

Aneurin Bevan University Health Board Public Board Meeting

Wed 25 January 2023, 09:30 - 13:00

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



Agenda

1. Preliminary Matters

Agenda 25.01.23.pdf (2 pages)

1.1. Welcome and Introductions

Verbal *Chair*

1.2. Apologies for Absence for Noting

Verbal *Chair*

1.3. Declarations of Interest for Noting

Verbal *Chair*

1.4. Draft Minutes of the Health Board Meeting, held on 30th November 2022, for Approval

Attachment *Chair*

1.4 Draft Board Minutes 30 November 2022.pdf (10 pages)

1.5. Summary of Board Business, held In-Committee, on 30th November and 14th December 2022

Attachment *Chair*

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

1.6. Board Action Log for Review

Attachment *Chair*

1.6 Action Log November 2022.pdf (2 pages)

1.7. Report on Sealed Documents and Chair's Action

Attachment *Chair*

1.7 Report on Sealed Documents and Chairs Actions .pdf (12 pages)

1.8. Report from the Chair

Verbal *Chair*

1.9. Report from the Chief Executive

Verbal *Chief Executive*

2. Patient Experience and Public Engagement

2.1. Report from Aneurin Bevan Community Health Council

Attachment Chief Officer of the CHC

2.1 Community Health Council Report for Aneurin Bevan University Health Board meeting Jan 2023.pdf (15 pages)

2.2. Patient Story - What Matters To Me

Presentation Director of Nursing

3. Items for Approval/Ratification/Decision

3.1. Charitable Funds Annual Accounts and Annual Report 2021-22

Attachment Chair of Charitable Funds Committee and Director of Finance, Procurement and VBHC

3.1 Board Cover Report CF Annual Accounts Annual Report 2021-22.pdf (5 pages)

3.2. Opening Capital Programme 2023-24

Attachment Interim Director of Planning and Performance

3.2 a Opening Capital Programme 2023.24.pdf (14 pages)

3.2 b Attachment 1 - DRAFT OPENING DISCRETIONARY PROG 2023-24_V2.pdf (10 pages)

3.2 c Attachment 2 - Copy of Divisional Priorities - Scores over 20.pdf (2 pages)

3.3. Review of the current arrangements for Midwifery Led Services within Aneurin Bevan University Health Board

Attachment Director of Nursing

3.3 Model for Midwife Led Services - paper 2 public January 2023.pdf (6 pages)

4. Items for Discussion

4.1. Cancer Services Annual Report 2022

Attachment Medical Director

4.1 a Cancer Services Annual Report Cover report.pdf (3 pages)

4.1 b Cancer Annual Report Executive Summary v2.pdf (13 pages)

4.2. Update on Job Planning Arrangements

Attachment Medical Director

4.2 Consultant Job Planning Update.pdf (8 pages)

4.2a App 1 Job Planning Action Plan.pdf (7 pages)

4.2b App 2 Procurement and Implementation Process.pdf (1 pages)

4.2c App 3 Pre-Pandemic Actions.pdf (2 pages)

4.3. Performance Overview Report, January 2022

Attachment Interim Director of Planning and Performance

4.3 Interim Performance Report - Dec 22.pdf (10 pages)

4.3a Appendix 1 Performance Dashboard December.pdf (3 pages)

4.4. Financial Performance: Month 09, 2022/23

Attachment Director of Finance, Procurement and VBHC

4.4 a Board Finance Report 22-23 M9 v2.pdf (32 pages)

 4.4 b Appendix One.pdf (20 pages)

4.5. Strategic Risk Report, January 2023

Attachment *Chief Executive*

 4.5 a Strategic Risk Report Cover paper.pdf (4 pages)

 4.5 b Corporate Risk Register Overview Jan 2023.pdf (12 pages)

4.6. Executive Committee Chair's Report

Attachment *Chief Executive*

 4.6 Executive Committee Chair's Report V3.pdf (6 pages)

4.7. An overview of Joint Committee Activity:

Attachment *Chief Executive*

a) WHSSC Update Report

b) EASC Update Report

 4.7 a WHSSC Assurance Report_January23 AL.pdf (5 pages)

 4.7 b 1 EASC Assurance Report_January23 AL.pdf (4 pages)

 4.7 b 2 Chair's EASC Summary from 6 December 2022 final.pdf (6 pages)

 4.7 b 3 Confirmed minutes EASC 8 Nov 2022 final_EASC_6Dec2022.pdf (16 pages)

4.8. Key Matters from Committees of the Board

Attachment *Committee Chairs*

 4.8 a Key Matters from Committees - AL.pdf (9 pages)

 4.8 b SSPC Assurance Report 22 September 2022 (003).pdf (7 pages)

5. Other Matters

5.1. Date of Next Meeting

Wednesday 22nd March 2023

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

AGENDA

Date and Time	Wednesday 25th January 2023
Venue	Conference Centre, Headquarters, St Cadoc's Hospital

Item	Title	Format	Presenter
1	PRELIMINARY MATTERS		
1.1	Welcome and Introductions	Oral	Chair
1.2	Apologies for Absence for Noting	Oral	Chair
1.3	Declarations of Interest for Noting	Oral	Chair
1.4	Draft Minutes of the Health Board Meeting, held on 30 th November 2022, for Approval	Attachment	Chair
1.5	Summary of Board Business, held In-Committee, on 30 th November and 14 th December 2022	Attachment	Chair
1.6	Board Action Log for Review	Attachment	Chair
1.7	Report on Sealed Documents and Chair's Actions	Attachment	Chair
1.8	Report from the Chair	Oral	Chair
1.9	Report from the Chief Executive	Oral	Chair
2	PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT		
2.1	Report from Aneurin Bevan Community Health Council	Attachment	Chief Officer of the CHC
2.2	Patient Story – What Matters to Me	Presentation	Director of Nursing
3	ITEMS FOR APPROVAL/RATIFICATION/DECISION		
3.1	Charitable Funds Annual Accounts & Annual Report 2021-22	Attachment and Supporting papers	Chair of Charitable Funds & Director of Finance and Procurement
3.2	Opening Capital Programme 2023-24	Attachment	Interim Director of Planning and Performance
3.3	Review of the current arrangements for Midwifery Led Services within Aneurin Bevan University Health Board	Attachment	Director of Nursing
4	ITEMS FOR DISCUSSION		
4.1	Cancer Services Annual Report 2022	Attachment	Medical Director
4.2	Update on Job Planning Arrangements	Attachment	Medical Director

4.3	Performance Overview Report, January 2023	Attachment	Interim Director of Planning and Performance
4.4	Financial Performance: Month 09, 2022/23	Attachment	Director of Finance, Procurement and VBHC
4.5	Strategic Risk Report, January 2023	Attachment	Chief Executive
4.6	Executive Committee Chair's report	Attachment	Chief Executive
4.7	An overview of Joint Committee Activity: a) WHSSC Update Report b) EASC Update Report.	Attachment	Chief Executive
4.8	Key Matters from Committees of the Board	Attachment	Committee Chairs
5	OTHER MATTERS		
5.1	Date of the Next Meeting: • Wednesday 22 nd March 2023		

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

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

**Aneurin Bevan University Health Board
Minutes of the Public Board Meeting held on
Wednesday 30th November 2022,**

In the Conference Centre, St Cadoc's Hospital and via MS Teams

Present:

Ann Lloyd	- Chair
Nicola Prygodzicz	- Chief Executive
Pippa Britton	- Interim Vice Chair
Dr Sarah Aitken	- Director of Public Health & Strategic Partnerships
Sarah Simmonds	- Director of Workforce and OD
Dr James Calvert	- Medical Director
Jennifer Winslade	- Director of Nursing
Dr Chris O'Connor	- Interim Director of Primary Care, Community and Mental Health
Katija Dew	- Independent Member (Third Sector)
Chris Dawson-Morris	- Interim Director of Planning and Performance
Robert Holcombe	- Director of Finance and Procurement
Paul Deneen	- Independent Member (Community)
Prof Helen Sweetland	- Independent Member (University)
Cllr Richard Clark	- Independent Member (Local Government)
Louise Wright	- Independent Member (Trade Union)
Dafydd Vaughan	- Independent Member (Digital)
Philip Robson	- Special Adviser to the Board
Iwan Jones	- Independent Member (Finance)
Keith Sutcliffe	- Associate Independent Member (Chair of the Stakeholder Reference Group)

In Attendance:

Rani Dash	- Director of Corporate Governance
Bryony Codd	- Head of Corporate Governance
Leanne Watkins	- Director of Operations
Jemma Morgan	- Community Health Council
Will Beer	- Interim Divisional Director (item 2.2 and 3.1)
Dr Sue Thomas	- Primary Care Cluster/NCN Lead Newport West (item 2.2)
Kate Morgan	- District Nurse Team Lead (item 2.2)
Dr Jamie Noughton	- GP (item 2.2)
Linda Alexander	- Deputy Director of Nursing (item 4.1)

Apologies:

Shelley Bosson	- Independent Member (Community)
Peter Carr	- Director of Therapies and Health Science

ABUHB 3011/01 Welcome and Introductions

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

The Chair noted that this would be the last formal Board meeting for Dr Sarah Aitken, Director of Public Health. She acknowledged the significant contribution that Sarah had made to the Health Board and its population over the last 6 years, and in particular during the pandemic.

This would also be the final meeting for Keith Sutcliffe as Chair of the Stakeholder Reference Group. The Chair thanked Keith for his commitment to the Board and wished him well for the future.

The Chair welcomed Rob Holcombe to his first meeting of the Board as Executive Director of Finance and Procurement.

ABUHB 3011/02 Declarations of Interest

There were no Declarations of Interest raised relating to items on the agenda.

ABUHB 3011/03 Minutes of the previous meeting

The minutes of the meeting held on 28th September 2022 were agreed as a true and accurate record.

ABUHB 3011/04 Summary of Board Business, held In-Committee, on 28th September 2022

Rani Dash (RD), Director of Corporate Governance, provided an overview of the formal discussion held by the Board at its private meeting held on 28th September 2022.

The Board NOTED the report.

ABUHB 3011/05 Action Log and Matters Arising

It was noted that all actions within the Board's action log had been completed or were in progress, as outlined within the paper.

ABUHB 3011/06 Report on Sealed Documents and Chair's Actions

Rani Dash (RD), Director of Corporate Governance, provided an overview of the use of the Health Board's Seal and Chair's Actions that had been undertaken during the period 14th September to 14th November 2022.

The Board NOTED and RATIFIED the use of the common seal and Chair's Actions in line with Standing Orders, as set out within the paper.

ABUHB 3011/07 Chair's Report

The Chair provided her verbal report and an overview of the activities she had undertaken, outside of her routine meetings and visits, as follows:

- Attended the Gwent Public Service Board (PSB), which discussed and endorsed the Marmot proposals.
- Met with Local Authority leaders on two occasions, with general discussions including the cost of living crisis and homelessness
- RPB leadership forum, including meeting with the Minister, with purposeful and useful discussions regarding workforce issues, eliminating profit from children's services in social care and Regional Integrated Fund tapering.
- Meeting with Cllr Sean Morgan, Leader Caerphilly County Borough Council and Chair of the Gwent PSB to ensure synergy in working with the Regional Partnership Board (RPB).
- Chairs Peer Group meeting, with discussions including objectives set by the Minister for Chairs, urgent and emergency care, social care and associated issues, appointments to Health Boards and the establishment of the NHS Executive.
- Chair and Chief Executives meeting with the Minister, at which the Minister thanked staff for their continuing concerted efforts and raised concerns regarding the budget settlement. Chairs and Chief Executives would be preparing a joint letter to outline their collective view on the problems faced by the system for the Minister's consideration.

The Board NOTED the Chair's Report.

ABUHB 3011/08 Chief Executive's Report

Nicola Prygodzicz (NP), Chief Executive, provided an overview of activities undertaken and issues being addressed, as follows:

- Agreed at the last Board meeting that a deficit financial position would need to be declared to Welsh Government and an Accountable Officer letter had been submitted as a result. This had been acknowledged and responded to by the Chief Executive of NHS Wales.
- HIW report following visits to the Emergency Department at the GUH. Although the Health Board acknowledged all of the issues included in the report, it was felt that the final report did not capture the positive components of the report and the feedback provided during the visit. This has been raised with HIW.
- Good progress being made with the Emergency Department waiting room development; work continues with Welsh Government regarding plans/funding.
- Meetings held with senior leaders across the region and good progress being made in relation to regional planning priorities, with clinical commitment.
- Prioritise time to get out and about to sites and services to meet staff, which is the most insightful and rewarding part of the role.
- Congratulated staff who had been nominated for/received awards over recent weeks, including:
 - Care Forum Wales Awards – Best Health Board for supporting care homes in the pandemic
 - National RCN awards – Recovery through Sport
 - Health and Care awards – Peer Mentor Development Team
 - NHS Wales awards – five finalists and one winner – Bespoke Repatriation Service.

The Board NOTED the Chief Executive's Report.

ABUHB 3011/09 Report from Aneurin Bevan Community Health Council

Jemma Morgan (JM), Chief Officer of the Community Health Council (CHC), presented the report from the CHC which provided an overview of recent issues of concern and the positive observations or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.

JM commented that whole system pressures were still apparent raising significant concerns for the CHC and people accessing services across the whole health and social care system, recognising that these were national pressures. JM emphasised the absolute recognition that all staff were a credit to the NHS, working tirelessly in a very difficult situation. Visits show staff delivering the highest levels of care they can in the circumstance; however patient experience is key and the CHC continues to hear about long waits for adults and children, and in particular waits for ambulances. CHCs across Wales have recognised this as a national problem ahead of winter and a collective referral has been made to HIW on the Welsh Ambulance services ability to meet the needs of the communities

The Chair thanked the CHC for the huge amount of work they were undertaking which helped inform policy and practice; and acknowledged the issues raised within the report in relation to A&E and signposting.

Paul Deneen (PD), Independent Member, asked how the CHC would ensure that the patient voice was maintained during the transition to the Citizens Voice Organisation. JM confirmed that the local footprint would remain the same and transfer to the Citizens Voice Body. Work will continue with health and then be replicated with social care.

PD highlighted the need to review signage at a number of sites across the Health Board, and it was agreed that there needed to be simplicity in signage for those areas that people need to access in a hurry.

Nicola Prygodzicz (NP), Chief Executive, explained that there were a number of initiatives which it was hoped would impact on ambulance waits in the community, including reconfiguring the first floor at GUH, advanced paramedic practitioners in the flow centre from January, extending SDEC. There was a weekly focus on this by the Executive Team to ensure all immediate red release requests were accepted and if not, the reasons why.

The Board NOTED the update from the Community Health Council.

ABUHB 3011/10 Virtual Ward

Dr Sue Thomas (ST), Primary Care Cluster/NCN Lead Newport West, Kate Morgan (KM), District Nurse Team Lead and Dr Jamie Noughton (JN), GP, joined the meeting to give a presentation on the Virtual Ward; a place based structured, face-to-face or virtual multi disciplinary team (MDT) conversation between a range of multi-disciplinary and multi-sector professionals, where people/patients with a variety of complex and inter-related issues are discussed and care planning takes place. This initiative addresses risk of deterioration for people, to improve current health and well-being whilst preventing identifiable, future problems from occurring.

ST and colleagues outlined the progress to date and highlighted the improving relationships as partners come together to discuss individuals; along with the positive feedback received from both professionals and patients.

The Chair thanked the team for the presentation and the helpful insight into the development and improvement in patient care and access as a result of the virtual ward.

Chris O'Connor (CO'C), Interim Director of Primary, Community and Mental Health Services commented on the difference collaboration could make to the outcome of patient care and the benefits of the initiative for both staff and patients. CO'C acknowledged the further work required to evaluate the initiative fully.

Phil Robson (PR), Special Advisor, welcomed the model and commented that, as this model grows and develops, it would be beneficial to look at how to ensure social care colleagues were included in the discussions, and not be seen as an agency to refer on to. Also, to include care providers would make a real difference to the place-based model. ST agreed with the comments and said that discussions with the Director of Adult Services and Director of Social Services had been supportive.

It was agreed that this would be raised as a potential programme of work at the next Regional Partnership Board.

The Board NOTED the presentation and thanked all those in attendance for an informative presentation.

ABUHB 3011/11 Neighbourhood Care Network Development and associated Governance

Chris O'Connor (CO'C), Interim Director of Primary, Community and Mental Health Services, presented for approval a governance structure for the Accelerated Cluster Development (NCN Development) programme and associated planning and delivery structures, noting that the proposed approach was pragmatic and aimed at adding value to the existing arrangements whilst meeting Welsh Government requirements.

Phil Robson (PR), Special Advisor, highlighted the importance of ensuring that all bodies undertake their responsibilities effectively.

The Chair highlighted the need to carefully discuss the requirements with statutory bodies as this would be integral to delivery.

The Board endorsed the proposed Accelerated Cluster Development programme governance arrangements, approved the proposal that Integrated Service Partnership Boards (ISPBs) should adopt the terms of reference for Pan Cluster Planning Groups with clear lines of accountability to statutory bodies and approved the proposed governance of NCNs.

ABUHB 3011/12 Integrated Winter Resilience Plan 2022/23

Chris Dawson Morris (CDM), Interim Director of Planning and Performance, presented an overview of the Integrated Winter Plan, which had been approved by the Regional Partnership Board. The plan set out a series of actions and described the challenges, the expectations in relation to respiratory disease increase and a reasonable worst-

case scenario. Key challenges included staffing and sickness, industrial action, weather, cost of living whilst continuing to protect and maintain recovery activity.

The Plan set out work in relation to health protection, work to enhance front door capacity, commissioning additional activity and supporting discharge. It outlined a series of measures and a shared set of indicators with partners. It was noted that a joint escalation process was being reviewed and there was joint ownership of the plan.

Pippa Britton (PB), Interim Vice Chair, asked for an update on the uptake of the flu vaccination among staff. Sarah Aitken (SA), Director of Public Health explained that uptake was lower than previous years, across Wales, and there was national work to understand why this might be. A recovery plan was being developed. In terms of public uptake the percentage of over 65s being vaccinated was good. There was an improving position for the under 5's; this was a key focus as this age group had not previously been exposed and were particularly vulnerable.

Nicola Prygodzicz (NP), Chief Executive, confirmed that the Winter Plan had been discussed at a recent senior leaders session and a key theme had been system risk and escalation. A short, easy read document outlining escalation triggers and those which require partners action was being developed. Directors of Social Services would be joining the Executive Team the following week, and one area of focus would be how to work together on escalation.

The Board NOTED the report.

ABUHB 3011/13 Research and Development Strategy

Sarah Aitken (SA), Director of Public Health, presented for approval the Health Board's Research and Development Strategy: Research A Core Activity 2022 – 2027.

SA provided an overview of the 3 strategic objectives of the Strategy:

- An sustainable and supported research workforce
- Investment in staff and infrastructure
- A streamlined, efficient and innovative research programme

SA highlighted that 80% of the current funding came from Health and Care Research Wales and acknowledged the significant pressures on this budget. The department would therefore look at commercial trials, but also non-commercial trails led by universities. There was a financial risk, but it was clear in the strategy how the Health Board would respond to this. Opportunities were available to the Health Board following the investment in the new research facility at RGH. There was no request for funding from the Board.

The Board APPROVED the Research and Development Strategy.

ABUHB 3011/14 Anti-Racist Strategy

Sarah Simmonds (SS), Director of Workforce and OD, presented for approval the Anti-Racist Action Plan for the Health Board. The Plan aimed to make a real and measurable difference to current and future generations.

SS highlighted the 5 priority areas/actions within the plan, together with the associated timescales, expected outputs and measures. The anti-racist action plan had been developed to respond to these actions and was currently being consulted upon.

Katija Dew (KD), Independent Member, welcomed the strategy and urged the Board to drive forward its implementation with courage and conviction.

The Board AGREED to the development and implementation of an Anti-Racist action plan for the Health Board.

ABUHB 3011/15 Nurse Staffing Levels (Wales) Act - Annual Presentation

Jennifer Winslade (JW), Director of Nursing, introduced the report to assure the Board of the nurse staffing levels for all wards included under Section 25B of the Nurse Staffing Levels (Wales) Act 2016 (NSLWA); noting that the assessment was based on quality, safety and acuity of patients.

Linda Alexander (LA), Deputy Director of Nursing, presented the report, confirming that the Health Board were meeting its statutory requirements. In relation to the financial implications outlined in the report, it was noted that there was a clear expectation that temporary staff costs would reduce as substantive staff costs increased.

Rob Holcombe (RH), Director of Finance, confirmed that this aligned with the reducing variable pay programme. The Health Board has to have the required number of staff to care for the patients, and costs are already being incurred. It was therefore a positive move to make the posts substantive and reduce the agency premium.

Louise Wright (LW), Independent Member, welcomed the ability to substantiate these costs and also acknowledged the positive impact of having substantive rather than temporary staff on wards.

Sarah Simmonds (SS), Director of Workforce and OD, highlighted the difficulties in recruiting the number of staff required and that staff retention was a key focus of the agency reduction plan.

The Chair queried the level of risk in not being able to recruit. SS confirmed that the longer-term strategy for nurse recruitment was a key area of focus. It was agreed that this would be tracked by the People and Culture Committee. **Action: Director of Workforce and OD**

The Board NOTED the report, AGREED the substantive staff funding required to meet the Health Board statutory requirements: £1,242,910 and NOTED the expected reduction in agency costs which would be tracked and validated.

ABUHB 3011/16 Director of Public Health Annual Report

Sarah Aitken (SA), Director of Public Health, presented the Director of Public Health Annual Report 2022, which centred on the theme of inequity and the impact of the social determinants of health. The report was structured around the eight Marmot principles.

The Board NOTED the report.

ABUHB 3011/17 Performance and Outcomes Report, Quarter 2

Chris Dawson-Morris (CDM), Interim Director of Planning and Performance, presented an update on progress against the Health Board's Integrated Medium-Term Plan, providing an overview of progress to date, current work and profiles going forward.

CDM highlighted good progress being made in areas including childhood immunisations, diagnostic performance and an overall increase in activity over the last quarter. Progress had also been made at a strategic level, with the commencement of the breast unit at YYF, FBC for the Satellite Radiotherapy Centre at NHH and work in relation to the Marmot region beginning to take effect.

There continued, however, to be a number of challenges, including planned care, in particular ENT, eye care (particularly cataracts) and orthopaedics (spines). There were plans in place to improve the current situation.

Other challenges included cancer services, community beds occupancy and urgent care pressures.

It was noted that WCCIS was now in place in mental health services; however due to an issue with the system it had not been possible to report part one of the mental health measure. Chris O'Connor (CO'C), Interim Director of Primary, Community and Mental Health Services, confirmed that the system errors had been corrected but there was a backlog of activity to add to the system. A plan for this was being developed with the Delivery Unit (DU). It was agreed that a note would be circulated to members following the meeting with the DU. **Action: Interim Director Primary, Community and Mental Health Services.**

Helen Sweetland (HS), Independent Member, asked if there was a process in place to ensure patients were not deteriorating whilst waiting for follow up appointments. Leanne Watkins (LW), Director of Operations, confirmed that comprehensive work had been undertaken in relation to out patient transformation, including patient initiated follow up to ensure that only those who need to be on a follow up waiting list were listed. 4000 patients had been removed from joint follow up lists as a result. LW highlighted the need to balance clinical capacity to review lists versus time to see patients.

The Board NOTED the report.

ABUHB 3011/18 Financial Performance, Month 7

Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining financial performance to the end of October 2022.

RH outlined a revenue deficit of £25.7m, with a forecast year end deficit position of £37m. This position was in line with the profile submitted to Welsh Government. RH provided an overview of the key areas contributing to the deficit and stated that the underlying financial deficit of £21m would also need to be addressed to support financial sustainability and recurrent balance in future years.

It was noted that the Board and Finance and Performance Committee had agreed the forecast deficit position and an Accountable Officer letter for strategic support had been submitted to Welsh Government. This assumes £16.6m savings above what has already been achieved.

The Chair noted that focussed sessions would be held with the Board in respect of financial recovery.

The Board NOTED the report.

ABUHB 3011/19 Strategic Risk Report

Nicola Prygodzicz (NP) Chief Executive, presented for assurance the 25 strategic risks within the Corporate Risk Register, highlighting 7 additional risks identified through Committees and the Executive Team.

Iwan Jones (IJ), Independent Member, noted that there were 4 risks within tolerance levels and asked if actions in place would bring these back in line or whether the tolerance level was correct.

Rani Dash (RD), Director of Corporate Governance, confirmed that a Board development session would be held in February to enable the Board to review the Board's risk appetite statement, which was currently the same as pre-COVID.

The Board NOTED the report.

ABUHB 3011/20 Public Service Board Update

Sarah Aitken (SA), Director of Public Health, provided an update on the current activity of Gwent Public Services Board, including the recent publication the draft Gwent Well-being Plan, including objectives and proposed next steps for the statutory 12-week consultation and the Gwent PSB response to the cost-of living crisis and the humanitarian crisis in Ukraine.

The Board NOTED the report.

ABUHB 3011/21 Regional Partnership Board Update

Chris O'Connor (CO'C), Interim Director of Primary, Community and Mental Health Services provided an update on the work of the Gwent Regional Partnership Board, noting that many of the issues, such as operational pressures and the winter plan, had been discussed during the meeting.

The RPB had supported proposals for a number of capital schemes at its last meeting, including increased residential provision for children and young people, increased wellbeing centres and increased provision of minor adaptations in own home.

The RPB had requested a review of all 17 strategic programmes to ensure that they were the right priorities. It was noted that further work was required on strengthening governance arrangements to ensure that statutory bodies were aware of what the RPB were doing on their behalf.

Phil Robson (PR), Special Advisor, commented that the RPB should be pooling resources and releasing blockages in the system. This had not been achieved to date.

The Board NOTED the report.

ABUHB 3011/22 Executive Committee Activity

Nicola Prygodzicz (NP), Chief Executive presented an overview of a range of issues discussed by the Executive Committee at meetings held during October and November 2022, most of which had been discussed by the Board during today's meeting.

The Board NOTED the report.

ABUHB 3011/23 An overview of Joint Committee Activity

Nicola Prygodzicz (NP), Chief Executive provided an update on the issues discussed and agreed at recent meetings of Welsh Health Specialised Services Committee (WHSSC) and Emergency Ambulance Services Committee (EASC), as joint committees of the Board.

NP highlighted 2 areas:

- Paediatrics and concerns regarding waits which had been the subject of detailed discussion with WHSSC. Work had been undertaken within Aneurin Bevan to target long waits in paediatrics.
- Mental Health Strategy Development – single commissioner for secure mental health services.

The Chair queried the support by WHSSC of a fourth thoracic surgeon for Cardiff to support the Major Trauma Unit when a decision had been taken 6 years ago to centralise thoracic services in Swansea. It was noted that there had been a delay in centralisation of services. It was also noted that an evaluation of the MTU had been requested and was awaited. This would be reported to PPHPC. **Action: Director of Finance**

The Board RECEIVED the report for ASSURANCE.

ABUHB 3011/24 Key Matters from Committees of the Board

The Board RECEIVED Assurance Reports from the following Committees:

- People and Culture Committee – 2 new risks highlighted Industrial Action and Nursing and HCSW agencies refusing to contract with the Health Board
- Finance and Performance Committee
- Audit, Risk and Assurance Committee – noting that the Charitable Funds Audit had commenced
- Charitable Funds Committee

The Board also noted an update from the NHS Wales Shared Services Partnership Committee.

ABUHB 3011/25 Date of Next Meeting

Wednesday 25th January 2023 at 9:30am

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Governance Matters: Summary of Board Business held In-Committee
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad Purpose of the Report

Er Gwybodaeth/For Information

The purpose of this report is to share a summary of the formal discussion held by the Board at its private meetings held on 30th November and 14th December 2022 and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

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

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

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

The purpose of this report is therefore to share a summary of formal discussion held by the Board at its private meetings held on 30th November and 14th December 2022 and to report any key decisions taken.

Cefndir / Background

Summary of Discussions

COVID-19 Public Inquiry

The Board received an update in respect of the UK COVID-19 Public Inquiry; with an emphasis on module 3 which will include a focus on the impact that the pandemic had on healthcare systems, patients and health care workers.

The Board discussed the Health Board's preparedness to respond to the inquiry and considered options for the Health Board in respect of Core Participant Status. It was noted that consideration was being given to whether the Health Board should apply for Core Participant Status and the Board would be updated in due course.

Endoscopy Insourcing

The Board received a request to approve the extension of the insourcing commissioning arrangements with Remedy Healthcare Solutions until November 2023, aligned with the opening of the new Endoscopy Unit at the Royal Gwent Hospital.

The Board APPROVED the extension of the insourcing commissioning arrangements with Remedy Healthcare Solutions.

Regional Integration Fund Financial (RIF) Liabilities

The Board received an overview of the proposed changes to RIF funding, noting the potential implications for the Health Board.

The Board AGREED the following response to the Gwent Regional Partnership Board:

Aneurin Bevan University Health Board is unable to accept the tapering liabilities during the 2023-24 financial year but will commit to undertake a robust evaluations of all projects and services identified to ensure all financial liabilities and priorities are assessed in line with the organisational IMTP.

Welsh Health Specialised Services (WHSSC) Joint In-Committee Notes

The Board NOTED the briefing of a meeting of the WHSSC Committee meeting, held 8th November 2022, in private session.

Industrial Action

The Board was advised that Aneurin Bevan University Health Board was the only Health Board not to reach the threshold for industrial action set by the Royal College of Nursing. Strike dates have now been confirmed by those organisations who were due to take Industrial Action and discussions commenced regarding derogations and the level of services to be provided. It was noted that the Board would remain apprised as the situation developed.

Governance Arrangements for Financial Recovery, 2022/23

The Board held discussions regarding its financial recovery arrangements for 2022/23, focussed on action plans in place to achieve cost reductions and savings. These discussions were held in addition to the financial performance reporting to the Board at its meetings held in public.

Asesiad / Assessment

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

Argymhelliad / Recommendation

The Board is requested to note this report.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	None

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None
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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	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>Choose an item. Choose an item.</p> <p>Not applicable to this report</p>



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

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
30 th November 2022	ABUHB 3011/15	Nurse Staffing Levels (Wales) Act - Annual Presentation: Longer-term strategy for nurse recruitment to be tracked by the People and Culture Committee.	Director of Workforce and OD / Director of Nursing	In Progress	Included on the Forward Work Programme for People and Culture Committee
30 th November 2022	ABUHB 3011/17	Performance and Outcomes Report, Quarter 2: System errors associated with the implementation of WCCIS in Mental Health had been addressed and plan being developed with the Delivery Unit to address the backlog of activity. Note to be circulated to members following meeting with the DU.	Interim Director Primary, Community and Mental Health Services.		Meeting held with the Delivery Unit. A summary note is being prepared for Board Members and will be issued imminently.
30 th November 2022	ABUHB 3011/23	An overview of Joint Committee Activity: Evaluation of the Major Trauma Unit to be requested and reported to Partnerships, Population Health and Planning Committee	Director of Finance and Procurement	In Progress	Included on the Forward Work Programme for Partnerships, Population Health and Planning Committee

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

Pwrpas yr Adroddiad
Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

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

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between the 15th November 2022 and 10th January 2023.

The Board is asked to note that there has been one (1) document that required the use of the Health Board 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. This process has been undertaken virtually, with appropriate audit trails, for the period of adjusted governance and continues in the absence of the attendance of Independent Members at the office during this time. All Chair's Actions require ratification by the Board at its next meeting.

During the period between the 15th November 2022 and 10th January 2023, four (4) Chair's Actions have been agreed. This paper provides a summary of the Chair's Actions taken during this period, which are appended to this report at **Appendix One**.

Cefndir / Background

1. Sealed Documents

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

2. Chair's Action

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

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

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. One document was sealed between the 15th November 2022 and 10th January 2023, as outlined below.

Date	Title
03.01.2023	ABUHB to the register proprietor of No. 3 Manor Wood, Chepstow – Transfer of Deed for 1m strip of land therefore releasing ABUHB from any further responsibility

3.2 Chair's Action

All Chair's Actions undertaken between 15th November 2022 and 10th January 2023 are listed below. All of which were approved by the Chair.

Date	Title
21/11/22	Cardiology mini-competition
21/11/22	Postal Services
8/12/22	Nevill Hall Hospital – Satellite Radiotherapy Unit
	Blood Transfusion Laboratory Information Management System (LIMS) - Pathology

Asesiad / Assessment

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

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)


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

Gwybodaeth Ychwanegol:

Further Information:

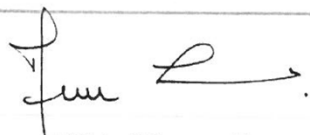

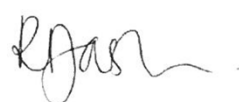
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termiau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	None

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


Description of Request:	
To consider as Chairs Action the approval of a Request for Approval (RFA) for Cardiology Mini-Competition.	
Financial Value	<div>Annual value of new contract: £1,173,197.00 (ex VAT) £1,407,836.40 (incl VAT)</div> <div>Total value of new contract: £2,346,394.00 (ex VAT) £2,815,672.80 (incl VAT)</div>
Situation	
Request to approve the Request for Approval (RFA) for the period August 2022 to August 2024.	
Background	
<p>ABUHB inpatients have previously had long waits for transfer to UHW and may then wait again in UHW for device implant. This results in an unnecessarily prolonged length of stay, and "bed blocking".</p> <p>Applying a conservative estimate of a two week wait for transfer to UHW, the cumulative delay equates to a whole year for 26 patients. In effect, one ABUHB cardiology bed is permanently "blocked" by being occupied by a patient simply awaiting transfer to UHW for device implants.</p> <p>Based on current activity levels the Health Board has developed a service within ABUHB to facilitate repatriation of activity back from Cardiff & Vale University Health Board (CVUHB).</p> <p>Following the award of the All-Wales Framework Agreement awarded 1st April 2022, the National Clinical Team in conjunction with the Health Board's frontline procurement team conducted a Mini-Competition exercise for heart rhythm for ABUHB seeking to award the combined complex (ICD) which has recently been repatriated from CVUHB and Brady business to a split of either 2 or 3 suppliers.</p>	
Request:	
Approval of this request will facilitate repatriation of activity back from CVUHB and prevent unnecessarily prolonged length of stay for inpatients.	
Accompanying documents:	
<div> RFA 1022.pdf</div>	

Approval:

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

Signatures: Chair / Vice Chair	Date:
	22/11/22
Signature: Chief Executive	Date:
 CALVIN DEPUTY CEO	18/11/22
Signature: Director of Corporate Governance	Date:
	16/11/22
Signature: Independent member	Date:
Paul Dervan - Approved by separate email	21/11/22
Signature: Independent member	Date:
Richard Clark - Approved by separate email	21/11/22

---- End ----

Description of Request:	
To consider as Chairs Action the approval of a Request for Approval (RFA) for Postal Services.	
Financial Value	Annual value of current contract £490,610.51 Annual value of new contract £556,078.28 Total value of new contract £278,039.14
Situation	
Request to approve the Request for Approval (RFA) for the period 1 st October 2022 to 31 st March 2023.	
Background	
<p>The Health Board currently sends out in the region of 1.5 million pieces of mail per year. The majority of the postage costs is incurred in supporting the patient appointment process. The largest volume of appointments is managed through the St Woolos and Nevill Hall booking centres who send out around 500,000 pieces of mail per year.</p> <p>The post is franked or stamped locally and passed to the company Whistl for sorting and delivery.</p> <p>However, during the last two years the Health Board has trialled a hybrid mail solution with PSL Print Management Limited which will continue with the aim of extending the hybrid approach across the Health Board.</p> <p>A competitive procurement process is underway and is anticipated to be completed in 2023.</p>	
Request:	
<p>Approval of a six-month extension request of the current contract is required to enable the service from Whistl to continue until a fully hybrid approach is rolled-out across the Health Board.</p> <p>As the volumes of mail sent each year changes, the calculations for costs is based on total costs for the previous year. The actual annual costs can fluctuate dependent on service utilisation.</p>	
Accompanying documents:	
<div>  <p>Whistl_RFA1023_Procurement Signed.p</p> </div>	

Approval:

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

Signatures: Chair / Vice Chair


Date:



16/11/22

Signature: Chief Executive

Date:

 CALVERT
DEPUTY CEO

18/11/22

Signature: Director of Corporate Governance

Date:



16/11/22

Signature: Independent member

Date:

Paul Deneen – Approved by separate email

18/11/2022

Signature: Independent member

Date:

Richard Clark – Approved by separate email

21/11/2022

---- End ----

Description of Request:

To consider as Chairs Action an urgent request to approve a funding requirement to be underwritten by the Health Board.

Financial Value

The cost of the works is not expected to exceed £700,000.

It is anticipated that the additional monies will be reimbursed to the Health Board as and when the Full Business Case is approved as part of the overall funding package to construct the SRU.

It should be noted that £125,000 has already been approved via Chair's Action (copy attached) which has not been committed. The £700,000 now estimated to be required will subsume that funding.

Situation

In order to maintain the revised programme which has an anticipated start on site date of 9th January 2023 the contractor requires an instruction to mobilise this week (w/c 6th December 2022).

Mobilisation will entail the procurement of site cabins, site preparation works, traffic management changes, etc.

Background

The Full Business Case (FBC) for the construction of the SRU is currently with Welsh Government for full approval.

It is proposed that the funding requirement be underwritten by the Health Board, via the use of monies underspent during the preparation of the FBC and slippage from other Welsh Government funded projects.

Request:

Approval of this request will enable the contractor to commence mobilisation of the works as soon as practicable possible.

Whilst approval of the FBC is expected there is a very small risk that that does not materialise as and when expected therefore requiring that the Discretionary Capital Programme underwrite most of the required funding.

Accompanying documents:



Satellite
Radiotherapy Unit



Chairs Approval 2 -
SRU.doc

Approval:

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

Signatures: Chair / Vice Chair	Date:
	6/12/22
Signature: Chief Executive	Date:
	6/12/22
Signature: Director of Corporate Governance	Date:
	6 th December 2022
Signature: Independent member	Date:
Paul Densen - Approved by separate email	7/12/22
Signature: Independent member	Date:
Richard Clark - Approved by separate email	8/12/22

---- End ----

Description of Request:

To consider as Chairs Action a request to approve an alternative Laboratory Information Management System (LIMS) for Blood Transfusion.

Financial Value

Total value of new contract **£1,622,912.00** over 3 years

Contract period including extension options:

3 years – option to extend for further 7 years (01/04/2022 – 31/03/2025)

Situation

Approval request for an alternative robust IT system that is essential for the provision of the Blood Transfusion Service. Without an effective and MHRA compliant IT Blood Transfusion Service, it would not be possible for the Health Board to deliver a safe service utilising manual methods alone.

Background

The current laboratory information management system called Masterlab to support effective blood transfusion (BT) services across the organisation will reach end of life on 31st March 2023.

Without a replacement IT service, no transfusion related work could take place within the Health Board, which would impact all emergency care as well as the majority of elective work and maternity services.

Similarly, if the IT system in use was not MHRA compliant, the Health Board would not be able to run a BT service. This would need to be reported to MHRA, who would issue a cease & desist notice with immediate effect.

Request:

Due to extensive 'lead in' times, approval of this funding commitment is required so that an order can be placed to ensure the replacement system is prepared and installed as end of life of the current system expires.

Accompanying documents:



RFA1027 - Blood
Transfusion Laborat

Approval:

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

Signatures: Chair / Vice Chair	Date:
	14/12/22
Signature: Chief Executive	Date:
	12.12.22
Signature: Director of Corporate Governance	Date:
	12 th December 2022
Signature: Independent member	Date:
Richard Clark - Approved by separate email	14 /12/22
Signature: Independent member	Date:
Paul Denzen - Approved by separate email	14/12/22

---- End ----

Aneurin Bevan Community Health Council (CHC)

CHC Report

For Aneurin Bevan University Health
Board Meeting

January 2023



www.aneurinbevanchc.nhs.wales

Accessible formats

This report is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us.

You can download it from our website or ask for a copy by contacting our office.

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About the Community Health Councils (CHCs)

CHCs are the independent watchdog of the National Health Service (NHS) within Wales. CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection, and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have focused on engaging with people in different ways.

This includes surveys, apps, videoconferencing, and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Introduction

The purpose of this report is to inform Aneurin Bevan University Health Board of recent issues of concern and positive observations, or public feedback being addressed by the Community Health Council in relation to the planning and delivery of health services in Gwent.

The CHC continues its work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS, monitoring and considering routine and urgent service changes and continue to provide an independent Complaints Advocacy Service.

CHC update

1. Sensory Impairment Survey

Our sensory impairment survey came to an end at the end of November 2022. The purpose of the survey was to obtain feedback from those who have a sensory impairment and their experiences of accessing NHS Services. In total we received 10 responses and a lived experience story.

A summary of the feedback received:

- There was a common theme when reviewing the data regarding the lack of information for people who need to access Audiology Services.
- Several people rated the signage across sites in the Aneurin Bevan area and the use of appropriate communication in waiting areas as “poor”.

- The lived experience story we received highlighted issues a person faced when trying to access British Sign Language (BSL) Interpreters for several NHS appointments.

Report submitted to UHB.

2. County Hospital Visits – Rowan and Oak Ward

On Wednesday 23rd November, our visiting team visited Rowan and Oak ward at County Hospital. The purpose of the visits was to engage with patients on the wards at the point they were receiving care.

Members who attended these visits reported how impressed they were with the variety of engagement and volunteering activities that were available to people on these wards.

Similarly, on both wards it was noted that people had to order their daily meals two days in advance, and some people did not want or did not remember their food choice on the day.

It was noted on arrival to the hospital that there was a lack of wayfinding signage within the site grounds, making it difficult to navigate.

Below are summaries of the feedback we received from both wards during our two visits:

Rowan Ward:

- People on this ward reported that all staff were friendly and helpful. Although, people felt that the ward was “understaffed”.
- The ward had recently been refurbished and the holistic decoration helps orientate people to rooms and room functions. Our team saw the ward uses different colours and pictures to identify rooms and that the impact of this was positively noticeable and excellent practice.

Oak Ward:

- It was highlighted that people were not given information leaflets upon admission to this ward.
- People reported that all staff were friendly and helpful.
- Members observed that a suitable tray identification system was not in place for support at mealtimes.

Both reports have been submitted to UHB.

3. Whole system pressures

Nationally, the whole system pressures, despite all efforts being made, are not improving for service users' waiting time experiences to access care, and people's feedback to CHCs focuses on common themes:

- Long handover times to the Emergency Departments from ambulance crews.
- Long waits for people who self-present to Emergency Departments.
- Difficulties in releasing ambulances back into the community to respond to calls, especially to rural footprints.
- Delayed discharges from a hospital setting when deemed medically fit, due to community service / social care constraints.
- Long planned care waits.

- We are hearing more from community representatives about their concerns for the provision and sustainability of primary care services.

The efforts and plans made by NHS staff and partners supporting all areas of the system are extremely valued. People continue to offer high praise for the care being delivered during visibly difficult and strained circumstances.

We continue to hear very positive feedback from people who access care at the Minor Injuries Units and for the clinical care delivered at the Grange University Hospital.

Following the release of the Welsh Government's guidance on discharge arrangements, without packages of care, it is reassuring to hear from colleagues within the Aneurin Bevan UHB that safe and balanced decisions will be made with people and their families about discharge planning.

4. Community Rehabilitation Support Services for Stroke Survivors

In November, we launched a survey to ask for people's experiences of accessing NHS services in the community, after having a stroke.

The survey launched via our social media pages, website, external stakeholders list and local community groups. This was to ensure we were reaching as many people as possible.

We also hosted a drop-in session on Friday 25th November at our offices in Raglan House. This gave members of the public an opportunity to give feedback face-to-face to our volunteer members.

In total we received 16 responses to our survey.

Summary of the feedback received so far:

- Encouragingly, most of the people told us that when they access general NHS services in relation to their stroke rehabilitation needs, they were treated with dignity and respect.
- However, most people also told us that they didn't know who they could contact should they require any support or advice.

Report being drafted.

5. NHS Common Ailments Scheme Survey

Our NHS Common Ailments Scheme survey has now closed, and we received a total of 25 responses. The aim of this survey was to gain people's experiences when accessing the scheme or if they were aware of the scheme.

The CHC would like to express thanks to the Pharmacies in the Aneurin Bevan area who displayed our business cards to encourage responses. The business card included a QR code, which could be scanned by a smartphone and direct people to our survey.

A summary of the feedback we received:

- It was pleasing to note that most respondents were aware that the NHS Common Ailments Scheme was available in pharmacies, they also knew how to use the scheme and would recommend it to others.
- We received feedback from some people who told us they were not invited into a private area to speak to a pharmacist when accessing the scheme.
- Most people told us that they were happy with the service provided to them by the pharmacist.

Report currently in draft.

6. Monthly public feedback survey

May 2020, the Community Health Council has been hearing from people via a generic "Care during the Coronavirus" survey, to hear about people's positive and negative experiences in all NHS care areas.

To date we have heard from 1396 people. We have received feedback in both November and December. The following feedback was received:

- People gave feedback regarding the difficulties in obtaining GP appointments. One person told us they felt that their GP surgery does not cater for "working people" as they are not able to wait for a call back from a doctor or nurse with no time frame indicated.
- A member of the public told us a relative was directed to the Acute Medical Assessment Unit at Nevill Hall Hospital by their GP and that they received an "excellent" service.
- One person also expressed their concern over the long waits for cataract surgery. As the waiting list was so long, they had to pay for a relative to have surgery privately.

7. Upcoming and ongoing CHC activities

7.1 Post-Covid Syndrome Briefing

In July 2022, the CHC launched a **Post-Covid Syndrome (Long-Covid) Survey**. The survey will be live until March 2023.

Our first briefing paper included the responses of 38 people who had taken the time to fill in our survey. This briefing paper was sent to the Health Board for information.

We have since received three more responses, taking our total number of responses to 41.

A summary of the additional comments is below:

- Two people felt that their pre-existing conditions have now worsened due to having long-Covid.
- One person told us they are still awaiting a response from the long-Covid clinic, a letter was sent by their GP to the clinic in August 2022.
- All 3 people told us they were unaware of who to contact should they have any questions regarding their Post-Covid Syndrome condition.

The survey will be live until March 2023.

7.2 HMP Survey

The CHC will survey both prison sites (HMP Prescoed and Usk) by the end of January 2023.

The survey has been finalised and we are in the process translating the survey into easy read. Survey packs are currently being put together ready to be delivered to both sites.

The CHC is grateful for the support from colleagues in the Public Health team within the Health Board.

It has been previously discussed that the paper surveys may take 2-3 weeks to be completed and returned. Completed surveys will be collected from the sites and inputted on our survey system.

A report will be drafted and sent to the UHB for response.

7.3 Winter Patient Experience

The CHC will be launching our annual Winter Patient Experience project on Monday 9th January 2023 for six weeks.

The purpose of this project is to find out people's experiences of accessing NHS services in a Minor Injuries Unit or the Emergency Department. We are also taking into consideration the current pressures the UHB and people are experiencing, including the winter months that bring added pressures and how this can affect patient experience.

Survey packs, business cards and posters have been delivered to each site across the Aneurin Bevan area. The business cards and posters include a QR code will take the person to our online survey. The CHC would like to express thanks to the UHB for their continued support in the distribution of our surveys.

CHC members will visit these departments to gain feedback from people face-to-face.

Weekly briefings will be sent to colleagues in the UHB to provide them with a summary of the feedback we have received from the previous week.

The project will end in mid-February and a formal report will be drafted and sent to the UHB for a response.

Thanks

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

We hope the feedback people have taken the time to share influences healthcare services to recognise and value what they do well – and act where they need to as quickly as they can to make things better.

Feedback

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

Contact details



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@Bevanchc



CIC Aneurin Bevan CHC

Community Health Council

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Annual Accounts and Annual Report 2021-22
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Estelle Evans, Head of Financial Services & Accounting

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This report gives an overview of the Annual Accounts and Annual Report for the year ending 31 March 2022 for Aneurin Bevan University Health Board Charitable Fund and Other Related Charities and highlights the key issues that are contained in the accounts.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The final Accounts and Annual Report for 2021/22 and Audit Wales report were presented to the Charitable Funds Committee on 19th January 2023 and were recommended to the Board for approval. Audit Wales intend to give an unqualified audit opinion.

The Board, acting as Corporate Trustee, is asked to approve the accounts and annual report and note that they will be filed with the Charity Commission by 31 January 2023.

Cefndir / Background

Aneurin Bevan University Health Board, as corporate trustee of its charitable funds, must file accounts for the year ended 31 March 2022 with the Charities Commission before 31 January 2023. The Accounts and Annual Report are attached and have been subject to external audit by Audit Wales. The audit process is completed, and Audit Wales is expected to issue an unqualified audit

opinion on the accounts following approval of the accounts by the Board as corporate trustee.

The final Accounts and Annual Report for 2021/22 were presented to the Charitable Funds Committee on 19th January 2023 and were recommended to the Board for approval.

Following completion of the draft accounts, Audit Wales identified a number of minor amendments which are reflected in these final accounts and detailed in the attached Audit Wales report.

Asesiad / Assessment

1. Annual Accounts

The detailed accounts are shown at Appendix 1 and the following are key points to note from the accounts for 2021/22:

Statement of Financial Activities for year ended 31 March 2022: (Page 2 of Accounts)

Income from Donations, Legacies and Grants has decreased by £235K from the previous year to £668K. There were 7 new legacies received in the year.

Investment Income (Note 7, Page 9 of Accounts)

Investment income has increased by £6K from the previous year to £187K due to an increase in income on investments.

Expenditure (Page 2 of Accounts and Notes 8 & 9, Page 10 of Accounts)

Expenditure has decreased by £311K. The main decrease in spend relates to patient & staff education & welfare and the purchase of new equipment.

The net impact of income and expenditure is an increase in funds £51K before investment gains, compared with a decrease of £70K in 2020/21. (Page 2 of Accounts)

Gains on Investment Assets (Page 2 of Accounts)

During the year there has been a net gain of £577K on investments, £480K relating to our CCLA investments reflecting stock market increases on underlying investments, and £97K relating to the increase in valuation of 13 Clytha Square.

The stock market increases since the previous year caused our CCLA investments to increase from £5,004K on 1st April 2021 to £5,484K on 31st March 2022 (Note 16, Page 13 of Accounts).

The net movement in funds for the year is therefore an increase of £628K. (Page 2 of Accounts)

Balance Sheet as at 31 March 2022 (Page 3 of Accounts)

Net assets / liabilities have increased by £628K reflecting the increase in funds during in the year. The main movement in the balance sheet mainly consists of an increase in the value of the CCLA investments. The balances sheet movements are as follows:

	£000
Investments	577
Increase in Cash Balances	135
Increase in Debtor Balances	43
Increase in Creditor Balances	-127
Total	628

The following table gives a more detailed breakdown of fixed assets (*Note 16, Page 13 of Accounts*):

	Balance 1 Apr 2021 £000	Disposals £000	Realised Gains / (Losses) £000	Unrealised Gains / (Losses) £000	Balance 31 Mar 2022 £000
Fixed Asset Investments					
Investments					
CCLA	5,004	-	-	480	5,484
	5,004	-	-	480	5,484
Property					
13 Clytha Square	153	-	-	97	250
TP Price - Newport / Six Bells	18	-	-	-	18
TP Price - Strip of land Oakdale	50	-	-	-	50
	221	-	-	97	318
Other					
Painting	25	-	-	-	25
Total per Note 16 of the Accounts	5,250	-	-	577	5,827

Cash Balances (*Note 18, Page 14 of Accounts*)

Cash at 31 March 2022 totalled £373K as follows:

	£000
Nat West Current Account	351
Santander Bonus Account	21
Petty Cash	1
Total	373

2. Annual Report

The Trustees Annual Report is shown at Appendix 2 and has been subject to audit by Audit Wales in conjunction with the Annual Accounts.

3. Audit of Financial Statements Report

The audit of the financial statements has been undertaken by Audit Wales and their 'Audit of Financial Statements Report and Management Letter' is shown in Appendix 3. Audit Wales have indicated that they intend to give an unqualified audit opinion on the accounts.

4. Next Stages and Actions

Once the accounts and annual report are approved by the Board, signed accounts will be given to Wales Audit Office for the Auditor General for Wales to sign. They will then be filed with the Charity Commission before the deadline of 31st January 2023. The accounts and annual report will then be available on the Charity Commission website.

The Charity Annual Accounts and Annual Report will also be publicised internally via the intranet.

Argymhelliad / Recommendation

The Board, acting as Corporate Trustee, is asked to approve the accounts and annual report and note that they will be filed with the Charity Commission by 31 January 2023.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 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	Finance
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:	
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Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Charitable Funds Committee

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft Capital Programme 2023-24.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Christopher Dawson-Morris, Interim Director of Planning and performance.
SWYDDOG ADRODD: REPORTING OFFICER:	Michael Ellery, Head of Capital Planning, Kelly Jones Head of Capital Finance.

Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

This paper seeks approval of the draft opening Capital Programme for 2023/24 for both the All-Wales Capital Funding and the Discretionary Capital Allocation to ensure early 2023/24 progression. In addition, approval is requested to accelerate any of the approved bids to balance off further 2022/23 end of year slippage.

ADRODDIAD SCAA SBAR REPORT

Cefndir / Background

The capital outlook for 2023/24 is a challenging one in the context of a lower opening funding allocation than previously in place and significant demands on the discretionary capital programme which will not be without risk. The prioritisation process has attempted to manage and mitigate risks associated with sustainability.

The Capital Programme is made up of two key components:

- i) All Wales Capital Funded Projects, which includes significant projects supporting major strategic proposals of the Health Board, and those projects seen as an exception to the discretionary programme.
- ii) Discretionary Capital Programme, which is generally allocated for the following priority areas:
 - Meeting statutory obligations, such as Health and Safety and Firecode.
 - Maintaining the fabric of the estate; and
 - The timely replacement of equipment, including IT.

The Capital Programme 2023/24 supports the and facilitates the Health Board's Service Strategy where appropriate, the capital programme is drafted in the context of the approved Estate Strategy for the Health Board alongside significant risk areas identified in the 'Six Facet Survey' within that Strategic Document.

Following a comprehensive capital prioritisation exercise across the Health Board's Operational Divisions, the proposed capital programme shortlist of discretionary schemes and equipment has been developed for consideration by the Board.

The draft opening Discretionary Capital Programme (DCP) funding position is as follows:

2023/24 Draft Discretionary Capital Resource Limit (CRL)	2023/24 £m
1. Draft Discretionary Capital Funding (CRL) TBC	9.521
2. EFAB Contribution (Confirmed)	(0.629)
TOTAL Draft Discretionary CRL Available for distribution	8.892
3. Anticipated AWCP Brokerage	(1.472)
TOTAL Draft Discretionary CRL after AWCP Brokerage	7.420

- Due to reductions in NHS Wales capital availability, Welsh Government reduced discretionary capital allocations by 24% across Wales in 2022/23, in addition to having reduced funding availability to support the All-Wales capital programme. The Health Board's original allocation of £10.814m was reduced to £8.227m. The Health Board has subsequently received a communication from Welsh Government to indicate that 50% of this reduction will be reinstated for 2023/24. The estimated Discretionary Capital Programme funding for 2023/24 used in this report is therefore £9.521m; the actual CRL will be confirmed by Welsh Government before the end of the current financial year.

- WG have approved Estates Funding Advisory Board (EFAB) bids in relation to Infrastructure, Fire and Decarbonisation works amounting to £4.513m over 2023-2025. The approved bids require match funding of 30% to be provided via the DCP. The match funding for 2023/24 has been confirmed as £0.629m.

- As of December 2022, the 2022/23 All Wales Capital Programme (AWCP) projects are expected to underspend against the agreed resource limits by £1.472m. In October 2022 the resource limits for these schemes were fixed with WG and the subsequent slippage is required to be managed by the Health Board through the acceleration of 2023/24 Discretionary Capital Schemes. Schemes that can be accelerated have been selected from the proposed draft 2023/24 Discretionary Capital Programme approved in the December Capital Group meeting.

- There are no planned property disposals for 2022/23.

The opening All Wales Capital Programme (AWCP) 2023/24 allocations will be agreed with Welsh Government towards the end of the financial year 2022/23. Draft 2023/24 figures have been included in this report. The planned DCP brokerage of £1.472m described above will be added to the approved AWCP allocations to fund the slippage that occurred against the AWCP projects in 2022/23.

Funding Outlook 2023/24

The following section sets out the Capital funding available and the proposed allocation for the financial year 2023/24.

All Wales Capital Funding 2023/24

The opening All Wales Capital Programme (AWCP) 2023/24 allocations will be agreed with Welsh Government towards the end of the financial year. Draft 2023/24 figures have been included in this report. The planned DCP brokerage of £1.472m described above will be added to the approved AWCP allocations to fund the slippage that occurred against the AWCP projects in 2022/23.

The breakdown of the anticipated funding and brokerage is identified in the table below:

ABUHB DRAFT ALL WALES CAPITAL PROGRAMME 2023-24	Draft CRL's £m	Anticipate d Brokerage £m	Revised Draft Funding £m
1. Grange University Hospital	-3.517		-3.517
2. Tredegar Health & Well-being Centre	4.019		4.019
3. Radiotherapy Satellite Centre at Nevill Hall Hospital	17.675		17.675
4. Breast Centralisation YYF	8.685		8.685
5. Newport East H&WBC	10.558	-0.196	10.362
6. The Estates Funding Advisory Board (EFAB) Schemes	2.096	-0.332	1.764
7. RGH Endoscopy	2.004	2.000	4.004
8. RGH Block 1 & 2 Demolition & Carpark	0.404		0.404
Total Draft AWCP Scheme Funding	41.924	1.472	43.396

All Wales Capital Programme (AWCP) Projects:

Major capital projects that have received funding from All Wales Capital Programme include:

Grange University Hospital:

All remaining works to the Grange University Hospital and Well-being Centre at Llanfrechfa Grange are due to complete in 2022/23. The negative budget included in the 2023/24 programme relates to the anticipated VAT recovery that is expected to be achieved during 2023/24. The VAT recovery claim will be concluded with HMRC following agreement of the final account with the contractor.

Tredegar Health and Well Being Centre:

This is a new build facility incorporating GP and other Health Care services, a fundamental element of the Clinical Futures model delivering services closer to home for the local community.

Phase 1 completion is scheduled for July 2023, with Phase 2 completion April 2024. The scheme is currently projecting an overspend of £389k. Significant inflationary, delays and other cost pressures are still occurring which are being shared and discussed with WG/ Shared Services to assist in the mitigation/resolution of the issues.

Nevill Hall Satellite Radiotherapy Unit:

Full FBC approval has been received from WG. Works will commence on site 16th January 2023. A statement has been released to ABUHB Communications notifying staff and patients of the works commencing. The rear access to the hospital will be closed during construction. A temporary one-way traffic system will be put in place for the duration of the works. The SRU is planned to open Autumn 2024.

Breast Unit YF:

The Unified Breast Unit will provide high quality diagnostic and treatment breast cancer services for the residents of Gwent. It will provide access to a broader range of integrated services, tailored to meet the specific needs of patients, improving patient access, waiting times for diagnosis and treatment and clinical outcomes. Following the agreement of the contractual arrangements, the construction re-commenced on 17th October 2022. Work is currently progressing well on site with the anticipated programme completion date of December 2023.

Newport East Health and Well Being Centre:

This is a new build facility replacing existing Health Centres Park and Ringland Surgeries, incorporating GP and other Health Care services fundamental element of the Clinical Futures model delivering services closer to home for the local community.

Construction commenced on site on 4th July 2022 with completion anticipated December 2024. The temporary accommodation is in place and is due to become operational from Monday 6th February. The existing Health Centre will be demolished in the Spring, with construction of the new H&WC commencing late Summer 2023.

RGH Expansion of Endoscopy Services:

Project commenced on site on 15th August 2022. Anticipated completion scheduled for October 2023.

Emerging Projects without Approved AWCP Funding:

In addition to the above 'funded' or "in progress" All Wales Capital Projects further projects that are recognised by WG that are in development, but do not have 'approved funding' or indicative allocations at this time are listed below. A 'Programme of Work' is being developed and will be submitted to Welsh Government for funding support as appropriate.

These emerging projects generally come under the banner of major strategic developments or infrastructure including:

- NHH Cancer Unit: BJC being prepared for submission to March 2023 Board
- RGH Central Decontamination Unit: Scoping document submitted to WG for discussion on 22nd November.
- Further Primary Care Developments at Ebbw Vale, Monmouth, and Aber Valley
- RGH Pharmacy Refurbishment and Robot Replacement

- SWH Boiler Plant
- GUH – ED Wait Extension

The above schemes will need to be considered in the context of significant competing priorities for All Wales capital from all NHS organisations across Wales which exceed annual funding available and exclude those already approved through the business case process.

National Informatics Programme

Only £14k funding from the Digital Priority Investment Fund (DPIF) was received in financial year 2022/23. Indications are that there will be no DPIF funding for financial year 2023/24.

Informatics will endeavour to liaise with Welsh Government should there be any opportunity of funding later in the financial year due to slippage.

This presents a significant challenge nationally and for Health Boards given the scale of investment required and ambition for informatics and delivery of the digital agenda.

Imaging National Programme: The Health Board secured £7.580m over the 2021-23 period. However, Welsh Government has advised that there is currently no National Imaging funding allocation for financial year 2023-2024. This may change during the financial year. If funding cannot be secured, it will have an impact on the imaging replacement programme, and equipment durability.


Health and Social Care Integration and Rebalancing Capital Fund. HCF and IRCF funding streams.

Welsh Government has identified the opportunity to submit investment bids from the new Health and Social Care Integration and Rebalancing Capital Fund. The funding will be focused on the development of integrated health and social care hubs and centres and to support rebalancing of the social care market.

This new Capital Fund has two distinct priority areas of investment to support implementation of A Healthier Wales and deliver against some of the current Programme for Government commitments. The overall value of this capital fund amounts to £50m in 2022/23 growing to £60m the following year and £70m the year after that.

It will be important to work in partnership and align Primary Care priorities towards possible funding opportunities.

Projects submitted and being recommended for funding under the umbrella of HCF/IRCF are identified below:

 Proposal Details			
EOI Project Title	Summary of Proposal	Spend Profile	TOTAL
Monmouth Health and Wellbeing Centre and Dixon Surgery	To provide a service model congruent with the strategic direction and to meet the increasing demographic demands, the Health Board is implementing "place-based care" with an emphasis on providing integrated services within communities and establishing health and well-being hubs.	2023/4 - £450,000 2024/5 - £1,200,000 2025/6 - £7,350,000	9,000,000

Aber Valley Health and Wellbeing Centre and Aber Practice development	To provide a service model congruent with the strategic direction and to meet the increasing demographic demands, the Health Board is implementing "place-based care" with an emphasis on providing integrated services within communities and establishing health and well-being hubs.	2023/4 - £450,000 2024/5 - £1,200,000 2025/6 - £7,350,000	9,000,000	
Ebbw Vale Wellbeing Centre	The development of a new care model is proposed through the refurbishment of the existing Ysbyty Tri Chwm [YTC] Hospital Facility at Ebbw Vale	2023/4 - £450,000 2024/5 - £160,000 2025/6 - £805,000 2026/7 - £263,000	12,730,000	
		Spend Profile		
		2023-24	2024-25	
CAMHS Crisis Hub	The outline of this project is to create a fit for purpose Crisis Hub to support our regional crisis and prevention provision in the form of a CAMHS Discharge Lounge and therapy/ assessment spaces for crisis teams and flexible outreach clinicians' intervention and activities. The total scheme costs for this project amounts to £1,925,277 . WG Funding of £950,000 under the WG Alternatives to Admissions Funding has been approved and award confirmation is imminent. The outstanding £975,000 funding is identified through the HCF funding route above.	767,651	207,349	975,000
Pilmawr Garden Improvements	Garden improvements and regenerating/resurfacing the main ground area to facilitate therapeutic and rehabilitation activities	90,000		90,000
Forglen House	Improvements and regeneration of Forglen House in Risca (Early Intervention in Psychosis Service, including co-occurring substance use)	90,000		90,000
Refurbishment of Suite 136, St Cadocs	Improvements to the Suite to facilitate a better patient environment	75,000		75,000
Feasibility study Caerphilly Hub	Feasibility Study to identify best location for new build proposal	70,000		70,000
Feasibility Study Central Newport Hub	Feasibility Study to identify best location for new build proposal	70,000		70,000
Feasibility study Caldicot HC	Feasibility Study - Scoping exercise to reconfigure the health centre to meet the proposed service strategy and demands.	70,000		70,000
Annwylfan	Garden improvements and resurfacing the main ground area to facilitate therapeutic activities	50,000		50,000
Cedar Parc	Cedar Parc - Garden extension, resurfacing the main ground area to facilitate therapeutic and rehabilitation activities	100,000		100,000
Soundproof Pods - Serennu	The project would involve the installation of four individual soundproof meeting pods within Serennu Children's Centre for use by staff to conduct virtual appointments with families	36,110		36,110
Exterior Lighting - Serennu	The proposal is to introduce lighting in the multi-use games area, children's play area and children's park to enable greater opportunities for the children	40,921		40,921

	and young people attending the Centre and families in the local community to engage in outside activities during the winter months.			
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EFAB (The Estates Funding Advisory Board)– This WG initiative was introduced to target a programme of investment intended to assist NHS organisations in Wales to respond to the following drivers:

- An ongoing trend of escalating physical condition and statutory compliance backlog costs across the NHS estate (including Fire Safety in particular)
- An increasing need for investment in the upkeep and development of infrastructure engineering services across healthcare sites
- Pressures on the mental health estate, manifesting through increased risks to health and safety
- Welsh Government’s commitment to achieve net-zero carbon by 2030 and;
- Enhancement of ED waiting areas.

Bids have very specific criteria to meet which are identified in the below table. The funding available across Wales against the specific criteria is identified in the below table:

Funding Criteria	Available Funding Across Wales
Infrastructure, (including the focus on Emergency Department Waiting Areas) and Mental Health.	£24 million
Fire compliance Works	£10 million
Decarbonisation Schemes	£3 million

Bids have been approved amounting to £4.513million. The approvals are shown below and will be scheduled over a two-year period.

EFAB Contributions: WG have stipulated that a 30% contribution would be required to support each awarded bid from the Discretionary Capital Programme.

ABUHB EFAB bids 2023-2025				
WG Approved Bids			Correct at 09/01/23	
Scheme Description	Category	Bid Value £	Approved Bids*	Approved HB Contribution
Infrastructure				
Glan Usk Roof Replacement	Infrastructure	£ 1,456,665.00	£ 1,456,665.00	£ 436,999.50
SCH Ducts Infrastructure Upgrades	Infrastructure	£ 350,000.00	£ 350,000.00	£ 105,000.00
NHH Gilwern Ward Lift Upgrade	Infrastructure	£ 17,955.00	£ 17,955.00	£ 5,386.50
RGH Cordell Centre Ventilation Installation	Infrastructure	£ 121,665.00	£ 121,665.00	£ 36,499.50
RGH Cordell Centre LV Upgrades	Infrastructure	£ 286,272.00	£ 286,272.00	£ 85,881.60
RGH Cordell Centre Lift Installation	Infrastructure	£ 107,100.00	£ 107,100.00	£ 32,130.00
RGH Cordell Centre Rain Water goods upgrades	Infrastructure	£ 37,352.00	£ 37,352.00	£ 11,205.60
ED Departments				
RGH MIU Environmental enhancements, Carpark works and Wayfinding	Infrastructure	£ 200,000.00	£ 200,000.00	£ 60,000.00
Mental Health				
Anti ligature works	Mental Health	£ 80,000.00	£ 80,000.00	£ 24,000.00
Anti lig Mirrors for Corridors	Mental Health	£ 32,000.00	£ 32,000.00	£ 9,600.00
Anti Climb device for Court Yards	Mental Health	£ 102,000.00	£ 102,000.00	£ 30,600.00
	Infrastructure Total	£ 2,791,009.00	£ 2,791,009.00	£ 837,302.70
Scheme Description	Category	Bid Value £	Approved Bids*	Approved HB Contribution
NHH Boiling pans	Decarbonisation	£ 45,100.00	£ 45,100.00	£ 13,530.00
Chilled Water Pumps and management control upgrade, NHH	Decarbonisation	£ 15,000.00	£ 15,000.00	£ 4,500.00
Replacement of Bedroom windows Ty Cyfannol	Decarbonisation	£ 161,000.00	£ 161,000.00	£ 48,300.00
Replacement Windows Lindisfarne	Decarbonisation	£ 18,000.00	£ 18,000.00	£ 5,400.00
	Decarbonisation Total	£ 239,100.00	£ 239,100.00	£ 71,730.00
Scheme Description	Category	Bid Value £	Approved Bids*	Approved HB Contribution
Fire Alarm System Replacement RGH	Fire	£ 1,047,310.00	£ 1,047,310.00	£ 314,193.00
SCH Fire Alarm	Fire	£ 436,050.00	£ 436,050.00	£ 130,815.00
	Fire Total	£ 1,483,360.00	£ 1,483,360.00	£ 445,008.00
Overall Totals:		£ 4,513,469.00	£ 4,513,469.00	£ 1,354,040.70

EFAB Contributions

TOTAL APPROVED BIDS		HB 30% Contribution	
2023/4 £m	2024/5 £m	2023/24 £m	2024/5 £m
2.096	2.418	0.629	0.725
4,513,469.0		1,354.08	

The discretionary capital programme has therefore committed £0.629m in year 2023/24 and £0.725m in year 2024/25 based on the anticipated approval. This will impact on the opening programme, however the benefits of donation to received funding clearly identifies the benefit received against the level of contribution.

Discretionary Capital Programme 2023/24

The draft opening Discretionary Capital Programme (DCP) funding position is as follows:

2023/24 Draft Discretionary Capital Resource Limit (CRL)	2023/24 £m
1. Draft Discretionary Capital Funding (CRL) TBC	9.521
2. EFAB Contribution (Confirmed)	(0.629)
TOTAL Draft Discretionary CRL Available for distribution	8.892
3. Anticipated AWCP Brokerage	(1.472)
TOTAL Draft Discretionary CRL after AWCP Brokerage	7.420

Proposed Discretionary Capital Programme:

Following a comprehensive capital prioritisation exercise across the Health Board's Operational Divisions, the proposed opening capital programme shortlist has been developed for consideration and approval by the Board.

This shortlist has been developed from priority bids across divisions amounting to over £20m, clearly identifying the pressures on Discretionary funding. The proposed opening position accounts for an anticipated discretionary allocation of £8.892m, after the deduction of the 2023/24 EFAB contribution of £0.629m.

The expenditure within the Discretionary Capital Programme for 2023/2024 is identified by project in Appendix 1 and is summarised in the Table below by 'Divisional' allocations.

Discretionary Capital Plan:	Proposed 23/24 Programme £m	All Divisional 23/24 Priorities £m
Draft Discretionary Baseline Funding	9.521	9.521
EFAB Contribution	-0.629	-0.629
Disposals	0	0
Less Anticipated AWCP Brokerage	-1.472	-1.472
Draft Available Discretionary Funding 2023/24	7.420	7.420
Statutory Allocations	0.576	0.625
B/f Commitments from 2022/23:	0.321	0.321
Divisional Priorities 2023/24:		
Health & Safety	0.000	0.486
Mental Health & Learning Disabilities	0.105	0.991
Facilities	0.120	1.628
Scheduled Care	1.200	2.954
Clinical Support Services	1.703	2.589
Family & Therapies	0.228	0.540
Primary Care & Community	0.150	1.093
Medicine	0.130	2.002
Urgent Care	0.100	0.100
Corporate	0.300	0.613
Informatics	2.774	6.968
Total Shortlisted Bids:	7.707	20.908
Contingency Sum:	1.185	1.500
Total Proposed Bid Approvals:	8.892	22.408
Less Schemes Accelerated to 2022/23 (AWCP Brokerage)	-1.472	-1.472
TOTAL DCP Requests / Approvals After AWCP Brokerage	7.420	20.936
CRL Budget:	7.420	7.420
Balance:	0.000	-13.516

Appendix 1 provides additional detailed information including associated benefits of the schemes/projects identified above.

Bids Exceeding £500.0k:

Several bids which exceed £500.0k include Refurbishment of Cordell Centre (£1million) part of Clinical Futures strategy requirement providing a modernised preadmission service which is centrally located, of sufficient size and has the ability to flex capacity in support of recovery plans and is an integral bid in addition to the EFAB approved infrastructure bids, Informatics various projects essential for the day to day continuity of services across the Health Board (£2.774million).

'WinPath' - Blood Transfusion Replacement System (£1.5million) The Health Board currently use a laboratory information management system (LIMS) called Masterlab to support effective blood transfusion (BT) services across the organisation. The

Masterlab system is due to reach end of life on 31st March 2023 and from this point forward there will be no technical support available from the supplier. The HB is in discussion with WG to requesting funding support which if successful will be reinstated to the Discretionary Capital Programme.

Reserve Bids Exceeding £500.0k:

These Bids include, Replacement Pharmacy Robot (£708.0), Nurse call system replacement phased over 4 years (816.0k).

Risks of Capital Constraints 2023/24: The significant pressures on the capital funding for 2023/24 has required a robust prioritisation and risk management approach.

- Plans to increase funding for backlog maintenance to £820k have been delayed due to the reduced funding available and therefore will delay addressing the risks associated with the existing condition of the estate.
- The delay in replacement of equipment which is past its manufacturer's life expectancy will increase the risk of failure or breakdown with possible impact or difficulties to efficient service provision.
- The lift replacement programme will need to be delayed requiring the lifts to work further past their expected life span. This will possibly impose delays to the efficiency of the service and additional cost to the day-to-day revenue costs depending on breakdown and maintenance callouts.
- Plans to replace the Pharmacy Robot has been delayed, However, the bid is included in the reserve list and will be reviewed on receipt of additional funding.
- The delay in replacement of Imaging Equipment will impact on the Imaging programme placing further risk on equipment past its manufacturer's life expectancy increasing the risk of failure or breakdown with possible Service Continuity difficulties.
- The informatics programme will need to be prioritised based on maintaining a safe and reliable ICT service to the Health Board which includes cyber security risks/vulnerability, legal and regulatory compliance risks. This will result in reduced funding for refresh of key infrastructure potentially reducing the reliability of IT across the Health Board. This also limits the opportunity for any further projects and transformation programmes that require capital investment. Alternative funding opportunities to help addressing the shortfall in capital will need to be reviewed to reduce the risk.
- This position also limits the opportunities for service improvement and transformation that supports the Health Board strategic programmes.
- Possible increased capital availability later in the financial year whilst supporting the significant demand for capital is also restrictive in terms of addressing priorities due to lead times of key projects. Delays around the HCF/IRCF capital decision making and approval processed has also been a key issue and will need to be improved to ensure optimisation of this increased funding source.

In addition to the above risks and constraints an increasing issue with lack of available capital is impacting on Divisional prioritisation. Several Bids that are higher in risk scoring, and warrant possible higher prioritisation are not recommended for approval as they are unaffordable with the current available capital allocated from Welsh Government, and therefore on occasion slip below lower priorities. Appendix 2 identifies bids which have a scoring of 20 and over that are not recommended for approval or are not seen by the Division as the immediate priority. The Health Board will seek to best mitigate these risks through Business Continuity Measures.

Through monthly Divisional meetings the opening and reserve programme will be reviewed against individual Division needs and priorities to ensure optimum use of available funding.

Contingency Sum

Following the reduction of Welsh Government Funding and the potential for AWCP overspends during 2023/24 a contingency allocation of £1.185m is recommended for the opening programme.

The contingency sum will be monitored throughout the financial year and will be released subject to mitigation of risks. A list of reserve schemes has been included in Appendix 1 to utilise this allocation should it not be required.

Governance

All Capital will be managed in accordance with the Health Board's Capital Procedures, Standing Financial Instructions (SFIs) and to the Capital Investment Manual (Wales), for Major Projects.

Key Risks and Assumptions:

- Discretionary projects with estimated costs exceeding £1m, may require prioritisation and Ministerial Approval following further internal scrutiny and refinement.
- There is a possibility that additional funding may be made available from the All-Wales Capital Programme due to slippage later in the financial year.
- An extended schedule of bids has been developed to take any opportunity of All Wales Capital Programme slippage throughout the financial year.

Argymhelliad / Recommendation

The Health Board is asked to:

1. Note the content of this paper and the significant demands on the Capital Programme for 2023/24.
2. Approve the attached 'Draft Opening Capital Programme 2023/24' (Appendix 1). And in addition, acceleration of any of the approved bids to balance off end of year slippage.
3. Approve the reserve schemes included in Appendix 1 subject to funding becoming available.

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):	2.1 Managing Risk and Promoting Health and Safety 2.9 Medical Devices, Equipment and Diagnostic Systems Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Enabling Estate
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Attached Appendix 1 – Proposed Opening Discretionary Capital Programme 2023/24 Attached Appendix 2 – Bids with risk scores 20 or above that have not been recommended for approval.
Rhestr Termiau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Capital Group December 21 st , 2022 Executive Team 12 th January 2023

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

Equality Impact Assessment (EIA) completed	
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. Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Opening Discretionary Capital Programme (DCP) Priorities 2023/2024 (Draft)				Legend:	Recommend approval	Reserve List				
Line No.	Division	Divisional Priority	Scheme Description	Directorate	Location / Site	Lead / Project Manager	Benefits	Total 23/24 Priorities £000	Proposed Opening DCP Plan £000	Risk Score
			Discretionary Capital Programme Funding							
			Discretionary Baseline Funding					9,521	9,521	
			EFAB Contribution Confirmed					-629	-629	
			Anticipated AWCP Brokerage					-1,472	-1,472	
			Total DCP Funding					7,420	7,420	
			DISCRETIONARY CAPITAL PROGRAMME EXPENDITURE							
			Statutory Allocations							
1	Facilities		Statutory Compliance Allocation		HB Wide	Steve Bonser		500	500	
2	Health & Safety	1	Direct Service Allocation for Statutory Compliance Regulatory Reform Order (Fire Safety 2005		HB Wide	Scott Taylor	Reduces risk to HB of legislative action, prosecution and adverse publicity. Supports business continuity by reducing risk of prohibition of use to all or part of HB premises.	125	76	20
			Sub total Statutory Allocations					625	576	
			Commitments B/f From 2022/23							
3	Family & Therapies	n/a	Viewpoint 6 system upgrade		HB Wide	Louise Harvey		53	53	
4	Corporate	n/a	Llanwenarth Suite PFI Fees		NHH	Mark Ross	Discussion and negotiation of PFI costs	88	88	
5	Corporate	n/a	Chepstow PFI Fees		CCH	Andrew Walker	Discussion and negotiation of PFI costs	30	30	
6	HB Wide	n/a	Other Slippage DCP Schemes		Various	Various		150	150	
			Sub Total Commit B/f From 2022/23					321	321	
			Divisional Priorities - Health & Safety							
7	Health & Safety	1	Essential refurbishment of Nevill Hall Hospital Fire Alarm System	Health and Safety	Nevill Hall Hospital	Scott Taylor	This scheme will provide that the main hospital building is fitted with a fully functional, modern alarm system. Follow on work will be required to update the system in the residencies and some outlying buildings on site. The project will improve patient safety, achieve compliance and avoid regulatory action	170		16
8	Health & Safety	2	Essential Replacement of Fire Doors Nevill Hall Hospital	Health and Safety	Nevill Hall Hospital	Scott Taylor	This project will improve the means of escape for inpatient areas at Nevill Hall Hospital by extending the safe evacuation time. The Project will provide a 2-hour window for staff to move the 64 patients housed in the blocks on any level in the H blocks to safety via the stairways. 2 hours is considered the minimum time specified in guidance and is a requirement of fire safety legislation. The project will improve patient safety, achieve compliance and avoid regulatory action	50		16
9	Health & Safety	3	Essential Replacement of Fire Doors St Woolos Hospital	Health and Safety	Nevill Hall Hospital	Scott Taylor	This project will improve the means of escape for inpatient areas at St Woolos Hospital by extending the safe evacuation time. The Project will provide a 30 minute barrier between sub compartments to allow staff sufficient time to move patients to a place a relative safety before moving between floors if required. 30 minutes is considered the minimum time specified in guidance and is a requirement of fire safety legislation. The project will improve patient safety, achieve compliance and avoid regulatory action	35		16
10	Health & Safety	4	Essential Survey of Compartmentation at the Royal Gwent Hospital.	Health and Safety	Royal Gwent Hospital	Scott Taylor	The proposed solution will provide 3rd party assurance of existing fire stopping and highlight deficiencies that can be recorded, risk evaluated and remedied on a risk based approach.	57		20
11	Health & Safety	5	Upgrade to the Fire Alarm and Detection System at The Royal Gwent Hospital	Health and Safety	Royal Gwent Hospital	Scott Taylor	The replacement system will be in line with current British Standard 5839 Part 1, WHTM 05-02 & WHTM 05-03 Part B and will be more effective at fire detection the provision of early warning for the parts of the building within the scope of the project. The project will improve patient safety and although it would not achieve compliance with current fire safety standards it would help to avoid regulatory action	174		20
			Sub Total Health & Safety					486	0	
			Divisional Priorities - MH&LD							

12	MH & LD	1	Telephony system Rholben Villa (Adult Community Mental Health Team)	Adult	Rholben Villa, Maindiff Court	Esther Lowe	Current phone system is 40 plus years old - phonecalls sometimes cut off mid way through conversation and there is often a 10 second delay before connecting. A new system will ensure that patients in crisis have access to clinicians at all times. There will also be a reduction in the number of complaints from GPs about this matter.	28	28	16
13	MH & LD	2	Twyn Glas Kitchen refurbishment and reconfiguration to meet IPAC standards	Learning Disabilities	Twyn Glas, LGH	Deborah Hammett	Improved patient experience and compliance with IPAC guidance. Twyn Glas is a Residential Home for long stay residents with learning disabilities.	70	70	9
14	MH & LD	4	Swipe Access to Hafan Deg Ward	Older Adult	Hafan Deg Ward, County Hospital	Kally Richards	To restrict access to the Older Adult Acute Ward and improve patient and staff safety	7	7	16
15	MH & LD	5	Anti Climb for Adferiad Ward and Pillmawr Ward Roof and Fencing	Adult	Adferiad Ward and Pillmawr Ward St Cadoc's Hospital	Esther Lowe	Reduce risk of harm to patients via attempted absconsion from the unit via the roof or fence. A previous incident on Adferiad Ward involved a patient sadly losing their life after managing to leave the ward via the flat roof. This incident has recently been subject to a Coroner's inquest.	175		16
16	MH & LD	6	ICT and telephony for the Bridge Centre	Learning Disabilities	Bridge Centre, Abertillery	Deborah Hammett	The community LD team will have access to the ICT systems and telephones to enable them to deliver a service to the LD patients in the borough of Blaenau Gwent. This fits in with the Clinical Futures model	34		12
17	MH & LD	7	Divisional Management Corridor - Refurbishment	Divisional	St Cadoc's Hospital	Ian Thomas	Compliance with IPAC Guidelines and improved staff wellbeing and experience. These works will improve the image of the area and the overall Division when we have visitors and stakeholders attending	28		6
18	MH & LD	8	WIFI at 139 Lower Dock Street, Newport - GSSMS Service	Adult	Lower Dock Street, Newport	Esther Lowe	Faster and improved working in this community base. The system is currently extremely slow which is affecting access to medication scripts for patients. Allow Agile working and compliance with social distancing.	15		16
19	MH & LD	9	Mitchel Close Kitchen re-furb	Learning Disabilities	Mitchel Close, LGH	Deborah Hammett	Improved patient experience and compliance with IPAC and H&S guidance. Mitchel Close is a Residential Home for long stay residents with learning disabilities.	42		9
20	MH & LD	10	Treatment Room Refurbishment, Cedar Parc	Older Adult	Cedar Parc, Ysbytyr Tri Cwm	Kally Richards	To improve the condition of the current Treatment Room in line with IPAC Guidance	7		16
21	MH & LD	11	Increasing the bandwidth at Goldtops CMHT Base	Adult	Goldtops - Newport	Esther Lowe	Increase the speed of working in the community base, currently if there are any updates going on we lose use of IT for the best part of a day. REVENUE COSTS OF 2,752 POUNDS	13		9
22	MH & LD	12	Adferiad Ward – Compliance with Regulatory Fire Safety Order 2005	Adult	Adferiad Ward, St Cadoc's Hospital	Esther Lowe	Compliance with a recent Fire inspection on Adferiad Ward. Recommendations to replace doors and add additional Fire detectors	44		15
23	MH & LD	13	Creation of a Treatment Room, Wentwood St Cadoc's Hospital	Older Adult	Wentwood, St Cadocs Hospital	Kally Richards	Wentwood is an Older Adult Outpatient Unit - the creation of a bigger treatment room will bring the service in line with H&S and IPAC requirements.	7		12
24	MH & LD	14	Kitchen Refurbishment - Ty Skirrid Ward, Maindiff Court	Adult	Ty Skirrid, Maindiff Court	Esther Lowe	Compliance with Infection Control Guidance and a recent inspection by the Food Safety Advisor. Increased patient experience	33		12
25	MH & LD	15	Adferiad Ward - stud wall to separate activity area	Adult	Adferiad Ward, St Cadoc's Hospital	Esther Lowe	Allow the ward to separate the activity area from the busy walk through on Adferiad. Improve patient experience and allow access to Activities thus enable recovery. This is continually being requested by patients via the weekly patient meetings to improve their experience	25		12
26	MH & LD	16	WIFI - Ty Siriol, Caerphilly	Adult	Ty Siriol, Caerphilly	Esther Lowe	Allow Agile working and compliance with social distancing. Faster and improved working in this community base	14		9
27	MH & LD	17	Kitchen Refurbishment - Adferiad Ward, St Cadoc's Hospital	Adult	Adferiad Ward, St Cadoc's Hospital	Esther Lowe	Compliance with Infection Control Guidance. Increased patient experience	40		12
28	MH & LD	18	WIFI - Lindisfarne, Maindiff Court	Adult	Lindisfarne, Maindiff Court Hospital	Esther Lowe	This will enable the long stay patients on Lindisfarne to have improved access to WIFI - the current Wi-Fi box has been purchased and is often intermittent	9		12
29	MH & LD	19	Oxe Health Implementation on Ty Cyfannol and Anwyllfan	Adult	Ty Cyfannol and Anwyllfan	Esther Lowe	Extra patient safety measure to potentially avoid self harm/suicide and improve physical monitoring. The Oxe Health involves a contact-free optical sensor which detects patient vital signs and behaviour and delivers a secure on demand video feed to the staff working on the ward.	TBC		15
30	MH & LD	20	Accommodation Strategic Design Fees/Feasibility Studies	Older Adult and Adult	Cedar Parc, Sycamore and Adferiad	Sam Crocker and Esther Lowe	Forms part of the wider HB Estates Strategy to move services from YTC and St Woolos and to remove dormitory accommodation on Adferiad as per HIW recommendations	225		16
31	MH & LD	21	Ty Skirrid Ward - Staff Safety Alarm system	Adult	Ty Skirrid Ward, Maindiff Court Hospital	Esther Lowe	Improved safety for staff and patients on Ty Skirrid ward (isolated unit) who are currently using walkie talkies. This would bring Ty Skirrid ward up to the same standard as the other wards in the Division	160		15
32	MH & LD	22	Kitchen - Veterans Service	Adult	Maindiff Court	Esther Lowe	Compliance with IPAC guidelines and improved staff experience	7		9
33	MH & LD	23	Bathroom Conversion on Ty Siriol into offices	Older Adult	Ty Siriol - County Hospital	Sam Crocker	Allows for safe social distancing and provide office space for additional hot desks/Agile Working	8		16
34	MH & LD	24	ECT Move to Nevill Hall	Older Adult	Maindiff Court	Sam Crocker/Kally Richards	To be co-located on a General Ward and close to physical interventions and a crash team	TBC		15
			Sub total - MH&LD					991	105	
			Divisional Priorities - Facilities							
35	Estates and Facilities	2	MGPS Alarm and Safety Device Upgrade	Estates	RGH	Ian Crook	Patient Safety	237	120	16

36	Estates and Facilities	4	Lift 1 -11 Upgrade YYF	Estates	YYF	Rob Luongo	Patient Safety	270		15
37	Estates and Facilities	5	Upgrade of Ward Nurse Call System RGH £816.0k phased over 4 years	Facilities	RGH	Ian Crook	Patient safety	816		20
38	Estates and Facilities	8	Coper/Silver ionisation ProEconomy	Estates	GUH	Ross Andrews	Patient Safety and improved infrastructure	205		16
39	Estates and Facilities	9	Electrical Testing		all	Mark Arscott	Patient Safety and improved infrastructure	100		16
			Sub total - Facilities					1,628	120	
			<i>Divisional Priorities - Scheduled Care</i>							
40	Scheduled Care	2	E Block lifts	RGH Site Lead		Ivor Jones	Following complete failure of E block lifts, refurbishment is urgently required. W&E are awaiting confirmation from Otis re budget cost and deliverability prior to YE	100	100	20
41	Scheduled Care	3	Replacement hemofiltration machines	Anaesthetics & CC		Rebecca Owen	HB stock of hemofiltration machines will require replacing in March 2023.	102		25
42	Scheduled Care	4	Breast Faxitron	General Surgery		Dawn Baker Lari	When the Breast Unit opens all diagnostic support currently provided by Radiology will be removed from RGH. Without the breast specimen unit there would be no means to image the breast specimens removed during surgery to ensure adequate tissue excision	100	100	25
43	Scheduled Care	5	Refurbishment of Cordell	RGH Site Lead		Julie Gilbert	Completion of Cordell for pre assessment (link to EFAB bid). NB: Original PPD need to be updated	1,000	1,000	16
44	Scheduled Care	6	Replacement phototherapy cabinets & air con	Dermatology		Dawn Baker Lari	Air con failed; Equipment end of life.	110		16
45	Scheduled Care	7	POCU refurb scheme	Anaesthetics & CC		Rebecca Owen	There is currently no WC on the POCU itself. This is causing H&S issues and is compromising patient dignity.	32		8
46	Scheduled Care	8	Surgical Robot & HSDU	Theatres / Urology		Marcus Silcox	This PPD represents the capital required for the robot only and forms part of a BC requested by Execs	1,505		6
47	Scheduled Care	9	RGH Site Security	RGH Site Lead		Marcus Silcox	Mitigate security & H&S risks associated with office accommodation across RGH site. This will support the Estates Strategy and in particular the SWH plan	5		9
			Sub total - Scheduled Care					2,954	1,200	
			<i>Divisional Priorities - Clinical Support Services</i>							
48	Clinical Support Services	1	Winpath - Blood Transfusion Replacement System	Pathology	HB Wide	Arvind Kumar	The Health Board currently use a laboratory information management system (LIMS) called Masterlab to support effective blood transfusion (BT) services across the organisation. The Masterlab system is due to reach end of life on 31st March 2023 and from this point forward there will be no technical support available from the supplier.	1,503	1,503	15
49	Clinical Support Services	3	Refurbishment of top floor of RGH Pathology block to accommodate Microbiology	Pathology	RGH	Julian Bendle (Aneurin Bevan UHB - Microbiology)	To enable the Microbiology dept. to increase their footprint and improve workflow and capacity	200	200	20
50	Clinical Support Services	4	6 Home reporting workstations	Radiology	Off site	Mark Wilkes (Aneurin Bevan UHB - Radiology)	Revenue savings through increasing numbers of Radiologists able to report remotely to support out of hours reporting. Ensures resilience in the event of sickness. Supports agile working If there are inadequate home reporting stations the service will not be able to support the on call reporting service. It is also business continuity in the event of adverse weather.	49		20
51	Clinical Support Services	5	Enabling works for Roche ICC machine	Pathology	RGH	Julia Hemming (Aneurin Bevan UHB - Pathology)	Improved compliance with SCP (single cancer pathway) through repatriation of ICC histopathology tests, reduced TAT,	25		20
52	Clinical Support Services	6	2 x Consultant Microscopes	Pathology	RGH	Anthony Wilson (Aneurin Bevan UHB - Cellular Pathology)	The Consultant grade microscope being used by Dr Rashid, Consultant Pathologist, has several mechanical issues due to the age of the equipment. The microscope has been examined by the servicing company and we have been informed that the issue is wear and tear, which cannot be repaired cost effectively as replacement parts are difficult to obtain, and very expensive. There are no suitable spare Consultant grade microscopes currently available for use within the Cellular Pathology department, and sharing is not possible. Purchase of an appropriate microscope system is now essential for Dr Rashid to be able to undertake his diagnostic work effectively and efficiently. The microscope will require a selection of low and high magnification lenses, a camera and discussion tube setup. Polarising facilities will also be required. The camera will be used to photograph difficult/interesting cases, and to participate in MDTs, video conferencing peer review and second opinions. A second microscope is also required to be purchased as the Department has appointed an additional Consultant pathologist, and the microscope is required in order to undertake the role. This will have similar specification to the above microscope.	77		20

53	Clinical Support Services	7	Haemobank 80	Pathology	GUH	Stacey Wetherell (Aneurin Bevan UHB - Haematology)	The Haemobank 20 in YYF is too small and need replacing with the larger Haemobank80. The smaller fridge means we need to travel from GUH to YYF to restock several times per week. Replacing the fridge would also mean we have a spare HB20 which is needed for testing the new BT LIMS system as well as other IT upgrades etc. An additional fridge will also provide a contingency should any of the HB's fail at an eLGH site where there is no/limited laboratory facilities	78		12
54	Clinical Support Services	8	Additional studio for Tele medicine through converting existing space. 6 week project	Medical Illustration and Clinical Photography	RGH	Margaret Fifield (Aneurin Bevan UHB - Medical Illustration/Clinical Photography)	Improved compliance with SCP and RTT for Eyes and Skin pathways through increasing Telederm capacity	8		15
55	Clinical Support Services	9	Replacement of Pathology Lift	Pathology	RGH	Julian Bendle (Aneurin Bevan UHB - Microbiology)	Improved staff wellbeing and safety as failures result in staff having to move stock and specimens up and down the stairs. Current lift nearing end of life and is unreliable.	231		20
56	Clinical Support Services	10	Large Bloodbank Fridge for Haematology	Pathology	GUH	Stacey Wetherell (Aneurin Bevan UHB - Haematology)	Current fridge too small to meet requirements and is near end of life	17		12
57	Clinical Support Services	11	Consultant microscope	Pathology	RGH	Anthony Wilson (Aneurin Bevan UHB - Cellular Pathology)	Needed for new Histopathologist consultant. Improves Histopathology capacity	40		20
58	Clinical Support Services	12	2 x Bloodbank Fridges	Pathology	GUH	Stacey Wetherell (Aneurin Bevan UHB - Haematology)	The current blood fridges are old and need replacing in order to provide continuity of service with minimal disruption.	21		12
59	Clinical Support Services	13	Air conditioning for Microbiology	Pathology	RGH	Julian Bendle (Aneurin Bevan UHB - Microbiology)	To maintain correct temperature range for both staff well-being and integrity of consumables stored within the lab	5		16
60	Clinical Support Services	14	Air conditioning for Haematology	Pathology	RGH	Michael Melhuish (Aneurin Bevan UHB - Pathology)	To maintain correct temperature range for both staff well-being and integrity of consumables stored within the lab	13		12
61	Clinical Support Services	15	Bloodsciences Freezers	Pathology	GUH	Thomas Chinnick (Aneurin Bevan UHB - Pathology)	Reduced risk to H&S of staff and patient safety with samples safely stored in functional units. Better use of space and appropriate storage of samples.	7		15
62	Clinical Support Services	16	Replacement MALDI-ToF	Pathology	RGH	Julian Bendle (Aneurin Bevan UHB - Microbiology)	The older instrument is now past its expected 7 year life span and is due for replacement. MALDI-TOF is powerful technique because of its reproducibility, speed and sensitivity of analysis. The advantage of MALDI-TOF MS as compared with other identification methods is that the results of the analysis are available within minutes to a few hours rather than days. Shortening the turn-around time of bacterial identification and susceptibility results is essential to optimize antimicrobial treatment in patients with sepsis. There are reliability issues with both machines and regular downtime, which has been addressed with the manufacturer, therefore there is a need to retain a backup instrument to ensure service resilience.	286		20
63	Clinical Support Services	17	CSS IT Equipment	CSS	All sites	Joseph Euan (Aneurin Bevan UHB - Pathology)	Updated laptops will allow senior staff to work from agile environments and be better able to provide support to the department without the need to be "on-site" to attend meetings, carry out mandatory training and work on continuing professional development. Laptops are also used by other grades of staff to enable them to work on coursework and portfolios as part of their development	20		12
64	Clinical Support Services	18	Zebra printers for ETR	Pathology	All sites	Endaf Walters (Aneurin Bevan UHB - Pathology)	Improve patient safety. Increase percentage compliance of ETR (electronic test requesting)	10		16
			Sub total - Clinical Support Services					2,589	1,703	
			Divisional Priorities - Families & Therapies							
65	Family & Therapies	1	Pollard's Well Phase 3 (roof replacement)	CAMHS	Pollard's Well, St C	Kola Gamel	Once phase 3 has been completed we would have met the recommendations of the Health and Safety Audit leaving Pollards Well an appropriate environment for staff wellbeing and extended longevity of the building.	228	228	20
66	Family & Therapies	2	Improved connectivity at Gaer Clinic	School Nursing	Gaer Clinic	Kolade Gamel	I.T. connectivity issues in Gaer Clinic, causing PC's to run extremely slow which is not efficient for staff when working. The site only has a 10mb link which is currently getting overused daily and this means BT are having to throttle back which in turn causes slowness for the users.	14		20
67	Family & Therapies	3	Replacement server	Sexual Health	Various	Louise Harvey	Upgrading the server will ensure future service delivery and sustainability, ensure quality of care, clinical effectiveness, adherence to IG policies, clinical activity, partnership working	6		20
68	Family & Therapies	4	Provision and configuration of Lilie Hub to support the Sexual Health Service	Sexual Health	Community	Jane Dickson/Louise Ha	The Sexual Reproductive Health Service in Aneurin Bevan have recently upgraded to the Lilie patient record software for Sexual health provided by Idox. The software enables clinicians to store and manage patient data securely and manage testing for sexually transmitted diseases	8		16

69	Family & Therapies	5	Installation of aircon in Cwmbran Clinic	Sexual Health	Cwmbran Clinic	Louise Harvey	The clinical areas in Cwmbran do not provide sufficient ventilation or necessary heat reduction for procedures undertaken in Sexual and Reproductive Health. Fans are not suitable for clinical areas due to risk of cross-infection.	9		12
70	Family & Therapies	6	Serennu Sensory exploration trail	Children's Centres	Serennu	Donna Colwill	This sensory exploration trail would provide a variety of opportunities for children and young people attending the centre and families in the local community to engage in outside activities.	10		12
71	Family & Therapies	7	Caerphilly Sensory experience	Children's Centres	Caerphilly Children	Donna Colwill	The children and young people who will access the new sensory experience at Caerphilly childrens centre all have a disability and or developmental difficulty therefore social interactions and engaging in play can be a challenge. The sensory resources will enable stimulation, learning and self regulation. Crucially, many of these children suffer from significant anxiety, and sensory experiences can help to reduce this.	5		12
72	Family & Therapies	8	EGC Machine RGH ANC	Maternity	RGH	Jayne Beasley	Currently Antenatal Clinic, Royal Gwent Hospital, Maternity Services do not have an electrocardiogram machine of its own and rely heavily on borrowing a machine from Cardiology. As this machine is available for all areas of the hospital to loan, on occasions the machine has not been returned from other services, therefore leaving vulnerable pregnant women waiting for an EVC examination for many hours which is a clinical risk.	10		12
73	Family & Therapies	9	Evaluation of Nitrous Oxide Destruction system	Maternity	GUH	Jayne Beasley	To mitigate against any impact on staff caring for labouring women and reduce its significant environmental impact of expired Entonox. This Entonox Destruction Device will improve the Nitrous Oxide levels in GUH. The mobile unit will monitor ambient Nitrous oxide levels in delivery rooms while Entonox is in use.	36		12
74	Family & Therapies	10	Secure outside activity area at Serennu	Children's Centres	Serennu	Tracey Smith	There is perimeter fencing around the rear exterior grounds of the centre however the grounds are extensive. Children have to be escorted and supported by parents/staff to use the outside area and for some children who require 2:1 support and are extremely challenging, a more secure, contained, close boarded play area is required which can be accessed directly from the ground-floor rooms allowing for secure inside-outside space.	55		10
75	Family & Therapies	11	Therapies Reception	Therapies	YAB	Sarah Carrington (subm	Provision of a dedicated work area with a reception hatch will allow staff to deal with patients more efficiently as patient data will be better protected. The changes will also provide a more secure area for staff.	13		9
76	Family & Therapies	12	CLYTHA ALARM???	SALT	Clytha Clinic	TBC	TBC - awaiting confirmation if this would be an F&T Capital bid	6		16
77	Family & Therapies	13	Fluid Management Systems	Gynaecology	NHH, GUH, RGH, YV	Louise Harvey	The current equipment is no longer manufactured and therefore no longer supported by the supplier. Currently all of our existing equipment on all sites is at risk of failing and there are no spare parts to support repair or maintenance of the equipment. The fluid management system at NHH DSU is temperamental which could result in cancelled USC slots if the equipment fails. The equipment is required to carry out diagnostic hysteroscopies and polypectomies in our USC/PMB patient cohort	52		20
78	Family and Therapies	14	Garage conversion disabled access Neonatal Parent Accommodation (poss ICF)	Neonates	Mitchell Close LGH	Celia Satherley	Phase 2 of the Neonatal Parent Accommodation entails converting garage space in each house to include 1x bedroom with disabled access and bathroom with disabled access and improved communal utility facilities for use by both properties	90		12
			Sub total - Families & Therapies					540	228	
			<i>Divisional Priorities - Primary Care & Community</i>							
79	Primary Care and Community	1	Caldicot Health and Social Wellbeing Hub	Monmouthshire Borough Team	Caldicot Health Centre	Leanne Watkins	The building currently provides a range of community based staff, and provides a small number of clinics for the Health Board, primarily Community Dental, Podiatry and Children's community clinics, and offers the potential for development, with capital alterations to make it fit for purpose. Capital funding for an upgrade would support ongoing Care Closer to Home and Developing Resilient Communities work.	187		12
80	Primary Care and Community	2	Pen-Y-Cae Extra Practice rooms	BG Borough Team	Ebbw Vale Health Centre	Lorraine Rowlands	Allow additional service to be provided to patients from closing Practice	TBC		20
81	Primary Care and Community	3	Cwm Health Centre Roof Repair	BG Borough Team	Cwm Health Centre	Lorraine Rowlands	Make building water tight	150	150	20
82	Primary Care and Community	4	Replacement of flooring in CRT offices	Newport Borough Team	CRT office, St Woolos Hospital	Louise Williams	Replacement of flooring in CRT offices at St Woolos hospital. Current flooring does not adhere to ABUHB H&S policy, DSE policy etc	18		16
83	Primary Care and Community	5	Specialist Chairs	Newport Borough Team	St Woolos	Louise Williams	The purchase of specialist chairs will ultimately improve the quality of care and the experience of patients who are admitted to St Woolos Hospital whilst enhancing rehabilitation potential. Currently this resource is servely lacking at St Woolos. Length of stay has increased and therefore the deficit in appropriate seating is compromising patient experience and rehabilitation outcomes compared to what would have been provided at an alternative hospital with such equipment	30		16
84	Primary Care and Community	1	Replacement Pharmacy Robot	Pharmacy	RGH	Lisa Foley	The existing robot is past manufacturers expected life and is breaking down on a regular basis. This has a risk of affecting continuity of the service.	708		20

			Sub total - Primary Care & Community					1,093	150	
			Divisional Priorities - Medicine							
85	Medicine	1	Cardiology Holter monitor Server for GE tapes	Cardiology	GUH	Vanessa Williams	We will be able to continue our cardiac ambulatory monitoring activity as a health board without the risk of data loss All patient taps will be stored securely as normal within a supported environment There will be an increase in system performance across the health board as there's currently a network bottle neck to the standalone system which is often accessed by 8 different users at the same time. We could look at moving all of our other tape analysis programs onto this same	14	14	20
86	Medicine	2	Repair of cath lab table	Cardiology	GUH	Vanessa Williams	Due to an unfortunate accident the cath lab table (Philips x-ray equipment) has been damaged and could cause harm to patients and staff, it is also an infection risk. As this was accidental damage it is not covered under the basic service contract that was taken out by radiology at the time the equipment was purchased. The benefits of this purchase are: - We will be able to continue our cardiac diagnostic and interventional work as	18	18	20
87	Medicine	3	Endoscopy swipe access	Gastroenterology	YYF	Sarah Wilson	This is for security, confidentiality and required for JAG accreditation.	7	7	12
88	Medicine	4	Endoscopy scheduling office	Gastroenterology	YYF	Sarah Wilson	Dedicated space for Endoscopy scheduler and a requirement for JAG accreditation.	10	10	12
89	Medicine	5	Paediatric Colonoscope	Gastroenterology	YYF	Sarah Wilson	To enable to endoscopy service to scope more inpatients and outpatients in YYF. This equipment will improve early cancer diagnosis, support the surveillance programme and ease the pressure at GUH / RGH.	49	49	12
90	Medicine	6	Day room for Bedwas ward	Site	YYF	Jayne Thornton	The creation of a patient day room will enhance well-being of patients providing opportunities of stimulation and socialising	16	16	20
91	Medicine	7	Refurbishment of toilet blocks on wards 3/1 & 3/2	Site	NHH	Juliette O'Brien	Maintenance of privacy and dignity. Safety of staff and patients when transferring patients.	154		20
92	Medicine	8	Abbott i-Stat Alinity Blood Gas Analysers for Sleep and Respiratory Services	Respiratory	NHH	Keri Russell	An i-Stat blood gas machine based at YAB would be used by Respiratory and Sleep physiologists as well as Respiratory nurses who all work at both sites throughout the week. These would be available for in and outpatient services reducing potential delays and enabling more efficient working. A sleep service machine at NHH would allow better service provision without having to check availability and location of the current respiratory lab machine.	16	16	20
93	Medicine	9	Supply and install storage units on ward 3.2 NHH	Site	NHH	Juliette O'Brien	You should indicate the anticipated benefits and impacts of the proposed service development on patients and carers, other services both within the Health Board and externally. Particular emphasis should be placed on the way the proposal will benefit: This storage is essential to maintain efficiency and declutter the ward environment.	6		20
94	Medicine	10	Supply and installation of air conditioning and heat recovery ventilation in Sleep Lab 4/4, NHH	Respiratory	NHH	Keri Russell	Having air conditioning and heat recovery ventilation within the sleep laboratory would enable patients to be more settled and less anxious for their sleep study, as well resulting in more accurate diagnostic results. Currently if a sleep study is deemed inadequate, the patient is rebooked for testing.	32		20
95	Medicine	11	2 replacement colonoscopes(out of contract next march 2023)	Gastroenterology	NHH	Sarah Wilson	Replace colonoscopes - out of contract March 2023, For 1 x GIF-EZ100 and 1 x GIF-H290, it would be a cost of £83,791 pre VAT. The scopes come with 3 years warranty included and following that will be applied to the contract and have discounted prices of £3,318.12 and £4,006.00 annually for the respected scope.	97		20

96	Medicine	12	Conversion of C5W into a centre of excellence from Neurology	Neurology	RGH	Rhys Monk	<p>Moving to RGH will improve quality of care since it will allow some of the services to be offered as a 'one stop shop' type service allowing swift investigation and diagnosis. Additionally moving to larger accommodation will facilitate increased clinical activity, thus reducing patient wait times.</p> <p>Accommodation on the RGH site will allow for greater potential for working in partnership with other specialties thus further improving the patient experience.</p> <p>The current issues with patient access will be minimised/abolished since there will be improved access for patients requiring ambulance transport, a central location will assist patients attending the department from outside the Newport area. It will also assist in tackling inequalities in healthcare by making transport to the dept. easier.</p> <p>Relocation of the service will allow all investigations to be carried out in properly appointed rooms with adequate heating, ventilation and in a clinically safe environment which will enhance patient confidence and enhance the patient experience.</p> <p>Clinical effectiveness will also be improved since it will be easier to locate referring clinicians for advice, distributing reports. Access to specialist practitioner nurses will also be available thus allowing patient's expert advice and support promptly.</p> <p>Service provision will be improved since the larger accommodation will allow for a natural expansion in services, meaning more patients can be seen and service expansion can take place to easily accommodate changes in referral patterns.</p> <p>The larger accommodation will mean that the services offered are commensurate with 21st century healthcare and will mean that further modifications will not be required in the short to medium term in order to maintain a clinically safe and patient friendly environment.</p>	700		16
97	Medicine	13	Relocation of Chest clinic	Respiratory	SWH	Keri Russell	Decommissioning of ST Woolos site and relocation of Chest clinic	TBC		16
98	Medicine	14	Navigation system and colonoscope	Gastroenterology	RGH	Sarah Wilson	Colonoscopes and guides to use at RGH - to enable NME's to undertake lists	339		16
99	Medicine	15	Lumify Ultrasound Device – S4-1	Respiratory	GUH	Keri Russell	<p>1. Increase the speed of patient assessment. This may be important to patient safety both in terms of improved clinical outcome but also through reducing the infection risk associated with movement between clinical areas</p> <p>2. Reduce the use of Health Board resources involved in patient transport between clinical areas for the purposes of ultrasound examination</p> <p>3. Reduce the need for other investigations including CT scanning and the delay to patient care and resource use associated with provision of these investigations.</p> <p>4. Decrease length of stay through reduced delays on patient investigation pathway</p>	12		16
100	Medicine	16	Creation of additional consulting room on GACU	Gastroenterology	RGH	Sarah Wilson	A reduction in current waiting lists. An area which allows for training and education of newer members of the team. Freeing up space on the main unit to accommodate further procedures and hot clinic reviews helping to reduce hospital admissions	10		12
101	Medicine	17	Paediatric Colonoscope	Gastroenterology	YYF	Sarah Wilson	To enable to endoscopy service to scope more inpatients and outpatients in YYF. This equipment will improve early cancer diagnosis, support the surveillance programme and ease the pressure at GUH / RGH.	49		12
102	Medicine	18	Mind ray endoscopy equipment	Gastroenterology	NHH	Sarah Wilson	Replacement equipment but includes capnography which is not currently available on existing monitors.	16		12
103	Medicine	19	Hand held ultrasound for GACU and associated training	Gastroenterology	RGH	Sarah Wilson	To help locate and treat ascites in difficult patients who traditionally need to be referred to Radiology for drain placement these patients usually end up presenting to front door	7		12
104	Medicine	20	Additional scopes for RGH	Gastroenterology	RGH	Sarah Wilson	Additional scopes needed to provide balance/cross cover between RGH/GUH-ENDOSCOPY	152		12
105	Medicine	21	EUS scopes - replacement as old scope out of compliance	Gastroenterology	RGH/GUH	Sarah Wilson	To be able to carry out EUS procedures (only unit that undertakes EUS) for Cancer patients/260k for scopes/168k for servicing for 5 years	260		12
106	Medicine	22	Spillage monitoring system	Gastroenterology	RGH	Sarah Wilson	Peracetic Acid Monitoring, need identified from recent Spill and subsequent H&S/IPAC visit. 10 k for 2 (2 decon rooms) & 900 yearly service (x2 - 1800 per year)	10		12
107	Medicine	23	Sentec Digital Monitoring System: Monitoring tcpCO2,SpO2,Pulse rate and Relative Heating Power(RHP) for Sleep Service	Respiratory	SWH	Keri Russell	It will reduce admission/re-admission for Sleep/Respiratory patients who may have undetected nocturnal hypercapnia.	8		12

108	Medicine	24	Purchase ECG Machine	Respiratory	GUH	Keri Russell	An ECG on the Respiratory Ward would provide increased flow and efficiency, with improved flow through the Wards. Currently if a patient requires an ECG assessment, the cardiology ECG technicians need to be bleeped and often can be delayed coming to the Ward, this delays process of care and can impact on efficiency and capability, as well as potential delay in discharge. This would also release ECG technicians to focus on other ward patients.	7		12
109	Medicine	25	Purchase ECG Machine	Respiratory	NHH	Keri Russell	An ECG on Ward 4/4 would provide increased flow and efficiency, with improved flow through the Wards. Currently if a patient requires an ECG assessment, the cardiology ECG technicians need to be bleeped and often can be delayed coming to the Ward, this delays process of care and can impact on efficiency and capability, as well as potential delay in discharge. This would also release ECG technicians to focus on other ward patients.	7		12
110	Medicine	26	Replacement Lead coats and racking	Gastroenterology	NHH	Sarah Wilson	Lead coats and equipment for ERCP/IR procedures	7		9
			Sub total - Medicine					2,002	130	
			Divisional Priorities - Urgent Care							
111	Urgent Care		Awaiting Confirmed Priorities - will require separate approval on receipt.				Provisional Sum	100	100	
			Sub total - Urgent care					100	100	
			Divisional Priorities - Corporate							
112	Corporate		Internal fees to support delivery of AWCP Schemes	Capital Planning	HB Wide	Andrew Walker	DCP funded staff supporting AWCP project implementation.	300	300	
113	Corporate		Chepstow Community Hospital PFI Fees (additional request)	Capital Planning	CCH	Andrew Walker	Legal, commercial and valuation fees.	45		
114	Corporate		RGH Centralisation of Decontamination Unit	Capital Planning	RGH	Andrew Walker	Fees to complete BJC for submission to WG	150		
115	Corporate		Feasibility Study of County Hospital	Capital Planning	CTY	Andrew Walker	Undertake a feasibility study on the proposed redevelopment of County Hospital in line with the Estates Strategy	50		
116	Corporate		Replacement Servers for Costing System	Costing	Mamhilad	Mark Ross	Infrastructure required to support all Wales system implementation.	68		
			Sub total - Corporate					613	300	
			Informatics National Priority & Sustainability							
117	Informatics	1	Essential Devices	Digital & Planning	Health Board Wide	Sarah Humphries	Essential replacement of devices	750	750	25
118	Informatics	1	WCCIS Implementation	Digital & Planning	Health Board Wide	Sarah Humphries	Capital Staff Wccis	339	339	25
119	Informatics	1	Accelerated Programmes Implementation	Digital & Planning	Health Board Wide	Sarah Humphries	Capital Staff Previous DPIF	212	212	25
120	Informatics	1	Project Manager B7 Capital projects	Digital & Planning	Health Board Wide	Sarah Humphries	Capital Staff to support capital programme	60	60	25
121	Informatics	1	Arc Serve - Part 1	Digital & Planning	Health Board Wide	Sarah Humphries	Stop gap and within Leadtime see Line Expansion of estate has caused lack of IP addressing	150	150	25
122	Informatics	1	Avaya CM10 Upgrade	Digital & Planning	Health Board Wide	Sarah Humphries	Avaya upgrade to unsupported platform, covers a number of critical sites NHH, RGH & SCH	250	250	25
123	Informatics	1	SCH Fibre break	Digital & Planning	SCH	Sarah Humphries	Fibre break damage	25	25	25
124	Informatics	1	Citrix VM Licences	Digital & Planning	Health Board Wide	Sarah Humphries	Spend to save	16	16	25
125	Informatics	1	Avaya Recording Server	Digital & Planning	Health Board Wide	Sarah Humphries	Avaya upgrade to unsupported platform	30	30	25
126	Informatics	1	Application Control (replaces functionality lost from Sophos)	Digital & Planning	Health Board Wide	Sarah Humphries	This is to replace sophos at a full cost of £400k	40	40	25
127	Informatics	1	APC UPS/PDU/ATS replacement	Digital & Planning	health Board Wide	Sarah Humphries	Only a partial requirement first half of 23/24	100	100	25
128	Informatics	1	Monitoring for GUH CCR1 & 2 AC Units	Digital & Planning	GUH	Sarah Humphries	Lack of visibility at GUH Computer rooms	5	5	25
129	Informatics	1	ECR/CCR Improvements	Digital & Planning	Health Board Wide	Sarah Humphries	Only complete partial due to deliverables	100	100	25
130	Informatics	1	Stanley Paging replacement NHH , RGH and YYF	Digital & Planning	NHH, RGH & YYF	Sarah Humphries	EOL Critical equipment	225	225	25
131	Informatics	1	RGH Core network upgrade	Digital & Planning	RGH	Sarah Humphries	New CCR room RGH	125	125	25
132	Informatics	1	SolarWinds Platform Monitoring Upgrade	Digital & Planning	Health Board Wide	Sarah Humphries	Essential upgrade	27	27	25
133	Informatics	1	Critical Server Refresh (Windows 2012)	Digital & Planning	Health Board Wide	Sarah Humphries	Server refresh - replacing out of support kit	125	125	25
134	Informatics	1	Kodak Scanner	Digital & Planning	Health Board Wide	Sarah Humphries	eol equipment and expansion for Mental Health records.	45	45	25

135	Informatics	1	WNCR - Broken down by sites	Digital & Planning	RGH & YYF	Sarah Humphries	New clinical system requirement for nursing staff - All Wales	150	150	25
136	Informatics	1	Internet Breakout	Digital & Planning	Health Board Wide	Sarah Humphries	All internet services are provided nationally this prohibits the Health Board having any public facing internet connections. This affects requirements such as signlive, wccis mobile application and other clinical applications	235		25
137	Informatics	1	Critical Network edge	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	300		25
138	Informatics	1	NHH Wi-Fi refresh	Digital & Planning	NHH	Sarah Humphries	Replacement of end of life kit	516		20
139	Informatics	1	Cisco Wireless WLC replacement	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	130		20
140	Informatics	1	GUH Core expansion	Digital & Planning	GUH	Sarah Humphries	Additional hardware requirement following GUH expansions including EED	200		25
141	Informatics	1	WCCIS Implementation	Digital & Planning	Health Board Wide	Sarah Humphries	Staffing	339		25
142	Informatics	1	Project Manager B7 Capital projects	Digital & Planning	Health Board Wide	Sarah Humphries	Staffing	60		25
143	Informatics	2	Environmental Monitoring 3yr	Digital & Planning	GUH	Sarah Humphries	GUH expanding to main data centre	52		25
144	Informatics	2	Cisco voice Resilience	Digital & Planning	Health Board Wide	Sarah Humphries	Assurance of resilience of voice capacity at main sites	125		25
145	Informatics	2	Telephone Handset and consolidation to cisco - NHH	Digital & Planning	NHH	Sarah Humphries	Replacement of end of life kit	281		25
146	Informatics	2	Desktops to replace wyse devices	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	108		25
147	Informatics	2	Load balancer	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	150		25
148	Informatics	2	Sharegate Licenses 3 yr	Digital & Planning	Health Board Wide	Sarah Humphries	To support extensive use of Sharepoint within the Health Board	18		25
149	Informatics	2	RGH(SWH) Wi-Fi refresh	Digital & Planning	SWH	Sarah Humphries	Replacement of end of life kit	167		20
150	Informatics	2	County Hospital core Link upgrade	Digital & Planning	County	Sarah Humphries	Refresh of old infrastructure and increase resilience	90		20
151	Informatics	2	Cisco License DNA Upgrade	Digital & Planning	Health Board Wide	Sarah Humphries	Licence upgrade to standardise licencing across all sites	150		20
152	Informatics	2	SCH Fibre Plan	Digital & Planning	SCH	Sarah Humphries	Refresh of old infrastructure and increase resilience	95		20
153	Informatics	2	SD Wan Core Sites	Digital & Planning	Core Sites	Sarah Humphries	Standardise equipment and resilience across all sites	175		20
154	Informatics	2	RGH Fibre Plan	Digital & Planning	RGH	Sarah Humphries	Refresh of old infrastructure and increase resilience	220		20
155	Informatics	2	Datacentre ACI Expansion	Digital & Planning	GUH	Sarah Humphries	Additional hardware requirement following GUH expansions including EED	175		25
156	Informatics	2	NHH Outer Building Fibre Plan	Digital & Planning	NHH	Sarah Humphries	Refresh of old infrastructure and increase resilience	45		20
157	Informatics	2	Arc Serve - Part 2	Digital & Planning	Health Board Wide	Sarah Humphries	Due to estate expansion additional IP addressing is required	240		20
158	Informatics	2	Telephony upgrades for Community Sites - Priority 1_A	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	35		20
159	Informatics	2	Telephony upgrades for Community Sites - Priority 2_A	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	25		20
160	Informatics	2	Telephony upgrades for Community Sites - Priority 2 _B	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	35		20
161	Informatics	2	Ccube upgrade	Digital & Planning	Online house	Sarah Humphries	Critical digitisation of Health Records	63		20
162	Informatics	2	WNCR	Digital & Planning	YAB NHH CCH	Sarah Humphries	New clinical system requirement for nursing staff - All Wales	165		20

Sub Total Informatics	6,968	2,774	
Contingency	1,500	1,185	
TOTAL DCP BUDGET REQUESTS / APPROVALS	22,408	8,892	
Less Schemes Accelerated to 2022/23 (AWCP Brokerage)	-1,472	-1,472	
TOTAL DCP Requests / Approvals After AWCP Brokerage	20,936	7,420	
CRL Funding Remaining	-13,516	0	

Reserve Programme

Line No.	Division	Divisional Priority	Scheme Description	Directorate	Location / Site	Lead / Project Manager	Benefits	Total 23/24 Priorities £000	Proposed Opening DCP Plan £000	Risk Score
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Health & Safety

1	Health & Safety	2	Essential Replacement of Fire Doors Nevill Hall Hospital	Health and Safety	Nevill Hall Hospital	Scott Taylor	This project will improve the means of escape for inpatient areas at Nevill Hall Hospital by extending the safe evacuation time. The Project will provide a 2-hour window for staff to move the 64 patients housed in the blocks on any	50	50	16
MH&LD										
2	MH & LD	5	Anti Climb for Adferiad Ward and Pillmawr Ward Roof and Fencing	Adult	Adferiad Ward and Pillmawr Ward St Cadoc's Hospital	Esther Lowe	Reduce risk of harm to patients via attempted absconson from the unit via the roof or fence. A previous incident on Adferiad Ward involved a patient sadly losing their life after managing to leave the ward via the flat roof. This incident has recently been subiect to a Coroner's inquest	175	175	16
Estates & facilities										
3	Estates and Facilities	4	Lift 1 -11 Upgrade YYF	Estates	YYF	Rob Luongo	Patient Safety	100	100	15
4	Estates and Facilities	5	Upgrade of Ward Nurse Call System RGH £816.0k phased over 4 years	Facilities	RGH	Ian Crook	Patient safety	816	816	20
Scheduled Care										
5	Scheduled Care	6	Replacement phototherapy cabinets & air con	Dermatology		Dawn Baker Lari	Air con failed; Equipment end of life.	110	110	
Clinical Support Services										
6	Clinical Support Services	4	6 Home reporting workstations	Radiology	Off site	Mark Wilkes (Aneurin Bevan UHB - Radiology)	Revenue savings through increasing numbers of Radiologists able to report remotely to support out of hours reporting. Ensures resilience in the event of sickness. Supports agile working	49	49	
Family & Therapies										
7	Family & Therapies	2	Improved connectivity at Gaer Clinic	School Nursing	Gaer Clinic	Kolade Gamel	I.T. connectivity issues in Gaer Clinic, causing PC's to run extremely slow which is not efficient for staff when working. The site only has a 10mb link which is currently getting overused daily and this means BT are having to throttle back which in turn causes slowness for the users.	14	14	20
8	Family & Therapies	3	Replacement server	Sexual Health	Various	Louise Harvey	Upgrading the server will ensure future service delivery and sustainability, ensure quality of care, clinical effectiveness, adherence to IG policies, clinical activity, partnership working	6	6	20
9	Family & Therapies	4	Provision and configuration of Lilie Hub to support the Sexual Health Service	Sexual Health	Community	Jane Dickson/Louise Ha	The Sexual Reproductive Health Service in Aneurin Bevan have recently upgraded to the Lilie patient record software for Sexual health provided by Idox. The software enables clinicians to store and manage patient data securely and manage testing for sexually transmitted diseases.	8	8	16
10	Family & Therapies	5	Installation of aircon in Cwmbran Clinic	Sexual Health	Cwmbran Clinic	Louise Harvey	The clinical areas in Cwmbran do not provide sufficient ventilation or necessary heat reduction for procedures undertaken in Sexual and Reproductive Health. Fans are not suitable for clinical areas due to risk of cross-infection.	9	9	12
Divisional Priorities - Primary Care & Community										
11	Primary Care and Community	1	Replacement Pharmacy Robot	Pharmacy	RGH	Lisa Foley	The existing robot is past manufacturers expected life and is breaking down on a regular basis. This has a risk of affecting continuity of the service.	708	708	20
Medicine										
12	Medicine	7	Refurbishment of toilet blocks on wards 3/1 & 3/2	Site	NHH	Juliette O'Brien	Maintenance of privacy and dignity. Safety of staff and patients when transferring patients	154	154	20
Informatics										
13	Informatics	1	All internet services are provided nationally this prohibits the Health Board having any public facing internet connections. This affects requirements such as signlive, wccis mobile application and other clinical applications	Digital & Planning	Health Board Wide		Ciber proofing	235	235	
Corporate										
14	Corporate		Replacement Servers for Costing System	Costing	Mamhilad	Mark Ross	Infrastructure required to support all Wales system implementation.	68	68	
									Total 'ON HOLD' Projects	
									2,500	

Bids with Risk Scores 20+ not recommended for funding

Line No.	Division	Divisional Priority	Scheme Description	Directorate	Location / Site	Lead / Project Manager	Benefits	Projects with Risk scores 20+ Not funded	Risk Score
			Divisional Priorities - Health & Safety						
1	Health & Safety	4	Essential Survey of Compartmentation at the Royal Gwent Hospital.	Health and Safety	Royal Gwent Hospital	Scott Taylor	The proposed solution will provide 3rd party assurance of existing fire stopping and highlight deficiencies that can be recorded, risk evaluated and remedied on a risk based approach.	57	20
2	Health & Safety	5	Upgrade to the Fire Alarm and Detection System at The Royal Gwent Hospital	Health and Safety	Royal Gwent Hospital	Scott Taylor	The replacement system will be in line with current British Standard 5839 Part 1, WHTM 05-02 & WHTM 05-03 Part B and will be more effective at fire detection the provision of early warning for the parts of the building within the	174	20
			Sub Total Health & Safety					231	
			Divisional Priorities - Facilities						
3	Estates and Facilities	5	Upgrade of Ward Nurse Call System RGH	Facilities	RGH	Ian Crook	Patient safety	816	20
			Sub total - Facilities					816	
			Divisional Priorities - Scheduled Care						
4	Scheduled Care	3	Replacement hemofiltration machines	Anaesthetics & CC		Rebecca Owen	HB stock of hemofiltration machines will require replacing in March 2023.	102	25
			Sub total - Scheduled Care					102	
			Divisional Priorities - Clinical Support Services						
5	Clinical Support Services	5	Enabling works for Roche ICC machine	Pathology	RGH	Julia Hemming (Aneurin Bevan UHB - Pathology)	Improved compliance with SCP (single cancer pathway) through repatriation of ICC histopathology tests, reduced TAT,	25	20
6	Clinical Support Services	6	2 x Consultant Microscopes	Pathology	RGH	Anthony Wilson (Aneurin Bevan UHB - Cellular Pathology)	The Consultant grade microscope being used by Dr Rashid, Consultant Pathologist, has several mechanical issues due to the age of the equipment. The microscope has been examined by the servicing company and we have	77	20
7	Clinical Support Services	9	Replacement of Pathology Lift	Pathology	RGH	Julian Bendle (Aneurin Bevan UHB - Microbiology)	Improved staff wellbeing and safety as failures result in staff having to move stock and specimens up and down the stairs. Current lift nearing end of life and is unreliable.	231	20
8	Clinical Support Services	11	Consultant microscope	Pathology	RGH	Anthony Wilson (Aneurin Bevan UHB - Cellular Pathology)	Needed for new Histopathologist consultant. Improves Histopathology capacity	40	20
9	Clinical Support Services	16	Replacement MALDI-ToF	Pathology	RGH	Julian Bendle (Aneurin Bevan UHB - Microbiology)	The older instrument is now past its expected 7 year life span and is due for replacement. MALDI-TOF is powerful technique because of its reproducibility, speed and sensitivity of analysis. The advantage of MALDI-TOF MS as compared	286	20
			Sub total - Clinical Support Services					658	
			Divisional Priorities - Families & Therapies						
10	Family & Therapies	13	Fluid Management Systems	Gynaecology	NHH, GUH, RGH, Y	Louise Harvey	The current equipment is no longer manufactured and therefore no longer supported by the supplier. Currently all of our existing equipment on all sites is at risk of failing and there are no spare parts to support repair or maintenance	52	20
			Sub total - Families & Therapies					52	
			Divisional Priorities - Primary Care & Community						
11	Primary Care and Community	2	Pen-Y-Cae Extra Practice rooms	BG Borough Team	Ebbw Vale Health Centre	Lorraine Rowlands	Allow additional service to be provided to patients from closing Practice	TBC	20
12	Primary Care and Community	3	Cwm Health Centre Roof Repair	BG Borough Team	Cwm Health Centre	Lorraine Rowlands	Make building water tight	150	20
			Sub total - Primary Care & Community					150	
			Divisional Priorities - Medicine						
13	Medicine	9	Supply and install storage units on ward 3.2 NHH	Site	NHH	Juliette O'Brien	You should indicate the anticipated benefits and impacts of the proposed service development on patients and carers, other services both within the	6	20
14	Medicine	10	Supply and installation of air conditioning and heat recovery ventilation in Sleep Lab 4/4, NHH	Respiratory	NHH	Keri Russell	Having air conditioning and heat recovery ventilation within the sleep laboratory would enable patients to be more settled and less anxious for their	32	20

15	Medicine	11	2 replacement colonoscopes(out of contract next march 2023)	Gastroenterology	NHH	Sarah Wilson	Replace colonoscopes - out of contract March 2023, For 1 x GIF-EZ100 and 1 x GIF-H290, it would be a cost of £83,791 pre VAT. The scopes come with 3 years	97	20
			Sub total - Medicine					135	
			Informatics National Priority & Sustainability						
16	Informatics	1	Critical Network edge	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	300	25
17	Informatics	1	NHH Wi-Fi refresh	Digital & Planning	NHH	Sarah Humphries	Replacement of end of life kit	516	20
18	Informatics	1	Cisco Wireless WLC replacement	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	130	20
19	Informatics	1	GUH Core expansion	Digital & Planning	GUH	Sarah Humphries	Additional hardware requirement following GUH expansions including EED	200	25
20	Informatics	1	WCCIS Implementation	Digital & Planning	Health Board Wide	Sarah Humphries	Staffing	339	25
21	Informatics	1	Project Manager B7 Capital projects	Digital & Planning	Health Board Wide	Sarah Humphries	Staffing	60	25
22	Informatics	2	Environmental Monitoring 3yr	Digital & Planning	GUH	Sarah Humphries	GUH expanding to main data centre	52	25
23	Informatics	2	Cisco voice Resilience	Digital & Planning	Health Board Wide	Sarah Humphries	Assurance of resilience of voice capacity at main sites	125	25
24	Informatics	2	Telephone Handset and consolidation to cisco - NHH	Digital & Planning	NHH	Sarah Humphries	Replacement of end of life kit	281	25
25	Informatics	2	Desktops to replace wyse devices	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	108	25
26	Informatics	2	Load balancer	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	150	25
27	Informatics	2	Sharegate Licenses 3 yr	Digital & Planning	Health Board Wide	Sarah Humphries	To support extensive use of Sharepoint within the Health Board	18	25
28	Informatics	2	RGH(SWH) Wi-Fi refresh	Digital & Planning	SWH	Sarah Humphries	Replacement of end of life kit	167	20
29	Informatics	2	County Hospital core Link upgrade	Digital & Planning	County	Sarah Humphries	Refresh of old infrustructure and increase resilliance	90	20
30	Informatics	2	Cisco License DNA Upgrade	Digital & Planning	Health Board Wide	Sarah Humphries	Licence upgrade to standardise licencing across all sites	150	20
31	Informatics	2	SCH Fibre Plan	Digital & Planning	SCH	Sarah Humphries	Refresh of old infrustructure and increase resilliance	95	20
32	Informatics	2	SD Wan Core Sites	Digital & Planning	Core Sites	Sarah Humphries	Standardise equipment and resilliance across all sites	175	20
33	Informatics	2	RGH Fibre Plan	Digital & Planning	RGH	Sarah Humphries	Refresh of old infrustructure and increase resilliance	220	20
34	Informatics	2	Datacentre ACI Expansion	Digital & Planning	GUH	Sarah Humphries	Additional hardware requirement following GUH expansions including EED	175	25
35	Informatics	2	NHH Outer Building Fibre Plan	Digital & Planning	NHH	Sarah Humphries	Refresh of old infrustructure and increase resilliance	45	20
36	Informatics	2	Arc Serve - Part 2	Digital & Planning	Health Board Wide	Sarah Humphries	Due to estate expansion additional IP addressing is required	240	20
37	Informatics	2	- Telephony upgrades for Community Sites - Priority 1_A	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	35	20
38	Informatics	2	- Telephony upgrades for Community Sites - Priority 2_A	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	25	20
39	Informatics	2	- Telephony upgrades for Community Sites - Priority 2 _B	Digital & Planning	Health Board Wide	Sarah Humphries	Replacement of end of life kit	35	20
40	Informatics	2	Ccube upgrade	Digital & Planning	Online house	Sarah Humphries	Critical digitisation of Health Records	63	20
41	Informatics	2	WNCR	Digital & Planning	YAB NHH CCH	Sarah Humphries	New clinical system requirement for nursing staff - All Wales	165	20
Sub Total Informatics								3,959	
Toal Bids over risk score 20+ nor recommended for approval								6,102	

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Midwifery Led Services Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jenny Winslade – Executive Director of Nursing
SWYDDOG ADRODD: REPORTING OFFICER:	Jayne Beasley – Head of Midwifery

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this paper is to provide the Board with an update in regards the temporary service change implemented in May 2022 in order to provide an appropriate and safe model for midwife led services for Aneurin Bevan University Health Board. These temporary changes were instigated as a direct result of significant staffing challenges to ensure safe staffing levels across the Health Board. An independent review of community led midwife services has now been completed. It is suggested that there is engagement with the public on making the temporary change permanent with further staff consultation.

Cefndir / Background

The All Wales Vision for maternity care currently aims for 45% of women and birthing people to birth in midwife led settings. Despite evidence to support the safety of such births, there has been under-utilisation of free-standing Midwife Led Units in Aneurin Bevan University Health Board compared to the initial modelling carried out for the Clinical Futures planning work.

An effective workforce model is essential to ensure the safe delivery of services across the Health Board. Due to challenges in securing midwives across the service, temporary changes (as below) have been in place since 9 May 2022.

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

Assessment

Temporary Model

- Grange University Hospital (GUH) – Obstetric Unit and co-located (Alongside) Midwife led unit
- YAB open for birth via on call cover
- YYF staffed 9-5 with on call cover out of hours
- Temporary closure of NHH and RGH birthing pods provision of Antenatal /postnatal care only
- Home birth supported by on call midwives
- Outpatient services at Local General Hospital

Benefits

- Offers all four place of birth options for families
- Families living near to GUH, YAB and YYF have birth options closer to home.
- Midwives improved work life balance
- In place since May 2022 with no untoward outcomes.
- No overall increase in births in GUH, normal variation noted in keeping with booking numbers.
- Reduced cost to service, via reduction in variable pay.

Disadvantages

- Free-standing midwife units in RGH and NHH not used to full potential, including potential for water birth
- Community midwives used for escalation when acuity elevated in The Grange University Hospital.
- Inequity for families (NHH and RGH) as unable to offer choice of place of birth close to home.
- Midwives difficulty in organising workloads as not sure if called into staff the Midwife Led Birthing pods/Freestanding Midwife led Units.

- Potential to use birthing pools in the Grange where more women are choosing to birth.

Staffing

Recruitment and retention of midwives remains a challenge, this is noted both locally and nationally. Despite successful recruitment of 27 band 5 midwives and 7 band 6 midwives since May 2022 current vacancies remain of 10.3 WTE band 6 midwives. Whilst staffing challenges remain there has been an overall reduction in vacancies.

Sickness levels have been above 7% for 2022, current levels are 9.95% with short term sickness having a significant impact.

To support workforce gaps in midwifery services: -

- The Head of Midwifery has reviewed GUH midwifery roles, specialist midwives supporting activity
- Birth rate plus review is ongoing
- Proactive recruitment to all posts
- Recruitment drive via resource bank
- Bank nurses/ Operating Department Practitioners utilised to support theatre
- Utilisation of Health Care support Worker from YYF to the community
- Escalation of community midwives at peak activity
- Birth Rate acuity tool implemented
- Incentivised rates of pay for bank work.

Incentivised bank pay has increased variable pay and an over reliance on bank rather than substantive hours.

Births

The Clinical Futures staffing model was based on the projected number of births as below. To note actual births for 2021 and 2022- recognising temporary closure of RGH and NHH from May to December inclusive.

Area	Projected Births	2021 Births	2022 Births
GUH Obstetric Unit	4258	4139	4179
GUH Alongside Midwife Unit.	800	840	931

YYF	280	118	84
NHH & YAB	280	NHH - 20	NHH - 4
		YAB - 19	YAB - 14
RGH	58	24	5

Argymhelliad / Recommendation

Maternity services have been under considerable staffing challenges. To support safe staffing and effective care, temporary changes to the Midwife led birthing model have been implemented. In addition incentivised rates of bank pay have been in place since May 2022 and planned until 31st January 2023. This has resulted in an increase in variable pay, and over reliance on bank rather than substantive hours. The incentivised bank pay is due to be discontinued 31st January 2023.

An effective workforce model is essential to ensure safe staffing and offer women choice for place of birth. To ensure safe staffing and choice for place of birth it is suggested that there is engagement with the public on making the temporary change permanent with further staff consultation.

The benefits of this workforce model demonstrate: -

- All four places of birth options for families
- Families living near to GUH, YAB and YYF have birth options closer to home.
- Midwives improved work life balance
- In place since May 2022 with no untoward outcomes.
- No overall increase in births in GUH, normal variation noted in keeping with booking numbers.
- Reduced cost to service, via reduction in variable pay.
- Potential to use birthing pools in the Grange where more women are choosing to birth.

Although the free-standing midwife units in RGH and NHH would not be used to full potential, they could be expanded to offer antenatal and postnatal care. The option to move the pool to facilitate increased water births in GUH could also be considered.

There would be some inequity for families considering birth closer to home, however, there has been limited usage of both RGH and NHH for birth since the opening of The Grange. Whilst community midwives are utilised for escalation when acuity is elevated this did form part the clinical futures model. A more sustainable escalation

for in hospital midwives to be called in to support acuity would be a workable solution.

The Board is asked to review the temporary changes introduced to the service in May 2022, it is suggested that there is engagement with the public on making the temporary change permanent, with further staff consultation.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Datix risk 3215 : safe staffing :16
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Choose an item.Staff and resources Choose an item.Individual Care /Person centred care Choose an item.Safe care Choose an item.Effective care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
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:	
Rhestr Termau: Glossary of Terms:	N/a
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	N/a

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper Yes not yet available
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	<p>An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change.</p> <p>If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk</p>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working https://futuregenerations.wales/about-us/future-generations-act/	<p>Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs</p> <p>Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves</p>

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Cancer Services Annual Report 2022
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Calvert, Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Ian Williamson, Consultant

**Pwrpas yr Adroddiad
Purpose of the Report**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

To provide assurance to the Board on progress in relation to the implementation of the Health Board's approved Cancer Strategy – Delivering a Vision 2020-25, published in November 2019 and on The Quality Statement for Cancer – our 5 year plan to improve the quality of cancer services and outcomes, published by Welsh Government in March 2021.

Cefndir / Background

The coronavirus pandemic continues to have a sustained impact on cancer services. Most of our tumour sites are seeing an increase in the number of suspected cancer referrals and are treating more patients with cancer when compared with pre-pandemic activity levels. This has placed considerable strain on diagnostic and treatment pathways, at a time where there is also a shortage of workforce. We acknowledge that this has had an adverse impact on our ability to treat patients within 62 days of the date of suspicion of their cancer.

The provision of timely diagnosis and treatment for patients with cancer remains a priority for both Welsh Government and the Health Board. The Cancer Board has prepared this Annual Cancer Report 2022 to provide an update on progress that has been delivered and future key priorities. The Cancer Board is proud of what has been achieved over the past 12 months and seeks to provide assurance to the

Board that the improvement in Cancer waiting time performance and the implementation of our Cancer Strategy is being progressed with pace and with purpose.

Asesiad / Assessment

The Annual Cancer Report describes the challenges that have faced cancer services over the past 12 months. It summarises how cancer services have responded flexibly and innovatively through waves of the pandemic to protect, maintain, and improve diagnostic and treatment services for cancer patients.

The report reflects on the key achievements that have been delivered over the immediate, short, and longer term. These include continued implementation of the Suspected Cancer Pathway and the National Optimal Tumour Site Cancer Pathways, reconfiguration of the Vague Symptom Rapid Diagnostic Clinic, and Full Business Case (FBC) approvals for a Satellite Radiotherapy Unit at Nevill Hall Hospital and a Unified Breast Service at Ysbyty Ystrad Fawr. It reflects the tremendous efforts made by staff who deliver cancer care for our population. The report identifies the key priorities for the next 12 months in respect of each component of the cancer strategy.

Lastly, the report acknowledges that increasing workload is a significant problem in the health service and is affecting many of our tumour site teams. Recruitment and retention of our cancer clinical workforce will be key to delivering many of the National Optimal Cancer Pathways and other priorities within our cancer strategy. Optimal demand and capacity modelling within cancer services, together with closer collaboration with neighbouring healthcare providers, third sector and industry will be key to attaining these goals.

Argymhelliad / Recommendation

The Board is asked to note the progress that cancer services has made over the past 12 months and provide a view on future priorities.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Not Applicable Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	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:	N/A
Rhestr Termiau: Glossary of Terms:	Full Business Case (FBC)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Aneurin Bevan University Health Board Cancer Board

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/	Involvement - The importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Cancer Annual Report

Executive Summary

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Foreword

We are pleased to present Aneurin Bevan University Health Board's annual cancer report, which summarises key achievements, challenges, and progress on delivery of the cancer strategy in the last 12 months.

The repercussions of Covid-19 continue to be felt across cancer pathways. The number of patients referred with suspected cancer are now consistently greater than pre-pandemic across most tumour sites. This is reflected in an increased number of patients being diagnosed and treated for cancer. This has posed significant challenges, particularly for our outpatient and diagnostic services, that are still operating with limited capacity due to workforce shortages. Clinicians and managers have worked together to implement national optimal cancer pathways to address these issues.

In December 2019, we published a five-year Cancer Strategy **"Delivering a Vision" 2020-2025** that was built around 6 core themes. It set out our ambition to reduce cancer inequalities through prevention & early detection and consistently provide patient centred pathways that deliver the best quality outcomes for people who have cancer.

This year has seen a focus on recovery of our cancer screening pathways. Gwent has also become a Marmot region. This will require regional collaboration to address the gap in cancer outcomes associated with deprivation that have been exacerbated by the covid pandemic. This will remain a key priority in the future.

Several long-term projects have made considerable progress over the last 12 months. Construction has begun on the new breast cancer unit at YYF. This will provide a diagnostic and treatment centre for all Gwent patients

The Full Business Case for the satellite radiotherapy unit @ NHH has also recently been approved by Welsh Government and construction of this joint development with VCC will commence in January 2023, with a view to becoming operational late 2024. We are also in the final stages of developing the business case for an adjacent local cancer centre at NHH, to include the joint VCC / Haematology SACT delivery unit.

Lastly, we have seen significant development of our Acute Oncology Service, in line with the South East Wales regional plan for improving this service. This provides much needed support for cancer patients presenting as an emergency at our acute hospital sites.

This has been an exceptionally busy year, and we would like to thank everyone for their dedication and hard work in maintaining and developing cancer services across the health board. The Executive summary provides brief highlights of our key achievements during 2022. Further information can be found by clicking on the embedded links or within appendices.

We are in an excellent position to progress with our key objectives next year, with the aim of mitigating the impact of the Covid pandemic and driving improvements in cancer outcomes and the experience of patients.

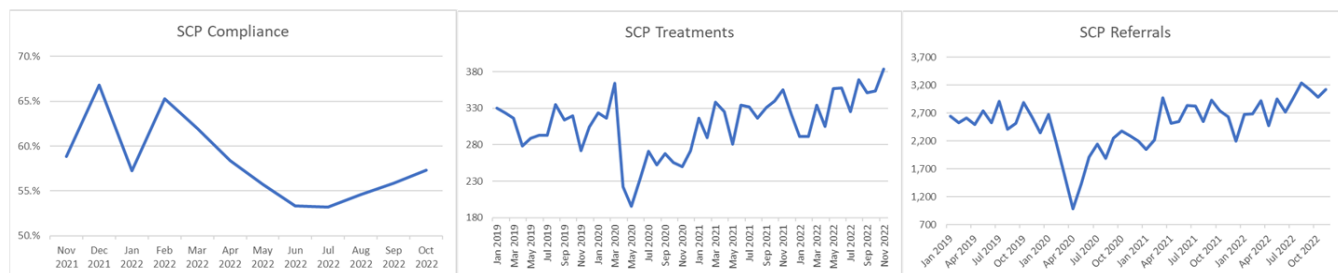
In this Executive Summary we detail:

- Progress against the Suspected Cancer Pathway
- Prevention and Early Detection
- Primary Care
- Research and Development
- Person Centred Care
- Cancer Programme and our 4 Priority Areas
- Investment and Infrastructure - NHH CC, SRC, Breast Unit, AOS
- Wales Cancer Patient Experience Survey (WCPES)
- Going forward – Partnerships and our Forward Plan



Progress against the Suspected Cancer Pathway

In 2022, the Health Board was presented with the challenge of implementing the Suspected Cancer pathway (SCP), against a backdrop of COVID-19 operational pressures. As these eased, demand for Cancer Services returned to expected levels, and in some cases well surpassed previous records, with waiting lists growing and performance compliance dropping.



The summer signalled change following the outcome of two Cancer Board led workshops, focussing activity on addressing the backlog. We are now in a position where performance is improving, with December ahead of forecast.

Snapshots of Success in 2022

- SCP December backlog reduction significantly ahead of forecast
- An accelerated GI cancer staging project reduced the average waiting time from endoscopy to staging scans from 11 days to 1 day for CT and 11 days to 3 days for MRI
- Straight to test in Colorectal (aligned to GI) has also delivered significant improvements
- Radiological stratification commenced in Urology - providing rapid, direct access MRI to patients with suspected prostate cancer. This reduced pathway waiting times by up to 2 weeks
- Embedding and improved efficiency of high-risk cancer patient escalation.
- Re-instigation of Rapid Diagnostic Clinic (RDC) within ABUHB. This is primarily a one stop service led by the Clinical Support Services Division
- Two Cancer Board workshops held to determine organisational response

Challenges of 2022

- Continued pandemic operational pressures
- Demand for cancer services has surpassed previous levels
- Waiting list growth
- Drop in SCP performance in first half of year

Priorities for 2023

- 65% SCP compliance by March, and continued improvements in remainder of year to hit 75% target
- Roll out further direct access imaging to bladder, gynaecology and head and neck cancers.
- Recruitment of Macmillan funded Optimal Pathways Project Manager
- Development of the RDC service to accommodate growing demand

Prevention and Early Detection

During 2022 Gwent Public Services Board (PSB) became the first area in Wales to elect to become a ‘Marmot Region’. By becoming a Marmot Region, Gwent PSB is committing to a determined and joint effort to go further and faster to improve the lives of all in a way that is proportionate to the level of need.

Two key areas of prevention activity have been identified:



Snapshots of Success in 2022

- Commitment to Marmot Region.
- Smoking prevalence is currently 18%
- ‘Help Me Quit’ smoking cessation services treated 3% of adult smokers in ABUHB area 2021/22, 57% were self-reported as quit at 4-weeks
- Aneurin Bevan Gwent Public Health Team (ABGPHT) has recruited additional posts to co-ordinate Health Weight work across Gwent

Challenges

- 4.3 % difference between adult smoking rates in Monmouthshire and Blaenau Gwent

Priorities for 2023

- Establish Gwent as the first ‘Marmot Region’ in Wales
- Re-establish Level 3 Smoking Cessation service
- Enhanced smoking cessation support to pregnant women
- Increase proportion of hospital admitted patients offered support to stop smoking
- Continue to implement a whole-system approach to Healthy Weight in Gwent, and increase access to NHS weight management services
- Continue work to understand and respond to barriers to bowel screening participation in populations with a low uptake in ABUHB.
- Continue to work with Public Health Wales to improve the understanding of inequalities in screening uptake.

Screening is a process of identifying apparently healthy people who may be at increased risk of a disease or condition. There are three cancer screening programmes in the UK; **cervical screening** which looks for high-risk types of Human Papillomavirus (HPV) that can cause cell changes on the cervix, **breast screening** which is offered to women aged 50-70yrs three yearly, and **bowel screening** which offered to everyone aged between 58-74yrs every two years. Lung cancer screening is expected to be introduced in 2023.



Sgrinio Serfigol Cymru
Cervical Screening Wales

Women and people with a cervix aged between 25 and 64 years are invited to receive cervical screening in Wales.

The coverage of cervical screening nationally is 69.5%. ‘Coverage’ means the proportion of eligible participants aged 25-49 years who have received an adequate test in the last 3.5 years, and participants aged 50-64 years who received an adequate test in the last 5.5 years. ABUHB are at 70.7%



The aim of the breast screening programme is to reduce mortality from breast cancer. Women aged 50 to 70 years who are resident in Wales, and registered with a GP are invited for screening every 3 years.

Due to the coronavirus pandemic, some breast screening services were paused however, all of the programmes in Wales are inviting people again. The national update is at 72.3%, with ABUHB at 72.5%.



From October 2021, Bowel Screening Wales began inviting people aged 58 and 59 years for the first time for bowel cancer screening.

The most recent full-year uptake figures for bowel cancer screening in Wales show that the national uptake is at 67.1%, with ABUHB at 68%.

Primary Care

A focus has been placed on achieving an earlier diagnosis of cancer, through strategies to strengthen recognition and referral of suspected cancer. Work with HEIW and WCN has resulted in Gateway C being commissioned for Wales for 5 years.

Aneurin Bevan continues to be in the vanguard of Faecal Immunochemical Testing (FIT) for bowel cancer in the symptomatic population and in the next year focus will be on getting FIT used across all demographic groups prior to a Lower Gastrointestinal suspected cancer (USC) referral.

Snapshots of Success in 2022

- Gateway C commissioned for Wales for 5 years
- Aneurin Bevan pilot of 'C the signs' went live in October 2022 in Blaenau Gwent and Newport Clusters
- Patient Centred Care USC leaflet in first evaluation
- Primary care have received monthly tumour site waiting times in order to give patients realistic expectations of their wait for an appointment
- Covid recovery money was used until end of March 2022 to provide additional smear clinics in Gwent to help recover the screening backlog.

Challenges

- Sustainability of GP services with an anticipated 25% GP vacancy rate by 2030 (currently 15.5%)
- Competing priorities in Primary Care
- Capacity ~40,000 GP/ANP consults a week in ABUHB
- Dissemination & engagement with 537 GPs, 61 VTS, 53 ANP & 1PA, Practice Nurses and HCAs, Practice admin
- Low morale/burnout

Priorities for 2023

- Patient information focus to improve patient awareness and engagement
- Gateway C Primary Care go live in February 2023
- All Wales USC leaflet will be released
- Work to understand and address inequalities in symptomatic FIT issue and completion rates.

Research and Development

In 2022 a new Clinical Research Unit in the Royal Gwent Hospital was opened to provide upgraded facilities for research and clinical trials. The specialist research team provide phlebotomy, processing of samples and experimental treatments; for example, infusion of chemo therapies and also specialist tests e.g. spirometry, ECG, and ultrasound scanning. Cancer trials continue to be delivered at NHH and in the Breast trials unit at YYF. The Cancer Research Strategy for Wales was published in 2022 and ABUHB have signed up to the document.

As services recover post-pandemic via the UK Reset programme, cancer trial activity continues to evolve. The change in patient pathways and the opening of The Grange has impacted on our ability to open trials. We are linking in with Velindre to consider how Velindre@ NHH will facilitate new trials.

439
patients
recruited

35 patients
recruited
2022

14 non -
commercial
trials

1
commercial
trial

Snapshots of Success in 2022

- New Clinical Research Unit at Royal Gwent Hospital opened.
- Cancer trials delivered across RGH, YYF and NHH
- The Cancer Research Strategy (CRest) for Wales published, with ABUHB signing up to the document
- 15 Phase 3 cancer clinical trials open and recruiting.
- 35 cancer patients recruited in 2022
- A broad range of cancer sites are research active including breast, haematology, dermatology, bowel and lung.
- Only 1 is not recruiting to time and target and a further 1 trial has been suspended by the Sponsor
- In previous years patients have been recruited and are now in the follow up phase, requiring regular review. There are in excess of 15 trials
- Submission of research proposal to National Institute for Health Research titled Inclusive prehab (I-Prehab) to address inequity in cancer outcomes: mixed-methods evaluation research to enhance access, acceptance and adherence. (Lead clinician within research team, led by Prof. Jane Hopkinson, Cardiff University).

Challenges

- Challenges post pandemic – cancer trial activity continues to evolve
- Impact of the Grange on ability to open trials

Priorities for 2023

- Increase in cancer trial recruitment
- Increase in cancer related trials
- Linking with Velindre to consider how Velindre@ NHH will facilitate new trials
- Develop proposed NHH Cancer Centre research delivery model

Person Centred Care

Person centred care ensures that people affected by cancer achieve the outcomes that matter to them (Welsh Government, 2021).

The principles of person centred care align with the “living with and beyond cancer” and “improving cancer care” components of our Cancer Board Strategy. A framework has been developed to illustrate the components and how they align to the National Optimal Pathways (Figure 1. below):

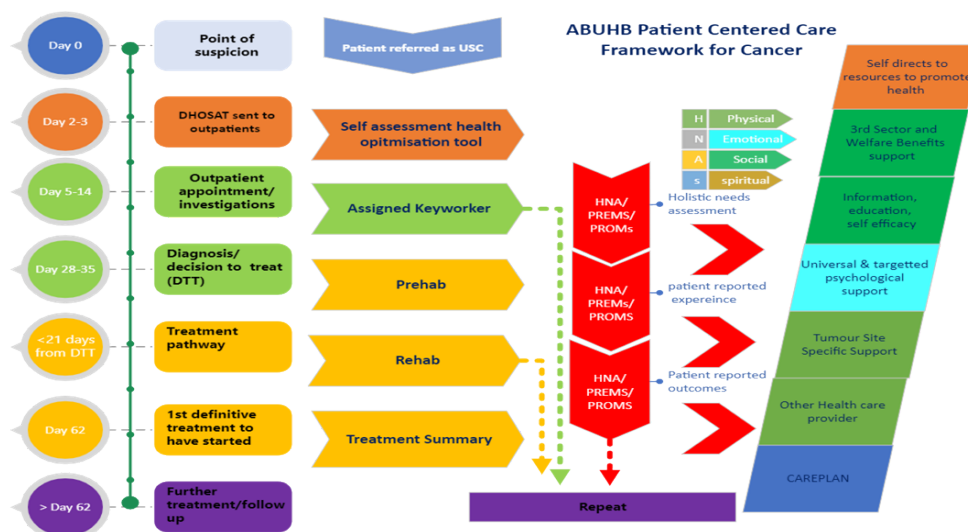


Figure 1. Framework for Person Centred Care in Cancer within Aneurin Bevan University Health Board

Snapshots of Success in 2022

- Person centred care framework for ABUHB developed
- First Patient Centred Care in Cancer Innovation Event & Excellence Awards held in November
- Recruitment of Macmillan Allied Health Professional Lead
- Appointed keyworkers on three further tumour sites, and for Teenage and Young Adult Services
- Launch of the Five Top Tis video for Haematological cancer
- Introduction of video group consultation in Head & Neck Cancers
- Holistic Needs Assessments and care plans offered across all tumour sites except lung and lower GI cancer
- Awarded Bevan Commission Innovation & Improvement Programmes for Suspected Cancer Pathways Health Optimisation & Prehabilitation project
- Prehabilitation paper approved at Cancer Board
- Psychological Wellbeing Project grant received

Challenges

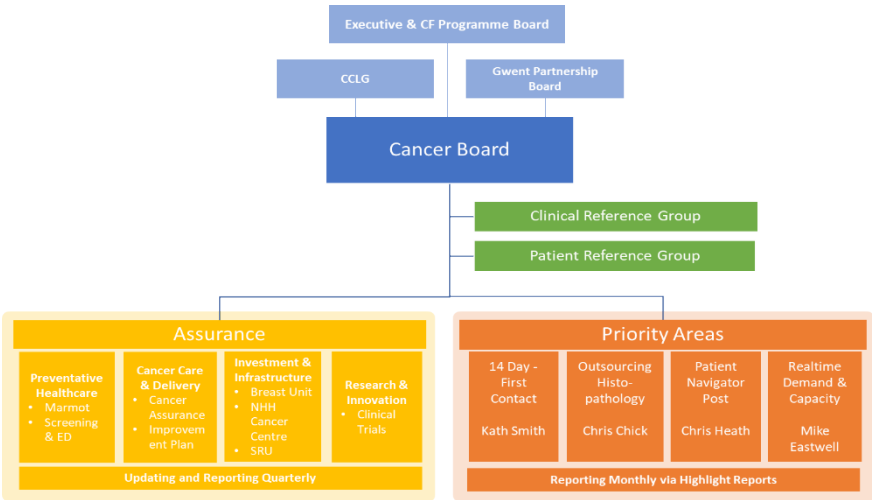
- Integration of person-centred care within current demands
- Funding

Priorities for 2023

- Propose model for stratified prehabilitation ensuring a hybrid approach to meet our population needs
- Development of digital Health Optimisation Self-Assessment Tool for people referred onto the cancer suspected pathway
- Increase the number of clinical nurse specialists/ key workers
- Increase uptake of Holistic Needs Assessments
- Integrate support workers in all tumour sites to deliver information and wellbeing support
- Improved patient pathway communication including care pathways and investigation status

Cancer Programme and our Four Priority Areas

The Cancer Programme has been reviewed and amended to reflect current priorities and required supporting infrastructure. New priority areas and quarterly reporting for assurance on activities that relate to the Cancer Strategy have been included. The focus of the Cancer Board, following two workshops in the summer (alongside a 46-point implementation plan), has been to agree a focus on delivering against the 62 day pathway.



To do this, four priority areas have been agreed to provide focus and impetus to drive towards our targets of hitting 75% of patients meeting the 62 day pathway.

14 days to First Contact

The greatest barrier to 62-day treatment performance compliance in 2022 was timeliness of the first appointment following a suspicion of cancer being raised. It was agreed that a focus on delivering first hospital attendance within 14 days would be the priority for all cancer sites which, when achieved would result in a rapidly reducing cancer backlog. Initiation of this project led to an immediate improvement in waiting times, and an associated drop in backlog of 19.4% which is projected to continue through to the new calendar year. Whilst the target of 75% has not yet been achieved across all services, work is progressing to create sufficient capacity to achieve this target by the end of the financial year.

Cancer Navigator Post

Both the lower GI and upper GI pathways present a challenge due to the diagnostic complexity of the pathway. A Patient Pathway Coordinator pilot was agreed to provide a single point of contact for GI patients and act as a navigator for the patient; ensuring a smooth transition between services and providing rapid resolution to blockages within the pathway. Funding has been secured and recruitment to the post will occur in January 2023. It is anticipated to have a significant effect on waiting times and performance compliance across the UGI and LGI pathways

Live Demand and Capacity Modelling

The need for an intelligent and intuitive method for analysing and predicting capacity requirements to meet current and future demand was recognised. Utilising available data, the health board has now been able to create tailored demand and capacity forecasting software, valuable in the pathway recovery work being undertaken. The functionality of the software now means that, for the first time, services are able to clearly plan workforce requirements for the future. This has been adopted by multiple services in planning business cases for the future workforce required to maintain cancer wait times in a service of rapidly increasing demand.

Histopathology Outsourcing

Increasing levels of suspected cancer demand have placed considerable pressure on histopathology to maintain the rapid turnaround times required to deliver against suspected cancer pathways. In October, a business case was approved to outsource a proportion of the workload to reduce routine reporting backlogs (which include 10% of cancers which would otherwise not be reported in a timely manner. Analysis of routine samples commenced in October, and by mid-December the number of reports in the backlog had reduced by approximately 40% with significantly improving turnaround times. It is projected that by end of March the backlog position will be more aligned to an acceptable operational level. A further extension update paper in January will look to develop further improvements and sustainability within the service.

Investment and Infrastructure - NHH CC, SRC, Breast Unit, AOS

The Health Board has been actively seeking to improve cancer services over recent years in line with the priority areas highlighted in the Health Board’s approved Cancer Strategy; Delivering a Vision 2020/25 together with the Transforming Cancer Services (TCS) in South East Wales Programme.

As part of a commissioned comprehensive clinical model for Acute Oncology Service across South East Wales, implementation of the improved model made significant progress in 2022

Three significant capital investments are planned or underway in ABUHB’s footprint. These will deliver care closer to home for patients, helping to deliver our strategy and vision, as part of local and regional investments in cancer care. Detailed developments are as follows:

The new **Unified Breast Unit at Ysbyty Ystrad Fawr** is underway, with ground broken this year. This facility will be opening within 12 months of the build programme commencing, providing high quality diagnostic and treatment services for the residents of Gwent. The unit will allow the local population to access a broader range of integrated services, tailored to meet their specific needs, which should in turn improve overall patient access, waiting times for diagnosis and treatment and clinical outcomes. The model supports regional , collaborative planning, and is consistent with the outcome of the surgical models developed under the auspices of the NHS Wales Collaborative. Patients from CTMUHB who live nearer to YYF and are undergoing annual follow up mammography could also have their mammograms performed at YYF for convenience.

Through collaboration between ABUHB and Velindre, the Business Justification Case for the **Cancer Centre at Nevill Hall** is currently in draft, and expected to be submitted in early 2023. The Cancer Centre at NHH will offer patients significantly improved and standardised cancer care, supporting people living with and beyond cancer.

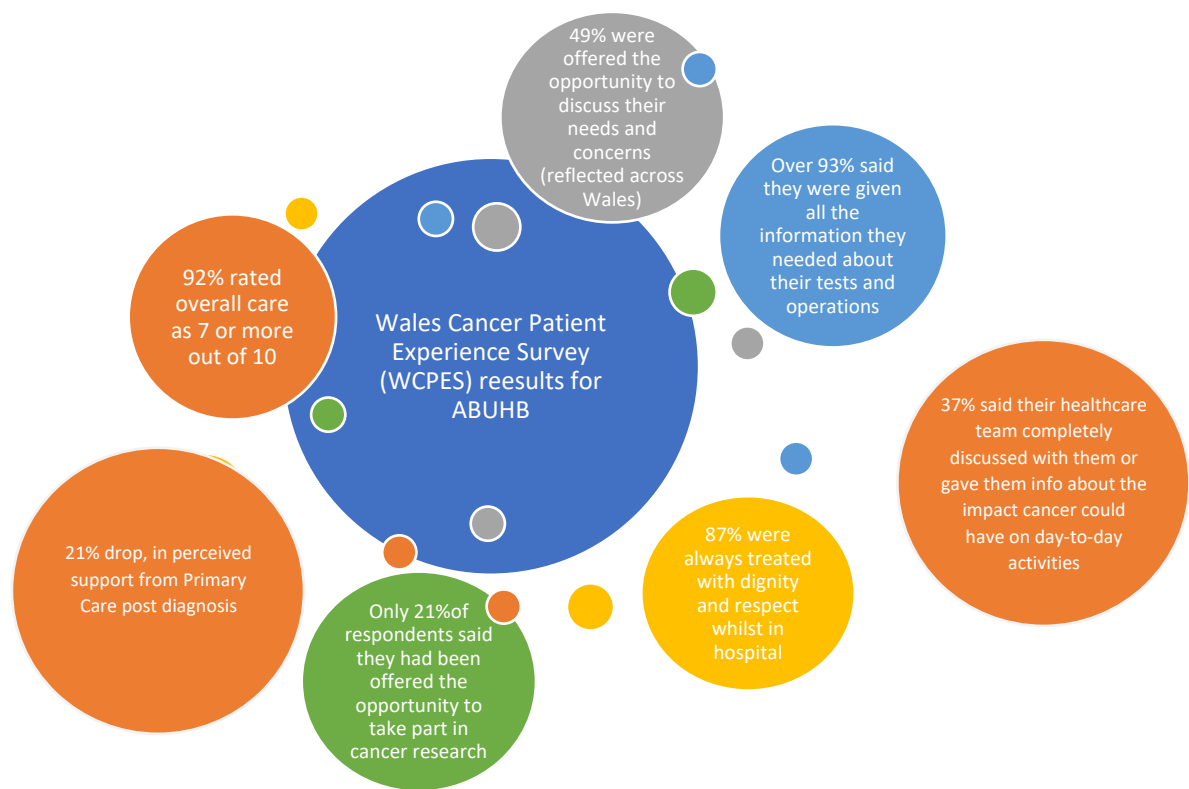
Creating a dedicated centre for day and outpatient care, it will consolidate services (SACT, AOS, therapies etc.) providing holistic care in a sustainable fashion, enhancing collaboration and joint working. It also will improve research, education and training, including increasing access for patients to novel treatments through clinical trials

- Acute Oncology Service – Successes and 2023 Activity**
- Recruitment of Lead AOS nurse, a Band 7 and 2 Band 6 nurses
 - Piloted an AOS nurse led ambulatory pathway for CUP/MUO and brain tumour patients reducing their length of stay by 40-60%.
 - Introduced a CUP (Cancer of unknown primary) MDT and clinical nurse specialist at VCC for SE Wales
 - Resume AOS ambulatory pathway
 - Scope the model for AHPs in AOS
 - Create Link nurse roles for CUP and Brain pathways and increase key worker role

The Health Board are working in collaboration with Velindre University NHS Trust on the **Satellite Radiotherapy Centre (SRC) at NHH**. The Full Business Case was approved by Welsh Government in November 2022, and ground will be broken in January 2023, with opening anticipated in Autumn 2024. The SRC forms part of the Transforming Cancer Services regional model- with patients able to access radiotherapy more locally as part of bringing care closer to home. This represents a significant improvement in terms of access to and capacity for radiotherapy treatment for South East Wales Region, specifically for the populations surrounding the Heads of the Valleys Road network, and residents of South Powys. It will provide radiotherapy treatment for approximately 20% of patients (provided by 2 new linear accelerators) supported by Velindre Cancer Centre. This means fewer patients need to travel to VCC for their radiotherapy ; resulting in better access and reduced travel for patients and associated improved outcomes.

Wales Cancer Patient Experience Survey (WCPES)

The Wales Cancer Patient Experience Survey (WCPES) was conducted by IQVIA in 2021/2022 during COVID, on behalf of Macmillan Cancer Support and the Wales Cancer Network. It is designed to measure and understand patient experience of cancer care and treatment in Wales. It was offered to 2065 patients from ABUHB with a response rate of 59.7%. The survey results for Aneurin Bevan University Health Board are:



WCPES- where we are doing well

- Ranked number one in Wales for how patients were told they had cancer.
- 94% were always given enough privacy when being examined or treated.
- 94% were given all the information they needed about their operation and tests.
- 90% had access to a Clinical Nurse Specialist/keyworker during their care. An increase of 7 % since 2016.
- 89% felt that their Clinical Nurse Specialist/key worker gave answers they could understand.
- 90% of respondents said hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital.

Areas for improvement

- 79% didn't have participation in cancer trials discussed.
- 81% were not able to speak Welsh if needed
- 51% were not offered the opportunity to discuss their needs and concerns.
- 40% felt that after leaving hospital they were not given enough care and help from their GP.
- 35% were not given any information about the impact of cancer on their day-to-day activities.
- 51% were offered some or no practical advice/ support in dealing with treatment side effects.
- 30% said that family were not given information required to care for them after leaving hospital.
- 36% were not given any pre-habilitation advice prior to treatment.

Priorities for 2023

- Research and development availability and access
- Support living with cancer
 - Further develop the person-centred care framework for cancer.
 - revised psychological support programme.
 - increase AHP's work within cancer to support day to day activities.
 - pre-habilitation.
 - revised clinical support worker model to increase support on the impact of cancer.
 - increasing opportunities for patients to discuss concerns.
 - patient support/education sessions on, fatigue, living with uncertainty, returning to work, etc.
 - increase support groups and volunteers (expert by experience).
- **Home Support**
 - increase patients' knowledge post treatment.
 - implementation of treatment summaries.
 - Improve interface between secondary and primary care.
 - Primary care navigators /volunteers.

Going forward – Partnerships and our Forward Plan

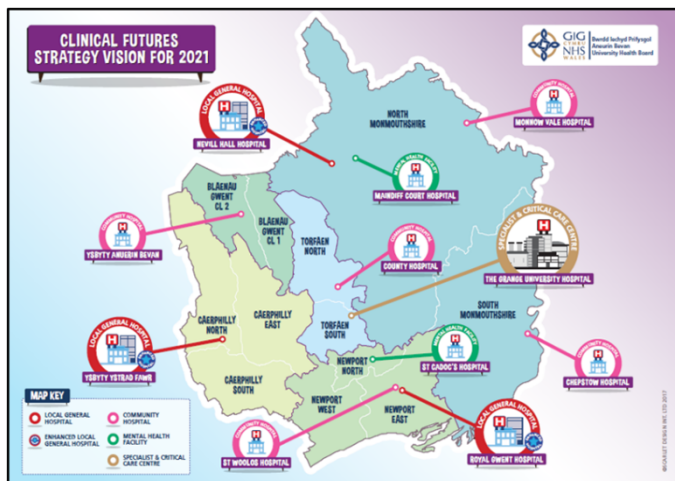
Early detection, prompt diagnosis and treatment are essential factors in optimising cancer outcomes. Working collaboratively with our partners across the region is therefore key to making significant improvements in the delivery of cancer care.

The drive to reduce waiting times and improve performance compliance will continue with a strategy to achieve the Welsh Government target of 75% compliance with a 62 day cancer pathway, whilst in turn optimising the experience of receiving care for patients.

We will continue to strengthen our links with Public Health to reduce known risk factors for the development of cancer within our population. Optimal uptake of cancer screening programmes across all communities is seen as key to increasing the proportion of patients that receive treatment for early stage 1 disease. The development of Gwent as a Marmot region will help achieve progress for this workstream.

We will also continue to work closely with colleagues in primary care to ensure that patients with suspected cancer are referred promptly with all necessary information to the appropriate cancer site team. The continued implementation of the national optimal cancer pathways will remain a priority for our clinical reference group.

Many of our patients diagnosed with cancer receive their initial treatment in neighbouring health boards or VCC. Greater collaboration is required with our partners to commission and deliver these treatment pathways effectively. To ensure greater clarity, reduce duplication and proactively benefit from collaborative opportunities in the strategic planning of cancer services, it has been proposed that a Partnership Board between ABUHB and Velindre be established. This will be progressed over the coming months.



Internally, we have re-instigated the Cancer Clinical Reference Group which brings together tumour site leads from across the health board and Velindre Cancer Centre, to support developments or improvements identified by the group. We are also in the process of developing an expert patient panel, such that we ensure any developments within cancer services are built on the principle of patient centred care.

Developments in Information Technology can now provide cancer services with highly accurate data regarding both current and projected activity, as well as pathway performance. Going forward, this data

will be used to drive improvements and build a sustainable cancer service.

The covid pandemic has had significant repercussions in non-cancer related services and has exacerbated a national workforce crisis. It is acknowledged that no service can be looked at in isolation and this will pose a significant challenge in developing a sustainable cancer service and our desire to improve cancer related outcomes.

Workload intensification is a significant problem within the health service and is affecting many of our tumour site teams. Recruitment and retention of our cancer clinical workforce will be key to delivering many of the key priorities within our cancer strategy. Closer collaboration with neighbouring healthcare providers, the third sector and industry will also be key to attaining these goals.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Aneurin Bevan University Health Board
Wednesday 25th January 2023

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

CONSULTANT JOB PLANNING – UPDATE

Executive Summary

The Covid-19 Pandemic and early opening of the Grange University Hospital (GUH) had a direct impact on compliance with job planning - contributing to a reduction in the proportion of doctors whose job plan has been reviewed in the last 12 months.

Health Board compliance for review of consultant job plans within 12 months was 27% as of 31 December 2022. The highest record pre-pandemic was 74% compliant (12 months).

The coming together of clinical teams as part of the Health Board's new model of delivery of care has highlighted inconsistency in the application of the Amendment to the Consultant Contract – Wales (2003) (consultant contract) through job planning, even within specialities.

To address this and improve both compliance and quality of job plans a revised approach to job planning is being implemented. This includes development of a detailed job planning procedure, review of current practice both internally and externally to the Health Board, and the procurement and implementation of an electronic job planning system.

Following discussions with the Audit, Risk and Assurance Committee and the Remuneration and Terms of Service Committee, this report provides an update to the full Board on the current position in respect of Consultant Job Planning and the actions being taken to address compliance and quality.

The Committee is asked to: (please tick as appropriate)

Approve the Report

Discuss and Provide Views

Receive the Report for Assurance/Compliance

X

Note the Report for Information Only

Executive Sponsor: James Calvert -Medical Director

Report Author: Kathryn Bourne – Strategic Lead – Medical and Dental Workforce

Report Received consideration and supported by :

Executive Team

x

Committee of the Board

- **Remuneration and Terms of Service Committee**
- **Audit, Risk & Assurance Committee**
- **People & Culture Committee**

Date of the Report: 5th January 2023

Supplementary Papers Attached:

Appendix 1 -Audit action plan

Appendix 2 - E-job planning implementation Process and timeline

Appendix 3 – Recommendations and Pre-Pandemic Actions

Purpose of the Report

The report provides:-

- An update on the current position in respect of Consultant Job Planning
- An update on the action plan for improvement and identifies those areas which support the delivery of the Internal Audit recommendations
- Provides an update on the procurement and implementation of the electronic job planning system including an indicative timeline for implementation to ensure tangible improvement in job planning compliance

Background and Context

Aneurin Bevan University Health Board's (ABUHB) use of job planning and benefits realisation from the Consultant Contract were the subject of an internal Audit (follow up) undertaken in late 2019.

Prior to the start of the Covid 19 pandemic work had been undertaken to address the recommendations of the Internal audit report and support job planning for the planned March 2021 opening of GUH.

Job planning compliance improved following work undertaken in response to the audit report, but job planning was temporarily halted to allow the challenges set by the pandemic to be met; resulting in a subsequent reduction in compliance and quality of job plans.

However, work was re-energised following the second wave of the pandemic only to halt again as the Health Board responded to the impact of the Omicron variant at the end of 2021 and early part of 2022.

The coming together of clinical teams as part of the Health Board's new model of delivery of care has highlighted inconsistency in application of the Amendment to the Consultant Contract –Wales (2003) (consultant contract) through job planning, even within specialities.

A revised approach to job planning to ensure consistency in application of the Consultant Contract and to improve the quality and compliance with job planning has been initiated. This approach includes:-

- the development of a detailed job planning procedure, taking into account lessons learned and good practice both internally and externally to the Health Board. This is now out to consultation with the BMA and internal stakeholders
- the procurement and implementation of an electronic Job Planning system (details below)

Progress has previously been reported to the following:

- Executive Team – 16 June 2022
- People and Culture Committee 03 November 2021
- Remuneration and Terms of Service Committee – 29 November 2022
- Audit, Risk and Assurance Committee – 01 December 2022

Following recent discussions with the Audit, Risk and Assurance Committee and the Remuneration and Terms of Service Committee, it was agreed that this report would be brought forward to the full Board to provide assurance directly to the Board, to avoid duplication of discussion and reporting across a number of the Board's committees.

An update on the action plan is provided in Appendix 1.

Pre-Pandemic progress

Specific actions previously undertaken prior to the pandemic and in response to the audit are identified in the following tables. Details of the recommendations and responses are outlined in Appendix 3.

Recommendation 1	
Actions previously undertaken	
1) A review of the escalation process was undertaken	3) Continuous performance reporting and inclusion in workforce dashboard
2) Removal of the 15 month Health Board compliance time frame and adherence to the annual review	4) A review of the annual cycle, with consideration given to aligning to IMTP/planning cycle however this was discounted.

Recommendation 2	
Actions previously undertaken	
1) The need to retain documentation from the job plan review, particularly in relation to discussion regarding SPA activity and the requirement to submit job plans on the approved proforma was communicated to all DDs and CDs	2) The distance learning training pack includes the correct proforma as does all documentation on the medical and Dental Web page

Recommendation 3	
Actions previously undertaken	
The requirement for SMART objectives for both SPA and DCC activity is included in the distance learning pack	

Job Planning Compliance 2022

Health Board Compliance for review of consultant job plans within 12 months was 27% as of 31st December 2022. The highest recorded value pre-pandemic was 74% compliant (12 months). Compliance is tracked monthly on both a Health Board and divisional basis. The proportion of doctors with a job plan review in the last 12 months has remained largely static in the last 12 months – this hides a significant amount of job planning activity underway as job plans go out of date each week. It also does not acknowledge the fact that all doctors in the health board have a job plan agreed before the move into GUH – the proportion reported here refers to the number of doctors who have had their job plan reviewed in the last 12 months. Unlike with other staff the process of job plan review is separate and unrelated to the process of annual appraisal which

doctors undergo as part of their GMC licence. Good practice suggests that job planning should take place before an annual appraisal but the GMC does not mandate this.

Compliance as of 31st December 2022 is shown below: -

Fig 1- Overall Health Board compliance

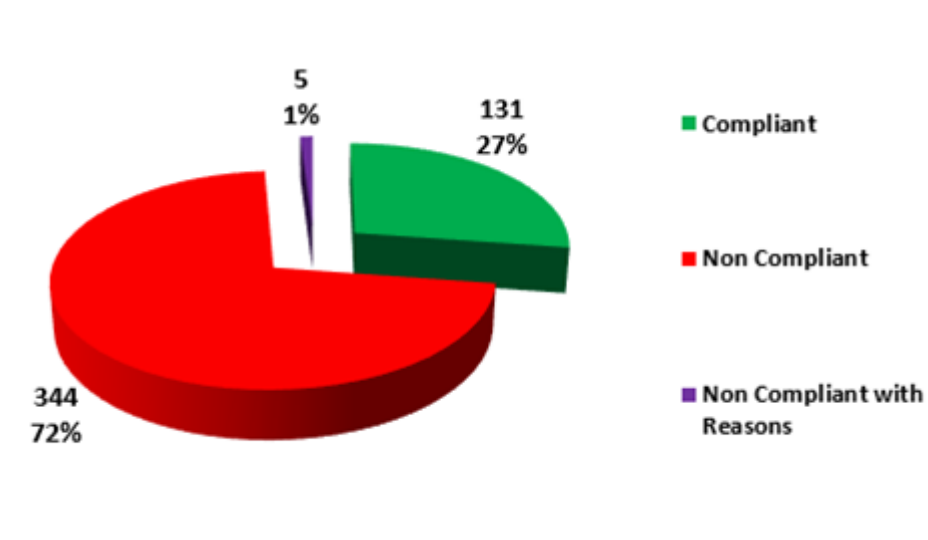


Fig 2 – Divisional compliance

Division	Compliant (within 12 months)
Unscheduled	31%
Urgent Care	39%
Scheduled Care	17%
Clinical Support Services	44%
MH&LD	35%
F&T	37%
Primary Care and Community	18%

Narrative on current divisional activity and their plans for improving job planning performance is provided below.

Improving Compliance and quality

The divisional teams are working to improve compliance with job planning in the context of the changing Covid-19 landscape; recruitment challenges; increased demand; implementation of recovery plans and a request from the Medical Director to fully engage with the procurement and contract award for the new e-job planning system to ensure that the new system meets divisional as well as health board requirements and supports future improvements in compliance, reporting and consultant productivity.

The current system has been in place since the implementation of the Consultant Contract in 2003. It is paper based; unnecessarily time consuming, and no longer fit for purpose 20 years on. It is also not possible to report from or interrogate job plans at an organisational level.

These factors coupled with the lack of consistency in interpretation of the contract and post pandemic service pressures are contributing to lower compliance. Although the nature of the annual job plan review means that 100% compliance is not achievable at any one point the Health Board has previously aimed for 85% compliance, in line with the Health Boards' Performance Appraisal and Development Review target for Agenda for Change Staff. It is anticipated that the revised approach (detailed in the bullets below) will achieve this by the first quarter of 2024. Despite the limitations in undertaking job planning highlighted above it is encouraging that overall compliance has not decreased since the last report of 31st October.

Current Divisional Position

Divisional Directors/Workforce Business Partners have provided the following narrative in respect of job planning activity and their plans to improve job planning performance:

Medicine - The division monitors job planning performance through both the directorate and senior management meetings. Examples of work undertaken, and good practice include the development of an e-template and on call calculator in Cardiology, both of which are in the testing and verification phase and will support job planning by reducing the time required to undertake meaningful job plans until the eSystem is implemented. It is anticipated that these could be modified and shared across the division once verified with the Deputy Medical Director (job planning). The division continues to experience some challenge in addressing job planning due to Clinical Director vacancies; this has been seen particularly in Gastroenterology where the responsibility for Job Planning has been delegated. There are also wider staffing pressures. In some specialities e.g., acute medicine, job plans have been undertaken but are awaiting final sign off so have not been reflected in the October data. However, it is anticipated that once these are signed off the compliance will increase from 21.5% to 43%.

Urgent Care - The division monitors job planning performance through both the directorate and senior management meetings. Two new Clinical Directors have been appointed recently which puts the Division in a good position to progress with job plan reviews. There are no barriers/issues identified.

Family and Therapies - The division has revised its approach to performance management in respect of job planning activity supported by the Workforce Business Partner. The Divisional Director monitors job planning activity with the Clinical Directors and job planning is also discussed at the workforce performance meetings. A team job planning event was held in Paediatrics on 19 October 2022 with a view to amending individual job plans.

Mental Health & Learning Disabilities - The division monitors job planning compliance via directorate assurance and senior management meetings. The division has recently appointed two new Clinical Directors, one of whom will take a lead on job planning compliance.

Scheduled Care - The Divisional Director has requested all directorates to complete a diary exercise before the end of the calendar year. The Divisional Director monitors compliance through quarterly performance meetings.

Clinical Support Services - The Divisional Director has made a commitment to complete job planning for all directorates by the end of January 2023 with work currently underway to ensure efficiency in job plans as well as increased compliance.

Job planning procedure (and associated policies and guidance)

The Job planning procedure is designed to ensure consistency in job planning across the whole organisation in line with the Consultant Contract and to ensure that job planning is delivered in a way that ensures an engaged workforce. The procedure has been agreed with Divisional Directors and initial discussion with the Chair of the LNC has taken place, this will be followed up with a detailed consideration of LNC comments during January 2023.

Based on experiences external to the Health Board, reaching total agreement on all aspects may be difficult. We may therefore need to adopt an incremental approach to change.

The new procedure will be in place prior to commencing implementation of the e-job planning system and will underpin the implementation.

The new Job Planning Procedure has been designed to provide explicit detail on organisational expectations when different activities are included in job plans – particularly as applies to SPA activity. This should ensure consistent interpretation and application of the Consultant Contract across the whole Health Board.

This procedure provides a structure for effective job planning with a focus on “Team Job Planning” as the preferred approach and will support divisional management teams in ensuring consistency and equity of approach. It also provides detail on how SPA time will be recognised in job planning to ensure that divisional investment in SPA time is matched by clear expectations with regard to outputs required for that investment.

Appendices include, for example, guidance and information on: -

- SPA allocation and outcomes
- Developing a Team Job Plan
- Undertaking a Diary Exercise
- Travel and parking times between sites

Implementation will be led by the Deputy Medical Director for Workforce and delivered within the divisions by the respective Directors of Operations and Divisional Directors. This will be supported by a formal launch of the new procedure and implementation of appropriate training via a variety of modalities.

Electronic Job Planning system

The procurement and implementation of e-job planning was previously agreed by the Executive Team and will underpin the delivery of the revised approach to job planning and support an improvement in compliance. The clinical teams are keen to acquire a system and as there are currently no e -job planning systems in operation within the Health Board and there is no barrier to this. Full roll out is anticipated to be complete by the end of February 2024. Consequently, tangible improvement in compliance and quality should be reflected following this although improvement will be evident incrementally as the roll out occurs. A brief outline of the procurement and implementation process and timeline is provided below, details of which are located in Appendix 2.

Programme infrastructure

An eSystems Programme Board has been established. Programme and Project Managers have been appointed and have been in post since September 2022.

Procurement

The procurement process for all Medical e-systems is underway. Implementation of the Job Planning e-System is expected to start mid-April 2023 following the awarding of the contract in March 2023. Procurement has been delayed beyond the original timetable shared with the relevant oversight committees as the first procurement exercise failed to attract a strong enough field. Market engagement was undertaken by the project team and the repeat procurement is progressing well and is anticipated to be successful in identifying a suitable e-systems provider.

Start up

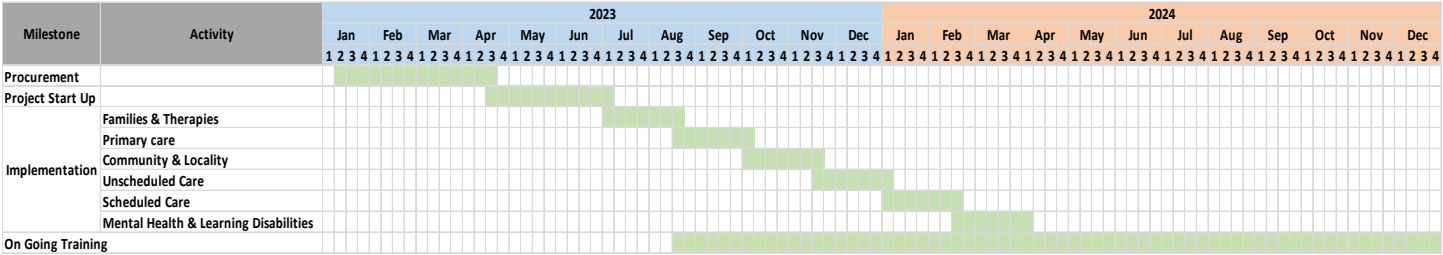
Initial Project start-up will take 4-6 weeks. This will setup and establish the project with the supplier and with the Health Board’s implementation team. Training by the supplier for the implementation team will also be conducted during this phase. This will facilitate further rollout through in house resources. This is to avoid escalating costs where the Health Board becomes reliant on supplier professional services for continued configuration and training.

Roll Out

Rollout will be delivered in a staggered approach with overlaps allowing for specialties to be implemented with a level of concurrency.

The Timeline

Detailed information in respect of the procurement and implementation timeline can be located in Appendix 2.



Considerations which may impact on the proposed rollout

Compliance data - divisions or specialties who have a current low compliance rate may be targeted for earlier rollout.

Availability -overall availability and capacity of appropriate staff to be considered and may determine a need to periodically shuffle the intended order for rollout.

Service pressures - front line emergency services may be scheduled to avoid rollout during times of increased pressure. Other extraordinary service demands and pressures may impact the availability of doctors and necessitate a revision of the timeline

Supplier input -once a supplier has been chosen we will need to consider

- the availability of suppliers professional services
- any blueprint they may have for implementation
- any experience or advice they may have on the best approach

Simplicity versus complexity -initial rollout will seek to deliver a solution to both less complex specialties as well as those where job planning is more complex by virtue of the services provided and working patterns required. Further services with complexity will be considered for early adoption in order to deliver greater benefit and impact early on.

Benefit Realisation - if any specific division or specialty has a significant benefit attached to delivery of Job planning eSystems then they may be considered for early rollout

Summary

The Health Board has taken action to address the compliance and quality of job planning such that tangible improvement is anticipated Q1 2024. These actions are being implemented in the context of unprecedented staff and services pressures and consideration will be given to the impact these may have on the implementation timeline. Regular updates on progress will be provided to the People and Culture Committee.

Recommendation

The Board is asked to note the content of the paper.

Supporting Assessment and Additional Information

Risk Assessment (including links to Risk Register)	The monitoring and reporting of organisational risks are a key element of the Health Boards assurance framework. This paper provides the update to mitigate risk around workforce.
<i>Financial Assessment, including Value for Money</i>	This report has no financial consequence although the mitigation of risks or impact of realised risks may do so.
<i>Quality, Safety and Patient Experience Assessment</i>	This report has no QPS consequence although the mitigation of risks or impact of realised risks may do so.
<i>Equality and Diversity Impact Assessment (including child impact assessment)</i>	This report has no Equality and Diversity impact, but the assessments will form part of the objective setting and mitigation processes.
Health and Care Standards	This report contributes to the good governance elements of the Health and Care Standards.
Link to Integrated Medium Term Plan/Corporate Objectives	The objectives will be referenced to the IMTP.
The Well-being of Future Generations (Wales) Act 2015 – 5 ways of working	Not applicable to the report, however, considerations will be included in considering the objectives to which the risks are aligned.
Glossary of New Terms	Not required.
Public Interest	Report to be published.

Appendix 1 – Job Planning Action Plan



ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ACTION PLAN FOR JOB PLANNING 2021-2022

The 2021-2022 plan for job planning aims to: -

- Support the effective delivery of annual job planning
- Improve compliance
- Ensure job planning is aligned to service delivery and outcomes
- Ensure consistency of application of T&Cs
- Meet internal audit requirements

	OBJECTIVES		ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
REF IA/19	1. JOB PLANNING PROCEDURES & POLICIES					
R1 R2 R3 R4	1.1	Development of a detailed Health Board Procedure for job planning which will provide consistent interpretation of the T&Cs and align with all Wales guide “effective job planning for Medical and Dental Staff”	First Draft June 2021	Medical Director	Stephen Edwards/Kathryn Bourne	The draft procedure and associated appendices (inc SPA allocation; Diary exercises & Team Job Planning) have been agreed with Dr Calvert and Divisional Directors. Initial engagement with the LNC has commenced; this will be built on during January 2023.

Appendix 1 – Job Planning Action Plan



ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ACTION PLAN FOR JOB PLANNING 2021-2022

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
		2. SUPPORTING PROCESSES & SYSTEMS				
R1	2.1	Review existing processes and systems to align with the new Health Board procedure e.g., escalation process, payment of commitment awards	Review – January 2023	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	Review and update action and achievement date end of January 2023 following discussion with LNC as dependent on 1.1. A final commitment award process has been delayed due to staff absence. The newly appointed Job Planning E-Systems project officer (job planning) is reviewing the commitment award process. Escalation will be an integral part of the new E-system when implemented.
R1	2.2	Develop processes and systems to support implementation of the new Procedure	Review – January 2023	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	Review and update action and achievement date end of January 2023 as dependent on 1.1.

Appendix 1 – Job Planning Action Plan

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ACTION PLAN FOR JOB PLANNING 2021-2022



	OBJECTIVES		ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
	3. REPORTING & MONITORING OF THE JOB PLANNING PROCESS					
R1	3.1	Agree with Divisional and Clinical Directors an over-arching plan to identify the job planning cycle within each Directorate/Division	June 2021	Director(s) of Operations/Deputy Medical Director	Divisional management teams	The Medical Director wrote to Divisional Directors in 2021 emphasising the need for CDs to undertake job plan review meetings. He has also asked that a named member of the divisional management team is given responsibility for supporting CDs in doing this and that the Deputy Medical Director is made aware of who is identified.
R1	3.2	Monitoring of the plan and job planning compliance via the Divisional management teams and assurance meetings	Monthly and on going	Director(s) of Operations	Divisional management teams	Agreed by Executive team on 1 st June 2021 that monitoring of the plan and job planning compliance would be undertaken by the Divisional management teams and assurance meetings.
R1	3.3	Exception reporting to the Executive team on delivery of the plan and compliance	As required	Director(s) of Operations	Divisional management teams	Agreed by Executive team on 1 st June 2021 that they will receive exception reports on delivery of job planning and compliance as necessary from the Directors of Operation.
R1	3.4	Maintenance of the ABUHB’s job planning compliance database and issuing of monthly compliance reports to management teams, WFBPs, DOO, MD & WOD, .	Monthly	Director of Workforce	Karen Kryjom/Cathy Brookes	The compliance database continues to be maintained. Compliance reports are produced monthly. Reporting was impacted on between February and May 2022 due to unexpected long term staff absence. Reporting resumed in June 2022. Divisional reports are provided to the DDs; GMs; DMs; CDs and WBPs monthly or on request.

	OBJECTIVES		ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
REF IA/19	4.E-SYSTEMS					
R2 R4 R5	4.1	<p>Identify system requirement to</p> <ul style="list-style-type: none"> • improve link between job planning and the rota, • improve compliance and transparency around job planning • support delivery of contracted session across the year • improve link between rostering and locum bank for locum shift cover, • Improve the link between Locum shift cover and the need to go to agency (third party systems) • Improve and streamline the end to process for workforce planning and management across all functions • maximise reporting and performance 	Review March 2023	Medical Director/Director of Workforce & OD/ Director(s) of Operations	Julie Chappelle/ Stephen Edwards	<p>A fully costed Medical E-Systems Strategy (which includes electronic job planning) has been agreed by the Executive team. Work in respect of this has progressed. Benchmarking has been undertaken with other Heath Boards in Wales and with Bristol NHS Trust.</p> <p>The E-systems Programme Board has been established. The Programme and Project Managers have been appointed and have been in post since September 2022.</p> <p>The newly appointed Programme Manager has reviewed the approach to procurement of the three e-systems and as a consequence the original plan to tender for the Job planning element alone has been ceased. The revised approach to tender will ensure all three functions are purchased collectively under the same procurement exercise.</p> <p>This approach has been agreed to ensure that interoperability between the systems is forefront in the requirement and that the procured eSystems work together to provide an effective single solution to Medical workforce planning and management.</p> <p>The timeline for procurement has been adjusted to ensure adequate time to prepare a comprehensive requirement and qualitative assessment process. The new timeline will permit Implementation from April 2023 onward.</p> <p>This process is close to completion and consultation is now underway with stakeholders across the Health Board to agree and finalise the requirement.</p>

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

ACTION PLAN FOR JOB PLANNING 2021-2022

R2 R4 R5	4.2	Procurement and implementation of appropriate system(s)	Review March 2023	Director of Workforce/ Director(s) of Operations	Simon Line (Programme Manager)	See above 4.2
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		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
	5. TRAINING/ SUPPORT & RESOURCES					
R3 R4	5.1	Review the E-training package to align with new Health Board procedure	Review – January 2023	Medical Director/Director of Workforce & OD	Stephen Edwards/Kathryn Bourne	Review and update action and achievement date end of January 2023 as dependent on 1.1.
R3 R4	5.2	Review training requirements and means of upskilling staff to undertake job planning	January 2023	Medical Director/Director of Workforce & OD	Workforce Business Partners and DDs	<p>Training on job planning has been conducted over the years for medical managers and consultants The classroom approach was amended to an e-learning package and made available via the divisional management teams.</p> <p>The package will require review and possible revision on the basis of the new Procedure.</p> <p>The e-learning package remains available.</p> <p>Support and advice is available as required.</p> <p>Job planning now forms part of the Senior Clinician CPD programme.</p> <p>Review and update action and achievement date end of January 2023 as dependent on 1.1.</p>
R4	5.3	Work with divisional teams to identify support required to enable Medical managers to fulfil their job roles in respect of delivery of annual job planning aligned to service requirements	June 2021	Medical Director/Director of Workforce & OD	Workforce Business Partners and DDs	<p>The following support is already available and being built on:-</p> <ul style="list-style-type: none"> • E-job planning training package with request to send queries and questions for formulation of FAQs • Ad hoc advice and help with problem solving as required from DMD, Professional lead M&D WF and WFBPs, • Job planning clinics and webinars

		OBJECTIVES	ACTION REQUIRED BY	RESPONSIBLE DIRECTOR	LOCAL LEAD	STATUS AND MILESTONES
		5. TRAINING/ SUPPORT & RESOURCES				
						The Medical Director has written to Divisional Directors emphasising the need for their CDs to undertake job plan review meetings. He has also asked that a named member of the divisional management team is given responsibility for supporting CDs in doing this and that the Deputy Medical Director is made aware of who is identified
R1	5.4	Review time required to undertake effective job planning annually and ensure this is provided for with Clinical Director and Directorate Managers job roles/plans and objectives.	July 2021	Director(s) of Operations/Medical Director	Divisional Directors /General Managers	A survey of CDs has recently been undertaken (N=27). They fed back unanimously that time and training for their roles is insufficient for them to discharge their duties. A review of time job planned for the CD role is being discussed by DOO and MD. A framework for the appointment and remuneration for medical Leadership posts including CD is in development. The triumvirate development program started in September 2023.

Appendix 2- Procurement and implementation process and timeframes

March 2023

- ✓ Contract Award
- ✓ Supplier workshops

April to May 2023

- ✓ Supplier workshops
- ✓ Environment Build
- ✓ Connectivity
- ✓ Configuration
- ✓ Train the Trainers (systems administration)

May to June 2023

- ✓ Develop Training Programmes and Materials
- ✓ Super User and Champion training

July 2023

- ✓ Families and Therapies implementation and training

August 2023

- ✓ Primary Care implementation and training
- ✓ Families and therapies mop up training and follow up implementation

September 2023

- ✓ Community and Locality implementation and training
- ✓ Primary Care mop up training and follow up implementation

October 2023

- ✓ Unscheduled Care implementation and training
- ✓ Community and Locality mop up training and follow up implementation

November 2023

- ✓ Scheduled Care implementation and training
- ✓ Unscheduled Care mop up training and follow up implementation

December 2023

- ✓ Mental Health and Learning Disabilities implementation and training
- ✓ Scheduled Care mop up training and follow up implementation

January to February 2024

- ✓ Mop Up Training

January to June 2024

- ✓ Iterative follow up training
- ✓ Further drop in sessions
- ✓ eLearning

On-going

- ✓ Further drop in training sessions to be delivered periodically
- ✓ eLearning to be available and kept up to date

APPENDIX 3 - Specific actions undertaken prior to the pandemic

Recommendation 1 –

The Health Board should:

- review the escalation process to ensure that it includes appropriate action following escalation to the Medical Director and holds medical staff to account for failure to have an in-date job plan;
- produce action plans to address poor compliance and review these as part of the monthly divisional meetings with the COO.
- complete job plans on an annual basis, as opposed to a 15-month cycle.
- consider the process for reviewing job plans and look at ways of increasing compliance, such as aligning job planning dates with other activities (i.e., IMTP / Corporate Planning cycle); and
- ensure that divisions and directorates have a process in place for a formal meeting with the consultant / SAS doctor in order to agree the job plan and implement an escalation / disciplinary process if there is not a legitimate reason for failure to agree a job plan.

Actions previously undertaken

1) A review of the escalation process was undertaken	3) Continued performance reporting and inclusion in workforce dashboard
2) Removal of the 15-month Health Board compliance time frame and adherence to the annual review	4) A review of the annual cycle-consideration was given to aligning to IMTP/planning cycle however this was discounted.

Recommendation 2

The Health Board should:

- ensure that consultants and SAS doctors complete the correct pro-forma for job plan reviews; and
- retain documentation as evidence that SPA activity has been discussed and reviewed at job plan reviews

Actions previously undertaken

1) The need to retain documentation from the job plan review, particularly in relation to discussion regarding SPA activity and the requirement to submit job plans on the approved proforma was communicated to all DDs and CDs.	2) The distance learning training pack includes the correct proforma as does all documentation on the medical and Dental Web page
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Recommendation 3

The Health Board should ensure

- that objectives / outcomes within job plans in line with the British Medical Association Guidance Objective Setting – A Resource for Devising and Agreeing Objectives in the 2003 Consultant Contract' i.e., they should be SMART and include service objectives.

Actions previously undertaken

The requirement for SMART objectives for both SPA and DCC activity is included in the distance learning pack

Recommendation 4

The Health Board should ensure:

- that appropriate persons sign off job plans prior to submission; and
- job plans received by Medical and Dental Workforce that are not appropriately signed off, should be sent back to the respective division/directorate to ensure correct sign off.

Actions previously undertaken

The requirement for signed/agreed job plans is constantly reinforced. Job plans are not accepted for compliance recording unless there is evidence via e-mail trail that all parties agree.

Recommendation 5

The Health Board should ensure:

- divisions and directorates review all consultant and SAS doctors contracted hours to confirm they are scheduled for the correct number of sessions; and
- amendments following job plan reviews should be reflected in the job plan pro-forma and sent to Payroll once complete.

Actions previously undertaken

All local management teams reminded of the need to ensure that appropriate change forms are sent to Payroll for any changes in sessions or intensity supplements.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Interim Performance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Christopher Dawson-Morris, Interim Director of Planning & Performance
SWYDDOG ADRODD: REPORTING OFFICER:	Jennifer Keyte, Senior Planning and Service Development Manager

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

The purpose of this report is to provide the Board with an interim progress report against the Aneurin Bevan University Health Boards Integrated Medium Term Plan (IMTP).

This report provides an interim update on key performance areas where information is available since the Quarter 2 Outcomes and Performance Report with a full Quarter 3 report being produced for the March Board meeting.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The Health Board has continued to see sustained pressure on services as the Health Service comes out of pandemic measures and manages Covid pressures alongside recovery and day to day service delivery.

As forecasted in the Regional Winter Plan, respiratory diseases peaked in the final weeks in December, necessitating additional capacity to deal with additional cases of Covid and Flu and impacting staff availability. Despite these challenges there have been performance improvements as the organisation aims to return to pre-pandemic levels of service and to deliver service transformation.

Cefndir / Background

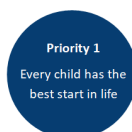
The IMTP for 2022 to 2025 sets out the vision for the organisation, that is to improve population health and reduce health inequalities experienced by our communities. In order to achieve this vision, the IMTP focusses on 5 life course priorities.



This report provides a high-level overview of activity and performance updates where available as at the end of November/December 2022, with a focus on delivery against key national targets included within the performance dashboard.

Asesiad / Assessment

1.1 Priority 1 – Every child has the best start in life

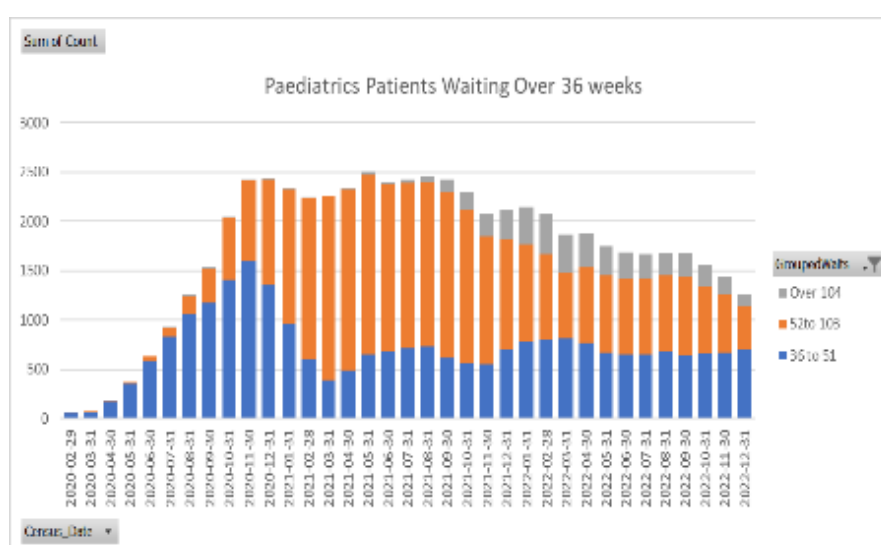


Our Outcomes:



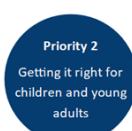
The number of children on the Health Board's waiting lists who have been waiting over 36 weeks for treatment increased during the pandemic and peaked during the summer of 2021. There was a

focused effort during Quarter 3 on paediatric ENT patients and as of December 2022, all children who had waited more the 52 weeks had their first outpatient appointment. Additionally, the Health Board is working alongside the Welsh Health Specialities Services Committee (WHSSC), who are undertaking a deep dive into a range of paediatric sub-specialities to develop options with a focus on addressing increased waiting lists, in particular those waiting over 2 years.



There has been a reported sustained position with regards to childhood immunisation, with 90% of children receiving 2 doses of the MMR vaccine by the age of 5. Additionally, 94% of children received 3 doses of the hexavalent '6 in 1' vaccine by age 1, demonstrating sustained strong performance.

1.2 Priority 2 – Getting it right for children and young adults



Our Outcomes:



Access to services on the CAMHS Neurodevelopmental (ND) pathway has a target of children waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment. The service has unfortunately not seen an improvement

in Nov 2022 with 47.8% compared with 47.7% in Sep 2022 against the target of 80%.

It has been evidenced that there has been a significant increase in service demand and the level of acceptance of ND referrals has grown by 103% since the relaunch in April 2021. The team have been operating additional evenings and weekend clinics, as well as using both telephone and video consultation to meet the demand. This increase in demand and also the impact of the easing of COVID19 lockdown and the restarting of face to face

appointments resulted in a backlog of follow up appointments for the children undergoing a neuro-developmental assessment.

Part of the changes, that are being introduced to better meet demand, include working more closely with Local Education teams with the help of our Schools InReach, School Nurses, the Locality Community support services and School staff to help schools produce a tailored school setting support plan. The service is also reviewing all children and young people on the existing waiting list assessing their appropriateness for assessment and working with their parents/carers with signposting to alternative support or if they would benefit from support by other community services. Continuing this work will mean only those children and young people who need to be on the waiting list are progressed to ND for assessment.

1.3 Priority 3 – Adults in Gwent live healthily and age well



Time-based waiting measures form a large element of the Minister's Priority Delivery Measures. In this framework, a smaller number of core measures have been selected to represent key areas of delivery as proxy

measures of effective use of an individual's time. However, as part of the organisation's forecast performance against the core Ministerial measures, the table below shows actual performance as of December against the plan.

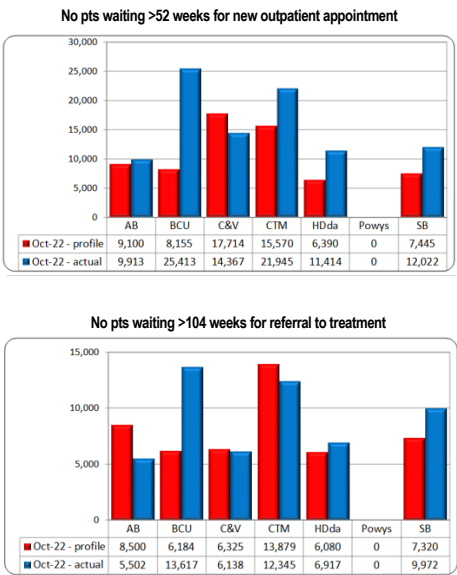
Measure	Target	Mar-22	Forecast		
			OCT	NOV	DEC
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	8,946	5644	5309	4873
	Planned		3251	2899	2719
Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	32,720	34750	34921	35342
	Planned		25,495	25,778	28,017
Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	58.00%	62%	61.4%	60.3%
	Planned		60%	62%	62%
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	1,884	1266	1453	1318
	Planned		599	497	512
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by December 2022	9,975	10,198	10,289	9786
	Planned		9100	9200	9300
Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	17,910	20894	20622	21233
	Planned				
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	2,986	2,749	2727	2599
	Planned		1666	1344	1200
Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	65.00%	53.3%	55.6%	
	Planned		50%	55%	55%

Planned Care

Maximising an individual's time is a core element of planned care. There has been some progress as of December in treating the longest waiting patients - those waiting over 104 weeks, however, performance is not yet achieving target delivery against the plan. The work in outpatients has progressed the 'see on symptom and patient initiative follow up' Implementation Plan with 12 new pathways developed. To maximise time, a One Stop Treatment Unit at RGH has opened undertaking general surgery, colorectal infusions and

dermatology from September 2022. Nephrology Infusions, Max Fax and ENT went live during Quarter 3.

Whilst at an aggregate level the Health Board has not achieved the 104 week, the majority of specialty areas have achieved this target. The majority of long waiters are in three specialties Orthopaedics, Ophthalmology, and ENT. There has been targeted work in all three specialties to treat the longest waiting cohort and with the exception of ENT, where, for example, the total capacity available for ENT is less than total cohort to meet the target, improvements will mean that there should not be any long waiting patients by quarter 4. Improvement in outpatient performance remains essential to make the most of individual's time and is a core focus of the Planned Care Programme. A deep dive into these three areas was provided to the Finance and Performance Committee meeting in January.

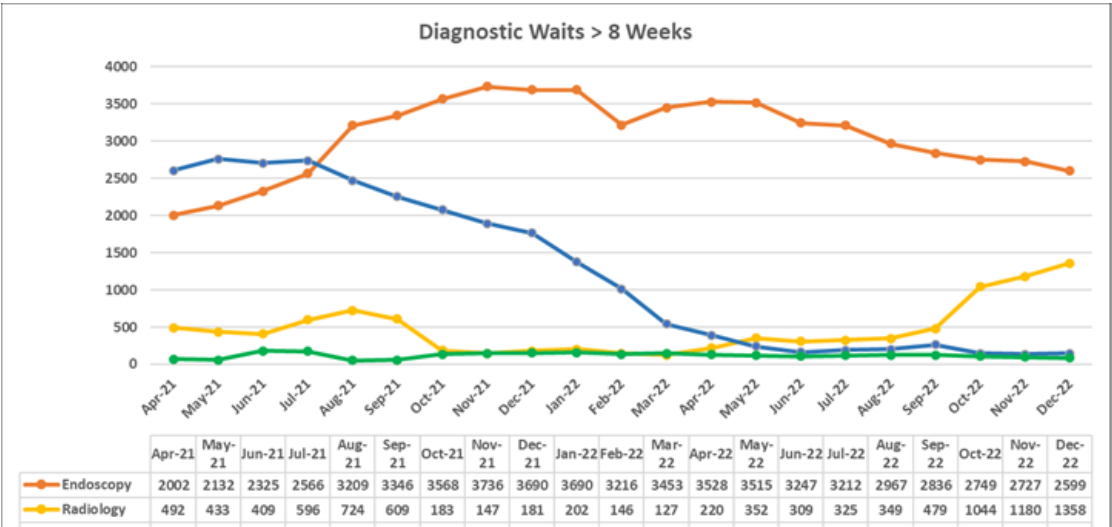


In relation to treatments, the Specialties are balancing the principle of undertaking activity defined by clinical prioritisation, and a time-based approach for the longest waiting patients; this enables timely care for the most urgent patients and clinically-led decision making. The Health Board has one of the smallest proportion of patients waiting more than 52 weeks for a new outpatient appointment. During October 2022, there was a reduction in the number of patients waiting over 104 weeks from referral to treatment and Aneurin Bevan has the smallest proportion of patients waiting across Wales. Activities in the next quarter to maintain our current performance include a refresh of demand and capacity for IMTP next year, review of GIRFT Outpatient Model work when released for the 9 specialty outpatient models and a clinical review of the Interventions Not Normally Undertaken process.

Diagnostics

As seen in the graph on the right, cardiology has seen significant improvement, driven by use of an insourcing company to deliver additional echo capacity. Further key areas in diagnostics include:

- Continued insourcing of additional endoscopy capacity has supported a maintenance in the 8-week backlog with a small decrease in the numbers of people waiting at the end of December (2599)
- Radiology diagnostics have seen a sustained increasing trend in the numbers waiting in MRI and ultrasound .
- The future development of the RGH endoscopy unit has progressed with approval to recruit ahead of the new unit opening in 2023. It should be noted that this is to sustain services and is predicated on the backlog being cleared by the point of opening, this will be monitored during quarter 4.

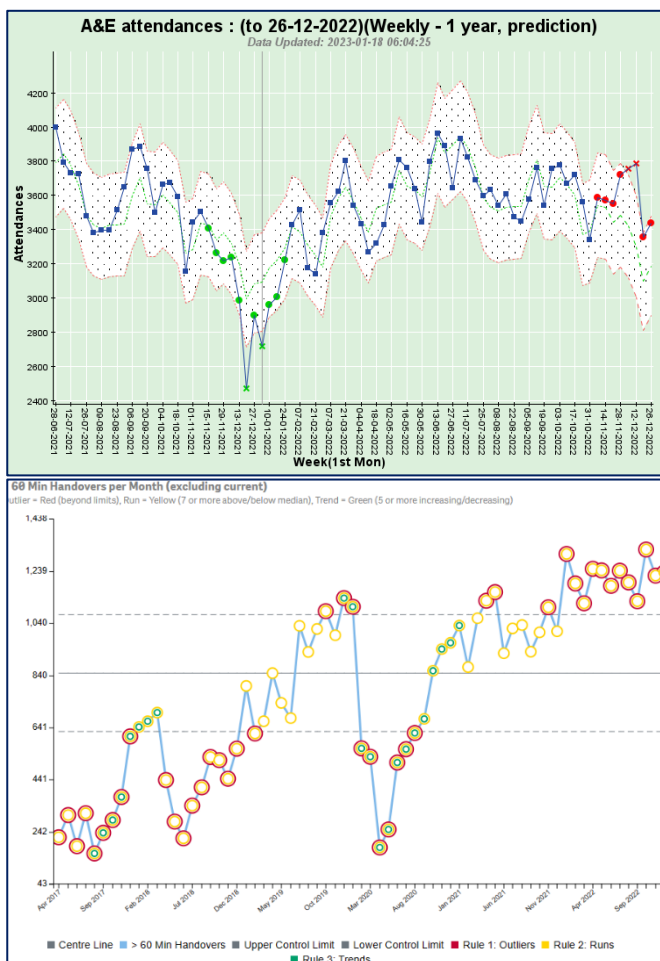


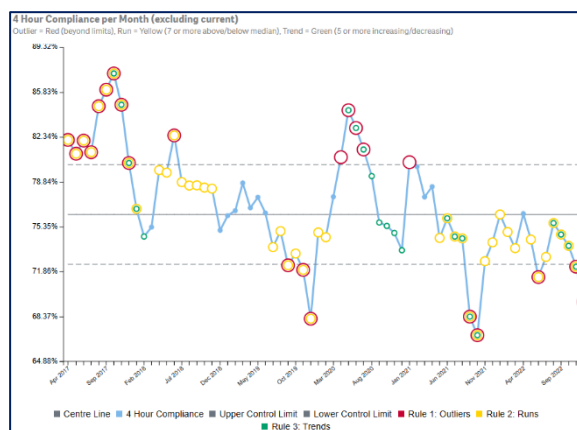
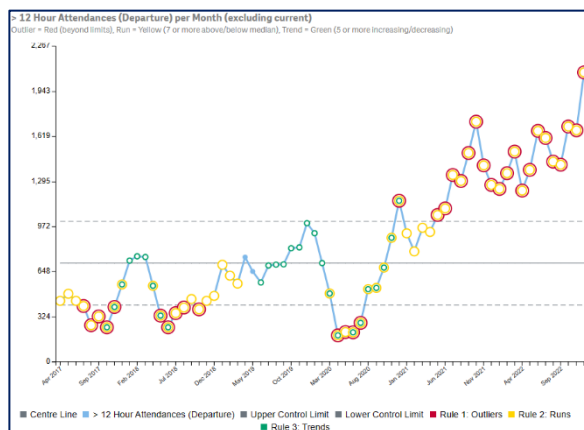
Urgent Care

Urgent Care services continue to be under significant pressure both nationally, regionally and locally, making delivering timely care challenging. This is in the context of significant workforce challenges, increasing demand for urgent primary care, increased ambulance call demand, increasing numbers of self-presenters at Emergency Departments and Minor Injury Units, increased acuity linked to post lockdown impact, increased bed occupancy for emergency care and high levels of delayed discharges linked with significant social care workforce challenges.

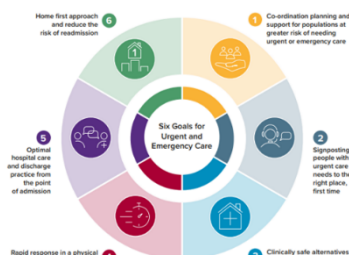
This pressure on the urgent care system has resulted in patients staying in hospital for longer. The average length of stay for emergency admissions is at its highest point ever. During December, attendances at the Health Board's Emergency Departments (ED) operated above forecasted levels and did not follow the seasonal trends. The average time from arrival to departure in the GUH ED department continues to be above target and increased during December in line with peaks in respiratory illness. Additionally, during December, a total of 1,234 patients waited for over 60 minutes to be transferred to the Emergency Department from an Ambulance. This is a result of poor flow through the system for those who need to be admitted, and the pressure to enable patients who are medically fit to return home. The sustained numbers referred to a specialty but discharged from ED is a key indicator of the pressure across the system.

The extreme pressures upon the urgent care system this winter have impacted on the performance measures of patients waiting under 4 hours and over 12 hours in Emergency Departments. During Quarter 3, compliance against patients treated within 4 hours deteriorated from 74.8% (Sep 22) to 69.5% (Dec 22). Additionally, during December, there was a significant increase from 1415 patients (Sep 22) waiting over 12 hours to 2078. Despite these challenges, during October, Aneurin Bevan was the best performing Health Board across Wales with 73.9% of patients treated within 4 hours and whilst the 95% target has not been met, its performance is significantly higher than the all Wales average of 66.6%.





Six Goals for Urgent and Emergency Care



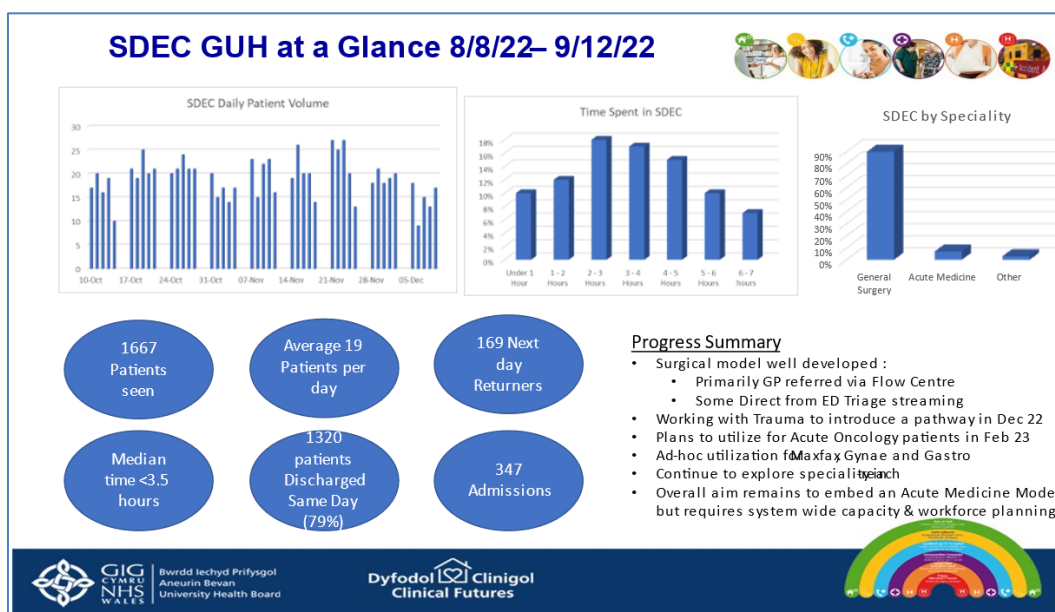
The Health Board has seen broadly positive momentum through each of the goals in the context of significant operational pressure. Engagement with Welsh Government continues to build momentum with Welsh Government and national goal lead representation at programme board.

Goal 1: A 'High intensity User Service Model' exists within ABUHB where referrals are made to a Lead Nurse who is able to make the right community or social referral required to support the patient in safe discharge. However, the model requires strengthening to sustain and grow which is supported by the national Goal 1 lead. A Business case is in development and funding source required for this – closely linking with National Goal 1 lead to develop.

Goal 2: Urgent Primary Care (UPC) centres are already established with a number of referral streams including 111 and re-directions from Minor Injury Units or A&E. UPC has seen significant demand recently notably linked to Strep A concerns. Recently the National UPC programme led a peer review of our service and the findings will be analysed and action plan developed in early 2023. In Addition, a UPC model review is planned for February 23.

Goal 3: Same Day Emergency Care (SDEC) at the Grange opened in August 22, largely receiving General Surgery Patients, however, there are plans to maximize the capacity offered by SDEC by integrating Acute Medicine into the model. SDEC at Ysbyty Ystrad Fawr (YYF) opened in October 22, seeing 'ambulatory' medical patients referred from the AMU. Further services based on the same day ambulatory care model have been implemented in the organisation. Respiratory Ambulatory Care (RACU) funding has been extended to March

23 with the centre established in the Royal Gwent Hospital. A Gastroenterology Ambulatory Care (GACU) model provides consistent service and includes admission avoidance.



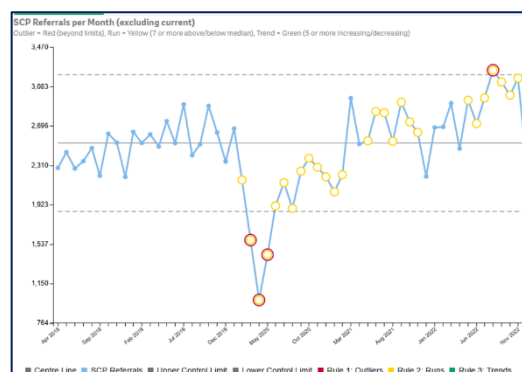
Goal 4: ABUHB has received funding via the Six Goals national 'Innovation Fund' to support implementation of an electronic Triage solution for ED and MIUs. The eTriage project board has been established, aiming to implement in Quarter 2 2023, which will improve clinical visibility of the often very busy waiting areas and improve patient experience. Ambulance handover improvement is a key focus of Goal 4 and there is a plan to pilot a push model of flow during the next quarter. This would encourage timely referrals of limited patients to specialities at given times of the day ensuring that clinical risk is more equitable across a hospital site.

Goal 5: A re-energized Discharge planning framework will be launched in January 2023 in collaboration with the Delivery Unit. So far, training has been completed at eLGH sites with Focused engagement led at 3 wards on at each site to engage staff and generate ideas for improvement linked to Multi Disciplinary Team Board rounds, daily huddles, red/green days and criteria led discharge.

Goal 6: A business case has been approved to provide additional First Front Door Therapies staff dedicated to ED to support a 'home first' approach. The first team member started in Late December with on-going recruitment to additional therapies posts. Homeward bound Nurse led wards have been developed at 2x eLGH sites for Medically Fit For Discharge patients with the aim that this provides more suitable care for those not requiring regular medical intervention and encouraged reablement.

Cancer services including Single Cancer Pathway

Compliance against the 62-day target for definitive cancer treatment has increased from 54.2% (September) to 55.6% at the end of November. Whilst performance is compliant with the planned level of 55%, this remains in breach of the target. Significant increases in demand relating to suspected cancer referrals have continued to exceed 2,500 referrals per month and is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres.



There are a number of factors which have had an impact on overall performance. A primary driver is a considerable reduction in skin treatments. The volumes for this specialty have historically contributed in increasing the performance denominator. This reduction has been influenced by the current pathology pressures. The pressure on the diagnostics part of the pathway is a significant constraint with actions continuing to improve the position through outsourcing.

Stroke Care

The Health Board monitors a number of key quality metrics for urgent intervention in stroke that determines whether a patient was able to have a CT scan within 1 hour and be admitted to the HASU within 4 hours of arriving at the hospital. Whilst stroke patients will receive necessary care interventions in the Emergency Department, and often pre-hospital by the paramedics, a timely scan and HASU care are critical for optimal outcomes.

The proportion of patients with a confirmed stroke directly admitted within 4 hours has remained low over the past 9 months which reflected a similar performance across Wales. The position deteriorated in October with 20% compared with 25% in August 2022. In October 2022, the Health Boards position of the percentage of patients assessed by a stroke consultant within 24 hours also deteriorated to 80% against a target of 85%.

The measure of the percentage of stroke patients receiving the required minutes for speech and language therapy was 30% compared with 33.1% in August 2022. The impact of the urgent care system pressures has resulted in decisions being taken to use the HASU therapy assessment room as additional bed capacity; whilst this assessment facility is unavailable then it is not possible to undertake the required level of therapy assessment for stroke patients during the critical acute phase.

1.4 Older adults are supported to live well and independently

Priority 4
Older adults are supported to live well and independently

Our Outcomes:

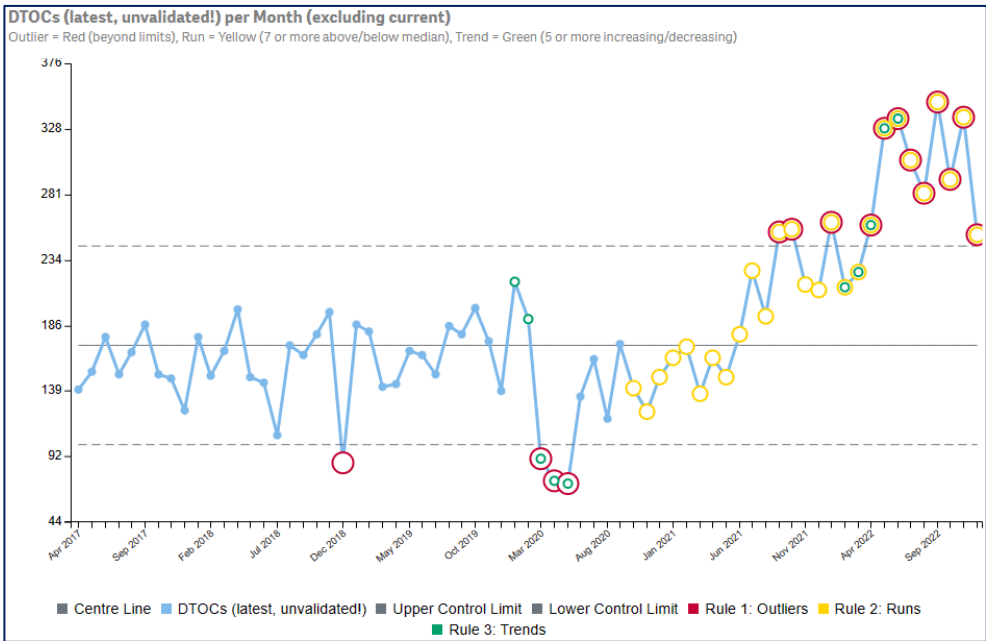
Prevention and keeping older adults well

Delivering care closer to home

Reducing admissions and time spent in hospital

Timely patient discharge or transfer of care to another provider is essential to ensure the timely admission of patients from the Health Board’s Emergency Department, or the transfer of patients from one site to another within the

Health Board. The number of these patients was a formal reporting measure prior to the COVID-19 pandemic but was suspended by Welsh Government at the start of the pandemic in March 2020. The Health Board still monitors the number of these patients for internal use however the actual number is unvalidated and may be higher or lower. The chart below illustrates the pre-pandemic numbers and the increases since July 2021.



Prior to the COVID-19 pandemic, there were typically 160 patients who had their discharge or transfer of care delayed. Since July 2021, this number has rarely dropped below 200 and at its highest in June has been in excess of 360. The position at the end of December is 252 and with the pressure across the health system this number may increase in the coming months.

For the winter and quarter 4, this is an area of focus in partnership with the Integrated Service Partnership Board and Regional Partnership Board structures, to support the care home sector, enhance our Rapid Response Model, and access to hot clinics, providing single points of access and direct admissions pathways.

Argymhelliad / Recommendation

The Board is asked to discuss and note the contents of this report for assurance purposes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The monitoring and reporting of organisational risks are a key element of the Health Board's assurance framework.
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
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Rhestr Termiau: Glossary of Terms:	New terms are explained within the body of the document.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Elements are discussed across the Board's committees.

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
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.

Integrated Performance Dashboard

December 22

Appendix 1

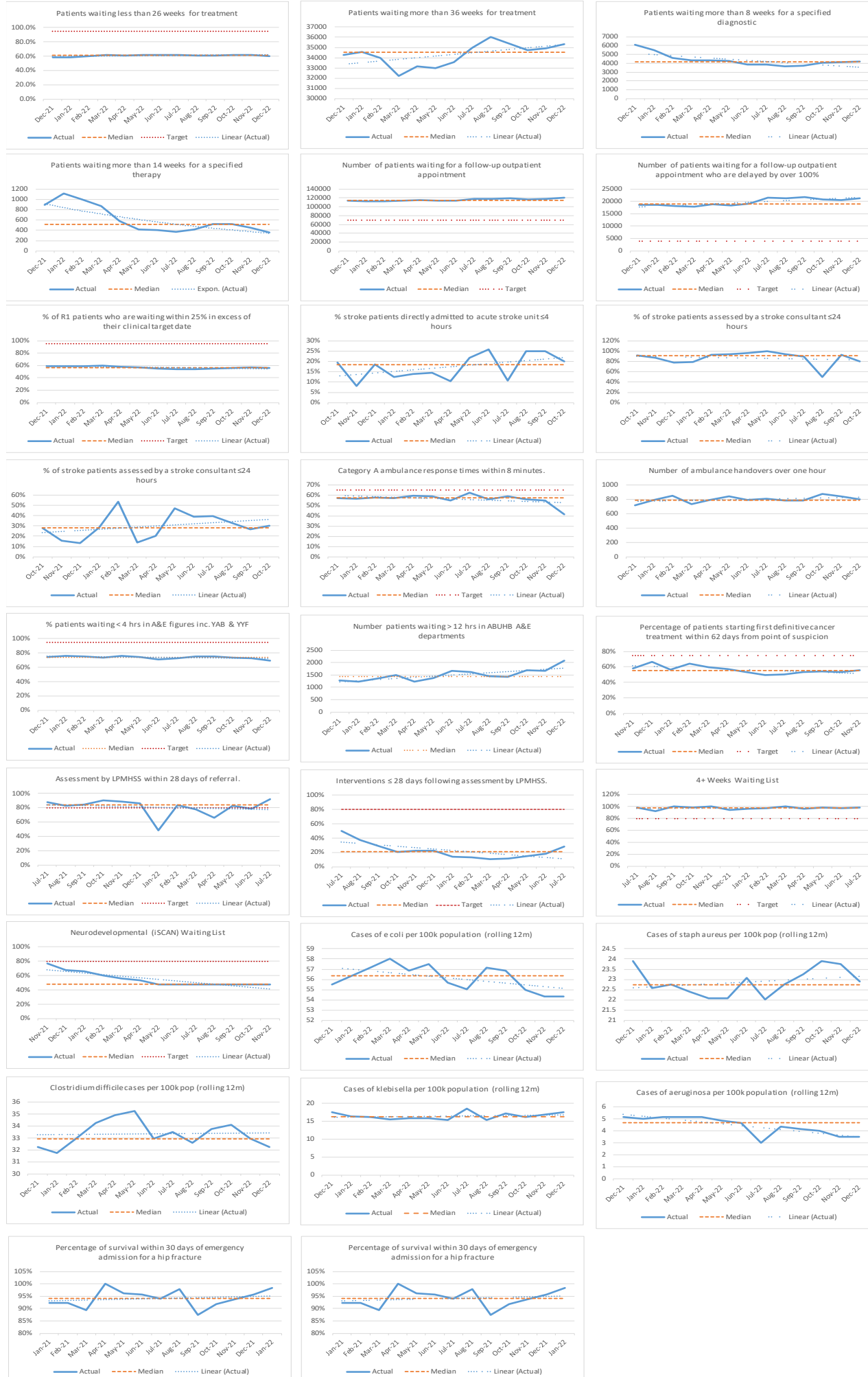
Domain	Sub Domain	Measure	Report Period	National Target	Current Performance	Previous Period Performance	In Month Trend	Performance Trend (13 Months)	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	
Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement	RTT	Patients waiting less than 26 weeks for treatment	Dec-22	95%	60.3%	61.4%	↓		58.4%	58.3%	59.8%	61.9%	61.2%	61.4%	62.1%	62.1%	61.2%	60.9%	62.0%	61.4%	60.3%	
		Patients waiting more than 36 weeks for treatment	Dec-22	0	35342	34921	↓		34254	34542	33947	32202	33177	32959	33570	34980	36051	35395	34750	34921	35342	
		Patients waiting more than 8 weeks for a specified diagnosis	Dec-22	0	4188	4137	↓		6120	5495	4574	4300	4305	4266	3871	3882	3641	3706	4048	4137	4188	
		Patients waiting more than 14 weeks for a specified therapy	Dec-22	0	362	450	↓		891	1111	997	886	574	412	403	371	419	518	516	450	362	
	Follow Up	Number of patients waiting for a follow-up outpatient appointment	Dec-22	69268	120202	117900	↓		113705	112312	112359	113107	114624	113809	114441	117711	117586	119848	116844	117900	120202	
		Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Dec-22	3903	21233	20622	↓		18504	18604	18032	17939	18787	18402	19055	21650	21306	21678	20994	20622	21233	
	HRF	% of RT patients who are waiting within 25% in excess of their clinical target date	Dec-22	95%	55.8%	56.8%	↓		59.4%	58.6%	59.0%	59.5%	57.7%	56.8%	55.4%	53.6%	54.4%	54.7%	55.6%	56.0%	55.8%	
		% of RT patients who are waiting within 25% in excess of their clinical target date	Oct-22	50%	20.0%	25.0%	↓		18.5%	12.6%	14.0%	14.5%	10.3%	21.7%	25.9%	10.7%	25.0%	25.0%	20.0%			
	STROKE	% of stroke patients assessed by a stroke consultant <24 hours	Oct-22	85%	80.0%	82.7%	↓		77.8%	78.9%	93.0%	94.3%	96.7%	100.0%	94.5%	89.7%	59.9%	92.7%	89.0%			
		% of stroke patients receiving the required minutes for speech and language therapy	Oct-22	57%	30.0%	26.7%	↓		13.1%	28.1%	53.5%	13.6%	20.0%	46.9%	39.0%	39.4%	33.1%	26.7%	30.0%			
		Percentage of stroke patients who receive mechanical thrombectomy	Oct-22	10%	0.0%	2.5%	↓		1.4%	1.4%	1.5%	0.5%	0.8%	1.6%	1.9%	3.4%	0.0%	2.5%	0.0%			
		Category A ambulance response times within 8 minutes	Dec-22	65%	41.5%	55.2%	↓		57.6%	56.5%	58.1%	57.4%	59.6%	59.3%	55.0%	62.7%	56.1%	59.3%	56.4%	55.2%	41.5%	
	ED	Number of ambulance handovers over one hour	Dec-22	0	802	841	↓		720	791	853	737	794	847	793	808	782	789	882	841	802	
		% patients waiting < 4 hrs in A&E figures inc. YAB & YFF	Dec-22	95%	69.5%	72.3%	↓		74.1%	76.3%	74.9%	73.7%	76.4%	74.2%	71.4%	73.0%	75.6%	74.8%	73.9%	72.3%	69.5%	
	Cancer	Number patients waiting > 12 hrs in A&E figures inc. YAB & YFF	Dec-22	0	2078	1662	↓		1270	1241	1354	1508	1229	1378	1658	1607	1437	1415	1689	1662	2078	
		Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion	Nov-22	75%	55.6%	53.3%	↓		66.7%	56.6%	64.4%	59.7%	56.9%	63.4%	49.4%	50.4%	63.0%	54.2%	63.3%	55.6%		
	MENTAL HEALTH	Assessment by LHM&S within 28 days of referral	Jul-22	80%	91.8%	78.3%	↑		86.3%	48.2%	83.7%	77.5%	63.6%	82.7%	78.3%	91.6%						
		Interventions < 28 days following assessment by LHM&S	Jul-22	80%	27.8%	18.1%	↑		22.3%	14.1%	13.1%	10.7%	11.2%	14.6%	18.1%	27.8%						
		Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Jun-22	80%	72.0%	72.0%	↑		75.7%	77.2%	74.6%	72.3%	69.3%	72.0%	72.0%							
		4+ Weeks Waiting List	Jul-22	80%	98.1%	97.7%	↑		94.7%	96.2%	97.2%	100.0%	96.3%	98.3%	97.7%	98.1%						
	CAMHS	Neurodevelopmental (SCAN) Waiting List	Nov-22	80%	47.8%	47.7%	↑		68.1%	65.7%	60.1%	56.2%	63.2%	47.3%	47.5%	47.2%	47.7%	47.7%	47.7%	47.8%		
		Cases of e coli per 100k population (rolling 12m)	Dec-22	67	54.33	54.33	↑		55.5	56.34	57.17	58.91	56.84	57.51	55.67	55.02	57.17	56.84	55	54.33	54.33	
	HCAS	Cases of staph aureus per 100k pop (rolling 12m)	Dec-22	20	22.9	23.74	↑		23.91	22.57	22.74	22.4	22.07	22.07	23.07	22.01	22.74	23.24	23.91	23.74	22.9	
		Clostridium difficile cases per 100k pop (rolling 12m)	Dec-22	25	32.26	32.93	↑		32.28	31.76	32.93	34.27	34.84	35.27	32.93	33.51	32.6	33.77	34.1	32.93	32.26	
		Cases of Meibella per 100k population (rolling 12m)	Dec-22		17.55	16.88	↓		17.55	16.38	16.22	16.55	15.88	15.88	15.38	16.51	15.38	17.22	16.22	16.88	17.55	
		Cases of aeruginosa per 100k population (rolling 12m)	Dec-22		3.51	3.51	↓		5.18	5.02	5.18	5.18	5.16	4.65	4.68	3	4.35	4.18	4.01	3.51	3.51	
		Cumulative number of laboratory confirmed bacteraemia cases - Klebsiella sp	Dec-22	8	12	11	↓		9	4	6	6	10	9	9	9	8	15	5	11	12	
		Cumulative number of laboratory confirmed bacteraemia cases - Aemignosa	Dec-22	2	0	1	↑		0	3	2	2	0	1	3	2	3	1	3	1	0	
Aim 1: People in Wales have improved health and well-being with better prevention and self-management	SMOKING CESSATION	Percentage of adult smokers who make a quit attempt via smoking cessation services	Jun-22	1.25%	1.2%	na	↓		3.2%				4.3%			1.2%						
		Percentage of children who received 2 doses of the MMR vaccine by age 5	Sep-22	95%	90%	na	↓		90%				92%			91%		90%				
	CHILDHOOD IMMUNISATION	Percentage of children who received 3 doses of the hexavalent 6 in 1 vaccine by age 1	Sep-22	95%	94%	na	↓		97%				95%			94%		94%				
		Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18)	Jun-22	90%	99%	99%	↓		94%	98%	95%	80%	99%	99%	99%							
MENTAL HEALTH	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Jun-22	90%	75%	80%	↓		83%	82%	78%	81%	78%	80%	76%								
Aim 3: The health and social care workforce is motivated and self-sustainable	W&D	% PDR/ medical appraisal in the previous 12 months	Aug-22	85%	64%	63%	↑		59%	61%	60%	58%	59%	60%	62%	63%	64%					
		Monthly % hours lost due to sickness absence	Aug-22	7%	7%	7%	↑		7%	6%	6%	7%	7%	7%	7%	7%	7%					
		Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework on by organisation	Aug-22	85%	82%	82%	↑		78%	73%	73%	74%	75%	81%	81%	82%	82%					
Aim 4: Wales has a higher proportion of people in Wales who are employed and social care system	COODING	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Sep-22	95%	87%	85%	↑		86%	85%	85%	86%	87%	86%	87%	88%	85%	87%				
	AGENCY	Agency spend as a percentage of total pay bill	Aug-22	10%	9%	10%	↑		10%	10%	10%	11%	9%	10%	10%	10%	9%					
Efficiency & Productivity	Theatre	Theatre Utilisation (RGH)	Dec-22	87%	84.0%	88.2%	↓		83.7%	81.0%	85.9%	85.9%	84.8%	86.7%	86.7%	87.8%	89.6%	91.3%	87.5%	88.2%	84.0%	
		Theatre Utilisation (NH&I)	Dec-22	85%	85.5%	90.1%	↓		81.8%	84.3%	81.7%	81.7%	75.4%	87.3%	87.2%	80.1%	86.6%	88.6%	91.3%	90.1%	85.5%	
	Average LoS	Theatre Utilisation (GLH)	Dec-22	68%	65.9%	68.6%	↓		67.1%	68.9%	69.4%	69.4%	64.7%	65.2%	69.0%	67.2%	69.5%	74.6%	67.4%	68.6%	65.9%	
		Elective Surgical AvtLoS (RGH)	Dec-22	3.32	6.0	3.3	↓		3.90	2.60	3.00	3.00	3.40	3.12	3.31	3.65	3.60	3.90	3.12	3.28	6.00	
		Elective Surgical AvtLoS (NH&I)	Dec-22	3.36	1.7	10.4	↓		0.90	1.00	3.48	3.48	4.00	0.56	1.50	9.67	1.43	1.50	2.63	18.40	1.70	
		Elective Surgical AvtLoS (GLH)	Dec-22	2.30	3.5	2.4	↓		3.10	1.80	2.00	2.00	2.19	1.66	3.64	1.89	2.60	1.70	1.61	2.36	3.58	
		Emergency Medical AvtLoS (RGH)	Dec-22	10.54	11.0	10.5	↓		9.60	9.20	11.30	9.60	11.72	11.33	11.24	11.82	9.60	9.10	11.01	10.51	11.00	
		Emergency Medical AvtLoS (NH&I)	Dec-22	11.69	10.0	13.1	↑		11.30	11.70	13.70	12.40	14.10	10.15	11.92	8.91	10.49	9.80	12.16	13.06	10.00	
		Emergency Medical AvtLoS (GLH)	Dec-22	4.59	4.4	4.4	↑		4.50	4.50	4.70	4.40	4.54	4.95	4.47	5.06	4.57	4.40	4.57	4.41	4.40	
		Readmissions	Readmission Rate Within 28 Days (CHKS)	Sep-22	0.10	0.10	9.7%	↑		10.7%	11.4%	10.5%	10.8%	10.9%	9.8%	10.5%	10.4%	9.7%	9.8%			
		Cancellations	Elective Procedures Cancelled Due to No Bed	Dec-22	15	4.0	13.0	↑		2	16	19	11	5	14	29	32	15	9	12	13	4

Trend Key

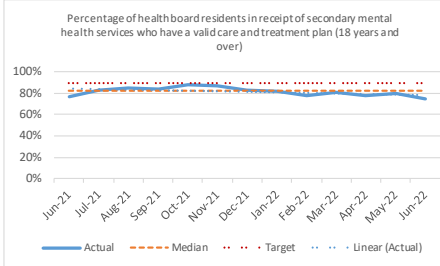
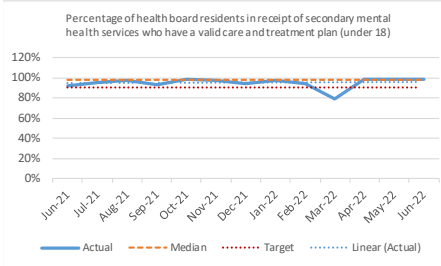
Achieving rating target and improved against previous reported position
 Achieving rating target but deteriorated against previous reported position
 Not achieving rating target but improved against previous reported position
 Not achieving rating target and deteriorated against previous reported position

If measures are no longer in the Delivery Framework, current performance is measured against previous month

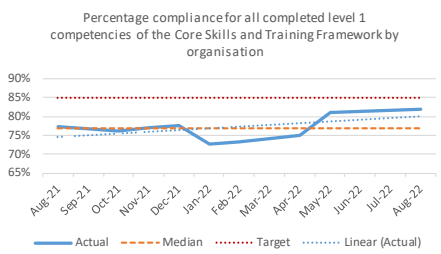
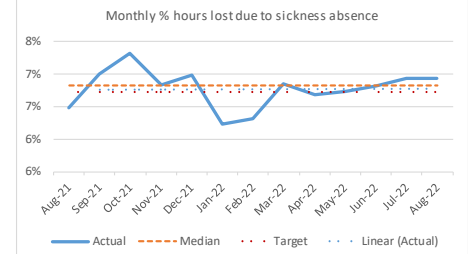
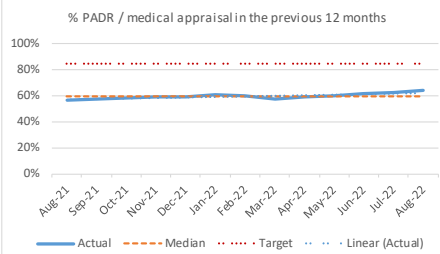
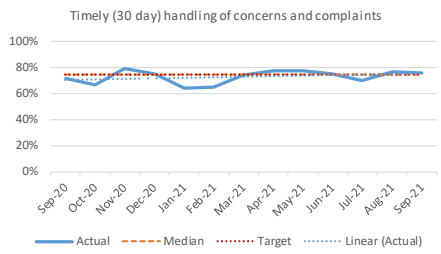
Aim 2: People in Wales have better quality and accessible health and social care services, enabled by digital and supported by engagement



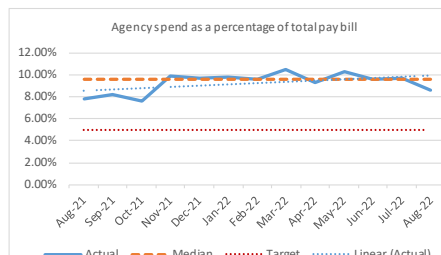
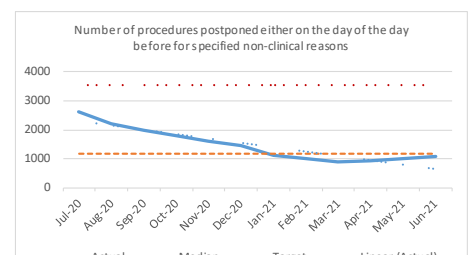
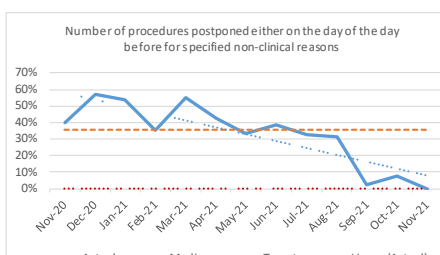
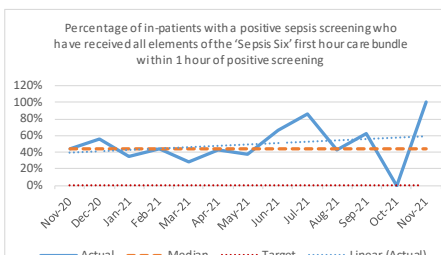
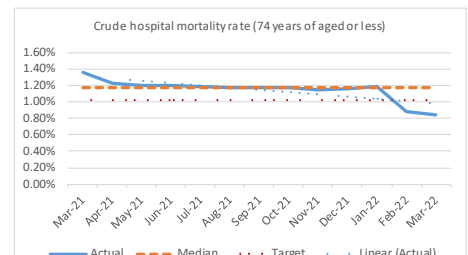
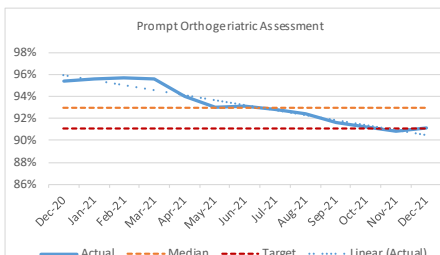
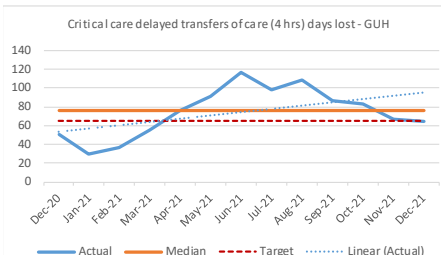
Aim 1: People in Wales have improved health and well-being with better prevention and self-management



Aim 3: People in Wales have improved health and well-being with better prevention and self-management



Aim 4: Wales has a higher value health and social care system that has demonstrated rapid improvement and innovation, enabled by data and



DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Report – December (Month 9)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: REPORTING OFFICER:	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad **Purpose of the Report**

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of December 2022 and forecast position – against the statutory revenue and capital resource limits,
- The savings position for 2022/23,
- The significant level of risk to the financial position,
- The revenue reserve position on the 31st of December 2022,
- The Health Board's underlying financial position, and
- The Capital position.

ADRODDIAD SCAA **SBAR REPORT**

Sefyllfa / Situation




This report sets out the financial performance of Aneurin Bevan University Health Board, for the month of December 2022 (month 9) and the year-to-date performance position for 2022/23.

The 2022/23 financial performance is measured by comparing the expenditure with the budgets as delegated in the Budget Delegation papers agreed at the March and July 2022 Board meetings and updated during the year. The Health Board has statutory financial duties and other financial targets which must be met. The table below summarises these and the Health Board's performance against them.

Dec-22

Performance against key financial targets 2022/23

+Adverse / () Favourable

Target	Unit	Current Month	Year to Date	Trend	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of its funding in each financial year. <i>This confirms the YTD and forecast variance.</i>	£'000	2,997	31,766		37,000
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 £36,702	2,441 6.7%	16,979 46.3%		0
Public Sector Payment Policy To pay a minimum of 95% of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	96.3%	95.2%		>95%

Performance against requirements 21/22		19/20	20/21	21/22	3 Year Aggregate (19/20 to 21/22)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	✓	(32)	(245)	(249)	(526)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	✓	(28)	(13)	(50)	(91)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	✓				

Underlying Financial Position (Brought Forward ULP)	19/20	20/21	21/22
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£11.405m Deficit	£16.261m Deficit	£20.914m Deficit

Note: The Health Board has submitted an IMTP for 2022/23 – 2024/25, which has been approved by WG on the basis of achieving financial balance.

Cefndir / Background

Key points to note for month 9 include:

- A reported year to date position of **£31.8m deficit**, (the original IMTP plan for month 9 was £1.43m deficit), the revised in year profile for month 9 was expected to be £31.7m year to date deficit.
- Income - includes anticipated Covid-19 and exceptional cost pressure funding of c.£32m,
- Pay Spend (excluding annual leave provision) – has decreased by c.£1.3m (2.1%). Variable pay excluding bank pay award costs decreased by £0.4m (2.1%). Vacancy cover and enhanced care costs remain significant across the Health Board.
- Non-Pay Spend (excluding capital adjustments) - has increased by c.£5.1m (6%) due to funded increased costs for WHSSC drugs as well as rates and project 111 costs.
- Savings – overall achievement is £2.2m above the month 6 revised plan as at month 9 (£11.5m achievement versus £9.3m plan) with on-going risks with delivery of a number of savings opportunities where achievement is assumed in quarter 4.

At Month 9, the year to date reported revenue position is a £31.8m deficit and the reported capital position is break-even. The forecast year end revenue position continues to be reported as a £37m deficit (capital forecast is break-even). The revenue position is in deficit and still has significant risks in order to achieve the reported forecast.

The underlying financial deficit coming into 2022/23 (£20.9m) needed to be addressed to support financial sustainability and recurrent balance in future years. The IMTP assumed recurrent savings opportunities will be achieved through transformation to reduce the underlying financial deficit for 2023/24 (to £8m). Given the forecast deficit and review of savings plans, the revised underlying financial deficit for 2023/24 is being worked through in detail, the current forecast for 22/23 is reported as £52m as an interim estimate however a higher figure is likely to emerge. The revised underlying deficit position will be updated as part of the 2023/24 IMTP process and will be approved as part of the IMTP by Board.

The Board has approved the 2022/23 – 2024/25 IMTP initial Budget delegation plan for 2022/23 as well as an update for quarter 2. WG have approved the IMTP which assumes financial balance.

Asesiad / Assessment

- **Revenue Performance**

The month 9 position is reported as a **£31.766m deficit**, The forecast position was agreed by the Board on the 12th of October as **a likely deficit of £37m**. A CEO accountability letter was forwarded to the Director General for NHS Wales to accompany the WG monthly monitoring return on the 13th October. A response to this letter has been received acknowledging the forecast and requests further mitigations be achieved wherever possible.

This forecast position still has risk since it relies on further savings achievement and mitigating actions across a range of areas. Financial recovery remains a standing item on weekly Executive meetings, with a monthly Executive Financial Recovery Board established.

The financial deficit is made up of the following elements:-

- Additional bed costs and enhanced care above clinical futures plan – £12m
- Unachieved savings plans, urgent care system variable pay - £20m
- CHC / Prescribing costs above funded levels – £15m
- Further risks incurred outside of IMTP, income, planned care and cancer- £5m
- Testing costs above funded levels - £1.6m
- Mitigating actions to reduce testing expenditure – (£1.6m)
- Revised savings and mitigating actions – (£15.0m)
- **Total 2022/23 forecast deficit = £37m**

A summary of the financial performance is provided in the following table.

Summary Reported position - December 2022 (M09)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	281,613	(1,592)	(1,893)	301
Prescribing	99,194	8,196	6,727	1,469
Community CHC & FNC	71,194	(2,622)	(2,212)	(409)
Mental Health	108,208	8,761	7,371	1,390
Director of Primary Community and Mental Health	755	(106)	(95)	(10)
Total Primary Care, Community and Mental Health	560,964	12,638	9,898	2,740
Scheduled Care	181,308	14,260	12,873	1,387
Clinical Support Services	50,554	4,286	3,556	731
Medicine	110,598	18,178	16,282	1,895
Urgent Care	42,264	4,531	4,133	398
Family & Therapies	124,456	(180)	(186)	7
Estates and Facilities	102,986	33	85	(52)
Director of Operations	7,723	663	625	38
Total Director of Operations	619,887	41,771	37,369	4,402
Total Operational Divisions	1,180,851	54,409	47,266	7,142
Corporate Divisions	114,958	(12,702)	(9,872)	(2,830)
Specialist Services	175,983	(3,016)	(2,580)	(436)
External Contracts	83,466	(163)	(232)	69
Capital Charges	38,771	(411)	(446)	35
Total Delegated Position	1,594,029	38,117	34,136	3,981
Total Reserves	9,033	(6,351)	(5,367)	(984)
Total Income	(1,603,062)	0	(0)	0
Total Reported Position	0	31,766	28,769	2,997

The position has been underpinned by appropriately releasing part of the annual leave accrual, maximising available non-recurrent opportunities and assuming an on-going level of funding for Covid-19 and exceptional pressures to match related costs. Current service pressures being experienced continue to be incredibly challenging. The Health Board approved IMTP assumed achievement of a break-even position in 2022/23 and was predicated on:

- Achieving savings of at least £26m,
- Managing and mitigating the £19m risks included in the IMTP through cost avoidance,
- Managing any new in year cost pressures,
- WG funding for Covid-19 (local and national), exceptional cost pressures and wage award.

As part of the mid-year review, it was determined that a forecast deficit of £37m was most likely for the 2022/23 outturn position.

The Board has considered and approved a revised savings plan for income opportunities and cost reduction opportunities and likely delivery levels for 22/23. The focus areas included within current forecasts are as follows:

- Variable pay - Medical, Enhanced Care, HCSW agency - £2.8m,
- Bed reductions - £1.5m

- Additional Medicines Management - £1m
- CHC (Mental Health and Complex Care) - £0.8m
- Further procurement - £0.9m
- Investment opportunities slippage - £1.5m
- Corporate / commissioning / expenditure avoidance - £4.5m
- Income / efficiencies - £0.7m
- RTT opportunities - £1.2m
- Testing - £1.6m

An update on these areas is provided later in the report.

To ensure delivery of the IMTP service, workforce and financial plans, progress must be made to deliver transformational change to support value-driven efficiency improvement and financial sustainability. While transformation is the preferred sustainable solution for long term efficiency and value gain, short term actions need to be strengthened to support 2022/23 financial improvement in parallel with accelerating efficiency delivery through the IMTP priority transformation programmes.

Summary of key operational pressures for Month 9

- During December 2022, pay expenditure (excluding the effect of reduced annual leave provisions) decreased compared with November due to reduced enhancement costs (4 week pay month as opposed to 5 weeks in the previous month). Variable pay costs decreased in-month (£0.4m) particularly for bank costs which was off-set by increased agency costs. This was mainly due to the on-going review of shifts booked but not worked/paid carried out in month 8. In addition, reduced availability in some specialities resulted in costs lower than forecast. Variable pay costs remain significant (£8.3m in month 9) and are mainly within nursing and medical staff categories to provide cover for vacancies and enhanced care. HCSW costs in estates and facilities remains high compared to other Health Boards. Non-Pay Spend (excluding capital adjustments) - has increased by c£5.1m (6%) due to increased funded WHSSC drug and other commissioning costs (£3m) as well as increased project 111 (£1m) and rates (£1.6m) payment costs. The increased expenditure is matched by funding for these areas so there is no impact to the UHB financial position.
- The number of Covid-19 positive patients in hospital has steadily increased throughout December. The total number of patients (positive, suspected and recovering) is 319 (31st December 2022) which is now at similar levels to end of April 2022 (319 as of 24th April 2022). There remains a considerable number of patients recovering from Covid-19 across several wards in the Health Board. The temporary staffing cost to operate these areas, some of which are surge capacity, remains significant.
- Demand for emergency and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. There are 253 inpatients who are fit for discharge as at the end of December, approximately 23% of the blocked bed days are health related, 56% are social care and package of care related with the remaining 22% relating to other reasons e.g. patient/family related, nursing homes, etc.

- The extrapolated cost of the associated blocked bed days which are social care and package of care related is c.£9.4m using a £150 cost per bed day (actual costs may be more due to agency usage). The surge capacity required for this as well as the increased Covid measures in place continues to result in overspends across the UHB. There also remain challenges in terms of demand and flow across the UHB. The challenge is to reduce the requirement for this capacity to achieve a safe and sustainable aligned service, workforce and financial plan for the UHB.
- The operational factors above with enhanced care as well as increasing elective activity, result in significant financial deficits and ongoing pressures.

Additional local Covid-19 costs are expected to be reduced where possible and are being incurred due to the following:

- Additional services established to deal with exceptional emergency pressures across all sites,
- 'green' patient pathways to minimise infection,
- additional bed capacity across hospital sites,
- the number of patients requiring enhanced care,
- delayed discharges for patients waiting for social care support and packages of care, and
- service models being flexed to respond to service pressures faced.

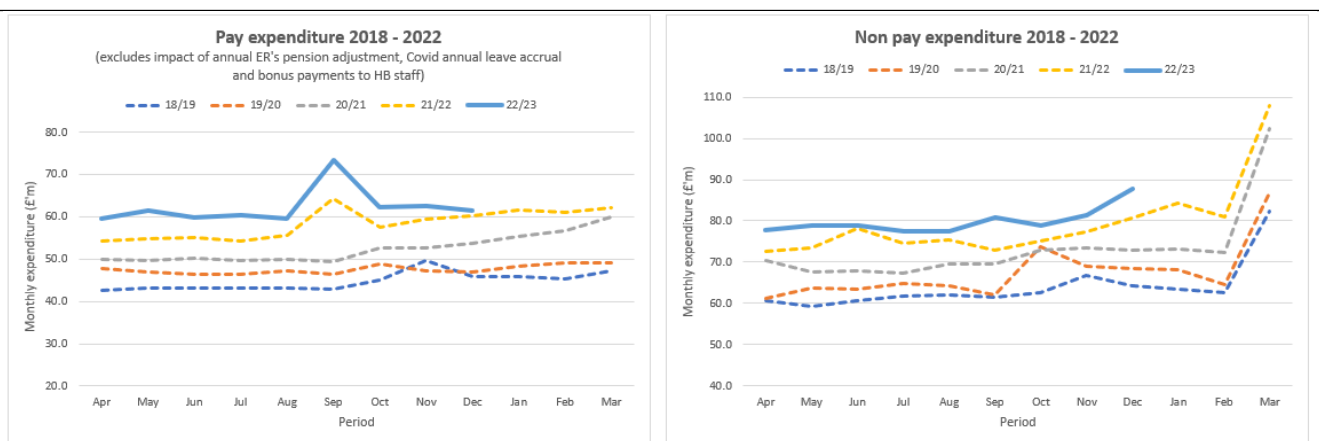
To mitigate, key areas of focus for the Health Board are:

- System level working – reviewing DTOCs, updating bed capacity forecasts & additional capacity requirements
- Urgent care and elective care re-design,
- Demand and flow management, - reviewing the social care community actions,
- Workforce efficiency, reducing variable pay in particular HCSW agency and medical temporary pay costs,
- Review of Medicines management,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of current savings plans, current investments made and service options across Divisions,
- Corporate opportunities and Executive Director options, and
- Other actions to improve the financial position e.g. review of income/allocations

These areas for mitigation aligned with turnaround actions are being implemented as a priority, whilst maintaining patient safety.

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last four financial years are shown below to demonstrate the on-going step change in expenditure particularly for pay. If the service response to Covid-19 implications could be de-escalated it should result in cost reductions to some of the operational factors currently in place where funding is assumed.

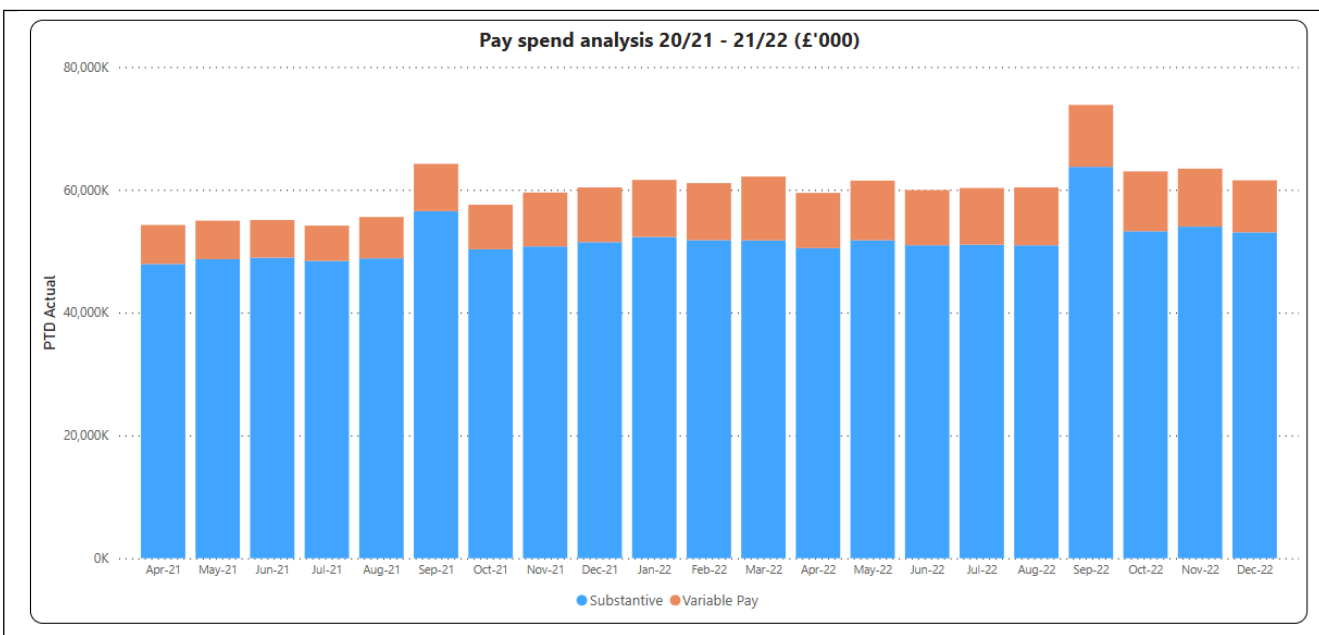


Current operational forecasts based on March bed and activity plans, are assuming a similar level of spending through to the end of the year. Bed and activity assumptions are subject to on-going detailed review as part of financial recovery 'turnaround' work to re-assess the 22/23 operational service, workforce and financial plans. These plans will inform revisions to the service, workforce and financial forecast for ABUHB as part of the savings plans to meet the £37m deficit forecast.

Workforce

The Health Board spent £61.4m on workforce in month 9 22/23 a decrease of £1.3m compared with month 8 (21/22 monthly average of £58.3m). The workforce costs for ABUHB have continued at the same level since quarter 3 2021/22.

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



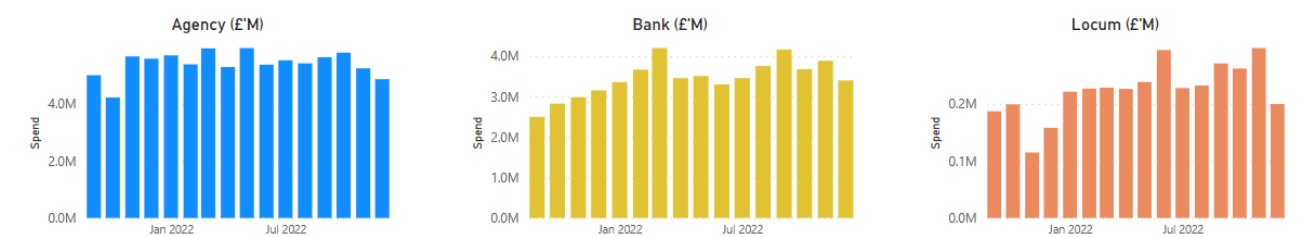
¹ To enable useful comparisons and trends all references to 21/22 pay expenditure exclude the month 12 expenditure for: Covid-19 annual leave provision (£2m), and Additional employer pension contributions (6.3%/£27m).

Substantive staff

Substantive pay was £53.1m in December (exc. annual leave related adjustments) – a £0.9m decrease compared to November. Administrative & Clerical costs have increased linked to the transfer of year to date costs (and budget) for local Public Health Teams from Public Health Wales NHS Trust.

Variable pay

Variable pay (agency, bank and locum) was £8.5m in December (excluding nursing provision adjustments) – a decrease of £1m compared to November due to reduced allied health professional and nursing agency costs as well as reduced nursing bank costs. It is noted that bank and agency costs are forecast to increase for winter plans as well as additional managed practices from January 2023.



The Executive Team have agreed a variable pay programme which is aimed at reducing high cost variable pay and developing alternative solutions. This identifies a number of actions including recruitment of substantive staff, review of specialist rates, reduction in HCSW agency as well as detailed review of nurse staffing across ward areas. Current exceptional service demand for agency staff as well as the on-going use of off-contract agencies is challenging the level of achievement.

Bank staff

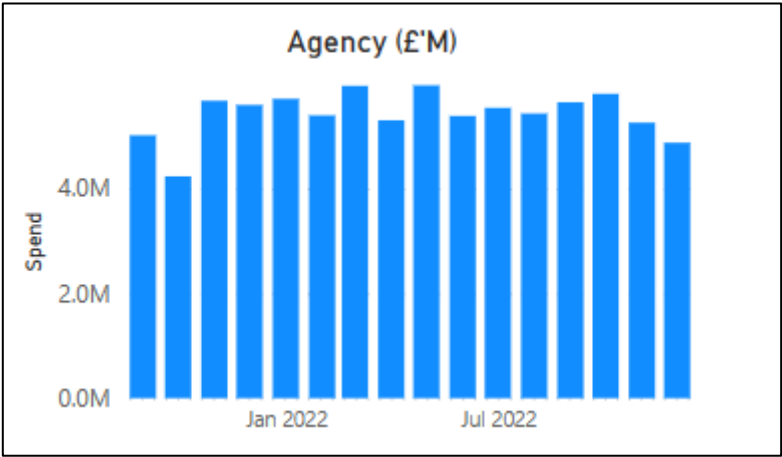
The bar chart shows monthly spend for Bank staff from January 2022 to December 2022. The spend fluctuates between approximately £2.5M and £4.0M, with a peak in November 2022 at £4.0M and a decrease in December 2022 to £3.4M.

Month	Bank (£'M)
Jan 2022	2.5
Feb 2022	2.8
Mar 2022	3.0
Apr 2022	3.2
May 2022	3.5
Jun 2022	3.8
Jul 2022	3.5
Aug 2022	3.2
Sep 2022	3.5
Oct 2022	3.8
Nov 2022	4.0
Dec 2022	3.4

In-month spend of £3.4m, a £0.5m decrease compared with November.

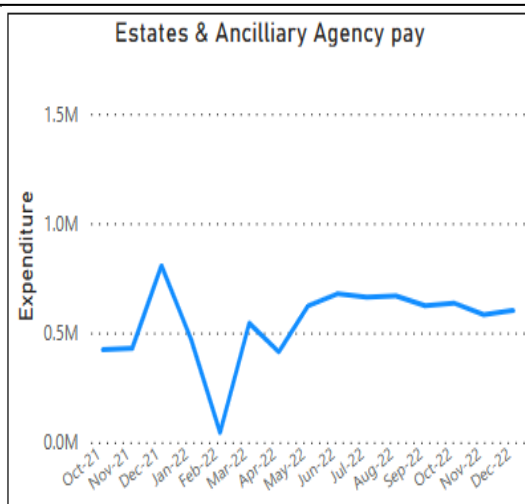
- Continued pressures in Medicine wards, GUH ED and community hospitals. These areas have decreased in-month.
- Continued high usage of enhanced care shifts but some decreases.
- Continued expenditure in Trauma & Orthopaedics for operational pressures but reduction compared with November.
- Largest expenditure within wards in YYF.

Agency



Total agency spend in December was £4.9m (excluding the nurse agency provision adjustments) a decrease of £0.4m compared to November and the lowest level for 13 months. Costs stated exclude the on-going agency provision review of cancelled shifts across all Divisions.

<div><table border="1"><caption>Medical and Dental Agency pay - Monthly Expenditure Data (Estimated)</caption><thead><tr><th>Month</th><th>Expenditure (£'M)</th></tr></thead><tbody><tr><td>Oct-21</td><td>1.3</td></tr><tr><td>Nov-21</td><td>1.8</td></tr><tr><td>Dec-21</td><td>1.9</td></tr><tr><td>Jan-22</td><td>1.6</td></tr><tr><td>Feb-22</td><td>1.3</td></tr><tr><td>Mar-22</td><td>1.7</td></tr><tr><td>Apr-22</td><td>1.7</td></tr><tr><td>May-22</td><td>1.5</td></tr><tr><td>Jun-22</td><td>1.6</td></tr><tr><td>Jul-22</td><td>1.0</td></tr><tr><td>Aug-22</td><td>1.4</td></tr><tr><td>Sep-22</td><td>1.3</td></tr><tr><td>Oct-22</td><td>1.2</td></tr><tr><td>Nov-22</td><td>1.5</td></tr><tr><td>Dec-22</td><td>1.3</td></tr></tbody></table></div>	Month	Expenditure (£'M)	Oct-21	1.3	Nov-21	1.8	Dec-21	1.9	Jan-22	1.6	Feb-22	1.3	Mar-22	1.7	Apr-22	1.7	May-22	1.5	Jun-22	1.6	Jul-22	1.0	Aug-22	1.4	Sep-22	1.3	Oct-22	1.2	Nov-22	1.5	Dec-22	1.3	<ul style="list-style-type: none">• In-month spend of £1.3m, a £0.1m decrease compared to November.<ul style="list-style-type: none">◦ Continued pressures in Medicine wards, GUH ED and community hospitals to cover operational pressures.◦ Increase in COTE expenditure for operational pressures.◦ On-going costs for managed practices (£0.1m in December) however this is a decrease compared to November. There will be further increase from January 2023 due to notice of closure in 22/23.• Medical agency spend averaged c.£1.3m per month in 2021/22.
Month	Expenditure (£'M)																																
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<div><table border="1"><caption>Registered Nursing Agency pay - Monthly Expenditure Data (Estimated)</caption><thead><tr><th>Month</th><th>Expenditure (£'M)</th></tr></thead><tbody><tr><td>Oct-21</td><td>1.4</td></tr><tr><td>Nov-21</td><td>2.1</td></tr><tr><td>Dec-21</td><td>2.5</td></tr><tr><td>Jan-22</td><td>2.6</td></tr><tr><td>Feb-22</td><td>2.4</td></tr><tr><td>Mar-22</td><td>1.7</td></tr><tr><td>Apr-22</td><td>2.0</td></tr><tr><td>May-22</td><td>2.3</td></tr><tr><td>Jun-22</td><td>2.3</td></tr><tr><td>Jul-22</td><td>2.0</td></tr><tr><td>Aug-22</td><td>1.9</td></tr><tr><td>Sep-22</td><td>2.2</td></tr><tr><td>Oct-22</td><td>2.2</td></tr><tr><td>Nov-22</td><td>1.9</td></tr><tr><td>Dec-22</td><td>1.8</td></tr></tbody></table></div>	Month	Expenditure (£'M)	Oct-21	1.4	Nov-21	2.1	Dec-21	2.5	Jan-22	2.6	Feb-22	2.4	Mar-22	1.7	Apr-22	2.0	May-22	2.3	Jun-22	2.3	Jul-22	2.0	Aug-22	1.9	Sep-22	2.2	Oct-22	2.2	Nov-22	1.9	Dec-22	1.8	<ul style="list-style-type: none">• In-month spend of £1.7m a decrease of £0.1m compared to November.• Reasons for use of registered nurse agency include:<ul style="list-style-type: none">◦ Additional service demand including opening additional hospital beds, support for recovering Covid-19 patients,◦ Enhanced care and increased acuity of patients across all sites (to note decreased usage in November),◦ On-going sickness and international recruitment costs and,◦ vacancies• Increased costs in critical care and mental health off-set by reduced costs in CHC and theatres in-month.• Registered Nursing agency spend averaged c.£1.9m per month in 2021/22.
Month	Expenditure (£'M)																																
Oct-21	1.4																																
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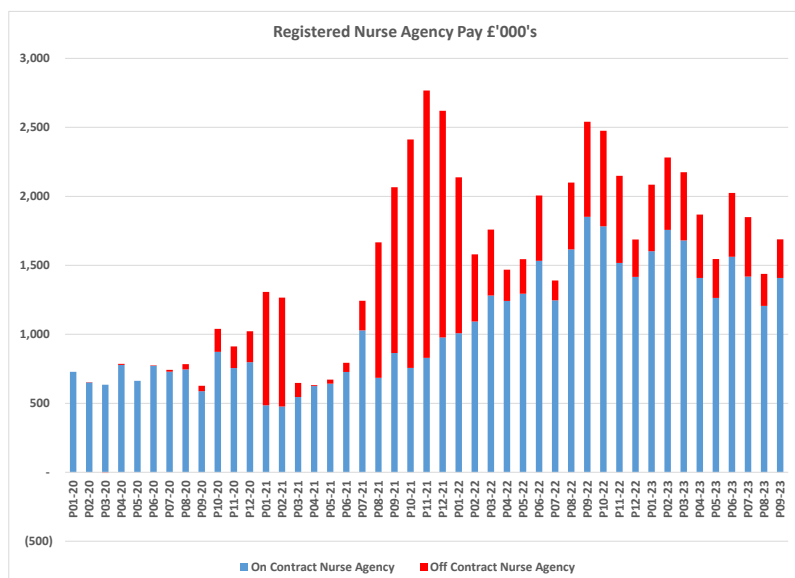


- In month spend of £0.6m on Estates & Ancillary (similar to November), which is primarily within GUH and mainly related to Covid.
- Reasons for use of agency include:
 - Meeting enhanced cleaning standards,
 - Covid-19 and surge capacity
 - Enhanced care and increased acuity of patients,
 - Sickness,
 - Vacancies and
 - Supporting the Mass Vaccination Programme.
- Estates and Ancillary agency spend averaged c.£0.5m per month 2021/22.

Registered Nurse Agency

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

Health Board spend for the year to date is £17m on nurse agency. If this level of use continues throughout the financial year it would cost c.£22.6m in 2022/23. The use of “off-contract” agency – not via a supplier on an approved procurement framework – usually incurs higher rates of pay and remains significant in month.



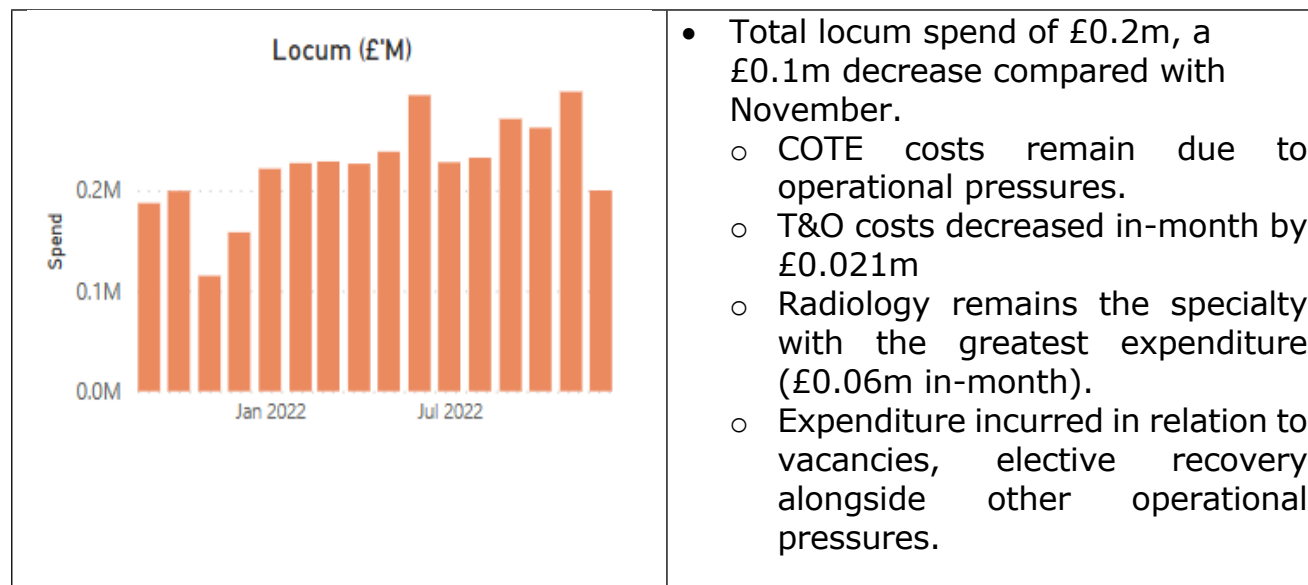
The Health Board spent £0.3m on **‘off’ contract RN** agency in December which is at a similar level to November expenditure levels. These costs reflect the on-going vacancy hours used and the usage of agency to cover enhanced care hours. The main reasons for its usage are:

- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety,
- Covid-19 responses (especially for recovering patients), and
- Increased sickness and cover for staff in isolation.

As part of the new Variable Pay savings programme for 2022/23, the Nurse Agency Reduction Plan will form a key part of delivering efficiencies.

It should be noted that the number of unfilled nursing shifts remains at a high level throughout the HB (c.200wte which was approximately 8% of all shifts required). If all these shifts were filled through variable pay the cost impact would be significant.

Medical locum staff



Enhanced Care

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

A review of the financial impact of 'enhanced care' – including the use of bank and agency staff – has identified the following use of nursing staff:

	2020/21	2021/22	2022/23 (forecast)	2022/23 increase
Average number of hours used per month	15,305	35,446	39,373	11%
Average monthly notional expenditure (£m)	£ 0.24	£ 0.70	£ 0.86	
Increase in average notional cost per month (£m) compared to prior year				£0.2m
Total annual costs (£'000)	2,826	8,413	10,277	1,864

In December, enhanced care hours and associated costs remained high within the Medicine Division with significant use in the Community Hospitals and the Scheduled Care Division. Enhanced care cover hours and costs also increased significantly in the Mental Health division in December. It should be noted that the hours quoted are the number of bank and agency hours worked using 'enhanced care' as the reason for booking. Notional costs are calculated using average registered/unregistered hourly rates incurred. These have been updated for 2022/23

using shift time, type and specialist rates where defined, as well as updating for bank payments. The E-Systems team within the Workforce and OD Division are continuing to undertake a review of previously booked shifts which may result in future amendments for previous months.

There is a distinct increasing trend in the use of enhanced care hours (and associated costs) from February 2022 (see graph below). The monthly average from April 2021 to February 2022 was approx. 34,400 hours and £0.68m cost. The December cost of £0.7m remains an increase above that average but levels are now returning to the February 2022 level.

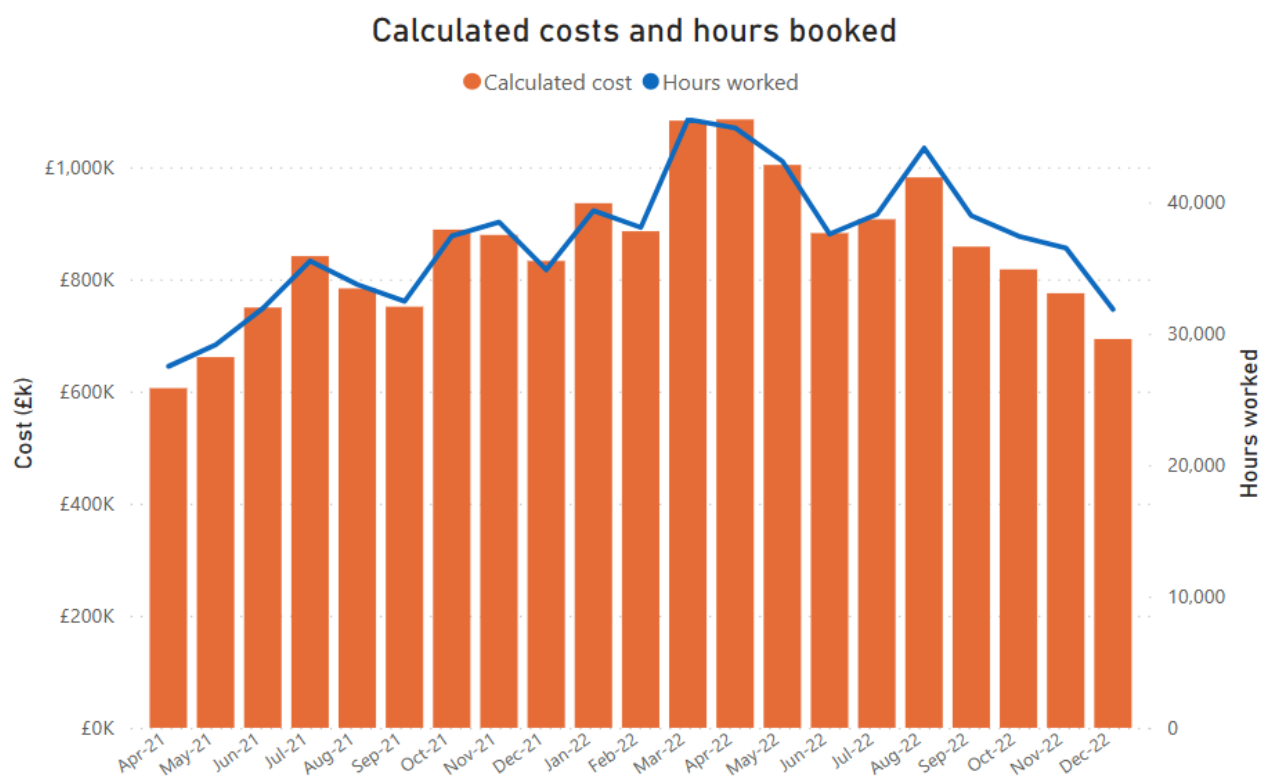
The level of the provision of enhanced care for patients within Medicine for December 22 is shown below:

Enhanced Care by Hospital Site as a percentage of total bed capacity

	M1	M2	M3	M4	M5	M6	M7	M8	M9
RGH									
Total no of Medicine beds	192	192	192	192	192	192	192	192	192
monthly average enh care patients	42	44	43	30	45	55	58	69	46
%age of beds in receipt of enh care	22%	23%	22%	16%	23%	29%	30%	30%	24%
NHH									
Total no of Medicine beds	164	164	164	164	164	164	164	164	164
monthly average enh care patients	62	59	59	39	35	28	26	26	26
%age of beds in receipt of enh care	38%	36%	36%	24%	21%	17%	16%	16%	16%
GUH									
Total no of Medicine beds	91	91	91	91	91	91	91	91	91
monthly average enh care patients	40	29	24	18	32	41	36	41	29
%age of beds in receipt of enh care	44%	32%	26%	20%	35%	45%	40%	45%	32%
YYF									
Total no of Medicine beds	148	148	148	148	148	148	148	148	148
monthly average enh care patients			63	46	35	49	52	53	42
%age of beds in receipt of enh care	0%	0%	43%	31%	24%	33%	35%	36%	28%
Total									
Total no of beds	595	595	595	595	595	595	595	595	595
Total monthly average enh care patients	144	132	188	134	147	173	172	189	143
	24%	22%	32%	22%	25%	29%	29%	32%	24%

The following graph highlights the increase in hours attributed to enhanced care for the period April 2021 to December 2022 using bank and agency registered nurses and health care support workers.

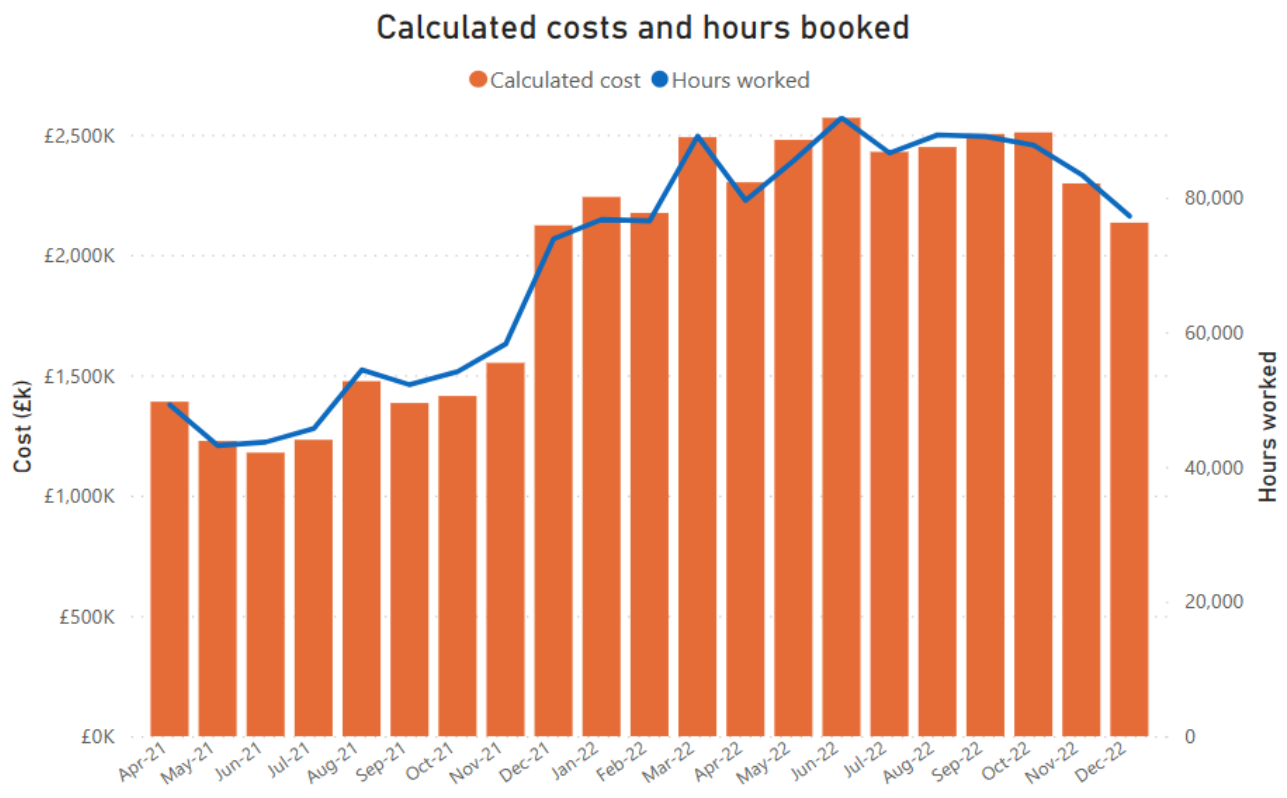
Enhanced Care bank and agency calculated costs and hours booked



Nursing vacancy cover

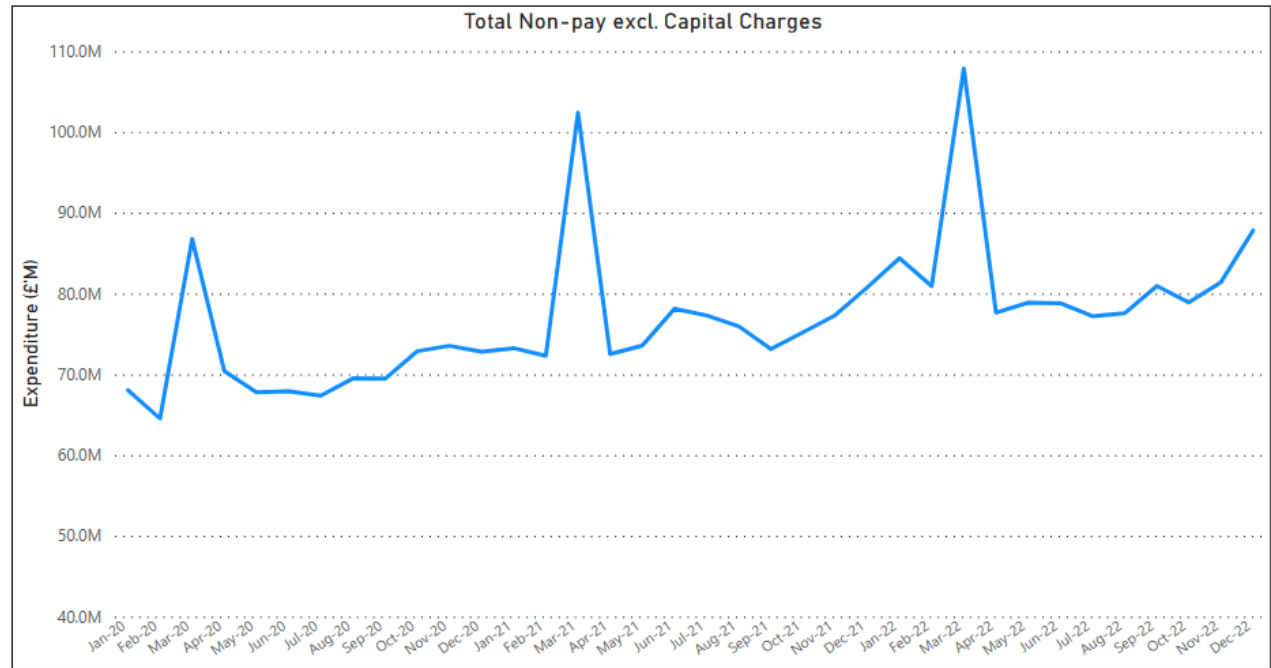
The graph below describes the bank and agency hours and costs relating to those booked to cover vacancies. The graph highlights that in December variable pay relating to vacancies remains significant and is over £2.1m of 'notional calculated' expenditure.

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



Non-Pay

Spend (excluding capital) was £87m in December which is £5.1m increase in comparison to November. Funded WHSSC drugs costs, Project 111 and increased rates costs all resulted in additional expenditure but did not impact the overall UHB financial position. A graph demonstrating non-pay expenditure since January 2020 is shown below (it should be noted that the peaks are year-end adjustments and Month 12 items):-



Increased energy costs remain a volatile cost pressure, further additional funding anticipated is now estimated at c.£13m, updated data from NWSSP will revise the estimate. Future month forecasts will continue to be updated in line with the latest data received from NWSSP and internally for those energy costs outside of this arrangement.

Other areas to note are:

- CHC Mental Health – the current patient numbers at the end of December were 411 (at a cost of £4m in December) which is a net increase of 6 MH&LD patients in month. A review of the Mental Health CHC database has resulted in a reduction in cost assumptions for packages in 2022/23.
- CHC Adult / Complex Care - 606 total active placements (decrease of 35 from November). There was an increase of 3 D2A patients and a decrease of 5 placements on the 'Step Closer to Home' pathway (34 total) in December. The table below summarises the current position:

Activity	November 2022	December 2022	Movement
D2A	41	44	+3
Step Closer to Home	39	34	-5
All Other CHC	561	528	-33
Total	641	606	-35

- FNC - currently 893 active placements, which is a decrease of 20 from end of November placements (expenditure of £804k in December).
- CHC Paediatric – currently 26 Out of County patients (YTD cost of £1.1m) and 11 internal packages. This level of activity is forecast for the remainder of 2022/23.
- Primary Care medicines – the expenditure year to date is £82.5m. The December 2022 year-end forecast is based on growth in items off-set by the impact of implementing 56 day prescribing (using underlying growth estimate) with an average cost per item of £7.26, No Cheaper Stock Obtainable (NCSO) drug costs have significantly increased in-month, historically there was a significant impact for 5 or 6 drugs however this has increased to 200 drugs currently with a further increased forecast pressure of £1.1m. Cost increases compared with pre-Covid levels have not been mitigated through medicines management actions due to redeployment of pharmacy staff. Mitigating actions and resources to deliver cost reductions in prescribing costs are needed, now redeployed staff have returned to their substantive roles.

Service Pressures & Activity Performance

Bed Capacity

Additional medical beds have been opened as part of responding to the system pressures described previously. Additional capacity beds increased in December and is now at 153 beds as at end of December (145 additional beds in November) these are described in the table below:

No. of Additional Beds						
Site	Ward	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
RGH	C6E Med Additional Capacity from Oct	30	30	28	30	30
	Other wards	0	0	0	8	0
NHH	3rd Floor	11	11	11	11	11
	4th Floor	9	9	8	7	7
	AMU	2	5	0	0	0
GUH	B4	8	8	8	8	8
	A4	1	2	1	1	2
	A1	8	8	8	8	8
	Fox Pod	8	0	0	0	0
	Other wards	5	7	6	6	3
YYF	Rhymney	0	0	0	0	2
	MAU	0	27	27	27	27
RGH AMU	AMU / D1W	10	10	6	0	6
Sub-total Medicine		92	117	103	106	104
STW	Ruperra	24	24	24	24	24
	Holly	0	0	0	0	10
YAB	Tyleri	15	15	15	15	15
Sub-total Community		39	39	39	39	49
Total		131	156	142	145	153

Due to Urgent Care system pressures there is also frequently the need to 'Board' patients in temporary beds in wards, which is not reflected above.

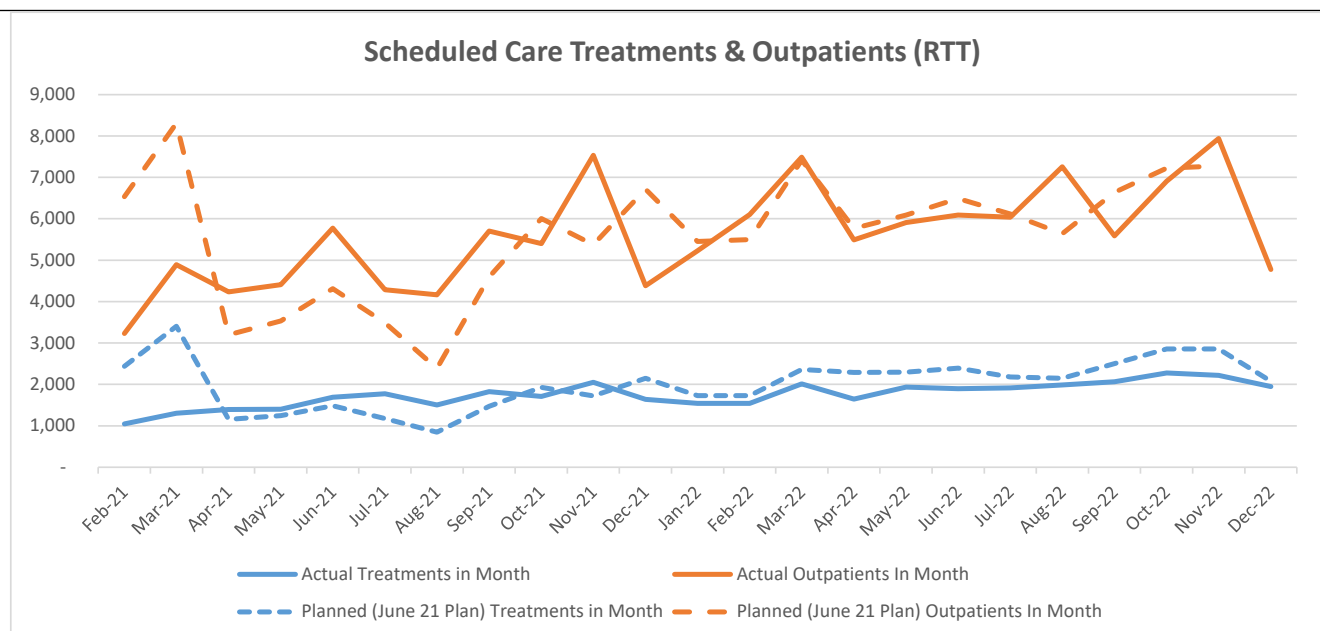
Scheduled Care treatments and outpatients

Elective activity in December was at a similar level to November but remains significantly below planned levels (year to date 3,689 treatments under plan). Activity remains below plan due to a range of reasons including vacancies, sickness, reduced theatre utilisation and a low uptake to provide additional sessions. Urgent care pressures over the Christmas period also affected performance.

Outpatient activity had a significant increase in-month mainly due to an increase in core General Surgery activity and T&O WLI activity. Virtual clinics are also being used as well as on-going review of clinic templates to potentially increase future activity with demand and capacity plans being updated for a number of specialities. Whilst most routine elective services have fully resumed, elective activity remains lower than pre-Covid-19 levels.

Activity plans are linked to demand and capacity plans and triangulated with service, workforce and financial impact; revised forecast plans are being reviewed.

There remains significant efficiency opportunities in the delivery of elective care.



- Elective Treatments for December '22 was 1,949 (November '22 was 2,220).
- Outpatient appointments for December '22 was 4,779 (November '22 was 7,942).

Scheduled care performance is based on the original Divisional D&C plans, which were agreed at the beginning of the financial year. Variable activity remains lower than plan driven by staff availability, but there has been reluctance this year from consultants to undertake WLIs (particularly in T&O) due to the potential pension tax impacts, the pattern has been similar throughout the year. The Division refreshed their D&C plans to give a more realistic target. As at the end of M08, achievement to Core was consistent at 86.2%. The Division was reporting a 98.7% achievement against the revised plan on variable activity. The achievement against core targets needs to be maximised to avoid the use of variable activity high cost solutions.

Medicine Outpatient Activity

Medicine Outpatient activity for December '22 was 1,597 attendances (November '22 was 1,893 attendances and 2021/22 activity 15,581, a monthly average of 1,298) the year to date activity is presented by specialty below:

Dec-22

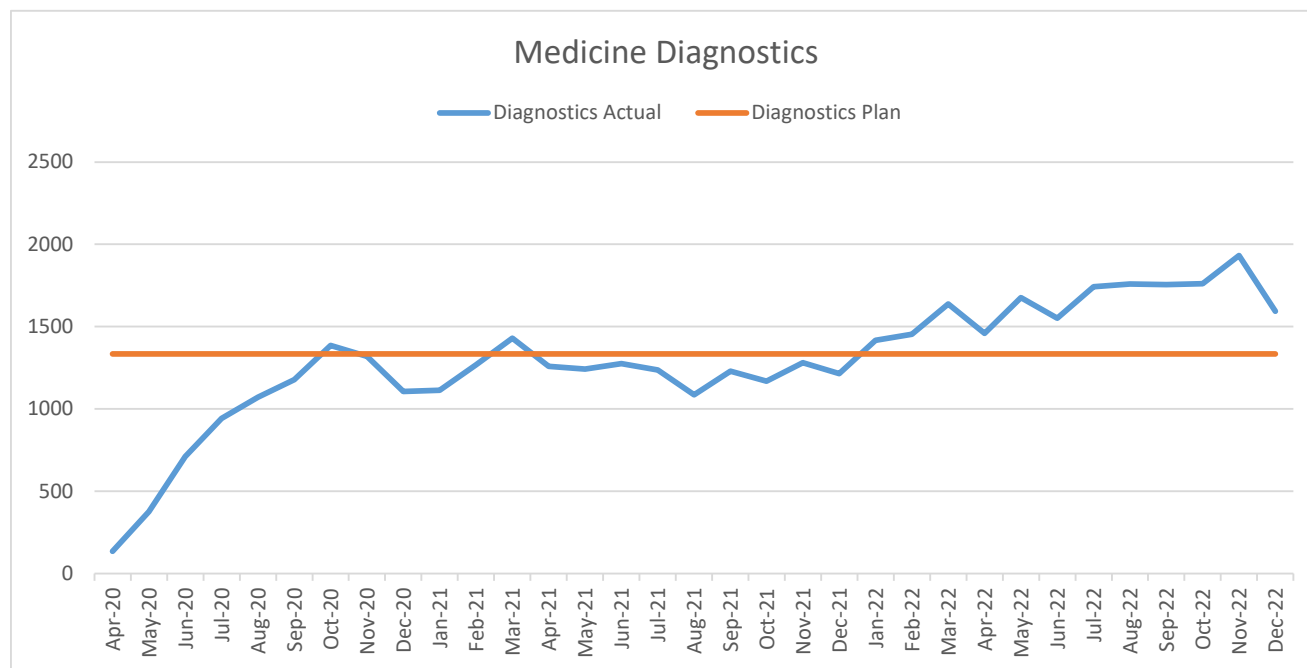
YTD Dec-22	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	4450	2295	-2155	48%
Cardiology	4485	3192	-1293	29%
Respiratory (inc Sleep)	4850	3113	-1737	36%
Neurology	2323	2115	-208	9%
Endocrinology	1954	1467	-487	25%
Geriatric Medicine	2407	1579	-828	34%
Total	20469	13761	-6708	33%

Demand and capacity plans are being revised by the Division and an updated performance position will be provided in following reports.

Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for December '22 was 1,593 procedures which is 259 cases more than plan. Additional services have been commissioned.

The activity undertaken since April '20 is shown below;



Covid-19 – Revenue Financial Assessment

Total Covid-19 costs are shown as c.£71.3m and at this stage the Health Board is including matched funding, these are full year forecasts unless otherwise stated:

- Testing - £4.58m. This funding includes Testing Team and Pathology department testing costs.
- Tracing - £6.06m
- Mass Vaccination - £8.1m
- Extended flu - £1.5m
- PPE - £2.7m
- Cleaning standards - £2.2m
- Long Covid - £0.9m
- Nosocomial investigation - £0.8m, and
- Other additional local Covid-19 costs (now including dental income target reduction) - £44.5m.

Mass Vaccination forecast costs have decreased given lower GMS activity and forecasts, this will continue to be monitored. Some of the activity has been mitigated through other local solutions but remains an area requiring further monitoring.

The Health Board is reporting costs for additional capacity and maintaining Covid-19 safe and compliant operational service delivery across all sites, as part of the other additional local Covid-19 costs.

The cost impact of responding to Covid-19 and emergency system pressures along with increased patient acuity is closely monitored and the implications for Q4 will continue to be reviewed and appropriately reflected in future monthly reports.

Though a higher cost, the Covid assumptions are in line with those used for the submitted IMTP, correspondence from WG and the IMTP financial assumptions letter sent in March 2022. In addition, forecast costs decreased for discharge support, facilities and enhanced cleaning, this is linked to revised workforce plans for later in the financial year. On-going review of the local schemes is required to ensure forecasts and classifications remain in line with the assumptions described.

The table below describes allocations which have been confirmed and received versus those which remain anticipated.

Type	Covid-19 Specific allocations - December 2022	£'000
HCHS	Tracing	4,069
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	2,746
HCHS	PPE	1,180
HCHS	Mass COVID-19 Vaccination	2,751
GMS	Mass COVID-19 Vaccination	719
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Cleaning standards	1,391
HCHS	A2. Increased bed capacity specifically related to C-19	7,792
HCHS	A3. Other capacity & facilities costs	5,585
HCHS	B1. Prescribing charges directly related to COVID symptoms	8
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	10,886
HCHS	D1. Discharge Support	5,531
HCHS	D5. Other Services that support the ongoing COVID response	1,271
HCHS	Nosocomial investigation and learning	753
	Total Confirmed Covid-19 Allocations	48,507
HCHS	Testing (inc Community Testing)	1,831
HCHS	Tracing	1,989
HCHS	Mass COVID-19 Vaccination	4,630
HCHS	PPE	1,495
HCHS	Cleaning standards	810
HCHS	Long Covid	887
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	206
HCHS	A2. Increased bed capacity specifically related to C-19	2,837
HCHS	A3. Other capacity & facilities costs	1,708
HCHS	B1. Prescribing charges directly related to COVID symptoms	4
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	3,723
HCHS	D1. Discharge Support	2,032
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	628
	Total Anticipated Covid-19 Allocations	22,781
	Total Covid-19 Allocations	71,288

The Health Board is expected to manage these costs downwards and forecast costs decreased in month 9 (c£0.4m) linked to Mass Vaccination and discharge support costs. This was off-set by additional costs relating to GDS income. There is a risk of costs increasing linked to increased patient acuity and the winter Covid response. This will be updated in future months as necessary.

Exceptional Cost Pressures

The exceptional cost pressures recognised by Welsh Government for 22/23 includes energy prices, employers NI and the Real living wage costs for social care contracts. It has been agreed that these be managed with WG on a collective basis with funding assumed to cover costs, albeit the funding is not confirmed. The Health Board still has a duty to mitigate these costs within its financial plan to reduce the collective risk.

- It should be noted that increased energy costs are based on forecasts provided by NWSSP adjusted for any local information. Energy prices were adjusted based on the latest information received on the 5th December coupled with forecast assumptions received in early December. For reference historic energy costs were c£8.5m in 2021/22.
- Employers NI and Real living wage funding have now been delegated.

Type	Exceptional items allocations - December 2022	£'000
HCHS	Energy prices increase	3,993
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	Total Confirmed Exceptional items Allocations	9,100
HCHS	Energy prices increase	9,074
	Total Anticipated Exceptional items Allocations	9,074
	Total Exceptional items allocations	18,174

Welsh Government has stated that they do not expect any further increases to the expected funding for Covid and exceptional items. The Health Board is expected to manage these costs downwards wherever possible.

• Revenue Reserves

Health Board reserves are held by the Board, until such time as they agree their use or delegate this responsibility to the Chief Executive as Accountable Officer. Agreed funding delegations per the Board Budget Setting paper have been actioned, however, some funding allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific purpose.

The following reserves, relating to WG Funding, were approved for delegation by the CEO in Month 9.

£1.1m Holiday Pay on Overtime, delegation in line with payments and forecast	£159k Planned Care and Outpatient programme - delegate to Director of Operations
£3.1m WHSSC Vertex- delegate funding to WHSSC	£6k Admin Support for maternity and neonatal champions - delegation to Family & Therapies
£348k Unpaid carers short break funding 22/23 delegation to Chief Executive (RPB)	

There is no contingency reserve held by the Board in 22/23.

Long Term Agreements (LTA's)

LTA agreements have been signed with all Welsh providers/commissioners in accordance with the DOF LTA Financial Framework for 2022-23. Initial performance data shows significant variation from baselines levels (both under and over performance) depending on the provider / commissioner.

A forecast Velindre activity & NICE pressure of £0.6m, a forecast overperformance on the C&VUHB LTA of £0.6m and projected income shortfall on NCAs/English Contracts of £0.8m has been reported offset by forecast underperformance on the

CTMUHB LTA of £1.5m, the £3.2m projected underspend on the WHSSC position and a £0.7m projected underspend on the EASC position reflecting slippage against the IMTP.

Further work is ongoing to understand the performance variation by provider/commissioner and to understand the performance and financial risk that may crystallise in future. Velindre forecasting remains a particular risk due to the volatility in NICE forecasting based on limited data received to date. ABUHB has established a clinically led drugs review process with Velindre NHS Trust.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position is a brought forward value of £21m. Going into 2023/24 the position was planned to be an underlying deficit to carry forward of £8.1m, this was based on the level of in year recurrent savings.

Given the forecast deficit and review of savings plans, the revised underlying financial deficit for 2023/24 is being developed, the underlying position is being worked through in detail, the current forecast for 22/23 is reported as £52m as an interim estimate however a higher figure is likely to emerge. The revised underlying deficit position will be updated as part of the 2023/24 IMTP process and will be approved as part of the IMTP by Board.

Financial sustainability is an on-going priority and focus for the Health Board.

The Health Board's 2022-25 IMTP identifies several key priorities where the application of Value-Based Health Care principles – improving patient outcomes along with better use of resources – should result in delivering greater service, workforce and financial sustainability whilst improving the health of the population. The actions being taken through transformation programmes to improve financial sustainability are integral to this approach and need to be driven with greater pace.

Health Board savings schemes for 2022/23 need to be implemented in full and on a recurrent basis both to manage future cost pressures and reduce the underlying deficit.

Savings delivery

As part of the IMTP submitted by the Board to Welsh Government (March 2022), the financial plan for 2022/23 identifies a core savings requirement of £26m and cost mitigation of £19m. As part of the mid-year review a revised savings plan for £23m has been confirmed.

As at Month 9 forecast savings achievement in 22/23 is £23.1m however this includes a high level of on-going risk to ensure full delivery of savings and cost avoidance from opportunities identified.

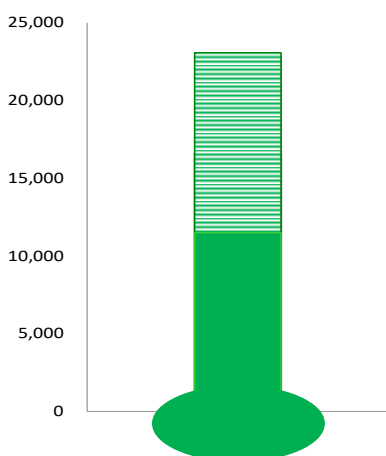
In agreement with the Board previous savings schemes have been replaced with a number of further savings plans which are required to deliver in full in order to achieve the £37m deficit forecast. The revised savings forecast is made up as follows:

	£'000
Original IMTP plan	26,238
Remove amber schemes which will not be achieved and adjustments for forecast schemes being achieved	(19,818)
Additional amber schemes input in month 6	16,663
Revised 2022/23 savings forecast	23,083

Actual savings delivered to December amounted to £11.5m, now compared with month 9 revised planned delivery of £9.3m. The profile of savings has been amended to reflect current service challenges with the expected delivery profile significantly increased in the later months of 2022/23.

Savings Progress: as at Year To Date Month 09

- ▣ ABUHB Savings required to be Identified Per AOF Submission
- ▣ IMTP Savings Identified to WG
- ▣ Savings Plans Forecast Delivering
- ▣ Savings Achieved to M09



Month 9 Forecast Savings Plans

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	874	874	0	0
Commissioned Services	2,952	2,952	0	0
Medicines Management (Primary and Secondary Care)	4,606	1,813	2,793	3,451
Pay	4,481	2,303	2,177	2,654
Non Pay	10,171	10,120	51	180
Total	23,083	18,062	5,021	6,285

Month 9 Green schemes only

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	874	874	0	0
Commissioned Services	2,952	2,952	0	0
Medicines Management (Primary and Secondary Care)	4,227	1,434	2,793	3,451
Pay	3,383	1,205	2,178	2,654
Non Pay	6,230	6,179	51	180
Total	17,666	12,644	5,022	6,285

Further scheme detail is provided in the appendices

Green schemes are assumed to be fully deliverable. Amber schemes require either progression or equivalent alternative plans established as soon as possible to mitigate this risk. The schemes remain amber, despite the WG requirement to classify schemes as green (deliverable) or red (not achievable) by the end of quarter 1 (M3).

Savings by WG monitoring return (MMR) and general category are shown as per the table below:

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,582		2,582
	Scheduled Care rationalisation / switching original plan	305		305
	Scheduled Care Lenaliomide	1,217		1,217
	Further medicines management	123	379	502
Pay	Variable pay - sickness / overseas & medical agency	2,378	-	2,378
	MSK	83	-	83
	Further medical agency	-	1,098	1,098
	Enhanced Care		1,071	1,071
	HCSW agency	582		582
	DTOC / Surge beds		1,500	1,500
	All others	131		131
Non-pay	Corporate / transformation	671		671
	Procurement revised	927	-	927
	Facilities related	232	-	232
	Mental Health	100		100
	Adult & Paediatric CHC	774		774
	Other non-pay / schemes	316	-	316
Income / other schemes	Specific funding queries	2,278		2,278
	Hospital / Out of hospital efficiency	195	500	695
	Testing reduction	1,600	-	1,600
	Commissioning	2,817		2,817
	RTT review	354	870	1,224
Total		17,665	5,418	23,083

There are a range of updated savings plans/mitigating actions that are required to achieve the forecast position. These are listed with profiles in the table below. It is an urgent requirement to progress and finalise these plans with key actions in line with the profiles listed.

Scheme	MONTH 6 PLAN	RECOVERY & SAVINGS FORECAST AS AT M9 £'000						
		Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Medical and other agency and locum	1,098				366	366	365	1,097
Enhanced Care	1,071				357	357	356	1,070
HCSW Agency	582			120	154	155	153	582
DTOC/RPB plans - surge beds	1,500					700	800	1,500
Medicines Management	655		134	68	125	129	175	631
Medicines Management - further schemes	355				126	126	127	379
CHC	748		774		33	33	33	874
Non-pay / Procurement	525		456	93	128	112	140	927
Transformation	100							0
Specific Divisional reviews	3,200	16						16
Funding review	1,128	378	733	92	92	92	93	1,479
Corporate opportunities	1,452		534	230	239	190	233	1,425
Commissioning	775	818	1,020	603	232	238	256	3,166
Testing	1,600		320	320	320	320	320	1,600
Efficiency schemes - in hospital	500				167	167	166	500
Efficiency schemes - out of hospital	150		26	134	15	10	10	195
RTT	1,224			68	386	386	384	1,224
Total	16,663	1,212	3,996	1,727	2,739	3,380	3,610	16,665

Forecast savings by Division and RAG rating are shown below:-

Category	IMTP & Green/Amber (as at Month 6)	Forecast Savings												Total
		Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	
Complex Care	IMTP													0
	Green								774		33	33	33	874
	Amber	-	-	-	-	-	-	-	-	-	-	-	-	0
Medicine	IMTP	42	42	42	251	251	251	251	251	251	251	251	251	2,388
	Green	8	12	18	15	13	21	12	31	71	66	168	65	497
	Amber	-	-	-	-	-	-	-	-	-	291	291	291	873
Urgent Care	IMTP	-	-	-	102	102	102	102	102	102	102	102	102	915
	Green	6	8	10	24	24	24	24	24	8	8	8	5	170
	Amber	-	-	-	-	-	-	-	-	-	241	241	241	723
Scheduled Care	IMTP	48	175	175	1,305	1,305	1,305	1,305	1,305	1,305	1,305	1,305	1,305	12,144
	Green	166	192	122	131	131	131	132	322	296	410	507	451	2,990
	Amber	-	-	0	-	-	-	-	-	-	615	615	612	1,843
Clinical Support Services	IMTP													0
	Green								375	-	8	8	8	400
	Amber							-	-	-	17	17	17	50
Primary Care and Community	IMTP	54	54	54	54	54	54	54	54	54	54	54	54	646
	Green	219	150	192	202	233	286	226	241	476	276	281	301	3,084
	Amber	-	-	-	-	-	-	-	-	-	135	835	910	1,879
Mental Health and Learning Disabilities	IMTP	32	32	32	32	32	32	32	32	32	32	32	32	378
	Green	-	-	-	-	-	54	448	91	41	36	36	41	747
	Amber	-	-	-	-	-	-	-	-	-	-	-	-	0
Family & Therapies	IMTP	25	25	25	125	125	125	125	125	125	125	125	125	1,202
	Green	25	25	25	53	25	25	25	35	54	84	181	83	639
	Amber	-	-	-	-	-	-	-	-	-	17	17	17	50
Estates and Facilities	IMTP	29	29	29	84	84	84	101	101	101	101	101	101	947
	Green	29	29	29	55	55	55	55	55	41	91	91	91	673
	Amber	-	-	-	-	-	-	-	-	-	-	-	-	0
Corporate	IMTP	18	18	18	245	245	245	888	888	888	888	888	888	6,118
	Green	18	18	18	18	18	18	18	1,605	947	656	656	748	4,737
	Amber	-	-	-	-	-	-	-	-	-	-	-	-	0
Commissioning	IMTP				167	167	167	167	167	167	167	167	167	1,500
	Green							818	1,020	303	238	238	238	2,854
	Amber							-	-	-	-	-	-	0
Total	IMTP	247	374	374	2,365	2,365	2,365	3,025	3,025	3,025	3,025	3,025	3,025	26,238
	Green	471	434	414	497	498	613	1,757	4,572	2,236	1,906	2,207	2,063	17,666
	Amber	-	-	0	-	-	-	-	-	-	1,315	2,015	2,087	5,418

There remains £5.4m of amber schemes which need finalisation and urgent progress in order to ensure the Health Board forecast position is achieved. These schemes split into specific areas which are planned to be delivered but specific details linked to winter plans are being confirmed which are as follows:

- DTOC surge beds - £1.5m
- Medical agency and enhanced care - £2m
- RTT activity - £1m
- Efficiency opportunities / Medicines Management - £0.9m

Savings schemes straddle transformational, transactional, and operational plans. Aligned to progressing the savings and mitigating actions, a value focussed pathway approach is being employed. The Health Board has agreed ten priority areas for focussed support using a programme management approach with MDT support through an Executive lead, value, performance, workforce, service, planning and finance representation. These now need to be accelerated for sustainable solutions to support long-term financial recovery.

Furthermore, the Health Board will continue to identify and implement transactional and operational savings including the reduction in agency spend, to leverage the benefits of digital investment and will fully utilise the ABUHB opportunities compendium and other sources where appropriate.

To deliver greater levels of savings and to achieve better use of resources, which improves health outcomes – and doesn't adversely impact safety and quality – a greater focus is required on savings and efficiency improvement related to:

- Eliminating unwarranted clinical variation
- Delivering improved efficiency
- Transformational service change
- Reducing waste

It is important to note that a number of Divisions are pursuing savings plans internally to mitigate local cost and underlying pressures.

The Board have implemented a Financial Recovery 'turnaround' approach to accelerate financial cost reduction for 2022/23, this is a standing item at Executive Team meetings and reports are provided through the Finance & Performance Committee and to the Board.

Forecast

The month 9 forecast has been reported as a £37m deficit but with further risk. An accountability letter has been sent to Welsh Government outlining the reasons for this, and these are described on page 2.

The Executive Team meet on a weekly basis with financial recovery 'Turnaround' being a standing item. In addition, a monthly financial recovery Executive Board has been established. The Chief Executive has asked all budget-holders across the UHB to consider and develop further short-term measures. Further transformational opportunities with their implications are being considered in parallel to support sustainable solutions.

This programme of work will include regular organisational re-assessment of priorities and forecast service demand, with conclusions considered by the Executive and the Board as part of financial recovery.

Budget Setting, Accountability & Budget Delegation Letters

The Board is responsible for ensuring that the Health Board meets its financial duty, through exercising financial supervision and control through the IMTP and budget plan for the organisation. The Chief Executive has responsibility for initiating a formal process of budget delegation following approval of the budget from the Board; this is achieved through budget delegation letters either annually or where there are material changes more frequently. These clearly set out the expectations regarding managing within the delegated budget levels. This should be cascaded to all budget holders.

A budget delegation paper for quarter 2 budgets including adjustments for Covid-19 and exceptional items was approved at July's Board. Funding was delegated to Divisions in month 4 with an on-going review thereafter.

2022/23 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP (@ M1) for 2022/23 is presented below:

£m Deficit (Surplus)	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total Year End Position
Forecast Monthly Position	1.67	1.27	1.01	- 0.39	- 0.39	- 0.39	- 0.45	- 0.45	- 0.45	- 0.45	- 0.45	- 0.52	0.00

This profile has now been updated for month nine to reflect slippage in savings and cost reduction delivery profiles, however, this assumes the month 6 additional £16.6m of savings are still achievable in full and fully mitigates any further operational risks. This is reflected and shown as follows in the table below:

£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end position
Revised forecast position	1.67	3.21	3.48	5.97	3.10	5.35	2.96	3.02	3.00	1.92	1.76	1.56	37.00

Risks & Opportunities (2022/23)

There are significant risks to managing the 2022/23 financial position, which include:

- Ensuring full delivery of the savings plans identified in the IMTP
- Identifying savings to mitigate any further financial risks identified outside of the IMTP,
- Quarter 4 additional Covid cost pressures (assumed to be minimal at present but the risk remains),
- Workforce absence / self-isolation / vacancies, availability of staff for priority areas,
- Responding to any specific Covid-19 impacts e.g., new variants, outbreaks,
- Continued or increased delayed discharges of care / medically fit patients in hospital beds including delays in social services and packages of care, (c.£16m of which £8m relates to social care reasons),
- Unconfirmed levels of funding for exceptional cost pressures and the local covid responses, that the Health Board is currently assuming (c.£31.8m),
- Additional operational pressures including increased managed practice, prescribing and nurse vacancy cover,
- Volatility in prescribed drugs costs including NCSO,
- Responding to the ongoing impact of Covid-19 and associated preventative and Public Health services,
- Addressing backlogs in waiting times for services, due to the Covid-19 pandemic,
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues, M-pox (Monkey pox), and non-pay inflation including travel expense costs,
- Maximising the opportunity to change services resulting in improved health outcomes for the population,
- IFRS16 - implementation of IFRS16 (lease accounting) in NHS Wales will go live in April 2022. The Board assumes that any revenue or capital resource

implications of implementation will be managed by Welsh Government, with no financial impact to Health Boards or Trusts across Wales,

- Additional costs of new trainee doctor and dentist contract,
- Additional Welsh Risk Pool and/or Litigation costs,
- Additional impact of the Covid-19 public enquiry specifically the legal costs of being a 'core participant',
- Additional Bank Holiday costs,
- Cash availability, and
- Any potential industrial action in 2022/23.

The table below presents the risks reported to Welsh Government for month 9:

Risk narrative	Likelihood	£'000
Operational pressures and revised amber savings schemes	High	7,569
Funding for exceptional cost pressures	High	9,074
Funding for local Covid response	High	11,949
Funding for National Covid response	Low	10,832
Covid-19 public inquiry legal costs	Medium	500
Sub-total		39,924
Current reported forecast outturn		37,000
Total		76,924

Managing the financial risk is dependent on developing service and workforce plans that are sustainable during 2022/23 and in the future. These operational assumptions will be reviewed to inform revised forecasts for 2022/23.

Capital

The approved Capital Resource Limit (CRL) as at Month 9 totals £36.627m. In addition, grants totalling £39k and disposals proceeds of £36k have been confirmed. In October, the All Wales Capital Programme (AWCP) scheme allocations were confirmed to Welsh Government and fixed. Any slippage against the agreed allocations now needs to be managed through accelerating spend on other AWCP or 2023/24 Discretionary Capital Programme (DCP) schemes. The RGH Endoscopy scheme forecast decreased by circa £2m in November which is explained further below. The slippage is being managed by accelerating spend on EFAB schemes (£332k), Newport East H&WBC (£196k) and 2023/24 DCP schemes (£1.472m) to bring the position back to breakeven.

The GUH final account is now being agreed following the completion of all Laing O'Rourke works. The Well-being works to Grange House are due to complete in early April 2023. The forecast of £2.422m reflects the delay to the anticipated VAT recovery claim into 2023/24 and reimbursement to the Discretionary Capital Programme (DCP) of £321k in relation to prior year overspends.

The works at YYF Breast Centralisation Unit are running £201k behind the agreed cashflow profile at month 9 due to the weather affecting the concrete pouring. These works have been rescheduled and will take place before the end of the financial year. The outturn position has not been amended at month 9 but will be monitored closely.

The outturn for Newport East H&WBC has been increased by £196k in month in line with the cost advisor's reported position and the current spend rate. This overspend has helped to offset the slippage on the RGH Endoscopy Scheme.

The completion of Phase 1 of Tredegar H&WBC has been delayed to July 2023. There continues to be significant cost risks to the scheme including the re-design of the foundations (potential additional £753k plus VAT), EV charging points (not a requirement at Design Stage – a bid has been submitted for potential EFAB funding to mitigate), culvert diversion, Heart building stabilisation, brick supply cancellation (£708k plus VAT) and inflation. The current forecast overspend on the total scheme is £389k which will impact on the DCP in 2023/24 if further WG funding cannot be secured. If the foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24 significantly as they are not currently built into the forecast spend position.

The RGH Endoscopy project reported slippage of £2m in November due to various delays associated with flooring replacement, Soil Vent Pipe relocation works, remedial fire stopping works, waffle slab works, relining walls, window design and the mechanical and electrical works. The impact has caused a 12 week delay to the cashflow expenditure, however, the impact on the handover date is being worked through and will be mitigated where possible. The 2022/23 allocation includes the purchase of £1.6m of associated equipment and ICT requirements. During the month, the Health Board agreed with Welsh Government that £332k of the RGH Endoscopy budget would be transferred to accelerate 2023/24 agreed EFAB schemes into the current financial year.

Confirmation has been received that the FBC for the NHH Satellite Radiotherapy Centre has now been approved by Welsh Government. The resource allocation is expected to be confirmed in the CRL in January. The Outline Business Case for the Mental Health SISU is on-going and expected to be submitted to March Board for approval.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £8.588m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- Reimbursements from AWCP schemes (GUH/ Newport East / RGH Endoscopy) - £679k
- Grant funding received (Sparkle and R&D) - £39k
- Disposal Proceeds - £36k
- Less 2021/22 AWCP scheme brokerage & scheme overspends – (£1.865m)
- Plus 2022/23 AWCP brokerage - £1.472m

During the month, schemes planned for the 2023/24 DCP were approved to offset the RGH Endoscopy slippage. These included hardware associated with the Blood Transfusion LIMS system (£868k) and additional Laptop / Desktop purchases (£400k). Additional schemes from the 2023/24 DCP will be accelerated to utilise the remaining contingency of £191k in Month 10.

Cash

The cash balance at 31st December is £3.178m, which is below the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The Health Board achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in December (96.3%) and the cumulative target has improved to 95.2% in December. We are continuing to work with those departments where invoices are being processed outside of the 30 day payment terms.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of December 2022 and forecast position – against the statutory revenue and capital resource limits,
 - The savings position for 2022/23,
 - The significant level of risk to the financial position,
 - The revenue reserve position on the 31st of December 2022,
 - The Health Board's underlying financial position, and
 - The Capital position.
-
- Note the appendices attached providing further information.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth:
Evidence Base:

ABUHB efficiency compendium

Rhestr Termau:
Glossary of Terms:

A&C – Administration & Clerical
A&E – Accident & Emergency
A4C - Agenda for Change
AME – (WG) Annually Managed Expenditure
AQF – Annual Quality Framework
AWCP – All Wales Capital Programme
AP – Accounts Payable
AOF – Annual Operating Framework
ATMP – Advanced Therapeutic Medicinal Products
B/F – Brought Forward
BH – Bank Holiday
C&V – Cardiff and Vale
CAMHS – Child & Adolescent Mental Health Services
CCG – Clinical Commissioning Group
C/F – Carried Forward
CHC – Continuing Health Care
Commissioned Services – Services purchased external to ABUHB both within and outside Wales
COTE – Care of the Elderly
CRL – Capital Resource Limit
Category M – category of drugs
CEO – Chief Executive Officer
CEAU – Children’s Emergency Assessment Unit
DHR – Digital Health Record
DNA – Did Not Attend
DOSA – Day of Surgery Admission
D2A – Discharge to Assess
DoLS - Deprivation of Liberty Safeguards
DoF – Director(s) of Finance
EASC – Emergency Ambulance Services Committee
EDCIMS – Emergency Department Clinical Information Management System
eLGH – Enhanced Local general Hospital
ENT – Ear, Nose and Throat specialty
EoY – End of Year
ETTF – Enabling Through Technology Fund
F&T – Family & Therapies (Division)
FBC – Full Business Case
FNC – Funded Nursing Care
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
 NCN – Neighbourhood Care Network
 NCSO – No Cheaper Stock Obtainable
 NICE – National Institute for Clinical Excellence
 NHH – Neville Hall Hospital
 NWSSP – NHS Wales Shared Services Partnership
 ODTC – Optometric Diagnostic and Treatment Centre
 OD – Organisation Development
 PAR – Prescribing Audit Report
 PCN – Primary Care Networks (Primary Care Division)
 PER – Prescribing Incentive Scheme
 PICU – Psychiatric Intensive Care Unit
 PrEP – Pre-exposure prophylaxis
 PSNC – Pharmaceutical Services Negotiating Committee
 PSPP – Public Sector Payment Policy
 PCR – Patient Charges Revenue
 PPE – Personal Protective Equipment
 PFI – Private Finance Initiative
 RGH – Royal Gwent Hospital
 RN – Registered Nursing
 RRL – Revenue Resource Limit
 RTT – Referral to Treatment
 RPB – Regional Partnership Board
 RIF – Regional Integration Fund
 SCCC – Specialist Critical Care Centre
 SCH – Scheduled Care Division
 SCP – Service Change Plan (reference IMTP)
 SLF – Straight Line Forecast
 SpR – Specialist Registrar

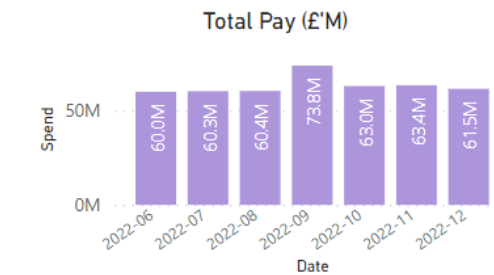
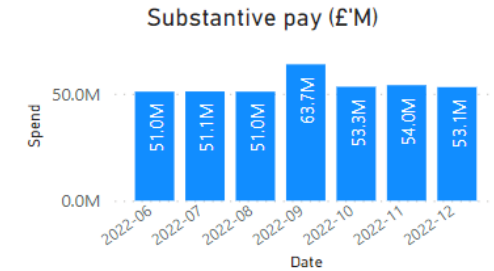
	<p>TCS – Transforming Cancer Services (Velindre programme)</p> <p>T&O – Trauma & Orthopaedics</p> <p>TAG – Technical Accounting Group</p> <p>UHB / HB – University Health Board / Health Board</p> <p>USC – Unscheduled Care (Division)</p> <p>UC – Urgent Care (Division)</p> <p>ULP – Underlying Financial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

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

Aneurin Bevan University Health Board
Finance Report – December (Month 9) 2022/23
Appendices

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Pay Summary (1) (subject to change excluding annual leave and Pension employer costs):



Substantive (£'000)

Pay category	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Change	%	Avg 21/22
ADD PROF SCIENTIFIC AND TECHNICAL	1,909	1,896	1,889	2,277	1,970	1,955	1,978	23	1.2%	2,219
ADDITIONAL CLINICAL SERVICES	6,504	6,561	6,519	8,952	6,974	7,084	6,660	-424	-6.0%	6,550
ADMINISTRATIVE & CLERICAL	8,710	8,562	8,792	10,817	9,074	9,312	9,287	-25	-0.3%	8,262
ALLIED HEALTH PROFESSIONALS	3,542	3,550	3,538	4,439	3,729	3,751	3,709	-42	-1.1%	3,249
ESTATES AND ANCILLIARY	2,520	2,594	2,578	3,494	2,647	2,732	2,623	-109	-4.0%	2,611
HEALTHCARE SCIENTISTS	996	989	975	1,087	1,021	988	1,014	26	2.6%	996
MEDICAL AND DENTAL	12,087	12,287	12,175	14,814	12,740	12,797	12,776	-21	-0.2%	11,744
NURSING AND MIDWIFERY REGISTERED	14,695	14,614	14,492	17,845	15,087	15,375	15,019	-357	-2.3%	15,021
STUDENTS	9	9	10	16	9	7	7	0	0.5%	3
Total	50,972	51,064	50,967	63,741	53,251	54,002	53,072	-930	-1.7%	50,655

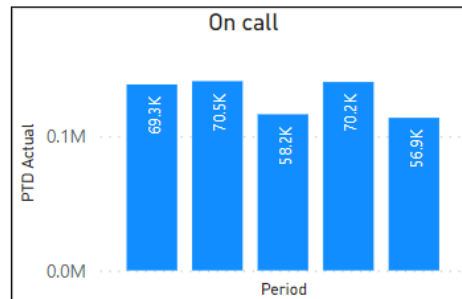
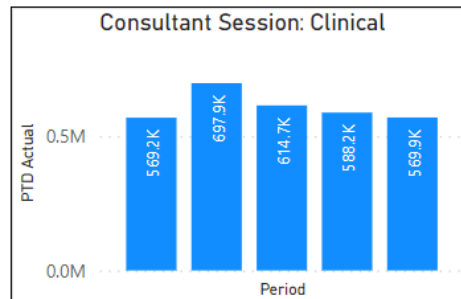
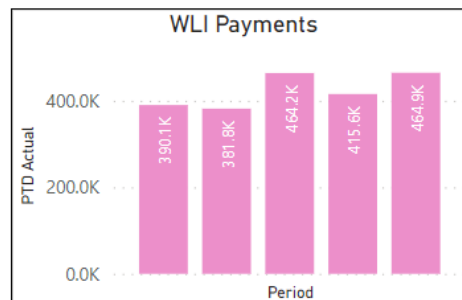
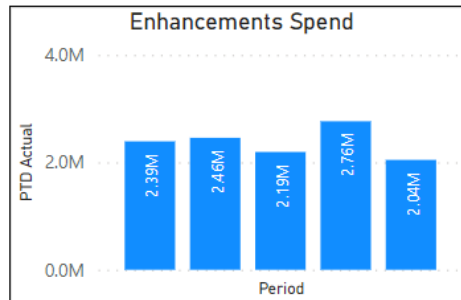
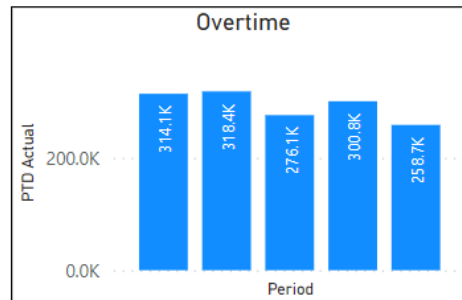
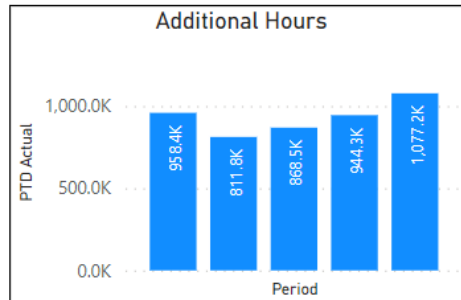
Variable pay (£'000)

Pay category	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Change	%	Avg 21/22
Agency	5,384	5,538	5,430	5,644	5,806	5,256	4,873	-383	-7.3%	4,774
Bank	3,304	3,460	3,757	4,166	3,681	3,889	3,402	-488	-12.5%	2,812
Locum	294	228	232	271	262	298	200	-98	-33.0%	152
Total	8,982	9,226	9,420	10,082	9,749	9,443	8,475	-969	-10.3%	7,738

Total pay (£'000)

Pay category	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Change	%	Avg 21/22
Pay	59,955	60,289	60,387	73,823	63,000	63,445	61,547	-1,898	-3.0%	58,392

Pay Summary (2): Substantive Pay

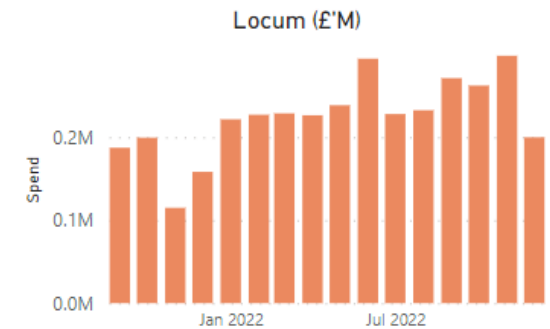
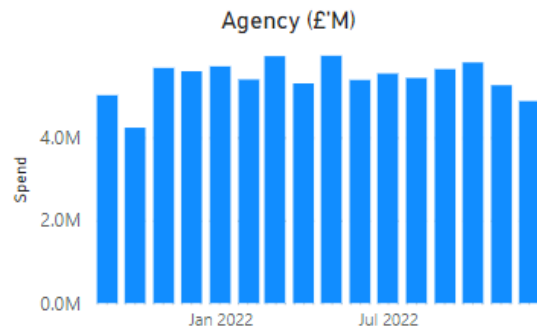


Analysis type by Division

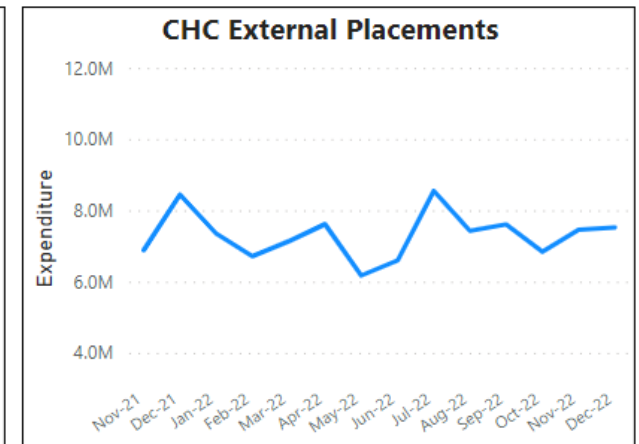
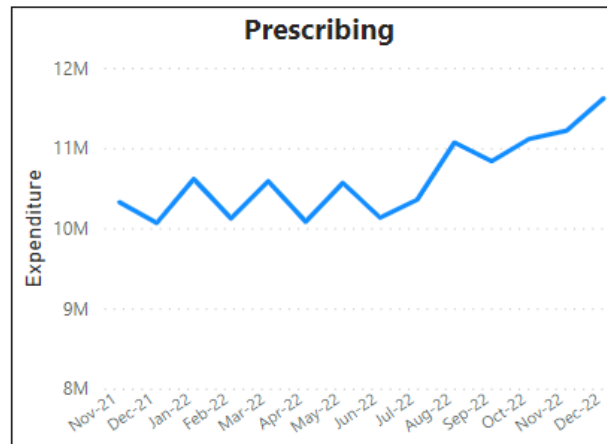
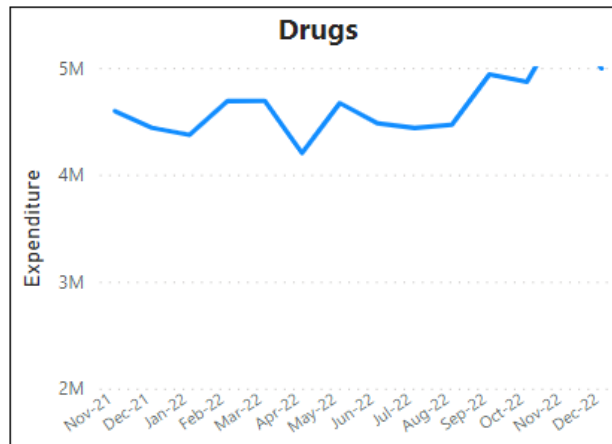
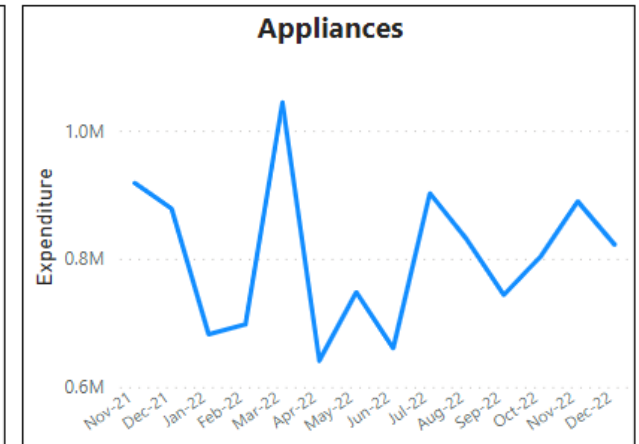
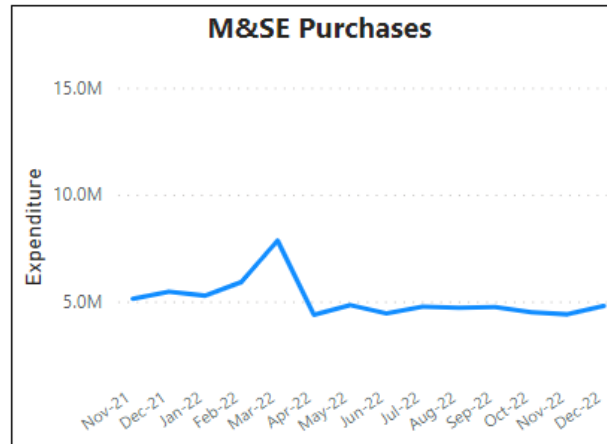
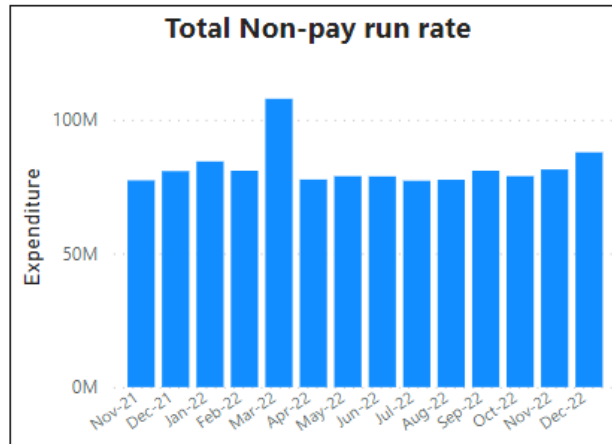
Analysis type	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Total
Enhancements						
Scheduled Care	369	372	335	435	321	1,831
Medicine	362	378	330	430	313	1,813
Estates and Facilities	334	379	314	385	294	1,706
Family & Therapies	305	305	273	346	269	1,499
Primary Care & Community	306	295	289	353	245	1,488
Mental Health	210	210	191	239	181	1,031
Urgent Care	201	200	177	219	162	958
Clinical Support Services	113	112	100	129	94	548
CHC/FNC	109	112	99	121	91	532
Corporate	82	94	86	105	76	443
Total	2,390	2,456	2,193	2,764	2,045	11,847
ADDITIONAL HOURS	958	812	869	944	1,077	4,660
CONSULTANTS SESSION: CLINICAL	569	698	615	588	570	3,040
WAITING LIST PAYMENTS: CONSULTANTS						
Scheduled Care	140	112	245	195	236	928
Clinical Support Services	140	152	140	138	147	718
Medicine	87	94	79	83	81	423
Corporate	0	22	0			22
Mental Health	20	1				22
Family & Therapies	2	1				3
Urgent Care			1			1
Total	390	382	464	416	465	2,117
Overtime	314	318	276	301	259	1,468
ON CALL	69	71	58	70	57	325
Total	4,691	4,736	4,474	5,083	4,472	23,457

Pay Summary (3): Variable Pay

Pay category	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Change	%
Agency																		
Admin & Clerical Agency	82	182	115	191	243	237	412	148	179	164	204	126	118	85	124	152	28	22.5%
Allied Health Prof Agency	124	88	104	172	144	155	213	108	136	169	155	97	319	187	279	108	-171	-61.4%
Estates & Ancilliary Agency	717	422	428	807	474	44	544	413	622	677	663	669	623	635	583	602	19	3.2%
Medical Agency	1,238	1,318	1,920	1,704	1,278	1,688	1,693	1,448	1,602	927	1,439	1,265	1,179	1,503	1,321	1,261	-59	-4.5%
Nurse HCA/HCSW Agency	756	729	880	67	917	951	1,020	1,101	1,086	1,185	1,122	1,080	1,092	1,135	975	977	2	0.2%
Other Agency	92	103	128	114	180	170	390	-1	61	87	88	146	100	105	116	37	-79	-68.4%
Registered Nurse Agency	2,006	1,390	2,100	2,540	2,475	2,148	1,687	2,084	2,282	2,175	1,867	2,048	2,213	2,155	1,859	1,737	-122	-6.6%
Total	5,015	4,232	5,674	5,594	5,711	5,395	5,958	5,301	5,968	5,384	5,538	5,430	5,644	5,806	5,256	4,873	-383	-7.3%
Bank																		
Admin & Clerical Bank	111	134	111	108	131	102	117	104	111	102	101	105	136	104	108	80	-28	-26.1%
Estates & Ancilliary Bank	145	154	146	148	153	142	173	159	168	172	181	192	217	169	151	155	4	2.8%
Nurse HCA/HCSW Bank	1,102	1,185	1,114	1,193	1,217	1,397	1,427	1,276	1,313	1,140	1,243	1,408	1,660	1,378	1,455	1,249	-206	-14.2%
Other Bank	-1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-142.0%
Registered Nurse Bank	1,144	1,355	1,616	1,706	1,858	2,026	2,486	1,919	1,920	1,889	1,934	2,052	2,154	2,031	2,175	1,918	-257	-11.8%
Total	2,500	2,828	2,987	3,155	3,359	3,667	4,203	3,458	3,512	3,304	3,460	3,757	4,166	3,681	3,889	3,402	-488	-12.5%
Locum																		
Medical Locum	187	199	115	158	221	227	229	226	238	294	228	232	271	262	298	200	-98	-33.0%
Total	187	199	115	158	221	227	229	226	238	294	228	232	271	262	298	200	-98	-33.0%
Total	7,702	7,259	8,775	8,907	9,292	9,289	10,389	8,986	9,718	8,982	9,226	9,420	10,082	9,749	9,443	8,475	-969	-10.3%



Non-Pay Summary:



Referral to Treatment (RTT):

Elective activity has significantly reduced as part of the Health Board's Covid-19 planned response. Whilst routine elective services have resumed, elective activity is still lower than pre-Covid-19 levels.

- Elective Treatments for December '22 was 1,949.

Planned Treatments (M09)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	115	0	81	0	196
ENT	122	0	38	0	160
GS	216	82	4	0	302
Max Fax	139	6	12	0	157
Ophth	229	24	6	0	259
Rheum	0	0	0	0	0
T&O	332	121	154	0	607
Urology	379	18	0	0	397
	1,532	251	295	0	2,078

Actual Treatments (M09)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	193	0	21	0	214
ENT	115	0	5	0	120
GS	220	124	0	0	344
Max Fax	155	3	5	0	163
Ophth	196	0	0	0	196
Rheum	0	0	0	0	0
T&O	293	147	23	0	463
Urology	433	10	6	0	449
	1,605	284	60	0	1,949

Treatment Variance (M09)					
Treatment	Core	Backfill	WLI	Other	Total
Derm	78	0	(60)	0	18
ENT	(7)	0	(33)	0	(40)
GS	4	42	(4)	0	42
Max Fax	16	(3)	(7)	0	6
Ophth	(33)	(24)	(6)	0	(63)
Rheum	0	0	0	0	0
T&O	(39)	26	(131)	0	(144)
Urology	54	(8)	6	0	52
	73	33	(235)	0	(129)

- Outpatient activity for December '22 was 4,779.

Planned Outpatients (M09)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	961	0	36	0	997
ENT	375	0	80	0	455
GS	903	1	10	0	914
Max Fax	239	0	0	0	239
Ophth	717	0	100	0	817
Rheum	131	0	0	0	131
T&O	744	38	130	0	912
Urology	340	0	30	0	370
	4,410	39	386	0	4,835

Actual Outpatients (M09)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	781	0	0	0	781
ENT	481	0	48	0	529
GS	1,204	33	0	0	1,237
Max Fax	213	0	0	0	213
Ophth	466	14	133	0	613
Rheum	176	0	0	0	176
T&O	611	0	213	0	824
Urology	354	0	52	0	406
	4,286	47	446	0	4,779

Outpatient Variance (M09)					
Outpatient	Core	Backfill	WLI	Other	Total
Derm	(180)	0	(36)	0	(216)
ENT	106	0	(32)	0	74
GS	301	32	(10)	0	323
Max Fax	(26)	0	0	0	(26)
Ophth	(251)	14	33	0	(204)
Rheum	45	0	0	0	45
T&O	(133)	(38)	83	0	(88)
Urology	14	0	22	0	36
	(124)	8	60	0	(56)

- Medicine Outpatients activity for December '22 was 1,597:

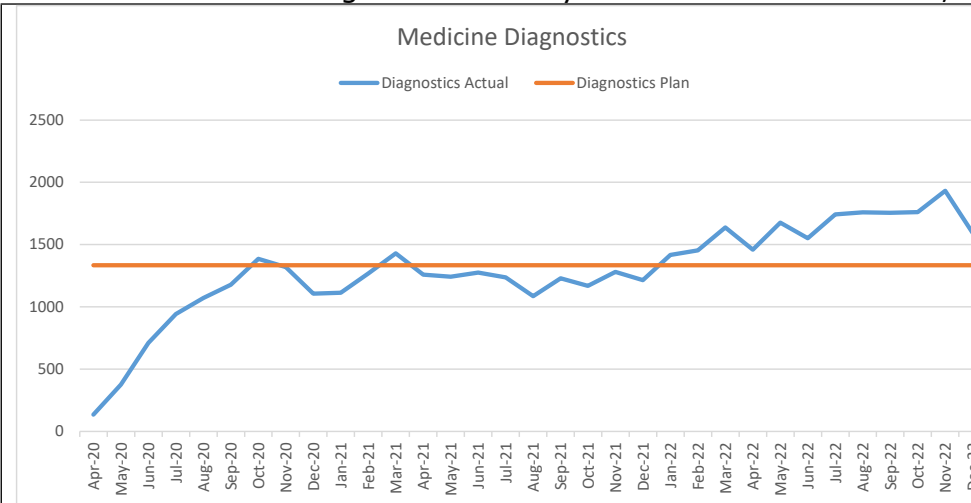
Dec-22

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	268	-207
Cardiology	430	418	-12
Respiratory (inc Sleep)	455	387	-68
Neurology	257	197	-60
Endocrinology	186	150	-36
Geriatric Medicine	313	177	-136
Total	2116	1597	-519

Dec-22

YTD Dec-22	Assumed monthly activity	Actual activity	Variance	Variance
Gastroenterology	4450	2295	-2155	48%
Cardiology	4485	3192	-1293	29%
Respiratory (inc Sleep)	4850	3113	-1737	36%
Neurology	2323	2115	-208	9%
Endocrinology	1954	1467	-487	25%
Geriatric Medicine	2407	1579	-828	34%
Total	20469	13761	-6708	33%

- Medicine Diagnostics activity for December '22 was 1,593:



YTD December 22	Assumed monthly activity	Actual activity	Variance	Variance
Endoscopy	12006	15230	3224	-27%
Total	12006	15230	3224	-27%

Waiting List Initiatives:

Medicine have spent £81k in December 22:

- Gastroenterology (£56k): Patients seen in December 2022 was 848 (November 2022 was 955).
- Cardiology (£11k): for 8 clinic sessions including virtual, telephone, Tilt, and Echo (5 in October) seeing 64 patients (55 in October), plus 8 Cath lab sessions treating 24 patients (6 sessions and 18 patients in October).
- Diabetes (£9k): for 7 clinic sessions including telephone, face to face, virtual and audit seeing 52 patients (9 in October seeing 54 patients).
- Neurology (£4k),

Scheduled Care / Clinical Support Services Divisions have spent £383k in December:

- Radiology (£121k)
- Pathology (£27k)
- Trauma & Orthopaedics (£101k)
- Anaesthetics (£51k)
- General Surgery (£15k)
- Urology (£16k)
- Ophthalmology (£27k)
- Dermatology (£4k)
- Oral Surgery (£9k), ENT (£13k)

No costs were incurred for Mental Health Division or the Family & Therapies Division.

Covid-19 and Exceptional items Funding Assumptions

The Health Board has anticipated WG funding for Covid-19 as listed below;

Type	Covid-19 Specific allocations - December 2022	£'000
HCHS	Tracing	4,069
HCHS	Extended flu	1,517
HCHS	Testing (inc Community Testing)	2,746
HCHS	PPE	1,180
HCHS	Mass COVID-19 Vaccination	2,751
GMS	Mass COVID-19 Vaccination	719
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	2,308
HCHS	Cleaning standards	1,391
HCHS	A2. Increased bed capacity specifically related to C-19	7,792
HCHS	A3. Other capacity & facilities costs	5,585
HCHS	B1. Prescribing charges directly related to COVID symptoms	8
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	10,886
HCHS	D1. Discharge Support	5,531
HCHS	D5. Other Services that support the ongoing COVID response	1,271
HCHS	Nosocomial investigation and learning	753
	Total Confirmed Covid-19 Allocations	48,507
HCHS	Testing (inc Community Testing)	1,831
HCHS	Tracing	1,989
HCHS	Mass COVID-19 Vaccination	4,630
HCHS	PPE	1,495
HCHS	Cleaning standards	810
HCHS	Long Covid	887
Dental	E1. Primary Care Contractor (excluding drugs) - Costs as a result of lost GDS income	206
HCHS	A2. Increased bed capacity specifically related to C-19	2,837
HCHS	A3. Other capacity & facilities costs	1,708
HCHS	B1. Prescribing charges directly related to COVID symptoms	4
HCHS	C1. Increased workforce costs as a direct result of the COVID response and IP&C guidance	3,723
HCHS	D1. Discharge Support	2,032
HCHS	D4. Support for National Programmes through Shared Service	0
HCHS	D5. Other Services that support the ongoing COVID response	628
	Total Anticipated Covid-19 Allocations	22,781
	Total Covid-19 Allocations	71,288
Type	Exceptional items allocations - December 2022	£'000
HCHS	Energy prices increase	3,993
HCHS	Employers NI increase	2,953
HCHS	Real living wage	2,154
	Total Confirmed Exceptional items Allocations	9,100
HCHS	Energy prices increase	9,074
	Total Anticipated Exceptional items Allocations	9,074
	Total Exceptional items allocations	18,174

Covid-19 Funding & Delegation

The UHB has assumed Covid funding totalling £71.3m. £49.5m of this has been confirmed with the remaining £21.8m anticipated. The UHB has assumed funding of £18m for exceptional items (£9m confirmed, £9m anticipated) listed in the WG letter dated 14th March.

It should be noted that a review of local Covid schemes continues to be undertaken to ensure assumptions link with WG guidance.

Covid costs decreased in month 9 (c.£0.4m) linked to a reduction in Mass Vaccination forecast costs.

Savings – list of Green schemes as at month 9

HB	Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Forecast	Scheme RAG rating
AB	Corporate	Corporate	CORP02	Workforce variable pay	163	Green
AB	Estates and Facilities	Estates and Facilities	EF01	Minor works	138	Green
AB	Estates and Facilities	Estates and Facilities	EF03	Park Square car park	94	Green
AB	Estates and Facilities	Estates and Facilities	EF05	Workforce variable pay	291	Green
AB	Family & Therapies	Family & Therapies	FT02	MSK	83	Green
AB	Family & Therapies	Family & Therapies	FT03	Workforce variable pay	248	Green
AB	Medicine	Medicine	MED05	Endoscopy Backfill Cost Reduction	100	Green
AB	Medicine	Medicine	MED06	Retinue Savings	101	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH01	Workforce variable pay	266	Green
AB	Primary Care and Community	Primary Care and Community	PCC01	Workforce variable pay	300	Green
AB	Primary Care and Community	Primary Care and Community	PCC02	Prescribing support dieticians (Prescribing)	75	Green
AB	Primary Care and Community	Primary Care and Community	PCC03	Waste reduction scheme (Prescribing)	172	Green
AB	Primary Care and Community	Primary Care and Community	PCC04	Pharmacy led savings (Prescribing)	31	Green
AB	Primary Care and Community	Primary Care and Community	PCC05	Scriptswitch (acute) (Prescribing)	183	Green
AB	Primary Care and Community	Primary Care and Community	PCC06	Scriptswitch (repeat) (Prescribing)	568	Green
AB	Primary Care and Community	Primary Care and Community	PCC07	Darifenacin to Solifenacin switch	64	Green
AB	Primary Care and Community	Primary Care and Community	PCC08	Respiratory Inhaler Switches	189	Green
AB	Primary Care and Community	Primary Care and Community	PCC09	Rebate - total (Prescribing)	1,300	Green
AB	Scheduled Care	Scheduled Care	SCH09	SACU / POCU	77	Green
AB	Scheduled Care	Scheduled Care	SCH12	Workforce variable pay	571	Green
AB	Scheduled Care	Scheduled Care	MM SCD2	Lenalidomide Price Reduction	1,177	Green
AB	Scheduled Care	Scheduled Care	MM SCD3	Bortezomib rationalisation	123	Green
AB	Scheduled Care	Scheduled Care	MM SCD8	Lucentis to Ongavia	182	Green
AB	Urgent Care	Urgent Care	URG01	Medical staffing roster	78	Green
AB	Urgent Care	Urgent Care	URG03	Retinue	92	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH03	Community Sanctuary service stopped	50	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH04	Recovery workers under performance Q1	48	Green
AB	Mental Health and Learning Disabilities	Mental Health and Learning Disabilities	MH05	Paliperidone change	5	Green
AB	Contracting and Commissioning	Commissioning	COMM02	Improvement in Velindre/Cwm Taf forecast id M7	706	Green
AB	WHSSC	WHSSC	WHSSC01	WHSSC IMTP Slippage	291	Green
AB	EASC	EASC	EASC01	EASC IMTP Slippage	690	Green
AB	Primary Care and Community	Primary Care and Community	PCC10	Low Value Medicines - Test Strips	6	Green
AB	Primary Care and Community	Primary Care and Community	PCC12	Low Value Medicines - Lidocaine Patches	1	Green
AB	Scheduled Care	Scheduled Care	MM SCD9	Adalimumab to biosimilar Idacio	94	Green
AB	Scheduled Care	Scheduled Care	MM SCD10	Lenalidomide switch to new biosimilar	40	Green
AB	Clinical Support Services	Radiology	CSS17	CT Replacement - Maintenance Cost Saving - NHH	26	Green
AB	Clinical Support Services	Radiology	CSS18	CT Replacement - Maintenance Cost Saving - RGH	16	Green
AB	Clinical Support Services	Radiology	CSS19	DR Replacements - Maintenance Cost Saving - YF/YAB/NHH	9	Green
AB	Clinical Support Services	Radiology	CSS21	Review of Maintenance Contracts	349	Green
AB	Scheduled Care	Scheduled Care	SCH 107	Procurement	81	Green
AB	Family & Therapies	Families & Therapies	FT 104	HIV - Genvoya & Stribild switch	9	Green
AB	Family & Therapies	Families & Therapies	FT 105	HIV - Dolutegravir and Descovy switch	8	Green
AB	Contracting and Commissioning	Commissioning	Comm03	Improvement in Velindre forecast M8	1,070	Green
AB	Contracting and Commissioning	Commissioning	Comm04	Improvement in Velindre forecast M9	97	Green
AB	Corporate	Corporate	CORP05	Informatics EE telephone charges	300	Green
AB	Medicine	Medicine	MED 102	HCSW Agency	194	Green
AB	Scheduled Care	Scheduled Care	SCH 102	HCSW Agency	194	Green
AB	Family & Therapies	Families & Therapies	FT 100	HCSW Agency	194	Green
AB	Complex Care	CHC	CHC 101	Complex Care	774	Green
AB	Complex Care	CHC	CHC 102	Other	100	Green
AB	Medicine	Medicine	MED 103	Procurement - overall	102	Green
AB	Scheduled Care	Scheduled Care	SCH 103	Procurement - overall	97	Green
AB	Family & Therapies	Families & Therapies	FT 101	Procurement - overall	97	Green
AB	Estates and Facilities	Facilities	EF 100	Divisional specific	150	Green
AB	Corporate	Corporate (Project 111)	CORP 102	WG and other funding slippage - Project 111	344	Green
AB	Corporate	Corporate (WCCIS)	CORP 103	WG and other funding slippage - WCCIS + all other	1,100	Green
AB	Mental Health and Learning Disabilities	Mental Health (Dementia)	MH 103	WG and other funding slippage	378	Green
AB	Corporate	Public Health	CORP 104	Corporate opportunities / slippage	800	Green
AB	Corporate	Corporate	CORP 105	Corporate vacancy review	430	Green
AB	Corporate	Director Finance	CORP 106	Testing	1,600	Green
AB	Primary Care and Community	Primary Care and Community	PCC 103	Efficiency opportunities out of hospital	195	Green
AB	Scheduled Care	Scheduled Care	SCH 106a	RTT slippage	354	Green

Savings – list of revised amber schemes tracker at month 9

Division	Business Unit	Savings Scheme Number	Scheme / Opportunity	Current Year Forecast	Scheme RAG rating
Medicine	Medicine	MED 100	Medical and other agency and locum	366	Amber
Scheduled Care	Scheduled Care	SCH 100	Medical and other agency and locum	366	Amber
Urgent Care	Urgent Care	URG 100	Medical and other agency and locum	366	Amber
Medicine	Medicine	MED 101	Enhanced Care	357	Amber
Scheduled Care	Scheduled Care	SCH 101	Enhanced Care	357	Amber
Urgent Care	Urgent Care	URG 101	Enhanced Care	357	Amber
Primary Care and Community	Primary Care and Community	PCC 100	DTOC / RPB plans - surge beds	1,500	Amber
Primary Care and Community	Prescribing	PCC 101	Medicines Management	379	Amber
Scheduled Care	Scheduled Care	SCH 105	Efficiency opportunities in hospital	250	Amber
Medicine	Medicine	MED 105	Efficiency opportunities in hospital	150	Amber
Family & Therapies	Families & Therapies	FT 103	Efficiency opportunities in hospital	50	Amber
Clinical Support Services	Clinical Support	CSS 101	Efficiency opportunities in hospital	50	Amber
Scheduled Care	Scheduled Care	SCH 106b	RTT slippage	870	Amber

Savings – summary by Division and Category programme

Division	Forecast		
	Green	Amber	Total
Complex Care	874	0	874
Medicine	497	873	1,370
Urgent Care	170	723	893
Scheduled Care	2,990	1,843	4,832
Clinical Support Services	400	50	450
Primary Care and Community	3,084	1,879	4,963
Mental Health and Learning Disabilities	747	0	747
Family & Therapies	639	50	689
Estates and Facilities	673	0	673
Corporate	4,737	0	4,737
Contracting and Commissioning	1,873	0	1,873
EASC	690	0	690
WHSSC	291	0	291
Total	17,666	5,418	23,083

Category	Sub-category	Forecast		
		Green	Amber	Total
Medicines Management	Prescribing	2,582		2,582
	Scheduled Care rationalisation / switching original plan	305		305
	Scheduled Care Lenalimide	1,217		1,217
	Further medicines management	123	379	502
Pay	Variable pay - sickness / overseas & medical agency	2,378	-	2,378
	MSK	83	-	83
	Further medical agency	-	1,098	1,098
	Enhanced Care		1,071	1,071
	HCSW agency	582		582
	DTOC / Surge beds		1,500	1,500
	All others	131		131
Non-pay	Corporate / transformation	671		671
	Procurement revised	927	-	927
	Facilities related	232	-	232
	Mental Health	100		100
	Adult & Paediatric CHC	774		774
	Other non-pay / schemes	316	-	316
Income / other schemes	Specific funding queries	2,278		2,278
	Hospital / Out of hospital efficiency	195	500	695
	Testing reduction	1,600	-	1,600
	Commissioning	2,817		2,817
	RTT review	354	870	1,224
Total		17,665	5,418	23,083

- There are currently no savings / efficiencies arising from the prioritisation programmes, many are focussing on transformation which may increase costs in the first instance.

Reserves

7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R / NR	Description	22/23
Confirmed	R	Pay award 22-23	3,789,755
Confirmed	NR	Project 111 slippage	(249,000)
Confirmed	NR	Exceptional-Incremental National Insurance	2,953,000
Confirmed	NR	Additional testing funding + pathology underspend	176,000
		Confirmed Allocations to be apportioned	6,669,755

7788-COMMITMENTS TO BE DELEGATED

Description	22/23
Value Based Recovery (balance of funding)	1,083,000
Value Based Recovery - funding recovered	619,000
Recovery of pay budget relating to VERS	56,421
Other (inc.B1&2 enhancement alloc)	604,763
Total Commitments	2,363,184

Reserves Delegation:

The UHB Board approved the quarter 2 budget delegation paper on the 28th July. As a result, the majority of anticipated allocations for Covid-19, exceptional items, mental health and other primary care elements were delegated based on quarter 1 estimates. A small number of other committed reserves are held which are due to be delegated once values and plans are finalised.

The funding for Covid-19 and exceptional costs has been anticipated at risk and will be monitored quarterly. Welsh Government continue to issue funding on a quarterly basis based on actual expenditure.

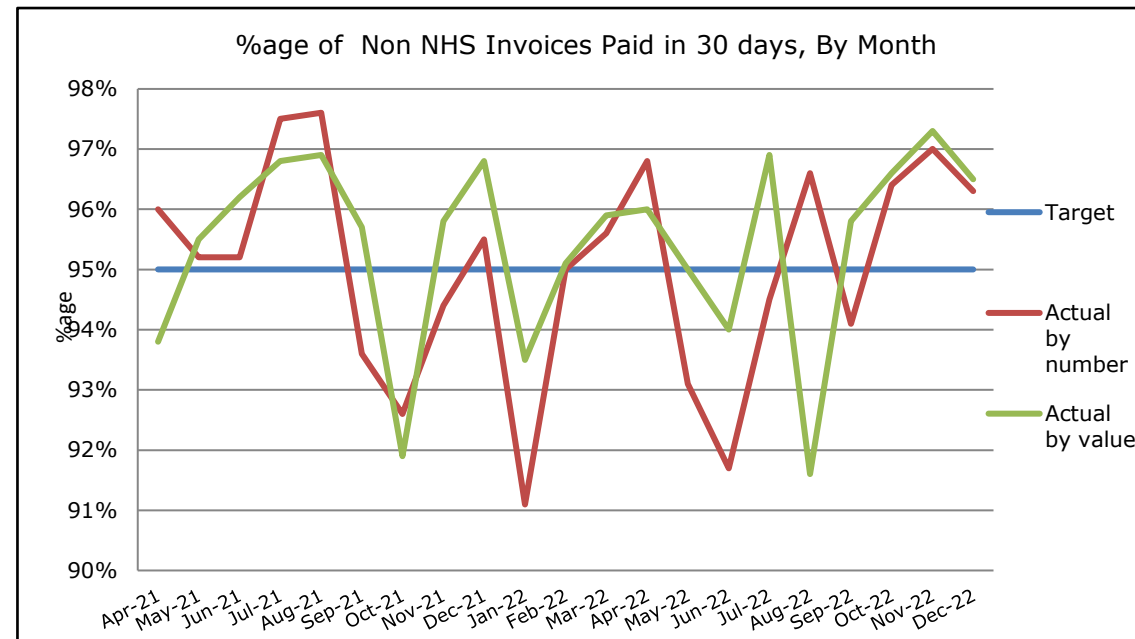
Elements of funding will be recovered from Divisions in future months in line with forecast expenditure.

Cash Position

- The cash balance at the 31st December is £3.178m, which is below 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 December and on a cumulative basis. We are continuing to work with those departments where invoices are being processed outside of the 30 day payment terms.

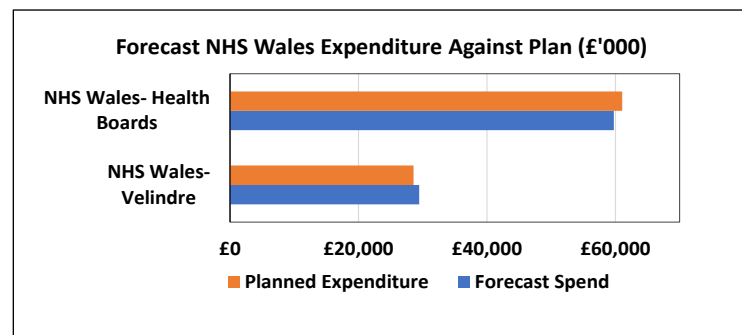


Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 9 (December) 2022-23

At Month 9 the financial performance for Contracting and Commissioning is a YTD favourable variance of £163k, and a forecast adverse variance of £127k

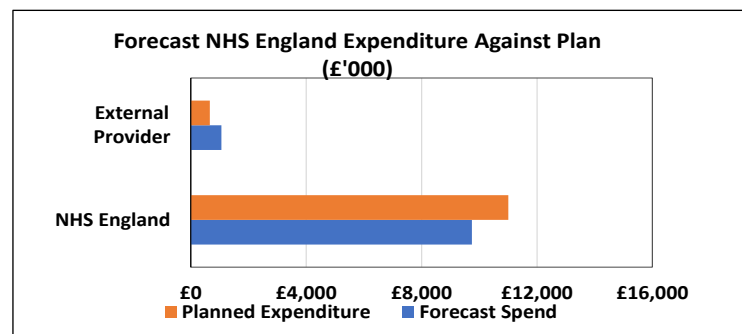
The key elements contributing to this position at Month 9 are as follows:



NHS Wales Expenditure

There is increased activity and drug spend (£0.6m) being forecast at Velindre for ABUHB patients receiving cancer treatment.

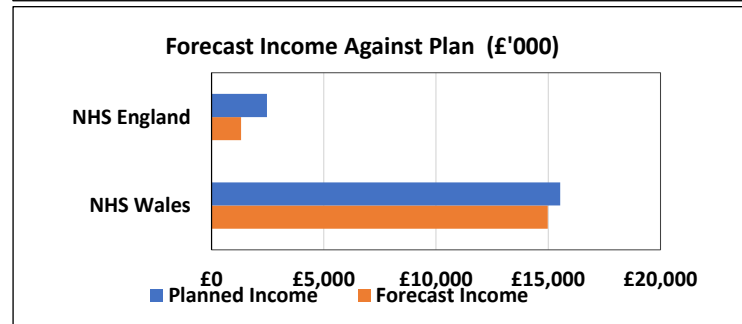
ABUHB are, however, forecast to recover c£1,700k in underperformance due to less activity being delivered by Cwm Taf



NHS England Expenditure

Contract Expenditure with NHS England organisations has to move away from Block agreements in 2022-23

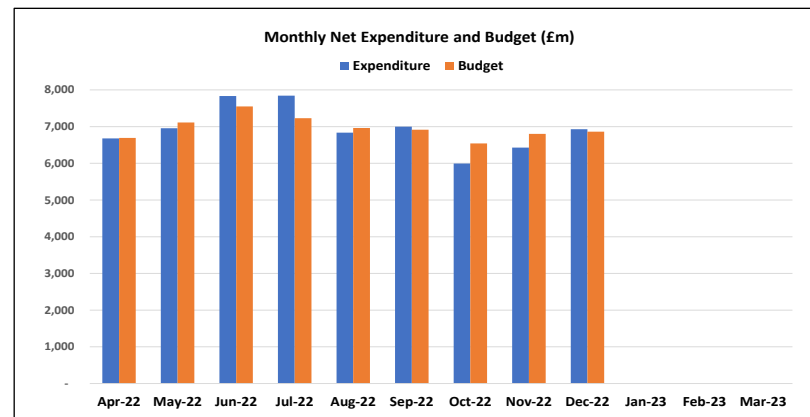
There is a risk of increased expenditure if English providers deliver additional activity in 2022/23.



Provider Income

There is a c£2.5m cost pressure expected from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital.

This has been partly funded by £1.6m budget delegated.



Key Issues 2022-23

All LTAs signed and agreed in compliance with 30 June 2022 deadline.

The nationally agreed inflationary uplift of 2.8% and the impact of the 21-22 NHS Pay Award has been funded and is reflected in the above position

Directors of Finance have agreed a contract mechanism within Wales to 'block' non admitted patient care charges based on 2019/20 and to apply a 10% 'tolerance' to admitted patient care to reduce volatility in the contracting position. Enhanced rates will be available for recovery/increased activity.

Underperformance through the DoF framework from Cwm Taf UHB is expected to be c£1.7m this year as a result of reduced emergency admissions

NICE costs continue to operate on a pass through basis

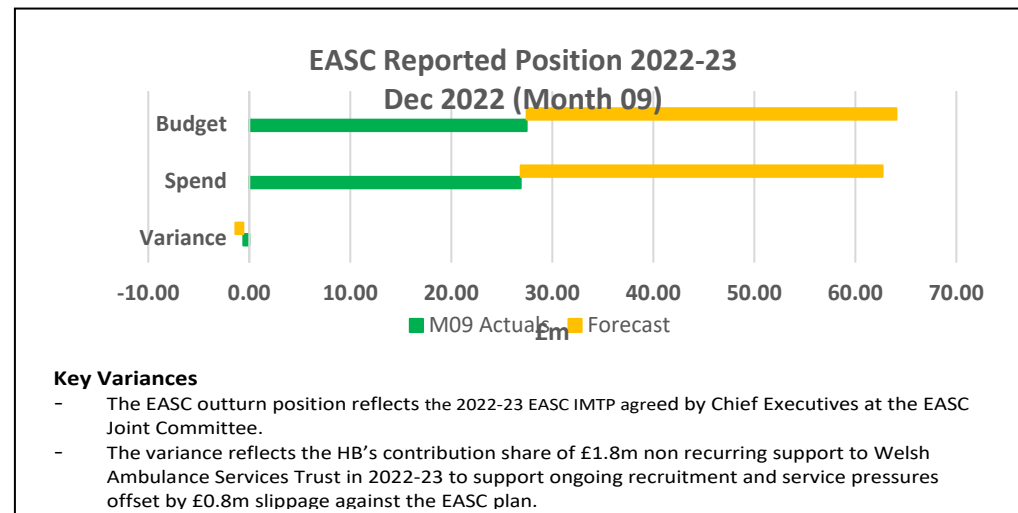
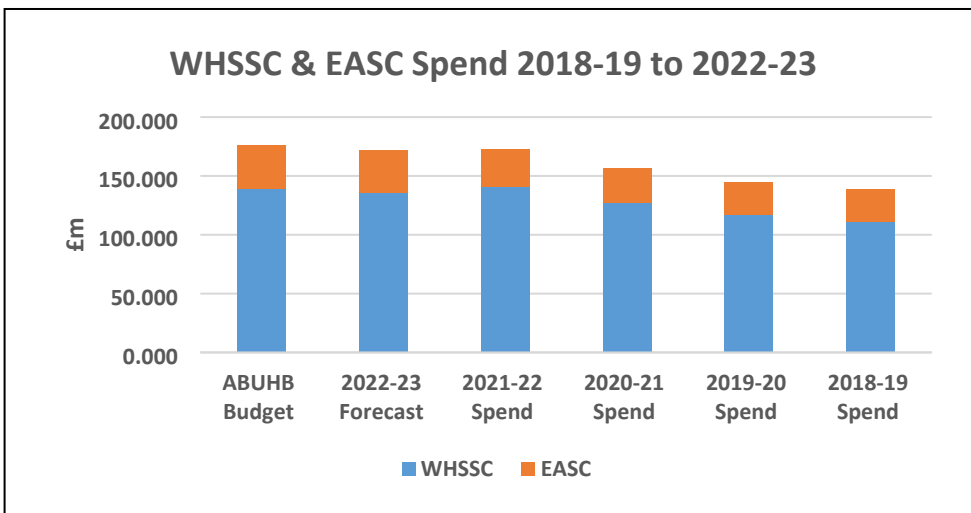
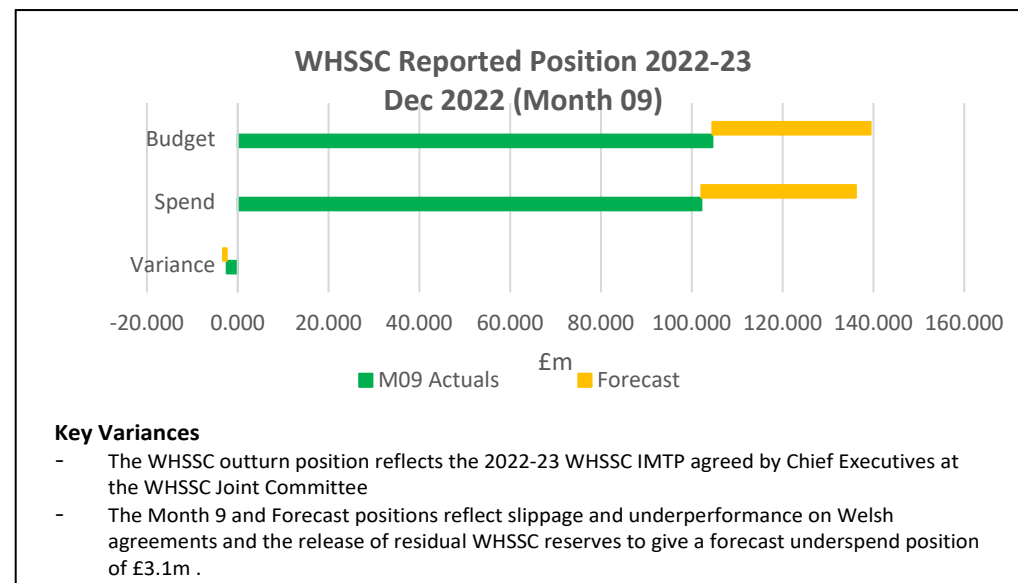
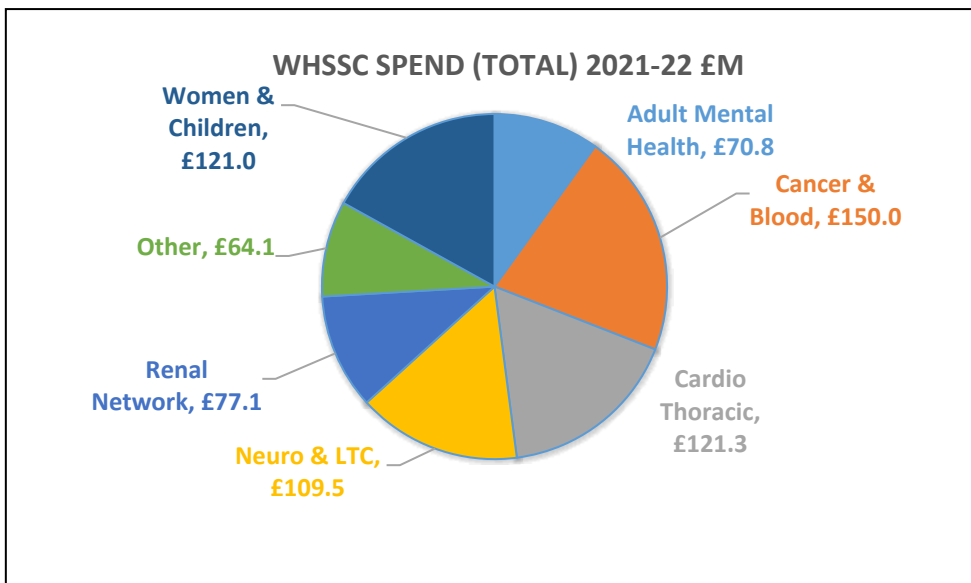
There is a c£2.5m cost pressure from the reduced activity being delivered for Powys LHB following the opening of the GUH hospital partly funded by c£1.6m budget delegated in year

There is a c£600k cost pressure expected from outsourcing activity to St Josephs hospital to support endoscopy and MRI (c£958k expenditure partly offset by £360k funding allocated in year)

WHSSC & EASC Financial Position 2022-23

WHSSC & EASC Financial Performance Period: Month 09 2022-23

The Month 09 financial performance for WHSSC & EASC is a YTD underspend of £3.016m, and a forecast underspend of £4.072m. The Month 09 position reflects the agreed IMTP & LTA agreements with providers.



Balance Sheet

Balance sheet as at 31st December 2022

	2022/23 Opening balance £000s	31st December 2022 £000s	Movement £000s
Fixed Assets	810,479	857,056	46,577
Other Non current assets	131,429	136,305	4,876
Current Assets			
Inventories	8,726	9,027	301
Trade and other receivables	133,807	102,452	-31,355
Cash	1,720	3,178	1,458
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	144,253	114,657	-29,596
Liabilities			
Trade and other payables	226,999	203,437	-23,562
Provisions	195,707	175,078	-20,629
	422,706	378,515	-44,191
	663,455	729,503	66,048
Financed by:-			
General Fund	530,429	564,107	33,678
Revaluation Reserve	133,026	165,396	32,370
	663,455	729,503	66,048

Fixed Assets:

- An increase of £16.228m in relation to new 2022/23 capital expenditure incurred.
- A reduction of £30.679m for depreciation charges to the December period.
- An increase of £42.157m for the Quinquennial Valuations of Land and Buildings
- An increase of £18.960m in relation to IFRS16 lease assets.

Other Non-Current Assets:

- This relates to a decrease in Welsh Risk Pool claims due in more than one year £6.1m and a decrease in intangible assets £1.3m since the end of 2021/22.

Current Assets, Trade & Other Receivables:

The main movements since the end of 2021/22 relate to:

- An increase in the value of debts outstanding on the Accounts Receivable system since 2021/22 to the end of December £1.7m. A decrease in the value of both NHS & Non-NHS accruals of £30.8m, of which £22.2m relates to a decrease of Welsh Risk Pool claims due in less than one year and £8.1m relates to a decrease in NHS & Non NHS accruals and £0.5m relates to VAT/other debtors decrease.
- An increase in the value of prepayments held of £1.1m.

Cash:

- The cash balance held in month 9 is £3.178m.

Liabilities, Provisions:

- The movement since the end of 2021/22 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£7.7m), an increase in NHS Creditor accruals (£3.8m), a decrease in the level of invoices held for payment from the year end (£13.3m), a decrease in non NHS accruals (£18.5m), an increase in Tax & Superannuation (£7.9m), a decrease in other creditors (£11.8m), increase in liability for lease payment (£17.9m), inc. payments on account (£1.9m).
- Due to the decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £19.7m and the decrease in pensions & other provisions £0.9m.

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: £1.59bn

Confirmed Allocations as at December 2022 (M9 2021/22)

	£'000
HCHS	1,373,155
GMS	109,220
Pharmacy	33,407
Dental	34,962
Total Confirmed Allocations - December 2022	1,550,744

Plus Anticipated Allocation - December 2022	40,001
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Total Allocations - December 2022	1,590,745
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Other Income:

The HB receives income from a number of sources other than WG, based on the year-to-date income, this is forecast to be approximately £108.3m. (£109m for 21/22). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.7bn for 22/23.

WG Anticipated allocations: £40m

WG Revenue Resource Limit : Anticipated Allocations (December)			
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	(Provider) SPR's	50	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	298	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,491	R
HCHS	Informatics - Virtual Consultations	1,068	R
HCHS	National Clinical Lead for Falls & Frailty	26	R
HCHS	AHW:Prevention & Early Years allocation	1,171	R
HCHS	TTP Tracing 22/23	1,989	NR
HCHS	WHSSC - National Specialist CAMHS improvements	139	R
HCHS	Same Day Emergency Care (SDEC)	1,560	R
HCHS	OP Transformation-Dermatology Specialist Advice and Guidance	22	R
HCHS	OP Transformation-Dermatology Nurses Surgical Skills Study Day	4	R
HCHS	Digital Priority investment fund (DPIF)	500	R
HCHS	Strategic programme Primary Care within A Healthier Wales (additional posts)	113	R
HCHS	WHSSC All Wales Traumatic Stress Quality Imprmt (ANEHFS 13 21/22)	159	R
HCHS	Children & Young People MH & Emotional Wellbeing (ANEHFS 16 21/22)	200	R
HCHS	EASC/WAST Improvements in MH Emergency Calls (ANEHFS 54 21/22)	51	R
HCHS	WHSSC - Impl of National Specialist CAMHS Improv. (ANEHFS 90 21/22)	131	R
HCHS	NHS Pay enhancement Band 1 to 2 - 3% uplift 21-22 (ANEHFS 21/22)	152	R
HCHS	Adferiad Programme	887	NR
HCHS	C19 Response-Cleaning Standards	810	NR
HCHS	C19 Response-Increased bed capacity	2,837	NR
HCHS	C19 Response-Other Capacity & facilities costs	1,708	NR
HCHS	C19 Response-Increased workforce costs	3,723	NR
HCHS	C19 Response-Discharge Support	2,032	NR
HCHS	C19 Response-Other Services that support the ongoing COVID response	628	NR
HCHS	C19 Response-Lost dental income	206	NR
HCHS	Exceptional-Increase in Energy Costs (net of baseline costs)	9,074	NR
HCHS	C19 National-Covid Mass Vaccination programme	4,630	NR
HCHS	C19 National-Covid PPE	1,495	NR
HCHS	C19 National-Covid Testing	1,831	NR
HCHS	Capital - DEL Depreciation - Accelerated	483	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	2,956	NR
HCHS	Capital - Donated assets / government grant receipts	(1,135)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases	99	NR
HCHS	Capital - AME Donated Assets Depn	327	NR
HCHS	Capital - AME Impairments	2,700	NR
HCHS	Capital - AME Impairment Reversals	(9,579)	NR
HCHS	Urgent Primary Care	1,400	R
HCHS	End of Life Care Board	112	NR
HCHS	C19 Response-Prescribing charges Covid symptoms	4	NR
HCHS	Dementia Action Plan-Age Cymru National advocacy project	412	NR
HCHS	Capital - Removal of donated assests / Gvnt grant receipts	(118)	NR
HCHS	Removal of IFRS leases	(2,933)	NR
HCHS	VBH: Heart Failure and Rehab in the Community	297	R
HCHS	VBH: High risk surgical wound management	34	NR
HCHS	Digital Medicines transformation team	119	R
HCHS	Six Goals Urgent and Emergency Care Prog	4,529	NR
HCHS	IFRS16 Leases New / Renewals Revenue Reduction	(296)	NR
Total Anticipated: Per Ledger		40,001	

Capital Planning & Performance

Summary Capital Plan Month 9 2022/23				
	2022/23			
	Original Plan £000	Revised Plan £000	Spend to M9 £000	Forecast Outturn £000
Source:				
Discretionary Capital:				
Approved Discretionary Capital Funding Allocation	8,227	8,227		8,227
Less AWCP Brokerage 21/22	-1,534	-1,859		-1,859
Grant Income Received	0	39		39
NBV of Assets Disposed	0	36		36
Total Approved Discretionary Funding	6,693	6,443		6,443
All Wales Capital Programme Funding:				
AWCP Approved Funding	24,615	30,259		30,259
Total Approved AWCP Funding	24,615	30,259		30,259
Total Capital Funding / Capital Resource Limit (CRL)	31,308	36,702		36,702
Applications:				
Discretionary Capital:				
Commitments B/f From 2021/22	1,317	1,162	377	1,148
Statutory Allocations	576	821	369	821
Divisional Priorities	587	2,504	808	2,500
Corporate Priorities	2,182	874	508	879
Informatics National Priority & Sustainability	1,800	3,050	2,007	3,050
Remaining DCP Contingency	231	178	0	191
Total Discretionary Capital	6,693	8,588	4,069	8,588
All Wales Capital Programme:				
Grange University Hospital Remaining works	-1,408	2,743	1,329	2,422
Tredegar Health & Wellbeing Centre Development	10,023	6,796	3,581	6,796
Fees for NHH Satellite Radiotherapy Centre Development	198	257	155	257
YYF Breast Centralisation Unit	8,989	2,798	968	2,798
Newport East Health & Wellbeing Centre Development	0	2,684	2,202	2,686
Fees for MH SISU	258	263	170	263
Covid Recovery Funding	1,400	1,620	1,609	1,620
National Programme - Imaging	4,700	3,494	1,342	3,494
Digital Eyecare	0	66	77	66
National Programme - Infrastructure	12	12	17	17
NHH SRU Enabling Works	400	403	389	403
SDEC Equipment	0	79	55	79
ICF Discretionary Fund Schemes	43	153	-4	153
RGH Endoscopy Unit	0	7,063	858	5,231
DPIF - Digital Medicines Transformation Portfolio	0	14	13	14
RGH - Block 1 and 2 Demolition and Car Park	0	303	16	303
Emergency Department Waiting Area Improvements	0	260	22	260
EOY Funding	0	919	65	919
EFAB Schemes	0	332	45	332
Total AWCP Capital	24,615	30,259	12,909	28,114
Total Programme Allocation and Expenditure	31,308	38,847	16,979	36,702
Forecast Underspend against Overall Capital Resource Limit				0

The approved Capital Resource Limit (CRL) as at Month 9 totals £36.627m. In addition, grants totalling £39k and disposals proceeds of £36k have been confirmed. In October, the All Wales Capital Programme (AWCP) scheme allocations were confirmed to Welsh Government and fixed. Any slippage against the agreed allocations now needs to be managed through accelerating spend on other AWCP or 2023/24 Discretionary Capital Programme (DCP) schemes. The RGH Endoscopy scheme forecast decreased by circa £2m in November which is explained further below. The slippage is being managed by accelerating spend on EFAB schemes (£332k), Newport East H&WBC (£196k) and 2023/24 DCP schemes (£1.472m) to bring the position back to breakeven.

The GUH final account is now being agreed following the completion of all Laing O'Rourke works. The Well-being works to Grange House are due to complete in early April 2023. The forecast of £2.422m reflects the delay to the anticipated VAT recovery claim into 2023/24 and reimbursement to the Discretionary Capital Programme (DCP) of £321k in relation to prior year overspends.

The works at YYF Breast Centralisation Unit are running £201k behind the agreed cashflow profile at month 9 due to the weather affecting the concrete pouring. These works have been rescheduled and will take place before the end of the financial year. The outturn position has not been amended at month 9 but will be monitored closely.

month in line with the cost advisor's reported position and the current spend rate. This overspend has helped to offset the slippage on the RGH Endoscopy Scheme.

The outturn for Newport East H&WBC has been increased by £196k in

The completion of Phase 1 of Tredegar H&WBC has been delayed to July 2023. There continues to be significant cost risks to the scheme including the re-design of the foundations (potential additional £753k plus VAT), EV charging points (not a requirement at Design Stage – a bid has been submitted for potential EFAB funding to mitigate), culvert diversion, Heart building stabilisation, brick supply cancellation (£708k plus VAT) and inflation. The current forecast overspend on the total scheme is £389k which will impact on the DCP in 2023/24 if further WG funding cannot be secured. If the foundations and brick supply cancellation compensation events are found to be valid these will increase the overspend in 2023/24 significantly as they are not currently built into the forecast spend position.

The RGH Endoscopy project reported slippage of £2m in November due to various delays associated with flooring replacement, Soil Vent Pipe relocation works, remedial fire stopping works, waffle slab works, relining walls, window design and the mechanical and electrical works. The impact has caused a 12 week delay to the cashflow expenditure, however, the impact on the handover date is being worked through and will be mitigated where possible. The 2022/23 allocation includes the purchase of £1.6m of associated equipment and ICT requirements. During the month, the Health Board agreed with Welsh Government that £332k of the RGH Endoscopy budget would be transferred to accelerate 2023/24 agreed EFAB schemes into the current financial year.

Confirmation has been received that the FBC for the NHH Satellite Radiotherapy Centre has now been approved by Welsh Government. The resource allocation is expected to be confirmed in the CRL in January. The Outline Business Case for the Mental Health SISU is ongoing and expected to be submitted to March Board for approval.

The Health Board Discretionary Capital Programme (DCP) forecast outturn for 2022/23 is £8.588m funded by:

- 2022/23 DCP Funding - £8.227m (a reduction of 24% compared to 2021/22)
- Reimbursements from AWCP schemes (GUH/ Newport East / RGH Endoscopy) - £679k
- Grant funding received (Sparkle and R&D) - £39k
- Disposal Proceeds - £36k
- Less 2021/22 AWCP scheme brokerage & scheme overspends – (£1.865m)
- Plus 2022/23 AWCP brokerage - £1.472m

During the month, schemes planned for the 2023/24 DCP were approved to offset the RGH Endoscopy slippage. These included hardware associated with the Blood Transfusion LIMS system (£868k) and additional Laptop / Desktop purchases (£400k). Additional schemes from the 2023/24 DCP will be accelerated to utilise the remaining contingency of £191k in Month 10.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Danielle O'Leary, Head of Corporate Services, Risk and Assurance

Pwrpas yr Adroddiad Purpose of the Report

Er Sicrwydd/For Assurance

This report seeks to provide a summary of the current key risks which encompass the Corporate Risk Register and form the strategic risks for the Health Board. The report also seeks to provide an update on the overarching Risk and Assurance Framework development and actions currently being undertaken to achieve this.

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides an overview of all **32** strategic risks described within the Corporate Risk Register.

Response to the COVID-19 pandemic, through front line service delivery, restart and recovery plans, Primary and Secondary Care demand increase and associated risks continue to have the greatest impact on service delivery. This sustained response alongside increased demand for services, challenges in timely discharge and significant workforce constraints continues to represent the most significant risks to the Health Board's delivery and the achievement of the objectives outlined within the IMTP.

Further development and enhanced assurances have been sought through the Audit, Risk and Assurance Committee in relation to risks in respect of compliance with the Wellbeing of Future Generations (Wales) Act 2015 and the Socioeconomic Duty for Wales, along with risk identified with regard to the impact of the geopolitical position and migration into Wales. The results of the detailed review of these risks will be reported to the Board, following consideration by the Audit, Risk and Assurance Committee at its meeting on 2nd February 2023.

The remainder of Quarter 4 will be dedicated to the review of risk management arrangements, assurance requirements and the development of an integrated Risk and Assurance Strategy and Framework. This approach, when embedded, will enable to the Board to seek appropriate assurance and have focussed oversight on risk, internal control processes and assurance arrangements.

Cefndir / Background

This report provides the Board with an opportunity to review the strategic risks which receive oversight across all Committees and the Board.

The Health Board utilises the All-Wales Risk Matrix to assess the potential impact and likelihood of occurrence of all predicted risks to form an overall risk score. Risks may then be tolerated, treated, transferred or terminated in line with the Health Board Risk Management Strategy and ‘risk decision’ processes.

Internal controls and action plans are then developed to mitigate the risk and reduce either the likelihood, consequence, or both. Committees are then responsible for the active monitoring and review of all risks which receive oversight from each respective committee.

Risk Management ensures that the Health Board focuses on the risks and concerns that may impact on the Health Board’s ability to deliver its objectives. Whilst active risk management is performed daily at an operational level, the Health Board’s risk management strategy and process ensures that the Board is informed, engaged, and assured about the approach that Health Board uses to identify and respond to perceived risks.

The approach adopted by the Health Board to strengthen the alignment between Board and Committee business and the Board Assurance Framework continues to embed and provide a foundation for Board and Committee business to be risk based and focussed on assurance needs. This approach will also help to ensure the correct business is directed to the most appropriate committee.

Asesiad / Assessment

Current Organisational Risk Profile:

There are currently **32** Organisational Risk Profiles, of which **23** are classified as high risks due to the scoring being 15 or greater. The following table provides a breakdown of the risks and level of severity:

High	23
Moderate	8
Low	1

A high-level breakdown dashboard of all strategic risks including, current score, target score, risk appetite level, risk treatment and trend since last reporting period is included at **Appendix 1**. The risks that comprise the Corporate Risk Register continue to be reviewed and monitored via the Executive Team with supportive Health Board escalation arrangements in place.

Changes in Risk Status Since Last Reporting Period

The Board is requested to note that 4 risks on the Corporate Risk Register continue to be actively managed within an approved and agreed risks appetite/tolerance level, these are:

- CRR023 – Avoidable harm to the population**
- CRR004 – WboFG Act and Socio-Economic Duty**
- CRR008 – Health Board estate being fit for purpose**
- CRR013 – Infection Prevention and Control (IPC)**

The Board is asked to note the re-framed risks since the last reporting period. The detail of which are available in **Appendix 1** and relate to the following risks:

- CRR021 – Welsh Language Compliance**
- CRR025 – Mental Health resilience of workforce**
- CRR041 – Industrial action**

In relation to **CRR016 Achievement of Financial Balance**, the Director for Finance and Procurement has escalated this position since the last reporting period. This is due to the forecast financial balance for 2022/23 being in deficit. The score of this risk has risen from 16 as reported in November 2022, to 20 in January 2023.

Committee Engagement and Wider Recommendations

There has been no escalation of additional risks to the Corporate Risk Register since the last reporting period. However, the Board is requested to note a deep dive review in to risks in respect of compliance with the Wellbeing of Future Generations (Wales) Act 2015 and the Socioeconomic Duty for Wales, along with risk identified with regard to the impact of the geopolitical position and migration into Wales is scheduled to take place by the Audit, Risk and Assurance Committee at its next meeting on 2nd February 2023. It is anticipated that this work will inform the re-framing and subsequent de-escalation of some risks. Further detail on this will be provided to the Board at its March 2023 meeting, following review by the Audit, Risk and Assurance Committee.

Argymhelliad / Recommendation



The Board is requested to **RECEIVE** the overview of the Corporate Risk Register and note that Committees have reviewed respective risks.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	The Corporate Risk Register is informed by Datix, ensuring a bottom up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2.1 Managing Risk and Promoting Health and Safety Choose an item. Choose an item.





Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. The Corporate Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Respective committees of the Board have considered risks contained within the Corporate Risk Register




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

Risk ref and Descriptor	Current Score	Target Score (informed by Appetite level)	Risk Appetite Level	Managed to Agreed Level Y/N?	Risk Treatment	Date and Trend Since Last Reporting Period	Assurance/ Oversight Committee	Risk Owner
CRR019 Failure to meet the needs of the population who require high levels of emergency supportive care and inability to release ambulances promptly to respond to unmanaged community demand. (re-framed Dec 2021)	20	15	<p>Low level of risk appetite in relation to patient safety risks.</p> <p>Moderate levels of risk with regard to innovation around mitigations to prevent demand and better manage the demand.</p>	No	<p>Treat the potential impacts of the risk by using internal controls.</p> <p>Tolerate the impacts of some mitigations and acknowledge that some may not work.</p>	<p>(Dec 2022 ARAC)</p> 	PQSO	Director of Operations
CRR002 Failure to recruit and retain staff across all disciplines and specialties leading to adverse impacts on delivery of care to patients across acute and non-acute settings and non-compliance with safe staffing principles and standards. Nursing and	20	10	<p>Low level of risk appetite in relation to potential patient safety risks.</p> <p>Moderate levels of risk with regard to innovation and changing roles to attract more staff and deliver services in different ways through new roles.</p>	No	<p>Treat the impact of the risk by using internal controls.</p>	<p>(Dec 2022 ARAC)</p> 	PCC	Director of Workforce and OD





Appendix 1 – ABUHB Board, Strategic Risk Report



HCSW agencies refusing to contract with the Health Board. ¹(re-framed Nov 2022)								
CRR013 Failure to prevent and control hospital and community acquired infections to include COVID-19	10	10	Zero or low due to patient safety and quality of service.	Yes	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Nursing
CRR023 Potential risk to population health in relation to avoidable harm due to priority being given to management of the COVID pandemic.	20	20	Zero or low level of risk appetite in terms of protecting patient safety and the quality of services. Moderate level of risk appetite in relation to different ways of working to address backlog. This would include the use of technologies and innovations.	Yes	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some may not work.	(Dec 2022 ARAC) 	PQSO	Director of Operations
CRR007*re-framed July 2022* The Health Board model of care does not take into consideration the evolving needs of the population at this time	16	12	Zero or low level of risk appetite in terms of protecting patient safety and the quality of services. Moderate level of risk appetite in relation to some risk controls and mitigations is required due to interdependencies with partner organisations.	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some may not work and some are out of the Health Board's control.	(Dec 2022 ARAC) 	PPHPC	Director of Primary, Community and Mental Health Services & Director of Public Health and Strategic Partnerships
CRR010 Inpatients may fall and cause	15	10	Zero or low in the interests of patient safety.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Therapies and Health Science





¹ Links to **CRR016** financial position due to impact of this part of the risk being realised.




injury to themselves.								
CRR027 'Effectiveness of COVID vaccination and booster programme compromised resulting from the emergence of a Variant of Concern' ²	25	20	Moderate risk appetite level will need to be applied to this risk profile, given the unpredictability of the potential of variants of concern as recognised by Welsh Government in its Winter Modelling Update for 2022-23. The Health Board will ensure that it can behave appropriately to address the risk, should it materialise however, emergence of a variant of concern is beyond the Health Board's control.	No	Treat the potential impact of the risk with mitigations. Tolerate the unpredictable element of the VoC and other mutations.	(Dec 2022 ARAC) 	PQSO	Director of Public Health and Strategic Partnerships
CRR028 Continued inappropriate admissions of Children and Young People to adult mental health in-patient beds.	20	10	Low risk appetite level in relation to patient safety and experience. Moderate level risk appetite would be encouraged in order to explore more innovative ways of managing this risk alongside Health Board partners.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Primary, Community and Mental Health Services
CRR003 Mental Health services will fail to meet the anticipated increased demand of the Health Board population, for Mental Health support, in light of the COVID 19 pandemic.	12	8	Low risk appetite level in the interests of patient safety. Moderate risk appetite levels will need to be taken to explore further innovations and appropriately reconfigure services and implement new arrangements.	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some may not work.	(Dec 2022 ARAC) 	PQSO	Director of Primary, Community and Mental Health Services

² This risk to incorporate CRR001 to describe an overarching population health vaccination risk for the next Board meeting.




CRR026 Risk to the general population and patients already within our services, due to less than adequate surge capacity to address any further exponential increase in pandemic response. *links to Workforce risk – CRR002	20	5	Low risk appetite level will be applied.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Operations
CRR004 Failure to comply with WBoFG Act and Socio-Economic Duty	4	4	Low to Moderate - Risk appetite in this area is low in terms of compliance with the Legislation. However, further innovation is required to develop new approaches and ways of working therefore, risk appetite in this area is defined at a moderate level.	Yes	Treat the potential impacts of the risk by using internal controls. Take Opportunities and use positive risk management to realise efficiencies, better ways of working and realise our long-term strategic aims.	(Dec 2022 ARAC) 	ARAC	Director of Public Health and Strategic Partnerships and Board Secretary
CRR017 Partial or full failure of ICT infrastructure and cyber security	15	12	Low appetite in relation to adverse impact on Quality, Safety. Moderate to High level risk appetite for innovating to identify digital ICT system solutions.		Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	FPC	Director of Planning, Performance and ICT
CRR016 Achievement of Financial Balance ³ Links to	20	4	Low level of risk appetite in relation to the Health Board's financial statutory requirements. However, responding to COVID 19	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	FPC	Director of Finance and Procurement



			implications and maintaining safe services take precedence.					
CRR012 Inability to address health inequalities across the population leading to increased dependency on Health Board services in the longer term and impacts ability of achievement of strategic aims/objectives. (re-framed Dec 2021)	12	4	Low risk appetite in terms of patient safety and services. Moderate risk appetite with regard to innovation and developments in primary care and public health initiatives.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PPHPC	Director of Public Health and Strategic Partnerships
CRR008 Health Board Estate not fit for purpose (Re-framed Dec 2021)	15	15	Low risk appetite in relation to adverse staff and patient experience due to poor Health Board estate. Moderate risk appetite with regard to innovation and developments across the Health Board estate.	Yes	Treat the potential impacts of the risk by using internal controls and continue to maintain the current position with ongoing monitoring and review. <i>Although this has reached its target score, it is recommended that this risk continues to be monitored strategically as the impact/consequence should the risk be realised, is significant.</i>	(Dec 2022 ARAC) 	FPC	Director of Operations
CRR032 Failure to achieve underlying	16	12	Low level of risk appetite in relation to the Health Board's financial statutory requirements.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC)	FPC	Director of Finance and Procurement

recurrent financial balance								
CRR033 (Dec 2021) Civil Contingencies Act Compliance	20	9	Low risk appetite in this area is low in terms of compliance with the Legislation.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	FPC	Director of Planning, Performance and ICT
CRR021 Inability to comply with the Welsh Language Standards as a result of the Welsh Language (Wales) Measure 2011, resulting in Welsh speakers will not being able to receive services in their language of choice. (re-framed Jan2023)	12	8	Low risk appetite in this area is low in terms of compliance with the Legislation.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	P&C	Director of Workforce and OD
CRR025 Lack of mental and psychological staff preparedness will have a negative impact on absenteeism and could result in	12	8	Low risk appetite in relation to adverse staff experience due to current and ongoing significant operational pressures.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	P&C	Director of Workforce and OD



long term sickness with PTSD & other forms of emotional traumatisation. High work-related industrial injury claims and compensation pay-outs. (re-framed Jan2023)								
CRR034⁴ (April 2022) Disruption to Health Board services due to the Ukraine crisis.	10	5	Low risk appetite in this area in respect of patient safety however, a higher risk appetite will need to be applied when reviewing regional responses to the crisis and how the Health Board and its Partners can work collectively to address and mitigate the risks.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	ARAC	Director of Planning, Performance and ICT
CRR035 Sustainability of Primary Care Services due to increased demand, revised working patterns and continued response to Ukrainian refugee crisis.	12	8	Low risk appetite in this area in respect of patient safety however, a higher risk appetite will need to be applied when exploring new and innovative ways of providing Primary Care Services.	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Dec 2022 ARAC) 	PPHPC	Director of Primary, Community and Mental Health Services
CRR036 Inability to deliver components of the Health Board's strategy	12	8	Low risk appetite in this area in respect of patient safety however, a higher risk appetite will need to be applied when exploring new and innovative ways of working alongside key Partners and acknowledge that some controls	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PPHPC	Director of Planning, Performance and ICT.


⁴ Links to Civil Contingencies Risk CRR035

and key priorities where the involvement of key Partners is essential			and mitigations are outside of the Health Board control.					
CRR037 Clinically unsafe and inappropriate inter-site patient transfers and into communities	15	5	Low risk appetite in this area in respect of patient safety.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Operations
CRR038 Increased levels of patient acuity presenting resulting in an inability to staff appropriately and provide acceptable levels of care in line with best practice and guidelines.	15	5	Low risk appetite in this area in respect of patient safety.	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Nursing/Director of Operations
CRR039 Delays in discharging medically fit patients partly due to delays in accessing packages of care from Partners - *covered in part by CRR019 on CRR (unmet demand and	20	10	Low risk appetite in this area in respect of patient safety however, a higher risk appetite will need to be applied when exploring new and innovative ways of working alongside key Partners and acknowledge that some controls and mitigations are outside of the Health Board control.	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Dec 2022 ARAC) 	PQSO	Director of Operations and Director of Primary, Community and Mental Health Services.

ambulance delays)*								
Safeguarding CRR030 – (New risk/re-framed Nov 2022) *this risk has interdependencies with CRR002 Workforce Risk* Risk of: 'Hidden Safeguarding Harms' experienced by patients in their homes and communities due to the COVID-19 pandemic and significantly increased demand on Health Board services.	16	8	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Nursing
CRR040 Putting Things Right (PTR) – New Risk – Continued and sustained non-compliance with The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011	20	8	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls.	(Dec 2022 ARAC) 	PQSO	Director of Nursing

CRR041 Industrial Action – Failure to sustain current levels of staffing due to industrial action following 2022 pay round and ballots, leading to adverse impacts on delivery of care for patients across acute and non-acute settings and non-compliance with safe staffing. <i>(re-framed Jan2023)</i>	20	8	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Dec 2022 ARAC) 	PCC	Director of Workforce and OD
CRR042 External escalation of displaced people/migrants – Expected increase of displaced people into the Gwent area under the Home Office commissioned [section 98] accommodation. This presents a potential risk of further compounded demand for	16	10	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Dec 2022 ARAC) 	PPHPC	Director of Primary, Community and Mental Health Services

services across areas of Gwent.								
CRR043 Cost of living crisis – impact on population of Gwent and staff – New Risk – Levels of staff absence may increase due to the costs associated with travelling to and from work, increased demand for services as population unable to heat their homes adequately, especially impacting the elderly population of Gwent.	20	12	Moderate (cautious risk taking) Risk Appetite Level 3	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Dec 2022 ARAC) 	PPHPC	Director of Public Health/Director of Workforce and OD
CRR044 Non-compliance with a key component of the new vision (2022-2027) for children's services is the Programme for Government commitment to remove private profit from the care of looked	20	10	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Dec 2022 ARAC) 	PQSO	Director of Operations

after children - Unregulated placements are used for children and young people who present with significant risk and need bespoke care packages when spaces are not available in registered accommodations.								
CRR045 LINC Programme – New Risk IF the new LIMS service is not fully deployed before the contract for the current LIMS expires in June 2025 THEN operational delivery of pathology services may be severely impacted RESULTING IN potential delays in treatments, affecting the quality and safety of a broad spectrum of clinical services and the potential for financial and workforce impact.	25	5	Low (averse to risk) Risk Appetite Level 2	No	Treat the potential impacts of the risk by using internal controls. Tolerate the impacts of some mitigations and acknowledge that some contributing factors are outside of the Health Board's control.	(Dec 2022 ARAC) 	FPC	CEO

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Chair's Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Catherine Currier, Senior Corporate Support and Governance Officer

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

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

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

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

This report provides the Board with an overview of a range of issues discussed by the Executive Committee at meetings held during November 2022 – January 2023. Due to the nature of the business of the Executive Committee, not all issues will be suitable for disclosure into the public domain and so this summary may not be all encompassing of the Executive Committee's business.

Cefndir / Background

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

- Weekly Informal Executive Team Sessions which are used to focus on strategic developments, information sharing and Executive Team engagement.
- A monthly Clinical Futures Programme 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 Finance Recovery & Turnaround Oversight Board which enables the Executive Team to monitor the Health Board's financial position and the delivery of financial recovery actions.
- Regular Executive Team development sessions focussing on the effectiveness of the Executive Team and its way of working.

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

The Workplan of the Executive Committee is based on 5 key areas to ensure appropriate focus and oversight of the organisation's business and enable the Chief Executive Officer and Executive Team members to discharge their responsibilities effectively:

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

Asesiad / Assessment

During November 2022 to January 2023, the following matters are some of those considered by the Executive Committee:

Quality, Safety & Culture

- At each weekly meeting, the Executive Team receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events and Injurious Falls.
- On 24th November 2022, the Executive Committee held a second 'Systems Leadership Group' Session. This brought together Clinical and Divisional Directors to discuss key actions for progression into the winter period that focussed on patient safety, system risk and the escalation process. Updates were provided on actions from the previous session held on 27th September 2022, the financial outlook for 2023/24 and the approach to the IMTP for 2023/2026.
- The Executive Committee received the Staff Flu Immunisation Recovery Plan and approved actions aimed to increase the uptake of the flu vaccination across the Health Board.

- The Executive Committee discussed the level of Safeguarding Training required at all levels of the organisation, including the Board. The Executive Committee has requested a review be undertaken in respect of mandatory and statutory training requirements more broadly to ensure a focussed and prioritised approach.
- The Executive Committee has received regular updates on the potential impact of industrial action taken by WAST other Trusts and Health Boards, ensuring mitigation of risk to protect staff and patient safety.
- The Executive Committee was updated on a new Asylum Seeker Centre within the County and received updates on the support being provided to its residents.
- The Executive Committee received a presentation on a Quality Improvement Project to improve toileting and continence care for people living with dementia in acute hospital settings. County hospital is the pilot site for defining and trialling interventions to tackle the pad culture and improving practice in this area ultimately improving dignity for people living with dementia admitted to wards.

Delivery, Performance & Efficiencies

- During November 2022 to January 2023, the Health Board has continued to experience unprecedented demand for services, particularly over the festive period. The Executive Committee held daily meetings, as part of escalation arrangements, during this period to understand the level of risk across the system and to take decisions to support an improved position wherever possible.
- The Executive Committee held a Systems Leadership discussion on 15th December 2022, focused on actions that could be taken within the Urgent and Emergency Care Flow System, with a view to improving Ambulance release time and improved patient experience.
- The Executive Committee considered a number of items during this period, including:
 - The use of Specialist Rates of Pay for Mental Health & Learning Disabilities.
 - A review of the Business Case Process and associated governance and endorsed revised guiding principles. Further engagement with the Divisions will take place to discuss investment, disinvestment and prioritisation mechanisms.
 - The winter risks to the COVID-19 Testing Services and the Mass Vaccination Programme and ongoing discussions with Welsh Government on future funding.
 - The Health Board's COVID-19 Investigation Governance Process in response to the National Nosocomial COVID-19 Programme. The Executive Committee reviewed the governance structures and processes with minor amendments agreed.
 - HEIW Visits including actions being undertaken in response to recommendations.
 - The development of Value Based Healthcare Training for the organisation.
 - Infection Prevention and Control guidance for use in acute and community settings.
 - Access to Dental Care including an opportunity to increase orthodontic provision.
 - A review of monthly Cancer Performance and supported the actions being undertaken to targeting waiting lists.

- An update on the Welsh Health Circular Tracker to monitor the implementation of the Welsh Government publications.
- The Executive Committee supported the implementation of the Junior Doctors Locum Card Rate and noted further work was being undertaken to resolve anomalies in previous applications of rates.
- The Executive Committee maintained a weekly focus on Financial Recovery & Turnaround action plans.
- The Executive Committee has maintained an overview of audit and inspection reports, focussing on learning and improvements required.

Strategic Planning & Service Development

- The Executive Committee endorsed a Vaccination Surge Preparedness Plan, developed by the Public Health Service, which sets out the Health Board's surge response to a COVID urgent scenario.
- The Executive Committee received a presentation on the Health Board's Decarbonisation Programme, including success stories of actions taken to date by staff. The Executive Committee recognised considerable progress and achievements made and supported the ongoing action plan.
- The Executive Committee received an update of progress in respect of Regional Service Planning Programmes of Work.
- The Executive Committee considered and supported proposals to provide population scale access to Level 1 and 2 Weight Management Services across the Aneurin Bevan University Health Board area.

Strategic Partnership Arrangements

- The Executive Committee discussed priorities of the Regional Partnership Board, alignment of priorities during periods of unprecedented demand, and arrangements in respect of the Regional Integration Fund.

Clinical Futures

The Executive Committee (meeting as the Clinical Futures Programme Board) continues to oversee the delivery and coordination of the key health Board priority change programmes as outlined in the Integrated Medium-Term Plan (IMTP):

- Urgent and Emergency Care Improvement
- Enhanced Local General Hospital Network
- Redesigning Services for Older People
- Neighbourhood Care Network
- Planned Care Recovery
- Transforming Cancer Services
- Public Health Protection and Population Health Improvement
- Mental Health Transformation
- Decarbonisation
- Agile Workforce

The Clinical Futures Programme Board last met on 12th January 2023.

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:	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 topics and issues considered by the Executive Committee contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termiau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	

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

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) Update Report – January 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

**Pwrpas yr Adroddiad
Purpose of the Report**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Welsh Health Specialised Services Committee as a Joint Committee of the Board.

Cefndir / Background

WHSSC was established in 2010 by the seven Health Boards in Wales to ensure that the population of Wales has fair and equitable access to the full range of specialised services. WHSSC is therefore responsible to the Health Boards collectively for the joint planning of Specialised and Tertiary Services.

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

The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health Boards include the Governance Framework for WHSSC, including a Scheme of Delegation as published on the WHSSC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/whsc/schedule-4).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are therefore accountable to citizens and other stakeholders for the provision of effective specialised and tertiary services.

Specifically, the role of the WHSSC Joint Committee (as set out in Standing Order 1.1.4 [Schedule 4 \(nhs.wales\)https://easc.nhs.wales/the-committee/governance/easc-standing-orders-july-2021-and-sfis-march-2022/](https://easc.nhs.wales/the-committee/governance/easc-standing-orders-july-2021-and-sfis-march-2022/)) is to:

- Determine a long-term strategic plan for the development of specialised and tertiary services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging treatments and services and advise on the designation of such services;
- Develop national policies for the equitable access to safe and sustainable, high quality specialised and tertiary healthcare services across Wales, whether planned, funded and secured at national, regional or local level;
- Agree annually those services that should be planned on a national basis and those that should be planned locally;
- Produce an Integrated Commissioning Plan, for agreement by the Committee following the publication of the individual LHB's Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of specialised and tertiary services at a national level, and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the in-year risks associated with the agreed service portfolio and new pressures that may arise;
- Secure the provision of specialised and tertiary services planned at a national level, including those to be delivered by providers outside Wales; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of specialised and tertiary healthcare services and take any remedial appropriate action.

Each of the seven Health Boards have agreed a Memorandum of Agreement (<https://whssc.nhs.wales/publications/governance/whssc-memorandum-of-agreement-2021/>)

in respect of the Joint Committee and in doing so have agreed that each Health Board recognises the following principles, aligned to the agreed Standing Orders:

- the WHSSC Management Team will be held to account by the Joint Committee for the delivery of a strategy for the provision of specialised and tertiary services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- any decision taken and approved by the Joint Committee in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB.
- each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role.
- their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their

constituent LHB and their obligation to act transparently in the performance of their functions.

- each Chief Executive as a member of the Joint Committee will require the Management Team of the Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will normally be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.
- when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

Asesiad / Assessment

The Joint Committee held its most recent meeting on 17th January 2023. The papers for the meeting are available at: <https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers/20222023-meeting-papers/jc-public-170123-3/>

The Committee was attended by Nicola Prygodzicz, Chief Executive Officer. The main item was focussed on the Integrated Commissioning Plan for 2023/24 and the difficult financial context within which we need to consider and agree priorities for specialist services.

A summary of the meeting will be shared with the Board as soon as this becomes available.

Argymhelliad / Recommendation

The Board is asked to discuss and receive this report for assurance.

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

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

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

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

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

Choose an item.
Choose an item.

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) Update Report – January 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

Cefndir / Background

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website [Schedule 4 \(nhs.wales\)](https://www.nhs.uk/emergency-ambulance-services-committee/schedule-4).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their residents and are therefore accountable to citizens and other stakeholders for the

provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

Specifically, the role of the EASC Joint Committee (as set out in Standing Order 1.1.3 [Schedule 4 \(nhs.wales\)](#)) is to:

- Determine a long-term strategic plan for the development of emergency ambulance services and non-emergency patient transport services in Wales, in conjunction with the Welsh Ministers;
- Identify and evaluate existing, new and emerging ways of working and commission the best quality emergency ambulance and non-emergency patient transport services;
- Produce an Integrated Medium Term Plan, including the balanced Medium Term Financial Plan for agreement by the Committee following the publication of the individual Health Boards Integrated Medium Term Plans;
- Agree the appropriate level of funding for the provision of emergency ambulance and non-emergency patient transport services at a national level, and determining the contribution from each Health Board for those services (which will include the running costs of the Joint Committee and the EASC Team) in accordance with any specific directions set by the Welsh Ministers;
- Establish mechanisms for managing the commissioning risks; and
- Establish mechanisms to monitor, evaluate and publish the outcomes of emergency ambulance and non-emergency patient transport services and take appropriate action.

Each of the seven Health Boards have agreed a Memorandum of Agreement ([MEMORANDUM OF AGREEMENT \(nhs.wales\)](#)) in respect of the Joint Committee and in doing so have agreed that each Health Board recognises the following principles, aligned to the agreed Standing Orders:

- The Emergency Ambulance Services Committee Team (EASCT) will be held to account by the EAS Joint Committee for the delivery of a strategy for the provision of emergency and non-emergency ambulance services for Wales as well as providing assurance that the systems of control in place are robust and reliable.
- any decision taken and approved by the Joint Committees in respect of the provision of the Relevant Services is binding on the constituent LHBs and may not be undermined by any subsequent decision or action taken by a constituent LHB.
- each individual LHB is responsible for the people who are resident in their area. This means that the Joint Committee of which each Chief Executive is a member is acting on behalf of the 7 LHBs in undertaking its role.
- their respective Chief Executives have an individual responsibility to contribute to the performance of the role of the Joint Committee and to share in the decision making in the interests of the wider population of NHS Wales. At the same time, they acknowledge their own Chief Executive's individual accountability to their constituent LHB and their obligation to act transparently in the performance of their functions.
- each Chief Executive as a member of the Joint Committee will require EASC Team of the EAS Joint Committee to ensure that, in the timetabling of the annual work programme, sufficient time will be allowed to enable each Chief Executive to consult with their own LHB and appropriate local partners and stakeholders.

- when an individual Chief Executive is unable to attend a meeting of the Joint Committee, he/she will appoint in advance and identify to the Committee Secretary a deputy to attend on their behalf. The nominated deputy should be an Executive Director of the same organisation. Nominated deputies will formally contribute to the quorum and will have delegated voting rights.

Asesiad / Assessment

The Joint Committee held its most recent meeting on 17th January 2023. The papers for the meeting are available at: [January 2023 - Emergency Ambulance Services Committee \(nhs.wales\)](#)

The Committee was attended by Jennifer Winslade, Director of Nursing, on behalf of Nicola Prygodzicz, Chief Executive Officer.

The paper also provides the Board with:

- Chair's Summary of the Joint Committee Meeting held 6th December 2022 – **Appendix A**
- Confirmed Minutes of the Joint Committee Meeting held 8th November 2022 – **Appendix B**

Argymhelliad / Recommendation

The Board is asked to discuss and receive this report for assurance.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item.

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

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



GIG
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WALES

Pwyllgor Gwasanaethau
Ambiwlans Brys
Emergency Ambulance
Services Committee

Reporting Committee	Emergency Ambulance Services Committee
Chaired by	Chris Turner
Lead Executive Directors	Health Board Chief Executives
Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	6 December 2022

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

An electronic link to the papers considered by the EAS Joint Committee is provided via the following link:

<https://easc.nhs.wales/the-committee/meetings-and-papers/december-2022/>

The minutes of the EASC meeting held on 8 November were approved.

PERFORMANCE REPORT

In presenting the report, Stephen Harrhy gave an update on the current emergency ambulance performance and an overview of the range of actions and processes that had or would be implemented to support performance improvement. The report also presented information in line with the most recent publication(s) of the Ambulance Service Indicators.

NOTED that:

- the report presented a picture of a system that was under severe and sustained pressure. It was reported that ambulance performance was well below levels that the Committee would want delivered and the actions being taken to improve performance were included within the report. Members were reminded that a proposal had previously been approved by Committee to alter a number of dispatch codes and that the likely consequence was that an increase the number of red calls would be received. It was noted that the service had started to see this impact
- the current position with record numbers of handover delays at hospital sites across Wales. Most members had been present at the recent **Ministerial Summit that took place on 28 November**, with the aim of discussing ongoing concerns around ambulance handover delays that were causing harm to patients. It was noted that the Minister for Health and Social Services opened the Summit by outlining her concerns around handover delays and reminded those in attendance of their organisational commitments to reducing delays.
 - Examples of improvements were shared by Walsall Healthcare NHS Trust, with key messages in relation to the organisational ownership of patients from the time they call 999 and take leadership for their care within the organisation. In addition, Cardiff and Vale University Health Board shared their experience of improving handover delays, following a focus on the 4-hour red line and further work was planned to further reduce delays.

Each health board provided an update on their handover improvement plans and commitments at the Summit

AGREED that:

the presentation by Walsall NHS Trust provided a helpful focus on areas of learning. It was proposed that further contact would be facilitated via the Chief Ambulance Services Commissioner rather than through a number of separate discussions and that this would be in line with the work in Goal 4 of the Six Goals for Urgent and Emergency Care Programme

NOTED that:

- **Fortnightly handover improvement plan meetings** continued to be helpful and constructive and ensured specific consideration of the agreed trajectories
- **Conveyance rates were reducing**, this impact must be considered in light of a reduction in attendance in response to escalation decisions; also that this reflected the increasing role of 'hear and treat' and the impact of recent investment in both staff and technology within the clinical support desk. Close relationships with NHS Wales 111 were also felt to be an important factor in reducing conveyance
- The '**hear and treat**' efficiency target of 10.2% of daily volume and that the Welsh Ambulance Services NHS Trust (WAST) had set an internal target of 15% by the end of the calendar year, it was reported that 16% had been reported on some days. The impact of new video technology and staff use of the ECNS (Emergency Nurse Communication System) to support decision-making
- **The level of risk and harm to patients across the system was widely recognised and the additional need to protect ambulance resources out of area, particularly for rural areas at a distance from emergency departments**
- Actions making a significant impact across the system included use of alternative pathways and services other than conveyance to emergency departments where appropriate to do so, a focus on the effective use of falls services and strengthened liaison between health boards and WAST to ensure effective communication, handover and release, particularly against the four-hour trajectory
- Work continued in partnership with local authorities to increase community care capacity with in excess of 450 bed/bed equivalents extra reported to date. Members were in agreement that this was significant, however, this would not solve the problems across the system with further work required on longer term provision, including additional care packages and support for people leaving hospital.

The Chair summarised and noted the key messages of the Minister for Health and Social Services in her closing remarks including the need for organisational commitment to the agreed actions, a focus on fewer key actions and the sharing of the key actions already having an effect.

Members **RESOLVED** to:

- **NOTE** the Ambulance Services Indicators
- **NOTE** additional actions that the Committee could take to improve performance delivery of commissioned services
- **NOTE** the handover improvement Ministerial summit discussion and the specific requirements of organisations.

UPDATE ON PROGRESS RELATED TO THE SERVICE DEVELOPMENT PROPOSAL EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY

The report provided Members with an overview of the progress made since the Committee meeting on 8 November 2022. At that meeting, the EASC Team was asked to progress on:

- clarifying the position regarding resource implications
- responding to the significant comments raised and views regarding the importance of response times
- understanding how the air and road response model works, recognizing that for urban and rural areas it would be different
- further work required regarding the impact of weather
- consideration of the data reference period to ensure that this is appropriate and not unintentionally biased
- understanding any seasonal variation
- improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted
- working with health board colleagues to consider the modelling undertaken.

NOTED that:

- Given the above requirements and the challenges raised by Committee members and stakeholders and in order to avoid protracted discussions over the process, content and transparency of the original proposal, the EASC Team had undertaken to start the process of undertaking this analysis afresh.
- the scrutiny in key areas would continue. The report focused on a description of the current service provision and the historical activity that had been delivered, including an overview of four specific areas related to base activity, these were:
 - Geographical coverage
 - Rapid Response Vehicle Usage (RRV)
 - Utilisation
 - Unmet need.
- there were potential opportunities for service improvement to be explored. The utilisation of all resources was included and, as an example to amplify this issue, both Caernarfon and Welshpool bases were reported as having lower levels of utilisation than the bases in Dafen and Cardiff. It was understood that an element of this would be related to the rural position and lower population density in these areas but options to provide equitable services should be explored
- when combined with unmet need, this would demonstrate that the EMRT service could potentially do more within its existing resource if changes were implemented to increase utilisation and reduce unmet need.

AGREED that:

- there was a need to explore and maximise the additional activity that could be achieved from existing bases and also to explore how any options to reconfigure the service could reduce the number of patients who require a critical care response from EMRTS but currently do not receive one (unmet need).

NOTED that

- modelling and modelling outputs would be part of a robust evaluation process, not used as a sole determinant
- as per the request at the last meeting, activity data from 2022 and weather probability information had been integrated into the preparation for the modelling, and this in turn would support further scenario modelling
- outputs of modelling would be determined by the assumptions that would be placed upon the modelling scenarios and, in order to do this, an understanding of the constraints that should be applied to any development process would be required
- noted that the report EMRTS 24/7 Service Expansion Review (received at the EASC meeting on 13 November 2018) provided the constraints that were adopted as part of the work and it was suggested that a similar a set of constraints would be appropriate and helpful for this current review
- the investment objectives that were used as part of the original case for the establishment of the 24-hour EMRTS service and the weighting that was applied to these objectives to inform the decision-making process for the 24/7 expansion review. The investment objectives were:
 - Health Gain
 - Affordability
 - Clinical Skills and Sustainability
 - Equity
 - Value for Money.

The Committee was asked to consider that the initial engagement process with the public, individual health boards and the Wales Air Ambulance Charity Trust should explore the appropriateness of the constraints, investment objectives and weighting presented, as part of a robust option appraisal process to inform discussion once further modelling and analysis was complete.

Stephen Harrhy gave an overview of the engagement activity that had been undertaken by the EASC Team since the last EASC meeting which included:

- Activities undertaken with many stakeholders both face to face and virtually
- Ongoing collation of, and responses to, over 60 stakeholder comments and questions
- Circulation of the latest stakeholder Briefing Note 2
- Updates to Community Health Councils (CHCs) and confirmation of the agreed key principles of engagement
- Fortnightly meetings with health board engagement, communication and service change leads.

The report proposed that the EASC Team would need to work closely with health board engagement, communication and service change leads and with Community Health Council (CHCs) colleagues in the development and agreement of appropriate engagement materials including the engagement document and the stakeholder engagement timetable.

It was proposed that the formal public engagement process could commence in early January, subject to agreement of engagement materials by health boards and CHCs.

The proposed engagement would include two phases, these were:

Phase 1:

- Explain how the current service works
- Test the constraints, investment objectives and weightings

Six-Week Review

- Agree options to be modelled

Phase 2:

- Undertake the modelling and use to inform a robust option appraisal process
- Make a recommendation to EASC Members.

Members discussed:

- The importance of utilisation of resources and the need for a balance in terms of availability of resources against the efficiency and effectiveness of service delivery (not over or underutilised)
- The need to explore reasonable utilisation levels considering population densities, urban vs rural locations etc
- EMRTS as a national service, not covering a geographical area like road-based ambulances
- The need to understand the current co-ordination and deployment process
- The need to review operating hours when looking at options to maximise additional activity that could be achieved from existing bases and the options to reconfigure
- The impact of the announcement of the preferred bidder for the new aircraft contract; it was confirmed that this process had been ongoing for sixteen months and that the only agreement in place was for four aircraft plus the back-up capability. Members noted that there had been no pre-determination on the number of or location of bases, this was pending the outcome of the EASC processes (engagement)
- The need for a range of engagement material, including the need for them to be bilingual and easy to understand
- the need to develop an effective engagement approach that asked the right questions and reached as many people as possible. It was agreed that this would need to be a collaborative effort with health boards and CHC colleagues and that local leads would be able to inform this, e.g. the positive Powys experience utilising drop-in sessions was noted
- The two phases of engagement proposed, including the review at six-weeks; Members supported this approach
- Questions had been raised by Swansea Bay University Health Board ahead of the meeting asking for additional clarification on the engagement process, the work with health boards and the community health councils and the need for Equality Impact Assessments
- The need for a pragmatic approach in terms of signing off the engagement materials, involving Engagement or Service Change Leads working with Board Secretaries. Members noted Gwenan Roberts would be the point of contact from the EASC Team
- Formal public engagement could commence 9 January if the required agreed documents were in place
- Consideration be given regarding short term support for the EASC Team.

The Chair confirmed that he would ensure the required assurance was in place ahead of undertaking Chair's Action (on behalf of the Committee) to commence the formal engagement process.

Members resolved to:

- **NOTE** the high-level overview provided and the variation in service delivery from the existing bases
- **AGREE** that the issues highlighted by this paper require further exploration and options appraisal process to deliver improvements
- **APPROVE** the service development constraints to be engaged upon
- **APPROVE** the EMRTS key investment objectives and weightings to be engaged upon
- **APPROVE** the commencement of a formal public engagement process as agreed
- **APPROVE** the use of the agreed constraints to inform subsequent modelling and development of options
- **APPROVE** the use of agreed EMRTS key investment objectives and weightings in the options appraisal process
- **APPROVE** Chair's action to commence the formal engagement process when documentation agreed.

Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance
- Handover delays (and the development of handover improvement plans in HBs with trajectories) and the impact on WAST
- Structured approach relating to the engagement process for the EMRTS Service Review.

Matters requiring Board level consideration

- To acknowledge the significant risks for patients in relation to handover delays and the need for health boards to implement the local handover improvement plans and identified trajectories) for every emergency department against the 25% reduction on the minutes lost per arrival and no handover delays over 4 hours
- Opportunity for health boards to take part in the public engagement process related to the potential changes to EMRTS Cymru working in partnership with the Wales Air Ambulance Charity.

Forward Work Programme

Considered and agreed by the Committee.

Committee minutes submitted	Yes	✓	No	
Date of next meeting	17 January 2023			



EMERGENCY AMBULANCE SERVICES JOINT COMMITTEE MEETING

'CONFIRMED' MINUTES OF THE MEETING HELD ON 8 NOVEMBER 2022 AT 09:30HOURS VIRTUALLY BY MICROSOFT TEAMS LIVE

PRESENT

Members:	
Chris Turner	Independent Chair
Stephen Harrhy	Chief Ambulance Services Commissioner (CASC)
Nicola Prygodzicz	Chief Executive, Aneurin Bevan ABUHB
Gill Harris	Interim Chief Executive Betsi Cadwaladr, BCUHB
Suzanne Rankin	Chief Executive, Cardiff and Vale CVUHB
Paul Mears	Chief Executive, Cwm Taf Morgannwg CTMUHB (in part)
Andrew Carruthers	Chief Operating Officer, Hywel Dda HDUHB
Carol Shillabeer	Chief Executive, Powys PTHB
Sian Harrop-Griffiths	Director of Strategy, Swansea Bay SBUHB
Associate Members:	
Jason Killens	Chief Executive, Welsh Ambulance Services NHS Trust (WAST)

In Attendance:	
Nick Wood	Deputy Chief Executive, NHS Wales
Rachel Marsh	Director of Planning, Strategy and Performance, Welsh Ambulance Services NHS Trust (WAST)
Matthew Edwards	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Phill Taylor	Head of Commissioning & Performance EASC Team, National Collaborative Commissioning Unit (NCCU)
Sian Ashford	Senior Lead Nurse, Quality and Delivery Frameworks, National Collaborative Commissioning Unit (NCCU)
Gwenan Roberts	Committee Secretary

In Attendance:	
In Attendance for agenda item 2.3 Emergency Medical Retrieval and Transfer Service (EMRTS) Cymru Service Development Proposal	
David Lockey	National Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Sue Barnes	Chief Executive, Wales Air Ambulance Charity
Mark Winter	Operations Director, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Matt Cann	Programme Manager, Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)
Steven Stokes	Director of Communications and Strategic Engagement, Wales Air Ambulance Charity

Part 1. PRELIMINARY MATTERS		ACTION
EASC 22/111	WELCOME AND INTRODUCTIONS Chris Turner (Chair), welcomed Members to the virtual 'Teams Live' meeting (using the Microsoft Teams platform) of the Emergency Ambulance Services Committee and gave an overview of the arrangements for the meeting. This was the first EASC meeting to be live streamed.	Chair
EASC 22/112	APOLOGIES FOR ABSENCE Apologies for absence were received from Steve Moore, Mark Hackett and Steve Ham.	Chair
EASC 22/113	DECLARATIONS OF INTERESTS There were none.	Chair
EASC 22/114	MINUTES OF THE MEETING HELD ON 6 SEPTEMBER 2022 The minutes were confirmed as an accurate record of the Joint Committee meeting held on 6 September 2022 with the exception of: <ul style="list-style-type: none"> • clarification between the 'Internal Service Analysis' undertaken by the Emergency Medical Retrieval and Transfer Service and the 'Strategic Review' undertaken by the Wales Air Ambulance Charity • the addition of the word 'need' at the top of minute 22/100 (page 9), so that the sentence now reads 'Key headlines from the Strategic Review included under-utilisation and unmet need (geographic, overnight and hours of darkness)' • Amend the resolution to reflect that a service development proposal would be received. 	Chair

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the minutes of the meeting held 6 September 2022, subject to the amendments noted above. 	
EASC 22/115	<p>NOTES OF THE BRIEFING MEETING HELD ON 27 OCTOBER 2022</p> <p>The notes were confirmed as an accurate record of the Joint Committee meeting held on 27 October 2022, with the exception of amending to include accurate titles for Hayley Thomas, Stephen Powell and Joanne Abbott-Davies.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the notes of the meeting held 27 October 2022, subject to the amendments noted above. 	Chair
EASC 22/116	<p>ACTION LOG</p> <p>Members RECEIVED the action log and NOTED:</p> <p>EASC 22/101</p> <ul style="list-style-type: none"> • WAST Provider Report – Red variation <p>Ross Whitehead updated that 'a deep dive' into red performance had been undertaken by WAST. Members were also reminded that changes had been made following the discussion relating to the categorisation of Medical Priority Dispatch System (MPDS) codes within the Dispatch Cross Reference (DCR) Table, held at the September meeting of the EASC Committee. It was agreed that these will be considered at a future EASC Management Group meeting.</p> <ul style="list-style-type: none"> • Clinical Response Model and the Categorisation of the Medical Priority Dispatch System codes within the Dispatch Cross Reference Table <p>Jason Killens confirmed that this had been received at the WAST Board meeting held at the end of September and the changes went live in October. No difficulties had been reported.</p> <p>EASC 22/79</p> <ul style="list-style-type: none"> • Different staff input to WAST Control / call options <p>Jason Killens provided an update on the composition of WAST Control and the clinical support desk with representatives of the paramedic, nursing, midwifery, social work professions now ensuring multi-disciplinary advice was provided to 999 callers. It was agreed it would be important to evaluate the impact of this in due course (item to remain on Action Log).</p>	<p>WAST</p> <p>WAST</p>

	<p>EASC 22/81</p> <ul style="list-style-type: none"> • Roster Reviews Jason Killens reported that this programme of work commenced in October and was on track for completion at the end of November. It was agreed that WAST would provide the numbers of staff available on a health board by health board basis. • WAST Working Practices Jason Killens confirmed that progress had been made on a range of working practices with the Trade Unions, including a potential pathway for emergency medical technicians. It was further noted that industrial action could take place in coming months. • Immediate Red Release The Chair asked Members to ensure that, whilst some progress was being made, a request for red release should continue to be seen as an absolute priority. <p>EASC22/20</p> <ul style="list-style-type: none"> • Performance Report This was on the action log awaiting further update re Digital Health and Care Wales looking at linked data sets related to patient outcomes. In future this would be added as a standing item in the Chief Ambulance Services Commissioner's Report. <p>EASC 22/10</p> <ul style="list-style-type: none"> • Key Reports and Updates It was reported that the new WAST Director of Quality and Nursing was currently in the process of reviewing the reporting process on a range of metrics. An update would be provided at a future meeting. <p>EASC 21/26</p> <ul style="list-style-type: none"> • Committee effectiveness The Chair reported that attempts had been made to contact the Citizen's Voice Body and would report progress at the next meeting. <p>Members RESOLVED to: NOTE the Action Log.</p>	<p>WAST</p> <p>ALL</p> <p>EASCT</p> <p>WAST</p>
EASC 22/117	<p>MATTERS ARISING</p> <p>There were no matters arising from the minutes.</p>	Chair
EASC 22/118	<p>CHAIR'S REPORT</p> <p>The Chair's report was received. Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the Chair's report and the Chair's finalised objectives as set by the Minister. 	Chair

Part 2. ITEMS FOR DISCUSSION AND APPROVAL	ACTION
<p>EASC 22/119</p> <p>PERFORMANCE REPORT</p> <p>The Performance Report was received. In presenting the report Ross Whitehead highlighted the following areas:</p> <ul style="list-style-type: none"> • Ambulance Service Indicators - September's data were now available on the EASC website • Handover delays including the handover improvement trajectories • EASC Action Plan – most recent version included in the meeting papers and the EASC Team was due to submit the latest version to Welsh Government (WG) and stakeholders following the meeting. Members noted that this was an integrated plan that draws various elements of work together, was developed with health boards and was aligned to actions from the Six Goals for Urgent and Emergency Care Programme. The winter resilience letter issued by Welsh Government and its expectation for progress was also noted in this context. <p>Members noted the need to use the plan to track progress, to identify and share areas of best practice, to learn from the bad weeks and to ensure mitigating action where required. Two key areas were noted, these were addressing 4 hour waits and generally reducing the variation within the system.</p> <p>Nick Wood noted the actions being undertaken across NHS Wales, summarised in the consolidated EASC Action Plan and sought assurance from health boards and WAST regarding their organisational commitment to being a part of the conversations being held and to delivering the actions in the plan.</p> <p>Jason Killens confirmed the commitment of WAST to its agreed actions and, while noting that further work was required in other areas, reported the progress already made against the roster review programme, working towards stretch targets for 'Consult and Close' and on track in terms of recruitment for the additional 100 full time equivalents by 23 January. The good progress made by WAST was noted.</p> <p>There was discussion regarding the progress in relation to the shared actions between WAST and health boards with the example of active discussion to expand the provision of advanced paramedic practitioners to direct activity away from Emergency Departments provided.</p>	

<p>Members noted that severe pressures exist throughout the system from the 'front door' to community care, and, in addition to the requirement for increased community care capacity, there was a need to maximise the opportunities with regard to admission avoidance schemes and same day emergency care services.</p>	
<p>The focus on the winter plan and the actions within the Six Goals for Urgent and Emergency Care Programme with a particular focus on improving handover delays, 4 hour waits, red release and reducing community risk.</p>	
<p>It was recognised that the role of local authorities was critical in addressing delayed transfers, also the impact of ambulance services on other emergency services (primarily police services) and there was therefore a requirement for a joint approach and a wider public service message than was currently being conveyed.</p>	
<p>Members noted that there was an increasing trend in terms of units of hours produced and this position would further improve once the additional 100 full time equivalents become operational; while red performance was challenging, more patients were receiving a service. Further work was also required in relation to outcomes for patients that do receive a response and outcomes for those that do not.</p>	<p>WAST</p>
<p>Highlighting the citizen's perspective, the Chair welcomed the weekly dashboard being widely circulated to the NHS by the EASC Team. This was felt to be helpful in identifying where performance had improved and deteriorated and broadly indicated where actions at the front door might have made an impact. Members noted the use of the dashboard and requested further work to better understand the wider context, the correlation between different elements and to understand the key drivers behind the data.</p>	
<p>It was agreed that further work would now be undertaken with the required teams to ensure access to key data and further development of the dashboard.</p>	<p>EASCT</p>
<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report. • NOTE the Ambulance Services Indicators • NOTE additional actions that the committee could take to improve performance delivery of commissioned services • NOTE the handover improvement trajectories • NOTE the EASC Action Plan • NOTE the request to progress the dashboard. 	

<p>EASC 22/120</p>	<p>QUALITY AND SAFETY REPORT</p> <p>The Quality and Safety Report on commissioned services was received.</p> <p>In presenting the report, Ross Whitehead reminded Members that an increased focus on quality and safety matters was a priority within the EASC Integrated Medium Term Plan (IMTP).</p> <p>The following areas were highlighted:</p> <ul style="list-style-type: none"> • The work of the Healthcare Inspectorate Wales (HIW) Task & Finish Group (convened by the EASC Team) established to lead and coordinate the work in response to the recommendations made as part of the HIW 'Review of Patient Safety, Privacy, Dignity and Experience whilst Waiting in Ambulances during Delayed Handover'. <p>A formal update was provided to HIW on 30 September, outlining the positions of all health boards and WAST relating to each of the recommendations.</p> <p>A formal response from HIW had been received requesting further detail on a number of the recommendations. Health Boards and WAST had also been asked for a response.</p> <p>A further 'Fundamentals of Care' workshop was planned to take place at the end of November to further address recommendations relating to patient care whilst waiting for delayed periods of time, on ambulances, outside hospitals.</p> <ul style="list-style-type: none"> • Fortnightly meetings had been held in response to the NHS Wales Delivery Unit Report on Appendix B submissions. <p>As a result of these meetings, a section of the policy had been developed to improve the process for the joint investigation between WAST and other NHS Wales organisations. Members noted this process would be tested over the forthcoming weeks.</p> <p>The Deputy Chief Ambulance Service Commissioner had written to each health board asking for written confirmation that they accepted the recommended new process.</p> <p>In order to provide support in the testing of the process a new form had been developed to replace the Appendix B form. A draft all Wales agenda template for joint meetings had also been produced to support this new process.</p>	
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	<p>Rachel Marsh noted the potential additional workload and capacity issues for WAST and the need to review the impact of this as soon as feasible. It was confirmed that the group would continue to meet to review the new process and to intervene and adapt as required.</p> <ul style="list-style-type: none"> • Regulation 28 – Prevention of Future Deaths – Members were asked to note the Regulation 28 – Prevention of future death notice that had been issued to the Welsh Ambulance Service NHS Trust and Betsi Cadwaladr University Local Health Board. <p>Whilst the report related to a specific case within the health board, Members recognised similar challenges across Wales in the delivery of effective ambulance services both for community response and inter-hospital transfers.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the report and the progress made by both Task and Finish Groups • NOTE the impact of deteriorating performance and the resulting challenges in commissioning the provision of safe, effective and timely emergency ambulance services, including the recent issuing of a regulation 28. • NOTE that Quality and Safety Reports relating to commissioned services would be received at all future meetings. 	EASCT
EASC 22/121	<p>EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</p> <p>The Service Development Proposal report was received. In introducing the report, Ross Whitehead, provided Members with background information and an introduction to the proposal developed by the Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and the Wales Air Ambulance Charity Trust.</p> <p>Members noted that the proposal had been received and discussed at the EMRTS Delivery Assurance Group held on 1 November 2022 and further work and scrutiny had been requested, including in relation to weather, modelling and resource requirements.</p> <p>Members noted that the proposal had been developed following internal service analysis undertaken by the EMRT service (the Charity had carried out a Strategic Review), with key findings indicating under-utilisation of assets and confirming unmet need (geographic, overnight and hours of darkness).</p>	

<p>The analysis and modelling indicated the opportunity for extended hours of operation and also included changes to base locations. The proposal suggested that by optimizing the operational configuration the service could:</p> <ul style="list-style-type: none"> • potentially attend an additional 583 patients and • achieve 88% of the total demand compared with the existing model that meets 72% (within the same resource envelope). <p>Members were aware there had been significant public and political concerns raised around the development of the proposal, particularly in relation to the potential closure of air bases. This has resulted in challenges for both the Charity and EMRTS and there had also been an impact on individual health boards.</p> <p>Additional challenges were recognised in relation to the Charity including its need to renew aviation contracts and the associated commercial negotiations, both of which could be impacted by the timeliness of the work required to assess the proposal.</p> <p>The proposal outlined the level of unmet need that exists for the all Wales Service and the Committee would need to understand, and evaluate this, either through the adoption of this proposal or through further work.</p> <p>Professor David Lockey, EMRTS National Director thanked members for considering the proposal. He noted that it built upon service developments already undertaken by the service since its establishment in 2015, including an increase in the number of air bases, commencement of night operations, the introduction of the Adult Critical Care Service (ACCTS) in both North and South Wales and the work linked to the Major Trauma network.</p> <p>Prof Lockey also referred to the Strategic Review undertaken by the Charity. Sue Barnes, Chief Executive of the Charity, outlined the process undertaken by the Charity working with EMRTS to understand what further opportunities could be realized. This included alignment with the opportunity afforded by the Charity's required long-term aircraft procurement process with renewal due at the end of 2023.</p> <p>Members recognised that the EASC Team had not had the opportunity to undertake appropriate due diligence and scrutiny of the proposal ahead of presenting it and making recommendations to Members. However, in view of the public interest it was felt that it was appropriate to receive the proposal at the meeting.</p>	
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Ross Whitehead explained that there could be an impact on the capacity of the EASC team to support the process of scrutiny and engagement on this proposal, whilst also maintaining business as usual in terms of the commissioning arrangements for all EASC commissioned services. It was agreed that the Committee might need to consider providing temporary additional support once the likely impact has been fully considered.

Stephen Harray, the Chief Ambulance Services Commissioner summarised some of the key issues that had been raised and noted by the EASC Team during the activities already undertaken with stakeholders and the comments and questions received to date. These included:

- clarifying the position regarding resource implications
- responding to the significant comments raised and views regarding the importance of response times
- understanding how the air and road response model works, recognizing that for urban and rural areas it would be different
- further work required regarding the impact of weather
- consideration of the data reference period to ensure that this is appropriate and not unintentionally biased
- understanding any seasonal variation
- improving the understanding of the options available, including to consider whether changing bases is necessary, identifying further options and understanding why options have been discounted
- working with health board colleagues to consider the modelling undertaken.

Members agreed with the proposed approach for additional scrutiny, including the need to develop a streamlined and simplified proposal and to better understand the options identified. Members felt it would benefit health boards to better understand the data and modelling already undertaken and supported utilising the data analysis tool that was being developed to identify the impact on local communities. It was felt that this approach would ensure that the benefits and risks of each option could be fully understood and appraised including the implications relating to key elements such as air and road response, equity of access for the population and resource effectiveness.

Members stressed the need for an open and robust engagement process, in line with the direction provided by the Community Health Councils in Wales and questioned whether the January decision timeline was feasible, considering the need for the development and agreement of suitable engagement material, agreeing the equality impact assessment and the requirements for a mid-process review.

	<p>The CASC agreed that there were a number of phases to be undertaken and that there was a need to be transparent and realistic, to ensure the correct process was undertaken and that timelines would need to be revisited. In addition to the initial phase of due diligence and scrutiny already discussed, it was also noted that Community Health Councils had recommended that a meaningful and comprehensive public engagement process should be undertaken for at least 8 weeks, this engagement phase would need to be incorporated in to the timeline. The CASC assured Members that the EASC Team would now work closely with the EMRTS and the Charity to scrutinise the detail in the proposal. Discussions would also need to take place with health board communication, engagement and service change leads to ensure a robust process.</p> <p>It was recognised that there were many elements to focus on before an update could be provided and next steps agreed at the scheduled EASC session on 6 December.</p> <p>After discussion Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the content of the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal and appendices • AGREE the next steps for additional scrutiny by the EASC Team and the development of a simplified proposal, including suitable engagement materials to meet the requirements of the Community Health Councils in respect of the proposal • NOTE the key risks and any mitigations the Committee need to be put in place. 	<p>EASCT</p> <p>EASCT</p>
<p>EASC 22/122</p>	<p>PROGRESS REPORT ON THE PLAN IN RELATION TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE EMRTS CYMRU AND WALES AIR AMBULANCE CHARITY SERVICE DEVELOPMENT PROPOSAL</p> <p>The progress report on the plan in relation to the EMRTS Cymru and Wales Air Ambulance Charity Service Development Proposal was received. Ross Whitehead presented an update on the activity that had taken place following the request made by Members at the EASC meeting in September and included the:</p> <ul style="list-style-type: none"> • Activities already undertaken with stakeholders • Comments and questions received to date • Draft Communications and Engagement Plan • Draft Project Plan • Initial Equality Impact Assessment. 	

<p>Members noted that the CASC was continuing to work with Community Health Councils in Wales and was receiving advice and recommendations for the engagement process required. It was confirmed that discussions with health board and CHC colleagues would continue to take place to agree what would be engaged upon, including the required engagement materials and to further develop the communications and engagement plan.</p> <p>Following the briefing note issued on 14 October, a second briefing note would be prepared to update stakeholders with regards discussions held at today's meeting and the next steps would be clarified. In addition, the comments and questions received to date would continue to be collated via the online facility on the dedicated page on the EASC website; an important part of the scrutiny process to lead to the engagement phase.</p> <p>In line with discussions held, the timeline would be reassessed and reconsidered in readiness for an update to be provided at the EASC meeting on 6 December. Members noted the importance of mitigating any impact on the Wales Air Ambulance Charity in the next phase of the work.</p> <p>In light of the previous agenda item and discussions held relating to the detailed proposal received and the need to undertake appropriate due diligence and scrutiny ahead of a process of engagement, the final recommendation relating to commencement of the formal engagement process was withdrawn.</p> <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the structured approach adopted since the Committee meeting held 6 September • NOTE the activities already undertaken with stakeholders both face-to-face and online • NOTE the discussions held with CHCs, attendance at CHC meetings as requested by them and completion of the CHC 'Joint Services, Planning & Change Committee Service Change Pro forma' • NOTE the record of activities undertaken to date • NOTE the key themes arising from the questions, comments and letters received by stakeholders • NOTE the Briefing Note sent to stakeholders on 14 October • NOTE the development of a dedicated page on the EASC website • NOTE the draft Communications and Engagement Plan developed to date and a further document would be developed for engagement with the public based on a simplified proposal to be developed • NOTE the draft project plan included for comment • NOTE the Initial Equality Impact Assessment. 	<p>EASCT</p> <p>EASCT</p>
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EASC 22/123	<p>WELSH AMBULANCE SERVICES NHS TRUST (WAST) UPDATE</p> <p>The Welsh Ambulance Services NHS Trust update report was received. In presenting the report, Jason Killens highlighted the following areas:</p> <ul style="list-style-type: none"> • Point 2.5 - challenging red performance in September 2022 • Point 2.8 - almost 900 patients waiting more than 12 hours • Points 2.16 & 2.17 following temporary cessation of clinical indicator reporting relating to transition to the electronic patient clinical record (ePCR) new data was now available for stroke, fractured neck of femur, hypoglycaemia and ST elevation myocardial infarction (STEMI). Deep dive audits had been completed for these clinical indicators and the return of spontaneous circulation (ROSC) (at hospital door) deep dive audit was ongoing with this clinical indicator scheduled to be published over the coming months • Point 2.21 – increase in red demand • Point 2.21 – ambulance production was encouraging with unit hour production at 96% in September against the benchmark of 95% • Point 2.21 – improvements in sickness aligned to IMTP trend • Point 2.21 – highest ever handover lost hours at 28,500 hours, equating to over 30% of WAST conveying capacity • A verbal update was provided regarding NEPTS and the letting of new contracts as a result of the all-Wales business case with the new providers recently notified of the outcome of the tendering process. <p>It was agreed that the additionality diagram at the bottom of page 12 was useful, that it is a complicated picture and that it would now be sensible to build an improvement trajectory and to understand the likely impact of all interventions.</p> <p>The Chair summarised including to:</p> <ul style="list-style-type: none"> • Note the positive impact in relation to additional capacity and unit hour production, however it was noted that this was not sufficient to counter the losses across the system as noted above • Welcome the progress made re the electronic patient clinical record and the next steps in terms of data linkages • Note the update in terms of NEPTS procurement, resulting efficiencies and the focus on service quality. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • DISCUSS and NOTE the WAST Provider Report 	<p>WAST</p> <p>WAST</p>
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EASC 22/124	<p>CHIEF AMBULANCE SERVICES COMMISSIONER'S (CASC) REPORT</p> <p>The Chief Ambulance Services Commissioner's report was received. Stephen Harray presented the report and highlighted the following:</p> <ul style="list-style-type: none"> • Progress on the recruitment of the additional 100 front line staff at WAST • Ongoing work with Heads of Midwifery in health boards and the particular impact of delayed ambulance response on obstetric emergencies. Work was underway to find out what could be achieved and an urgent temporary position was being sought. <p>Members RESOLVED to: NOTE the report.</p>	
EASC 22/125	<p>EASC COMMISSIONING UPDATE</p> <p>The EASC Commissioning Update was received. Matthew Edwards presented the report and Members noted that it provided an overview of the progress being made against the key elements of the collaborative commissioning approach.</p> <p>Members noted the many discussions in relation to the commissioning framework for emergency ambulance services over recent months at EASC Committee, EASC Management Group and other related fora. These discussions have resulted in a collaborative approach to transition and transformation through the development of local integrated commissioning action plans (ICAPs).</p> <p>The commissioning framework was included as a 'focus on' item at a previous meeting of the EASC Management Group and discussions have more recently taken place with all health boards. Work is being undertaken throughout November to use handover improvement plans to populate ICAPs. Health boards are asked to commit to sending appropriate representation to these meetings.</p> <p>The update also stated that there would be a focus on aligning actions within the ICAPs to the Six Goals for Urgent and Emergency Care Programme.</p> <p>In addition to the update on the commissioning framework, the update also included a Quarter 2 update against the EASC integrated Medium Term Plan and the agreed EASC Commissioning Intentions for 2022-23, with detailed updates appended.</p>	

	<p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • NOTE the collaborative commissioning approach • NOTE the progress made in terms of developing the EMS Commissioning Framework, including the development of the local Integrated Commissioning Action Plans • NOTE the progress made against the EASC IMTP in Quarter 2 as set out in the update provided • NOTE the Quarter 2 update against the commissioning intentions for each of the commissioned services. 	
EASC 22/126	<p>FINANCE REPORT MONTH 6</p> <p>The Month 6 Finance Report was received. The purpose of the report was to set out the estimated financial position for EASC for the 6th month of 2022/23 together with any corrective action required.</p> <p>A forecasted break-even position was reported.</p> <p>In light of the significant financial pressure within the system, it was agreed that there is a need for robust financial planning. It was reported that the financial assumptions are in line with the assumptions made by health boards and that there is a need to demonstrate the best use of existing commissioning allocations.</p> <p>Further discussions would be held to ensure alignment with the IMTP process.</p> <p>Members RESOLVED to: NOTE the report.</p>	
EASC 22/127	<p>EASC SUB-GROUPS CONFIRMED MINUTES</p> <p>The confirmed minutes from the following EASC sub-groups were received:</p> <ul style="list-style-type: none"> • Chair's Summary EASC Management Group – 20 October 2022 – Members noted that the meeting was not quorate and agreed to consider how their organisation would be represented at future meetings. • EASC Management Group – 18 August 2022 • NEPTS Delivery Assurance Group – 4 August 2022 • EMRTS Delivery Assurance Group – 7 June 2022 <p>Members RESOLVED to: APPROVE the confirmed minutes.</p>	
EASC 22/128	<p>EASC GOVERNANCE</p> <p>The report on EASC Governance was received. Gwenan Roberts, Committee Secretary presented the report and highlighted a number of items for approval, including:</p>	

	<ul style="list-style-type: none"> • The EASC Risk Register presented to each meeting of the EASC Committee, EASC Management Group and received for assurance at the CTM UHB Audit and Risk Committee (as the host organisation) • The 3 red risks within the EASC Risk Register relating to key items already discussed at the meeting • EASC Assurance Framework report, it was noted that this was in same style as the host body's assurance framework (CTMUHB) • The EASC Standing Orders would be reviewed prior to the next meeting in line with arrangements by the Welsh Health Specialised Services Committee and would tie into the review of the WHSSC / EASC Standing Financial Instructions • The list of key organisational contacts was noted. <p>Members RESOLVED to:</p> <ul style="list-style-type: none"> • APPROVE the risk register • APPROVE the EASC Assurance Framework • NOTE the EASC Standing Orders would be reviewed prior to the next meeting • NOTE the information within the EASC Key Organisational Contacts. 	
EASC 22/129	<p>FORWARD LOOK AND ANNUAL BUSINESS PLAN</p> <p>The Forward Look and Annual Business Plan was received. The Chair asked Members to forward any suggestions for future 'Focus on' sessions.</p> <p>Members RESOLVED to: NOTE the report.</p>	
Part 3. OTHER MATTERS		ACTION
EASC 22/130	<p>ANY OTHER BUSINESS</p> <p>The Chair closed the meeting by thanking Members for their contribution to the discussions.</p>	
DATE AND TIME OF NEXT MEETING		
EASC 22/131	<p>The next scheduled meeting of the Joint Committee would be held at 13:30 hrs, on Tuesday 6 December 2022 at the Welsh Health Specialised Services Committee (WHSSC), Unit G1, The Willowford, Main Ave, Treforest Industrial Estate, Pontypridd CF37 5YL but likely to be held virtually on the Microsoft Teams platform.</p>	Committee Secretary

Signed
Christopher Turner (Chair)

Date

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	25 January 2023
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Committee and Advisory Group Update and Assurance Reports
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Bryony Codd, Head of Corporate Governance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

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

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

Assurance Reporting

The following Committee assurance reports are included:

- Audit, Risk and Assurance Committee – 1st December 2022
- Patient Quality, Safety and Outcomes Committee – 6th December 2022
- Mental Health Act Monitoring Committee – 8th December 2022

External Committees and Group

Representatives from the Health Board also attend a number of Joint sub-Committees or partnerships of the Health Board, these are:

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

In order to provide the Board with an update on the work of these Committees and Groups the following minutes, assurance reports and briefings are included:

- Shared Services Partnership Committee – 15th November 2022
- WHSSC/EASC – provided within Agenda item 4.8 – An Overview of Joint Committee Activity.

Asesiad / Assessment

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

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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

Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

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

Name of Committee:	Audit Risk & Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	01 December 2022
Key Decisions and Matters Considered by the Committee:	
<p>Committee Annual Programme of Business 2022/23</p> <p>The Committee received an update against the workplan and was informed that due to conflicting priorities several items were not received at the meeting but had been deferred to a future meeting within the financial year. The Committee noted the reasons and approved the deferment of items.</p> <p>Welsh Health Circular (WHC) Tracker including compliance with Ministerial Directions</p> <p>The Committee received its first report on WHCs, which provided an overview of those published in 2022 as well as an update on implementation progress and compliance with Ministerial Directions Report.</p> <p>Internal & External Audit Recommendations Tracker</p> <p>A verbal update was provided to reassure the Committee that the Head of Risk and Assurance had been meeting with respective leads to assess audit recommendations and understand progress to date on where actions could be completed or may have been superseded, and that some movement in the position had been noted.</p> <p>Committee Risk Report (CRR) & Risk Management Strategy Strategic Risk Report</p> <p>The Committee noted the updated position to the CRR and that 29 risks were not managed within the approved and agreed-upon risk appetite/tolerance level but was reassured that a review of the Risk Management Strategy was underway, and that areas that required significant strengthening had already been identified.</p> <p>The Committee noted that a Board Development session to discuss Health Board's risk management approach, strategy, and risk appetite was scheduled for February 2023.</p> <p>Use of Single Tender Waivers</p> <p>The Committee approved the Use of Single Tender Waivers.</p> <p>Governance Report and Ratification of Financial Control Procedures (FCP)</p> <p>The Committee noted the Governance Report and was encouraged to see that the Health Board's public sector payment target was improving and stabilising, and that the new system and processes in place should reduce the risk of noncompliance.</p> <p>The Capital Assets and Charges Financial Control Procedures were approved by the Committee.</p> <p>Asset Verification Update</p> <p>The Committee noted that the previous issues with IT interfaces had been resolved and that tagging for both capital and Electro Biomedical Engineering (EBME) assets was well underway and a plan had been developed to tag approximately £67.2 million in Gross Book Value (GBV) assets by the end of the financial year, with 52.4% already tagged.</p>	

<p>Anti-Fraud</p> <p>The Committee noted the quarterly update on Counter Fraud Activity and that the fraud awareness programme had been well received across sites. The Committee requested that the awareness programme use the opportunity to raise awareness of the financial assistance and guidance available to staff.</p> <p>NWSSP Audit and Assurance; Internal Audit Report</p> <p>The Committee received the progress report and noted the reports scheduled for February 2023.</p> <p>Clinical Audit Plan Internal Audit Report</p> <p>The Committee received Internal Audit’s review of Clinical Audit (limited assurance) and raised several concerns regarding the findings of the audit, stating that many were historical in nature, (given the limited progress on previous audit findings/ recommendations), and whether management responses/actions were sufficient to provide future assurance.</p> <p>The Committee requested that the Patient Quality, Safety, and Outcomes Committee (PQSOC) review the audit report and management findings and provide an assurance note to the ARA Committee confirming that clinical audit reporting governance arrangements were being discussed and monitored to ensure that audit findings were raised and resolved at the appropriate level. Furthermore, the PQSO Committee was asked to confirm that it is satisfied with the management responses contained in the Internal Audit Report, as well as the associated management actions. It was agreed that the PQSO Committee will continue to monitor progress.</p> <p>External Audit: Audit Wales Performance Update Report</p> <p>The Committee received the progress report and noted the reports scheduled for February 2023.</p> <p>Final Annual Accounts Memorandum</p> <p>The Committee received the report and noted that the recommendation regarding asset verification would be largely addressed as a result of the new tagging system.</p> <p>Matters Requiring Board Level Consideration or Approval:</p> <p>None</p> <p>Key Risks and Issues/Matters of Concern:</p> <ul style="list-style-type: none"> • There were no issues or matters of concern. <p>Planned Committee Business for the Next Reporting Period:</p> <p>Audit Risk & Assurance Committee Forward Work Programme 2022_23</p> <p>Date of Next Meeting: Tuesday 18th April at 09:30 via Microsoft Teams</p>
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Name of Committee:	Patient Safety, Quality and Outcomes Committee
Chair of Committee:	Pippa Britton
Reporting Period:	6th December 2022
Key Decisions and Matters Considered by the Committee:	
<p>Quality & Safety Outcomes Report, December 2022</p> <p>The Committee received a presentation on the Patient, Quality and Safety performance report, which provided an overview of the Health Board's quality and safety metrics and summary of performance, aligned to the ministerial priorities and key challenges:</p> <ul style="list-style-type: none"> • Workforce • Quality and Safety • Urgent Care • Planned Care • Cancer <p>Contractual Arrangements with Welsh Ambulance Service Trust (WAST) inter-site transfers</p> <p>The Committee received an overview of the Health Board's contractual arrangements for WAST inter-site transfers. The Committee noted that no WAST related Serious Incidents (SI) had been recorded in the financial year to date. Regular monthly meetings were held between Health Board representatives and WAST colleagues and governance was in place to monitor and review inter-site transfers, overseen by a multidisciplinary team.</p> <p>Members were assured that any previous concerns had been addressed within the report.</p> <p>Maternity Services Improvement Plan and Update</p> <p>The Committee received an overview of the Health Board's improvement plan based upon the findings of The Ockenden Review, noting that the report had been presented to Board members and that the Health Board's independent review of the maternity led units had commenced.</p> <p>Nosocomial Covid-19 Review: Investigating and learning from Cases of Hospital Acquired Covid-19</p> <p>The Committee received an overview of the investigative process and to be learning from hospital acquired Covid-19, noting that the investigation process was completed in order of Covid-19 waves. Wave 1, covering dates from the 27th of February 2020 to the 26th July 2020, was nearing the end of completion. The Health Board was aligned to the National Nosocomial Covid-19 Programme (NCCP) national roadmap. Members were assured that the Health Board was reviewing relevant governance frameworks associated with complex cases.</p> <p>HIW Reviews:</p> <p>Grange University Hospital Emergency Department</p> <p>The Committee received an overview of the findings of the HIW unannounced visit to the emergency department (ED) at GUH that had taken place in August 2022. The report outlined HIW identified improvements and Health Board actions, including timescales. Noting that the published review had been discussed by Board members, members were assured that out of the 75 actions, only 7 were outstanding.</p> <p>Immediate Assurance- GP Practice</p> <p>The Committee were informed that HIW had inspected Lawn Medical Practice in Rhymney, Tredegar. Safeguarding was flagged as an immediate action, noting that the</p>	

Health Board had commenced additional Safeguarding training for GPs. The full report, once received, including finalised actions, would be reported to the Committee.

Improvement Plans relating to Mental Health Units at Ysbyty Ystrad Fawr (YYF)

The Committee received an overview of the HIW review of the Mental Health Units at YYF, noting that immediate actions had been addressed, and the Health Board was awaiting the full report.

HMP Prison Services, ABUHB Self-Assessment

The Committee received an overview of the Health Board's self-assessment of governance arrangements within HMP Usk and Prescoed, based upon recommendations taken from HIW's review of the Quality Governance Arrangements within Swansea Bay University Health Board, for the delivery of healthcare services to Her Majesty's Prison Swansea.

The Committee accepted the report and associated action plan.

Update and Tracking of Improvement Actions Arising from previous Inspections and Reviews

The Committee noted the progress of the delivery against recommendations and outstanding actions from HIW inspections conducted across the Health Board. Members welcomed the clear tracking of actions, providing members with reassurance of tracked actions and clear timelines.

Clinical Standards and Effectiveness Group Report

The Committee received an update on the National Clinical Audit (NCA) programme audit results as presented to the Clinical Standards and Effectiveness Group (CSEG) in September 2022.

Members noted plans for the implementation of the Clinical Audit Strategy and that staff training had commenced for the newly purchased AMAT system, which aims to provide assurance that each of the National Clinical Audits had been undertaken, with action plans developed and owned by the Directorate, Quality and Patient Safety teams and the CSEG.

Learning from Death Report

Members received an overview of the report and were informed that the Health Board had created a system of monitoring deaths based on the Professor Palmer report in 2014 and subsequent Welsh Government recommendations.

Members were reminded of the statutory requirement for all deaths in Wales to have an independent review by the Medical Examiner (ME) by summer 2022; and the Health Board's phased approach to implementation. As of December 2022, all inpatient deaths in the Royal Gwent, Ysbyty Ystrad Fawr and Grange University Hospitals had been subject to scrutiny by the ME. The Health Board's Mortality Review Panel integrated itself with intelligence received from the ME independent reviews, alongside the analysis of data taken from the Risk Adjusted Mortality Index (RAMI) to learn from deaths.

Health & Safety Compliance Report

The Committee received an update on the Health Board's current position and governance arrangements in relation to Health and Safety. It was noted that a Health & Safety Committee had been established to oversee the management and monitoring of compliance against statutory health and safety requirements.

Members raised concerns over the compliance with manual handling training, noting the current 50-60% uptake across the whole Health Board. Members were assured that the data was broken down based upon risk and that the H&S teams and delegated Executive leads were working on improving compliance.

The Committee noted the following reports for information:

- Quality and Patient Safety Operational Group Highlight Report
- Children's Rights and Participation Forum Highlight Report
- WHSSC QPS Committee Report Highlight Report
- Children's Community Nursing Service- Children & Young People's Continuing Care (Reasonable Assurance)

Matters Requiring Board Level Consideration or Approval:

None

Key Risks and Issues/Matters of Concern:

None

Planned Committee business for the Next Reporting Period:

- Patient Quality and Safety Outcomes Measures Report, January 2023
- Healthcare Inspectorate Wales Inspection Reviews
- Clinical Audit Plan and Activity Report
- Falls Management Report

Date of Next Meeting: Tuesday 7th February 2023

Name of Committee:	Mental Health Act Monitoring Committee
Chair of Committee:	Pippa Britton
Reporting Period:	8th December 2022
Key Decisions and Matters Considered by the Committee:	
<p>Mental Health Act Update</p> <p>The Committee received a detailed overview of the activity information on the use of the Mental Health Act over Quarter 2, July – September 2022/23, with comparison of activity over the previous quarter.</p> <p>The Committee noted an increase in the number of under 18's undergoing section 136 assessments and discussed potential influencing factors. A wider systemic approach to supporting young people was discussed and members requested further discussion at the Public Service Board (PSB), highlighting the use of the MHA for under 18's and the review of current collaborative wrap around services provided for children and young people to support mental health and wellbeing.</p> <p>The Committee received the report for assurance on the compliance with the legislative requirements of the Mental Health Act.</p> <p>Update from the Mental Health Act (MHA) Managers Group- including an update on the Recruitment of Hospital Managers (Power of Discharge Committee)</p> <p>Members were reminded of the current low numbers of Hospital Managers, as highlighted at a previous meeting, and the steps being taken with governance colleagues around the development of processes to support recruitment to these posts. Members discussed the importance of a diverse group of Hospital Managers, with a variety of knowledge and experience across the Health Board and third sector partners.</p> <p>Members thanked Katija Dew for the hard work, support, and dedication as the Chair of the MHA Managers Group.</p>	
Matters Requiring Board Level Consideration or Approval:	
None Noted.	
Key Risks and Issues/Matters of Concern:	
There were no issues or matters of concern.	
Planned Committee Business for the Next Reporting Period:	
<ul style="list-style-type: none"> • Mental Health Act Update. • Power of Discharge Sub-Committee Update. 	
Date of Next Meeting: Thursday 9th March 2023	

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	Shared Service Partnership Committee
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	22 September 2022
Summary of key matters including achievements and progress considered by the Committee and any related decisions made.	
<u>Matters Arising – Recruitment</u>	
<p>G Hardacre, Director of People, Organisational Development and Employment Services, gave a verbal update on the position with the pre-employment checks software system.</p> <p>The Home Office have announced that from 1st October 2022 organisations will be able to use a certified Identification Document Verification Technology service provider to carry out digital identity checks on their behalf for those appointees who have an in-date UK or Irish Passport or Share Code. Those who do not meet these criteria will still require a face-to-face pre-employment check from 1st October 2022. Without this system, all appointees would require a face-to-face pre-employment check meeting.</p> <p>NWSSP Recruitment Services have procured a service provider to enable digital identity checks for NHS Wales as part of the Recruitment Modernisation Programme, which will be implemented on 28th September 2022. This will improve the experience for appointees and also provide process efficiencies for NWSSP Recruitment Service and internal Health Board/Trust recruitment services such as Medical and Bank Recruitment, as most appointees will be able to complete their pre-employment checks via this route. NWSSP have agreed to fund this software for the first year for all organisations due to the benefits this will bring to NHS Wales.</p> <p>The Committee NOTED the update.</p>	
<u>Matters Arising – Programme Management Office Highlight Report (Student Awards).</u>	
<p>G Hardacre provided members with an update on the replacement of the Student Awards system which had been noted at the May Committee as a red risk within the Programme Management Office Report. He reported that good progress was</p>	

now being made with the new system having received confirmation of funding from Welsh Government and the conclusion of the procurement process he now expected the new system to be in place and fully operational by April 2023.

The Committee **NOTED** the update.

Deep Dive – Energy Price Risk Management Group

Eifion Williams (EW), Chair of the Energy Price Risk Management Group (EPRMG), introduced a deep dive into the work of the Group, particularly focusing on recent weeks and months, due to the significant increase in energy prices.

EW has chaired the EPRMG since it was set up in 2005. Prior to that electricity and gas was purchased on behalf of NHS Wales by an individual Procurement Officer who would purchase for the year ahead with little strategic input. The Group was established with representation from all NHS Wales organisations together with a British Gas market specialist who provides an overview of the energy market at each meeting. Based on this, the Group considers its pricing strategy. Currently British Gas provide both electricity and gas to NHS Wales and there is an ability to purchase energy on a monthly or quarterly basis. The Group currently meets on a weekly basis to consider its purchasing strategy but in times of extreme volatility (e.g. when Russia first invaded Ukraine) it has met three times a week. Prices are monitored daily which enables tranches of volumes of energy to be secured when appropriate.

EW demonstrated the current volatility in the market through a comparison of prices in the month of August for the last five years. Between 2018 and 2021 inclusive, the price being paid for gas by NHS Wales in each August was in the range of 39p to 44p a therm. In August 2022, the price per therm was 281p. The same comparison for electricity saw a range of £40 to £47 per megawatt hour between 2018 and 2021 and the price in August 2022 was £218. The price had been falling prior to the Ukraine conflict, and is also affected by the weather, the world economy outlook, and the price of oil. Although the price of energy is totally unpredictable, the forward purchasing strategy adopted by the EPRMG delivered savings of £33.8m for NHS Wales against the actual average daily cost of gas and electricity in 2021/22. It is also important to note that the prices quoted are the global prices on the energy markets which all suppliers use.

The current contracts with British Gas are due to end in March 2025 for electricity and March 2027 for gas. British Gas has given notice that it will not seek new Commercial energy contracts but will fully support existing contracts. Whilst the EPRMG has served NHS Wales well, there was a need to consider whether the current approach remains the best option for NHS Wales given the volatility in the energy market. Liaison is currently taking place with Crown Commercial Services to assess the options that they have available. It was agreed that EW would come back to the Committee later in the year to provide an update on progress.

The Committee **NOTED** the presentation.

Chair's Report

The main update was on the planned IMTP / Committee development sessions, where invites have been issued for Friday 11th November. The Chair stressed the importance of attending and that if members cannot make this date that they nominate another Executive Director to attend in their place.

The NWSSP Senior Leadership Group held a number of internal workshops to provide some initial reflections and ideas for the sessions. The indicative agenda will focus on where NWSSP will be in 2033, assessing where we feel NWSSP is now, identifying opportunities to improve and develop further, and taking a fresh look at our strategic objectives and overarching goals/outcomes. There will also be some discussion on our appetite for risk as a Committee.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The CEO NHS Wales / DG Health and Social Care Group WG wrote in July confirming acceptance of NWSSP IMTP recognising the continued development and maturing of integrated planning across NWSSP and demonstrating the positive position that the organisation is in as we move from the pandemic towards recovery. The letter highlights the continued role of the Committee to scrutinise and monitor progress against the plan throughout the year;
- As part of the decarbonisation work the NWSSP Head of Operations – Procurement Services, is currently working with Health Boards, Trusts, and Special Health Authorities, in reviewing fleet management arrangements with the purpose of defining a common set of data standards and management information to support the decarbonisation agenda. Specialist Estates Service is also supporting Health Boards in establishing a national infrastructure plan for electric vehicle charging. Health Boards have been approached to nominate representatives to sit on the various decarbonisation sub-groups that support the above agendas;
- The Payroll team within Employment Services are currently experiencing an exceptionally busy period responding to the implications of the recent pay rise and processing of pay arrears. This is in addition to implementing the changes to the pension tiers.
- The NWSSP Medical Director, has been asked to work with health organisations to review how the Single Lead Employer rotational and recruitment processes can be further streamlined to improve overall experiences for the trainees; and
- In terms of major projects, the Laundry and TrAMs projects are continuing but in the context of extreme limitations on available capital funding. In particular NWSSP were waiting for formal feedback from WG on the laundry OBC scrutiny panel.

The Committee **NOTED** the update.

Items Requiring SSPC Approval/Endorsement

Chair's Appraisal Process

G Hardacre, NWSSP Director of People, Organisational Development and Employment Services introduced a report setting out a proposed revised formal framework process for the appraisal of the Chair.

Following discussion, the Committee **APPROVED** the revised framework which will be implemented during the next few months and **AGREED** to increase the Chair's time commitment given the requirements of the role. Committee members asked to review the various time commitments of the other Chairs at other NHS organisations at the next November meeting.

Procurement SLA

The Chair reminded Committee members that the Service Level Agreements for 2022/23 had already been agreed at the May meeting. However, it was previously agreed that the Procurement element of the SLA would be brought back for approval as it was important to reflect the recent changes which were as a direct result of implementation of the new procurement Operating Model.

The Committee **APPROVED** the Procurement SLA element.

Provision of Digital Patient Pathways and Remote Advice and Guidance

A Butler, Director of Finance & Corporate Services introduced a number of reports which outlined the procurement for two separate contracts for which funding had already been secured and agreed by Welsh Government. Given the nature of the clinical digital elements of the contracts it was felt important to ensure that DHCW were clear on how they linked into the current strategy and processes.

Following discussion the Committee **NOTED** the reports and **ENDORSED** both contracts. Further discussions would be needed with DHCW to ensure the digital elements were aligned to the national strategies.

Welsh Risk Pool – Risk Sharing Agreement

The Committee received a paper setting out the risk sharing details for the current financial year. Committee members were informed that the proposal within the paper had been endorsed at the Welsh Risk Pool Committee on the 21st September 2022.

The Welsh Risk Pool receives an annual funding stream to meet in-year costs associated with settled claims, the Departmental Expenditure Limit (DEL). When expenditure rises above the DEL allocation, the excess is recouped from Health Boards and Trusts via a Risk Sharing Agreement approved by the Shared Services Partnership Committee. The core DEL allocation is currently £109.435M per

annum for Clinical Negligence, Personal Injury and Redress claims. The 2022/23 IMTP DEL forecast is £134.780M and therefore the estimated Risk Share charge for 2022/23 is £25.345M. In 2021/22 this figure was £16.495m.

The current Risk Share methodology was approved by the Welsh Risk Pool Committee and Directors of Finance in March 2017. The overarching principles are set out below:

- a risk-based contribution, based on size and activity levels;
- a contribution based on paid claims experience over five years; and
- a contribution based on known outstanding claims.

These principles have been translated into five specific measures and a weighting applied to each. This results in those organisations that can demonstrate learning and who have implemented strategies to lower risk weightings benefitting as their share of the overall total should be lower.

Applying these measures to the forecast risk share for the current year has meant that although some Health Boards percentage share has reduced compared to last year, the expected 2022/23 monetary charge has increased for all, due to the substantial overall increase in the total charge to be apportioned.

The Committee **NOTED** the report and **APPROVED** the updated Risk Share charges to NHS Wales for 2022/23.

Items for Noting

All-Wales Agency Audit

The Committee received a paper on audit arrangements for agencies supplying nursing staff.

The Temporary Staffing Group is a workstream which reports directly to the National Nursing Workforce Group (NNWG). The Temporary Staffing Group is responsible for the award and monitoring of contracts for agency workers throughout Wales. The contract was awarded in March 2021 for a period of three years with an option to extend for a further year to February 2025. There are 146 agencies on contract and each agency is aware that failure to abide by the contract specification would result in their removal from the framework.

Implementing appropriate audit measures is essential to ensure that all contracted agencies supplying nurses and health care support staff to NHS Wales uphold the conditions of the contract. Agency audits have typically been undertaken internally on an ad-hoc basis when issues arose rather than via a proactive approach linked to a planned audit programme. Following discussions at the Temporary Staffing Group it was agreed that a robust audit programme should be put in place and that various options to achieve this should be explored, including the use of external audit firms and the potential use of NWSSP Audit & Assurance Services.

The Committee **NOTED** the Report and **AGREED** for NWSSP's Audit and Assurance team to carry out the necessary audits providing an audit specification (All-Wales Agency Audit Checklist) was developed and utilised. A risk-based programme of audits will be undertaken focussing initially on the highest spend and highest usage providers. Usage data will be used to agree a priority list of agencies to be audited. It is anticipated that:

- 30 audits will be carried out per year;
- Audit plans will be annually set out based on provider usage and spend; and
- The audit plan will be discussed and created annually by the Temporary Staffing Group led by procurement.

Based on 30 audits in the first year (2022/23), the total auditor time required would be 60 days at a cost of £19,870. This amounts to less than £3k per Health Board.

Finance, Performance, People, Programme and Governance Updates

Finance – A Butler, NWSSP Director of Finance and Corporate Services reported a balance position at Month 5. The year-to-date position includes a number of non-recurrent savings that will not continue at the same level during the remaining months of the financial year. Divisions are currently reviewing budgets with a view to accelerating initiatives to generate further benefits to NHS Wales and a potential increase in the distribution. The forecast outturn remains at break-even with the assumption of £4.985m of exceptional pressures funding being allocated from Welsh Government.

The current Capital Expenditure Limit for 2022/23 is £1.947m. Funding for the Welsh Healthcare Student Hub (Student Bursary and Streamlining) was approved in early September. Capital expenditure to Month 5 is £0.366m and plans are in place to fully utilise all available capital funding. A priority list of capital projects is being finalised in case additional funding becomes available later in the year. Since the transfer of the All-Wales Laundry Service in 2021/22 there is increased pressure on the discretionary capital allocation as this was not increased following the transfer of the new Service.

The Committee **NOTED** the Report.

Performance – The Committee Members reviewed the KPIs and felt that this was positive position with only six KPIs not meeting target. These in the main related to the recruitment position and call handling within the Payroll Helpdesk. Committee members were asked to advise their organisations that prior notice of local recruitment plans is very helpful in that it enables NWSSP to adapt demand and capacity within teams to meet those peaks in demand. There was also a short-term issue with Payroll call handling in August because of increases in activity driven by the new Doctor intake and rotation, and this was not helped by the loss of the phone system for a few hours. Peaks in demand are also anticipated in September because of the payment of pay award arrears and again

in October because of the pension changes. The Quarter Two individual Performance Reports will be issued at the end of October.

The Committee **NOTED** the Report.

Project Management Office Update – The Committee Members noted the report and in particular the ongoing supplier dispute with regard to the Legal & Risk Case Management system replacement which had temporarily halted the implementation. Contingency arrangements have been put in place to ensure that there is no risk to the continuity of services. A question was raised as to whether projects not covered by the PMO (e.g. the Once for Wales Concerns Management System) should be included in the report. This will be included going forward. It was also suggested that a separate and more detailed briefing on the TrAMs programme would be helpful – this will be issued in December.

The Committee **NOTED** the Report.

People & OD Update – The Committee **NOTED** the Report.

Corporate Risk Register – The Committee **NOTED** the Report. In particular members discussed the risk relating to the threat of industrial action had been added to the register.

Papers for Information

The following items were provided for information only:

- Disposal of Surplus Beds to Moldova;
- Audit Committee Assurance Report;
- Welsh Risk Pool Annual Report 2021/22
- Finance Monitoring Returns (Months 4 and 5)

AOB

N/a

Matters requiring Board/Committee level consideration and/or approval

- The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.

Matters referred to other Committees

N/A

Date of next meeting

19 January 2023