(537)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	109	NR
HCHS	Capital - AME Depreciation - Donated Assets	325	NR
HCHS	Capital - AME Depreciation - Impairments	16,832	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(14,445)	NR
HCHS	Capital - Removal of Donated assets / Gvnt grant receipts	(50)	NR
HCHS	Revenue Interest Expense (IFRS16) Equipment	208	NR
HCHS	Revenue Interest Expense (IFRS16) Property	128	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,591)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,490)	NR
HCHS	Real Living Wage 24/25	4,001	R
HCHS	Clinical Excellence Awards (CDA's)	152	R
HCHS	New Medical Training Posts 2017-2022 cohorts	1,400	R
HCHS	MCA and DoLs	189	NR
HCHS	MCA - IMCA service	217	NR
HCHS	International recruitment funding 24-25	404	NR
HCHS	Medical and Dental Pay Award 24/25	12,331	R
HCHS	One Wales Hospice at Home Funding (£1m across Wales)	187	NR
HCHS	Improving Waiting times for Children's Neurodevelopment Services	94	NR
HCHS	Pay award-Substantive	5,838	R
HCHS	Pay award-Substantive Consultant	4,996	R
HCHS	Pay award-SLE	2,774	R
HCHS	Pay award-Bank	503	R
HCHS	Pay funding-RLW from April-24	2,696	R
HCHS	Pay funding-Band 8 increment Jan-25	1,303	R
HCHS	Pay funding-Apprenticeship levy addtl	294	R
HCHS	Planned Care Trans-Optometry Community pathway triage instal 2	42	NR
HCHS	JCC NHS England Growth & Cost Pressures – as advised by JCC	317	NR
HCHS	Pay-funding-Strike cover arrears	94	NR
HCHS	Pay funding-Intensity banding arrears	153	NR
HCHS	Pay funding-Locum consultant arrears	231	NR
	Total Anticipated: Per Ledger	38,496	

Capital Planning & Performance

Summary Capital Plan Month 10 2024/25	2024/25				
	Original Plan £000	Revised Plan £000	Spend to M10 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	10,814	10,814		10,814	0
Less EFAB Contribution	-725	-725		-725	0
Less AWCP Brokerage 23/24	-230	-1,669		-1,669	0
Plus AWCP Brokerage 24/25	0	1,170		1,170	0
Less DCP Brokerage 23/24	0	350		350	0
NBV of Assets Disposed	0	35		35	0
Total Approved Discretionary Funding	9,859	9,975		9,975	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	42,399	55,577		55,577	0
Total Approved and Anticipated AWCP Funding	42,399	55,577		55,577	0
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	1,893		1,893	0
Total Approved IFRS16 Lease funding	0	1,893		1,893	0
Total Capital Funding / Capital Resource Limit (CRL)	52,258	67,445		67,445	0
Applications:					
Discretionary Capital:					
Commitments B/f From 2023/24	284	225	173	222	-2
Statutory Allocations	1,076	1,196	935	1,217	21
Divisional Priorities	3,414	7,711	1,944	7,744	34
Corporate Priorities	1,267	576	130	529	-47
Informatics National Priority & Sustainability	2,257	2,890	2,123	2,893	3
Release of DCP Provision re: Tredegar H&WBC	0	-1,727	-1,727	-1,727	0
Remaining DCP Contingency	1,562	-896	0	591	1,486
Total Discretionary Capital	9,859	9,975	3,578	11,469	1,494
All Wales Capital Programme:					
Grange University Hospital (VAT Recovery)	-3,517	-6,530	-6,546	-6,546	-16
Tredegar Health & Wellbeing Centre Development	0	2,558	2,154	2,458	-100
NHH Satellite Radiotherapy Centre	15,755	13,980	12,955	13,980	0
YYF Breast Centralisation Unit	0	111	15	111	0
Newport East Health & Wellbeing Centre Development	12,754	12,119	12,006	12,412	293
RGH Endoscopy Unit	0	4	5	5	1
RGH – Block 1 and 2 Demolition and Car Park	230	10	0	10	0
EFAB Schemes	2,612	2,889	1,746	2,853	-36
ED Waiting Area Funding	0	55	54	54	-1
CAMHS Sanctuary Hub	1,202	1,226	1,062	1,226	0
GUH ED Extension	10,879	9,474	5,528	8,907	-567
IRCF - Abervalley H&WBC	742	150	173	173	23
IRCF - Dixton H&WBC	742	742	428	612	-130
Housing with Care Fund - 2023/24 & 2024/25 Schemes	0	443	279	439	-3
Digital Year End Funding 2023/24	0	73	54	73	0
Diagnostics Funding 2023/24	0	35	37	37	2
Ty Gwent	1,000	1,219	989	1,219	0
End Of Year Funding 2023/24	0	49	24	49	0
Head Lease for Chepstow Community Hospital	0	5,490	5,442	5,490	0
Diagnostic Equipment Funding 2024/25	0	381	380	380	-1
Digital Priorities Investment Funding - RISP & EPMA	0	862	134	862	0
Backlog Maintenance 2024-25	0	3,330	711	2,929	-401
End of Year Funding 2024/25	0	2,125	815	2,023	-102
Prior Year AWCP IT VAT provision release	0	-116	-116	-116	0
Centralised Decontamination Unit RGH	0	818	122	569	-249
Diagnostic Equipment and Medical Devices Funding	0	1,921	103	1,715	-206
Digital Equipment 2024/25	0	2,147	367	2,147	0
Commercial Research Delivery Wales Equipment	0	12	0	12	0
Total AWCP Capital	42,399	55,577	38,920	54,083	-1,494
Total IFRS16 Lease Expenditure	0	1,893	1,893	1,893	0
Total Programme Allocation and Expenditure	52,258	67,445	44,391	67,445	0
Forecast Break Even against Overall Capital Resource Limit					0

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report, March 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Board with an assessment of strategic risks associated with its strategic objectives and key priorities set out in the 2022/25 Integrated Medium-Term Plan (IMTP) and provides assurance that these risks are being managed effectively.

Cefndir / Background

The Strategic Risk Report, presented to the Board on 29 January 2025, led to the approval of two changes, outlined below.

- Change to risk score and exposure of **SRR 001A**, in relation to risks associated with recruitment and retention, from 16 (Extreme) to 12 (High). This adjustment reflected the improvements achieved through ongoing recruitment, retention, and governance measures.
- The inclusion of an additional overarching risk **SRR 011** with one sub risk

Strategic Risk SRR 011

**Risk Rating and
Score**

Risk Theme – Service Delivery
Risk Appetite – Open (Score of 17 or below)

**Extreme
15
(L5 x I3)**

Overarching risk

The Health Board is at risk of failing to meet the Welsh Government's Public Sector emissions reduction targets of 16% by 2025 and 34% by 2030.

Sub-risk

Due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale.

Decarbonisation is a key priority for the Health Board, serving as an enabler to enhance the sustainability of the healthcare system. By recognising the risks associated with this priority, appropriate governance and oversight mechanisms have been established to try to address these challenges effectively.

As at the end January 2025, the status of the Strategic Risk Register is presented in **Table 1**. It is important to note that **SRR 001H, SRR 003, and SRR 009** have been de-escalated previously to corporate or divisional risk levels and are therefore excluded from the table.

Furthermore, **SRR 001E, SRR 004A, SRR 007A, and SRR 008** hold a risk score of 8 (Moderate risk), so they are not represented within the risk level columns. The table delineates risks categorised as either 'High' or 'Extreme' only.

Table 1

Overarching Strategic Risk Description	Sub-Risks	Risk Level		Sub-Risk Theme	Delegated Committee
		High (9 – 12)	Extreme (15 – 25)		
SRR 001 - There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	A, B, C & D	4	-	People	People and Culture Committee
	*E & F	-	1	Service Delivery	Partnerships, Public Health & Planning Committee
	G	-	1	Financial Sustainability	Finance and Performance Committee
	I	1	-	Compliance and Safety	Finance and Performance Committee
SRR 002 - There is a risk that there will be significant failure of the Health Board's estate.	A & B	1	1	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 004 - There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	*A & B	1	-	Compliance and Safety	Partnerships, Public Health & Planning Committee

SRR 005 - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	A	1	-	Service Delivery	Patient Quality, Safety & Outcomes Committee
SRR 006 - There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	A, B & C	3	-	Service Delivery	Finance and Performance Committee
SRR 007 - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	*A & B	1	-	Transformation & Partnership Working	Partnerships, Public Health & Planning Committee
SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	*A	-	-	Transformation & Partnership Working	Patient Quality, Safety & Outcomes Committee
SRR 010 - The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	A	1	-	Compliance and Safety	Patient Quality, Safety & Outcomes Committee
SRR 011 - The Health Board is at risk of failing to meet the Welsh Government's Public Sector emissions reduction targets of 16% by 2025 and 34% by 2030.	A	1		Service Delivery	Finance and Performance Committee
TOTAL	21	14	3		

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

Asesiad / Assessment

Strategic Risk Register

In accordance with best practice, all strategic risks have been reviewed within the appropriate timeframe for their respective levels of risk. The review focuses on the control environment, ensuring that the controls remain robust and adequate for managing the identified risks. Additionally, the assurances are tested to verify the robustness of the controls. Detailed information is provided in **Appendix A** (Strategic Risk Dashboard and individual risk assessments).

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

Risk Exposure

In terms of the Health Board's current risk exposure to the 21 strategic sub-risks, the infographic below illustrates that the majority of strategic risks are concentrated in the central line of the risk matrix. This positioning reflects a high level of risk exposure,

reinforcing the need for continued monitoring, robust controls, and proactive mitigation strategies to manage and reduce these risks effectively.

Risk Scoring Matrix					
Likelihood/ Frequency (Over 2 years)	Consequence/Impact				
	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic
5. Almost Certain (>75%)				1 x (Extreme) *SRR 001G	
4. Likely (41-75%)					
3. Possible (11-40%)			1 x (High) SRR 007 B	13 x (High) SRR 001 A - D, F, *I, *SRR 002 B, *SRR 004 B, SRR 005 A SRR 006 A, B, C *SRR 010	2 x (Extreme) *SRR 002A SRR 011A
2. Unlikely (1-10%)				4 x (Moderate) SRR 001 E SRR 004 A SRR 007 A SRR 008 A	
1. Rare (<1%)					

Risks outside of Appetite

The Board should note that while **six** sub-risks remain outside the acceptable risk threshold for their respective domains, they are being actively managed. The residual risk is subject to continuous assessment, ensuring that emerging threats and vulnerabilities are identified and addressed. To further mitigate these risks, targeted controls and interventions are continually implemented and refined, with a specific focus on reducing the likelihood, impact, or both.

Risk ID	Theme	Appetite	Threshold	Current Score
SRR 001G	Financial Sustainability	Open	17 and below	20
SRR 001I	Compliance & Safety	Minimal	8 and below	12
SRR 002A	Compliance & Safety	Minimal	8 and below	15
SRR 002B	Compliance & Safety	Minimal	8 and below	12
SRR 004B	Compliance & Safety	Minimal	8 and below	12
SRR 010	Compliance & Safety	Minimal	8 and below	12

In line with best practice, ongoing discussions with executive leads and responsible officers continue to focus on identifying additional mitigation measures to reduce the likelihood or impact of these risks.

Furthermore, the revised approach to risk reporting to Committees remains in place to enhance focused scrutiny. At each Committee meeting, reports now highlight one to two priority risks, selected based on their exposure relative to the Board's agreed risk thresholds. This targeted approach enables Committees to conduct more in-depth reviews of high-exposure risks, providing stronger assurance on the management and mitigation measures in place as well as supporting more robust oversight and better-informed decision-making.

Horizon Scanning

Recent media coverage has highlighted the potential reduction of nursing courses (excluding Midwifery) at Cardiff University, which presents significant risks to health bodies in Wales. These risks include workforce shortages, increased pressure on existing staff, and potential challenges to the quality of patient care. Given the already strained workforce, this development could exacerbate the healthcare crisis in Wales and lead to long-term sustainability issues for the health service.

While we currently manage a strategic risk (SRR 001A) related to workforce recruitment and retention, there is a growing concern about the impact on patient care quality and safety due to insufficient nursing staff to meet demand.

Cardiff University has opened a 90-day consultation, and, while there is no immediate impact on nursing students completing their studies in the short term, including those starting Cardiff nursing degree programmes in 2025, the future remains uncertain. Following the outcome of the consultation, the Director of Nursing and the Head of Corporate Risk and Assurance will determine the impact on the Health Board and the potential development of a strategic risk. If required, this will be brought forward to the Board for discussion in the coming months.

Argymhelliad / Recommendation

The Board is requested to:

- **CONSIDER** whether it has sufficient assurance that the strategic risks are being assessed, managed, and reviewed appropriately and effectively, considering the detailed analysis and ongoing mitigation efforts outlined in this report;
- **NOTE** the risks that remain outside of the agreed-upon appetite for their respective risk domains, recognising the ongoing efforts to mitigate these risks and bring them within acceptable levels;
- **NOTE** the potential Nursing risk.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.

Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
• Service Activity & Performance	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

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

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

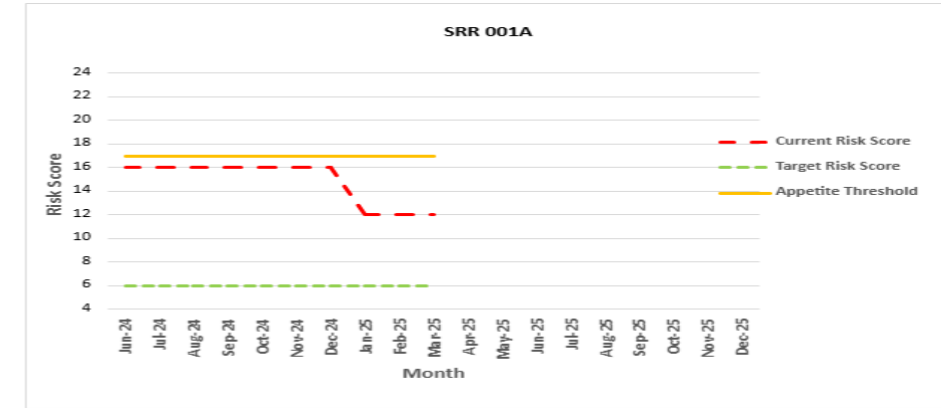
Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives
Choose an item.

Risk Description			Risk Score Matrix																					
			2	4	5	6	8	9	10	12	15	16	20	25										
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a) Due to an inability to recruit and retain staff across all disciplines and specialities.				X ←	-----●																
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff							X ←	-----●													
			c) Due to insufficient and ineffective leadership levels throughout the organisation.				X ←	-----●																
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level						X ←	-----●														
	Director of Strategy, Planning and Partnerships.		e) Due to inadequate strategic plans which respond to population health and socio-economic needs				X ←	-----●																
			f) Due to unsustainable service models				X ←	-----●																
	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan						X ←	-----●														
Director of Strategy, Planning and Partnerships.	l) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.							○ X ←	-----●															
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aerated Concrete (RAAC) within structures	X ←	-----●																			
			b) Due to significant levels of backlog maintenance				X ←	-----●																
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident				X ←	-----●																
			b) Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.				X ←	-----●																
SRR 005	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a) Due to inadequate arrangements to support system-wide patient flow						X ←	-----●														
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems					X ←	-----●															
			b) Due to an adverse impact on service delivery in the implementation of new digital systems				X ←	-----●																
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future					X ←	-----●															
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.		X ←	-----●																		
			b) Due to the impact of fragile services across the regional and supra regional geography		X ←	-----●																		
SRR 008	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement		X ←	-----●																		
SRR 010	Director of Allied Health Professions and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.				X ←	-----●																
SRR 011	Director of Finance and Procurement	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030) . This is common to all Health Bodies across the country.	a) The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected									X ←	-----●											

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

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

RISK THEME	PEOPLE				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	a. Due to an inability to recruit and retain staff across all disciplines and specialties.				
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards Reliance on agency and bank staff Litigation & Financial Penalties 			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
				Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2024	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2025				



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

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

Variable pay reduction

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

E- Systems

- Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. E-Locum Bank, E-Job Planning, E-Agency systems are all 'live' and rolled out within the Health Board.
- E-Rostering is planned to go live shortly following ESR interface testing, provisionally scheduled for the end of January 2025.
- Development of alternative and new roles
- A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent, and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care
- The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management.

Training

- The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2025 and beyond which are required to support turnover and existing vacancies in addition to external recruitment and internal training developmental programmes.
- The 2024/25 education training plan demonstrated very few increases on previous years for students graduating in 2027 and beyond. The draft 2025/26 education and training plan proposes further increases in Wales training numbers in all branches of Nursing, health care science, medical speciality training junior doctors, pharmacy and continued increase in HCSW investment and increased placements in adult nursing in General Practice.
- HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience.
- RCN Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (12 supported so far this year, with 3 more to interview)
- Cadet Nursing programme in place – 16 candidates attended for the 2024 induction and work is ongoing to support all 16 to achieve accreditations.
- K102 bridging model now being offered to support HCSW pathways into registered nursing.
- Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) is in its second year. Similar program for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group commenced 23 April 2024. Nursing and Midwifery Academy for senior level nurses and midwives, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff.
- Delivery of workforce planning training

Vacancy Numbers and establishment control

- Quarterly reporting of vacancy numbers for each staff to the WG as of 30th September 2024 were 585 WTE a reduction of 51 WTE since March 2024.

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

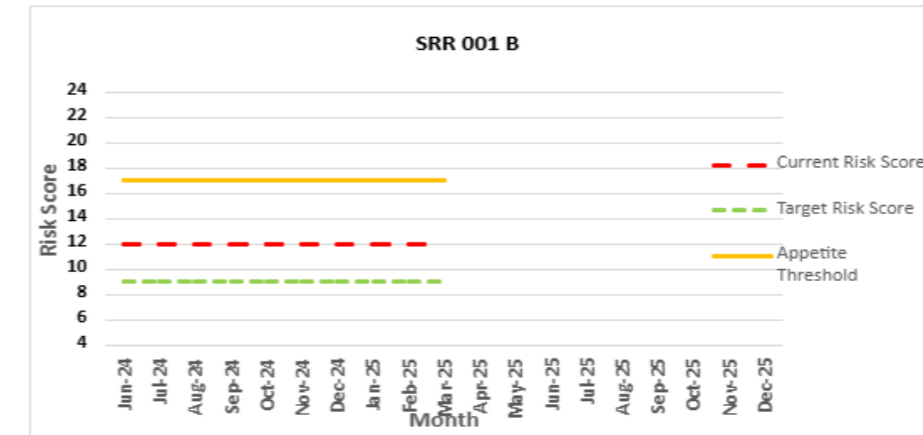
Training

- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce, including Primary Care Academy
- Workforce planning training prospectus of local and online training launched September 2024
- Development opportunity being scoped for Business support staff.
- Suite of learning masterclasses launched with 5 topics now available to book, including influencing skills, setting up teams for success, giving feedback, having courageous conversations, having a meaningful PADR. 236 attendees in July 2024.
- Recruitment training for managers to streamline campaigns as much as possible to reduce time to hire.
- Development of training doctor fill rate dashboard to monitor and improve fill rate or to inform alternative recruitment strategies.
- A review and action plan underway to consider how to address instances where nurse streamlining preferences for specific posts exceed the number of vacancies available, to promote recruitment and retention.
- 31 staff enrolled on workforce planning on line training modules level 1. 15 managers enrolled on level 2 training delivered locally March 25.

<ul style="list-style-type: none"> Development of ESR establishments commenced on a national basis w/c 03 September 2023. Local delivery action plan has been developed and project workstream established and work commenced. National work programme proposal is also in development to assess digital solutions <p>Staff attendance</p> <ul style="list-style-type: none"> Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. “Hot spot” areas identified and plans in place to support 	
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Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Workforce reports to the Nurse Strategic Workforce Group. Monthly sickness monitoring reports. Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. Medical Staffing Co-ordinator review of medical rotas. Occupational Health and Wellbeing dashboards report KPIs. Recruitment KPIs Medical & Dental and Student Streamlining fill rate reports 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25 Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board. Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. Measurements of Wellbeing through the ABUHB (Aneurin Bevan University Health Board) Staff Survey Routine Reporting against nurse staffing levels. Variable Pay Programme Board reporting to Value and Sustainability Board 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Reviews 2023 -24 Long Term Sickness Absence Management (Q4) Flexible Working (Q4) External quarterly vacancy reporting to WG External reporting on Nursing Staffing Levels National Acuity Audits (Nursing) National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges. The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative. Workforce planning external audit action plan 2024 	<ul style="list-style-type: none"> Latest local survey saw a reduction in staff wellbeing 	<ul style="list-style-type: none"> Internal Audit Staff Culture Q3 2024/25
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Positive Assurance		

RISK THEME	PEOPLE				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	b. Due to a deterioration in, and a failure to improve, the well-being of staff.			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> High absence levels, with some sustained long periods Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards Reputational damage to the health board as an employer Work-related claims Financial Implications 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 January 2024	Risk rating	= 12 (High)	= 9 (High)	
Next Review (Quarterly based on risk score)	01 April 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p>General</p> <ul style="list-style-type: none"> Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. Strategic Equality plan Rest and Facilities charter – monitoring and compliance. Staff related policies. National Staff Survey and Health Board Employee Experience Survey External Employee Assistance Programme Speaking up Safely action plan Race/LGBT groups. Wellbeing resources Staff diversity networks Regular Schwartz rounds arranged across the Health Board Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme Chaplaincy service for staff Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB. an externally commissioned SUS hotline will be piloted in September 2024. 	<p>General</p> <ul style="list-style-type: none"> Increase wellbeing initiatives. Identify, training and develop Respect and Resolution advocates (like Mental Health first aiders). Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. Trained mediators so there is team and organisational resilience and network. Scope, design and deliver a programme of research 'Healthy Working Day'. Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. <p>Occupational Health.</p> <ul style="list-style-type: none"> Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted. Submission of response to All Wales KPI delivery and ongoing data analysis review in place. Recently appointed 8a role to provide further clinical leadership and key priority for M1-3 is to undertake training needs analysis to develop OH team. Support equality and diversity of workforce. Review of staff diversity networks. Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile. Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms. Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing.

- An external Employee Assistance Programme (Vivup) has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative. Waiting times have now reduced on average by 30%.

Occupational Health

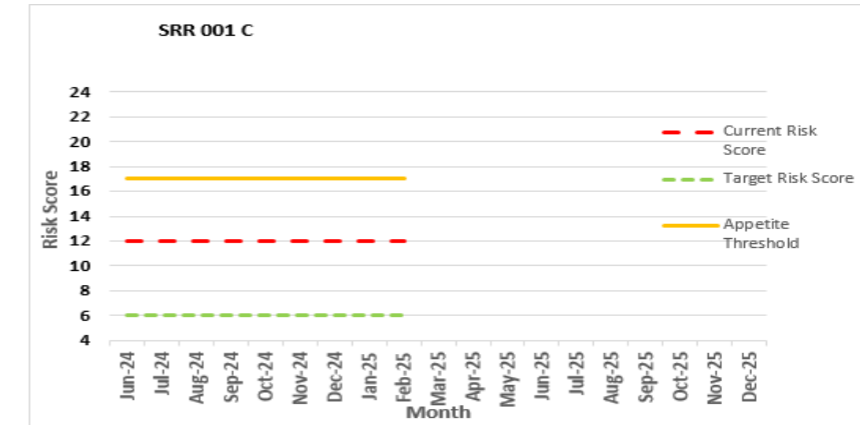
- Additional occupational health resources secured to reduce waiting times.
- Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes.
- Occupational Health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

Other

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

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

RISK THEME		PEOPLE			
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	c. Due to insufficient and ineffective leadership levels throughout the organisation			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings; Failure to deliver health board priorities, required improvements and achieve sustainability; Poor levels of accountability and delivery; Reputational damage to the health board as an employer; Adverse impacts on staff recruitment and retention 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2024	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2025				

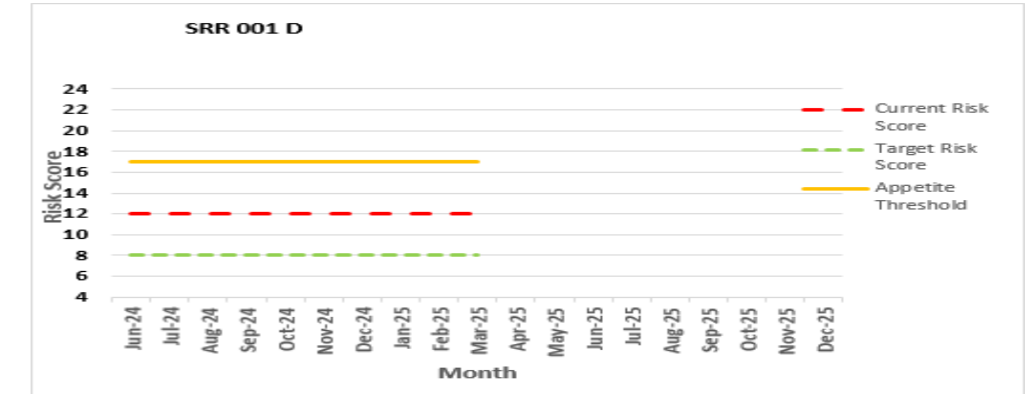


Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short,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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> WOD Divisional reporting Evaluation of internal leadership programmes and regular review of our internal offer 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		

<ul style="list-style-type: none"> Reporting to People and Culture Committee - progress against People Plan 22-25 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Review Talent and Succession Board 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Positive Assurance		

RISK THEME	PEOPLE				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	d. Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards Litigation & Financial Penalties Reputational damage to the health board and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	
Monitoring Committee	People & Culture Committee	Likelihood	3 (Possible) x	2 (unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 March 2025	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 June 2025				



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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Local Staff re-deployments assessment 		

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

RISK THEME	SERVICE DELIVERY				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	E. Due to inadequate strategic plans which respond to population health and socio-economic needs.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 October 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six-monthly based on risk score)	01 April 2025				

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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> QlikSense – performance information SFN – performance information 		<ul style="list-style-type: none"> Effectiveness of the plans in delivering improvements
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> IMTP Delivery and Outcomes Reporting to Board RPB reporting to Board and Population Health, Planning and Partnerships Committee Regional Planning reporting to Population Health, Planning and Partnerships Committee Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee 		<ul style="list-style-type: none"> Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Internal Audit Reviews 2023-24 IMTP Planning (Q1) Outcome – Reasonable Assurance 		

Assurance Rating (Overall Assessment of controls and assurances)

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

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

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

Reasonable Assurance

RISK THEME	SERVICE DELIVERY				
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	F. Due to unsustainable service models			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Increased demand Increased patient acuity levels Worsening of health inequalities Worsening of health outcomes Failure to train teams in multi-morbidity management Failure to comply with the Wellbeing of Future Generations Act (Wales) Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	<p>SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.</p>
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 October 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six Monthly based on risk score)	01 April 2025				

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

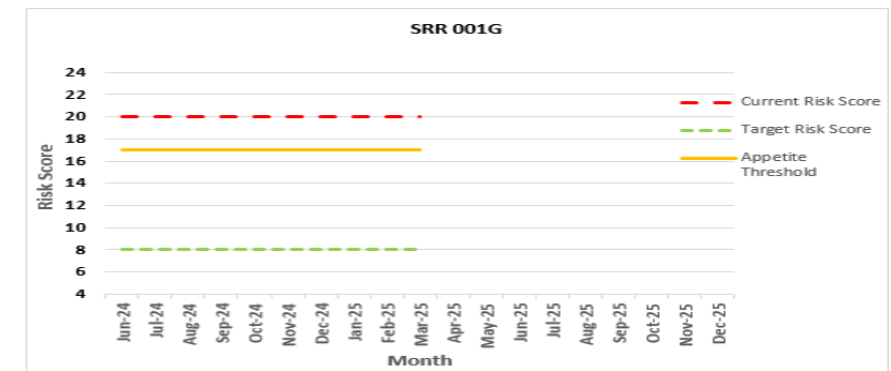
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the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

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

Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance
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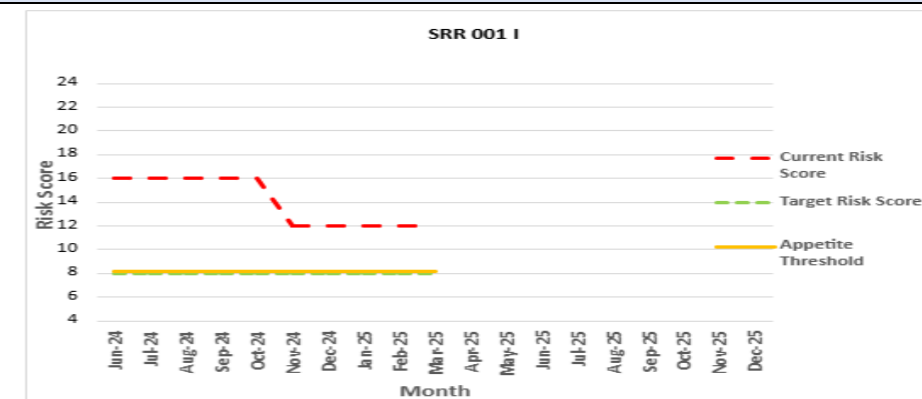
RISK THEME		FINANCIAL SUSTAINABILITY			
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	G. Due to the failure to deliver a sustainable financial position and longer-term financial plan.			Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Breach of statutory duty to breakeven over 3 years. Instigation of NHS Wales Escalation & Intervention Arrangements. Non-delivery of health board priorities, required improvements, and achieving longer-term sustainability. Prioritisation and possible disinvestment in service delivery. Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below. Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 March 2025	Risk rating	= 20 (Extreme)	= 8 (Moderate)	
Next Review (Monthly based on risk score)	01 April 2025				



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

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

RISK THEME		COMPLIANCE AND SAFETY			
SRR 001	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.			Publication Status	Public
Strategic Threat	i. Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.			Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Unintended patient harm Negative patient/public experience Loss of patient/public trust and confidence Reduced staff morale leading to potential absence from work Scrutiny from external organisations (AW/HIW/WG) Punitive Action Adverse publicity Financial implications 			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of target and the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning & Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	19 April 2024	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 March 2025	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 June 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Performance Management and Assurance Framework Executive Accountability letters Divisional Directors Accountability letters Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions in place Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reviewed post End of Year and proposed adjustments awaiting sign off Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at Value and Sustainability Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. External scrutiny via Welsh Government and NHS Executive DMTs in place for all Divisions Divisional oversight arrangements – monthly/fortnightly meetings Divisional plans in place and focussed agendas Cross Divisional meeting monthly – progress the wider system way of working. System Leadership Team for awareness and updates Capacity to run the performance framework and reporting requirements has been strengthened with the appointment of the Head of Systems Planning and Performance and analytical team who will fully be in place by January 2025 alongside the Business Partnering Support 	<ul style="list-style-type: none"> 6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Appropriate Business Partnering Support and analytical support Realign capacity and/or redefine roles to provide explicit support

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Established Performance Reporting to internal assurance meetings 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Established reporting to the Executive Committee Established reporting to the Finance and Performance and Patient, Quality and Safety Committee Established reporting to the Board Routine reporting through the IQPD process 	<ul style="list-style-type: none"> Effectiveness of the Performance Management Framework 	<ul style="list-style-type: none"> 12-month Performance Management Framework review in the Autumn
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit 2024/25 Plan <ul style="list-style-type: none"> Directorate Review - Mental Health and Learning Disabilities (Q2) – NOT YET REPORTED Divisional Governance Arrangements (Q2) NOT YET REPORTED HIW Inspections Llais for feedback 		<ul style="list-style-type: none"> Internal Audit 2024/25 Plan Findings and recommendations from the Divisional Governance Arrangements (Q2) Findings and recommendations from the Directorate Review - Mental Health and Learning Disabilities (Q2)
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME		COMPLIANCE AND SAFETY			
SRR 002	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Strategic Threat	e. Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.			Risk Appetite Level - MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff. Adverse impacts on the delivery of care to patients across acute and non-acute settings. Non-compliance with health and safety legislation. Loss of estate Litigation and financial penalties 			Risk Appetite Threshold - SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x	
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)	
Last Reviewed	01 March 2025	Risk rating	= 15 (Extreme)	= 2 (Low)	
Next Review (Monthly based on risk score)	01 April 2025				

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

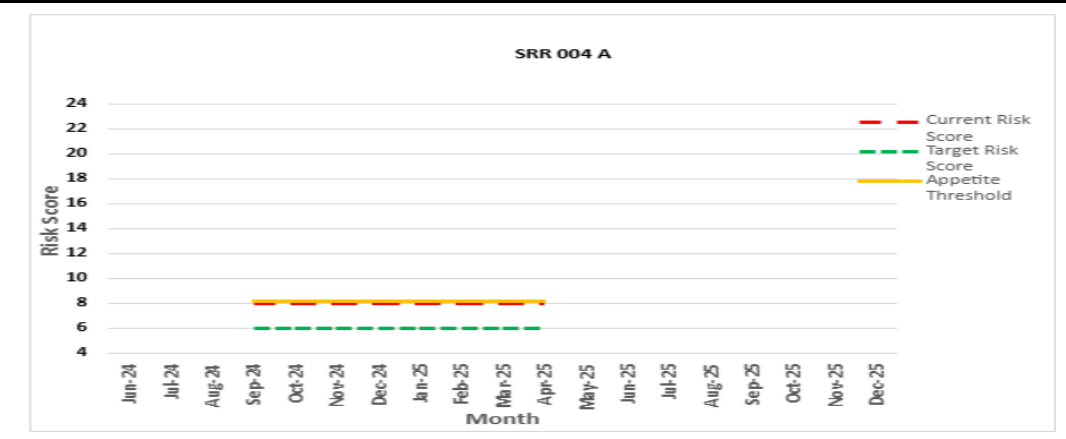
Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Fortnightly checks in place for the props in place Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) Review of existing arrangements in place supported by external body 	<ul style="list-style-type: none"> Ongoing management of the issues. 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Outcome of H&S risk assessment Formal reporting to the Board/Committees in place Formal update to the PPHPC in July and SOC being developed, led by Planning team for Q1 to Q2 2025/26 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Internal Audit 2024/25 Plan – report received as Reasonable Assurance (albeit Substantial Assurance on the process relating to surveys. Report submitted to Audit Committee November 2024. Management Action Plan agreed following Internal Audit including the development of a Management Strategy. this document has been drafted and will be submitted to the ABUHB Health and Safety ‘Committee’ in March 2025 Internal Audit also commented that the risk appetite needs to reflect the current position of monitoring and managing the RAAC pending SOC and FBC hence appetite of 15 should be considered by Board. 		<ul style="list-style-type: none"> Repeat surveys have been completed and once the latest report from these surveys is received any necessary additional actions will be implements <p>Internal Audit 2024/25 Plan</p> <ul style="list-style-type: none"> this has been reported at relevant committee. 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME		COMPLIANCE AND SAFETY			
SRR 002	There is a risk that there will be significant failure of the Health Boards Estates.			Publication Status	Public
Strategic Threat	f. Due to significant levels of backlog maintenance and structural impairment.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff. Adverse impacts on the delivery of care to patients across acute and non-acute settings. Non-compliance with health and safety legislation. Litigation and financial penalties. Loss of estate 			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of the target level and appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Health Protection & Planning Committee	Likelihood	3 (Possible) x	3 (Possible) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	
Last Reviewed	01 January 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2025				

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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Divisional reporting of Statutory and Mandatory training of staff Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. Outcome of the Asbestos reinspection programme 	<ul style="list-style-type: none"> If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration. 	<ul style="list-style-type: none"> Performance reporting 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<p>Internal Audit Reviews 2023- 24 Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee</p> <p>Internal Audit Plan 2024-25 Estates Assurance – Energy Management (Q2) Outcome = Reasonable Assurance. Reported to the November ARAC.</p> <ul style="list-style-type: none"> Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

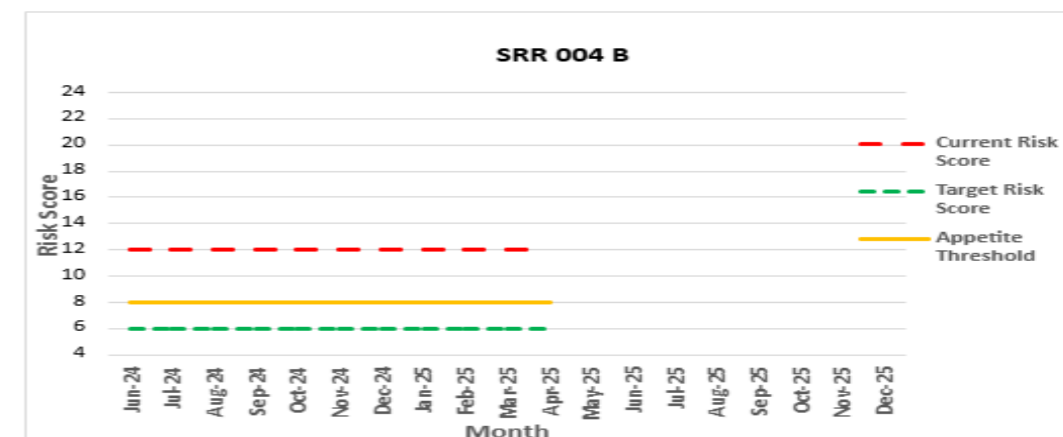
RISK THEME		COMPLIANCE AND SAFETY			
SRR 004	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a business continuity incident or critical incident.			Publication Status	Public
Strategic Threat	A. Due to emergency planning arrangements at both the corporate and operational level not being sufficiently robust to respond to a Major Incident			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.	
Impact	<ul style="list-style-type: none"> Adverse impacts on delivery of care to patients across acute and non-acute settings Inability to respond to a major incident to meet needs of those affected Harm or injury to patients and/or staff; Health Board breaches statutory duties under the Civil Contingencies Act 2004; Litigation & Financial Penalties; Reputational damage and loss of public confidence 			Risk Appetite Threshold – SCORE 8 AND BELOW. Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.	
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 November 2024	Risk rating	= 8 (Moderate)	= 6 (Moderate)	
Next Review (Six Monthly based on risk score)	01 May 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p>Major Incident Plan and procedures</p> <ul style="list-style-type: none"> Local/Divisional action cards are in place. Training undertaken service-specific relating to local response. Major incident exercise 'Euclid' undertaken 20 June 24. Approx. 100 participants and external observers, demonstrated that the Health Board was able to successfully respond to an incident As a result of the exercise action cards refreshed and renewed with teams to incorporate learning Internal strategic on call training Executive Team attending 2-day strategic training. Loggist training is provided and accessed regularly Plans and action cards in place and up to date New all Wales log books are in place for use Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) Joint Planning and Training with LRF and across Wales. Ongoing Participation in exercises UK, Wales, LRF and HB. Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP) Continuing to work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner 	<ul style="list-style-type: none"> Continue to deliver training programmes to support staff preparedness to respond to an incident. Additional 'local' team and intra team exercises to take place for areas to practice and embed their response to a major incident together Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> • Departmental debrief following an incident to inform learning and enhance controls. • Training records • Debrief with key stakeholders following an incident to inform learning and enhance controls. 			
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Review(s) <ul style="list-style-type: none"> • Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response Reasonable Assurance <ul style="list-style-type: none"> • Outcome and feedback from national exercises 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

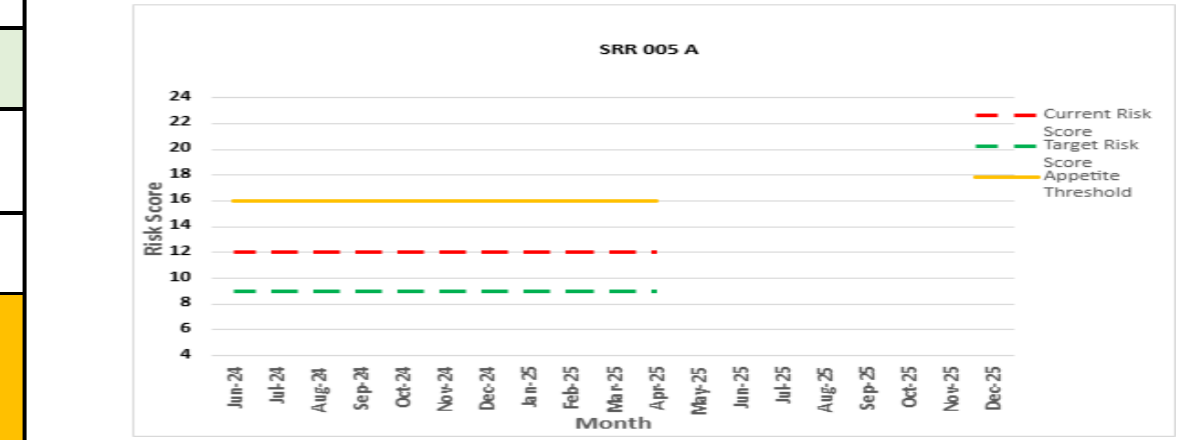
RISK THEME		COMPLIANCE AND SAFETY			
SRR 004	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident.			Publication Status	Public
Strategic Threat	b. Due to ineffective and insufficient arrangements across all service areas to respond to a Business Continuity or Critical Incident.			Risk Appetite Level – MINIMAL Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls.	
Impact	Adverse impacts on delivery of care to patients across acute and non-acute settings; <ul style="list-style-type: none"> • impact to operational flow if services fail to BC plan against the 5 key themes • Harm or injury to patients and/or staff; • Staff absence (injury, wellbeing) • Financial implications due to staff absence • Loss of infrastructure; • Health Board breaches statutory duties under the Civil Contingencies Act 2004; • Litigation & Financial Penalties; • Reputational damage and loss of public confidence 			Risk Appetite Threshold – SCORE 8 AND BELOW. Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (likely) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (major)	3 (Moderate)	
Last Reviewed	01 February 2025	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 May 2025				



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> • BC Policy • BC Response Guidance • BC Template • BC Exercise • BC debrief learning. • HB and LRF Plans. • 3C (Command/Control, Communication) structure in place to respond to incidents. • 1-2-1 graining with Divisional BC leads and BC plan workshops for services • EPRR Group Established. • Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. • Awareness raising of the requirement for BC across the Health Board through various training programmes • Infectious Diseases • Joint plan with PH in response to infectious diseases and public health incidence response overall • Internal strategic on call training • Executive Team attending 2-day strategic training. • Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) • Joint Planning and Training with LRF and across Wales. • Ongoing Participation in exercises UK, Wales, LRF and HB. • Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). 	<ul style="list-style-type: none"> • Ongoing support to develop business continuity plans. • Developing a Health Board service BC supporting plan – to provide a generic response framework if they have no specific plans in place • Continued engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery. • Develop further training programmes to support staff preparedness to response to an incident. • Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Coordination) structure of strategic, tactical, and Operational. • Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. • Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. (As this is not fully implemented, it is still being worked through thus would make it additional control until in place) • Each Division to identify on their risk register outstanding business continuity planning for their areas.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Departmental debrief following an incident to inform learning and enhance controls. • Training records • Plans and action cards in place and up to date • Debrief with key stakeholders following an incident to inform learning and enhance controls. 		
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Review(s) <ul style="list-style-type: none"> • Business Continuity Planning 2023-24 (Q2) outcome report published – included MI response – Reasonable Assurance • Outcome and feedback from national exercises 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

RISK THEME	SERVICE DELIVERY				
SRR 005	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.			Publication Status	Public
Strategic Threat	A. Due to inadequate arrangements to support system-wide patient flow			Risk Appetite Level - Open Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Avoidable deaths or significant harm Delays in releasing ambulances from hospital sites back into the community Delayed discharges from acute and non-acute settings resulting in deteriorating patients; Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold – Open SCORE 17 AND BELOW Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	Likelihood	3 (Possible) X	3 (Possible) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Catastrophic)	3 (Minor)	
Last Reviewed	01 February 2024	Risk rating	= 12 (High)	= 9 (High)	
Next Review (Quarterly based on risk score)	01 May 2025				

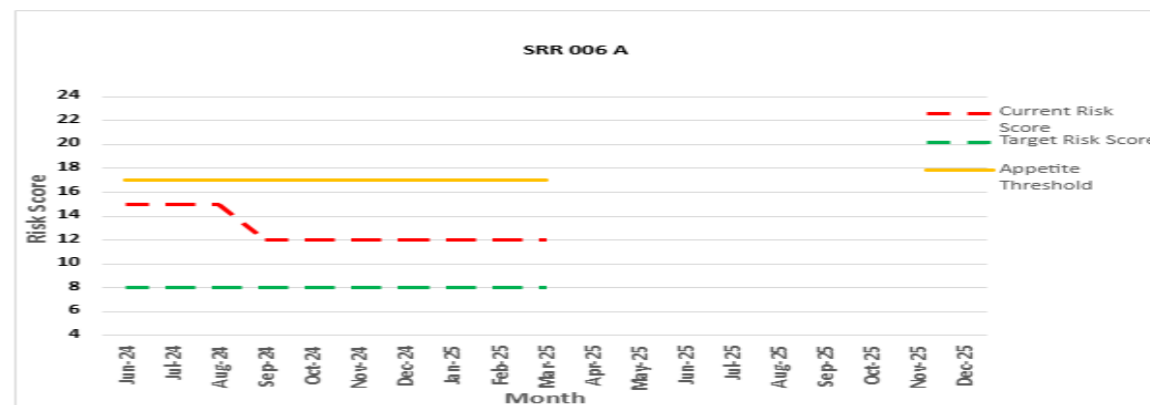


Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Escalation Policy. Performance and Accountability Framework Major incident Procedures Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team. fortnightly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. Enhanced monitoring in place for U&EC Range of performance measures/metrics in place Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards. Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. Planned care recovery meetings with the NHS execs. Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. WG – IQPD meetings to review areas of focus. 	<ul style="list-style-type: none"> New developments and pathways coming online into FY25/26 <ul style="list-style-type: none"> New expanded transfer lounge New ED extension and reconfiguration Additional ED consultants coming onboard Safety Flow agenda delivering wider developments and improvements

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> The Escalation Framework has been enacted and is effective in mitigating threats and impact to services. Performance report against measures/metrics 	<ul style="list-style-type: none"> Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. Now working to KPI WG plan. The impact of the Performance and Accountability framework in improving patient flow 	<ul style="list-style-type: none"> Close monitoring and reporting of the frameworks in practice to support learning and improvements. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Divisional Assurance reviews. Performance against measures/metrics reported to the Executive Committee 		<ul style="list-style-type: none"> Operational framework coming into place in November / December 2024 and will be tested as part of a deep dive exercise. 	
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Reviews <ul style="list-style-type: none"> Intra-site Patient Transfers – Reasonable Assurance accepted by the ARAC on 9th July 2024. External inspections/visits. 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME	SERVICE DELIVERY				
SRR 006	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Strategic Threat	a. Due to the full or partial failure of existing digital infrastructure and systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 January 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2025				

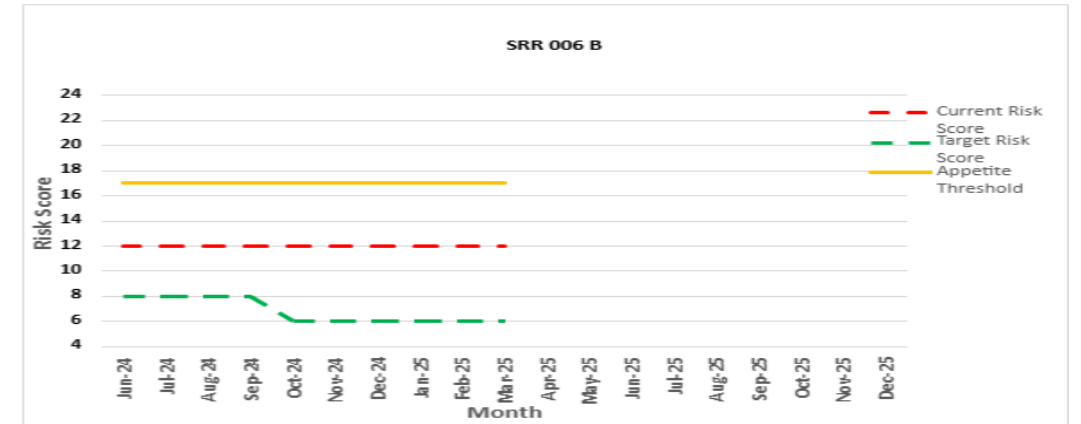
SUMMARY
The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



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

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

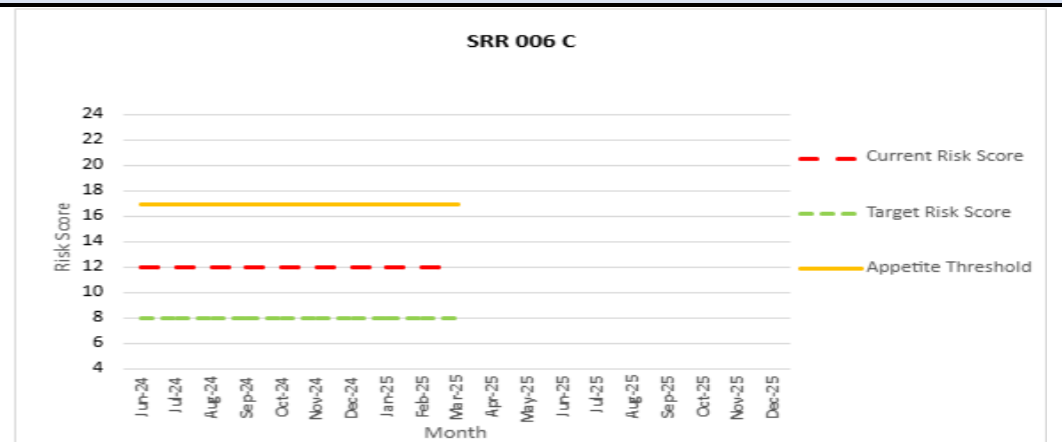
RISK THEME	SERVICE DELIVERY				
SRR 006	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Strategic Threat	b. Due to an adverse impact on service delivery in the implementation of the new digital systems.			Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) X	2 (Unlikely) X	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	
Last Reviewed	01 January 2024	Risk rating	= 12 (High)	= 6 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2025				






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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Project Boards meet monthly and report into the bi-monthly Digital Portfolio Progress Group (DPPG) Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. Risk management approach and escalation processes in place in line with the Health Board’s Risk Framework 	<ul style="list-style-type: none"> Escalation of risks and issues done on an Ad hoc basis to Director of Digital and Executive Committee in the absence of DDaT Sub-committee 	<ul style="list-style-type: none"> Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> Cyber security Audit in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> Benefits Management review – Outcome Substantial Assurance Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> Implementation of the Welsh Intensive Care System – Not Yet Started 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

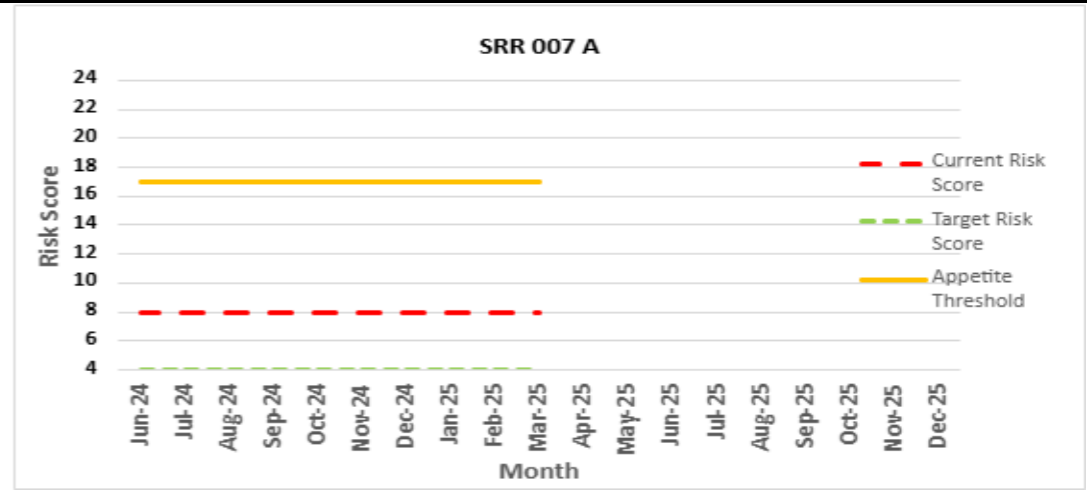
RISK THEME	SERVICE DELIVERY				
SRR 006	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.			Publication Status	Public
Strategic Threat	c. Due to failure to develop digital solutions that are sustainable and fit for the future.			Risk Appetite Level – OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Data breaches Litigation & Financial Penalties Reputational damage and loss of public confidence 			Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold	
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	
Last Reviewed	01 January 2024	Risk rating	= 12 (High)	= 8 (Moderate)	
Next Review (Quarterly based on risk score)	01 April 2025				



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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Quarterly reporting to DDAT sub-committee 	<ul style="list-style-type: none"> If the NDSR process delivers anticipated improvements The outcome of the EDRMS audit 	<ul style="list-style-type: none"> Monitor the performance of the NDSR process Audit into the effectiveness and appropriateness of the electronic document and records management solution (EDRMS) in use for the management of digital health records and the provision of scanning services.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Regular Reporting to the Finance & Performance Committee 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<ul style="list-style-type: none"> Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. <p>Internal Audit 2023/24</p> <ul style="list-style-type: none"> LINC Programme– Outcome Reasonable assurance Network Infrastructure (VPN) - Outcome Reasonable assurance <p>Internal Audit 2024/25</p> <ul style="list-style-type: none"> Electronic document and records management solution -planned for Q4 – Not Yet Started 		
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
 Negative – Insufficient evidence that the controls in place are working effectively.	 Reasonable - adequate evidence that the controls in place are working effectively.	 Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

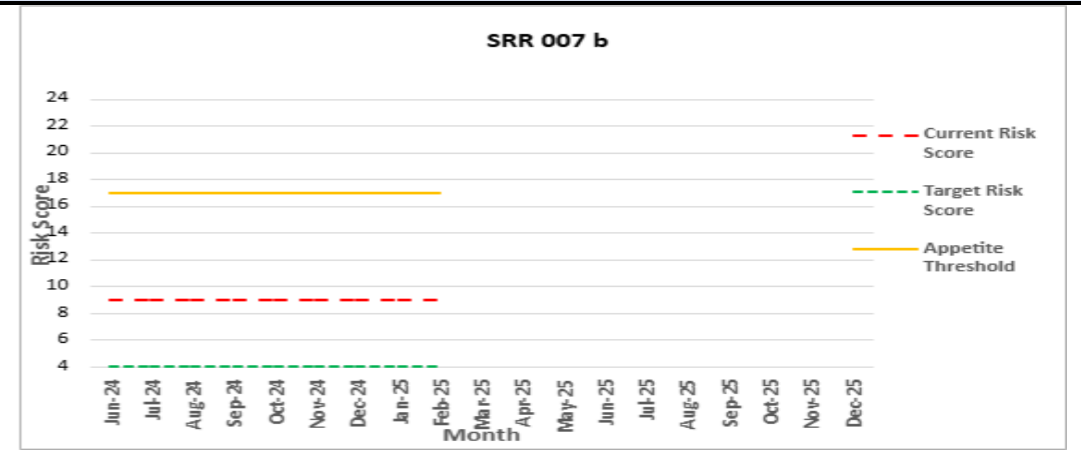
RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 007	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Strategic Threat	A. Due to the likelihood of further austerity measures impacting effective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



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<p>The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:</p> <ul style="list-style-type: none"> The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area. The Gwent Regional Partnership Board As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care, and support is in place to best meet the needs of their respective population. <p>Through these statutory forums formal partnership arrangements take place.</p> <p>In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.</p> <p>Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams</p>	<ul style="list-style-type: none"> Governance review of Regional Partnership Board undertaken in August 2023. Renewed Strategy for strategic partnership Capital in place and revised governance processes. New Long-Term Strategy for Health Board to focus on Partnership approach.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> PMO reporting to the Director of Strategy, Planning and Partnerships. Regional Leadership Group Reporting 	<ul style="list-style-type: none"> Systematic reporting of outcomes Systematic evaluation of schemes Governance of financial control arrangements 	<ul style="list-style-type: none"> Implementation plan to be developed following RPB governance review. Health Board strategy development approach to focus on partnership approach. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> RPB Governance Review (Q4) – Outcome = Limited Assurance. Reported to ARAC September 2024 Partnership Arrangements Review (Q1) Not yet undertaken 	<ul style="list-style-type: none"> Clear Governance arrangements 	<ul style="list-style-type: none"> Develop processes to ensure clear governance for financial arrangements 	
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

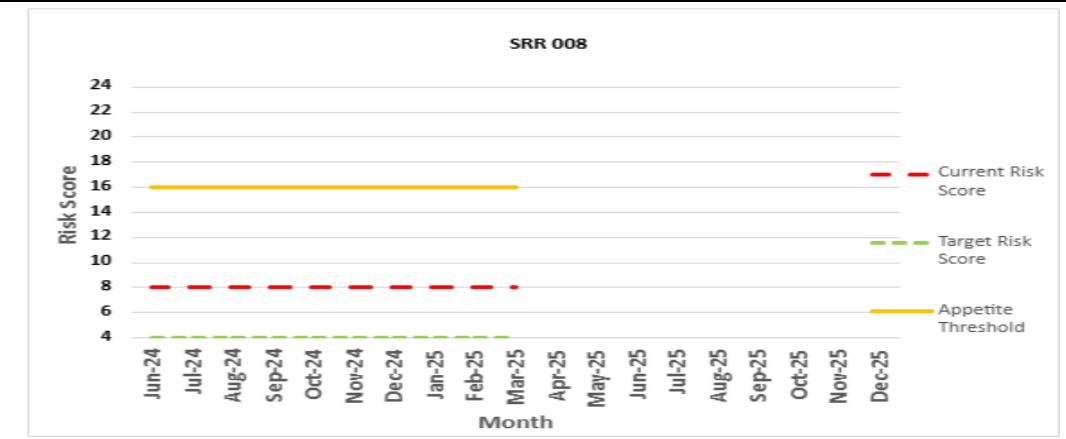
RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 007	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.			Publication Status	Public
Strategic Threat	B. Due to the impact of fragile services across the regional and supra regional geography			Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.	
Impact	<ul style="list-style-type: none"> Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Adverse impacts on delivery of care to patients across acute and non-acute settings Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence 			Risk Appetite Threshold - SCORE 17 AND BELOW All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.	
				SUMMARY The current risk level is OUTSIDE of target level but WITHIN appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)	
Last Reviewed	01 January 2024	Risk rating	= 9 (High)	= 4 (Low)	
Next Review (Quarterly based on risk score)	01 April 2025				



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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> Service Divisions reporting to the Chief Operational Officer 	<ul style="list-style-type: none"> Alignment and effectiveness of partners to deliver integrated services 	Internal Audit 2024/25 <ul style="list-style-type: none"> Recommendations from the Partnership Arrangements Review (Q1)
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> Assurance reporting to the Population Health, Partnerships, and Planning Committee. Assurance reporting to the Board. Regular touchpoint meetings of all key players to review progress and issues arising 		
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
Internal Audit Plan 2024/25 <ul style="list-style-type: none"> Partnership Arrangements Review (Q1) - Deferred 	<ul style="list-style-type: none"> Effectiveness of partnership arrangements 	<ul style="list-style-type: none"> Implementation of recommendations following the Internal Audit
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		

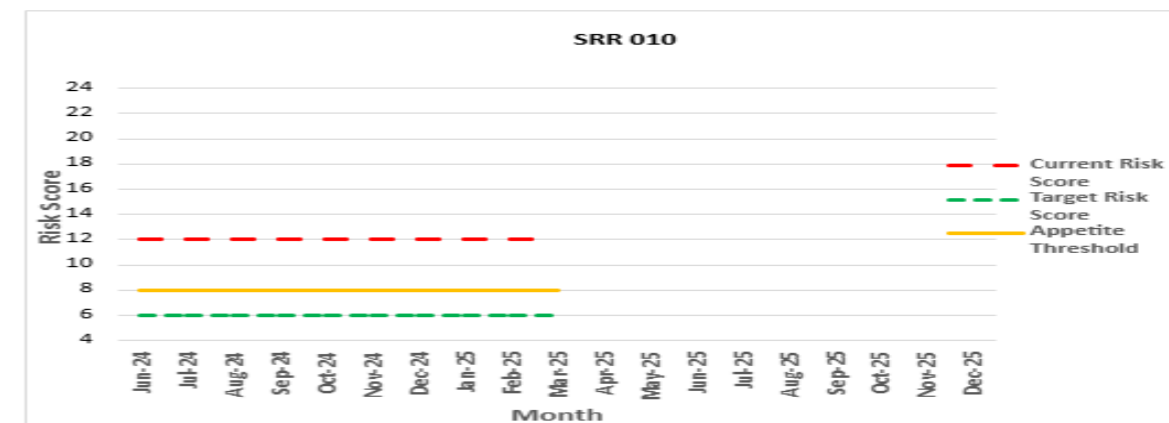
RISK THEME		TRANSFORMATION AND PARTNERSHIP WORKING			
SRR 008	There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.			Publication Status	Public
Strategic Threat	A. Due to inadequate arrangements to listen and learn from patient experience and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



Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Corporate Engagement Team Patient Experience and Involvement Strategy- organisational ownership Person Centred Care (PCC) Surveys and National surveys via CIVICA PCC KPI's (support PCC Quality pillar) 'You said..... we did' public facing information for service areas. PLO service at GUH Introduction of PALS Service (Oct 23) Volunteer Patient Experience Feedback Collaboration to recruit community listeners to support Dementia Awareness Digital patient stories to support listening and learning. Patient Experience and Involvement Strategy DATIX Oversight of Medical Examiner reports to determine patient experience actions Public Engagement- Big Conversation Bereavement held 20th March 2024 People Participation Panel ED in Progress 	<ul style="list-style-type: none"> Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. PCCT staff training to support Civica data entry and retrieval. Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. Employment of dedicated PALS team who will have a key role in gaining feedback from patients, staff, and relatives. Monthly reporting in place and quarterly updates to QPSOG Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. SMS provision to be implemented in Feb 2025 across ED and all MIU's. National directives around new national surveys that need to be managed additional to internal roll out programme. Volunteer feedback to be reviewed to identify themes.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> • Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams. • Concerns are fed back to divisional teams when identified. • Outcome of the volunteer feedback to drive improvements. • Patient Experience and Involvement Team undertaking Culturally Competent Accreditation, receiving a silver distinction award in Oct 2024 • Immediate feedback and escalation to clinical teams following PALS queries and concerns • Civica patient feedback in the process of being rolled out across all – all divisional leaders receive reports for their live areas monthly. 	<ul style="list-style-type: none"> • Currently there is no SMS provision to increase the number of surveys. • No single point of contact or ‘drop in’ provision for patients/families/staff to raise initial patient experience concerns. • Need to develop bereavement model and improve bereavement offer to meet Bereavement Standards. Resources being scoped. • Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards. • CIVICA team have the ability to pull and view feedback that has been left by patients/family. The listening and learning from the feedback to be shared by each department/directorate/division i.e., / ‘you said, we did’ / quality improvement projects. 	<ul style="list-style-type: none"> • SMS provision for patient experience feedback will be launching in ED and all MIU’s in February 2025. • PALS Single point of contact is established. PALS officers have key role in patient experience and involvement- including establishing ‘drop in’ clinics on hospital sites should patients/staff/relatives wish to discuss concerns. Need to have discussions with facilities around rooms. • Patient experience KPI’s and common themes by department/directorate/division need to be identified and pulled from the civica system left on surveys feedback. These will be added to a template patient experience report and CIVICA surveys will be built into ward accreditation. • Development of a ABUHB bereavement survey has been built within CIVICA and tested. Launch date likely early 2025. 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> • Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO) • Listening and Learning reported through QPSOG/ Outcomes Committee • Implemented PALS DATIX Module 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
<ul style="list-style-type: none"> • Bi-Monthly LLais Reports • HIW inspections • Advocacy reports 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

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






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

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>	
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>			
<ul style="list-style-type: none"> Health and Safety compliance data extracted from ESR and Datix and reported 	<ul style="list-style-type: none"> Implementation of a health and safety performance report Health and Safety Committee Membership and governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act. Compliance on completion of risk assessments and mitigating actions 	<ul style="list-style-type: none"> Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework. Review the membership and ToRs of the Health and Safety Committee Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan 	
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>			
<ul style="list-style-type: none"> Established monitoring of H&S at the Executive Committee Corporate H&S report risk and assurance to the Health and Safety Committee Established monitoring of H&S at the PQSO Committee 			
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>			
Internal Audit 2024/25 Plan <ul style="list-style-type: none"> H&S processes – Part One complete. Part Two in the planning phase Performance reviews at All Wales Health and Safety Management Steering Group South Wales Fire & Rescue Service fire safety audit programme. Health and Safety Executive reviews/inspections. 			
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>			
Negative – Insufficient evidence that the controls in place are working effectively.	Reasonable - adequate evidence that the controls in place are working effectively.	Positive - robust evidence that the controls in place are working effectively.	Reasonable Assurance

RISK THEME		SERVICE DELIVERY			
Strategic Risk SRR 011	There is a risk that the Health Board will not meet the carbon reduction target set by Welsh Government (16% reduction by 2025 and a 34% reduction by 2030) . This is common to all Health Bodies across the country.			Publication Status	Public
Strategic Threat (Due To)	<ul style="list-style-type: none"> The effect of a failure to meet this target is on the wider environment due to the limitations to change estate and structural operations and available funds to implement strategic changes at scale to fully meet the target expected. 			Risk Appetite Level – OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure	
Impact	<ul style="list-style-type: none"> Failure to meet the target set on Welsh Health bodies for reducing carbon output Non-delivery of health board priority in this regard, required improvements, and achieving longer-term sustainability for the Health Board and nationally. Reputational damage and loss of public confidence Opportunity cost of reduced energy costs 			Risk Appetite Threshold – SCORE 17 AND BELOW. Risk driven by the likelihood of the HB missing this target with some cause for optimism regarding making some progress towards reducing carbon emissions in some areas such as ReFit and changes in clinical practice. The impact locally is relatively small.	
				SUMMARY The current risk level is OUTSIDE of target level and WITHIN the appetite threshold. The target level to be achieved is WITHIN the set appetite threshold.	
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target Level	
Monitoring Committee	Finance and Performance Committee	Likelihood	5 (Almost certain) x	4 (Likely) x	
Initial Date of Assessment	30 October 2024	Impact	3 (Moderate)	3 (Moderate)	
Last Reviewed	01 March 2025	Risk rating	= 15 (Extreme)	= 12 (High)	
Next Review (Quarterly based on risk score)	01 April 2025				

Current Key Controls <i>(What controls/ systems & processes do we already have in place to assist in managing the risk and reducing the likelihood/ impact of the threat)</i>	Plans to Improve Control <i>What further controls are required to reduce the risk exposure to within a tolerable range? (Short, Medium, and Long-Term Plans need to be included)</i>
<ul style="list-style-type: none"> Quarterly review of projects and workstreams at the Decarbonisation Programme Board The project structure has 5 key workstreams each with a Health Board Lead covering clinical, communications, resources, waste and facilities and estates Regular reporting of financial data available Significant work already with the ReFit programme and Investment Grade Proposal (IGP) which aims to secure funding for projects of £7.4m, to reduce carbon emissions by 995 tonnes Co2 with a 10-year payback on investment. Refreshed Decarbonisation Action Plans for 2024-25. The DAPs are integrated with other sustainability plans and were approved at the Decarbonisation Project Board in July 24. Annual net zero return submitted to Welsh Government Regular reporting of success stories in this area communicated across the Health Board (e.g., “Gloves R off”) Decarbonisation Action Plans reported annually Executive lead and publicised on the green health website SUS Qi training Met office training Carbon literacy training HEIW 4 modules on carbon reduction and net zero ESR Spread & Scale academy training sessions Regular meetings of the sub groups to discuss position, monitor and new ideas 	<ul style="list-style-type: none"> Project structure regularly reviewed should action be needed. Controls will be implemented further as part of the ReFit programme when it progresses following approval of the Investment Grade Proposal.

Sources of Assurance <i>(Evidence that the controls/ systems which we are placing reliance on are effective)</i>	Gaps in Assurance <i>(Insufficient evidence as to the effectiveness of the controls or negative assurance)</i>	Actions to Address Gaps <i>(What further evidence is required to provide the effectiveness of controls)</i>
Level 1 Operational <i>(Implemented by the department that performs daily operation activities)</i>		
<ul style="list-style-type: none"> • Bi-annual ISO14001 audit to be undertaken in October 2024. • Estates operational meetings 	Detailed level metrics and measures are limited due to data capture equipment.	<ul style="list-style-type: none"> • All opportunities for funding will be optimised • Training opportunities will be maximised.
Level 2 Organisational <i>(Executed by risk management and compliance functions)</i>		
<ul style="list-style-type: none"> • Six monthly updates to the Board • Executive Committee (Clinical Futures Board) updates – Quarterly • Six monthly updates to the Finance & Performance Committee • Decarbonisation Programme Board – Quarterly reporting 		<ul style="list-style-type: none"> • The annual reporting to Welsh Government via the net zero return is the main source of information for carbon output by the Health Board. However, it provides a relatively simplistic picture of output of total tonnes per carbon and so its value is limited. • Funding is the greatest limitation on achieving targets. All opportunities for funding will be optimised • Training opportunities will be maximised.
Level 3 Independent <i>(Implemented by both auditors internal and external independent bodies)</i>		
<p>Internal Audit Report in July 24.</p> <ul style="list-style-type: none"> • Received “limited assurance” but not because of controls – the issues were largely around funding limitations. <p>External Audit Reports 2023 -24</p> <ul style="list-style-type: none"> • Periodic reports from Audit Wales – considered by the Audit and Risk Assurance committee 	<ul style="list-style-type: none"> • Funding for a comprehensive ABUHB decarbonisation strategy is not available. 	<ul style="list-style-type: none"> • As above - REFIT invest to Save capital opportunities being progressed.
Assurance Rating <i>(Overall Assessment of controls and assurances)</i>		
 Negative – Insufficient evidence that the controls in place are working effectively.	 Reasonable - adequate evidence that the controls in place are working effectively.	 Positive - robust evidence that the controls in place are working effectively.
Reasonable Assurance		



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

MINUTES OF MEETING HELD

Date and Time **Wednesday 29th January 2025 at 11:30am**

Venue **Conference Centre, St Cadoc’s Hospital and Microsoft Teams**

PRESENT	Ann Lloyd	Chair
	Pippa Britton	Vice Chair
	Richard Clark	Independent Member (Local Authority)
	Paul Deneen	Independent Member (Community)
	Dafydd Vaughan	Independent Member (Digital)
	Iwan Jones	Independent Member (Finance)
	Helen Sweetland	Independent Member (University)
	Neil Patrick	Independent Member (Community)
	Penny Jones	Independent Member (Community)
	Louise Wright	Independent Member (Trade Union)
	Phil Robson	Special Advisor to the Board
	Nicola Prygodzicz	Chief Executive
	Tracy Daszkiewicz	Director of Public Health
	Sarah Simmonds	Director of Workforce and OD
	Jennifer Winslade	Director of Nursing
Rob Holcombe	Director of Finance & Procurement	
Paul Solloway	Director of Digital	
Leanne Watkins	Chief Operating Officer	
Hannah Evans	Director of Strategy, Planning and Partnerships	
IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Liam Taylor	Assistant Medical Director
	Linda Joseph	Llais Cymru
APOLOGIES	James Calvert	Medical Director
	Peter Carr	Director of AHPs and Health Science

PRELIMINARY MATTERS	
ABUHB 2901/01	<p>Welcome and Introductions</p> <p>The Chair welcomed everyone to the meeting, in particular members of the public who had joined the meeting to observe.</p> <p>It was noted that the meeting would be recorded and published on the Health Board’s website following the meeting.</p>
ABUHB 2901/02	<p>Declarations of Interest for Noting</p> <p>Phil Robson, Special Advisor to the Board, declared an interest in respect of the GP Partnership, Dr J Ahmed and Dr J Allinson, as a patient.</p>
ABUHB 2901/03	<p>Consent Agenda</p> <p>The Chair introduced the Consent Agenda and asked if there were any items to be brought bring forward for discussion. There were no requests made.</p>
ABUHB 2901/04	<p>Report from the Chair</p> <p>Ann Lloyd, Chair, provided her verbal report, with a focus on the following areas:</p> <ul style="list-style-type: none"> • Interviews for the Board’s Vice Chair had taken place and a decision from the Cabinet Secretary was awaited. • NHS Wales Chairs had met and discussed a number of matters including the report of the Ministerial Advisory Group review of Accountability, work underway by the Ministerial Advisory Group reviewing performance and productivity, Health Technology Wales’ Strategy, A Healthier Wales, and the priorities and objectives of Chairs set by the Cabinet Secretary. • Regional Partnership Board Chairs had met with the Cabinet Secretary and Ministers to discuss the 50-day challenge with the purpose of bringing a collective and consistent approach across Wales to improving hospital discharge procedures and to building community capacity in order to ease winter pressures on the NHS and social care systems. The Care Action Committee had also continued to meet to discuss the 50-day challenge. • Health Board Chairs assurance meetings had been held with the Cabinet Secretary where expectations for performance, chairs objectives and opportunities for innovation were discussed. • Meetings of the Regional Partnership Board and Public Services Board had met, with updates included within the Board’s meeting papers. • The Ministerial Advisory Group reviewing performance and productivity had attended the Health Board and met with staff to

assess current practices, performance, opportunities and challenges and feedback was anticipated shortly.

- Sarah Murphy MS, Minister for Mental Health and Wellbeing, had visited the CAMHS Service at Ty Fforest, St Cadoc's Hospital, which had been very positive.

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

**ABUHB
2901/05**

Report from the Chief Executive

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

- Since the last meeting of the Board, significant system pressures had been seen because of high-levels of respiratory illness and increased acuity which had impacted capacity across critical services such as ITU and resus, exacerbated by high-levels of staff sickness. These pressures had impacted across the whole system, including pathways of care delays. As a result, a critical incident was declared on 13th January 2025 until 20th January 2025. The considerable efforts of staff and partners during this time were noted as fundamental to de-escalating the system and huge thanks were extended to all those involved. A more detailed update was included within the Board's meeting papers.
- The primary care system had also been under considerable pressure during this period and the Health Board had focussed efforts in responding to concerns regarding the GP Partnership, Dr J Ahmed and Dr J Allinson, as set out within the paper included on the meeting's agenda.
- A focus on the ministerial priority to reduce 104-week waits remained a key focus with considerable progress seen across specialities including ENT, Orthopaedics and Ophthalmology.
- Significant improvement in Mental Health Part A and B performance had been achieved and reported through the Board's Integrated Performance Report.
- Strategic Planning was continuing in respect of the Long-Term Strategy and Annual Plan for 2025/26 with planning guidance received and work underway to develop this alongside the emerging financial plan.

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

**ABUHB
2901/06**

Experience Story – My Medical Record within the Urology Service

The Board welcomed the following guests to support delivery of a presentation that provided an insight into the adoption of the MyMedical Record (MyMr) application to support patients manage their prostate cancer:

- Kathleen Connor-Middleton, Clinical Nurse Specialist

- Ann Mogford, Support Worker
- Mr Richard Drinkwater, Patient
- Mr Phillip Brailey , Patient

The Board was informed that in 2023 the Heath Board had implemented the MyMR platform for eligible prostate cancer patients within the Urology Service. MyMR allowed patients to manage their condition remotely, with the support of their healthcare team, reducing the need for clinical appointments. MyMR also provided patients access to their PSA test results, supporting documents and test reminders digitally and electronically message their healthcare team, getting timely help when they need it.

The Board was advised that as a result benefits were being realised in several ways in terms of improved patient and staff experience, reduction in time for results to be available and access to educational resource and information.

Mr Drinkwater and Mr Brailey outlined their positive experiences of using MyMR which had supported them in managing their own condition and shared the many positive impacts that this had on their physical and mental wellbeing.

The Board welcomed the positive benefits realised by patients because of MyMr and requested consideration of this being used within other specialities across the Health Board.

Paul Solloway (PS), Director of Digital, informed the Board that as a result of the positive feedback following this implementation, the Executive Team had considered a proposal to scale and spread the My MR into other clinical pathways and this assessment was underway.

The Board **RECEIVED** the presentation and extended thanks to all those involved in the positive work undertaken. Particular thanks were extended to Mr Drinkwater and Mr Brailey for sharing their personal experiences in delivering the presentation.

**ABUHB
2901/07**

Llais Report

Linda Joseph (LJ), Deputy Regional Director, presented Llais' report which set out current issues of concern and positive observations, and public feedback being addressed by Llais Gwent Region.

The Board thanked Llais for the ongoing support to communities and the insights brought back to the Board to inform ongoing planning and delivery of services.

The Board **RECEIVED** the Report from Llais.

Report on the GP Partnership, Dr J Ahmed and Dr J Allinson

Nicola Prygodzicz (NP), Chief Executive, provides the Board with an overview of concerns in respect of multiple General Medical Services (GMS) contracts held by the GP partnership of Dr Allinson and Dr Ahmed which held a number of General Medical Services (GMS) contracts within the Aneurin Bevan University Health Board Area, 5 of which were previously directly managed (*MP*) by the Health Board:

- Tredegar Health Centre (*MP*);
- Aberbeeg Medical Practice (*MP*);
- Brynmawr Medical Practice (*MP*);
- Bryntirion Surgery (including Markham Branch Surgery) (*MP*);
- Blaenavon Medical Practice (*MP*);
- Meddygfa Gelligaer Surgery;
- Pontypool Medical Centre; and
- Lliswerry Medical Practice.

NP noted that the contracts for the practices were all standard NHS Wales GMS Contracts, with Dr Allinson and Dr Ahmed as the named GP partnership to the contract and that, whilst the individual contracts for each of these practices were all standard NHS Wales GMS Contracts, Dr Allinson and Dr Ahmed's operating model differed from most other Partnerships in that the named partners were not routinely providing frontline care at the practices and the delivery of some of the back-office functions was provided by a central team employed by e-Harley Street Primary Care Solutions.

NP informed the Board that in late-summer of 2024, concerns were highlighted to the Health Board by local staff of Brynmawr Medical Practice and explicit assurance was provided at the time by the Central Operations Manager on behalf of the Partnership. Over the following weeks it became apparent that a number of these issues were continuing, with an increasing number of locums coming forward regarding non-payment of invoices as well as ongoing concerns regarding payment of supplier invoices and HMRC/NHS Pension contributions. Additionally, local Councillors approached the Health Board in October 2024 with concerns raised to them directly by local staff and patients.

The Board was informed that, due to these concerns, the Health Board instigated a period of enhanced monitoring for the GP partnership with bi-weekly meetings to ensure patient safety and access to services as a priority. The focus of these meetings included Governance, Workforce and Finance as well as any specific concerns which included seeking assurance on:

- Clinical capacity
- Access arrangements and issues
- Financial management; and
- Contractual compliance.

The Board was informed that, following an enhanced monitoring meeting on 23 January 2025 with the partnership, the partnership wrote on 24 January 2025 with notification of their decision to resign from the GMS Contract at Brynmawr Medical Practice and that, to ensure a safe transition and to minimise any further challenges, the Health Board had agreed for the transitional arrangements to commence immediately with official transfer to the Health Board being 1 March 2025.

NP confirmed that the Health Board would directly manage the practice and stabilise the position over the coming months before consideration of the future position of the practice, in line with the Health Board's Vacant Practice Policy.

NP also confirmed that, recognising the challenges affecting the partnerships remaining practices, particularly financial challenges, the partnership would continue to remain in enhanced monitoring and the Health Board had requested that the partnership provides a detailed plan for each of their remaining GMS contracts that describes when and how they expect to enter a period of greater stability.

Leanne Watkins (LW), Chief Operating Officer, noted that the Health Board would continue to work with the partnership to support the development of their plans and arrange a sequential approach to reviewing each GMS contract. During this time contractual management and compliance monitoring would remain to ensure the needs of the registered population are met, with the primary focus being patient safety and access to service provision.

NP noted the ongoing concerns being raised by communities and local elected members and the Health Board's commitment to continue to listen to feedback.

Ann Lloyd, Chair, welcomed the update given the concerning position and noted that the Board had received previous detailed updates on the situation outside of the Board's formal meeting and was assured on the measures being taken by the Health Board, recognising the contractual arrangements and limitations in place.

The Board **NOTED** the update provided and the ongoing work with the partnership to secure the necessary improvements for the population.

Questions from members of the public:

The Chair invited questions from members of the public present at the meeting and responses from the Health Board were provided in-line with the update report presented to the Board. Questions and Answers can be viewed via the meetings' recording available at the following link: [Public Board meeting of Aneurin Bevan University Health Board - 29 January 2025](#)

Statutory and Mandatory Training Report

Sarah Simmonds (SS), Director of Workforce & OD, presented a comprehensive overview of the current status and future plans for statutory and mandatory training (StaM) within the Health Board.

SS highlighted the challenges faced two years ago, with compliance at 76.80% against a Welsh Government target of 85%. To address these challenges, the Core Learning Committee (CLC) was formed in September 2023 and comprises multidisciplinary subject matter expert representatives from each of the Executive Committee's professional portfolios. The report detailed the benefits of the CLC, including receiving requests for additional mandatory training, monitoring staff compliance, identifying opportunities to improve compliance, and providing a multi-disciplinary forum for discussion. The collaborative approach of the CLC to ensure the Health Board remains aligned with best practice and regulatory standards was noted.

SS informed the Board that, as of December 2024, organisational compliance had improved to 81.60%, but further improvement was required to meet and exceed the 85% national target. SS outlined the time commitment for clinical and non-clinical staff to be compliant with StaM training, with non-clinical staff requiring 12 hours and 30 minutes, and clinical staff requiring 18 hours and 20 minutes.

SS outlined several barriers to achieving StaM compliance, including the complexity of the Electronic Staff Record (ESR) system, time constraints, lack of digital access, accessibility issues, and perceived value of completing the training and confirmed that addressing these barriers would require a multifaceted approach.

SS outlined future plans to improve StaM compliance include quarterly CLC meetings, divisional deep dives, roadshows, masterclasses, lunch and learns, external training and development, pay progression policy, bespoke opportunities for Estates and Facilities colleagues, and the exploration of a new digital solution to replace ESR.

The Board welcomed the detailed update and work underway to support and improvement in compliance.

The Board **NOTED** the update provided and **ENDORSED** the associated actions to improve compliance as outlined within the paper.

Health & Safety Annual Report and Update

Scott Taylor, Head of Health and Safety, joined the meeting for this item only

Nicola Prygodzicz, Chief Executive, on behalf of Peter Carr, Director of AHPs and Health Sciences, presented the Health, Safety & Fire Annual Report for the period 2023/24.

NP set out that the annual report provided a summary of activity and outcomes relating to the management of health and safety within Health Board during 2023/24. It also highlighted key priorities for the Health and Safety Committee and its subgroups for the financial year 2024/25.

NP summarised progress against the Health, Safety & Fire Improvement Plan, implemented in November 2023, which had shown improvement across all areas, though further work was needed to reduce risk to a level within tolerance. Key points included:

- RIDDOR Reporting Compliance increased from 49.4% (2022/23) to 67.7% (2023/24).
- Health and Safety Statutory & Mandatory Training Compliance surpassed the Welsh Government standard of 85%.
- Reduction in incidents such as contact with needles, manual handling, and slips, trips, or falls.
- Health and Safety Monitoring yielded an average compliance score of 88.2%.
- Fire Risk Assessments completed/reviewed increased by 30% compared with 2022/23.
- Fire Alarm System Replacement and Fire Barriers (Compartmentation) improvements were ongoing.

A query was raised in respect of work underway to protect staff from Violence and Aggression and it was confirmed that a more detailed update, including an update from national workstreams, was scheduled for the Board's People and Culture Committee imminently.

Iwan Jones, Independent Member, noted his concern that the Annual Report lacked assurance regarding the detail on audit and inspection work to demonstrate the level of compliance being reported, e.g. the number of audits required vs those undertaken. It was agreed that this would be addressed in future reporting.

It was noted that ongoing reporting against the Health and Safety Improvement Plan would continue to be reported to the Board's Patient Quality, Safety and Outcomes Committee.

The Board NOTED the annual report; the improvement in compliance during the reporting period; and the actions being taken to achieve ongoing compliance.

Electronic Prescribing & Medicines Administration Programme Update

Paul Solloway, Director of Digital, provided an update on the NHS Wales Electronic Prescribing & Medicines Administration programme (ePMA) and the implementation across the Health Board.

PS outlined that to-date Welsh Government, via its Digital Priorities Investment Fund (DPIF), had fully funded the pre implementation phase of the local programme, supporting a procurement exercise and business case development, and had recently confirmed the first year of implementation funding for financial year 2024/2025, with further funding expected for financial year 2025/2026.

PS informed the Board that, following approval of the Full Business Case in December 2024, the Health Board signed a contract with Better Meds UK to purchase their ePMA solution, enabling the programme to progress to the implementation phase. An update on the programme's current position and plan for the coming months was set out within the paper.

It was noted that detailed planning and recruitment for the next phases was underway.

The Board NOTED the update and progress made to date.

Winter Resilience Plan 2024/25 - Progress Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented a progress report of the Winter Resilience Plan for the Health Board, highlighting the operational pressures faced by the health system and the actions taken to mitigate these challenges.

HE advised that the Health Board was experiencing significant operational pressure due to higher than projected flu admissions, impacting staff and patient flow, with the following outlined:

- The average length of stay for patients had been stable, but there was a spike around Christmas, and bed occupancy rates were tracking close to upper limits, indicating high demand for medical beds.
- Emergency department demand had been higher than expected, with fluctuations noted during the holiday period, and recent data indicating a return to high levels of attendance.
- Staff sickness absence had increased to 7.30% in December, particularly affecting frontline roles, which complicated patient care and flow.

HE confirmed that a critical incident was declared on 13th January 2025 due to severe pressures, leading to significant delays in

ambulance response and patient admissions. This was stood down on January 20 after implementing a command structure and increasing staffing.

HE noted the significant efforts through the Gwent Adult Strategic Partnership which had focused on managing funding and implementing a 50-day integrated care winter challenge to enhance system resilience.

It was noted that a full review of the Winter Resilience Plan was scheduled for July 2025, with ongoing assessments of the health system's operational challenges and actions taken to address them.

Discussion was held regarding the ongoing work with local authority partners to support improvement in pathways of care delays, recognising the pressures on the system.

The Board **NOTED** the context with which the Health System was operating and the actions taken to mitigate the impacts of winter to-date.

**ABUHB
2901/13**

Integrated Performance Report

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the integrated performance report for the end of Month 8 and Month 9 of 2024/25, highlighting progress in areas such as urgent and emergency care, cancer, planned care, diagnostics, and mental health.

The report noted improvements and ongoing challenges, with a focus on achieving performance targets, including:

- notable improvements including reductions in patients waiting over 104 weeks, enhancements in diagnostic waiting times due to additional funding, and compliance in mental health services had improved, with significant progress in Part 1a compliance for adults and CAMHS;
- Challenges included sustaining improvements in the Urgent and Emergency Care System as a result of pressures seen over the winter period, alongside work to improve in Mental Health Part 1b compliance;
- Areas of focus included executing winter plan actions, enhancing cataract services, and reducing mental health services backlog compliance.

The Board **NOTED** the performance as reported, acknowledged the significant improvements made and passed thanks to all staff involved in achieving these.

<p>ABUHB 2901/14</p>	<p>Quality Performance Report</p> <p>Jennifer Winslade (JW), Director of Nursing, presented the quality outcomes and performance report, highlighting areas of improvement such as patient satisfaction, improved education on medication safety has resulted from sharing incident data with teams, and compliance with infection control standards was being continuously improved, with specific focus on Staph Aureus and C. difficile. The report also addressed ongoing challenges in complaints resolution, falls, and safeguarding training.</p> <p>The Board NOTED the performance as reported.</p>
<p>ABUHB 2901/15</p>	<p>Financial Performance, Month 8, 2024/25</p> <p>Rob Holcombe (RH), Director of Finance and Procurement, presented the finance report for November 2024, highlighting a year-to-date deficit of £6.683 million and a forecast deficit of £7.356 million. The report noted progress in savings plans and ongoing risks related to prescribing costs and winter planning.</p> <p>RH noted that early indications for month 09 (December) performance was of a similar position to month 08 with the same level of risk as being reported at month 08.</p> <p>The Board NOTED the financial performance position and the ongoing risks to achieving the 2024/25 as set out within the paper.</p>
<p>ABUHB 2901/16</p>	<p>Strategic Risk Report, January 2025</p> <p>Nicola Prygodzicz, Chief Executive, presented the Board with an assessment of strategic risks at January 2024 and outlined proposed changes in respect of:</p> <ul style="list-style-type: none"> • a reduction in score and exposure or SRR 001A regarding risks associated with the recruitment and retention of staff; • the addition of risk SRR 011 regarding risks associated with achieving the Welsh Government’s decarbonisation targets <p>The Board NOTED the strategic risks as set out within the paper and APPROVED amendments to the Register as proposed.</p>
<p>ABUHB 2901/17</p>	<p>Nurse Staffing Levels (Wales) Act Annual Report</p> <p>Jennifer Winslade (JW), Director of Nursing, provided the Board with the annual presentation of nurse staffing levels for the Health Board, ensuring compliance with the Nurse Staffing Levels (Wales) Act 2016. The report presented detailed the recalculation cycles for nurse staffing levels from October 2023 to November 2024, highlighting changes and recommendations for various wards.</p>

	The Board NOTED the changes presented and compliance with the statutory requirements of the Nurse Staffing Levels Act.
	CONSENT AGENDA
ABUHB 2901/18	The Board APPROVED the Draft Minutes of the Health Board Meeting, held on 26 th November 2024.
	The Board APPROVED the Report on Sealed Documents and Chair's Actions.
	The Board APPROVED the proposals to further develop the Joint Commissioning Committee's Governance Framework
	The Board NOTED the Board Action Log with Updates.
	The Board NOTED the Strategic Partnership Updates of the Regional Partnership Board and Public Service Board.
	The Board NOTED the Executive Committee Chair's report.
	The Board NOTED Key Matters from Committees of the Board.
	The Board NOTED the overview of Joint and Partnership Committee Activity of the Joint Commissioning Committee and NHS Wales Shared Services Partnership Committee.
	OTHER MATERS
ABUHB 2901/19	Any Other Business There was no other business raised for discussion.
ABUHB 2901/20	Date of the Next Meeting: 26 th March 2025
ABUHB 2901/21	CORPORATE TRUSTEE BUSINESS Annual Report and Accounts 2023/24 for the Aneurin Bevan University Health Board Charitable Fund: <ol style="list-style-type: none"> a. Annual Accounts 2023/24 b. Annual Report 2023/24 c. Letter of Representation 2023/24 d. Charitable Funds ISA 260 Report <p>Rob Holcombe, Director of Finance and Procurement, presented the Aneurin Bevan University Health Board Charitable Funds Annual Accounts and Annual Report for the year ending March 31, 2024.</p> <p>The Corporate Trustee was advised that:</p> <ul style="list-style-type: none"> • Audit Wales confirmed an unqualified audit opinion and recommended the approval of the accounts by the Board;

- The accounts showed a decrease in funds of £381k before investment gains, with total income recorded at £507k, a decrease from the previous year;
- There was a net gain of £375k on investments, attributed to stock market increases, adjusting the total investment value from £5,102k to £5,477k.

It was noted that following approval, the accounts would be submitted to Audit Wales and filed with the Charity Commission by January 31, 2025.

Julie Rees, Audit Wales, presented the Board with Audit of Accounts Report and confirmed that the Auditor General intended to issue an unqualified audit opinion on the accounts once a Letter of Representation was provided.

The Corporate Trustee APPROVED:

- a. The Annual Accounts 2023/24
- b. The Annual Report 2023/24; and
- c. The Letter of Representation 2023/24

Thanks were extended to the finance team and audit team for the work undertaken in preparing and reviewing the annual accounts for 2023/24.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Report on Sealed Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between 15th January and 12th March 2025.

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 15th January and 12th March 2025 there were four (4) Chairs Actions agreed.

Cefndir / Background

1. Sealed Documents

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

2. Chair's Action

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

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. One document was sealed between the 15th January and 12th March 2025, as outlined below.

Date	Title
19/02/2025	Deed of Covenant relating to Lease of Brynmawr Medical Practice, Brynmawr Wellbeing Centre, between Metro MRH Limited and Aneurin Bevan University Health Board. Also includes Engrossment Transfer.

3.2 Chair's Action

The Chair's Actions approved between 15th January and 12th March 2025 are summarised below:

Date	Title
16/01/2025	Outsourcing Ophthalmology: Outsourcing of General Ophthalmology and Oculoplastic to manage patient backlogs against various specialties. Following submission of a Business Case, the Health Board was awarded £800,000 by Welsh Government to spent by 31 st March 2025. Procurement process undertaken and contract awarded to Medica. Total cost: £800,000
26/02/2025	Fully Managed Vending Service: Contract award for the services of an experienced vending service provider to provide a fully managed vending service for confectionary, snacks, cold drinks and hot drinks available 24 hours per day, 7 days a week, 365 days a year for staff, as well as patients and visitors. An open market OJEU tender was conducted and awarded to JDJ Vending Limited £3,254,056.20 (inclusive of VAT)

	<p>Annual Value of current contract £334,932.04 Annual Value of new contract £361,561.00</p> <p>3 years £1,084,685 (initial contract) 6 years £2,169,370.80 (extension 1) 9 years £3,254,056.20 (extension 2)</p>
06/03/2025	<p>NHS General Medical Services at HMP Usk and HMP Prescoed:</p> <p>Recommissioning of an NHS General Medical Service from 01 April 2025 until 31 March 2030 at HMP Usk and HMP Prescoed.</p> <p>Both prisons are jointly managed and operated by His Majesty's Prison and Probation Service.</p> <p>Aneurin Bevan University Health Board is responsible for the commissioning of Primary Care services to the population of HMP Usk and HMP Prescoed and commissions separate NHS General Dental Services (GDS) and NHS Welsh General Ophthalmic Service (WGOS) agreements with providers.</p> <p>A competitive OJEU open tender exercise was carried out and contract awarded to Malpas Brook Health Centre.</p> <p>Total value of new contract: £803,000.00</p> <p>Annual value of current contract: £146,000.00 Annual value of new contract: £160,600.00</p> <p>Contract period including extension options: 1st April 2025 until 31st March 2030</p>
06/03/2025	<p>Avaya Subscription Renewal: The Health Board operates an AVAYA environment for both Voice and Data Network. Uptime monitoring, and availability is vital in keeping clinical services operational in a 24/7 organisation.</p> <p>In order to deliver voice telephony, the Health Board must pay licence and support costs to the hardware manufacturer, AVAYA. AVAYA does not deal directly with end users and therefore a third party vendor is required to provide the licence and support services, as well as other value added services.</p> <p>Due to the nature of the business, the market of skilled engineers and therefore organisations that can support AVAYA technology is substantially smaller than that of other vendors.</p> <p>The Health Board is currently completing a migration to a CISCO network across various sites, therefore the value of this contract will decrease as the kit is decommissioned.</p>

	<p>Direct award to FourNet.</p> <p>Total value of new contract: £515,041.30 ex VAT Annual Value of new contract:: £257,520.65 ec VAT</p> <p>Contract period including extension options 1 April 2025 to 31 March 2027.</p>
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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



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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee
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Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
17 July 2024	ABUHB 1707/14	<p>Community Therapy MSK Transformation Update</p> <p>An update report to be scheduled for 9 – 12 months’ time (May 2025)</p>	Secretariat	May 2025	Not Yet Due
25 September 2024	ABUHB 2509/07a	<p>Urgent and Emergency Care Business Cases: The Grange University Hospital (GUH) Transfer Lounge and Increase in Emergency Department (ED) Consultant Establishment</p> <p>Following implementation of the models a six-month review to be scheduled to provide assurance to the Board that the models have delivered improvements in patient outcomes and experience.</p>	Secretariat / Chief Operating Officer	March / May 2025	Not Yet Due Urgent and Emergency Care update to be scheduled for the Board’s meeting in May 2025

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
26 November 2024	ABUHB 2611/10	ReFIT Funding Opportunities: A timeline which sets out a line of sight to a refreshed Estates Strategy being brought forward to the Board for consideration.	Chief Executive and Director of Strategy, Planning and Partnerships	March 2025 May 2025	Not Yet Due Deferred from March 2025 due to strategic annual planning processes. A verbal update will be provided to the Partnerships, Population Health and Planning Committee on 02/04/25.
26 November 2024	ABUHB 2611/15	Management of General Medicine Patients at the Grange University Hospital A Six-month review of the respiratory Medicine reconfiguration to be presented to the Board.	Action: Chief Operating Officer	May 2025	Not Yet Due

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

Once the Board is assured that an action is complete, it will be removed. This will be agreed at each Board meeting.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson Morris, Deputy Director Strategy, Planning and Partnerships

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

Er Gwybodaeth/For Information

This report is to provide the Board with information in relation to the Regional Partnership Board activities and progress made during the last reporting period.

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The Social Services and Wellbeing Act 2014 sets out the requirement for Local Authorities and Local Health Boards to establish Regional Partnership Boards (RPB), to manage and develop services to secure strategic planning and partnership working. RPBs need to work with wider partners such as the third sector and providers to ensure care and support services are in place to meet the needs of their respective populations.

This report provides an update on the activities of the RPB.

Cefndir / Background

This report is being provided to the Board for information, to ensure consistent messaging and updates are communicated between the Regional Partnership Board and the Health Board.



Assessment

50 Day Challenge and Winter

On the 11th November the Welsh Government launched a *50 Integrated Care Winter Challenge*. The Care Action Committee of the Welsh Government launched the challenge to facilitate improvement in outcomes for patients who can be safely managed in the community or are 'clinically optimised' and can be discharged from hospital, cared for in more appropriate settings, and to release much-needed acute and community hospital bed capacity. The 50 days were from 11th November to Christmas Day.

Ten best practice interventions were identified and agreed nationally through gathering learning from across Wales as well as other parts of the UK. The 50 day challenge asked Regional Partnership Boards to review and take action in these 10 areas.

The table below summaries the intervention and actions set out for the Gwent Region:

50 Day Challenge Actions		
	High Impact Intervention	Summary of key actions
1	Optimal Hospital Flow Framework	<ul style="list-style-type: none"> • Optimal ward focus on 3 wards at RGH to embed flow framework • Operational framework pre-launch end of November multi-site approach • Senior nurse allocation to sites leading framework • Embedding of D2RA principles, deconditioning leads
2	7 day working for Health & Social care	<ul style="list-style-type: none"> • Additional 10 HCSW to increase weekend CRT capacity • Frailty weekend pilot • Discharge lounge & hub 7 day model • 7 day acute frailty response from Jan 25 • Urgent primary care HCSW weekend coverage
3	Undertake Decision Support Tool in the Community	<ul style="list-style-type: none"> • Additional hospital to home capacity • Fortnightly integrated discharge board to oversee goals 5, 6 and 50 day plan, • Develop covid-19 pandemic initiative for care home support for patients with complex needs
4	Integrated Navigation Hubs	<ul style="list-style-type: none"> • Develop plan for a single integrated navigation hub encompassing Urgent Care, Urgent Primary Care • Frailty and health protection • Expand discharge hub model
5	Regional Health & Social care weekly review of long LOS Patients	<ul style="list-style-type: none"> • Action orientated weekly Pathway of care delay reviews with local authorities • Agreed joint weekly action plans



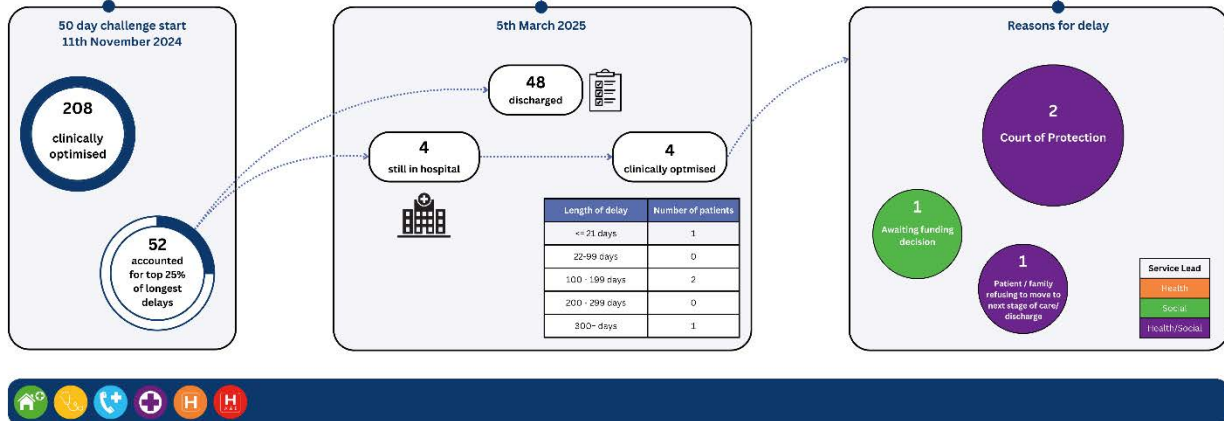
		<ul style="list-style-type: none"> • CWS2 roll-out to improve data accuracy, routine monitoring aligned to integrated discharge board
6	Proactive management of 0.5% population at Risk	<ul style="list-style-type: none"> • MDT approaches in three NCN areas • Risk stratification exercise to align EFI and sfn generated risk scoring • Future care plans approach to care homes • Winter support for respirator • Fracture liaison service
7	GP enhanced Service rollout for care homes and HRAC	<ul style="list-style-type: none"> • Increasing the proportion of care home patients with active future care plans • Care home direct access to urgent primary care professional line
8	Trusted Assessor Model for all care Settings	<ul style="list-style-type: none"> • Review of best practice models for leveraging such as YYF stroke ward trusted assessor model on behalf of 5 local authorities
9	Home First default for all clinically optimised patients	<ul style="list-style-type: none"> • Balancing rights and responsibilities training/education roll-out • GUH front door services review underway encompassing home first, acute frailty and therapies teams for improved 'one team' working • Re-enforcing 'what matters' communication and practice
10	7 day community falls response	<ul style="list-style-type: none"> • Workshop held on 11th Nov, involving ABUHB and WAST colleagues to explore opportunities for reducing conveyance to hospital • Agreement to review current support to care homes, with a view to improving our offer, referencing past schemes such as I-stumble • Agreement to map all current falls response services and associated funded streams,

In order to monitor the challenge, the Cabinet Secretary for Health and Social Care in the Care Action Committee, asked each regional partnership to identify a cohort of those currently delayed (25% of the total, per region) to focus on developing and delivering a discharge plan for those with the longest stays in hospital.

The below infographic sets out the regions progress on this target:



50 Day Challenge - top 25% delayed



On 6th December Welsh Government wrote to Regional Partnership Boards to provide non-recurrent additional funding for Winter to support the 50 day challenge. A spend plan was agreed by the Integrated Discharge Board as delegated by the RPB.

- High Risk Patient Cohort £955,000- The funding to be utilised to enable GPs or appropriate members from a Multidisciplinary Team (MDT) to undertake care reviews of individuals identified as 'High Risk' in line with national service specification
- Community transition and assessment beds £764,000- The funding to be utilised to open an additional 23 Beds in line with the Care of the Elderly/Rehabilitation model at the Royal Gwent Hospital.
- Reablement and Domiciliary Care £1,799,819- An allocation was made to each local authority to increase Integrated Reablement Teams capacity- via Reablement Practitioners, Planner, Assessment Staff, OT and Enablement support workers.

It has been agreed via Regional Partnership Board that the Integrated Discharge Board, a group that contains Executive and operational leadership across health and social care will provide the tactical coordination of activity through the winter period including the 50 day challenge activity. An evaluation and review of these winter actions will be undertaken in order to inform the RPB and Board in July.

Governance Review

Progress is being made against the actions set out in the Governance review. The role of the Leadership Group has been strengthened therefore there is already greater ownership, clarity and scrutiny of items going to the RPB. A revised Governance Framework following on from the legislative changes introduced by Welsh Government was presented to the January meeting of the RPB.



Amended regulations cover:

- **Objectives of RPBs** - New objectives included covering market stability reports, working with Llais, and promoting the development of integrated health and social services arrangements.
- **Membership of RPBs** - adding Welsh Ambulance Service Trust, County Voluntary Councils, primary care providers and workers voice as members; Llais as an independent member.
- **Responsible persons**- requiring the partnership bodies to nominate a responsible person to facilitate the partnership arrangements.
- **Administrative functions of RPBs** - new arrangements around recruitment and support for members.
- **Self-assessment** – biennial RPB self-assessments.
- **Annual reports** - Definition of what is required in annual reports.
- **Annual delivery plans and annual reviews** - Requirement for annual RPB delivery plan.
- **Market stability report** - Date of submission of future market stability reports.

A draft scheme of delegation has also been developed which seeks to delegate responsibilities into the RPB subgroups (Strategic Partnerships) This should accelerate decision making and ensure decisions are taken at appropriate levels.

Funding Allocations for 25/26

On 27 January 2025, Welsh Government issued the RPB Regional Integration Fund (RIF) Allocation Letter, which included confirmation of the following revenue allocation for 2025/26.

Funding stream	Allocation (£)
RIF core funding	23,283,840
Integrated Autism Service (IAS)	571,286
Dementia	1,711,000
Memory Assessment Services	565,000
Unpaid Carers (Hospital Admission and Discharge)	191,000
Short breaks for carers	246,847
Further Faster	2,292,000
Regional Infrastructure Fund	750,000

The funding allocation letter for the Neurodivergence Improvement Programme (NDIP) has not yet been issued. However, on 3 February 2025, Welsh Government confirmed continued investment in the programme across Wales from April 2025 to March 2027.



Investment plan 2025/26

The following table outlines the planned investment across all strategic partnerships (SPs). Third sector will receive 18% of the total RIF portfolio (20% minimum required), and carers will receive 6% (5% minimum required).

Strategic Partnership Board	Unallocated		TOTAL (£)	%
	Allocated (£)	(£)		
All	273,895		273,895	1%
Carers	1,811,697		1,811,697	6%
Children & Families	5,214,524		5,214,524	18%
Dementia Board	2,481,579		2,481,579	8%
Further Faster	2,292,000		2,292,000	8%
GASP	13,179,511		13,179,511	45%
MH&LD	1,629,773		1,629,773	6%
Regional Resource	956,780		956,780	3%
Unallocated	-	50,753	50,753	0%
Unallocated (SRP)		1,720,461	1,720,461	6%
Grand Total	27,839,759	1,771,214	29,610,973	100%

Unallocated SRP relates to the System Resilience Plan (winter), projects under this funding which are in place until the end of Quarter one 25/26 and are currently being reviewed. Decisions will then be taken on continuation or release of funding for the RPB to reallocate.

Impact Assessments

As part of assessing the impact of RPB interventions, seven projects have been assessed as 'Red' and 11 are 'Amber', with a total value across both groups of £5,640,184. All seven 'Red' projects and nine of the 'Amber' projects sit within the GASP portfolio. The remaining two 'Amber' projects sit within the Dementia Board portfolio. Extraordinary meetings of both Strategic Partnerships have been scheduled to review the Impact Assessments in late March 2025 to enable decisions on the continuation or amendment of these projects to be taken. This may potentially free further RPB resource to reallocate to priorities.

Argymhelliad / Recommendation

The Board is asked to NOTE the update provided.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:
Datix Risk Register Reference and Score:

SRR009 – Transformation and Partnership Working



Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Explained within the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Planning, Partnerships and Population Health Committee.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk



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

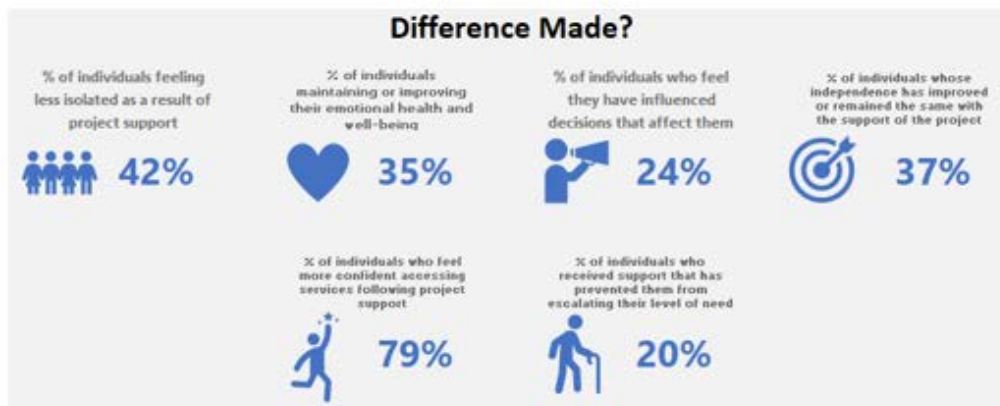
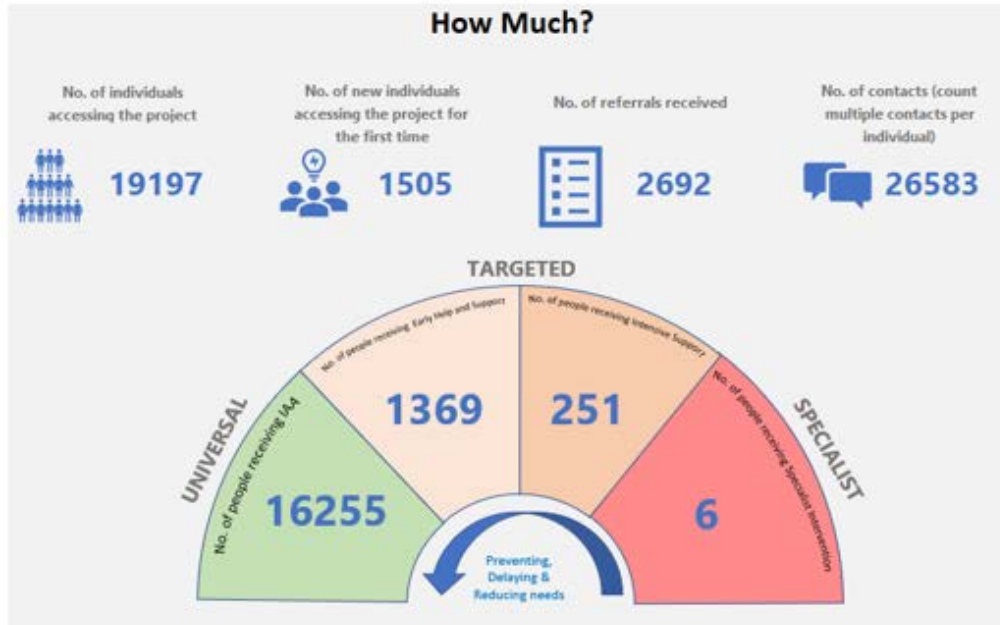
<https://futuregenerations.wales/about-us/future-generations-act/>

Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies
Choose an item.

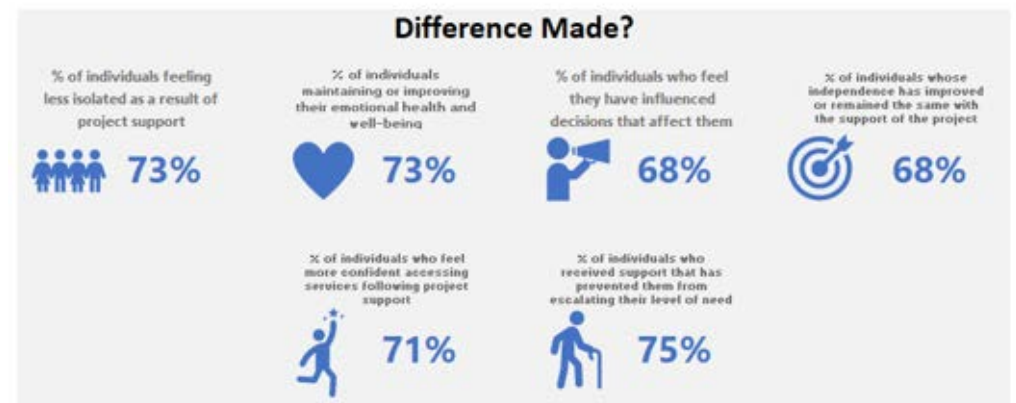
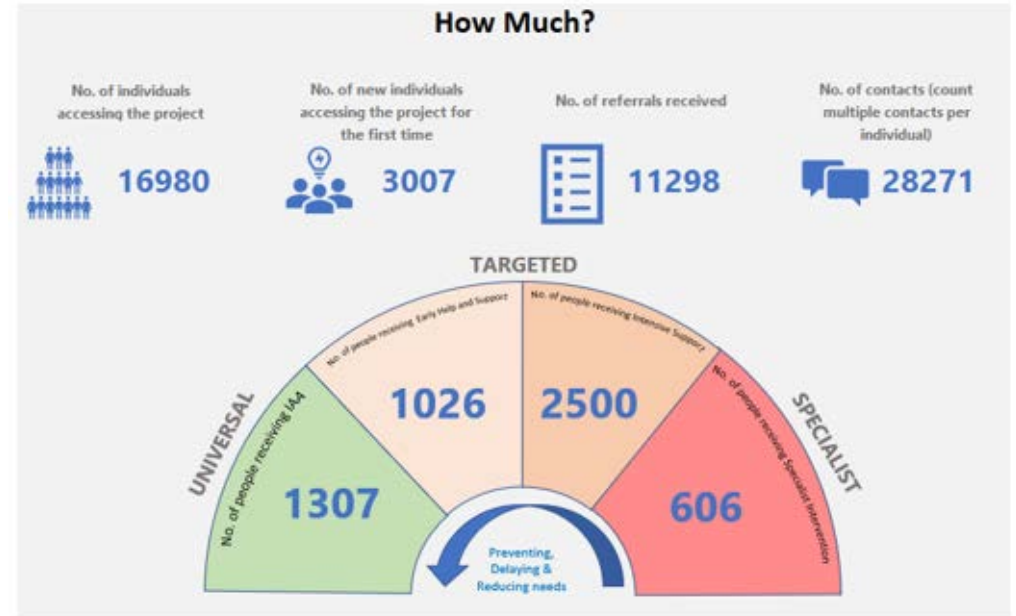


Appendix A: Strategic Partnership Portfolio Visuals

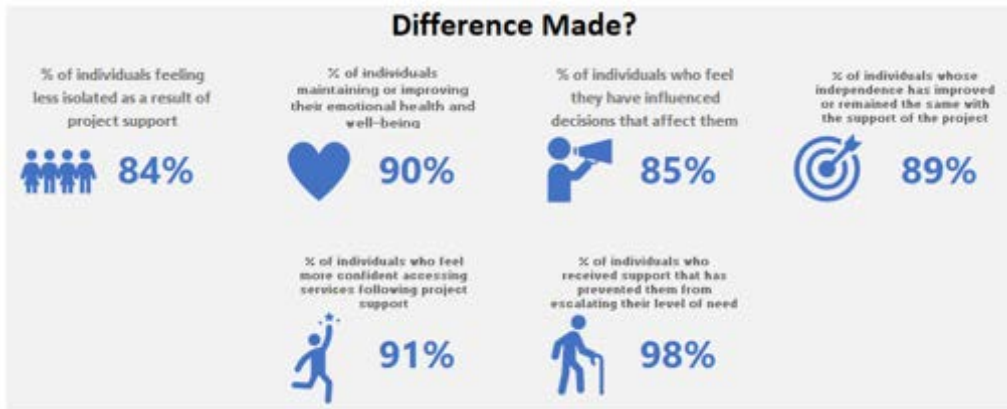
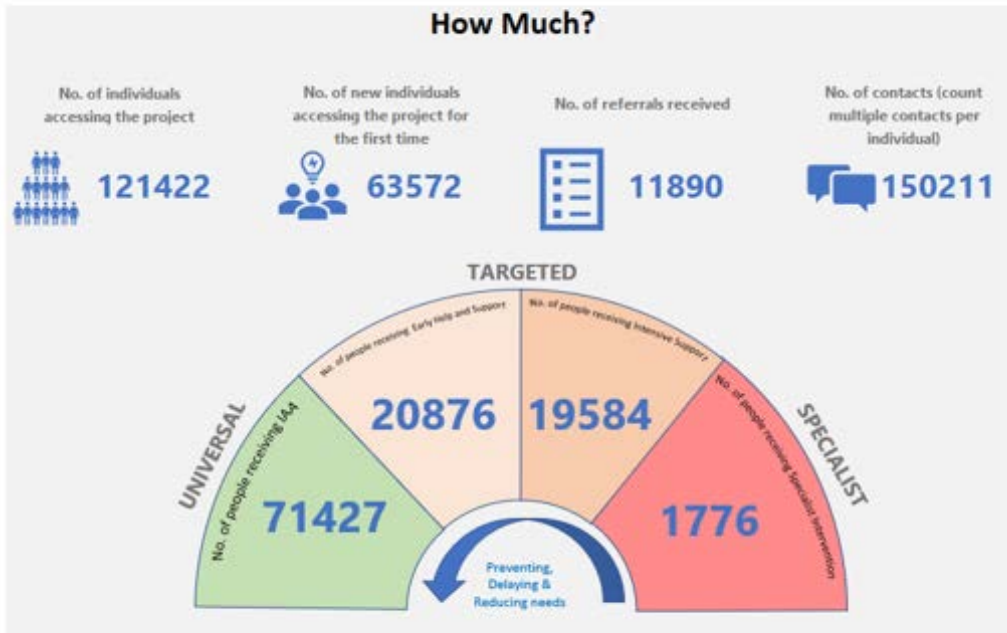
Carers Strategic Partnership



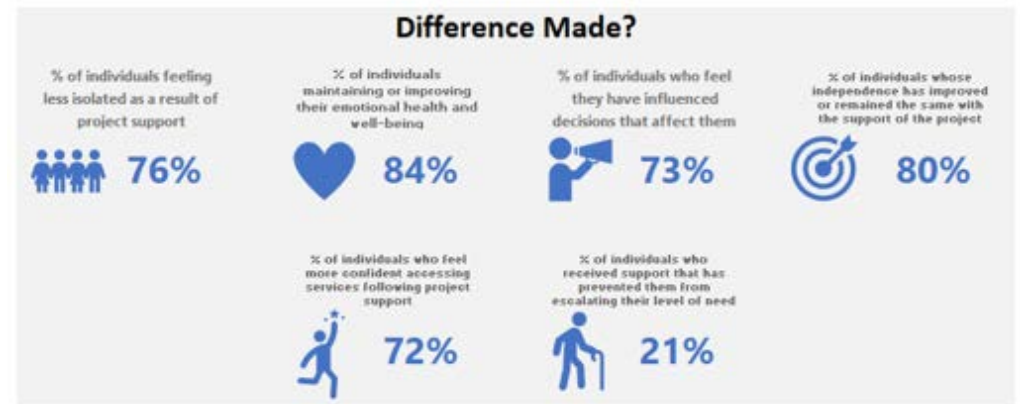
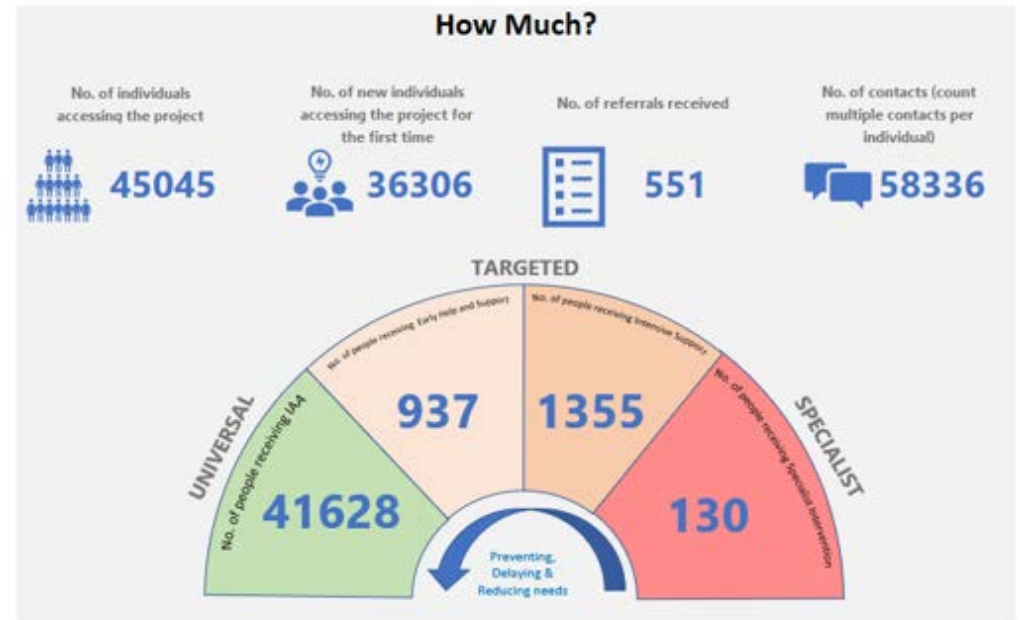
Children & Families Strategic Partnership



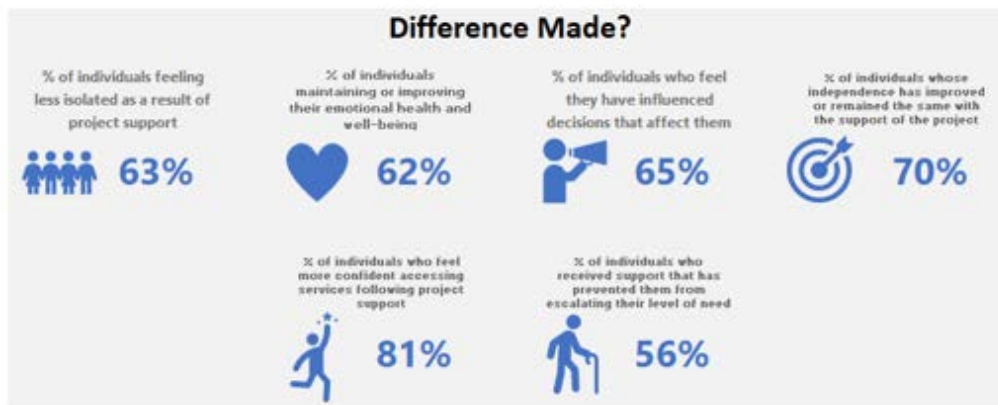
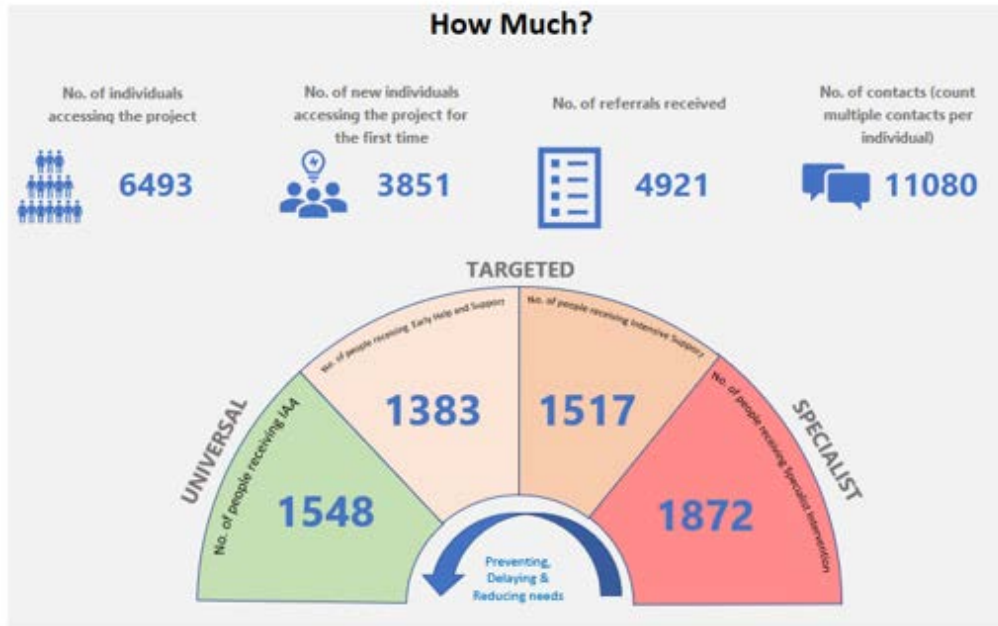
Gwent Adults Strategic Partnership



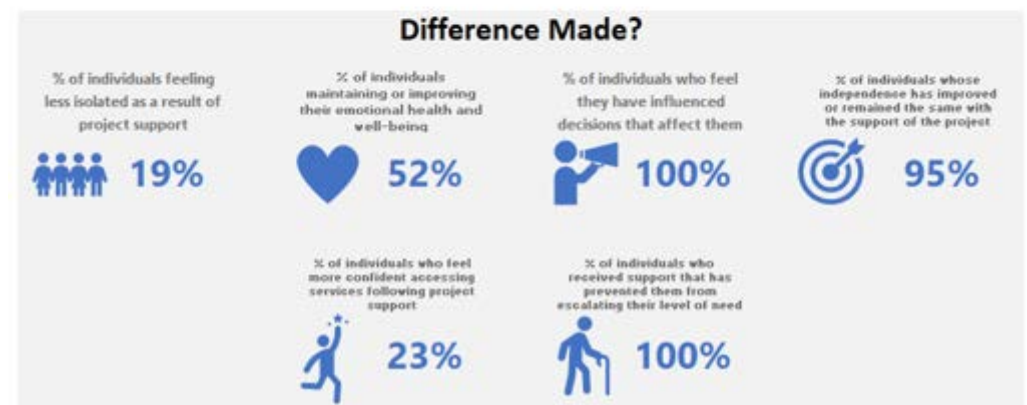
MH & LD Strategic Partnership



Regional Dementia Board



Housing Strategic Partnership (AT Programme)



DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Activity: 13 th January 2024 – 7 th March 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

This report provides the Board with an overview of a range of issues discussed by the Executive Committee during the period

Due to the nature of the Executive Committee's business, not all issues will be suitable for disclosure into the public domain.

Cefndir / Background

The Chief Executive Officer is responsible for the overall organisation, management and staffing of the Health Board and its arrangements related to quality and safety of care as well as matters of finance, together with any other aspect relevant to the conduct of the Health Board's business in pursuance of the strategic directions set by the Health Board's Board, and in accordance with its statutory responsibilities.

The Executive Committee is the executive decision-making committee of the organisation, which is chaired by the Chief Executive as Accountable Officer.

The Executive Committee is responsible for ensuring the effective and efficient co-ordination of all functions of the organisation, and thus supports the Chief Executive/Accountable Officer to discharge her responsibilities.

Asesiad / Assessment

The Executive Committee meets on a weekly basis and focusses on the breadth of the organisation's business. These formal meetings are supplemented by:

- Informal Executive Team Sessions, which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A quarterly Clinical Futures Board, which enables the Executive Team to oversee implementation of the Board's strategic priorities, take decisions and resolve issues which may be impacting delivery.
- A monthly Executive Committee Performance Meeting, which enables the Executive Team to monitor the Health Board's integrated performance to enable a focus on quality, workforce, activity and financial performance.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

Much of the business of the Executive Committee informs onward reporting to the Board's assurance committees, providing assurance to the Board on the effective management of the organisation and achievement of the Board's strategic objectives. The Executive Committee's business also informs much of the Board's formal meeting agendas, given the Executive Team's responsibility for strategy development and its implementation.

The Workplan of the Executive Committee is based on five key areas to ensure appropriate focus, oversight of the organisation's business, and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

- Quality, Safety and Culture
- Delivery, Performance and Efficiencies
- Strategic Planning and Service Development
- Strategic Partnership Arrangements
- Transformational programmes (IMTP/Clinical Futures).

During the period 13th January 2025 - 7th March 2025 the following matters were some of the issues considered by the Executive Committee:

Quality, Safety & Culture

At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Executive Committee also continues to maintain a focus on the performance of the urgent and emergency care system, including ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the entire system. A weekly overview of hospital deaths and hospital boarding is also reported as part of the safety review.

Other matters discussed included:

Options Appraisal for Management of Level 3 Adult Weight Management pathway for NICE: The Executive Committee received an options appraisal to address the unsustainable waiting list for injectable medications to aid weight

reduction. The Committee noted there was a medication budget for 25 patients per year but there were 50 patients on the pathway at a time; the pathway included urgent and routine patients; demand had significantly increased on the pathway and waits had become much longer which included seventeen urgent patients currently waiting and one hundred and nine routine patients waiting. The Committee noted there was a medication budget to meet demand but no workforce capacity which meant a current budget gap of £71.5K. The options appraisal included a preferred option to close the pathway to urgent and routine patients and a second preferred option was to close the pathway to routine patients only and move current patients to an alternative pathway. The Committee agreed to temporarily close the pathway to routine patients with redirection to an alternative pathway to ensure urgent patients are prioritized whilst a more detailed assessment of the weight management pathway was undertaken to ensure a sustainable solution was found.

Stillbirths and Neo-Natal Deaths: The Committee received an assurance report in respect of stillbirths and neo-natal deaths which reviewed data from 2019 to 2024 and the reporting of MBRACE data which confirmed that overall reported data was stable with some small variations and within UK average levels. The Committee requested 6 monthly reviews to ensure close monitoring.

HIV Fast Track: The Committee noted work to achieve zero new HIV transmissions in Gwent by 2030 and was updated on the notion of Fast Track Cities as a global initiative whose core partners included the International Association of Providers of AIDS Care and the joint UN Programme on HIV/AIDS as part of the Paris Declaration. The Committee approved the Health Board signing the Paris Declaration.

Health & Safety Update: The Committee received assurance on the key performance indicators for health and safety across the Health Board, along with the updated strategic risk assessment and areas of focus for the next 12 months.

All Wales Staff Survey – Review of Response Rates: The Committee noted the response rate for 2024 had dropped from 18.1% staff to 13.2%, since 2023. The Committee was assured by an analysis of internal Health Board promotional activities; analysis of lessons from other Health Boards; key lessons from national perspectives; specific initiatives; survey promotion and next steps for the Health Board to improve the response rate for 2025.

Update on Discharge Improvement Plan: The Committee was updated on pathways of care delays and the known reasons for discharge delays across Health and Social Care; feedback on a review of clinically optimised patients at RGH; and an escalation meeting held with Local Authorities aligned to the critical incident declared in January 2025. The Committee also received an update of progress on priorities for 2025/2026 on the Six Goals for Urgent and Emergency Care programme, Goals 5&6, Return and Stay Well at Home Programme and the 50-Day Integrated Care Winter Challenge. The Committee received further assurance that a proposed joint escalation framework and governance arrangements with Local Authorities had been developed to ensure a closer working arrangement and to facilitate quicker discharge of hospital to home patients.

Mortuary Incident Plan: The Committee received a presentation on the Mortuary Service and the ongoing improvement plan. The Committee was assured by the recruitment of a service transformation manager on a fixed term contract to ensure

oversight and reform of the service and that all complaints were recorded on Datix. The Committee was further assured by the root cause analysis of HTA reportable incidents and noted that since an HTA unannounced inspection in July 2024 recommendations had been resolved. The Committee noted the clinical governance arrangements in place and was assured the Health Board’s HTA Group was meeting routinely. The Committee welcomed the transformation of the Mortuary Service since the HTA inspection and was assured by actions taken by the Clinical Support Services Division. The Committee was assured by learning from recent incidents and enhanced measures that had been introduced on safe handling of deceased patients.

Delivery, Performance & Efficiencies

The Executive Committee has monitored and discussed the Health Board’s financial position continuously and implemented mitigating actions to improve the forecasted financial position. To ensure a consistent sufficient focus on delivery and to explore further opportunities across the Health Board, an Executive Value and Sustainability Board meets fortnightly, with progress reported through the Financial Performance Report presented to the Board.

Other matters discussed included:

Non-Recurrent Investment of GDS Monies: The Committee considered a report for the approval of non-recurrent investment into Personal Dental Service (PDS) services to support wait times by the provision of treatment to additional patients during 2024/25. In-light of the current financial position, the Committee requested further financial assessment on affordability be undertaken before a decision was made.

Update on INPS: The Committee was updated on the voluntary insolvency of In Practice Systems Limited (INPS) who was a supplier of primary care GP systems providing digital solutions directly to Health Boards. The Committee noted this had the potential to impact on a range of digital services provided to General Practices and was being led by Welsh Government who were working with partners on mitigating actions alongside Health Boards.

Digital Patient Communications Update: The Committee received an update on phase 2 the project of the merging of systems into a single patient communication platform and the implementation of the patient portal. The Committee noted that by adopting digital letters within the Health Board for the services in scope of phase 2, cost savings of £124,000 in the first year and £160,000 in the second year after full implementation were anticipated.

Performance Management Framework Escalation Levels Update: The Committee considered and agreed the escalation status of each of the operational divisions in-line with the Performance and Accountability Framework following a six-monthly review as set out below.

Jan-25

OPERATIONAL DIVISION	ESCALATION DOMAIN		
	Quality and Safety	Operational Delivery	Finance
Facilities and Estate	Normal Arrangements	Normal Arrangements	Normal Arrangements
Surgery	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Urgent Care	Enhanced Monitoring	Enhanced Monitoring	Normal Arrangements

Medicine	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Primary Care and Complex Care	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Mental Health and LD	Enhanced Monitoring	Enhanced Monitoring	Normal Arrangements
Family and Therapies	Normal Arrangements	Normal Arrangements	Enhanced Monitoring
Clinical Support Services	Normal Arrangements	Normal Arrangements	Enhanced Monitoring

The key points considered in agreeing each escalation status were on the continued status of the Urgent Care Division and Mental Health and LD Division across the two domains of quality and safety and operational delivery. The reason for remaining in *enhanced monitoring* include:

Urgent and Emergency Care

- The Health Board remains in Enhanced Monitoring at a national level for the Emergency Department (ED) at GUH so it was important this be reflected in the approach internally.
- Improvements against the national escalation metrics had not been achieved consistently, although it was recognised there was a cross Divisional contribution required to improvements,
- Further improvements are required regarding the system level leadership of the division and oversight including a review of the flow centre model.
- An increase in the waits to be seen which remain an ongoing issue for the Division and future assurance required that there is leadership focus on improving this in advance of improvements to waiting areas via the ED extension due to opening in May, and the Discharge lounge, given the significant risk to patients.

Mental Health and Learning Disabilities

- The Mental Health & LD Division has seen sustained improvements to a number of areas and a notable improvement to addressing complaints with implementation of the improvement work developed over the past 2 years.
- The improvement programme of work found the principles of quality improvement had been established with a clear programme of work which is on track to deliver in 25/26.
- Improvement in performance for Part 1a and 1b above the national target following clearance of the backlog. The work of the Division has been recognised in achieving this improvement within the timescales set.
- Whilst good progress has been made in a number of areas it was agreed that the level remained the same until such time as delivery is sustained.

Finance

- Consideration of the financial status as at month 9 alongside the extant trigger (namely > £500k deficit) was considered resulting in those divisions outlined above remaining in enhanced monitoring for finance.

Strategic Planning & Development

Major Incidents Debrief: The Committee received an update following a recent major incident exercise based on the Major Incident Procedure that tested the roles and responsibilities of the Health Board in an emergency response. The Committee was assured that, as a Category 1 responder under the Civil Contingencies Act (CCA)2004, in the event of a Major Incident being declared the Health Board's plan and response procedures would have been effective to meet the demands of the

incident and thus in delivering the key aims of the exercise and agreed the strategic risk could be updated and reduced.

Research and Development (R&D): The Committee noted external funding was available from Welsh Government for the Health Board to develop R&D facilities to support development of commercial research facilities and received a request for the Health Board to respond to Welsh Government to pursue capital funding for R&D facilities. The Committee agreed to the proposal subject to Capital Group consideration.

Strategic Partnership Arrangements

RPB Financial Governance Procedure: The Committee received the RPB's financial governance procedure which had been developed following an Internal Audit review and the Regional Partnership Board Governance review, with the purpose of setting out the roles and responsibilities of the Health Board and Partners in relation to enacting financial transactions on behalf of the Regional Partnership Board.

Other Formal Business

As standing agenda items, the Executive Committee has maintained a focus on the Winter Action Plan and winter modelling data.

In this reporting period, the Executive Committee has also considered development of papers ahead of Board and Committee consideration, including:

- Quality and Safety Performance Report
- Workforce Performance Dashboard
- Strategic Risk Report
- Audit Wales Structured Assessment and Annual Audit Report
- Financial Performance Report
- Activity & Performance Report, including Ministerial Priorities
- Charitable Funds Small Bids
- Urgent and Emergency Care Update
- Budget Setting Proposal 2025/26
- Llantrisant Health Park Vision Document
- Strategic Equality Plan 2024-2028
- Director of Public Health Annual Report
- Complex and Long-Term Care, Independent Provider Fee Uplifts, 2024/25
- Clinical Negligence & Personal Injury Claims - Q1-Q3 2024-25
- Clinical Negligence for Board Approval
- Annual Plan 2025/26
- Capital Programme 2025/26
- Place Based Care
- Violence Against ABUHB Staff
- Audit Recommendations Tracking Update
- Welsh Health Circulars and Ministerial Directions

System Leadership Group

The Executive Team established monthly System Leadership Group meetings in 2023, which have continued throughout 2024 with leaders from across the Health Board. The latest meeting took place on 14th March 2025 with a focus on an

update on the Annual Plan for 2025/26 and future strategic plans and programmes of work.

Executive Team Development

The Executive Team continues to hold monthly sessions to focus on team development, informal discussion on the development of cultural and strategic aspects as well as enable dedicated attention to key risks and issues. In the last reporting period, the Executive Team has dedicated informal time to focus on team key risks, challenges and opportunities allowing space to explore matters in an informal and collective way in addition to a deep dive into the prevention work and progress with the place based care agenda.

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:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Linked to all IMTP priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	IMTP- Integrated Medium-Term Plan RAAC- Reinforced Autoclaved Aerated Concrete NICU- Neonatal Intensive Care Unit CMO- Chief Midwifery Officer MHLDD- Mental health and Learning Disabilities SHC- Surgical High Care HEIW- Health Education and Improvement Wales OCP- Organisational Change Process FNC- Funded Nursing Care WHC- Welsh health Circulars RGH- Royal Gwent Hospital GUH- Grange University Hospital ToR- Terms of Reference EHCR- Electronic Health & Care Record

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Cydraddoldeb Equality Assessment (EIA) completed	Effaith Impact No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Key Matters from Committees of the Board
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

In line with the Health Board's Standing Orders, a number of Board Committees and Advisory Groups have been established. This report provides, for assurance, an overview of the business undertaken by these committees during the reporting period, and highlights key matters for Board consideration, where required.

Cefndir / Background

The Health Board's Standing Orders, approved in line with Welsh Assembly Government guidance, require that a number of Board Committees and advisory groups be established. The following Committees and advisory groups have been established:

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

Assurance Reporting

The following Committee assurance reports for the period are included at Appendix 1:

- Patient Quality Safety and Outcomes Committee – 20th January 2025
- Partnerships, Population Health and Planning Committee – 28th January 2025
- People and Culture Committee – 11th February 2025
- Finance and Performance Committee – 17th February 2025
- Audit, Risk and Assurance Committee – 18th February 2025
- Charitable Funds Committee – 7th March 2025

Asesiad / Assessment

In receiving this report, the Board is contributing to the good governance practice of the organisation in ensuring that Committee business is reported to the Board and any key matters escalated, where appropriate.

Argymhelliad / Recommendation

The Board is asked to NOTE for assurance this report, and the updates provided from Health Board Committees.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item. Choose an item. Choose an item.

Strategic Equality Objectives 2020-24	Not applicable
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partion / 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 No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this specific report, however WBFGA considerations are included within committee's considerations

Name of Committee:	Patient Quality, Safety and Outcomes Committee
Chair of Committee:	Helen Sweetland
Reporting Period:	20th January 2025
Key Decisions and Matters Considered by the Committee:	
<p>Committee Risk Report</p> <p>The Committee received an overview of the Committee Risk Register for which the Board had delegated responsibility to the Committee.</p> <p>The Committee noted that there were three high-level risks and three sub-risks, covering service delivery, transformation and partnership working, and compliance and safety. The risk environment had remained stable, and there were no changes to the risk scores for the monitored risks.</p> <p>Mental Health Act Monitoring Report</p> <p>The Committee received the Mental Health Act Monitoring Report for assurance that compliance with the legislative requirements of the Mental Health Act were being met.</p> <p>The Committee noted that the Mental Health Act Monitoring Committee had been stood down and was assured that the Health Board were in the process of setting up a new Committee and reviewing the reporting format to provide greater assurance.</p> <p>Quality Performance Report</p> <p>The Committee received the Quality Performance report for quarters 1 to 3.</p> <p>The key areas arising from this report were: -</p> <ul style="list-style-type: none"> • Patients' experience, and patient engagement and involvement strategy continue to progress to deliver person-centred care. • Learning and improvement forum has now been set up with the aim to share the learning across the Health Board. • Mental Health and Learning Disabilities division and urgent and emergency care remained in the escalation status of enhanced monitoring, with the Health Board working to improve the position of both areas. • Consent form review had been undertaken by Welsh Risk Pool highlighting that most patients signed their forms on the day of the procedure, with some forms completed weeks in advance. However, there were issues with illegible signatures and missing clinician's details. The consent process has been reviewed with new information for patients being launched on ABUHB webpages. • Safeguarding level 1 training compliance at 91.6%, however there was ongoing work to improve the level 3 training compliance. • 30day compliance for responding to complaints was reporting at 55% in Q2, below the target of 75%. Main themes of concern were: clinical treatment, communication and attitudes / behaviour. • Health & Safety reporting compliance was at 86%, with ongoing work to improve the manual handing training compliance. • Sepsis programme had been working with a family to ensure that communication going out to the public was clear for families to know what to look for when identifying early signs of sepsis. • Ward accreditation had rolled out across several divisions with 3 accreditations being awarded in December. • 2 never events from April to December 2024, with 1 having taken place within a non theatre environment and the other being historical and found during a scan. 	

- Fall incidents averaged at 302 per month with 99% being no or low harm. Assurance was provided that there was a programme in progress to reduce falls.
- Infection rates have increased and there is an ongoing programme of work to tackle this problem, through enhanced cleaning, antimicrobial stewardship and education.

Maternity Services: Organisational Improvement and Action Plan

The Committee received the Maternity Services Organisational Improvement and Action Plan for 24-27 that detailed the approach to provide individualised care, safe effective care and reductions in health inequalities. The plan aims to improve, innovate and develop to meet the needs of those who access the service and those who work in it.

The Committee noted the overview of the many completed actions and were updated on progress with the amber and red actions from the plan that had not yet been fully implemented.

Learning from Death Report

The Committee received the Learning from Death Report for the period January to June 2024. This included the development of several mortality indicators and the development of a 'Learning from Death' Framework. Examples of lessons learnt were provided in the report.

The Committee noted that the risk adjusted mortality index (RAMI) had reduced from the last reporting period and the Health Board was now the 2nd best performing Health Board in Wales. Challenges had been raised around the CHKS system which is used to look at mortality data and work was being undertaken with the system owners to improve the mortality alert module which will help to identify and investigate any concerns promptly.

Pharmacy and Medicines Management Annual Report 23-24

The Committee received the Pharmacy and Medicines Management Annual Report which includes the progress in priority areas of safe prescribing, antimicrobial stewardship and value.

The key areas arising from this report were: -

- In January 2024, the Pharmacy Service published its Vision and Mission Statement;
- The Value and Sustainability work programme to deliver on the 13 national recommendations set by Welsh Government, overseen by the Medicines Management Programme Board;
- Service developments;
- The contribution of pharmacy services to improved patient safety and medicines governance through direct patient care and the work of the Medicines and Therapeutics Committee, Medicines Safety Group, and the Controlled Drugs Local Intelligence Network;
- The performance of the Health Board against the National prescribing indicators; The committee noted that the pharmacy robot had been approved in 2022/23 but was still in the process of being installed.

Radiation Protection Committee Annual Report

The Committee received the Radiation Protection Committee Annual Report for assurance that all activities related to the use of Ionising Radiation and the storage and disposal of radioactive substances in the Health Board had been carried out in accordance with National legislation, published guidance and local policies and procedures.

The Committee noted the governance structure of the Committee and was assured there were no outstanding areas of concern from the HEIW report from April 2023.

Amendment to the six-monthly Nurse Staffing Act Report due to respiratory service changes

The Committee received the Amendment to the six-monthly Nurse Staffing Act Report which included the recent reconfiguration of the Respiratory and General Internal Medicine Model effective from 11 November 2024.

The Committee noted the approved reconfiguration of the respiratory medicine service to deliver a general internal medicine model at the Grange University Hospital (GUH) to include the following:-

- Closure of the Medicine inpatient beds on ward 4/4 at Nevil Hall Hospital (NHH) - inclusive of 22 Respiratory and 6 Endocrine & Diabetes beds;
- Delivery of a phased Respiratory in-reach model at NHH and Ysbyty Ystrad Fawr (YYF);
- Clear clinical accountability for 16 General Internal Medicine beds at GUH

Matters Requiring Board Level Consideration or Approval:

None Noted

Key Risks and Issues/Matters of Concern:

None Noted

Planned Committee Business for the Next Reporting Period:

The Patient Quality and Outcome Committee forward work plan for 2025/26 is in development.

Date of Next Meeting: Monday 31st March 2025

Name of Committee:	Partnerships, Population Health and Planning Committee.
Chair of Committee:	Ann Lloyd
Reporting Period:	28th January 2025
Key Decisions and Matters Considered by the Committee:	
<p>Update on the development of a Long-Term Strategy The Committee received an update on the Long-Term Strategy, noting that Welsh Government had expressed an interest in the development of the engagement report.</p> <p>The Committee noted that next steps for the report were to test the level of detail within the strategy through a series of internal and external audits.</p> <p>The Committee highlighted the need to establish a Health Board approved definition of Place Based Care, and how it would work under the strategy.</p> <p>Update on the development of the Annual Plan 2025/26, including NCN Plans The Committee was informed that the first draft of the plan was to be presented to the Board at the Board Development Session on 12th February 2025.</p> <p>It was noted that no priority areas laid out within the plan had been deescalated by Welsh Government.</p> <p>It was noted that within the plan the proposals for Women’s Health, Diabetes, and Cardio Vascular Disease were detailed, with reviews and lessons learned being applied to the six goals plan and urgent and emergency care priority actions.</p> <p>Update on the development of Capital Programmes The Committee received an update stating that the Capital Investment had grown by £10 million as a number of capital schemes had delivered over the last 12 months.</p> <p>It was noted that formal feedback had been received from the submission of the Capital Prioritisation plan, part of the annual plan for 2024.</p> <p>The Committee noted that the monies taken from the discretionary fund to cover the settlement for the Bevan Health and Wellbeing Centre has since been return by Welsh Government due to the return of VAT over payments as part of the Grange University Hospital development.</p> <p>Update on the development of a Digital, Data and Technology Strategy The Committee noted the instigation of some high-level achievements, and received an update on current developments under the strategy.</p> <p>I The Committee noted the need for annual targets to be developed to ensure that the strategy was implementing change at an appropriate rate.</p> <p>Health Protection & Vaccination Programme Update The Committee received an update that uptake for vaccinations within Gwent was not at a satisfactory level.</p> <p>The Committee noted that due to the vaccination equity strategy delay, the Health Board had developed its own strategy which had looked into what equity barriers there were from a service perspective.</p> <p>The Committee was assured that in regards to the cohorts of school children missing their HPV vaccine, a catch-up campaign had been launched.</p>	

Regional Partnership Board Update

The Committee received an update from the latest RPB meeting held on the 14th January 2025.

The Committee discussed the need to keep patients out of hospitals as a priority, and raised the need for a report on preventative measures in this respect.

It was highlighted that a prevention framework was being developed to target an action to improve primary prevention. A skeleton framework would be ready by April 2025.

Regional Planning Update

The Committee discussed Llantrisant Health Park and the proposals for it being able to increase service support for the entire of South East Wales. It was noted that no formal business case had been presented by CTMUHB to the other South East Wales Health Boards.

Public Services Board Update

The Committee discussed the safeguarding issues around out of hours contact for patients who had experienced crisis and mental health crisis due to substance misuse.

Review of Committee Programme of Business

The Committee received the Review of Committee Programme of Business 2024/25 for information.

Matters Requiring Board Level Consideration or Approval:

None noted

Key Risks and Issues/Matters of Concern:

None noted

Planned Committee Business for the Next Reporting Period:

As per the Forward work plan for 2024/25

Date of Next Meeting: 2nd April 2025.

Name of Committee:	People & Culture Committee
Chair of Committee:	Louise Wright
Reporting Period:	11th February 2025
Key Decisions and Matters Considered by the Committee:	
<p>Review of ABUHB Values & Behaviours Framework The Committee received an overview of the Values and Behaviours framework, noting the framework was under review to ensure alignment with the organisational culture and strategic priorities.</p> <p>The Committee received an update on the work completed to date in conjunction with the development of the Health Board's long-term strategy.</p> <p>A range of workshops were due to be hosted in March 2025 along side the planning team to provide staff with an insight on the Health Board strategy and the new Values and Behaviours framework.</p> <p>Update on EDI Activity The Committee received an update on Equality, Diversity and Inclusion (EDI) activities and the progress made since the last meeting in October 2024, noting that the Health Board was undertaking a Health and Wellbeing passport pilot to support staff with health issues or caring responsibilities, to allow staff and their managers to look at what support would be required within the workplace.</p> <p>The Committee noted that there were 3 LGBTQ workshop, for staff within the LGBTQ community and delivering clinical services attending, to provide an insight on what the All Wales action plan would look like for the Health Board.</p> <p>A few accessibility issues had been raised regarding the eye clinic at the Royal Gwent Hospital, leading to a programme of work for improvements on the estate and training, with the programme being shared across all hospital sites.</p> <p>Workforce Performance Dashboard incorporating Key Performance Indicators The Committee received the Workforce Performance Dashboard, noting the focus was on absence and the actions the Health Board were taking to reduce absence and improve staff health and wellbeing.</p> <p>The Committee noted the following key areas from the performance Dashboard:-</p> <ul style="list-style-type: none"> • Job planning had seen an increased by 6%, however there had been challenges throughout the winter months with 373 job plans in progress and 56 awaiting signatures; • Sickness data had shown that the main reasons of staff being unwell was due to stress, anxiety and depression with Health Care workers, Nurses and Estates and Facilities having the highness levels of sickness; • 18 deep dives had taken place over a 12 month period with action plans in progress to make improvements to the sickness levels. <p>Violence & Aggression against Staff across ABUHB The Committee received the update on Violence & Aggression against Staff, noting that violence & aggression was one of the Health Board's areas of concern and contributed to the highest number of incidents reported each year.</p> <p>A violence prevention & reduction policy was now in place to support the Health Board to manage incidents when they occur with the policy providing guidance on response, intervention and prevention.</p>	

The Committee noted the increase in physical assault within the period of 2022 to 2024 with 1 in 20 members of staff experiencing an assault. It was acknowledged that further resources were required to address this.

People Plan 2022/25, Quarterly Review Objective 3 - Workforce Sustainability

The Committee received the People Plan for 2022/25, with a review of objective 3 workforce, noting that there were new roles within the workforce planning team and training being rolled out with a focus on digital solutions and the introduction of registered nurse associates.

The Committee received an overview of the volunteers activity that supports the Health Board and the volunteer Career Programme that supports members of the public getting back into work.

Report from the Director of Workforce & OD, including Employee Relations & Suspensions over 4 months

The Committee received the Director of Workforce and OD report that included activities of the Workforce & OD Team, key issues locally, regionally and in NHS Wales.

It was highlighted to the Committee during this reporting period there were 11 employees currently suspended, 6 employees had been suspended for over 4 months with all suspensions relating to safeguarding concerns or criminal investigations.

The Committee noted that there were 6 employment tribunals in progress. The Health Board was in the process of a TUPE transfer that would increase the workforce and was due to be completed by March 2025.

The Director of Workforce & OD had visited the Ty Gwent agile working space and had received positive feedback on the environment. However there had been issues with parking which the Health Board were looking to resolve.

Staff Survey Results Report

The Committee received the Staff Survey results for 2024, highlighting that there had been a reduction in return rates this year from 18.1% in 2023 to 13.2% in 2024.

The Committee noted that the Health Board was below average on 9 out of 10 of the core components compared with other Health Boards with the lowest scores being around morale due to stress, thinking about leaving and work pressures.

The next steps would be to share the results with the divisions, and work with them to identify a lead to support with developing action plans for areas of improvement based on the findings of the survey.

Speaking up Safely Report

The Committee received the Speaking up Safely (SUS) report on the work that had been completed since the framework launched in December 2023, noting that an organisational Steering Group has been set up with the Group meeting once a month and the SharePoint pages were also live with 723 views to date.

The speaking up safely posters were being shared with staff next week with QR codes being made available to access the public website and how to raise a concern. The Speaking Up Safely service had been established to support staff when all other mechanisms of raising their concern had failed.

The Committee noted since December 2024 to February 2025 there had been a total of 11 concerns raised with all being reported at low risk.

Matters Requiring Board Level Consideration or Approval:

Items to be brought to the attention of the Board:-

- Suspension over 4 months;
- HEIW report follow up;
- Violence & Aggression;
- Update on the Staff survey.

Key Risks and Issues/Matters of Concern:

There were no risks and issues or matters of concern identified.

Planned Committee Business for the Next Reporting Period:

The People & Culture Committee forward work plan is in development.

Date of Next Meeting: Wednesday 11th June 2025

Name of Committee:	Finance and Performance Committee
Chair of Committee:	Richard Clark
Reporting Period:	17th February 2025
Key Decisions and Matters Considered by the Committee:	
Emerging Annual Plan 2024/25, including Performance and Finance	
<p>The Committee noted a high-level forecast for Health Board activity as at the end of March 2026.</p> <p>It was noted that further tracking would be desired by the organisation in addition to ministerial criteria.</p> <p>Speciality services Referral to Treatment waiting time remained at 104 weeks. Work would continue on improving the end of year position for the three worst affected areas, Orthopaedics, Ophthalmology and General Surgery.</p> <p>The financial settlement for the Health Board was 1.77% rather than the estimated 3%. The HB had received conditional funding of £40.5million.</p> <p>It was noted the underlying position had changed from £7million to £19million overspent?</p> <p>The Committee received an outline of local and national pressures, savings through services and directorates, and the development of route maps to increase efficiency and improvement.</p>	
Performance Report	
<p>The Committee received the performance report up to the end of Quarter 3, where data was available.</p> <p>The Committee requested to receive an update in regards to consultants starting in the emergency Department.</p>	
Update against Performance Management Framework & National Escalation	
<p>It was noted that escalation levels for the divisions remained as previously reported. The Committee noted the main challenge faced within Urgent care was to sustain improvements made.</p> <p>It was noted that national escalation levels remained unchanged in regard to targeted intervention. The next reviews were scheduled for February and August 2025.</p>	
Corporate Information Performance Report	
<p>The Committee noted that in Quarter 1 and 2 of the 2024/25 financial year, 333 requests had been received under the act, and 264 enquiries had been from Members of the Senedd and Parliament.</p> <p>It was highlighted that the highest number of enquiries related to waiting lists within the surgical division.</p> <p>The paper due to be presented at the June Committee meeting would include further detailed as it would include an annual summary.</p>	
Monthly Financial Performance Report	
<p>The Committee noted that the underlying end-of-year financial deficit for 2024/25 was £81.4 million. This was revised in November 2024, and adjusted to show an underlying deficit of £14.4 million.</p>	

The Committee raised concern in regard to a stagnation in material improvement shown within the divisions. Assurance was provided that there were only two areas presenting issues.

The Committee requested more information on a review into value and sustainability for enhanced care

Value and Sustainability Assurance Reporting

The Committee noted key highlights of the report, such as;

- Over performing on savings delivery, which had made it up to £44.2 million.
- Ty Gwent Office move had been completed, with a projected saving of £0.5 million for 2025/26.

The Committee noted that next steps were to develop more saving at divisional level.

Matters Requiring Board Level Consideration or Approval:

None noted

Key Risks and Issues/Matters of Concern:

None noted

Planned Committee Business for the Next Reporting Period:

As per the Forward work plan for 2024/25

Date of Next Meeting: 8th April 2025.

Name of Committee:	Audit, Risk and Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	18th February 2025
Key Decisions and Matters Considered by the Committee:	
<p>Committee Action Log</p> <p>Two actions scheduled for this meeting were discussed in detail, with assurance notes provided to support the discussions:</p> <ul style="list-style-type: none"> • Job Planning <p>The committee received a progress update on the Implementation of Job Planning to provide further assurance as requested at the previous committee meeting.</p> <p>It was reported the compliance target had increased from 85% to 90% in line with the Welsh Government’s new IMTP framework. The Health Board’s current compliance rate was noted as 33.54%.</p> <p>It was requested by the committee for a further Job Planning update to be provided to the committee at its September 2025 meeting.</p> <ul style="list-style-type: none"> • Clinical Audit <p>The committee received a progress update for the Clinical Audit delivery plan. It was reported that since the last update in November 2024, work continued on engaging divisions, developing standard audit report templates, and improving action plan scrutiny.</p> <p>Development of Committee Annual Programme of Business 2025/26</p> <p>The committee approved the 2025/26 Audit, Risk and Assurance Committee Annual Programme of Business, including an update to the reporting frequency of the Audit Recommendations Tracker Report to align with end-of-quarter reporting, allowing for more substantial progress on recommendations.</p> <p>Audit Recommendations Tracker</p> <p>The committee received the audit recommendations status as of 31 December 2024, noting that 56 recommendations were completed, deadlines for 31 were revised, and 1 remained overdue.</p> <p>It was noted that of the 31 revised deadlines, 8 exceeded the Committee’s agreed limit on acceptable extensions. Detailed assurance reports were provided to enhance oversight of their progress and status.</p> <p>Financial Governance Report and Charges to Financial Capital Procedures (FCP)</p> <p>The committee was informed that following a review of the below FCPs a decision was made to collate into one procedure document for ease of access; The Counter Fraud Bribery and Corruption Policy.</p> <ul style="list-style-type: none"> - Counter Fraud Bribery and Corruption Policy. - Counter Fraud and Workforce & OD Joint Working Protocol. - Counter Fraud and Internal Audit Joint Working Protocol. - Counter Fraud Communication Strategy. <p>It was reported that as part of the NHS Wales Shared Services Partnerships (NWSSP) Key Performance Indicators (KPIs) ABU Health Board performance is the highest across Wales for both NHS; 90.9% and Non-NHS; 97.8% Public Sector Payment Policy (PSPP).</p>	

The Committee approved the updated The Counter Fraud Bribery and Corruption Policy

Use of Single Tender Action (STA)

The Committee received the report outlining STAs approved between 19th October 2024 and 24th January 2024.

The Committee was informed that eight requests were submitted and approved during this period, with a total annual value of £461,287.08 (excluding VAT). Of those:

- Three were classified as goods only
- Three as maintenance
- One for services
- One for both goods and services

Committee Risk and Assurance Report

The Committee received the Health Board's Strategic Risk and Assurance Report noting several changes to the Strategic Risk Register, including:

- The separation of SRR 004 into two distinct risks to differentiate those associated with Major Incident Preparedness and Business Continuity Preparedness.
- The risk reduction of SRR 001A – Workforce recruitment and Retention
- The approval of a new risk, SRR 011, acknowledging the challenges in meeting Welsh Government's decarbonisation targets.

The Committee was informed that work was underway to assess a potential new risk related to Nursing, following the announcement that Cardiff University is consulting on its proposals to discontinue its Nursing education programme.

Counter Fraud Annual Report including Counter Fraud annual workplan 2025/26 approval

The Committee noted the positive impact of fraud awareness initiatives, including increased referrals following International Fraud Awareness Week, and improvements in fraud reporting accessibility, with ongoing work to develop interactive reporting tools.

The Committee was updated on a new NHS Wales fraud subgroup that has been established to develop fraud prevention strategies, chaired by the ABUHB Director of Finance and Procurement.

Internal Audit Progress Report

The Committee noted the Internal Audit Progress Report for Assurance and approved both the deferral of the Partnerships Arrangements Audit and the inclusion of the Process of Reallocating Vacant Practices Audit.

To Receive Internal Audit Reports

The committee received four internal audit reports.

Records Management – Limited Assurance

The review focused on the implementation of recommendations from the 2022/23 audit relating to the storage and transport of physical records, the backlog of records for filing, and the quality of reports.

The Committee expressed concern about the lack of progress despite the implementation of the recommendations issued in the 2022/23 report and requested

that the final Audit Report and issues surrounding digitalisation of patient records be escalated to the Board.

Declaration of Interests – Substantial Assurance

The review assessed the management of conflicts related to gifts, hospitality, and external interests. No concerns were raised.

End of Life Care – Reasonable Assurance

The review evaluated whether or not care arrangements for end-of-life (EoL) patients were planned sufficiently in advance to enable care to be provided in the community and avoid unnecessary hospital admission. It was reported that there is no mandatory framework for future care planning. A recommendation was made for the Health Board to produce a document outlining internal expectations and processes.

The committee requested that the report be updated to include numerical completion dates and returned to the committee at its next scheduled meeting.

Intelligence Led Organisation – Reasonable Assurance

The review focused on evaluating processes for delivering information products to staff and maximising analytics use. The report over all was positive, but areas for improvement were identified, including strategy approval, data quality, and clearer definitions in information products.

External Audit Progress Report 2024/25

The committee was informed that a National Report on Cancer Services had been completed and would be formally presented to the Committee once a final response from Welsh Government had been received.

It was also noted that the Charitable Funds Accounts had been completed and submitted to the Charitable Funds Committee.

Review of Cost Efficiencies

It was reported that the Health Board had not met its deficit control or total savings targets for 2023/24, though it had achieved significantly higher savings compared with previous years. The overall financial position remained challenging, and there was an urgent need to develop a longer-term financial plan.

The review made 10 recommendations, which superceded those from the 2022 review.

Structured Assessment Report 2024

It was reported that the Health Board's Board and Committee governance arrangements were stable and effective. However, nine recommendations for improvement had been made, including:

- Developing a new long-term strategy building on the Clinical Futures Strategy, focusing on population health, community-based services, and sustainable acute services.
- Further integrating the Well-being of Future Generations Act.
- Increasing the frequency of the Finance and Performance Committee.
- Increasing the number of patient safety leadership walk-rounds and reviewing relevant policies.
- Strengthening the link between strategic risk and strategic objectives/annual plans.

Audit Wales' Annual Audit Report 2024 and Outline Audit Plan 2025

The committee receive an overview of the External Audit 2024 Annual Report and the Outline Audit Plan 2025.

The Committee noted both reports, with the final detailed audit plan for 2025 to be presented in April 2025.

To consider the approach and timelines for the Annual Report and Accounts

It was reported that the deadline for submitting the final Annual Report and Accounts to Welsh Government was 30th June 2025. It was also noted that the final Manual for Accounts document was still awaited.

Items to be Brought to the Attention of the Board and Other Committees

Board

- Records Management Internal Audit

Other Committees

- Cost Savings Efficiencies to Finance & Performance Committee for information.

Any Other Urgent Business

Nothing reported.

Date of the next meeting

Tuesday 22nd April 2025

Name of Committee:	Charitable Funds Committee
Chair of Committee:	Paul Deneen
Reporting Period:	7th March 2025
Key Decisions and Matters Considered by the Committee:	
<p>Finance & Performance Report</p> <p>The Committee received the Finance & Performance Report for period ending January 2025 and noted:</p> <ul style="list-style-type: none"> • Expenditure had increased by 18% compared with the same period 2023/24; • Expenditure as a percentage of fund balances in the first 10 months of the year were higher than in previous years; • Since 2021/22, both the total number of funds and number of static funds had decreased; • On 31st January 2025 the CCLA investments were reflecting an unrealised gain of £186k with funds decreasing by £53k on 28th February 2025; • Total income at month 10 was £805k. <p>The Committee approved the establishment of 2 new legacy funds:</p> <ul style="list-style-type: none"> • LEGACY CJ WINTOUR – ABUHB PAEDIATRICS CROHN’S DISEASE • LEGACY T JACKSON – RGH MEDICAL DAY CASE UNIT <p>Funds available to the Committee 2024/25</p> <p>The Committee received an update on the funds available to the Committee in 2024/25 which was a balance of £12.6k to support any grant or bid requests.</p> <p>The Committee approved the proposal of releasing some of the reserves to an amount equal to the total balance of Dividends & Interest income received in 2024/25 to the General Purpose fund with effect from 1 April 2025.</p> <p>The total agreed amount to be released was £175k with the £12.6k from 2024/25 combined to use for 2025/26 leaving the level of reserve at £785k.</p> <p>Consideration of Bids/Small Grants</p> <p>The Committee received requests for 4 grants and 2 bids under the small grant scheme and approved the following:-</p> <ul style="list-style-type: none"> • SGS-019 MHLN Nurse Conference - £4k; • SGS-020 MHLN Wellbeing & Connection Growth for the Integration of International Nurse - £900; • SGS-021 Furniture for Therapy Room at Beechwood ward in St Cadocs - £4,230k; • SGS-022 Pride Staff Network across ABUHB for £2,500k, the Committee agreed in principle. Requested more information to develop a plan for all staff networks. • CFC-268 bid for Staff Recognition Awards 2025/26 – up to £28k • CFC-269 bid for Clinical Sessions for Decarbonisation Initiatives - £17k <p>Review of Financial Control Procedure</p> <p>The Committee approved minor amendments to the reviewed Charitable Funds Financial Control Procedure (FCP).</p> <p>Update on Property Matters</p> <p>The Committee received an update on the Clytha Square property noting that a developer was considering an offer.</p>	

The Committee agreed that if an offer was not submitted by 31st March 2025, the property could go to auction.

Audit Wales 2024/25 Timeframe for Programme of Work

The Committee received an update on the Audit Wales 2024/25 timeframe for the programme of work to audit the charitable funds accounts, noting Audit Wales were aiming to start in October 2025 and for it to be completed by the January 2026 Committee meeting.

Current Fund Holders Plans

The Committee received an update on the current fund holders plans with balances over £25k, noting the total value was £5.721M consisting of 401 individual funds reporting on 31st March 2024. Of this, there were 44 funds that had balances over £25k with 7 now being closed and 37 funds remaining open.

Review of Investment Strategy and Performance (CCLA)

The Committee received an annual update from CCLA on the Charitable Funds investments, noting there was £5.5M of the charities funds invested and acknowledged the 3-year contract with CCLA was due to expire in March 2026.

The Committee noted the funds that had been invested in communities, with the investment rates reducing resulting in a decrease in the charities investment amount being lower in 2024 to previous years. It had still been a positive return in 2024 of £165k, 5.8% return rate.

Attendance of Current CFC Fund Holders for Slow Moving Funds

The Committee received an update on the spending plans for the following slow-moving funds accounts:

F812- LEGACY NHH CARDIO & F813 LEGACY NHH CCU

The Committee agreed £50k funds to support the payment of a CAT lab machine.

F812-LEGACY NHH CARDIO & F813 LEGACY NHH CCU M T and F770 - YYF
DIABETES & CARDIOVASCULAR R & D.

The Committee agreed £40k funds to support a research project for thyroid genetic testing on 2500 patients.

Assistant Director of Finance

As this was the last meeting for Mark Ross Assistant Director of Finance, the Chair thanked him for his excellent contribution and wished him well in his retirement.

Matters Requiring Board Level Consideration or Approval:

There were no items to be brought to the attention of the Board.

Key Risks and Issues/Matters of Concern:

There were no risks or issues identified for escalation to the Board.

Planned Committee Business for the Next Reporting Period:

- Development of Committee Annual Programme of Business 2025/26
- Annual Review of Committee Terms of Reference 2025/26
- Committee Annual Report 2024/25
- Committee Self-Assessment Results 2024/25
- Finance & Performance Report
- Legislation Changes
- Funds available to the Committee
- Consideration of Bids/Small Grants
- Update on Property Matters

- Level of Reserves
- Attendance of fund holders for slow moving funds
- 3 year plan for Decarbonisation programme part of the Small grant scheme.
- Update on Audit plan

Date of Next Meeting: 4th June 2025

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Joint Commissioning Committee (JCC) Update Report – January 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Joint Commissioning Committee (JCC) as a Joint Committee of the Board.

Cefndir / Background

On 1 April 2024, the Welsh Health Specialised Services Committee (WHSSC) and the Emergency Ambulance Services Committee (EASC) ceased to exist. They were replaced by the NHS Wales Joint Commissioning Committee. The new Joint Commissioning Committee (JCC) holds the functions of the former EASC and WHSSC together with commissioning of 111 and Sexual Assault and Referral Centres.

The JCC is a Joint Committee of all Health Boards in NHS Wales. Membership of the JCC consists of the Chief Executive Officer of each Local Health Board; an Independent Chair (the Chair); and not more than five Non-Officer Members (NOMs). The Chair and NOMs (to be known as Lay Members) are appointed by the Welsh Ministers. The JCC's membership also includes an Associate Member, who shall have no voting rights, who will be the Chief Commissioner of the Joint Commissioning Committee Team (JCCT). The Chief Commissioner is employed by CTMUHB as the Host Body and this individual holds the Accountable Officer status, as delegated by Welsh Government, for accountability for certain elements of their

role, namely the propriety and regularity for public finances as delegated to them through the JCC from Local Health Boards.

Whilst the Joint Committee acts on behalf of the seven LHBs in undertaking its functions, the duty on individual LHBs remains, and they are ultimately accountable to citizens and other stakeholders for the provision of services as identified below for residents within their area.

- specialised services for:
 - cancer and blood disorders
 - cardiac conditions
 - mental health and vulnerable groups
 - neurosciences, and
 - women and children.
- services where there is agreement between the Local Health Boards that they should be arranged on a regional or national basis
- emergency medical services
- non-emergency patient transport services
- emergency medical retrieval and transfer services
- NHS 111 services
- sexual assault referral centres, and
- other services as directed by the Welsh Ministers.

Asesiad / Assessment

The Joint Committee last met on 21st January 2025. The papers for these meetings are available at [Meeting Dates and Papers - NHS Wales Joint Commissioning Committee](#) .

The Committee’s Assurance Report from this meeting is attached at **Appendix A**.

The Committee is due to next meet on 18th March 2025, papers for which can also be accessed at the link above. The assurance report from this meeting will be presented to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this report by way of an update on NHS Wales Joint Commissioning Committee (JCC) Committee activity.

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

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

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Is EIA Required and included with this paper No does not meet requirements An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+
- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	21/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome
Health Boards	March 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 21 January 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC [Standing Orders](#).

3. HIGHLIGHT REPORT

(Links to reports highlighted [January 2025 - NHS Wales Joint Commissioning Committee](#))

Status	Update
Alert / Escalate	<ul style="list-style-type: none"> • Emergency Ambulance Services: Ongoing concerns about performance and capacity. A risk review was discussed at the JCC Strategy session in December 2024; and • Ambulance Staff Re-banding: The Welsh Ambulance Services University NHS Trust (WAST) proceeded with the Emergency Medical Technician (EMT) re-banding proposal on the basis the in-year costs will be absorbed by WAST for 2024/25. The JCC noted that this will remain a provider issue, rather than a JCC issue going into 2025/26. Skill mix changes will be required to mitigate future financial impacts.
Advise	<ul style="list-style-type: none"> • Chief Commissioner Recruitment: The recent recruitment process undertaken failed to secure the appointment of a permanent Chief Commissioner. Stacey Taylor continues to cover the role on an interim basis. • An update was received from the Interim Chief Commissioner: <ul style="list-style-type: none"> ○ Quarter 3 Progress & Future Priorities: Work is ongoing under transition to establish 'routine business' for the JCC. Priorities include delivering the 2024/25 plan, finalising the organisational structure, and preparing the 2025-28 Integrated Medium Term Plan (IMTP), ○ Key achievements were highlighted; and ○ Next developments include the Directory of Services and the JCC Commissioning Framework. • Members received reports from each of the three Commissioning Directors; • Update from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Members noted:

Status	Update
	<ul style="list-style-type: none"> ○ Issues with mental health service facilities under NHS England (NHSE) contracts, particularly environmental concerns, ○ A review of Traumatic Stress Wales (TSW) services is underway; the JCC hosts this service which is funded by the Welsh Government, ○ An internal audit assessment on the Quality Aspects of the National Frameworks which received a 'Reasonable Assurance' assessment rating; and ○ A fire at a low-secure unit commissioned by the JCC led to patient transfers to medium-secure facilities. <p>Further discussions would take place related to the future strategy of the Mental Health portfolio at a future JCC Strategy Session.</p> <ul style="list-style-type: none"> ● Update from the Director of Commissioning for Ambulance and 111 provided updates on: <ul style="list-style-type: none"> ○ Pressures on emergency ambulance services, ○ The ongoing judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS), ○ Ongoing work by WAST responding to the recommendations of the Manchester Arena Inquiry, ○ Recommendation 4 - the bespoke road based service. Due to financial and operational implications and performance disparities across Wales, further discussions are needed, and these will continue through the Collaborative Commissioning Leadership Group (CCLG), ○ Welsh Government has established a group to consider revised performance metrics in relation to emergency ambulances and the outputs will be presented to the Cabinet Secretary for Health & Social Care in the near future, ○ The draft long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' would be finalised by March 2025; and ○ Key risks to the ambulance service in Wales. ● The update from the Director of Commissioning for Specialised Services included: <ul style="list-style-type: none"> ○ Concerns over delays in plastic surgery with the target of no patients waiting longer than 104 weeks,

Status	Update
	<ul style="list-style-type: none"> ○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation), ○ Obesity surgery waiting times; and ○ Neonatal and Paediatric Intensive Care services remain at an escalated risk level.
Assure	<ul style="list-style-type: none"> ● Governance & Risk Management: ● Updated financial delegated limits approved for the Interim Chief Commissioner, ● Concerns raised over funding for new medicines for very rare diseases, with JCC proposed as the preferred planning body (National Institute of Clinical Excellence (NICE), ● National approach to Continuing Healthcare (CHC) commissioning endorsed with workstreams planned, ● Risk register received, with further work needed to assess risk appetite, ● Assurance reports presented on governance, including the approval of the sub-committee terms of reference, finance and audit matters relating to WHSSC.
Inform	<ul style="list-style-type: none"> ● Patient Story: A patient attended the meeting to reflect on personal experience and highlight the benefits of a microprocessor knee in improving mobility and quality of life. ● Strategic Planning (IMTP 2025-28): <ul style="list-style-type: none"> ○ NHS Wales Planning guidance highlights a 1.77% budget uplift with a 2% efficiency savings target, ○ Highlighted the importance of collaboration and prioritisation of resources, ○ Key priorities include urgent care and planned care recovery, ○ Early estimates suggest JCC will require between 5.5%-6.4% financial growth requirement, ○ The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted, ○ A further strategy workshop would be arranged to support the ongoing work to develop the JCC IMTP. ● The Committee received the following assurance reports: <ul style="list-style-type: none"> ▪ CTMUHB Audit and Risk Committee Assurance Report ▪ Legacy WHSSC Management Group Briefings for November and December 2024

Status	Update
	<ul style="list-style-type: none"> ▪ Individual Patient Funding Request (IPFR) Panel Chairs report ▪ Welsh Kidney Network (WKN) Chairs report.
Appendices	None

Note that an “in committee” meeting was also held. A formal update will be given to the next public JCC meeting on 18 March 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals 150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) / Link to Enablers of Quality</i> (Duty of Quality Statutory Guidance (gov.wales))	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd <i>(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /</i>	Efficient
	All of the domains of quality apply If more than one applies please list below: Effective; equitable; person centred; timely and safe

Link to Domains of Quality <i>(Duty of Quality Statutory Guidance (gov.wales))</i>	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable
	If more than one applies please list below:

Impact Assessment		
Ansawdd <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /</i> Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb <i>Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome for Equality (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE Outcome for Welsh Language (delete as appropriate): POSITIVE/NEUTRAL/NEGATIVE	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau <i>(Pobl /Ariannol) /</i> Resource Impact <i>(People / Financial)</i>	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	26 March 2025
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – February 2025
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the NHS Wales Shared Services Partnership Committee as a Joint Committee of the Board.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee). The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Professor Tracy Myhill OBE.

Asesiad / Assessment

The Joint Committee last met on 3rd February 2025 and the papers for meetings are available at [Committee Schedule and Papers - NHS Wales Shared Services Partnership](#) . The Committee Chair's Assurance Report from this meeting is attached at **Appendix A**.

The Committee is next due to meet on 25th March 2025. The assurance report from this meeting will be reported to the Board once made available.

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership Committee activity.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. N/A
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/A
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper No does not meet requirements
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.



**ASSURANCE REPORT
NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE**

Reporting Committee	Shared Services Partnership Committee
Chaired by	Professor Tracy Myhill OBE, NWSSP Chair
Lead Executive	Neil Frow OBE, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	03 February 2025
Summary of key matters including achievements and progress considered by the Committee and any related decisions made	
<p>Chair’s Report</p> <p>The Chair updated the Committee on activities since the last meeting and forthcoming events. This included:</p> <ul style="list-style-type: none"> • Introducing the All-Wales Planning Programme for Learning Autumn Event hosted by NWSSP in November 2024, which was very successful and received positive feedback from participants; and • Chairing both Welsh Risk Pool Committee meetings that took place on 19 November 2024 and 21 January 2025. <p>The Committee NOTED the Chair’s Report.</p>	
<p>Managing Director Update</p> <p>The Managing Director presented his report, which included the following updates:</p> <ul style="list-style-type: none"> • The Welsh Risk Pool (WRP) Committee met on 26 November 2024, ratifying 240 cases with a reimbursement value of £18.6m. WRP continues to face challenges with the timeliness and quality of learning submissions, as well as the provision of additional evidence. Efforts are being made to improve these areas and avoid imposing penalties, although some remain in the system, with 29 recently authorised. Revised consent forms were ratified, addressing ongoing challenges in defending cases. Collaboration with Welsh Government is ongoing to secure funding for the MoNET Wales programme. An update on Covid litigation was provided to Chief Executives in December 2024, noting that the number of cases in Wales is currently low. Further updates will follow the outcome of the Module 3 report of the UK Covid Public Inquiry. • A year-to-date surplus of £3.522m was reported at Month 9, with a surplus of £2.832m in core operational budgets and £0.690m against the recurrent Covid allocation. Capital expenditure to date is £3.703m against a £7.810m limit. Additional funding was approved in December 2024 and we are working with Services to ensure funding can be fully utilised within the financial year, reviewing progress at our Capital Prioritisation meetings. • Progress on the South East Radiopharmacy and Hub was noted with a positive review of the plans by the Medicines and Healthcare products Regulatory Agency 	

(MHRA), with minor adjustments to be incorporated. Planning permission is progressing with Newport Council and once confirmed the funding letter from Welsh Government will be issued for next phase of works. For the South East Wales Hub, the business case is being developed in consultation with the Welsh Government and would be brought to the Committee, for approval. Efforts are ongoing to finalise site options in South West Wales. A review of hospital medicines supply and logistics is underway, with a report expected by March 2025. The HIV Action Plan, a pilot project for pre-exposure prophylaxis (PrEP) in Community Pharmacy will commence in 2025, aiming to improve access, whilst reducing inequalities and stigma by normalising the care of people at risk of HIV. The preferred model would be Hub and satellite supply arrangements with specified community pharmacies.

- The establishment of the statutory Medical Examiners Service has been successful, with positive early stages despite initial challenges. Recent media coverage highlighted delays in releasing bodies from mortuaries, but the Service has no authority over this process. Efforts are ongoing to clarify the Medical Examiner's role in certifying non-coronial deaths and to address family concerns and we continue to work closely with funeral directors, mortuaries and bereavement services.
- The recent International Recruitment visit to Kerala resulted in 19 appointable doctors, with 7 offered immediate positions in psychiatry, 12 on a holding list, and 30 identified during the interview process. There is confidence that 23 declared vacancies can be filled. The Chief Dental Officer is awaiting an announcement to support dental practitioners. From the June visit, 191 healthcare professionals were recruited.
- Formalising tenure at Laundry sites in Church Village and Carmarthen to align with North Wales and Greenvale remains ongoing, with discussions about maintenance and operating footprint.
- Regarding accommodation, leases at Charnwood Court and Companies House to be further extended for the medium term, with a review of space usage to support agile working. The footprint at Companies House will be much reduced.
- NWSSP continues to hold the level of Personal Protective Equipment (PPE) stock requested by Welsh Government and we continue to await their decision on the future position. Significant time has been spent in responding to extensive requests relating to the Covid-19 Public Inquiry.
- The procurement process for the future Electronic Staff Record (ESR) workforce solution remains ongoing, with outcomes expected by June 2025. Wales accounts for 5-6% of the overall contract and the business case is yet to be ratified by His Majesty's Treasury. The first wave is expected in 2027 and organisational rollouts require representatives to attend Programme Board meetings to provide feedback.
- Installation of photovoltaic (PV) panels at Matrix House and plans for electric vehicle charging points and battery backup are underway. The IP5 Solar Farm is boasting encouraging benefits with nearly 90% of the power being generated on a sunny day in November 2024.
- Sessions with Chief Executives and Peer Group Chairs discussed NHS challenges and future strategies. A Joint Executive Team meeting highlighted the need for funding to support Primary Care Services.
- NWSSP's Annual Staff Recognition Awards event is scheduled for 13 February 2025. The virtual Health and Wellbeing Conference on 16 January 2025 was well attended and positively received. NWSSP has been recognised in multiple categories at the GO Awards Wales, and Millie Tottle won the Rising Star Award at the Shared Services Forum UK Awards.

The Committee **NOTED** the Managing Director's Report.

Deep Dive

Deep Dive of NWSSP Integrated Medium Term Plan 2025-2028

The Committee received a comprehensive Deep Dive into NWSSP's Integrated Medium Term Plan 2025-2028.

The development of the Plan has been a significant undertaking, showcasing extensive collaboration and engagement, and aligning with strategic direction and Ministerial priorities.

The Plan emphasises financial sustainability, equality and staff well-being, whilst outlining key contributions NWSSP brings to the NHS in Wales.

Overarching principles such as doing the basics well, converting challenges into opportunities, and supporting our staff and our partners, have been embedded in the Plan. The themes aim to empower staff and enhance efficiency through self-service, standardisation, and consistent outcomes. Throughout the Plan, equality impact assessment and the duty of quality have been embedded. There is a strong focus on maximising returns on digital system investments, ensuring benefits realisation and value for money.

The financial overview acknowledges the strong foundations built upon, while noting pressures amounting to over £12 million, with more than £7 million expected from Welsh Government funding, primarily due to the pay award. Additionally, 2.36% savings on the core allocation, amounting to over £2 million, have been identified by NWSSP. A 1.77% uplift is applied to Service Level Agreements, affecting chargeable income streams such as Health Courier Services, Legal and Risk, and Laundry Services. Despite the anticipated pay award, there are additional inflationary pressures on these services. A breakdown of income anticipated from various sources was set out in the plan, with an expected turnover of £800 million over the next three years.

A scrutiny meeting with Welsh Government Finance and the NHS Executive Financial Planning and Delivery Team discussed the risks and opportunities to 2028, including transformational change projects such as the ESR replacement and the Transforming Access to Medicine Services (TrAMS) programme. The discretionary capital pot is small, but an uplift for next year has been received. Several bids are being submitted as part of the process, and business cases involving Welsh Government are in progress. The organisation is dependent on the pay award funding, with ongoing discussions with Welsh Government about next year's arrangements. It is critical that divisions deliver on their savings plans, with tight monitoring in place. The Plan reflects the challenges posed by Committee Members and has been developed with extensive engagement from all staff within NWSSP.

The Committee **NOTED** the Deep Dive.

Items Requiring SSPC Approval/Endorsement

NWSSP Integrated Medium Term Plan (IMTP) 2025-2028

Engagement sessions and the comprehensive nature of the IMTP were praised. Constructive financial touchpoint meetings with Welsh Government were noted, with the approval process beginning upon submission. There was discussion on the interpretation of the governance framework and the Committee's role in endorsing the IMTP. It was

clarified that the Committee was the appropriate mechanism whereby NWSSP seeks approval of the IMTP.

The majority of Committee Members supported the ongoing work to finalise and approve the IMTP, with one organisation not agreeing the plan. Further discussions would be held outside of the Committee meeting regarding the governance arrangements.

The Committee resolved to **APPROVE** the IMTP for 2025-28.

Medical Examiner Pay Scale

A report relating to the Medical Examiner Pay Scale proposal, effective from 1 January 2025, was received by the Committee.

Since 2019, the basic Consultant pay scale has been used for Medical Examiners. The preferred option recognises entry-level requirements, placing Medical Examiners at pay point 4, step 5, with an annual salary of £130,380. Engagement has been made with the British Medical Association, who are content with the approach. There is a central model in Wales being operated and the Service is funded by the UK Government, with no recharge to Health Boards. Medical Examiners are employed directly by NWSSP. It was clarified that all Medical Examiners in Wales were assimilated to the same pay point on entry, aiming to maintain equity and the importance of competitive pay to attract and retain was emphasised.

Committee Members requested time to seek assurance from Medical Director colleagues on the proposal and therefore the proposal was supported in principle, subject to feedback received by 10 February 2025.

The Committee resolved to **ENDORSE** the proposal for Option 1, subject to any feedback received from Health Boards by 10 February 2025.

Customer Service Charter

NWSSP's updated Customer Service Charter had recently been endorsed at the January 2025 Formal Senior Leadership Group meeting. The Charter had been reviewed and refreshed at the SSPC Autumn Development Day, with feedback incorporated to further develop and rebrand. In addition, customer service training would be rolled out to staff, especially in areas with high customer engagement, to support the Charter's relaunch. Further, a newly appointed Head of Communications would start in March 2025, to help formalise the rollout.

The Committee resolved to **APPROVE** the Customer Service Charter.

Finance, Performance, People, Programme and Governance Updates

Finance - The financial position, as at 31 December 2024, was a year-to-date surplus of £3.522m. This was reported as a surplus of £2.832m within our core operational budgets and £0.690m against the recurrent Covid allocation, due to seasonal variations in workload and vacancies. A redistribution of £2m to partners for the current financial year was proposed, with any further increase dependent upon pay award funding.

A full-year underspend of £0.542 million against the Covid allocation is forecast, with additional costs expected from Months 10-12 (excluding potential changes in PPE stock holding volumes or provisions for PPE expiry). There are ongoing discussions with Welsh

Government (WG) colleagues to progress a decision on PPE stocks which we urgently await, and WG has confirmed they will recover the forecast in-year underspend against the Covid allocation, although this funding will be required for future years, as outlined in our IMTP assumptions.

Additional capital funding announced in January 2025 would enable a number of decarbonisation initiatives to be funded across the estate. Early indications showed anticipated energy savings in 2025-26 and updates from the Wales Energy Group would continue to be fed directly into the Committee.

People & Organisational Development – Good progress had been made in relation to the majority of the statutory indicators, for which compliance had increased. The key messages detailed in the overarching report were:

- Sickness absence had increased to 3.37%, compared to 2.98% for the same period last year, this was slightly over NHS target of 3.30%.
- Turnover was reported at 22.44%, which had decreased by 2.79%, compared to the same period last year. When excluding the Single Lead Employer Division, where a higher degree of turnover is inherent in the model, the turnover for NWSSP was at 9.41%, against the NHS Wales average of 7.1% as at September 2024.
- Statutory and mandatory e-learning compliance remained very high at 93.45%, excluding the SLE Division.
- Agency spend decreased to £6,371 for December 2024, compared to £15,577 in November 2024. One member of staff was engaged via agency within Procurement, during December 2024.
- Achievement of the time to hire target at 49.8 days, against the 71 day target, where the NHS Wales average is currently 59.3 days. This progress was thanks to the extensive work done internally.
- A comprehensive piece of work reviewing the PADR process for NWSSP would be taken to Formal Senior Leadership Group in March 2025.

Performance - Key Performance Indicators (KPIs) from September to December 2024 were reported and there were no significant areas of concern to be brought to the Committee's attention. The Report indicated a stable and positive position with 39 of 42 high-level indicators achieving target, which were explained in detail in the overarching report. Professional influence benefits generated by NWSSP amounted to £288m, as at the end of December 2024 and the Time to Hire target within Recruitment continued to be achieved over the past 11 months. Each organisation could expect to receive its individual performance reports for quarter 3 of 2024-25, forthwith, as these were in the process of being issued.

Outcome Performance Report – The report had been shared with the Senior Leadership Group for scrutiny, prior to being presented to the Committee and focussed on outcomes from the IMTP 2024-2027. Key messages included the demonstration of strong performance across divisions, especially customer satisfaction, professional influence benefits and decarbonisation. Planned improvements included customer experience and benchmarking.

Integrated Medium Term Plan (IMTP) Update – The progress report for Quarter 3 of 2024/25 provided assurance that good progress had been made against the current objectives. Quarterly reviews with divisions had taken place to challenge the status of objectives and review any delays identified, which were detailed in the overarching Report. Additional scrutiny would be applied to objectives identified as off track or at risk.

Project Management Office & Service Improvement Update Report – Current progress against projects was highlighted and confirmation received that controls were in place to ensure effective monitoring. The majority of the indicators are green, but the red and amber are consistent with the previous report. Updates regarding higher risk projects would continue to be reported, as a matter of course, to the Committee. Since the last update provided, 2 projects transitioned from amber to green status, demonstrating significant progress.

Corporate Risk Update - There are 15 risks identified for action, of which there are six red risks and nine amber risks. The Committee’s attention was drawn to the de-escalation of risk scoring for both the accommodation and the Primary Care Workforce Intelligence System risks, which was a result of positive management actions taken. There was an increase in the risk scoring for the Covid-19 UK Public Inquiry resource demand on key staff in responding to Inquiry Team requests. The remainder of the Corporate Risk Register position remains stable.

Papers for Information

The following items were provided for information only and the Committee **NOTED** the reports:

- Finance Monitoring Returns (Months 8 and 9 of 2024/25).
- Personal Protective Equipment (PPE) Report (December 2024 and January 2025).
- Shared Services Partnership Committee Forward Plan.

Any Other Business (AOB)

No further items were brought to the Committee’s attention.

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

No further matters were referred to other Committees.

Date of next meeting

Tuesday 25 March 2025, 10.00am to 12.00pm