## Aneurin Bevan University Health Board - Public Board

Wed 24 January 2024, 09:30 - 15:00

Conference Centre, St Cadoc's Headquarters



#### **Agenda**

#### 0 min 1. PRELIMINARY MATTERS

#### 1.1. Welcome and Introductions

Oral Chair

#### 1.2. Apologies for Absence for Noting

Oral Chair

#### 1.3. Declaration of Interest for Noting

Oral Chair

#### 1.4. Draft Minutes of the Health Board Meeting, held on 22nd November 2023

Attached Chair

1.4 Board minutes RD NP AL Final 22.11.23.pdf (18 pages)

#### 1.5. Summary of Board Business, held In-Committee, on 22nd November 2023

Attached Chair

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

#### 1.6. Board Action Log for Review

Attached Chair

1.6 Board Action Log .pdf (1 pages)

#### 1.7. Report on Sealed Documents and Chair's Actions

Attached Chair

1.7 Report on Sealed Documents and Chairs Actions.pdf (4 pages)

#### 1.8. Report from the Chair

Oral Chair

#### 1.9. Report from the Chief Executive

Oral Chief Executive

#### 0 min 2. PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

#### 2.1. Report from Llais, Gwent Region

Attached Regional Director Llais

#### 2.2. Patient Story - Psychological Recovery in Cancer Services

Presentation Director of Nursing

#### 0 min 3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

#### 3.1. Charitable Funds Annual Accounts 2022-23

Attached Director of Finance and Procurement

3.1 Board Report CF Annual Accounts Annual Report 2022-23 (002).pdf (6 pages)

#### 3.2. St Woolos Hospital Consolidation

Attached Chief Operating Officer

- 3.2 St Woolos Consolodation final.pdf (9 pages)
- 🖺 3. 2 Appendix 1 Board Final St Woolos Hospital Consolidation January 2024 LW.pdf (1 pages)
- 3.2 Appendix 2 SWH Community 24beds.pdf (1 pages)
- 3.2 Appendix 3.pdf (3 pages)

#### 3.3. Outcome of Engagement - Nevill Hall Hospital Minor Injury Unit

Attached Director of Strategy, Planning and Partnerships

- 3.3 Outcome of Engagement Nevill Hall Hospital MIU.pdf (8 pages)
- 3.3a Final MIU engagement report Jan 2024.pdf (86 pages)
- 3.3b ABUHB Proposed Changes to MIU Opening Hours Public Engagement September November 2023.pdf (4 pages)
- 🖺 3.3c Appendix 1 Provision of Minor Injury Unit Services 12-week Engagement Aneurin Bevan Univers.pdf (5 pages)
- 3.3d App 2 Public Engagement Survey.pdf (2 pages)
- 3.3e App 3 Qualitative Analysis Codebook.pdf (8 pages)
- 3.3f Appendix f LLais letter.pdf (4 pages)
- 3.3g Appendix 4 MIU EQIA (latest 31.10.23).pdf (22 pages)

#### 3.4. Long Term Strategy – Design Principles

Attached Director of Strategy, Planning and Partnerships

3.4 Board Jan 24 Strategy Design DRAFT v1.pdf (6 pages)

#### 3.5. Capital Plan 2024-25

Attached Director of Strategy, Planning and Partnerships

- 3.5 Board Paper for Capital Programme 2024-2025 170124.pdf (14 pages)
- 3.5a Appendix 1- Opening Programme 24-25 .pdf (1 pages)
- 3.5b Appendix 1- Opening Programme 24-25 .pdf (1 pages)
- 3.5c Appendix 1- Opening Programme 24-25 .pdf2.pdf (8 pages)
- 3.5 Appendix 2 Bids not approved over risk scores of 20+.pdf (1 pages)

#### 3.6. Risk Management Framework

Attached Director of Corporate Governance

- 3.6 Risk Management Framework Cover Report\_Jan 2024.pdf (6 pages)
- 🖹 3.6a Appendix A\_ABUHB\_DRAFT Risk Management Framework Board 24\_01\_24 .pdf (17 pages)
- 3.6b Appendix B\_ ABUHB DRAFT Risk Management Policy and Procedure \_Board 24\_01\_24.pdf (29 pages)
- 3.6c Appendix C ABUHB DRAFT Risk Appetite Statement Board 24 01 24.pdf (8 pages)

#### 3.7. All Wales Individual Patient Funding Request Policy

Attached Director of Corporate Governance

- 3.7 Final HB Report All Wales IPFR Policy.pdf (8 pages)
- 3.7 Appendix 1 Letter to WHSSC from WG IPFR ToR July 2022 FINAL (1).pdf (3 pages)
- 3.7 Appendix 2 NHS Wales IPFR Policy V9 Post TF Clean Nov 2023.pdf (29 pages)

#### <sup>0 min</sup> 4. ITEMS FOR DISCUSSION

#### 4.1. External Audit Reports

Attached Director of Corporate Governance

- a) Annual Audit Report 2023
- b) Structured Assessment 2023
- 4.1 Annual Audit and Structured Assessment 2023 Board report Jan 2024.pdf (4 pages)
- 4.1a Appendix 1 ABUHB AAR 2023 final.pdf (22 pages)
- 4.1b Appendix 2 ABUHB SA 2023 final.pdf (38 pages)

#### 4.2. Financial Management

Attached Director of Finance and Procurement

- a)Financial Performance- Month 9
- b) 2024/25 Allocation funding
- 4.2a Board Finance Report 23-24 M9 v.final.v1.pdf (36 pages)
- 4.2a Appendix 1 Aneurin Bevan University Health Board.pdf (27 pages)
- 4.2b Appendix 2 Aneurin Bevan University Health Board.pdf (22 pages)
- 4.2c Appendix 3 Aneurin Bevan Health Board.pdf (28 pages)
- 4.2 b Board allocation letter 24.25 brief Jan 24.pdf (5 pages)
- 4.2b Appendix 1 Allocation Letter briefing 2024 25 v5.pdf (9 pages)

#### 4.3. Performance Report – IMTP 2023-26 December 2023

Attached Director of Strategy, Planning and Partnerships

- 4.3 December 23 Performance Report BOARD Cover Paper NP COMMENTS.pdf (5 pages)
- 4.3 Appendix December 23 Performance Report.pdf (16 pages)

#### 4.4. Health and Safety and Fire Improvement Plan

Attached Director of Therapies and Health Sciences

- 4.4 ABUHB Board paper Health Safety Fire Improvement Plan Jan 2024 v6.pdf (12 pages)
- 4.4 Appendix 1 ABUHB Health Safety Fire Improvement Plan 2023-24 final .pdf (4 pages)
- 4.4 Appendix 2 ABUHB Corporate Health Safety Fire Risk Register.pdf (1 pages)

#### 4.5. Strategic Risk Report, January 2024

Attached Chief Executive

- 4.5 Strategic Risk and Assurance Report Cover Report\_Jan 2024. Final v2.pdf (7 pages)
- 4.5 Appendix A Strategic (Board level) Risk Register Database.pdf (2 pages)
- 4.5 Appendix B Dashboard and Risk Assessments.pdf (24 pages)
- 🖺 4.5 Appendix C Proposed SRR 001H Service Delivery\_Director of Public Health & Strategic Partnerships.pdf (1 pages)
- 4.5 Appendix D Proposed SRR 007B Director of Startegy Planning and Partnerships.pdf (2 pages)
- 4.5 Appendix E Proposed SRR 010\_Compliance & Safety Risk To A Page\_Director of Therapies & Health Science.pdf (2 pages)

#### 4.6. Vacant GP Practice - Health Boards Managed Practice

Attached Chief Operating Officer

4.6 Managed Practice Outcome Report INFO.pdf (8 pages)

#### 4.7. Regional Partnership Board Update

Attached Director of Strategy, Planning and Partnerships

4.7 RPB Update Jan 2024 FINAL HE.pdf (6 pages)

#### 4.8. Executive Committee Chair's Report

Attached Chief Executive

4.8 Executive Committee Board Report 20\_10\_23 - 11\_12\_23 V3 post NP's comments.pdf (9 pages)

#### 4.9. An Overview of Joint Committee Activity:

Attached Chief Executive

#### 4.9.1. WHSSC Update Report

Attached Chief Executive

4.9 a WHSSC Update Report (1).pdf (4 pages)

4.9.a Appendix 1 JC Briefing (Public) 21 November 2023.pdf (5 pages)

#### 4.9.2. EASC Update Report

Attached Chief Executive

🖹 4.9. b EASC Update Report.pdf (20 pages)

#### 4.10. Key Matters from Committees of the Board

Attached Committee Chairs

4.10 Key Matters from Committees.pdf (20 pages)

#### 0 min 5. OTHER MATTERS

#### 5.1. Date of the Next Meeting:

Wednesday 27th March 2024



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

	AGENDA		
Date and Time	Wednesday 22 <sup>nd</sup> November 2023 at 9.30am		
Venue	Conference Centre, He	eadquarters, St Cadoc's Hospital	
Present:	Ann Lloyd Nicola Prygodzicz Pippa Britton Peter Carr Sarah Simmonds Jennifer Winslade Hannah Evans	Chair Chief Executive Vice Chair Director of Therapies and Health Science Director of Workforce and OD Director of Nursing Director of Strategy, Planning and Partnerships	
	Robert Holcombe Paul Deneen  Louise Wright  Dafydd Vaughan Philip Robson Helen Sweetland Shelley Bosson  Tracy Daszkiewicz Iwan Jones Andy Bagwell	Director of Finance & Procurement Independent Member (Community) Independent Member (Trades Union) Independent Member (Digital) Special Advisor to the Board Independent Member (University) Independent Member (Community)  Director of Public Health Independent Member (Finance) Deputy Medical Director, on	
In attendance	Rani Dash Michelle Jones Linda Joseph Bethan Loveless Nathan Couch Caroline Morgan Zoe Carter  Scott Taylor Linda Alexander Non-Ellis Tracy Morgan Emma Guscott	behalf of the Medical Director  Director of Corporate Governance Head of Board Business Deputy Regional Director Trainee in Public Health Audit Wales Senior Nurse and Zoe Carter Clinical Lead/ Advanced Nurse Reconfiguration Head of Health, Safety & Fire Deputy Director of Nursing Equality Diversity and Inclusion General Manager Medicine Governance Officer	

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**Apologies:** 

Leanne Watkins, Chief Operating Officer James Calvert, Medical Director Martin Blakebrough, Independent Member Jemma Morgan, Director, Llais

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Item	
ABUHB	Welcome and Introductions
2211/01	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 online. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting.
ABUHB	Declarations of Interest for Noting
2211/02	There were no Declarations of Interest raised relating to items on the agenda.
ABUHB 2211/03	Draft Minutes of the Health Board Meeting, held on 27 <sup>th</sup> September 2023, for Approval
	The minutes of the meeting held on 27th September 2023 were agreed as a true and accurate record.
ABUHB 2211/04	Summary of Board Business, held In-Committee, on 27 <sup>th</sup> September 2023, 11 <sup>th</sup> October 2023, and 25 <sup>th</sup> October 2023
	The minutes of the In-Committee meetings held on 27 <sup>th</sup> September 2023, 11 <sup>th</sup> October 2023 and 25 <sup>th</sup> October 2023 were agreed as a true and accurate record.
ABUHB	Action Log and Matters Arising
2211/05	Rani Dash (RD), Director of Corporate Governance, advised that of the eight actions contained within the action log, one remained in progress which related to the outcome of CHC Commissioning, and this would be reported to the January 2024 Board meeting.
ABUHB	Report on Sealed Documents and Chair's Actions
2211/06	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 7th September 2023 and 31st October 2023.
	Shelly Bosson (SB) enquired about the lease in Bridgend and what service we were delivering from there. It was noted that it was for

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the 111 National Programme which the Health Board currently hosted.

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 2211/07

#### **Report from the Chair**

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

- Attended three Regional Partnership Board (RPB) meetings and noted that the workshop that had been held was helpful in resetting the parameters for the RPB
- Two meetings with Chairs of Health Boards across Wales had been held. The focus of these meetings was upon finance and delivery models of organisations given the present budgetary considerations. Chairs of Health Boards had agreed for a letter to be drafted to the Minister for Health and Social Care setting out the collective challenges and frameworks that would be utilised to address these matters.
- Participated in a Welsh Government programme that was reviewing the committee structures of WHSCC and EASC, with a view that the new arrangements would be in place by April 2024.
- Undertaken a visit to ACER House in Blaenau Gwent. The Chair paid tribute to the joint venture to establish a home of safety for up to 5 people who had left the care system.
- Chaired two meetings regarding the Minister's accountability review. The Board NOTED the Chair's Report.

## ABUHB 2211/08

#### **Report from the Chief Executive**

Nicola Prygodzicz (NP), Chief Executive, advised that since the last Board meeting the focus had been upon the delivery of priorities and preparing for the Winter's challenges. NP advised that there had been a relentless focus upon the financial challenges and acknowledged and welcomed the additional £88M of funding that the Health Board had received from Welsh Government. She advised that although this did not address all financial challenges it enabled the Health Board to recover over the next few years.

NP reported an increase in demand for urgent care over the last few weeks. As part of addressing this matter there was a focus upon working with Local Authorities to secure improvements to the discharge arrangements. Several patient safety events had been held with a focus upon the successful transition of patients to home. A key enabler to securing improvements in discharge was to secure

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a better understanding of those issues affecting Local Authorities and the third sector.

The LA finance and accountability framework had been agreed by all, except one LA.

In terms of visits that NP had undertaken, the Board was advised that a had taken place visit to the recently opened Endoscopy Unit and to see the stroke team located at YFF where wards had been successfully reconfigured. NP reported that she had also spoken at the Hospice of the Valleys AGM and paid tribute to the of work of the third sector.

NP had also attended a nursing conference and midwifery led programme and reflected that such events would be key to building relationships through staff reflecting and building motivation. She also paid tribute to the NHS awards where the Health Board had 6 nominations and secured 2 winners across 3 awards that included the neurodevelopmental service and employee relationships.

In concluding her report NP paid tribute to the continued hard work of staff.

The Board NOTED the CEO's Report.

#### 2211/09

#### Report from Llais, Gwent Region

The Board noted the apologies of Jemma Morgan, Regional Director, Llais. The Board received the report from Llais that was presented by Linda Joseph, Deputy Regional Director that provided an overview of the 100-day plan of Llais and the current issues of concern and positive observations being addressed by Llais Gwent Region in relation to the planning and delivery of health services.

The Board asked whether or not there would be a focus upon children and young people's views of health and social care in their programme. LJ advised that a programme of training was being developed that would include social care to better to support their work on this moving forwards.

Iwan Jones (IW), Independent Member, sought further details in respect of complaints and the reporting of these to the Board. Linda Joseph, (LJ), provided an overview of the process with a view to putting things right and explained that in practice such complaints were addressed as early as possible to prevent escalation to a formal complaint.

Jenny Winslade (JW), Director of Nursing, provided an overview of the process within the Health Board and noted the learning that occurred was reported to PQSOC and ultimately to Board through the quality report.

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Nicola Prygodzicz (NP), Chief Executive, advised that whilst complaints were received from Llais, the Health Board also received complaints through other avenues and advised that a thematic learning process was ongoing and that through this process earlier resolutions of matters was evidenced. NP reassured the Board that she personally signed off each complaint response.

Pippa Britton (PB), Vice Chair, commented upon the pathway between health and social care and the journey of the individual leaving hospital and suggested that it would be helpful for Llais to gather data from the patients. LJ confirmed that relationships were strong with HIW and that the relationship with CIW was developing. The Chair concluded that the health to home pathway for patients needed to improve significantly.

The Board NOTED the report.

#### 2211/10

#### Patient Story - Tyleri Ward Community Resource Team (CRT)

Caroline Morgan (CM), Senior Nurse, and Zoe Carter (ZC), Clinical Lead/ Advanced Nurse Practitioner, provided an overview of the nurse led approach undertaken on Tyleri ward and its functioning as a Community Resource Team (CRT) Direct Admission Unit.

The Board heard that the model had been developed in line with the graduated approach across community hospitals. The aim of the model was by providing the right person, at the right time, in the right place for good quality patient care. CM apprised the Board of the various achievements that had been secured because of this approach.

Zoe Carter (ZC), provided an overview of the second initiative where the ward functioned as a CRT and direct admission unit. ZC apprised the Board of the strategic drivers for change, the processes involved in securing this approach, the associated improvements in performance, and outcomes for patients that had included a higher discharge rate from ward to home. The Board was advised that the vision was to develop and integrate further the hospital and community nurse practitioner and ANP model, and to secure further improvements in keeping patients closer to home in line with the care closer to home model.

The Chair thanked both individuals for attending.

The Board NOTED the report.

#### 2211/11

#### **Health and Safety Annual Report**

Peter Carr (PC), Director of Therapies and Health advised that the 2022/23 annual report setting out the organisation's performance

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against legislation and organisational standards. The following key risk areas were identified:

- Compliance with manual handling target
- Timeliness of RIDDOR reporting
- Health and safety monitoring and risk assessments. PC noted that these matters had been originally identified by Internal Audit in 2017/18 and 2019/20
- Compliance with the organisational annual Fire Risk Assessments but noted compliance with the statutory Fire Risk Assessment.
- Fire alarm and detection systems at the RGH and St Cadoc's Hospital sites had identified risks. Appropriate risk mitigation measures were in place, and capital works were programmed for 2023. The Board acknowledged that the current capital allocation was insufficient to allow for full rectification of these matters at the RGH in a timely manner.
- The management of the fire compartmentalisation system across hospital sites.

PC concluded that a rapid improvement plan would be in place to address these risks by March 2024, supplemented by a health and safety strategy. The present capacity within the team was limited and there was a need to work more collaboratively with a view to securing greater ownership across the organisation. The Health and Safety team would complete a quantified risk assessment of the risk areas that in turn would inform the corporate risk register. This would include a review of the Health and Safety Group with a view to strengthening the role of the Executive Member. PC sought Board approval for the annual report and the associated actions that were taking place to ensure compliance.

Pippa Britton (PB), Vice Chair, sought clarification on the sustainability of the improvement in compliance with manual handling training and how this would be monitored through the work of Committees.

PC advised that the Patient Quality, Safety and Outcomes Committee would receive updates through the quality report. Pippa Britton (PB), sought clarification on the fire alarm system and the associated RAAC considerations at the Nevill Hall Hospital site and was assured that the operational areas were safe.

The Chair advised that the contents of the report was of considerable concern and advised that the Board needed assurance from operational managers on improved compliance. The Chair enquired whether or not there was a financial penalty if the organisation failed to report a RIDDOR matter within the specified timeframe, and whether or not this should be captured as a new corporate risk. PC advised that the Health and Safety risk register would be updated, and this would in turn inform the corporate risk register. Whilst in terms of the financial penalty for RIDDOR, PC advised that this could be a consideration for the Health and Safety Executive.

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Iwan Jones (IJ), Independent Member, informed the Board that there were outstanding recommendations from audits in respect of Health and Safety and queried whether or not there was a need for additional independent support. Peter Carr (PC), Director of Therapies and Health Science, reflected that there was a need to strengthen the Health and Safety Group which when coupled with the rapid improvement plan, would determine whether or not additional help was required.

Nicola Prygodzicz (NP), Chief Executive, advised that there was a need to assess the speed in addressing these issues. Key to addressing this matter was information that would be routinely captured at an operational level.

This view was shared by Peter Carr (PC), Director of Therapies and Health Science, who sought to reassure the Board that the organisation was compliant with the legislative statutory requirements but not with its own organisational requirements, which required a higher level of performance.

Iwan Jones (IJ), Independent Member, did not consider that the report provided sufficient assurance. It was agreed that an interim statement was required on progress should be presented to the January Board meeting. The Board noted that its appetite to risk in this area was low and improvements were needed.

An updated position would be brought back to the January meeting of the Board. Action: Director of Therapies and Health Science to provide a progress report to the January Board meeting

#### 2211/12 Nursing and Midwifery Strategy 2023-26

Jenny Winslade, (JW), Director of Nursing presented for approval the Nursing and Midwifery Strategy for approval.

Linda Alexander (LA), Deputy Director of Nursing, advised that the strategy set out the organisations approach to delivering high quality, compassionate care with the right people and the right skills that were underpinned by the strategic ambitions. LA noted that key to this was the role of nursing and midwifery staff with a view to securing greater pride amongst the workforce. The Board noted three areas of focus within the strategy that were: quality, improvement and the strengthening of the nursing voice.

The Board APPROVED the Nursing and Midwifery Strategy.

#### **2211/13** Quality and Safety Systems Framework for Speaking Up

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Sarah Simmonds (SS), Director of Workforce and OD, presented for approval the Quality and Safety Systems Framework for Speaking Up Safely and provided the background and context to the development of the All-Wales Framework. SS advised that all Health Boards were required to undertake an assessment against the Framework. A range of actions had been identified. A key consideration was to encourage staff to speak up in a protected way. The Board was asked to endorse Louise Wright (LW), Independent Member, as the Board's Speaking Up Champion.

The Board APPROVED the Quality and Safety Systems Framework for Speaking Up and the associated action plan, and ENDORSED the appointment of Louise Wright, Independent Member, as the Board's Speaking Up Champion.

#### 2211/14 Winter Plan 2023/24

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented for approval the Winter Plan for 2023/24. HE advised that the plan set out how the Health Board, with partners, would respond to the challenges that would be faced by the care system over the coming months. The plan had been developed in partnership and had been informed by the learning from previous plans and the six Goals for Urgent Care.

RIF slippage had recently been agreed through the RPB. The following assumptions had been applied to the plan that included:

- 1/3<sup>rd</sup> of the beds would be occupied with respiratory disease in January 2024
- a 10% staff absence rate.
- The financial context of the plan given the impending industrial action.
- Vaccination programme for Covid and flu was behind the 75% target, and initiatives had been deployed to improve this figure.

HE advised the Board that bespoke plans had been developed around care and respiratory capacity, and the plans had been risk assessed A focus had been upon decision making and enhancing multidisciplinary provision at the point of access to direct care. The Patient Safety Events were an important component in ensuring the timely transfer of patients. The Board noted that the funding for the Winter Plan was £1.5M, and that there was additional funding of £1.13M from partners. The plan identified appropriate risks, but in particular the Board was apprised of a further risk of industrial action occurring in January 2024. Plans had been developed should matters escalate in terms of bed availability.

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Nicola Prygodzicz (NP), Chief Executive, advised that the Winter Plan was there to mitigate impact. Key considerations were the availability of the workforce, and the timely discharge of patients.

Robert Holcombe (RH), Director of Finance and Procurement, reminded the Board of the financial consequences associated with the reopening of beds when required during the Winter that equated to  $\pounds 2M$ .

Shelly Bosson (SB), Independent Member, enquired about the effectiveness of patient safety and noted the stronger collaboration between medical and nursing teams and securing information from Local Authorities to enable a timely discharge. It was noted that the performance data post safety event evidenced this improvement that ensured people returned home with appropriate support in place in a timely manner.

Dafydd Vaughan (DV), Independent Member, asked about the timely transfer of people as concerns had been raised previously. NP advised that there was still an issue where transport availability was a challenge and noted that this remained a priority area.

The Chair concluded that it was critical for the Board to be kept apprised. A further briefing session was scheduled for December 2023 to focus on urgent care.

The Board APPROVED the Winter Plan for 2023/24.

#### 2211/15

## Strategic Equality Plan Consultation and Engagement 2024-2028

Sarah Simmonds (SS), Director of Workforce and OD, advised that the Strategic Equality Plan 2024-28 consultation and engagement was presented for approval.

Non-Ellis, Equality Diversity and Inclusion Specialist, provided an overview of the consultation and engagement work that was ongoing and advised that the draft objectives would be launched on 4<sup>th</sup> December 2023, with a focus of these would be on patients, people and population.

The Board APPROVED the consultation and engagement of the Strategic Equality Plan.

#### 2211/16

#### **Patient Safety Incident Reporting & Management Policy**

Jenny Winslade (JW), Director of Nursing was presented the Patient Safety Incident Reporting and Management Policy for approval. The current policy had last been revised in 2012. The revised policy was in line with the national policy and was aligned with the new

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legislation in terms of the duty of candour and the change in methodology of reporting and learning from incidents. JW confirmed that the Patient Quality, Safety and Outcomes Committee, would receive regular updates in the implementation of this policy.

In response to a question, JW advised that the Investigation Officer which would be sourced from front line clinical staff who would receive supplementary training to better support family engagement.

Dafydd Vaughan (DV), Independent Member, commented that the use of digital technology was key, and as such, the delivery of a system that met the needs of the user must be a key consideration.

Iwan Jones (IJ), Independent Member stated that another key consideration was the timeliness of polices being reviewed and enquired how the Board might gain better assurance around the wider issues of policies.

Rani Dash (RD), Corporate Director of Governance informed the Board that an internal audit review of policies had been completed which provided limited assurance and that a report would be provided to a future meeting on the work being undertaken to address this audit.

The Board APPROVED the Patient Incident Reporting and Management Policy

#### 2211/17 Long-Term Strategy: Approach and Principles

Hannah Evans (HE), Director of Director of Strategy, Planning and Partnerships presented the Long-term Strategy: Governance Principles and timeline for approval. The Board had held a development session that had explored the relationships and the role of the Health Board which that had informed this paper.

The Board APPROVED the Long-Term Strategy: Approach and Principles

#### **2211/18** Stroke Reconfiguration Update

Hannah Evans (HE) Director of Director of Strategy, Planning and Partnerships presented the Board report update on the temporary consolidation of the Stroke Service across the Hyper Acute Stroke Unit at the GUH and the stroke rehabilitation site a YYF.

Tracy Morgan (TM), General Manager Medicine, highlighted:

- The significant workforce challenges.
- The outcome of the Getting it Right First Tine (GIRFT) review that was completed in September 2022, and

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 The temporary reconfiguration of the Stroke Service that had been agreed by Board in July 2022.

TM noted that the outcome of consultation was the consolidation of services from three sites to one at YYF by the end of November 2023. Underpinning the implementation phase, TM explained that a weekly Stroke Operational Group was held with attendees from across multiple workforce disciplines. This was supplemented with engagement with Llais. In addition, TW confirmed that during this time an Organisational Change Policy had been consulted upon that did not alter roles and responsibilities but enabled staff to be relocated to an alternative ward. The bed configuration had realised a reduction in 8 stroke beds that in turn had yielded £600k saving per annum. This figure would reduce to £400k if the beds were required to support the wider system. The Board was informed that patients were being moved on a phased basis to the new centralised ward. This had generated service benefits that had included, for example an increase in the frequency of psychological therapy visits. Because of the impact on YFF the CNRS/ Community Service had also been realigned to ensure that a close to home strategy was in place that had enabled those patients who were medically fit and or required a package of care to be moved.

Peter Carr (PC), Director of Therapies and Health Sciences, commented that the Stroke Delivery Group had focussed on the benefits of this change, and was developing the performance metrics to support this.

Louise Wright (LW), Independent Member, extended her thanks to those involved, and commented that the process of change had been smoothly implemented. LW also observed that the space allocated for therapy was not a protected space.

Tracy Morgan (TM), reassured the Board that this space was stable from a therapies point of view. Should escalation occur, Executive approval was required.

Nicola Prygodzicz (NP), Chief Executive, acknowledged the huge amount of work that the team had completed in a short space of time and concluded that the engagement process had been key to the success of the change.

The Board NOTED the report.

Tracy Morgan, General Manager Medicine, left the meeting.

#### 2211/19

#### Nurse Staffing Levels Wales Act (NSWLA) Annual Report

Linda Alexander (LA), Deputy Director of Nursing rejoined the meeting and advised the Board of the NSLWA Act compliance for the period October 2022 to September 2023.

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The Board noted the report.

#### 2211/20

#### **Quality Performance and Outcomes Report**

Jenny Winslade (JW), Director of Nursing, presented the Quality Performance and Outcomes report for assurance. The Health Board was the first in Wales to have a quality outcomes framework that was aligned to the pillars of quality. The framework met all expectations as set out by the Health and Social Care (Quality and Engagement) (Wales) act 2020; and a Healthier Wales.

JW highlighted the following areas.

- Overall satisfaction of the patient experience was over 80%
- Highlighted that the work of volunteers was key, and that volunteers had been provided with opportunities for future career roles.
- Learning and risk management was aligned to safe care planning, and where improvement was identified, this was aligned to an improvement programme ensuring that there was the right level of support in place, and
- Overall reduction in the number of complaints during the past year. From the complaints themes of learning had been identified that when coupled, with review of the process used to manage complaints sought to ensure that the focus secured a resolution to the complaint at the earliest opportunity for the benefit of the patient and family.

Prof. Helen Sweetland (HS), Independent Member, sought clarification on the implementation of the CIVICA system and its effectiveness in capturing patient feedback. JW advised that the implementation was part way through, and that the Mental Health & Learning Disabilities Division had been prioritised for roll-out but acknowledged that there was more work to do in ensuring patients completed the survey.

The Board NOTED the report.

#### 2211/21

#### **Integrated Performance Report, Quarter 2**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, advised that the report summarised the Health Board's progress during Quarter 2, through the lens of the following areas:

- Outcomes Framework through Life Course approach
- Clinical Futures Priority Programme progress
- Ministerial priorities progress
- A review of the planning scenario

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HE highlighted the following:

- The report had been informed by the feedback from Board members.
- The development of metrics for Mental Health services was in train.
- Winter Plan had been strengthened with delivery measurables and intended impact assessments that had clear boundaries for delivery had been developed.
- Endoscopy Unit at the RGH had opened and the cataract facility would be operational from January 2024
- Good progress had been made with a reduction in patient areas across many clinical areas except ENT and spinal surgery.
- Patient initiated follow-up performance had improved to 13.3% against a Welsh standard of 20%
- During the period there had been challenges within the areas of:
  - Emergency Care which would be explored further at the Board development session scheduled for 12<sup>th</sup> December 2023
  - Radiology and the Mental Health service that had witnessed an increase in referrals and staff vacancies.

Nicola Prygodzicz (NP), Chief Executive, advised the Board that a dashboard for unscheduled care was being developed and noted more recently that improvements in ambulance handover services had been made but acknowledged the challenges in securing sustained improved performance and a better understanding of the events that were leading to the recent deterioration in handover times.

Jenny Winslade (JW), Director of Nursing, acknowledged that handover performance was an All-Wales challenge and that a deep dive had recently been presented to the Executive team and the Patient Quality and Outcomes Committee to explain the multifaceted challenges that underpin this picture.

Iwan Jones (IJ) Independent Member welcomed the provision of metric provided a greater level of assurance .

The Board NOTED the performance achieved during Quarter 2.

#### 2211/22a

#### **Financial Performance**

Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining the financial performance at the end of October 2023 and the Financial Recovery Governance Framework.

The year-to-date revenue position was a deficit of £41M with a best case forecast year end position of £57m deficit. The Board was advised

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that the revised deficit figure included the additional funding received from Welsh Government and noted that the run rate had slowed further in the past month. This, if sustained, would equate to a further £10M savings per month. However, he acknowledged that further action needed to be taken. The Health Board was currently £44m adrift from the Welsh Government target of £13M; there was a need to secure further savings over future financial years.

The Health Board continued to forecast a breakeven position for capital expenditure.

RH highlighted the following assumptions:

- Funding for pay awards.
- Continued reduction in off contract usage
- Systems pressures and the level of transfer of care had been included.
- £9m funding for energy was included.

Paul Deneen (PD), Independent Member, sought clarification on the longer-term plans in development and whether or not the board would be able to live within budget and the timeframes for achieving these savings.

(RH), advised that the plans that were in development would enable this and noted that the IMTP identified the key enablers for this.

Nicola Prygodzicz (NP), Chief Executive, acknowledged the cumulative impact of savings year on year, and reported that the value and sustainability structure was also yielding progress at a national level in driving forwards this agenda. NP advised that there was recognition of the progress being made but the challenge was the need to further improve.

Iwan Jones (IJ), Independent Member, asked if the expectation from Welsh Government that the Health Board would secure the additional £44M.

NP advised that this was the case but reported that discussions with Welsh Government continued regarding the impact that this level of saving would have on patient safety.

Shelly Bosson (SB), Independent Member, enquired whether or not the bed removal proposals was on track.

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, confirmed that work was ongoing with the Director of Nursing and an update report would be presented to a future Board meeting.

Dafydd Vaughan, (DV), Independent Member, commented on the risks around the WCCIS system and asked that an updated position be brought to a future Finance and Performance Committee. **Action Director of Digital** 

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#### The Board NOTED the report.

Rob Holcombe (RH), Director of Finance and Procurement, provided an overview of the governance framework developed and implemented to support financial recovery and performance delivery.

#### 2211/22b

The Chair stated that the Board would need to receive assurance that the framework was providing greater accountability and improved performance.

The Board NOTED the report.

#### 2211/23

#### Strategic Risk Report

Nicola Prygodzicz (NP), Chief Executive, provided the Board with an assessment of the strategic risks associated with achieving the Board's strategic priorities for assurance.

The Board NOTED the report.

#### 2211/24

#### **Executive Committee Chair's report**

Nicola Prygodzicz (NP), Chief Executive, presented an overview of a range of issues discussed by the Executive Committee at meetings held between 7<sup>th</sup> September 2023 and 19<sup>th</sup> October 2023.

#### NP highlighted:

- The review of Mental Health Services and Maternity and Neonatal Safety Support Programme Discovery phase report which provided assurance
- The implementation of the reverse mentorship programme
- Update on the National Data Resource programme and the associated benefits.
- Engagement with leaders around the financial challenges, and
- Information session that focussed on diabetes

The Board NOTED the report.

#### 2211/25

#### **Public Service Board Update**

Tracy Daszkiewicz (TW,) Director of Public Health, provided an update to Board on the work of the Gwent Public Service Board and highlighted the following areas:

- A five-year well-being plan for Gwent had been agreed earlier this year. The development of the Health and Well-being Plan and the Marmot Plan at the same time had caused some confusion.
- As a result, the CEO Group had identified deliverables for the Plan, which had culminated with a workshop that enabled the

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deliverables to be themed into actions. In summary, the Board was advised that the Marmot report would be the "Why" and the Health and Well-being plan would be the "what".

 A group of Officers had been tasked with delivering a "How" report to the next meeting and also noted that key aspects included a focus upon children and young people, issues that created harm in our communicates, and preventative measures that could take place in our comminates.

The Board NOTED the report.

#### 2211/26 Re

#### **Regional Partnership Board Update**

Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on RPB activities.

HE advised that this report summarises the progress made during the last reporting period. The following points were highlighted.

- Governance review of the RPB was completed in August 2023
- Consultation of the strategic capital plan had taken place
- Qtr. 2 reporting submissions including the Regional Integrated Fund (RIF) evaluation and impact assessment had been completed, and
- An update on the funding to realise the objectives previously outlined within the statement of intent for the Ministerial directive, "Further, Faster" was provided.

The Chair advised that the Ministerial directive had been copied to the Chair of the RPB. The Chair noted that the funding was specific in its use and acknowledged that there was some work to be done to understand this.

The Board NOTED the report.

#### 2211/27

#### **Key Matters from Committees of the Board**

The Board RECEIVED Assurance Reports from the following Committees:

- Audit, Risk and Assurance Committee 12<sup>th</sup> September 2023
- Patient Quality, Safety and Outcomes Committee 11<sup>th</sup> October 2023
- People and Culture Committee 19th October 2023
- Partnerships, Population Health and Planning Committee
   1st November 2023
- Shared Services Partnership Committee 21<sup>st</sup> September 2023

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2211/28

Date of the Next Meeting:

• Wednesday 24th January 2024

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Agenda Item: 1.5



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
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 of the Board at its private meeting held in November 2023, and to report any key decisions taken, in-line with good governance principles and requirements set out in the Health Board's Standing Orders.

#### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

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

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

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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 to share a summary of formal discussion held by the Board at its private meeting held in November 2023 and to report any key decisions taken.

#### Cefndir / Background

#### **Summary of Discussions**

#### **Hybrid Mail Project for Approval**

The Board was provided with an overview of the two contracts that were in place to support digital interactions with patients and noted that both contracts would end in March 2024. The Board was assured that the Executive team had agreed a procurement approach in July 2023 and that the Board was asked to award a new contract for Health Board communication to patients that, if agreed, would enable project initiation.

The Board received assurance that the proposed contract was aligned to the Digital Patient Strategy that was under development and how the Health Board was engaging with network providers and Digital Health and Care Wales to address the issue of digital poverty. The Board also noted that in addition to a self-serve function for patients there was also financial efficiencies and noted that the reduction in waiting times needing to be validated. The Board noted that the present proposal, if agreed, would realise a reduction in the annual revenue running costs with a potential saving over the life of the contract of £1.1M.

The Board agreed that the proposed contract with Health Care Communications was a solution to secure time and enable the digital team to bring forward a strategy that will enable further improvements to be made upon which the Board will be better cited and agreed to award the Contract as prescribed to Health Care Communications.

#### **OOH Urgent Primary Care, Contract Renewal for Approval**

The Board was advised of the proposed lapsed timeframe associated with the 111 new digital systems. The contractual and legal considerations have been resolved as a result of the timeframe for delivery not being met. It was noted that the current contract sits with WAST in relation to the system and this decision was supported by a strong clinical voice in relation to patient safety and that Welsh Government had been appraised of the matter.

The Board was apprised that an opportunity to continue with the current Adastra software system that was scheduled to end in December 2023 was preferred as this would ensure business continuity and support clinicians and operational staff to effectively and safely manage the high volume of urgent primary care patients accessing services.

The Board was apprised of the associated financial implications and was advised that this included the national programme being funded in full during year 1,

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with a 50% contribution payable by the Board in year 2 with the full costs being met the following year.

It was noted that a Lessons Learnt exercise was ongoing and that there was a collective responsibility to look at the system across Wales moving forwards.

The Board agreed to award the contract to Adastra for the next three years and for planning to commence in preparation for the end of this contract.

#### Update on Financial Position and Forecast for 2023/24

Further to discussion by the Board held in the main meeting a presentation that had been delivered to Welsh Government on the Health Board's financial position was shared with Board members for awareness.

The Board was advised that since the start of the financial year briefings and monitoring returns had been provided to Welsh Government and that during a recent meeting with Welsh Government there was a recognition of the breadth of the work done to secure a better understanding for all, and that the focus moving forwards was on what needed to be done to improve the deficit.

It was noted that the Health Board's spend per head of population was one of the lowest in Wales and that the strategic plan upon which services are based was being reviewed. The Board noted that the Executive Team was focussing on this to ensure that the service model moving forwards was sustainable.

#### **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	N/A		
Sgôr Cyfredol:			
Datix Risk Register Reference			
and Score:			
Safon(au) Gofal ac Iechyd:	Governance, Leadership and Accountability		
Health and Care Standard(s):	Choose an item.		
	Choose an item.		
	Choose an item.		
Blaenoriaethau CTCI	Choose an item.		
IMTP Priorities			
	Enabler		
Link to IMTP			

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Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb	Choose an item.
strategol	Choose an item.
Strategic Equality Objectives	Choose an item.
	Choose an item.
Strategic Equality Objectives	
2020-24	Not applicable to this report

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

Effaith: (rhaid cwblhau) Impact: (must be completed	D
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	No does not meet requirements
<b>Assessment</b> (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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol - 5 ffordd o weithio	Choose an item. Choose an item.
Well Being of Future Generations Act – 5 ways of working	Not applicable to this report
https://futuregenerations.wal es/about-us/future- generations-act/	

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

Outstanding	In Progress	Not Due	Completed	Transferred to another Committee

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
24 <sup>th</sup> May 2023	ABUHB 2405/17	Annual Complex Care/Mental Health and Learning Disabilities Independent Provider Fee Uplift for 2023/24: An update on the development of a commissioning approach based on the place based care model would be presented to the Board in 3 months time.	Chief Operating Officer	November 2023	Due to operational pressures and development work within the service, it has been agreed with the CEO and Chair that this work will be deferred, with an update arranged for the Board at a future briefing session.
22 <sup>nd</sup> November 2023	ABUHB 2211/11	Progress Update – Health and Safety: An update on the key risk areas identified in the annual report and the progress made in addressing these to provide greater assurance would be reported to Board in January 2024	Therapies and Health Sciences	January 2024	Included on the Board's agenda for its January meeting - agenda item 4.5

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.

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Agenda Item: 1.7



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD:	Governance Matters: Report on Sealed
TITLE OF REPORT:	Documents and Chair's Actions
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

#### Pwrpas yr Adroddiad Purpose of the Report

Ar Gyfer Penderfyniad/For Decision

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

#### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This paper presents for the Board a report on the use of Chair's Action and the Common Seal of the Health Board between the 31st of October 2023 and 2<sup>nd</sup> January 2024.

The Board is asked to note that there have been three (3) documents that required the use of the Health Board's seal during the above period.

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

During the period between the 31st of October 2023 and 2<sup>nd</sup> January 2024, there have been no Chairs Actions agreed.

#### Cefndir / Background

#### 1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may

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

#### 2. Chair's Action

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

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

#### 3. Key Issues

#### 3.1 Sealed Documents

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Two documents were sealed between the 31st of October 2023 and 2<sup>nd</sup> January 2024, as outlined below.

Date	Title
06.11.23	Aneurin Bevan University Health Board and KIER Construction Ltd and Sam Drylining Ltd Joining Deed relating to Satellite Radio Therapy Unit, Nevill Hall Hospital
12.12.23	Aneurin Bevan University Health Board and KIER Construction Ltd and Churngold Construction Ltd Joining Deed relating to Newport East Health and Wellbeing Centre, Ringland, Newport
20.12.23	Aneurin Bevan University Health Board and KIER Construction Ltd and Thornbury South West Ltd Joining Deed relating to Newport East Health and Wellbeing Centre, Ringland, Newport

#### 3.2 Chair's Action

There were no Chair's Actions approved between 31st October 2023 and 2nd January 2024.

#### **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 <u>Link to IMTP</u>	Choose an item.  Enabler		
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance		
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Choose an item. Choose an item. Choose an item. Choose an item.		
Strategic Equality Objectives 2020-24	Not applicable to this report		

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

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

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	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	Choose an item. Choose an item.
Well Being of Future Generations Act – 5 ways of working	Not applicable to this report
https://futuregenerations.wal es/about-us/future- generations-act/	

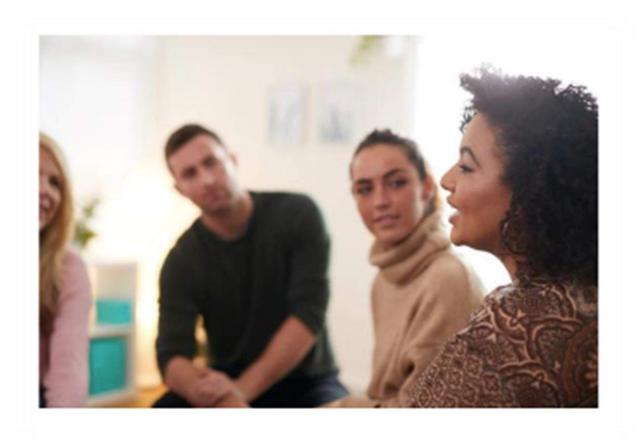
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## Llais Gwent Region

## Report for Aneurin Bevan University Health Board – Public Board Meeting

January 2024



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#### **Accessible formats**

This publication is also available in Welsh.

If you would like this publication in an alternative format and/or language, please contact us. You can ask for a copy by contacting our office:

01633 838516

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### **About Llais**

Llais is a statutory body, set up by the Welsh Government to give the people of Wales much more say in the planning and delivery of their health and social care services – locally, regionally, and nationally.

We are here to understand people's views and experiences of health and social care, and to make sure feedback is used by decision-makers to shape services.

We seek out both good and bad stories so we understand what works well and how services may need to get better. We also look to talk to those whose voices are not often heard.

There are 7 Llais Regions in Wales. We all work together to represent people's voices in relation to their health and social care needs.

### Introduction

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

Llais continues to work in respect of engaging with the population, scrutinising, and offering independent challenge to the NHS and social care, to monitor and consider routine and urgent service changes. We also continue to provide an independent Complaints Advocacy Service.

## **National and Regional Priorities**

As an organisation we have put together our national priorities until March 2024. National priorities were set as a result of common themes, shared by all seven regions in Wales.

#### Our national priorities are:

- 1) Getting help at your GP surgery, dentist, and pharmacy.
- 2) Your health and social care in the community, including following a hospital stay.

Regionally to make sure we have the most impact in the next 3 months we have used what people have told us and what we know from others to choose 3 main priorities in each region in Wales. In Gwent, we used the feedback we received from the public in 2023.

#### Our priorities in Gwent are:

- 1) Community Services (health and social services).
- 2) Mental health services.
- 3) Getting care quickly when you need it.

We will aim to speak to people in Gwent about each of our priorities so we can understand how things are working for now, and what needs to happen next.

## Llais Gwent Region update

## **Current activities and feedback:**

## 1. Public feedback from our Advocacy service

From the 1st of November 2023 to the 30<sup>th</sup> of December 2023, our Advocacy service has received 57 new contacts from members of the public with enquiries or formal concerns about health or social care.

- 42 of those contacts were about the NHS and 1 of those contacts was in relation to Social Care.
- 14 of the contacts were general enquiries about the NHS.
   Enquiries have been mixed in terms of their subject ranging from waiting times for test results, waiting times for operations, waiting times for ENT appointments, GP access and discharge/transfer from hospital.
- 23 authorisation forms were returned during this period to pursue a formal complaint. Services and the subjects of concerns have also been mixed but include Care of the Elderly, Primary Care, Fundamentals of care, Adult Mental Health Services and waiting times for surgery/appointments.

## 2. Representations that we have made or been involved in

We have a duty to make representations to health and social care services on behalf of our population when services may change or when we hear about health and social care performance matters that impact on people's experiences (positively or negatively). We might make these representations via formal letter, in emails or by attending planned service groups/meetings hosted by our health and social care partners.

Since September 2023, we have been involved in or made representations about:

- Primary Care panels for Tredegar Health Centre, and ABUHB managed surgeries at Brynmawr, Aberbeeg, Blaenavon and Bryntirion
- A&E handovers from Ambulance crew and people's experiences when waiting in the Emergency Department.
- Stroke rehabilitation service developments

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- eLGH department/unit reconfiguration proposals and public engagement process
- Service change applications from departments, pharmacies, dentists, surgeries (including boundary changes)

and we attended:

- Tredegar Health and Wellbeing Centre project board
- Patient Safety and Quality Outcomes Committee
- Outpatients Steering Group
- Outpatient Transformation Programme
- Enhanced Services Operational Group
- Sustainability Programme Board
- Gwent Local Medical Committee
- NCN Development
- Access Group
- Stroke Communications and Engagement Sub-group
- MIU Engagement group
- Arts Strategy group
- Regional Partnership Board Strategy Development (with reference to Health and Social Care Children and Young People, Older People, People with learning or physical disabilities, Mental Health, Carers)

## 3. Engagement in Gwent

Since April 1<sup>st</sup> we have attended events across Gwent and engaged with people in their communities.

We increased our community engagement so that people in Gwent know of our organisation should they need to contact us. We organised to attend day centres, community hubs, and supermarkets etc. within Gwent.

Since organising this, our community engagement volunteers have engaged with people in all boroughs in Gwent.

An overview of NHS feedback:

- People are extremely grateful to the NHS.
- "More staff" needed for all services, particularly at the Emergency Department at the Grange University Hospital.
- Access to Mental Health Services.

- Planned care waiting lists being "too long."
- Obtaining GP appointments is difficult due to the phone lines being busy in the morning.
- Issues accessing an NHS dentist.

## 4. Survey: Trauma & Orthopaedic – Hip and Knee

We have now launched a survey to find out people's experiences whilst they wait for hip or knee surgery in the Gwent area. We would like to know if waiting is affecting people's health and wellbeing as well as their lifestyle.

Survey packs have been delivered to colleagues in ABUHB who have kindly agreed to distribute and display them at the relevant sites.

The survey will be live for 2 months. This may be extended if necessary.

## 5. Winter Patient Experience

We have now launched our Winter Patient Experience Project. 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 will take into consideration, the current pressures the UHB are experiencing, including the winter months that bring added pressures and how this can affect patient experience.

Llais visiting volunteers are going to attend 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.

Llais Gwent Region would like to thank the UHB for their support for this project. All materials for this project were taken to all Minor Injuries Units and the Emergency Department.

At the end of the project, a report will be submitted to the health board for a response.

The project will be live until the end of February 2024.

**N.B**. All surveys are launched bilingually on our social media channels and are available in alternative formats and languages upon request. We also share surveys with our external stakeholders, this is to ensure we are reaching as many people as possible.

## **Thanks**

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

We hope the feedback people have taken the time to share influences health and social care services to recognise and value what they do well – and act where they need to as quickly as they can.

## **Feedback**

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

Agenda Item: 3.1



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Charitable Funds Annual Accounts & Annual Report 2022-23
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Robert Holcombe, Director of Finance, Procurement and Value Based Healthcare
SWYDDOG ADRODD: REPORTING OFFICER:	Mark Ross, Assistant Finance Director

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

Ar Gyfer Penderfyniad/For Decision

This report gives an overview of the Annual Accounts and Annual Report for the year ending 31 March 2023 for Aneurin Bevan University Health Board Charitable Fund and highlights the key issues that are contained in the accounts.

The Board, acting as Corporate Trustee, is asked to approve the Annual Accounts and Annual Report of the charity for 2022/23 and note that they will be filed with the Charity Commission by 31 January 2024.

ADRODDIAD SCAA SBAR REPORT

**Sefyllfa / Situation** 

1/6 37/665

The final Accounts and Annual Report for 2022/23 and Audit Wales report will be presented to the Charitable Funds Committee on 22<sup>nd</sup> January 2024. It is anticipated that the Committee will recommend them to the Board for approval.

Audit Wales have confirmed that they intend to give an unqualified audit opinion.

Subject to recommendation of the Charitable Funds Committee to approve the accounts and annual report, 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 2024.

#### **Cefndir / Background**

#### 1. Annual Accounts

Aneurin Bevan University Health Board, as corporate trustee of its charitable funds, must file accounts for the year ended 31 March 2023 with the Charities Commission before 31 January 2024. 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 2022/23 will be presented to the Charitable Funds Committee on 22<sup>nd</sup> January 2024 it is anticipated that they will recommend approval.

Following completion of the draft accounts, a number of minor amendments were identified which are reflected in these final accounts.

The detailed accounts are shown in the supporting papers. The following are key points to note from the accounts for 2022/23:

## <u>Statement of Financial Activities for year ended 31 March 2023</u> (<u>Page 2 of Accounts</u>)

<u>Income from Donations, Legacies and Grants (Note 4, Page 10 of Accounts)</u>

Income from Donations, legacies and grants has decreased by £54K from the previous year to £614K. There were 5 legacies received in the year.

#### Income from Charitable Activities (*Note 5, Page 10 of Accounts*)

Income from courses has increased by £118k from the previous year as courses resume post covid levels. Other income has increased by £86k, mainly due to monies received in respect of filming at St Cadocs Hospital.

#### <u>Investment Income (Note 7, Page 10 of Accounts)</u>

Investment income has increased by £13K from the previous year to £200K due to an increase in income on investments.

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#### Expenditure (Page 2 of Accounts and Notes 8 & 9, Page 11 of Accounts)

Expenditure has increased by £118K. The main increase in spend relates to staff education & welfare and the purchase of new equipment.

The net impact of income and expenditure is an increase in funds of £96k before investment gains, compared with an increase of £51k in the previous year. (Page 2 of Accounts)

#### Loss on Investment Assets (Page 2 of Accounts)

During the year there has been a net loss of £370K on investments which is mainly with CCLA reflecting stock market increases on underlying investments.

The stock market decreases since the previous year caused our CCLA investments to decrease from £5,484K on 1st April 2022 to £5,102K on 31st March 2023 (Note 16, Page 13 of Accounts).

The net movement in funds for the year is therefore a decrease of £274K. (Page 2 of Accounts)

#### Balance Sheet as at 31 March 2023 (Page 3 of Accounts)

Net assets / liabilities have decreased by £274K reflecting the decrease in funds during the year. The main movement in the balance sheet consists of a decrease in the value of the CCLA investments. The balances sheet movements are as follows:

	£000
Investments	-370
Increase in Cash Balances	154
Increase in Debtor Balances	-3
Increase in Creditor Balances	-55
Total	-274

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

3/6 39/665

Fixed Asset Investments	Balance 1 Apr 2022 £000	Disposals	Realised Gains / (Losses) £000	Unrealised Gains / (Losses) £000	Balance 31 Mar 2023 £000
Investments					
CCLA	5,484			- 382	E 102
CCLA	5,484	-		- 382	5,102 5,102
Property	3,707			302	3,102
13 Clytha Square	250	_	_	_	250
TP Price - Newport / Six Bells	18	-	-	7	25
TP Price - Strip of land Oakdale	50	-	-	5	55
	318	-	-	12	330
Other					
Painting	25	-	-	-	25
Total per Note 16 of the Accounts	5,827	-	-	- 370	5,457

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

Cash at 31 March 2023 totalled £527K as follows:

	£000
Nat West Current Account	505
Santander Bonus Account	21
Petty Cash	1
Total	527

#### 2. Annual Report

The Trustees Annual Report is shown in the supporting papers 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 they have indicated that they intend to give an unqualified audit opinion on the accounts.

## 4. Next Steps and Actions

Once the accounts and annual report are approved by the Board, signed accounts will be given to Audit Wales for the Auditor General for Wales to sign. They will then be filed with the Charity Commission before the deadline of  $31^{\rm st}$  January 2024. 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.

#### **Asesiad / Assessment**

This report presents the Annual Accounts and Annual Report of the charity for 2022/23.

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## **Argymhelliad / Recommendation**

The Board, acting as Corporate Trustee, is asked to approve the Annual Accounts and Annual Report of the charity for 2022/23 and note that they will be filed with the Charity Commission by 31 January 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be complete	ed)
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:	
Corporate Risk Register	
Reference and Score:	
Safon(au) Gofal ac Iechyd:	Governance, Leadership and Accountability
Health and Care Standard(s):	Choose an item.
	Choose an item.
	Choose an item.
Blaenoriaethau CTCI	Choose an item.
IMTP Priorities	Choose an item.
Link to IMTP	
Galluogwyr allweddol o fewn y	Finance
CTCI	
Key Enablers within the IMTP	
Amcanion cydraddoldeb	Improve the Wellbeing and engagement of our
strategol	staff
Strategic Equality Objectives	Choose an item.
	Choose an item.
Strategic Equality Objectives 2020-24	Choose an item.
LULU LT	

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

## Effaith: (rhaid cwblhau)

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Impact: (must be completed	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
<ul> <li>Service Activity &amp; Performance</li> </ul>	Yes, outlined within the paper
• Financial	Yes, outlined within the paper
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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  https://futuregenerations.wal es/about-us/future- generations-act/	Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies Choose an item.

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Agenda Item: 3.2



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	St Woolos Hospital Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Kate Fitzgerald, Clinical Futures Assistant Programme Director

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

Ar Gyfer Penderfyniad/For Decision

#### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this paper is to seek Board endorsement of the actions underway by management to:

- Repurpose Ruperra ward in the Casnewydd Unit at St Woolos Hospital (SWH) and staff to move to D6E and to reprovide under a Ready to Go ward model
- Relocate Penhow and Gwanwyn wards also located in the Casnewydd Unit to the Royal Gwent Hospital (RGH) in the first week of February 2024
- Reduce medical bed base as a result of the changes through improved flow and reduced length of stay.

The relocated wards will remain under the management of the Primary Care and Community Division aligned to the community hospital model of care.

1

The community inpatient wards at SWH have experienced significant workforce challenges over a prolonged period of time across a range of disciplines resulting in a lack of core stability across the operational function of the wards. This position has further deteriorated, impacting on staffing levels, patient experience and quality of care. A sustainable robust medical and nursing staffing model is key to ensuring delivery of optimal patient outcomes and quality care.

This proposal is aligned with the Health Board's Clinical Futures Model and Estates Strategy, delivering safe, high-quality care, delivered at home or as close to home as possible, noting the close proximity of the SWH site to the RGH.

Whilst the proposition is based on patient safety and staffing challenges, it will unlock opportunities to rationalise the St Woolos site, in line with the Estates strategy and more immediate health and safety concerns that have recently been raised about the older estate in SWH.

#### Cefndir / Background

In order to support the delivery of the new clinical model and the reconfiguration of services following the opening of the Grange University Hospital (GUH) in November 2020, the Health Board continues to take forward an improvement programme aligned to the Health Board's Clinical Futures Strategy, with the overall aim of reducing health inequalities and improving population health.

The Clinical Futures Strategy outlines the delivery of a new differentiated acuity-based model of healthcare, supported by a more efficient and effective network of local general hospitals and enhanced primary and community care, that provides better access to all levels of care leading to improved patient experience and outcomes. As outlined in the strategy following the opening of the GUH, the community inpatient wards at SWH were to relocate to the RGH due to the close proximity of the sites and associated efficiencies. The planned relocation is an enabler to facilitate relocation of other services in the older estate at SWH to the newer Casnewydd Unit thus enabling rationalisation and old site disposal.

This proposal is set in the context of the number of medically optimised patients across the system with an average of 300 patients each day defined as medically optimised for discharge. These patients however continue to receive hospital-based care which often results in deconditioning which in turn compromises their rehabilitation and prevents timely discharge. It is widely recognised that home is the best place for people to recover and rehabilitate. The Health Board in conjunction with the five Local Authorities and community partners is committed to delivering a series of Patient Safety Team interventions to improve the timely discharge of patients, essentially delivering a step change in performance, safety and patient experience and committed to returning patients to their usual place of residence as soon as possible.

Three Patient Safety Team events have been held at SWH with more planned in the coming weeks in the lead up to the relocation; these events are key to ensuring

people return home following a hospital stay at the earliest and safest opportunity to improve patient outcomes and experience, and to avoid deconditioning.

#### **Asesiad / Assessment**

#### **Workforce Stability**

The community in-patient wards at SWH have experienced considerable workforce challenges across a range of disciplines which has deteriorated over the last few months. This is set in the context of a number of nursing and Health Care Support Worker (HCSW) vacancies across the Health Board, resulting in a reliance on a temporary nursing workforce.

The workforce challenges are reflected in the staffing levels on Ruperra ward. The ward opened as winter capacity in 2022 but remained open and staffed with a temporary workforce for the past 18-months. Agreement was reached to staff the ward substantively on a permanent basis. The current workforce remains reliant on bank and agency which impacts on quality and patients' safety. The HCSW monthly costs for Ruperra ward 2023-24 to date are shown below:

2023-24	April	May	June	July	August	September	October
Total	£52,544	£53,268	£55,383	£69,160	£69,304	£62,974	£66,760
HCSW BANK	£49,638	£44,810	£54,515	£67,906	£59,022	£52,476	£57,617
HCSW AGENCY	£2,906	£8,458	£868	£1,254	£7,207	£3,526	£3,271
SUBSTANTIVE HCSW	£0	£0	£0	£0	£3,075	£6,972	£5,872

#### Medical

Medical workforce is reliant on locum cover which brings risk associated with continuity of care, team function and cost.

#### **Therapies**

The existing cover arrangements for the wards at St Woolos varies by profession. It is important to note that there is no commissioned staffing from Therapies for Ruperra ward.

#### **Dietetics**

Dietetics provide an in-reach service to community beds at SWH, typically 1 day a week from a limited resource. It is envisaged that the proposed reduction and relocation will not alter this.

#### **Physiotherapy**

The Physiotherapy inpatient team at SWH provides a Physiotherapy service to all three inpatient wards (Penhow, Gwanwyn and Ruperra) at SWH as well as to the older adult mental health ward (Sycamore Ward). In line with the Clinical Futures Strategy the Physiotherapy workforce is based upon two community inpatient wards and the older adult mental health war There has been no additional resource provided to cover Ruperra ward since it opened as a winter capacity 18 months ago.

#### Occupational Therapy(OT)

#### In terms of OT support:

- Staffing resource is based on two wards and not the increase to three.
- These staff will move and continue to cover the wards in RGH as a team within a team to ensure that rehab ethos is maintained.
- Require appropriate rehabilitation space on the ward at RGH which needs to be considered as a priority and part of the planned ward relocation.
- Continuance of links and working with CRT remains essential

#### **Bed Base SWH/RGH**

The table below sets out the proposed bed base changes:

Site	Ward	Current Bed Base	Proposed Bed Base	Variance
SWH	Ruperra	24	0	-24
	Penhow	24	0	-24
	Gwanwyn	26	0	-26
Total		74	0	-74
RGH Community Wards	C5E (current ward to move to D5W)	0	24	24
	C5W	0	26	26
	D6E	0	18	18
RGH Medicine Wards	D6E	18	0	-18
Total		18	68	50
Total		92	68	-24

#### The proposal will include:

- Relocation of Penhow ward 24 beds and Gwanwyn ward 26 beds to RGH to C5W/C5E, co-located wards
  - C5W is currently an empty ward
  - C5E is a gen med/COTE ward which will relocate to D5W to accommodate the SWH move
- Relocation and Repurpose of Ruperra ward at SWH, 24 beds to an 18 bed Ready to Go ward at RGH on D6E Reduction in overall bed base of 24 beds based on improved flow and efficiency.

A net reduction of **24 beds**, noting that there are a number of 'surge' wards still open across Royal Gwent and St Woolos with insufficient substantive staff. This proposal does not affect the Mental Health ward (Sycamore) at the Casnewydd Unit which will remain in situ as will the Orthopaedic Surgical Unit (OSU). The SWH wards will be co-located on C5E/C5W at RGH to retain their identity, including retaining the ward names.

## Model of Care – Ready to Go Ward (RTG)

The two wards will relocate from SWH to RGH in accordance with the existing model of care. In addition, the 'Ready to Go' ward model will be delivered as part of this proposal, on D6E ward (Ruperra) under the leadership of Primary & Community

Division which is co-located next to the discharge hub. This will transfer from a medical surge ward, and revised staffing model will deliver improved efficiencies and staffing.

#### **Financial Analysis**

Breakdown of financial savings, closure of 24 beds by first week of February 2024 (Appendix 2).

Ruperra savings	2023/24 Feb-Mar £000's ▼	2024/25 £000's
Registered Nursing	126	755
HCSW	88	527
Enhanced Care	25	150
Community COTE Me	46	120
Estates & Facilities	33	199
Total Saving	318	1,751

#### In addition to this further savings are anticipated from:

- A reduction in ambulance conveyances to and from RGH
- A revised workforce model and way of working on the RTG ward

Both of these will be quantified and firmed up as part of the evaluation of this scheme.

#### **Organisation Change**

The organisational change will be managed in accordance with the NHS Wales Organisational Change Policy (OCP) for those staff affected by the change.

#### **Communication and Engagement**

The following has been undertaken with staff and wider partners:

- Information letter and drop-in sessions with staff to inform them of the proposed relocation, focused communication with staff through team meetings, 1-1s and Divisional communication through dedicated working group
- Further letter to staff from the Chief Executive to provide reassurance to staff regarding the change
- Initial informal meeting held with Llais, no formal engagement required with members of the public, information to be made via the Health Board website
- Trade Union partners engagement, Trade Union Partnership Forum will be updated following the recommended solution from the Executive team

- Staff engagement session held on 4<sup>th</sup> January with members of the Executive Team, invite letter (appendix 3)
- Weekly staff engagement sessions will be held up until the relocation takes place
- Stakeholder map produced, initial engagement with WAST, stakeholder letters will be drafted to wider partners

The relocation of the community inpatient wards at SWH forms part of the wider reconfiguration and programme of work around the eLGH sites which is being driven through the eLGH Programme; therefore, the communication will be set in the context of the wider work programme. Following the recommendation from the Executive Team, wider staff communication will be developed and shared via the intranet.

#### **Estates Position**

The Health Board has made significant progress in transforming hospital estate provision across the Gwent area to ensure it is fit to meet the current and future healthcare service needs of our population. This proposal is aligned to the Health Board's extant Estates Strategy and will be a key enabler and driver for change, providing an opportunity to relocate other services currently located in the older estate to the newer Casnewydd Unit. A further proposal around rationalisation and partial disposal of SWH will be developed later in the year bringing together opportunities from this proposal and Ty Gwent.

#### **Benefits**

This proposal will deliver a number of benefits:

- Patient experience/outcomes, access to diagnostics, specialist services on site,
- no movement for deteriorating patients between sites, transport/resource benefit
- Improvement in length of stay as a result of the changes and provision of supporting services, discharge planning and resources which supports the overall reduction in beds
- Workforce efficiencies through nurse led model of care, Ready to Go Ward
- Cost reduction, substantive staffing, locum costs
- Opportunity to streamline medical on call arrangements across sites
- Alignment with Discharge Hub at RGH, dedicated discharge team, facilitating timely discharges
- Rationalisation of estate on the SWH, key enabler, aligned to the Estates Strategy
- Alignment with community teams, joint working across secondary and primary/community care
- Resize bed based aligned to Clinical Futures Model, optimal bed configuration
- Patient safety and risk, patient in the right place to receive to receive the most appropriate care and support

#### **Risk Assessment**

Issue	Risk	Mitigation
-------	------	------------

Full benefits of the	Patient safety and risk,	Division already scoping
proposal will not be	poor patient outcomes,	nurse led model of care,
realised until the model	risk of deconditioning	through the Redesign of
of care is reviewed		Service for Older People
		Programme .
Suitable estate for	Lack of suitable ward	Two co-located wards
community inpatient	environment for	identified as suitable for
model of care at RGH	patients, with areas to	the relocation
	undertake meaningful	
	activities	
Alignment with Clinical	Patients travelling	Close proximity of SWH
Futures Strategy, care	further distance to	to the RGH site
close to home delivery model	receive care	
Public opinion and	Health Board reputation,	Promote key messaging,
interest in the proposed	poor public profile	delivery of quality
relocation	poor pasite prome	services, aligned to
		Clinical Futures Strategy
Low staff morale at SWH	Loss of staff	Reinforce opportunities
due to closure		as a result of the
/relocation, loss of		relocation, large
identity at SWH site		proportion of
		bank/agency staff on
		Ruperra ward, number of
		RN/HCSW vacancies
		across the Health Board
Resource to deliver	Competing prioritise and	Executive Team
Patient Safety Team   events	demand	confirmed this is a priority for all teams,
Events		ongoing education and
		training to embed
		principles into current
		practice
	İ	

#### **Argymhelliad / Recommendation**

The Board is asked to: -

- **NOTE** the significant patient benefits and improved patient safety that that this change will deliver
- **NOTE** the alignment of this change to existing organisational strategies including the Clinical Futures Strategy and Estates Rationalisation
- **ENDORSE** the repurposing of Ruperra ward in the Casnewydd Unit at St Woolos Hospital (SWH) by the beginning of February 2024 as a Ready to Go Ward
- **ENDORSE** the relocation of Penhow and Gwanwyn wards also located in the Casnewydd Unit to the Royal Gwent Hospital (RGH) by the end of January 2024.

- **ENDORSE** the creation of a Ready to Go ward in RGH under the leadership of Primary Care and Community division
- **NOTE** the potential cost reduction of £318,000 in 2023/2024 and £1,744,000 in 2024/25 delivered through the closure of a medical ward.
- **NOTE** a further potential cost reduction delivered through a review of the medical and nursing model of care across both wards relocated to RGH and ambulance conveyances.

Amcanion: (rhaid cwblhau) Objectives: (must be complete	ed)
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 2.3 Falls Prevention 2.2 Preventing Pressure and Tissue Damage 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities  Link to IMTP	Older adults are supported to live well and independently Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve the Wellbeing and engagement of our staff Improve the wellbeing and engagement of our
Strategic Equality Objectives 2020-24	staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	CF Clinical Futures PC&C Primary Community Care SWH St Woolos Hospital RGH Royal Gwent Hospital GUH Grange University Hospital HCSW Health Care Support Worker OCP Organisational Change Policy RN Registered Nurse

	WTE Whole Time Equivalent OSU Orthopaedic Surgical Unit CRT Community Resource Team MDT Multiple Disciplinary Team
Partïon / Pwyllgorau â	
ymgynhorwyd ymlaen llaw y	
Cyfarfod Bwrdd Iechyd Prifysgol:	
Parties / Committees consulted	
prior to University Health Board:	

Effaith: (rhaid cwblhau) Impact: (must be completed)		
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:	
• Workforce	Yes, outlined within the paper	
• Service Activity & Performance	Yes, outlined within the paper	
• Financial	Yes, outlined within the paper	
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Yes not yet available EIA  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 <a href="https://futuregenerations.wales/about-us/futuregenerations.wales/about-us/futuregenerations-act/">https://futuregenerations.wales/about-us/futuregenerations-act/</a>	Long Term - The importance of balancing short- term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies	

							RO	SH			
					Current			Future			
Floor	Ward	Speciality	Division	Core Beds	Surge	Total Beds	Core Beds	Surge	Total Beds	Variance (Core Beds)	Notes
7	C7E	Ortho-Geri	Scheduled Care	25	3	28	25	3	28	0	
	C7W	Ring Fence Ortho	Scheduled Care	30	0	30	30	0	30	0	
	D7E	T&O Step Down	Scheduled Care	20	0	20	20	0	20	0	
	D7W	Closed	Closed	0	0	0	0	0		0	Ward currently being used as bed storage, 16 beds, will require works showers/lights/query if call bells working/JM obtaining quote for works new financial year
6	C6E	Gen Med/COTE	Medicine	28	2	30	28	2	30	0	Temporary staffing ward as a result of not closing with the introduction of RACU
· ·	C6W	D&E	Medicine	28	0	28	28	0	28	0	
	D6E	Gen Med/COTE	Medicine	16	2	18	16	2	18	0	Following Patient Safety Team event in September, 16 patients moved from C5W (which closed) to D6E, identified as Ready to Go Ward, proposal being worked up
	D6W	Discharge Hub	Closed	0	0	0	0	0	0	0	Ward not suitable for adults, old paeds ward, identified for Discharge Lounge, JM obtaining quote for works, new financial year
5	C5E	Stroke now Gen Med/COTE	Medicine	0	0	0	24	0	24	24	Previous 24 Stroke beds now 22 Gen Med/COTE displaced pts from YYF as a result of the Stroke reconfiguration, as part of 8 bed reduction, 2 beds used to to system pressure, identified for SWH relocation, Gen Med/COTE to move to D5W to accommodate SWH relocation
	C5W	Gen Med/COTE	Medicine	0	0	0	26	0	26	26	August 2023 28 beds, following Patient Safety Team in September, 12 beds closed, 16 patients moved to D6E, ward closed, currently accommodating D4W due to call bell failure until January, identified for SWH relocation
	D5E	Office staff Surgical CNS + ANP, ENT ambulatory care	Scheduled Care	0	0	0	0	0	0	0	Office accommodation, scheduled care
	D5W	Gen Med/COTE	Medicine	28	0	28	28	0	28	0	C5E to relocate to D5W to accommodate SWH relocation
4	C4E	Gen Med/COTE	Medicine	28	2	30	28	2	30	0	
	C4W	Gastro Ambulatory Unit	Medicine							0	
	D4E	Gen Med/COTE	Medicine	30	0	30	30	0	30	0	Closed due to call bell failure, currently on D5W, will move back early January 2024
	D4W	Gen Med/COTE	Medicine	30	0	30	30	0	30	0	Closed due to call bell failure, currently on C5W, will move back early January 2024
3	D3E	Elective Surgery	Scheduled Care	30	0	30	30	0	30	0	
	D3W	Surgical Step Down	Scheduled Care	22	6	28	22	6	28	0	
2	D2E	Urology	Scheduled Care	21	0	21	21	0	21	0	
	D2W	Elective Urology/Breast	Scheduled Care	16	5	21	16	5	21	0	
1	AMU	14 Assessment Trolleys	Medicine	14	0	14	14	0	14	0	
	D1W	6 AM/6 EFU	Medicine	12	0	12	12	0	12	0	
	RAZ	Respiratory Assessment	Medicine	0	0	0	0	0	0	0	RAZ temporary
Total				378	20	398	428	20	448	50	

Total
Relocation of 50 beds from SWH January 2024

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<sup>12</sup> core bed reduction following Patient Safety Event in September

<sup>2</sup> bed stroke reduction following stroke configuration however due to system pressure these beds have been utilised

## Ward Saving Summary

**Total Savings** 

Example - 4 bedded ward

Site:		Ward: Speciality:
	Full Year Savings	
	£'000	
Registered Nursing:	755	
HCSW	527	
Admin	0	
Enhanced Care	150	_
<b>Total Ward Nursing Costs</b>	1,432	_
Community COTE Medics	120	
Total Medic Costs	120	
Therapies	_	
	0	_
Total Therapies	0	
Estates		
Domestics	63	
Hostesses	74	
Portering	0	no removable resource until 3 wards closed
Total Estates	137	•
Diagnostics		
Radiology	0	
Pathology	0	_
	0	
Non Pay		
M&SE		
E&F Provisions	53	
E&F Consumables	9	_
Total Non Pay	62	

1,751

	2023/24 Feb-	2024/2
Ruperra savings	Mar £000's <b>▼</b>	5 £000 ×
Registered Nursing	126	755
HCSW	88	527
Enhanced Care	25	150
Community COTE Med	46	120
Estates & Facilities	33	199
Total Saving	318	1,751

Beds:

Community Hospitals

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Date: 20 December 2023

Dear Colleague

#### **Staff Engagement – St Woolos Hospital**

Thank you for your support and engagement in the recent Patient Safety Team events and your contribution to ongoing discussions concerning future site reconfiguration at St Woolos Hospital.

Following the recent staff engagement sessions, we are holding another session on, and it is encouraging to see so many of you that would like to attend. In order to accommodate such a large number, we have booked the following venue below:

Thursday 4<sup>th</sup> January 2024, 9am – 11am in the Large Lecture Theatre, the Friars, Newport.

We are aware that due to the Christmas period, some staff may not get the opportunity to attend, so we will continue to arrange further sessions to ensure all staff are able to.

Whilst local and divisional managers continue to update and support staff, the engagement session will provide all staff with a further opportunity to speak with members of the Executive Team, who can share discussions held at Board.

Please be assured that there will **not be any immediate changes** to inpatient beds/wards and there are no employment risks for any of our substantive staff. Our intention is to consider the opportunities presented to us following the Patient Safety Events and to ensure that we continue to provide the best possible care for our patients, whilst aiming to improve the experience of work for our staff.

We hope that you can join us for a discussion, and we will continue to hold ongoing events as required.

Justale

Jennifer Winslade Executive Director of Nursing

**Bwrdd Iechyd Prifysgol Aneurin Bevan** Pencadlys,

Ysbyty Sant Cadog Ffordd Y Lodj Caerllion Casnewydd De Cymru NP18 3XQ

Ffôn: 01633 436700

E-bost: abhb.enquiries@wales.nhs.uk

Leanne Watkins Chief Operating Officer

**Aneurin Bevan University Health Board** 

Headquarters St Cadoc's Hospital Lodge Road Caerleon Newport

South Wales NP18 3XQ Tel No: 01633 436700

Email: abhb.enquiries@wales.nhs.uk

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD:	Minor Injury Unit Opening Hours:
TITLE OF REPORT:	Outcome of Public Engagement
CYFARWYDDWR	Hannah Evans – Executive Director of
ARWEINIOL:	Partnerships, Strategy & Planning
LEAD DIRECTOR:	
SWYDDOG ADRODD:	Chris Dawson-Morris – Deputy Director of
REPORTING OFFICER:	Planning

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

Ar Gyfer Penderfyniad/For Decision

#### ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

The purpose of this paper is to advise on the outcome of public engagement in respect of the opening hours of minor injury units (MIUs) within the health board, and to make a recommendation for final implementation.

The service instigated temporary changes to the MIU in Ysbyty Ystrad Fawr during COVID, whereby the unit closed between 1.00am and 7.00am each night. Following a recent review of activity across all four MIUs, the service has proposed that the temporary opening hours are now made permanent and that a similar night time closure be instigated at the Nevill Hall Hospital site.

A comprehensive public engagement exercise has been undertaken which has enabled the service to make a recommendation regarding future opening hours

#### Cefndir / Background

The Health Board has maintained a number of Minor Injury Units (MIUs) which are part of the overall urgent care service. MIUs are nurse-led units which treat injuries that are not life or limb-threatening. They are part of an overall model of care in which whereby the Grange University Hospital (GUH) near Cwmbran delivers emergency treatment and the enhanced local general hospital (eLGH) network delivers minor injury services.

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The MIU service is led and delivered by specialist-trained Emergency Nurse Practitioners (ENPs), who are able to work independently and treat a range of injuries in both adults and paediatrics at each MIU site.

The Health Board currently provides the MIU service across its three eLGHs and one community hospital as follows:

Royal Gwent	Open 24 hours, seven days per week
Hospital (RGH)	
<b>Nevill Hall Hospital</b>	Open 24 hours, seven days per week
(NHH)	
Ysbyty Ystrad Fawr	Open 18 hours from 7.00am to 1.00am, seven
(YYF)	days per week
	(reduced from 24/7 during the COVID pandemic)
Ysbyty Aneurin	Open 10 hours from 9.00am to 7.00pm, Monday
Bevan (YAB)	to Friday
	(excluding bank holidays)

The MIUs receive approximately 50% of all urgent and emergency care patients across the Health Board and have been very successful in diverting activity away from emergency departments. However, two key issues affecting the effective delivery of the minor injuries service have been as follows:

#### 1. Patterns of demand for the service

In reviewing daily attendances at each MIU site for a 17 month period from 1 April 2022 to 14 August 2023, the following activity patterns were noted:-

- RGH MIU saw between 75 and 140 patients per day (or four patients per hour based on a 24/7 service)
- YYF MIU saw between 51 and 90 patients per day (or three patients per hour based on a daily service from 07:00 to 01:00)
- NHH MIU saw between 36 and 68 patients per day (or two patients per hour based on a 24/7 service)
- YAB MIU saw between 18 and 50 patients per day (or two patients per hour based on a weekday service from 09:00 to 19:00

This exercise highlighted a significant imbalance between opening hours and patient demand across the MIUs. For example, very few patients attend NHH MIU between 1.00am and 7.00am. Between 1 April 2022 and 31 March 2023, there were 400 attendances to NHH MIU (approximately one patient per night) during these hours. By contrast, there were 1,530 attendances to RGH MIU (approximately four patients per night) during the same hours.

#### 2. Workforce utilisation

The service values its highly-skilled ENP workforce. In recognition of the very low overnight patient demand at NHH MIU, it is important to ensure that this valuable resource is used as effectively as possible, and that staff working at night do not become professionally de-skilled as a result of insufficient experience.

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In response to the above findings, the service considered a number of options for future service provision. The aim has been to ensure optimal matching of capacity to demand and develop the most robust and sustainable model for the future that can best serve the needs of the population.

The preferred option is to make permanent the current temporary arrangements at YYF (open 7.00am to 1.00am, seven days per week) and to introduce the same opening hours pattern at NHH. If adopted, service provision would be as set out below:

RGH	Open 24 hours, seven days per week
NHH	Open 18 hours every day from 7.00am to 1.00am seven days per week
YYF	Open 18 hours every day from 7.00am to 1.00am seven days per week
YAB	Open from 9.00am to 7.00pm Monday to Friday (excluding bank holidays)

Services would remain on all the existing sites with a 24-hour MIU at RGH. This option is considered to provide the most effective, efficient and professionally sustainable service model, by matching service hours to patient usage.

The service recognised the need for a comprehensive communication and engagement exercise prior to any final decision being made about a permanent change. In discussion with Llais, it was agreed initially to undertake an eight-week engagement programme with the following objectives: -

- To inform and engage with all stakeholders and the general public in respect of minor injury service provision across the Health Board
- To set out the analysis undertaken of current service usage patterns, the conclusions reached as a result and to explain the options and proposals for future service delivery.
- To provide full opportunity to receive feedback, queries and concerns.
- To collate all feedback as the basis for reporting back to Llais and the UHB Board.
- To adapt / progress plans for the service as a result.

In response to the early feedback received, it was decided to extend the engagement period from eight to 12 weeks, and to arrange additional public events to maximise the opportunities for stakeholders and the general public to provide their views. The full engagement covered the period Monday 11<sup>th</sup> September – Friday 1<sup>st</sup> December.

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#### **Asesiad / Assessment**

#### **Engagement Response**

A total of 2207 responses to the engagement were received, as shown below:

Response Type	Number received
Survey – online (1745) and paper copies (385)	2130
Emails (including from MP's/ MS's)	51
Social Media comments	22
Letter handed in at public engagement session	1
Questions asked at a community engagement event and request to speak with a senior manager via telephone	1
Petition with 5182 Signatures (as of 8 <sup>th</sup> November 2023)	1
TOTAL	2207

A number of common themes emerged from the feedback received in response to the engagement questions and in other formats, including comments made at the public and stakeholder events. The principal themes included the following:-

- Concern regarding service access implications for residents in the NHH catchment area
- Concern regarding impact on specific vulnerable groups
- Concern regarding perceived general downgrading of services at NHH
- Request for a service 'safety net' during the night
- Communication on the nature of MIU services and their appropriate usage
- Generally supportive / accepting of proposals.

These have been carefully considered by the service and responses / mitigations provided as appropriate. Full details are included in the attached final report.

Initial engagement has also taken place internally with affected staff. Whilst this generated some queries regarding future shift patterns, no major issues were raised. Further workforce engagement will take place following final decisions regarding long term MIU opening hours.

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#### Planned Actions and Mitigations

Should the proposed option be implemented, a number of follow-up and ongoing actions are planned as follows: -

- Full communication via all appropriate channels of the final decision once reached, together with details of engagement responses received and the responses / mitigations put in place
- Full and ongoing communication about the range of urgent care services provided by the Health Board and the most appropriate and effective ways to access these and ensure the best timely care.
- Provision of informal 'safety net' at the NHH and YYF sites, whereby anyone inadvertently attending and seeking attention during MIU closure hours will be able to have a basic assessment and advice on the most appropriate course of action e.g. contact 111 or Urgent Primary Care, attend the GUH emergency department, attend the RGH 24 hour MIU, wait until the local MIU reopens at 7.00am etc
- Ongoing review of activity levels at all MIUs, to identify any new emerging trends and ensure continuing with a the most appropriate balance of service provision against demand.

#### Response of Llais

A formal letter of response has now been received from Llais and is **attached**. This confirms that they are satisfied that the engagement process has been appropriate and thorough, that they have no further representations to make and that they are content for the Health Board to make a decision regarding the recommendation for future MIU opening hours.

#### Conclusions

Based on the experience of the engagement period, the following conclusions have been reached:

- The engagement exercise is considered to have been successful, with considerable public interest and significant overall numbers of participants / responses.
- A number of key issues and themes have been identified, which have been useful in informing future plans and actions.
- A majority of responses have expressed concern about the proposals for the NNH MIU, considering that they would have a detrimental impact on patient care in the hospital's catchment area. The service has provided comprehensive responses to this concern, seeking to provide reassurance regarding any perceived impact and advising of additional actions being undertaken to offset / mitigate the concerns, whilst still wishing to address a significant imbalance between opening hours and patient demand across the minor injury units.
- In noting all the responses received and the views expressed whilst a number of very useful points and suggestions were noted and acted upon,

no fundamental issues were raised that had not previously been considered as part of the initial review / analysis of service use and the conclusion leading to the favoured option for the future service opening hours. The service therefore continues to believe that the proposals are reasonable and proportionate given the very low levels of service use during the early hours of the morning, and hence considers that it remains appropriate to implement the favoured option of:

- a. Closing the NHH minor injury unit between 1.00am and 7.00am each night
- b. Making permanent the current closure of the YYF minor injury unit between 1.00am and 7.00am each night

#### **Argymhelliad / Recommendation**

The Board is asked to:

- **NOTE** the outcome of the MIU public engagement and the final report.
- **NOTE** the response of Llais, confirming that they are content with the engagement process and that they have no further representations to make prior to the Health Board making a final decision.
- **APPROVE** the implementation of the preferred option for future MIU service opening hours.

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):	<ul><li>7. Staff and Resources</li><li>6. Individual care</li><li>2. Safe Care</li><li>3. Effective Care</li></ul>	
Blaenoriaethau CTCI IMTP Priorities <u>Link to IMTP</u>	Adults in Gwent live healthily and age well	
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety	

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Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse
Strategic Equality Objectives 2020-24	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)	
Asesiad Effaith Cydraddoldeb	Yes Attached
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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol - 5 ffordd o weithio Well Being of Future Generations Act - 5 ways of working	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives  Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs
https://futuregenerations.wal es/about-us/future- generations-act/	

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## **MINOR INJURY UNIT OPENING HOURS**

## **REPORT ON PUBLIC ENGAGEMENT**

## **JANUARY 2024**

#### INTRODUCTION

This engagement report provides:

- An outline of the background and context of proposed changes to the opening hours of minor injury units within the Health Board.
- An overview of the engagement plan and process / actions undertaken with stakeholders
- An analysis of the engagement responses received.
- Conclusions and recommendations drawn from the engagement process.

#### **BACKGROUND AND CONTEXT**

Aneurin Bevan University Health Board is responsible for all health services across the former county of Gwent (including the local authority areas of Newport, Caerphilly, Monmouth, Torfaen and Blaenau Gwent) and some of the population of south Powys.

The Health Board has maintained a number of Minor Injury Units (MIUs) which are part of the overall urgent care service. MIUs are nurse-led units which treat injuries that are not life nor limb-threatening. They are part of an overall model of care whereby the Grange University Hospital (GUH) near Cwmbran delivers emergency treatment and the enhanced local general hospital (eLGH) network delivers minor injury services. The MIU service is led and delivered by specialist-trained Emergency Nurse Practitioners (ENPs), who are able to work independently and treat a range of injuries in both adults and paediatrics at each MIU site.

The Health Board currently provides the MIU service across its three eLGHs and one community hospital as follows:

Royal Gwent Hospital (RGH)	Open 24 hours, seven days per week
Nevill Hall Hospital (NHH)	Open 24 hours, seven days per week
Ysbyty Ystrad Fawr (YYF)	Open 18 hours from 7.00am to 1.00am, seven days per week (reduced from 24/7 during the COVID pandemic)

2

## Ysbyty Aneurin Bevan (YAB)

Open 10 hours from 9.00am to 7.00pm, Monday to Friday (excluding bank holidays)

The MIUs receive approximately 50% of all urgent and emergency care patients across the Health Board and have been very successful in diverting activity away from emergency departments. However, two key issues affecting the effective delivery of the minor injuries service have been as follows:

#### 1. Patterns of demand for the service

In reviewing daily attendances at each MIU site for a 17 month period from 1 April 2022 to 14 August 2023, the following activity patterns were noted:-

- RGH MIU sees between 75 and 140 patients per day (or four patients per hour based on a 24/7 service)
- YYF MIU sees between 51 and 90 patients per day (or three patients per hour based on a daily service from 07:00 to 01:00)
- NHH MIU sees between 36 and 68 patients per day (or two patients per hour based on a 24/7 service)
- YAB MIU sees between 18 and 50 patients per day (or two patients per hour based on a weekday service from 09:00 to 19:00

More detailed evaluation of MIU demand identified key patterns of activity across all sites, including:

- Seasonal patterns of activity, with an early summer peak at each site
- Daily patterns of activity, with a Monday peak at each site
- Hourly patterns of activity, with a mid-morning peak and gradually decreasing demand until closure hours or around midnight at each site.

This exercise highlighted a significant imbalance between opening hours and patient demand across the MIUs. For example, very few patients attend NHH MIU between 1.00am and 7.00am. Between 1 April 2022 and 31 March 2023, there were 400 attendances to NHH MIU (approximately one patient per

3

night) during these hours. By contrast, there were 1,530 attendances to RGH MIU (approximately four patients per night) during the same hours.

#### 2. Workforce utilisation

The Health Board values its highly-skilled ENP workforce. In recognition of the very low overnight patient demand at NHH MIU, it is important to ensure that this valuable resource is used as effectively as possible, and that staff working at night do not become professionally de-skilled as a result of insufficient experience.

#### PLANNING FOR THE FUTURE SERVICE

In response to the above findings, the Health Board has considered a number of options for future service provision. The aim has been to ensure optimal matching of capacity to demand and develop the most robust and sustainable model for the future.

The preferred option is to make permanent the current temporary arrangements at YYF (open 7.00am to 1.00am, seven days per week) and to introduce the same opening hours pattern at NHH. If adopted, service provision would be as set out below:

RGH	Open 24 hours, seven days per week
NHH	Open 18 hours every day from 7.00am to 1.00am seven days per week
YYF	Open 18 hours every day from 7.00am to 1.00am seven days per week
YAB	Open from 9.00am to 7.00pm Monday to Friday (excluding bank holidays)

Services would remain on all the existing sites with a 24-hour MIU at RGH. This option is considered to provide the most effective, efficient and professionally sustainable service model for our MIUs by matching service hours with patient usage.

Whilst believing that the above proposed arrangements represent the most appropriate future option for the service, the Health Board recognised the need for a comprehensive communication and engagement exercise prior to any final decision regarding a permanent change.

#### **ENGAGEMENT SCOPE AND PURPOSE**

The Health Board consequently established a working group and engagement plan to set out and agree an appropriate programme of engagement activities. In discussion with Llais, it was initially agreed to undertake an eight-week engagement programme with the following objectives: -

- To inform and engage with all stakeholders and the general public in respect of minor injury service provision across the Health Board
- To set out the analysis undertaken of current service usage patterns, the conclusions reached as a result and to explain the proposals for future service delivery.
- To provide full opportunity to receive feedback, queries and concerns.
- To collate all feedback as the basis for reporting back to Llais and the UHB Board.
- To adapt / progress plans for the service as a result.

In response to the early feedback received, it was decided to extend the engagement period from eight to 12 weeks, and to arrange additional public events to maximise the opportunities for stakeholders and the general public to provide their views.

The working group continued to meet on a regular basis through the engagement period, with a midpoint review meeting held in early October to consider the responses to date, emerging themes and any additional actions as a result to enhance the process.

#### **STAKEHOLDERS**

A list of all potential stakeholders was prepared, including the following: -

- Residents within the Aneurin Bevan UHB area
- MIU service staff
- Other Divisions within the Health Board
- GPs & primary care / Local Medical Committee
- The general public
- Voluntary / third sector organisations and charities e.g. GAVO

- Diverse Communities Health Forum Members
- Gwent Citizens' Panel
- Gwent Communications Social Media Hub
- Regional Partnership Board
- Local MPs, MSs and Councillors
- Local media
- Trade Unions
- Neighbouring Health Boards
- Welsh Ambulance Services NHS Trust
- 111 service
- Llais

#### **ENGAGEMENT METHODS AND ACTIVITIES UNDERTAKEN**

In order to ensure optimal communication and access, a number of different complementary methods were deployed as part of the engagement process as follows:

A briefing document / issues paper was developed that set out:

- The background and operation of the minor injury service
- Analysis of service usage patterns
- Conclusions reached and consequent proposals for future opening hours
- Details of the engagement process
- Web link to an online survey
- QR code to an online survey
- Details about public engagement events that were being held at different venues and times
- Dedicated email address that people could contact for any specific queries
- Details of information sources and contacts on social media

An initial email was sent to all stakeholders at the start of the engagement period, enclosing / explaining the briefing document and encouraging responses to the issues raised.

<u>Emails</u> were sent to over 2000 stakeholders on a weekly basis informing them of the public engagement sessions. In addition, digital posters promoting the sessions were attached to the email with a request for stakeholders to share with their networks. The posters were emailed a

week in advance of the sessions to allow time for stakeholders to share as wide as they could with the aim of encouraging people to attend.

<u>Posters</u> advertising online and in person meetings were prepared and displayed prominently via e-mail and (from week three onwards) in appropriate public areas e.g. local venues such as shops, cafes, GP surgeries near to where the meetings were taking place. A full list of venues utilised can be found in **Attachment A**.

## Frequently-asked Questions (FAQs)

A collection of frequently asked questions (together with health board responses) was compiled and distributed, including hard copies made available in clinics and at the public engagement events. These were updated during the engagement period to reflect the nature of the queries being received.

### Survey

A short survey was compiled and distributed digitally. Paper copies of the survey and a post-box were also made available in the reception areas and Minor Injury Units in Nevill Hall Hospital and Ysbyty Ystrad Fawr, at Abergavenny Library and at the public engagement events. This consisted of several straightforward questions, with the intention of drawing out key concerns and queries that any individuals / stakeholders wished to raise.

<u>A dedicated website page</u> for the engagement exercise was developed on the main Health Board website. This page included the following information:

- Information about the purpose of / background to the engagement exercise
- QR code and URL link to online survey
- FAQs
- Information about the public engagement events

#### Equality Impact Assessment (EQIA)

An EQIA document was compiled to inform engagement objectives / coverage and shared with the Health Board's Equalities Officer / Llais

<u>Public Engagement Events</u> were held at different venues and times around the Health Board so that any interested stakeholders had the opportunity to attend, review information provided and ask any questions. Online sessions were arranged during the earlier part of the exercise to provide an opportunity for those preferring to engage in this way. A total of 12 inperson and two on-line events were arranged as follows:

DATE	VENUE	ATTENDEES
Monday 18th Sep 5.45pm – 7.30pm	Nevill Hall Hospital, Abergavenny	24
Wednesday 20th Sep 2.00pm - 4.00pm	The Old Library Community Café Nantgarw Road, Caerphilly	6
Wednesday 27th Sep 5.30pm - 7.00pm	On-line via Microsoft Teams	3
Friday 29th Sep 10.00am – 12.00 noon	Abergavenny Market * 61 Cross St, Abergavenny	75
Monday 2nd Oct 2.00pm – 3.30pm	On-line via Microsoft Teams	3
Tuesday 3rd Oct 5.30pm – 7.30pm	<b>Ysbyty Ystrad Fawr</b> Ystrad Mynach	2
Tuesday 10th Oct 5:00pm - 7:00pm	Ebbw Vale Learning Action Centre, 20 James Street, Ebbw Vale,	10
Monday 16th Oct 2pm to 4pm	Pontypool Active Living Centre, Trosnant Street, Pontypool	0
Tuesday 24th Oct 4pm – 6pm	<b>Bridges Centre</b> , Drybridge Park, Monmouth	8
Wednesday 1st Nov 10.30am - 12.30pm	<b>Tabor Centre,</b> 18 Davies Street, Brynmawr	3
Wednesday 8th Nov 10am – 12pm	<b>Blackwood Library,</b> 192 High Street, Blackwood	1
Monday 13th Nov 5pm – 7pm	<b>Bethel Baptist Church,</b> 72 King Street, Blaenavon	3
Monday 20th Nov 5.30pm – 7.30pm	Stocktonville Community Hall, Gelli Road, Tredegar	4
Monday 27th Nov 5.30pm – 7.30pm	<b>Nevill Hall Hospital,</b> Abergavenny	10

<sup>\*</sup>Learning from initial engagement sessions, additional space was arranged for this session in the Community Room in Abergavenny Library above Abergavenny Market. For information resources and to complete paper

copies of the survey, the public were invited to attend the session in Abergavenny Market. For informative, detailed and 1-1 conversations with the Senior Management Team about the proposals, the public were directed to attend the session in the Community Room in Abergavenny Library.

### **Community Engagement Sessions**

In addition to the formal public engagement sessions listed above, the Health Board's regular community engagement program also took place. At these community engagement sessions during the 12-week engagement period, communications and engagement staff took information about the proposals for the provision of minor injury unit services and paper copies of the survey with them for the public to complete there and then if they would like to. In total 27 sessions took place as follows:

Date	Venue	Number of people
Monday 18th September	Repair Shop, Ebbw Vale	6
Wednesday 20 <sup>th</sup> September	Palmer Community Centre, Chepstow	6
Monday 25 <sup>th</sup> September	Tredegar Leisure Centre	3
Wednesday 4 <sup>th</sup> October	Pontypool Market	4
Thursday 5 <sup>th</sup> October	Ebbw Vale Library	11
Monday 9th October	Aberbeeg Community Café	12
Tuesday 10 <sup>th</sup> October	Monmouth Leisure Centre	0
Monday 16 <sup>th</sup> October	Brynmawr Library	4
Wednesday 18th October	Abergavenny Waitrose	24
Friday 20 <sup>th</sup> October	Cwtch Café: Van Community Centre, Caerphilly	16
Monday 23 <sup>rd</sup> October	Tredegar Library	7
Tuesday 24 <sup>th</sup> October	Blaenavon World Heritage Centre Café	20
Thursday 26 <sup>th</sup> October	Hope Walk Gwent, Pontypool Park	10
Monday 30 <sup>th</sup> October	Walking Group, Parc Cwm Darren, Deri	10
Thursday 2 <sup>nd</sup> November	Gilwern Community Centre	15
Wednesday 8 <sup>th</sup> November	Monmouthshire Wellbeing Network	21
Wednesday 8 <sup>th</sup> November	Ladies Wednesday Group, Siloam Baptist Church	16
Tuesday 14th November	Abergavenny Library	4
Thursday 16 <sup>th</sup> November	Oakdale & Penmaen Partnership	10
Monday 20 <sup>th</sup> November	Newbridge Leisure Centre	4
Tuesday 21st November	Beaufort Theatre Café	5
Tuesday 21 <sup>st</sup> November	Blaina Community Centre	15

Wednesday 22 <sup>nd</sup>	Cuppa & Connect, Usk	10
November	Community Hub	
Thursday 22 <sup>nd</sup> November	Ladies Fellowship Group,	14
	Pontnewydd, Cwmbran	
Friday 27 <sup>th</sup> November	Tredegar Leisure Centre	7
Saturday 29th November	Bulwark Community Centre	19

#### Social Media

Social media messaging was utilised on the main Health Board social media channels, encouraging engagement and feedback. 17 posts in total were published on Facebook, Instagram and X (Twitter).

### **Local Newspapers**

Local media outlets were contacted with details of the engagement.

#### **Internal Communication**

Meetings / briefings were arranged within the Health Board for internal NHS stakeholders and staff

#### **OUTCOMES AND RESPONSES**

A total of 2207 responses to the engagement were received, including one petition:

Response Type	Number received
Survey – online (1745) and paper copies (385)	2130
Emails (including from MP's/ MS's)	51
Social Media comments	22
Letter handed in at public engagement session	1
Questions asked at a community engagement event and request to speak with a senior manager via telephone	1
Petition with 5182 Signatures (as of 8 <sup>th</sup> November 2023)	1
TOTAL	2207

- A total of 2130 responses were received from the **survey**; of these, 1745 were submitted directly online and 423 written responses were manually entered onto the online system by the Health Board's Communications and Engagement Team.
- Bespoke responses from wider stakeholders were 53 in total e.g. via e-mail – these included people registering for the online public engagement sessions, requesting further information, sharing

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feedback and asking questions about the proposals and from MPs/MSs; via one letter handed in at a public engagement session and questions asked at a community engagement event with a request to speak with a senior manager and a telephone call was made by the General Manager of Urgent Care.

- **Social media posts** relating to the engagement reached 87,633 people and a total of 3,614 engagements were recorded across all social media channels, including Facebook, Twitter and Instagram. Posts were shared 169 times, received 83 reactions, and 22 comments were posted throughout the engagement period. addition, 617 of these engagements sought further information by clicking the link through to the full briefing documents.
- The web page covering the engagement information received a total of 4545 views over the 12 weeks, representing 2,875 unique users.
- The Internal **Staff Intranet** site (Pulse) hosted a page covering the engagement information and received 951 views over the 12 weeks.
- Two **press enquiries** were received from the Caerphilly Observer and the Abergavenny Chronicle.
- One **petition**, comprising 5182 signatures was received.

#### Attendance at Formal and Community Engagement Sessions

Туре	Attendance
Formal in person public engagement	146
sessions	
Formal online public engagement sessions	6
Community engagement in person sessions	273
TOTAL	425 People

- Attendance at the 12 in-person public engagement events varied with a total of 146 people attending. Two **on-line public** engagement sessions were also arranged where six people in total Details / notes of the public events and sessions can be found at **Attachment B**.
- The 27 **community engagement sessions** that took place during the 12-week engagement generated conversations with 273 people.

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 The Health Board's Chief Executive and the General Manager of Urgent Care Services attended a meeting of the Monmouthshire County Council Public Services Scrutiny Committee on Tuesday 3<sup>rd</sup> October.

#### WHAT STAKEHOLDERS AND THE PUBLIC TOLD US

A number of common themes emerged from the feedback received in response to the engagement questions and in other formats, including comments made at the public and stakeholder events. These are set out below, together with the health board response (where appropriate) and any specific actions undertaken or proposed in respect of the theme. Feedback has been broken down as follows:

- 1. General feedback from engagement / public events
- 2. Feedback via survey responses
- 1. The following general themes were identified:

# <u>Concern regarding service access implications for residents in the Nevill Hall Hospital catchment area</u>

A significant number of respondents / attendees expressed their concern at the perceived loss of a 24-hour facility in the Abergavenny area, indicating a belief / view that patient safety would be adversely affected as alternative night time facilities would require additional travelling and would be difficult for many people. (It should be noted that the great majority of responses related primarily to the proposal at Nevill Hall Hospital, as opposed to the proposal to make permanent the temporary closure of the Ysbyty Ystrad Fawr MIU between 1.00am and 7.00am)

#### Service response

The Health Board acknowledges the concerns expressed. To provide assurance the proposals involve the assessment and treatment of minor injuries, and activity for this service is overwhelmingly during the daytime and evening. The unit at Nevill Hall Hospital has for some time seen an average of just one attendance per night during the hours of 1.00am and 7.00am therefore impact is considered low. For those individuals who do need minor injuries provision at this time, the majority would be suitable to wait until the unit opened at 7am. Support and advice remain available via 111 and provision would be provided in the Royal Gwent Hospital. We acknowledge the accessibility challenge of the Royal Gwent Hospital for residents in the north of the Health Board, however based on current utilisation and the nature of minor injury conditions the impact on travel is low.

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### Concern regarding impact on specific vulnerable groups

Some respondents raised concerns regarding whether any loss of service would impact disproportionately on particular age groups e.g. young children or older people.

#### Service response

This concern is noted and consideration of such disproportionate impacts formed part of the original analysis of MIU activity in the health board. Patient data indicated that of those who did present between 1.00am and 7.00am, the disproportionate majority were within the working age range, demonstrating that there would not be any impact of significance on the more vulnerable age groups in the population.

# Concern regarding perceived general downgrading of services at Nevill Hall Hospital

A number of respondents / attendees, whilst not necessarily having strong views about the specific proposal / service issue, felt that the change represented another example of what they perceived to be a general running-down of the services available on the Nevill Hall Hospital site. This reinforced a negative impression of the proposal as leading to further reductions in access to health services for those in the Abergavenny and surrounding area.

#### Service response

Whilst appreciating that the Clinical Futures model has resulted in the centralisation of some key acute services away from the site, the Health Board remains firmly committed to the Nevill Hall Hospital site and sees it as key to the long-term delivery of a wide range of local services in support of the critical care centre at the Grange University Hospital. As examples, new future services will or are likely to include a satellite radiotherapy unit and expanded cataract surgery facilities, in addition to many outpatient, diagnostic and other services.

### Request for a service 'safety net' during the night

A number of respondents / attendees commented that if the proposals went ahead, some form of response or safety net should remain at Nevill Hall Hospital during the early hours of the morning, enabling as a minimum for

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any patient attending to be seen, assessed and directed as appropriate to the best service suited to their needs. Such a facility existed at Ysbyty Ystrad Fawr and was considered to provide some degree of reassurance to the local population.

#### Service response

The Health Board accepts that reassurance regarding local health services is important and is happy to operate a similar informal safety net facility as currently exists at Ysbyty Ystrad Fawr during MIU closure hours. It should be emphasised however that this is intended to be an exceptional event (e.g. for patients attending in error) rather than an approved or official route for patients to access care, as the supporting services would not be in place to allow for this to become an appropriate regular occurrence. We would always encourage patients to attend the most appropriate facility for their circumstances in the first instance to ensure the best possible treatment and timely care. Advice on the best service to access can be obtained via 111.

Communication of the nature of MIU services and their appropriate usage These respondents, whilst not necessarily against the proposals, noted a wish for greater public communication of the services available, together with clarification and reassurance regarding a number of issues, including:

- The definitions of minor injuries and what conditions should be directed to a minor injury unit
- More detail of the range of other services available e.g. 111 service,
   GP out of hours and how to make best use of these
- The capacity of the facilities at the Grange University Hospital and the ability to accommodate the required additional demand if the proposals went ahead.

#### Service response

It is fully accepted that the potential range of urgent care service options might be confusing to those unfamiliar with the arrangements, and that it is the responsibility of the Health Board and NHS partners to ensure that there is effective regular communication to advise and inform the population of the options open to them. Considerable work is ongoing in this regard, with a range of public information and communication events taking place every week around the Health Board area, but the opportunity will be taken to see how these could be further enhanced and more points of contact established. The Health Board recently launched a new online service to support understanding of service access. We would welcome

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ideas and suggestions at any time for more communication events and channels, to ensure key messages and information reach as many people as possible.

# Generally supportive / accepting of proposals

A number of responses were received that accepted the proposals as reasonable and proportionate in the circumstances, recognising the need to demonstrate best use of scarce resources and to provide an appropriate balance between service capacity and demand. In many of these instances, feedback was received from individuals that their initial views were unsupportive, but that the presentations and explanations of the proposals at the public meetings were helpful in changing their understanding and perception.

<u>In general</u>, the majority of responses either raised concerns regarding perceptions of the implications for service access for people in the Nevill Hall Hospital catchment area or suggested additional actions / safeguards to mitigate any potential adverse impacts of the proposals.

#### 2. Feedback via survey responses

The service designed a survey which was published in English and Welsh on Microsoft Forms. Hard copies were also made available in English and Welsh at Nevill Hall Hospital (NHH) and Ysbyty Ystrad Fawr (YYF) MIUs, and in English and Welsh at all public engagement events. Members of the public were able to respond to the survey between 11 September 2023 and 1 December 2023. A total of 2,130 survey responses were received, mainly on-line but with 423 completed on paper. The Health Board Communications and Engagement Team manually transposed paper surveys into Microsoft Forms.

A comprehensive evaluation report of the survey responses received has been undertaken and can be found at **Attachment C**.

#### **FOLLOW UP ACTIONS**

Should the proposed option be implemented, a number of follow-up and ongoing actions are planned as follows: -

• Full communication via all appropriate channels of final decision once reached, together with details of engagement responses received and the responses / mitigation put in place.

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- Full and ongoing communication of the range of urgent care services provided by the Health Board and the most appropriate and effective ways to access these and ensure the best timely care.
- Provision of informal 'safety net' at the NHH and YYF sites, whereby anyone inadvertently attending and seeking attention during MIU closure hours will be able to have a basic assessment and advice on the most appropriate course of action e.g. attend the Grange University Hospital emergency department, attend the Royal Gwent Hospital 24 hour MIU, wait until the local MIU reopens at 7.00am etc
- Ongoing review of activity levels at all MIUs, to identify any new emerging trends and ensure continuing with the most appropriate balance of service provision against demand.

#### **CONCLUSIONS**

Based on the experience of the engagement period, the following conclusions have been reached:

- The engagement exercise is considered to have been successful, with considerable public interest and significant overall numbers of participants / responses.
- A number of key issues and themes have been identified, which have been useful in informing future plans and actions.
- A majority of responses have expressed concern about the proposals for NHH MIU, considering that they would have a detrimental impact on patient care in the hospital's catchment area. The Health Board has provided comprehensive responses to this concern, seeking to provide reassurance regarding any perceived impact and advising of additional actions being undertaken to offset / mitigate the concerns, whilst still wishing to address a significant imbalance between opening hours and patient demand across the minor injury units.
- In noting all the responses received and the views expressed therein, whilst a number of very useful points and suggestions were noted and acted upon, no fundamental issues were raised that had not previously been considered as part of the initial review / analysis of service use and the conclusion leading to the favoured option for the future service opening hours. The Health Board therefore continues

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to believe that the proposals are reasonable and proportionate given the very low levels of service use during the early hours of the morning, and hence considers that it remains appropriate to implement the favoured option of:

- a. Closing the Nevill Hall Hospital minor injury unit between 1.00am and 7.00am each night
- b. Making permanent the current closure of the Ysbyty Ystrad Fawr minor injury unit between 1.00am and 7.00am each night

#### **RECOMMENDATIONS**

Llais members are asked to:

- Consider the engagement report and the feedback received
- Consider the Health Board responses (and proposed mitigations where applicable)
- Consider whether the conclusions reached are reasonable and hence whether the proposal for revised minor injury unit opening hours can be implemented
- Advise what further actions for the Health Board are recommended on the basis of the decision reached

#### **ATTACHMENTS**

#### Attachment A

List of venues used for advertising and publicity

#### Attachment B

Details / notes of public events and sessions

#### Attachment C

Evaluation report of survey responses received

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#### **ATTACHMENT A**

# List of venues used for advertising and publicity

Posters advertising online and in person meetings were prepared. Digital copies of the posters were emailed to 2000+ stakeholders on a weekly basis. From week 3 of the engagement period posters were distributed and displayed prominently in appropriate public areas e.g. local venues such as shops, cafes, GP surgeries near to where the meetings were taking place. A full list of venues utilised can be found below:

Public Meeting	Date Posters Distributed	Venues Posters Given to
Abergavenny Market & Library 29/09/23	22/9/23	Posters displayed at the following locations:  • Marie Curie, • Boots, • Library x 2 • Theatre box office, • One stop shop community Hub • Johnsons Dry cleaning • Cancer research • St Davids Hospice Care • Air ambulance Wales x 4 • The Trading Post • Market
Ysbyty Ystrad Fawr 03/10/23	26/09/23	Posters displayed at the following locations:  • Tesco Ystrad Mynach, • Ystrad Mynach Library, • Sue Noakes Centre, • YYF (Main entrance lifts) • 1st floor lifts both sets, • MIU Reception, • 1st floor information desk, • Childrens Outpatients department, • 2nd floor lifts both sets • 2nd floor notice board • (coffee shop, car park), • Caerphilly Town: • ASDA • St Davids Hospice

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		<ul> <li>Morrisons</li> <li>Shaw Trust</li> <li>Boots</li> <li>Caerphilly Library</li> <li>Stevens Opticians</li> <li>Superdrug</li> <li>Mayberry Pharmacy</li> <li>Castle Court Shopping Centre</li> <li>** British Heart Foundation and Holland and Barrett REFUSED **</li> <li>Machen Stores</li> <li>Machen Library</li> </ul>
Pontypool Active Living Centre 16/10/23	04/10/23	Posters displayed at the following locations:  Tesco Pontypool Pontypool Civic Centre Pontypool Library Pontypool Community Council building Torfaen Voluntary Alliance Pontypool Citizens Advice Bureau Boots Poundstretcher Pontypool Market Mayberry Pharmacy Gwent Carers Hub Churchwood and The Mount GP Surgery Trosnant Lodge Surgery Pontypool Active Living Centre Trevethin Health Centre, Mayberry Pharmacy Trevethin Trevethin Stores Avicenna Pharmacy Pontnewydd Abersychan Dental Practice Petals Florist, Abersychan Pharmacy
Ebbw Vale Learning Action Centre 10/10/23	5/10/23	Posters displayed at the following locations:

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		All Blaenau Gwent Libraries
Bridges Centre, Monmouth 24/10/23	17/10/23	Posters displayed at the following locations:  The Bridges Centre, Ty Price Community Centre, St Thomas Church, Well Pharmacy, M and S Foodhall, Boots, Timpson, Wetherspoons (The Kings Head), Shire Hall, DR Prosser Ltd Pharmacy, The Savoy Theatre, St Michael's Hospice, Specsavers, British Heart Foundation, Superdrug, Bridges Community Shop, Castle Gate Medical Practice, Castle Gate Medical Practice Dispensary, Monmouth Hearing Centre, Monteas (REFUSED TO DISPLAY WELSH POSTER), Wyedean Health Foods, Town Centre Notice Board, Castillo Style Hairdressers, Hesteury Pain Solutions, Monnow Vale Main entrance, Monnow eye care, Monmouth Leisure Centre,
Tabor Centre, Brynmawr 01/11/23	23/10/23	<ul> <li>Co Op Monmouth.</li> <li>Posters displayed at the following locations: Brynmawr</li> <li>Brynmawr Museum</li> <li>Conti Fish Bar</li> <li>Smart's Deli</li> <li>Lloyds Bank</li> <li>Brynmawr Mini Market</li> <li>Davies'</li> <li>Hospice of the Valleys</li> <li>Lifestyle Express</li> <li>Perfect Day Bridal</li> <li>Ophthalmic Opticians</li> <li>Nick Smith MP</li> <li>Fresh n Fruity</li> </ul>

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		Bills Trophies
		The Community Hope Project
		• The Coffi Stop
		Draig Homeware & Gifts
		Roberts Florist
		Learning Action Centre
		Brynmawr Library
		Market Hall Cinema
Stocktonville Hall,	23/10/23	Posters displayed at the following
Tredegar 20/11/23		locations: Tredegar
		Tredegar Library
		Tredegar Museum
		Bella Homeware
		Tredegar Sports Injury Clinic
		Clean Queen
		Castle Street Dental Practice
		Ollies baguette bar
		Chloe's Community Cupboard
		• Lots for Tots
		Restaurant Europa
		Marion's Card Shop
		• Carlou
		Hospice of the Valleys
		JJ's Clothing
		Retro Sweets
		Tredegar Pet Shop and Pet Supplies
		• Izzy Roos
		Warricks Fruit & Veg     The Sunrise Café
		Blue Shop
		• Sow & Grow
		Gwynns Opticians
		Barclays
		AJ Convenience Store
		Tredegar Leisure Centre
		Bedwellty House
King Street Chapel,	24/10/23	Posters Displayed at the following
Blaenavon 13/11/23		locations: Blaenavon
		• Co-Op
		Well Pharmacy
		• HM Stores
		Blaenafon Cheddar Company
		Green Valley Care
		Hospice of the Valleys
		The Railway Shop
		Torfaen County Borough
		Blaenavon Community Museum
		Blaenavon World Heritage Centre
		_

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DI I III	20/40/20	[ ]
Blackwood Library 08/11/23	30/10/23	Posters displayed at the following locations:  The Sirhowy Wetherspoons, Liberty Care Ltd, Taste of Poland, Gus Jones Jewellers, Bliss, The Square Cafe, The Premier Shop, St David's Hospice, Boots, Blackwood Post Office, The River Charity Shop, Jaynes Baby Bank, Wooleys Florist, Greggs, Specsavers, Blackwood Dental Surgery, Maxime Cinema, Blackwood Library, Tantastic, Linda's House Chinese takeaway, Growing Space, Mayberry Pharmacy, Caesars Cafe, Costa, Superdrug, Blackwood Miners Institute, ASDA, Sainsburys (Cafe and Main Notice Board)
Lecture Theatre, Nevill Hall Hospital 27/11/23	14/11/23	Posters displayed at the following locations in Abergavenny:  • Abergavenny Library,  • Community Hub One Stop Shop,  • Abergavenny Market,  • Grape Tree Good Foods,  • Shackleton Pharmacy,  • Specsavers,  • Marie Curie,  • Vision Express,  • Mother Nature's Goodies,  • HB Foot Care,  • St Davids Hospice,  • W H Smith,  • Oxfam,  • Wales Air Ambulance,  • Ty Hafan – REFUSED***

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<ul> <li>Cuddle and Cwtch,</li> </ul>
<ul> <li>Cable Newsagents,</li> </ul>
<ul> <li>Cats Protection,</li> </ul>
<ul> <li>The Magic Cottage Charity Shop,</li> </ul>
<ul> <li>Wetherspoons,</li> </ul>
<ul> <li>Cancer Research UK,</li> </ul>
<ul> <li>Waterstones,</li> </ul>
<ul> <li>Boots,</li> </ul>
<ul> <li>Abergavenny tourist information</li> </ul>
<ul> <li>NHH Outpatients waiting room,</li> </ul>
<ul> <li>NHH main reception corridor,</li> </ul>
NHH MIU,
<ul> <li>NHH Childrens Centre,</li> </ul>
NHH Education Centre.

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### **ATTACHMENT B**

# Provision of Minor Injury Unit Services 12-week engagement

# Monday 18<sup>th</sup> September 2023, 17:30 to 19:30

# **Education Centre, Nevill Hall Hospital**

Chair: Paul Underwood (PU)

Panel: Paul Underwood (PU), Roxanna Williams (RW), Claire McCarthy (CM), Karen Newman (KN)

No	Item	Lead	Attachments	Notes
1	Welcome and	PU		
	Introductions			
2	Current Services and proposed changes	PU		PU outlined current service, demand profile and rationale for change.
3	Question and answer	All		The panel responded to questions from attendees. The following discussion provides a summary of this conversation.
				What is the rational for closing?
				Two key issues are currently affecting the minor injuries service. Patterns of
				demand for the service differ greatly between hospitals with NHH MIU seeing
				between 36 and 68 patients per day. A recent evaluation of MIU demand
				identified key patterns of across all sites and highlighted a significant imbalance
				between opening hours and patient demand. Very few patients attend NHH MIU

between 1.00am and 7.00am (approximately one person per night). <u>Workforce utilisation</u> – the Health Board values its highly skilled ENP (emergency nurse practitioner) workforce. In recognition of the very low overnight patient demand at NHH MIU, it is important to ensure that this valuable resource is used as effectively as possible.

Are people directed away from GUH if they attend with a minor injury? If you have a minor injury and present at GUH the triage nurse will divert you to an MIU which can be at your local hospital or the one with the shortest waiting time. Sometimes you will be advised to attend when it re-opens.

# Will the MIU staff from the night shift at NHH MIU stay at NHH? Will they go to the MAU team?

Staff will be deployed into MIU day shifts where patient demand is greater, and the staff can utilise their specialist skills.

Given the stated low attendance figures, would it not be possible to send one nurse from the Medical Assessment Unit (MAU) to triage the one patient per night?

Staff undertaking the Unwell Self-present Protocol will not have ENP (emergency nurse practitioner) skills as they are medical specialists, so cannot provide a minor injury service. Workforce models are devised based on specialism.

# How would you travel to the RGH if you do not have any transport? Someone paid £50 for a taxi to GUH from Monmouthshire

The vast majority of minor injuries can wait until opening hours – therefore, patients are advised to wait until NHH MIU opens at 07:00 and would therefore not need to travel to RGH. Patients with chest pain, shortness of breath and major injuries are encouraged to call 999.

#### This is a communication and referral issue

The Health Board will produce communications for circulation to the local community.

Attendees referenced their recent experiences with urgent and emergency care; this included:

- i. Mother of a severely disabled (non-communicative) child who is a wheelchair user. Taken to NHH MIU at night with suspected hip fracture, but as there were no hoist facilities they were redirected to GUH
- ii. Parents took diabetic son having a hypo to NHH MIU during the night after calling 111 (who told the parents to administer Calpol). The parents told us that MIU staff saved their sons life

What alternative services are available at Nevill Hall Hospital? e.g. the Medical Assessment Unit (MAU) but how is this accessed by the public if the Minor Injury Unit doors are shut?

MAU is currently accessed via referrals from GP's or 111. We could look at new options such as camera doorbells for people to ring and will be considering all possible options for the future.

What happens if someone attends the MIU when it is closed during the night? We have a protocol to deal with this, (Seriously ill patient redirection protocol) the provision is purely a safety net. This is not an advertised service as it is not safe, and the staff member wouldn't be someone with minor injury specialism. They would have basic knowledge and the ability to signpost.

Can MAU staff be trained to triage? Is it not possible for a triage member of staff to be in place at NHH MIU to direct people to the appropriate service?

If this proposal would go through, then something similar would need to be looked at in detail. However, it would not be someone with the skill set to manage a minor injury.

In a scenario if someone was to collapse at the site, there are nurses on site who would have the skills to perform basic lifesaving skills before emergency service arrived.

# Why not upgrade Ysbyty Aneurin Bevan (YAB) MIU for residents in the north end of the Health Board?

The demand is not present at YAB MIU to extend its opening hours. There are not sufficient staff available to recruit – it is important to use these staff in the most prudent fashion. It will also be important to use the new Bevan Health and Wellbeing Centre appropriately.

#### Is this a financial exercise?

The Health Board continually reviews the services it provides to ensure that they meet the needs of our population and makes the most effective use of our workforce. The changes to the MIU opening hours have been proposed following a review of our patient demand, which demonstrates reduced demand between 1.00am and 7.00am. The Health Board's priority remains quality and safe patient care.

#### Has this information been shared with GP's?

Yes this information has been shared with Primary Care services including GP Practices and Pharmacies. We rely on staff at these places to display the information they have been given.

Why is the Royal Gwent Hospital (RGH) MIU remaining open 24/7?

RGH MIU sees many more patients than NHH MIU during the night, with nearly four times as many patients attending RGH MIU between 1.00am and 7.00am. For this reason, the Health Board has proposed the changes to the operating hours at the NHH MIU rather than at RGH

# Where has this event been communicated? Suggestion to include in the Abergavenny Focus magazine

Information about this engagement was emailed to 2000 stakeholders / community members, shared on the Health Boards social media pages and website. We welcome any suggestions to promote further events.

Stakeholder communications to external parties, including MPs, were not completely sufficient. What is the panel's response to this observation? The Health Board sent an email to all named stakeholders with an offer to discuss the proposal in further detail. The Health Board will consider potential improvements to the engagement process going forward.

How do people who do not go online find out about this engagement? Information about the engagement will be shared with the public at in person community engagement sessions that take place each week in a variety of places such as libraries, community centres etc. In addition to this emails are sent to over 2000 stakeholders which includes local schools, community groups, Local authorities and other organisations that work with community members and digital posters have been sent in the email with a request for them to be displayed for the public to view them.

Can another session be organised for Abergavenny? Suggestions made for Tithe Barn or the Library

Yes we will look to arrange this.

# Can the GP Out of Hours Services support patients attending Nevill Hall MIU during the night?

This service will continue and is unchanged but is intended for minor illness rather than minor injuries.

# The Grange University Hospital Emergency Department is currently have building work on the waiting room – why couldn't this have been timed better when the Grange was first built?

The original plans did not allow walk-ins. However, shortly after opening, the clinical teams identified that it would not be possible to prevent self-presentations.

The Health Board acknowledges that the patient experience is not adequate and is working to make improvements through expanding the main waiting area; and improving flow via engagement with local authorities and WAST.

### What is the data for self presentations at GUH?

GUH ED has experienced significantly more attendances than was anticipated, with up to 350 attendances per day. Given that between 60% and 70% of attendances are walk-ins, it is clear that the public is aware that self-presentation is possible.

# Better signposting should be in place at sites that explains what local facilities are available for local people

We will certainly consider this for the future

# Can engagement sessions be organised in Blaenau Gwent?

Yes we will look into this and promote as soon as they have been confirmed. Suggestions made for sessions to take place in Ebbw Vale and Brynmawr.

What will happen with the feedback?

			All of the feedback received will be considered and evaluated as part of the final report of the engagement. This report will be submitted to Llais for their consideration and response, and to Executive / Board members to make a decision on whether the proposals are taken forward.
4	Close	PU	

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# Provision of Minor Injury Unit Services 12-week Engagement Wednesday 27 September 2023, 10:00 to 12:00 Online via Teams

Chair: David Hanks (DH)

Panel: Paul Underwood (PU), Claire McCarthy (CM), Claire Brooks (CB) James Calvert (JC)

Registered: 11

Attended: 3 attendees - Helen Pritchard, Abergavenny Women's Network; Cllr Janet Jones, Blaenavon Ward; Cllr Nick Horler, Blaenavon Ward

No.	Item	Lead	Attachments	Notes
1	Welcome and introductions	CDM		
2	Current services and proposed changes			Building on learning from the previous event at Nevill Hall Hospital (NHH), PU gave a presentation outlining current service, demand profile and rationale for change.
3				

# Provision of Minor Injury Unit Services 12-week Engagement 29 September 2023, 10:00 to 12:00 Abergavenny Market

Chair: Chris Dawson-Morris (CDM)

Panel: Paul Underwood (PU), Roxanna Williams (RW), Claire McCarthy (CM), Leanne Watkins (LW)

No.	Item	Lead	Attachments	Notes
1	Welcome and introductions	CDM		
_	Welcome and mirodactions	CDIVI		
2	Current services and proposed changes	PU	ABUHB Proposed Changes to MIU	Building on learning from the previous event at Nevill Hall Hospital (NHH), PU gave a presentation outlining current service, demand profile and rationale for change.
3	Question and answer	All		The panel responded to questions from attendees. The following discussion provides a summary of this conversation.  The Health Board data cites one attendance per night – does this included redirected patients?  Yes – the data includes all patient attendances. The Health Board will publish further detail on these redirections on the website.  Informal discussions with members of staff have suggested that the data presented by the Health Board is not correct – is this true?  The Health Board has rigorous standards for data collection and reporting. The data presented is correct.  How many staff cover the nightshift at NHH MIU?  The nightshift is covered by one emergency nurse practitioner (ENP), one registered nurse and one healthcare support worker.  Given the stated low attendance figures, would it not be possible to send one nurse from the Medical Assessment Unit (MAU) to triage the one patient per night?

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No.	Item	Lead	Attachments	Notes
				Staff undertaking the Unwell Self-present Protocol will not have ENP skills as they are medical
				specialists, so cannot provide a minor injury service. Workforce models are devised based on
				specialism.
				If the proposal is enacted, what is the timeline for implementing the change? Will the Health Board wait until ambulance waiting times have improved?
				It is worth noting that MIU patients will not typically require an ambulance.
				Patients requiring immediate care at ED will be triaged by 999 call handlers. The most
				seriously ill patients will be prioritised as 'Red' with a target response time of eight minutes.
				If the proposal is enacted, what will happen to patients in NHH MIU at 01:00?
				Ysbyty Ystrad Fawr (YYF) MIU is open from 07:00 to 01:00, and Ybysty Aneurin Bevan (YAB)
				MIU from 08:00 to 19:00. Both units have implemented an escalation guideline whereby
				patients attending near closure time are triaged and either: rapidly treated and discharged;
				redirected; or transferred.
				Has consideration been given to people who are unable to travel to the Royal Gwent
				Hospital (RGH) MIU if the proposals are enacted?
				The vast majority of minor injuries can wait until opening hours – therefore, patients are
				advised to wait until NHH MIU opens at 07:00. Patients with chest pain, shortness of breath
				and major injuries are encouraged to call 999.
				The Health Board recognises that it is not possible to eradicate presentations at sites without
				appropriate resource as patients will go to the nearest place of safety.
				As with YYF MIU, the Unwell Self-presenter Protocol will be implemented to support core site
				safety and ensure that clinical input is available for acutely unwell patients requiring
				immediate care. Signage will be in place with clear instructions on how to summon help
				during closure hours.
				What is the anticipated impact on the Grange University Hospital (GUH) ED?
				Attendance data indicates that the proposals will not create additional pressure for GUH ED.
				The urgent and emergency care system is very confusing, and patients do not always know
				where to attend. Could information be provided to local residents around appropriate use of
				services?
				MIUs are nurse-led units which treat minor injuries. ED (which was formerly known as A&E) is
				run by both doctors and nurses; it provides care for patients with very acute illness or injury
				requiring immediate treatment. Patients do not require a referral into MIU or ED.

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		Notes
		MAUs are run by both doctors and nurses, specialising in medicine; patients are referred into
		these medical short-stay units.
		The Health Board will produce communications for circulation to the local community.
		There is disappointment and confusion around GUH ED. For instance, the new ED has not
		delivered the promised standard of treatment, and the public is not aware that self-
		presentation to GUH ED is possible. What is the panel's response to this observation?
		GUH ED has experienced significantly more attendances than was anticipated, with up to 350
		attendances per day. The original plans did not allow walk-ins. However, shortly after opening,
		the clinical teams identified that it would not be possible to prevent self-presentations. Given
		that between 60% and 70% of attendances are walk-ins, it is clear that the public is aware that self-presentation is possible.
		The Health Board acknowledges that the patient experience is not adequate, and is working to
		make improvements through: expanding the main wait area; and improving flow via
		engagement with local authorities and WAST.
		Stakeholder communications to external parties, including MPs, were not completely
		sufficient. What is the panel's response to this observation?
		The Health Board sent an email to all named stakeholders with an offer to discuss the
		proposal in further detail. The Health Board will consider potential improvements to the
		engagement process going forward.
		Attendees referenced their recent experiences with urgent and emergency care; this
		included:
		i. Redirections between NHH MIU, GUH ED and RGH MIU with a severe injury
		resulting in 27 stitches and a blood transfusion;
		ii. Significant waits in an ambulance at GUH ED before being redirected to NHH
		for oxygen; iii. Incorrect advice administered by 111, resulting in a paediatric attendance to
		, , , , , , , , , , , , , , , , , , , ,
		NHH MIU and treatment by acute physicians. What is the panel's response to these incidents?
		i. Based on the available evidence, the attendance was probably appropriate for
		GUH ED. Following discussion with the individual, it was agreed that the
		Health Board would look into this incident as a learning event.

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No.	Item	Lead	Attachments	Notes
		Lead	Accommends	ii. The Health Board has undertaken significant work on its patient pathways; this pathway would not change under the proposals as the patient was admitted to NHH MAU to receive oxygen.  iii. The Unwell Self-presenter Protocol will still be in place to ensure that acutely unwell patients receive medical treatment.  Can ED at NHH be reinstated?  The Health Board cannot safely staff an ED at NHH. Furthermore, an ED requires onsite resource (including theatres, intensive treatment unit (ITU), catheterisation labs and endoscopy suites) which is not available at NHH.  What is the severity code system at GUH ED?  GUH ED and all the MIUs use the Manchester Triage System (MTS) which is used by most urgent and emergency care providers in the UK. The MTS provides all staff with a clear idea about acuity and priority.  Is the NHS overmanaged with too few doctors?  Various studies have demonstrated that the NHS is undermanaged, particularly when compared with other healthcare systems (King's Fund, n.d.; Nuffield Trust, 2023).  However, it is clear that there is an international shortage of staff providing healthcare. It is imperative that the Health Board supports staff to develop roles to maintain staff members' clinical skills.
	Close	CDM		

35/86 99/665

# Provision of Minor Injury Unit Services 12-week Engagement Monday 2<sup>nd</sup> October 2023, 14:00 to 15:30 Online via Teams

Chair: David Hanks (DH)

Panel: Paul Underwood (PU), Claire McCarthy (CM), Claire Brooks (CB) Karen Newman (KN) Amy Dolben (AD) Amy Brunnock (AB)

Registered: 10

Attended: 3 attendees – Donna Jones, Citizen; Katie Blackburn, Llais Powys; Geoffrey Davies, Llais Powys

No.	Item	Lead	Attachments	Notes
1	Welcome and introductions	CDM		
2	Current services and proposed	PU		Building on learning from the previous event at Nevill Hall Hospital (NHH), PU gave a
	changes			presentation outlining current service, demand profile and rationale for change.
3				

# Provision of Minor Injury Unit Services 12-week Engagement 3 October 2023, 17:30 to 19:30 Ysbyty Ystrad Fawr

Panel: Paul Underwood (PU), Claire McCarthy (CM), Claire Brooks (CB), Leanne Watkins (LW), David Hanks (DH), Amy Dolben (AD)

No.	Item	Lead	Attachments	Notes
1	Question and answer	All		Councillor Kevin Etheridge delivered a letter addressed to the CEO. A personal response will
				be written to Councillor Etheridge.
				Councillor Etheridge also suggested engagement with other stakeholders, including: third
				sector; full council; and CEOs of local authorities.
				The panel responded to questions from attendees. The following discussion provides a
				summary of this conversation.
				The Health Board data cites one attendance per night – does this included redirected
				patients?
				Yes – the data includes all patient attendances. The Health Board will publish further detail on these redirections on the website.
				detail on these redirections on the website.
				Will there be staff losses?
				No – there will be no staff losses. Staffing resource will be reallocated to areas of need
				within the Health Board.
				Is this a financial exercise?
				The Health Board continually reviews the services it provides to ensure that they meet
				the needs of our population and makes the most effective use of our workforce. The
				changes to the MIU opening hours have been proposed following a review of our
				patient demand, which demonstrates reduced demand between 1.00am and 7.00am.
				The Health Board's priority remains quality and safe patient care.
				Is it fair and reasonable to expect people from Abergavenny to travel to RGH during
				the night?
				Minor injuries will not typically require immediate care. Therefore, the majority of
				true minor injuries patients can wait until the morning to attend NHH MIU.

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No.	Item	Lead	Attachments	Notes
				Do you anticipate that people will simply attend Prince Charles Hospital ED?  Patients will have a choice where to attend and at which time. PCH will likely recommend returning to NHH when it reopens in the morning. It is worth noting that the Health Board experiences migrations of patients in both directions.
				The CEO referenced the opportunity to deliver additional operations through the reallocated resource from the proposal. Is this true?  The Health Board is approximately £170 million overspent. Therefore, the organisation needs to make decisions based on risk. The proposal represents the least
				risk to the population.  The organisation is also looking at deploying staff to other areas to ensure more prudent use of resources and reduce reliance on vacancies.

38/86 102/665

# Provision of Minor Injury Unit Services 12-week Engagement 10 October 2023, 17:00 to 19:00 Ebbw Vale Learning Action Centre

Panel: Paul Underwood (PU), Claire Brooks (CB), Hannah Evans (HE), David Hanks (DH), Amy Brunnock (AB), Amy Dolben (AD)

No. Item	Lead	Attachments	Notes
1 Welcome and introduct	ions HE		
2 Current services and pr changes	oposed PU		Building on learning from the previous event at Nevill Hall Hospital (NHH), PU gave a presentation outlining current service, demand profile and rationale for change.
3 Question and answer	All		The panel responded to questions from attendees. The following discussion provides a summary of this conversation.  **People did not know that NHH MIU was open 24/7. How many of these patients went straight to GUH ED?*  The Health Board has a responsibility to inform our public. We recognise that need to improve our communication.  Between April 2022 and April 2023 1,202 Monmouthshire patients (i.e. registered with a Monmouthshire GP) attended GUH ED. Fewer than 6% of these patients presented with low acuity presentations – however, these included both minor illness and minor injury. Therefore, minor injuries represent a smaller proportion of these attendances.  **What are the costs to keep NHH MIU open between 01:00 and 07:00?**  The cited £400K includes pay (including unsociable hours pay and variable pay) and maintenance costs (e.g. cleaning and heating).

39/86 103/665

No.	Item	Lead	Attachments	Notes
				Has the Health Board tried to recover patients from Prince Charles Hospital? What
				was the impact of difficult travel during the period April 2022 to April 2023?
				The Health Board recognises that patients might choose to attend a more convenient
				hospital. The Health Board has contracts with partner health boards to support this.
				Data analysis indicates that demand has not changed. Attendance between 01:00 and
				07:00 has remained the same both prior to this period and afterwards.
				How much does it cost for patients to attend cross-border?
				It is very difficult to breakdown for a minor injury cost, but the cross-health board
				contracts are commonplace. RGH MIU receives the most out-of-area attendances.
				It is important to get patients to the right place first time (e.g. cardiac problems).
				Could communications be improved? Could local councillors be contacted to learn where to best display information?
				The Health Board has learned from recent engagements and will produce simple scenarios for patient reference.
				It is understood that not all people can access the internet and communications will reflect this. The Community Engagement Team conducts regular visits. The Health Board has emailed posters to housing associations, colleges, schools and local councillors.
				The Health Board is available to listen to suggestions to the public. We will do our bes to improve communications, including responding to suggestions (e.g. GP surgeries, leaflet drops, community hubs, local radio stations [e.g. BGfm], Ebbw Vale Institute, Wetherspoons, Abertillery Learning Action Centre). The Health Board will also consider additional locations for engagement sessions in Blaenau Gwent.

40/86 104/665

No.	Item	Lead	Attachments	Notes
				Does the Health Board think it is acceptable that very unwell patients have to travel significant distances? It is possible that many patients will choose not to attend due to cost of travel – this could affect patient outcomes.  Prior to the opening of GUH ED, the Health Board could not support a workforce to sustain an ED on two sites. Now, there is not the infrastructure to support an ED (via ICU, Cath labs, etc.). There is evidence to suggest that GUH is actually safer than
				It is worth noting that this discussion is focussed on minor injuries. Changes to acute medical service provision via MAU are not proposed at this time. MAU would be accessed via referral through 24/7 primary care. Severely unwell patients Would continue to be stepped-up to GUH; since the opening of GUH, six people have been stepped-up from NHH.
				Patients presenting with a minor injury between 01:00 and 07:00 will receive appropriate triage and guided to an appropriate service.
				What is the anticipated impact on the Grange University Hospital (GUH) ED? Attendance data indicates that the proposals will not create additional pressure for GUH ED.
				What is the future for NHH?  The Health Board cannot safely staff an ED at NHH. Furthermore, an ED requires onsite resource (including theatres, intensive treatment unit (ITU), catheterisation labs and endoscopy suites) which is not available at NHH. The only way to sustain services was to centralise services at GUH. However, the Health Board needs to restate its commitment to NHH as a site. The new satellite radiotherapy centre provides evidence of this commitment.
				The Health Board constantly reviews its services to ensure it delivers for the local population. We are projected to be £170 million overspent by the end of the financial year; therefore, reinvesting the £400,000 saving from the proposal will ensure that we

41/86 105/665

No.	Item	Lead	Attachments	Notes
				can deliver operations and treatments for far more people than the one person per night attending NHH MIU.
				Local people feel disenchanted with an under-utilised YAB. Is the Health Board going to consider doing anything differently within Ebbw Vale?  The proposal represents the most efficient plan based on demand. The Health Board appreciates the suggestions and views from the public.
				The demand is not present at YAB MIU to extend its opening hours. There are not sufficient staff available to recruit – it is important to use these staff in the most prudent fashion. It will also be important to use the new Bevan Health and Wellbeing Centre appropriately.
4	Close	HE		

42/86 106/665

# Provision of Minor Injury Unit Services 12-week Engagement 24 October 2023, 16:00 to 18:00 Bridges Centre, Monmouth

Panel: Paul Underwood (PU), Chris Dawson-Morris (CDM), Karen Newman (KN), David Hanks (DH), Amy Dolben (AD)

No.	Item	Lead	Attachments	Notes
1	Welcome and introductions	CDM		
2	Current services and proposed changes	PU		Building on learning from the previous event at Nevill Hall Hospital (NHH), PU gave a presentation outlining current service, clarification between minor injury and minor illness, demand profiles and rationale for change.  PU emphasised the need to provide reassurance that patients were able to receive care at the
				right place and the right time.
3	Question and answer	All		The panel responded to questions from attendees. The following discussion provides a summary of this conversation.
				What is the age profile of patients attending at different times of day?
				The Health Board has looked at this data from 1am to 7am at NHH over the past year:
				28% of attendances were from people over 60;
				<ul> <li>60% of attendances were from people aged between 20 and 59;</li> <li>12% of attendances were from people under of 20.</li> </ul>

43/86 107/665

No.	Item	Lead	Attachments	Notes
				A&E attendances : [7A6AM] NHH (Abergavenny) * 1:00 + 2:00 + 3:00 + 4:00 + 5:00 + 6:00 * Patient Age : (Last 12 months)  Data Updated: 2023 10-20 (6:20:30)
				September 10 11 27 10 10 15.5 10 10 15.5 10 10 10 10 10 10 10 10 10 10 10 10 10
				Elderly people who fall during the night could call 111 or GP OOH which offers a homisit service.  What is the future for NHH? Will MIUs be removed from NHH?  The Health Board is committed to NHH as an important cite, as evidenced by the
				satellite radiotherapy unit and optometry hub. The Health Board cannot promise that services will not change, but services are developed in line with population need.
				The Health Board cannot safely staff an ED at NHH. Furthermore, an ED requires onsite resource (including theatres, intensive treatment unit (ITU), catheterisation labs and endoscopy suites) which is not available at NHH. The only way to sustain services was to centralise services at GUH.
				Why can't staff move between an ED at NHH and an MIU on site?

44/86 108/665

No.   Ite	tem	Lead	Attachments	Notes
				Staff do move between urgent care sites. It might be possible to work differently, but
				it is not easy to make changes straight away. The Planning Team supports Urgent Care
				to develop services.
				Is it fair and reasonable to expect people to travel to RGH during the night?
				Minor injuries will not typically require immediate care. Therefore, the majority of
				true minor injuries patients can wait until the morning to attend NHH MIU. This will
				require patients to know where to attend at which time.
				What is the anticipated impact on the Grange University Hospital (GUH) ED?
				Attendance data indicates that the proposals will not create additional pressure for
				GUH ED.
				Alternative provision would mean that patients could call 111 or GP OOH. Access to
				MAU will not be affected by this provision – this will still be via medical referral.
				What will the impact be on other organisations?
				Other health boards and trusts are not concerned about an additional attendances
				per night.
				Patients who are treated elsewhere will be repatriated as per current practice.
				It will be important to get communications right. What does the Health Board inten
				to do?
				The Communications Teams would appreciate any ideas for ways to engage with the
				public. It would be useful for attendees to complete the survey.
				The Health Board recognises that the changes with GUH were undertaken very rapid
				and has learned from this. We constantly need to keep updating information and the
				regular Communications Drop-Ins across the community are invaluable.

45/86 109/665

No.	Item	Lead	Attachments	Notes
				What are the chances of increasing capacity at 111? The Health Board is exploring opportunities to reinforce services in recognition of 111's performance. The Health Board is also working with WAST to improve services.  The public does not have complete faith in the system. The Health Board understands this. For example, on Monday, the Health Board identified 300 patients who are medically fit to be discharged but do not have packages of care in place to return home. Therefore, we need to make sure that staff are supported to deliver care.  Staff are needed elsewhere – it is not viable to continue this service for one patient per night.
4	Close	CDM		

46/86 110/665

# Provision of Minor Injury Unit Services 12-week Engagement 1 November 2023, 10:30 to 12:30 Tabor Centre, Brynmawr

Panel: Chris Dawson-Morris (CDM), Claire McCarthy (CM), Arian Howells (AH), Amy Brunnock (AB) David Hanks (DH), Amy Dolben (AD)

No.	Item	Lead	Attachments	Notes
1	Welcome and introductions	CDM		
2	Current services and proposed changes	CDM		CDM emphasised that the Health Board was committed to Nevill Hall Hospital site, but is also experiencing challenges, particularly around RAAC.
				In anticipation of questions, it was noted that patients with a minor injury between 1am and 7am could call 111, attend RGH, or wait until the morning. GUH ED would provide a safety net for injuries and illness requiring immediate attention; it was also emphasised that the change would not cause additional pressure for GUH ED (especially as only five patients attend GUH ED MIU with a minor injury at any time).
3	Question and answer	All		The panel responded to questions from attendees. The following discussion provides a summary of this conversation.
				Why are you keeping RGH MIU service provision 24/7?
				RGH MIU experiences an average of four patients per night, so demand is much
				higher. GUH ED does not see minor injury patients.
				Why are patients told to travel to other hospital sites? Why is assessment not conducted properly?
				We would like to look at the detail more fully. Often minor injuries will wait a long
				time in ED, and will be seen more quickly at an MIU. If there is a decision that they
				require treatment elsewhere (e.g. plastics at Morriston), this can be done at an MIU.
				Triage nurses are trained in initial assessment; an ENP can conducted a deeper

47/86 111/665

No.	Item	Lead	Attachments	Notes
				assessment to refer to other specialties. Unfortunately this process requires travel
				between sites.
				The Health Board aims to get patients to the right site. This is why services like 111 are
				integral.
				What is the saving? Why is this not being publicised?
				The projected savings at £400,000. At the moment, we use significant amount of bank
				and agency; therefore, the savings will be reinvested into resources.
				Will these savings lead to improvements in services?
				The MIUs perform particularly well at present, including around the Four Hour Target.
				Patients with an acute illness do attend and this can affect the waiting times. EMRTs is
				paid for by the NHS and they serve the MIUs well.
				What proportion of patients are transferred to another site?
				Of the 400 patients who attended between 1am and 7am, six patients were
				transferred to GUH ED. If an acutely unwell patient attends NHH MIU during hours of
				closure, there will be a safety protocol in place. This service is not to be advertised; it is a safety net, but is not the safest service for patients. This has been in place at YYF
				MIU and it has worked very well.
				It is worth noting that there is no paediatric support available at NHH or YYF.
				Therefore, it is not safe to attend either site with an unwell child.
				Is this the same at YAB?
				The current model has been in place for 15 years, and patients tend to understand
				that the MIU is closed overnight.
				What would happen to the X-Ray department?
				This would remain open to serve the Acute Medical Unit.

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No.	Item	Lead	Attachments	Notes
				Previous changes to stroke services concerned local communities.
				It is important to note that 'time' is actually related to 'time to the best provision.'
				Patients with significant trauma attending MIU or ED will be assessed out via EMRTS
				to UHW.
				What about problems with GUH ED?
				The Health Board recognises problems with GUH ED and is working on this. The risk-
				adjusted mortality index shows that acutely unwell patients are more likely to survive
				than the previous model.
				It is also important for us to improve services to ensure staff retention during a
				particularly difficult period.
				How many other EDs do not have a co-located MIU?
				There are other examples, for instance Morriston. Furthermore, other health boards
				are looking to explore opportunities around moving away from co-location (as this
				comes with the opportunity to improve waiting times for minor injuries patients).
				Has an EQIA been undertaken?
				It has been undertaken and has been updated throughout the 12-week engagement
				period. This will be published.
				The Health Board is working closely with Llais and will follow their advice around
				consultation.
				What will happen with ambulance callouts to MIUs?
				It is unlikely that patients with minor injuries will be taken to an MIU overnight. WAST
				seeks to minimise conveyances to hospital.
				seeks to minimise conveyances to nospital.
4	Close	CDM		

49/86 113/665

# Provision of Minor Injury Unit Services 12-week Engagement 9 November 2023, 10:00 to 12:00 Blackwood Library

Panel: Chris Morgan (CM), Roxanna Williams (RW), Amy Brunnock (AB), Amy Dolben (AD)

No.	Item	Lead	Attachments	Notes
1	Question and answer	All	Accomments	The panel responded to questions from attendees. The following discussion provides a summary of this conversation.  Positive experience of treatment at YYF MIU and then redirected to GUH ED, but what happens to patients who attend GUH ED inappropriately?  Patients will be redirected.  Google query re opening hours publicised.  We will look into this and get this corrected.  Where is this being publicised?  The proposal is being publicised via weekly emails to stakeholders and local area is  What will happen to patients requiring minor injury provision during the night?  Patients requiring minor injury provision can travel to RGH MIU. YYF has shown that there has been minimal effect on unwell self-presenters at any hospital.  Patients with minor injuries can often wait for treatment, or seek alternatives.  What will happen to resource?  YYF resource has already been moved into the day to ensure a better service during the day.
2	Close			

50/86 114/665

# Provision of Minor Injury Unit Services 12-week Engagement 13 November 2023, 5pm to 7pm Bethel Baptist Church, Blaenavon

Panel: Paul Underwood (PU), Claire McCarthy (CM), Claire Brooks (CB), Amy Brunnock (AB),

No.	Item	Lead	Attachments	Notes
1	Question and answer	All		The panel responded to questions from attendees. The following discussion provides a
				summary of this conversation.
				How many managers are there in the Health Board / NHS? There are too many!
				We don't have the exact figure but can say that we need all our managers to support the
				clinical staff who can in turn be freed up to deliver care to our patients.
				How are you going to get to RGH? Who is going to pay for the Taxi?  The majority of injuries can wait until 7am the next morning, so the need to travel is most likely unnecessary. Patients with minor injuries can often wait for treatment or seek alternatives. If there is a major injury then you could call an ambulance. We recognise that there are challenges with ambulance service response times.
				12 weeks engagement with the public which we are learning from and taking all peoples comments into consideration.
				What is a minor injury?
				• Limb injuries, which include broken bones (fractures) and minor joint dislocations.
				Wounds, grazes and minor burns
				<ul> <li>Head injuries, provided there is no loss of consciousness or taking blood thinning drugs</li> </ul>
				Face injuries, provided there is no loss of consciousness
				Minor neck injuries, provided that the patient is mobile, has no pins and needles in
				arms and has not fallen from a height greater than 5 stairs or 1 metre
				<ul> <li>Minor back injuries, provided that the patient is mobile, has no pins and needles in the legs, has not fallen from a height greater than 5 stairs or 1 metre</li> </ul>

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No.	Item	Lead	Attachments	Notes
				<ul> <li>Eye, ear and nose injuries and foreign bodies</li> <li>Rib injuries</li> <li>Insect, animal and human bites</li> <li>What are the opening hours of Bronllys in Powys?</li> <li>Bronllys Hospital is a local community hospital and does not have an A&amp;E department or Minor Injury Unit. Brecon is 24/7 but they are experiencing similar issues to us.</li> <li>Transport concerns from Blaenavon to RGH / GUH between 1am and 7am</li> <li>There is no public transport from Blaenavon at these times, so residents would experience the same issues if they were to use any hospital during the hours of 1am to 7am</li> </ul>
2	Close			

52/86 116/665

# Provision of Minor Injury Unit Services 12-week Engagement 20 November 2023, 5.30pm to 7.30pm Stocktonville Community Hall, Tredegar

Panel: Paul Underwood (PU), Claire McCarthy (CM), David Hanks (DH) Amy Brunnock (AB),

No.	Item	Lead	Attachments	Notes
1	Question and answer	All		This is an opportunity to share proposals and explain rationale.
				The panel responded to questions from attendees. The following discussion provides a summary of this conversation.
				Skin complaints or boils / rashes – where would you go for them? They would be a GP visit.
				Where would we go for information? AS explained the community engagement programme, showed members the 'accessing NHS services guide' and asked where people would look to access information
				Suggestions included: Information in our local shops / GP practices / Facebook / pocket guides to keep in purse
				Over the past 3 years we have had covid and roadworks on the heads of the valleys road and you have supplied stats for that period, what were the attendances prior to that time frame?
				We can find out that information for you.  There is RGH MIU 24/7 but PCH is closer to us here so can people go there?

53/86 117/665

Lead	Attachments	Notes
		Yes, people are free to access whichever services are the most appropriate / convenient. Also a reminder that this proposal is regarding minor injuries which, if on assessment via a phone
		call to 111, could be determined that people could wait until the reopening of the unit at 7am
		How many residents from Tredegar go to PCH?
		We have commissioning arrangements with Cwm Taf Morgannwg Health Board, and we pay a significant amount of money as we recognise a large proportion of our population attend
		there. Similar arrangements are in Cardiff and Hereford. We have to have these arrangements as our population choose to go to other hospitals outside our boundary area
		likewise people from other Health Board areas use our hospitals.
		YAB numbers seem low on the graph?
		Less opening hours (9am to 7pm) and we do see lower demand there. Numbers have plateaued out a bit recently.
		MIU's are opened for different hours in different places?
		We supply 512 hours of a MIU service across our hospital sites. Swansea Bay provides less
		than half of this (188.5 hours per week). It is an integral part of our Clinical Futures model ar 52% of our urgent care demand is via the MIU service. If the proposals go ahead our MIU service hours would reduce to 470 hours a week.
		service flours would reduce to 470 flours a week.
		Are you getting a calculation of thoughts together during the last 11 weeks of the engagement period?
		Its not us that makes the decision, our Exec board with representation from Llais make the final decision. We are listening and recording information that is coming up in the sessions -
		we have had a lot of really valuable feedback and this will all be analysed and included within
		the final report.

54/86 118/665

No.	Item Lead	Attachments	Notes
No.	Item Lead	Attachments	Paying bank nurses costs huge amount of money and you are not training our own nurses, why?  We can't influence what goes on in the private sector. We are constantly recruiting and opening the opportunity for nursing positions. Nursing has evolved hugely and is incredibly technical and requires degree level education. We do a lot of clinical training.  Nurses trained in a two-tier system is something that we are doing. Our CNO (Chief Nursing Officer) in Wales is introducing 'Nurse Associates' who will complete a 2-year training programme and progress into a degree course if they would like to. We have issues with recruitment and retention and that is an issue experienced regionally and nationally.  Through our Emergency Department we are developing a role which is a level above a Health Care Support Worker (typically Band 2/3) which is a Band 4 role (Registered Nurse is band 5) and provides additional skills and opportunities for training and hopefully gives them the skills to go on further should they want to.  Emergency Nurse Practitioner's (ENP's) require a Masters level of education (level 7) Our workforce is evolving, and we need to retain our staff.  Uniform colour explanations?  Wales has a standardised uniform:  Domestic – green Qualified – light blue Senior Nurse – dark blue ENP's (nurse practitioners) – royal blue Consultant Nurse - Turquoise

55/86 119/665

No.	Item	Lead	Attachments	Notes
				Staff working night shifts are not getting enough experience – what are you doing about
				that?
				ENP's are specialists in treating minor injuries so wouldn't necessarily have the skillset to go
				on to another ward. They may not have some of the technical skills to work in another section
				or ward. The YYF resource has already been moved into the day shifts to ensure a more
				efficient service is experienced by patients during the day.
				We thought YAB MIU shut at 4pm?
				It does shut at 7pm, on rare occasions if the demand is so great nearing the closing time of the
				unit, then some patients will be redirected to either come back in the morning on reopening
				or advised to go to another MIU.
				Why is YAB open Mon – Fri?
				We recognise that Monday is the busier day. Today's discussion is about NHH and the
				changes at YYF that were made during Covid so we looking to align these to the hours at NHH.
				Do you know how many people go to NHH from the BG area due to the closure of the MIU
				at YAB on the weekends.
				Yes, we have the data, and it is pretty accurate, and we may need to look at it again in the
				future we are pretty confident the hours of service provides covers the demand.
				Will you be telling people about the hours of opening of the MIU at YAB as people think it
				closes earlier than it does?
				Yes, we will be looking at a range of ways to communicate with the public.
2	Close			

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# Provision of Minor Injury Unit Services 12-week Engagement 27 November 2023, 5.30pm to 7.30pm Lecture Theatre, Nevill Hall Hospital

Panel: Paul Underwood (PU), Claire McCarthy (CM), Claire Brooks (CB), Hannah Evans (HE), Chris Dawson-Morris (CDM), Karen Newman (KN), Amy Brunnock (AB)

No	Item	Lead	Attachments	Notes
1	Question and answer	All		This is an opportunity to share proposals and explain rationale.
				The panel responded to questions from attendees. The following discussion provides a
				summary of this conversation.
				Explore the scenario slide - elderly person falls out of bed during the middle of the night,
				sprains their ankle and thinks it may be broken, where do they go to? Do they go to the
				main entrance?
				Initially they should phone 111.
				It's difficult to assess the severity. Someone can triage and identify if the injury is minor and
				can signpost if they need to go to GUH and return in the morning when the MIU reopens, or
				there is the option to go to RGH which is open 24/7. Ultimately, the advice would be to attend
				MIU in the opening hours.
				The points around 111 being unreliable is valid. Health board is aware that there are
				challenges around the service. There is more to do but the opportunity is there. Our systems
				are confusing, we know that, but we know that when 111 does meet its requirement it will be beneficial.
				Often wrong advice is given by 111 about where to go
				We understand the frustration and acknowledge that our model can be challenging against
				the pathways provided by 111 as they may not have local knowledge and understand ABUHB
				systems and patient pathway. We have a relatively unique model here in AB but it will be a
				system used in the future across the uk
				If you turn up the hospital, will there be someone on the staff during the night acting as
				triage nurse to assess where the person would go? What qualifications and training does
				that member of staff have?

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No	Item	Lead	Attachments	Notes
				We have a protocol to deal with this, the provision is purely a safety net. This is not an
				advertised service as it is not safe, and the staff member wouldn't be someone with minor
				injury specialism. They would have basic knowledge and the ability to signpost. In YYF there
				are advanced nurse practitioners who cover OOH and the site they provide that service.
				If this proposal would go through, then something similar would need to be looked at in
				detail. It would not be someone with the skill set to manage a minor injury.
				Across all sites there are 'core site safety' teams who are qualified nurses that provide care on
				all sites 24/7. There are advanced qualified staff on all sites, but they won't have minor injury specialism.
				In a scenario if someone was to collapse at the site, there are nurses on site who would have
				the skills to perform basic lifesaving skills before emergency service arrived
				MIU has the ability to tap into the knowledge of medical expertise on site. Work
				collaboratively.
				We're committed to joint work how we improve call backs
				We know there is more to do, the 111 service has access to clinical advice, we will get it right,
				this is a great way to take the decision making away from people about our systems as we
				recognise it is confusing. Timely people in response from 111 we recognise we have more
				communications to do about how our emergency system works.
				It's not acceptable.
				We are working with WAST to improve this
				Do you have someone from AMU to provide support
				Patients have a level of anxiety and wondering where to go. The MIU has the capability to tap
				into the expertise at the AMU and the core site safety team would be available to assist. Work
				collaboratively together.
				I've read the paper, congratulations it was very clear, and lots of stats, how many people
				turn up at the GUH in the graveyard shift instead of going to the MIU. Could patients be
				diverted back to NHH MIU?
				Less than 1% individuals registered with GP practice in the NHH catchment area are going to
				the GUH. Patients are triaged 1-5 with 1 being high priority, and 4/5 low priority
				Total number of attendances from Monmouthshire to GUH:
				Priority 1 – immediate care x 28 (2%)
				Priority 2 - very urgent care x 524 (44%)

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No	Item	Lead	Attachments	Notes
				Priority 3 – urgent care x 576 (48%)
				Priority 4 - standard x 68 (6%)
				Priority 5 - see & treat x 6 (<1%)
				1202 patients at total between the hours of 1am and 7am
				When GUH opened we had a leaflet, but we are concerned that people are taking advantage
				of GUH and misusing it
				This has been a commonly asked question during the engagement period from the data it
				doesn't show that trend. The Communications team have been listening in these engagement
				sessions about how to better communicate to the public around these areas and how best we
				communicate with the public about the routes into the system.
				In Gwent just over 18% of our population are Monmouthshire residents, provides the least
				demand on our service and doesn't require much re-direct. We do know for Torfaen residents
				they do present more at GUH but likely that is down to locality near the GUH. It is likely that
				some patients do attend the wrong site however a lot do go to the right services.
				The proposals are for the MIU to shut at 1am in the morning, will the x-ray department also
				shut?
				X-ray provision at NHH will remain 24/7 due to other services at the site so will be available to
				MIU until the unit shuts at 1:00 if the proposal was to go forward.
				GUH was not meant to be walk in but just ambulance and air ambulance
				Two thirds of attendances to GUH are not from WAST conveyance but are those that self-
				present or are taken in by a relative.
				Covid did mean we had to change the model and walk-ins have increased since the opening of
				the hospital. When the GUH opened the numbers per day that we were expecting to see was
				between 140-180 a day, this was following 20 years of planning and looking at statistics. We are now seeing up to 360 people a day. The demand profile has gone up. We have a far from
				perfect system, we know there are high demands on ambulances and there are high levels of
				medically fit patients (308) that need support that can be discharged from the hospital but
				there are no care packages available to support, Local Authorities' cannot provide as they do
				not have the individuals to do that.
				1600 beds across all sites.
				Patients which are unable to be supported elsewhere.
				Staffing resource we can create through this proposal will support this.

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No	Item	Lead	Attachments	Notes
				Wanted to give reassurance, we have got a transformation programme where we can better
				support people in the community. Working with local authorities to stop people having to
				come to GUH and other sites and how to better serve the population and make sure they go
				to the most appropriate place of care. The system is really challenged for a number of reasons
				but we are doing more to try and improve the urgent and emergency care system.
				Director of Partnerships and planning gave assurance that faced with some of the challenges
				we have a transformation programme of how we can better support people in the
				community, CRTs etc. Working tirelessly with LAs to think of transferring people on to the
				most appropriate place of care. We are trying to approve the system.
				There is an awful lot of confusion, when 111 eventually get back to you and tell you to go to
				GUH, wait and then redirected back to MIU people lose trust. People are asking where are
				they supposed to go? Car parking not fit for purpose. This is not a good service at all. This is
				totally unacceptable. Very glad you are working on it and owning it.
				We're not happy either and the situation you have described is a terrible patient experience,
				and it should not happen, but it does happen, even on a daily basis. We are looking to do
				whatever we can to better this. We are starting an extension in the main waiting area of GUH,
				in the coming weeks and this will provide a much better experience for patients. It was bult
				for 38 patients but when a member of family accompanies them in reality this is for 19
				patients, so the extension will allow for more people, either 78 or 90 – we can confirm this.
				In terms of being re-directed after triage, we know this isn't a great patient experience. We
				are in the process of implementing an eTriage system (using the Manchester Triage Score) to
				highlight to staff to support with that as those who are deemed more serious will be
				highlighted to nursing staff.
				If you have a minor injury and present at GUH the triage nurse will divert you to an MIU which
				can be at your local hospital or the one with the shortest waiting time. Sometimes you will be
				advised to attend when it re-opens.
				We are really sorry that you had that experience, and it is important to learn from that
				experience.
				Occasionally the language and script that 111 call handlers use can cause confusion, i.e. they
				may say to attend your local hospital but in the case of ABUHB this may not be appropriate as
				it may need to specify ED or MIU and clarify which hospital should be attended.

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No	Item	Lead	Attachments	Notes
				Both team members today (Consultant Nurse and senior nurse) are constantly feeding back to
				111 what patients are saying.
				Our commitment is to listen to you and apologise for the experience that you had.
				It is important that patients highlight to staff any issues as they can then provide feedback and
				make recommendations to 111 or look at the situation and look into the scenario to see if
				there are any teaching requirements for staff.
				111 tell someone to go GUH, who say we are so busy go to NHH and then are told go back
				to Guh = how does someone at that moment deal with that situation?
				We as clinicians need to explore those scenarios in depth and address on the whole with the
				triage nurses and we look into those cases in great depth
				If you are unhappy with what you were told is there somewhere to go to say what kind of
				experience that you have received.
				Llais is an organisation that has a group of workers in every area of Wales, they will refer you
				to the advocacy service, dealt with. Also, the Health Boards 'Putting Things Right' service is
				the place to send concerns. We have also recently introduced a new service called PALS
				(Patient Advice Liaison Service) for inpatients.
				Need to understand specific examples to have the awareness of how to improve services
				We are aware there is a lack of confidence in 111 service so there is commitment from CEO to
				get this right.
				I came tonight with a contrary view. There is no doubt in my mind you are grappling with clearly a waste of resources. You can't devote those number of staff with that number of
				patients. I am pleased that you are more proactive than I thought you were – you are trying to visualise how problems could be resolved. Staff resources are limited, and I acknowledge
				that. The GUH was a disaster, and you were doing nothing about it, but clearly you are
				trying to do something. It is clearly unjustifiable. What the hell is going on in Newport?
				There is something funny about Newport.
				Why are Newport RGH figures so different to the other MIU's?
				Suggestion of having the person here to redirect people in the middle of the night is good as
				that is needed and good you have thought about it but do not advertise it.
				We do try to look at service demand. Newport has a nighttime economy and a student
				population and the RGH is in the city. We do try and proactively look at patterns of service of
				demand and then it comes back to understanding the context around the population. The

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No	Item	Lead	Attachments	Notes
				location of the RGH does play into why it sees more attendances. The demand of the MIU across the UK is predictable.
				The data can provide as much questions as it does provide answers.
				We have far from got it right we have to do significant work to even do some provisions like this we have brought today. We have limits on what we can do when looking at workforce and resources.
				It was hard to get the GUH open and its still challenging now. Its been difficult to get it right and we are trying hard to fix but we are still in challenging times.
				Will there be any impact on GP OOH at NHH as part of these proposals?
				We have a based GP here on the site Thursday to Sunday. This is not changing as part of this proposal.
				Would you review this if the proposal goes ahead and found it did not work?
				We constantly review and things changing, change in our estates and our population. There are more people over 65 years old and 2% less working age population. The provision around health care must constantly change and adjust to meet demand.
				We would like to provide some reassurance around GUH, one of the key performing areas we look at for risk-adjusted-mortality. If you are extremely unwell and you attend The Grange, you have really good outcomes and treatment. your chance of survival is better than most of the UK. The statistics nationally show us to perform well. We have everything there to get the
				best service. For those less seriously unwell, we haven't got it quite right
				What are you doing to assess and reduce hospital infection rates?
				That is part of GUH model of having single room occupancy (80%) against the bays which are at NHH and RGH. We have a series of protocols, hygiene standards and isolate individuals where required (such as those with flu or C.diff) and have protocols around segregating those. Nosocomial group meets fortnightly to look at how we reduce and what is happening across our sites. RGH and NHH more challenging due to less Bays.
				Work we are doing with GP colleagues around antibiotics and the prescribing.
				There is a cross site meeting every morning at 8.30am which looks at patients, bed utilisation,
				flow within the system and is guided by our infection control team. Decisions and risk-
				assessed and based on input from the infection control team. We take it seriously and limit
				exposure as much as we can. Take it very seriously.
				What sort of relationship do you have with the press?

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No	Item	Lead	Attachments	Notes
				We have a really good relationship with the press. We work with the BBC, ITV, and locally the
				South Wales Argus, Abergavenny Chronicle and the Monmouthshire beacon.
				and using the press to help us share messages with the public is something we are looking to
				do.
				If the press come to us and say people have had a bad experience, we will be open and honest
				with them and apologise when we need to. We also work with them to share key messages
				and information with the public and we are currently working with them on our Winter
				Communications and Engagement Plan which has been signed off by our CEO this week.
				I think further messaging needs to goes out there.
				We agree, we have just designed new website page which will provide that information. We
				will be working with community centres, libraries and other public services as well as
				information digitally that people can access through QR codes.
				Even with great relationships with the media we also acknowledge on social media that there
				can be polarised views. The comms and engagement team do what they can do but it can be
				difficult to navigate with members of the public misguiding.
				Communications is going out with social media campaigns on Instagram, tik tok, linked in,
				facebook to target different age ranges as well as going into schools.
				There is an animation out there targeting different requirements of MIU.
				If you have a fracture in the middle of the night. And while you go to the MIU and they will
				tell you whether it needs reducing, if that happens in the middle of the night how long can
				you leave it before it needs to be seen to.
				The colles fracture that you are referring to can wait to be seen in the morning.
				You may be advised to stay in bed and go to the MIU in the morning. If you are on your own
				and without transport you could call 999 and an ambulance could be sent to assess you, they
				are not necessarily there to convey you, there are other options within the system. There are
				still mechanisms within the 999 service to make those assessments and recommendations
				with increasing multi professional staff. Call handlers are not clinical but have a clinical desk
				with expertise of who can advise. WAST can request taxis, have paramedic cars / motorbikes
				as-well as ambulances, 60% of calls actually end up being conveyed and taken to the ED,
				others are seen by very skilled clinicians who can treat and deal, ring the GP or advise where
				to go.

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No	Item	Lead	Attachments	Notes
				An attendee provided a scenario where the paramedic took a patient to GUH and then she waited long time and then was discharged home.  If you look at the total number of people attending the GUH the majority of them will be discharged within the same day.  You can be waiting in the department for things that are happening in the background which can help with a discharge, for example waiting for diagnostics, bloods, x-rays, and further tests which need to be completed to enable a patient to be discharged.  This long wait would then be accepted if communicated, but most of the time the communication is not there.  A lot of training takes place with nursing staff and one of the things we focus on is communication. For nursing staff time does go very quickly, this isn't the case for patients waiting but we do ensure that through training and feedback we highlight the importance of communication.  Need to get the fundamentals of care right  We have a meeting every week as a senior nursing team and we review feedback and complaints and one of the themes we are aware of is around communication and we do cascade that back to the team. We take this very seriously and do rely on feedback given to help us learn and improve our services.
2	Close			

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### Attachment C

# **Evaluation Report of Survey Responses Received**

#### 1. Introduction

The following paper provides an analysis of responses to a survey about proposed changes to Aneurin Bevan University Health Board minor injury unit (MIU) opening hours. The details of the proposal are included in Appendix 1. The survey was published as part of a 12-week public engagement period which began on 11 September 2023 and ended on 1 December 2023.

#### 2. Objectives

This evaluation will analyse responses to a survey seeking the public's views on the Health Board's proposals for MIU services in order to identify the following in support of service development:

- i. Current reported attendance patterns (beyond quantitative attendance figures);
- ii. Potential attendance patterns;
- iii. Perceptions towards the Health Board's proposal, including perceived potential adverse and positive impacts on patients and the wider healthcare system.

#### 3. Materials and methods

Through triangulating both quantitative and qualitative approaches, this evaluation assesses the response to the Health Board's proposals for MIU services.

#### Data creation and collection 3.1.

As part of the Health Board's public engagement period, an Engagement Working Group was established in August 2023. The Working Group collaboratively designed a survey which is included in Appendix 2. The survey was published in English on Microsoft Forms. Hard copies were also made available in English at Nevill Hall Hospital (NHH) and Ysbyty Ystrad Fawr (YYF) MIUs, and in English and Welsh at all public engagement events. Members of the public were able to respond to the survey between 11 September 2023 and 1 December 2023.

2,130 survey responses were received. 423 of these were completed on paper. The Health Board Communications Team manually transposed paper surveys into Microsoft Forms.

#### 3.2. Quantitative analysis

Microsoft Surveys provides univariate analysis of single- or multiple-choice based questions through real-time pie charts; the findings are discussed in Section 4. Multivariate analysis has been undertaken to identify associations between variables, including respondents' postcode and sentiment analysis code (as derived from the qualitative analysis process outlined in Figure 1).

#### 3.3. Qualitative analysis

This evaluation has employed methods from two distinct qualitative approaches to analyse free-text responses to the Health Board's survey. The analytical process is outlined in Figure 1.

#### 3.3.1. Sentiment analysis

Sentiment analysis involves the extraction of a summarised opinion on a given topic from textual data. Such analysis can be undertaken via manual or computational methods. Manual methods require textual annotation from codebooks, whilst computational methods use natural language processing to apply sentiment codes. This evaluation has used both methods to provide assurance across the large dataset.

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# 3.3.2. Thematic analysis

Thematic analysis involves identifying, analysing and interpreting patterns of meaning from textual data. This evaluation has used manual coding as the primary process for developing themes through identifying descriptors and concepts of interest in the data.

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### Data creation and collection

- Developing and publishing the survey via Microsoft Forms
- Distributing hardcopy surveys at engagement events and across MIU sites
- Transposing hardcopy surveys into Microsoft Forms.



# Digital collation of data

- Exporting Microsoft Forms data into Microsoft Excel
- Uploading survey responses to Taguette (an online qualitative data analysis platform).



# First phase of data coding

- Manually assigning sentiment codes as per the Codebook included in Appendix 3
- Automatically assigning sentiment code using SentimentR package (i.e. analysis of sentences where polarised words are scored for positivity/negativity and word score is adjusted based on sentence context [amplifiers/negators/deamplifiers/advers ative]).



## Moving to categories and themes

• Inductively engaging with the data to transpose coding into high-level themes as per the Codebook included in Appendix 3.



## Third phase of data coding

• Assigning conceptual code groupings to the descriptive codes as per the Codebook included in Appendix 3.



# Second phase of data coding

• Assigning initial descriptive codes based on narrative points of reference as per the Codebook included in Appendix 3.



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### 4. Results

Having used the described analytical process, the following discussion outlines the initial findings.

### 4.1. Respondent location

The first survey question asked "What is your postcode?" with responses collected via a free-text box. Respondents did not always provide a postcode in the standard format (e.g. NP18 3XQ), which required subsequent manual amendment from members of the Public Engagement Working Group. Only the postcode district was relevant to this evaluation (e.g. NP18). Therefore, in order to minimise the requirement for manual amendment, future surveys could include a single-choice selection of postcode districts within the Health Board and South Powys area with an 'Other' selection inducing a free-text box to accommodate the small proportion of respondents living beyond these areas.

2,112 responses were submitted with an identifiable postcode district. Responses were received from 46 UK postcode districts. The five postcode districts with the greatest number of responses are outlined in Table 1.

Table	1	Survey	Question	1
IUDIC		Juivey	Question	_

What is your	Coverage area	Number of	Percentage of
postcode?		responses	total responses
NP7	Abergavenny	608	28.5
NP23	Ebbw Vale, Brynmawr, Cwm	218	10.2
	Pontypool, Blaenavon, Little Mill, Griffithstown,		
NP4	parts of Glascoed	179	8.4
	Monmouth, Wyesham, Redbrook, Welsh		
NP25	Newton	168	7.9
	Caerphilly, Abertridwr, Senghenydd, Bedwas,		
	Trethomas, Machen, Llanbradach, Pwllypant,		
CF83	Penyrheol, Energlyn, Trecenydd, Rudry	119	5.6

## 4.2. Historical MIU attendance

The second survey question asked "Have you previously visited an MIU with a minor injury?" with responses collected via a single-choice selection (i.e. Yes, No). 2,126 responses were received in relation to this question. As per Figure 2, 79.8% of respondents had previously attended an MIU.

The third survey question asked "Which MIU did you visit and approximately at what time?" with responses collected via a free-text box. As per the first survey question, respondents provided responses in a range of written formats (e.g. NHH 19:30 [No. 108], YSTRAD MYNACH AND ROYAL GWENT [No. 906], YYF - June 22, October 21 [No. 1717], Brecon late pm [No. 2095]) which required subsequent manual amendment from members of the Public Engagement Working Group. Therefore, in order to minimise the requirement for manual amendment, future surveys could incorporate two separate questions. The first question would ask "Which MIU did you visit most recently?" with responses collected via a single-choice selection of Health Board sites, with an 'Other' selection inducing a free-text box to accommodate the small proportion of respondents attending non-Health Board sites. The second question would ask "At roughly what time did you visit this MIU?" with responses collected via a single-choice selection of time of day across 30-minute intervals.

Of the 1,697 respondents who had previously attended an MIU, 1,671 gave further details about their prior attendance, including:

- 1,538 responses with an attendance site;
- And 1,027 responses with an attendance time of which 878 provided a specific attendance time (e.g. 00:00, 07:15, 22:45) and 149 provided a more generic attendance time (e.g. morning, afternoon, evening).

As per Figure 3, 66.8% of respondents had attended NHH MIU. Of the 1,028 respondents who had previously attended NHH MIU, 541 provided a specific attendance time. As per Figure 4, the proportion of respondents who reported attending NHH MIU between the hours of 19:00 and 06:00 was significantly higher than the Health Board attendance figures, perhaps suggesting prior personal experience as a key driver in responding to the survey.

Figure 2 Survey Question 2

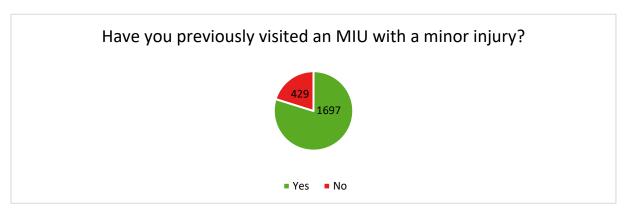


Figure 3 Survey Question 3a

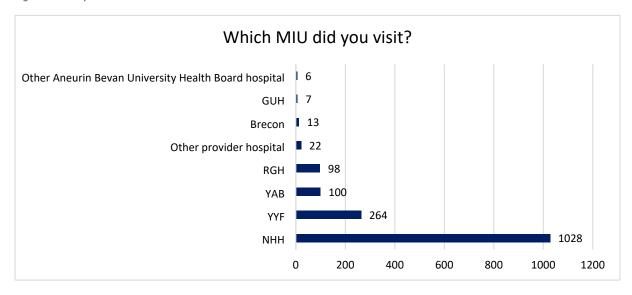
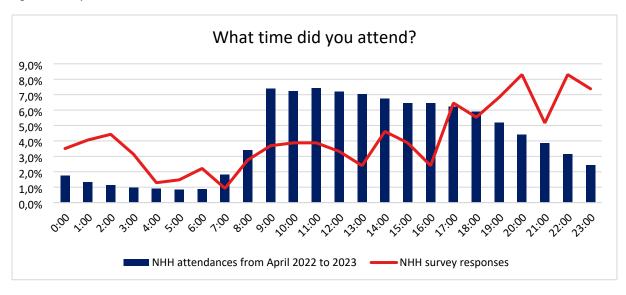


Figure 4 Survey Question 3b

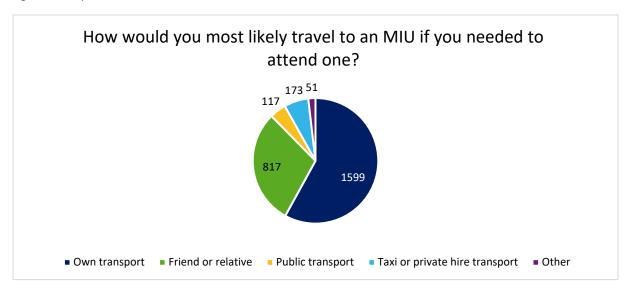


### 4.3. Potential MIU attendance

The fourth survey question asked "How would you most likely travel to an MIU if you needed to attend one?" with answers collected via a multiple-choice selection (i.e. Own transport, Friend or relative, Public transport, Taxi or private hire transport, Other). 2,130 responses were received in relation to this question. As per Figure 5, 58.0% of respondents felt that they were most likely to use their own transport to attend an MIU.

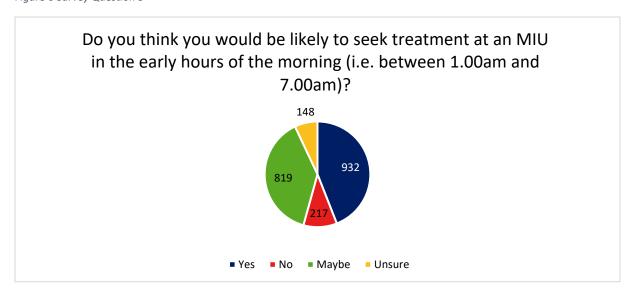
The fifth survey question asked "Do you think you would be likely to seek treatment at an MIU in the early hours of the morning (i.e. between 1.00am and 7.00am)?" with answers collected via a single-choice selection (i.e. Yes, No, Maybe, Unsure). 2,116 responses were received in relation to this question. As per Figure 6, only 10.2% of respondents felt that they would not seek treatment at an MIU during the proposed hours of closure.

Figure 5 Survey Question 4



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Figure 6 Survey Question 5



## 4.4. Response to Health Board proposal

The sixth question asked "What other thoughts or comments do you have about the Health Board's proposals?" with answers collected via free-text box. 1,791 responses were received in relation to this question.

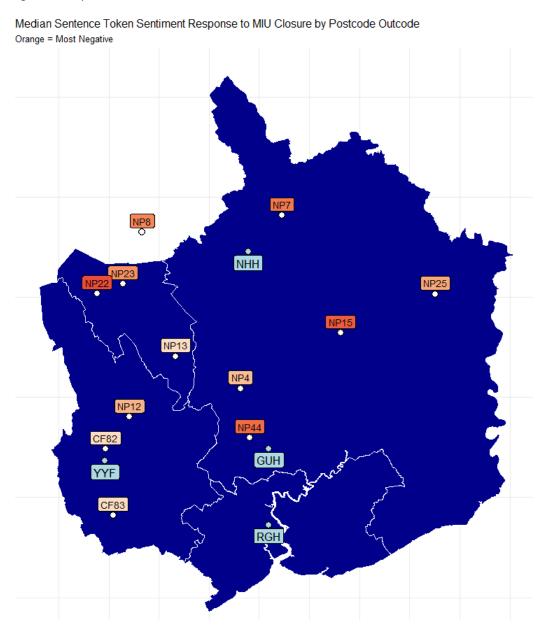
### 4.4.1. Semantic codes

Computational sentiment analysis demonstrated that the most negative responses predominantly came from areas served by NHH MIU: NP22 (Tredegar, Rhymney); NP15 (Usk, Raglan); NP44 (Cwmbran) and NP7 (Abergavenny) as per Figure 7 (word clouds for each postcode district are included in Appendix 4). These include instances where respondents chose to praise their current experience in comparison with the proposals.

Responses submitted without an identifiable postcode had a positive mean or median response. The majority of all responses had a negative skewing spread which indicated more stronger negative responses than positive as per Figure 8.

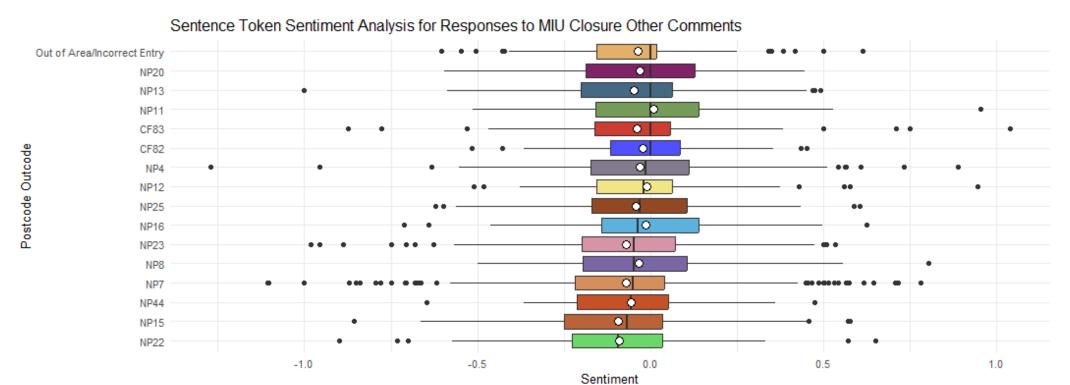
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Figure 7 Survey Question 6a



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Figure 8 Survey Question 6b



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## 4.4.2. Descriptive codes, conceptual codes and themes

Initial coding revealed 62 unique descriptive codes across eight conceptual codes as per Appendix 3. Inductive engagement with the data identified three key themes:

- i. Local infrastructure
- ii. Patient safety
- iii. Local population needs.

#### 4.4.2.1. Local infrastructure

The local infrastructure theme represents descriptive codes around transport and hospital sites.

### 4.4.2.1.1. Transport

Key descriptive codes around transport related to:

- Distance and travel times including the journey time from the north of the Health Board area to GUH or RGH;
- Parking including the lack of parking availability at RGH compared with NHH;
- Road quality including poor surfaces in the north of the Health Board area;
- Transport availability including the lack of public transport and taxis in the north of the Health Board area overnight;
- And transport cost including the cost of taxis and petrol during the Cost of Living Crisis.

Respondents described difficulties in accessing alternative MIU facilities and potential subsequent impacts on both patient safety and local population needs as per the following extracts:

- No. 5

  I find the proposals very scary, living where I do, being the age I am and with various health issues. Being unable to get to a medical facility asap. Is terrifying. Also, getting to RGH or the Grange quickly, given current ambulance waiting times is not a concept I want to contemplate. As for using public transport, there is no public transport infrastructure where I live. By the time I called a taxi and it travelled to my home to collect me then travel to hospital could be too late.
- People from Powys are having to travel to ABUHB MIU/A&E areas as certain services are not available in Powys. We have poor public transport and need to be able to attend the locations and take travel time into account.
- As I have no family -aged 70- I would have to drive myself to MIU if I needed it especially in the middle of the night when there is no public transport or taxi's !!!! I would find it difficult to get to Newport in daylight impossible at night.

How could the 30,000+ population of North of the Health Board area get to Newport in the middle of the night???

The Royal Gwent is a nightmare to park.

There should be a 24 hour MIU in the north of the area ie Abergavenny and one in south too.

I had cause to attend the MIU, at 3 am, after a fall. I was assessed quickly and given the necessary treatment. I live approximately 10 mins drive from Nevill Hall. Had this facility not been available, I would have faced a 60 min round trip to the Grange, or an hour and a half round trip to the Royal Gwent, which is exceedingly expensive using a taxi or public transport. This facility is essential to the people of the area.

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The Minor injuries unit at YYF needs to be kept open. People depend on it. To have to travel to Newport or The Grange from Caerphilly is not easy, accessible or cheap!! To shut it will cost people's health

### 4.4.2.1.2. Hospital sites

Key codes related to hospital sites include:

- Current Aneurin Bevan University Health Board hospitals with GUH directly referenced most frequently;
- Previous Aneurin Bevan University Health Board hospitals with Caerphilly District Miners Hospital (CDMH) directly referenced most frequently;
- Other Welsh health board hospitals with Brecon War Memorial Hospital and Prince Charles Hospital directly referenced most frequently;
- And English trust hospitals.

Respondents described their perceptions of the Health Board's MIUs alongside the Grange University Hospital (GUH) Emergency Department (ED). They a discussed the potential impact of the proposal on Health Board sites as well as on other provider sites; these concerns are discussed in further detail in the Patient Safety theme.

Notably, a greater number of responses directly referred to GUH than a named MIU. A number of these responses described concerns around ED and the broader Clinical Futures operating model which were beyond the scope of this exercise. A further group of responses addressed frustration with the closure of Health Board sites such as CDMH, or changes to others such as NHH, some of which were also beyond the scope of this exercise. Several responses alluded to the proposal as the 'thin end of the wedge to gradually downgrade Nevill Hall' (No. 1671). These frustrations were sometimes associated with recommendations and ideas to extend Health Board services, including multiple responses calling for the reinstatement of ED at NHH.

### 4.4.2.2. Patient safety

The patient safety theme represents descriptives codes around current and potential impacts on quality and safety across the healthcare system.

## 4.4.2.2.1. Current impacts

Key codes related to current impacts included:

- Ambulance waits including response and offload times;
- Inappropriate attendances including perceived minor injury patients attending GUH ED;
- System pressures across the Health Board including a predominant focus on pressures within GUH ED;
- Waits in across the urgent and emergency care system including a predominant focus on waits in GUH ED;
- Quality of care including frequent reference to poor quality of care at GUH compared with the MIUs;
- And redirections particularly between MIU and ED.

Respondents described their perceptions of the urgent and emergency care system. Such responses were not always relevant to the proposal; as per 4.4.2.1.2, more respondents directly referred to GUH ED than a named MIU. The word clouds included in Appendix 4 highlight the predominant focus on GUH among respondents from the postcode districts with the most negative response to the

Health Board's proposal. Analysis indicates that this predominant focus on GUH ED rather than the MIUs subject to the proposed changes was driven by two key factors:

- A general dissatisfaction with the Clinical Futures service model, including the GUH site and the perceived 'downgrading' of the enhanced local general hospital sites (which was particularly evident from respondents in the Abergavenny area);
- ii. And a lack of understanding around the distinction between ED and MIU, including conditions suitable for treatment at an MIU.

Respondents frequently drew on personal experience when discussing concerns and satisfaction around the current impacts as per the following extracts:

- No. 127 Nevil hall hospital needs to stay open all night, as when my dad had a stroke there were no ambulances available and I had to drive him to Cwmbran! Loads of people were waiting in the reception, for minor injuries, they had be directed to go there from the 101 number! People need to be educated on who to call and where to go! Not closing facilities! Thats why it's so busy At A&E!! Everyone just turns up there!
- We visited Ystrad Fawr after my partner tripped and cut her leg. It was late afternoon and our GP refused an appointment saying go to A and E. Reluctant to do so for what seemed a relatively minor, though painful, injury we visited a local pharmacist, who was not keen to even look at my partner's injured leg let alone treat the cut. She said don't go to A and E go to your GP!! By then it was early evening and the only available option was the service at Ystrad Fawr early next morning. We arrived at 7am and my partner was seen, treated and given antibiotics in less than 20 minutes. She has made a complete recovery. We couldn't' thank the team there enough. That is one part of our NHS that works—don't take it away.

### 4.4.2.2.2. Potential impacts

Key codes related to potential impacts included:

- Additional inappropriate attendances including further perceived minor injuries attending GUH ED;
- Additional pressure on other services arising from the additional inappropriate attendances to GUH ED;
- Additional waits arising from the additional pressure on other services;
- Avoidable harm arising from lack of clinical support available for unwell self-presenters between 1am and 7am, delays in patients seeking treatment and additional system pressures at GUH ED;
- Procedure for closing the units at 1am including risk mitigation for unwell self-presenters;
- And quality of care including worsening patient experience and outcomes arising from additional system pressures.

As previously discussed, respondents did not always understand the difference between MIU and ED, particularly in relation to the conditions MIU was able to assess and treat. Furthermore, as per 4.4.2.2.1, respondents frequently drew on personal circumstance and experience when discussing concerns around the potential impact of the proposal as per the following extracts:

No. 410 I recently took my elderly Dad to MIU at The Grange with chest pains and suspected PE, he is 80yrs old and waited in a crowded room on a hard plastic chair for 9 hours. After 6 hours they repeated his blood tests as the first hadn't reached the lab on time. At 2am,

he discharged himself against medical advice because he was exhausted. Our GP followed up the next day and he was hospitalised. In short, if out of hours MIU is cut at N/Hall this will only push more patients to the chaos and long waits at The Grange. Or worse, like Dad they will go untreated. When and I the systems at The Grange are improved to cope then I can understand reducing the MIU in Abergavenny but certainly not before, please. You will put so many at risk, not just by pushing minor injuries to the Grange but by clogging up the A&E at the Grange for those who are seriously ill.

- I am an elderly lady and am extremely concerned about this decision the fact that I may have to obtain a taxi in the middle of the night if myself or my husband required medical assistance for urgent but not life threatening condition is really worrying. The North of Gwent is very poorly managed as regards health and dentistry this is just another white wash leaving people to fend for themselves or die.
- Minor injury units are worth their weight in gold. Ystrad was the only one open when I needed help for my daughter. The nurses were amazing and the service was so much better than a and e. Overnight closure may increase issues in a and e which is already overstretched.

A smaller proportion of respondents indicated their support for the proposal's ambition to rationalise resource according to population demand. Such responses sometimes reflected on the nature of a minor injury and a patient's suitability to wait for treatment through the night as per the following extracts:

- **No. 2** Rationalisation of services is helpful, will support decision making when thinking of where to attend. Being a resident in Caerphilly attending YYF is my preference but sadly during recent months opening times have been chaotic due to staffing if the planned model provides a consistency of service and opening times this would be appreciated.
- 95 I fully support the reduction in hours at the MIU given the average usage. Funds must be preserved for the most vital services.
- 1270 If attendance at MIUs during 1am & 7am is generally low then I agree that units (as they are for minor incidents) could justify being closed during these hours
- If a non-life/limb threatening injury occurs at night, it isn't unreasonable for the patient to either wait until 7 am to attend their nearest MIU or to attend RGH MIU if they prefer. The journey time may be greater but no more so that the time needed to get to A&E for the majority of residents. It clearly makes no sense for NHH MIU to remain operational 24/7 for on average 1 patient per night. YYF and YAB are already closed overnight.

### 4.4.2.3. Local population needs

The local population theme represents descriptive codes around locality, population groups and other NHS services. In addition to these descriptive codes, this theme also encompassed conceptual concerns around communication and public understanding.

### 4.4.2.3.1. Locality

Key codes related to locality included the counties and boroughs served by the Health Board's MIUs, including South Powys. Respondents raised concerns around inequity in service provision across the Health Board area, with frequent complaints that the proposal 'is awfully unfair to the people of

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Blaenau Gwent, Monmouthshire, Torfaen and Powys' (No. 176). As might be anticipated given the number of survey responses from NP7, there was a predominant focus on the local population of Abergavenny with frequent concerns that the town 'is getting bigger and bigger, but the health provision is getting smaller' (No. 142).

### 4.4.2.3.2. Population groups

Key codes related to population groups included:

- Children and young people;
- Disabled people;
- Older people;
- People from lower socio-economic backgrounds;
- And rural communities.

Respondents typically felt that these groups were more vulnerable than the rest of the population. As such, respondents suggested that these groups would be adversely affected by the proposal, with particular concerns around accessibility, additional anxiety and adverse outcomes as per the following extracts:

- No. 231 I think this is a disgusting proposal giving the state of the provision of care in Gwent at present. The Grange is not fit for purpose and reducing hours at Neville Hall will have a further impact on attendance levels, and waiting times, at the Grange. If you don't have access to transport and are not affluent it is very difficult for some people to access medical care.
- Closing the night MIU at Nevil Hall would cause an even thinner choice of care in the area. I have a child with additional needs and my husband woks away a lot. Needing to drive to Royal Gwent for care at night would massively increase stress and anxiety at time of need.
- Living in a rural area a facility which serves this type of area like Neville Hall hospital is invaluable and means that people in these areas like agricultural workers, shift workers etc are more likely to seek help quickly for minor injuries rather than leave them to become more serious when their injuries/illnesses would cost more to treat and become more costly to our NHS. Having used this facility I have always found it to be efficient and effective. Having a smaller unit like this for young children is also less scary for them than a big bustling hospital which at night can often be used by patients of a more difficult nature who they may never have come into contact with before, causing some lasting trauma, especially for a sick child.

#### 4.4.2.3.3. Other NHS services

Key codes related to other NHS services included:

- Ambulances;
- ED;
- GP;
- GP out-of-hours;
- NHS 111;
- And pharmacy.

These codes were typically interrelated with codes relating to current and potential impacts; respondents described their perception and experience of current services, and surmised potential impacts arising from the proposal as per the following extracts:

- No. 63 Would be good to be mindful that reduction in minor injury units could increase pressure on 111 and 999. There will be less opportunity to care for patients closer to their homes and patients will need to travel further.
- 247 Ridiculous. Waiting times at RGH are already too long. This proposal will increase pressure on local GPs and WAST. It will lead to anxiety for residents of north Monmouthshire. RGH is 30 miles from my home. How am I expected to get there during the early hours when there is no public transport? The people of north Monmouthshire matter as well as the people of Newport. We need provision too.
- 380 This service is needed 100%, the A&E department at the Grange can not cope with the amount of patients it has already and closing the minor injury units would make the problem much worse

### 4.4.2.3.4. Communication and public understanding

Improved communications and public understanding emerged as a key concept within this theme as respondents described the current lack of awareness around MIU services. Respondents noted that the population is not always aware of MIU service availability and the conditions suitable for treatment at an MIU as per the following extracts:

- No. 28 I think there is a lack of awareness that the MIU at Nevill Hall hospital is a 24 hour service. I am a midwife and when I have spoken to service users about the MIU facilities within the health board, several people have not realised that Nevill hall is open overnight. There's also confusion over what can be treated at an MIU, with many people attending the Grange when they could have been triaged at an MIU instead. Maybe more needs to be done to communicate what services the MIU can provide to ensure a universal understanding across the communities it serves. I also suspect that people living close to Abergavenny and the surrounding areas will choose to attend the Grange rather than going the extra distance to the Royal Gwent, adding more pressure to an already overrun department.
- 312 I am not surprised the unit is under used but that is no reason to remove it. I am sure the majority of residents in the area are not aware of either the existence of the unit or what conditions/ailments can be treated there so do not use it. Survey the people queueing with minor injuries at the Grange to see if they know.

A number of responses have suggested a targeted communications programme to address this lack of understanding as per the following extracts:

No. 850 I think that people need to be more aware of the differences between minor injuries and A&E. I think that it could be put out there more info for people regarding using each place, example fliers in GP surgeries and perhaps leaflet drops in the post it's all well and good posting on social media but not everyone uses socials there is still a huge amount of people who don't.

> if you were to close it at night it could mean extra pressure on the grange or even Prince Charles hospital.

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- People are very unaware that Nevill Hall is open for minor injuries or even whether the hospital is open at all since the Grange opened. Before considering closing overnight you MUST do further communication to residents. The initial leaflet campaign left most people believing the Grange is the only A&E open in ABUHB. Don't stop at leaflets use radio/tv and social media. In more deprived areas literacy levels are very low. People don't understand they should call 111 first either. I'm afraid you have a mountain to climb to get the message out. Even suggesting you might withdraw minor injuries overnight will be enough to put people off putting extra pressure on the Grange.
- There needs to be more emphasis on pushing the knowledge out to everyone what MIU are for, A&E and local chemists. You need to keep pushing the message and change the culture that everyone has. Sent leaflets in council tax letters as that is one this people open and read. Posters in shops, bus stops, go to Schools and tell kids and they go home and tell parents what they've learnt. Adverts on TV and YouTube. Also, I know its out of your hands, but charge for prescriptions again. Look at dead weight in the organisation, from the top down. Often losing one person that is incompetent actually makes a team more efficient as they aren't spending time sorting their issues.

### 5. Analysis

The following analysis examines the findings to address the objectives.

### 5.1. Current reported attendance patterns

Between April 2022 and April 2023, approximately 15.4% of the local population attended a Health Board MIU. By contrast, 79.8% of respondents had previously attended an MIU. 66.8% of these respondents had previously attended NHH MIU. However, attendances to NHH MIU constituted 20.6% of all MIU attendances between April 2022 and April 2023. Furthermore, as per Figure 4, a significantly higher proportion of respondents had visited NHH MIU during the proposed closure hours than among the general population.

When triangulated with postcode data, it is evident that the survey responses are strongly weighted towards the populations from Blaenau Gwent, Caerphilly and Monmouthshire who have previously used Health Board MIUs. As such, the responses are not representative of the general Aneurin Bevan University Health Board population, but reflect the experience of patients who are most likely to be affected by the proposals. It is important that the Health Board consider the implications of the proposed service changes on these populations in order to mitigate against the potential risks and issues highlighted in 4.4.2. The proposal supports mitigation of these risks as the service changes were developed using the YYF MIU model as a 'proof of concept'.

### 5.2. Potential attendances patterns

As previously discussed, respondents were most likely to use their own transport or rely on family and friends to attend an MIU. 6.3% of respondents indicated that they were likely to use a taxi, whilst 4.2% indicated that they were likely to use public transport. The narrative responses to Question 6 provided insight into factors precluding use of these transport options. Respondents reported that the cost of taxis was prohibitive, whilst the limited availability public transport in Blaenau Gwent and Monmouthshire was restrictive. Whilst the Health Board has limited influence on transport infrastructure, it is important that the organisation ensures that urgent care services are accessible to the majority of its population. The proposal supports accessibility through the continued provision of a 24-hour MIU service in Newport which can be manageably accessed by the majority of the Health Board population.

As per 4.3, only 10.2% of respondents felt that they would not use an MIU overnight. The narrative responses to Question 6 provided insight into respondents' reasoning around indicating that they were likely to use an MIU overnight. Respondents directly described or alluded to a perceived MIU 'safety net' for acutely unwell or majorly injured patients who would otherwise travel to GUH ED. As has been discussed throughout, this type of response suggests a lack of understanding around the distinction between ED and MIU; patients requiring emergency care should be treated at GUH ED in all instances (whether the local MIU is open or not), as the enhanced local general hospitals are not equipped to treat patients with life-threatening conditions. As per 4.4.2.3.4, it is important that the Health Board clearly communicates with its public in order to ensure that patients attend the correct service with the aim of minimising avoidable harm.

### 5.3. Perceptions towards the Health Board's proposal

The previously discussed sentiment and thematic analyses outlined respondents' perceptions towards the Health Board's proposal. Respondents living in areas served by NHH and YYF MIUs, who were most likely to be affected by the proposals, had the most negative response to proposed service change. Respondents living in Monmouthshire, particularly Abergavenny, sometimes referred directly or indirectly to the perceived 'downgrading' of the NHH site, and those living in Caerphilly to the closure of CDMH. Indeed, respondents were protective of their local hospital, and were often critical of GUH as per 4.4.2.2.1.

Respondents with an overall negative perception towards the proposal often cited perceived adverse effects as per 4.4.2.2.2., whilst those with a more positive perceptions lauded improved resource utilisation and noted the appropriateness for minor injuries' patients to wait for treatment. A number of the perceived adverse effects had already been considered by the Health Board when developing its proposals, and the organisation is assured that effective mitigations can be put in place to minimise the potential effects.

Respondents were mostly concerned with: (i) the impact of potential additional demand on other services, leading to longer waits and worse quality of care; and (ii) avoidable harm arising from lack of clinical support available for unwell self-presenters between 1am and 7am, delays in patients seeking treatment and additional system pressures at GUH ED. Table 2 summarises potential mitigations for these perceived adverse effects.

It is important that the Health Board implements the mitigating actions in order to assure respondents that their concerns have been addressed. Indeed, the narrative responses to Question 6 have highlighted respondents' negative overall perception of the Health Board, as well as their more specific feelings towards the proposal. In order to engender confidence and trust between the organisation and the public, it is imperative that the Health Board responds to the key concerns voiced in response to this survey.

Table 2 Perceived adverse effects and mitigations

Concern	Mitigation	
Additional demand	1.09 patients attend NHH MIU between 01:00 and 07:00 per night.	
	Therefore, the Health Board does not anticipate significant	
	additional demand on other services. The Health Board will	
	continue to monitor attendances in order to ensure that service	
	developments are evidence-based and driven by patient need.	
Avoidable harm	Through developing a coherent communications plan, the Health	
	Board will educate the public in order to minimise inappropriate	
	attendances to MIUs during opening and closure hours.	

In recognition that acutely unwell or majorly injured patients will occasionally attend a closed MIU, the Health Board will continue to use the 'Unwell Self-Presenter' Protocol.

RGH MIU will continue to provide a 24-hour service in order that patients requiring immediate treatment can access an MIU at all times. Through ensuring 24-hour accessibility, the Health Board will minimise the risk of minor injuries becoming more significant overnight.

#### 6. Conclusion

Triangulation of quantitative and qualitative approaches has supported a holistic evaluation of the survey responses. Whilst semantic analysis indicates that the public do not support the proposal, thematic analysis has uncovered more nuance in the data. Respondents identified a range of potential impacts arising from the proposal, many of which had been identified by the Health Board, but some which had not; these impacts will inform future service developments. Respondents were not always wholly concerned with the proposal in itself; the survey acted as a format through which they could voice larger concerns, particularly around their local hospitals.

Going forward, the Health Board can learn the following from its experience with this survey:

- Consider response collection options when developing a survey;
- Develop a communications plan to educate the public on MIUs;
- Implement the described mitigations to engender confidence and trust between the organisation and the public.

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### Appendix 1 – Health Board Proposal



Appendix 2 – Public Engagement Survey



Appendix 3 – Qualitative Analysis Codebook



Appendix 4 – Word clouds for postcodes with most negative responses to the proposal

Figure 9 NP22 (Tredegar, Rhymney) responses (words = 3,265)



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Figure 11 NP44 (Cwmbran) responses (words = 2,236)



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Figure 12 NP7 (Abergavenny) responses (words = 28,338)



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### **Provision of Minor Injury Unit Services**

12-Week Engagement

Paul Underwood

General Manager – Urgent Care

Aneurin Bevan University Health Board









## **Current services**

- Four nurse-led Minor Injury Units (MIUs) operate across the Health Board:
  - Royal Gwent Hospital is open 24/7
  - Nevill Hall Hospital is open 24/7
  - Ysbyty Ystrad Fawr is open everyday for 18 hours from 7am to 1am
  - Ysbyty Aneurin Bevan is open Monday to Friday from 9am to 7pm
- The Health Board provides 512 MIU hours for a population of 600,000

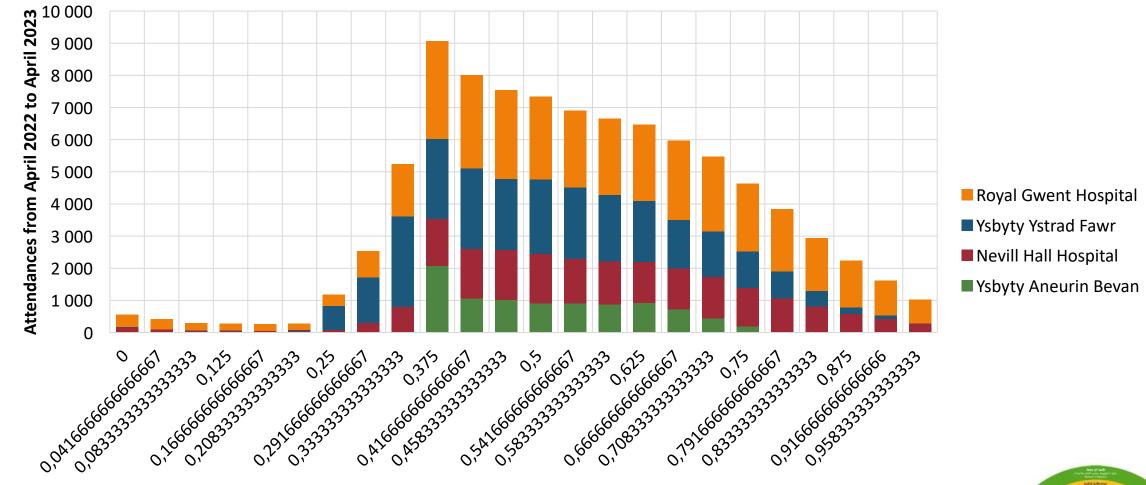








## **MIU** attendances











# **Proposal**

- Formalise Ysbyty Ystrad Fawr MIU overnight hours (everyday from 7am to 1am), providing 18 hours of service per day
- Revise Nevill Hall Hospital MIU opening hours (everyday from 7am to 1am) to provide 18 hours of service per day
- Maintain Ysbyty Aneurin Bevan's opening hours (Monday to Friday from 9am to 7pm)
- Royal Gwent Hospital MIU to maintain a 24/7 MIU service for our population
- The Health Board would provide 470 MIU hours for a population of 600,000





## Provision of Minor Injury Unit Services 12-week Engagement



# This engagement has now ended

Aneurin Bevan University Health Board is responsible for all health services across the former county of Gwent (including the local authority areas of Newport, Caerphilly, Monmouth, Torfaen and Blaenau Gwent) and some of the population of south Powys.

The Health Board maintains a number of Minor Injury Units (MIUs) which are part of the overall urgent care service. MIUs are nurse-led units which treat injuries that are not life nor limb-threatening. They are part of an overall model of care whereby the Grange University Hospital (GUH) near Cwmbran delivers emergency treatment and the enhanced local general hospital (eLGH) network delivers minor injury services.

The MIU service is led and delivered by specialist-trained Emergency Nurse Practitioners (ENPs), who are able to work independently and treat a range of injuries in both adults and paediatrics at each MIU site.

The following has been produced to provide information about MIU services within the Health Board, to advise of recent issues experienced by the service and to set out proposals for how these services could be delivered in the future. It is important that everyone who has an interest in MIU services has an opportunity to understand the proposals and to let us know their views.

To ensure the public can consider this proposal, the Health Board is working closely with Llais (formerly known as Aneurin Bevan Community Health Council) and an 12-week \* period of public engagement has been arranged.

\* It is important to note that we are reviewing this public engagement regularly to ensure everyone has the opportunity to share their feedback on the proposals

Therefore, we have extended the original eight-week public engagement period for another four weeks.

It is therefore planned that the engagement period will run from 9.00am on Monday 11 September 2023 until 5.00pm on Friday 1 December 2023

- The Provision of MIU Services Briefing document
- FAQ's

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### How can people make their views known?

Views can be shared by any of the following means:

### **Survey:**

Complete our survey which can be accessed via the URL or QR code below:



URL: <a href="https://forms.office.com/e/16ambYxmea">https://forms.office.com/e/16ambYxmea</a>

You may also wish to scan it, or take a good quality photo and email it to us at: <a href="mailto:abb.engagement@wales.nhs.uk">abb.engagement@wales.nhs.uk</a>

# Public Engagement 'Drop in' Information Sessions:

Attend a public engagement session, where you can find out more about the proposal and ask any questions of Health Board / MIU staff. These have been arranged as follows:

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Mon 18th September 5.45pm – 7.30pm	Nevill Hall Hospital, Abergavenny  Please note new location for the meeting is now at the Lecture Theatre at the Education
Wed 20th	Centre  The Old Library Community Café
September	Nantgarw Road
2.00pm –	Caerphilly
4.00pm	CF83 1AP
Wed 27th September	On-line via
5.30pm -	Microsoft Teams
7.00pm	
Fri 29th	Abergavenny Market *
September	61 Cross St
10.00am – 12.00noon	Abergavenny
	NP7 5EH
Mon 2nd	On-line via
October	Microsoft Teams
2.00pm – 3.30pm	
Tue 3rd October	Ysbyty Ystrad Fawr
5.30pm –	Ystrad Mynach
7.30pm	(First Floor Lift Lobby)
Tuesday 10th October	Hall, Ebbw Vale Learning Action Centre,
	20 James Street,
5:00pm - 7:00pm	Ebbw Vale, NP23 6JG
	**Please note that the multi storey car park located opposite the centre closes at 7pm**
Monday 16th October	Hanbury House Suite,
2pm to 4pm	Pontypool Active Living Centre,
-р со триг	Trosnant Street, Pontypool, NP4 8AT
Tuesday 24th October,	Ballroom, Bridges Centre,
4pm – 6pm	Drybridge Park, Monmouth, NP25 5AS
Wednesday 1st November,	Main Hall (Upstairs)

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10.30am – 12.30pm	Tabor Centre,  18 Davies Street, Brynmawr, NP23 4AD
Wednesday 8th November, 10am – 12pm	Blackwood Library, 192 High Street, Blackwood, NP12 1AJ
Monday 13th November, 5pm – 7pm	Bethel Baptist Church, 72 King Street, Blaenavon, NP4 9QQ
Monday 20th November, 5.30pm – 7.30pm	Stocktonville Community Hall, Gelli Road, Tredegar, NP22 3RD
Monday 27th November, 5.30pm – 7.30pm	Lecture Theatre, Education Centre,  Nevill Hall Hospital, Abergavenny

For information resources and to complete paper copies of the survey, please attend the session in Abergavenny Market. For informative, detailed and 1-1 conversations with the Senior Management Team about the proposals, please attend the session in the Community Room in Abergavenny Library.

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<sup>\*</sup> Learning from our previous engagement sessions, we have booked an additional space for this session in the Community Room in Abergavenny Library above Abergavenny Market.

In addition to the formal engagement sessions we also have our normal community engagement program, details of which can be found via this link: Where you'll find us - Aneurin Bevan University Health Board (nhs.wales). At these community engagement sessions over the next few weeks communications and engagement staff will have information about the proposals for the provision of minor injury unit services and paper copies of the survey with them for people to complete there and then if they would like to.

We also have paper copies of the survey and post boxes at both Nevill Hall Hospital and Ysbyty Ystrad Fawr. These can be found in the Main Reception of each hospital and both Minor Injury Units. This information and a postbox can also be found at Abergavenny Library.

### **Contact Us**

Contribute to any conversations via the Health Board's social media channels



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# Provision of Minor Injury Unit Services Public Engagement Survey

Aneurin Bevan University Health Board is seeking your views on the Health Board's proposals for Minor Injury Unit (MIU) services. Minor injury units are separate from emergency departments, and deal with less serious conditions such as wounds, grazes, small burns, minor fractures and insect bites. As use of these units during the night is very low, we are reviewing our current arrangements, and in particular which of our minor injury units should be open between 1.00am and 7.00am.

1. What is your postcode?
Enter your answer
2. Have you previously visited an MIU with a minor injury?
Yes
○ No
3. Which MIU did you visit and approximately at what time?
Enter your answer

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4. How would you most likely travel to an MIU if you needed to attend one?
Own transport
Friend or relative
Public transport
Taxi or private hire transport
Other
5. Do you think you would be likely to seek treatment at an MIU in the early hours of the morning (i.e. between 1.00am and 7.00am)?
Yes
○ No
Maybe
Unsure
6. What other thoughts or comments do you have about the Health Board's proposals?
Enter your answer
Microsoft 365

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Code	Criteria
-1. Negative	The response discusses the proposed change to MIU opening hours (either implicitly or explicitly) with an overall negative opinion towards the proposal. Implicit discussion might include allusions to impacts of concern (as per the Descriptive and Conceptual Codes) without directly referring to the proposal. An overall negative response might include key words with a -1 coding (as per the sample Sentiment Analysis Dictionary), or adverse impacts of the proposal (e.g. avoidable harm, additional system pressures, longer waits, or greater travel times and distances).
0. Does not address proposal	The response does not discuss the proposed change to MIU opening hours (neither implicitly nor explicity). Such a response might focus on concerns around other Health Board services (which will be considered through Descriptive and Conceptual Codes).
0. Neutral	The response discusses the proposed change to MIU opening hours (either implicitly or explicitly) with an overall negative opinion towards the proposal. Implicit discussion might include allusions to impacts of concern (as per the Descriptive and Conceptual Codes) without directly referring to the proposal. An overall neutral response might include a near equal distribution of words with +1 or -1 codings (as per the sample Sentiment Analysis Dictionary). Such a response might discuss both beneficial and adverse impacts of the proposal.
1. Positive	The response discusses the proposed change to MIU opening hours (either implicitly or explicitly) with an overall negative opinion towards the proposal. Implicit discussion might include allusions to impacts of concern (as per the Descriptive and Conceptual Codes) without directly referring to the proposal. An overall positive response might include key words with a +1 coding (as per the sample Sentiment Analysis Dictionary), beneficial impacts of the proposal (e.g. improved resource utilisation) or acknowledgement that minor injuries are often suitable to wait for treatment.

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Word or Phrase	Code
Abysmal	-1
Adverse	-1
Angry	-1
Anxiety	-1
Anxiety	-1
Appalling	-1
Awful	-1
Bad	-1
Burden	-1
Disagree	-1
Disgrace	-1
Disgusting	-1
Distressing	-1
Dreadful	-1
Foolish	-1
Frightened	-1
Grim	-1
Incompetent	-1
Negative	-1
Nonsense	-1
Pitiful	-1
Poor	-1
Pressure	-1
Regrettable	-1
Ridiculous	-1
Shocking	-1
Short-sighted	-1
Stress	-1
Stupid	-1
Terrible	-1
Unacceptable	-1
Unhappy	-1
Unsatisfactory	-1
Worry	-1
Worse	-1
Acceptable	1
Agree	1
Better	1
Evidence-based	1
Excellent	1
Good	1
Нарру	1
Logical	1
Positive	1
Prudent	1
Rational	1
Satisfactory	1
Sensible	1
Support	1

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Descriptive Code	Criteria	Conceptual Code	Theme
	The response discusses current waiting times for		
Current ambulance waits	ambulances or for ambulance offloads at ED.	Current concern	Patient safety
	The response discusses current service and site		
	arrangements, and looks to the future of these sites		
	and services. This might include reference to previous		
	'promises' around urgent care at eLGHs and the actual		
	current service offer, or allusions to the 'thin end of		
Current and future service provision	the wedge' in regards NHH site.	Current concern	Local needs
·	The reponse discusses patients who attend ED or MIU		
	and would be more appropriately seen and treated		
Current inappropriate attendances	elsewhere.	Current concern	Patient safety
	The response discusses current staffing arrangements		,
Current staffing provision	at MIU or ED.	Current concern	Patient safety
	The response discusses system problems (explicitly or		
	implicitly). This might include reference to GUH and its		
Current system pressures	ability to cope with current demand.	Current concern	Patient safety
Carrent system pressures	The response discusses current waiting times at ED or		r attent surety
Current urgent and emergency care waits	MIU.	Current concern	Patient safety
Currently good quality of care	The response discusses high quality care at MIU or ED.	Current concern	Patient safety
Currently poor quality of care	The response discusses low quality care at MIU or ED.	Current concern	Patient safety
	The response discusses redirections between ED, MIU		
Redirections	and/or GP.	Current concern	Patient safety
	The response discusses the attendance data		
Acknowledges data	presented by the Health Board.	Feature of response	Local population needs
	The response confuses ED and MIU. For the purposes		
	of this survey, it is worth noting that MIU sees only		
	non-traumatic injuries. Such responses might include		
	references to 'medical' problems at an MIU or		
Conflation of ED and MIU	significant head injuries at an MIU.	Feature of response	Patient safety

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	The response discusses the respondees personal		
	situation. This might include previous experience		
Parameter and the same	attending an MIU or ED, or their current	5 f	
Personal experience	circumstances.	Feature of response	Local population needs
	The response directly discusses the respondees role as		
Tax-payer	a tax-payer.	Feature of response	Local population needs
	The response discusses the potential additional		
Additional anxiety and stress for patients	anxiety for patients arising from the proposal.	Impact of concern	Local population needs
	The response discusses the potential additional		
	inappropriate attendances to ED arising from the		
Additional inappropriate attendances	proposal.	Impact of concern	Patient safety
	The response discusses the potential additional		
	pressure on the rest of the healthcare system arising		
Additional pressure on other services	from the proposal.	Impact of concern	Patient safety
	The response discusses the potential additional waits		
	for assessment and treatment arising from the		
Additional waits	proposal.	Impact of concern	Patient safety
	The response discusses the potential impact of the		
	proposal on patients who have been drinking or who		
Alcohol-related injuries	have sustained alcohol-related injuries.	Impact of concern	Local population needs
,		·	
	The response discusses the potential avoidable harm		
	arising from the proposal. This might include		
Avoidable harm	references to death or worsening symptoms.	Impact of concern	Patient safety
	The response notes that patients are unlikely to drive	·	,
Bypass GUH	past GUH ED to attend RGH MIU.	Impact of concern	Local infrastructure
7	The response discusses the apparent centralisation of	'	
Centralisation	services at GUH.	Impact of concern	Local population needs
		p. 2.2.2. 22.1.32.1.1	
	The response discusses the potential process for		
	closing the unit. This might include queries around		
	what would happen to patients who attend close to		
	closure hours, and where unwell self-presenters		
Clasing procedure	·	Impact of concern	Dationt cofety
Closing procedure	would acquire help during closure hours.	Impact of concern	Patient safety

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	The response discusses the (in)equity of service		
	provision across the Health Board area. This might		
	include reference to fewer services being available in		
Consistency and equity of provision	the northern area.	Impact of concern	Local population needs
	The response discusses the potential problems arising		
	from travelling to RGH MIU. This might include longer		
Distance and travel times	distances and lengthy travel times.	Impact of concern	Local infrastructure
	The response asserts that the proposal is concerned		
	with saving money (potentially at the expense of		
Financially-driven proposal	patient need).	Impact of concern	Local population needs
	The response discusses the potential problems with		
Parking	parking as a result of the proposal.	Impact of concern	Local infrastructure
	The response discusses recent and ongoing		
	population growth (most typically within		
Population growth	Abergavenny).	Impact of concern	Local population needs
	The response discusses the potential problems with		
Road quality	road quality when travelling to RGH MIU.	Impact of concern	Local infrastructure
	The response discusses the patient's (in)ability to		
	predict or time an injury in line with MIU opening		
Timing of injury	hours.	Impact of concern	Local population needs
	The response discusses the ease by which patients	·	
	could be expected to travel to other MIU sites. This		
	might include the availability of taxis or buses		
Transport availability	overnight.	Impact of concern	Local infrastructure
· ,	The response discusses the cost associated with	·	
Transport cost	travelling to MIU sites.	Impact of concern	Local infrastructure
	The response discusses the potential decline in quality	·	
	of care arising from the proposal (either explicitly or		
Worse quality of care	implicitly).	Impact of concern	Patient safety
. ,	The response directly refers to Blaenau Gwent, areas	·	·
Blaenau Gwent	within the borough, or the 'Valleys'.	Locality of concern	Local population needs
	The response directly refers to Caerphilly or areas	·	· · ·
Caerphilly	within the borough.	Locality of concern	Local population needs
	The response directly refers to Monmouthshire, areas		
Monmouthshire	within the borough or the 'North of the County.'	Locality of concern	Local population needs

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	The response directly refers to Newport or areas		
Newport	within the city.	Locality of concern	Local population needs
·	The response directly refers to Powys, areas within		
Powys	the county, or 'South Powys'.	Locality of concern	Local population needs
·	The response directly refers to Torfaen or areas within		
Torfaen	the borough.	Locality of concern	Local population needs
	The response directly refers to the Welsh Ambulance		
Ambulances	Service Trust.	Other services	Local population needs
ED	The response directly refers to A&E or ED.	Other services	Local population needs
GP	The response directly refers to GPs.	Other services	Local population needs
GP OOH	The response directly refers to GP OOH.	Other services	Local population needs
NHS 111	The response directly refers to 111.	Other services	Local population needs
Pharmacy	The response directly refers to pharmacy services.	Other services	Local population needs
•	The response discusses children and young people		
Children and young people	(explicility or implicitly).	Population of concern	Local population needs
, 0, ,	The response discusses people living with a disability	·	
	(explicitly or implicitly). This might include allusion to		
	a specific condition which could be considered a		
Disabled people	disability.	Population of concern	Local population needs
· ·	The response discusses older people (explicitly or	·	
	implicitly). This might include allusion to a person's		
	age; in this instance, older people would be those		
Older people	aged 65 or over.	Population of concern	Local population needs
	The response discusses people from less affluent		
	backgrounds (explicitly or implictly). This might		
	include allusion to people without sufficient money to		
People from lower socio-economic backgrounds	afford transport between hospital sites.	Population of concern	Local population needs
r copie from lower socio economic backgrounus	The response discusses people living rurally. This	r opulation of concern	Local population needs
Rural communities	might include allusion to farmers.	Population of concern	Local population needs
	The response discusses people visiting the Aneurin		
Tourists		Population of concern	Local population needs
	The response directly refers to GUH. It is possible that	·	
	the response might discuss the hospital at 'Cwmbran';		
	therefore, the GUH code should be assigned to this		
GUH	response.	Site of concern	Local infrastructure

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	The response directly refers to NHH. It is possible that		
	the response might discuss the hospital at		
	'Abergavenny'; therefore, the NHH code should be		
NHH	assigned to this response.	Site of concern	Local infrastructure
	The response directly refers to another Aneurin Bevan		Local mirastracture
Other Aneurin Bevan hospital	hospital.	Site of concern	Local infrastructure
Other Alleurin Bevair Hospital	nospitali.	Site of concern	Local IIII astractare
	The response directly refers to a hospital managed by		
Other provider hospital	another Welsh health board or English trust.	Site of concern	Local infrastructure
· · · · · · · · · · · · · · · · · · ·	The response directly refers to RGH. It is possible that		
	the response might discuss the hospital at 'Newport';		
	therefore, the RGH code should be assigned to this		
RGH	response.	Site of concern	Local infrastructure
	The response directly refers to YAB. It is possible that		
	the response might discuss the hospital at 'Ebbw		
	Vale'; therefore, the YAB code should be assigned to		
YAB	this response.	Site of concern	Local infrastructure
	The response directly refers to YYF. It is possible that		
	the response might discuss the hospital at 'Ystrad		
	Mynach'; therefore, the YYF code should be assigned		
YYF	to this response.	Site of concern	Local infrastructure
	The response discusses the possibility of expanding		
	current services or creating new services. This might		
	include reinstating A&E at NHH or extending MIU		
Extend provision	opening hours at YAB.	Suggestions and recommendations	Local population needs
	The response discusses the possibility of improving		
	communications between the Health Board and the		
	public. This might include better publicising opening		
Improve communications	hours or criteria for MIUs.	Suggestions and recommendations	Local population needs
	The response discusses using resources (including		
Improve resource utilisation	workforce and estates) in the most efficient way.	Suggestions and recommendations	Local infrastructure
	The state of the s		
	The response discusses the possibility of presenting		
Present further data	additional MIU attendance data to the public.	Suggestions and recommendations	Local population needs

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	The response discusses the possibility that patients		
	with minor injuries could wait overnight to attend an		
Suitability for minor injuries to wait	MIU.	Suggestions and recommendations	Patient safety

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Rhanbarth Llais Gwent Ty Raglan Parc Busnes Llantarnam Cwmbran NP44 3AB

Llais Gwent Region Raglan House Llantarnam Business Park Cwmbran NP44 3AB

8 January 2024

Ref: MIU/JM/LJ

Mr David Hanks
Head of Service Planning

Letter sent by email only

Dear David

Thank you kindly for the draft engagement report in relation to the change of hours that have been proposed for the Minor Injuries Units at Nevill Hall Hospital and Ysbyty Ystrad Fawr. It is a very thorough report and describes an equally comprehensive engagement exercise.

Cadeirydd I Chair: Athro / Professor Medwin Hughes, DL
Prif Weithredwr I Chief Executive: Alyson Thomas
Cyfarwyddwr Rhanbarthol I Regional Director: Jemma Morgan
E-bost I E-mail: gwentenquiries@llaiscymru.org

Ffôn | Tel: 01633 838516

Eich llais mewn iechyd | Your voice in health

a gofal cymdeithasol and social care

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

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The Health Board's approach to these proposals and the engagement exercise has been conscientious and well handled. We supported the Health Board's decision to extend the engagement period from 8 weeks to 12 weeks, so that the public and stakeholders could be heard more widely and given the greatest opportunity to respond.

The Regional Director and I have reviewed and considered the engagement report and supporting information in full. We are content that the Health Board has considered the concerns raised by people during the engagement process. The considerable public interest and significant overall numbers of participants / responses demonstrates how important Nevill Hall Hospital is to the population in Gwent and south Powys. We believe this is recognised in the report and assurances have been offered to the population about the continued future of services offered there.

We are satisfied that the Health Board has provided comprehensive responses to people's concerns and have offered reassurance about any perceived impacts. The Health Board has clearly identified additional actions being undertaken to mitigate the concerns e.g., the informal safety net facility, bearing in mind the need to address a significant imbalance between opening hours and patient demand across the Minor Injury Units.

Cadeirydd I Chair: Professor Medwin Hughes, DL Prif Weithredwr I Chief Executive: Alyson Thomas Cyfarwyddwr Rhanbarthol I Regional Director: Jemma Morgan E-bost I E-mail: gwentadvocacy@llaiscymru.org

Ffôn | Tel: 01633 838516

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

Should the proposals be approved by the Health Board, it would be helpful if outcome information and other materials could refer to the Units as having "new opening times", with reassurance that Minor Injury services are continuing as expected. This may enhance the public's understanding of the changes as we are mindful that language such as "closure" may continue to cause concern for some people.

To conclude, we are content that the Health Board has undertaken a thorough and inclusive engagement exercise. We recommend that good communication with the affected communities continues, including the population of south Powys.

Llais has no further representations to make on this matter and would welcome confirmation of the outcome when a decision has been made, please. We would also be happy to remain involved to advise on any public information materials drafted, if appropriate.

Yours sincerely

Labseph

Linda Joseph

Dirprwy Gyfarwyddwr Rhanbarthol / Deputy Regional Director Rhanbarth Llais Gwent / Llais Gwent Region 01633 8385416

pp. On behalf of Regional Director Gwent Region

Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth. Os ydych yn

Cadeirydd I Chair: **Professor Medwin Hughes, DL**Prif Weithredwr I Chief Executive: **Alyson Thomas**Cyfarwyddwr Rhanbarthol I Regional Director: **Jemma Morgan** 

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Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

dymuno cyfathrebu ymhellach yn Gymraeg, rhowch wybod inni os gwelwch yn dda.

If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence. If you wish to correspond further in Welsh please let us know.

Mae manylion ein hysbyseb preifatrwydd ar gael ar ein gwefan www.llaiscymru.org

Details of our privacy notice are available on our website www.llaiswales.org

Cadeirydd I Chair: **Professor Medwin Hughes, DL**Prif Weithredwr I Chief Executive: **Alyson Thomas**Cyfarwyddwr Rhanbarthol I Regional Director: **Jemma Morgan**E-bost I E-mail: **gwentadvocacy@llaiscymru.org** 

Ffôn | Tel: 01633 838516

Croesewir gohebiaeth yn y Gymraeg a'r Saesneg. Os byddwch yn ysgrifennu atom yn Gymraeg, byddwn yn ateb yn Gymraeg. Ni fydd hyn yn arwain at oedi wrth ymateb i'ch gohebiaeth.

We welcome correspondence in Welsh and English. If you write to us in Welsh, we will answer in Welsh. This will not lead to a delay in responding to your correspondence.

### Appendix 4

### **Draft - Integrated Impact Assessment**

### Ref no:

Name of the policy, service, scheme or project:

Minor Injury Unit Opening Hours

Service Area

**Urgent Care** 



### Our Values are....









### Mae ein Gwerthoedd yn.....









### Section 1 - Preparation

The purpose and aims of the policy, procedure, strategy or decision required

### Please include;

- the overall objective or purpose
- the stated aims (including who the intended beneficiaries are
- a broad description of how this will be achieved
- the measure of success will be
- the time frame for achieving this
- a brief description of how the purpose aims of the policy are relevant to equality and intended beneficiaries.

The overall objective is to review the balance of capacity and demand for minor injury unit service provision across the health board. The aim is to achieve an optimal balance to ensure the best care for the greatest number of patients and best value for money in the current operational and financial climate.

A recent evaluation of minor injury unit (MIU) demand has identified key patterns of activity across all sites, including:

- Seasonal patterns of activity, with a summer peak at each site;
- Daily patterns of activity, with a Monday peak at each site (particularly at Ysbyty Aneurin Bevan and Ysbyty Ystrad Fawr)
- Hourly patterns of activity, with a mid-morning peak and gradually decreasing demand until closure hours or 00:00 hours at each site. (particularly of note was the very low utilisation of the unit at Nevill Hall Hospital in the early hours, with on average just one person attending between 1.00am and 7.00am)

This exercise highlighted a significant imbalance between opening hours, staffing resource and patient demand across the units e.g. very little demand for the service during the early hours of the morning.

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The measure of success will be the demonstrable delivery of the best minor injury care for the greatest number of patients and best value for money in the current operational and financial climate, with any possible adverse impacts addressed, minimized and / or mitigated as required.

A 12-week public engagement exercise is ongoing, with the feedback used to inform the decision-making process and update the equality impact assessment on an ongoing basis. Depending upon the overall feedback and response received and the subsequent analysis / discussion with Llais and other relevant stakeholders, it is envisaged that a final decision on future service provision can be taken before the end of the financial year.

It is intended that the resulting arrangement of MIU opening hours will provide effective and consistent service provision and will ensure appropriate utilisation of staffing resource and professional skills.

Who is the Executive Sponsor?

None of the above required

Leanne Watkins - Chief Operating Officer

We have a legal duty to engage with people with protected characteristics under the Equality Act 2010 identified as being relevant to the policy.

• What steps will you take to engage and consult with stakeholders, (internally and externally)?

- How will people with protected characteristics be involved in developing the policy, procedure, strategy and or decision from the start?
- Outline how proposals have/will be communicated?
- What are the arrangements for engagement as the policy/procedure/strategy or decision is being implemented?

A comprehensive 12-week engagement programme is underway, following approval of an engagement plan with Llais. The plan extends to a wide range of stakeholders and includes the following:-

- Prominent display of information in service areas, to include posters, detailing how people can take part Information / survey forms and post boxes provided for people attending MIUs and main receptions within NHH and YYF
- Development of briefing paper / notes for circulation to stakeholders
- Dedicated information page on Health Board website, to include FAQs, access to patient survey (with option of paper version), contact points / numbers and updated as plans progress
- Direct emails to key stakeholders
- Face to face and online public information sessions / engagement events
- Social media messaging, encouraging engagement and feedback
- Presentations to stakeholders
- Management meetings for internal NHS stakeholders

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	Parallel staff engagement and consultation programme		
Does the policy assist services or staff in meeting	A key objective of the review is to ensure an improved balance of		
their most basic needs such as;	professional activity across different shifts in the MIUs. There is currently		
Improved Health	a significant imbalance of activity and there is a risk that the staff working		
Fair recruitment etc.	at night do not get sufficient experience and become professionally de-		
	skilled		
Who and how many (if known) may be affected by the	Any changes to existing arrangements could affect any nations who		
Who and how many (if known) may be affected by the policy?	Any changes to existing arrangements could affect any patients who might wish to attend the minor injury units at Nevill Hall Hospital and		
policy:	Ysbyty Ystrad Fawr during the early hours of the morning.		
	Changes could impact approximately 15 clinical and administrative staff		
In review of the Well-being of Future Generations Act	A Healthier Wales		
Which Well-being Goals does this contribute to and how?	A Resilient Wales		
now:			
Please select from drop down box, if multiple, please			
list.			
If none, how will it be adapted to contribute to one?			
in none, now will it be adapted to contribute to one:			
Section 2 – Considering Resources & Relevance			
Evidenced used/considered	The service has examined MIU activity data from its clinical and		
Evidencea decarconicidence	management information systems over an extended period and has		
Your decisions must be based on robust evidence.	checked this carefully to ensure that the information therein is accurate		
What evidence base have you used in support?	and fully fit for purpose. Data collected from the same sources is used		
Evidence includes views and issues missel during	for formal Welsh Government reporting and performance management,		
Evidence includes views and issues raised during engagement; service user or citizen journeys, case	and is therefore considered to be accurate and fully relevant for decision making in respect of minor injury unit capacity and demand.		
studies, or experiences; and qualitative and	making in respect of millor injury unit capacity and demand.		
experience based research, not just quantitative data	Cross-checking of data in response to public engagement queries is		
and statistics.	ongoing in support of this e.g. recent data analysis was able to reassure		
	the public that the year low NHH MILL activity at night is not as a result of		

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the public that the very low NHH MIU activity at night is not as a result of

#### Please list the source of this evidence:

- Identify and include numbers of staff, broken down by protected characteristics and other relevant information
- What research or other data is available locally or nationally that could inform the assessment of impact on different equality groups? Is there any information available (locally/nationally) about how similar policies/procedures/strategies or decisions have impacted on different equality groups (including any positive impact)?

Do you consider the evidence to be strong, satisfactory or and are there any gaps in the evidence?

patients travelling directly to the Grange University Hospital emergency department with minor injuries. The evidence collected is therefore currently considered to be robust, but this will continue to be monitored through the engagement period.

#### Our Values are....









#### Mae ein Gwerthoedd yn.....









Does the policy/area of work align with our values?

Please explain why.

#### **People First**

The review will put people first by maximizing the benefit of MIU services to its population by ensuring that capacity is appropriately aligned with demand within a hugely challenging operational environment, thereby optimizing the overall patient experience (whilst considering all possible adverse impacts and ensuring that these are addressed and mitigated as required). It will also improve staff experience by reducing the risk that the staff working at night do not get sufficient experience and become professionally de-skilled

Passion for Improvement

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	The review is intrinsically linked to service optimisation and improvement and the delivery of better healthcare as a result of improved workforce planning.
Does this policy/area of work impact on the Armed Forces Covenant?  The new Duty requires the NHS to consciously consider the Armed Forces Community when developing policy and making decisions in the specified policy areas, taking the three principles set out below into consideration.  1. Recognizing the unique obligations of, and sacrifices made by, the Armed Forces.  2. That it is desirable to remove disadvantages arising for service people from membership, or former membership, of the Armed Forces.  3. That special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.	No evidence has been identified that the review and proposals will have any specific impact on our obligations towards the armed forces. However, we will continue to monitor this over the engagement period.
The Health Board published its Strategic Equality work meet the objectives?	Objectives in 2020 for the period 2020-24. Does this policy/ area of
<b>Objective 1:</b> Work in partnership to reduce all hate crime.	N/A
<b>Objective 2:</b> Work in partnership to reduce the incidence of domestic abuse, 'honor' based violence and elder abuse	N/A
<b>Objective 3:</b> Work in partnership with carers to continue awareness raising, provide information, and improve practical support for carers.	N/A

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<b>Objective 4:</b> Improve the wellbeing and engagement of our staff.	Yes
<b>Objective 5:</b> 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.	Yes
<b>Objective 6:</b> Improve the access, experience and outcomes of those who require Mental Health and Learning Disability services.	Yes, whilst mental health and learning disability related attendances to MIUs are very rare in the early hours, the opportunity will be taken to review patient pathways for all potential scenarios, including these, so that public information is clearer and transparent as a result.
<b>Objective 7:</b> Improve the experience of lesbian, gay, bisexual and Trans (LGBTQ+) service users and staff.	Not directly
<b>Objective 8:</b> Gender and Pay – Develop a fuller understanding of the reasons for any differences in pay and take the necessary action to address this.	Not directly
Who is involved in undertaking the EQIA	Urgent Care Division Engagement Team

This section of the form is completed by the policy/ work area lead prior to attending the EQIA group meeting. If you need support in completing this section please email <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>

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**Section 3 - Equality Duties, Sustainable Development Principles** 

Section 3 - Equan	<u>Ly</u> L	<del>Juu</del>	<del>5</del> 5,	<u> </u>	tania	DIE	Deve	iopi			icipi	<u> </u>				
Does the			F	Protect	ed Cha	racte	ristics			Addi	tional		WBF	G Pri	ncipl	es
policy/procedure, strategy, e-learning, guidance etc meet • Public Sector & specific duties - Equality Act 2010 • Welsh Language Standards (2011) • Sustainable Development Principles?	Race	Sex/Gender	Disability	Sexual orientation	Religion and Belief	Age	Gender reassignment	Pregnancy and Maternity	Marriage/ civil Partnerships	Welsh Language	Carers	Long Term	Collaboration	Involvement	Prevention	Integration
To eliminate discrimination and harassment	-	-	-	-	-	-	-	-	-	-	-	✓	✓	✓	-	-
Promote equality of opportunity	✓	✓	✓	✓	<b>✓</b>	✓	✓	✓	✓	✓	✓					
Promote good relations and positive attitudes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	_				
Encourage participation in public life	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓					
In relation to disabili should the policy/service or scheme take acceptification difference, even if treating some individual favorably?	e/pro ount invo	of lves		Yes												

Key					
✓	Yes				
X	No				
-	Neutral				

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## **Human Rights Based Approach – Issues of Dignity & Respect**

The Human Rights Act contains 15 r healthcare are listed below.	ights, all of which NHS organ	isations have a duty. The 7 rig	hts that are relevant to
Consider is the policy/service/project or scheme relevant to:	Yes	No	N/A
Article 2: The Right to Life	X		
Article 3: the right not to be tortured or treated in a inhumane or degrading way	X		
Article 5: The right to liberty	X		
Article 6: the right to a fair trial			X
Article 8: the right to respect for private and family life			X
Article 9: Freedom of thought, conscience and religion			X
Article 14: prohibition of discrimination	X		

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## **Measuring the Impact**

Reason for your decision (including evidence used). Include details of how it might impact on people from this group and how opportunities to advance equality and good relations have been maximised.

#### **Protected Characteristics & Other Areas**

- Race
- Sex
- Disability
- Sexual orientation
- Religion belief & non belief
- Age
- Gender Identity
- Pregnancy & maternity
- Marriage & civil partnership
- Carers

#### Impact - operational & financial

#### General

It is recognised that closing the NHH MIU service between 1.00am and 7.00am may cause concern and anxiety to local residents. The increase in travel time and costs for patients who choose to go to another hospital e.g.: RGH MIU will have an impact, especially on those currently struggling with inflation as well as other areas of social deprivation.

It is important that the service takes all reasonable steps to mitigate these concerns and to communicate clearly the options and pathways open to all when wishing to access minor injury services. Robust public engagement (in conjunction with Llais) is taking place, with the aim of ensuring that all those wishing to make their concerns and queries known have the opportunity to do so. Engagement will involve Executive, service, planning and engagement representatives and will include media / social media, internet information, public in-person events, posters and other channels for those without access to virtual / electronic communication. We are also engaging with all key stakeholders, including local authorities, MPs and MSs.

Standard advice for all wishing to access minor injury services will be to ring 111 for advice before travelling, and to consider waiting until the service reopens where relevant / appropriate.

#### Race

All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore the closure of an MIU during the early hours should not have any specific adverse impact based on race or ethnicity. The opportunity will however be taken to seek views and concerns to ensure that all potential issues have been brought to the service's attention.

The Communications & Engagement Team will share information with the Health Board's Diverse Communities Health Forum. Members include organisations that work with and support ethnic minorities across

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the Health Board area. These organisations have an established relationship with communities and are considered the 'trusted voice'.

Organisations such as 'TGP Cymru' for example provides the 'Travelling Ahead: Wales Gypsy, Roma and Traveller Advice and Advocacy Service' and are the trusted voice for Roma families in Newport.

#### Sex

All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore the closure of an MIU during the early hours should not have any specific adverse impact based on sex /gender. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity.

#### Disability

All ABUHB sites are accessible so it is not felt that there would be any impact on anyone with a physical or learning disability that is required to use the service. However, there could be indirect discrimination on patients with a disability / carers and families who as a result of the change may have additional travel to RGH or GUH.

The opportunity will however be taken to seek views and concerns to ensure that all potential issues have been brought to the service's attention. The Communications and Engagement Team has established links with organisations that support people with Learning Disabilities such as People First and POBL; and with organisations / groups that provide support to Carers. Information about any changes will be shared with these groups and any feedback used to inform decision making and mitigation actions.

#### Sexual orientation

All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore the closure of an MIU during the early hours should not have any specific adverse impact based on sexual orientation. Support will be necessary for all patients and their families / carers during and after any proposed change; and this might be particularly important for any LGBTQ+ patients with concerns about moving from one hospital to another. Patients/families need to be assured that all hospitals are LGBTQ+ inclusive and all Health Board staff receive appropriate diversity training to ensure full understanding and support.

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The Communications and Engagement Team will share information with organisations and health board staff who support communities such as LGBTQ+ to ensure that they are made aware of any changes to services and how best to access these.

#### Religion or belief

All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore the closure of an MIU during the early hours should not have any specific adverse impact based on religion or belief. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity.

#### Age

It is recognised that the proposed closure of the NHH MIU during the hours of 1.00am and 7.00am may impact on families of all ages due to the increase in the travel distance required to access minor injury services during those times. Specific consideration will be given to families with young children travelling a longer distance, and older people who are not able to travel independently but require the assistance from family members or friends. We recognise the potential increase of costs to travel on those who are currently financially compromised. Whilst our activity data indicates that very few older people access the minor injury service at night, the opportunity will be taken to engage with appropriate stakeholders e.g. local authority '50+' forums to ensure that any relevant concerns are heard and acted upon.

#### **Gender Identity**

All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore the closure of an MIU during the early hours should not have any specific adverse impact on the transgender population. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity.

There is a 'Caring for Transgender patient's' tool kit that has been developed by the health board which will be made available to the service, together with additional training on request.

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#### **Pregnancy & Maternity**

All existing ante-natal and post-natal maternity care is unaffected by any proposed changes to minor injury services, and acute maternity care would not be within the remit on an MIU. The closure of an MIU during the early hours should not therefore have any specific adverse impact on maternity patients, but all engagement feedback will be monitored carefully to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity.

#### Marriage & Civil partnership

All patients and visitors will be treated the same throughout their care in all ABUHB hospitals, therefore the closure of an MIU during the early hours should not have any specific adverse impact related to marriage or civil partnership. All patients and visitors will be supported through any changes, but these will be monitored to ensure that any possible indirect / unintended discrimination is identified and rectified at the earliest opportunity.

#### **Carers**

There needs to be recognition that service change could have a potential impact on carers. Often carers (especially those unpaid) are either elderly or family members that have other commitments. For carers who need to visit an MIU during the hours of 1.00am and 7.00am, it is recognised that they would need to find someone to look after the person being cared for over a longer period if a carer has to travel further to RGH MIU. This could further impact on the health and wellbeing of the carer. The opportunity will be taken to engage with appropriate stakeholders e.g. carers' representatives to ensure that any relevant concerns are heard and acted upon.

Consideration of reasonable adjustments would be made for carers / relatives of any patients that require additional support. Any concerns and issues raised during the engagement period will be used to inform future decision making.

#### Welsh Measures

Please show how the proposal addresses the core objectives of the Welsh Language Measure 2011.

Ensure an environment that enables patients to choose to live and receive services through the medium of Welsh

N/A

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Encourage staff to use Welsh in the workplace and to	N/A
have opportunities to learn and improve their Welsh	
Encourage new staff and students to take up Welsh	N/A
language learning opportunities and to appreciate the	
socio-economic and cultural context of Wales	
Act as a catalyst for cultural awareness, understanding, activity and integration	N/A

**NOTE:** As you complete this tool you will be asked for **evidence to support your views**. When you formulate a new policy, or review or revise an existing policy, you must consider what effects, if any (whether positive or adverse), the policy decision would have on (a) opportunities for persons to use the Welsh language, and (b) treating the Welsh language no less favourably than the English language. The tool should allow you to identify whether any changes resulting from the implementation of the recommendation will have a positive or negative effect on the Welsh language. Data sources include for example:

- Welsh Language Standards requirements for the department / service
- Welsh Language skills data for staff
- Welsh Language skills data for service users
- Welsh medium recruitment
- Welsh medium training provision
- Welsh medium administrative provision

Welsh Language Impact Assessment In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.				Describe why it will have a positive/negative or negligible impact on the Welsh language.	What evidence do you have to support this view?	What action(s) can you take to mitigate any negative impacts or better contribute to positive impacts?
Will the proposal be delivered bilingually	Yes	No		Encourages participation from Welsh speakers	Yes - all engagement material will be bilingual in	·
(Welsh & English)? e.g.					accordance with health board policy	
Will the proposal increase or decrease the opportunities for people to receive						

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information or access					
information in Welsh?	Yes	No	No	By identifying people who	Ongoing work to
Will the proposal have an effect on opportunities for	165	NO	impact/	wish to contribute in Welsh	Ongoing work to ensure that
persons to use the Welsh			Negligible	and seeking to ensure that their needs are met, we	Welsh speakers
language? e.g.	X			believe that the engagement	can be
Will the proposal alter the linguistic nature of the department?				will be more inclusive and will draw on a wider range of views	accommodated in every possible scenario
What opportunities does the proposal provide to develop Welsh language skills within the department?					
Will the proposal	Increas	Reduce	No		
increase or reduce the department/division's	е		impact/ Negligible		
ability to deliver services through the medium of Welsh? e.g.			X		
Will the proposal ensure that people can access services in their preferred language, Welsh or English?					
Will the proposal increase or reduce the opportunity for persons to use the Welsh language within the workplace?					
Will the proposal impact on the number of Welsh speaking staff within the service?					
Will the proposal increase or reduce the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh?					
Will the proposal treat the Welsh language no less	Yes	No	No impact/ Negligible	See above	

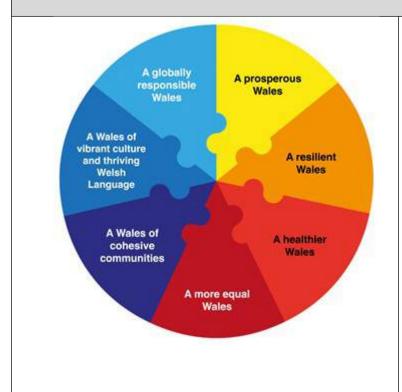
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favourably than the English language? e.g.	х			
How will the proposal ensure that Welsh speakers receive services to the same standard as those who access the same services through the medium of English?				

#### **Wellbeing Goals**

How does the policy/procedure, strategy, e-learning, guidance etc. embed, prioritise the Well-being Goals and Sustainability Development Principle of the Well-being of Future Generations (Wales) Act 2015?

Please describe and provide evidence below of how the 5 ways of working have been met, inclusive of the 7 well-being goals, to maximise the social, economic, environmental and cultural wellbeing of people and communities in Wales.



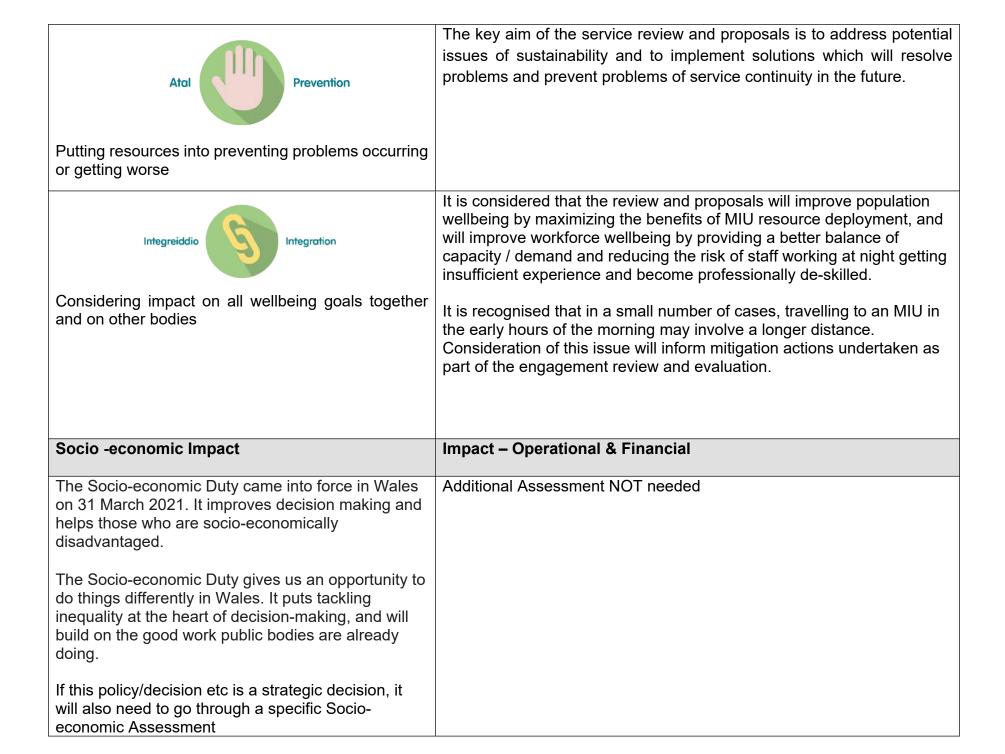
It is considered that the review will prioritise the aims of A Healthier Wales and A Resilient Wales.

The intention is to ensure effective and sustainable MIU services within the health board, ensuring safe staffing levels and improved opportunities for prudent use of existing workforce (hereby enhancing recruitment and retention)

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Sustainable Development Principles	
Hirdymor Long Term	The review and proposals are part of a wider review of urgent care services, designed to ensure that these are efficient and effective in meeting significant operational system challenges both in the short and long term.
Balancing short term with long term needs	
Cydweithio	The review / engagement will encourage internal and external collaboration with all stakeholders (including Llais) by increasing the visibility of the MIU service, sharing all relevant information regarding the operation of the service, setting out the service challenges transparently and encouraging all views / feedback to inform and influence future decision making.
Working together to deliver aims and objectives.	
Cynnwys	As above
Involving those with an interest and seeking their views	

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How does the policy/procedure, strategy, e-learning, guidance etc. ensure transparent and effective measures to address the inequality of outcome that result from socio-economic disadvantage?

Examples of inequality of outcome might include for example, education attainment, employment and earning potential, health and mental health access to services and goods, opportunity to participate in public life, housing.

As a general principle, patients may access the Welsh Ambulance Services NHS Trust (WAST) where they meet the defined medical need and eligibility criteria for non-emergency transport. Travel cost schemes also operate within the health board where appropriate for patients who meet the criteria. In addition, taxis and volunteer car services may be able to provide assistance in some circumstances.

#### **Positive Action**

If the policy, procedure, strategy and or decision is intended to increase equality of opportunity through positive action, does it appear to be lawful?

Positive action is defined as voluntary actions employers can take to address any imbalance of opportunity or disadvantage that an individual with a protected characteristic could face.

#### Impact - Operational & Financial

The service is working in close collaboration with senior and experienced communications / engagement staff and with Llais, with a key aim of ensuring full and proper process is followed prior to any decisions being made about future MIU opening hours. In this way, it is intended to minimize the risk of any legal challenge to the health board in respect of this issue.

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## **Section 4 – Recommendations**

## **Outcome report**

## **Equality Impact Assessment: Recommendations**

Please list below any recommendations for action that you plan to take as a result of this impact assessment



Actio	on Required	Potential Outcomes	Time-scale	Lead Officer	Resource implications		
1	Stakeholder mapping						
2	Extended engagement period in response to initial / pre-engagement						
3	feedback Close liaison with Llais on ongoing basis						
4	3 3						

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# Risk Assessment based on above recommendations – if policy is approved in original format refer to grading in Annex 1

Recommendation	Likelihood	Impact	Risk Grading
1			

Reputation and compromise position	Monitoring Arrangements
Training and dissemination of policy	

Is the policy etc. lawful?	Yes	No 🗌	Review date
Does the EQIA group support the policy be adopted?	Yes	No	
•	·		
Signed on behalf of		Signed	
Trust Equal Impact		Lead Officer	
Assessment Group			
Date:		Date:	

Impact, Co	nsequence score	(severity levels) a	nd example	es
1	2	3	4	5

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	Negligible	Minor	Moderate	Major	Catastrophic
	No or minimal	Breech of statutory	Single breech in	Multiple	Multiple breeches in
Statutory	impact or breach of	legislation	statutory duty	breeches in statutory duty	statutory duty
Ξ	guidance/statut	Formal complaint	Challenging external		Legal action certain
tory	ory duty	Local media coverage –	recommendations	Legal action certain	amounting to over £1million
	Potential for	short term reduction in	Local media interest	between	
duty	public concern	public confidence		£100,000 and	National media interest
₹			Claims between £10,000	£1million	
_	Informal	Failure to meet internal	and £100,000		Zero compliance with
	complaint	standards		Multiple	legislation
			Formal complaint	complaints	Impacts on large
	Risk of claim remote	Claims less than £10,000	expected	expected	percentage of the population
			Impacts on small	National	
		Elements of public expectations not being met	number of the population	media interest	Gross failure to meet national standards

## Annex 1

LIKEI	LIKELIHOOD DESCRIPTION		
5 Almost Certain	Likely to occur, on many occasions		
4 Likely	Will probably occur, but is not a persistent issue		
3 Possible	May occur occasionally		
2 Unlikely	Not expected it to happen, but may do		
1 Rare	Can't believe that this will ever happen		

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Agenda Item: 3.4



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Long-Term Strategy: Design Principles
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson-Morris, Deputy Director of Strategy, Planning & Partnerships

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

Ar Gyfer Penderfyniad/For Decision

 To discuss and approve the design principles for the development of the Health Board's new strategy

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

This paper outlines the proposed design principles underpinning the Long-Term strategy and provides an update on the timeline, engagement approach and resource implications.

#### Cefndir / Background

The Health Board's extant strategy is the Clinical Futures Strategy which was the driving force for the service reconfiguration realised through the Grange University hospital opening, the Enhanced Local General Hospitals network and developments in community services. The premise of Clinical Futures was redesigning the system of care so people could be supported to better manage their own health and wellbeing, and that when a citizen needs to access care that they do so as locally as is safe and appropriate with a focus on out of hospital settings.

Alongside the Clinical Futures Strategy, a number of other arrangements contribute to setting strategic direction of the organisation. Through partnership, the Health Board is instrumental in the delivery of several strategic work programmes such as Building a Fairer Gwent, the Area Plan for Gwent and the Gwent Well-Being Plan. The medium-term vision for the Health Board is articulated through its Integrated Medium-Term Plan and the life course approach within this. All of these approaches

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are framed around the ambition to reduce health inequalities and improve population health for our communities.

The changing demography of the population, new hospital configuration since opening of the Grange Hospital, partnership landscape and pandemic learning suggest that it is an appropriate time to consider a new long-term strategy that articulates joint commitments with our population through to 2035.

The strategy will be the guiding light that describes our organisational commitments with the people of Gwent taking learning from areas such as Wigan who established the Wigan Deal in partnership for the county. The agreed approach is development through meaningful engagement based on the needs of the communities and individuals. Given the current sustainability challenges the process of developing the strategy provides the Health Board the opportunity to renegotiate their core offer with the population and be transparent on the principles used to make decisions.

#### **Asesiad / Assessment**

The first Strategy Steering Group was considered on 15<sup>th</sup> December which included a discussion on the programme plan. It was felt that lengthening the public engagement from 12 weeks to 20 weeks would improve the time and timing for the co-creation of the strategy. The revised timeline will have a new strategy in place for November 2024 and will still be able to inform the Integrated Medium Term. Plan 2025-28.



Following a workshop held by the Strategy Steering Group in January the following design principles are proposed for Board approval. They have been purposefully written for the general public and avoid jargon;

People at the heart of everything we do.

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We will take time to learn about the whole person and design based on need. People, Patients, carers, families and staff.

#### Design with data.

We will let data and evidence drive decisions, learning from what has come before.

#### Prevention is best.

Start with prevention. Everyone to make the most of their capabilities and control their own lives.

#### Act with focus to improve outcomes.

Do what only the Health Board can do and create the conditions for success.

#### • Make it simple.

Make it simple and easy to use even if complex behind the scenes.

#### Make things open, it makes things better.

Absolute transparency about challenges, opportunities and decisions. Regularly share learning and share our work.

#### · Continuous Feedback.

We will test early and continue to refine. We said, we did, we need help with; not a singular process.

#### · Make use of what we have

Use the resources available for biggest impact so the NHS can have a long future.

#### • Be consistent not uniform.

Use the same models but apply them to the context, promoting equity across Gwent.

#### This is just the start.

We are not done, this does not finish.

Undertaking wide reaching public engagement and coproduction activities requires resourcing and consideration has been given to the resources required to fulfil these principles.

The majority of resources will be met from repurposing existing staff for the engagement period. A number of teams (planning and strategy, communications and engagement, public health, workforce and organisation development and primary and community care) will make a significant staff contribution to delivering engagement over the 20-week period, demonstrating the organisations commitment to undertake meaningful engagement within existing resources wherever possible.

Some areas will require funding to deliver including;

- Branding and design
- Video content
- Translation
- Easy Read documents

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It has been agreed these will come out of existing central budget by the Executive Committee. These will be integral to the success of the programme and indicative costing is set out below:

PRINT:	
A5 Booklets	
16pp Bilingual (Welsh/English) booklets x 200k qty	£12,998.10
8pp Language booklets x 12 sorts	£6,885.05
Easy Read Booklets	£255.00
Pop-up cassette banners – bilingual (English/Welsh)	£750.00
TRANSLATION:	
12pp English booklet translation into Welsh	£130.00
12pp English booklet translation into 12 x additional languages	£4,551.00
Audio files of 12 x languages from English (English and Welsh audio	£2,894.00
produced in-house)	
DESIGN/ARTWORK:	
Bevan Family Avatars	£2,500
ENGAGEMENT DELIVERY:	
Venue hire	£1,500
Staff, Band 6 for a 9 month period to undertake and coordinate engagement	£33,000
activity.	
TOTAL (excl VAT)	£65,033

Following staff engagement, if a refresh of the values and behaviour framework is required then there will be further associated costs with branding, when this work was undertaken in Cwm Taf Morgannwg Health Board the costs were approx. £25,000.

Independent Member involvement in engagement activities including attending community groups and recording of video messages would be welcomed.

Recognising the complexity of the partnership landscape and the number of strategic developments across Gwent its proposed that we create a space to share through a partners show and tell event. This will signal the start of our engagement with partners on our strategy development whilst enabling a conversation on how we ensure each strategy articulates the unique role of that organisation. Further details on this approach will be shared through Partnerships, Population Health, and Planning Committee at the end of January.

The key next steps and actions completed are;

Sept:	Board briefing session
Oct:	<ul><li>Agreed chairs of governance groups</li></ul>
Nov:	<ul> <li>Partnerships, Planning and Population Health Committee and</li> </ul>
	Executive Committee shaped approach
	<ul> <li>Initial engagement pack shared for internal testing</li> </ul>
Dec:	<ul><li>First meeting of Strategy Steering Group</li></ul>
	<ul> <li>Initial engagement with population groups and partners</li> </ul>
	<ul> <li>System Leadership Group session</li> </ul>
Jan:	<ul> <li>Develop design principles for shaping through engagement</li> </ul>
	<ul><li>Establish staff intranet page on strategy development</li></ul>
	<ul> <li>Develop evidence base through Joint Strategic Needs</li> </ul>
	Assessment and the Bevan family
Feb:	<ul> <li>Establish partnership show and tell event strategies</li> </ul>
	<ul> <li>Develop public engagement materials</li> </ul>
	Develop co-creation framework

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Mar:	Undertake partnership engagement
Hall	
	<ul><li>Undertake staff engagement events</li></ul>
	<ul> <li>Undertake population engagement</li> </ul>
Apr – July	<ul> <li>Continue and refine partnership engagement</li> </ul>
	<ul> <li>Continue and refine staff engagement events</li> </ul>
Aug:	<ul><li>Develop engagement outputs report</li></ul>
	<ul><li>Share engagement outcomes with Llais</li></ul>
	<ul> <li>Continue and refine staff engagement events</li> </ul>
Sep:	<ul> <li>Develop first draft of the Strategy for sharing with Board</li> </ul>
	Socialise first draft of Strategy
Oct:	<ul> <li>Amend Strategy based on feedback received</li> </ul>
Nov:	<ul> <li>Develop final draft of the Strategy for sharing with the Board</li> </ul>

## **Argymhelliad / Recommendation**

The Board is asked to discuss and approve the design principles.

Amcanion: (rhaid cwblhau)		
Objectives: (must be complete	ed)	
Cyfeirnod Cofrestr Risg	None	
Corfforaethol a Sgôr Cyfredol:		
Corporate Risk Register		
Reference and Score:		
Safon(au) Gofal ac Iechyd:	All Health & Care Standards Apply	
Health and Care Standard(s):	Choose an item.	
	Choose an item.	
	Choose an item.	
Blaenoriaethau CTCI	Choose an item.	
IMTP Priorities	Choose an item.	
	All IMTP Priorities Apply	
Link to IMTP	, ,	
Galluogwyr allweddol o fewn y	Choose an item.	
CTCI	Choose an item.	
Key Enablers within the IMTP		
,		
Amcanion cydraddoldeb	Improve patient experience by ensuring services	
strategol	are sensitive to the needs of all and prrioritise	
	· '	
Strategic Equality Objectives	areas where evidence shows take up of services	
Ctratagia Equality Objectives	is lower or outcomes are worse	
Strategic Equality Objectives	Improve the wellbeing and engagement of our	
2020-24	staff	
	Choose an item.	
	Choose an item.	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	A Horizon Scanning Pack has been developed which outlines the evidence base.

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Rhestr Termau: Glossary of Terms:	Proportionate Universalism: Actions are universal but with an intensity that is
,	proportionate to level of social disadvantage
Partïon / Pwyllgorau â	Strategy Steering Group
ymgynhorwyd ymlaen llaw y	Executive Committee
Cyfarfod Bwrdd Iechyd Prifysgol:	
Parties / Committees consulted	
prior to University Health Board:	

Effaith: (rhaid cwblhau)							
Impact: (must be completed)							
A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities and service change proposals. Please confirm have completed the following:							
• Workforce	Yes, outlined within the paper						
• Service Activity & Performance	Not Applicable						
• Financial	Yes, outlined within the paper						
Asesiad Effaith	Yes not yet available						
Cydraddoldeb							
<b>Assessment</b> (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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>						
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  https://futuregenerations.wal	Long Term - The importance of balancing short- term needs with the needs to safeguard the ability to also meet long-term needs 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						
es/about-us/future- generations-act/							

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Draft Capital Programme 2024-25.
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director of Strategy, Planning & Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Michael Ellery, Head of Capital Planning, Kelly Jones Head of Capital Finance.

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

Ar Gyfer Penderfyniad/For Decision

This paper seeks approval of the draft opening Capital Programme for 2024/25 for both the All-Wales Capital Funding and the Discretionary Capital Allocation to ensure early 2024/25 progression. In addition, approval is requested to accelerate any of the approved bids to balance off any 2023/24 end of year slippage.

## ADRODDIAD SCAA SBAR REPORT

#### **Cefndir / Situation and Background**

The capital outlook for 2024/25 remains challenging despite indications that the Discretionary funding allocation is likely to be confirmed at the original annual amount of £10.814m (an increase of £1.29m in comparison with 2023/24). This allocation will be confirmed by Welsh Government later in the financial year but even with the increased allocation significant demands on the discretionary capital programme remain as the organisation continues to manage infrastructure, estate and service risks alongside statutory requirements.

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 2024/25 is intended to facilitate the Health Board's service strategies and extant Estate strategy sits alongside significant risk areas identified in the 'Six Facet Survey' within the estate strategy.

Following a comprehensive capital prioritisation exercise across the Health Board's Operational Divisions and corporate teams, 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:

2024/25 Draft Discretionary Capital Resource Limit (CRL)	£m
1. Draft Discretionary Capital Funding (TBC)	10.814
2. Less EFAB Contribution (Confirmed)	(0.725)
3. Less Anticipated AWCP Brokerage (TBC)	(0.230)
TOTAL Draft Discretionary CRL Available for Distribution	9.859

- Due to reductions in NHS Wales capital availability, Welsh Government reduced discretionary capital allocations across Wales in 2022/23 and 2023/24. The Health Board is awaiting the Discretionary Capital resource limit for 2024-25 to be formally confirmed. An estimated funding allocation of £10.814m has been used for the draft programme based on discussions with Welsh Government colleagues. This would be an increase of £1.29m in comparison with the 2023/24 allocation (£9.521m) and would see funding levels returned to the level received in 2021/22. The final 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 2024/25 has been confirmed as £0.725m.
- As of December 2023, the 2023/24 All Wales Capital Programme (AWCP) projects are expected to underspend against the agreed resource limits by £0.230m. In October 2023, 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 Discretionary Capital Schemes.
- A number of property disposals are planned for 2024/25 including those primary care facilities that are associated with the development of the Newport Well Being Centre. Plans for rationalising part of St Woolos hospital are also in development for 2024/25.

The opening All Wales Capital Programme (AWCP) 2024/25 allocations will be agreed with Welsh Government towards the end of the current financial year. Draft 2024/25 figures have been included in this report.



#### **Asesiad / Assessment**

#### **Funding Outlook 2024/25**

The following section sets out the capital funding available and the proposed allocation for the financial year 2024/25.

#### All Wales Capital Programme (AWCP) Funding 2024/25

The opening AWCP 2024/25 allocations will be agreed with Welsh Government towards the end of the financial year. Welsh Government have initiated a capital prioritisation exercise where Health Boards initially, followed by a cross government group, will prioritise schemes against a number of centrally set criteria. This return is due at the end of March 2024 and is currently being worked through internally and will come back to a future Planning, Population Health and Partnership Committee. Whilst this process continues only draft 2024/25 figures have been included in this report.

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

ABUHB DRAFT ALL WALES CAPITAL PROGRAMME 2024-25	Draft Allocations £m	Anticipated Brokerage (DCP) £m	Revised Draft Allocations £m
1. Grange University Hospital (VAT Reclaim)	-3.517		-3.517
2. Newport East H&WBC	12.754		12.754
3. Radiotherapy Satellite Centre at Nevill Hall Hospital	15.755		15.755
4. EFAB Schemes	2.612		2.612
5. RGH Block 1 & 2 Demolition & Carpark	0.000	0.230	0.230
6. Grange University ED Extension	10.879		10.879
7. Sanctuary Provision (CAMHS) including HCF Funding	1.202		1.202
8. IRCF - Monmouth Health & Wellbeing Centre and Dixton Surgery	0.742		0.742
9. IRCF - Aber Valley Health & Wellbeing Centre and Aber Practice	0.742		0.742
10. Ty Gwent Lease Enhancements	1.000		1.000
Total Draft AWCP Scheme Funding	42.169	0.230	42.399

## All Wales Capital Programme (AWCP) Projects:

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

Grange	University				
Hospital	VAT	Reclaim:			
(-£3.5m)					

All remaining works to the Grange University Hospital and Well-being Centre at Llanfrechfa Grange are complete. The negative budget included in the 2024/25 programme relates to the anticipated VAT recovery that is expected to be achieved during 2024/25. The VAT recovery claim has been submitted to HMRC and is currently being assessed.



#### **Newport East Health** This is a new build facility replacing existing Health Centres Park and and Well Being Centre: Ringland Surgeries, incorporating GP and other Health Care services. This replaces Ringland Health Centre, Park Surgery, Alway Clinic and Community (£28m) Dental Services provided at Clytha. The new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector. Anticipated completion Phase 1 January 2025 Anticipated completion Phase 2 March 2025 Satellite Works commenced on site 16th January 2023. Nevill Hall Radiotherapy Unit: This will provide two additional Linear Accelerators. The project has been (£45m) developed jointly with Velindre NHS Trust as they will operate the Radiotherapy service. ABUHB are responsible for the building construction. Anticipated completion February 2025 **EFAB** Schemes: The EFAB 'programme of work' will be completed by end of year 2024/25. (£4.5m)The contribution of £725.0k will be matched by Discretionary Capital funding. **RGH Blocks 1** & 2 The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting slippage due to delays associated with the discovery and removal of further **Demolition** and Carpark: (£0.7m) asbestos found under the building post demolition. The WG capital team have been advised and approved the requirement to broker this Discretionary Capital Programme funding. This scheme is an extension to the ED waiting areas in GUH and is aimed at Grange University **Emergency** improving patient experience and address over-crowding in the current ED **Department Extension:** waiting area. The scheme proposes more than doubling the waiting room area. Welsh Government approval of the BJC was received in December (£14m) 2023. Sanctuary **Provision** Tenders have been returned and are currently being reviewed. Following this (CAMHS) including assessment, a tender report will be completed, and award of contract will be **HCF Funding:** (£2m) processed subject to affordability within the project budget. Early indication on the return figures appears to be within the Pre-Tender Estimate and available budget. The anticipated completed date for this project is end of August 2024. **IRCF** Monmouth It is proposed to construct a new facility to replace the existing Dixton H&WB Centre and Surgery and to provide additional clinical accommodation that can be utilised by Castle gate Medical Practice, the Wye Valley Practice, the Health Board, **Dixton Surgery:** (£0.7m Local Authority and the 3<sup>rd</sup> sector. This fee allocation has been approved via fees only) the IRCF fund to support the preparation of an Outline Business Case (OBC) and the associated appointment of a design team. OBC process planned to begin in April 2024 following appointment of a design team. **IRCF** -Aber Valley It is proposed to construct a new facility to replace the existing Aber Medical H&WBC Centre and Practice, Senghenydd Health Centre which accommodates Health Board **Aber Practice:** (£0.7m services and the Branch Surgery of the Nantgarw Practice. The proposed fees only) new facility will also provide additional accommodation that can be utilised by GMS service providers, the Health Board, the Local Authority and the 3rd sector. This fee allocation has been approved via the IRCF fund to support the preparation of an Outline Business Case (OBC) and the associated appointment of a design team. OBC process planned to begin in April 2024 following appointment of a design team. Welsh Government have confirmed a total of £1.3m funding has been Ty Gwent Lease **Enhancements:** awarded towards this scheme in January 2024 (£0.3m 2023/24 and £1m



2024/25). The scheme will fund the required works to a new leased property

(£1.3m)

with	а	range	of	opportunities	to	rationalise	and	reduce	leases	at	other	
prope	ert	ies.										

#### **UPDATE ON AWCP PROJECTS DUE TO BE COMPLETED IN 2023/24:**

AWCP funding for the schemes below ends in 2023/24:

#### **Tredegar Health and Well Being Centre:** (£20m)

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.

There are a number of risks due to inflationary, delay and other cost pressures which are being managed within the project which are being shared and discussed with WG/ Shared Services to assist in the mitigation/resolution of the issues.

- Phase 1 complete and building handed over January 8th, 2024 (new building)
- Anticipated completion of Phase 2 September 2024 (demolition of existing health centre and car-parking)

#### **Breast Unit YYF:** (£12m)

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. Work is currently progressing well on site with the anticipated programme completion date of 29<sup>th</sup> January 2024.

## **RGH Expansion of Endoscopy Services:** (£9.4m)

The new Endoscopy Unit at RGH opened during October 2023. A Ministerial visit is being arranged.

#### **Pipeline 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.

Chepstow Community Hospital: (£TBC)	The Hospital is currently leased from Kintra Ltd. The Head Lease is due to expire in February 2025 and it is proposed to acquire the Head Lease via WG capital funding.  Stage: Business Justification Case (for WG capital to acquire Head Lease)
RGH Central Decontamination Unit: (circa £4.9m)	This scheme will provide a purpose designed unit within RGH for the decontamination of scopes. Current provision is non-compliant and lacks the capacity to support the increase in clinical activity. Stage: Business Justification Case (BJC)
Mental Health and Learning Disabilities Specialist Inpatient Services Unit: (£90m)	This scheme will provide a new 72 bed unit on the Llanfrechfa Grange site. It will replace an existing Learning Disabilities Unit on the site, PICU and female locked rehab services at SCH and adult acute services at County hospital. It will also provide new Low Secure services currently delivered via the private sector.



	Stage: The OBC is currently undergoing review.
Redevelopment of Nevill Hall site in response to RAAC (£tbc)	A business case will be developed for Summer 24 that responds to the RAAC challenges in NHH through description of new services model and corresponding estate solution.
RGH Boiler Plant and Associated Infrastructure: (circa £20.2m)	It is proposed to replace the existing outdated and inefficient plant and associated infrastructure on the SWH site with new infrastructure on the RGH site.  Stage: WG had given approval to commence the OBC process and the associated appointment of a design team but have now requested a SOC be produced.  Target submission of SOC to March 2024 Board.
St Woolos Rationalisation: (circa £12-15m)	This scheme is proposed to relocate services from the old estate. Project Board to be re-established to bring together St Woolos bed planning work, Ty Gwent opportunity to plan for site rationalisation.

The above schemes, plus others will need to be considered in the context of significant competing priorities for All Wales capital from all NHS organisations in line with the prioritisation exercise referred to above. Any regional schemes will need to be added to this pipeline.

#### **National Informatics Programme:**

£407k of funding from the Digital Priority Investment Fund (DPIF) has been received during 2023/24. Indications are that there will not be significant DPIF funding for financial year 2024/25.

Informatics will continue 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.

Digital requirements will therefore need to be prioritised alongside estate and equipment requirements in both the discretionary and all Wales programmes.

#### **Imaging National Programme:**

Welsh Government has advised that there is currently no National Imaging funding allocation for financial year 2024-2025. 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, notwithstanding the risk of utilising Discretionary funding for new or replacement equipment. Imaging replacement requirements will therefore need to feature on the prioritisation exercise referred to.

## Health and Social Care Integration and Rebalancing Capital Fund - HCF and IRCF funding streams:

In order to focus effective use of capital resources provided to the Regional Partnership Board a Regional Strategic Capital Plan was agreed by the Partnership in October 2023. The plan sets out a series of principles and strategic priorities against which capital



proposals from across the region will be assessed. Welsh Government provides two primary sources of funding to Regional Partnership Board, the Housing with Care Fund and the Integrated Rebalancing Capital Fund. The Housing with Care fund is an allocation to the region of  $\pounds 11.2m$  whilst access to the Integrated Rebalancing Capital fund is via bids to Welsh Government.

Following completion of the Strategic Capital Plan the Regional Partnership Board is seeking to refresh the pipeline of projects for partnership capital and partnership groups are reviewing schemes to put forward.

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

Project Title	Delivery Partner Department	Population Group	WG Objective	HCF 2024-25	Status
Therapeutic Intervention- NCC-CAMHS Crisis Hub	CAMHS	Children and young people with complex needs	HCF Objective 2 - Intermediate Care and Accommodation	£975,000	Approved by RPB
Pillmawr Garden Improvements (ABUHB)	MH and LD	People with emotional health and mental well- being needs	HCF Objective 3 - Minor Projects	£100,000	£90k Approved by RPB £10k Pending RPB Approval
Annwylfan (ABUHB)	MH and LD	Older people including people with dementia	HCF Objective 3 - Minor Projects	£100,000	£50k Approved by RPB £50k Pending RPB Approval
Cedar Parc (ABUHB)	MH and LD	People with emotional health and mental well- being needs	HCF Objective 3 - Minor Projects	£50,000	Approved by RPB
Cot Beds (ABUHB)	Children & Families	Children and young people with complex needs	HCF Objective 3 - Minor Projects	£50,000	Approved by RPB
			TOTAL	£1,275,000	

#### **EFAB (The Estates Funding Advisory Board):**

This WG initiative has been 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. The funding available across Wales against the specific criteria is identified in the table below:



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

Bids have been approved amounting to £4.513m. 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			01/23
Scheme Description	Category		Bid Value £	Approved Bids*		pproved Bids*	
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	Infrastructure	£	200,000.00	£	200,000.00	£	60,000.00
Wayfinding							
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 Tota	£	2,791,009.00	£	2,791,009.00	£	837,302.70
Scheme Description	Category		Bid Value £	A	pproved 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 To	£	239,100.00	£	239,100.00	£	71,730.00
Scheme Description	Category		Bid Value £	A	oproved 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**

TOTA	AL APPROVED BIDS	HB 30% Contribution			
2023/24 £m	2024/25 £m	2023/24 £m 2024/25			
2.096	2.418	0.629 0.725			
	4.514	1.354			



In accordance with the above approvals the discretionary capital programme is committed to a contribution of £0.725m in 2024/25 based on the Board approval of the 'Programme of Work' submitted in January 2023 Board.

#### **Discretionary Capital Programme 2024/25**

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

2024/25 Draft Discretionary Capital Resource Limit (CRL)	£m
1. Draft Discretionary Capital Funding (TBC)	10.814
2. Less EFAB Contribution (Confirmed)	-0.725
3. Less Anticipated AWCP Brokerage (TBC)	-0.230
TOTAL Draft Discretionary CRL Available for Distribution	9.859

#### **Proposed Discretionary Capital Programme:**

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

This shortlist has been developed from priority bids across divisions amounting to circa £20m.

The expenditure within the Discretionary Capital Programme for 2024/2025 is identified by project in Appendix 1 and is summarised in the Table below by 'Divisional' allocations.

2024/25 Discretionary Capital Plan:	All Divisional 24/25 Priorities £000	Proposed 24/25 Programme £000
Draft Discretionary Baseline Funding	10,814	10,814
EFAB Contribution	-725	-725
Disposals	0	0
Less Anticipated AWCP Brokerage	-230	-230
Draft Available Discretionary Funding 2023/24	9,859	9,859
Statutory Allocations	1,076	1,076
B/f Commitments from 2023/24:	284	284
Divisional Priorities 2024/25:		
Health & Safety	1,628	0
Mental Health & Learning Disabilities	346	299
Facilities	1,032	430
Scheduled Care	2,627	1,476



Clinical Support Services	3,920	10
Family & Therapies	765	271
Primary Care & Community	1,150	806
Medicine	350	122
Urgent Care	90	0
Corporate	1,317	1,267
Informatics	5,521	2,257
Total Bids:	20,103	8,297
Contingency Sum:	1,500	1,562
Total Bids / Proposed Approvals:	21,603	9,859
CRL Budget:	9,859	9,859
Balance:	-11,744	0

#### **Health & Safety:**

In terms of support to Health & Safety priorities it should be noted that £76k has been allocated within the statutory allocations to maintain day to day H&S governance. In addition, a programme of fire alarm replacement works is currently on-going on the RGH and St. Cadocs sites from funding received via EFAB (circa £1.5million).

Funding for further replacement of fire alarm works will be funded as the detailed information and plan is developed.

Some of the key bids identified above include:

- Replacement Nurse Call Alarms RGH £229k approved and a further £229k in reserve schemes.
- Mental Health Estate improvements £299k
- Maternity Ultrasound scanning machines GUH £218k
- Informatics Firewall IOT 'Zero Trust" Security Platform £330k
- ECR and CCR Room Improvements £250k
- Replacement Pharmacy Dispensing Robot RGH £750k
- Refurbishment of Cordell building on RGH £1.220m
- Replacement of Essential Devices (Laptops / Desktops) £750k

In addition, the opening draft programme contains the below allocations / provisions to support on-going or early stage AWCP schemes as identified below:

- Forecast Overspend on RGH Blocks 1&2 Demolition and Carpark £110k
- Forecast Overspend on Tredegar H&WBC £351k
- Forecast Overspend on Newport East H&WBC £326k
- Internal project management fees to support AWCP schemes £300k
- Provision for fees for NHH Strategic Outline Case in relation to RAAC identified -£200k
- Provision for fees to support the Llanfrechfa Area Masterplan £50k

The Health Board will seek to secure additional AWCP funding in relation to the above schemes which, if successful, would release monies back into the Discretionary allocation.



In addition to the above, it is proposed to commit £500k specifically to reduce the Health Board's Backlog Maintenance position. The challenged back log position was recently identified through an internal audit (to be discussed in a programme Audit committee). This funding will require a clear indication of how, and to what extent, the current backlog will be reduced prior to specific project approvals.

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

#### **Bids Exceeding £500k:**

Several bids which exceed £500k include the Refurbishment of Cordell Centre (£1.220m). This scheme is linked with an EFAB WG confirmed contribution of circa £550k over two years (of which we are in the  $2^{nd}$  year) and offers an opportunity to reconfigure services and capacity across the Royal Gwent and St Woolos sites. This is linked to the strategic intent to partly vacate the St Woolos site. An allowance of up to £1.220m is provided for in the Discretionary programme but this will be confirmed as part of the planning for St Woolos and RGH and a more detailed proposal will come back to Board to agree. Other schemes exceeding £500k include Essential Informatics device replacements essential for the day-to-day continuity of services across the Health Board (£750k) and the replacement of the Pharmacy Dispensing Robot RGH (£750k).

#### Reserve Bids Exceeding £500k:

There are 2 reserve bids that exceed £500.0k and include Critical Network Edge Refresh (£600.0k), Network switching hardware that allows expansion of voice and data services as well as refresh of older legacy networking infrastructure and Digital/New replacement program (£1million), Digital IT refresh of client user devices and existing legacy IT infrastructure which would provide a stable and secure platform for the delivery of digital services and enabling the delivery of clinical services and minimises the exposure to clinical outages and service impact.

#### **Contingency Sum**

Following the reduction of Welsh Government Funding and the potential for AWCP overspends during 2024/25 a contingency allocation of £1.562m 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.

**Risks of Capital Constraints 2024/25:** The significant pressures on the\_capital funding for 2024/25 has required a robust prioritisation and risk management approach. Some key risks to note are:

• 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 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. 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.

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 risk scoring of 20 and over that are not received approval due to unavailability of funding The Health Board will seek to best mitigate these risks through slippage opportunities and, if required 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.

# **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 which were recently updated and approved via the Audit Committee.

### **Argymhelliad / Recommendation**

The Health Board is asked to:

- 1. Note the content of this paper and the significant demands on the Capital Programme for 2024/25.
- 2. Approve the attached 'Draft Opening Capital Programme 2024/25' (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)



12/14 213/665

Objectives: (must be complete	ed)
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, and Reserve Capital Programme 2024/25
Rhestr Termau: Glossary of Terms:	None
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Capital Group December 19 <sup>th</sup> , 2023. Executive Team 11 <sup>th</sup> January 2024

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



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

https://futuregenerations.wal es/about-us/futuregenerations-act/ Choose an item.

Long Term - The importance of balancing shortterm needs with the needs to safeguard the ability to also meet long-term needs



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3. Radiotherapy Satellite Centre at Nevill Hall Hospital	15.755		15.755
4. EFAB Schemes	2.612		2.612
5. RGH Block 1 & 2 Demolition & Carpark	0.000	0.230	0.230
6. Grange University ED Extension	10.879		10.879
7. Sanctuary Provision (CAMHS) including HCF Funding	1.202		1.202
8. IRCF - Monmouth Health & Wellbeing Centre and Dixton Surgery	0.742		0.742
9. IRCF - Aber Valley Health & Wellbeing Centre and Aber Practice	0.742		0.742
10. Ty Gwent Lease Enhancements	1.000		1.000
Total Draft AWCP Scheme Funding	42.169	0.230	42.399

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Opening Disc	retionary Capital Pro	gramme (DCP) P	riorities 2024/2025 (Draft)	Legend:	Recommend approval	Reserve List				
Line No.	Division	Divisional Priority	Scheme Description	Directorate	Location / Site	Lead / Project Manager	Benefits	Total 24/25 Priorities £000	Proposed Opening DCP Plan £000	Risk Score
			Discretionary Capital Programme Funding							
			Discretionary Baseline Funding					10,814	10,814	
			EFAB Contribution Confirmed					-725	-725	
			Anticipated AWCP Brokerage					-230	-230	
			Total DCP Funding					9,859	9,859	1
			DISCRETIONARY CAPITAL PROGRAMME EXPENDITURE Statutory Allocations							
1	Facilities		Statutory Compliance Allocation		HB Wide	Jamie Marchant		500	500	
2	Facilities		Backlog Maintenance Reduction Allocation		HB Wide	Jamie Marchant		500	500	
3	Health & Safety	1	Direct Service Allocation for Statutory Compliance Regulatory Reform Order (Fire Safety 2005		HB Wide	Scott Taylor		76	76	
			Sub total Statutory Allocations					1,076	1,076	
			Commitments B/f From 2023/24							
4	Corporate		Purchase of Llanwenarth Suite		NHH	Mark Ross		101	101	
5	Primary Care and Community		IT Installation Ty Derwen		Ty Derwen	Leah MacDonald		13	13	
6	Facilities		Forecast Overspend on RGH Blocks 1&2 Demolition and Carpark		RGH	Jamie Marchant		110	110	
7	Clinical Support Services		Winpath - Blood Transfusion Replacement System		HB Wide	Simon Hoad		60	60	
			Sub Total Commit B/f From 2022/23					284	284	
			Divisional Priorities - Health & Safety							
8	Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)				The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	183.0		20
9	Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)				The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	440.0		20
10	Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)				The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	174.0		20
11	Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)				The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	381.0		20
12	Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)				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.	118.0		20
13	Health & Safety		Essential repairs to fire resisting partitions at Nevill Hall Hospital				This scheme is required to repair fire resisting partitions in order to provide adequate protection to the escape routes from the inpatient areas at Nevill Hall Hospital. The project will improve patient safety, achieve compliance and avoid regulatory action	135.0		20

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14	Health & Safety		Essential replacement of fire doors on inpatient wards at Nevill Hall				This project will improve the means of escape for inpatient areas at Nevill Hall	55.0		
	ricular a surety		Hospital				Hospital by extending the safe evacuation time. The Project will provide a 2-	33.0		
							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			
5	Health & Safety		Survey of the fire resisting partitions				The proposed solution will provide 3rd party assurance of existing fire stopping	56.7		
							and highlight deficiencies that can be recorded, risk evaluated and remedied on			
							a risk based approach.			
6	Health & Safety		Essential refurbishment of the Fire Alarm System at Nevill Hall				The fire detectors on the inpatient wards at Nevill Hall hospital have exceeded	35.0		
	· · · · · ·		Hospital				their designed working life by 4 years. The detectors are designed to function for			
							14 years and are now 18 years old. This project is required to ensure that fire			
							detection of the inpatient areas is maintained.			
							·			
7	Health & Safety		Essential refurbishment of the Fire Alarm System at Nevill Hall				This scheme will provide that the main hospital building is fitted with a fully	50.0		
			Hospital				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			
			Sub Total Health & Safety					1,628	0	
			Divisional Priorities - MH&LD							
8	MH & LD	1	Anti Climb for Pillmawr and 136 Suite Roof.	Adult	Pillmawr Ward and	Esther Lowe	Reduce the risk of potential harm to patients via attempted absconsion from the	30	30	
					136 Suite St		units (Pillmawr, and the 136 Suite) via the roof area.			
9	MH & LD	2	PICU Ward - Anti Climb Devices	Adult	PICU Ward, St	Esther Lowe	Reduce risk of potential harm to patients via attempted absconsion/climbing via	9	9	
		_			Cadocs		the Adferiad garden fence			
.0	MH & LD	3	Cedar Ward - Replacement Bedroom Doors with Vision Panels	Older Adult	Cedar Ward	Kally Richards	Improved patient dignity and privacy. Increased patient safety and quality of	113	113	
ŭ	🔾 23		Scalar Trans Treplacement Scalas Transis Transis	o.ac. / laa.c	Joean Hara	inany monaras	care. This will mean that patients will not be disturbed during the night, which	113	110	
1	MH & LD	4	Talygarn - Extra Care Area fencing	Adult	Talygarn Ward	Esther Lowe		7	7	
					782		Improved patient experience and reduction of V&A and Serious Incidents. ECA			
2	MH & LD	5	Conversion of Bathrooms to Shower Rooms - Cedar Parc Ward	Older Adult	Cedar Parc, Ysbyty	Kally Richards	To convert two unused bathrooms, with fixed baths in place to shower rooms.	47	47	
					Tri Cwm	' '	Following HIW inspection an action was given to increase the number of washing			
3	MH & LD	6	Kemeys Unit - Security Swipe Access	Adult	Kemeys - St Cadocs	Esther Lowe	To improve the security/safety for patients and staff accessing the Kemeys unit	12	12	
4	1411010	-	O attackly to demonstrate and Consider Asset for	A.I. Is	T. C. formal and	Kalla Bishanda and		40	40	
4	MH & LD	7	Oxe Health Implementation on Ty Cyfannol and Anwylfan	Adult	Ty Cyfannol and Anwylfan	Kally Richards and Esther Lowe	Extra patient safety measure to potentially avoid self harm/suicide/falls and improve physical health monitoring. The Oxe Health involves a contact-free	40	40	
_		_								
5	MH & LD	8	Talygarn Staff Wellbeing - staff room refurbishment	Adult	Talygarn Ward	Esther Lowe	Improved staff wellbeing/staff retention and compliance with Infection Control	7	7	
							guidance. Staff repeatedly report feeling dis-invested and under valued. Limited			
5	MH & LD	9	Talygarn IPAC/Patient Experience - flooring and decoration	Adult	Talygarn Ward	Esther Lowe	Installation of new flooring and decoration throughout	35	35	
7	MH & LD	10	Twyn Glas Kitchen refurbishment and reconfiguration to meet IPAC	Learning Disabilities	Twyn Glas, LGH	Deborah Hammett	Improved patient experience and compliance with IPAC guidance. Twyn Glas is	47		
	WIT & LD	10	standards	Learning Disabilities	i wyii Gias, LGii	Deborali Hallillett	a Residential Home for long stay residents with learning disabilities.	47		
			Sub total - MH&LD				3 '	346	299	
			Divisional Priorities - Facilities					0.0		
3	Facilities	high	Hydrogen Peroxide Unit GUH	Estates	GUH	Mark Arscott	Patient safety	23	23	
	racinales	6	nyarogen reroxide one don	Estates		Walk / Woode	a diche safety	23	23	
)	Facilities	high	Abertillery health centre roof (Bridge Centre) & Int repairs	Estates	NHH	lan Crook	Patient Safety	52	52	-
)	Facilities	high	YYF Water Upgrades	Estates	YYF	Stephen Powell	Patient Safety	40	40	
_	i dome.es		Hatel Gpg. adds			otephen i onen		.0	.0	
1	Facilities	high	LV Electrical Distribution Upgrade (requesting 30.6K per annum)	Estates	RGH	lan Crook	Patient Safety	92	31	
2	Facilities	high	Calorifier Ty Siriol	Estates	YYF	Stephen Powell	Patient Safety	18		
-	delittles	IIIgii	Caloriner Ty Sirior	Litates	'''	Stephen Fowen	l attent safety	10		
	Facilities	high	Nurse Call Systems - NHH	Estates	NHH	Ian Crook	Patient Safety	56	56	
4	Facilities	high	Nurse Call Alarms - Rolling programme	Estates	RGH	Dan Keyse	patient safety	457	229	
	Facilities	high	B Block Roof Upgrades	Estates	RGH	Dan Keyse	H&S Risk, improve life expectancy of the building	84		
5						, , ,				
5		1.1.1.	Nevil Hall Hospital & Ysbyty Aneurin Bevan critical plant annual	Estates	NHH/YAB	Ian Crook	H&S Risk, improve life expectancy of the building	73		
5 6	Facilities	high		i	1 '	1		-		
	Facilities	nign	inspection and verification under WHTM 03-01							
	Facilities Facilities	nign high	inspection and verification under WHTM 03-01  Fuel reserves for emergency generators and boilers	Estates	NHH/YAB	lan Crook	H&S Risk, Patient Safety	136		

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			Sub total - Facilities					1,032	430	
			Divisional Priorities - Scheduled Care							
38	Scheduled Care	1	X2 IOL Master for Nurse Cataract Assessment Clinics	Ophthalmology	RGH; NHH	Carrie Hopkins	Cataract service continues. Price of 2 has been requested, likely around £126k	126	126	20
39	Scheduled Care	2	Spinal Burrs	Orthopaedics	SWH	Gavin Williams	Continuity of spinal operating lists - mandatory equipment	34	34	20
40	Scheduled Care	3	Fees for Refurb of theatres 15, 16 & 17 (Urology) Estates Led??	Theatres	RGH	Marcus Silcox		13	13	20
41	Scheduled Care	4	Theatre Lights	Head & Neck	RGH	Teresa Allcock		83	83	20
42	Scheduled Care	5	Refurb of Cordell	Pre-assessment	RGH	Carly Cole		1,222	1,220	16
43	Scheduled Care	6	Pentacam Scanners x 2	Ophthalmology	RGH	Carrie Hopkins	We host a regional cornea service for these patients so it is very much needed.  Our Pentacam scanners are now out of warranty	106		16
44	Scheduled Care	7	Operating Tables SWH	Orthopaedics	SWH	Gavin Williams	Maintaining operating at SWH. Current tables are 17 years old and out of service contract - parts are obsolete. Mitigates the requirement for emergency capital if replaced under the programme.	157		16
45	Scheduled Care	8	RGH Dignity Requirements: Supply and install new curtain tracks and curtain to D3W	Nursing	RGH	Tracey Rich / Rebeco	ca Owen-Pursell	57		12
46	Scheduled Care	9	Clinic room upgrades	Ophthalmology	RGH, NHH	Carrie Hopkins	The current slit lamps, workstations and chairs are interconnected and form one unit. The equipment is old and there is a risk that the equipment will breakdown. As the equipment is connected, if one aspect breaks down it will result in all aspects being out of use. Clinic activity will be affected as the equipment will be out of use. Clinics will not be able to go ahead at the current capacity. This will impact RTT, Delayed Follow Ups etc. and will result in a risk around patient safety. 3 rooms complete, 8 between RGH and NHH to go.	779		12
47	Scheduled Care	10	Design fees for Laminar Flow for former Vascular Theatre GUH	Theatres	GUH	Marcus Silcox		50		10
			Sub total - Scheduled Care					2,627	1,476	
			Divisional Priorities - Clinical Support Services							
48	Clinical Support Services	1	Supply and fit a back-up supply for the YYF MRI chiller	Radiology	YYF	Mark Wilkes	Reduced risk of chiller stopping working due to power outage. This will ensure the scanner does not breakdown due to the loss of helium. It will reduce the potential cost of the maintenance which would be required to enable the scanner to run again.  It will also ensure there is no downtime from a quench of the magnet resulting in a loss of scanning time which would inevitably increase the waiting time for scans including USC scans.	10	10	12
49	Clinical Support Services	2	Purchase of MRI scanner for GUH (New not replacement)	Radiology	GUH	Mark Wilkes	Single point of failure for MRI services at GUH. Any extended downtime of the current scanner would result in the need to transfer patients to other sites for MRI scans.  Business case approved by Executive Team	2,025		16
50	Clinical Support Services	3	YYF CT (New not replacement)	Radiology	YYF	Mark Wilkes	Locating a second CT scanner at YYF would provide local access to the largest population in the HB as well as its locality to the neighbouring HB to support patients regionally. With the estate infrastructure already in place there will be minimal remedial work required to get the room ready for the scanner. Further investment in staff would be required to support this additional capacity.	1,370		16
51	Clinical Support Services	4	Cellular Pathology Microtomes	Pathology	RGH	Anthony Wilson	New microtomes would ensure service sustainability, boost capacity to deal with increased workload and provide faster turnaround times for USC cases. It would allow new staff to train alongside competent microtomists.	27		16
52	Clinical Support Services	5	Replacement Cryostats	Pathology	RGH	Anthony Wilson	Two existing Bright cryostats are both over 20 years old and the Bright engineer has confirmed that replacement parts are no longer available. Both units have a history of regular breakdowns. Should the service suffer a breakdown, it would e impossible for multi pot cases of frozen sections to be examined, which would be detrimental to the patient in theatre.	51		16
							The units are also very large, non-ergonomic and non-height adjustable posing H&S issues with staff complaining of back pain when dealing with multi pot frozen cases.			

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53	Clinical Support	6	Leica Histocore Embedding Centre	Pathology	RGH	Rachel Harding	Would ensure service sustainability, boost our capacity to deal with an increase	18		16
33	Services	Ü	zerea riistocore ziniseaanig eentre	T deliology	inon	Tractici riai amb	in workload and the fast turnaround times for USC cases. It would allow a more	10		10
							robust embedding service if there was significant downtime.			
54	Clinical Support	7	Cellular Pathology Block Filing System (Dreampath Finia)	Pathology	RGH	Anthony Wilson	The department produces approximately 90,000 blocks per year and approx.	91		15
	Services						350-400 blocks per day need filing in numerical order manually. This is a huge			
55	Clinical Support	8	Decontamination units X 18	Radiology		Mark Wilkes	Can be a phased programme (2 year Phased)	250		
	Services									
56	Clinical Support	9	New UV Spectrophotometer	Pathology	RGH	Anthony Jackson-	Notification received that current equipment is end of life and support will be no	11		9
	Services					Crawford	longer offered after the current service contract is completed. Replacement kt is			
57	Clinical Support	10	Fluorescence Microscope	Pathology	RGH	Julian Bendle	Since 2011, PHW has performed TB microscopy and culture for all TB samples	17		12
	Services						originating from ABUHB. PHW have since given notice to ABUHB that they will			
58	Clinical Support	11	Phlebotomy Chairs	Pathology	NHH	Stacey Wetherwell	The current chairs in the OPD Phlebotomy room in NHH are damaged and need	14		15
	Services						replacing.			
59	Clinical Support	12	Single hopper pi smart printer	Pathology	RGH	Natalie Stacey	The Diagnostic cytology service currently produces diagnostic tissue cell blocks,	18		16
	Services						in a cassette, using the automated Cellient process on equipment which is now			
60	Clinical Support	13	Replacement cameras		Various		Existing SLR camera's and lens' are no longer in production. They will need to be	17		15
	Services						replaced with the 'mirror-less' equivalent.			
			Sub total - Clinical Support Services					3,920	10	
			Divisional Priorities - Families & Therapies							
61	Family & Therapies	1	Maternity Ultrasound scanning machines x3 (Aug 2023)	Maternity	GUH	Jayne Beasley	It is difficult to deliver a safe and efficient ultrasound service without the ability	218	218	20
	,					, ,	to scan within the department and to perform accurate dating scans. Having the			
62	Family & Therapies	2	Fluid Management System x6 (WG Diagnostic bid reduced this to 3!!)	Gynaecology	NHH, GUH, RGH ar	Louise Harvey	The Obstetrics and Gynaecology service are requesting capital funding to	106	53	20
	,			,		,	purchase 6 fluid management systems to replace the existing Hologic System in			
63	Family & Therapies	3	Gynaecology/Maternity Ultrasound Scanning Machines x3	Maternity/Gynaecology	GUH	Jayne Beasley / Louise	Hx3 ultrasounds are due to reach end of life March 2024. Additionally, a recent	136		16
							inspection by ICT has discovered that these ultrasound scanning computers are			
64	Family & Therapies	4	Neater-eater feeder (robotic/assistive technology)	Occupational Therapy	Community	Emma Ralph	Request to fund/purchase a Neater-eater feeder (robotic/assistive technology)	8		16
							to support a young man with a degenerative physical condition (Duchenne			
65	Family & Therapies	5	Nitrous Oxide Destruction System,	Maternity	GUH	Jayne Beasley	This Entonox Destruction Device purchased from Medclair Nitrous Oxide	252		12
			labour ward GUH x 7				Destruction system (mobile unit) will improve the Nitrous Oxide Levels in the			
66	Family & Therapies	6	Installation of aircon in Cwmbran Clinic	Sexual Health	Cwmbran Clinic	Louise Harvey	The clinical areas in Cwmbran do not provide sufficient ventilation or necessary	9		12
							heat reduction for procedures undertaken in Sexual and Reproductive Health.			
67	Family & Therapies	7	EGC Machine RGH ANC	Maternity	RGH	Jayne Beasley	Currently Antenatal Clinic, Royal Gwent Hospital, Maternity Services do not have	10		12
							an electrocardiogram machine of its own and rely heavily on borrowing a			
68	Family & Therapies	8	ECG for eating disorder team	CAMHS	St Cadocs	Kola Gamel	There is not currently an ECG machine within CAMHS and presently if there are	7		12
	5 11 0 71						concerns around a patient's cardiac health, concerns are raised with the GP or	10		
69	Family & Therapies	9	Jaundice Meters x 2	Maternity	Community	Jayne Beasley	There is a requirement for 2 additional Jaundice Meters for Maternity Services to be used in the community setting. The jaundice meter JM-105 can accurately	12		12
70	Family & Therapies	10	Daulana and af the blinds and installation of dade to inline in	Children's Control	C	Tura a a Cusa ista		7		12
70	Family & Therapies	10	Replacement of the blinds and installation of dado trunking in Serennu Children's Centre	Children's Centres	Serennu	Tracey Smith	The proposal is to replace the blinds on the first floor on both sides and install dado trunking & electrical sockets on one side which accommodates the	/		12
			Sub total - Families & Therapies				dado tranking a electrical sockets on one side which accommodates the	765	271	
			'					703	2/1	
			Divisional Priorities - Primary Care & Community							
71	Primary Care and	1	Robot Arm & Office update	PC&C Pharmacy	RGH	Lisa Forey	RGH robot required to deliver drugs across the HB. If the robot is at end of life	750	750	25
	Community						losing the service would be catastrophic for the HB			
72	Primary Care and	2	Bariatric equipment	Blaenau Gwent	YAB	Esther Philpot	Immediate access to equipment will improve patient experience and expedite	44	44	20
	Community						discharge planning so by supporting people to return home or to their local			
73	Primary Care and	3	Butterfly Machine	Blaenau Gwent	CRT, YAB	Esther Philpot	Access to multiple imaging at point of care at home to allow immediate	6	6	20
	Community						treatment and support decision making and support Clinical assessment and			
74	Primary Care and	4	Point of Care Testing	Blaenau Gwent	CRT, YAB	Esther Philpot	A POC closed cartridge blood testing system would support the medical team to	7	7	16
	Community						complete assessments and aid decision making, specifically to support admission			
75	Primary Care and	5	Caldicot Health and Social Wellbeing Hub	Monmouthshire Borough	Caldicot Health	Leanne Watkins	The building currently provides a range of community based staff, and provides a	187		16
	Community			Team	Centre		small number of clinics for the Health Board, primarily Community Dental,			
76	Primary Care and	6	Pharmacy Homecare Services	PC&C Pharmacy	RGH	Lisa Forey	Upgrade Pharmacy offices RGH. Currently in poor condition forcing staff to work	35		16
	Community						from home or other locations. This model does not fit service profile.			
77	Primary Care and	7	Replacement of flooring in CRT offices	Newport Borough Team	CRT office, St	Louise Williams	Replacement of flooring in CRT offices at St Woolos hospital.	22		12
70	Community				Wools Hospital	sette	Current flooring does not adhere to ABUHB H&S policy, DSE policy etc			
78	Primary Care and	8	Upgrade the existing day rooms on Gwanwyn Ward and Penhow	Newport Team	St Woolos	Louise Williams	This proposal seeks funding to renovate the day rooms at St Woolos Hospital to	37		9
70	Community		Ward	Diametric Count	VAR	Lauraine Devil	make them fit for purpose for patients to participate in rehabilitative	50		
79	Primary Care and Community	9	Balcony upgrade (x3)	Blaenau Gwent	YAB	Lorraine Rowlands	The balcony is in a poor condition and currently unutilised. Refurbishment would open up the outside area to patients on the ward but requires the installation of	58		9
	Primary Care and	10	Radnan Masayatay	Planney Court	VAR	Fother Philips				4.0
0.0	Primary Lare and	10	Bedpan Macerator	Blaenau Gwent	YAB	Esther Philpot	The current bedpan macerator has been in place since the hospital opened on	6		16
80	Community				1		2011 and the top is cracked which allows microbes and infected faecal matter to			

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			Sub total - Primary Care & Community					1,150	806	
			Divisional Priorities - Medicine							
81	Medicine	1	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,	32	32	20
82	Medicine	2	Fibroscanner	Gastroenterology	YYF	Sarah Wilson	Equal access to assessment equipment in the community. Reduction in additional appointments to access the service and timely diagnosis.	90	90	20
83	Medicine	3	2 replacement colonoscopes (Out of contract march 2023)	Gastroenterology	NHH	Sarah Wilson	2 replacement colonoscopes (Out of contract march 2023)	111		16
84	Medicine	4	VIVATMO FeNo Machines	Respiratory	All sites	Keri Russell	This is a bedside test which is recommended by NICE and fundamental to asthma diagnosis and management. By having these devices on the four sites	12		16
85	Medicine	5	Lumify Ultrasound Device – S4-1	Respiratory	GUH	Keri Russell	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	12		16
86	Medicine	6	Esaote MyLab ultrasound machine	Respiratory	RGH	Keri Russell	Increase the speed of patient assessment. This will be important to patient safety both in terms of improved clinical outcome but also through reducing the	16		15
87	Medicine	7	Second Monitor for Bronchoscopy - EBUS	Respiratory	Respiratory	Keri Russell	Improved diagnosis equipment resulting in minimised repeated tests.	12		15
88	Medicine	8	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	7		12
89	Medicine	9	Paediatric Colonoscope	Patient, improve service for inpatients/outpatients in	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	49		12
90	Medicine	10	Flood damage to LoanEcho machine	Cardiology	RGH	Vanessa Williams	To pay for the repairs and have the system returned into service. Better service provision, protect the investment into the machine and provide a high standard	10		12
			Sub total - Medicine					350	122	
			Divisional Priorities - Urgent Care							
91	Urgent Care		Bladder Scanner	Emergency Department	GUH	Katheryn Dennes	Provides prompt investigation and provides resilience and continuity of care.	8		6
92	Urgent Care		Improved Security for ED - Swipe access for ED Store Room & Resus Store Room	Emergency Department	GUH	Arian Howells	To support better financial control of consumable items in ED. & improving patient safety as specialist resusiscation kit stored securely.	11		9
93	Urgent Care		ECG Machine	Emergency Department	GUH	Arian Howells	To ensure prompt investigation to meet target compliance and improve patient care and outcomes.	9		6
94	Urgent Care		Blood Gas Analysis	Emergency Department	GUH	Katheryn Dennes	To facilitate prompt investigation and diagnostics to improve patient quality and safety of patient care.	7		6
95	Urgent Care		Ultrasound Machine	Emergency Department	GUH	Arian Howells	To support prompt investigation of patients to facilitate rapid assessment and improve patient safety, outcome and experience.	TBC		6
96	Urgent Care		Electric Rise and Recline Bariatric Chair	SDEC	GUH	Arian Howells	To provide dignified care for bariatric patients with appropriate equipment.  Improved patient experience.	6		12
97	Urgent Care		Digital Worker to complete automation of administration tasks	Emergency Department	GUH	Carl Lane	The main benefit of the digital worker is the automation of ePCR process which will facilitate automatic registration of patients arriving by ambulance improving timeliness and patient safety.	19		
98	Urgent Care		NHH Ops Hub Relocation	Operations	NHH	Carl Lane		ТВС		
99	Urgent Care		NHH Discharge Lounge Improvements	Operations	NHH	Carl Lane		ТВС		
100	Urgent Care		YYF Trolleys	Emergency Department	YYF	Katheryn Dennes	Mandatory requirement as trolleys are outside of contractual life span.	30		12
			Sub total - Urgent care					90	0	
			Divisional Priorities - Corporate							
101	Corporate		Internal fees to support delivery of AWCP Schemes	Capital Planning	HB Wide	Andrew Walker	DCP funded staff supporting AWCP project implementation.	300	300	
102	Corporate		Chepstow Community Hospital PFI Fees	Capital Planning	ССН	Andrew Walker	Legal, commercial and valuation fees.	40	40	
103	Corporate		Provision for Forecast Overspend on Tredegar H&WBC	Capital Planning	Tredegar H&WBC	Andrew Walker	Estimated Overspend based on current cost reports	351	351	
104	Corporate		Provision for Forecast Overspend on Newport East H&WBC	Capital Planning	Newport East H&WBC	Andrew Walker	Estimated Overspend based on current cost reports	326	326	

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105	Corporate		Nevill Hall SOC Fees (Provision as amount required TBC)	Capital Planning	NHH	Hannah Capel	Patient/Staff Safety	200	200	
106	Corporate		Fees to support Llanfrecha Area Action Plan Masterplan	Capital Planning	LGH	Andrew Walker	TCBC Requirement in support of LDP	100	50	
			Sub total - Corporate					1,317	1,267	
			Informatics National Priority & Sustainability							
07	Informatics	1	Essential Devices	Digital & Planning	Health Board Wide	Sarah Humphries	Essential replacement of devices	750	750	
08	Informatics	1	Clinical Comms	Digital & Planning	Health Board Wide	Janice Jenkins/Cynthia I	As per SBAr that went to board - option 4 Reframe the current clinical communications procurement as a communications platform procurement and	52	52	
)9	Informatics	2	CCUBE	Digital & Planning	ONL	Cynthia Henderson	This refresh of end of life technologies and applications will ensure that the Digitised Health Records within the organisation are maintained and provide	31	31	
10	Informatics	3	WCCIS Implementation - Staff	Digital & Planning	Health Board Wide	Jan Jenkins	Capitalised resource	346	0	
.1	Informatics	4	Accelerated Programmes Implementation staff	Digital & Planning	Health Board Wide	Jan Jenkins, John Franki	Capitalised resource	288	0	
12	Informatics	5	Project Manager B7 Capital projects - Staff	Digital & Planning	Health Board Wide	Jan Jenkins	Capitalised resource	60	0	
13	Informatics	6	Firewall - IOT 'Zero Trust" Security Platform	Digital & Planning	Health Board Wide	Phil Wrintmore	Prevents threats and control the risk of IoMT, IoT, IT devices across our network through Zero	330	330	
L4	Informatics	7	YYF Network Coverage	Digital & Planning	YYF	Phil Wrintmore	Wireless survey and SBAR was undertaken for the Digital ward team that covered all areas where Vocera operated at YYF and provides remediation in	75	75	
15	Informatics	8	Citrix Infrastructure (Server & Load Balancer) Expiry Feb 2024	Digital & Planning	Health Board Wide		Robust & secured delivery platform for application delivery for clinical applications including WPAS. Risk mitigation against security vulnerabilities.	49	49	
16	Informatics	9	Anti-virus Server EstateExpiry 30th March 2024	Digital & Planning	Data Centre	Phil Wrintmore	Cyber Security protection for our server environment against cyber attacks and mitigate the risk that we are exposed to virus attacks such as malware, ransom	35	35	
17	Informatics	10	Web Filtering renewal - SmoothwallExpiry 30th March 2024	Digital & Planning	Health Board Wide	Chris Williams	Provides essential protection from Internet based threats by blocking access to internet services that could potentially harm the organisation resulting in	60	60	
18	Informatics	11	Data Centre Core and Edge Environmental monitoring Expiry March 20	Digital & Planning	Health Board Wide	Chris Williams	Core and Edge Computer Rooms house all of the infrastructure that underpins the delivery of services across ABHB. These rooms require a stable environment	70	70	
19	Informatics	12	Application Control renewal Following the move to Defender, this replaced lost functionality we	Digital & Planning	Health Board Wide	Chris Williams	Mitigate against cyber threats and stop unwanted applications being used. This contributed prevented on our estate allowing service delivery to continue	35	35	
20	Informatics	13	Room UPS - Batteries (YAB)	Digital & Planning	YAB	Chris Williams	Ensures resilient power delivery to the ICT equipment in each of the 2 Data Centre (DC) rooms. These DC's provide critical clinical services to ABHB and it is	20	20	
21	Informatics	14	ECR and CCR Room Improvements	Digital & Planning	Health Board Wide	Chris Williams	Mitigate Service/Infrastructure risk. ICT network rooms need to be secure and have stable room environment to reduce the risk of service failure and potential	250	250	
22	Informatics		Provision until internal evaluation is completed via Paul Solloway	Digital & Planning	Health Board Wide		Provision until internal evaluation of urgent requirements is completed via Paul Solloway. Separate SFI approvals to be sought if necessary.	1,000	500	
23	Informatics	15	Core & Edge Computer Room UPS Replacement programme	Digital & Planning	Health Board Wide		Mitigate against loss of service and the failure of ICT equipment due to power outages, electrical spikes power fluctuations abd generator tests.	175		
24	Informatics	16	Critical Network Edge Refresh	Digital & Planning	RGH / GUH / County	Phil Wrintmore	Network switching hardware that allows expansion of voice and data services as well as refresh of older legacy networking infrastructure. The new hardware	600		
25	Informatics	17	NHH Outer Building Fibre Plan	Digital & Planning	NHH	Phil Wrintmore	Remediate risk of clinical impact / outages by replacing our legacy and obsolete fibre infrastructure. Increase provides additional fibre resilience and access to	45		
26	Informatics	18	Digital/New replacement program	Digital & Planning	Health Board Wide		Digital IT refresh of client user devices and existing legacy IT infrastructure which would provides a stable and secure platform for the delivery of digital services	1,000		
27	informatics	19	Immutable Backup Security Platform	Digital & Planning	Health Board Wide		Provides secured backup of business systems through enhanced Cyber security protection for operations and patient data. Backups are unabled to be altered,	200		
28	informatics	20	MS Voice Teams Audio	Digital & Planning	Health Board Wide	Phil Wrintmore	Proof of concept in delivering telephony through MS Teams. Investment will cover the necessary infrastructure to support an initial trail. The used Business	50		
		1	•	1	1	1	Sub Total Informatics	5,521	2,257	
							Contingency	1,500	1,562	
							TOTAL DCP BUDGET REQUESTS / APPROVALS	21,603	9,859	
							CRL Funding Remaining	-11,744	0	

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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
Health & Safet	ty									
1	Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block areas not covered by EFAB funding)	-			The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patient:		183.0	20
MH&LD										
2	MH & LD	10	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.	47	47	16
Estates & facili	ities	•			•					
3	Facilities	high	Calorifier Ty Siriol	Estates	YYF	Stephen Powell	Patient Safety	18	18	16
4	Facilities	high	Phase 2 Nurse Call Alarms - Rolling programme	Estates	RGH	Dan Keyse	patient safety	457	229	16
Scheduled Care	e									
5	Scheduled Care	6	Pentacam Scanners x 2	Ophthalmology	RGH	Carrie Hopkins	We host a regional cornea service for these patients so it is very much needed.  Our Pentacam scanners are now out of warranty	106	106	16
6	Scheduled Care	7	Operating Tables SWH	Orthopaedics	SWH	Gavin Williams	Maintaining operating at SWH. Current tables are 17 years old and out of service contract - parts are obsolete. Mitigates the requirement for emergency	157	157	16
Clinical Suppor	rt Services									
7	Clinical Support Services		Cellular Pathology Microtomes	Pathology	RGH	Anthony Wilson	New microtomes would ensure service sustainability, boost capacity to deal with increased workload and provide faster turnaround times for USC cases. It would allow new staff to train alongside competent microtomists.		27	16
8	Clinical Support Services		Replacement Cryostats	Pathology	RGH	Anthony Wilson	Two existing Bright cryostats are both over 20 years old and the Bright engineer has confirmed that replacement parts are no longer available. Both units have a history of regular breakdowns. Should the service suffer a breakdown, it would empossible for multi pot cases of frozen sections to be examined, which would be detrimental to the patient in theatre.  The units are also very large, non-ergonomic and non-height adjustable posing H&S issues with staff complaining of back pain when dealing with multi pot frozen cases.	H.	51	16
9	Clinical Support Services		Leica Histocore Embedding Centre	Pathology	RGH	Rachel Harding	Would ensure service sustainability, boost our capacity to deal with an increase in workload and the fast turnaround times for USC cases. It would allow a more robust embedding service if there was significant downtime.		18	16
10	Clinical Support		Decontamination units X 18	Radiology	HB Wide	Mark Wilkes	Can be a phased programme (2 year Phased)	250	125	
Family & Thera	Services apies	<u> </u>		ļ	ļ	ļ				
11	Family & Therapies	4	Neater-eater feeder (robotic/assistive technology)	Occupational Therapy	Community	Emma Ralph	Request to fund/purchase a Neater-eater feeder (robotic/assistive technology) to support a young man with a degenerative physical condition (Duchenne	8	8	16
Medicine		l	1	l			1 , 5			
12	Medicine		2 replacement colonoscopes (Out of contract march 2023)	Gastroenterology	NHH	Sarah Wilson	2 replacement colonoscopes (Out of contract march 2023)	111	111	16
13	Medicine		VIVATMO FeNo Machines	Respiratory	All sites	Keri Russell	This is a bedside test which is recommended by NICE and fundamental to asthma diagnosis and management. By having these devices on the four sites will allow patients to be tested at the time of their outpatient consultation leading to a swift and effective diagnosis for the patient.  Our current waiting list for this test is significant which raises the risk of inappropriate prescribing or inhaled therapy as well as increased hospital admissions, which has been identified as a significant cost to the Health Board.	12	12	16

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14	Medicine		Lumify Ultrasound Device – S4-1	Respiratory	GUН	Keri Russell	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  2. Reduce the use of Health Board resources involved in patient transport between clinical areas for the purposes of ultrasound examination  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.  4. Decrease length of stay through reduced delays on patient investigation pathway	12	12	16
Informatics		·			· · · · · · · · · · · · · · · · · · ·	•		•	·	
15	Informatics	15	Core & Edge Computer Room UPS Replacement programme	Digital & Planning	Health Board Wide	Chris Williams	Mitigate against loss of service and the failure of ICT equipment due to power outages, electrical spikes power fluctuations abd generator tests.  Core and Edge Computer Rooms house all of the infrastructure that underpins the delivery of digital services across ABHB. These rooms have a number of devices that ensure that the network equipment are protected during periods of electrical fluctuations, power loss and generator tests.  These devices have a finite lifespan and require replacement	175	175	20
16	Informatics	16	Critical Network Edge Refresh	Digital & Planning	RGH / GUH / County	Phil Wrintmore	Network switching hardware that allows expansion of voice and data services as well as refresh of older legacy networking infrastructure. The new hardware provides a stable and secure platform for the delivery of data and voice services and minimises the exposure to clinical outages and service impact.  Ensures data and services are maintained along with CIA.  Reduces risk to the service through of loss of productivity and data	600	600	25
17	Informatics	17	NHH Outer Building Fibre Plan	Digital & Planning	NHH	Phil Wrintmore	Remediate risk of clinical impact / outages by replacing our legacy and obsolete fibre infrastructure. Increase provides additional fibre resilience and access to higher bandwidth fibre that future proof our investment for the continual development of clinical data services	45	45	20
18	Informatics	18	Digital/New replacement program	Digital & Planning	Health Board Wide	Phil Wrintmore / Chri	S V Digital IT refresh of client user devices and existing legacy IT infrastructure which would provides a stable and secure platform for the delivery of digital services and enabling the delivery of clinical services and minimises the exposure to clinical outages and service impact.  Ensures data and services are maintained along with CIA.  Reduces risk to the service through of loss of productivity and data	1,000	1,000	20
19	informatics	19	Immutable Backup Security Platform	Digital & Planning	Health Board Wide	Phil Wrintmore	Provides secured backup of business systems through enhanced Cyber security protection for operations and patient data. Backups are unabled to be altered, deleted or changed ensuring data is maintained within CIA triad.	200	200	20
20	informatics	20	MS Voice Teams Audio	Digital & Planning	Health Board Wide	Phil Wrintmore	Proof of concept in delivering telephony through MS Teams. Investment will cover the necessary infrastructure to support an initial trail. The used Business case for MS Team Telephony needs to be defined however will offer substantially business benefits both in terms of costs and mobility services.	50	50	5

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# Bids not approved with risk scores 20+

Line No.	PPD No.	Division	Priority	Description	Directorate	Location/Site	Lead/Project Manager	Benefits	RESERVE BIDS Estimated Value £000 (incl. VAT)	Risk Score	Mitigation of Risk Score Over 20
1		Informatics		Core & Edge Computer Room UPS Replacement programme	Digital & Planning	Health Board Wide	Chris Williams	Mitigate against loss of service and the failure of ICT equipment due to power outages, electrical spikes power fluctuations abd generator tests.	175.0	20	Could accept part release funding
2		Informatics		Critical Network Edge Refresh	Digital & Planning	RGH / GUH / County	Phil Wrintmore	Network switching hardware that allows expansion of voice and data services as well as refresh of older legacy networking infrastructure. The new hardware provides a stable and secure platform for the delivery of data and voice services and	600.0	25	no mitigation option available.
3		Informatics		NHH Outer Building Fibre Plan	Digital & Planning	NHH	Phil Wrintmore	Remediate risk of clinical impact / outages by replacing our legacy and obsolete fibre infrastructure. Increase provides additional fibre resiliance and access to higher bandwidth fibre that future proof our investment for the contimual development of clinical data services.	45.0	20	no mitigation option available.
4		Informatics		Digital/New replacement program	Digital & Planning	Health Board Wide	Phil Wrintmore / Chris Williams	Digital IT refresh of client user devices and exisiting legacy IT infrastructure which would provides a stable and secure platform for the delivery of digital services and enabling the delivery of clinical services and minimises the exposure to clinical outages and service impact.	1,000.0	20	no mitigation option available.
5		informatics		Immutable Backup Security Platform	Digital & Planning	Health Board Wide	Phil Wrintmore	Provides secured backup of business systems through enhanced Cyber securty protection for operations and patient data.  Backups are unabled to be altered, deleted or changed ensuring data is maintained within CIA triad.	200.0	20	no mitigation option available.
7		Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)	Fire	RGH	Scott Taylor	The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	183.0	20	
8		Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)	Fire	RGH	Scott Taylor	The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	440.0	20	
9		Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)	Fire	RGH	Scott Taylor	The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	174.0	20	
10		Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)	Fire	RGH	Scott Taylor	The existing alarm system is failing and is obsolete. These works are required to provide a reliable fire alarm system for an inpatient sleeping area where patients are most at risk of fire (being unable to escape unaided). Failure to take prompt action will result in enforcement action and possible prosecution.	381.0	20	
11		Health & Safety		Replacement Fire Alarm System at Royal Gwent Hospital (C&D Block - areas not covered by EFAB funding)	Fire	RGH	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.	118.0	20	
12		Health & Safety		Essential repairs to fire resisting partitions at Nevill Hall Hospital	Fire	NHH	Scott Taylor	This scheme is required to repair fire resisting partitions in order to provide adequate protection to the escape routes from the inpatient areas at Nevill Hall Hospital. The project will improve patient safety, achieve compliance and avoid regulatory action	135.0	20	

Total Bids: 3,451.0

Agenda Item: 3.6



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Updated Risk Management Framework and Associated Documents
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Director of Corporate Governance
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Ar Gyfer Penderfyniad/For Decision

The purpose of this report is to provide a copy of the revised Risk Management Framework (formerly the Risk Management Strategy), as well as the combined Risk Management Policy and Procedure and Risk Appetite Statement for approval for use by the Health Board.

# ADRODDIAD SCAA SBAR REPORT

# **Sefyllfa / Situation**

As set out in the Health Board's Model Standing Orders 'The Board shall set out explicitly, within a Risk and Assurance Framework, how it will be assured on the conduct of Local Health Board business, its governance, and the effective management of the organisation's risks in pursuance of its aims and objectives.'

High-performing organisations have well-defined and effective Risk Management Frameworks in place, which feed into an overarching Board Assurance Framework (BAF). It is fundamental to have an effective framework in place that articulates the organisation's risk appetite and approach to risk management. It also empowers individuals and teams to proactively identify and manage risks, as well as fosters a culture that has risk at the core of decision-making.

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The current Risk Management Strategy has been reviewed and rewritten to ensure that it clearly and simply explains risk management within the Health Board and has been reframed as the Risk Management Framework.

A supporting Risk Management Policy and Procedure, included as Appendix B, has also been developed to assist staff in applying effective risk management principles. Both documents are supported by the Risk Appetite Statement, which was developed by the Board through informal development sessions, and is included as Appendix C.

Members of the Audit, Risk, and Assurance Committee have had the opportunity to comment on the suite of documents before submission to the Board, and all comments have been considered and included in the documents where necessary.

### Cefndir / Background

The Health Board's risk management approach was revised and outlined in the Risk Management Delivery Framework, which the Board approved in March 2021, and the accompanying <u>Risk Management Strategy</u> in September 2021.

The most recent Internal Audit review of Risk Management in the Health Board was undertaken in Quarter 4 2022/2023. The review recognised that overall, there were good arrangements in place and that where there were clear lines of escalation if there were specific risks that could not be managed at an operational level but found there were different approaches to risk management across the divisions. This was attributed to a lack of formal reporting of risks and the management of risks and associated actions within the Divisional Management Team meetings and at the Divisional Quality, Patient, Safety, and Experience Meeting.

Recognising the findings, the Risk Management Framework and combined Policy and Procedure have been strengthened in the following areas:

- Risk Management responsibilities and accountabilities;
- Refined guidance on capturing and recording of risks;
- Clear escalation process including thresholds for escalation;
- Explicit reference to the use of Datix (electronic risk management system),
- Health Board's Risk Appetite Statement and tolerance thresholds;
- Closer alignment with other key strategies, planning processes and performance management data to ensure consideration of risk management becomes further embedded within the Health Board and is intrinsic to all corporate processes.

# **Asesiad / Assessment**

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The suite of documents demonstrates risk management as an integrated approach and its interdependence throughout the Health Board; it also demonstrates that risk management should be a continuous cycle of communication from a 'Board to Ward', 'Ward to Board' approach, enabling all staff to consider and apply effective risk management in their day-to-day operations.

All three documents, along with additional guidance, have been developed to provide staff with the tools needed to manage risk as a Toolkit. These include:

- How to Assess and Score a Potential Risk;
- How to Add and Manage Risks on Datix;
- Risk Mapping Templates

The Risk Management Toolkit will contribute to the delivery of an effective and efficient system of risk and assurance and support the Health Board in achieving its strategic objectives.

#### **NEXT STEPS**

Led by the Director of Corporate Governance, the Corporate Governance Directorate is fully committed to creating a well-established risk management culture throughout the Health Board, where risk is central to decision-making, planning, and driving sustainability, supporting risk management maturity over the next 12-24 months. Maturity will be assessed by conducting a risk maturity exercise at 12 and 24 months to assess the Health Board's progress, identify gaps, and determine what additional actions are needed to ensure consistent practice across the Health Board. This will be reported to the Audit, Risk and Assurance Committee, given its delegated role in receiving assurance, on behalf of the Board, on the effectiveness of the Health Board's risk management system.

### **Training**

The Board has recently committed development time to risk management and this will be a continual process, supported by formal training delivered at least 2-yearly. Board Members will also receive risk management training as part of induction into role.

A plan is being progressed for cascading and delivering training on the revised risk management approach within the organisation, with sessions with several directorates/divisions scheduled for February 2024. This will be scaled up as winter pressures ease and divisions have the capacity to attend training sessions.

There are also plans being progressed to develop a Corporate Governance Site on ABPulse, complete with a Risk Management Page that will host a wealth of information such as the Risk Management Toolkit, training videos, training dates, and Frequently Asked Questions, etc. This will be monitored and updated to ensure staff have the most up-to-date information to support them in applying effective risk management.

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#### **Performance Measures**

Preliminary work has begun to determine how the Board can be assured that the Risk Management Framework and related documents are effective in risk management.

Key Performance Indicators (KPIs) will be developed and reported to the Audit, Risk and Assurance Committee, given its delegated role in receiving assurance on behalf of the Board on the effectiveness of the Health Board's risk management system.

# **Argymhelliad / Recommendation**

The Board is asked to **APPROVE** for implementation the:

- Risk Management Framework,
- · Risk Management Policy and Procedure;
- Risk Appetite Statement

# And to **NOTE** the:

 Ongoing work to embed effective risk management principles across the Health Board.

Amcanion: (rhaid cwblhau) Objectives: (must be complete	ed)
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic 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 Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  Link to IMTP	Choose an item. Choose an item. Effective risk management is critical to delivery of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Not Applicable Choose an item. Choose an item. Choose an item.
Strategic Equality Objectives 2020-24	

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

Effaith: (rhaid cwblhau) Impact: (must be completed)				
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:			
• Workforce	Not Applicable			
<ul><li>Service Activity &amp; Performance</li></ul>	Not Applicable			
• Financial	Not Applicable			
Asesiad Effaith	No does not meet requirements			
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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>			
<b>Deddf Llesiant</b>	Not Applicable			
Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working	Choose an item.			
https://futuregenerations.wal es/about-us/future- generations-act/				

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# **Aneurin Bevan University Health Board**

# DRAFT

# Risk Management Framework

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. Refer to ABPULSE for the current version.

Status: Issue 10 -DRAFT V2

Approved by: ABUHB Board

Owner: Corporate Governance

Ref No: ABUHB\_Corporate\_0277

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Status: Issue **10**Approved by: ABUHB Board
Page **2** of **17**Issue date: xx xxx 2023
Review by date: xx xxx 2024

# 1 INTRODUCTION

Aneurin Bevan University Health Board (the Health Board) is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the health board's governance framework and system of internal control. Risk management is essential, not only for providing a safe environment and improved quality of care for service users and staff, but also for the achievement of the organisation's strategic goals, corporate and clinical objectives.

Ref No: ABUHB\_Corporate\_0277

The Health Board views risk management as an integral part of the overall management process, rather than as a separate arrangement, and is committed to working in partnership with staff to make risk management a core organisational process and to ensure that it becomes an integral part of the Health Board's thinking and activities.

This Framework sets out the Health Board's approach to embedding a risk management culture that underpins and supports the business of the Health Board; delivering and securing high quality care in a safe environment, that is complying with legal and regulatory requirements; meeting objectives; and, promoting its values.

This Framework has been developed to ensure that the latest guidance, best practice and recommendations from independent reviews and assessments are considered in the systems and processes that are in place to manage risk and strengthen assurance arrangements throughout the Health Board.

#### 2 PURPOSE

This Framework sets out the Health Board's vision for managing risk. Through the management of risk, the Health Board seeks to minimise, although not necessarily eliminate, threats, and maximise opportunities.

This Frameworks sets out the overarching processes that will allow the Health Board to effectively manage risk while maintaining high-risk governance and assurance standards. It explains how the Health Board's risk management activities interact with other governance and assurance arrangements to create an integrated system of internal control.

It also includes the Health Board's risk appetite statement, which articulates the levels and types of risk the Health Board is willing to accept to achieve its objectives.

Status: Issue **10**Approved by: ABUHB Board
Page **3** of **17**Issue date: xx xxx 2023
Review by date: xx xxx 2024

# Owner: Director of Corporate Governance

#### **3 PRINCIPLES**

This Risk Management Framework is informed by a set of principles, presented below.

Ref No: ABUHB\_Corporate\_0277

#### The Health Board:

- Recognises that, as a healthcare organisation, risk is inherent and will exist at all levels of the organisation;
- Believes that risk management is everybody's business, and its risk management and assurance arrangements apply to all directly employed staff and those engaged in work or other activities on behalf of the Health Board;
- Seeks to control risks in a proportionate and cost-effective manner such that exposures are mitigated to an acceptable level (in accordance with agreed risk appetite) or are eliminated as far as it is reasonably possible;
- Acknowledges that some risks can never be eliminated entirely;
- Seeks to mitigate and control its identified risk exposure;
- Recognises that good risk management practice facilitates the opportunities to innovate and improve;
- Encourages considered and controlled risk-taking within authorised limits in order to develop and transform its services and functions;
- Applies its risk management and assurance framework to all categories of risk;
- Will adopt and adapt instances of good practice in established risk management and assurance methodologies, but where appropriate will develop bespoke risk management arrangements where required;
- Will ensure that its risk management and assurance arrangements support transparency, accountability, and wider public interest regarding the activities of the organisation.

#### 4 **OBJECTIVES**

The Health Board recognises that implementing an effective risk management framework is key to delivering its overarching strategy and developing a positive learning environment and risk-aware culture.

# 4.1 The objectives of risk management across the Health Board are to:

- Minimise the potential for harm to patients, staff and those who engage with the Health Board to levels that are as low as is reasonably practical;
- Protect Health Board assets;

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• Enable the Health Board to anticipate, respond to, and remain resilient in changing strategic and operational circumstances;

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- Ensure that risk management forms an integral part of the organisation's thinking, performance management, and business planning;
- Ensure that the Health Board achieves and sustains compliance with statutory, policy, and legal frameworks;
- Ensure that a consistent and integrated approach to risk management is embedded in the day-to-day working practices of the organisation at all levels.

# 4.2 To achieve these objectives the Health Board will consider risk when:

- Developing, approving, and implementing strategies, plans, and polices;
- Developing and approving business cases or investment proposals;
- Scenario planning for exceptional circumstances such as major incidents and business continuity planning;
- · Planning and delivering transformation and change projects;
- Implementing cost improvement or other efficiency programmes;
- Entering into contractual relationships or other partnership agreements.

# 4.3 To enable the Health Board to deliver these objectives it will:

- Clearly define risk management roles, responsibilities, and reporting lines within the organisation, aligned to the organisation's Performance Management and Accountability Framework;
- Reinforce the importance of effective risk management;
- Ensure that the importance of effective risk management and assurance is reflected in the roles and responsibilities of the internal governance structure;
- Maintain timely, accurate, and comprehensive intelligence about identified risks on a single management information system (Datix) and use this to produce corporate and local risk registers and other forms of risk analysis and reporting;
- Ensure that appropriate actions and controls are in place to mitigate risks and that these are well understood by those expected to apply them:
- Ensure that gaps in control are identified and implemented in a timely manner;
- Provide training and engagement activities to strengthen risk management capacity and capability within the workforce and to

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generate and sustain a good level of awareness and understanding of risk management;

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 Monitor, review, and seek continuous improvement in risk management arrangements across the organisation.

#### 5 SCOPE

This Framework applies to all Health Board employees, regardless of grade or role. This includes those with whom we contract, those who are seconded to work in the organisation, and any volunteers who work in partnership with the organisation.

Therefore, accountability and responsibility for active risk management is shared at all levels within the organisation and across our partnerships, ensuring that risk management is an integral part of the overall approach to health, partnership governance, and service delivery.

The framework overarches both clinical and non-clinical risk management and is aligned to and supports the delivery of the Health Board's:

- Quality Strategy
- Performance Management & Accountability Framework
- Regulatory Requirements
- Strategies and Strategic Plans

#### **6 RISK MANAGEMENT AND ASSURANCE ARRANGEMENTS**

Key components of the Health Board's risk management arrangements include:

- Risk Appetite
- Risk Assessment Process
- Roles and Responsibilities
- Risk Management System and tools
- Reporting and Escalation
- Governance and risk assurance

# **6.1 Risk Appetite**

For an organisation to truly have an effective risk management system in place, it must first understand its risk appetite, which is defined as **'the amount and type of risk that an organisation is willing to seek, accept, or tolerate**.' It is an agreed level of risk that the Health Board is prepared to accept or be exposed to in pursuit of its strategic objectives.

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Risk appetite is a way of expressing the Health Board's attitude to different types of risk and the nature of the risks the Health Board is prepared to take. The Health Board's appetite for risk can vary depending on the nature of the risk and the prevailing operating conditions or circumstances.

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The Health Board has developed an approach to defining its risk appetite. The risk appetite is not prescriptive but instead provides several underlying component parts that encourage structured thinking. The aim of the risk appetite is to allow the Health Board to reach an informed conclusion as to whether the risk can be accepted and to what extent.

The benefits of adopting a risk appetite include:

- Supporting informed decision-making;
- Reducing uncertainty;
- Improving consistency across governance mechanisms and decision-making;
- Supporting performance improvement;
- · Focusing on priority areas within an organisation;
- Informing spending review and resource prioritisation processes.

The Health Board has identified a number of risk appetite themes against which it has assigned a risk appetite. Therefore, in the instances where risks are associated with the theme and dependent on the risk score assigned, the Health Board will be more easily able to determine how to respond and so make best use of mitigation resources.

Safety, quality, and the Health Board's staff are key considerations in any risk-based decisions. The following risk appetite themes and descriptions have been determined after considering key negative and positive events that might affect the achievement of the Health Board's objectives.

- People: Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of the Health Board's People Strategy which would include culture & wellbeing.
- Health Board Activities (Compliance and Safety): Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition risks relating to compliance and/or legal implications.
- Health Board Activities (Service Delivery): Risks related to all aspects of the Health Board's ability to deliver, manage, and improve service quality and performance along with all risks relating to the

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current performance of its infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

- Financial Sustainability: Risks relating to all aspects of the Health Board's financial performance and its ability to manage cost and efficiencies.
- Transformation and Partnership Working: All risks relating to the Health Board's ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.
- **Confidence & Trust:** All risks relating to confidence and trust in the Health Board, including risks relating to key stakeholders, communities and adapting to external challenges.

Risks throughout the organisation will be managed within the Board's risk appetite, or where this is exceeded, action will be taken to reduce the risk.

The Health Board's Risk Appetite Statement, which is included at **Appendix A**, sets out the Board's strategic approach to risk-taking by defining its risk appetite thresholds. It is a live document that will be regularly reviewed and modified, so that any changes to the organisation's strategy, objectives, or, its capacity to manage risk, are properly reflected.

#### **6.2 Risk Assessment Process**

Risk Management is the systematic application of management policies, practices and procedures to the task of identifying, analysing, assessing, treating and monitoring risk in a way that will enable organisations to minimise losses and maximise opportunities.

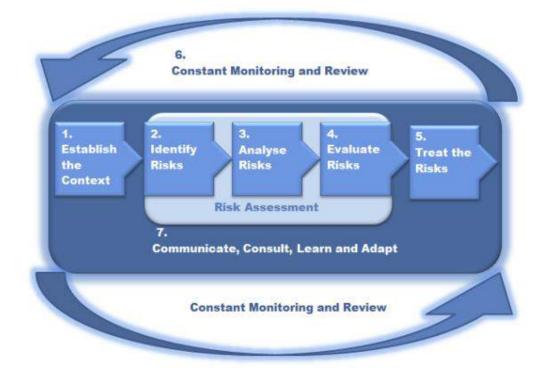
The aim of risk management is not to remove risk altogether, but to manage risk to an acceptable level, considering the cost of minimising the risk and reducing risk exposure (the level of risk that the organisation is exposed to, either in regard to an individual risk or the cumulative exposure to the risks faced by the organisation).

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

The process is defined in seven key steps, which are detailed within the supporting Risk Management Policy and Procedure (Appendix B).

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Figure 1: The risk management process as defined in ISO 31000



# 6.3 Roles and Responsibilities

This Risk Management Framework applies to all Health Board employees, those with whom we contract, those who are seconded to work in the organisation and any volunteers who work in partnership with the organisation.

This framework also identifies certain designated roles with specific responsibilities to risk management and assurance. These roles are:

- The Board
- Chief Executive Officer (Health Board's Accountable Officer)
- Director of Corporate Governance
- Executive Directors
- Head of Corporate Risk and Assurance
- Risk Owner
- Risk Leads (for individual services and functions)
- All Staff

The supporting **Risk Management Policy and Procedure (Appendix B)** presents more information about these roles and the specific responsibilities relating to risk management.

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# 6.4 Risk Management System

The Health Board maintains an organisation-wide information management system to support a standard approach to risk management. The system used is the risk management module of the Datix suite of applications.

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Any newly identified risk must undergo a comprehensive risk assessment which must be recorded on the Health Board's risk management system, Datix. To ensure that the risk reflects the current operating environment, all risks must be monitored and updated on a regular basis.

The supporting **Risk Management Policy and Procedure (Appendix B)** describes further the role of Datix in effectively supporting risk management.

# 6.5 Risk Registers

Risk registers support day-to-day risk management and facilitate the monitoring of risk information, including changes to risk exposure and the delivery of mitigating actions.

Risk registers must be created and maintained on the Health Board's risk management framework, Datix. This includes the Strategic and Corporate Risk Registers as well as risk registers for divisions, directorates and at a local level (ward/service).

The Health Board will establish a risk register hierarchy to aid in the escalation process. This ensures that the potential risk is managed and monitored at the appropriate level. The risk register hierarchy is detailed below.

**Strategic Risk Register -** will hold all potential risks that has the potential to hinder achievement of one or more of the health board's strategic priorities as outlined in the Integrated Medium-Term Plan (IMTP). The Strategic Risk Register will act as the Board Assurance Framework. The term 'Board Assurance Framework' is used to refer to a document that brings together in one place all the relevant information on the risks relating to the Board's Strategic Objectives.

The Board Assurance Framework provides a structure and process that enables the Health Board to focus on the key control gaps, assurance gaps and risks that may compromise the delivery of its strategic and annual objectives. It ensures that the assurance mechanisms operating across the Health Board are fully aligned to support the Chief Executive as the Accountable Officer, and the Board, to deliver the organisation's objectives.

**Corporate Risk Register** – will hold all potential operational risks that require a higher level of ownership than an individual Executive Director

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can provide but do not directly threaten the organisation's future, these will typically span two or more directorates or require plans and resources that exceed the Division's capability or capacity to implement or any high-level operational risk that has a score of 20 or higher. There will be close alignment between the Corporate Risk Register and the Strategic Risk Register to ensure the Board is sighted on key operational risks.

**Divisional Risk Register** - will hold all potential operational risks that necessitate a higher level of ownership than an individual Directorate can provide. Such risks necessitate plans and resources that are beyond the Directorate's capability or capacity to implement or have a score greater than 12.

**Directorate Risk Register** - will hold all potential operational risks that necessitate a higher level of ownership than an individual ward/service can provide. Such risks typically necessitate plans and resources that are greater than the Directorate's capability or capacity to implement or have a score greater than 6.

**Local Risk Register -** will hold all potential operational risks that could impact the day-to-day running of the service. Local Risk Registers will typically have a higher number of Health and Safety risks than other risk registers given the need for local mitigation. Any risk with a score greater than 6 must be escalated to the Directorate Risk Register.

#### **6.6 Risk Evaluation Matrix**

The Health Board provides an approved methodology and supporting matrix to guide the evaluation of risks. Each risk is evaluated by calculating the likelihood and consequence of it materialising by using the NHS Wales Risk Scoring Matrix (5x5 Model) and then determining its overall risk rating of 'low',' moderate', 'high', or 'extreme'.

The Risk Scoring Matrix can be found in the **Risk Management Policy** and **Procedure** (**Appendix B**).

#### 6.7 Reporting and Escalation

One of the Health Board's key management and assurance reports is the Strategic Risk Report. At each meeting respectively, the entire Strategic Risk Register will be reviewed by the:

- Board
- Audit, Risk, and Assurance Committee

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At each meeting, the Board's Committees listed below will receive the Strategic Risk Report and the strategic risks delegated to it by the Board for detailed scrutiny and focus, which is outlined in in the **Risk Management Policy and Procedure (Appendix B)**.

These will be aligned to the Committee's agenda.

- Patient Quality, Safety, and Outcomes Committee
- Finance and Performance Committee
- · People and Culture Committee
- Partnerships, Population Health, and Planning Committee

In addition, at each meeting, the Committee will receive an overview of the relevant corporate risks being managed as well as any high-level operational divisional risks that are being monitored by the Executive Committee for assurance. These will be aligned with the Committee's agenda.

In the interests of transparency and accountability and the wider public interest unless exceptional circumstances apply the Strategic Risk Report is discussed by the Board and sub-committees during the public session of its formal meeting.

The risk escalation framework is determined by the risk score or the significance of the risk to the delivery of patient safety, service delivery, or organisational objectives.

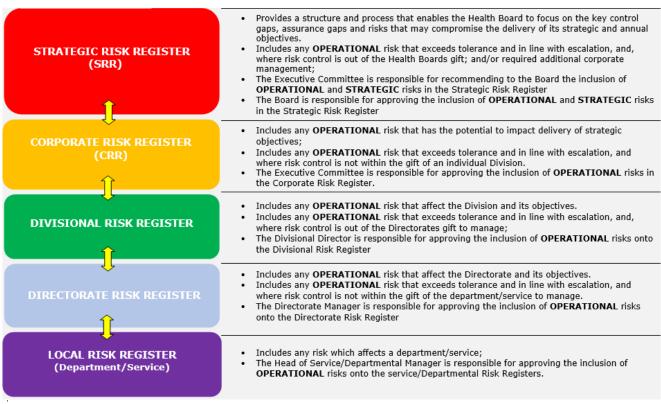
If the capability or capacity to manage a potential directorate, divisional, or corporate risk is exceeded, or if current controls are not mitigating the risk that is now present, the risk must be escalated through the appropriate governance arrangements, as presented in Figure 3, overleaf.

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Figure 3



Further detail on the escalation process, is set out within the **Risk** Management Policy and Procedure (Appendix B).

#### 7 IMPLEMENTATION OF THE FRAMEWORK

Led by the Director of Corporate Governance, the Corporate Governance Directorate will plan and deliver the implementation of the Risk Management Framework along with a programme of training and other developmental activities to raise awareness and understanding of risk management to strengthen the maturity, capacity, and capability for risk management across the Health Board.

Activities to support implementation of this Framework will include:

- working with teams, services, directorates and functions to develop their risk management capability and ensure risk management is dynamic and part of the everyday;
- embedding risk management in quality and governance processes at all levels of the Health Board;
- using data in a risk-focused way (what does this tell us about the service and where are these risks and vulnerability);

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• ensuring risk registers interact appropriately at different levels of the Health Board to ensure risks are appropriately escalated and that there is oversight of risks as appropriate; and

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 ensuring staff are aware of the options for managing a risk – whether to tolerate (accept), treat (reduce or remove), transfer (responsibility), terminate (suspend the risk situation/activity) or take the opportunity.

#### 8 TRAINING

All new staff are required to attend an Induction Programme which includes risk management training. In addition, mandatory training will be available through ESR. ESR has three levels of training: level one is basic training for all staff, level two is management training, and level three is board level training.

Board members will receive risk management training, both individually and collectively, to enable them to discharge their responsibilities effectively. This will be delivered at a minimum through Board Member Induction, with formal training delivered to the collective Board every two years.

The Corporate Governance Directorate will deliver training, and ongoing support and advice to all staff and Board Members. This will ensure that the Health Board incorporates risk management as a core function of all programmes of work associated with the delivery of organisational objectives and will aid in the identification of risks to objectives at the outset of planning processes.

#### 9 SUPPORTING DOCUMENTS

This Framework should be read in conjunction with the:

- Risk Management Policy and Procedure
- ABUHB Risk Appetite Statement
- Guidance Note for Risk Assessment and Management
- Guidance for Using the Risk Management System Datix

#### 10 MONITORING EFFECTIVENESS

Compliance with the standards set out in the Risk Management and Assurance Framework will be assessed routinely by the Audit, Risk & Assurance Committee, and by the Board.

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The framework will be reviewed and updated annually or sooner if a change in obligations requires it.

The Annual Governance Statement is signed by the Chief Executive Officer and sets out the organisational approach to internal control. This is produced at the end of the financial year and is scrutinised as part of the annual accounts process and presented to the Board with the accounts, as part of the Annual Accountability Report.

The Head of Internal Audit will also provide an opinion together with the summarised results of the internal audit work performed during the year. The Health Board's risk management arrangements are also subject to audit review annually.

#### 11 REFERENCES

- International Organisation for Standardisation, ISO 3100 Standard: Risk Management Principles and Guidance, 2018
- Good Governance Institute, Risk Appetite for NHS Organisations, 2019
- NHS National Patient Safety Agency, Risk Model Matrix
- HM Treasury, Management of Risk: Principles and Concepts (The Orange Book), 2019
- HM Treasury, Management of Risk: Risk Appetite Guidance Note, 2021
- NHS Providers, Aneurin Bevan University Health Board Risk Appetite, 2023

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APPENDIX A - The Health Board's Risk Appetite Statement

Attached as a separate document for Approval purposes.

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Appendix B - Risk Management Policy and Procedure

Attached as a separate document for Approval purposes.

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## **Aneurin Bevan University Health Board**

## **DRAFT**

## Risk Management Policy and Procedure

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out-of-date printed versions of the document. Refer to ABPULSE for the current version

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Owner:

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#### **INTRODUCTION**

Aneurin Bevan University Health Board (the Health Board) is committed to the principles of good governance and recognises the importance of effective risk management as a fundamental element of the health board's governance framework and system of internal control. Risk management is essential, not only for providing a safe environment and improved quality of care for service users and staff, but also for the achievement of the organisation's strategic goals, corporate and clinical objectives.

The Health Board views risk management as an integral part of the overall management process, rather than as a separate arrangement, and is committed to working in partnership with staff to make risk management a core organisational process and to ensure that it becomes an integral part of the Health Board's thinking and activities.

This Policy sets out the Health Board's approach to embedding a risk management culture that underpins and supports the business of the Health Board; delivering and securing high quality care in a safe environment, that is complying with legal and regulatory requirements; meeting objectives; and promoting its values.

#### **AIMS**

The aim of this Risk Management Policy and Procedure is to underpin the Health Board's Risk Management Framework that ensures:

- integration of risk management into activities across the organisation as well as planning and decision-making processes;
- chances of adverse incidents, risks and complaints are minimised by effective risk identification, prioritisation, treatment, and management;
- a risk management framework is maintained, which provides assurance to the Board that strategic and operational risks are being managed;
- risk management is an integral part of Health Board's culture and encourages learning from incidents; and
- employees, reputation, finances, and business continuity are protected through the process of risk identification, assessment, control and mitigation.

This Policy should be read in the context of the Health Board's Risk Management Framework which describes the Health Board's key principles and objectives to ensure an effective risk management system is in place across the organisation.

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#### **SCOPE**

This Risk Management Policy and Procedure applies to all Health Board employees, regardless of grade or role. This includes those with whom we contract, those who are seconded to work in the organisation, and any volunteers who work in partnership with the organisation.

Therefore, accountability and responsibility for active risk management is shared at all levels within the organisation and across our partnerships, ensuring that risk management is an integral part of the overall approach to health, partnership governance, and service delivery.

#### **ROLES AND RESPONSIBILITIES**

Employees in all positions are responsible for maintaining risk awareness by identifying and reporting risks to their line manager and/or directors as appropriate. All areas must conduct ongoing robust risk assessments and escalate risks through the Health Board's governance and escalation route, as outlined below in the Risk Management Process section.

Although risk management is everyone's responsibility, certain roles bear more responsibility and ownership for implementing risk management systems and processes and ensuring risks are managed effectively.

**The Board** is made up of Executive Directors and Independent Members that share equal responsibility for the success of the organisation, including the effective management of risk and compliance with relevant legislation. In relation to risk management the Board is responsible for:

- articulating the strategic objectives and success measures for the organisation;
- protecting the reputation of the organisation;
- providing leadership on the management of risk;
- determining the risk appetite for the organisation;
- ensuring the approach to risk management is consistently applied;
- ensuring that assurances demonstrate that risk has been identified, assessed and all reasonable steps taken to manage it effectively and appropriately;
- considering any risks that are outside of appetite.

**The Audit, Risk and Assurance Committee** is responsible, on behalf of the Board, for reviewing the adequacy and effectiveness of:

• all risk and control related disclosure statements (the Annual Governance Statement), prior to endorsement by the Board;

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- the effectiveness of the organisational risk management system;
- the underlying assurance processes that indicate the degree of achievement of strategic objectives and the effectiveness of the management of risks;
- reviewing risk related documents, policies, and procedures;
- reviewing on a regular basis the strategic risks, controls, and treatment plans and, in relation to those risks which are outside the risk appetite of the organisation, recommend appropriate action to the Board; and
- escalating to the Board any matters of significance which require Board attention or approval.

**The Chief Executive (CEO)** is the Accountable Officer of the Health Board and has overall accountability and responsibility for ensuring it meets its statutory and legal requirements, and adheres to guidance issued by the Welsh Government in respect of Governance. This responsibility encompasses risk management; health and safety; financial and organisational controls; and, governance.

In respect of risk management, the CEO has overall accountability and responsibility for:

- ensuring the Health Board maintains an up-to-date Risk Management Framework endorsed by the Board;
- promoting a risk management culture throughout the Health Board;
- ensuring that there is a framework in place, which provides assurance to the Board in relation to the management of risk and internal control;
- ensuring that risk issues are considered at each level of business planning, from the corporate planning process to the setting of staff objectives;
- setting out their commitment to the risk management principles, which is a legal requirement under the Health and Safety at Work Act 1974.

The Welsh Government requires the Chief Executive to sign a Governance Statement annually on behalf of the Board. This outlines how risks are identified, evaluated and controlled, together with confirmation that the effectiveness of the system of internal control has been reviewed.

**Executive Directors** are accountable and responsible for ensuring that their respective areas of responsibility are implementing this Framework,

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and related policies/procedures. Each Director is accountable for the delivery of their particular area of responsibility, and will therefore ensure that the systems, policies and people are in place to manage, eliminate or transfer the key risks related to the Health Board's strategic objectives.

#### Specifically, they will:

- support the embedding of an effective risk management culture throughout the Health Board;
- communicate to their teams, the Board's strategic objectives; and, ensure that directorate, service and individual objectives and risk reporting are aligned to these;
- ensure that a forum for discussing risk and risk management is maintained within their area, which will encourage integration of risk management;
- lead the risk management process within respective areas which includes: risk assessments; incident reporting; the investigation of incidents/near misses; and, the management of the risk register;
- ensure there is a system for monitoring the application of risk management within their area, and that risks are treated as required;
- provide reports to the appropriate committee of the Board that will contribute to the monitoring and auditing of risk;
- ensure staff attend relevant mandatory and local training programmes;
- ensure a system is maintained to facilitate feedback to staff on risk management issues and the outcome of reporting; and
- ensure the specific responsibilities of managers and staff in relation to risk management are identified within the job description for the post, and that those key objectives are reflected in the individual performance review/staff appraisal process.

In addition, Clinical Executive Directors (Medical Director, Director of Nursing and the Director of Therapies & Health Sciences) have collective responsibility for clinical quality governance, which will include patient safety, incident management and patient experience, and will therefore have a responsibility to ensure that clinical risks are appropriately managed in-line with this Framework and the Board's Quality Strategy.

**Director of Corporate Governance** is the delegated Director lead for risk management in the Health Board, and is accountable for leading on the design, development and implementation of the Board Assurance Framework and Risk Management Framework. The Director of Corporate Governance will:

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- lead the embedding of an effective risk management culture throughout the Health Board;
- work closely with the Chair; Chief Executive; Chair of the Audit, Risk and Assurance Committee; and Executive Directors, to implement and maintain an appropriate Risk Management Framework and related processes, ensuring that effective governance systems are in place;
- develop and communicate the Board's risk awareness, appetite and tolerance;
- lead and participate in risk management oversight at the highest level, covering all risks across the organisation on a Health Board basis;
- work closely with the Chief Executive and Executive Directors to support the development and maintenance of Corporate and Divisional level risk registers;
- develop and oversee the effective execution of the Health Board's assurance arrangements;
- develop and implement the Health Board's Risk Management Framework; and
- produce the health board's Annual Governance Statement.

**Head of Corporate Risk and Assurance** is accountable to the Director of Corporate Governance, and in relation to risk management will specifically:

- provide specialist advice in relation to controls and assurances for a range of functions at all levels in the organisation to support the effective management of clinical and non-clinical risk and governance;
- ensure a central system is in place to collate risk registers across the Health Board, which link to the Health Board's assurance arrangements;
- support the management and development of the Health Board's assurance arrangements and Risk Management Framework;
- work with Divisions, Directorates, Functions and Heads of Service to ensure risks are escalated in accordance with the Risk Management Framework;
- compile the Strategic Risk Register and Corporate Risk Register for reporting to Board and its Committees; and
- provide training, information and advice to operational staff, teams functions on risk management and risk registers, ensuring

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alignment to risk management reporting and escalation arrangements.

**Risk Leads and Risk Owners** are the responsible point of contacts for an identified risk, who coordinates efforts to mitigate and manage the risk with various individuals who may also own parts of the risk.

These responsibilities include:

- taking responsibility for managing risk;
- ensuring that risks are assessed where they are:
  - identified within the working activities carried out within their management control;
  - identified within the environment within their control;
  - o reported from the staff within their management control.
- identifying and managing risks that cut across delivery areas;
- ensuring all incidents/accidents and near misses are reported;
- monitoring mitigating actions and ensuring action owners are clear about their roles, and what they need to achieve;
- discussing risks on a regular basis with staff, and through discussions at meetings to help improve knowledge about the risks faced; increasing the visibility of risk management and moving towards an action focussed approach; and
- ensuring risks are updated regularly and acted upon.

**Line Managers** are expected to take an active lead to ensure that risk management is embedded into the way their service/team/ward operates. Managers must ensure that their staff understand and implement this Framework and supporting processes, ensuring that staff are provided with the education and training to enable them to do so.

Managers must be fully conversant with the Health Board's approach to risk management and governance. They will support the application of this Framework and its related processes, and participate in the monitoring and auditing process where required.

**All Staff** are responsible for ensuring that identified risks are reported to their immediate line manager so that effective controls can be considered and implemented as needed. All staff have a general responsibility for overall risk management issues and must adhere to Health Board procedures in their work.

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#### **RISK MANAGEMENT**

The Health Board, like all organisations, faces actual and theoretical risks ranging from trivial to existential. ISO 31000, Risk Management, recommends that risk management be based on three core elements:

- a set of principles that describes the essential attributes of good risk management;
- a risk management framework that provides a structure for risk management; and
- a risk management process that prescribes a tailored, structured approach to understanding, communicating, and managing risk in practice.

#### **Principles of Risk Management**

- Recognises that risk is inherent and will exist at all levels of the organisation;
- Risk management is everybody's business, and its risk management and assurance arrangements apply to all directly employed staff and those engaged in work or other activities on behalf of the Health Board;
- Seeks to control risks in a proportionate and cost-effective manner such that exposures are mitigated to an acceptable level (in accordance with agreed risk appetite) or are eliminated as far as it is reasonably possible;
- Acknowledges that some risks can never be eliminated entirely;
- Seeks to mitigate and control its identified risk exposure;
- Encourages considered and controlled risk-taking within authorised limits in order to develop and transform its services and functions;
- Applies its risk management and assurance framework to all categories of risk;
- Will adopt and adapt instances of good practice in established risk management and assurance methodologies, but where appropriate will develop bespoke risk management arrangements where required;
- Will ensure that its risk management and assurance arrangements support transparency, accountability, and wider public interest regarding the activities of the organisation.

#### **Benefits of Risk Management**

The Health Board recognises that there are significant benefits to managing risk, these include:

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- Supports achievement of Health Borad objectives;
- Avoids or mitigates the impact of failure;
- Supports cost efficiency and value for money;
- Compliance with legal and regulatory framework;
- Management of external impacts and changes; and
- · Exploit opportunities encouraging innovation

#### **Risk Management Framework**

The Health Board's Risk Management system is supported by the Risk Management Framework (add hyperlink). The Framework sets out the Health Board's approach to embedding a risk management culture that underpins and supports the business of the Health Board; delivering and securing high quality care in a safe environment, that is complying with legal and regulatory requirements; meeting objectives; and, promoting its values.

Risks are linked to objectives and strategic aims, which exist at different levels:

- Strategic risks risks that affect the Heath Board's ability to deliver its strategic priorities or to function as an organisation as a whole;
- Corporate Risks risks that have an impact on the delivery of the Health Board's business objectives or common risks that necessitate a corporate response;
- Divisional risks that have an impact on the delivery of divisional objectives or common risks that necessitate a co-ordinated response;
- **Directorate / Team risks** risks that are related to the delivery of departmental operations and objectives;
- **Programmes/Projects** risks associated with, usually, time limited activities and medium- to long-term delivery of benefits.

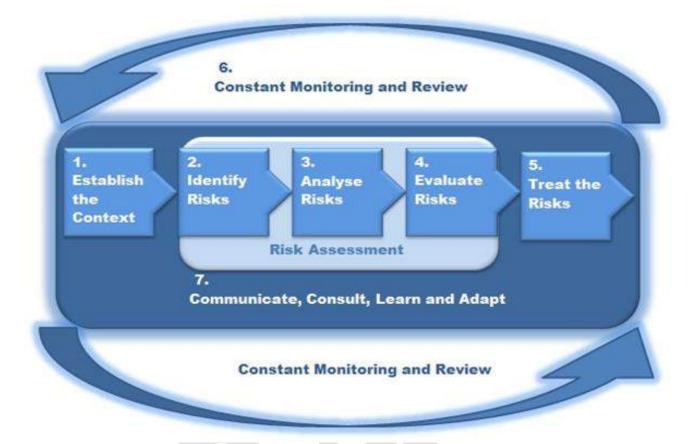
Strategic risk, corporate, operational and local team risk registers should not include project risks. All projects' risks will be managed through the appropriate project boards with reporting and escalation through the change management governance process.

#### **Risk Management Process**

The risk management process is illustrated in Figure 1 and each step in the process is explained in greater detail.

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Figure 1



#### **Step 1: Establish the Context**

Before identifying risks, first decide on the scope of the activity, including your objectives, and develop an understanding of your operating environment.

Identify your stakeholders (internal and external) to determine whether they could potentially expose the Health Board to risk, could be exposed to risk, or could assist with risk management.

There are three other elements that are important to consider when establishing the context for a risk assessment:

- The external context the environment in which we operate and seek to achieve objectives including, operational, cultural, political, people, environmental, legal, regulatory, financial, technological, and economic factors.
- **The internal context** includes factors that are relevant to the risk assessment. This is important as risk assessments will be most effective when they are linked to the objectives of the organisation

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or activity under assessment. Factors typically considered in the internal context include the organisation's strategic objectives, organisational capabilities, and culture.

• The risk management context - this defines the goals and objectives of the risks.

#### Step 2: Identify Risks

The aim of this step is to develop a comprehensive list of future events which could be uncertain but are likely to have an impact (either positively or negatively) on the achievement of the objectives - these are the risks.

It is important to understand the difference between a Risk and an Issue, as these can often get confused. A useful way of remembering the difference is;

- Risks are things that **might** happen and stop us achieving objectives, or otherwise impact on the success of the Health Board.
- Issues are things that **have happened** or are **currently** happening, that are being actively managed.

An Issue or a Risk can be determined by the temporal proximity of the event as outlined in the table below.

Temporal Proximity	Risk or Issue
Has happened or is currently happening	Issue
Potential to materialise in this financial year	Risk
Potential to materialise in the next financial year	Risk
Potential to materialise in the next 3-5 years	Risk

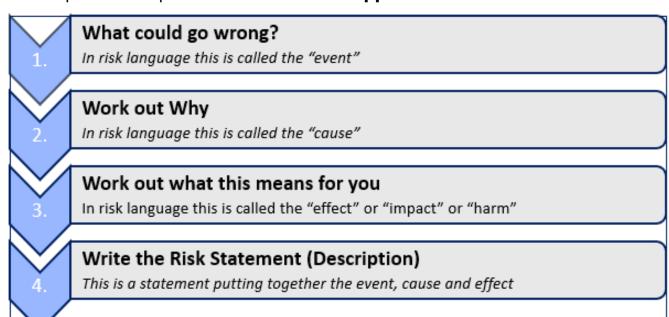
Common techniques for identifying risks are the use of risk categories or linking risks to each objective identified in the context setting phase. Another method is to consider threats and opportunities the Health Board faces and use these to identify relevant risks.

For each risk identified ensure that its source or cause is well understood and documented, including key elements such as the risk event, the potential cause and the potential impact should the risk be realised. A clear risk description is important to ensure corresponding actions for treatment are effective.

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The steps below will guide the development of a risk description, examples of this process are included at **Appendix 1**.



#### **Step 3: Analyse Risks**

Risk analysis establishes the potential impact of each risk and its likelihood of occurrence. The combination of these two factors determines the severity of the risk, which may be positive or negative.

Before considering how to manage a risk, you need to assess its seriousness. This is done by measuring the risk's **LIKELIHOOD** and **IMPACT**.

Although there are many ways to achieve this, a common approach is to use a matrix or 'risk heat map'. Consequence and likelihood are plotted on the two axes of the matrix, with each corresponding cell assigned a level of severity.

Risks should be measured at the following three stages.

- INITIAL This will be the score when the risk is first identified this will not change.
- **CURRENT** This should reflect the latest level of risk each time that the risk is reviewed.
- **TARGET** The desired level of risk that we are working to reduce the risk to, with the effective implementation of controls and mitigating actions.

The NHS 5 X 5 Risk Scoring Matrix is presented at **Appendix 2.** 

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#### **Step 4: Evaluate the Risk**

Risk evaluation determines the tolerability of each risk. Tolerability is not the same as severity. Tolerability aids in determining which risks require treatment and their order of priority. This is achieved by comparing the risk severity established in the risk analysis step to the risk criteria found in the defined likelihood and consequence criteria.

The Health Board has defined its risk appetite against six broad themes and agreed on the level at which risks within those themes are considered unacceptable; risks below this level are considered tolerable. The Risk Appetite Statement can be accessed (add link)

Decisions on tolerability should also consider the risk's broader context, including the risk's impact on other stakeholders.

Financial, legal, regulatory, and other considerations should be factored into treatment decisions. Considered and informed acceptance of risk supports decision making and is essential for organisational performance, including the achievement of objectives.

#### **Step 5: Treat the Risk**

Risk treatment is the action taken in response to the risk evaluation when additional mitigation activities are agreed upon.

Risk treatment is a cyclical process in which individual risk treatments (or combinations of treatments) are evaluated to see if they are adequate to reduce residual risk levels to a tolerable or appropriate level. If not, then new risk treatments need to be developed and assessed until a satisfactory level of residual risk is achieved.

There are four strategies to managing a risk, known as the 4T's (Treat, Tolerate, Transfer, Terminate) which consider the factors below:

- Avoiding the risk entirely by not undertaking the activity;
- · Removing a source or cause of the risk;
- Sharing the risk with other parties;
- Retaining the risk by informed decision;
- Taking more risk to achieve certain objectives or opportunities;
- Changing the likelihood and/or consequence of the risk through modifying controls in place.

Selecting the most appropriate treatment requires balancing the cost and effort of implementation against the benefits derived from additional risk mitigation. In some cases, further treatment may be unachievable or

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unaffordable and the residual risk may need to be accepted and communicated.

Consideration should be given to how external stakeholders can provide support when developing treatment options or if treatments can be implemented collaboratively.

Risk treatments are commonly documented in a risk treatment plan. These generally include:

- reasons for treatment selection, including expected benefits and potential concerns;
- accountabilities for approving the plan and its implementation;
- resource requirements;
- reporting, assurance, and monitoring requirements; and
- priorities, timing, and schedules.

#### **Step 6: Communication and Consultation**

Communication and consultation are essential attributes of good risk management.

Risk management cannot be done in isolation and is fundamentally communicative and consultative and is a requirement within each element of the risk management process.

Formal risk reporting is only one form of risk communication. Good risk communication generally includes the following attributes:

- encourages stakeholder engagement and accountability;
- maximises the information obtained to reduce uncertainty;
- meets the reporting and assurance needs of stakeholders;
- ensures that relevant expertise is drawn upon to inform each step of the process;
- informs other stakeholder processes such as corporate planning and resource allocation.

#### **Step 7: Monitoring and Review**

Risks change over time and hence risk management will be most effective where it is dynamic and evolving.

Monitoring and review are integral to successful risk management, it is important to articulate who is responsible for conducting monitoring and review activities.

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Key objectives of risk monitoring and review include:

- detecting changes in the internal and external environment, including evolving objectives and strategies;
- identifying new or emerging risks;
- ensuring the continued effectiveness and relevance of controls and the implementation of treatment programs;
- obtaining further information to improve the understanding and management of already identified risks; and
- analysing and learning lessons from events, including near-misses, successes, and failures

Monitoring and review can be periodic or in response to trigger events or changing circumstances.

The table below serves as a guide for conducting periodic risk assessments based on the risk level (severity). The frequency of the review process, however, should be proportional to the rate at which the organisation and its operating environment change.

Risk Score	Risk Level	Review Risk Assessment
1 - 3	Low	12 months
4 - 8	Moderate	6 months
8 - 12	High	3 months
15 - 25	Extreme	1 month

**NB:** Depending on the Likelihood and Impact, a score of 8 can indicate a 'moderate' or 'high' risk. For a moderate score of 8, the Likelihood would be 2 (Unlikely) x Impact 4 (Major). For it to be 'High,' the Likelihood would be 4 (Likely) x Impact 2 (Minor).

The results and observations from monitoring and review are most useful when well documented and shared. The Health Board Risk Management System, Datix, should be used to record, manage, monitor and review all risks. The information recorded on Datix feeds into the organisation-wide risk register, giving a holistic view of risks across the entire organisation and can be used to identify themes and ensure the risk is managed and monitored at the most appropriate level.

They should be included in formal risk reports, be recorded, and published internally and externally as appropriate.

Risk monitoring should be included as a standing agenda item in assurance meetings for regular discussion and review of risk information. This discussion might identify that the impact of some risks, or the

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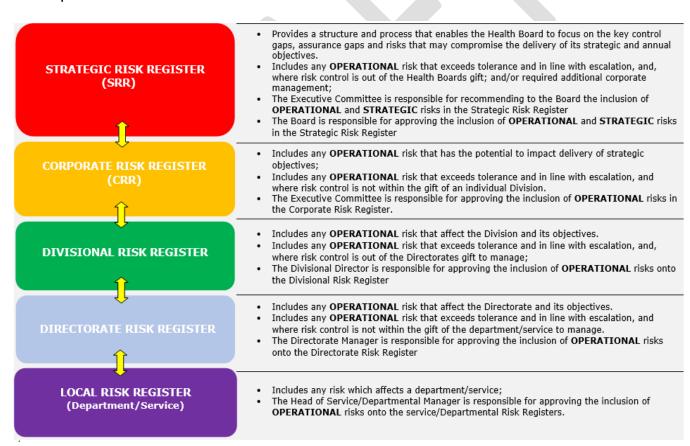
actions required to mitigate them, are such that the risk needs to be escalated to a higher management level.

#### **ESCALATION PROCESS**

The Health Board uses hierarchical risk registers to ensure that risks are managed, escalated, and reported at the appropriate organisational level.

The risk escalation framework is determined by the risk score or the significance of the risk to the delivery of patient safety, service delivery, safeguarding assets, or organisational objectives.

If the capability or capacity to manage a potential directorate, divisional, or corporate risk is exceeded, or if current controls are not mitigating the risk materialising, the risk must be escalated using Datix and communicated to the appropriate person, as illustrated below, and explained in detail in the next section.



#### **Trigger Points for Escalation**

**Strategic Risk Register** holds all risks which present a direct threat to the Board's strategic priorities as outlined in the Integrated Medium-Term Plan (IMTP). Furthermore, any risks identified on the Corporate

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Risk Register that are deemed significant or have the potential to have a strategic impact will be escalated and monitored through the Strategic Risk Register.

**Corporate Risk Register** holds all potential operational risks that require a higher level of ownership than an individual Executive Director can provide but do not directly threaten the organisation's future, these will typically span two or more directorates or require plans and resources that exceed the Division's capability or capacity to implement or have a score greater than 20.

**Divisional Risk Register** holds all potential operational risks that necessitate a higher level of ownership than an individual Directorate can provide. Such risks necessitate plans and resources that are beyond the Directorate's capability or capacity to implement or have a score greater than 12.

**Directorate Risk Register** holds all potential operational risks that necessitate a higher level of ownership than an individual ward/service can provide. Such risks typically necessitate plans and resources that are greater than the Directorate's capability or capacity to implement or have a score greater than 6.

**Local Risk Register** holds all potential operational risks that could impact the day-to-day running of the service. Local Risk Registers will typically have a higher number of Health and Safety risks than other risk registers. Any risk with a score greater than 6 must be escalated to the Directorate Risk Register.

Risks that are proposed for escalation to the Corporate or Strategic Risk Registers are subject to a more thorough risk assessment. The Executive Team and Board require assurance that the controls and additional controls will mitigate the risk to a tolerable level, as well as evidence of the assurance in place at an operational, organisational, and independent level.

Risk Assessment Templates are included in **Appendices 3 and 4** for Divisional, Directorate, and Local risks, as well as Corporate and Strategic risks. **Appendix 5** illustrates a flow chart of the escalation process.

#### **DATIX RISK MANAGEMENT SYSTEM**

Risks must be recorded on the Health Board's Risk Management System, Datix. A step-by-step guide to recording and managing risks on Datix can be accessed here (add hyperlink to Datix Risk Module Training Guide).

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#### SUPPORTING DOCUMENTS

This document should be read in conjunction with the:

- Risk Management Framework
- Guidance Note for Risk Assessment and Management
- Datix Risk Module Training Guide

#### TRAINING AND IMPLEMENTATION

All new staff are required to attend an Induction Programme which includes risk management training. In addition, mandatory training will be available through ESR. ESR has three levels of training: level one is basic training for all staff, level two is management training, and level three is board level training.

Board members will receive risk management training, both individually and collectively, to enable them to discharge their responsibilities effectively. This will be delivered at a minimum through Board Member Induction, with formal training delivered to the collective Board every two years.

The Corporate Governance Directorate will deliver training, and ongoing support and advice to all staff and Board Members. This will ensure that the Health Board incorporates risk management as a core function of all programmes of work associated with the delivery of organisational objectives and will aid in the identification of risks to objectives at the outset of planning processes.

#### **AUDIT AND REVIEW**

This document will be reviewed annually in line with the Risk Management Framework and will be subject to regular auditing to ensure that risk management practices are effectively embedded across the Health Board.

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#### **APPENDICES**

- Appendix 1 Risk Statement Examples
- Appendix 2 NHS Wales Risk Scoring Matrix (5x5 Model)
- Appendix 3 Risk Assessment Template Divisional / Directorate / Local Risk Assessment
- Appendix 4 Risk Assessment Template Strategic/Corporate Risk
- Appendix 5 Escalation Process



## **APPENDIX 1: Risk Statement Examples**

1. What could go wrong?	2. What could be the cause of this?	3. What would be the effect/impact?	4. Risk Statement (Description)
Poor quality care provided to patients	<ul> <li>High staff sickness rate</li> <li>Inability to recruit sufficient staff.</li> <li>Inability to release staff for statutory and mandatory training</li> </ul>	<ul> <li>Adverse harm to patients</li> <li>Loss of public confidence in services</li> <li>Breach of Staffing Levels Act</li> </ul>	There is a risk that safe staffing levels are not maintained, compromising patient safety and care.
Staff could fall over storage boxes	Medical records stored in boxes unsafely in office accommodation	<ul> <li>Staff absence due to injury</li> <li>Breach of Health &amp; Safety at Work Legislation</li> <li>Litigation Claims for Injury</li> </ul>	There is a risk that the unsafe storage of medical records could cause potential harm to staff and loss to the organisation.
Unable to update electronic patient records	<ul><li>System downtime</li><li>Internet access</li><li>IT failure</li></ul>	<ul> <li>Adverse harm to patients</li> <li>Compliance with record-keeping standards</li> <li>Litigation claims</li> <li>Reputational damage</li> </ul>	There is a risk that patient records will not be updated with critical information should access to web-based/electronic recording systems be compromised.

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#### **APPENDIX 2: NHS Wales Risk Scoring Matrix (5x5 Model)**

**X-Axis = Likelihood/Frequency** of the risk occurring.

Y-Axis = the level of risk Consequence/Impact

Color-coding is crucial for a 5×5 risk assessment matrix to represent the combination level of probability and consequence of the identified risks.

Each risk box represents the rating of a risk that is calculated based on its levels of likelihood and impact using a numeric value.

#### Calculating Risks Using the 5×5 Risk Matrix

The first step is to assign a numeric value from 1 to 5, 1 being the lowest, for each of the categories under Likelihood and Consequence. Then, use the formula of multiplying the value of the Likelihood by the value of the Consequence to determine the Risk Level.

#### **Likelihood x Consequence = Risk Level**

Risk Scoring Matrix									
Likelihood/	Consequence/Impact								
Frequency	1. Negligible	2. Minor	3. Moderate	4. Major	5. Catastrophic				
5. Almost Certain	5	10	15	20	25				
(91%)	(Moderate)	(High)	(Extreme)	(Extreme)	(Extreme)				
4. Likely	4	8	12	16	20				
(61-90%)	(Moderate)	(High)	(High)	(Extreme)	(Extreme)				
3. Possible	3	6	9	12	15				
(41-60%)	(Low)	(Moderate)	(High)	(High)	(Extreme)				
2. Unlikely	2	4	6	8	10				
(11-40%)	(Low)	(Moderate)	(Moderate)	(Moderate)	(High)				
1. Rare	1	2	3	4	5				
(1-10%)	(Low)	(Low)	(Low)	(Moderate)	(Moderate)				

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#### The 5 risk rating levels under Likelihood/Frequency are as follows:

	Likelihood/frequency score (severity levels) and examples of descriptors								
Likelihood score	1	2	3	4	5				
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain				
Frequency How often might it/does it happen.	This will probably never happen/recur. (e.g., 1 – 10%)	Do not expect it to happen/recur but it is possible it may do so. (e.g.,11 – 40%)	Might happen or recur occasionally. (e.g.,41 – 60%)	Will probably happen/recur but it is not a persisting issue. (e.g.,61 – 90%)	Will undoubtedly happen/recur, possibly frequently. (e.g.,91 -100%)				

#### The 5 risk rating levels under Consequence/Impact are as follows:

	Severity/Consequence	ce score (severit	y levels) and exa	mples of descripto	ors
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of patients, staff or public  (Physical or Psychological harm)	Minimal injury requiring no/minimal intervention or treatment.  No time off work	Minor injury or illness, requiring. minor intervention  Requiring time off work for >3 days  Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention.  Requiring time off work for 4-14 days  Increase in length of hospital stay by 4-15 days.  RIDDOR/agency reportable incident  An event which impacts on a small number of patients	Major injury leading to long- term. incapacity/disability  Requiring time off work for >14 days  Increase in length of hospital stay by >15 days.  Mismanagement of patient care with long-term effects	Incident leading to death.  Multiple permanent injuries or irreversible health effects  An event which impacts on many patients
Quality	Peripheral element of treatment or service suboptimal	Overall treatment or service suboptimal	Treatment or service has significantly reduced effectiveness	Non-compliance with national standards with significant risk to patients if	Totally unacceptable level or quality of treatment/service  Gross failure of
Complaints	complaint/inquiry	Formal		unresolved	patient safety if
Audit		complaint (Stage 1)	Formal complaint (stage 2) complaint	complaints/	findings not acted on.
		Local resolution	Local resolution (with potential to	independent review	Inquest/ombudsman inquiry

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		Single failure to	go to independent		
		meet internal	review)	Low performance	Gross failure to meet
		standards.	,	rating	national standards
			Repeated failure		
		Minor	to meet internal	Critical report	
		implications	standards.		
		for patient safety	Major patient		
		if unresolved	safety implications		
		Reduced	if findings are not acted on		
		performance	acted on		
		rating if			
		unresolved			
	Short-term low staffing	Low staffing level	Late delivery of	Uncertain delivery	Non-delivery of key
	level that temporarily	that reduces the	key objective/	of key	objective/service
	reduces service quality	service quality	service due to lack	objective/service	due to lack of staff
	(< 1 day)		of staff	due to lack of staff	
Home			110000 600 1 660	11	Ongoing unsafe
Human			Unsafe staffing level or	Unsafe staffing level or	staffing levels or
resources			competence (>1	competence (>5	competence
Organisational			day)	days)	Loss of several key
Development				22,0,	staff
			Low staff morale	Loss of key staff	
Staffing					No staff attending
			Poor staff	Very low staff	mandatory training
Competence			attendance for	morale	/key training on an
			mandatory/key		ongoing basis.
			training	No staff attending	
				mandatory/ key training.	
				training.	
	No or minimal impact or	Breech of	Single breech in	Enforcement action	Multiple breeches in
	breech of guidance/	statutory	statutory duty		statutory duty
	statutory duty	legislation		Multiple breeches	
			Challenging	in statutory duty	Prosecution
		Reduced	external		
Statutory duty		performance	recommendations/	Improvement	Complete systems
Inspections		rating if unresolved	improvement notice	notices	change required.
inspections		umesorveu	Hotice	Low performance	Zero performance
				rating	rating
				Critical report	Severely critical
					report
	Rumours	Local media	Local media	National media	National media
	Potential for public	coverage –	coverage – long-	coverage with <3	coverage with >3
	concern	short-term reduction in	term reduction in public confidence	days service well below reasonable	days
Adverse publicity		public	public confidence	public expectation	Service well below
/ publicity		confidence		public expectation	reasonable public
, Reputation		30.103			expectation.
		Elements of			
		public			MP concerned.
		expectation not			(Questions in the
		being met			House)

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					Total loss of public
					confidence
	Insignificant cost	<5 per cent over	5–10 per cent over	Non-compliance	Incident leading >25
	increase/ schedule	project budget	project budget	with national 10–25	per cent over
	slippage			per cent over	project/ budget
Business objectives /		Schedule slippage	Schedule slippage	project budget	Schedule slippage
Projects		Silphage		Schedule slippage	Schedule Slippage
110,000				Seriedate Suppage	Key objectives not
				Key objectives not	met
				met	
	Small loss Risk of claim	Loss of 0.1–0.25	Loss of 0.25–0.5	Uncertain delivery	Non-delivery of key
	remote	per cent of	per cent of budget	of key objective/Loss of	objective/ Loss of >1 per cent of budget
		budget	Claim(s) between	0.5–1.0 per cent of	per cent of budget
		Claim less than	£10,000 and	budget	Failure to meet
Finance including		£10,000	£100,000		specification/
claims				Claim(s) between	slippage
				£100,000 and £1	
				million	Loss of contract / payment by results
				Purchasers failing	payment by results
				to pay on time	Claim(s) >£1 million
	Unlikely to result in	Material loss or	Could result in	Could result in high	Could result in
	material loss or	reputational	material loss or	material loss or	significant material
	reputational damage.	damage likely to be minimal.	reputational damage.	reputational damage.	loss or reputational damage.
	Little or no loss to the	De Hillilliai.	uailiage.	uaillage.	uamage.
	organisation, material	Some risk to the	Moderate risk to	May result in	High risk which may
	loss less than £500	organisation	the organisation	temporary loss of	result in prolonged
		which may result		service or material	loss of service or
		in minor	in reduction of service. Material	loss of up to	material loss of over
Fraud		reduction in service capacity	loss of up to	£50000.	£50000.
		or material loss	£10000.	Reputational	Nationwide media
		of up to £5000.		damage	coverage causes
			Reputational	widespread and	reputational damage
		Reputational	damage across	outside of NHS with	which is likely to
		damage likely to be within the	NHS with a high potential for	a likelihood of litigation)	lead to criminal prosecution or
		organisation	complaint or a low	inigation)	external
		which may lead	risk of litigation		investigation)
		to complaint	_		
Service/business	Loss/interruption	Loss/interruption	Loss/interruption	Loss/interruption of	Permanent loss of
interruption	of >1 hour	of >8 hours	of >1 day	>1 week	service or facility
Environmental	Minimal or no impact on	Minor impact on	Moderate impact	Major impact on	Catastrophic impact
impact	the environment	environment	on environment	environment	on environment
		,			

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The table below outlines the time frame for implementation of actions based on risk score and level.

Risk Score	Overall Risk	Timeframe
1 - 3	Low	Quick, easy measures implemented immediately, and further action planned for when resources permit.
4 - 6	Moderate	Actions implemented as soon as possible but no later than a year.
8 - 12	High	Actions implemented as soon as possible but no later than six months.
15 - 25	Extreme	Requires urgent action. The Health Board is made aware, and it implements immediate corrective action. However, where likelihood is rare or unlikely then potential decision needed on tolerance and action timescales.

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#### **APPENDIX 3: Risk Assessment Template Divisional / Directorate / Local Risk Assessment**

RISK ID:							
Description							
Threat							
Impact			Notes for completion: When a potential risk threatens the achievement of objectives or is deemed a high-level operational risbe escalated through the hierarchical structure and a request to the Lead Executive Director for consider the Executive Committee for inclusion on the Corporate Risk Register (CRR).  The Threshold for escalation to the:  Directorate Risk Register is set at 8 and above, Divisional Risk Register 12 and above, Corporate Risk Register 20 and above.		archical structure and a request to the Lead Executive Director for consideration by inclusion on the Corporate Risk Register (CRR).  to the: Register is set at 8 and above, register 12 and above,		
Risk Handler		Risk Exposure Current Level Target				be implemented must be aligned to the risk score/level.	
Monitoring Forum		Likelihood			Score	Overall Risk	Timeframe for implementing Actions
Initial Date of Assessment		Impact			1 - 3	Low	Quick, easy measures implemented immediately, and further action planned for when resources permit
					4 - 8	Moderate	Actions implemented as soon as possible but no later than a year
Last Reviewed		Risk rating			8 - 12	High	Actions implemented as soon as possible but no later than six months
					15 - 25	Extreme	Requires urgent action
(What controls/ systems & p place to assist us in manag	Controls rocesses do we already have in ing the risk and reducing the act of the threat)	Plans to Improve Gaps Control  (Are further controls possible to reduce risk exposure to target level)		Timeframe in Implement fur enhancemen controls	ther	Progress against Actions to Improve Control (What has been implemented)	
	Ţ						

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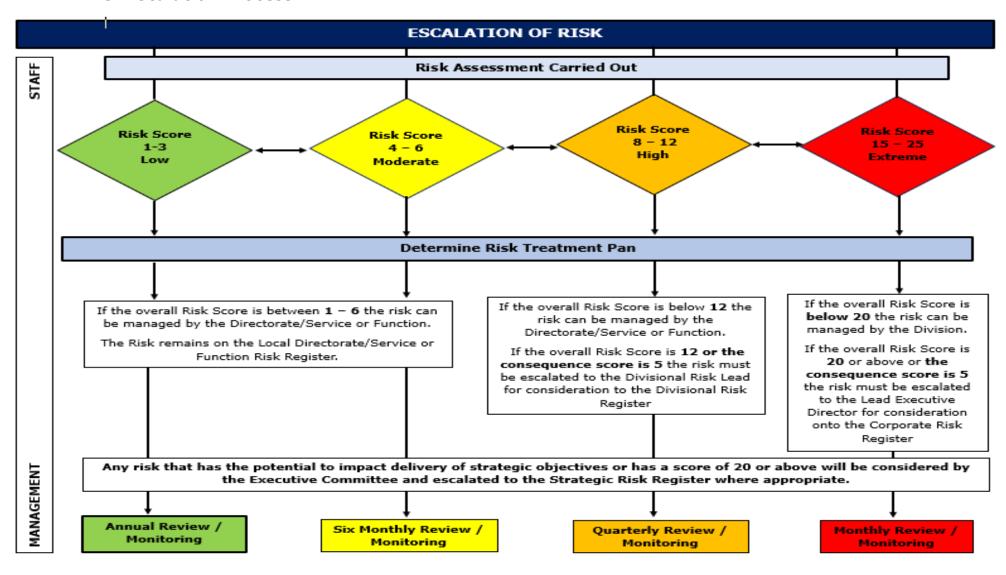
## **APPENDIX 4: Risk Assessment Template Strategic/Corporate Risk**

Risk ID:	STRATEGIC/CORPROATE RIS	К							
Description									
Strategic Threat						Risk Appetite Level – Use RA Stateme	nt to complete.		
							ement to complete.		
Impact						SUMMARY The current risk level is within/outside target level to be achieved is within/o	e of target level but within/outside appetite utside the set appetite threshold.	threshold. The	
Lead Director		Risk Exposure	Current Level	Target	t Level				
Monitoring Committee		Likelihood			RUN CHART TO BE ADDED HERE				
Initial Date of Assessment		Impact							
Last Reviewed		Risk rating							
Key Controls (What controls/ systems & processes to assist us in managing the risk and impact of the threat)		Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)			(Evidence	of Assurance that the controls/ systems which we ag reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)	
					Level 1 Operational (Implemented by the department that performs daily operation activities)		Gaps in Assurance	D. 171	
				Level 2 Organisational (Executed by risk management and compliance functions.)		Action to Address Gaps in Assurance	Positive Reasonable Negative Assurance		
						idependent and external independent bodies.)			

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#### **APPENDIX 5: Escalation Process**



Status: Issue 1 – Draft 1 Approved by: Issue date: TBC Review by date: TBC + 3 years

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### **Aneurin Bevan University Health Board**

# Risk Appetite Statement

January 2024

Approved by: Aneurin Bevan University Health Board

Owner: Aneurin Bevan University Health Board

Review by date: xx.xxx.2024

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#### INTRODUCTION

Risk is the effect of uncertainty on Aneurin Bevan University Health Board's (the Health Board's) ability to achieve its objectives.

Risk itself is neither positive nor negative, but the outcome of taking risks can be to realise an opportunity or a threat. Only in extreme circumstances is the risk unforeseen. Therefore, through careful consideration and based on information available, the Health Board should be able to determine when it can take more risk and when it should not.

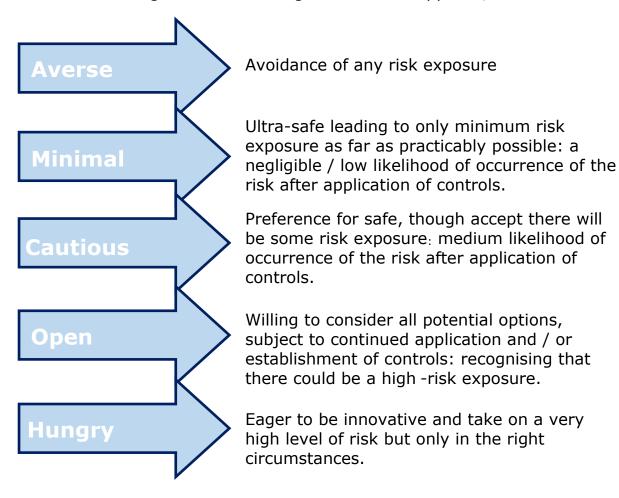
Risk appetite is a way of expressing the Health Board's attitude to different types of risk and the nature of the risks the Health Board is prepared to take. The Health Board's appetite for risk can vary dependent on the nature of the risk and the prevailing operating conditions or circumstances.

The Health Board's Risk Appetite Statement is not prescriptive but instead provides several underlying component parts that encourage structured thinking. The aim of the risk appetite is to enable the Health Board to reach an informed conclusion as to whether a risk can be accepted and to what extent.

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#### RISK APPETITE DESCRIPTION

The Board has agreed the following levels of risk appetite,



#### **RISK APPETITE BOUNDARIES**

To enable translation of the risk appetite into Aneurin Bevan University Health Board's risk scoring methodology, the tolerance for each risk appetite has been plotted on the matrix below i.e., at what point a risk is acceptable (within tolerance) and when it is not (outside tolerance).

There may at times be risks which exceed appetite thresholds and the Health Board will therefore need to actively consider and agree to any risks managed outside tolerance in line with escalation levels.

Risk Appetite Level	Risk Appetite Threshold
Averse	Score 5 and below
Minimal	Score 8 and below
Cautious	Score 13 and below
Open	Score 17 and below
Hungry	Score 21 and below

Approved by: Aneurin Bevan University Health Board Owner: Aneurin Bevan University Health Board Issue date: xx.xxx.2023

#### **RISK APPETITE THEMES**

All risks should be considered in the context of the Health Board's risk appetite. To assist this a number of risk appetite themes have been developed, against which they have assigned a risk appetite. Therefore, in the instances where risks are associated with the theme and dependent on the risk score assigned, the Health Board will be more easily able to determine how to respond and so make best use of mitigation resources.

Safety, quality and the Health Board's staff are key considerations in any risk-based decisions and so with that in mind, the following risk appetite themes and descriptions below have been determined by the Board after considering key negative and positive events that might affect the achievement of the Health Board's objectives.

#### **People**

Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of the Health Board's People Strategy which would include culture & wellbeing.

The Health Board will continue to provide and review creative opportunities to develop and grow its workforce, building the operational capability and skills needed to deliver its strategic priorities. To do this the Health Board recognises that its risk appetite will need to be **open**, exploring new innovative workforce models, innovative ways of working and recruitment while always being aligned to positive culture and promoting wellbeing.

## Aneurin Bevan University Health Board Activities (Compliance & Safety)

Risks relating to all aspects of patient safety but also including safeguarding, staff & public security, in addition risks relating to compliance and/or legal implications.

Compliance, safety & security is of the upmost importance. To reflect this the Health Board has a **minimal** risk appetite when making decisions about any matter or risk that may influence compliance, legality, patient harm & safety including safeguarding.

#### **Aneurin Bevan University Health Board Activities (Service Delivery)**

Risks relating to all aspects of the Health Board's ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of the organisation's infrastructure such as IM&T and Estates, including the Health Board's ability to deliver its associated strategy.

Approved by: Aneurin Bevan University Health Board Owner: Aneurin Bevan University Health Board Issue date: xx.xxx.2023 Review by date: xx.xxx.2024 Owner: Aneurin Bevan University Health Board Title: Risk Tolerance and Appetite Statements

The Health Board will have an **open** risk appetite to service delivery. This openness will be reflected in decisions that increase the likelihood of creative, innovative, and positive outcomes but also encompass wider improvements to service delivery models, including the use of IT and new technology, acknowledging that investment of resource needed to purchase equipment or deliver successful projects can be significant and must be managed appropriately.

#### **Financial Sustainability**

Risks relating to all aspects of the Health Board's financial performance and its ability to manage cost and efficiencies.

The Health Board's risk appetite for effective financial management is **cautious** as making sure there is sound financial management whilst maximising opportunities and cost effectiveness is vital to ensure future success. While the Health Board is more receptive in its approach to risk, it shall remain vigilant to those risks that could have quality, resource, reputational and safety implications that outweigh any perceived financial benefits.

#### **Transformation & Partnership Working**

All risks relating to the Health Board's ability to engage effectively with other organisations, including development of collaborations and partnerships, along with all risks associated with innovation, transformation, and strategic change.

The Health Board will be **open** in its risk appetite to transformation and when working with local authorities, healthcare partners and other agencies to improve the health of the population. It is acknowledged that risk exposure may exist in decisions to transform and work with others, so the Health Board shall be conscious of those risks that could have quality, reputational and safety implications for patients and/or the organisation.

#### **Confidence & Trust**

All risks relating to confidence and trust in the Health Board, including risks relating to key stakeholders, communities and adapting to external challenges.

The Health Board's natural position is to not tolerate risks that breakdown or impact confidence & trust. However, building on and maintaining the confidence and trust of all stakeholders including staff is vital, so to highlight both the complexity and importance of transparency, the Health Board shall be **cautious** to any risk or opportunity that may influence that confidence and/or trust, including any short or long-term damage to the Health Board's relationships and reputation.

Approved by: Aneurin Bevan University Health Board Owner: Aneurin Bevan University Health Board Issue date: xx.xxx.2023 Review by date: xx.xxx.2024

#### **RISK APPETITE REVIEW**

The Health Board will review its risk appetite on an annual basis, fully recognising that this may be subject to change due to various factors both internal and external that could shape the nature and extent of the risks the Health Board is prepared to take.

The Health Board's Risk Appetite Statement will remain an integral part of its Risk Management Framework and will be embedded into the organisation's risk management system.

#### MONITORING AND REPORTING

The Health Board will align existing risks with risk appetite themes. In addition, the Health Board will report the volume (including an approximation of cumulative exposure/risk clusters) of risks by risk theme vs risk appetite and develop a set of Key Risk Indicators, as appropriate, to help measure/inform risk appetite.

In order that the Health Board can understand its risk exposure in connection with the risk appetite themes and ensure an effective response, reporting will be undertaken in-line with the **Risk Management Policy and Procedure**. Risk register entries will be categorised by the risk appetite theme to enable the Health Board to understand the type, nature, and volume of risk attributable to each risk appetite theme.

Approved by: Aneurin Bevan University Health Board

Owner: Aneurin Bevan University Health Board

Review by date: xx.xxx.2024

# **APPENDIX A - Risk Appetite Summary Table**

RISK APPETITE	Risk Theme	Risk Appetite Level	Risk Appetite Description	Risk Appetite Thresholds
	Aneurin Bevan University Health Board Activities (Compliance & Safety)	Minimal	Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls	Score 8 and below
	Aneurin Bevan University Health Board Activities (Service Delivery)	rsity Health Activities		Score 17 and below
	People Open establishment of co recognising that the	establishment of controls: recognising that there could be a high-risk exposure		
	Transformation and Partnership working	Open		
	Financial Sustainability	Cautious	Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after	Score 13 and below
	Confidence and Trust	Cautious	application of controls	

Approved by: Aneurin Bevan University Health Board

Owner: Aneurin Bevan University Health Board

Issue date: xx.xxx.2023

Review by date: xx.xxx.2024

Report Title	All Wales Individual Patient Funding Request Policy (IPFR)		Agenda Item	3.7	
Meeting Title	Anelinin Revan liniversily nealin		<b>Meeting Date</b>	24/01/2024	
FOI Status	Open				
Author (Job title)	Senior Project Manager, WHSSC				
Executive Lead (Job title)	Director of Nursing & Quality, WHSSC and presented by Director of Corporate Governance (ABUHB)				
Purpose of the Report	The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All-Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The WHSSC Joint Committee supported the changes on the 21 November 2023 prior to them being shared with Health Boards (HBs) for final approval.				
Specific Action Required	RATIFY	APPROVE ✓	SUPPORT	ASSURE	INFORM

# Recommendation(s):

The Board is asked to:

- **Note** the report,
- **Note** the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders,
- Approve the proposed changes to the All-Wales IPFR Policy,
- Note that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and
- **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.

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# ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST POLICY (IPFR)

#### 1.0 SITUATION

The purpose of this report is to present the outcomes from the engagement process with key stakeholders to review the All-Wales Individual Patient Funding Request (IPFR) Policy and to seek approval for the proposed changes to the policy. The WHSSC Joint Committee (JC) supported the changes on the 21 November 2023 prior to them being shared with Health Boards (HBs) for final approval.

#### 2.0 BACKGROUND

# 2.1 All Wales IPFR Policy

The All-Wales IPFR Policy is an NHS Wales policy owned by each of the seven HBs who have statutory responsibilities in relation to IPFR decisions. Each HB has its own HB IPFR Panel.

In December 2021, a request for a judicial review (JR) was made in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC (hosted by Cwm Taf Morgannwg University Health Board (CTMUHB)) & (2) Aneurin Bevan UHB (ABUHB) when the JR was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice indicated the IPFR policy was being interpreted in such a way that was contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated. This was in accordance with the subsequent advice from the KC that the judicial review had changed the intended meaning on the Policy and if the original meaning was to be returned then the wording of the Policy would need to be revised.

On 28 July 2022 the Chief Pharmaceutical Officer (CPO), Welsh Government (WG) wrote to WHSSC setting out a proposal for addressing the issues raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR) ("The IPFR Policy") – see letter at *Appendix 1*. WG requested that WHSSC lead a process of engagement for a de-minimis review of the Policy wording and the changes to the WHSSC IPFR panel ToR should be undertaken with key stakeholders including the All-Wales Therapeutics a Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNHST).

# 2.2 Stakeholder Engagement Exercise

On the 8 November 2022, the JC approved the methodology for engagement for WHSSC to embark on an engagement process, and were assured that the process adhered to the specific request from WG for a specific and limited review of the All Wales IPFR Policy engagement on the WHSSC IPFR panel ToR.

The stakeholder engagement process took place between the 10 and the 22 December 2022. The consultation documentation was issued to a broad range of stakeholders including the WHSSC IPFR panel, the All-Wales Toxicology and Therapeutics Quality Assurance Group (AWTTC QAG), the NHS Wales IPFR Policy Implementation Group (PIG), Medical Directors and Board Secretaries of each of the HBs, WG and Velindre University NHS Trust (VUNHST). Additionally, a stakeholder engagement workshop was held on the 2 December 2022 in Cardiff and a number of engagement briefings were held.

#### 3.0 ASSESSMENT

# 3.1 IPFR Engagement Stakeholder Feedback

Feedback was received from all HBs, the AWTTC QAG and individual IPFR Panel members. The feedback from HBs and the AWTTC was co-ordinated by the IPFR Policy Implementation Group (PIG) and QAG and as such the comments received were consistent across all HBs.

In January 2023, WHSSC held a meeting with the IPFR Policy Implementation Group (PIG) to review the feedback received and to revise the policy. It should be noted that the PIG in conjunction with WHSSC undertook to revise the Policy in line with the responses from the HBs, taking into consideration the comments received from the Kings Counsel (KC) where considered appropriate.

The final All Wales IPFR Policy which incorporates the WHSSC Terms of Reference is presented at **Appendix 2** for consideration and approval.

**Table 1** below provides a summary of the themes which emerged from the engagement exercise. To ensure effective information governance in accordance with UK GDPR and the Data Protection Act 2018 the full range of responses are available on request only to ensure we do not inadvertently identify specific individuals on the IPFR panel.

Table 1 - Summary of Key Themes from Stakeholder Feedback

Key Themes	WHSSC Response
Tests versus criteria	The KC highly recommended the use
The concept of tests were not widely supported	of tests as opposed to criteria, setting out the proposed recommendations to specifically address the issues raised in the Judicial Review.

Key Themes	WHSSC Response
Rey Illemes	However, following further discussion,
	the KC confirmed that there is no
	legal difference between the terms
	and therefore the term criteria has
	been reinstated.
Use of legal jargon	These sections have been reworded
Stakeholders felt that in parts the	and subsequently reviewed by the KC
document was over wordy and used	and confirmed as acceptable.
too much legal jargon.	
Reinstatement of the Decision	The DMG has been reinstated as an
Making Guidance (DMG)	appendix rather than embedded in
All Stakeholders felt strongly that this	the main body of the policy.
should be reinstated, as it was a	Following further discussions with the
helpful guide for panel members in	KC, additional wording has been
reaching a decision.	added to the policy itself to add
	clarity to the use of the guide in
	conjunction with the criteria to be
	considered under Part A or B of the
	policy.
References to Commissioning	The sections have been expanded to
policies	include NICE, AWMSG, HTW and One
The terminology "commissioning	Wales Medicines guidance.
policies" used throughout the	
document was felt to be misleading as	
HB's do not have commissioning policies.	
Use of ICER's and QALY's	The section was subsequently
Asking panels to produce ICER's	reworded by AWTTC colleagues to
(incremental cost effectiveness ratios)	support Panel decision making.
and QALY's (quality- adjusted life	support runer decision making.
years) was considered to be beyond	
the abilities of most panels and would	
ideally require a Health Economist on	
each Panel.	
Di minimums review	The legally precise definition of di
Feedback received highlighted that	minimis was recognised and the
due to the number of changes made	wording included in the agreed
to the policy that it could not be	recommendation from the JC was of a
considered as a di minimis review as	'specific and limited' review.
requested in the letter from the Chief	
Pharmaceutical Officer (CPO).	The changes suggested in the original
	draft were all submitted to the KC and
	met with his understanding of
	"relatively limited" changes.

Key Themes	WHSSC Response	
	The KC had made a number of key changes to the Policy in order to strengthen and address the key issues raised by the Judicial Review. Additional changes were proposed where the KC felt that further clarity was required in order to prevent further potential contradictions in the interpretation of the policy.  The WHSS team felt that whilst the proposed changes may be considered technically more than a di minimis review, it was essential that the review achieved the agreed core aim of re-establishing the originally	
	intended meaning of the policy.	
Stakeholder engagement process Stakeholders raised concern that the IPFR Policy Implementation Group (PIG) was not included in the	HB colleagues were invited to the stakeholder event held on the 2 December 2022.	
engagement process.	WHSSC subsequently met with the group to review the comments received and to develop the revised policy.	
Structure of the document	The policy has been amended to	
Stakeholders felt that the structure of	reflect the comments from	
the document lacked flow and	stakeholders and has in the main	
contained a number of inaccuracies.	returned to the original Policy format.	

The post consultation revision of the Policy has been reviewed by the KC and some minor changes to add further clarity have been incorporated into the final draft document. These proposed changes were shared with the PIG and AWTCC QAG and considered acceptable.

The updated All Wales Policy is presented at **Appendix 2** and the JC of WHSSC supported the proposed changes at its meeting on 21 November 2023. The Policy is therefore now able to be submitted to HBs for final approval. All seven HBs are therefore being asked to approve the proposed changes to the All Wales IPFR Policy.

It is also relevant to note that the Task and Finish group established to consider the WHSSC IPFR Panel ToR noted it would be important to reflect the IPFR process within the new Standing Orders (SO's) for the new single Joint Commissioning Committee (JCC). Further work is now being taken through the governance workstream which supports the implementation of the national commissioning review.

# 4.0 GOVERNANCE AND RISK

Issues related to IPFR governance were first raised by WHSSC offers at the JC in November 2020. These initially concerned the WHSSC IPFR ToR but subsequently issues relating to the IPFR Policy were raised following the judicial review in January 2022. It can be seen that a significant amount of time has elapsed between the identification of the issues and approval of changes in the ToR and Policy which illustrate the very significant complexities encountered in addressing the issues. This is despite it having the highest corporate risk rating within WHSSC and demonstrates the lack of clarity around the governance arrangements within the arena of the All Wales IPFR Policy.

# 5.0 RECOMMENDATIONS

The Board is asked to:

- Note the report,
- **Note** the feedback from the WHSSC Individual Patient Funding Request (IPFR) engagement process with key stakeholders,
- **Approve** the proposed changes to the All Wales IPFR Policy,
- Note that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC) involved in the previous WHSSC judicial review; and
- **Note** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption.

Governance and Assurance				
Link to Strategic Objectives				
Strategic Objective(s) Governance and Assurance				
Link to Integrated Commissioning Plan	No			
Health and Care Standards	Governance, Leadership and Accountability			
Principles of Prudent Healthcare	Public & professionals are equal partners through co- production			
NHS Delivery Framework Quadruple Aim	The health and social care workforce is motivated and sustainable Choose an item. Choose an item.			
<b>Organisational Implicat</b>	tions			
Quality, Safety & Patient Experience	An IPFR is the process Health Boards (HBs) and the Welsh Health Specialised Services Committee (WHSSC) use to consider providing a patient with a treatment, which is not routinely available in NHS Wales. The IPFR Quality Assurance Group (QAG) monitor the quality of the decisions made by HBs and WHSSC concerning IPFR decisions.			
Finance/Resource Implications	The financial resource implication concerning remuneration of the Chair is under discussion			
Population Health	No adverse implications relating to population health have been identified.			
Legal Implications (including equality & diversity, socio economic duty etc.)	The purpose of the WHSSC IPFR Panel is to act as a Sub Committee of WHSSC and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a HB has agreed to routinely provide. The Governance framework for the WHSSC IPFR panel is outlined within the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", published in June 2017, which includes specific ToR for the WHSSC IPFR panel.			
Long Term Implications (incl. WBFG Act 2015)	WHSSC is committed to considering the long-term impact of its decisions, to work better with people, communities and each other, and to prevent persistent problems such as poverty, health inequalities and climate change.			

Report History (Meeting/Date/ Summary of Outcome)	<ul> <li>21 November 2023 – WHSSC Joint Committee –supported the proposed changes prior to submission to HBs for final approval.</li> <li>6 November 2023 - Corporate Directors Group Board</li> <li>18 July 2023 – Joint Committee – deferred.</li> </ul>
Appendices	Appendix 1 – Letter from Welsh Government to WHSSC – IPFR Policy Review 28 July 2022, Appendix 2 – Revised All Wales IPFR Policy

Y Grŵp Iechyd a Gwasanaethau Cymdeithasol Health and Social Services Group Cangen Fferylliaeth a Rhagnodi Pharmacy & Prescribing Branch



Dr Sian Lewis Managing Director Welsh Health Specialised Services Committee

By email to: <u>Jacqueline.evans8@wales.nhs.uk</u>

28 July 2022

Dear Sian,

# Re: WHSSC Individual Patient Funding Request (IPFR) Panel - Terms of Reference

Further to your letters of 1 April and 23 May, our meeting on 10 May, and the subsequent discussion with health board (HB) and NHS Trust Medical Directors on 1 July, this letter sets out a proposal for addressing the issues you have raised in relation to the operation of the Welsh Health Specialised Services Committee's Individual Patient Funding Request (IPFR) Panel and the review of the NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR) ("The IPFR Policy").

We are broadly in agreement that the current IPFR policy on the whole works well. Since introducing the policy in 2017 there has been a significant reduction in the number of IPFR requests made to NHS organisations and an increasing proportion of requests are approved. These measures indicate the IPFR policy is working for patients and their clinicians, and this is supported by the findings of the quality assurance processes put in place to support the policy.

That said, we note a request for a judicial review in the case of Maria Rose Wallpott (MW) – v- (1) WHSSC & (2) Aneurin Bevan UHB (ABUHB) was allowed and the decision of the WHSSC IPFR panel to refuse funding for treatment was quashed by the court. Subsequently, legal advice has indicated the IPFR policy is now to be interpreted in such a way that is contrary to the original policy intention and the IPFR policy would need to be updated if its original and intended meaning was to be reinstated.

#### Review of the All NHS Wales IPFR policy

We have taken the opportunity to revisit the findings of the independent review of the IPFR process and the report published by Welsh Government in 2017 which states (emphasis added):

- "6. The patient's clinical circumstances should be considered in comparison with other patients with the same condition and at the same stage in the progression of that condition.
- 7. The words "significantly different to the general population of patients" mean that the patient's condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation was unlikely to have been considered as being part of the population for which the policy was made."

This accords with your interpretation of the policy and strengthens the arguments for revisions to the wording of the IPFR policy to put beyond doubt how the policy should be interpreted. To that end we are content to agree a *de minimis* review of the IPFR policy subject to the conditions set out below.

- The IPFR Policy is an NHS Wales' policy owned by each of the HBs who have statutory responsibilities in relation to IPFR decisions. The outcome of any review must therefore be agreed by each of the HBs; retaining an all-Wales approach to IPFR decisions is of primary importance given reducing variability in decision making has been a key success of the policy; and
- WHSSC is constituted as a sub-committee of all seven HBs and its Joint Committee (JC) can delegate certain activities to WHSSC directors as described in section 3.3.1 of the WHSSC Standing Orders (SO's). On this basis, it was agreed at the All Wales Medical Directors Group (AWMDG) meeting, at which you were in attendance, that a de-minimis review with comprehensive stakeholder engagement could be taken forward by the WHSSC team. It was also agreed that this should report into WHSSC's JC but with final approval being sought from HBs in keeping with the previous approach taken by WHSSC when making complex or contentious decisions and in keeping with WHSSC's SOs.

#### Terms of Reference (ToR) of the All Wales IPFR Panel

The All Wales IPFR Panel is a sub-committee of the WHSSC JC and therefore it is within its authority to update and approve the terms of reference (ToR).

As agreed at the AWMDG meeting a process of engagement for both the de-minimis review of the Policy wording and the changes to the ToR should be undertaken with key stakeholders including the All Wales Therapeutics a Toxicology Centre IPFR Quality Assurance Advisory Group (AWTTC QAG), the Medical Directors and the Board Secretaries of each of the HBs and Velindre University NHS Trust (VUNT).

Following the engagement process, an amended Policy and new TORs should be submitted to the JC for consideration, and then go to HBs for final approval. Finally, we would ask you share any changes, agreed with HBs, with us prior to their adoption. As we discussed we would fully support moves to appoint a remunerated chair for WHSSC's IPFR panel and would be happy to discuss this with you in the future.

We trust the letter provides a clear outline of next steps, however if you have any queries, please do not hesitate to contact us directly.

Given the implications for HBs we are copying this letter to Chief Executives, Medical Directors, Directors of Public Health, Board Secretaries/ Directors of Corporate Governance and the AWTTC QAG, all of whom will have an interest.

Yours sincerely

**Andrew Evans** 

Prif Swyddog Fferyllol/ Chief Pharmaceutical

Andrew MCaS

Officer

Natalie Proctor

Pennaeth y Gangen Fferylliaeth a Rhagnodi/

Head of Pharmacy & Prescribing

Cc:

Chief Executives, Health Boards Medical Directors, Health Boards Directors of Public Health Board Secretaries, Health Boards

All Wales The generation and Taxicals and Operation IDED

All Wales Therapeutics and Toxicology Centre IPFR Quality Assurance Group



# NHS WALES POLICY MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

Reference Number	Policy Reference (as per individual Health Board)	Version Number	V9 DRAFT November 2023
Linked Documents	Health Board Policies on I Undertaken (INNU)	nterventions	Not Normally

**Classification of Document:** Clinical Policy

Area for Circulation: Health Boards and Primary Care providers across

Wales

Welsh Health Specialised Services Committee (WHSSC)

Public Health Wales (PHW) Public Domain via Internet Sites

**Policy Development:** All Wales IPFR Policy Implementation Group

**Consultation:** Legal Advice from TBC

NHS Wales Medical Directors

Stakeholder groups

**Approved:** TBC

**Date of Publication:** DD/MM/YEAR

Date of Next Review DD/MM/YEAR

**Lead Health Board Contact:** Contact details as per individual Health Board

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#### 1 INTRODUCTION

### 1.1 Background

In 2010, the Director General, Health and Social Services, Chief Executive, NHS Wales requested that Health Boards would work together with the Welsh Health Specialised Services Committee (WHSSC) and Public Health Wales (PHW) to develop an All-Wales policy and standard documentation for dealing with individual patient funding requests (IPFR) for treatment. This policy has been in place since September 2011.

- **1.1.1** In October 2013, The Minister for Health and Social Services announced a review of the IPFR process in Wales. An independent review group was established to explore how the current process could be strengthened.
- 1.1.2 In April 2014, the "Review of the IPFR process" report was published. The report concluded that the IPFR process in Wales is comprehensive and supports rational, evidence-based decision making for medicine and non-medicine technologies which are not routinely available in Wales. The review group also made a number of recommendations to strengthen the IPFR process.
- 1.1.3 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being, and Sport agreed the time was right for a new, independent review of the IPFR process. The panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

The "Independent Review of the Individual Patient Funding Requests Process in Wales" report was published in January 2017.

**1.1.4** Following a Judicial Review in December 2021, the Welsh Government in July 2022 agreed that a specific and limited review would be undertaken to put beyond doubt how the policy should be interpreted.

### 1.2 Purpose of this Policy

- 1.2.1 To ensure an open, transparent, fair, clearly understood and easily accessible process is followed, the NHS in Wales has introduced this Policy on decision making for IPFR's. It describes both the principles underpinning how decisions are made to approve or decline individual patient requests for funding and the process for making them.
- 1.2.2 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

- 1.2.3 A comprehensive range of NHS healthcare services are routinely provided locally by primary care services and hospitals across Wales. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all the Health Boards in Wales, commissions a number of more specialist and highly specialist services at a national level. However, each year, requests are received for healthcare that falls outside this agreed range of services. We refer to these as Individual Patient Funding Requests (IPFR).
- **1.2.4** Each Health Board in Wales has a separate Policy called 'Interventions Not Normally Undertaken' (INNU) setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because:
  - There is currently insufficient evidence of clinical and/or cost effectiveness; and/or
  - The intervention has not been reviewed for the indication under consideration by the National Institute for Health and Care Excellence (NICE) or the All-Wales Medicines Strategy Group (AWMSG); and/or One Wales Medicines process or Health Technology Wales.
  - The intervention is considered to be of relatively low priority for NHS resources.
- **1.2.5** The INNU policy should be read together with this policy on making decisions.
- 1.2.6 The challenge for all Health Boards and WHSSC is to strike the right balance between providing services that meet the needs of the majority of the population in the geographical area for which it is then given responsibility, whilst having in place arrangements that enable it to accommodate people's individual needs. Key to this is having in place a comprehensive range of policies and schedule of services that the Health Board and/or WHSSC has decided to fund to meet local need within the resource available. To manage this aspect of the Health Board and WHSSC's responsibilities, there will always need to be in place a robust process for considering requests for individual patient funding within the overall priority setting framework. Demand for NHS services is always likely to exceed the resources available and, as a result, making decisions on IPFR are some of the most difficult a Health Board or WHSSC will have to make.
- 1.2.7 In line with the requirements of the Equality Act 2010 and the Welsh Government guidance 'Inclusive Policy Making' issued in May 2010, a detailed equality impact assessment has been completed to assess the relationship between this policy and the duties of the Act.
- 1.3 Explaining Individual Patient Funding Requests (IPFR)
- 1.3.1 IPFRs are defined as requests to a Health Board or WHSSC to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a Health Board or WHSSC has arranged to routinely provide, or commission. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment.

Such a request will normally be within one of the three following categories;

- a patient and NHS clinician have agreed together that they would like a treatment that is either new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatments (for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition);
- a patient and NHS clinician have agreed together that they would like a treatment that is provided by the Health Board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone);
- a patient has a rare or specialist condition that falls within the service remit of the WHSSC but is not eligible in accordance with the clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).
- 1.3.2 IPFRs should not be confused with requests for packages of care for patients with complex continuing healthcare needs these are covered by separate Continuing Healthcare arrangements. Further information can be obtained from the Health Board's Nursing Department.
- **1.3.3** IPFRs should also not be confused with treatments that have already been provided or administered. Requests **will not** be considered for retrospective funding.
- **1.3.4** If the clinical circumstances for the specific individual patient have changed, an IPFR application form describing / explaining / justifying:
  - i. why the patient is likely to gain a significant clinical benefit from the proposed intervention; and
  - ii. demonstrating that the value for money of the intervention for that particular patient is likely to be reasonable,

then a case may be submitted to the Health Board or WHSSC for consideration for further prospective funding. For example, if a patient funds a treatment themselves and their clinician believes they can demonstrate that the patient has gained significantly more clinical benefit from the intervention than would normally be expected for that treatment, an IPFR can be submitted for consideration.

- 1.3.5 The three categories of treatment described in 1.3.1 will only potentially be funded in specific clinical circumstances. It is important to note that the NHS in Wales does not operate a blanket ban for any element of NHS healthcare but equally the granting of funding in one case does not mean that funding will be provided for the same treatment for other patients. We will consider each IPFR on its individual merits and in accordance with the arrangements set out in this policy. We will determine if the patient should receive funding based on the significant clinical benefit expected from the treatment and whether the cost of the treatment is in balance with the expected clinical benefits.
- **1.3.6** In this policy, the words "significantly different to the general population of

patients" means that the patient's condition does not have substantially the same characteristics as other members of that population. For a patient to be significantly different, their particular clinical presentation is unlikely to have been considered as being part of the population for which the policy was made.

- 1.3.7 In practice, it is not always practical to determine the "benefit" of an intervention in numerical terms in the same way, for example as NICE or the AWMSG. In these situations, a description of the benefit should be used to enable IPFR panels to compare the description of the incremental clinical benefit likely to be obtained. In general, the clinician should compare the benefits of the intervention being requested with what he or she considers to be the next best alternative, which may in some cases be best supportive care.
- 1.3.8 Whether an intervention provides "value for money" is assessed conceptually in terms of the incremental cost per incremental quality-adjusted life year (QALY) of benefit. Whilst "reasonable" value for money is to be interpreted in the same way that "cost-effective" is used in the Health Technology Appraisal (HTA) process operated by NICE and AWMSG.
- 1.3.9 Recognising that it can never be possible to anticipate all unusual or unexpected circumstances this policy aims to establish a clear guide to making decisions on IPFRs to determine whether the evidence that the patient is likely to gain a significant clinical benefit, and the value for money of the intervention for that particular patient is likely to be reasonable, has been presented.

Please refer to the decision-making guidance in Appendix 1 to see how panel members determine the significant clinical benefit expected by the treatment, and whether the cost of the treatment is in balance with the expected benefits.

# 2 THE LEGAL CONTEXT OF THIS POLICY

- 2.1 Health Boards exercise functions delegated to them by the Welsh Ministers under various statutes and in particular under the National Health Service (Wales) Act 2006 and under secondary legislation made under that Act.
- 2.2 In addition to specific statutory obligations, Health Boards are public bodies, which are required to comply with their legal obligations to act in accordance with the rights if individuals under the European Convention of Human Rights as defined in the Human Rights Act 1998 and under common law.
- 2.3 Health Boards must therefore be able to demonstrate that their decisions are within their powers and comply with their legal obligations. In terms of the exercise of their powers, they must show that they have taken into account all relevant issues in the decision-making process, giving them appropriate weight and that those decisions are rational, logical, lawful and proportionate.

Careful consideration needs to be given in relation to all decisions; particular care may need to be given in the following circumstances:

- when evidence is not clear or conclusive;
- when the issue is controversial and may not have the support of NICE, AWMSG, One Wales or HTW;
- when life or death decisions are involved;
- when limiting access to specific services or treatments;
- when setting priorities;
- When other Health Boards or WHSSC may have used their discretion to make a different decision on a specific topic.
- 2.4 It is lawful for WHSSC and Health Boards to adopt policies about which treatments will, and which will not, be routinely funded. It is also lawful for WHSCC and Health Boards to adopt this Policy to define the circumstances in which a decision can be made to fund an intervention for a patient where other patients are lawfully denied funding for the same intervention as a result of policies or as a result of an absence of a policy approving funding for that intervention.
- 2.5 Consistency in policy and approach, together with clarity about clinical criteria for treatment and a consistent approach to dealing with IPFR requests should reduce the need for patients to have to go through a review or appeal process at any level. This should be the desirable outcome as far as it is possible.

#### 3 PRINICIPLES UNDERPINNING THIS POLICY

The principles underpinning this policy and the decision making of the Health Board are divided into five areas - the NHS Core Values, the Prudent Healthcare Principles, Evidence-based Considerations, Ethical Considerations and Economic Considerations.

- **3.1 NHS Core Values** are set out by the Welsh Government as;
  - Putting quality and safety above all else: providing high value evidence-based care for our patients at all times;
  - Integrating improvement into everyday working and eliminating harm, variation and waste;
  - Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
  - Working in true partnerships with partner organisations and with our staff; and
  - Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems, and environment to work safely and effectively.

# 3.2 Prudent Healthcare Principles

- Achieve health and wellbeing with the public, patients and professionals as equal partners through co-production;
- Care for those with the greatest needs first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do not harm;
- Reduce inappropriate variation using evidence-based practices consistently and transparently.

#### 3.3 Evidence-Based Considerations

- **3.3.1** Evidence-based practice is about making decisions using quality information, where possible, and recognising areas where evidence is weak. It involves a systematic approach to searching for and critically appraising that evidence.
- 3.3.2 The purpose of taking an evidence-based approach is to ensure that the best possible care is available to provide interventions that are sufficiently clinically effective to justify their cost and to reduce inappropriate variation using evidence-based practices consistently and transparently. NICE issue Technology Appraisals and the All-Wales Medicines Strategy Group, One Wales and Health Technology Wales issue guidance which Health Boards and WHSSC are required to follow.
- **3.3.3** Additionally, a central repository for evidence-based appraisals is available which provides support for clinicians making an application. This is located on the shared database. Users are able to upload and access the information available which will continue to be developed over time as evidence /new reports are produced.
- **3.3.4** It is also important to acknowledge that in decision making there is not always an automatic "right" answer that can be scientifically reached. A "reasonable" answer or decision therefore has to be reached, though there may be a range of potentially reasonable decisions. This decision is a compromise based on a balance between different value judgements and scientific (evidence-based) input. Those vested with executive authority have to be able to justify, defend and corporately "live with" such decisions.

#### 3.4 Ethical Considerations

- **3.4.1** Health Boards and WHSSC are faced with the ethical challenge of meeting the needs of individuals within the resources available and meeting their responsibility to ensure justice in the allocation of these resources ('distributive justice'). They are expected to respect each individual as a person in his or her own right.
- 3.4.2 Resources available for healthcare interventions are finite, so there is a limit to what Health Boards and WHSSC can routinely fund. That limitation is reasonable providing it is fair, and not arbitrary. It must be based on the evidence both about the effectiveness of those interventions and their cost. A cost-effective intervention is one that confers a great enough benefit to justify its cost. That means policies must be based on research, but research is carried out in populations of patients, rather than individual patients. That leaves open the possibility that what is true for patients in general is not true about a specific individual patient. Fairness therefore also requires that there must be a mechanism for recognising when an individual patient will benefit from a particular intervention more than the general population of patients would. Identifying such patients is the purpose of the IPFR process.

- **3.4.3** Welsh Government communications set out six ethical principles for NHS organisations and these underpin this policy. They are:
  - treating populations and particular people with respect;
  - minimising the harm that an illness or health condition could cause;
  - fairness;
  - working together;
  - keeping things in proportion; and
  - flexibility

#### 3.5 Economic Considerations

**3.5.1** It is a matter for Health Boards and WHSSC to use its discretion to decide how it should best allocate its resources. Such resources are finite and difficult balancing decisions have to be made. Health Boards and WHSSC must prioritise the services that can be provided whilst delivering high-quality, cost-effective services that actively avoid ineffective, harmful, or wasteful care that is of limited benefit. The opportunity cost associated with each decision has also to be acknowledged i.e., the alternative uses to which resources could be put.

#### 4 MAKING DECISIONS ON IPFR

- 4.1 In line with the principles set out earlier in this document, Welsh Government communications set out the key factors for 'good decision making'. These are:
  - openness and transparency.
  - inclusiveness.
  - · accountability.
  - reasonableness.
  - effectiveness and efficiency.
  - exercising duty of care.
  - lawful decision making; and
  - the right to challenge and appeal

This policy aims to ensure that the Health Board and WHSSC has a clear and open mechanism for making decisions that are fair, open, and transparent. It enables those responsible for decision making to demonstrate that they have followed due process, given full consideration to the above factors, and has been both rigorous and fair in arriving at their decisions. It also provides a clear process for challenge and appeal.

- 4.2 In accordance with Welsh Government communications, NICE definitions, and the criteria set out in this policy, Health Boards and WHSSC should make decisions on IPFRs based on; the evidence presented to demonstrate the expected significant clinical benefit, and the evidence presented outlining the patient's individual clinical circumstances. Decisions should be undertaken whilst taking into reasonable account the evidence base, and the economic and ethical factors below:
  - evidence-based considerations clinical and cost effectiveness; service and policy implications.
  - > economic considerations opportunity cost; resources available; and
  - > ethical considerations population and individual impact; values and principles; ethical issues.

Non-clinical factors (such as employment status) will not be considered when making decisions on IPFR.

This Policy does not cover healthcare travel costs. Information on patient eligibility for healthcare travel costs to receive NHS treatment under the care of a consultant can be found on the Welsh Governments 'healthcare costs' website.

4.3 The following criteria must be used by all Health Board and WHSSC IPFR Panels when making IPFR decisions. It is the responsibility of the referring clinician to ensure that sufficient information is placed before the panel to allow the panel to be able to determine whether the criteria are satisfied.

A patient will only be entitled to NHS funding for the requested intervention or drug if the panel conclude that the criteria under **either** (a) **or** (b) below are satisfied:

- (a) If guidelines (e.g. from NICE or AWMSG) recommend NOT to use the intervention/drug, or the clinical access criteria of an applicable policy are not met:
  - I. The clinician must demonstrate that the patient's clinical circumstances are significantly different to other patients for whom the recommendation is not to use the intervention;
  - II. The clinician can demonstrate that the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected from patients for whom the recommendation is not to use the intervention, and
- III. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.
- (b) If the intervention has NOT been appraised (e.g. in the case of medicines, by AWMSG or NICE), and there is no applicable policy in place:
  - The clinician can demonstrate that the patient is likely to gain significant clinical benefit, and
  - II. The IPFR panel must be satisfied that the value for money of the intervention for that particular patient is likely to be reasonable.
- 4.4 An IPFR panel is required to decide whether the application fulfils Part A or Part B and then consider the application against the relevant criteria. A panel may only approve applications which meet all of the applicable criteria above. It is however the responsibility of the requesting clinician to demonstrate the clinical case for the patient in respect of the criteria outlined.

#### 4.5 Considerations under Part A

- **4.5.1** Where a recommendation has been made not to use an intervention, the panel is required to consider whether the patients' clinical circumstances are significantly different to other patients for whom the recommendation is made not to use the intervention'. That process will usually require a comparison between the patient for whom treatment is being requested, and other patients with the same medical condition who could have been offered the requested intervention if the relevant guidance and/or applicable policy allowed.
- 4.5.2 The panel next need to consider whether there is a significant difference between the clinical circumstances of the patient for whom funding is being requested, and the comparator group, and whether the patient is likely to gain significantly more clinical benefit from the intervention than would normally be expected for patients for whom the recommendation has been made not to use the intervention. If, but only if, both of these criteria are met on the facts of an individual Part A case, the panel will then consider whether the intervention is deemed value for money as described at paragraph 4.7 below.

#### 4.6 Considerations under Part B

**4.6.1** In the absence of any appraisal or applicable policy, the panel need to consider whether the referring clinician has provided sufficient evidence to conclude that the patient is likely to gain significant clinical benefit from the intervention requested. If, but only if, both of these criteria are met on the facts of an individual Part B case, the panel will then consider whether the intervention is deemed value for money as described below.

# 4.7 Value for money

- **4.7.1** The assessment as to whether the intervention provides "value for money" is a matter of judgement for the panel. The panel should reach a decision exercising its broad discretion to decide whether the value for money of an intervention for a particular patient is likely to be reasonable.
- 4.7.2 The panel should consider the likely overall costs to the NHS of the requested intervention compared with the next best alternative treatment that is routinely funded on the NHS. The panel should in a similar way consider the overall benefit (effectiveness) of the intervention compared with the next best alternative treatment that is routinely funded on the NHS. If the requested intervention is estimated to be more effective and less costly (than the alternative treatment) then it is likely to represent value for money. If the treatment is less effective and more expensive, then it is unlikely to be deemed value for money. If the treatment is more effective and more costly or less effective and less costly then the panel will need to make a judgement as to whether the treatment is likely to represent value for money. For any scenario, other factors may affect treatment choice, and these should be documented as part of the discussion.

- **4.7.3** Where presented as part of the evidence, an incremental cost effectiveness ratio ("ICER") and quality- adjusted life year (QALY) may be considered by the panel provided this is relevant to the individual case and there is appropriate expertise by the group to do so. When assessing this evidence, the panel should consider relevant thresholds in relation to NICE and AWMSG when considering if the intervention is a cost-effective option.
- 4.8 When making decisions, the panel are entitled to have regard to the factors set out at Appendix 1 to this policy, if the panel consider that addressing those issues may assist the panel in coming to decisions on the criteria set out at paragraph 4.3 above. The panel are not obliged to consider all the factors set out Appendix 1 to this policy and may consider that some of the factors are not relevant on the facts of an individual case or do not assist the panel in coming to its decision on those criteria.

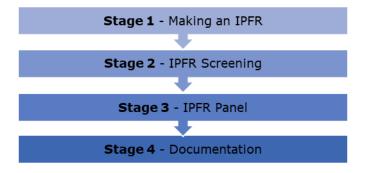
# 5 HOW TO MAKE A REQUEST FOR FUNDING UNDER THIS POLICY

#### 5.1 Information on how to make an IPFR

A patient leaflet is available explaining how an individual patient funding request (IPFR) can be made. These can be downloaded from the Health Board, WHSSC or AWTTC website. Further information can be obtained from the IPFR Co-ordinator.

Copies of this policy and the IPFR application forms can also be obtained via the website, or by contacting the IPFR Co-ordinator.

# **5.2** Summary of the IPFR Process



### 5.3 Stage 1 Making an IPFR

The patient and their NHS clinician (agree together that a request should be made). The IPFR application form is completed by the clinician on the patient's behalf. This will ensure that adequate clinical information is provided to aid the decision-making process.

The requesting clinician must sign the application form to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

Ideally, applications for specialised and tertiary services should be completed by the patient's secondary care clinician, unless extenuating circumstances dictate otherwise. This is to ensure that all pertinent information is included in the form thereby avoiding the delay that will arise from the need to request further information before the application can be processed. All IPFR applications should demonstrate support from the relevant clinical lead, head of department or multi-disciplinary team (MDT). Where relevant, advice may also be sought from the internal clinical team.

It is necessary for clinicians to provide their contact details as there may be times when additional clinical information is required during a panel meeting to aid a decision.

The application form is sent to the IPFR Co-ordinator electronically or in hard copy so that the authorised consent of the clinician is recorded.

The IPFR application form must be completed in full to enable the IPFR Panel to reach a fully informed decision.

Should the IPFR Co-ordinator receive an application form which has not been completed sufficiently enough to determine whether or not the request can be screened out or taken to the IPFR Panel, or the incorrect form is completed, the form should be returned to the requesting clinician **within three working days**.

The requesting clinician is responsible for completing and re-submitting the application form **within ten working days**. Should this time elapse, a chaser letter will be sent providing a **further ten working days** to make a submission.

Where the information has still not been provided in the time set, the case shall be closed, and the requesting clinician notified accordingly.

#### 5.4 Stage 2 Screening of the IPFR

The IPFR application will be considered by the IPFR Senior Officer to determine whether the application needs to be screened out because:

- (a) the request meets pre-agreed criteria for a service already commissioned/provided and can be automatically funded
- (b) an alternative and satisfactory clinical solution is found
- (c) the request represents a service development which needs to be passed to the relevant Division or Director for their action.

The IPFR Senior Officer should then communicate the outcome of the screening stage to the requesting clinician using a standard letter, **within five working days** of the decision being made. This letter will also include reasons for the decision and information on any further courses of action required.

# 5.5 Stage 3 Considerations by the IPFR Panel

Requests that are not screened out will be considered at a meeting of the IPFR Panel. The IPFR Co-ordinator will ensure that the panel has all of the information needed to reach a decision and will ensure that each case is anonymised before each meeting.

Panels will convene at least once per month in order to ensure that applications are dealt with in a timely manner. The volume and urgency of applications may require panels to meet more frequently as and when required.

The panel will consider each IPFR on its own merits, using the decision-making criteria set out in this policy (see appendix 1). Where possible, they should set out their assessment of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgements on value for money are clear and transparent. The IPFR Co-ordinator or Senior Officer will complete a record of the panel's discussion on each IPFR, including the decision and a detailed explanation for the reason for that decision.

A standard decision letter should be prepared to communicate the decision to the requesting clinician. Correspondence will also be sent to the patient to inform them that a decision has been made and their clinician will contact them within 5 working days to discuss. If this has not happened, patients are encouraged to contact their clinician.

These letters will be sent **within five working days** of the panel's decision and will also include information on how to request a review of the process where a decision has been made to decline the request.

#### 5.6 Who will sit on the IPFR Panel?

The Health Board will appoint core members of the IPFR Panel which will comprise:

- Executive Public Health Director (or deputy Public Health Consultant)
- Executive Medical Director (or deputy Associate/Assistant Medical Director)
- Executive Director of Nursing (or deputy Assistant Director of Nursing)
- Director of Therapies & Clinical Science (or deputy Assistant Director of Therapies)
- Director of Pharmacy and / or Chief Pharmacist or deputy; and
- Two lay representatives.

The Chair of the Panel will be selected from the group of core members and must have a clinical background (with the exception of WHSSC – see Terms of Reference at Appendix 3).

Each organisation may also wish to appoint up to a further two Panel members at the discretion of the Chair of the Panel, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

Please refer to the Terms of Reference at Appendix 2 and 3 for details of the Health Board and WHSSC IPFR Panel.

# 5.7 What about clinically urgent cases?

The IPFR Policy and process allows for clinically urgent cases, as deemed by the requesting clinician, to be considered outside of the normal screening and panel processes. In these circumstances, the Chair or Vice Chair of the IPFR panel is authorised to make a decision outside of a full meeting of the panel, within their delegated financial limits. Any such decisions will be made in line with the principles of this policy, taking into account the clinical urgency of the request outlined in the application form by the clinician. Those marked urgent will be considered within 24-48 hours (working days only) as per the application form.

#### 5.8 Can patients and clinicians attend the IPFR Panel?

Patients are not permitted to attend IPFR Panels. The reasons are that it would make the process less fair because it would draw to the attention of panel members characteristics of the individual patient that should not influence their decision-making. The IPFR process is anonymous therefore allowing patients to attend would jeopardise this level of scrutiny. The IPFR Panel will normally reach its decision on the basis of all of the written evidence provided, including the IPFR application form and other documentary evidence which is provided in support. Patients and clinicians are able to supply any written statements they feel should be considered by the Panel. **Any information provided which relates to non-clinical factors will not be considered.** Local Llais teams are able to support patients in making such statements if required.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on specific issues and/or request independent expert clinical advice for consideration by the panel at a future date. The Chair of the IPFR Panel, may also contact the referring clinician to get more clarification in respect of an individual referral.

The provision of appropriate evidence to the IPFR Panel will be entirely at the Chair of the IPFR Panels discretion.

#### 5.9 Documentation

The IPFR Co-ordinator will maintain a confidential electronic record of all requests. A separate, confidential hard copy file may also be maintained. This information will be held securely in compliance with Data Protection requirements and with Caldicott Guidance.

The IPFR Administration Team retains a record of the IPFR application and subsequent decision and any outcome data that is provided by the clinician. Data will be retained to help inform future planning requirements by identifying patient cohorts both at a local and national level. Data will also be used for the production of an annual report on IPFR's every year as required

by the Welsh Government. This will not include any identifiable data and will use aggregated data.

In addition, a central repository for clinical evidence will be available and will develop over time as and when new evidence reports are produced / become available.

Any information will be held in line with the NHS Information Governance Retention Policy

#### 6 HOW TO REQUEST A REVIEW OF THE PROCESS

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, a review hearing can be requested in line with the following:

# 6.1 The 'review period'

There will be a period of **25 working days** from the date of the decision letter during which they may request a review by the review panel ('the review period"). The letter from the Health Board or WHSSC that accompanies the original decision will state the deadline for any review request. In calculating the deadline, Saturdays, Sundays, and public holidays in Wales will not be counted.

#### 6.2 Who can request a review?

A review can be requested either (a) by the original requesting clinician on the patient's behalf or (b) by the patient with the original requesting clinician's support. **The review request form must be completed by the clinician**. Both the patient and their clinician must keep each other informed of progress. This ensures the patient is kept informed at all times, that the clinician/patient relationship is maintained, and review requests are clinically supported. Patients are able to access advocacy support at any stage during this process.

#### 6.3 What is the scope of a review?

It does not constitute a review of the merits of the original decision. It has the restricted role of hearing review requests that fall into one or more of three strictly limited grounds. A review request on any other ground will not be considered.

The 3 grounds are:

**Ground One**: The Health Board or WHSSC has failed to act fairly and in accordance with the All Wales Policy on Making Decisions on Individual Patient Funding Requests (IPFR).

Health Boards and WHSSC are committed to following a fair and equitable procedure throughout the process. A patient who believes they have not been treated fairly by the Health Board or WHSSC may request a review on this ground. This ground relates to the procedure followed and not directly to the decision and it should be noted that the decision with which the patient does not agree is not necessarily unfair.

**Ground Two**: The Health Board or WHSSC has prepared a decision which is irrational in the light of the evidence submitted

The review panel will not normally entertain a review request against the merits of the decision reached by the Health Board or WHSSC. However, a patient may request a review where the decision is considered to be irrational or so unreasonable that no reasonable Health Board or WHSSC could have reached that conclusion. A claim that a decision is irrational contends that those making the decision considered irrelevant factors, excluded relevant ones, or gave unreasonable weight to particular factors.

**Ground Three**: The Health Board or WHSSC has not exercised its powers correctly.

Health Boards and WHSSC are public bodies which carry out its duties in accordance with the Statutory Instruments under which it was established. A patient may request a review on the grounds that the Health Board or WHSSC has acted outside its remit or has acted unlawfully in any other way.

# 6.4 How is a review request lodged?

A review request form should be completed and logged with the IPFR Coordinator of the Health Board or WHSSC within the review period. The review request form must include the following information:

- The aspect(s) of the decision under challenge and
- The detailed ground(s) of the review request

The review request form should be sent to the IPFR Co-ordinator so that the signatures of both the patient and their clinician are recorded. A scanned version sent electronically will also be acceptable as long as signatures are present.

If the patient signature cannot be obtained in a timely manner or at all, the requesting clinician can sign to indicate that the patient is aware and agrees with the submission of the request. In doing so, the clinician is providing confirmation that the patient is fully informed of the treatment request and all its associated implications.

## 6.5 Initial scrutiny by the IPFR Senior Officer

The review documents lodged will be scrutinised by the IPFR Senior Officer who will look to see that they contain the necessary information. If the review request does not contain the necessary information or if the review does not appear to the IPFR Senior officer to fall under any one or more grounds of

review, they will contact the referrer (patient or their clinician) to request further information or clarification.

A review will only be referred to the review panel if, after giving the patient and their clinician an opportunity to elaborate or clarify the grounds of the review, the Chair of the review panel is satisfied that it falls under one or more of the grounds upon which the review panel can hear the review.

The Chair of the review panel may refuse to consider a review that does not include all of the above information.

#### 6.6 What is the timescale for a review to be heard?

The review panel will endeavour to hear a review **within 25 working days** of the request being lodged with the Health Board. The date for hearing any review will be confirmed to the patient and their clinician in a letter.

This review process allows for clinically urgent cases, as deemed by the referring/supporting clinician, to be considered outside of the panel process by the Health Board's Chair together with a clinical member of the review panel. Any such decisions will be made in line with the principles of this policy.

#### 6.7 Who will sit on the Review Panel?

The Health Board will appoint members of the review panel. The panel will comprise (see Terms of Reference at Appendix 4 for full details);

- Health Board Independent Board Member Lay (Chair of the Review Panel)
- Health Board Independent Board Member (with a clinical background)
- Health Board Executive Director, or deputy (with a clinical background)
- Chief Officer of the Community Health Council, or deputy
- Chair of the Local Medical Committee, or deputy
- WHSSC Representative at Director level (where applicable)

The Health Board will intend to inform the patient and their clinician of the membership of the review panel as soon as possible after a review request has been lodged. None of the members of the review panel will have had any prior involvement in the original submission.

In appointing the members of the review panel, the Health Board will endeavour to ensure that no member has any interest that may give rise to a real danger of bias. Once appointed, the review panel will act impartially and independently.

#### 6.8 Can new data be submitted to the review panel?

No, because should new or additional data become available then the IPFR application should be considered again by the original panel in order to maintain a patient's right to review at a later stage.

#### **6.9** Can patients attend review panel hearings?

At the discretion of the panel, patients and/or their unpaid representative may attend review panel hearings as observers but will not be able to participate. This is because the purpose of a review hearing is to consider the process that has been followed and not to hear new or different evidence.

If new or different evidence becomes available, the case will automatically be scheduled for reconsideration by the IPFR Panel. Patients and/or their unpaid representatives are able to make their written representations to this IPFR Panel in order for their views to be considered.

It is important for all parties to recognise that review panel hearings may have to discuss complex, difficult and sensitive information in detail and this may be distressing for some or all of those present. Patients and/or their unpaid representatives should be aware that they will be asked to retire at the end of the review panel discussion in order for the panel to make their decision.

#### 6.10 The decision of the review panel hearing

The IPFR Senior Officer will complete a record of the review panel's discussion including the decision and a detailed explanation for the reason for the decision. They will also prepare a standard decision letter to communicate the decisions of the panel to the patient and referring/supporting clinician. The review panel can either;

- uphold the grounds of the review and ask the original IPFR Panel to reconsider the request; or
- not uphold the grounds of the review and allow the decision of the original IPFR Panel to stand.

There is no right to a further review unless new and relevant circumstances emerge. Should a patient be dissatisfied with the way in which the review panel carried out its functions, they are able to make a complaint to the Public Services Ombudsman for Wales.

#### 6.11 After the review hearing

The Chair of the review panel will notify patients and their clinicians of the review panel's decision in writing. This letter should be sent **within five working days** of the panel and will also include information on how to make a complaint to the Public Services Ombudsman for Wales <u>www.ombudsmanwales.org.uk</u>.

# 6.12 How will WHSSC undertake a review?

As the WHSSC is a collaborative committee arrangement to support all Health Boards in Wales, it will not be able to constitute a review panel. WHSSC will therefore refer any requests it receives for a review of its decisions to the Health Board in which the patient resides. A WHSSC representative who was not involved in the original panel will become a member of the review panel on these occasions.

The Health Boards IPFR Senior Officer will be present at these review hearings to advise on proceedings as per their governance role. In the interests of transparency, and not to confuse the applicant, the WHSSC Senior IPFR Officer will be responsible for circulating the review documentation to review panel members, clerking the hearing, and preparing the standard decision letter to communicate the decision of the review panel to the patient and clinician.

# 7 QUALITY ASSURANCE

The IPFR Quality Assurance Advisory Group was established in 2017 to monitor and support all IPFR panels to promote quality in decision making and consistency across Wales. The Group meets quarterly to assess anonymised random sample IPFR reports in relation to their completeness, timeliness, and efficiency of communication in line with the NHS Wales IPFR policy process.

#### 8 REVIEW OF THIS POLICY

- 8.1 This Policy should be reviewed every 3 years or as required to reflect changes in legislation or guidance. The review will be undertaken by the All-Wales IPFR Policy Implementation Group. Any changes made will be undertaken in line with the groups Terms of Reference (see appendix 5) and authorised by the responsible Health Board and WHSSC Committee. Any delay in conducting a review will not prevent WHSCC or a Health Board from being able to rely on this policy.
- 8.2 Any of the following circumstances will trigger an immediate review of the linked INNU Policy:
  - an exemption to a treatment policy criterion has been agreed.
  - new scientific evidence of effectiveness is published for all patients or subgroups.
  - old scientific evidence has been re-analysed and published suggesting previous opinion on effectiveness is incorrect.
  - evidence of increased cost effectiveness is produced.
  - NHS treatment would be provided in all (or almost all) other parts of the LIK.
  - A National Service Framework recommends care.

#### 9 MAKING A COMPLAINT

- 9.1 Making an IPFR does not conflict with a patient's ability to make a complaint through the Health Boards or WHSSC's Putting Things Right process, details of which can be found on their website.
- 9.2 If it is not possible to resolve a concern through local resolution the person raising the concern can refer the matter to the Public Services Ombudsman for

Wales (PSOW). Further information is available on the Ombudsman's website <a href="https://www.ombudsman-wales.org.uk">www.ombudsman-wales.org.uk</a>.

Patients are able to access advocacy support at any stage during this process.

# **APPENDIX 1: DECISION MAKING GUIDE**

IPFR Panel

This Guide cannot change the meaning of the criteria under paragraph 4.3 of the Policy and may not be relevant to each individual case.

IPFR Panel

Decision-Making Factors	Evidence for Consideration in Decision-Making			
SIGNIFICANT CLINICAL BENEFIT				
Is the clinical presentation of the patient's condition significantly different in characteristics to other members of that population?  And Does this presentation mean that the patient will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage?	Consider the evidence supplied in the application that describes the specific clinical circumstances of the IPFR:  • What is the clinical presentation of this patient?  • Is evidence supplied to explain why the clinical presentation of this patient is significantly different to that expected for this disease and this stage of the disease?  • Is evidence supplied to explain why the clinical presentation means that the patient will gain a significantly greater clinical benefit from the treatment than another patient with the same disease at the same stage?			
<b>EVIDENCE BASED CONSIDERAT</b>	TONS			
Does the treatment work?  What is the evidence base for clinical and cost effectiveness?	<ul> <li>Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel: <ul> <li>What does NICE recommend or advise?</li> <li>What does the AWMSG recommend or advise?</li> <li>What does the Scottish Medicines Consortium recommend or advise?</li> <li>What does Public Health Wales advise?</li> <li>Is there advice available from the One Wales Medicines process or Health Technology Wales?</li> <li>Is there peer reviewed clinical journal publications available?</li> <li>What information does the locally produced evidence summary provide?</li> <li>Is there evidence from clinical practice or local clinical consensus?</li> <li>Has the rarity of the disease been considered in terms of the ability for there to be comprehensive evidence base available?</li> <li>Does the decision indicate a need to consider policy or service change? If so, refer to service change processes.</li> </ul> </li> </ul>			
ECONOMIC CONSIDERATIONS				
Is it a reasonable cost?  What is the cost of the treatment and is the cost of the treatment likely to be reasonable? i.e.  Is the cost of the treatment in balance with the expected clinical benefits?	<ul> <li>Consider the evidence supplied in the application, and supplementary evidence (where applicable) supplied by professional advisors to the Panel:</li> <li>What is the specific cost of the treatment for this patient?</li> <li>What is the cost of this treatment when compared to the alternative treatment they will receive if the IPFR is declined?</li> <li>Has the concept of proportionality been considered? (Striking a balance between the rights of the individual and the impact on the wider community), in line with Prudent Healthcare Principles.</li> <li>Is the treatment reasonable value for money?</li> </ul>			
ETHICAL CONSIDERATIONS				

How has the decision been reached?

Is the decision a compromise based on a balance between the evidence-based input and a value judgement?

Having considered the evidence base and the cost of the treatment requested, are there any ethical considerations that have not been raised in the discussions?

- Is the evidence base sufficient to support a decision?
- Is the evidence and analysis of the cost sufficient to support a decision?
- Will the decision be made on the basis of limited evidence and a value judgement? If so, have you considered the values and principles and the ethical framework set out in the policy?
- Have non-clinical factors been excluded from the decision?
- Has a reasonable answer been reached based on the evidence and a value judgement after considering the values and principles that underpin NHS care?

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#### **APPENDIX 2**

# TERMS OF REFERENCE - INDIVIDUAL PATIENT FUNDING REQUEST PANEL (Health Board)

#### **PURPOSE**

The Health Boards IPFR Panel is constituted to act as a Committee of the Health Board and holds delegated Health Board authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

#### **SCHEME OF DELEGATION REPORTING**

The IPFR Panel cannot make policy/commissioning decisions for the Health Board. Any policy proposals arising from the panels considerations and decision will ultimately be reported to the Health Board's Quality & Patient Safety Committee for ratification.

#### Financial authorisation is as follows:

- The Panel's authorisation limit will be set at the delegated financial limit as per the individual Health Board structure.
- Any decisions resulting in a financial cost in excess of this must be reported to the Health Board Chief Executive for budget authorisation.

#### **MEMBERSHIP AND ATTENDANCE**

- Executive Public Health Director or deputy
- Executive Medical Director or deputy
- Executive Director of Therapies and Health Science or deputy
- Director of Pharmacy and/or Chief Pharmacist or deputy
- Executive Director of Nursing or deputy
- Two Lay Representatives

A further two panel members may be appointed at the discretion of the panel Chair, for example a member of the Ethics Committee, Primary Care Director, or Director of Planning.

#### In Attendance:

- IPFR Co-ordinator
- Finance Advisor (if required)
- Senior Pharmacist (if required)

#### PROCEDURAL ARRANGEMENTS

**Quorum:** Chair or Vice Chair plus 2 panel members with a clinical

background.

**Meetings:** The IPFR Panel will normally be at least once per month, either

virtually, face to face or a combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions may need to

be made urgently. In these circumstances, the Chair or Vice Chair

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of the IPFR Panel is authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits.

Recording: The IPFR Co-ordinator will document the meetings to ensure panel

discussions and decisions are appropriately recorded.

**Training:** All Panel members will receive a local induction.

> Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the

appropriate skills and expertise to function effectively.

**Panel Interest:** At the start of the meeting members must declare any personal or

prejudicial interests relating to the discussions of the panel.

Consensus: IPFR panel members will seek to achieve decisions by consensus

where possible. If the panel is equally split the Chair of the Panel

will make the final decision

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#### **APPENDIX 3**

#### TERMS OF REFERENCE - INDIVIDUAL PATIENT FUNDING REQUEST PANEL (WHSSC)

#### **PURPOSE**

The Welsh Health Specialised Services Committee's IPFR Panel is constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the "Joint Committee") and holds delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The IPFR Panel will act at all times in accordance with the All-Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The IPFR Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support of the application.

The IPFR Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

## SCHEME OF DELEGATION REPORTING

The IPFR Panel cannot make policy/commissioning decisions for the Health Boards. Any policy proposals arising from the Panel's considerations and decisions will be reported to the WHSSC Management Group and/or Joint Committee for ratification.

Financial authorisation is as follows:

#### **Individual Patient Packages**

The WHSSC scheme of delegation states that financial approval is required for individual NHS patient treatment charges outside of LTS's and SLA's concerning one off treatment costs exceeding £750,000. Therefore, any approved IPFR treatment exceeding £750,000 needs to be reported to the Joint Committee.

#### **Lifetime costs**

The WHSSC scheme of delegation states that financial approval is

#### **MEMBERSHIP AND ATTENDANCE**

- Independent Chair (from open recruitment)
- 2 Lay representatives\*\*
- Health Board IPFR Panel Chairs from each Health Board or nominated clinical deputy.
- 2 Vice Chairs (appointed from within the panel membership)
- WHSSC Medical Director or nominated deputy.
- WHSSC Director of Nursing or nominated deputy.

A further two panel members from the NHS in Wales may be appointed at the discretion of the Chair of the Panel in conjunction with the WHSSC Medical and/or Director of Nursing, for example a member of an ethics committee.

In attendance from WHSSC

- IPFR Co-ordinator
- Finance Advisor (if required)
- Governance Advisor
- Other WHSSC staff as and when required to clarify on policy/commissioning arrangements/evidence evaluation

For particularly complex cases the IPFR Panel may invite other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider to support decision making.

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required for individual NHS patient treatment charges outside of LTS's and SLA's for lifetime costs exceeding £100,000,000. Therefore, any approved IPFR exceeding £1,000,000 needs to be reported to the Joint Committee.

Any decisions resulting in a financial cost in excess of these limits must be reported to the Managing Director of Specialised and Tertiary Services for authorisation and the relevant Health Board for information and if over £1 million to the Joint Committee for approval or ratification (if a chairs action was undertaken).

\*\* Definition: Not registered as a healthcare professional, either lay (not currently healthcare worker) or lay plus (no healthcare experience ever) (Health Research Authority 2014) will be eligible.

#### PROCEDURAL ARRANGEMENTS

**Quorum:** The Panel will be quorate with 4 of the 7 Health Boards

representatives, 3 of which must be clinical, 1 WHSSC Clinical Director or deputy and the Chair or Vice Chair.

**Meetings:** The IPFR panel will normally be held as a minimum

once per month, either virtually, face to face or a

combination of both.

**Urgent Cases:** Provision will be made for occasions where decisions

may need to be made urgently.

Where possible, a virtual panel will be held to consider urgent cases. If this is not possible due to the urgency of the request, or availability of panel members, then the Managing Director of Specialised and Tertiary Services with either the Medical Director or Director of Nursing and Quality and the Chair of the WHSSC Panel (or a vice chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

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Urgent cases will be reported at the next scheduled IPFR panel. An electronic National IPFR database of all

cases will be maintained by AWTTC.

**Recording:** The IPFR Co-ordinator will document the meetings to

ensure panel discussions and decisions are

appropriately recorded.

Training: All Panel members will receive a local induction

programme.

Panel members should have the opportunity to attend a separate annual refresher session to ensure all members maintain the appropriate skills and expertise

to function effectively.

**Members Interest:** At the start of the meeting members must declare any

personal or prejudicial interests relating to the

discussions of the panel.

**Consensus:** IPFR Panel members will seek to achieve decisions by

consensus where possible. If the panel is equally split

the Chair of the Panel will make the final decision.

**Review of the TOR:** The Terms of Reference of the WHSSC Panel will be

reviewed in line with the All Wales IPFR Policy.

#### **APPENDIX 4**

#### **TERMS OF REFERENCE - REVIEW PANEL**

#### **PURPOSE**

The IPFR Review Panel are constituted to act as a Committee of the Health Board and holds delegated Health Board authority to review (in line with the review process outlined in this policy) the decision-making processes of the Individual Patient Funding Request (IPFR) Panel.

The Review Panel may uphold the decision of the IPFR Panel or, if it identifies an issue with the decision-making process, it will refer the issue back to the IPFR Panel for reconsideration.

The Review Panel will normally reach its decision on the basis of all of the written evidence which is provided to it and will not receive any new information.

SCHEME OF DELEGATION REPORTING	MEMBERSHIP AND ATTENDANCE	
The Review Panel has delegated authority from the Board to undertake reviews, limited to the purpose set out above.  In exceptional circumstances, the Review Panel may also wish to make a recommendation for action to the Board.  The action can only be progressed	<ul> <li>Independent Board Member - Lay (Chair of the Review Panel)</li> <li>Independent Board Member (usually with a clinical background)</li> <li>Executive Director or deputy (with a clinical background)</li> <li>Chief Officer, Community Health Council, or deputy</li> <li>Chairman, Local Medical Committee, or deputy</li> <li>WHSSC representative at Director level (as required)</li> </ul>	
following its ratification by the Board (or by its Chief Executive in urgent matters).	<ul><li>In Attendance:</li><li>IPFR Senior Officer (governance advisor)</li><li>WHSSC IPFR Senior Officer (as required)</li></ul>	

#### **PROCEDURAL ARRANGEMENTS**

**Quorum:** As a minimum, the Review Panel must comprise 3 members (one of

whom must have a clinical background, one must be an Independent Board Member and one must be a Health Board

Officer).

**Meetings:** As required.

**Urgent Cases:** It is recognised that provision must be made for occasions where

reviews need to be heard urgently and before a full panel can be constituted. In these circumstances, the Health Board's Chair can undertake the review together with a clinical member of the Review Panel. This ensures both proper accountability of decision making

and clinical input.

Recording: The IPFR Senior Officer will clerk the meetings to ensure a proper record of the review discussion and outcome is made.

See detail under section 6.12 on how WHSSC will undertake a review.

Agenda Item: 4.1



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024	
CYFARFOD O: MEETING OF:	Board	
TEITL YR ADRODDIAD: TITLE OF REPORT:	Audit Wales, Annual Audit Report 2023, and the Structured Assessment 2023	
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Rani Dash, Director of Corporate Governance	
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business	

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

Ar Gyfer Trafodaeth/For Discussion

#### ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

The purpose of this paper is to present the Auditor General's

- Annual Audit Report 2023, (Appendix A) and
- the Structured Assessment Report for 2023 (Appendix B) for Aneurin Bevan University Health Board.

#### Cefndir / Background

The Public Audit (Wales) Act 2004, requires the Auditor General to:

- Examine and certify the accounts submitted by the Health Board, and to lay them before the Senedd;
- Satisfy himself that the expenditure and income to which the accounts relate have been applied for the purposes intended and in accordance with the authorities which govern it; and,
- Satisfy himself that the Health Board has made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

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The Auditor General's 2023 Annual Report, **Appendix A**, summarises the findings from the audit work undertaken at Aneurin Bevan University Health Board during 2023.

In addition, this paper provides at **Appendix B** the report which sets out the findings from the Auditor General's 2023 structured assessment work at Aneurin Bevan University Health Board. The structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources.

The Health Board's Audit, Risk and Assurance Committee (the Committee) received the 2023 Structured Assessment report at its meeting held on 28<sup>th</sup> November 2023 and noted that the outcome of the report was positive and highlighted progress in key areas with some further opportunities for improvement identified within the seven recommendations. The Annual Audit Report 2023 will be received by the Committee for completeness on 8<sup>th</sup> February 2024.

#### **Argymhelliad / Recommendation**

The Board is asked to RECEIVE the following reports issued by Audit Wales:

- Annual Audit Report 2023
- Structured Assessment Report 2023

Amcanion: (rhaid cwblhau) Objectives: (must be completed)		
Cyfeirnod Cofrestr Risg	Not applicable	
Corfforaethol a Sgôr Cyfredol: Corporate Risk Register		
Reference and Score:		
Safon(au) Gofal ac Iechyd:	Governance, Leadership and Accountability	
Health and Care Standard(s):	Choose an item.	
	Choose an item.	
	Choose an item.	
Blaenoriaethau CTCI	Not Applicable	
IMTP Priorities	Choose an item.	
Link to IMTP		

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Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb	Not Applicable
strategol	Choose an item.
Strategic Equality Objectives	Choose an item.
	Choose an item.
Strategic Equality Objectives	
2020-24	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Audit, Risk and Assurance Committee – 28 <sup>th</sup> November 2023

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Not Applicable
<ul> <li>Service Activity &amp; Performance</li> </ul>	Not Applicable
• Financial	Not Applicable
Asesiad Effaith Cydraddoldeb	Choose an item.
<b>Assessment</b> (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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>

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

https://futuregenerations.wal es/about-us/futuregenerations-act/ Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Choose an item.

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## Annual Audit Report 2023 – Aneurin Bevan University Health Board

Audit year: 2022-23

Date issued: January 2024

Document reference: 3988A2024

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

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000. The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and Audit Wales are relevant third parties. Any enquiries regarding disclosure or re-use of this document should be sent to Audit Wales at infoofficer@audit.wales.

We welcome correspondence and telephone calls in Welsh and English.

Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

Mae'r ddogfen hon hefyd ar gael yn Gymraeg. This document is also available in Welsh.

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## Summary report

#### About this report

- This report summarises the findings from my 2023 audit work at Aneurin Bevan University Health Board undertaken to fulfil my responsibilities under the Public Audit (Wales) Act 2004. That Act requires me to:
  - examine and certify the accounts submitted to me by the Health Board and to lay them before the Senedd;
  - satisfy myself that expenditure and income have been applied to the purposes intended and are in accordance with authorities; and
  - satisfy myself that the Health Board has made proper arrangements for securing economy, efficiency, and effectiveness in its use of resources.
- 2 I report my overall findings under the following headings:
  - Audit of accounts
  - Arrangements for securing economy, efficiency, and effectiveness in the use of resources.
- This year's audit work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies were also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. My work programme, therefore, was designed to best assure the people of Wales that public funds are well managed.
- I aimed to ensure my work did not hamper public bodies in tackling the postpandemic challenges they face, whilst ensuring it continued to support both scrutiny and learning. We largely continued to work and engage remotely where possible through the use of technology, but some on-site audit work resumed where it was safe and appropriate to do so. This inevitably had an impact on how we deliver audit work but has also helped to embed positive changes in our ways of working.
- The delivery of my audit of accounts work has continued mostly remotely. Auditing standards were updated for 2022-23 audits which resulted in some significant changes in our approach. The specific changes were discussed in detail in my 2023 Audit Plan. The audited accounts submission deadline was extended to 31 July 2023. The financial statements were certified on 28 July 2023, meaning the deadline was met. This reflects a great collective effort by both my staff and the Health Board's officers.
- I also adjusted the focus and approach of my performance audit work to ensure its relevance in the context of the post-pandemic challenges facing the NHS in Wales. I have commented on how NHS Wales is tackling the backlog of patients waiting for orthopaedic treatments. I have also published an NHS Workforce Data Briefing

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that brings together a range of metrics and trends to help illustrate the challenges that need to be gripped locally and nationally. The data briefing complements my assessments of how the workforce planning arrangements of individual NHS bodies are helping them to effectively address current and future workforce challenges. My local audit teams have commented on the governance arrangements of individual bodies, as well as how they are responding to specific local challenges and risks. My performance audit work is conducted in line with INTOSAI auditing standards<sup>1</sup>.

- 7 This report is a summary of the issues presented in more detailed reports to the Health Board this year (see **Appendix 1**). I also include a summary of the status of work still underway, but not yet completed.
- 8 **Appendix 2** presents the latest estimate of the audit fee that I will need to charge to cover the costs of undertaking my work, compared to the original fee set out in the 2023 Audit Plan.
- 9 **Appendix 3** sets out the audit of accounts risks set out in my 2023 Audit Plan and how they were addressed through the audit.
- The Chief Executive and the Director of Finance have agreed the factual accuracy of this report. We presented it to the Audit, Risk and Assurance Committee on 8 February 2024. The Board will receive the report at a later Board meeting and every member will receive a copy. We strongly encourage the Health Board to arrange its wider publication. We will make the report available to the public on the Audit Wales website after the Board have considered it.
- 11 I would like to thank the Health Board's staff and members for their help and cooperation throughout my audit.

#### Key messages

#### **Audit of accounts**

- I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit and Risk Assurance Committee for improvement.
- However, I qualified the regularity opinion because the Health Board did not meet its revenue resource allocation over the three-year period ending 31 March 2023.

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<sup>&</sup>lt;sup>1</sup> INTOSAI (International Organisation of Supreme Audit Institutions) is a global umbrella organisation for the performance audit community. It is a non-governmental organisation with special consultative status with the Economic and Social Council (ECOSOC) of the United Nations.

Alongside my audit opinion, I placed a substantive report on the Health Board's accounts to highlight the regularity issues.

## Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- 15 My programme of Performance Audit work has led me to draw the following conclusions:
  - Urgent and sustainable action is needed to tackle the long waiting times for orthopaedic services. There's a clear commitment to improve waiting times, however, it could take three years or more to return the orthopaedic waiting list to pre-pandemic levels.
  - Given its financial and performance challenges, the Health Board needs a
    clear plan to set out how it will achieve financially sustainable service
    models. In general, Board and committee governance arrangements and the
    corporate arrangements for developing plans are reasonably effective.
    However, there is scope to provide clarity on both the impacts of actions set
    out in plans and actions taken to improve performance.
  - From an all-Wales perspective, despite an increasing NHS workforce, there
    remain vacancies in key areas, high sickness and staff turnover resulting in
    over-reliance on agency staffing. More positively, NHS Wales is becoming a
    more flexible and equal employer.
  - The Health Board has set clear workforce priorities based on a good understanding of its significant risks. It is working hard to address its immediate workforce challenges and its key actions are appropriately aligned to its agreed People Plan. However, the approach is overemphasising the short term and operational fixes. There is a clear need to revisit Clinical Futures implementation plans so that they enable the development of financially affordable, efficient, and sustainable service workforce models.
  - The Health Board has made reasonable progress in addressing our previous recommendations, particularly in relation to public engagement and Neighbourhood Care Network development and activity. However, the sustainability of some primary care services remains a concern and there needs to be a more co-ordinated, unified, and strategic approach to primary care planning, resourcing, and reporting on outcomes.
- 16 These findings are considered further in the following sections.

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## **Detailed report**

#### Audit of accounts

- 17 Preparing annual accounts is an essential part of demonstrating the stewardship of public money. The accounts show the organisation's financial performance and set out its net assets, net operating costs, gains and losses, and cash flows. My annual audit of those accounts provides an opinion on both their accuracy and the proper use ('regularity') of public monies.
- 18 My 2023 Audit Plan set out the key risks for audit of the accounts for 2022-23 and these are detailed along with how they were addressed in **Appendix 3 Exhibit 4**.
- My responsibilities in auditing the accounts are described in my <u>Statement of Responsibilities</u> publications, which are available on the <u>Audit Wales website</u>.

#### Accuracy and preparation of the 2022-23 accounts

- I concluded that the Health Board's accounts were properly prepared and materially accurate and issued an unqualified audit opinion on them. My work did not identify any material weaknesses in internal controls (as relevant to my audit) however I brought some issues to the attention of officers and the Audit and Risk Assurance Committee for improvement.
- I must report issues arising from my work to those charged with governance (the Audit, Risk and Assurance Committee) for consideration before I issue my audit opinion on the accounts. My Financial Audit Engagement Lead reported these issues on 18 July 2023. **Exhibit 1** summarises the key issues set out in that report.

#### Exhibit 1: issues reported to the Audit, Risk and Assurance Committee

Issue	Auditors' comments
Uncorrected misstatements	There were no uncorrected misstatements.
Corrected misstatements	There were a number of adjustments made to the draft accounts, none of which impacted on the reported deficit.
Other significant issues	I qualified my regularity opinion and issued a substantive report because the Health Board did not achieve its financial duty to achieve financial balance for the three-year period 2020-23.

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Issue	Auditors' comments
	I also reported improvements which could be made to the verification process for the property, plant and equipment assets and in the production of the remuneration report.

- I also undertook a review of the Whole of Government Accounts return. I concluded that the counterparty consolidation information was consistent with the Health Board's financial position on 31 March 2023 and the return was prepared in accordance with the Treasury's instructions.
- 23 My separate audit of the charitable funds accounts will be completed by 22 January 2024. No issues have arisen to date, and I will report my opinion to the Charitable Funds Committee.

#### Regularity of financial transactions

- The Health Board's financial transactions must be in accordance with authorities that govern them. The Health Board must have the powers to receive income and incur expenditure. Our work reviews these powers and tests that there are no material elements of income or expenditure which the Health Board does not have the powers to receive or incur.
- Where a Health Board does not achieve financial balance, its expenditure exceeds its powers to spend and so I must qualify my regularity opinion.
- For 2022-23, the Health Board failed to meet the first financial duty, which gives additional flexibility to LHBs by allowing them to balance their income with their expenditure over a three-year rolling period. The three-year period being measured under this duty this year is 2020-21 to 2022-23.
- The Health Board did not achieve financial balance for the three-year period ending 31 March 2023, exceeding its cumulative revenue resource limit of £4,789.223 million by £36.348 million, which I deem to be outside its powers to spend, so I have issued a qualified opinion on the regularity of the financial transactions within the Health Board's 2022-23 accounts.

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# Arrangements for securing efficiency, effectiveness, and economy in the use of resources

- I have a statutory requirement to satisfy myself that the Health Board proper arrangements in place to secure efficiency, effectiveness, and economy in the use of resources. I have undertaken a range of performance audit work at the Health Board over the last 12 months to help me discharge that responsibility. This work has involved:
  - commenting on how NHS Wales is tackling the backlog of patients waiting for orthopaedic treatments.
  - undertaking a structured assessment of the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically.
  - publishing an NHS Workforce Data Briefing that brings together a range of metrics and trends to help illustrate the challenges that need to be gripped locally and nationally.
  - reviewing the effectiveness of the Health Board's workforce planning arrangements.
  - assessing the extent to which the Health Board has implemented my 2019 recommendations on primary care, as well as the extent to which there is appropriate capacity and capability to deliver priorities as well as the extent to which the Board and/or its committees consider matters relating to primary care.
- 29 My conclusions based on this work are set out below.

#### **Orthopaedic Services in Wales**

- In March 2023, I commented on orthopaedic services across Wales. My national report 'Orthopaedic Services in Wales Tackling the Waiting List Backlog' sets out the scale of orthopaedic waits, changes in demand, aspects of service capacity and some of the nationally co-ordinated work to modernise services. My report also set out key actions NHS Wales needs to take to tackle the challenges in orthopaedic services.
- 31 My work found that securing timely treatment for people with orthopaedic problems has been a challenge for the NHS in Wales for many years, with the COVID-19 pandemic making this significantly worse. Previous monies allocated by Welsh Government have resulted in short term improvements but have not achieved the sustainable changes to services that were necessary with orthopaedic waiting list targets not met since they were first established in 2009.
- 32 Since the impact of the pandemic has lessened, orthopaedic services have been slow to restart, and while necessary infection control regimes will continue to have

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an impact on throughput, there is scope for current capacity to be used more efficiently. My scenario modelling indicates that it could take between three to five years to return orthopaedic waits to pre-pandemic levels across Wales. This is based on both a significant drive on community-based prevention and an increase in capacity and activity. Without this, services may never return to pre-pandemic levels.

- 33 My work found that there is a clear commitment to improve orthopaedic services. NHS Wales commissioned efficiency and effectiveness reviews both nationally and locally, which set out a suite of recommendations. A national clinical strategy for orthopaedics was also commissioned which sets out service options and a clear clinical voice on what needs to be done. However, urgent action is needed to secure short-term improvements in waiting times to minimise how long people wait in pain and discomfort, as well as creating more sustainable longer-term improvements.
- In addition to my national report, my team set out how the Health Board's orthopaedic services compare to other health boards across Wales. My comparative report highlighted that the Health Board has:
  - some of the highest waits, including patients waiting longer than a year for a
    first outpatient appointment, although the proportion of patients on the waiting
    list for longer than two years is below the all-Wales average;
  - the highest level of potential latent 'lost' demand as an impact of patients not going to their GP during the pandemic;
  - the lowest levels of orthopaedic bed and medical workforce capacity;
  - some of the shortest waits for radiology services, and physiotherapy; and
  - good uptake of 'see on symptom' pathways to reduce unnecessary follow-up outpatient demand, but lower uptake of the use of patient-initiated follow-up.
- 35 My scenario modelling indicates that optimistically the waiting list for the Health Board could return to pre-pandemic levels by 2026, and realistically by 2029 but without concerted effort may take many years to return to pre-pandemic levels, if at all. My local report also sets out a series of prompts and questions for Board members to inform debate and obtain assurance that improvement actions at a local level are having the desired effect.

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#### Structured assessment

- 36 My 2023 structured assessment work took place at a time when NHS bodies were continuing to deal with the legacy of the COVID-19 pandemic in terms of recovering and transforming services and responding to the additional demand in the system that built up during the pandemic. Furthermore, they were also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate.
- 37 My team focussed on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on: Board transparency, effectiveness, and cohesion; corporate systems of assurance; corporate approach to planning; and corporate approach to managing financial resources. Auditors also paid attention to progress made to address previous recommendations. At the time of my structured assessment work, the Health Board was subject to "enhanced monitoring" by the Welsh Government for its planning and finance arrangements and for aspects of its service performance.'

#### Board transparency, effectiveness, and cohesion

- My work considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently. I paid particular attention to:
  - Public transparency of Board business;
  - Arrangements to support the conduct of Board business;
  - Board and committee structure, business, meetings, and flows of assurance;
  - Board commitment to hearing from staff, users, other stakeholders; and
  - Board skills, experiences, cohesiveness, and commitment to improvement.
- My work found that Board and Committee arrangements are reasonably effective; however, there are opportunities to improve the quality and timeliness of information to ensure effective oversight over the Health Board's key challenges.
- 40 Board and committees operate transparently, with appropriate discussions on key financial, performance, and quality challenges. The Health Board's committee structure is well-established, and meetings are well chaired. There are reasonably effective arrangements to support flows of assurance from the committees to the Board; however, the quality and timeliness of the information the Board and committees receive requires improvement. The Board demonstrates a commitment to continuous improvement.

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#### Corporate systems of assurance

- My work considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services. I paid particular attention to the organisation's arrangements for:
  - Overseeing strategic and corporate risks;
  - Overseeing organisational performance;
  - Overseeing the quality and safety of services; and
  - Tracking recommendations.
- My work found that the Health Board is making good progress in developing and refining its systems of assurance. Work is also progressing to strengthen arrangements for monitoring risk, performance and the quality and safety of services. However, it will need to effectively embed these new arrangements across the organisation to manage the finance, performance, and quality risks it faces.
- 43 The Health Board is implementing a new Performance Management and Accountability Framework, but it needs ensure that performance reports set out clearly the actions required to address underperformance and, where relevant, the impact of past actions taken. Its arrangements for tracking and monitoring outstanding audit and inspection recommendations are improving but will require more focus to close overdue recommendations.

#### Corporate approach to planning

- My work considered whether the Health Board has a sound corporate approach to planning. I paid particular attention to the organisation's arrangements for:
  - Producing and overseeing the development of strategies and corporate plans, including the Integrated Medium-Term Plan; and
  - Overseeing the delivery of corporate strategies and plans.
- My work found that the Health Board's approach for developing its strategic and corporate plans is generally effective. However, the Health Board is facing increasing challenges, including growing demand for care with need becoming more complex, continued 'legacy' from the COVID-19 pandemic and substantial financial pressures. The Board will need to give careful consideration to sustainable clinical service models to ensure improved efficiency and productivity as part of the strategy development. Its arrangements for developing the Integrated Medium-Term Plan and corporate strategies are reasonably effective. However, reports setting out the progress to deliver plans need strengthening.

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#### Corporate approach to managing financial resources

- My work considered whether the Health Board's has a sound corporate approach to managing its financial resources. I paid particular attention to the organisation's arrangements for:
  - Achieving its financial objectives;
  - Overseeing financial planning;
  - Overseeing financial management; and
  - Overseeing financial performance.
- My work found that the Health Board is facing significant financial challenges. It did not achieve financial balance for 2022-23. Until the announcement of an additional allocation of £89 million in October 2023, it was forecasting a deteriorating position for 2023-24. The current year-end forecast, including the non-recurring additional Welsh Government allocation, is a deficit of £57 million.
- While it has a reasonable approach to financial planning, several factors are impacting its ability to achieve the plan, including blocked beds, prescribing spend, Continuing Healthcare costs, service demand and wider inflation-related cost increases. The Health Board has established an ambitious savings plan but the risks to its ability to deliver these savings are already apparent. Finance savings reports should be clearer on the extent that actions that it is taking to address the risks are having the desired impact. Board finance reports are open and transparent about the Health Board's financial challenges and the potential impact on service quality and safety when making difficult decisions with the aim of improving the financial position.

#### NHS workforce data briefing

- In September 2023, I published a <u>data briefing</u> which set out key workforce data for NHS Wales. My briefing highlighted continued growth of NHS Wales, and reflected that in some instances, the growth in staff levels, particularly in nursing and some medical specialties hasn't kept up with increasing demand.
- The pandemic clearly had an impact on staff and the workforce remains under significant pressure. The recent key trends show increased staff turnover, sickness absence and vacancies. This has resulted in greater reliance on external agency staffing and notably increased agency costs to £325 million in 2022-23. Wales is growing its own workforce, with increased nurses and doctors in training.
- Despite this, there is still a heavy reliance on medical staff from outside of Wales, demonstrating a need to both ensure that education commissioning is aligned to demand, but also that health bodies are able to recruit sufficient graduates, once they have completed their training. My report also highlights some positive trends that show that the NHS is becoming a more flexible and equal employer.

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#### Workforce planning arrangements

- My review examined whether the Health Board has effective arrangements to support workforce planning. It focussed on the strategic and operational workforce planning, how it uses workforce information and how it works with its stakeholders to develop solutions. The work also considered the organisation's capacity and capability to identify and address key short and long-term workforce challenges and how it monitors whether its approach is making a difference.
- My work found that the Health Board has a good understanding of its strategic workforce challenges and has set clear workforce priorities based on a good understanding of the significant risks it faces. Actions are appropriately aligned to the agreed People Plan and the Health Board is improving data to support workforce planning and is engaging well with its key stakeholders.
- However, there is a clear need for it to develop workforce plans that support longterm financially sustainable service models. The Health Board is working hard to address the immediate workforce challenges but is not giving sufficient attention to workforce redesign and service transformation.
- There is appropriate Board, Committee and Executive level scrutiny of delivery of the Health Board's People Plan, but the reports which are produced to inform oversight need to better describe the progress that is being made and the impact the Plan is achieving.

#### Primary care follow-up review

- My review examined the extent to which the Health Board has implemented my previous 2019 recommendations relating to primary care. I also assessed the extent to which the Board and/or its committees regularly consider matters relating to primary care, and whether the Health Board's central primary care services team has the appropriate capacity and capability.
- My work found that the Health Board has made reasonable progress in addressing our previous recommendations, particularly in relation to public engagement and Neighbourhood Care Network development and activity. However, the sustainability of some primary care services remains a concern and there needs to be a more co-ordinated, unified, and strategic approach to primary care planning, resourcing, and reporting on outcomes.
- The Health Board has strengthened public engagement and key aspects of Neighbourhood Care Network activity and development. It is also beginning to improve its approach to evaluating new ways of working. However, it is yet to establish a clear financial baseline to support the shift in resources from secondary to primary care. Primary care services are appropriately reflected in the Health Board's Clinical Futures strategic plans, Integrated Medium-Term Plan (IMTP), and 11 underpinning Neighbourhood Care Networks IMTPs. Between them, they set out a high-level ambition and some detailed improvement actions to transform services. Primary care reporting to the Board and its committees has improved,

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however, there is scope to provide greater coverage on primary care challenges, opportunities, and risks. There remain a very limited number of corporately reported performance indicators for primary care and there needs to be clearer outcome-based measures and reporting to help to understand what is being achieved.

The work of primary care support and contracting teams has grown significantly, however, they are increasingly crisis-driven. The Health Board recognises a need to review the function of the Primary Care Operational Support Team to provide 'upstream support' rather than crisis response and consider team resourcing levels. At present though, resources supporting transformation are separate to core primary care practice support which may mean that overall capacity is not best utilised.

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## Appendix 1

## Reports issued since my last annual audit report

#### Exhibit 2: reports issued since my last annual audit report

The following table lists the reports issued to the Health Board in 2023.

Report	Date	
Financial audit reports		
Audit of Financial Statements Report	July 2023	
Opinion on the Financial Statements	July 2023	
Audit of Charitable Funds Financial Statements Report and Opinion on the Charitable Funds Financial Statements	January 2024	
Performance audit reports		
Orthopaedic Services in Wales – Tackling the Waiting List Backlog	March 2023	
Orthopaedic Services in Wales – Tackling the Waiting List Backlog: A comparative picture for Aneurin Bevan University Health Board	March 2023	
NHS Workforce Data Briefing	September 2023	
Structured Assessment 2023	November 2023	
Review of Workforce Planning Arrangements	December 2023	

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Report	Date	
Primary Care Follow Up Review	December 2023	
Other		
2023 Audit Plan	April 2023	

My wider programme of national value for money studies in 2023 included reviews that focused on the NHS and pan-public-sector topics. These studies are typically funded through the Welsh Consolidated Fund and are presented to the Public Accounts Committee to support its scrutiny of public expenditure. Reports are available on the Audit Wales website.

#### Exhibit 3: performance audit work still underway

There are several performance audits that are still underway at the Health Board. These are shown in the following table, with the estimated dates for completion of the work.

Report	Estimated completion date
Unscheduled Care: Flow out of Hospital	February 2024
Review of Financial Efficiencies	March 2024
Quality Governance Follow up	May 2024
Review of Planned Care Services Recovery	July 2024
Managing demand for urgent and emergency care	July 2024

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## Appendix 2

## Audit fee

The 2023 Audit Plan set out the proposed audit fee of £420,682 (excluding VAT). My latest estimate of the actual fee, on the basis that some works remains in progress, is in keeping with the fee set out in the outline.

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## Appendix 3

### Audit of accounts risks

#### Exhibit 4: audit of accounts risks

My 2023 Audit Plan set out the risks of material misstatement and/or irregularity for the audit of the Health Board's 2022-23 accounts. The table below lists these risks and sets out how they were addressed as part of the audit.

Audit risk	Proposed audit response	Work done and outcome
The risk of management override of controls is present in all entities. Due to the unpredictable way in which such override could occur, it is viewed as a significant risk [ISA 240.32-33].	My audit team will:  test the appropriateness of journal entries and other adjustments made in preparing the financial statements;  review accounting estimates for bias; and evaluate the rationale for any significant transactions outside the normal course of business.	My audit team:  tested journal entries;  reviewed accounting estimates, particular primary care payments; and  did not identify any transactions outside of the normal course of business.  No material issues arose from the work carried out
The risk of failing to meet your first financial duty to break even over a three-year period has now crystalised. The position at month 12 shows year-end surplus/deficit of £37 million. This, combined with the outturns for 2020-21 and 2021-22, predicts a three-year deficit of £36.5 million.  We will place a substantive report on the financial statements highlighting the failure and qualify your regularity opinion.  Your current financial pressures increase the risk that management	My audit team will focus our testing on areas of the financial statements which could contain reporting bias.	My audit team reviewed year- end transactions, in particular accruals and cut-off. No matters arose from the work carried out. I chose to place a substantive report on the financial statements explaining the failure to break even over a three period and the circumstances under which it arose.

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Audit risk	Proposed audit response	Work done and outcome
judgements and estimates could be biased in an effort to achieve a sustainable financial position in future years.		
There is a risk that the disclosures within the Remuneration Report will be incorrect.  My work identified a number of amendments to the draft 2021-22 Remuneration Report which included:  • inclusion of annualised salaries for those individuals who were only in post for part of the year; and  • inclusion of correct post titles. The note was both further complicated by the number of staff changes at Senior Management level and Board members.  I understand that for 2022-23, the Health Board has continued to experience a significant number of changes at Senior Management level.	My audit team will review the completeness and accuracy of the Remuneration Report.	Our work in this area identified some issues which we reported to those charged with governance in the Audit report prior to sign off – there was no material impact on the accounts.
There is a risk that the Gross Book Value (GBV) of assets will be materially mis-stated.  Due to COVID, the Health Board decided not to undertake its annual asset impairment review and the process for verifying asset existence as at 31 March 2022.  As part of my audit team's review of asset lives, my testing of assets recorded as having a Net Book Value (NBV) of 'nil' as at 31 March 2022 found that all of our sample tested were no longer in use and therefore the GBV of these assets	My audit team will review the process for asset impairment review and verifying asset existence and sample test assets recorded as having a NBV of 'nil' to gain assurance that there are no material misstatements in accounting and reporting.	Our work in this area identified a number of issues which we reported to those charged with governance in the Audit report prior to sign off – there was no material impact on the accounts.

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Audit risk	Proposed audit response	Work done and outcome
was potentially materially overstated.		
Accounting for Property, Plant and Equipment and Intangible Assets continues to be one of the most challenging areas of the accounts and there is a risk that the revaluation of the Health Board's estate is not accounted for correctly.  The quinquennial revaluation of the NHS Estate took place as at 1 April 2022.  There is a risk that assets are not valued on appropriate bases and that movements in the carrying values of assets are not appropriately accounted for and disclosed.  Given the current economic climate, there is a further risk that the carrying values of assets have changed during 2022-23 and that 1 April 2022 valuations are materially misstated at the balance sheet date.	My audit team will:  consider the appropriateness of the work of the Valuation Office as a management expert.  test the appropriateness of asset valuation bases.  review a sample of movements in carrying values to ensure that movements have been accounted for and disclosed in accordance with the Manual for Accounts. consider whether the carrying value of assets at 1 April 2022 remains materially appropriate or whether additional inyear adjustments are required due to the impact of current economic conditions.	<ul> <li>My audit team:</li> <li>considered the appropriateness of the work of the Valuation Office as a management expert;</li> <li>tested the appropriateness of the asset valuation base;</li> <li>reviewed a sample of movements in carrying values; and</li> <li>considered whether the carrying value of assets at 1 April 2022 remains materially appropriate or whether additional in-year adjustments are required due to the impact of current economic conditions.</li> <li>No material issues arose from the work carried out.</li> </ul>

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

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## Structured Assessment 2023 – Aneurin Bevan University Health Board

Audit year: 2023

Date issued: November 2023

Document reference: 3866A2023

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

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## Summary report

#### About this report

- This report sets out the findings from the Auditor General's 2023 structured assessment work at Aneurin Bevan University Health Board (the Health Board). Our structured assessment work is designed to help discharge the Auditor General's statutory requirement under section 61 of the Public Audit (Wales) Act 2004 to be satisfied that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. Our review of the Health Board's corporate approach to setting new well-being objectives in accordance with the sustainable development principle is being undertaken to help discharge the Auditor General's duties under section 15 of the Well-being of Future Generations (Wales) Act 2015
- Our 2023 Structured Assessment work took place at a time when NHS bodies were still responding to the legacy of the COVID-19 pandemic as they look to recover and transform services and respond to the additional demand in the system that has built up during the pandemic. Furthermore, health bodies are also dealing with a broader set of challenges associated with the cost-of-living crisis, the climate emergency, inflationary pressures on public finances, workforce shortages, and an ageing estate. More than ever, therefore, NHS bodies and their Boards need to have sound corporate governance arrangements that can provide assurance to themselves, the public, and key stakeholders that the necessary action is being taken to deliver high-quality, safe and responsive services, and that public money is being spent wisely.
- The key focus of the work has been on the Health Board's corporate arrangements for ensuring that resources are used efficiently, effectively, and economically, with a specific focus on Board transparency, cohesion, and effectiveness, corporate systems of assurance, corporate approach to planning, and corporate approach to financial management. We have not reviewed the Health Board's operational arrangements as part of this work.
- 4 Our work has been informed by our previous structured assessment work, which has been developed and refined over a number of years. It has also been informed by:
  - Model Standing Orders, Reservation and Delegation of Powers
  - Model Standing Financial Instructions
  - Relevant Welsh Government health circulars and guidance
  - The Good Governance Guide for NHS Wales Boards (Second Edition)
  - Other relevant good practice guides

We undertook our work between September 2023 and October 2023. The methods we used to deliver our work are summarised in **Appendix 1**.

We also provide an update in this report on the Health Board's progress in addressing outstanding recommendations identified in previous structured assessment reports in **Appendix 2**.

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### Key findings

Given its financial and performance challenges, the Health Board needs a clear plan to set out how it will achieve financially sustainable service models. In general, Board and committee governance arrangements and the corporate arrangements for developing plans are reasonably effective. However, there is scope to provide clarity on both the impacts of actions set out in plans and actions taken to improve performance.

### Board transparency, effectiveness, and cohesion

- We found that Board and Committee arrangements are reasonably effective; however, there are opportunities to improve the quality and timeliness of information to ensure effective oversight over the Health Board's key challenges.
- Board and committees operate transparently, with appropriate discussions on key financial, performance, and quality challenges. However, there is opportunity to improve public access to committee meeting records. It could do this by ensuring that it livestreams or publishes recording of its committee meetings or publish unconfirmed committee meeting minutes shortly after meetings. The Health Board's committee structure is embedded, and meetings are well chaired. There are reasonably effective arrangements to support flows of assurance from the committees to the Board; however, the quality and timeliness of the information the Board and committees receive requires improvement. The Board is increasingly cohesive and demonstrating a commitment to continuous improvement through its board development programme, and Board and Committee effectiveness self-assessments. Arrangements to hear from patients, services users, and staff are improving.

#### Corporate systems of assurance

- We found that the Health Board is making good progress in developing and refining its systems of assurance. However, it will need to effectively embed new arrangements across the organisation to manage the finance, performance, and quality risks it faces.
- The Health Board is progressing work on its arrangements for monitoring risk, performance, and quality and safety of services. It is strengthening its risk management arrangements but needs to ensure that they are embedded across the organisation. The Health Board is implementing a new Performance Management and Accountability Framework, but it needs ensure that performance reports set out clearly the actions required to address underperformance and, where relevant, the impact of past actions taken. Its arrangements for tracking and monitoring outstanding audit and inspection recommendations are improving but will require more focus to close overdue recommendations.

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### Corporate approach to planning

- We found that the Health Board is developing a new long-term strategy which provides an opportunity to plan more sustainable services. There are reasonably effective arrangements for developing corporate plans; however, progress reports do not provide enough detail to demonstrate delivery is on track.
- The Health Board's approach for developing its strategic and corporate plans is generally effective. It has engaged appropriate stakeholders as part of strategy and plan development and is now starting to develop a new long-term strategy and annual plan. However, the Health Board is facing increasing challenges, including growing demand for care with need becoming more complex, continued 'legacy' from the COVID-19 pandemic and substantial financial pressures. The Board will need to give careful consideration to sustainable clinical service models to ensure improved efficiency and productivity as part of the strategy development.
- The Health Board's Integrated Medium-Term Plan (IMTP) for 2023-26 continues to follow the life course approach which aims to reduce inequalities across communities and improving population health. Its arrangements for developing the IMTP and corporate strategies are reasonably effective. However, reports setting out the progress to deliver plans need strengthening. Our review found data quality and timeliness issues, and a lack of information to identify if intended outcomes of improvement actions have been achieved.

#### Corporate approach to managing financial resources

- We found that the Health Board is facing significant financial challenges.
  Whilst there are reasonably effective financial planning and financial management arrangements, the Health Board needs to establish control over savings delivery to prevent the financial position from deteriorating.
- The Health Board did not achieve financial balance for 2022-23 and is forecasting a deteriorating position for 2023-24. While it has a reasonable approach to financial planning, several factors are impacting its ability to achieve the plan, including blocked beds, prescribing spend, Continuing Healthcare costs, service demand and wider inflation-related cost increases. The Health Board established an ambitious savings plan but has not acted quickly enough to respond to delivery risks. The measures it is now taking are unlikely to have the intended positive impact on the 2023-24 financial position. There are generally effective financial management arrangements and scrutiny and oversight of the Health Board's financial performance. Finance reports continue to provide sufficient information, but they should be clearer on the extent that actions that it is taking are having the desired impact. There are also opportunities to enhance the quality of financial information provided in other Health Board reports.

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### Recommendations

16 **Exhibit 1** details the recommendations arising from our work. These include timescales and our assessment of priority. The Health Board's response to our recommendations is summarised in **Appendix 3**.

#### Exhibit 1: 2023 recommendations

#### Recommendations

#### **Committee Transparency**

The Health Board does not livestream or publish recordings of its committee meetings. Furthermore, committee meeting minutes are only published after they have been confirmed at the subsequent meeting, therefore limiting timely public access to records of committee business.

R1 The Health Board should provide more timely access to records of committee meetings. It could do this either by ensuring that it livestreams or publishes recording of its committee meetings, or alternatively it could publish unconfirmed committee meeting minutes shortly after the meeting. (Medium Priority)

#### **Quality of Information**

Board and committee reports can be overly long and detailed, and presentation of some information in supporting papers are occasionally unclear. The Health Board should ensure information is appropriately summarised and attention drawn to key areas of focus.

- R2 The Health Board should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees. (**High Priority**)
- R3 The Health Board should establish a robust quality assurance mechanism to review the quality of reports for its Board and committees. (**High Priority**)

#### Strategic / Corporate Risk Management

The Health Board's updated Strategic Risk and Assurance report provides a clear overview of its strategic risks, key controls, improvement plans and sources of assurance. However, further work is required to address assurance gaps.

Furthermore, whilst the Health Board is identifying gaps and strengthening aspects of its Risk Management Strategy, it needs to effectively embed the risk management arrangements across the organisation.

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#### Recommendations

- R4 The Health Board needs to rapidly complete remaining work to identify and address assurance gaps on its Strategic Risk and Assurance report and ensure it is actively owned by the Board and inform committee agenda setting. (High Priority)
- R5 The Health Board needs to complete the remaining work on its Risk Management Strategy and effectively embed arrangements across the organisation to help it manage the significant finance, performance, and quality risks it faces. (**High Priority**)

#### **Integrated Performance Dashboard**

The Health Board's Integrated Performance Dashboard provides an overview of performance against Welsh Government targets over the last year. While useful in showing performance trends, it does not clearly articulate actions taken to improve performance or whether they are achieving the intended impact.

R6 In the Integrated Performance Dashboard, the Health Board should provide more information on the actions required to address underperformance, the impact of past actions taken and where appropriate include benchmarking with other health bodies. (High Priority)

#### **Integrated Medium-Term Plan Progress Report**

Our review of the Health Board IMTP Progress Report found several issues around the quality and timeliness of data, a lack of clarity around the impact of past and ongoing improvement actions, and duplication of information.

R7 The Health Board should strengthen the IMTP Progress Report to ensure that it can be used as an effective tool for monitoring progress against the delivery of its strategic objectives. By including up to date data, and clear narrative on the impact of past and ongoing improvement actions. (High Priority)

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### **Detailed report**

### Board transparency, effectiveness, and cohesion

- We considered whether the Health Board's Board conducts its business appropriately, effectively, and transparently.
- We found that **Board and Committee arrangements are reasonably effective**. However, there are opportunities to improve the quality and timeliness of information to ensure effective oversight over the Health Board's key challenges.

### **Public transparency of Board business**

- We considered whether the Board promotes and demonstrates a commitment to public transparency of board and committee business. We were specifically looking for evidence of:
  - Board and committee meetings that are accessible to the public;
  - Board and committee papers being made publicly available in advance of meetings;
  - Board and committee business and decision-making being conducted transparently; and
  - Board and committee meeting minutes being made publicly available in a timely manner.
- We found that while the Board demonstrates reasonable levels of public transparency, there are opportunities to increase public access to committee business.
- 21 Members of the public can observe Board meetings virtually through the livestream and, since January 2023, they can also attend in person. The Health Board provides signposting and instructions to join to upcoming Board meetings via its website homepage and social media channels.
- The Health Board aims to publish Board and committee meeting agendas and papers on its website a week in advance. However, some papers continue to be updated at short notice. This gives little time for Board members and stakeholders to review all papers in advance (See **Appendix 2**, **R2 2022**).
- The Health Board ensures that Board and committee business is conducted in public sessions, with private sessions used only for sensitive and confidential matters. Where private sessions are used, the Health Board provides a good summary of its in-committee/private business in the subsequent public meeting.
- Board members hold open and frank discussions in Board and committee meetings regarding its performance, finance, and quality challenges. Executive Directors feel they can be open about the Health Board's challenges and the priority areas for action and feel well supported by the entire Board in responding to them.

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Recordings of Board meeting are made publicly available 24 hours after the meeting. However, the Health Board does not livestream or publish recordings of its committee meetings. Unconfirmed committee meeting minutes are published on the website only when included in papers for the next meeting around 2 to 3 months after. This limits timely public access to records of committee business (Recommendation 1).

### Arrangements to support the conduct of Board business

- We considered whether there are proper and transparent arrangements in place to support the effective conduct of Board and committee business. We were specifically looking for evidence of:
  - a formal, up-to-date, and publicly available Reservation and Delegation of Powers and Scheme of Delegation in place, which clearly sets out accountabilities;
  - formal, up-to-date, and publicly available Standing Orders (SOs) and Standing Financial Instructions (SFIs) in place, along with evidence of compliance; and
  - formal, up-to-date, and publicly available policies and procedures in place to promote and ensure probity and propriety.
- We found that the Health Board has generally good arrangements to support the effective conduct of Board business and is taking appropriate improvement action where needed.
- The Health Board has adequate arrangements to support the effective conduct of Board and committee business. It has adopted the Welsh Government's Model Standing Orders and Standing Financial Instructions and the model Scheme of Delegation. These were recently reviewed and approved by the Board in September 2023 and are available on the Health Board's website. The process for declaring interests at Board and committee meetings is well established and up to date.
- The Health Board's policies on standards of business conduct, which include declarations of interest, and receipts of gifts and hospitality are overdue for review but remains extant. Both we and Internal Audit<sup>1</sup> have previously identified concerns about wider policy management and highlighted a number of policies that require updating. The Health Board has developed an improvement plan to address this during 2023. Some progress has already been made, including targeted work with some divisions to ensure policies are brought up to date.

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<sup>&</sup>lt;sup>1</sup> Audit Wales Structured Assessment Report 2022 and Internal Audit's review on Policy Management in January 2023.

### **Effectiveness of Board and committee meetings**

- We considered whether Board and committee meetings are conducted appropriately and effectively. We were specifically looking for evidence of:
  - an appropriate, integrated, and well-functioning committee structure in place, which is aligned to key strategic priorities and risks, reflects relevant guidance, and helps discharge statutory requirements;
  - Board and committee agendas and work programmes covering all aspects of their respective Terms of Reference as well being shaped on an ongoing basis by the Board Assurance Framework;
  - well-chaired Board and committee meetings that follow agreed processes, with members observing meeting etiquette and providing a good balance of scrutiny, support, and challenge;
  - clear and timely Board and committee papers that contain the necessary / appropriate level of information needed for effective decision making, scrutiny, and assurance; and
  - committees receiving and acting on required assurances and providing timely and appropriate assurances to the Board.
- We found that the Board and committee structure is operating effectively.

  Meetings are well chaired with reasonably effective scrutiny, however, there are opportunities to strengthen the quality and timeliness of information presented.
- The Health Board introduced a new committee structure in March 2022. It is now fully embedded and provides a clear focus on strategy, delivery, performance, and culture. Committee workloads are manageable. The Health Board is establishing a Clinical Advisory Forum and is also planning to review arrangements for the Stakeholder Reference Group which was disbanded in October 2022.
- The Board and its committees have up-to-date terms of reference, and annual cycles of business are regularly reviewed and updated as appropriate. The Health Board should ensure that cycles of business provide appropriate coverage and consideration of the controls and sources of assurances for strategic risks and any action to close gaps as soon as the Strategic Risk and Assurance report (Board Assurance Framework) is fully populated and live (see **paragraph 53**).
- 34 Board and committee chairs are actively involved in the agenda setting of meetings. Meetings continue to be generally well chaired, mostly run to time, and demonstrate good discussion on key issues. Independent Members participate fully in meetings, providing reasonably effective scrutiny on the information presented. There is a stronger focus on finance and digital matters in the relevant meetings compared to last year.
- Board and some committee meetings support both in-person and virtual board member attendance which continues to offer flexibility to Board members. While the use of technology and virtual meeting etiquette is well embedded (see **Appendix 2, R1 2022**), some of the issues we reported in our 2022 Structured

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Assessment report remain. For example, there have been occasions where we were unable to see or clearly hear staff presenting reports for specific agenda items.

- The Health Board has reasonably effective arrangements in place to support flows of assurance from committees to the Board and the referral of information between committees. Committee reporting to the Board is effective and appropriate. There are appropriate processes to ensure actions identified in meetings are transferred to other committees where appropriate. The Chair of Board holds monthly meetings with Independent Members, both collectively and separately, which supports effective information sharing.
- Board and committee papers are generally clear and contain the information required for effective decision making. However, on occasions, papers are overly long and too detailed. There are opportunities to more effectively summarise information using the revised Board and committee cover report template. We also found the presentation of some information in supporting papers and appendices to be unclear. Whilst officers make suggestions to improve the quality of information presented at committee meetings, report writing training and guidance alongside a robust quality assurance process is necessary to secure required improvements. In paragraph 22 we comment on issues around Board and committee meeting agendas and papers being updated at short notice (Recommendations 2 and 3).

# **Board commitment to hearing from patients/service users and staff**

- We considered whether the Board promotes and demonstrates a commitment to hearing from patients/service users and staff. We were specifically looking for evidence of:
  - The Board using a range of suitable approaches to hear from patients/service users and staff.
- We found that the Health Board has strengthened its arrangements to hear from patients, services users, and staff.
- The Health Board has established a Communications and Engagement strategy and is strengthening its arrangements to hear from patients, service users, and staff. This has provoked good Board member discussion and challenge. It is evident that Board members triangulate this information with performance information and wider intelligence gained from Board member walkabouts. However, the latest Trade Union Partnership Forum Annual Report continues to highlight concerns in relation to the lack of meaningful engagement between Trade Union representatives and managers. This indicates that the Health Board needs to be more proactive on engaging with staff representatives about operational challenges.
- The Board continues to include a patient and public engagement item at every Board meeting which includes a report from the new citizens' voice body, 'Llais'.

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The Patient Quality Safety and Outcomes Committee also receives patient and staff stories and demonstrate a commitment to listening and learning from staff, as illustrated within its performance report (see **Appendix 2, R3 2022**).

# **Board cohesiveness and commitment to continuous improvement**

- We considered whether the Board is stable and cohesive and demonstrates a commitment to continuous improvement. We were specifically looking for evidence of:
  - a stable and cohesive Board with a cadre of senior leaders who have the appropriate capacity, skills, and experience;
  - the Board and its committees regularly reviewing their effectiveness and using the findings to inform and support continuous improvement; and
  - a relevant programme of Board development, support, and training in place.
- We found that the Board is cohesive and committed to continuous improvement, with good Board member induction and training opportunities and ongoing self-assessment arrangements.
- The Board is becoming more cohesive, with positive working relationships, good lines of communication, and awareness of respective roles and responsibilities. The Health Board has taken steps to stabilise its leadership arrangements. Since our 2022 Structured Assessment report, the following permanent appointments have been made: Executive Director of Strategy, Planning and Partnerships; Executive Director of Public Health; and Director of Digital. The Medical Director has been confirmed as the Deputy Chief Executive and a new Chief Operating Officer role has been created<sup>2</sup>.
- 45 Executive Director portfolios are generally appropriately balanced and have clearly defined responsibilities. We nevertheless have some concerns about the breadth of the Chief Operating Officer's remit whose additional responsibilities add further pressure to an already demanding role. We understand the Chief Operating Officer is using ringfenced funding to establish a supporting management structure which, if effective, may alleviate the risk. However, the Health Board should keep the role under review.
- The Health Board is currently in the process of appointing to one Independent Member vacancy, but there is some further turnover expected in 2024 which the Health Board will need to manage.
- The Health Board has effective local induction arrangements for Executive Directors and Independent Members. These include meetings with other Board

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<sup>&</sup>lt;sup>2</sup>. The Chief Operating Officer role will encompass primary care, community and mental health, and learning disabilities services alongside responsibilities for operational planning and acute services.

- Members and stakeholders alongside detailed training materials. Independent members indicated they feel supported in their ongoing learning and development.
- There are effective arrangements to support Board self-review and evaluation. The Board continues to review its effectiveness using the NHS England Well-Led Framework<sup>3</sup> and are progressing improvement actions. Committees are planning to complete self-assessments during October and November 2023. Board development and briefing sessions cover appropriate topic areas<sup>4</sup>, with Board members commenting positively on the quality of these sessions.

### Corporate systems of assurance

- We considered whether the Health Board has a sound corporate approach to managing risks, performance, and the quality and safety of services.
- We found that the Health Board is making good progress in developing and refining its systems of assurance. However, it will need to effectively embed new arrangements across the organisation to manage the finance, performance, and quality risks it faces.

### Corporate approach to overseeing strategic risks

- We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising strategic and corporate risks. We were specifically looking for evidence of:
  - an up-to-date and publicly available Board Assurance Framework (BAF) in place, which brings together all of the relevant information on the risks to achieving the organisation's strategic priorities / objectives;
  - the Board actively owning, reviewing, updating, and using the BAF to oversee, scrutinise, and address strategic risks;
  - an appropriate and up-to-date risk management framework in place, which is underpinned by clear policies, procedures, and roles and responsibilities;
  - the Board providing effective oversight and scrutiny of the effectiveness of the risk management system; and
  - the Board providing effective oversight and scrutiny of corporate risks.
- We found that the Health Board is improving its approach to managing strategic and corporate risks but reporting and scrutiny require

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<sup>&</sup>lt;sup>3</sup> The <u>NHS England Well-led framework</u> Sets out how NHs bodies should carry out developmental reviews of their leadership and governance

<sup>&</sup>lt;sup>4</sup> Including the new requirements of the Health and Social Care (Quality and Engagement) (Wales) Act 2020, risk and assurance, equality and diversity, and primary care sustainability.

# strengthening. It also needs to finalise and effectively embed the approach across the organisation.

- Since our last Structured Assessment report, the Health Board has redesigned its Strategic Risk and Assurance report (Board Assurance Framework), which sets out how it manages its strategic risks. The new Strategic Risk and Assurance report provides a clear summary of the Health Board's strategic risks, and their key controls, improvement plans and sources of assurance. Executive Directors are responsible for strategic risks within their respective portfolios. However, the Health Board needs to identify and take action to address assurance gaps and fully embed the new approach (Recommendation 4). Once, fully embedded this will help to increase the scrutiny of strategic risks by the Board.
- The Board's approach for managing its risk appetite is maturing. The Health Board has now developed a draft risk appetite statement with the aim of improving how the Board and divisions manage their risks.
- The Health Board's arrangements for identifying and escalating corporate risks are improving. It is strengthening aspects of its Risk Management Strategy, including providing clear guidance around the risk escalation structure, reporting thresholds, and developing an Executive Risk Register to provide an additional layer of control. The Health Board is also developing a risk on a page report template to reduce the complexity of reports to Board and the committees.
- Board members commented positively on the progress and planned improvements to the risk management approach. However, it is now crucial that the Health Board finalises and embeds its risk management framework effectively to manage the finance, performance, and quality risks it faces (**Recommendation 5**).

# Corporate approach to overseeing organisational performance

- 57 We considered whether the Health Board has a sound corporate approach to identifying, overseeing, and scrutinising organisational performance. We were specifically looking for evidence of:
  - an appropriate, comprehensive, and up-to-date performance management framework in place, underpinned by clear roles and responsibilities; and
  - the Board and committees providing effective oversight and scrutiny of organisational performance.
- We found that the Health Board is strengthening its performance management arrangements. However, reporting of performance to the Board and committees does not provide sufficient clarity on the actions needed to improve performance, or the impact of actions taken.
- 59 While there have been some in-month performance improvements, the Health Board continues to experience significant service pressures which means that performance against some key Welsh Government performance measures is

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- below target. These areas include elective, cancer and some mental health service waits and timeliness of unscheduled care services.
- The Health Board's new Performance Management and Accountability Framework, approved by Board in September 2023, sets out an integrated approach to managing performance covering quality, performance, activity, workforce, and financial expectations. The framework clearly outlines roles and responsibilities, oversight and accountability arrangements, local escalation arrangements and associated support and intervention processes. Nevertheless, the Health Board now needs to ensure the framework is rapidly and effectively embedded across the organisation(see **Appendix 2, R7 2022**).
- The Health Board is planning to strengthen performance reporting to Board. It reports performance in its Board IMTP progress report. This includes the Health Board's Integrated Performance Dashboard which provides an overview of the performance against Welsh Government targets over the last year. While useful in showing performance trends against these targets, it does not include benchmarking of performance with other health bodies or clearly articulate actions taken to determine whether they are achieving the intended impact. This has led Independent Members to question whether they are receiving the information they need (Recommendation 6). We discuss the remaining elements of the IMTP progress report in paragraph 85 (see Appendix 2, R4 2022).
- Despite the shortcomings in the Health Board's operational performance reporting, we found scrutiny of the information to be reasonably effective, with Independent Members pursuing knowledgeable and insightful lines of questioning.

# Corporate approach to overseeing the quality and safety of services

- We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the quality and safety of services. We were specifically looking for evidence of:
  - corporate arrangements in place that set out how the organisation will deliver its requirements under the new Health and Social Care (Quality and Engagement) Act (2020);
  - a framework (or similar) in place that supports effective quality governance;
  - clear organisational structures and lines of accountability in place for clinical/quality governance; and
  - the Board and relevant committee providing effective oversight and scrutiny of the quality and safety of services.
- We found that the Health Board is strengthening its corporate arrangements for overseeing the quality and safety of services and is focussing on embedding the arrangements across the organisation.

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- We undertook a review of the Health Board's quality governance arrangements in 2022. In 2024, we intend to follow-up the organisation's progress in implementing our recommendations and as part of this assess the progress that the Health Board is making implementing the requirements of the Health and Social Care (Quality and Engagement) Act (2020). Whilst we will report more fully after that review, our high-level observations of actions the Health Board is taking to strengthen arrangements for overseeing the quality and safety of services includes the development of:
  - separate strategies for quality, and patient experience and involvement (approved by the Board in March 2023); and
  - a Quality Strategy Implementation Plan, Quality Outcomes Framework, and Quality Governance Assurance Framework (presented to the Health Board's Patient Quality, Safety and Outcomes Committee in July 2023).
- The Implementation Plan details the deliverables and timescales for their delivery over the next financial year and includes a new governance and reporting structure to provide oversight of quality performance and progress.

### Corporate approach to tracking recommendations

- 67 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising systems for tracking progress to address audit and review recommendations and findings. We were specifically looking for evidence of:
  - appropriate and effective systems in place for tracking responses to audit and other review recommendations and findings in a timely manner.
- We found that while the Health Board is making good progress in strengthening arrangements for tracking recommendations, there are several overdue recommendations.
- The Health Board continues to have reasonably effective arrangements for monitoring progress against internal audit, external audit, and Healthcare Inspectorate Wales recommendations. It uses two trackers, one for internal and external audit recommendations which is received by the Audit, Risk, and Assurance Committee. The Healthcare Inspectorate Wales recommendations are captured on a separate tracker, which is periodically reviewed at the Patient, Quality, Safety and Outcomes Committee. While it has made good progress in addressing overdue recommendations, more work is needed. The latest updates in February and September 2023 highlight a number of overdue recommendations / improvement actions (75 internal audit, 4 external audit, and 43 Healthcare Inspectorate Wales). A recent Internal Audit review of the audit recommendations tracker gave reasonable assurance, but highlighted opportunities for improvement including removing superseded recommendations and updating the implementation timeframes for some overdue recommendations.

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### Corporate approach to planning

- We considered whether the Health Board has a sound corporate approach to producing strategies and corporate plans and overseeing their delivery.
- 71 We found that the Health Board is developing a new long-term strategy which provides an opportunity to plan more sustainable services. There are reasonably effective arrangements for developing corporate plans. However, progress reports do not provide enough detail to demonstrate delivery is on track.

### Corporate approach to producing strategies and plans

- We considered whether the Health Board has a sound corporate approach to producing, overseeing, and scrutinising the development of strategies and corporate plans. We were specifically looking for evidence of:
  - a clear Board approved vision and long-term strategy in place which are futurefocussed, rooted in population health, and informed by a detailed and comprehensive analysis of needs, opportunities, challenges, and risks;
  - an appropriate Board approved long-term clinical strategy;
  - appropriate and effective corporate arrangements in place for developing and producing the IMTP, and other corporate plans; and
  - the Board appropriately scrutinising the IMTP and other corporate plans prior to their approval.
- We found that the Health Board has generally effective arrangements for developing strategic plans and is developing a new long-term strategy which provides an opportunity to plan more sustainable services.
- The Health Board's Clinical Futures Strategy has been extant for more than a decade. The Health Board has achieved several of its key objectives, including service reconfiguration associated with the opening of the Grange University Hospital, the establishment of the Enhanced Local General Hospitals network, and developments in community services. However, the Health Board is facing increasing challenges, including growing demand for care with need becoming more complex, the continued legacy from the COVID-19 pandemic and substantial financial pressures. In response, the Health Board is commencing the development of a new long-term strategy with a focus on population health, community-based services, and developing sustainable acute services. The Board will need to give careful consideration to sustainable clinical service models and improved efficiency and productivity as part of the strategy development.
- An initial Board briefing session on the strategy development during September 2023 considered draft proposals, a development timeline, and required governance arrangements. The proposed governance structure will include groups with both Independent Members and Executive Director representation to ensure collective oversight of strategy development. The Health Board is planning to engage

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extensively with both internal and external stakeholders as part of the strategy development. This will provide an opportunity for the Health Board to proactively engage with communities to design sustainable healthcare services. The Health Board intends to publish the long-term strategy by September 2024(see **Appendix 2, R5 2022**).

- The Health Board's IMTP 2023-26 continues to build on its 'life course approach' which aims to reduce inequalities across communities through improving population health. The approach outlines five clear strategic objectives aligned to key stages in an individual's life course, underpinned by a set of outcomes and measures to achieve them.
- The Health Board engages well with both internal and external stakeholders when developing operational and strategic plans. It discussed the IMTP 2023-26, Quality Strategy, and Communications and Engagement Strategy with staff in a range of different forums. It shared draft strategies/plans with Independent Members and facilitated discussion at Board development sessions prior to formal approval at public Board meetings. The Health Board involved wider partners in its development of the 2023-26 IMTP including Trade Union Partnership Forum, Cluster Planning Groups, Community Health Council, and Regional Partnership Board.
- The Health Board is now starting its Annual Plan 2024-25 development on the assumption that it is unlikely to submit a financially balanced three-year IMTP. There is a clear development timeline with opportunities for good Board and stakeholder engagement (see **Appendix 2**, **R6 2022**).
- Nevertheless, the financial position, service demand and associated operational pressures represent significant challenges. While some improvements may be achieved over the life of the annual plan, it is likely it will take some time for the Health Board to return to a financially sustainable position.
- The Health Board has adopted the principles of the Wellbeing of Future Generations Act (Wales) 2015 (the Act) and is intending to formally review its wellbeing objectives during the next year alongside the development of the next Integrated Medium-Term Plan or Annual Plan.

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# Corporate approach to overseeing the delivery of strategies and plans

- We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising the implementation and delivery of corporate plans. We were specifically looking for evidence of:
  - corporate plans, including the IMTP, containing clear strategic priorities/objectives and SMART<sup>5</sup> milestones, targets, and outcomes that aid monitoring and reporting; and
  - the Board appropriately monitoring the implementation and delivery of corporate plans, including the IMTP.
- We found that **not all corporate plans are supported by SMART actions and** progress reports do not provide sufficient clarity on delivery progress and whether the intended benefits are being achieved.
- The Integrated Medium Term Plan 2023-26 and Quality Strategy 2023-24 provide clear objectives and are underpinned by measurable outcomes. They include appropriate information about priorities, supporting actions, milestones for delivery, and intended outcomes.
- However, in other plans we found there are opportunities to improve the articulation of proposed actions. For instance, in the Communications and Engagement Strategy, actions are categorised as 'ongoing' or 'as required' rather than given a specific target date for delivery. Furthermore, we found that the Research and Innovation Strategy was not underpinned by a detailed delivery plan. The omission of a delivery plan and / or SMART delivery actions means the progress reporting is unlikely to provide sufficient assurance that delivery is on track.
- The Health Board's IMTP progress reporting needs strengthening. The Health Board uses its quarterly IMTP progress report to track progress in delivering its IMTP priorities, Clinical Futures Programmes priorities, and ministerial priorities. However, our review of the report identified data quality and timeliness issues, and a lack of clarity around the impact of past and ongoing improvement actions (Recommendation 7). A recent Internal Audit review on the IMTP gave reasonable assurance but highlighted required improvements in relation to timeliness of performance data, division-level accountability for IMTP delivery and reporting progress against Clinical Futures delivery milestones.
- The Board and committees oversee implementation and delivery of some corporate strategies too. For example, a People Strategy update presented at the July 2023 Board meeting set out implementation progress made during the first 12 months. However, there are opportunities to improve reporting delivery of plans to ensure it is clear whether delivery is on track and achieving the intended impact.

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<sup>&</sup>lt;sup>5</sup> Specific, measurable, achievable, relevant, and time-bound

# Corporate approach to managing financial resources

- We considered whether the Health Board has a sound corporate approach to managing its financial resources.
- We found that the Health Board is facing significant financial challenges.
  Whilst there are reasonably effective financial planning and financial management arrangements in place, the Health Board needs to establish greater control over savings delivery to prevent the financial position from deteriorating.

### Financial objectives

- We considered whether the Health Board has a sound corporate approach to meeting its key financial objectives. We were specifically looking for evidence of:
  - the organisation meeting its financial objectives and duties for 2022-23, and the rolling three-year period of 2020-21 to 2022-23; and
  - the organisation being on course to meet its objectives and duties in 2023-24.
- 90 We found that the Health Board did not achieve financial balance for 2022-23 and is forecasting a deteriorating position for 2023-24.
- The Health Board did not meet its financial duty to spend within its allocation over the three-year period for 2020-23, reporting a £36.8 million deficit in 2022-23 for revenue expenditure. However, it did meet its Capital Resource Limit target of £40.7 million with a small underspend of £0.043 million in 2022-23 and its 2022-25 Integrated Medium-Term Plan was approved.
- The current and forecast financial position for 2023-24 is challenging. The Month 5 financial report presented at the September 2023 Board meeting highlights a growing underlying deficit and worsening in-year financial deficit forecast. There are several factors impacting the Health Board's financial position including, variable pay, spend to release blocked beds, increasing prescribing spend, Continuing Healthcare costs, service demand and wider inflation-related cost increases. In the Month 5 report, the Health Board forecasted a best-case year-end deficit of £112.8 million, but this will increase further if it does not achieve its savings target, receive anticipated additional funding<sup>6</sup>, or experiences further cost pressures. The Health Board has estimated likely and worst-case deficit forecasts of £145 million and £160 million respectively and is due to revise its forecast following an evaluation of the effectiveness of actions that it is taking.

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<sup>&</sup>lt;sup>6</sup> Welsh Government announced an addition £425 million for NHS Wales on 17 October 2023.

### Corporate approach to financial planning

- 93 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial planning. We were specifically looking for evidence of:
  - clear and robust corporate financial planning arrangements in place;
  - the Board appropriately scrutinising financial plans prior to their approval;
  - sustainable, realistic, and accurately costed savings and cost improvement plans in place which are designed to support financial sustainability and service transformation; and
  - the Board appropriately scrutinising savings and cost improvement plans prior to their approval.
- We found that the Health Board has a sound approach to financial planning and has a clear understanding of its financial challenges. However, the delay to establish stronger control over savings delivery means that recently introduced measures are unlikely to have a significant impact on the 2023-24 financial position.
- 95 The Health Board's financial plan for 2023-24 was scrutinised and approved by Board in March 2023. The plan acknowledges the Health Board's financial challenges and recognises the unprecedented factors within its internal and external operating environment. The Health Board is focussing on service transformation to help achieve financial sustainability but acknowledges that this alone is not enough and has developed an ambitious savings plan. The Health Board set out in its IMTP 2023-26 that it was aiming to achieve financial balance over the life of the plan, but as reported in **paragraph 92** this is a significant challenge. If the Health Board cannot reduce its underlying deficit, the ability to achieve financially sustainable services in the medium-term is unlikely.
- 96 As part of the financial planning process, the Health Board established an alternative method for delegating budgets. It has stopped budgeting on the basis of incrementally increasing internal allocations based on historic costs plus inflation. Instead, it is now allocating budgets based on the resources needed to deliver IMTP objectives and the extent that services can deliver financial savings without compromising performance.
- There is a significant risk that the Health Board's savings plan will not be delivered. The worsening financial position has led to an ambitious £51.5 million savings target. It hasn't yet identified all the specific saving schemes to deliver it and is currently off-track. The Health Board's Month 5 financial report indicated that savings delivery as of August 2023 totalled £9.3 million, with forecast year-end savings of £30.2 million. It will therefore need to deliver existing savings schemes as well as identify and deliver additional schemes to achieve its original £51.5 million savings target.
- The Health Board recently introduced a Quality Impact Assessment process to assess the potential impact of savings schemes on service performance and

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quality and safety of services. As a result of assessments made, the Clinical Advisory Forum recommended the removal of some savings scheme proposals. Board members have indicated the rejected proposals may need to be revisited should the Health Board's forecast position deteriorate. This may require difficult decisions affecting timely patient access to care.

99 The Health Board is introducing savings governance arrangements through a newly established Value and Sustainability Board which will focus on core saving themes. It is too early to comment on the effectiveness of these arrangements. However, the Auditor General will be commenting further on the Health Board's approach to identifying, delivering, and monitoring financial savings in a separate piece of work that we will report in the early part of 2024.

### Corporate approach to financial management

- 100 We considered whether the Health Board has a sound corporate approach to overseeing and scrutinising financial management. We were specifically looking for evidence of:
  - effective controls in place that ensure compliance with Standing Financial Instructions and Schemes of Reservation and Delegation;
  - the Board maintaining appropriate oversight of arrangements and performance relating to single tender actions, special payments, losses, and counter-fraud;
  - effective financial management arrangements in place which enable the Board to understand cost drivers and how they impact on the delivery of strategic objectives; and
  - the organisation's financial statements for 2022-23 were submitted on time, contained no material misstatements, and received a clean audit opinion.
- 101 We found that the Health Board has generally effective arrangements to oversee financial management.
- The Health Board intends to review the Scheme of Delegation to ensure financial limits and decision-making authority remain appropriate (see **Appendix 2, R7 2022**). During 2023, Internal Audit has completed work covering Bank Office and Temporary Workers, Off-Contract Agency Staff, and Financial Sustainability. In general, Internal Audit found that the financial controls within these specific areas appear to be reasonably effective, with the exception of the use the off-contact agency staff which was given a limited assurance rating<sup>7</sup>.
- 103 The Audit, Risk, and Assurance Committee effectively oversees financial controls assurances. The committee regularly receives, discusses, and where required questions officers on reports on losses and special payments, counter fraud work,

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<sup>&</sup>lt;sup>7</sup> The Internal Audit review of off-contract agency staff identified weakness in the processes to minimise use of agency staff and the management approval of agency staff use.

public sector payment policy, and procurement controls (such as single tender actions and payments exceeding £100,000). The reports include the required information for assurance and to enable good scrutiny.

### **Board oversight of financial performance**

- 104 We considered whether the Board appropriately oversees and scrutinises financial performance. We were specifically looking for evidence of:
  - the Board receiving accurate, transparent, and timely reports on financial performance, as well as the key financial challenges, risks, and mitigating actions; and
  - the Board appropriately scrutinising the ongoing assessments of the organisation's financial position.
- 105 We found that **Board financial reports are transparent**, but there are opportunities for reporting to be clearer on the impact of action taken to improve the financial position.
- The Board and Finance and Performance Committee oversees financial performance. Finance reports continue to provide sufficient information to enable appropriate scrutiny and oversight. While broadly similar reports are presented to both forums, the Financial and Performance Committee receive additional reporting on savings delivery and efficiency opportunities, providing opportunities to challenge on specific risks. Finance reports provide sufficient information on the financial position and risks, however, there are opportunities to be clearer on the impact of mitigating actions. There is also scope to increase the level and quality of financial information in other reports, such as the cost and impact on the financial position, to aid decision making.
- 107 Board reports are open and transparent about the Health Board's financial challenges and the potential impact on service quality and safety when making difficult decisions with the aim of improving the financial position. We identified increasing levels of scrutiny and challenge by Independent Members on financial matters. The Board has had opportunities to collectively scrutinise the financial position at board briefings and Public Board meetings. However, this can impact on the level of scrutiny provided at Finance and Performance Committee. The Health Board is therefore reflecting on the opportunities for scrutiny and challenge at these forums alongside the introduction of the new Value and Sustainability Board.

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# Appendix 1

### Audit methods

Exhibit 2 below sets out the methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below

Element of audit approach	Description
Observations	We observed Board meetings as well as meetings of the following committees:  Public Board  Finance and Performance Committee  Audit Risk and Assurance Committee; and  Patient Quality, Safety and Outcomes Committee

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Element of audit approach	Description
Documents	<ul> <li>We reviewed a range of documents, including:</li> <li>Board and Committee Terms of Reference, work programmes, agendas, papers, and minutes;</li> <li>key governance documents, including Schemes of Delegation, Standing Orders, Standing Financial Instructions, Registers of Interest, and Registers of Gifts and Hospitality;</li> <li>key organisational strategies and plans, including the IMTP;</li> <li>key risk management documents, including the Board Assurance Framework and Corporate Risk Register;</li> <li>key reports relating to organisational performance and finances;</li> <li>Annual Report, including the Annual Governance Statement;</li> <li>relevant policies and procedures; and</li> <li>reports prepared by the Internal Audit Service, Health Inspectorate Wales, Local Counter-Fraud Service, and other relevant external bodies.</li> </ul>

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Interviews	We interviewed the following Senior Officers and Independent Members:
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- Chair of Health Board.
- Chief Executive.
- Director of Corporate Governance.
- Executive Director of Finance and Procurement.
- Director of Strategy and Partnerships.
- Chief Operating Officer.
- Independent Member Finance & Chair of Audit, Risk and Assurance Committee.
- Independent Member Local Authority & Chair of Finance and Performance Committee.
- Independent Member Community

# Appendix 2

### Progress made on previous year recommendations

Exhibit 3 below sets out the progress made by the Health Board in implementing recommendations from previous structure assessment reports.

2022 Recommendation	Description of progress		
Agenda / meeting management  R1 Board and Committee agendas cause some meetings to overrun. The Health Board, therefore, should review Board and committee agendas to ensure meeting business can be covered in the time available whilst also allowing for sufficient scrutiny and discussion	Our assessment on progress against the recommendation: <b>Complete</b> More detail can be found at paragraph 32 to 37.		
Quality of Information to Board and committees  R2 Information presented to Board and committees does not always provide the required assurance. Some papers are too long, detailed, and technical. Cover reports continue to follow an SBAR format, but there is variation in their use. The Health Board, therefore, should develop training and guidance for	The Health Board arrangements to ensure the quality and timeliness of information presented to Board and committees still require strengthening. Papers are generally clear and contain the information required for effective decision making. However, there are issues concerning the Health Board's Integrated Performance Dashboard, IMTP progress report and financial reports relating to data quality and timeliness, a lack of information on whether intended outcomes of improvement actions have been achieved and limited benchmarking of performance with other Health Board's. We also found the presentation of some information in supporting papers and appendices		

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2022 Recommendation	Description of progress	
Health Board staff around the reporting expectation and quality of information presented to the Board and its committees.	unclear. Board and Committee reports can be overly long and detailed, and there are opportunities to better summarise the information (see 2023 recommendations 2 and 3). This should help reports focus on key matters and reduce the overall volume of papers for Board and Committee meetings.  Our assessment on progress against the recommendation: Ongoing	
Patient and Staff Stories  R3 There is limited use of patient and staff stories at Board. The Health Board should consider how it ca increase and maximise the benefit of patient and staff stories in Board and committees to help central and focus meetings on the things that matter most and to help triangulate this intelligence with formal agenda items	е	
Performance Reporting  R4 The Integrated Performance Report has remained unchanged for several years, and at present it doesn't clearly articulate the impact of past and ongoing improvement actions. The Health Board should strengthen this report to provide more information to Board and committees on the action required to address underperformance or the impact of past actions taken.	Our assessment on progress against the recommendation: Ungoing	
Clinical Futures Strategy and Long-Term Clinical Plan	The Health Board's is commencing development of a new long-term strategy which will provide an opportunity for it to proactively engage with communities to help design and shape sustainable healthcare services for the region.	

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2022 Recommendation	Description of progress
R5 The Clinical Futures Strategy has remained in place for over a decade, but the pressures the Heath Board is facing have changed substantially in this time. The Health Board, therefore, should:  a. review of the Clinical Futures Strategy to ensure it helps to shape financially and clinically sustainable service models; and  b. develop a detailed long-term clinical plan that underpins the Clinical Futures Strategy.	Our assessment on progress against the recommendation: Ongoing
Working with wider partners in Integrated mediumterm plan development  R6 The Health Board discussed plans with both Welsh Government and the Community Health Council during the 2022-25 Integrated Medium-Term Plan development, but there was limited engagement with wider partners. The Health Board, therefore, should better involve wider partners to help collectively develop solutions to growing service challenges, particularly where services interface.	Our assessment on progress against the recommendation: Complete See paragraphs 77 and 78 for more information.
Schemes of Delegation  R7 The Health Board's deteriorating financial position and deterioration in savings deliver indicates that stronger accountability for financial performance and delivery is required. The Health Board, therefore, should review its Scheme of Delegation to ensure it more strongly outlines delegated accountability for	The new Performance Management and Accountability Framework sets out the Health Board's approach for managing financial accountability. The Health Board still intends to review the Scheme of Delegation to ensure financial limits and decision-making authority remain appropriate.  Our assessment on progress against the recommendation: Ongoing

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2022 Recommendation	Description of progress
the budgetary position and achievement of financial efficiencies at and below executive levels.	

# Appendix 3

### Organisational response to audit recommendations

### Exhibit 4: Aneurin Bevan University Health Board response to our audit recommendations

Ref	Recommendation	Organisational response  Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date  Please set out by when the planned actions will be complete	Responsible officer (title)
R1	The Health Board should provide more timely access to records of committee meetings. It could do this either by ensuring that it livestreams or publishes recording of its committee meetings, or alternatively it could publish unconfirmed committee meeting minutes shortly after the meeting. (Medium Priority)	The Health Board remains fully committed to operating with openness and transparency. Greater transparency of the Board's committee business will be implemented, building on existing practices.	April 2024	Director of Corporate Governance

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Ref	Recommendation	Organisational response  Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date  Please set out by when the planned actions will be complete	Responsible officer (title)
R2	The Health Board should develop training and guidance for Health Board staff around the reporting expectations and quality of information presented to the Board and its committees. (High Priority	The Health Board will be working to review and update its corporate report templates, alongside developing clear guidance and support for the preparation of Board and Committee reports. Securing additional training will also be explored.	April – June 2024	Director of Corporate Governance
R3	The Health Board should establish a robust quality assurance mechanism to review the quality of reports for its Board and committees. (High Priority)	The Health Board is currently reviewing its board and committee administration processes, including key performance measures. This will include a focus on the quality assurance process with clarity on expected standards. This will also be supported by work in respect of report writing development (R2).	April 2024	Director of Corporate Governance

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Ref	Recommendation	Organisational response  Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date  Please set out by when the planned actions will be complete	Responsible officer (title)
R4	The Health Board needs to rapidly complete remaining work to identify and address assurance gaps on its Strategic Risk and Assurance report and ensure it is actively owned by the Board and inform committee agenda setting. (High Priority)	The Health Board is actively progressing work to strengthen its strategic risk and assurance reporting, aligning risks to the Board and Committee business cycles. This work will be progressed alongside work to embed strengthened risk management and assurance arrangements at all levels of the organisation (R5).	April 2024	Director of Corporate Governance
R5	The Health Boards needs to complete the remaining work on its Risk Management Strategy and effectively embed arrangements across the organisation to help it manage the significant finance, performance, and quality risks faced. (High Priority)	The Health Board will consider its revised Risk Management Framework and underpinning Policy and its meeting in January 2024. The Audit, Risk and Assurance Committee will receive these in draft form for comment in November 2023. Implementation of these throughout the organisation as the organisation's approach to risk management matures.	January 2024 with implementation ongoing	Director of Corporate Governance

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Ref	Recommendation	Organisational response  Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date  Please set out by when the planned actions will be complete	Responsible officer (title)
R6	In the Integrated Performance Dashboard, the Health Board should provide more information on the actions required to address underperformance, the impact of past actions taken and where appropriate include benchmarking with other health bodies. (High Priority)	As part of the IMTP progress report specific attention has been given to the improvement actions to address underperformance including assurance mechanisms. This can be seen in the Quarter 2 report and will continue to be strengthened in future reports. Where available the data for the current quarter is presented and dates provided for data availability.  Benchmarking data will be included in the dashboard where available. Not all performance measures have benchmarking data available, an assessment of available benchmarking data will be undertaken to determine what benchmarking data can be included in the dashboard.	December 2023	Director of Strategy, Planning & Partnerships

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Ref	Recommendation	Organisational response  Please set out here relevant commentary on the planned actions in response to the recommendations	Completion date  Please set out by when the planned actions will be complete	Responsible officer (title)
R7	The Health Board should strengthen the IMTP Progress Report to ensure that it can be used as an effective tool for monitoring progress against the delivery of its strategic objectives. By including up to date data, and clear narrative on the impact of past and ongoing improvement actions. (High Priority)	As part of the IMTP progress report specific attention has been given to the improvement actions to address underperformance including assurance mechanisms. This can be seen in the Quarter 2 report and will continue to be strengthened in future reports. Where available the data for the current quarter is presented and dates provided for data availability.  It remains important for the Health Board to maintain a mix of definitive progress measures and measures of longer-term population outcome. For population outcome measures the Health Board may not be the sole influencing factor and measurement may be reported over a long-term timescale, however as a population health organisation it is important the Board is sighted on these measures.	December 2023	Director of Strategy, Planning & Partnerships

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

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Agenda Item: 4.2



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Finance Performance Report – December 2023 (2023/24 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 2023 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- ➤ The revenue reserve position on the 31<sup>st</sup> of December 2023,
- > The Health Board's underlying financial position, and
- > The Capital position.

### ADRODDIAD SCAA SBAR REPORT

### Sefyllfa / Situation

This report sets out the financial performance of Aneurin Bevan University Health Board, at the 31<sup>st</sup> December 2023 (month 9).

The 2023/24 financial performance is measured by comparing actual expenditure with the budgets as delegated and approved by the Board and CEO. The Health Board has statutory financial duties and other financial targets which must be met.

The table below summarises these and the Health Board's performance against them.

Dec-23
Performance against key financial targets 2023/24

+Adverse / () Favourable  Target	Unit	Current Month	Year to Date	Movement	Year-end Forecast
Revenue financial target To secure that the HB's expenditure does not exceed the aggregate of it's funding in each financial year. This confirms the YTD and forecast variance.	£'000	1,013	47,723	1	56,415
Capital financial target To ensure net Capital Spend does not exceed the Capital Resource Limit. This confirms the current month and YTD expenditure levels along with the % this is of total forecast spend.	£'000	3,904	35,697		0
	£53,233	7.3%	67.1%		
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)	%	98.2%	97.2%	Î	>95%

Performance against requirements 23/24		20/21	21/22	22/23	3 Year Aggregate (20/21 to 22/23)
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Revenue	x	(245)	(249)	36,842	36,348
Ensure the aggregate of the HB's expenditure does not exceed the aggregate of its funding in a 3 year period - Capital	1	(13)	(50)	(43)	(106)
Prepare & Submit a Medium Term Plan that is signed off by Welsh Ministers	x				

Underlying Financial Position (Brought Forward ULP)	20/21	21/22	22/23	23/24
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£16.261m	£20.914m	£89.6m	£81.181m
	Deficit	Deficit	Deficit	Deficit

The ABUHB month 9 year to date budget performance identifies an adverse variance of £47.723m.

The Board, Executives, budget holders and staff have engaged in a rigorous and thorough review of the opportunities to improve the financial forecast for 2023/24 as part of the mid-year review process. This process involved a multi-professional clinical advisory group performing an impact assessment of proposals with consideration of what is an acceptable patient risk (i.e. stopping certain services).

The CEO accountability letter to the Director General for NHS Wales on  $16^{th}$  October 2023 stated a forecast deficit of £145.7m. The month 8 forecast position was updated for the additional WG allocations<sup>1</sup> and funding being received of c.£82m as well as anticipated funding of £6.4m relating to energy costs. In month 9 benefits in relation to reduced forecast prescribing costs and additional primary care

<sup>&</sup>lt;sup>1</sup> Welsh Government correspondence 20<sup>th</sup> October 2023

contractor funding resulted in a forecast reduction of a further c.£1.2m. **The revised forecast deficit as at month 9 is £56.4m.** This forecast does not include any impact of the proposed strike action by Junior Doctors in January 2024.

The revised Health Board forecast of £56m is £43m greater than the control total of a £13m deficit set by Welsh Government. The reasons driving the overall forecast are as follows: -

This forecast was derived by:

- Month 6 reported forecast of £145.7m
- Confirmed and anticipated allocations from WG of (£88.4m)
- WG funding pressure of £0.6m (Adferiad)
- Removal of bed and other savings of £2.5m
- Additional commissioning and contingency release (£3m)
- Revised prescribing costs (£1m)
- Total £56.4m

The Health Board considers a forecast deficit **range of best case £51m to worst case £61m** as reflective of the remaining opportunities and risks. The best case incorporates opportunities that were not supported by the Clinical Advisory Group but are being revisited due to the financial position. The worst case takes account of risk to certain Board allocations and associated assumptions, the potential worsening of variable pay agency, and further prescribing price growth, but not any impact of the Junior Doctors strike.

The forecast position is still subject to delivery risk as it relies on savings achievement and other mitigating actions across a wide range of services, some of which remain 'Amber' and need delivery of implementation plans. These actions remain a key standing item on Executive Committee meetings as well as the focus of the ABUHB Value and Sustainability group.

As part of the mid-year financial review the Board gave approval for the CEO to submit a request for the necessary strategic cash support for 2023/24 because of the deficit position. The initial request has not yet been supported by WG however WG are due to provide an update by the end of January 2024.

#### Cefndir / Background

Key points to note for month 9 include:

- A reported year to date position of £47.7m deficit,
- The reported forecast is a **£56.4m deficit**, after assuming WG funding of £88.4m, however, there remain risks to achievement given the level of savings and actions required.

- Income includes anticipated funding for the 2023/24 A4C pay award (£26.5m), the 2023/24 medical pay award (£6.4m) and estimated revenue charges related to Capital accounting.
- Pay Spend (excluding the notional pension adjustment from March 2023), has decreased compared with month 8 by c.£1.2m. The main reasons are:
  - Substantive enhancement decrease of £0.5m
  - o Overtime, WLI and additional hours related costs decrease of £0.3m
  - Reduction in bank / agency usage of £0.3m
  - o Reduction in WTE of substantive staffing of £0.1m
- Non-Pay Spend (excluding capital adjustments) has decreased by c.£1.8m, due to recognition of WHSSC funding, and funding and spend for RIF, community pharmacy and dispensing doctors incurred in month 8 therefore providing a reduction in month 9.
- Savings overall forecast achievement is £42.5m, against the IMTP savings plan of £51.5m
  - Year to date achievement of £27.9m against year-to-date plan of £37.5m.
  - All additional schemes likely to be achieved have been included which in some cases have replaced original IMTP plans which are no longer expected to be achieved. All opportunities from the executive led exercise are included in the forecast, delivery of these new schemes will be reported as part of established savings reporting arrangements.

As at Month 09, ABUHB is reporting a deficit of £47.7m with a forecast deficit of £56.4m.

There remain risks associated with maintaining this forecast position, particularly the full receipt of all anticipated income, identification and achievement of mitigation of savings plans, prescribing cost growth, CHC cost growth and workforce pressures. Further detail is provided in this report, the estimated risk range is between a £51m and £61m deficit.

As at month 9 the reported capital position is break-even with a balanced forecast, however there is currently a deficit risk of £0.02m which is expected to be managed by year end.

#### Asesiad / Assessment

#### Revenue Performance

The month 9 position is reported as a £47.7m deficit, the planned year end deficit agreed by the Board as part of the Annual Plan was £112.8m. This has been revised to a forecast deficit position of £56.4m.

A summary of the financial performance is provided in the following table, by delegated area. The month 9 year to date position is supported by the recognition of the new WG funding on a pro-rata basis (9/12ths).

Summary Reported position - December 2023 (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	289,819	682	824	(142)
Prescribing	111,133	8,019	7,260	760
Community CHC & FNC	73,630	(1,827)	(1,264)	(563)
Mental Health	127,706	10,034	9,381	653
Total Primary Care, Community and Mental Health	602,288	16,908	16,201	707
Scheduled Care	197,786	7,274	6,653	621
Clinical Support Services	62,608	(1,207)	(988)	(218)
Medicine	153,091	10,054	9,341	714
Urgent Care	34,984	3,683	3,374	309
Family & Therapies	132,478	2,837	2,475	361
Estates and Facilities	87,676	5,097	4,244	853
Director of Operations	8,283	571	488	83
Total Director of Operations	676,905	28,309	25,586	2,723
Total Operational Divisions (Chief Operating Officer)	1,279,193	45,217	41,787	3,430
Corporate Divisions	122,519	(2,453)	(2,145)	(308)
Specialist Services	184,327	(2,700)	(2,333)	(367)
External Contracts	87,226	342	216	126
Capital Charges	54,118	389	351	38
Total Delegated Position	1,727,382	40,795	37,875	2,919
Total Reserves	550	6,929	8,835	(1,906)
Total Income	(1,727,932)	(0)	(0)	0
Total Reported Position	0	47,723	46,711	1,013

#### **Summary of key operational pressures for Month 9**

- During December 2023, pay expenditure (excluding the effect of the notional pension adjustment from March 2023) decreased by c.£1.2m compared with November.
  - Enhancement costs were lower (£0.5m) which is an expected result of the payroll profiles,
  - Overtime, WLI and additional hours costs have decreased by c.£0.3m compared with November,
  - Substantive staff costs decreased by £0.1m,
  - Overall variable pay costs remain significant (£6.8m in month 9, YTD value £71.6m) but decreased by £0.3m compared with November particularly linked to nursing bank costs. The cessation of flexible reward payments continues to reduce the overall variable pay monthly average,

- HCSW costs in estates and facilities remain high linked to the continuation of enhanced cleaning standards and other Covid legacy related costs.
- Non-Pay Spend (excluding capital adjustments) has decreased by c.£1.8m. Key movements from month 8 include;
  - $_{\circ}$  WHSSC funded drug costs (Vertex) paid in month 8 off-set by lower external contract forecast costs following conclusion of outstanding queries with providers (£1.5m)
  - $\circ$  Community Pharmacy and Dispensing doctors GMS contract funding costs paid in month 8 (£0.8m)
  - Dental contract funded costs increased by £1.2m linked to DDRB funding received for 2023/24,
  - $\circ$  Drug cost reductions across most specialties (£0.5m) off-set by shingles vaccines increased spend £0.4m,
  - $\circ$  Endoscopy insourcing costs have decreased as planned, following the opening of the new unit (£0.4m),
  - Laboratory consumables decreases linked to test kits and service contracts (£0.25m).
- Demand pressures for elective and urgent care across all services, including primary care, mental health, acute and community hospitals remains above the pre pandemic levels. There are 287 inpatients who are fit for discharge as at the end of December; approximately 27% of the blocked bed days are health related, 45% are social care and package of care related with the remaining 28% relating to other reasons e.g. patient/family related, nursing homes, etc.
- The estimated cost for the year of continued blocked bed days for all reasons is c.£21.3m using a £200 cost per bed day. The challenges in terms of demand and flow across the UHB drive surge bed capacity requirements which result in increased demand in high cost temporary staff and overspends across the UHB. The delays need to reduce to avoid the requirement for this capacity and to achieve a safe and sustainable aligned service, workforce and financial plan for the UHB. There is a focus on optimising appropriate bed capacity to support financial sustainability for 2023/24 and the future, through the discharge and bed reduction saving programme.
- For December other issues include:-
  - Prescribing spend remains significant at £10m in-month (£91.4m year to date). The October PAR average cost per item was 7p lower than September. The 2023/24 forecast PAR price per item is now £7.51 (previously £7.58) due to the likely impact of Cat M drug prices from January especially for drugs such as Apixaban whereby the drug price has significantly decreased.

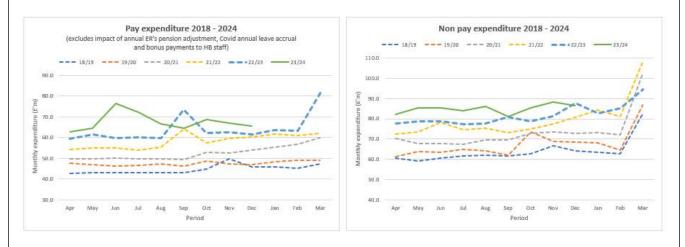
- CHC cost and growth pressures in Mental Health and Learning Disabilities (Mental Health year to date deficit variance of c.£5.1m, forecast £6.3m deficit),
- Increase of 10 out of county paediatric CHC packages (63 as at December, 5 of which are classified as high value), total year to date expenditure on external packages is currently £1.6m,
- On-going use of variable pay above budget within mental health wards for acuity as well as sickness and vacancy cover, (nursing variable pay within the Division of £5.6m year to date with over 40% linked to enhanced care),
- Enhanced cleaning, additional security and other Covid-19 legacy costs (£5.4m expenditure for year to date), and
- Increased non-pay costs across a number of areas including homecare drugs, respiratory equipment, diabetes pumps/consumables and hearing aids. Diabetes pumps and associated consumable costs are now forecast to be c.£1.5m above funded levels across both adult and paediatric services.

Key areas of focus for mitigating actions for the Health Board remain:

- System level working & redesign reducing DTOCs and additional bed capacity requirements
- o Elective care, Theatre and operational efficiency improvement,
- Urgent care pathways re-design,
- Demand and flow management,
- Workforce efficiency, reducing variable pay in particular agency and medical temporary pay costs,
- Driving Medicines management opportunities,
- Review of CHC pathways within Mental Health and Complex Care,
- Review of savings plans, current investments made and service options across Divisions,
- Other actions to improve the financial position e.g. review of income and non-pay expenditure.
- Consideration of longer term benefits of prevention services
- Optimising Digital solutions.
- Recruitment to vacant posts go through a weekly scrutiny panel process
- o A freeze on all agency and consultancy for administrative work
- Internal conferences not to be held at external venues
- IT equipment will be subject to IT department approval and refurbished or reallocated equipment will be used as the first call for requests for kit.
- A freeze on purchasing all office equipment and furniture

#### **Expenditure run-rates**

Pay and Non-Pay expenditure run-rates for the last four financial years are shown below, along with a chart showing annual total pay and the impact of pay awards;





The expenditure run-rates need to reduce in the remaining three months of the financial year to meet the revised forecast for the Health Board.

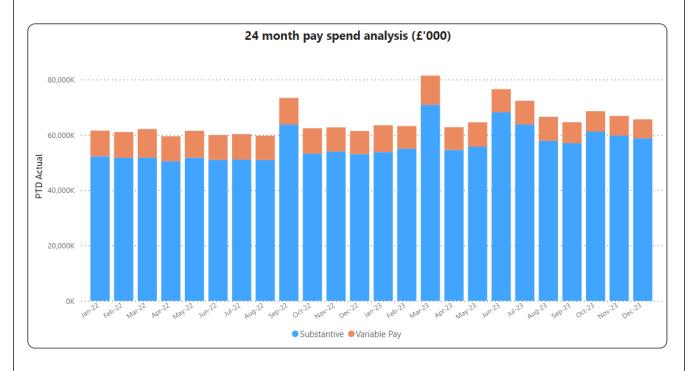
The run rate from the operational divisions (i.e. excluding reserves) drives an overspend of £4.5m per month - this will need to move to an average of £4.0m per month for months 10 to 12 to remain within the overall Health Board forecast deficit of £56.4m at year end. The forecasts for operational Divisions reflect a level of planned savings for the remainder of the financial year, which are described within this report. Achievement of these savings during months 10 to 12 will be critical and thus present a risk to the forecast position.

#### Workforce

The Health Board spent £65.6m on workforce in month 9 23/24, a decrease of £1.2m compared with month 8 driven by reduced enhancement, WLI, overtime and bank payments. This is likely to be impacted by the Christmas period with an

increase expected in January 2024. The monthly average year to date for 23/24 is £67.6m per month, (22/23 monthly average of £64.1m).

Workforce expenditure is shown below differentiating between substantive and variable pay<sup>2</sup>:

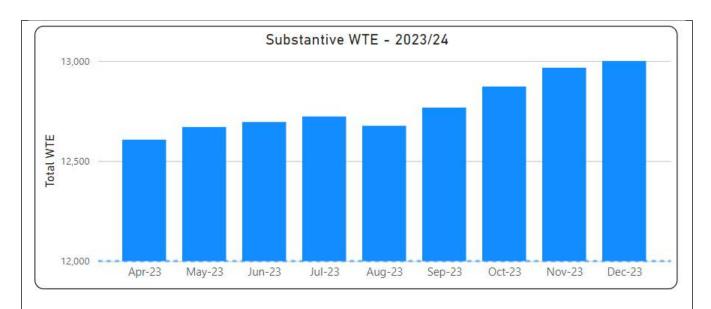


#### **Substantive staff**

Substantive pay was £58.8m in December, costs decreased by £0.9m compared with November due to reduced enhancements paid in December (£0.5m), reduced WLI payments (£0.1m), and reduced overtime/additional hours (£0.15m).

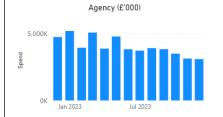
Month 9 includes 13,050 wte employed staff, an increase of 84 wte over the prior month. It is presumed that the full impact of this increase will be incurred in future months.

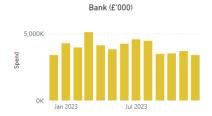
<sup>&</sup>lt;sup>2</sup> To enable useful comparisons and trends all references to 22/23 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£27.5m).

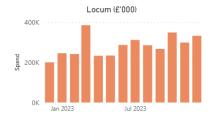


#### Variable pay

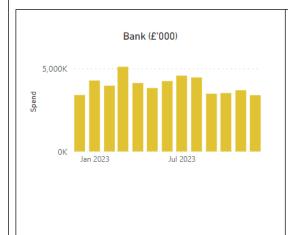
Variable pay (agency, bank and locum) was £6.8m in December. The monthly average variable pay is currently running at £8m for 2023/24 (£9.2m average 22/23). Vacancy cover along with sickness and enhanced care continue to drive a financial pressure as well as pressure on our workforce. Mental Health remains an area with a sustained increase in acuity which subsequently impacts variable pay. Nursing agency expenditure decreased slightly in-month and bank costs have significantly decreased, at this stage we cannot say if this will be a sustained reduction as it is likely they will increase in January after the Christmas period. Costs relating to vacancy cover have decreased which is likely to be linked to the increase in substantive staff in October.







#### **Bank staff**

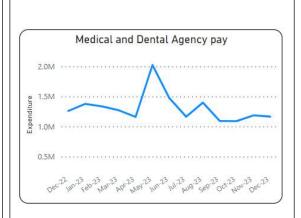


In-month spend of £3.4m, a £0.3m decrease compared with November, and reduced compared to the average spend April-December (£3.9m per month).

- Flexible rewards ceased end of August 23. Flexible rewards costs were £0.6m in August, with no new costs incurred since (£2.7m year to date).
- Continued pressures in Medicine wards, GUH Acute Medicine and GUH ED (c.£1.4m).
- Enhanced care / observation shifts particularly linked to Mental Health (£0.45m).
- Continued expenditure in Critical Care, General Surgery and Trauma & Orthopaedics for operational pressures / elective activity (£0.6m).
- Average bank spend in 2022/23 was £3.8m per month

#### Agency

Total agency spend in December was £3.1m compared with £3.1m in November.

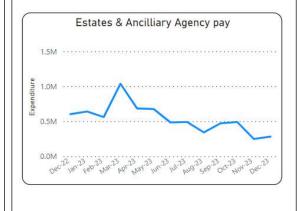


- In-month spend of £1.2m, a similar level compared with November.
  - On-going expenditure in specialist Mental Health, Managed Practices and Community Hospitals (£0.3m)
  - Continued pressures in Medicine wards, pathology and GUH ED to cover operational pressures (c.£0.25m).
  - COTE expenditure (c.£0.15m) for operational pressures.
  - Trauma & Orthopaedics costs (c.£0.15m) for junior rota (vacancies) and orthogeriatric cover that was implemented post GUH.
- Medical agency spend averaged c.£1.3m per month in 2022/23.



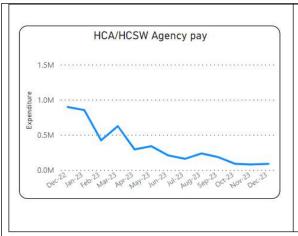
In-month spend of £1.4m a similar level compared with November. Average spend per month, year to date, is £1.4m per month.

- Reasons for use of registered nurse agency include:
  - Vacancy cover
  - o Additional service demand,
  - Enhanced care and increased acuity of patients across all sites, and
  - On-going sickness and international recruitment costs,
- On-going costs in GUH Emergency Department (c.£0.2m) and medicine wards (c.£0.6m) linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health agency costs of £0.1m mainly linked to enhanced care cover.
- Registered Nursing agency spend averaged c.£1.8m per month in 2022/23.



- In month spend of £0.28m on Estates & Ancillary agency, a similar level compared with November.
- Reasons for use of agency include:
  - Meeting enhanced cleaning standards,
  - Other additional surge capacity,
  - Sickness,
  - Vacancies and
  - Supporting National Covid-19 programmes (Mass Vaccination).
- Estates and Ancillary agency spend averaged c.£0.65m per month 2022/23.

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- In month spend of £0.089m on HCSW agency, showing sustained improvement at a similar level to November
- Areas where spend remains are:
  - MH&LD £28k including: £21k in Psychiatric ICU,
  - PCCS £26k across the wards including: £11k in County, £4k in YAB & £12k in STW.
  - Medicine £4k across the wards including: £3k NHH & £1k RGH
- HCSW agency spend averaged c£0.88m per month in 2022/23.

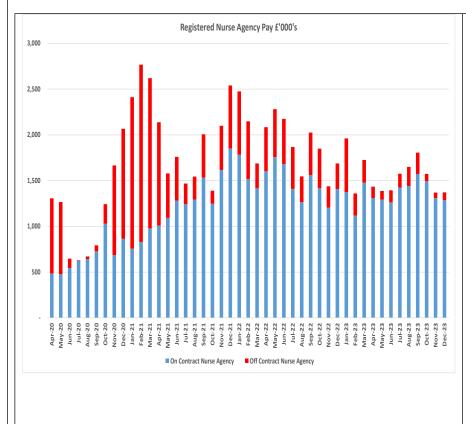
#### Registered Nurse Agency

Health Board spend in December 2023 on RN agency is £1.4m which is at a similar level compared with November. Any impact due to the removal of the flexi rewards for Bank staff is being monitored. It is forecast that decreases in bed capacity should directly reduce agency costs, albeit there will be limited opportunity for this during the winter period.

Current indications are that 23/24 agency costs could be circa £18.1m.

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

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



The Health Board spent "off" £0.08m on contract RN agency in December an increase of £0.02 compared to November. These costs reflect the on-aoina vacancy cover as well as smaller usage for other operational pressures such as:

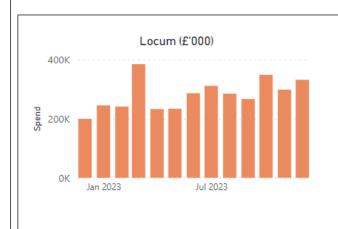
- Enhanced care,
- Additional capacity,
- Nursing vacancies,
- Patient safety, and
- Increased sickness and cover for staff in isolation.

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#### **Implications of Nursing Shift 'Fill Rate'**

It should be noted that there remain high levels of unfilled shifts. Whilst filling these shifts may improve workforce and service provision, there would be an increased cost. In December there were approximately 150 unfilled registered nursing shifts and 460 unfilled HCSW shifts, which could in total result in a further c.£0.2m if these shifts were filled. The increase in substantive appointments has now significantly decreased the level of unfilled shifts which demonstrates a service improvement but presents some financial risk in terms of variable pay reduction opportunity.

#### **Medical locum staff**

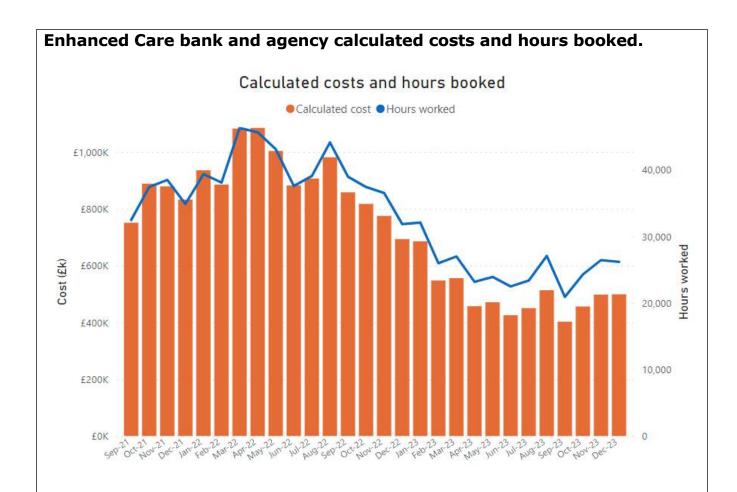


- Total locums spend of £0.3m, a similar level compared with November.
  - Radiology, Pathology, Gastro and YYF medicine are the specialties with the greatest in-month expenditure.
  - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

#### **Enhanced Care**

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

The following graph highlights the hours attributed to enhanced care for the period September 2021 to December 2023 (£0.5m 'notional calculated' expenditure in December) using bank and agency registered nurses and health care support workers. The trend suggests that targeted actions may be having a positive impact on enhanced care usage, in conjunction with other reasons for reduced variable pay usage.



The level of the provision of enhanced care for patients within the Medicine Division for April to December 2023 is shown below, it shows a small decrease in December within NHH and YYF off-set by an increase within GUH. It is assumed that the decreases are linked to where the 'patient safety' reviews have been undertaken, any longer term impact of these is to be monitored.

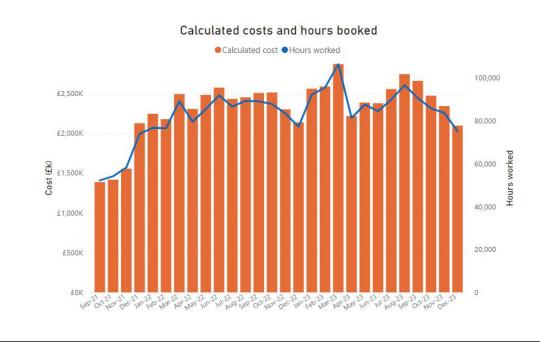
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Enhanced Care by Hospital Site as a percentage of total bed capacity	M1	M2	M3	M4	M5	M6	M7	M8	M9
RGH									
Total no of Medicine beds	192	192	192	192	192	192	192	192	192
Monthly average enh care patients	46	38	32	31	42	37	22	33	33
%age of beds in receipt of enh care	24%	20%	17%	16%	22%	19%	12%	17%	17%
NHH	M1	M2	М3	M4	M5	М6	M7	M8	M9
Total no of Medicine beds	164	164	164	164	164	164	164	164	164
monthly average enh care patients	17	17	23	23	24	25	23.2	22.8	20
%age of beds in receipt of enh care	10%	10%	14%	14%	15%	15%	14%	14%	12%
guн	M1	M2	М3	M4	M5	М6	M7	M8	M9
Total no of Medicine beds	91	91	91	91	91	91	91	91	91
monthly average enh care patients	14	12	12	11	10	9	11.87	12.16	14.86
%age of beds in receipt of enh care	15%	13%	13%	12%	11%	10%	13%	13%	16%
YYF	M1	M2	М3	M4	M5	М6	M7	M8	М9
Total no of Medicine beds	148	148	148	148	148	148	148	148	148
monthly average enh care patients	33	35	30	27	28	18	14	20	19
%age of beds in receipt of enh care	22%	23%	20%	18%	19%	12%	9%	14%	13%
Total									
Total no of beds	595	595	595	595	595	595	595	595	595
Total monthly average enh care patients	110	102	97	92	104	89	71	88	86
	18%	<b>17</b> %	16%	15%	17%	15%	12%	15%	15%

#### **Nursing vacancy cover**

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover vacancies. The graph highlights that in December 2023 variable pay relating to vacancies remains significant and is c.£2.1m of 'notional calculated' expenditure.

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

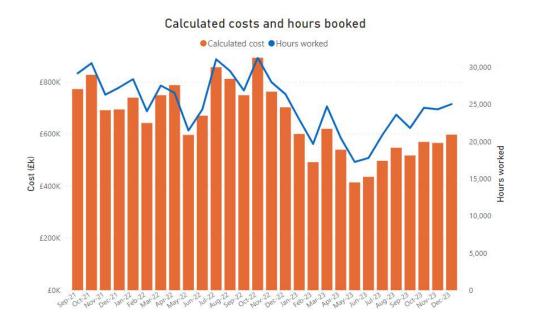


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#### **Nursing sickness cover**

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in December 2023 variable pay relating to sickness is significant (c.£0.6m) of 'notional calculated' expenditure.

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



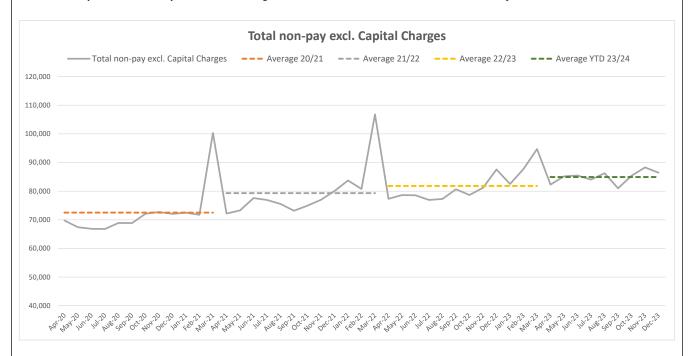
#### Non-Pay

Spend (excluding capital) was £86.5m in December, which is a £1.8m decrease when compared with November. Key reasons include:-

- Community Pharmacy and Dispensing doctors GMS contract funding costs in November (£0.8m)
- Dental contract costs increased by £1.2m, due to funded contract uplift incurred in December,
- WHSSC funded costs (Vertex) in month 8 (£1.5m)
- CAMHS scheme costs in line with funding received in month 8 (£0.5m),
- Drugs costs lower than planned likely linked to homecare (£0.5m) offset by vaccines increased costs £0.4m,
- Laboratory service contract and consumable costs reduced by £0.2m,

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



#### **Energy**

Energy costs remain a volatile cost pressure, additional non-recurrent funding received in 2022/23 was c.£13.7m with total expenditure of c.£22.2m. 2023/24 forecasts will continue to be updated in line with the latest data and advice received by NWSSP as well as internally for those energy costs outside of this arrangement. The latest forecast was received on the 8<sup>th</sup> January and is reflected in the following table.

Forecast expenditure for 2023/24 as at month 9 is £16.9m, compared with c.£29m IMTP estimates and the baseline 2022/23 costs of £22.2m.

Energy Report	2022/23 costs (baseline) (£'000)	2023/24 costs (forecast) (£'000)	Variance (£'000)
Total Shared Service Energy Cost	20,620	15,521	(5,099)
Total Other Energy costs	571	786	215
NWSSP (Greenvale Laundry)	992	569	(423)
Total	22,183	16,876	(5,307)

Note 2022/23 experienced a significant energy cost increase over 21/22 of £13.7m.

#### CHC

- CHC Mental Health the patient numbers at the end of December were 414 at an expected cost of £4.1m (419 patients at a cost of £4.2m in November).
- CHC Adult / Complex Care 556 total active placements on 31st of December at a cost of £4.4m in-month (decrease of 8 from previous month). There was an

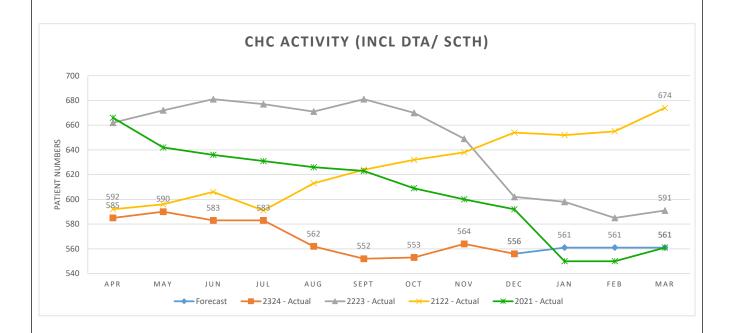
increase of 3 D2A patients and an increase of 1 placement on the 'Step Closer to Home' pathway in December. The table below summarises the current position (patients and forecast costs):

Activity	Dec 2023	Nov 2023	Movement
D2A	21	18	+3
Step Closer to Home	9	8	+1
All Other CHC	526	538	-12
Total	556	564	-8

£′000	M09 Forecast	M08 Forecast	M07 Forecast
D2A	2,273	2,165	1,948
Step closer to home	484	510	532
All other CHC	40,693	40,762	40,991
Total	43,450	43,437	43,472

• FNC - currently 1,059 active placements, which is a decrease of 9 compared to November (expenditure of £1m in December).

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



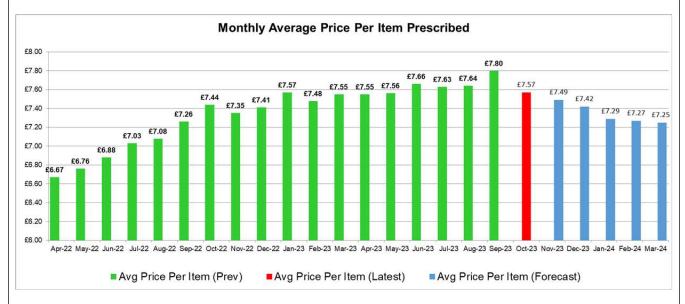
 CHC Paediatric – currently 24 Out of County patients (2023/24 year to date cost of £1.6m) and 18 internal packages (15 patients). There are 5 external and 3 internal high cost packages which continue to be a cost pressure against budget levels. There is also a high cost case awaiting a panel discussion.

#### **Prescribing**

- Primary Care prescribing the expenditure year to date is £91.4m. The December 2023 costs are based on October PAR data:
  - o IMTP item growth rate for 2023/24 of 0.8% (forecast volume of items based on the number of prescriptions for 23/24 is c.16.8m)
  - Current growth rate for the previous 12 months is 0.93% taking into account the number of prescribing days
  - IMTP average cost per item was £7.20.
  - Average actual cost per item for 2022/23 was £7.21.
  - Average cost per item price forecast for 2023/24 (April-March) is £7.51.
     This has decreased in month 9 by £0.07 because of the Cat M drug tariff reduction from January, this included further reductions in Apixaban which is now less than £5 per prescription (previously £50 in quarter 1).

The above intelligence is indicating a spend forecast of £121.2m for 23/24.

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





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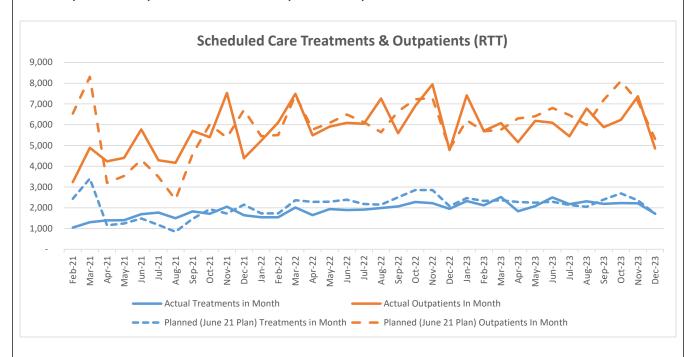
#### Scheduled Care treatments and outpatients

Elective Treatments for December '23 was 1,717 (November '23 was 2,212). Elective Activity in December has decreased by 495 treatments compared with November (22% decrease). The number of in month treatments are 4 above plan for December, resulting in a cumulative deficit against plan of 914 treatments.

Outpatient activity for December '23 was 4,854 (November '23 was 7,368). Outpatient activity has decreased in comparison with the level achieved in November (decrease of 2,514 attendances, 34%) and remains significantly below the planned levels on a year to date basis (5,688 cases).

There were WLIs in-month for elective treatments to improve the 156 week position for ENT.

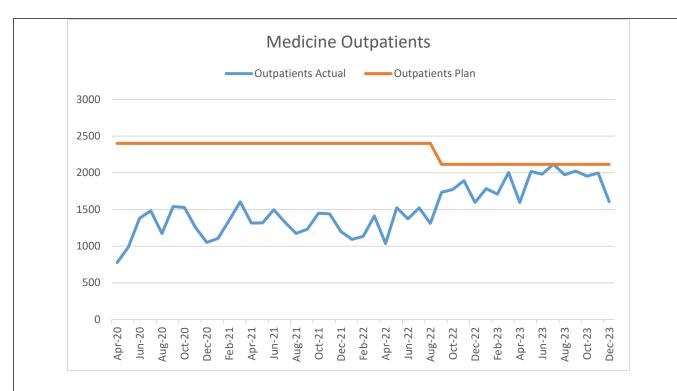
There remain significant efficiency opportunities in the delivery of elective care which need to be progressed as part of the Planned Care programme. The graph below presents performance compared to plan.



#### **Medicine Outpatient Activity**

Medicine Outpatient activity for December '23 was 1,606 attendances (November '23 was 1,997 attendances), it is assumed that activity decreased as planned over the Christmas holiday period, the activity is presented below:

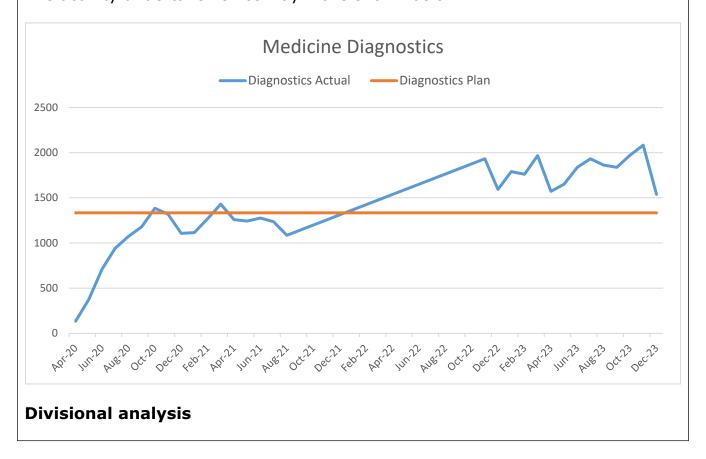
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#### Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for December '23 was 1,539 procedures which is 205 cases more than plan (November '23 activity was 2,082). Reduced activity was planned over the Christmas holiday period.

The activity undertaken since May '20 is shown below.



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

The table below identifies operational divisional forecasts at month 9.

Summary Reported position - December 2023 (M09)	Annual Year Budget £000s	Full-year forecast at M09 £000s	Full-year forecast at M08 £000s	Movement £000s
Operational Divisions:-				
Primary Care and Community	289,819	928	1,317	(389)
Prescribing	111,133	10,077	11,221	(1,144)
Community CHC & FNC	73,630	(3,672)	(3,623)	(49)
Mental Health	127,706	12,571	12,652	(81)
Scheduled Care	197,786	9,403	9,140	263
Clinical Support Services	62,608	(774)	(536)	(237)
Medicine	153,091	12,554	13,310	(756)
Urgent Care	34,984	5,119	5,030	89
Family & Therapies	132,478	3,715	3,715	0
Estates and Facilities	87,676	6,263	5,922	341

In line with the ABUHB performance escalation framework, Divisions with a forecast overspend attended escalation 'special budgetary financial review' meetings to establish further plans to achieve an improved financial forecast, ensure control and governance procedures are maintained and identify any areas requiring support.

Divisional forecast movement summaries are as follows (f=favourable, a=adverse):-

- Primary Care and Community £0.389m (f) due to GDS uplift and other primary care slippage.
- Prescribing £1.144m (f) due to reduced price per item and increased savings for Apixaban.
- Community CHC & FNC £0.049m (f) reduced forecast numbers for CHC.
- Mental Health £0.081m (f) reduced CHC forecast and drugs costs.
- Scheduled Care £0.263m (a) increased forecast costs for 156 week waits and certificate of sponsorship costs off-set by reduced drugs costs.
- Clinical Support Services £0.237m (f) relating to laboratory consumables costs.
- Medicine £0.756m (f) WHSSC cardiology funding and reduced drugs usage costs.
- Urgent Care £0.089m (a) increased costs relating to the Pre-hospital unit (PRU).
- Family & Therapies unchanged
- Estates & Facilities £0.341m (a) additional bed contract rental costs and facilities provisions.

#### Covid-19 - 2023/24 Revenue Financial Assessment

Covid-19 funding of £15.4m (£6.4m received, £9m anticipated) is for specific schemes only these are:

- Nosocomial investigation- £0.753m
- PPE (quarters 1 and 2) £0.603m
- Health Protection (quarters 1 and 2) £2.446m
- Immunisation/Mass Vaccination (quarters 1 and 2) £2.076m
- Adferiad (Long Covid) £0.486m

#### Anticipated funding

- Immunisation (Mass Vaccination) (quarters 3-4) £5.724m
- Surveillance (TTP) (quarters 3-4) £2.354m
- Adferiad (Long Covid) £0.121m
- PPE (quarters 3-4) £0.797m

Spend will continue to be reviewed as detailed service delivery plans and models are approved, however, the UHB's financial plan and forecast depends on the receipt and retention of the full levels of funding anticipated.

The Health Board continues to incur additional costs related to Covid-19 for enhanced cleaning standards, security and rental costs. These costs result in an ongoing financial pressure for the Health Board.

Following a review of all operational expenditure relating to Health Protection, forecast expenditure remains at £12.6m.

As a result, anticipated income remains at £12.6m which is £0.3m below the original IMTP funding level of £12.9m. The forecast needs continued review to ensure that these costs are within the Health Protection funding envelope.

#### **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 or they are earmarked to support the financial position.

A number of items in reserves have been re-allocated to specifically indicate that they are supporting the financial position. A summary of all Health Board reserves on  $31^{\rm st}$  December, along with details of amounts approved for delegation by the CEO in Month 9 can be found in the appendices.

#### Long Term Agreements (LTA's)

ABUHB has signed LTA documentation with all organisations apart from Cwm Taf.

ABUHB have fully reflected the Cwm Taf arbitration outcome since Month 8. ABUHB were successful in reducing the contract by c.£2m for 2023/24. The value was determined by WG and AB will abide by this decision, however, the agreement itself is yet to be signed by both parties. A signed heads of agreement letter was sent to Cwm Taf (21/12/23) but no response has been received.

Meetings have commenced with CTMUHB to establish a revised LTA contract for 2023/24 and 2024/25, however, there is likely to be continued differences between the intentions of each Health Board.

#### **Underlying Financial Position (ULP)**

The Underlying (U/L) forecast position was a brought forward value of £89.6m. The current revised carry forward position into the 2024/25 financial year is assessed to be aligned with the revised 2023/24 £145m forecast deficit reduced by anticipated funding. This forecast will undergo further review during 2023/24 as part of the 2024/25 annual plan process.

The analysis of the c/f underlying deficit is as follows: -

- Mid-Year Review revised forecast (from plan £112m) £145.7m
- Additional WG funding (received Month 7 assumed recurrent) £64.5m
- **Total £81.2m**

It is noted that this assumes Health Board savings and mitigating actions for 2023/24 are implemented in line with the plan.

Financial sustainability is an on-going priority and focus for the Health Board & will form the basis upon which the 2024/25 Annual Plan is developed.

It should be noted that although the £64.5m allocations are recurrent in principle they are **conditional** on HB's making progress to delivering the WG target control totals, £13m deficit for ABUHB. The reduction in forecast by £1m for December demonstrates progress.

#### Savings delivery

As part of the IMTP submitted by the Board to Welsh Government, the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 9 the forecast achievement in 23/24 of green and amber schemes is reported as £42.4m. This includes the additional options considered and approved by the Board on the 11th October.

Of the expected £42.4m savings delivery, actual savings delivered to December amount to £27.9m.

As part of revised escalation arrangements the Board has established a Value and Sustainability Board to progress savings, mitigations delivery, Executive leads have been allocated to the following themes:-

- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention
- Digital

The challenge for ABUHB is significant and the reported forecast deficit at month 9 is based on mitigations considered by the Board on the  $11^{th}$  October and at previous sessions.

The table below presents the month 9 updated forecast savings profile:

	£m							
RAG Rating	IMTP	Month 5	Month 6	Month 7	Month 8	Month 9		
Green	24.0	24.7	29.0	29.2	32.6	34.0		
Additional Green ideas		3.3	5.6	6.4	6.5	6.5		
Amber	8.0	2.2	7.9	6.5	2.6	1.9		
Red savings variance	19.5	21.3	9.0	9.4	9.8	9.1		
Total	51.5	51.5	51.5	51.5	51.5	51.5		

The year to date savings delivery is £27.9m.

## Savings Progress as at Year to Date Month 09 □ ABUHB Savings required to be Identified Per IMTP Submission IMTP Savings Identified to WG Savings Plans Forecast Delivering ■ Savings Achieved to M09 60,000 50,000 40,000 30,000 20,000 10,000

### **Month 9 Forecast Savings Plans**

	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	6,459	926	5,533	6,933
Commissioned Services	7,014	3,195	3,819	3,819
Medicines Management (Primary and Secondary Care)	5,588	21	5,567	8,254
Pay	14,822	5,313	9,510	10,040
Non Pay	8,561	4,853	3,707	4,028
Total	42,444	14,308	28,136	33,073

#### Month 9 Forecast Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	6,295	926	5,369	6,465
Commissioned Services	7,014	3,195	3,819	3,819
Medicines Management (Primary and Secondary Care)	5,588	21	5,567	8,254
Pay	13,999	4,774	9,225	9,755
Non Pay	7,668	4,125	3,543	3,846
Total	40,564	13,041	27,523	32,138

To achieve the revised forecast the Health Board needs to ensure that savings plans are successfully implemented and that potential risks are offset by mitigation either through additional savings plans or other solutions.

The graph below describes the current profile of green and amber savings (£42.4m), noting that the delivery of other mitigating actions not reflected in the savings graph will be essential to support achievement of the £56.4m forecast deficit.



#### **Savings Plans progress to Note**

- The savings schemes relating to the closure of beds of £2.25m has been removed due to the on-going operational pressures. It should be noted that savings for Ruperra ward in St Woolos (24 beds) and smaller piecemeal bed closures have been included within Divisional plans.
- Medicine reduced Cardiology evening sessions from 4 to 2, however, this is impacting the waiting lists and may need to be reconsidered.
- Urgent Care are reviewing the use of Discharge Lounges, this needs to be considered alongside discharge improvement plans.
- Good progress is now being made with CHC package reviews.
- Apixaban drug savings increased in month 9 (c.£0.3m)

It is vitally important that all budget holders continue to pursue savings plans to meet the ABUHB financial target and mitigate operational pressures, however, it is acknowledged that the Junior Doctor strike will impact this work.

#### 2023/24 IMTP revenue plan profile

The in-month variance profile submitted as part of the IMTP for 2023/24 is presented below:

£n	n Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Forecast year-end
														position
Revis	sed forecast position	12.27	12.27	8.75	8.90	8.90	8.75	8.90	8.90	8.90	8.90	8.90	8.48	112.85

The revised profile for 2023/24 with the updated forecast, current savings assessment and updated for new funding, noting the month 9 position is described as follows: -

													Forecast
£m Deficit (Surplus)	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	year-end
													position
Revised forecast position	13.49	15.98	14.52	13.11	14.32	10.74	(40.28)	4.077	1.013	3.619	2.921	2.920	56.415

#### Risks & Opportunities (2023/24)

There are significant challenges to achieving the financial forecast for 2023/24, which include: -

#### Risks:

- Ensuring delivery of the savings plans identified in the annual plan,
- Receipt of Strategic Cash funding from WG,
- Receipt of all anticipated funding,
- Managing variable pay linked to workforce operational pressures,
- Identifying savings to mitigate any further financial pressures identified outside of the plan,
- Delayed transfers of care due to LA service challenges (estimated c.£6.5m year to date impact),
- Funding for any wage award or change in terms and conditions,
- Impact of any strike action,
- Prescribing growth in items and average cost per item,
- Further CHC fee uplifts above forecast levels,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16,
- WCCIS in relation to the cessation of WG supporting the use of the platform required to run it, ABUHB has invested in staff to undertake work related to phases 2 & 3. If it is decided to cease this work then the costs of these staff will no longer be eligible for Capital funding and will transfer to revenue,
- The new funding indicted in Judith's Paget's letter was apportioned based on Commissioner shares, there is a risk that the HB will be directed to pass some of the funding through to the Providers of AB's services,
- IFRS 16 for PFI schemes. HM treasury has issued guidance related to the accounting / recording of the index linked payments in accordance with IFRS 16 from 2023/24. This could mean additional charges to revenue, this is being taken forward by WG colleagues,
- RISP national project funding excluding VAT based on the assumption it is reclaimable along with any impact of an 'onerous' contract accounting requirements, and
- Impact on service delivery and performance on waiting times because of savings required.
- Specific economic factors/Ukraine conflict issues such as energy costs, supply chain issues and non-pay inflation including travel expense costs, and
- Additional national IMTP programme costs.

#### **Opportunities**

- Potential energy cost reduction using British Gas assumptions,
- A share of 6 Goals funding slippage, to be confirmed with the All Wales lead,
- VAT rebates,
- Velindre NICE performance,
- Re-review of 'discounted' savings ideas, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

#### **Capital**

The approved Capital Resource Limit (CRL) as at Month 9 totalled £52.789m. In addition, Charitable funds donations totalling £0.150m and disposals proceeds of £0.493m have been confirmed. The forecast outturn at Month 9, after adjusting for AWCP funding that is required to be returned in relation to underspends (£0.199m), is breakeven. Most of the forecast AWCP underspend (£0.199m) relates to the YYF Centralised Breast Unit scheme which is nearing completion (further details below).

The Health Board confirmed the CRL requirements for All Wales Capital Programme (AWCP) schemes at the end of October. Any future slippage will need to be managed by the Health Board through brokerage with the Discretionary Capital Programme.

The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £0.478m in 2023/24 which is being funded by the Discretionary Capital programme (DCP). The total forecast overspend for the scheme is £0.835m with the balance of this amount falling into 2024/25. The handover of Phase 1 of the building is due to take place on 8th January 2023. Occupation of the new building and vacation of the old health centre is likely to need to take place just after the new year period over a 3 to 4-week period. A meeting with NWSSP took place in October to discuss the £1.137m ex VAT of unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes that are intended to be submitted as an additional funding request to WG once there is more certainty over the total Further risks are identified in relation to seven rejected project overspend. compensation events which total £2.541m plus VAT (including re-design of the foundations (£0.753m plus VAT), costs associated with the cancellation of the brick supply (£0.644m plus VAT), the delay associated with the remedial works to the heart floor slab (£0.367m plus VAT) and delays in relation to the electricity and water meter installations (£0.534m plus VAT)) which are not currently built into the forecast outturn. If these claims are found to be valid, they will significantly increase the reported overspend position.

The works to NHH Satellite Radiotherapy Centre Scheme are progressing. A 10week delay has previously been confirmed due to the adverse ground conditions under the now demolished Ante Natal Clinic. This has resulted in a compensation event being awarded to the contractor of £0.468m plus VAT. The revised completion date is now February 2025. RAAC has also been found to be present in an area of the existing hospital which will link to the new unit. A submission has been made

to Welsh Government requesting the RAAC removal costs (£334k plus VAT) be funded in 2024/25.

Works at the YYF Breast Centralisation Unit are due to complete in January with the first clinics expected to take place on the 29th January. The scheme is currently forecasting an underspend of £0.197m, however, the final account is still to be agreed with the contractor.

Works on Newport East H&WBC continue at around 15 weeks behind original programme, with brickwork due to commence in the next month. Scheme completion remains scheduled for March 2025. There is a forecast overspend of £0.323m on the project overall which will impact on the 2024/25 DCP unless mitigated by additional funding and / or value engineering savings.

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting slippage of £0.230m due to delays associated with the discovery and removal of further asbestos found under the building post demolition. WG will be advised of the brokerage with the DCP.

Varying levels of progress are being made on the schemes within the EFAB allocations. Whilst some schemes are progressing well, further slippage is expected on others. It is anticipated that this will be managed through flexibility between the allocation headings, and the overall 2023/24 budget is still forecast to be fully spent.

Tenders were returned for the CAMHS Sanctuary Hub scheme on the 21st December. Works are expected to commence in February. The forecast for this scheme may need to be revised downwards next month (once the appointed contractor is confirmed) due to the delayed start to the works.

Additional funding has been received during December in relation to works and equipment to support Emergency Departments (£0.145m).

In early January, the Health Board has received funding letters from Welsh Government in support of the GUH ED Extension scheme, NHH RAAC works, Ty Gwent Lease enhancements and Diagnostic equipment. The adjustments to the Health Boards CRL are expected in January.

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £7.107m made up of:

- 2023/24 DCP Funding £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution (£0.629m)
- Less 2022/23 AWCP scheme brokerage (£2.278m)
- NBV of Assets Disposed £0.493m

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £6.843m generating an underspend against DCP of £0.264m. This saving is being used to partially offset the overspend against the Tredegar H&WBC (£0.478m). The uncommitted DCP contingency balance currently stands at £0.411m.

In addition to the remaining contingency, the approvals received for the GUH ED Extension and NHH RAAC Urgent works will reimburse circa £1.25m to the 2023/24 Discretionary Capital Programme. Whilst there remains a risk of further overspend against Tredegar H&WBC, due to the issues mentioned above, a plan has also been developed to ensure there are schemes available to spend the remaining funding before the end of March. The draft Capital Programme for 2024/25 has been developed and will be take to the January Board meeting for approval. The 2024/25 programme will include schemes and a further reserve list of bids that can be accelerated into 2023/24 to ensure the CRL is fully utilised.

#### Cash

The cash balance on the  $31^{st}$  of December is £5.51m, which is below the advisory maximum figure set by Welsh Government of £6m.

As part of the mid-year financial review the Board gave approval for the CEO to submit a request for the necessary strategic cash support for 2023/24 because of the deficit position. The initial request has not been supported by WG however WG are due to provide an update by the end of January 2024.

#### **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 cumulatively (97.2% year to date). There has been an increase in the number & value of NHS invoices paid within 30 days this month & cumulatively although the value of these invoices results in a reduction in the percentage achieved. This is due to a number of salary sacrifice scheme and Velindre Trust invoices being paid within December.

We are continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and at the NHS payment rate.

#### **Argymhelliad / Recommendation**

#### The Board is asked to note for assurance:

- ➤ The financial performance at the end of December 2023 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2023/24,
- ➤ The revenue reserve position on the 31st of December 2023,
- > The Health Board's underlying financial position, and
- > The capital position.

Note the appendices attached providing further detailed information.

Month 9 WG Monthly Monitoring Return tables are included.

### Appendices:



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ABUHB%20MMR%2 Appendix%202%20-0Commentary-Mont%20WG%20MMR%2

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

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

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AWCP - All Wales Capital Programme

AP – Accounts Payable

AOF - Annual Operating Framework

ATMP – Advanced Therapeutic Medicinal

**Products** 

B/F - Brought Forward

BH - Bank Holiday

C&V – Cardiff and Vale

CAMHS - Child & Adolescent Mental Health

Services

C/F - Carried Forward

CHC - Continuing Health Care

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

Wales

COTE – Care of the Elderly

CRL – Capital Resource Limit

Category M – category of drugs

CEO - Chief Executive Officer

CEAU - Children's Emergency Assessment Unit

CTM – Cwm Taf Morgannwg

D&C - Demand & Capacity

DCP - Discretionary Capital Programme

DHR - Digital Health Record

DNA - Did Not Attend

DOSA - Day of Surgery Admission

D2A - Discharge to Assess

DoLS - Deprivation of Liberty Safeguards

DoF – Director(s) of Finance

DTOC - Delayed Transfer of Care

EASC - Emergency Ambulance Services

Committee

ED - Emergency Department

EDCIMS - Emergency Department Clinical

Information Management System

eLGH - Enhanced Local general Hospital

EFAB – Estates Funding Advisory Board

ENT – Ear, Nose and Throat specialty

EoY - End of Year

ETTF - Enabling Through Technology Fund

F&T - Family & Therapies (Division)

FBC - Full Business Case

FNC - Funded Nursing Care

GDS - General Dental Services

GMS – General Medical Services

GP – General Practitioner

GWICES – Gwent Wide Integrated Community

**Equipment Service** 

GUH - Grange University Hospital

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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

H&WBC - Health and Well-Being Centre

IMTP - Integrated Medium Term Plan

INNU - Interventions not normally undertaken

IPTR - Individual Patient Treatment Referral

I&E - Income & Expenditure

ICF - Integrated Care Fund

LoS - Length of Stay

LTA - Long Term Agreement

LD - Learning Disabilities

MH - Mental Health

MSK - Musculoskeletal

Med - Medicine (Division)

MCA - Mental Capacity Act

MDT - Multi-disciplinary Team

MMR - Welsh Government Monthly Monitoring

Return

NCA – Non-contractual agreements

NCN - Neighbourhood Care Network

NCSO - No Cheaper Stock Obtainable

NI - National Insurance

NICE - National Institute for Clinical Excellence

NHH - Neville Hall Hospital

NWSSP - NHS Wales Shared Services

**Partnership** 

ODTC – Optometric Diagnostic and Treatment

Centre

OD - Organisation Development

PAR - Prescribing Audit Report

PCN – Primary Care Networks (Primary Care

Division)

PER - Prescribing Incentive Scheme

PICU – Psychiatric Intensive Care Unit

PrEP - Pre-exposure prophylaxis

PSNC -Pharmaceutical Services Negotiating

Committee

PSPP - Public Sector Payment Policy

PCR - Patient Charges Revenue

PPE – Personal Protective Equipment

PFI - Private Finance Initiative

RGH - Royal Gwent Hospital

RN - Registered Nursing

RRL - Revenue Resource Limit

RTT – Referral to Treatment

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	RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast SpR – Specialist Registrar STW – St. Woolos Hospital TCS – Transforming Cancer Services (Velindre programme) T&O – Trauma & Orthopaedics TAG – Technical Accounting Group UHB / HB – University Health Board / Health Board USC – Unscheduled Care (Division) UC – Urgent Care (Division) ULP – Underlying Financial Position VCCC – Velindre Cancer Care Centre VERS – Voluntary Early Release Scheme WET AMD – Wet age-related macular degeneration WG – Welsh Government WHC – Welsh Health Circular WHSSC – Welsh Health Specialised Services Committee WLI – Waiting List Initiative WLIMS – Welsh Laboratory Information Management System WRP – Welsh Risk Pool YAB – Ysbyty Aneurin Bevan YTD – Year to date YYF – Ysbyty Ystrad Fawr
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Finance & Performance Committee

Effaith: (rhaid cwblhau)					
Impact: (must be completed)					
Is EIA Required and included with this paper					
Asesiad Effaith	No does not meet requirements				
Cydraddoldeb					
<b>Equality Impact</b>	An EQIA is required whenever we are developing a				
<b>Assessment</b> (EIA) completed	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				

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

https://futuregenerations.wal es/about-us/futuregenerations-act/ Long Term - The importance of balancing shortterm needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

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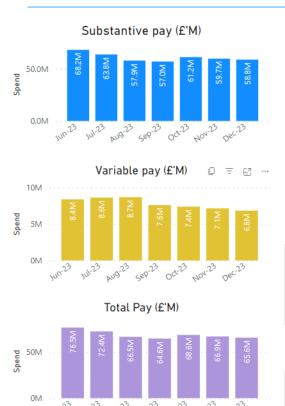
## **Aneurin Bevan University Health Board**

# Finance Report – December (Month 9) 2023/24 Appendices

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

#### Pay summary



#### Substantive (£'000)

Pay category	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
ADD PROF SCIENTIFIC AND TECHNICAL	2,427	2,429	2,163	2,150	2,139	2,305	2,334
ADDITIONAL CLINICAL SERVICES	10,340	9,152	8,071	7,755	7,816	8,001	7,746
ADMINISTRATIVE & CLERICAL	12,484	11,514	10,101	9,893	10,076	10,379	10,192
ALLIED HEALTH PROFESSIONALS	4,803	4,508	4,000	4,009	4,035	4,152	4,171
ESTATES AND ANCILLIARY	3,777	3,342	2,974	2,875	2,868	2,973	2,888
HEALTHCARE SCIENTISTS	1,334	1,238	1,118	1,111	1,112	1,136	1,131
MEDICAL AND DENTAL	13,153	13,297	13,297	13,213	16,884	14,212	13,998
NURSING AND MIDWIFERY REGISTERED	19,843	18,278	16,143	15,996	16,281	16,582	16,346
STUDENTS	6	5	4	4	2	2	4
Total	68,166	63,763	57,871	57,006	61,213	59,741	58,810

%	Avg
1.3%	
-3.2%	
-1.8%	
0.5%	
-2.9%	
-0.5%	
-1.5%	
-1.4%	
177.9%	
-1.6%	1
	1,3% -3,2% -1,8% 0,5% -2,9% -0,5% -1,5% -1,4% 177,9%

Avg 22/23
2,027
7,111
9,419
3,839
2,781
1,039
13,085
15,603
9
54,913

#### Variable pay (£'000)

Pay category	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Agency	3,827	3,724	3,913	3,835	3,497	3,132	3,093
Bank	4,242	4,568	4,460	3,480	3,519	3,692	3,392
Locum	286	311	285	267	349	299	332
Total	8,355	8,603	8,658	7,582	7,365	7,122	6,817

-1.2%
-8.1%
11.2%
-4.3%

	Avg 22/23
П	5,077
Ш	3,831
Ш	260
	9,169

#### Total pay (£'000)

	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Pay	76,521	72,366	66,529	64,588	68,578	66,863	65,627

Change	%			
-1,236	-1.8%			



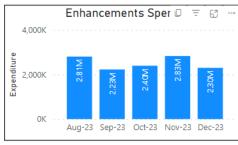
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# Pay Summary (2): Substantive Pay

## Substantive pay by analysis code













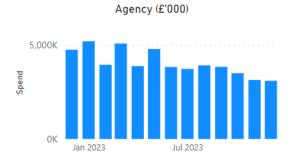
Analysis type	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Tota
□ ENHANCEMENTS						
⊕ Medicine	532	410	434	540	437	2,353
⊞ Scheduled Care	434	337	366	454	363	1,95
⊞ Estates and Facilities Division	394	346	340	382	316	1,778
	352	279	299	351	295	1,57
⊞ Primary Care and Community	335	257	324	336	268	1,52
⊞ Mental Health and LD	266	205	212	257	212	1,15
⊞ Urgent Care	220	177	186	240	191	1,01
⊕ CHC and FNC	119	93	101	120	96	52
⊕ Clinical Support Services	118	95	99	113	89	51
⊕ Corporate	35	27	36	38	32	16
Total	2,807	2,226	2,396	2,831	2,300	12,56
<b>∄ Additional Hours</b>	1,048	984	941	1,120	1,068	5,16
<b>∃</b> CONSULTANTS SESSION: CLINICAL	580	576	746	581	609	3,09
OVERTIME	269	218	249	324	260	1,32
⊕ Waiting List Payments: Consultants	304	191	218	219	132	1,06
⊕ ON CALL	79	59	65	70	62	33
Total	5,087	4,253	4,615	5,146	4,432	23,53

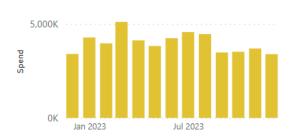
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# Pay Summary (3): Variable Pay (£'k)

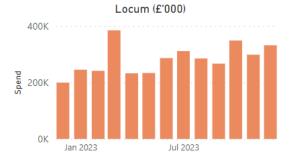
Pay category	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23
Agency													
Admin & Clerical Agency	152	79	10	147	72	64	77	49	41	39	86	38	29
Allied Health Prof Agency	108	232	188	165	171	219	147	196	196	192	123	165	135
Estates & Ancilliary Agency	602	639	560	1,036	683	675	483	490	341	471	489	246	281
Medical Agency	1,261	1,377	1,336	1,271	1,162	2,025	1,474	1,165	1,399	1,093	1,091	1,187	1,166
Nurse HCA/HCSW Agency	898	853	423	625	293	339	209	160	236	183	89	79	89
Other Agency	37	53	64	105	58	70	43	90	49	50	46	47	21
Registered Nurse Agency	1,688	1,962	1,359	1,726	1,434	1,387	1,394	1,575	1,650	1,807	1,574	1,369	1,371
Total	4,745	5,195	3,941	5,075	3,873	4,781	3,827	3,724	3,913	3,835	3,497	3,132	3,093
Bank													
Admin & Clerical Bank	80	109	88	123	94	86	108	114	92	92	82	89	87
Estates & Ancilliary Bank	155	156	158	204	138	142	166	216	201	215	216	224	243
Nurse HCA/HCSW Bank	1,249	1,614	1,452	1,765	1,598	1,485	1,635	1,811	1,816	1,438	1,520	1,572	1,473
Other Bank	0	0	0	0	0	0	0	1	-1	0	2	-2	0
Registered Nurse Bank	1,918	2,397	2,268	3,014	2,295	2,110	2,332	2,425	2,352	1,736	1,699	1,808	1,589
Total	3,402	4,277	3,965	5,105	4,125	3,823	4,242	4,568	4,460	3,480	3,519	3,692	3,392
Locum													
Medical Locum	200	245	241	385	233	234	286	311	285	267	349	299	332
Total	200	245	241	385	233	234	286	311	285	267	349	299	332
Total	8,346	9,717	8,148	10,565	8,230	8,838	8,355	8,603	8,658	7,582	7,365	7,122	6,817

Change	%
-9	-24.2%
-30	-18.1%
35	14.1%
-20	-1.7%
10	12.0%
-25	-54.4%
2	0.1%
-39	-1.2%
-3	-3.0%
20	8.8%
-100	-6.3%
2	-99.0%
-219	-12.1%
-299	-8.1%
34	11.2%
34	11.2%
-305	-4.3%





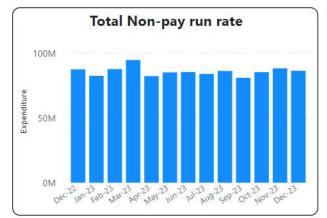
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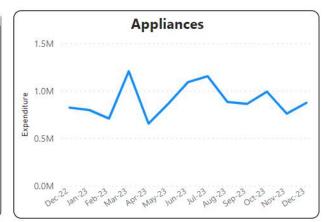
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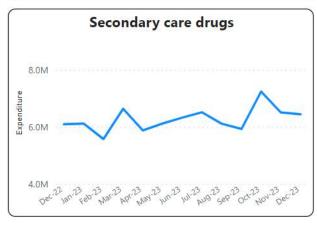
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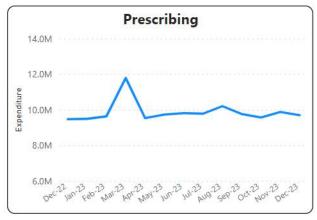
## **Non-Pay Summary:**

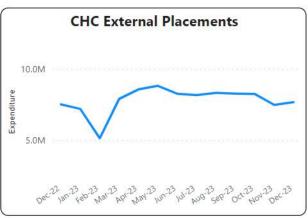












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## **Referral to Treatment (RTT):**

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 '23 was 1,717 (November '23: 2,212, 2022/23 total: 22,327, 2019/20 total: 28,004)

P	lanned Treat	ments (M09)				Ac	tual Treatm	ents (M09)					Tr	eatment Var	iance (M09)		
Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total	Treatment	Core	Backfill	WLI	Other	Total
N107-Dermatology	183	0		0	183	N107-Dermatology	156	16	0		172	Derm	(27)	16	0	0	(11)
N147-ENT	109	0		0	109	N147-ENT	81	17	11		109	ENT	(28)	17	11	0	0
N105-General Surgery	195	40		0	235	N105-General Surgery	298	28	1		327	GS	103	(12)	1	0	92
N146-Oral Surgery	111	6		0	117	N146-Oral Surgery	176	0	0		176	Max Fax	65	(6)	0	0	59
N148-Ophthalmology	268	0		0	268	N148-Ophthalmology	187	4	0		191	Ophth	(81)	4	0	0	(77)
N108-Rheumatology	0	0		0	0	N108-Rheumatology	0	0	0		0	Rheum	0	0	0	0	0
N115-Trauma & Orthopaedics	326	90		0	416	N115-Trauma & Orthopaedics	491	31	0		522	T&O	165	(59)	0	0	106
N106-Urology	385	0		0	385	N106-Urology	214	6	0		220	Urology	(171)	6	0	0	(165)
	1,577	136	0	0	1,713		1,603	102	12	0	1,717		26	(34)	12	0	4

• Outpatient activity for December '23 was 4,854 (November '23: 7,368, 2022/23 total: 65,873, 2019/20 total: 75,707)

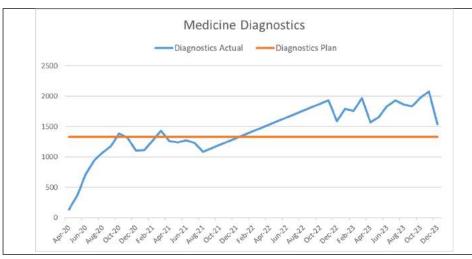
Pl	anned Outpa	atients (M09)					Actual Outpa	tients (M09)					0	utpatient Va	riance (M0	9)	
Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Total	Outpatient	Core	Backfill	WLI	Other	Tota
N107-Dermatology	1,053	0		0	1,053	N107-Dermatology	698	0	0	0	698	Derm	(355)	0	0	0	(35
N147-ENT	541	0		0	541	N147-ENT	265	91	0	0	356	EI	(276)	91	0	0	(185
N105-General Surgery	1,264	0		0	1,264	N105-General Surgery	1,451	99	0	0	1,550	GGS	187	99	0	0	286
N146-Oral Surgery	233	40		0	273	N146-Oral Surgery	334	14	0	0	348	Max Fax	101	(26)	0	0	75
N148-Ophthalmology	575	0		0	575	N148-Ophthalmology	556	7	0	0	563	Ophth	(19)	7	0	0	(12
N108-Rheumatology	123	0		0	123	N108-Rheumatology	151	0	0	0	151	Rheum	28	0	0	0	28
N115-Trauma & Orthopaedics	968	140		0	1,108	N115-Trauma & Orthopaedics	622	0	0	0	622	T&0	(346)	(140)	0	0	(486
N106-Urology	361	18		0	379	N106-Urology	549	0	17	0	566	Urology	188	(18)	17	0	187
	5,119	198	0	0	5,317		4,626	211	17	0	4,854		(493)	13	17	0	(46

## Medicine Outpatients activity for December '23 was 1,606 (November '23: 1,997, 2022/23: 19,258):

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	216	-259
Cardiology	430	417	-13
Respiratory (inc Sleep)	455	366	-89
Neurology	257	277	20
Endocrinology	186	155	-31
Geriatric Medicine	313	175	-138
Total	2116	1606	-510

YTD Plan	YTD Actual	Variance
4275	3356	-919
3870	3869	-1
4095	4093	-2
2313	2556	243
1674	1490	-184
2817	1902	-915
19044	17266	-1778
	4275 3870 4095 2313 1674 2817	4275     3356       3870     3869       4095     4093       2313     2556       1674     1490       2817     1902

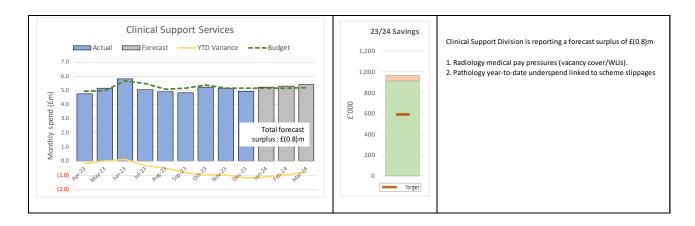
## Medicine Diagnostics activity for December '23 was 1,539 (November '23: 2,082, 2022/23: 36,246):



12006 16285 4279 -36%
12006 16285 4279 -36%
12006 16285 4279 -36%

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# **Divisional analysis - Clinical Support Services**



Division         Savings Scheme Number         Scheme / Opportunity         R/NR           Clinical Support Services         CSS-01         Generic CIP - Pay         R           Clinical Support Services         CSS-02         Procurement         R           Clinical Support Services         CSS-03         Rostering Efficiencies         R           Clinical Support Services         CSS-04         procurement         R           Clinical Support Services         CSS-05         Generic CIP - Non-Pay         R           Radiology         CSS-06         Radiology - IPFR patients via WhSSC         R           Radiology         CSS-07         Radiology - WHSSC other Commissioning Costs         R           Radiology         CSS-08         Radiology - Reduce Dosage of CT IV Contrast         R           Radiology         CSS-09         Radiology - Review Agency Sonographers         R           Radiology         CSS-10         Radiology - Review Agency Sonographers         R           Radiology         CSS-11         Radiology - Review Agency Sonographers         R           Radiology         CSS-12         Radiology - Review of overtime CT & MR         R           Radiology         CSS-11         Radiology - Review of overtime CT & MR         R           Radiology	IMTP v In Year scheme	Scheme			Full year	
Clinical Support Services  CSS-02  Procurement  R  Clinical Support Services  CSS-03  Rostering Efficiencies  R  Clinical Support Services  CSS-04  procurement  R  Clinical Support Services  CSS-05  Generic CIP - Non-Pay  R  Radiology  CSS-06  Radiology - IPFR patients via WhSSC  R  Radiology  CSS-07  Radiology - WHSSC other Commissioning Costs  R  Radiology  CSS-08  Radiology - PICC Line - change of supplier / change of consun  R  Radiology  CSS-10  Radiology - Review Agency Sonographers  R  Radiology  CSS-11  Radiology - Review of overtime CT & MR  R  R  Radiology  CSS-12  Radiology - Review of overtime CT & MR  R  R  Radiology  CSS-13  Pathology - Non Pay All Other  R  Pathology  CSS-14  Pathology - Representation of tests  R  Pathology  CSS-15  Pathology - Representation of tests  R  Pathology  CSS-16  Pathology - DHCW SLA Haemonetics  R  Radiology - Repaired Supplier - R  R  Radiology - Representation of tests  R  R  Radiology - Representation of tests  R  R  Pathology - Repathology - Pathology - Pathology - Pathology - Representation of tests  R  R  Pathology - Pathology - Pathology - Pathology - Pathology - R  R  R  Radiology - R  R  R  R  R  R  R  R  R  R  R  R  R	Jeneme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Clinical Support Services  CSS-03  Rostering Efficiencies  R  Clinical Support Services  CSS-04  procurement  R  Clinical Support Services  CSS-05  Generic CIP - Non-Pay  R  Radiology  CSS-06  Radiology - IPFR patients via WhSSC  R  Radiology  CSS-07  Radiology - WHSSC other Commissioning Costs  R  Radiology  CSS-08  Radiology - Reduce Dosage of CT IV Contrast  R  Radiology  CSS-09  Radiology - PICC Line - change of supplier / change of consum  R  Radiology  CSS-10  Radiology - Review Agency Sonographers  R  Radiology  CSS-11  Radiology - Review of overtime CT & MR  R  Radiology  CSS-12  Radiology - Non Pay All Other  R  Pathology  CSS-13  Pathology - Pathology - KPI rebates on MSC's - Siemens and Sysmex  NR  Pathology  CSS-16  Pathology - Pathology - PICW SLA Haemonetics  R  Pathology  CSS-17  Pathology - Pathology - DHCW SLA Haemonetics  R  Radiology  CSS-18  Pathology - Pathology - PICW SLA Haemonetics  R  Radiology  CSS-19  Radiology - Pathology - Figrinogen concentrate - change of supplier  R  Pathology  CSS-20  Pathology - Figrinogen concentrate - change of supplier  R	IMTP	Red	0	190	0	(190)
Clinical Support Services  CSS-04 procurement  R  Clinical Support Services  CSS-05 Generic CIP - Non-Pay  R  Radiology  CSS-06 Radiology - IPFR patients via WhSSC  R  Radiology  CSS-07 Radiology - WHSSC other Commissioning Costs  R  Radiology  CSS-08 Radiology - Reduce Dosage of CT IV Contrast  R  Radiology  CSS-09 Radiology - PICC Line - change of supplier / change of consum  R  Radiology  CSS-10 Radiology - Review Agency Sonographers  R  Radiology  CSS-11 Radiology - Review Agency Sonographers  R  Radiology  CSS-12 Radiology - Non Pay All Other  R  Radiology  CSS-13 Pathology - Agency Scientist cost reduction  R  Pathology  CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex  NR  Pathology  CSS-15 Pathology - SLA's - Income review  R  Pathology  CSS-16 Pathology - DHCW SLA Haemonetics  R  Pathology  CSS-18 Pathology - All Wales Non Pay Procurement scheme  R  Radiology  CSS-19 Radiology - Figrinogen concentrate - change of supplier  R  Pathology  CSS-20 Pathology - Figrinogen concentrate - change of supplier  R	IMTP	Red	0	138	0	(138)
Clinical Support Services  CSS-05  Generic CIP - Non-Pay  Radiology  CSS-06  Radiology - IPFR patients via WhSSC  R Radiology  CSS-07  Radiology - WHSSC other Commissioning Costs  R Radiology  CSS-08  Radiology - Reduce Dosage of CT IV Contrast  R Radiology  CSS-09  Radiology - PICC Line - change of supplier / change of consun  R Radiology  CSS-10  Radiology - Review Agency Sonographers  R Radiology  CSS-11  Radiology - Review of overtime CT & MR  R Radiology  CSS-12  Radiology - Non Pay All Other  R Pathology  CSS-13  Pathology - Agency Scientist cost reduction  R Pathology  CSS-14  Pathology - KPI rebates on MSC's - Siemens and Sysmex  NR Pathology  CSS-15  Pathology - Use of Taxis	IMTP	Red	0	139	0	(139)
Radiology CSS-06 Radiology - IPFR patients via WhSSC R Radiology CSS-07 Radiology - WHSSC other Commissioning Costs R Radiology CSS-08 Radiology - Reduce Dosage of CT IV Contrast R Radiology CSS-09 Radiology - PICC Line - change of supplier / change of consum R Radiology CSS-10 Radiology - Review Agency Sonographers R Radiology CSS-11 Radiology - Review Of overtime CT & MR R Radiology CSS-12 Radiology - Non Pay All Other R Radiology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - Use of Taxis	IMTP	Red	0	21	0	(21)
Radiology CSS-07 Radiology - WHSSC other Commissioning Costs R Radiology CSS-08 Radiology - Reduce Dosage of CT IV Contrast R Radiology CSS-09 Radiology - PICC Line - change of supplier / change of consum R Radiology CSS-10 Radiology - Review Agency Sonographers R Radiology CSS-11 Radiology - Review Agency Sonographers R Radiology CSS-12 Radiology - Non Pay All Other R Radiology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - Use of Taxis R	IMTP	Red	0	105	0	(105)
Radiology CSS-08 Radiology - Reduce Dosage of CT IV Contrast R Radiology CSS-09 Radiology - PICC Line - change of supplier / change of consun R Radiology CSS-10 Radiology - Review Agency Sonographers R Radiology CSS-11 Radiology - Review Agency Sonographers R Radiology CSS-12 Radiology - Non Pay All Other R Radiology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - Pathol	In Year	Green	15	0	50	50
Radiology CSS-09 Radiology - PICC Line - change of supplier / change of consum R Radiology CSS-10 Radiology - Review Agency Sonographers R Radiology CSS-11 Radiology - Review Of overtime CT & MR R Radiology CSS-12 Radiology - Non Pay All Other R Radiology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - repatriation of tests R Pathology CSS-17 Pathology - DHCW SLA Haemonetics R Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Red	0	0	0	0
Radiology CSS-10 Radiology - Review Agency Sonographers R Radiology CSS-11 Radiology - Review of overtime CT & MR R Radiology CSS-12 Radiology - Review of overtime CT & MR R Radiology CSS-12 Radiology - Non Pay All Other R Pathology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - repatriation of tests R Pathology CSS-17 Pathology - DHCW SLA Haemonetics R Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	37	0	50	50
Radiology CSS-11 Radiology - Review of overtime CT & MR R Radiology CSS-12 Radiology - Non Pay All Other R Pathology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - repatriation of tests R Pathology CSS-17 Pathology - DHCW SLA Haemonetics R Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	30	0	30	30
Radiology CSS-12 Radiology - Non Pay All Other R Pathology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - repatriation of tests R Pathology CSS-17 Pathology - DHCW SLA Haemonetics R Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	49	0	100	100
Pathology CSS-13 Pathology - Agency Scientist cost reduction R Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - repatriation of tests R Pathology CSS-17 Pathology - DHCW SLA Haemonetics R Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	29	0	50	50
Pathology CSS-14 Pathology - KPI rebates on MSC's - Siemens and Sysmex NR Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - repatriation of tests R Pathology CSS-17 Pathology - DHCW SLA Haemonetics R Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	56	0	75	75
Pathology CSS-15 Pathology - SLA's - Income review R Pathology CSS-16 Pathology - repatriation of tests R Pathology CSS-17 Pathology - DHCW SLA Haemonetics R Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	145	0	214	214
Pathology CSS-16 Pathology - repatriation of tests R  Pathology CSS-17 Pathology - DHCW SLA Haemonetics R  Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R  Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R  Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R  Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	127	0	135	135
Pathology CSS-17 Pathology - DHCW SLA Haemonetics R  Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R  Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R  Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R  Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	45	0	60	60
Pathology CSS-18 Pathology - All Wales Non Pay Procurement scheme R Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Red	0	0	0	0
Radiology CSS-19 Radiology - Decommission YYF Room 2 - maintenance contract R  Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R  Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	10	0	13	13
Pathology CSS-20 Pathology - Figrinogen concentrate - change of supplier R Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	27	0	47	47
Pathology CSS-21 Pathology - Use of Taxis R	In Year	Green	5	0	10	10
J. J.	In Year	Green	9	0	12	12
Radiology CSS2 Radiology - Decommission Flouroscopy Found NHH - mainter R	In Year	Green	22	0	29	29
industry second	In Year	Amber	0	0	6	6
Radiology CSS3 Radiology NR	In Year	Amber	0	0	45	45
Radiology CSS4 Radiology - restricted GP access MSK scans R	In Year	Green	20	0	40	40
			626	593	966	373

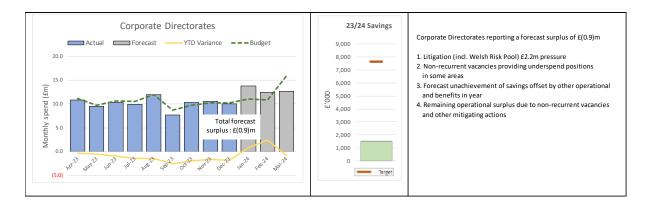
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# **Divisional analysis - Complex Care**



	Savings			IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Complex Care	CHC-01	Generic CIP - Pay	R	IMTP	Red	0	34	0	(34)
Complex Care	CHC-02	Rostering Efficiencies	R	IMTP	Red	0	305	0	(305)
Complex Care	CHC-03	Adult CHC Care at home team	R	IMTP	Green	84	100	133	33
Complex Care	CHC-04	Adult CHC high cost packages, 1:1 & chages for hospital visits	R	IMTP	Red	0	100	0	(100)
Complex Care	CHC-05	Adult CHC (balance to NP plan (3m target @40% of spend for	R	IMTP	Red	0	1,000	0	(1,000)
Complex Care	CHC-06	procurement	R	IMTP	Red	0	56	0	(56)
Complex Care	CHC-07	Generic CIP - Non-Pay	R	IMTP	Red	0	288	0	(288)
Complex Care	CHC-08	Right Sizing Commitments	R	In Year	Green	300	0	459	459
Complex Care	CHC-09	Enhanced care working group and panel	R	In Year	Green	154	0	266	266
Complex Care	CHC-10	CHC review assessments	NR	In Year	Green	29	0	41	41
Complex Care	CHC-11	Enhanced care cohort model - TBC	R	In Year	Red	0	0	0	0
Complex Care	CHC-12	CHC placements review	NR	In Year	Green	885	0	885	885
Complex Care	CHC1	Enchanced care	R	In Year	Amber	0	0	164	164
Complex Care	СНСЗ	Hospital admissions	R	In Year	Red	0	0	0	0
Complex Care	CHC4	Days after death	R	In Year	Red	0	0	o	0
Complex Care	CHC5	Deputyship SLA	R	In Year	Red	0	0	0	0
					·	1,452	1,883	1,948	65

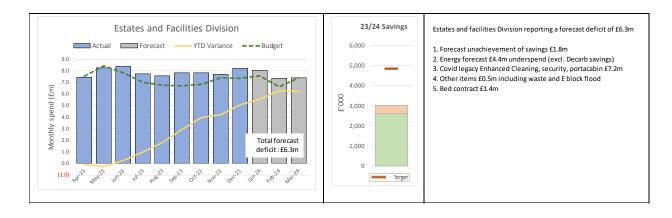
# **Divisional analysis - Corporate**



	Savings			IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Corporate-ABCi	CORP-01	Generic CIP - Non-Pay	R	IMTP	Red	0	4	0	(4)
Corporate-CEO	CORP-02	Generic CIP - Pay	R	IMTP	Green	98	0	130	130
Corporate-CEO	CORP-03	Review of RIF expenditure	NR	IMTP	Red	0	300	0	(300)
Corporate-CEO	CORP-04	Review of Health protection expenditure	NR	IMTP	Red	0	1,200	0	(1,200)
Corporate-CEO	CORP-05	Generic CIP - Non-Pay	R	IMTP	Green	107	415	203	(212)
Corporate-DirFin	CORP-06	Generic CIP - Pay	R	IMTP	Green	187	46	322	276
Corporate-DirFin	CORP-07	Generic CIP - Non-Pay	R	IMTP	Green	4	5	5	0
Corporate-DirNurs	CORP-08	Generic CIP - Pay	R	IMTP	Red	0	34	0	(34)
Corporate-DirNurs	CORP-09	procurement	R	IMTP	Red	0	1	0	(1)
Corporate-DirNurs	CORP-10	Generic CIP - Non-Pay	R	IMTP	Red	0	6	0	(6)
Corporate-DirOps	CORP-11	Generic CIP - Pay	R	IMTP	Red	0	61	0	(61)
Corporate-DirOps	CORP-12	procurement	R	IMTP	Red	0	2	0	(2)
Corporate-DirOps	CORP-13	Generic CIP - Non-Pay	R	IMTP	Red	0	16	0	(16)
Corporate-DirPCMH	CORP-14	Generic CIP - Pay	R	IMTP	Green	56	2	76	74
Corporate-DirPH	CORP-15	Generic CIP - Pay	R	IMTP	Green	17	33	17	(16)
Corporate-DirPH	CORP-16	Generic CIP - Non-Pay	R	IMTP	Green	20	3	38	35
Corporate-DirPH	CORP-17	Health protection review	NR	IMTP	Red	0	1,000	0	(1,000)
Corporate-DirPH	CORP-18	procurement	R	IMTP	Green	7	1	13	12
Corporate-DirPH	CORP-19	Health protection review	NR	IMTP	Red	0	3,000	0	(3,000)
Corporate-DirTher	CORP-20	Generic CIP - Pay	R	IMTP	Green	29	6	58	52
Corporate-DirTher	CORP-21	Generic CIP - Non-Pay	R	IMTP	Green	3	2	6	4
Corporate-DirTher	CORP-22	Rostering Efficiencies	R	IMTP	Red	0	47	0	(47)
Corporate-Governance	CORP-23	Generic CIP - Pay	R	IMTP	Green	7	7	7	0
Corporate-Governance	CORP-24	Generic CIP - Non-Pay	R	IMTP	Red	0	2	0	(1)
Corporate-Litig	CORP-25	Generic CIP - Non-Pay	R	IMTP	Red	0	11	0	(11)
Corporate-Litig	CORP-26	procurement	R	IMTP	Red	0	2	0	(2)
Corporate-MedDir	CORP-27	Generic CIP - Pay	R	IMTP	Red	0	19	0	(19)
Corporate-MedDir	CORP-28	Generic CIP - Non-Pay	R	IMTP	Green	(0)	10	3	(7)
Corporate-PlanICT	CORP-29	Generic CIP - Pay	R	IMTP	Red	0	77	0	(77)
Corporate-PlanICT	CORP-30	procurement	R	IMTP	Green	85	113	113	0
Corporate-PlanICT	CORP-31	Generic CIP - Non-Pay	R	IMTP	Red	0	63	0	(63)
Corporate-WOD	CORP-32	Generic CIP - Pay	R	IMTP	Green	199	43	304	261
Corporate-WOD	CORP-33	procurement	R	IMTP	Green	51	6	6	0
Corporate-WOD	CORP-34	Generic CIP - Non-Pay	R	IMTP	Green	119	43	130	87
Corporate-DirOps	CORP-35	NEPT & INTERSITE	R	IMTP	Red	0	1,000	0	(1,000)
Corporate-PlanICT	CORP-36	Generic CIP - Non-Pay	R	IMTP	Green	15	20	20	0
Corporate-PlanICT	CORP-37	Generic CIP - Pay	R	IMTP	Green	18	25	25	0
Corporate-DirOps	FAC-41	Reduced Bed Capacity	R	In Year	Red	0	0	0	o
Corporate - CAPITAL CHARGE	CAP1	Disposal of unused equipment	NR	In Year	Amber	0	0	22	22
						2==	7.00	4 40-	(5.425)
						975	7,623	1,497	(6,126)

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# **Divisional analysis – Estates & Facilities**



	Savings		- 4	IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Estates and Facilities	ESF-01	Generic CIP - Pay	R	IMTP	Red	0	161	0	(161)
Estates and Facilities	ESF-02	Parking	R	IMTP	Green	158	210	210	0
Estates and Facilities	ESF-03	Procurement	R	IMTP	Green	17	40	27	(13)
Estates and Facilities	ESF-04	Rostering Efficiencies	R	IMTP	Red	0	642	0	(642)
Estates and Facilities	ESF-05	estates and facilities strategy	R	IMTP	Red	0	170	0	(170)
Estates and Facilities	ESF-06	Decarbonisation	R	IMTP	Green	749	1,000	1,000	(1)
Estates and Facilities	ESF-08	Estates Opps / leases (running costs)	R	IMTP	Red	0	1,000	0	(1,000)
Estates and Facilities	ESF-09	procurement	R	IMTP	Red	0	181	0	(181)
Estates and Facilities	ESF-10	Estates and Facilities avoid agency premiums (50%)	R	IMTP	Green	118	1,095	391	(704)
Estates and Facilities	ESF-11	Generic CIP - Non-Pay	R	IMTP	Red	0	340	0	(340)
Estates and Facilities	ESF-12	Rates Rebates	NR	In Year	Green	236	0	584	584
Estates and Facilities	FAC-02	Pod-point chargers	R	In Year	Green	2	0	4	4
Estates and Facilities	FAC-03	Catering Subsidy Removal	R	In Year	Green	47	0	117	117
Estates and Facilities	FAC-04	Hot Vending	R	In Year	Green	7	0	14	14
Estates and Facilities	FAC-12	Security @ GUH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-13	Security @ NHH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-14	Security @ STC	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-15	Security @ RGH	R	In Year	Red	0	0	0	0
Estates and Facilities	FAC-17	Enhanced Cleaning - reduced WTE's	R	In Year	Green	80	0	170	170
Estates and Facilities	FAC-22	GUH Carparking	R	In Year	Green	19	0	38	38
Estates and Facilities	FAC-23	All Wales Buying Group Credit for sale of energy procured	NR	In Year	Amber	0	0	423	423
Estates and Facilities	FAC-24	NCC Parking - Kingsway & Park Square	R	In Year	Green	19	0	39	39
Estates and Facilities	FAC-28	Window Cleaning	R	In Year	Green	8	0	15	15
Estates and Facilities	FAC-29	Removal of water coolers	R	In Year	Green	1	0	2	2
						1,460	4,840	3,034	(1,806)

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# **Divisional analysis – Family & Therapies**



	Savings			IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Families and Therapies	FAT-01	Generic CIP - Pay	R	IMTP	Green	159	558	211	(347)
Families and Therapies	FAT-02	BADS	R	IMTP	Red	0	25	0	(25)
Families and Therapies	FAT-03	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	93	0	(93)
Families and Therapies	FAT-04	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	134	0	(134)
Families and Therapies	FAT-05	Procurement	R	IMTP	Red	0	25	0	(25)
Families and Therapies	FAT-06	Rostering Efficiencies	R	IMTP	Green	123	1,021	164	(857)
Families and Therapies	FAT-07	Medicines management	R	IMTP	Green	29	50	34	(16)
Families and Therapies	FAT-08	procurement	R	IMTP	Red	0	72	0	(72)
Families and Therapies	FAT-09	Generic CIP - Non-Pay	R	IMTP	Red	0	96	0	(96)
Families and Therapies	FAT-10	ABUHB Exec decision to cease Flexible Rewards from end of	R	In Year	Green	15	0	26	26
Families and Therapies	FAT-11	Medicines management (VRIII Fluids - supplier Switch)	R	In Year	Green	0	0	1	1

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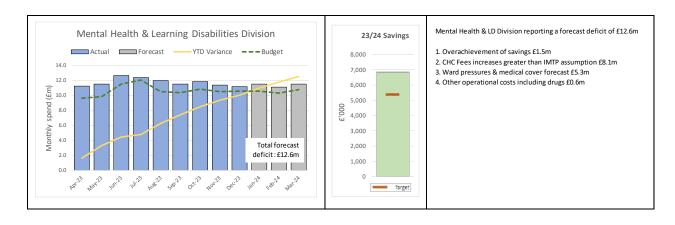
# **Divisional analysis - Medicine**



	Savings			IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Medicine	MED-01	Generic CIP - Pay	R	IMTP	Green	24	516	42	(474)
Medicine	MED-02	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	95	0	(95)
Medicine	MED-03	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	656	0	(656)
Medicine	MED-04	Beds ( 1 ward Med)	R	IMTP	Red	0	2,223	0	(2,223)
Medicine	MED-05	Procurement	R	IMTP	Amber	0	25	8	(17)
Medicine	MED-06	Rostering Efficiencies	R	IMTP	Green	609	738	759	22
Medicine	MED-07	Insourcing review	R	IMTP	Red	0	1,066	0	(1,066)
Medicine	MED-08	Medicines management	R	IMTP	Green	104	150	184	34
Medicine	MED-09	procurement	R	IMTP	Green	68	35	77	42
Medicine	MED-10	Slippage in spend regional eyes / endo / path	NR	IMTP	Green	2,990	4,000	3,987	(13)
Medicine	MED-11	Generic CIP - Non-Pay	R	IMTP	Amber	0	184	54	(131)
Medicine	Me d-12	Green Schemes - Drugs MED 12 & MED 13	R	In Year	Red	0	0	0	o
Medicine	Med-13	Green Sheme - Medical MED 05 & MED 19	R	In Year	Green	21	0	83	83
Medicine	Me d-14	Green Schemes - Non Pay Wound Clinic REF MED-06	R	In Year	Green	13	0	25	25
Medicine	Med-15	Green Schemes - Income Spy Glass MED-07	R	In Year	Amber	0	0	70	70
Medicine	Med-16	Green Scheme - Virtual Outliers	R	In Year	Green	24	0	96	96
Medicine	Med-18	RGH reduction in bed base	R	In Year	Green	44	0	110	110
Medicine	Med-22	Green Scheme - HCRU	R	In Year	Red	0	0	0	0
						3,897	9,688	5,496	(4,192)

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# **Divisional analysis - Mental Health and Learning Disabilities**



			IMTP v In R Year				YTD		Full year	
Division Scheme Some Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000		
Mental Health and Learning Disabilities MHLD-01 G	Generic CIP - Pay	R	IMTP	Red	0	107	0	(107)		
Mental Health and Learning Disabilities MHLD-01a M	VIH Adults - Reduction of agency costs due to appointment o	R	IMTP	Green	61	142	122	(20)		
Mental Health and Learning Disabilities MHLD-01b O.	DAMH - Reduction in LT Med Agency due to successful recrui	R	IMTP	Green	38	50	50	0		
Mental Health and Learning Disabilities MHLD-01c Fl	lexi rewards ceasing	R	IMTP	Red	0	9	0	(9)		
Mental Health and Learning Disabilities MHLD-02 G	Generic CIP - Non-Pay	R	IMTP	Red	0	0	0	0		
Mental Health and Learning Disabilities MHLD-02a M	Maximise ECT Income generation from private patient referr	R	IMTP	Green	53	70	70	0		
Mental Health and Learning Disabilities MHLD-02b PC	PCMHS Counselling commissioning	R	IMTP	Green	50	218	100	(118)		
Mental Health and Learning Disabilities MHLD-02c SL	SLA Recovery works & Sanctuary	NR	In Year	Green	214	0	285	285		
Mental Health and Learning Disabilities MHLD-03 Ro	Rostering Efficiencies	R	IMTP	Red	0	562	0	(562)		
Mental Health and Learning Disabilities MHLD-04 M	MH CHC - LD	R	IMTP	Red	0	922	0	(922)		
Mental Health and Learning Disabilities MHLD-05 M	MH CHC High cost packages	R	IMTP	Green	100	250	200	(50)		
Mental Health and Learning Disabilities MHLD-06 M	// Older Adults Beds	R	IMTP	Red	0	206	0	(206)		
Mental Health and Learning Disabilities MHLD-06a O.	DAMH - Capped beds on Annwylfan (YYF) resulting in lower v	R	IMTP	Green	30	150	30	(120)		
Mental Health and Learning Disabilities MHLD-07 Re	Review of Mental Health expenditure	NR	IMTP	Red	0	2,000	0	(2,000)		
Mental Health and Learning Disabilities MHLD-08 M	NH CHC (balance to NP plan (3m target @60% of spend for M	R	IMTP	Red	0	628	0	(628)		
Mental Health and Learning Disabilities MHLD-09 pr	procurement	R	IMTP	Red	0	55	0	(55)		
Mental Health and Learning Disabilities MHLD-10 CI	CHC Eligibility Reviews	R	In Year	Green	157	0	367	367		
Mental Health and Learning Disabilities MHLD-11 CH	CHC Repatriations to in house wards	R	In Year	Green	750	О	1,123	1,123		
Mental Health and Learning Disabilities MHLD-12 CH	CHC Right Size Packages	R	In Year	Green	199	0	308	308		
Mental Health and Learning Disabilities MHLD-13 C	CHC Step Down	R	In Year	Green	440	0	718	718		
Mental Health and Learning Disabilities MHLD-14 Cl	CHC Change in Need	R	In Year	Green	766	0	1,191	1,191		
Mental Health and Learning Disabilities MHLD-15 St	tructured Clinical Management	R	In Year	Green	52	0	157	157		
Mental Health and Learning Disabilities MHLD-16 Pa	Paliperidone HC FYE	R	In Year	Green	76	0	106	106		
Mental Health and Learning Disabilities MHLD-17 Pa	Paliperidone Non HC FYE	R	In Year	Green	67	0	89	89		
Mental Health and Learning Disabilities MHLD-18 Cl	Clozapine repatriation FYE	R	In Year	Green	52	0	71	71		
Mental Health and Learning Disabilities MHLD-19 Cl	Clozapine price reduction	R	In Year	Green	4	0	6	6		
Mental Health and Learning Disabilities MHLD-20 FI	lexi Rewards Ceasing	R	In Year	Green	172	0	301	301		
Mental Health and Learning Disabilities MH2 St	itep 9 People Down From Secure Placements	R	In Year	Green	229	0	504	504		
Mental Health and Learning Disabilities MH3 Re	Repatriate Individuals From OOA And In House Placements	R	In Year	Green	38	0	75	75		
Mental Health and Learning Disabilities MH6 Re	Review SIF SLAs	NR	In Year	Green	150	0	200	200		
Mental Health and Learning Disabilities MH10 Re	Review secure transport options	R	In Year	Amber	0	0	15	15		
Mental Health and Learning Disabilities MH11 FI	lexi Rewards Ceasing	R	In Year	Red	0	0	0	0		
Mental Health and Learning Disabilities MH4 W	West Sussex Dispute	NR	In Year	Green	371	0	742	742		
Mental Health and Learning Disabilities MH12 N	Non Pay Reduction	R	In Year	Green	4	0	10	10		
					4,071	5,369	6.841	1,472		

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# **Divisional analysis – Primary Care and Community**



	Savings			IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Primary Care and Community	PCC-01	Generic CIP - Pay	R	IMTP	Green	252	278	278	0
Primary Care and Community	PCC-02	Generic CIP - Non-Pay	R	IMTP	Green	248	291	291	0
Primary Care and Community	PCC-04	Beds ( 1 ward Community)	R	IMTP	Amber	0	2,223	285	(1,938)
Primary Care and Community	PCC-05	Procurement	R	IMTP	Red	0	85	0	(85)
Primary Care and Community	PCC-06	Rostering Efficiencies	R	IMTP	Green	79	1,008	144	(864)
Primary Care and Community	PCC-08	Managed practices	R	IMTP	Green	100	100	100	0
Primary Care and Community	PCC-10	procurement	R	IMTP	Red	0	185	0	(185)
Primary Care and Community	PCCS11	Reduce Face To Face CPD Cost	NR	In Year	Green	9	0	15	15
Primary Care and Community	PCCS17	Bank MV HCSW	NR	In Year	Amber	0	0	16	16
Primary Care and Community	PCCS18	Bank & Agency CCH Registered Nurses	NR	In Year	Amber	0	0	32	32
Primary Care and Community	PCCS19	Reduce Non Pay Monnow Vale Ward	NR	In Year	Amber	0	0	4	4
Primary Care and Community	PCCS2	NCN Development Programme Manager No Backfill	NR	In Year	Green	19	0	37	37
Primary Care and Community	PCCS20	Non-Pay Cas Gwent	NR	In Year	Amber	0	0	10	10
Primary Care and Community	PCCS21	Non Pay DNS	NR	In Year	Green	10	0	15	15
Primary Care and Community	PCCS3	Dental Professional Collaborative On Hold	NR	In Year	Green	17	0	25	25
Primary Care and Community	PCCS36	GMS IT Services	NR	In Year	Green	25	0	33	33
Primary Care and Community	PCCS37	GMS Improvement Grants	NR	In Year	Green	203	0	270	270
Primary Care and Community	PCCS4	Uncommitted SPPC Funding	NR	In Year	Amber	0	0	27	27
Primary Care and Community	PCCS45	Withdraw Band 7 Advert PC Contracting Team	NR	In Year	Green	23	0	37	37
Primary Care and Community	PCCS58	Remove Band 3 Admin Post Newport	NR	In Year	Green	13	0	20	20
Primary Care and Community	PCCS6	Hold Current SPCC Vacancy Band 4	NR	In Year	Amber	0	0	10	10
Primary Care and Community	PCCS7	Reduce Spend On SPCC Promotion	NR	In Year	Green	4	0	5	5
Primary Care and Community	PCCS8	Delay Recruitment Of Band 8A Academy Nurse	NR	In Year	Green	14	0	20	20
Primary Care and Community	PCCS9	Delay Recruitment Of Lead Pharmacist for academy	NR	In Year	Green	14	0	21	21
Primary Care and Community	PCCS1	NCN Academy Funding	NR	In Year	Green	100	0	175	175
Primary Care and Community	PCCS10	Amendment to ANP Programme	NR	In Year	Amber	0	0	9	9
Primary Care and Community	PCCS26	GMS LES Additional Clinics	NR	In Year	Green	79	0	139	139
Primary Care and Community	PCCS30	GDS UDA Clawback 22/23	NR	In Year	Green	282	0	282	282
Primary Care and Community	PCCS32	GDS CR Clawback 22/23	NR	In Year	Green	1,187	0	1,187	1,187
Primary Care and Community	PCCS67	Review ONN Overnight vehicle hire	NR	In Year	Green	1	0	5	5
Primary Care and Community	PCCS69	Reduce GP & Nurse mobiles	NR	In Year	Green	9	0	18	18
Primary Care and Community	PCCS33	GDS CR Clawback 23/24	NR	In Year	Amber	0	0	200	200
Primary Care and Community	PCCS12	UPC To Support Sustainability	NR	In Year	Amber	0	0	12	12
Primary Care and Community	PCCS14	Additional Managed Practice to Independent Status	NR	In Year	Amber	0	0	17	17
Primary Care and Community	PCCS38	WG Improvement Grant	NR	In Year	Green	14	0	29	29
Primary Care and Community	PCCS73	Review Current Workforce In Managed Practies	NR	In Year	Green	28	0	28	28
Primary Care and Community	PCCS59	Non Pay Stock Review	NR	In Year	Amber	0	0	15	15
Primary Care and Community	PCCS76	District Nursing Variation	NR	In Year	Amber	0	0	50	50
Primary Care and Community	PCCS78	Community Wards Variation	NR	In Year	Amber	0	0	105	105
Primary Care and Community	PCCS13	Merge Telephone Contracts In Managed Practices	NR	In Year	Amber	0	0	2	2
Primary Care and Community	PCCS79	Flexi rewards saving	NR	In Year	Green	100	0	200	200
Primary Care and Community	PCCS77	Reduce Variation In Managed Practices	NR	In Year	Green	26	0	76	76
						2,854	4,170	4,243	73

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# **Divisional analysis - Prescribing**



Division	Savings	Scheme / Opportunity	R/NR	IMTP v In	Scheme RAG rating	YTD	Full year		
	Scheme Number			Year scheme		Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Prescribing	PCC-03	Generic CIP - Non-Pay	R	IMTP	Green	378	435	435	0
Prescribing	PCC-07	Medicines management	R	IMTP	Green	694	1,125	1,125	0
Prescribing	PCC-09	Medicines management	R	IMTP	Green	335	650	446	(204)
Prescribing	PCC-11	LOE - Apixaban	R	In Year	Green	1,161	0	2,382	2,382
Prescribing	PCC-12	LOE - Sitagliptin	R	In Year	Green	123	0	225	225
Prescribing	PCCS51	Specials And Liquid Preps Review	NR	In Year	Green	3	0	5	5
Prescribing	PCCS52	ONPOS/NWOS Expanded To GP Surgeries	NR	In Year	Green	6	0	16	16
						2,699	2,210	4,634	2,42

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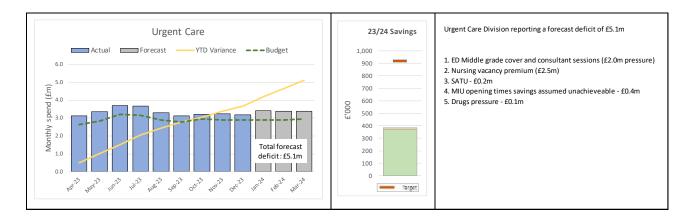
# **Divisional analysis - Scheduled Care**



	Savings			IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Scheduled Care	SCH-01	Generic CIP - Pay	R	IMTP	Red	0	703	0	(703)
Scheduled Care	SCH-02	BADS	R	IMTP	Red	0	478	0	(478)
Scheduled Care	SCH-03	RTT WLI	R	IMTP	Green	1,403	2,296	1,943	(353)
Scheduled Care	SCH-04	RTT Backfill	R	IMTP	Green	91	962	91	(871)
Scheduled Care	SCH-05	Outpatient transformation (F2F and Virtual)	R	IMTP	Red	0	1,490	0	(1,490)
Scheduled Care	SCH-06	Outpatient transformation (New to Follow Up ratio)	R	IMTP	Red	0	277	0	(277)
Scheduled Care	SCH-07	SAU rostering	R	IMTP	Red	0	155	0	(155)
Scheduled Care	SCH-08	Procurement	R	IMTP	Red	0	586	0	(586)
Scheduled Care	SCH-08a	Procurement - Ophthalmology B&L theatre consumables	R	IMTP	Green	10	38	40	2
Scheduled Care	SCH-08b	Procurement - Stryker Pricing review	R	IMTP	Green	16	72	40	(32)
Scheduled Care	SCH-09	Rostering Efficiencies	R	IMTP	Green	1,024	895	1,243	348
Scheduled Care	SCH-09a	Ortho Geriatric variable pay saving	R	IMTP	Green	6	48	24	(24)
Scheduled Care	SCH-10	Medicines management	R	IMTP	Green	627	150	897	747
Scheduled Care	SCH-11	procurement	R	IMTP	Red	0	166	0	(166)
Scheduled Care	SCH-12	Generic CIP - Non-Pay	R	IMTP	Red	0	317	0	(317)
Scheduled Care	SCH11	Stop backfill	NR	In Year	Green	46	0	46	46
Scheduled Care	SCH2	Christmas shutdown of elective activity	NR	In Year	Green	57	0	57	57
Scheduled Care	SCH23	Retinue accruals hold for 3 months not 6 months	NR	In Year	Green	111	0	111	111
Scheduled Care	SCH6	Nursing - Reduction of flexible rewards for agency / bank	R	In Year	Green	375	0	700	700
Scheduled Care	SCH13	Non-uk resident patient spend target	R	In Year	Green	17	0	58	58
Scheduled Care	SCH12	Purchasing off frameworks	R	In Year	Green	8	0	33	33
Scheduled Care	SCH22	Switch all patients from originator drugs to biosimilar	R	In Year	Green	131	0	320	320
Scheduled Care	SCH24	Rationalisation of Uni Knee and removing Zimmer	R	In Year	Green	2	0	8	8
Scheduled Care	SCH9	Limit value of study leave with a cap	NR	In Year	Green	3	0	5	5
Scheduled Care	SCH3	Medical staff agency spend reduction	NR	In Year	Green	32	0	68	68
Scheduled Care	SCH NEW	Specialist Rates ITU / Theatres	NR	In Year	Red	0	0	0	o
						3,959	8,634	5,685	(2,949)

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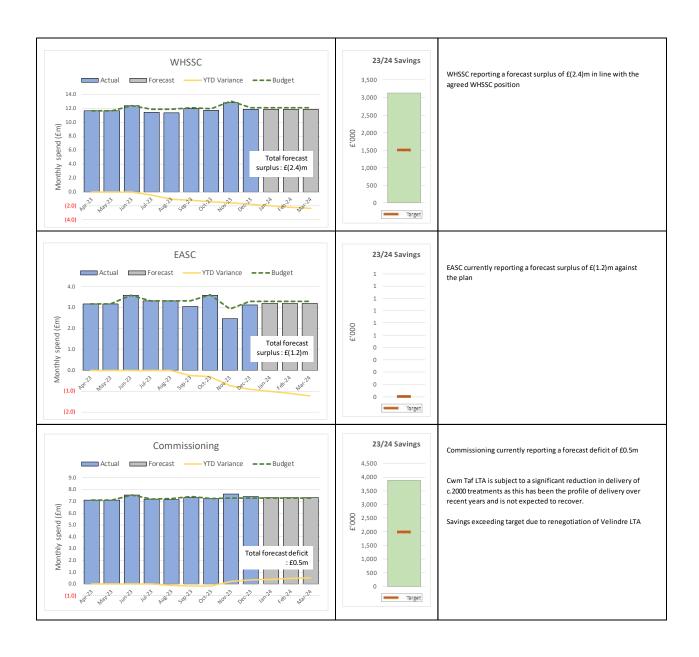
## **Divisional analysis - Urgent Care**



Savings			IMTP v In	Scheme RAG rating	YTD	Full year		
Scheme Number	Scheme / Opportunity	R/NR	Year scheme		Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
URG-01	Generic CIP - Pay	R	IMTP	Green	165	198	201	3
URG-02	Procurement	R	IMTP	Amber	0	25	11	(14)
URG-03	Rostering Efficiencies	R	IMTP	Green	40	170	70	(100)
URG-04	Reduce opening times of MIU	R	IMTP	Red	0	500	0	(500)
URG-05	procurement	R	IMTP	Green	16	4	41	37
URG-06	Generic CIP - Non-Pay	R	IMTP	Green	10	22	16	(6)
UC-01	Hold Rectuiting Assistant PFCs	NR	In Year	Green	16	0	26	26
UC-02	Hold Flow Centre Manager Recruitment	NR	In Year	Green	14	0	17	17
	Scheme Number  URG-01  URG-02  URG-03  URG-04  URG-05  URG-06  UC-01	Scheme Number  URG-01 Generic CIP - Pay  URG-02 Procurement  URG-03 Rostering Efficiencies  URG-04 Reduce opening times of MIU  URG-05 procurement  URG-06 Generic CIP - Non-Pay  UC-01 Hold Rectuiting Assistant PFCs	Scheme Number  URG-01 Generic CIP - Pay R  URG-02 Procurement R  URG-03 Rostering Efficiencies R  URG-04 Reduce opening times of MIU R  URG-05 procurement R  URG-06 Generic CIP - Non-Pay R	Scheme Number  Scheme / Opportunity  R/NR Year scheme  URG-01 Generic CIP - Pay  R IMTP  URG-02 Procurement  URG-03 Rostering Efficiencies  R IMTP  URG-04 Reduce opening times of MIU  URG-05 procurement  R IMTP  URG-06 Generic CIP - Non-Pay  R IMTP  UC-01 Hold Rectuiting Assistant PFCs  NR In Year	Scheme Number  Scheme / Opportunity  R/NR Year scheme rating  URG-01 Generic CIP - Pay  R IMTP Green  URG-02 Procurement  URG-03 Rostering Efficiencies  R IMTP Green  URG-04 Reduce opening times of MIU  URG-05 procurement  R IMTP Red  URG-05 Generic CIP - Non-Pay  R IMTP Green  URG-06 Generic CIP - Non-Pay  R IMTP Green  URG-06 Hold Rectuiting Assistant PFCs  NR INTP Green	Scheme Number     Scheme / Opportunity     R/NR     Year scheme     RAG rating     Achieved rating       URG-01     Generic CIP - Pay     R     IMTP     Green     165       URG-02     Procurement     R     IMTP     Amber     0       URG-03     Rostering Efficiencies     R     IMTP     Green     40       URG-04     Reduce opening times of MIU     R     IMTP     Red     0       URG-05     procurement     R     IMTP     Green     16       URG-06     Generic CIP - Non-Pay     R     IMTP     Green     10       UC-01     Hold Rectuiting Assistant PFCs     NR     In Year     Green     16	Scheme Number  Scheme / Opportunity  R/NR  R/NR  RAG rating  Achieved £'000  £'000  URG-01 Generic CIP - Pay  R IMTP  Green  165  198  URG-02 Procurement  R IMTP  Amber  0 25  URG-03 Rostering Efficiencies  R IMTP  Green  40 170  URG-04 Reduce opening times of MIU  R IMTP  Red  0 500  URG-05 procurement  R IMTP  Green  16 4  URG-06 Generic CIP - Non-Pay  R IMTP  Green  10 22  UC-01 Hold Rectuiting Assistant PFCs  NR In Year  Green  16 0	Scheme Number         Scheme / Opportunity         R/NR         Year scheme         RAG rating         Achieved £'000         Plan £'000         Forecast £'000           URG-01         Generic CIP - Pay         R         IMTP         Green         165         198         201           URG-02         Procurement         R         IMTP         Amber         0         25         11           URG-03         Rostering Efficiencies         R         IMTP         Green         40         170         70           URG-04         Reduce opening times of MIU         R         IMTP         Red         0         500         0           URG-05         procurement         R         IMTP         Green         16         4         41           URG-06         Generic CIP - Non-Pay         R         IMTP         Green         10         22         16           UC-01         Hold Rectuiting Assistant PFCs         NR         In Year         Green         16         0         26

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# Divisional analysis - External Commissioning / WHSSC / EASC



	Savings			IMTP v In	Scheme	YTD		Full year	
Division	Scheme Number	Scheme / Opportunity	R/NR	Year scheme	RAG rating	Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Contracting and Commissioning	CON-01	External Contracts	R	IMTP	Green	1,500	2,000	2,000	0
Contracting and Commissioning	CON-02	External Contracts	R	In year	Green	248	0	331	331
Contracting and Commissioning	CON-03	External Contracts	NR	In year	Green	149	0	207	207
Contracting and Commissioning	CON-04	External Contracts (English)	R	In Year	Green	1,013	0	1,350	1,350
WHSSC	WHC-01	WHSSC 1% pathways savings	R	IMTP	Red	0	1,363	0	(1,363)
WHSSC	WHC-01a	WHSSC 1% pathways savings	R	IMTP	Green	138	138	138	1
WHSSC	WHC-02	WHSSC 10-20-30% savings	NR	In Year	Green	416	0	554	554
WHSSC	WHC-03	WHSSC Integrated Commissioning Plan Savings	NR	In Year	Green	1,826	0	2,434	2,434
			1			5,289	3,500	7,014	3,514

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## **National Covid-19 Funding Assumptions**

The Health Board has received £6.364m of funding relating to Covid-19 schemes. Anticipated WG funding for Covid-19 is listed below;

Туре	Covid-19 Specific allocations - December 2023	£'000
HCHS	Nosocomial Covid 19 cases - Investigation and learning	753
HCHS	C19 PPE (Q1+Q2)	603
HCHS	C19 Health Protection (Q1+Q2)	2,446
HCHS	C19 Vaccination programme (Q1+Q2)	1,676
GMS	GMS Covid19 Vaccinations Q2	400
HCHS	Adeferiad Programme	486
	Total Confirmed Covid-19 Allocations	6,364
HCHS	Adferiad Programme	121
HCHS	C19 Vaccination programme	5,724
HCHS	C19 Health Protection	2,354
HCHS	C19 PPE	797
	Total Anticipated Covid-19 Allocations	8,996
	Total Covid-19 Allocations	15,361

In addition, Estates & Facilities legacy costs for areas such as enhanced cleaning, security, portacabins continue and provide a significant forecast pressure for 2023/24 (forecast c.£7.2m).

#### Reserves

#### 7769-ALLOCATIONS TO BE DELEGATED

Confirmed or Anticipated	R/NR	Description	23/24
Confirmed	NR	Regional Planned Care funding-Ophthalmology	2,363,500
Confirmed £603k	NR	PPE 23-24	662,642
Confirmed	R	CAMHS Youth Offending Teams	46,875
Confirmed	R	CAMHS Parc Prison in-reach services	9,375
Anticipated	NR	MH SIF 23-24 remaining (final 50pct)	471,000
Anticipated	NR	MH SIF 22-23 remaining (final 25pct)	1,012,496
Anticipated	NR	Planned Care Recovery-Delivering the 3Ps policy	80,080
		Confirmed Allocations to be apportioned	4,645,968

#### 7788-COMMITMENTS TO BE DELEGATED

Description	23/24
Innovation and Development Fund (£10m)	461,312
Total Commitments	461,312

#### 7501-SUPPORTING FINANCIAL POSITION

Description	23/24
WG funding allocations and reserves previously held for allocation risk and inflation, retained within reserves to support the financial deficit position	19,890,556
Total Commitments	19,890,556

#### 7515-IMTP 23/24 DEFICIT

Description			23/24
	R	23/24 recurrent deficit	(112,848,200)
		Additional funding 23-24	
Confirmed	NR	Underlying deficit	28,800,000
Confirmed	NR	Inflationary uplift (conditional recurrrent)	35,700,000
Confirmed	NR	Inflationary uplift (non-recurrrent)	14,400,000
Anticipated	NR	Energy	9,500,000
<b>Total Commitments</b>			(24,448,200)

Total 549,636

## **Reserves Delegation:**

A number of confirmed and anticipated allocations have remained in reserves for month 9 reporting (£4.6m). This funding will be reviewed by the Executive Team to determine whether it is appropriate to delegate to Divisions in the context of the budget setting methodology for 23/24 and the Health Board deficit.

A total of £3.6m was approved and delegated into 23/24 Divisional positions from reserves in month 9. Significant delegations in-month were:

- Welsh Risk Pool -£336k (neg) Delegate reduction in budget to Litigation based on revised WRP contribution schedule from Shared Services. (NR)
- **Dental contract uplift £2.0m** 5% contract uplift for 23/24 received recurrently. Delegate to Primary Care (R)
- **Outpatient Transformation Unit £203k** Delegation approved based on spend plan, and budget transferred to Scheduled Care (NR)
- Further, Faster funding £1.58m Delegate to Planning (RPB) with spend to be agreed through the usual RPB mechanisms (NR)
- **Ophthalmology £137k** Delegate to Scheduled Care to cover confirmed YTD spend (NR)

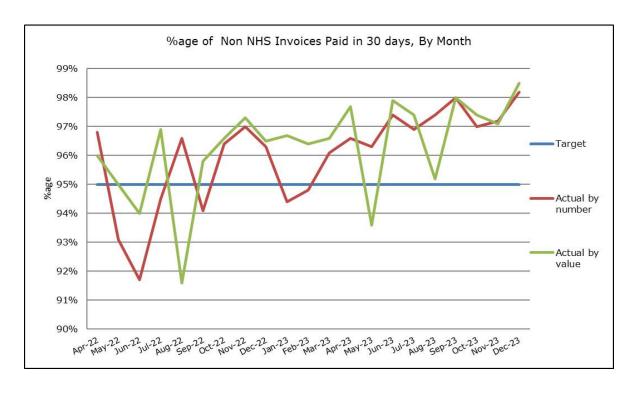
Further delegations will be made in month 10 where confirmed and approved. Other allocations require further information and discussion before delegation can be confirmed.

#### **Cash Position**

The cash balance at the 31st December is £5.511m, which is below the advisory figure set by Welsh Government of £6m.

## **Public Sector Payment Policy (PSPP)**

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

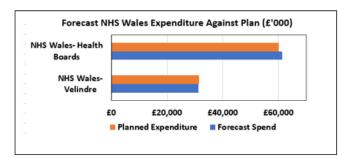


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#### Contracting & Commissioning - LTA Spend & Income

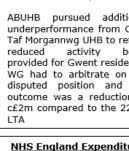
## Month/Financial Year:- Month 9 (December) 2023-24

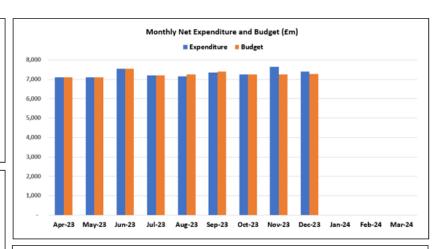
At Month 9 the financial performance for Contracting and Commissioning is an overspend of £342k against the delegated budget. The key elements contributing to this position at Month 9 are as follows:

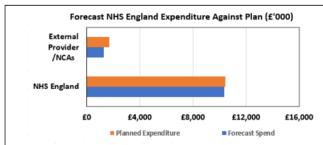


#### **NHS Wales Expenditure**

ABUHB pursued additional underperformance from Cwm Taf Morgannwg UHB to reflect activity being provided for Gwent residents WG had to arbitrate on the disputed position and the outcome was a reduction of c£2m compared to the 22-23







#### NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£12m in 2023/24 and will continue to be monitored and managed regularly

#### Key Issues 2023-24

- All LTAs have been signed by the end of June 2023 WG deadline with the exception of the Cwm Taf LTA as ABUHB are pursuing additional underperformance from the LTA. The WG arbitration outcome resulted in c£2m reduction in expenditure compared to 22-23 terms and conditions
- The nationally agreed inflationary uplift of 1.5% has been funded and is reflected in the above position
- The forecast spend at Velindre Trust is broadly in line with the provider IMTP however there is a degree of uncertainty around NICE and activity forecasts and the implementation of new service developments.
- A new saving of £331k was achieved in month 5 from negotiating additional underperformance from the Velindre contract
- A cost pressure of c£210k is forecast for increased delivery of pancreatic cancer surgery and thyroid surgery for AB patients at Swansea Bay UHB
- The plan and forecast takes into account the full year effect of the regional vascular centralisation project in Cardiff and the phased contract reduction for Powys patients in relation to reduced GUH flows (income)

## Forecast Income Against Plan (£'000) NHS England **NHS Wales** £0 £5,000 £10,000 £15,000 £20,000 Planned Income Forecast Income

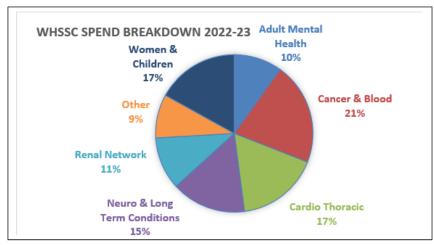
#### Provider Income

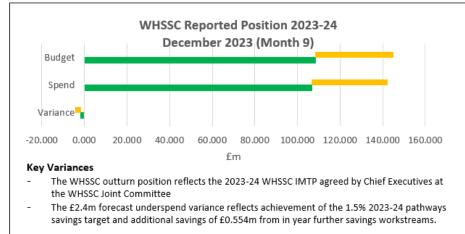
Provider income of c£16m is being planned and forecast in 2023/24 and will continue to be monitored and managed regularly

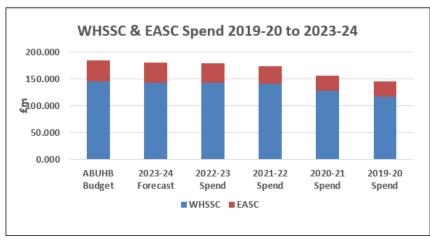
23

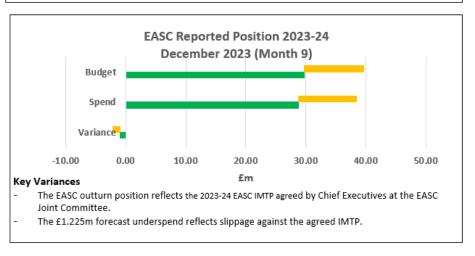
#### WHSSC & EASC Financial Position 2023-24: Month 9

The Month 9 financial performance for WHSSC & EASC is an underspend of £2.700m. The Month 9 position reflects the agreed IMTP with WHSSC and EASC.









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#### **Balance Sheet**

	2023/24 Opening balance £000s	31st December 2023 £000s	Movement £000s
Fixed Assets	893,408	931,812	38,404
Other Non current assets	83,283	110,097	26,814
Current Assets Inventories	9,576	10,032	456
Trade and other receivables	152,220	161,815	9,595
Cash	4,704	5,511	807
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	166,500	177,358	10,858
Liabilities			
Trade and other payables	242,817	199,693	(43,124)
Provisions	168,466	206,166	37,700
_	411,283	405,859	(5,424)
	731,908	813,408	81,500
Financed by:-			
General Fund	552,859	615,474	62,615
Revaluation Reserve	179,049	197,934	18,885
	731,908	813,408	81,500

#### Fixed Assets:-

- An increase in net additions of £35.4m in relation to new 2023/24 capital expenditure incurred.
- A reduction of £32.2m for depreciation charges. A reduction of £2.9m for IFRS16 related charges.
- An increase in indexation costs of £38.0m

**Other Non-Current Assets**: This relates to an increase in Welsh Risk Pool claims due in more than one year £28.3m, a decrease in intangible assets of £1.6m and an increase in ICR income due in more than one year of £0.1m since the end of 2022/23.

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

Current Assets, Trade & Other Receivables: The main movements since the end of 2022/23 relate to:

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2022/23 to the end of December £12.3m
- An increase in the value of both NHS & Non-NHS accruals of £17.1m, of which £11.5m relates to an increase of Welsh Risk Pool claims due in less than one year, £6.3m relates to an increase in NHS & Non-NHS accruals and £0.7m relates to a decrease in VAT & other debtors since the end of 2022/23.
- ullet An increase in the value of prepayments held £4.8m

Cash: The cash balance held at the end of December is £5.511k.

### **Liabilities, Provisions:**

- The movement since the end of 2022/23 relates to a number of issues the most significant of which are:- a decrease in Capital accruals (£4.5m), an increase in NHS Creditor accruals (£8.2m), a decrease in the level of invoices held for payment from the year end (£7.8m), a decrease in non NHS accruals (£21.7m), a decrease in Tax & Superannuation (£1.7m), a decrease in other creditors (£12.2m), a decrease in the liability for lease payments (£2.7m), an increase in payments on account (£0.7m)
- Due to the increase in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £37.7m.

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

# Health Board Income WG Funding Allocations: £1.6bn

Funding Allocations - December 23 (M09 2023/24)

	£'000
HCHS	1,463,171
GMS	110,634
Pharmacy	34,917
Dental	34,643
Total confirmed allocations	1,643,365

Anticipated allocations	/2,85/
Total Allocations	1,716,222

#### 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 £110m. (£108m for 22/23). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.83bn (£1.75bn for 22/23).

## WG anticipated allocations: £72.9m

	WG Revenue Resource Limit : Anticipated Allocations (Dece	mber)	
Funding Type	Description	Value £'000	Recurrent / Non Recurrent
GMS	GMS Refresh	1,603	R
HCHS	(Provider) SPR's	125	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	149	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,800	R
HCHS	Informatics - Virtual Consultations	1,065	R
HCHS	WHSSC - National Specialist CAMHS improvements	271	R
HCHS	Same Day Emergency Care (SDEC)	1,560	R
HCHS	Adferiad Programme	121	NR
HCHS	Exceptional-Incremenntal Real Living Wage	5,404	NR
HCHS	Urgent Primary Care	652	R
HCHS	Trans Funding-PSA self-management Prog Platform development	232	R
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	Digital Medicines transformation team	306	NR
HCHS	23-24 C19 Vaccination programme	5,724	NR
HCHS	23-24 C19 TTP	2,354	NR
HCHS	New Medical Training Posts 2017-2022 cohorts	1,100	R
HCHS	Capital - DEL Depreciation - Baseline Surplus/Shortfall	581	NR
HCHS	Capital - DEL Depreciation - Strategic	337	NR
HCHS	Capital - DEL Depreciation - Strategic  Capital - DEL Depreciation - Accelerated	95	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	(344)	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	116	NR NR
HCHS		343	NR NR
HCHS	Capital - AME Depreciation - Donated Assets		NR NR
HCHS	Capital - AME Depreciation - Impairments	24,267	NR NR
	Capital - Removal of Donated assets / Gvnt grant receipts	(300)	
HCHS	IFRS16 Leases New / Renewals DEL Depn	139	NR
HCHS	IFRS16 Leases New / Renewals Revenue Reduction	(4,015)	NR
HCHS	Mental Capacity Act 23-24	189	NR
HCHS	Mental Capacity Act Advocacy 23-24	217	NR
HCHS	Consolidated pay award 1.5% Apr-23	9,321	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(19,552)	NR
HCHS	C19 PPE 23/24	797	NR
HCHS	CAMHS Sanctuary provision	50	R
HCHS	Trans Funding-Outpatient Transformation Unit	101	NR
HCHS	Trans Funding-AB Central support costs	216	NR
HCHS	Trans Funding-Glaucoma optom	41	NR
HCHS	Trans Funding-Medical retina	41	NR
HCHS	Trans Funding-Telemax/TeleENT project	36	NR
HCHS	Welsh Risk Pool Risk Share agreement 23-24	(4,790)	NR
HCHS	Mental Capacity Act 23-24 - Gwent consortium	49	NR
HCHS	A4C Pay award 23-24	26,554	R
HCHS	Informatics - Virtual Consultations platform license	1,023	NR
HCHS	Financial position 23-24 - Energy	6,394	NR
HCHS	Pay award-Medical and Dental 5% 23-24	6,384	R
HCHS	Clinical Leads SLA-Strategic Prog Planned Care Q3 Q4	34	NR
HCHS	Mental Health SIF 22-23 (final 25%)	1,012	NR
HCHS	Mental Health SIF 23-24 (final 50%)	471	NR
HCHS	Planned Care Recovery: Delivering the 3Ps	80	NR
	Total Anticipated: Per Ledger	72,857	

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# **Capital Planning & Performance**

			2023/24		
	Original	Revised	Spend	Forecast	
	Plan	Plan	to M9	Outturn	Variance
	£000	£000	£000	£000	£000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	9,521	9,521		9,521	0
Less EFAB Contribution	-629			-629	
Less AWCP Brokerage 22/23	-1,472			-2,278	
Grant Income Received	0	,		0	
NBV of Assets Disposed	0			493	
Total Approved Discretionary Funding	7,420			7,107	0
All Wales Capital Programme Funding:	1,1=0	.,		1,101	
AWCP Approved Funding	43,396	46,386		46,386	0
AWCP funding adjustment re: underspends	0			-199	
Charitable Donations YYF Breast Centralisation Unit	0	-		150	
Total Approved AWCP Funding	43,396			46,337	-199
Total Approved IFRS16 Lease funding	0			-211	0
Total Capital Funding / Capital Resource Limit (CRL)	50,816	53,432		53,233	-199
Applications:	,	,		,	
Discretionary Capital:					
Commitments B/f From 2022/23	321	644	209	511	-133
Statutory Allocations	576				
Divisional Priorities	2,868				
			601	1,059	
Corporate Priorities	300				
Informatics National Priority & Sustainability	2,170		721 0	1,005 411	
Remaining DCP Contingency  Total Discretionary Capital	1,185 <b>7,420</b>		3,992		
	7,420	7,107	3,332	0,043	-204
All Wales Capital Programme:					
Grange University Hospital Remaining works	-3,517		-212		
Tredegar Health & Wellbeing Centre Development	4,019				
NHH Satellite Radiotherapy Centre	17,675	16,158	9,547		
YYF Breast Centralisation Unit	8,685	8,632	7,645		-197
Newport East Health & Wellbeing Centre Development	10,362		5,566		0
RGH Endoscopy Unit	4,004	4,914	4,535	4,914	0
RGH – Block 1 and 2 Demolition and Car Park	404		192	324	-230
EFAB Schemes	1,764	1,580			
EOY Funding Schemes	0		216		
MH SISU Development	0	10	2	-	
ICF Schemes	0	16	14	14	
Housing with Care Fund - 2022/23 Schemes	0			-	
ED Waiting Area Funding	0	256	86	256	0
CAMHS Sanctuary Hub	0	662	273	662	0
National Imaging Programme - 2022/23 Old year schemes	0	55	8	51	-4
Digital Eye Care	0	10	10	10	0
Radiotherapy Satellite Centre NHH Enabling Works	0	9	1	9	
SDEC Equipment	0	-			
Housing with Care Fund - 2023/24 Schemes	0		181	293	0
DPIF - RISP & Cyber Funding	0	407	9		0
Total AWCP Capital	43,396	46,536	31,916	46,601	65
Total Avior Supital					
Total IFRS16 Lease Expenditure Total Programme Allocation and Expenditure	0	-211	-211	-211 53,233	

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# **Aneurin Bevan University Health Board**

# Finance Report - December (Month 9) 2023/24

# Appendix 2 – Welsh Government Monthly Monitoring Return (MMR)

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Note: further detail available upon request

**Table A – Movement of Opening Financial Plan to Forecast Outturn** 

	In Year	Non		FYE of	1														In Year
	Effect	Recurring	Recurring	Recurring		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	Effect
	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Underlying Position b/fwd from Previous Year - must agree to M12 MMR (Deficit - Negative Value)	-89,600	0	-89,600	-89,600	1	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-7,467	-67,200	-89,600
2 Planned New Expenditure (Non Covid-19) (Negative Value)	-101,947	-518		-101,429	2	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-8,496	-76,460	-101,947
3 Planned Expenditure For Covid-19 (Negative Value)	-17,146	-17,146			3	-1,456	-1,668	-1,399	-1,249	-1,114	-1,761	-1,892	-1,627	-1,171	-1,209	-1,245	-1,356	-13,337	-17,146
4 Planned Welsh Government Funding (Non Covid-19) (Positive Value)	26,662	5,933	20,729	20,729	4	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,222	2,220	19,998	26,662
5 Planned Welsh Government Funding for Covid-19 (Positive Value)	17,146	17,146			5	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	13,337	17,146
6 Planned Provider Income (Positive Value)	535	0	535	535	6	45	45	45		45	45	45	45		45	45		401	535
7 RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0	7	-2,725	-514	543		324	463	302	291	155	144	133	548	-825	
8 Planned (Finalised) Savings Plan	51,502	11,500	40,002	40,002	8	4,155	1,944	4,399	4,456	4,468	4,478	4,490	4,501	4,637	4,648	4,659	4,669	37,526	51,502
9 Planned (Finalised) Net Income Generation	0	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10 Planned Profit / (Loss) on Disposal of Assets	0	0	0	0	10													0	0
11 Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0			11													0	0
12	0	0			12													0	0
13 Planning Assumptions still to be finalised at Month 1	0	0			13													0	0
14 Opening IMTP / Annual Operating Plan	-112,848	16,915	-129,763	-129,763	14	-12,266	-12,266	-8,754	-8,904	-8,904	-8,754	-8,904	-8,904	-8,904	-8,904	-8,904	-8,481	-86,560	-112,848
15 Reversal of Planning Assumptions still to be finalised at Month 1	0	0	0	0	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
16 Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0			16													0	0
17 Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0			17													0	0
18 Other Movement in Month 1 Planned & In Year Net Income Generation	0	0	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0
19 Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-32,314			-24,800	19	-3,074		-3,364		-1,272	-3,448	-2,745			-2,909	-2,777	-2,771		
20 Additional In Year Identified Savings - Forecast	22,988	10,053	12,935	17,872	20	146	97	251		815	3,039	3,216			2,729	2,646	3,412		22,988
21 Variance to Planned RRL & Other Income	0	0			21	1,433	-278	-3,170	-1,111	0	0	0	0	1,345	891	891	0	-1,782	0
Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	-1,786	,			22	0	-201	-217	-1,119	-537	487	-1,043		-505	487	277	220	, ,	-1,786
23 Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	88,400	23,900	64,500	64,500	23							51,567	7,367	7,367	7,367	7,367	7,367	66,300	
24 Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	1,602	1,602			24	-96	297	217	1,119	818	544	1,058	-927	-379	-510	-298	-242	2,651	1,602
25 In Year Accountancy Gains (Positive Value)	0	0	0	0	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
26 Net In Year Operational Variance to IMTP/AOP (material gross amounts to be listed separately)	0	0			26													0	0
27 Savings plans / mitigating actions to be finalised	0	0			27				-26	26								0	0
28 In-month operating benefits/pressures	-8,003	-8,003			28		-1,152			-2,233	-1,065	-989	-1,303	600	-529	-775	-559	-6,140	
29 CHC pressures (uplift/growth)	-5,482	-2,482	-3,000	-3,000	29	-417	-1,324	-417	-417	-542	-542	-391	-391	-206	-206	-306	-327	-4,644	
30 Prescribing	-11,912	-5,311	-6,601	-6,601	30	-333	-1,169	-333	-209	-2,488	-1,097	-1,189	-1,189	-55	-1,183	-1,183	-1,483	-8,063	
31 Energy	8,394	862	7,532	7,532	31	1,112	1,152	1,272	691	607	708	311	225	487	326	849	653	6,565	8,394
32 Covid-19 estates & facilities legacy costs	-5,454	-4	-5,450	-6,920	32				-586	-608	-608	-608	-608	-608	-608	-608	-612	-3,626	-5,454
33 Income risk (RPB)	0	0			33											0	0	0	0
34	0	0			34													0	0
35 Planning Assumptions - EXEC process (Ideas / proposal requiring substantial further development)	0	0		0	35										0	0	0	0	0
36 Planning Assumptions - EXEC process (Ideas / proposal requiring further development)	0	0			36									0	0	0	0	0	0
37	0	0			37													0	0
38	0	0			38													0	0
39	0	0			39													0	0
40 Forecast Outturn (- Deficit / + Surplus)	-56,415	28,233	-84,648	-81,181	40	-13,494	-15,979	-14,515	-13,105	-14,318	-10,736	40,282	-4,847	-1,013	-3,049	-2,820	-2,823	-47,723	-56,415
41 Covid-19 - Forecast Outturn (- Deficit / + Surplus)	-184				41	-96	96	0	0	281	1,031	15	-562	-884	-23	-21	-22	-118	-184
42 Operational - Forecast Outturn (- Deficit / + Surplus)	-56,232				42	-13,399	-16,075	-14,515	-13,105	-14,599	-11,767	40,268	-4,286	-129	-3,026	-2,799	-2,801	-47,605	-56,232

**Table A1 - Underlying Position** 

		IMTP	Full Year Effe	ect of Actions		New, Recurring,	IMTP
	Section A - By Spend Area	Underlying Position b/f	Recurring Savings (+ve)	Recurring Allocations / Income (+ve)	Subtotal	Full Year Effect of Unmitigated Pressures (-ve)	Underlying Position c/f
		£'000	£'000	£'000	£'000	£'000	£'000
1	Pay - Administrative, Clerical & Board Members	(500)	500	500	500	(500)	(0)
2	Pay - Medical & Dental	(17,293)		8,000	(9,293)	(15,000)	(24,293)
3	Pay - Nursing & Midwifery Registered	(16,738)	8,108	8,700	70	(15,708)	(15,638)
4	Pay - Prof Scientific & Technical	(257)		200	(57)	(750)	(807)
5	Pay - Additional Clinical Services	(9,000)	3,000	8,000	2,000	(8,776)	(6,776)
6	Pay - Allied Health Professionals	(0)			(0)		(0)
7	Pay - Healthcare Scientists	(115)			(115)	0	(115)
8	Pay - Estates & Ancillary	(513)			(513)	(2,328)	(2,841)
9	Pay - Students	0			0		0
10	Non Pay - Supplies and services - clinical	(16,937)	7,057	20,600	10,720	(25,721)	(15,001)
11	Non Pay - Supplies and services - general	(740)		2,500	1,760	(2,500)	(740)
12	Non Pay - Consultancy Services	0			0		0
13	Non Pay - Establishment	0			0		0
14	Non Pay - Transport	0			0		0
15	Non Pay - Premises	(13,600)	4,585	8,000	(1,015)	(4,073)	(5,088)
16	Non Pay - External Contractors	0			0		0
17	Health Care Provided by other Orgs – Welsh LHBs	(1,400)	1,400		0	(1,000)	(1,000)
18	Health Care Provided by other Orgs – Welsh Trusts	0			0		0
19	Health Care Provided by other Orgs – WHSSC	(2,000)	2,431		431	(431)	0
20	Health Care Provided by other Orgs – English	0			0		0
21	Health Care Provided by other Orgs – Private / Other	(10,506)	7,025	8,000	4,519	(13,400)	(8,881)
22	Total	(89,600)	34,106	64,500	9,006	(90,187)	(81,181)

Table A2 - Risks and Opportunities

	ble A2 - Overview Of Key Risks & Opportunities	FORECAST Y	EAR END
		£'000	Likelihood
1			
2			
3			
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		High
5	Continuing Healthcare		High
6	Prescribing	(500)	High
7	Pharmacy Contract		
8	WHSSC Performance		
9	Other Contract Performance		
	GMS Ring Fenced Allocation Underspend Potential Claw back		
11			
	Continued Operational pressures	(2 536)	Medium
	Allocation funding risk (including Health Protection)		Medium
	Non Achievement of savings	, ,	Medium
	Junior Doctors Strike	(1,880) TBC	High
	PACS / RISP onerous contract double running (q AME?)	(425)	LOW
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	Total Risks	(10,000)	
	Further Opportunities (positive values)		
27	Insurance refund (E block)	296	Medium
28	Further operational benefits (National policy, refunds, further slippage, accruals release)	1,839	Low
29	Further benefits (review of options discounted by Clinical Advisory Board)	1,575	Low
30	Microsoft licence	763	Low
31			Low
32	Releases of uncommitted budget	527	High
33			
34	Total Further Opportunities	5,000	
35	Current Reported Forecast Outturn	(56,415)	
		(56,415)	
36			
36	Worst Case Outturn Scenario	(61,415)	

Table B- Monthly Summarised Statement of Comprehensive Net Expenditure/Statement of Comprehensive Net Income

		1	2	3	4	5	6	7	8	9	10	11	12		
A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement Comprehensive Net Income	of	Apr	Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total <u>YTD</u>	Forecast year-end position
		£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1 Revenue Resource Limit	Actual/F'cast	126,659	121,997	141,139	136,897	132,781	129,001	178,120	142,347	144,901	150,754	156,977	154,648	1,253,842	1,716,222
Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast	0	0	42	0	0	60	0	0	28	0	0	171	129	300
3 Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1,837	1,739	1,891	2,043	1,912	1,844	2,045	1,912	2,023	1,959	1,959	1,959	17,246	23,122
4 WHSSC Income	Actual/F'cast	896	896	859	1,046	933	862	936	2,258	1,062	914	914	914	9,748	12,491
5 Welsh Government Income (Non RRL)	Actual/F'cast	(369)	419	491	372	103	286	(587)	(124)	295	117	117	7,117	886	8,237
6 Other Income	Actual/F'cast	5,070	5,044	5,588	5,737	5,396	5,393	5,374	6,566	5,529	5,350	5,350	5,347	49,697	65,744
7 Income Total		134,093	130,095	150,010	146,095	141,125	137,446	185,888	152,959	153,838	159,094	165,317	170,156	1,331,548	1,826,116
8 Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	15,621	16,175	16,316	16,684	16,428	14,719	15,441	16,903	18,037	16,250	16,250	17,850	146,324	196,674
9 Primary Care - Drugs & Appliances	Actual/F'cast	9,911	10,119	10,175	10,159	10,594	10,421	9,835	10,145	10,018	9,980	9,926	9,926	91,377	121,209
10 Provided Services - Pay	Actual/F'cast	59,888	62,050	73,082	69,139	63,642	61,747	65,918	64,003	62,928	64,568	66,365	64,313	582,397	777,642
11 Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	12,972	12,216	13,471	11,188	13,091	12,022	13,719	13,980	13,030	13,696	14,047	15,394	115,689	158,826
12 Secondary Care - Drugs	Actual/F'cast	4,901	4,918	4,279	6,584	4,703	4,733	6,102	5,316	4,847	5,850	5,350	5,262	46,383	62,845
13 Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	25,297	27,471	28,095	26,476	25,716	26,688	27,136	28,860	27,115	27,200	27,200	27,200	242,854	324,455
14 Non Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
15 Continuing Care and Funded Nursing Care	Actual/F'cast	10,665	11,144	10,706	10,591	10,578	10,418	10,482	9,722	9,927	10,199	9,694	10,415	94,233	124,541
16 Other Private & Voluntary Sector	Actual/F'cast	1,176	1,236	1,226	1,282	1,611	975	1,240	1,232	1,383	1,200	1,200	1,200	11,361	14,961
17 Joint Financing and Other	Actual/F'cast	3,049	2,775	3,455	2,664	4,389	2,307	2,551	3,293	3,264	3,107	3,107	10,107	27,747	44,067
18 Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	441	440	(394)	383	322	157	305	220	140	163	163	163	2,014	2,504
19 Exceptional (Income) / Costs - (Trust Only)	Actual/F'cast													0	0
20 Total Interest Receivable - (Trust Only)	Actual/F'cast													0	0
21 Total Interest Payable - (Trust Only)	Actual/F'cast													0	0
22 DEL Depreciation\Accelerated Depreciation\Impairments	Actual/F'cast	3,638	4,434	4,057	4,013	4,035	3,930	4,525	4,089	4,085	4,171	4,170	4,097	36,805	49,243
23 AME Donated Depreciation\Impairments	Actual/F'cast	28	(6,902)	57	38	38	38	(11,674)	38	38	5,758	10,666	7,053	(18,303)	5,174
24 Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25 Profit\Loss Disposal of Assets	Actual/F'cast	0	(0)	0	0	295		27	4	38	0	0	0	390	390
26 Cost - Total	Actual/F'cast	147,587	146,075	164,525	159,200	155,441	148,181	145,606	157,806	154,850	162,143	168,138	172,979	1,379,271	1,882,531
27 Net surplus/ (deficit)	Actual/F'cast	(13,494)	(15,980)	(14,515)	(13,105)	(14,317)	(10,735)	40,282	(4,847)	(1,012)	(3,049)	(2,821)	(2,823)	(47,723)	(56,415)

**Table B2 - Pay Expenditure Analysis** 

A - Pay	Expenditure	1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total <u>YTD</u>	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	9,826	9,824	12,656	11,677	10,234	10,024	10,244	10,507	10,308	10,300	10,600	10,200	95,300	126,400
2	Medical & Dental	14,244	15,137	14,914	14,773	14,981	14,572	18,323	15,697	15,496	15,700	15,700	15,300	138,137	
3	Nursing & Midwifery Registered	18,935	19,299	23,568	22,278	20,144	19,538	19,554	19,759	19,307	19,750	20,500	20,000	182,382	242,632
4	Prof Scientific & Technical	2,316	2,344	2,879	2,867	2,530	2,538	2,573	2,738	2,742	2,700	2,850	2,700	23,527	
5	Additional Clinical Services	9,192	9,567	12,060	11,125	10,124	9,377	9,416	9,653	9,308	10,000	10,600	10,250	89,822	
6	Allied Health Professionals	3,601	3,687	4,509	4,296	3,830	3,834	3,773	3,913	3,908	3,900	4,100	3,950	35,351	
7	Healthcare Scientists	1,112	1,133	1,364	1,297	1,165	1,140	1,119	1,151	1,145	1,200	1,300	1,200	10,626	
8	Estates & Ancillary	3,556	3,692	4,427	4,048	3,517	3,560	3,573	3,443	3,412	3,700	4,000	3,700		,
9	Students	4	4	6	5	4	5	2	2	1	7	7	7	33	54
10	TOTAL PAY EXPENDITURE	62,786	64,687	76,383	72,366	66,529	64,588	68,577	66,863	65,627	67,257	69,657	67,307	608,406	812,627
	Analysis of Pay Expenditure														
	LHB Provided Services - Pay	59,888		73,082	69,139	63,642	61,747	65,918	64,003	62,928	64,568	66,365	64,313	582,397	
12	Other Services (incl. Primary Care) - Pay	2,898	2,637	3,301	3,227	2,887	2,841	2,659	2,860	2,699	2,689	3,292	2,994	26,009	34,985
13	Total - Pay	62,786	64,687	76,383	72,366	66,529	64,588	68,577	66,863	65,627	67,257	69,657	67,307	608,406	812,627

B - Age	B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		2	3	4	5	6	7	8	9	10	11	12		
- Analy			May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total <u>YTD</u>	Forecast year-end position
REF	TYPE	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Administrative, Clerical & Board Members	72	64	77	49	41	39	86	39	29	40	40	40	496	616
2	Medical & Dental	1,185	2,048	1,500	1,192	1,426	1,118	1,118	1,215	1,196	1,150	1,150	1,150	11,998	15,448
3	Nursing & Midwifery Registered	1,434	1,387	1,394	1,575	1,650	1,807	1,573	1,369	1,371	1,350	1,350	1,350	13,560	17,610
4	Prof Scientific & Technical	(1)	6	11	29	1	21	46	31	7	25	25	25	151	226
5	Additional Clinical Services	295	341	210	161	237	183	80	80	89	80	80	80	1,676	1,916
6	Allied Health Professionals	171	219	147	196	196	192	123	165	136	150	150	150	1,545	1,995
7	Healthcare Scientists	57	63	31	59	47	29	8	15	14	40	40	40	323	443
8	Estates & Ancillary	682	675	483	490	341	471	489	247	281	300	300	300	4,159	5,059
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	0	0
10	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,895	4,803	3,853	3,751	3,939	3,860	3,523	3,161	3,123	3,135	3,135	3,135	33,908	43,313
11	Agency/Locum (premium) % of pay	6.2%	7.4%	5.0%	5.2%	5.9%	6.0%	5.1%	4.7%	4.8%	4.7%	4.5%	4.7%	5.6%	5.3%

C - Age	ency / Locum (premium) Expenditure	1	2	3	4	5	6	7	8	9	10	11	12		
	Analysed by Reason for Using Agency/Locum (premium)		Мау	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total <u>YTD</u>	Forecast year-end position
REF	REASON	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	2,500	3,000	2,500	2,500	2,760	2,778	2,450	2,250	2,218	2,230	2,230	2,230	22,956	29,646
2	Maternity/Paternity/Adoption Leave	5	5	5	5	5	20	10	10	10	10	10	10	75	105
3	Special Leave (Paid) – inc. compassionate leave, interview	5	5	5	5	5	6	5	5	5	5	5	5	46	61
4	Special Leave (Unpaid)	3	3	3	3	3	3	3	3	3	3	3	3	27	36
5	Study Leave/Examinations	0	0	0	0	0	0	0	0	0	0	0	0	0	0
6	Additional Activity (Winter Pressures/Site Pressures)	1,117	1,525	1,125	1,023	901	800	800	638	632	632	632	632	8,561	10,457
7	Annual Leave	15	15	15	15	15	3	5	5	5	5	5	5	93	108
8	Sickness	250	250	200	200	200	200	200	200	200	200	200	200	1,900	2,500
9	Restricted Duties	0	0	0	0	50	50	50	50	50	50	50	50	250	400
10	Jury Service	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	WLI	0	0	0	0	0	0	0	0	0	0	0	0	0	0
12	Exclusion (Suspension)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
														0	0
13	TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE	3,895	4,803	3,853	3,751	3,939	3,860	3,523	3,161	3,123	3,135	3,135	3,135	33,908	43,313

Table B3 - COVID-19

		1	2	3	4	5	6	7	8	9	10	11	12		
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total <u>YTD</u>	Forecast year-end position
A1	Enter as positive values	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
108	Total Planned COVID-19 Expenditure	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	13,337	17,146
109	Total Actual/Forecast COVID-19 Expenditure	1,551	1,371	1,182	130	296	1,216	835	2,554	1,550	1,718	1,543	1,597	10,686	15,544
110	Movement from Planned Expenditure	(96)	297	217	1,119	818	544	1,058	(927)	(379)	(510)	(298)	(242)	2,651	1,602
111	Total Planned Funding	1,456	1,668	1,399	1,249	1,114	1,761	1,892	1,627	1,171	1,209	1,245	1,356	13,337	17,146
112	Total Actual/Forecast COVID-19 Funding excluding Virements	1,456	1,467	1,182	130	577	2,248	849	1,992	666	1,696	1,522	1,575	10,568	15,360
113	Total Actual/Forecast COVID-19 Virements	0	0	0	0	0	0	0	0	0	0	0	0	0	0
114	Total Actual/Forecast Funding	1,456	1,467	1,182	130	577	2,248	849	1,992	666	1,696	1,522	1,575	10,568	15,360
115	Movement from Planned Funding	0	(201)	(217)	(1,119)	(537)	487	(1,043)	365	(505)	487	277	220	(2,770)	(1,786)
116	Net Planned Position	0	0	0	0	0	0	0	0	0	0	0	0	0	0
117	Actual / Forecast Net Impact on overall Financial Position due to Covid-19	(96)	96	0	0	281	1,031	15	(562)	(884)	(23)	(21)	(22)	(118)	(184)
118	Net Movement from Plan	(96)	96	0	0	281	1,031	15	(562)	(884)	(23)	(21)	(22)	(118)	(184)

Table C - Identified Expenditure Savings Schemes (Excludes Income Generation and Accountancy Gains)

			1	2	3	4	5	6	7	8	9	10	11	12	Total <u>YTD</u>	Full-year	YTD as %age of FY	Assess	sment	Full In-Y	ear forecast	Full-Year Effect
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total TTD	forecast	YTD variance as %age of YTD	Green	Amber	non recurring	recurring	of Recurring Savings
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000			70 ago 67 7 7 2	£'000	£'000	£'000	£'000	£'000
	1	Budget/Plan	150	150	150	150	150	150	150	150	150	150	150	151	1,349	1,800		250	1,550	)		
2	CHC and Funded Nursin 2 Care	Actual/F'cast	43	145	251	658	279	566	427	892	838	836	762	762	4,098	6,459	63.45%	6,295	164	926	5,533	6,933
:	3	Variance	(107)	(5)	101	508	129	416	277	742	688	687	612	611	2,749	4,659	203.77%	6,045	(1,386	)		
4	1	Budget/Plan	292	167	304	304	304	304	304	304	304	304	304	304	2,588	3,500		2,138	1,363	3		
	Commissioned Services	Actual/F'cast	167	167	167	660	394	1,332	463	1,363	576	576	575	573	5,289	7,014	75.41%	7,014	(	3,195	3,819	3,819
6		Variance	(125)	0	(137)	356	90	1,028	159	1,059	272	272	271	269	2,702	3,514	104.39%	4,876	(1,363	)		
7	Medicines Management	Budget/Plan	117	73	143	154	166	177	188	199	210	221	232	244	1,428	2,125		2,125	(	)		
8	(Primary & Secondary	Actual/F'cast	139	41	178	153	351	532	634	596	658	758	769	780	3,282	5,588	58.73%	5,588	(	21	5,567	8,254
9	Care)	Variance	22	(33)	34	(2)	185	356	446	397	449	536	536	536	1,854	3,463	129.87%	3,463	(	)		
10		Budget/Plan	1,389	640	1,465	1,470	1,470	1,470	1,470	1,470	1,470	1,470	1,470	1,471	12,313	16,724		3,053	13,671			
11	Non Pay	Actual/F'cast	101	93	369	273	2,116	762	816	(1,546)	763	705	699	1,246	3,745	6,396	58.56%	5,729	667	2,688	3,708	4,028
12		Variance	(1,289)	(547)	(1,095)	(1,197)	646	(708)	(654)	(3,016)	(707)	(765)	(771)	(225)	(8,568)	(10,328)	(69.58%)	2,676	(13,004	)		
13	3	Budget/Plan	2,207	914	2,337	2,378	2,378	2,378	2,378	2,378	2,503	2,503	2,503	2,499	19,849	27,353		14,486	12,867	7		
14	Pay	Actual/F'cast	778	461	320	170	756	821	1,101	3,663	1,596	1,536	1,667	1,685	9,666	14,554	66.42%	13,999	555	5,045	9,510	10,040
15	5	Variance	(1,429)	(453)	(2,016)	(2,207)	(1,622)	(1,556)	(1,276)	1,285	(907)	(966)	(836)	(814)	(10, 182)	(12,799)	(51.30%)	(487)	(12,312	)		
16	6	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	(	)		
17	Primary Care	Actual/F'cast	0	0	0	0	115	56	1,519	50	50	56	56	264	1,790	2,165	82.67%	1,940	226	2,165	0	0
18	3	Variance	0	0	0	0	115	56	1,519	50	50	56	56	264	1,790	2,165		1,940	226	S		
19	9	Budget/Plan	4,155	1,944	4,399	4,456	4,468	4,478	4,490	4,501	4,637	4,648	4,659	4,669	37,526	51,502		22,051	29,450	)		
20	Total	Actual/F'cast	1,227	906	1,286	1,914	4,011	4,069	4,960	5,017	4,482	4,468	4,528	5,310	27,871	42,176	66.08%	40,564	1,612	14,040	28,136	33,074
2	1	Variance	(2,928)	(1,038)	(3,113)	(2,542)	(457)	(409)	471	516	(155)	(180)	(131)	641	(9,656)	(9,326)	(25.73%)	18,513	(27,839	)		
		2 Variance in month	(70.48%)	(53,41%)	(70 77%)	(57.05%)	(10.23%)	(9.14%)	10.48%	11.48%	(3.34%)	(3.88%)	(2.82%)	13.73%	(25.73%)							
		In month achievement against FY	2.91%	2.15%	3.05%	(57.05%) 4.54%	9.51%	9.65%	11.76%	11.48%	10.63%	10.59%	10.74%	12.59%	(20.7370)							

**Table D - Welsh NHS Assumptions – Income/Expenditure Assumptions Annual Forecast** 

			Non			Non	
		Contracted	Contracted	Total	Contracted	Contracted	Total
	LHB/Trust	Income	Income	Income	Expenditure	Expenditure	Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University	286	732	1,018	984	3,008	3,992
2	Aneurin Bevan University	0	0	0	0	0	0
3	Betsi Cadwaladr University	0	61	61	0	1,260	1,260
4	Cardiff & Vale University	1,144	1,211	2,355	36,389	3,937	40,326
5	Cwm Taf Morgannwg University	1,729	425	2,154	20,022	1,297	21,319
6	Hywel Dda University	301	26	327	419	849	1,268
7	Powys	11,077	3,677	14,754	164	159	323
8	Public Health Wales	0	4,156	4,156	0	1,765	1,765
9	Velindre	0	9,289	9,289	25,402	53,398	78,800
10	NWSSP	0	0	0	0	0	0
11	DHCW	0	888	888	0	5,311	5,311
12	Wales Ambulance Services	0	245	245	0	10,583	10,583
13	WHSSC	11,773	729	12,502	155,965	(1,413)	154,552
14	EASC	0	0	0	46,445	0	46,445
15	HEIW	0	14,000	14,000	0	48	48
16	NHS Executive	0	0	0	0	0	0
17	Total	26,310	35,439	61,749	285,790	80,202	365,992

**Table F - Statement of Financial Position** 

Table F - Statement of Financial Position For Monthly Period	Opening Balance Beginning of Apr 23	Closing Balance End of Dec 23	Forecast Closing Balance End of Mar 24
Non-Current Assets	£'000	£'000	£'000
1 Property, plant and equipment	893,409	931,812	912,012
2 Intangible assets	5,091	3,504	3,046
3 Trade and other receivables	77,466	105,867	77,466
4 Other financial assets	726	726	726
5 Non-Current Assets sub total	976,692	1,041,909	993,250
Current Assets			
6 Inventories	9,576	10,032	9,576
7 Trade and other receivables	152,162	161,757	152,162
8 Other financial assets	58	58	58
9 Cash and cash equivalents	4,704	5,511	(55,131)
10 Non-current assets classified as held for sale	0	0	0
11 Current Assets sub total	166,500	177,358	106,665
12 TOTAL ASSETS	1,143,192	1,219,267	1,099,915
Current Liabilities			
13 Trade and other payables	222,125	181,547	194,320
14 Borrowings (Trust Only)	0	0	0
15 Other financial liabilities	0	0	0
16 Provisions	87,280	95,038	87,280
17 Current Liabilities sub total	309,405	276,585	281,600
18 NET ASSETS LESS CURRENT LIABILITIES	833,787	942,682	818,315
Non-Current Liabilities			
19 Trade and other payables	20,692	18,146	20,692
20 Borrowings (Trust Only)	0	0	0
21 Other financial liabilities	0	0	0
22 Provisions	81,186	111,128	81,186
Non-Current Liabilities sub total	101,878	129,274	101,878
24 TOTAL ASSETS EMPLOYED	731,909	813,408	716,437
FINANCED BY: Taxpayers' Equity			
25 General Fund	552,846	615,474	523,503
26 Revaluation Reserve	179,063	197,934	192,934
27 PDC (Trust only)			
28 Retained earnings (Trust Only)			
29 Other reserve			
30 Total Taxpayers' Equity	731,909	813,408	716,437

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**Table G - Monthly Cashflow Forecast** 

		April £'000	May £'000	June £'000	July £'000	Aug £'000	Sept £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £,000	Total £,000
	RECEIPTS	440.450	100.050	404.050	400.050	400.050	400.000	400.000	450 500	100.000	400.000	400.000	101 710	4 000 000
	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	148,150	133,350	164,250	136,950	138,850	160,300	130,000	150,500	160,000	126,000	138,000	101,710	1,688,060
	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	0	265	236	400	070	0	303	0	707	0	0	(534)	(534)
3	WG Revenue Funding - Other (e.g. invoices)	242			193	676	300		351	767	320	500	1,200	5,353
4	WG Capital Funding - Cash Limit - LHB & SHA only	5,000	2,700	4,500	6,300	6,200	800	4,300	5,000	6,500	4,500	4,800	5,250	55,850
	Income from other Welsh NHS Organisations	7,346	3,999	3,618	6,412	5,185	4,023	5,909	4,288	7,404	4,500	4,800	5,250	62,734
7	Short Term Loans - Trust only PDC - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
	· ·	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Interest Receivable - Trust only Sale of Assets	0	0	0	39	0	16	0	0	0	0	U	0	77
		12.110	4,565	4.765		0.075		9,698	4 207	2 242	6.050	7.020	10.000	81,672
	Other - (Specify in narrative)	13,119	144,880	4,765	5,365	8,075 <b>158,992</b>	2,905		4,207	3,243	6,850	7,920	10,960	
11	TOTAL RECEIPTS  PAYMENTS	173,862	144,000	177,369	155,259	150,992	168,344	150,210	164,352	177,918	142,170	156,020	123,836	1,893,212
40	PAYMENTS	0.700	7.004	0.404	0.004	7.675	0.040	8.423	7.570	40.040	9.353	0.400	44.705	100 105
	Primary Care Services : General Medical Services  Primary Care Services : Pharmacy Services	9,763 5,256	7,601	9,181 5,954	8,081	2,523	8,212 4.890	0,423	7,570 2,827	10,348 5,745	9,333	8,133 2,650	11,765 3,210	106,105 33,074
	Primary Care Services : Priarmacy Services  Primary Care Services : Prescribed Drugs & Appliances	20,731		19,758	603	10,875	21,214	178	10,796	21,639	0	8,690	10,980	125,486
		2,788	2,822	2,767	2,766	2,790	2,726	2,395	2,483	21,639	2,740	2,680	·	
	Primary Care Services : General Dental Services		(65)	·	585	·		508		(403)	438		3,350	32,695
	Non Cash Limited Payments	(143) 59.942	62.122	(601) 70,887	67.064	(52) 63.261	(700) 60.054	60.085	(31) 61.772	60.699	59,762	(51) 61,210	(19) 66.890	(534) 753,748
	Salaries and Wages	,		67,832	69,558	65,663		71,201		,	68,062		,	
	Non Pay Expenditure	73,409	66,399	07,832	69,558	05,003	71,834	71,201	73,660	71,053	68,062	67,051	79,771	845,493
	Short Term Loan Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
	PDC Repayment - Trust only	4,851	3,150	4,556	2.400	4 000	4.640	4,606	4,305	6 400	5 245	0 4,879	F 700	56,976
	Capital Payment	4,651	3,150	4,000	3,488	4,998	4,612	4,000	4,305	6,423	5,345	4,879	5,763	50,976
	Other items (Specify in narrative)	176,602	142,049	180,334	152,157	157,734	172.845	147,397	163,384	177,877	145,716	155,242	181,710	1,953,047
23	TOTAL PAYMENTS	176,602	142,049	100,334	192,197	101,134	172,045	147,397	103,304	177,077	145,716	100,242	181,710	1,903,047
24	Net cash inflow/outflow	(2,740)	2,831	(2,965)	3,102	1,258	(4,501)	2,813	968	41	(3,546)	778	(57,874)	
25	Balance b/f	4,704	1,964	4,795	1,830	4,932	6,190	1,689	4,502	5,470	5,511	1,965	2,743	
26	Balance c/f	1,964	4,795	1,830	4,932	6,190	1,689	4,502	5,470	5,511	1,965	2,743	(55,131)	

**Table H - Prompt Payment of Invoice Performance** 

30 DAY COMPLIANCE		ACTU	AL Q1	ACTU	AL Q2	ACTU	AL Q3	ACTU	AL Q4	YEAR T	O DATE	FORECAST	YEAR END
	Target	Actual	Variance	Forecast	Variance								
PROMPT PAYMENT OF INVOICE PERFORMANCE	%	%	%	%	%	%	%	%	%	%	%	%	%
1 % of NHS Invoices Paid Within 30 Days - By Value	95.0%	91.6%	-3.4%	91.5%	-3.5%	98.2%	3.2%		-95.0%	93.8%	-1.2%	95.0%	0.0%
2 % of NHS Invoices Paid Within 30 Days - By Number	95.0%	89.3%	-5.7%	87.0%	-8.0%	90.0%	-5.0%		-95.0%	88.9%	-6.1%	95.0%	0.0%
3 % of Non NHS Invoices Paid Within 30 Days - By Value	95.0%	96.5%	1.5%	96.8%	1.8%	97.7%	2.7%		-95.0%	97.0%	2.0%	97.0%	2.0%
4 % of Non NHS Invoices Paid Within 30 Days - By Number	95.0%	96.7%	1.7%	97.4%	2.4%	97.5%	2.5%		-95.0%	97.2%	2.2%	97.2%	2.2%

Table I - Capital Resource/Expenditure Limit Management

		Y	ear To Dat	e		Forecast	
Ref:	Performance against CRL / CEL	Plan	Actual	Variance	Plan	F'cast	Variance
	Gross expenditure	£'000	£'000	£'000	£'000	£'000	£'000
	All Wales Capital Programme:	•					
	All Wales Capital Flogramme.						
	Schemes:						
1	Primary Care - Fees - Tredegar - Main scheme	3,375	3,485	110	3,375	3,853	478
2	Primary Care Fees - Newport East	5,304	5,566	262	9,411	9,411	0
3	Radiotherapy Satellite - Main Scheme	10,755	9,547	(1,208)	16,158	16,158	
4	Efab - Infrastructure	151	161	11	560	650	90
5	Efab - Fire	312	161	(151)	885	885	
6	Efab - Decarbonisation	41	26	(15)	135	45	` '
7	Breast Centralisation YYF	8,024	7,645	(379)	8,482	8,285	` '
8	Plaid Agreement - Mental Health Sanctuary Hubs	197	273	75	662	662	
9	Grange University Hospital - Brokerage pending VAT reclaim	0		0	0	0	
10	Grange University Hospital	(211)	(212)	(0)	(74)	(74)	0
11	Endoscopy Expansion - RGH	4,535	4,535	(0)	4,914	4,914	
12	Royal Gwent Demolition	204	192	(13)	554	324	,
13	Specialist inpatient services Unit - Development Fees	2	2	0	10	10	
14	B/F - End of Year Funding – November 2022	216	216	0	239	256	
15	Emergency Department Waiting Area Improvements	86		0	111	111	
16	Housing Care fund	9	9		10	10	
17	Eye Care Transfer from C&V	10	10		10	10	. ,
18	ICF - Trethomas Feasibility	6			8	6	
19	ICF - Pontllanfraith Feasibility	7	7		8	7	` '
20	RadiotherapySatellite Centre at Nevill Hall Hospital – Enabling Works	1	2		9	9	
21	SDEC	1	1	(0)	19	22	
22	National Programme - Imaging P2 DPIF - RISP	8			55	51	` '
23		9 75	9 75	0	15 75	15	
24	HCF - Refurbishment of Suite 136 St Cadocs	87	87	0	90	75 90	` '
25 26	HCF - Forglen House HCF - Exterior Lighting Serennu Centre	0		10	41	41	
		0		10			
27 28	HCF - Soundproof Pods Serennu Centre HCF - Specialist Children's Beds	9			37 50	37 50	
29	Cyber Security	0			392	392	
30	Emergency Department and Minor Injury Unit Improvements	0			145	145	
31	and gone, a operation and minor again of the approximation			0	1-10	1-10	0
32				0			0
33				0			0
34				0			0
35				0			0
36				0			0
37				0			0
38				0			0
39				0			0
40				0			0
41				0			0
42	Sub Total	33,212	31,916		46,386	46,451	

**Table J - In Year Capital Scheme Profiles** 

	All Wales Capital Programme:  Ref: Project In Year Forecast Capital Expenditure Monthly Profile																		
Ref:	Schemes:	Project Manager	In Year F Min.	orecast Max.	April	May	Jun	Jul	Capital Aug	Expenditu Sep	re Monthly Oct	Profile Nov	Dec	Jan	Feb	Mar	YTD	Total	Risk Level
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
1	Primary Care - Fees - Tredegar - Main scheme	Lorraine Morgan	3,485	5,856	139	727	657	484	771	721	46	(9)	(51)	100	100	168	3,485	3,853	High
2	Primary Care Fees - Newport East	Lorraine Morgan	9,300	9,500	110	725	199	503	446	530	881	1,016	1,157	992	1,382	1,472	5,566	9,411	Medium
3	Radiotherapy Satellite - Main Scheme	Lorraine Morgan	15,800	16,200	734	848	1,394	208	1,786	1,293	1,249	1,044	992	2,187	2,210	2,215	9,547	16,158	Medium
4	Efab - Infrastructure	Mark Arscott	500	650	1	20	1	4	89	(3)	0	24	25	24	205	259	161	650	Medium
5	Efab - Fire	Mark Arscott	800	900	0	0	0	0	0	0	57	94	10	205	243	276	161	885	Medium
6	Efab - Decarbonisation	Mark Arscott	45	50	0	0	0	0	0	20	6	0	0	15	0	4	26	45	Low
7	Breast Centralisation YYF	Hannah Capel	8,285	8,482	313	513	984	637	1,052	722	1,028	1,347	1,049	535	45	60	7,645	8,285	Low
8	Plaid Agreement - Mental Health Sanctuary Hubs	Kola Gamede	550	662	0	0	18	(1)	65	27	1	57	105	15	180	195	273	662	Medium
9	Grange University Hospital - Brokerage pending VAT reclain	Hannah Evans	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	Low
10	Grange University Hospital	Hannah Capel	(100)	(74)	70	18	5	77	(26)	(337)	10	(5)	(25)	40	40	58	(212)	(74)	Low
11	Endoscopy Expansion - RGH	Lorraine Morgan	4,914	4,914	866	213	944	296	728	621	793	43	31	150	150	79	4,535	4,914	Low
12	Royal Gwent Demolition	Hannah Capel	320	324	0	0	0	13	0	3	0	176	(0)	40	40	53	192	324	Low
13	Specialist inpatient services Unit - Development Fees	Andrew Walker	10	10	1	(0)	(0)	1	0	0	0	0	0	3	3	3	2	10	Low
14	B/F - End of Year Funding – November 2022	Various	250	269	0	36	94	(4)	35	0	16	39	(0)	9	0	31	216	256	Low
15	Emergency Department Waiting Area Improvements	Various	111	111	85	1	0	0	0	0	0	0	0	13	13	0	86	111	Low
16	Housing Care fund	Various	9	10	0	0	0	0	0	9	0	0	0	1	0	0	9	10	Low
17	Eye Care Transfer from C&V	Glenys Mansfield	10	10	3	3	4	0	0	0	0	0	0	0	0	0	10	10	Low
18	ICF - Trethomas Feasibility	David Powell	6	6	4	(4)	3	0	0	4	0	0	0	0	0	0	6	6	Low
19	ICF - Pontllanfraith Feasibility	David Powell	8	8	3	(3)	4	0	0	3	0	0	0	0	0	0	7	7	Low
20	RadiotherapySatellite Centre at Nevill Hall Hospital – Enablir	Lorraine Morgan	9	9	0	0	1	1	(1)	(2)	3	(1)	0	3	3	3	2	9	Low
21	SDEC	Paul Underwood	22	22	0	(21)	0	0	0	0	0	22	0	11	11	0	1	22	Low
22	National Programme - Imaging P2	Arvind Kumar	51	55	0	0	0	0	8	0	0	0	0	0	0	44	8	51	Low
23	DPIF - RISP	Paul Solloway	15	15	0	0	0	0	0	0	0	9	0	6	0	0	9	15	Low
24	HCF - Refurbishment of Suite 136 St Cadocs	Helen Dodoo	75	75	0	0	0	0	0	0	0	75	0	0	0	0	75	75	Low
25	HCF - Forglen House	Helen Dodoo	90	90	0	0	0	0	0	0	0	87	0	0	3		87	90	Low
26	HCF - Exterior Lighting Serennu Centre	Sara Garland	41	41	0	0	0	0	0	0	0	0	10		31		10	41	Low
27	HCF - Soundproof Pods Serennu Centre	Sara Garland	37	37	0	0	0	0	0	0	0	0	1		36		1	37	Low
28	HCF - Specialist Children's Beds	Sara Garland	50	50	0	0	0	0	0	0	0	9	0	14	14	14	9	50	
29	Cyber Security	Paul Solloway	392	392	0	0	0	0	0	0	0	0	0	50	142	200	0	392	Low
30	Emergency Department and Minor Injury Unit Improvements	Various	145	145	0	0	0	0	0	0	0	0	0	44	102	0	0	145	Medium
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		45,230	48,819	2,328	3,075	4,308	2,218	4,953	3,612	4,091	4,028	3,304	4,454	4,951	5,131	31,916	46,451	

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	Discretionary:																		
35	LT.	Various	2,000	2,200	171	166	265	(2)	(118)	56	72	123	236	156	691	276	969	2,092	Low
36	Equipment	Various	1,900	2,100	16	80	0	379	258	247	104	49	288	41	97	423	1,420	1,980	Low
37	Statutory Compliance	Various	694	720	99	45	46	128	87	33	(20)	41	27	62	66	79	487	694	Low
38	Estates	Various	2,000	2,200	35	212	121	238	84	162	31	185	50	524	246	189	1,117	2,077	Low
39	Other	Various															0	0	
40	Sub Total		6,594	7,220	321	503	432	743	310	498	187	398	600	784	1,100	967	3,992	6,843	
	Other Schemes (Including IFRS 16 Leases):																		
41	Charitable Funds - donated assets / YYF UBU Cont	Various	250	300	0	0	42	0	0	60	0	0	28	75	75	21	129	300	Low
42	IFRS16 New Leases / Lease Renewals	Various	(211)	(211)						(211)							(211)	(211)	Low
43																	0	0	
44																	0	0	
45																	0	0	
46																	0	0	
47																	0	0	
48																	0	0	
49																	0	0	
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57																	0	0	
58																	0	0	
59																	0	0	
60																	0	0	
61	Sub Total		39	89	0	0	42	0	0	(151)	0	0	28	75	75	21	(82)	89	
62	Total Capital Expenditure		51.863	56.128	2.649	3.579	4.781	2.961	5.263	3.960	4.278	4.425	3.931	5.313	6.126	6.119	35.827	53.383	

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**Table K - Capital Disposals** 

	Description	Date of Ministerial Approval to Dispose (Land & Buildings only)	Date of Ministerial Approval to Retain Proceeds > £0.5m	Date of Disposal	NBV	Sales Receipts	Cost of Disposals	Gain/ (Loss)	Comments
		MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Apr 23)	MM/YY (text format, e.g. Feb 24)	£'000	£'000	£'000	£'000	
1	Equipment disposals various			Apr-23	0	5	5	0	
2	Equipment disposals various			May-23	0	1	1	0	
3	Equipment disposals various			Jun-23	0	0	0	0	
4	Equipment disposals RGH E Block			Jul-23	299	306	7	0	Welsh Risk Pool claim to be submitted to cover loss on disposal
5	Equipment disposals RGH E Block			Aug-23	32	(266)	0	(298)	Welsh Risk Pool claim to be submitted to cover loss on disposal - shown as a loss until income receiv
6	Other equipment disposals various			Aug-23	0	5	1	4	
7	Equipment disposals RGH E Block			Sep-23	39	0	0	(39)	
8	Other equipment disposals various			Sep-23	0	16	3	13	
9	Ventilator disposals			Oct-23	57	30	0	(27)	
10	Other equipment disposals various			Oct-23	0	0	0	0	
11	Other equipment disposals various			Nov-23	8	6	2	(4)	
12	Other equipment disposals various			Dec-23	57	4	(15)	(38)	
13								0	
14								0	
15								0	
16								0	
17								0	
18								0	
19								0	
	Total for in-year				493	107	3	(390)	

**Table M - Debtors Schedule** 

Debtor	Inv#	Inv Date	Orig Inv £	Outstand. Inv £	Valid Entry	>11 weeks but <17 weeks	Over 17 weeks	Arbitration Due Date	Comments
Cwm Taf Morgannwg ULHB	224886	28 September 2023	4643.83	4,643.83	Yes, valid entry for period	4,643.83		25 January 2024	Paid 10.01.24
Cwm Taf Morgannwg ULHB	224933	28 September 2023	137.50	137.50	Yes, valid entry for period	137.50		25 January 2024	To be Paid W/C 15.01.24
Digital Health Care Wales	224606	25 August 2023	66632.61	22,210.87	Yes, valid entry for period		22,210.87	22 December 2023	Invoice to be cancelled and re-raised for correct value
HEIW	224470	17 August 2023	1068.72	1,068.72	Yes, valid entry for period		1,068.72	14 December 2023	Pay Award element of invoice disputed
HEIW	224536	24 August 2023	10850.15	10,850.15	Yes, valid entry for period		10,850.15	21 December 2023	Pay Award element of invoice disputed
HEIW	224542	24 August 2023	8502.12	8,502.12	Yes, valid entry for period		8,502.12	21 December 2023	Pay Award element of invoice disputed
HEIW	224543	24 August 2023	9730.66	9,730.66	Yes, valid entry for period		9,730.66	21 December 2023	Pay Award element of invoice disputed
HEIW	224544	24 August 2023	6121.18	6,121.18	Yes, valid entry for period		6,121.18	21 December 2023	Pay Award element of invoice disputed
HEIW	224739	14 September 2023	1068.72	1,068.72	Yes, valid entry for period	1,068.72		11 January 2024	Pay Award element of invoice disputed
HEIW	224900	28 September 2023	5239.88	5,239.88	Yes, valid entry for period	5,239.88		25 January 2024	Pay Award element of invoice disputed
HEIW	224909	28 September 2023	3960.72	3,960.72	Yes, valid entry for period	3,960.72		25 January 2024	Pay Award element of invoice disputed
HEIW	224910	28 September 2023	4533.98	4,533.98	Yes, valid entry for period	4,533.98		25 January 2024	Pay Award element of invoice disputed
HEIW	224911	28 September 2023	2856.56	2,856.56	Yes, valid entry for period	2,856.56		25 January 2024	Pay Award element of invoice disputed
Powys LHB	224820	25 September 2023	30105.60	30,105.60	Yes, valid entry for period	30,105.60		22 January 2024	Awaiting notification of payment date
Powys LHB	224989	10 October 2023	31624.47	31,624.47	Yes, valid entry for period	31,624.47		06 February 2024	Awaiting notification of payment date
Powys LHB	225001	12 October 2023	2678.40	2,678.40	Yes, valid entry for period	2,678.40		08 February 2024	Awaiting notification of payment date
Powys LHB	225009	12 October 2023	58800.00	58,800.00	Yes, valid entry for period	58,800.00		08 February 2024	Awaiting notification of payment date
Public Health Wales Trust	224803	21 September 2023	3770.00	3,770.00	Yes, valid entry for period	3,770.00		18 January 2024	Paid 28.12.23

**Table N - General Medical Services Financial Position** 

SUMMARY OF GENERAL	MEDICAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
		LINE NO.	£000's	£000's	£000's	£000's	£000's
Global Sum		1					52,514
Practice support payment		2					123
Total Global Sum and MP	IG	3	70,191	71,335	70,192	(1,143)	52,637
QAIF Aspiration Payments		4					1,238
QAIF Achievement Paymen	ts	5					536
QAIF - Access Achievemen	t Payments	6					1,038
Total Quality		7	3,413	3,413	3,734	321	2,812
Direct Enhanced Services	(To equal data in Section A (i) Line 31)	8		6,518	5,261	(1,257)	3,988
National Enhanced Service		9		484	733	249	569
Local Enhanced Services	(To equal data in Section A (iii) Line 94)	10		1,681	2,019	338	1,573
Total Enhanced Services	(To equal data in section A Line 95)	11	12,628	8,683	8,013	(670)	6,130
LHB Administered	(To equal data in Section B Line 109)	12	4,041		9,220	996	7,236
Premises	(To equal data in section C Line 138)	13	6,945	8,099	6,974	(1,125)	5,254
IM & T		14	2,150	1,660	1,586	(74)	1,201
Out of Hours	(including OOHDF)	15	4,736	7,624	7,947	323	5,831
Dispensing	(To equal data in Line 154)	16	8,133	8,177	9,011	834	7,156
	Total	17	112,237	117,215	116,677	(538)	88,257

**Table O - Dental Services Financial Position** 

SUMMARY OF DENTAL SERVICES FINANCIAL POSITION		WG Allocation	Current Plan	Forecast Outturn	Variance	Year to Date
Expenditure / activities included in a GDS contract and / or PDS agreement	LINE NO.	£000's	£000's	£000's	£000's	£000's
Gross Contract Value - Personal Dental Services	1		0	0	0	0
Gross Contract Value - General Dental Services	2		37,607	36,131	(1,476)	25,490
Emergency Dental Services (inc Out of Hours)	3		549	922	373	671
Additional Access	4		14	22	8	16
Business Rates	5		207	227	20	170
Domiciliary Services	6		0		0	0
Maternity/Sickness etc.	7		190	131	(59)	83
Sedation services including GA	8		0	547	547	410
Seniority payments	9		94	77	(17)	51
Employer's Superannuation	10		1,546	1,581	35	1,174
Oral surgery	11		0	0	0	0
OTHER (PLEASE DETAIL BELOW)	12		1,821	(28)	(1,849)	1,070
TOTAL DENTAL SERVICES EXPENDITURE	13	34,643	42,028	39,610	(2,418)	29,135

Table P - Ringfenced

				1	2	3	4	5	6	7	8	9	10	11	12			
								Expendi	ture (£000s) - Va	riance (-deficit/+	surplus)					Total	Total	Total
Table A: Allocation Paper (23/24 New Ring Fence:	)	WG Annual Allocation	Current Plan	April	May	June	July	August	September	October	November	December	January	February	March	YTD	Annual	Variance against WG Allocation (+over/-under spend)
	Plan	22,605	22,605	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,881	16,956	22,605	
Recovery Funding (£120m)	Actual/Forecast - not yet committed															0	0	
• • •	Actual/Forecast - committed			1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,884	1,881	16,956	22,605	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Plan	2,686	2,686	74	74	74	225	225	225	298	298	298	298	298	299	1,791	2,686	
Value Based Funding (£14m)	Actual/Forecast - not yet committed  Actual/Forecast - committed			74	74	74	225	225	225	298	298	298	298	298	299	1,791	2,686	
	Variance against current plan			74	74	74	225	225	225	296	290	290	296	296	299	1,791	2,000	
	Plan	24,683	24.683	1.529	2.053	2,199	897	3,630	400	1,981	2,564	2.227	2,407	2 744	2053.6698	17,479	24.683	0
	Actual/Forecast - not yet committed	24,000	24,003	1,525	2,000	2,199	031	3,030	400	1,501	2,504	2,221	2,407	2,144	2000.0000	17,479	24,003	
Regional Integration Fund (£132.7m)	Actual/Forecast - committed			1,529	2,053	2,199	897	3.630	400	1.981	2.564	2.227	2,407	2.744	2,054	17,479	24,683	
	Variance against current plan			0	2,000	2,100	0	0,000	0	0	0	0	2,107	2,7	2,001	0	0	0
	Plan	1,904	1,904	159	159	159	159	159	159	159	159	159	159	159	159	1,428	1,904	
Commission for Developer Madiates Company (CAD Arr.)	Actual/Forecast - not yet committed								.,,,						.,,,	0	0	
Genomics for Precision Medicine Strategy (£10.1m)	Actual/Forecast - committed			159	159	159	159	159	159	159	159	159	159	159	159	1,428	1,904	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Plan	2,753	2,753	229	229	229	229	229	229	229	229	229	229	229	234	2,061	2,753	
Critical Care Funding (£18.7m)	Actual/Forecast - not yet committed															0	0	
Critical Care Funding (£18.7m)	Actual/Forecast - committed			229	229	229	229	229	229	229	229	229	229	229	234	2,061	2,753	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

								Expenditure	e (£000s) - Va	riance (-defic	it/+surplus)					Total	Total	Total
Table B : Additional In-Year (23/24 Anticipated & Ali	cated)	WG Annual	Current Plan	April	May	June	July		September			December	January	February	March	YTD		Variance against WG Allocation (+over/-under spend)
	Plan	7,489	7,489	590	593	625	644	630	630	629	629	629	629	629	631	5,600	7,489	
Urgent Emergency Care Allocations	Actual/Forecast - not yet committed															0	0	
Organic Entering Prior California	Actual/Forecast - committed			723	732	767	738	756		648	684	637	638	637	700	5,673	7,648	
	Variance against current plan			133	139		94	126	V /	19	55	8	9	8	68	74	159	159
	Plan	3,508	3,508	228	228	228	261	261	261	340	340	340	340	340	340	2,488	3,508	
Mental Health (SIF) Allocations	Actual/Forecast - not yet committed															0	0	
montal routh (on ) alcoulone	Actual/Forecast - committed			228	228	228	261	261	261	340	340	340	340	340	340	2,488	3,508	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Plan	6,040	6,040	258	258	258	405	405	-36	1,203	845	610	610	610	614	4,206	6,040	
Planned Care	Actual/Forecast - not yet committed															0	0	
T lumica date	Actual/Forecast - committed			258	258	258	405	405	-36	1,203	-14	928	941	941		3,665	6,487	
	Variance against current plan			0	0	0	0	0	0	0	(859)	318	331			(541)	447	447
	Plan	506	506	42	42	42	42	42	42	42	42	42	42	42	44	378	506	
Value Based Health Care	Actual/Forecast - not yet committed															0	0	
	Actual/Forecast - committed			42	42	42	42	42	42	42	42	42	42	42	44	378	506	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Plan Actual/Forecast - not yet committed															0	0	
Recovery	Actual/Forecast - not yet committed					-										0	0	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Plan							,							,	0	0	
	Actual/Forecast - not yet committed															0	0	
Spare	Actual/Forecast - committed															0	0	
	Variance against current plan			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

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#### **ANEURIN BEVAN UNIVERSITY HEALTH BOARD**

# **MONITORING RETURN FOR MONTH 09 2023/24**

## Director of Finance Commentary for the Period Ended 31st December 2023

#### Introduction

The purpose of this narrative is to provide a commentary on the financial monitoring returns being submitted to the Welsh Government (WG) by the Aneurin Bevan University Health Board (ABUHB) for the period to 31st December 2023 (Month 09, 2023/24). This commentary will provide an overview of the financial position and performance of the Health Board as at month nine of the 2023/24 financial year. It will also provide a detailed narrative, where required, on each of the tables within the accompanying returns, in the format prescribed by WG.

This commentary will also respond, as far as is possible, to the issues highlighted in the WG response letter, the Health Board's response is recorded in the action log included as an Annex 1 to this commentary.

The ABUHB month 9 year to date budget performance identifies an adverse variance of **£47.7m**.

Welsh Government correspondence received on the 20<sup>th</sup> October describes funding of £89m and a control total of £13m year-end deficit for the Health Board. The Health Board does not currently have plans to enable this control total to be achieved, however, the Health Board will continue to progress all savings opportunities and to manage operational pressures where feasible to make progress towards this target.

The Board, Executives, budget holders and staff have engaged in a rigorous and thorough review of the opportunities to improve the financial forecast for 2023/24 as part of the mid-year review process. This process involved a multi-professional clinical advisory group performing an impact assessment of proposals with consideration of what is an acceptable patient risk (i.e. stopping certain services). The updated month 6 forecast was £145.7m.

Since that position was reported there has been additional WG allocations and funding c.£82m as well as the remaining anticipated funding of £6.4m relating to energy costs which improved the forecast to £57.3m deficit. In month 9 there has been a reduction in prescribing forecast costs due to the average price per item decreasing alongside an increase in savings relating to Apixaban. There have also been some further forecast reductions relating to primary care contracts and smaller benefits relating to variable pay. As a result, the forecast as at month 9 has decreased to £56.4m.

This forecast does not include any impact of the potential strike action by Junior Doctors in January 2024.

Aneurin Bevan University Health Board – Monitoring Returns Commentary – December 2023

The Health Board has assessed a **range of best case £51m to worst case £61m** is reflective of the remaining opportunities and risks. Further detail is provided in this report.

The best case incorporates opportunities that were not supported by the Clinical Advisory Group but are being revisited due to the financial position.

The worst case takes account of the risks including not achieving the mitigation / savings within the forecast but excluding industrial action consequences.

Welsh Government correspondence also noted some areas which provide a risk to the Health Board namely:-

- Health Protection funding of actual costs incurred the forecast costs have remained the same as at month 8, ABUHB are anticipating funding of £12.6m this is required to maintain the forecast position.
- Additional Mental Health SIF allocations have been anticipated (total c.£1.5m)
  with the assumption of additional recruitment and variable pay costs
  supported by this funding.
- Pay award funding, assuming actual costs will be funded.
- Confirmation (via DDoF's) that any financial impact from the forthcoming Junior Doctors strike sits with the Health Boards.

This forecast was derived by:

- Month 6 reported forecast of £145.7m
- Confirmed and anticipated allocations from WG of £88.4m
- WG funding pressure of £0.6m (Adferiad)
- Removal of bed and other savings of £2.5m
- Additional commissioning and other benefits of (£3.1m)
- Further non-recurrent benefits (£0.9m)
- Total £56.4m

At month 9 the Health Board took the opportunity to reduce the forecast by -£1.2m, due to Prescribing price reduction, but it should be noted that the impact of the Junior Doctor industrial action is to be assessed once rotas and rates have been confirmed so is not included in the current forecast.

Opportunities towards achieving, or moving towards, the control target are reviewed by the Executive Team regularly as well as through the ABUHB Value and Sustainability Board meetings.

The Executives and Board have allocated leads for the themes as part of revised escalation arrangements and have formed the local Value and Sustainability Board to progress savings, mitigations and delivery of core themes:-

- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention
- Digital

The Health Board appreciates the national pressures on NHS Wales but it is important to be clear that the challenge for ABUHB is significant and the reported forecast deficit is based on mitigations considered by the Board. The revised forecast still relies on savings and mitigating actions being delivered and slippage on funding continuing to be held and anticipated by the Health Board. Non receipt of the full indicated values (per plan) of WG funding will result in a worsening of the Health Board forecast.

There continues to be additional surge and DToC beds open on all sites outside of the IMTP bed plan and the workforce demands remain a risk to delivering the financial target identified in the IMTP financial plan.

The Health Board financial plan assumes that any pay award, cost impact from changes to non-wage related terms and conditions will be fully funded by WG.

The financial impact of the Industrial Action in January will be included in future month reporting.

Energy costs have been based on the All Wales WEG groups figures as at month 6. The position assumes the benefit of the credit of c.£0.4m resulting from the 'buy-back' of energy via British Gas (shown as an amber savings scheme). This is included within the mitigating actions to achieve the current position. The updated forecast for month 9 was received too late for inclusion in this period but will be reflected for month 10.

As at Month 09, ABUHB is reporting a year to date deficit of £47.723m with the revised forecast deficit of £56.4m, which includes the additional WG funding received and anticipated. There remain risks associated with this forecast position, particularly the full receipt of all reported anticipated income, achievement of mitigation savings plans as well as cost containment for prescribing cost growth, CHC fee uplifts and workforce pressures. Further detail is provided in this report, however, the risk lies between a £51m and £61m deficit.

### **Actual YTD**

The month nine reported financial position shows a £47.7m overspend; this is presented as such on the face of *Table B – Monthly Positions*. The table below details the outturn financial position analysed across the Health Board's organisational structure of Divisions and Corporate Directorates. Funding has been delegated following Board approval and subsequent Chief Executive agreement: -

Summary Reported position - December 2023 (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	289,819	682	824	(142)
Prescribing	111,133	8,019	7,260	760
Community CHC & FNC	73,630	(1,827)	(1,264)	(563)
Mental Health	127,706	10,034	9,381	653
Total Primary Care, Community and Mental Health	602,288	16,908	16,201	707
Scheduled Care	197,786	7,274	6,653	621
Clinical Support Services	62,608	(1,207)	(988)	(218)
Medicine	153,091	10,054	9,341	714
Urgent Care	34,984	3,683	3,374	309
Family & Therapies	132,478	2,837	2,475	361
Estates and Facilities	87,676	5,097	4,244	853
Director of Operations	8,283	571	488	83
Total Director of Operations	676,905	28,309	25,586	2,723
Total Operational Divisions	1,279,193	45,217	41,787	3,430
Corporate Divisions	122,519	(2,453)	(2,145)	(308)
Specialist Services	184,327	(2,700)	(2,333)	(367)
External Contracts	87,226	342	216	126
Capital Charges	54,118	389	351	38
Total Delegated Position	1,727,382	40,795	37,875	2,919
Total Reserves	550	6,929	8,835	(1,906)
Total Allocations	(1,716,222)	0	О	О
Other Corporate Income	(11,710)	(0)	(0)	0
Total Reported Position	0	47,723	46,711	1,013

# **Key messages for Month 09**

The financial position at the 31<sup>st</sup> December 2023 shows a £47.723m deficit position, with the key issues in the month being:

Expenditure in the Health Board for pay has decreased by c.£1.2m in comparison with November 2023 due to lower enhancement costs (£0.5m) which is due to payroll profiles. Overtime, WLI and additional hours costs decreased by £0.3m compared with November. Variable pay has decreased by £0.3m in December compared with November linked to reduced vacancy cover shifts incurred (YTD value £71.6m). It should be noted that substantive staff numbers continue to increase which should continue to have a positive effect on variable pay costs in future months.

Non-Pay Spend (excluding capital adjustments) - has decreased by c.£1.8m. Key movements from month 8 include;

- WHSSC funded costs (Vertex) paid in month 8 off-set by lower external contract forecast costs following discussions with providers (£1.5m)
- Community Pharmacy and Dispensing doctors GMS contract funding costs paid in month 8 (£0.8m)
- Dental contract funded costs increased by £1.2m linked to DDRB funding received for 2023/24,

- Drug cost reductions across most specialties (£0.5m) off-set by shingles vaccines increased costs £0.4m,
- Endoscopy insourcing costs have decreased following the opening of the new unit (£0.4m),
- Laboratory consumables decreases linked to test kits and service contracts (£0.25m).

Medical Agency costs have remained at a similar level compared with November, with on-going costs in areas such as Mental Health, Managed Practices and Community hospitals. Areas including ENT incurred additional costs to achieve 156 week wait targets as well as cover for vacant shifts.

Enhanced care shifts have remained at a similar level compared with November but continue to be lower than the 2022/23 levels and the previous monthly average. The reduction compared to 2022/23 is across a number of areas but specifically linked to a number of high-cost Acute Medicine Division patients predominantly within YYF. Work is being undertaken to reduce enhanced care including the implementation of a Patient Safety exercise reviewing current usage and configurations across all Health Board sites. This programme of work is mid-way through delivery.

CHC cost inflation for Adult Community Care, Mental Health & Learning Disabilities and Children are causing significant financial pressures compared with IMTP forecasts. An increase in high-cost paediatric and Mental Health patients has resulted in an ongoing cost pressure coupled with fee uplifts for CHC packages which are anticipated to be c.12% which is significantly higher than the 6% assumption in the IMTP. Within Mental Health, fee uplifts are currently forecast in the region of 11%, additionally specific high-cost packages within Learning Disabilities presents a significant financial pressure. Within Paediatrics there are 5 high-cost external CHC packages and 3 high-cost internal packages (>£100k annual cost per package), in December there have been continued increases in the overall number of paediatric packages. Mitigating actions are being considered to reduce these pressures, including reviews to ensure 'right-size' packages of care and reimbursement from WHSSC regarding appropriate funding for patient(s) requiring Medium secure care where they have remained in the Health Board with high levels of enhanced care due to lack of appropriate capacity available to commission externally.

Prescribing costs present a significant financial pressure compared with IMTP financial forecasts. The average cost per item has increased from £7.20 (IMTP) to £7.51 (October PAR). Updated Cat M prices from January have resulted in a forecast improvement linked to Apixiban and a range of other drugs. The operational forecast deficit for prescribing is c.£12.5m for 2023/24. Growth is built into the forecast at 0.8% but there is also continued growth in item numbers (over 0.9% growth in the past 12 months) which may present a future financial pressure.

Energy costs are lower than IMTP estimates which presents a favourable financial forecast. The latest available forecast (8<sup>th</sup> January) was received too late to be included in this period reporting, it will need further detailed analysis and will be included in

month 10 reporting. The price and usage are being monitored internally with usage reduction plans (linked with de-carbonisation) being implemented to maximise price/volume reductions.

There have been decreased non-pay costs across a number of areas including homecare drugs (off-set by increased vaccine spend). These areas including respiratory equipment, diabetes pumps/consumables and hearing aids and drugs continue to present an overall cost pressure due to increased patient numbers as well as inflation on consumables costs. Diabetes pumps and associated consumable costs are now forecast to be c.£1.4m above funded levels across both adult and paediatric services.

# 1. Actual YTD and Forecast Under / Overspend (Tables A, B, B2 & B3)

# Table A - Movement of Opening Financial Plan to Outturn

The over-riding objectives of the ABUHB financial plan are to improve financial sustainability for service delivery and use transformation as a vehicle for value based improvement and efficiency delivery.

The IMTP submitted to Welsh Government in March 2023 identified a challenging financial deficit of £112.8m assuming funding for National Covid-19 costs and a range of other areas such as Real living wage, wage awards and 6 goals. It should also be noted that there are on-going significant financial risks for 2023/24 which require mitigation.

A break-down of the submitted IMTP for 2023/24 is summarised below:

- Underlying deficit brought forward of £89.6m
- Cost pressures identified of £84m
- Anticipated WG recurrent funding of £9.2m
- Savings of £51.5m
- Total £112.848m

IMTP savings plans/opportunities were identified at £51.5m, they are now forecast to achieve £42.4m.

*In response to Action point 8.1;* the FYE of savings has been updated accordingly since the benefits identified can be linked to the operational pressures described in the commentary.

# **Table B - Monthly Positions**

The year to date reported position is a £47.723m deficit position, the planned year end deficit agreed by the Board as part of the Annual Plan was £112.8m.

This has been revised to a forecast deficit position of £56.4m, which is £145.7m deficit as agreed by the Board on the 11<sup>th</sup> October less funding assumed of £88.4m following WG correspondence on the 20<sup>th</sup> October. Taking account of further benefits and cost pressures the forecast has improved by a further £0.9m, relating to reduced prescribing forecast costs at month 9 (Oct PAR).

Differences highlighted in Table B1 SOCNE movement are as follows:

- RRL The material differences are in relation to AME depreciation costs which have now been re-profiled into final quarter. Additional allocation funding of c.£2m received for the DDRB uplift (5%). Additional funding with expenditure has been anticipated for Mental Health SIF for 2023/24.
- WHSSC income The small increase reflects the recognition of the funding AB receives as a provider of specialised services from WHSSC, primarily for the new WHSSC Neonatal Funding Framework and the roll out of Phase 3 of the AB Cardiology Complex Device Business Case increasing the number of ICDs implanted by AB clinicians to 140.
- Other income The small increase in month in other income relates to various movements including Junior Doctors, HEIW and Coffee shop retail income. No further forecast adjustments have been made at this point pending further review.
- Primary Care Contractor Contractor expenditure is higher than forecast because of the increased DDRB uplift received in-month.
- Primary Care drugs & appliances expenditure is forecast to be lower than anticipated due to lower Cat M prices from January, in particular lower costs for Apixaban giving a financial benefit to the UHB of c.£1.1m.
- Provider Services Pay in-month costs are lower than forecast because of lower substantive pay, overtime and additional hours costs. It is assumed that some of this is linked to timing of payments so will increase in month 10.
- Provider Services Non-Pay expenditure is forecast to increase given some
  of the mitigating actions are not currently able to be enacted. In addition, it is
  forecast that non-pay will increase in the winter months linked to additional
  items such as bed rentals and facilities provisions.
- Secondary Care Drugs expenditure was lower than plan in-month and analysis suggests that this is linked to seasonal profile for homecare drugs. The profile has been amended with minimal effect on the total forecast. In response to the query raised in the reply letter forecast costs have increased comparing month 1 to month 7, this is the result of the price / volume increases in earlier months for medicine specialities e.g. gastroenterology and neurology as well as scheduled care. The forecast has remained consistent from months

7 to 9 and this expected to remain stable but will depend on the volatility of acute medicines'.

- Healthcare Services provided by other NHS bodies forecast costs have been updated due to funded expenditure including CAMHS and other organisational NICE costs.
- Continuing Care and Funded Nursing Care December costs were below plan
  due to an on-going mitigation of growth against previously anticipated levels.
  This is particularly in relation to Learning Disabilities packages. As a result,
  forecast expenditure for the remainder of the financial year has been
  decreased to align with revised growth assumptions. There remains some risk
  linked to high-cost packages in Childrens which is currently being managed but
  will incur significant costs if realised.
- Joint Financing and Other costs are slightly higher than plan linked to RPB funded spend and CAMHS funded expenditure and there was also a re-coding issue with provider non-pay. Movements between months are a profile spend issue which is dictated by agreements with our partners.

Table D shows the year-to-date and forecast depreciation position for the Health Board based on the final asset values for 2022/23 and the 2023/24 capital schemes approved in the CRL issued on 19th December 2023. The figures now reflect the final indices for 2023/24, which have recently been supplied by the Valuation Office Agency.

The DEL and AME requirements set out in the table below agree to the Non-Cash Return submitted on 3<sup>rd</sup> November 2023 (approved schemes only). AME Impairments have been included as per the most recent information available regarding completion dates and VOA valuations. Several of the AME impairments are estimated and will be updated on scheme completion when the final valuation is obtained. Any revised requirements will be confirmed to WG as soon as they materialise.

The DEL IFRS16 Leases depreciation requirement includes those in relation to new/renewed IFRS16 leases up to 31<sup>st</sup> July 2023 (as included on the first return for 2023/24) as these have been approved. The requirements relating to new leases/renewals from 1st August (including those submitted as part of the 30<sup>th</sup> November return) will not be included in the anticipated allocations until they are approved by WG.

	Forecast per M09-24 MMR /		
	Nov Non-Cash	Allocations	Balance
	Return	Received	Anticipated
Allocations M09	£000	£000	£000
DEL - Baseline Depreciation Shortfall	581	0	581
DEL Strategic depreciation Support Required	337	0	337
DEL Accelerated Depreciation Required	95	0	95
DEL IFRS16 Leases Depreciation (approved)	4,159	4,363	(204)
Total DEL Anticipated Funding	5,172	4,363	809
AME Forecast Donated Asset Depreciation	343	0	343
AME Impairment Funding	24,267	0	24,267
AME Reversals of Impairment Funding	(19,552)	0	(19,552)
AME IFRS16 Leases Depreciation	116	0	116
Total AME Anticipated Funding	5,174	0	5,174
Donated Asset Receipts	(300)	0	(300)
<b>Total Forecast Anticipated Allocations</b>	10,046	4,363	5,683

In addition to the approved scheme allocations included in the table above, further unapproved allocations have been included in the Non-Cash return in relation to risks associated with the WCCIS system implementation (DEL - £0.400m) and RAAC issues at Nevill Hall Hospital (AME - £2.761m). Amounts for these items will be included in future monitoring returns when they are agreed.

Section F describes the energy forecast, in response to the request for further details of the energy costs, the breakdown of the full year energy costs is as follows:-

- Crown Services element £15.521m
- Other gas and electricity costs £0.786m
- All other related costs (NWSSP Greenvale laundry) £0.569m
- Total forecast energy costs in section F £16.876m

It should be noted that this forecast does not include energy management related contracts, water, sewage, staffing and other fuel costs which are part of the utilities directorate within the Health Board. Please also note that the expected energy buy back exercise (£0.423m) is currently assumed as additional income in the HB forecast. In addition, there is a potential opportunity quoted (c.£0.3m) by NWSSP which is not reflected in the forecast.

### Table B2 - Pay & Agency (Section A)

This table has been completed in line with the guidance.

#### Table B3 - Covid-19

Total Covid-19 costs are shown as £15.4m for which full income is expected, with funding received of £6.4m (Nosocomial, Long Covid - Adferiad (75%) plus quarters 1 & 2 costs for PPE, Health Protection and Immunisation/Mass Vaccination).

The expenditure profile is reflective of the current analysis of all Health Protection related expenditure areas and associated assumptions.

Anticipated funding is made up of the following: -

- Immunisation (Mass Vaccination) £5.724m
- Surveillance (TTP) £2.354m
- Adferiad (Long Covid) £0.121m
- PPE £0.797m
- Total £9m

The receipt of a reduced level of funding for Adferiad based on an early forecast presents a financial pressure. The service current forecast spend is above funding levels and the service are in discussion with the relevant WG policy lead.

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur extra costs across areas which were previously part of Covid-19 reporting. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and rental of portacabins
- Covid Public Inquiry
- Reduced dental income

The Health Board also has Covid legacy costs relating to staff suffering from Long Covid and those with restricted duties (e.g. medical staffing / gynaecology).

The Health Board continues to review and mitigate costs wherever possible and is assuming receipt of the full allocation values of anticipated funding for Covid-19 schemes included in table E.

*In response to Action point 8.3;* the increase in expenditure profile is broadly made up of the following areas:-

- Additional accommodation rental costs / overheads £1m
- Enhanced Cleaning £0.5m
- HPV (Medicine) £0.2m
- Mass Vacs Primary Care Delivery £0.9m
- Screen & Testing Unit (Urgent Care) £0.2m
- Workforce Flu Vaccination Costs (Multi Divisional) £0.2m

# 2. Underlying Position (Tables A1)

The month 8 response letter from WG questioned the assessment of the ABUHB underlying position, although no further explanation of that opinion was offered. The assessment was very clearly outlined in the month 8 commentary and is reflected below for month 9.

The Underlying (U/L) position was a brought forward value of £89.6m. The current revised carry forward position into the 2024/25 financial year is assessed to be aligned with the revised 2023/24 c.£145m forecast deficit less assumed recurrent WG funding linked to WG correspondence on the 20<sup>th</sup> October (c.£65m). This forecast will undergo further review during 2023/24 as part of the 2024/25 annual plan process.

The analysis of the c/f underlying deficit is as follows: -

- Forecast 2023/24 deficit £112.8m
- Non-Recurrent Savings £11.5m
- FYE Cost Pressures as at IMTP £5.5m
- Sub-total £129.8m
- Estimated FYE Pressures in 2023/24 (Prescribing, CHC, Covid legacy) £15.9m
- Sub-total £145.7m
- Additional WG funding (received Month 7 assumed recurrent) £64.5m
- Total £81.2m

The month 8 response letter from WG questioned why ABUHB were including the recurrent support funding (c.£65m) in future assessments. It is noted that the additional WG funding is assumed to be recurrent on the basis of allocations already received and for month 9 the Health Board has made progress to reduce the 2023/24 forecast. If this treatment is unacceptable, please advise.

### 3. Risk Management (Table A2)

The risk table has been updated to represent the specific areas of opportunities and risk that are reflected in the forecast range of £51m to £61m deficit updated as at month 9.

A number of other risks that were noted without financial impacts have been removed as directed by WG. Therefore, the Health Protection risk has been removed as a specific risk but any clawback would impact the Health Boards ability to deliver the revised forecast.

There are significant challenges to the financial forecast for 2023/24, which include:

- Ensuring delivery of the savings plans identified in the annual plan,
- Managing variable pay linked to workforce operational pressures,
- Identifying savings to mitigate any further financial pressures identified outside of the plan,

- Delayed transfers of care due to LA service challenges (estimated c.£7.3m year to date impact),
- Funding for any wage award or change in terms and conditions,
- Impact of any strike action,
- Prescribing growth in items and average cost per item,
- Further CHC fee uplifts above forecast levels,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16,
- WCCIS in relation to the cessation of WG supporting the use of the platform required to run it, ABUHB has invested in staff to undertake work related to phases 2 & 3. If it is decided to cease this work then the costs of these staff will no longer be eligible for Capital funding and will transfer to revenue,
- The new funding indicted in Judith's Paget's letter was apportioned based on Commissioner shares, there is a risk that the HB will be directed to pass some of the funding through to the Providers of AB's services,
- IFRS 16 for PFI schemes. HM treasury has issued guidance related to the accounting / recording of the index linked payments in accordance with IFRS 16 from 2023/24. This could mean additional charges to revenue, this is being taken forward by WG colleagues,
- RISP national project funding excluding VAT based on the assumption it is reclaimable along with any impact of an 'onerous' contract accounting requirements, and
- Impact on service delivery and performance on waiting times because of savings required.

# 4. Ring Fenced Allocations (Tables N, O & P)

This has been completed but will be subject to review and refinement going forward. With regards to Mental Health SIF, this funding has been delegated to the Mental Health division who are currently operating to deliver all service priorities and are over-committed in terms of budget variance.

In response to Action point 8.6; the current plan and forecast expenditure figures have been updated to ensure that they are aligned. Urgent Emergency Care expenditure is in excess of the WG allocation due to Urgent Primary Care triage expenditure (which was previously funded by WG in 2022/23). The Planned Care forecast expenditure is above plan for the new endoscopy unit. Insourcing, set-up costs and the use of temporary staffing has resulted in forecast costs being greater than plan.

# 5. Agency / Locum (Premium) Expenditure (Tables B2 Sections B & C)

Agency expenditure continues at the high level of previous months and is at a similar level when compared with November (December value £3.1m).

Registered and HCSW substantive wte numbers have increased in the last few months which should result in a continued decrease in variable pay including agency costs. The

use of HCSW agency continues to be at a lower level compared to the months 1-6 average.

Table B2, Section A includes updated figures to correlate with the revised financial deficit of £56.4m. At this stage, no additional costs have been assumed for the junior doctors industrial action in January.

### 6. Savings (inc Accountancy Gains & Income Generation) (Tables C, C1, C2 & C3)

As part of the annual plan submitted by the Board to Welsh Government (March 2023), the financial plan for 2023/24 identified an ambitious savings requirement of £51.5m. As at Month 9 forecast achievement in 23/24 for green and amber schemes is reported as £42.4m (including replacement plans).

The Board reviewed a wide range of new options which were finalised and approved at formal Board on the 11<sup>th</sup> October. The additional plans had been previously discussed at the in-committee meeting on the 31<sup>st</sup> August.

Following the announcement of WG funding and the reinforced message relating to the revised control total of £13m, the Executive Committee and Board have discussed further possibilities linked to:-

- Reduction of cardiology sessions particularly in the evening
- Use of discharge lounges
- CHC policy changes for days after death and hospital admissions
- Impact of wards moving from St. Woolos hospital to Royal Gwent site ensuring bed capacity is reduced and there is no financial risk to these moves.

The 'Clinical Advisory Group' alongside the Executive Committee continue to undertake reviews that could have service or reputational impacts.

A number of the additional schemes are shown as 'amber' whilst the necessary actions are taken to implement the plans. Health Board Divisions continue to work to translate opportunities into mitigating actions. Delivery confidence has improved in many areas with some increased savings as follows including:-

- Prescribing Apixaban savings this has increased by c.£0.3m given on-going reduction in prescribing costs given updated Cat M prices.
- Mental Health CHC savings have increased given reduction in patients linked to specific operational initiatives by the Division.

Actual savings delivered to December totalled £27.9m. The narrative on several schemes may change to reflect further detail on the relevant savings plan in future months as on-going review progresses.

The UHB continue to request that all members of staff consider new ideas and potential savings/efficiency proposals. These new ideas are be collated on a regular basis with potential to feed into new pipeline savings schemes.

In response to Action point 8.4; pay savings reduce in the remaining four months due to the inclusion of a specific scheme relating to endoscopy in month 8 with a year-to-date value. In addition, previously assumed savings relating to bed reductions were removed as these were deemed no longer possible due to operational winter pressures.

# 7. Income Assumptions 2023/24 (Tables D, E & E1)

#### Table D - Welsh NHS Assumptions

This table has been completed in line with the guidance.

#### Table E - Revenue Resource Limit

The Month 09 financial position is based on total allocations of £1,716.2m, of which £1,643.4m are received and £71.3m are anticipated.

Allocations are anticipated on receipt of a notification from WG, including Policy Leads and finance colleagues. A list of anticipated allocations is included in Table E.

The Health Board has adjusted its anticipated allocations based on WG correspondence and updated forecasts. This includes anticipated allocations for the immunisation framework (Mass Vaccination), surveillance (Test, Trace, Protect), Adferiad/Long Covid, PPE, Mental Health SIF, AHP and Regional recovery funding.

### Further allocations expected:

- Any pay awards or changes to T&C's is expected to be fully funded by WG, costs and funding are currently only included for the confirmed awards,
  - Specifically, the medical pay award which has been paid and anticipated in Month 7 (October) (c.£6.5m), the A4C pay award of c.£26.6m is also anticipated as well as the consolidated 1.5% pay award (c.£9.3m)
- Additional energy costs for months 7-12 as per the WG correspondence on the 20<sup>th</sup> October.
- Real living wage linked to CHC providers c.£5.4m
- Mental Health SIF remaining 22/23 and 23/24 funding c.£1.5m

The Health Board would like urgent clarity on the allocations to be issued as we move into quarter 4 of the financial year.

# 8. Healthcare Agreements and Major Contracts

ABUHB has signed LTA documentation with provider and commissioner organisations except Cwm Taf. Following the arbitration between ABUHB and Cwm Taf HB (where ABUHB is the Commissioner), we can confirm that ABUHB will pay the arbitrated sum as per the WG arbitration direction. A Heads of Agreement letter has been sent to CTMUHB confirming AB will comply with the arbitration letter for 2023-24. CTMUHB have yet to return the signed document (action point 7.5).

# 9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

#### Table F – Statement of Financial Position

The main changes in the balance sheet from the previous month relate to:

 A decrease in trade and other payables due to a decrease in in Trade Payables and Non-NHS accruals and an increase in Goods received not invoiced.

#### **Table M - AGED WELSH NHS DEBTORS**

At the end of December 2023, the Health Board had 18 invoices outstanding with other Welsh Health Bodies totalling £207,903.

Cwm Taf Morgannwg UHB - 2 invoices outstanding for £4,781. We have been in contact with Cwm Taf for a confirmed payment date for the outstanding invoices.

Digital Health & Care Wales -1 invoice outstanding for £22,211. This invoice has been raised for the incorrect amount so will be credited in full and an invoice raised for the correct amount issued.

Health Education and Improvement Wales - 10 invoices outstanding for £53,933. The invoices relate to secondment charges which have been raised in line with the All-Wales NHS secondment agreement and include the 2023/24 pay award, which are being disputed by HEIW. A meeting has been arranged with HEIW to try and resolve this issue.

Powys Teaching Local Health Board -4 invoices outstanding totalling £123,208. We have been in contact with Powys for a confirmed payment date for the outstanding invoices.

Public Health Wales - 1 invoice outstanding for £3,770. We have been in contact with Public Health Wales for a confirmed payment date for this outstanding invoice.

The Health Board will continue to chase payment of all of our outstanding invoices.

### 10. Cash Flow Forecast (Table G)

The cash balance held at the end of December is £5.511m which is made up of £4.643m relating to revenue and £0.868m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6m.

As clearly articulated, the Health Board requires strategic cash to cover the forecast deficit. Given the scale of the deficit, failure to receive this would mean it would not be possible to manage cash by non-payment of suppliers solely given the risk this would pose to essential supplies. All options therefore would need to be looked at including non-payment to other Welsh NHS bodies, which would need to be discussed between Finance Directors of those affected organisations. We hope this is not needed and that the appropriate level of cash support is made available to the Health Board.

We are aware that the issue of strategic cash support was raised at the monthly CEO/WG meeting and we understand clarity will be provided by WG to Health Boards during January.

# **Working Capital Cash Requirements**

The working capital cash amount has been reflected in table G within the total cash drawing limit.

The Health Board are estimating a cash shortfall of £28.666m at the end of month 9 relating to working capital movements, and as such are requesting working capital cash support of £25.816m for revenue and £2.850m for capital.

The working capital requirement does not include the cash effect of the forecast deficit which will need additional strategic cash support.

Cash Requirements 2023/24			
Working Capital	Month 9 position		
Creditors & Accruals	(24,823)		
Total Revenue	(24,823)		
Cash Not drawn down in 2022/23 Removal of IFRS16 Leases IFRS16 Leases New/ Renewals Revenue Redu	(1,287) . 294		
Total cash not drawn down 2022/23	(993)		
Sub-Total Revenue forecast cash shortfall	(25,816)		
Capital - creditors  Total Forecast cash shortfall	(2,850) <b>(28,666)</b>		

The estimated working capital balances are reviewed monthly with further updates to be provided in future monitoring return submissions.

The Health Board's reported year to date deficit as at month 9 is £47.723m with a revised reported year end forecast deficit of £56.415m. As noted previously, the deficit position will have a significant impact on the Health Board's ability to pay suppliers later in the year. *Consequently, there is a requirement for strategic cash equal to the actual deficit as well as working capital cash support identified above* to ensure that we can continue to pay our suppliers on a timely basis and within the PSPP target. There is no mitigation available as this was fully used in 2022/23 to reduce the strategic cash requirement in that year. The Health Board anticipates that strategic cash support will be required in February 2024.

The Health Board will also be requesting cash support for the litigation payments made, where the cases have not been finalised or the lessons learnt not submitted or submitted but not approved so no reimbursement has been requested/received. At the end of December 2023 this equates to £22.143m. This has not been included in our working capital assessment following WG guidance on this last year, please advise if this is not acceptable treatment.

The Health Board are continuing to reflect that full strategic cash support will be required equal to the accrual deficit as well as working capital cash support identified above.

The cashflow table G is currently showing a forecast year end overdrawn balance of £55,131m which reflects the forecast reported year end deficit of £56.415m less the projected c/f balance of cash held at the end of the year of £1.284m.

# 11. Public Sector Payment Compliance (Table H)

The creditor payment rates for December 2023 for the statutory 30-day payment terms are:

Category	Invoices	In Mth %	YTD %
NHS	Value	95.7	93.8
	Number	90.0	88.9
Non NHS	Value	98.5	97.0
	Number	98.2	97.2

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The HB has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of the delivery of goods/services in September and cumulatively.

There has been a slight improvement in the number of NHS invoices paid in month and cumulatively. The HB are continuing to address the non-compliance with the rate achieved to date which is below the 95% requirement.

### 12. Capital Schemes & Other Developments (Tables I, J & K)

*In response to Action point 8.5;* the net disposals year to date loss / gain are shown in tables B and K. The disposals figures shown in table I relate only to the net book values of assets disposed, so will always differ to table K as they do not include sale proceeds and other related costs.

Table I has been completed in line with the latest CRL issued on 19th December 2023.

The approved Capital Resource Limit (CRL) as at Month 9 totalled £52.789m. In addition, Charitable funds donations totalling £0.150m and disposals proceeds of £0.493m have been confirmed. The forecast outturn at Month 9, after adjusting for AWCP funding that is required to be returned in relation to underspends (£0.199m), is breakeven. Most of the forecast AWCP underspend (£0.199m) relates to the YYF Centralised Breast Unit scheme which is nearing completion (further details below).

#### **AWCP Schemes**

# **Tredegar HWBC**

The Tredegar Health and Well-being Centre scheme is forecasting an overspend of £0.478m in 2023/24 which is being funded by the Discretionary Capital programme (DCP). The total forecast overspend for the scheme is £0.835m with the balance of this amount falling into 2024/25. The handover of Phase 1 of the building is due to take place on 8th January 2023. Occupation of the new building and vacation of the old health centre is likely to need to take place just after the new year period over a 3 to 4-week period. A meeting with NWSSP took place in October to discuss the £1.137m ex VAT of unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes that are intended to be submitted as an additional funding request to WG once there is more certainty over the total project overspend. Further risks are identified in relation to seven rejected compensation events which total £2.541m plus VAT (including re-design of the foundations (£0.753m plus VAT), costs associated with the cancellation of the brick supply (£0.644m plus VAT), the delay associated with the remedial works to the heart floor slab (£0.367m plus VAT) and delays in relation to the electricity and water meter installations (£0.534m plus VAT)) which are not currently built into the forecast outturn. If these claims are found to be valid, they will significantly increase the reported overspend position.

# **Newport East HWBC**

Works are ongoing on Newport East Health and Well-being Centre. The allocation for 2023/24 was adjusted for slippage in month 7 and is now £9.411m. The Cost Advisor reports continue to forecast breakeven for the current financial year, although progress is currently 15 weeks behind the original programme. Phase 1 handover is scheduled for January 2025 with building completion by 17<sup>th</sup> March 2025. The cost reports are forecasting an overall overspend on the scheme of circa £0.323m which will impact on the DCP in 2024/25 unless additional savings or funding can be achieved; a value engineering exercise is ongoing and additional funding is being sought. The forecast overspend is mainly due to high levels of contingency spend incurred to date for additional asbestos removal and utility connection costs.

# **NHH Satellite Radiotherapy Centre**

The works to NHH Satellite Radiotherapy Centre Scheme are progressing. A 10-week delay has previously been confirmed due to the adverse ground conditions under the now demolished Ante Natal Clinic. This has resulted in a compensation event being awarded to the contractor of £0.468m plus VAT. The revised completion date is now February 2025. RAAC has also been found to be present in an area of the existing hospital which will link to the new unit. A submission has been made to Welsh Government requesting the RAAC removal costs (£334k plus VAT) be funded in 2024/25.

# EFAB – National Programmes: Infrastructure / Fire / Decarbonisation

The schemes within each of the funding headings have now all commenced, with some now complete, but others expected to encounter further slippage. It is necessary for fluidity of funding between the three headings in order to achieve completion and full spend of the £1.580m by 31st March 2024. Progress will continue to be closely monitored.

# **YYF Unified Breast Unit**

Works are due to complete on 18<sup>th</sup> January 2024, with the first clinics scheduled for 29<sup>th</sup> January. The scheme is currently forecasting an underspend of £0.197m after applying the planned £0.150m Charitable Funds contribution. This position is still forecast currently as the final account is still to be agreed with the contractor.

### **CAMHS – Sanctuary Hub**

Tenders were returned for the CAMHS Sanctuary Hub scheme on the 21<sup>st</sup> December. Works are expected to commence in February. The forecast for this scheme may need to be revised downwards next month (once the appointed contractor is confirmed) due to the delayed start to the works. This funding allocation is part funding for the total scheme. The additional £975k CRL allocation from the Housing Care Fund has been confirmed but will not be required until 2024/25.

# **Grange University Hospital Remaining Works**

Final invoices and VAT recoveries are being agreed. The final VAT recovery claim for the main scheme was submitted to HMRC in September which, if accepted, would generate a VAT saving of £3.728m over and above the budgeted VAT recovery of £3.517m (subject to HMRC review and approval). HMRC have asked for further information to be provided on the various phases of the scheme by 9<sup>th</sup> January 2024.

# **RGH Endoscopy**

RGH Endoscopy unit was opened on the 6<sup>th</sup> November. The final account with the contractor is being agreed. Orders have been placed for the additional scope guides and scopes in relation to Bowel Screening patients with delivery expected before the end of the financial year.

#### **RGH Blocks 1 & 2 Demolition and Car Park**

The RGH Blocks 1 & 2 Demolitions and Car Park scheme is forecasting slippage of £0.230m due to delays associated with the discovery and removal of further asbestos found under the building post demolition. The WG capital team will be advised of the requirement to broker this amount with Discretionary Capital Programme funding.

#### Fees for MH SISU

The Outline Business Case for the Mental Health SISU has been submitted to WG for approval. The scrutiny process is on-going.

# B/F - End of Year Funding - November 2022

These slippage schemes are awaiting delivery / works completion but expected to complete during the year. The E-triage scheme is now expected to go live in January 2024.

# Emergency Department Waiting Area Improvements - 2022/23

These slippage schemes are awaiting delivery / works completion but expected to be fully spent in year.

### **Housing Care Fund**

The original 2022/23 small scheme is complete. During the month, an allocation of £0.293m has been approved onto the CRL for the current year. Schemes within this allocation have commenced and are due to complete before the end of March 2024.

# **Digital Eye-Care**

The funding for this scheme is fully spent.

# **ICF Discretionary Funded Schemes**

Full spend is expected to be achieved on these small schemes during the year. Final invoices are due to be processed; scheme outturn will then be confirmed.

## **SDEC Equipment**

WG have approved the upgrade to the urgent care Nugensis Flow Centre system to utilise a saving of £40k against this scheme. The order has been placed for this upgrade and is expected to complete this financial year.

#### **Imaging National Programme**

Orders have been placed for the small equipment purchases approved to use the remaining underspend. Delivery is expected before the end of the financial year.

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# **DPIF - RISP and Cyber**

Orders are being progressed to ensure the delivery of these schemes before the end of the financial year.

# Emergency Department Improvements - 2023/24

These new approvals will be urgently progressed to ensure spend before the end of the financial year.

# **Discretionary Capital Programme (DCP)**

The Health Board Discretionary Capital Programme (DCP) funding available for 2023/24 is £7.107m made up of:

- 2023/24 DCP Funding £9.521m (a reduction of 12% compared to 2021/22)
- Less 30% EFAB contribution (£0.629m)
- Less 2022/23 AWCP scheme brokerage (£2.278m)
- NBV of Assets Disposed (E Block disposals and Ventilators) £0.493m

The opening DCP for 2023/24 was approved at the January 2023 Board meeting. The current forecast spend for approved DCP schemes is £6.843m generating an underspend against DCP of £0.264m. This saving is being used to partially offset the overspend against the Tredegar H&WBC (£0.478m). The uncommitted DCP contingency balance currently stands at £0.411m.

In early January, the Health Board has received funding letters from Welsh Government in support of the GUH ED Extension scheme, NHH RAAC works, Ty Gwent Lease enhancements and Diagnostic equipment. The adjustments to the Health Boards CRL are expected in January. In addition to the remaining contingency, the approvals received for the GUH ED Extension and NHH RAAC Urgent works will reimburse circa £1.25m to the 2023/24 Discretionary Capital Programme.

Whilst there remains a risk of further overspend against Tredegar H&WBC, due to the issues mentioned above, a plan has also been developed to ensure there are schemes available to spend the remaining funding before the end of March. The draft Capital Programme for 2024/25 has been developed and will be taken to the January Board meeting for approval. The 2024/25 programme will include schemes and a further reserve list of bids that can be accelerated into 2023/24 to ensure the CRL is fully utilised.

#### **Other Issues**

# Risk Management

Claims submitted to the Welsh Risk Pool at the end of December 2023 total £19.690m. Claims reimbursed up to the end of December 23 total £11.061 leaving a balance of £8.629m to be reimbursed. We have received notification form the Welsh Risk Pool that lessons learnt have been submitted for £8.473m of the outstanding

£8.629m amount which we hope will be approved for reimbursement at the January and March meetings.

### **CREDITORS**

Attached to the returns is a separate file containing the following information in relation to outstanding creditors: -

- All outstanding creditors we currently have identified with other Welsh Health bodies as at 10<sup>th</sup> January 2023.
- Response to the month 08 list of creditors circulated as part of the monthly reply letter.

#### 13. Authorisation

Financial Performance is reported consistently in Board papers and external reporting including the MMR, however, internally these are presented in a more user-friendly way. The MMR Narrative and key tables are usually submitted for review to Finance and Performance Committee, as a sub-committee of the Board.

The next date for the Finance and Performance Committee meeting is Thursday 29<sup>th</sup> February 2024.

In accordance with the MMR guidance, the Health Board will endeavour to ensure that the MMR submission is agreed, and the narrative signed by two parties, by the Chief Executive and the Director of Finance. Where timescales and availability prevent this the Deputy Chief Executive will sign on behalf of the Chief Executive and the Deputy / Assistant Director of Finance (Financial Planning) will sign on behalf of the Director of Finance.

### **Robert Holcombe**

Director of Finance, Procurement and Value Cyfarwyddwr cyllid a chaffael

# Nicola Prygodzicz

Chief Executive Officer
Prif Weithredwr

# Submitted with this report are:

- Monthly Monitoring return Tables
- All outstanding creditors we currently have identified with other Welsh Health bodies as of 10<sup>th</sup> January 2024, and the
- Response to the month 8 list of creditors circulated as part of the monthly reply letter.

Aneurin Bevan University Health Board – Monitoring Returns Commentary – December 2023

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# Appendix 1

# **Aneurin Bevan Health Board**

# Monthly Monitoring Returns – Current Period Action Points 2023/24

Month 2022/23	Action Point	How responded to
Month 12		
12	It is disappointing to note that the organisation did not achieve the minimum 95% PSPP for NHS invoices, with performance of 88.6% reflecting a minor improvement on 21/22 (87%). The narrative does not provide any details on planned actions to improve performance; therefore, please include this in the M1 MMR submission as part of the expected assurance that the minimum 95% will be achieved in 23/24.	See Commentary
2023/24		
Month 1		
1.1	I note that the HB is not using a straight twelves approach to the phasing of the planned deficit on line 14. The Month 1 and 2 planned deficits are c£2.7m higher than the rest of the year, and I acknowledge that the balance of your deficit is equally phased after M3. I note your use of the RRL line 7; however, it is not clear why it was necessary to use this to such an extent, as all other lines within the top half of the Table (Opening Plan section) are broadly equally phased. The RRL line 7 is often used when savings are weighted towards future months, but this is not to the extent of c£5.4m. Given that the higher profile is in M1 & M2, it is not practical to ask you to review this. However, please ensure your narrative explains your methodology, to support the reported profile of the planned deficit.	See Commentary
1.2	Health Boards have been asked to review their Plan for the 31st May. Any amendments should be reflected in the Opening Plan section of Table A for Month 2. There is therefore the opportunity to build into the top half of this table, the re-assessed Energy c£10m (reduction), CHC £5m and Prescribing £4m (increases) values, reported at M1 as in-year movements from Plan (all issues are recurrent and almost net nil, see PPE note below).	See Commentary
1.3	I note your use of the 'in-year' RRL line (31), which I have assumed is being used to mitigate the impact of planned savings not delivering in M1 & M2 – this reverses in future months (albeit on a different profile to the forecast savings) as the position is recovered. Whilst your narrative does reference the phasing of the SoCNE RRL in the content of non-cash etc, it would be helpful if your narrative acknowledged and explained the specific use of line 31 if indeed it is linked to the savings recovery.	See Commentary
1.4	Your narrative states that the HB is not anticipating the funding for exceptional PPE costs which are forecast as £1.5m in Table B3 (Covid). The HB is able to anticipate this funding, therefore please review this for Month 2 (currently the £1.5m pressure is feeding through to Table A and is being mitigating by the balance of Energy reduced costs – it would appear therefore, that these can be released for another purpose).	Noted
1.5	The HB is including a significant forecast benefit in the c/f underlying position of £9.572m, which is currently unsubstantiated. As per the WHC, organisations are reminded that they must not include any non-finalised (aspiration) improvement values in Table A including improvements in the FYE column of Table A (underlying). Only finalised plans can be incorporated into the tables. Details of aspirational plans, including the FYE (underlying forecast), that are 'still to be finalised', should be described in the narrative only. I would kindly suggest there is an opportunity to review the forecast recurring FYE of savings recorded in your Tracker, as I note this has no increased value assessed on the schemes that commence delivery after M1.	See Commentary

	Please revise the completion of this table for M2 - the unfunded cost pressures	See
1.6	column should only be completed using negative values. If your Directorates are delivering savings to eliminate their own underlying b/f deficit, please record the positive entry in the savings column (D), rather than showing a mix of entries in column G.	Commentary
1.7	I note the quantified risk value of £22.5m and that there are number of risks with 'TBC' in the value column. It is concerning to note the extent of the potential risk (high likelihood) relating to CHC £5m and prescribing £7.5m which is in addition to the movement from Plan reported at M1 (referenced in AP 1.2). I also note that as yet there are no quantified opportunities, that could potentially mitigate the impact should the risks crystalise. Please continue to review and revise the assessment of risks to ensure a 'balanced' assessment is taken each month.	See Commentary
1.8	It is noted that the phased expenditure in the SoCNE is fairly rudimentary in this first submission. The expectation is that this will be refined during the next couple of months. It would also be helpful to receive a further progress update on LTA sign off at M2, particular the agreement with CTM HB.	See Commentary
1.9	Whilst it is pleasing to note that the Tables report your full saving plan of £51.5m as being fully finalised at Month 1 (£37.316m Amber and £14.184m Green), the supporting narrative describes the status of the schemes differently, with the statement "The amber and red schemes listed are being finalised internally by local Divisional teams. In addition, as specific schemes are finalised, the narrative on several schemes may change to reflect further detail on the relevant savings plan." (see table below). Please ensure the narrative and tables reflect a consistent position. I also note that savings delivery was materially below the planned value at M1 (£2.9m) and is also forecast to underdeliver at M2 (£3.1m). The recovery of this position, has been incorporated into the future month profile. I will look to your future submission for further assurance that the HB has fully finalised schemes and that they are delivering as planned.	See Commentary
Month 2		
2.1	Table A – We note that the opening plan entered in the top of Table A refers to the revised plan submitted at the end of May 2023. Within this we can see on line 2 that planned new recurring expenditure (non COVID) totals £101.947m and is phased into the position equally for the full year. The FYE of this has been entered as £107.361m which is almost £6m higher. Please could you confirm this is correct, and if so, it would be helpful if you could explain why there is a difference of such a high value between the year's forecast and the FYE.	See Commentary
2.2	Table B – The phased expenditure in the SoCNE remains fairly rudimentary at this early point in the year although the expectation is that this will be refined during the next couple of months. At this point, however, it would be helpful to understand what the value of £7m on line 5 "Welsh Government Income (Non RRL)" in month 12 relates to please.	See Commentary
	Tables C-C4 – Within the tables some schemes have zero values or are referred to as targets or % reduction schemes. Ordinarily we would expect to see clearer descriptions in line with the savings delivery plans. However, we recognise at	See Commentary
2.3	month 2 some schemes may not be fully finalised. We would ask though please that you ensure the narrative and tables reflect a consistent position. Whilst the narrative refers to red schemes it is noted that they are shown as amber within the tables: "The amber and red schemes listed are being finalised internally by local Divisional teams and are shown as amber schemes within the table C4".	
2.3	that you ensure the narrative and tables reflect a consistent position. Whilst the narrative refers to red schemes it is noted that they are shown as amber within the tables: "The amber and red schemes listed are being finalised internally by	Actioned
2.4	that you ensure the narrative and tables reflect a consistent position. Whilst the narrative refers to red schemes it is noted that they are shown as amber within the tables: "The amber and red schemes listed are being finalised internally by local Divisional teams and are shown as amber schemes within the table C4".  Table E – Please ensure that a negative value reflecting the IFRS 16 Leases Revenue Recovery forecast data is included in this table on line 14.  Table E - Additionally, please also include the anticipated RRL reduction relating to the latest WRP risk sharing agreement from month 3.	Actioned Actioned
	that you ensure the narrative and tables reflect a consistent position. Whilst the narrative refers to red schemes it is noted that they are shown as amber within the tables: "The amber and red schemes listed are being finalised internally by local Divisional teams and are shown as amber schemes within the table C4".  Table E – Please ensure that a negative value reflecting the IFRS 16 Leases Revenue Recovery forecast data is included in this table on line 14.  Table E - Additionally, please also include the anticipated RRL reduction relating	

		ľ
3.1	In terms of presentation of the current deficit forecast, it is noted that in month 12 there are significant reductions as follows: Pay £33.4m, Non Pay £6.0m and RRL £15.5m, all of which are described in the commentary as being an adjustment "needed to meet the £112m deficit included in the IMTP". As these are clearly not the anticipated month 12 values in each category this leads to a distortion of values when a consolidated NHS Wales position is reported, so we would ask you please to consider and action a more accurate and realistic way of reporting these values in the month 4 submission.	See Commentary
3.2	The increase in Primary Care Contractor forecast expenditure of £7.1m from month 2 to month 3 has not been explained in your commentary. Please provide an explanation for this increase in the month 4 submission.	See Commentary
c/f 2.3	Highlighted in last month's action point 2.3 was the matter that the commentary and tables reflected a difference in classification of red and amber savings. We note the explanation in month 3 commentary but still expect a consistency in reporting to be in place for future reports. If the savings are unidentified they should be removed from Table C4 and shown on the free text line in Table A as unidentified savings.	See Commentary
c/f 2.6	As requested last month, please ensure the revenue drawing limit and cash forecast for WG on tables E & G match	Removed - no response required
3.3	As the deadline (22nd May 2023) for payment of invoices raised in 22/23 has now been surpassed by some period, unless a payment date has been confirmed the four outstanding invoices raised against C&VUHB, the five outstanding invoices raised against PTHB, and the one outstanding invoice raised against SBUHB should now be cancelled and must not be listed as outstanding in Table M within future returns.	See Commentary
3.4	Please also ensure the action noted to remove the seven outstanding invoices raised against CTMUHB is taken in month 4 so the invoices are not listed in that return.	Noted
3.5	Please ensure that the full value of the UEC in year allocation is phased across the year: currently only £1,502k is phased in respect of a plan that totals £1,560k.	Noted
Month 4		
4.1	The opening plan identified savings plan (Line 8) has reduced by £34.528m with a corresponding increase reported on Line 13 'Planning assumptions still to be finalised'. As Lines 1-13 are fixed, please reinstate Lines 8 and 13 to reflect those values reported in months 2 and 3.	See Commentary
4.2	There has been a significant increase in the forecast year end position from £741.125m in month 3 to £826.828m in month 4. While the narrative provided with the return provides some information to explain part of the increase, the full increase and reasons do not appear to be given. Please provide a full breakdown of the change in forecast position and reasons for it in the month 5 submission.	See Commentary
4.3	Entries in Table C for the months 1-3 appear to have been amended since the month 3 submission. As these figures are fixed once submitted, please reinstate the values to reflect those reported in month 3.	See Commentary
4.4	The value of capital cash drawn down to date is £2.455m more than payments made. Please review the forecast draw down values in months 5 and 6 to ensure cash is not drawn down too far in advance of need.	See Commentary
4.5	The WG opening allocation in section A of this table for RIF is stated as £24.796m but should be reported as £24.683m in line with the allocation letter. Please amend in the month 5 submission.	Noted
Month 5		
5.1	The "planning assumptions" requiring either "substantial further development" or "further development" total £50m and we will look to your month 6 submission for these individual plans and values being listed together with sufficient detail for us to gain assurance that they are not creating a risk in delivering the planned position.	See Commentary
5.2	The month 5 outturn position being c.£5.414m higher than projected last month, is a worsening from the month 4 variance of c.£4.201m. Please ensure that your month 6 narrative submission provides a clear and detailed narrative on the	See Commentary

	individual drivers of this deficit which we note is not simply due to unachievement of savings.	
5.3	In addition to detail of the plans in place to deliver the £50m mitigating actions as requested in our covering letter, we will also look to your month 6 submission for further details of all other mitigating actions to ensure the planned deficit is not exceeded.	See Commentary
5.4	The pressure seen in month for CHC and prescribing in Table A does not correspond to the variances shown on these lines in table B1: please ensure they are consistent in future returns or variances are explained in the covering narrative.	See Commentary
5.5	Please ensure that future narrative submissions provide detail on all variances highlighted in this table.	Noted
5.6	We note values are included in Section A of this table for the first time relating to joint financing & other which appear to be offset largely by credits relating to Provider Pay. Please provide detail in relation to these values in the month 6 return.	See Commentary
5.7	We further note in Section C of this table there is a forecast reduction in agency expenditure to cover vacancies and, for this first time this year, a forecast value included for agency cover for restricted duties. Please provide an explanation in the month 6 return for these forecasts.	See Commentary
5.8	Please ensure all savings schemes are consistently categorised within the MMR category (Column S) and SOCNE category (Column T) within the savings tracker.	See Commentary
Month 6		
6.1	It is noted that this table has seen a number of changes since the month 5 submission: notably addition of £34.6m recurring savings and addition of £50m new, recurring FYE of unmitigated pressures. Delivery of savings to month 6 is noted as £13.4m with your narrative stating "The majority of [presumably the remaining] schemes are shown as 'amber' whilst the necessary actions are taken to implement the plans." Please include in your narrative further detail providing assurance that the additional recurring savings will be achieved on the recurring basis described. We note that you provide detail in your narrative regarding the unmitigated pressures but of course if there if further additional information / updates in this respect please also include.	See Commentary
6.2	We note that the values quoted between CTM and yourselves do not agree – please ensure they are resolved and aligned in future submissions.	See Commentary
6.3	As per the below WHC guidance extract, please ensure working balances requirements are built into Table E.	See Commentary
6.4	Please ensure that the impact of the forecast deficit is reflected in this table.	See Commentary
6.5	While it is pleasing to note the payment of non NHS invoices are currently within the target set, the NHS invoices are not being paid within the same timeframe. The work being undertaken is noted and an improvement and update will be welcomed in the month 9 return, or sooner if appropriate	Noted
6.6	It is noted that 3 invoices have exceeded the timeframe for arbitration and therefore, if still unpaid, should be cancelled and not included in the month 7 return	Noted
Month 7		
7.1	The in-month savings forecast for October was £5.066m of which £4.960m was achieved this month. Please explain the underachievement of savings of £0.106m.	See Commentary
7.2	There are various risks listed on Table A2 but no values attached to them. Please add quantified values or remove the items in the month 8 submission.	See Commentary
7.3	There are a number of variances within this table resulting in an overall increase in spend during the year of £0.8m. Please provide an explanation for these movements in the month 8 return.	See Commentary
7.4	As per the letter from Judith Paget to Chief Executives on 20th October 2023 "allocations relating to Testing, Vaccination, Long COVID, and PPE will continue to be funded on an actual cost basis": please therefore remove the assumption that the c£3.8m potential slippage can be retained.	See Commentary

7.5	As we are expecting a firm forecast at month 8, we are anticipating your confirmation that the LTA with CTMUHB has been signed when the month 8 return is submitted.	See Commentary
7.6	We note that capital payments made to date exceed the capital cash drawn down. Please confirm that revenue cash is not being used to support capital payments.	See Commentary
Month 8		
8.1	We note this month the addition of an FYE of the savings plans / mitigating actions to be finalised which you are progressing. However, this should only be included for if there is an in year achievement. Please review and amend as necessary in the month 9 submission.	See Commentary
8.2	This month the reported forecast has changed from £57.983m on day 5 to £57.627m on day 9. Whilst we recognise this is a relatively small change, please do highlight and explain any variances in the commentary supporting the day 9 return in future	Noted
8.3	We understand from your commentary that the expenditure profile has been updated this month and resulted in a c£3m increase. Please explain in further detail the significant movements within this increase.	See Commentary
8.4	While it is pleasing to note that Savings schemes (Pay -Table C1) were overachieved in month 8, the pay savings forecast reduces by half in the remaining 4 months of this financial year. Please explain the reduction in forecast savings.	See Commentary
c/f 7.5	Both your commentary and the CTMUHB month 8 MMR commentary refer to progress to resolution of this matter. As the arbitration decision was final, we expect to receive confirmation in the month 9 returns that the appropriate documentation has been signed and is in place.	See Commentary
8.5	We note that a loss on disposal of Assets of (£352k) is reported on table K and table B. However, the corresponding value on Table I differs. Please provide an explanation for this variance.	See Commentary
8.6	Both the Urgent Emergency Care and Planned Care forecast expenditure are in excess of the current plan values. Please explain the reasons for these variances.	See Commentary

Agenda Item: 4.2



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024	
CYFARFOD O: MEETING OF:	Board	
TEITL YR ADRODDIAD: TITLE OF REPORT:	2024/25 Allocation Letter briefing	
CYFARWYDDWR	Robert Holcombe	
ARWEINIOL:	Director of Finance & Procurement	
LEAD DIRECTOR:		
SWYDDOG ADRODD:	Matthew Gosling	
REPORTING OFFICER:	Head of Financial Planning & Performance	

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

Er Sicrwydd/For Assurance

The Board is asked to receive this report which provides assurance and clarity of the financial allocation and income resources available for planning the Integrated Medium-Term Plan (IMTP) and Annual Plan for 2024/25.

# ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

The Welsh Government issue allocation letters to NHS organisations annually, usually in mid-December.

The report focusses on the revenue funding available to deliver IMTP service and workforce plans as a revenue resource limit. A full assessment of the implications for the final IMTP financial plan and forecast position will be developed as a separate report as part of the IMTP process.

#### Cefndir / Background

This briefing summarises the funding headlines announced in the revenue Allocation letter and highlights the financial implications for Aneurin Bevan University Health Board's (ABUHB) 2024/25 Financial Plan.

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The Health Board has a statutory requirement to balance its revenue resource limit over a rolling 3-year period. ABUHB currently has not achieved this requirement and will be entering financial year 2024/25 with a recurrent deficit which will need to be considered as part of financial recovery planning.

This allocation letter is only for 2024/25; however it should be considered a guide for future funding allocations as part of the consideration of a 3-year IMTP.

In year allocations may be issued during 2024/25 however these have not been identified beyond those reported in this briefing.

# **Asesiad / Assessment**

The report attached provides a comprehensive assessment of the allocation letter received, anticipated allocations assumed, and the income assumed for resource planning purposes for 2024/25.

Baseline funding for 2024/25 has increased by **£156.1m** compared with 2023/24 (baseline December 22), a significant element of which relates to recurrent 2023/24 expenditure. A detailed breakdown of the increase is shown in the Appendix. Additional 'new' funding to the Health Board i.e. excluding committed and directed funding, is **£40.0m** as follows:

Net funding uplift	2024/25 funding (£'000)
Baseline funding 2023/24	1,480,447
2023/24 funding received now shown in 2024/25 baseline	116,128
Total funding before 2024/25 uplifts and additional funding	1,596,575
Core uplift 24/25 (excl. LTA and Specialist Services pass-through)	46,946
Mental Health core uplift 24/25	4,884
LTAs and Specialist Services pass-through (estimate)	(11,570)
Other funding movements	(245)
Net available new funding 24/25	40,015
Total baseline funding 2024/25	1,636,590

# **Key points to note:**

- Funding for NHS pay awards in 24/25 will be held centrally (in full) and allocated to the Health Board once awards are made.
- Actions to deliver financial improvement in 2023/24 must be maintained, and a required minimum savings delivery in 2024/25 of at least 2% of total baseline expenditure (approx. £33m), and consistent with what has been achieved in the current financial year (forecast £42m)
- Funding for ongoing National Covid responses has been baselined as a recurrent discretionary allocation. Funding of £11.2m allocated (based on 80% of 2023/24 expenditure) for Health Protection, Test, Trace and Protect, and PPE, with £1.2m allocated for Adferiad/Long Covid.
- Hosted funding for 111 Roll-out (£15.5m) and the Innovation and Delivery Fund (£4.5m) has been removed from the baseline funding and transferred to

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the NHS Executive as part of the agreed NHS Executive Phase 2 realignment of activities.

- General Medical Services (GMS), Community Pharmacy contract, and General Dental Services (GDS) contractor allocations have been issued at 2023/24 recurrent levels at this stage.
- Funding of £64.5m to support the 2023/24 financial position (inflationary and underlying) has been added to the baseline funding for 2024/25. This funding is recurrent in principle and is conditional on the Health Board making progress towards the target control total of £13m set by Welsh Government.

Other allocations of £62.9m have been anticipated on top of the baseline allocations where Welsh Government correspondence has been received (see Appendix). Additional Central income has been assumed for annually invoiced funded items such as post graduate medical education, SIFT and medical training posts.

# Thus, the total assumed income and allocations for planning purposes are:

- Confirmed allocations £1,636.6m
- Anticipated Allocations £64.7m
- Income assumed £11.7m

Total assumed revenue funding available for 2024/25 is £1,713m.

# **Argymhelliad / Recommendation**

The Board is recommended to receive this report for assurance to provide clarity of financial income assumptions to be used for the IMTP and Annual Plan 2024/25, service workforce and financial plans.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)			
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol:			
Corporate Risk Register			
Reference and Score:			
Safon(au) Gofal ac Iechyd:	Governance, Leadership and Accountability		
Health and Care Standard(s):	Choose an item.		
	Choose an item.		
	Choose an item.		
Blaenoriaethau CTCI	Choose an item.		
IMTP Priorities	Choose an item.		
	Financial Balance		
Link to IMTP			

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Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb	Not Applicable
strategol	Choose an item.
Strategic Equality Objectives	Choose an item.
	Choose an item.
Strategic Equality Objectives	
2020-24	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth:	
Evidence Base:	
Dhash Tawara	TMTD Tube suched Medicus Terms Dies
Rhestr Termau:	IMTP – Integrated Medium Term Plan
Glossary of Terms:	LTA – long term agreement, service contracts
	between Welsh NHS organisations
Partïon / Pwyllgorau â	Executive Committee
ymgynhorwyd ymlaen llaw y	
Cyfarfod Bwrdd Iechyd Prifysgol:	
Parties / Committees consulted	
prior to University Health Board:	

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

4/5 507/665

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.

All Apply as part of IMTP

5/5 508/665



# Aneurin Bevan University Health Board Allocation Letter Briefing 2024/25

#### **Executive Summary**

This briefing summarises the funding headlines announced in the revenue Allocation letter and highlights the financial implications for Aneurin Bevan University Health Board's (ABUHB) 2024/25 Financial Plan.

Baseline funding for 2024/25 has increased by £156.1m compared with 2023/24 (baseline December 22), a significant element of which relates to recurrent 2023/24 expenditure. A detailed breakdown of the increase is shown in the Appendix. Additional 'new' funding to the Health Board i.e. excluding committed and directed funding, is £40.0m as follows:

Net funding uplift	2024/25 funding (£'000)
Baseline funding 2023/24	1,480,447
2023/24 funding received now shown in 2024/25 baseline	116,128
Total funding before 2024/25 uplifts and additional funding	1,596,575
Core uplift 24/25 (excl. LTA and Specialist Services pass-through)	46,946
Mental Health core uplift 24/25	4,884
LTAs and Specialist Services pass-through (estimate)	(11,570)
Other funding movements	(245)
Net available new funding 24/25	40,015
Total baseline funding 2024/25	1,636,590

#### **Key points to note:**

- Funding for NHS pay awards in 24/25 will be held centrally (in full) and allocated to the Health Board once awards are made.
- Funding for ongoing National Covid responses has been baselined as a recurrent discretionary allocation. Funding of £11.2m allocated (based on 80% of 2023/24 expenditure) for Health Protection, Test, Trace and Protect, and PPE, with £1.2m allocated for Adferiad/Long Covid.
- Hosted funding for 111 Roll-out (£15.5m) and the Innovation and Delivery Fund (£4.5m) has been removed from the baseline funding and transferred to the NHS Executive as part of the agreed NHS Executive Phase 2 realignment of activities.
- General Medical Services (GMS), Community Pharmacy contract, and General Dental Services (GDS) contractor allocations have been issued at 2023/24 recurrent levels at this stage.
- Funding of £64.5m to support the 2023/24 financial position (inflationary and underlying) has been added to the baseline recurrent funding for 2024/25. This funding is recurrent in principle

and is conditional on the Health Board delivering against the target control total of £13m set by Welsh Government.

• Other allocations of £62.9m have been anticipated on top of the baseline allocations where Welsh Government correspondence has been received (see Appendix).

#### Introduction

This briefing summarises the funding headlines announced in the revenue Allocation letter and highlights the financial implications for Aneurin Bevan University Health Board's (ABUHB's) 2024/25 Financial Plan.

The Ministerial letter to Chairs formally issued the 2024/25 revenue allocations to Health Boards, and was received by the Health Board on the 21<sup>st</sup> December 2023. The allocation reflects the Minister for Health and Social Services decisions about the distribution of resources to Health Boards for the forthcoming year.

Health Boards are expected to achieve and deliver the statutory duties and ministerial priorities in line with the Welsh Government annual priorities for 2024/25, with particular consideration to the following actions and expectations:

- New funding provided should support unavoidable demand and inflationary pressures. This, in addition to savings in this financial year, actions being taken to deliver target control totals on a recurrent basis, and new savings required in 2024/25, should enable organisations to deliver a sustainable financial position.
- Expectation of a significant step-up in the delivery of priorities from the Value & Sustainability Board, and that these are strengthened to ensure a continued reduction in agency costs, the strengthening of Once for Wales arrangements, and increasing administrative efficiency with savings in non-core areas and overheads being prioritised over frontline services.
- Actions to deliver financial improvement in 2023/24 must be maintained, and a required minimum savings delivery in 2024/25 of at least 2% of total baseline expenditure (approx. £33m), and consistent with what has been achieved in the current financial year (forecast £42m)
- Regional Planned Care Recovery funding of £50m held centrally in 2023/24 has been allocated recurrently in 2024/25, resulting in £3.9m for AB in relation to Ophthalmology and Diagnostics. The £50m across Wales is in addition to the £120m (AB element, £22.6m) issued in 2023/24 for Planned and Unscheduled Care Sustainability. Funding is conditional on continued progress in reducing the longest-waits for treatment, and delivery of regional solutions with improvements in productivity and effectiveness.
- Elements of 2023/24 allocations have been baselined recurrently such as Further Faster (AB £2.3m), and Covid programme funding (AB £12.4m) to give certainty and clarity for planning and delivery, with an expectation of maximum efficiency and effectiveness.

The following points relate to other Welsh Government centrally held funding:

 Funding for NHS pay awards in 2024/25 is being held centrally and will be allocated to Health Boards once awards are made. Pay award funding for 2023/24 will be allocated in-year once the pay mapping exercise has been completed.

- GMS, Community Pharmacy and GDS contractor allocations are issued at this stage at 2023/24
  recurrent levels. A supplementary allocation will be issued when contract agreements have
  been confirmed.
- Revenue funding for SIFT and Research and Development will be issued as direct funding to Health Boards (approx. £3.6m)
- Allocations for accelerated depreciation, AME depreciation for donated assets, relevant IFRS 16, and DEL and AME impairments will be issued as direct funding to the relevant Health Boards and NHS Trusts. This also applies to any increases in depreciation related to approved schemes with confirmed strategic support.
- Funding will be held centrally to recognise the impact of NICE mandated Advanced Therapeutic Medicinal Products (ATMPs). This will be issued in-year aligned with the spend forecast through WHSSC.
- Genomics spend will be monitored centrally and any additional impact for 2024/25 (over and above 2023/24 baseline allocations) will be dealt with as an in-year matter. This will be issued in-year aligned with the spend forecast through WHSSC.
- Funding for the Real Living Wage (the impact of the policy on Social Care) will be dealt with as a non-recurrent allocation, addressed in year.
- Funding will continue to be retained centrally by WG to fund the costs of purchasing cystic fibrosis medicines Orkambi and Symkevi and to maintain access to Kalydeco (note, costs will also be incurred centrally within WG).
- Funding for education and training investments in 2024/25 will continue to be provided directly to Health Education and Improvement Wales (HEIW) from the Welsh Government NHS budget, rather than directly to Health Boards.
- As in 2023/24, funding to cover the increased employer's contribution for the NHS Pension Scheme will be held centrally.

#### Revenue Allocation categories

Hospital and Community Health Services (HCHS) allocations are derived from the 2023/24 baseline funding, adjusted for recurrent and new funding issued. The HCHS Revenue allocation is divided into *Discretionary*, *Ringfenced* and *Directed* expenditure funding. It is the total funding available to the Health Board to fund HCHS and Primary Care prescribing costs.

- **Discretionary allocations** represents the funding available to the Health Board to fund HCHS and Primary Care prescribing costs without restrictions/conditions imposed by Welsh Government.
- Ring fenced allocations represents the minimum the Health Board must invest in specific areas. Ring fencing restraints continue for Learning Disabilities, Mental Health, Planned and Unscheduled Care Sustainability funding, Regional Integration Fund and Depreciation costs. For 2024/25, additional recurrent ringfenced funding has been issued for 'Further, Faster' to support Community Care services, and for the Regional Planned Care Recovery funding

• **Directed Expenditure** – allocated for specific purposes where the Health Board provides an Agency basis i.e. pass through for Welsh Government or lead organisation for other Health Boards. This is not part of the population-based funding.

Other significant areas of funding within the Health Board's total revenue allocations relate to Primary Care Contracts; General Medical Services (GMS), General Dental Services (GDS), and Community Pharmacy. Allocations for GMS, and GDS (including the *Designed to Smile* and *Gwên am Byth* oral health improvement programmes within the GDS contract), are ringfenced in terms of the definition above, therefore the funding within these areas indicates the minimum required spend. The Health Board may, however, invest additional discretionary funding in these services.

#### **Summary of Allocations**

Initial baseline funding allocations for the Health Board total £1,636.6m (£1,480.4m, 2023/24). The increase in the baseline from 2023/24 of £156.1m will include the recurrent impact of funding issued during 2023/24, new committed funding for 2024/25, and inflationary uplifts. A summary of the increase in baseline funding across funding categories is shown in the table below, with a detailed breakdown contained within the Appendix:

Category	2023/24 Baseline £M	2024/25 Allocation letter £M	baseline	% change
HCHS and Prescribing				
Discretionary	1,071.6	1,211.4	139.7	13.0%
Protected and Ringfenced	213.4	245.5	32.0	15.0%
Directed Expenditure	21.5	1.5	(20.0)	-93.0%
Total HCHS and Prescribing	1,306.5	1,458.3	151.8	11.6%
General Medical Services	107.9	108.7	0.8	0.8%
Community Pharmacy	33.4	34.9	1.5	4.5%
General Dental Services	32.7	34.6	2.0	6.1%
Total baseline allocations	1,480.4	1,636.6	156.1	10.5%

Table 1 - Summary Revenue Allocations 2024/25

A summary of the main movements within each category are:

- HCHS Discretionary: funding increase of £139.7m predominantly due to conditionally recurrent funding issued in 2023/24 (£64.5m), the 2024/25 core uplift (£46.9m), Health Protection and other Covid-19 funding (£12.4m), Energy baseline funding increase (£10.1m), Project 111 funding (£1.7m), funding for Local Public Health Teams (£1.6m), and Optometry contract reform funding (£1.5m). Other baseline funding increases of £1.0m are detailed in the Appendix.
- Ringfenced: total ringfenced funding of £245.5m representing 15% of the Health Boards total funding for 2024/25. Increase in funding of £32.0m due to depreciation (£20.3m), Planned Care Recovery (£3.9m), 'Further, Faster' funding for Community Care services (£2.3m) and a core uplift for Mental Health Services (£4.9m). Other baseline funding increases of £0.6m are detailed in the Appendix.

- **Directed expenditure**: total Directed funding total £1.5m, a reduction of £20.0m compared to 2023/24 due to the transfer of funding to NHS Executive for 111 Roll-out (£15.3m), Strategic Primary Care posts (£0.2m), and the '6 Goals' Urgent Care funding (£4.5m).
- **Primary Care contracts:** Contract negotiations for GMS, Community Pharmacy and GDS have not been finalised for 2024/25, therefore allocations have been issued on the same basis as 2023/24 with adjustments made for known 2023/24 recurrent changes. A supplementary allocation will be issued when the 2024/25 contract agreements are confirmed.

The 2024/25 baseline allocation for the Health Board has increased by £156.1m compared to 2023/24 (baseline December 22), a significant element of which relates to recurrent 2023/24 expenditure. Additional 'new' funding to the Health Board i.e. excluding committed and directed funding, is £40.0m as shown in the following table:

Net funding uplift	2024/25 funding (£'000)
Core uplift 24/25	46,946
Mental Health core uplift 24/25	4,884
Other funding movements	(245)
Gross uplifts	51,585
LTAs and Specialist Services pass-through (estimate)	(11,570)
Net available new funding 24/25	40,015

Table 2- Net uplift summary

#### Notes to Table 2:

• Core uplift for 2024/25 - £46.9m (£17.3m, 2023/24) — The Welsh Government draft budget provides £246m of funding across Welsh Health Boards to meet unavoidable inflationary and demand pressures 2024/25, including National Finance Agreement costs for NHS Wales (est. £11.5m). The Health Board's element of £46.9m equates approximately a 3.64% increase (1.5% increase, 2023/24) on the total of recurrent Discretionary allocation, Ring Fenced (excluding mental health and depreciation) and Directed Expenditure.

In addition to the expected efficiencies detailed in the allocation letter (i.e. minimum of 2% of total baseline expenditure, and consistency with achievement in the current financial year), the core uplift will provide support for new non-pay inflationary growth in particular for areas such as medicines.

- Mental Health core uplift £4.9m additional funding for Mental Health equivalent to 4.3% of the 2023/24 baseline for Mental Health Services (£2.0m 2023/24), to fund unavoidable cost and demand growth. There is no non-recurrent funding identified in relation to the Service Improvement Fund (SIF).
- Other funding movements -£0.245m (reduction) top-sliced funding to NWSSP in relation to increased demand for Sterile medicines.

Application of the uplifts will be determined via the Annual Plan & Budget setting process.

#### Further Notes on other allocations.

- **Covid funding** Funding of £12.4m for ongoing National Covid responses has been baselined as recurrent discretionary allocation:
  - £11.2m Funding issued at 80% of 2023/24 expenditure including Health Protection (vaccinations, Test, Trace and Protect) of £10.1m, and funding for the provision of PPE across the Health Board of £1.1m
  - £1.2m Adferiad/Long Covid issued at the 2023/24 level.

Whilst not ringfenced funding, the Health Board will be expected to deploy funding on these areas and will be subject to monitoring and scrutiny with regards to progress on delivery.

- Regional Integration Fund £113k for the Integrated Autism Service, previously allocated non-recurrently, has been added to the RIF baseline for 2024/25 (ABUHB total baseline RIF Revenue funding £24.8m for 2024/25).
  - RPB Chairs are in discussion with WG around the application of tapering requirements on the RIF Revenue Funding for 2024/25. If applied this would have a direct impact of approximately £1m to ABUHB and a further £2.1m to Gwent Local Authorities.
- Conditional recurrent funding £64.5m of recurrent (in principle) funding added to 2024/25 baseline. Recurrent nature of funding is conditional on the Health Boards progress in delivering the target control total set by Welsh Government.
- Energy Baseline funding Additional £10.1m recurrent funding baselined for 2024/25. This
  funding increases the baseline to account for price increases from 2021/22 to 2023/24 (month
  8 forecast). Includes £206k for Velindre Trust and £77k for WAST (based on % shares) leaving
  £9.9m for ABUHB.
- Mental Health transfers from Welsh Government central budgets In addition to the core uplift of £4.9m, Mental Health ringfenced baseline funding for 2024/25 has now incorporated £51k in relation to EAST/WAST improvements in Mental Health Emergency Calls, plus a cost neutral realignment adjustment for WHSSC of £56k in respect of CAMHS Youth Offending Teams and CAMHS Parc Prison In-reach services.
- Depreciation The DEL depreciation budget remains ring-fenced and is a non-cash allocation.
   The depreciation ring-fence includes the allocation made here as well as for any non-recurrent funding that is issued in-year to cover accelerated depreciation, DEL impairments and further support for strategic schemes and baseline pressures.
- 111 rollout Total Directed funding of £15.28m for the 111 rollout programme (hosted by AB until 2023/24) has been removed from AB and transferred to NHS Executive and the new Joint Commissioning Committee (JCC). The AB direct share of £1.7m received as discretionary funding for 2024/25. Removal of this funding could result in a cost pressure for AB.
- Innovation & Delivery Fund (6 Goals) Total Directed funding of £4.53m for the 6 Goals programme (hosted by AB until 2023/24) has been removed from AB and transferred to NHS Executive as per Phase 2 realignment process. Removal of this funding could result in a cost pressure for AB.

- Optometry contract £1.45m of funding added to 2024/25 baseline in relation to Optometry
  contract reform. Funding modelled by Primary Care Policy team for agreed changes, and details
  to be shared with Health Boards in due course.
- Substance Misuse this remains ring-fenced in 2024/25 and will be withheld from Health Boards until confirmation is received from the Chair of the relevant Area Planning Board (APB) that the use of these resources complements the delivery of the Welsh Government Substance Misuse Delivery Plan (£3.4m for the Health Board following an uplift of £155k).
- Infrastructure SIFT Funding for infrastructure SIFT (£0.7m) has been included as a Directed Expenditure Allocation. This funding must be used to support medical undergraduate education, and recipients of this funding will still be required to account for its use as part of the annual SIFT accountability agreements.
- Dental Patient Charges Increases to dental patient charges have recently been agreed from the 1st of April 2024. No changes have been made to dental contract patient charge targets as a result of the increase, and any increased patient charge revenue should be utilised by health boards to offset the current shortfall against the targets set in baseline dental contract allocations.

#### **Anticipated Allocations**

The funding included in the baseline position for the Health Board (detailed within this document) is recurrent in nature and will form part of the rolled-forward baseline position for future years. The Health Board also assumes further funding within its financial plan which can be recurring or non-recurring, and will be indicated by way of individual WG funding letters during the financial year.

These additional allocations can be anticipated within the financial position in situations where official confirmation from Welsh Government has been received by the Health Board that funding will be issued for a specified period of time (e.g. successful bids for projects), or funding is recurring in nature however is not included within the baseline allocations for the Health Board (e.g. due to uncertainty of the period of the activity or if the funding values can vary based on actual spend from one year to the next). A full list of anticipated allocations is reported to the Board and to Welsh Government as part of the monthly reporting timetable.

A list of anticipated allocations assumed for 2024/25 as of January 24, can be reviewed in the Appendix.

The Minister for health and Social Services reiterates in the allocation letter covering page the challenging financial position for Welsh Government and NHS Wales, and that significant uplifts have been issued to support the NHS and protect front line services. The letter also states that the focus remains on delivering Welsh Government and Health Board priorities efficiently and effectively, along with ensuring strong and effective financial management arrangements that support strong cost control, in support of financial delivery in 2024/25.

Financial Planning team January 2024

# Appendix

2024/25 Baseline movements	Funding transfers to NHS Executive £'000	Committed programme £'000	Net additional Discretionary funding £'000	Total 2024/25 £'000
Baseline funding 2023/24				1,480,447
HCHS Discretionary				
Allied Health Professionals (AHPs)		850		850
Service Transfer for Local Public Health Teams		1,582		1,582
Cost Uplift Factor (CUF) England		301		301
Cost Uplift Factor (CUF) England WHSSC HPV funding		405 143		405 143
Increased demand for Sterile Medicines: top slice to NWSSP		143	(245)	(245)
111 Service	(229)			(229)
111 funding: Joint Commissioning Committee		1,742		1,742
Primary Care Development funding (SPPC)	(360)			(360)
Neighbourhood District Nursing: Peer coaches/Nurse Advocates		103		103
Optometry contract reform funding		1,454		1,454
Energy baseline funding		9,854		9,854
Energy baseline funding: Velindre NHS Trust		206		206
Energy baseline funding: WAST		77		77
Conditionally Recurrent funding: 23-24 underlying deficit		28,800		28,800
Conditionally Recurrent funding: 23-24 Inflationary increase		35,700		35,700
C19 iro Health Protection / Vaccination and PPE.		11,200		11,200
C19 - Adferiad (Long COVID)		1,216		1,216
Core uplift 23/24		11,570	35,376	46,946
Ringfenced				
Depreciation		20,401		20,401
Palliative care funding (incl. £60k bereavement co-ordination)		308		308
Recurrent impact of funding for Planned Care Recovery  Regional Integration Fund (increase for Integrated Autism Service)		3,940 113		3,940 113
Further Faster		2,292		2,292
Mental Health Services				
EASC/WAST Improvements in Mental Health Emergency Calls		51		51
CAMHS Youth Offending Teams (YOTS) / FACTS (to WHSSC)		47		47
CAMHS Parc Prison In-reach Services (to WHSSC) Core Cost and Demand Uplift (3.67%) 2024-25		9	4,884	9 4,884
Directed Expenditure				
111 roll out	(15,267)			(15,267)
National Allied Health Professional Lead	(85)			(85)
National Nursing Lead for Primary and Community Care	(80)			(80)
Innovation & Delivery Fund/Programme Management costs	(4,529)			(4,529)
GMS Contract				
Global Sum / PSP List Size Increase 2023-24		815		815
Pharmacy Contract				
23-24 agreed uplift Community Pharmacy contract 23-24 agreed uplift Community Pharmacy contract		302 1,208		302 1,208
Dental Contract				
22-23 pay uplift		1,989		1,989
Net movement in baseline funding 24/25	(20,550)	136,678	40,015	156,144
Anticipated funding for year-on-year non-recurrent spend				64,715
Central income				11,710
Total confirmed & anticipated funding (incl. central income) 2024/25			<u>-</u>	1,713,019

# **Anticipated funding - January 2024**

HCHS	£'000
A4C Pay award 23-24	26,554
Consolidated pay award 1.5% Apr-23	9,321
Pay award-Medical and Dental 5% 23-24	6,384
Exceptional-Incremenntal Real Living Wage	5,404
Substance Misuse & increase	3,402
Technology Enabled Care National Programme (ETTF)	1,800
UEC: Same Day Emergency Care (SDEC)	1,560
UEC: Urgent Primary Care	1,400
Shingles Vaccine	1,201
AHW:Prevention & Early Years allocation	1,171
New Medical Training Posts 2017-2022 cohorts	1,100
Informatics - Virtual Consultations	1,065
CAMHS In Reach Funding	778
Memory Assessment Services - Gwent RPB	565
VBH: Heart Failure and Rehab in the Community	506
(Provider) Clinical Excellence Awards (CDA's)	298
WHSSC - National Specialist CAMHS improvements	271
Strategic programme Primary Care: AHW (additional posts)	130
(Provider) SPR's	125
National Clinical Lead for Primary and Community Care	113
Learning Disabilities-Improving Lives	64
CAMHS Sanctuary provision	50
National Clinical Lead for Falls & Frailty	30
Invest to Save Omnicell	(440)
Total HCHS anticipated allocations	62,850
GMS	
GMS Refresh	1,603
Driman, Caro Improvement Crant	112

GMS	
GMS Refresh	1,603
Primary Care Improvement Grant	142
Shingles Vaccine - GMS element	120
Total GMS anticipated allocations	1,865

	_
Total Anticipated funding at January 24	64,715

Anticipated Allocations have been delegated to Divisions as part of the 2023/24 budget setting process. There is a risk to the HB position if the anticipated allocations are not received.

Agenda Item: 4.3



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Performance Report – December 2023
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans (Director of Strategy, Planning and Partnerships)
SWYDDOG ADRODD: REPORTING OFFICER:	Marie-Claire Griffiths (Head of Strategic Planning) Jennifer Keyte (Senior Corporate Planning & Service Improvement Manager)

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

Er Sicrwydd/For Assurance

# ADRODDIAD SCAA SBAR REPORT

# **Sefyllfa / Situation**

The purpose of this paper is to provide the Board with an overview of performance against the key Ministerial Priorities. It complements the IMTP Quarterly Outcomes Report and covers the broader spectrum of IMTP commitments.

This new format has been developed to provide assurance on key performance deliverables on the intervening months between the full Quarterly Outcomes report.

# Cefndir / Background

The IMTP for 2022/2026 set out the vision for the organisation, that is to improve population health and reduce health inequalities experienced by our communities.

Through the templates underpinning the IMTP, the health board made a number of commitments in response to the Minister's priorities for delivery.

This report provides a high-level overview of activity and performance up to December 2023 in Quarter 3 with a focus on delivery against key national targets included within the performance dashboard.

#### **Asesiad / Assessment**

The report details performance and delivery across six themes.

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# 1. Planned Care & Diagnostics

The Health Board has made good progress towards eliminating waits of over 156 weeks, with 68 patients waiting at the end of November 2023 compared with the March 2023 position of 553. It is expected that, despite significant progress, particularly in ENT, there will remain circa 45 patients who will have waited over 156 weeks for orthopaedic surgery at the end of December. These have all been validated, reviewed and a number have booked dates. Improvements have also been made with 104 week waits for treatment which have reduced from 1,935 in March 2023 to 1,284 at the end of November 2023. At the end of November 2023, there were 1,938 patients waiting over 104 weeks for a first outpatient appointment compared with 1,000 at the end of April 23. The opening of the Royal Gwent Hospital endoscopy unit in November has supported a reduction in the 8-week backlog, with 2,890 patients waiting at the end of December 2023 compared to 2,049 in October 2023. For therapies, 92.6% of new attendances are seen within 14 weeks, with the average wait for first attendance being 46 days.

#### 2. Cancer

Compliance against the 62-day target for definitive cancer treatment has deteriorated from 58.4% (October 2023) to 53.7% at the end of November 2023. Significant increases in demand relating to suspected cancer referrals have continued to exceed 3,500 referrals per month compared with pre-covid levels of 2,500. Increased demand is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres.

The number of Single Cancer Pathway treatments undertaken has increased by 9% over the last 12 months and is continuing to increase month by month (Dec 22 - Nov 23 = 4,407 SCP treatments compared with Dec 21 - Nov 22 = 4,042 SCP treatments).

Despite the pressures of increased demand and capacity challenges, the size of the SCP backlog has reduced by 21% since the beginning of the quarter, with 303 people waiting over 62 days at the end of December 2023 compared with 384 at the end of September 2023.

# 3. Children and Young People

The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased during the pandemic and peaked during the summer of 2021. In December 2023, there were 185 children waiting over 52 weeks for a new outpatient appointment. Child and Adolescent Mental Health Services are compliant against targets for CHOICE and Part 2 giving assurance that young people have updated care and treatment plans. Despite workforce constraints, the waiting list is reducing. At June 23, 640 young people were waiting over 28 days for an intervention following assessment which has now reduced to 378 in Nov 2023. The reporting on the neuro-developmental (ND) pathway has been separated into 0-5 years and 5-18 years to reflect the differing demands and assessment processes. The number of children 0-5-year-old waiting by November 23 is 474 with 319 breaching 26 weeks. There are on average 220 new referrals a month which is a 600% increase since pre-Covid-19.

# 4. Urgent & Emergency Care System

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The Urgent and Emergency Care system remains under significant pressure. During December, a total of 861 patients waited over 60 minutes to be transferred to the Emergency Department from an ambulance, compared with 836 in November 2023. Whilst this remains high as a result of poor flow through the system, there has been a concerted effort to decrease the number of delayed ambulance handovers and as such this has reduced significantly from 1,497 reported in March 23. During December there have been on average 475 daily attendances to the Emergency Department or a Minor Injury Unit and the pressure on the urgent care system has resulted in patients having extended stays in hospital.

The number of patients on the complex list has increased from the Mar 23 baseline of 275 to 305 in December 23. In November 2023, the Health Board's position of the percentage of patients assessed by a stroke consultant within 24 hours has also increased to 87.3%, surpassing the national target of 85%, albeit further progress is required to improve compliance against the stroke ward admission target of 4 hours.

#### 5. Mental Health

The performance against Mental Health access standards at the end of November remains significantly below the target of 80% for both assessment (part 1a) and interventions (part 1b). Mental Health assessment within 28 days of referral is 23.9% and interventions less than 28 days following assessment at 9.9% which has declined from previous month at 18.7%. Both of these areas are significantly below target and a 90-day action plan to improve performance is in place and being monitored by Executive Committee. The percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over) is 67.5%, below the target of 90%.

#### 6. Primary Care

Activity across General Medical Services has increased to its highest point in the year in October with 370,608 appointments seen against an average of 301,314 appointments since April 23. The trend in urgent primary care has been consistent since July. Activity in General Optometry Services (GOS) for Eye Health Examinations Wales (EHEW) has decreased slightly since July reporting 4,091 compared to 4,019 for August. Community Pharmacy Services (CPS) continue to deliver a consistent number of claims under the common ailments scheme since April with claims ranging between 3700 and 4150. An increasing trend remains in the number of District Nursing contacts, with 44,099 contacts during November 23 which is considerably higher compared with the same reporting period last year (41,653 = Nov 23). Referrals to Palliative Care Services were 169 in November which is a very slight increase on the previous month which were 161. Rapid Response referrals have been consistently above 400 a month since May with 432 in November.

The Board is asked to note that this is the first interim performance report of this style and work will continue to ensure that there are meaningful measures included across all six areas. There is further work required to best articulate Primary Care performance with the absence of ministerial targets and at present it is not fully representative of impact as it primarily demonstrates activity.

# **Argymhelliad / Recommendation**

The Board is asked to:

Note the progress against the Ministerial Priorities.

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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The report highlights key risks for delivery against the IMTP
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 1.1 Health Promotion, Protection and Improvement 2. Safe Care 2.1 Managing Risk and Promoting Health and Safety
Blaenoriaethau CTCI IMTP Priorities  Link to IMTP	Choose an item. Choose an item. This is a Quarterly report against the Integrated Medium-Term Plan and the key organisational priorities informed by our detailed understanding of how our system operates.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item.
Amcanion cydraddoldeb strategol Strategic Equality Objectives  Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise areas where evidence shows take up of services is lower or outcomes are worse

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

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

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Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Choose an item.
<ul> <li>Service Activity &amp; Performance</li> </ul>	Choose an item.
• Financial	Choose an item.
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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  https://futuregenerations.wal es/about-us/future- generations-act/	Choose an item. Choose an item.

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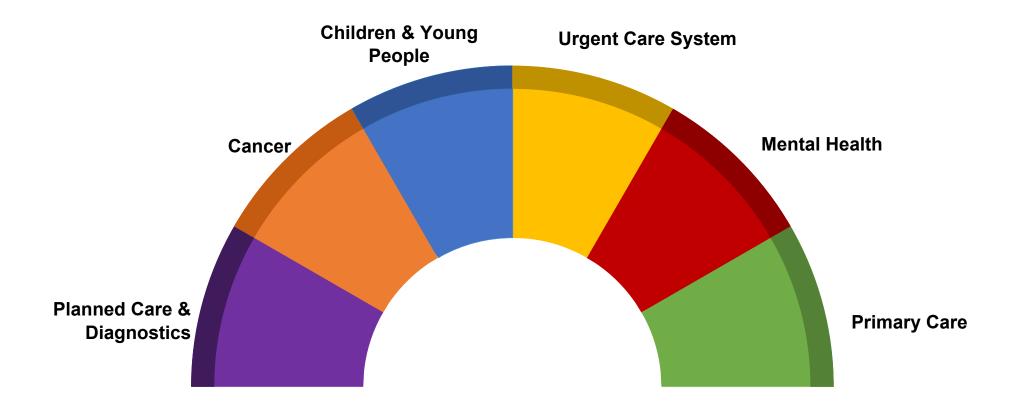






# **Performance Report**

This Performance report outlines delivery against the Welsh Government Ministerial Priorities. It complements the IMTP Quarterly Outcomes Report that is produced each quarter and covers the broader spectrum of IMTP commitments

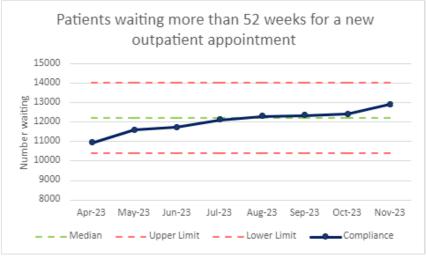


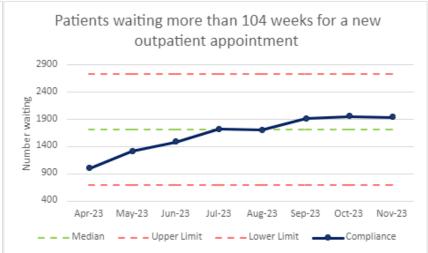
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# **Planned Care and Diagnostics**

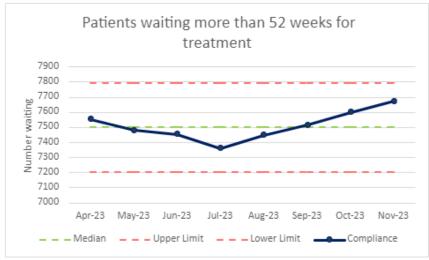
# **Performance**

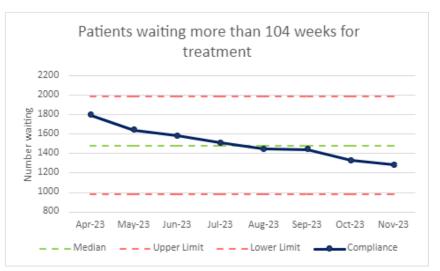




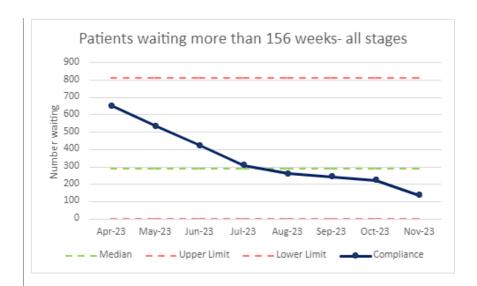


# **Treatments**

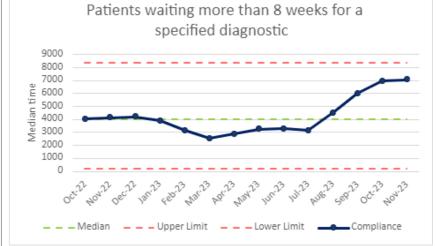




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# **Analysis**

#### Treatment

- The Health Board has made good progress towards eliminating waits of over 156 weeks for all stages, with 136 patients waiting at the end of November 2023 compared with the March 2023 position of 653.
- Improvements have also been made with 104 week waits for treatment which have reduced from 1,935 in March 2023 to 1,284 at the end of November 2023.

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# Outpatient

- At the end of November 2023, there were 1,938 patients waiting over 104 weeks for a first outpatient appointment compared with 1000 at the end of April 23. There is mixed progress across specialities with ENT, Ophthalmology and Orthopaedics currently behind trajectory.
- The number of patients waiting over 52 weeks for a first outpatient appointment has been maintained at 12,824 in November 2023.

# **Diagnostics**

- The opening of the Royal Gwent Hospital endoscopy unit in November has supported a reduction in the 8-week backlog with 1,890 patients waiting at the end of November 2023 (2,049 = Oct 23).
- Radiology diagnostics have increased further during October 2023 to 3,802 from 3,611 due to the ceasing of outsourced MRI capacity and additionally funded sessions to support ultrasounds.

# Therapy

- 92.6% of new attendances are seen within 14 weeks, with the average wait for first attendance being 46 days (6.6 weeks).
- Speech and Language Therapy waiting list continues to be made up of two specialty areas, Paediatrics (particularly Neuro developmental) and Transgender referrals for voice intervention.
- The transfer of patients from the ENT service to audiology has impacted on the Therapy wait times.
- Breaches of the RTT target are across all sub-specialities within Dietetics.
- Weight Management Service breaches account for 83% of breachers in Therapies.

#### **Actions**

#### **Treatment**

- A comprehensive plan is in place to support Ophthalmology, including a regional solution to increase regional capacity for cataract outpatient and inpatient stages to enact a collaborative regional approach to recovery and to maximise the use of our assets across the region.
- Prospective Treat in turn tool developed to ensure focus on targeting longest waiters.
- Maximising elective capacity by prioritising and focusing activity on theatre improvement opportunities, GIRFT review in progress which will support identification of opportunities for efficiency improvements.
- Services reviewing plans, focussing on treating those that have waiting the longest whilst balancing urgent and prioritised work.

# Outpatient

- There are extensive recovery plans in place across ENT and Urology including a clinical review of patients on the waiting list along with other solution (e.g. audiology) supporting ENT and a focus on improving treat in turn prioritisation across the Board.
- The outpatient transformation programme is focussing on its outpatient Did Not Attend (DNA) plan. Additionally, the programme is continuing to work alongside finance and divisional teams, with a particular focus to further explore opportunities of virtual activity to meet the needs of those waiting for an appointment.
- Finalise first phase of health care pathways and plan for phase 2 priority pathways development and implementation.
- Focus on increased virtual/video/group activity and implement plans to reduce 100% past target follow-ups.

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# **Diagnostics**

- Continue insourcing of additional endoscopy capacity.
- Royal Gwent Hospital endoscopy unit opened November 2023, with the purpose of sustaining services and reducing backlog
  of those waiting, future reports will see impact of this investment.
- Radiology continues to prioritise clinically urgent cases and maternity ultrasound.

# Therapy

- Launch of Dietetics Irritable Bowel Syndrome (IBS) 'See On Symptom' (SOS) Pathway and Dietetics Paediatric Chronic conditions 'Patient Initiated Follow-up' (PIFU) pathway.
- Adult Weight Management Service SOS & PIFU process launched.
- Ongoing work to develop SOS /PIFU pathways in Podiatry and Orthotics.

# Performance SCP Cancer Compliance per Month Backlog of cancer patients waiting over 62 days SCP Cancer Sections and Section of the Month (section of cancer patients) SCP Backlog per Month (section of cancer patients) SCP

# **Analysis**

Compliance against the 62-day target for definitive cancer treatment has decreased from 58.4% (October 2023) to 53.7% at the end of November 2023. This is behind the performance ambition set in the IMTP. Drivers for this are the increase in demand alongside the focus on the over 62 day waits, which will affect compliance. Significant increases in demand relating to suspected cancer referrals have continued to exceed 3,500 referrals per month compared with pre-covid levels of 2,500.

Increased demand is continuing to have an impact on performance creating capacity challenges throughout the pathway for services provided by the Health Board and those provided at tertiary centres. Additionally, the number of SCP treatments

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undertaken has increased by 9% over the last 12 months and is continuing to increase month by month (Dec 22 - Nov 23 = 4,407 Single Cancer Pathway treatments compared to Dec 21 – Nov 22 = 4,042 SCP treatments).

Despite the pressures of increased demand and capacity challenges, the number of SCP backlogs has reduced by 21% since the beginning of the quarter, with 303 waiting over 62 days at the end of December 2023 compared with 384 at the end of September 2023.

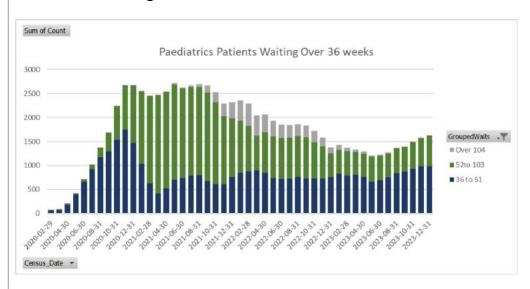
#### **Actions**

- Optimal pathway work to reduce volume of breaching patients through reviewing capacity scheduled with specialities, with a particular focus on Urology, Gynaecology, Head & Neck and Lower GI.
- Close working with Radiology regarding Accelerated Imaging and Pathology regarding turnaround times.
- Continued rollout of Did Not Attend (DNA) reduction pilot schemes.
- Joint working with tertiary centres on shared pathways

# **Children and Young People**

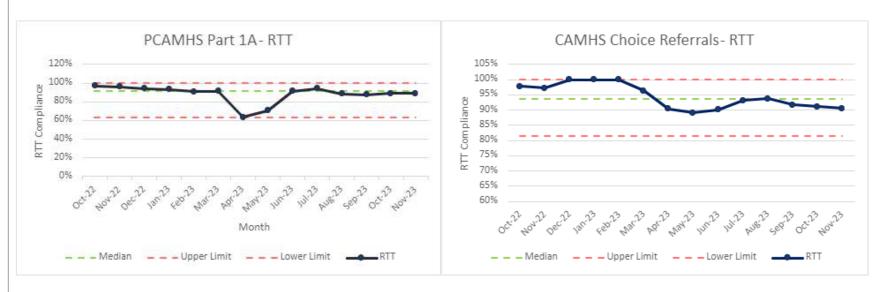
#### **Performance**

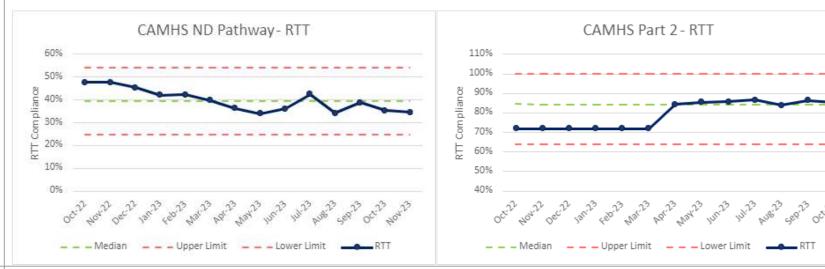
# Children's Waiting Times



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#### Children & Adolescent Mental Health Services





# Analysis Children's Waiting Times

The number of children on the Health Board's waiting lists who have been waiting over 36 weeks increased during the
pandemic and peaked during the summer of 2021. At December 2023, there were 185 children waiting over 52 weeks for a
new outpatient appointment. There are a number of contributing factors to the waiting list including nurse capacity, bed
capacity, Anaesthetics support and theatre availability.

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#### Children & Adolescent Mental Health Services

- <u>PCAMHS Mental Health Measure Part 1a&b</u> RTT compliant since June 2023 and remains stable (Nov 23 = 89% compliance). Part 1b remains unachieved (Nov 23 = 5% compliance). Despite workforce constraints, the waiting list is reducing. At June 23, 640 young people were waiting over 28 days for an intervention following assessment which has now reduced to 378 in (Nov 2023). Workforce issues have impacted upon forecasted recovery position to 80% RTT target from April 24 to May 24, however this position may improve with the continued waiting list validation exercise.
- <u>CHOICE</u> RTT compliance has remained stable over the last 18 months and continued to remain above target at 90.56% (Nov 23).
- <u>CAMHS Part 2</u> RTT compliance since June 2023, with the reported Nov 23 position at 85%, giving assurance that young people have updated care and treatment plans.
- Neurodevelopmental Pathway RTT compliance remains unachieved (34.51% Nov 23). The reporting on the neurodevelopmental (ND) pathway has been separated into 0-5 years and 5-18 years to reflect the differing demands and assessment processes. At November 23, number of children 0-5 year old waiting is 474 with 319 breaching 26 weeks waiting. There are on average 220 new referrals a months which is a 600% increase on the monthly average for 2019/20.

#### **Actions**

# Children's Waiting Times

- There continue to be focused efforts to improve care and access for paediatric patients through service improvements such as an expert referral triage team and advice letters as an alternative to consultation to support waiting times. This focuses on the efficiency by turning the tap off at the top end and managing demand.
- Focus on reduction of Paediatric waiting times with a range of mitigating actions including the continued use of GP triage to manage demand.
- Launch of Consultant Connect to ensure appropriate referrals are received into the service.

# Children & Adolescent Mental Health Services

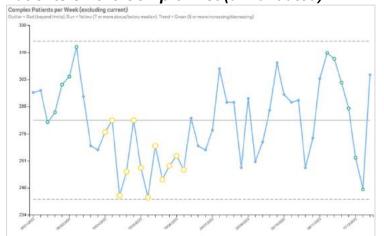
- Weekly performance meetings with the Choice and Partnership Approach system (CAPA) Leads highlight capacity issues/unmet demand to be addressed.
- Vacancies due to be filled, with additional capacity from the CAMHS outreach team in March 2023.
- Waiting list validation exercise continuing and forecaste to end in December where the waiting list position will be reviewed.
- Report has been developed setting out the planning for a new pathway to incorporate a multi-disciplinary team involving speech and language therapy.
- Portsmouth profiling tool due to be implemented in Feb 24 and review of a needs-led/ support pathway for children and young people. Co-production work with parents continues with a new cohort and they will help to review the new domains of the model.
- Additional Learning Needs Code session has taken place this term to maintain close links with Education.

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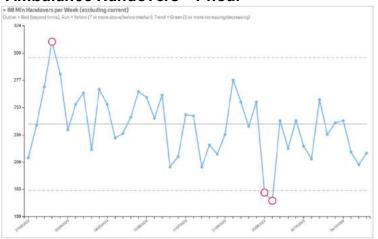
# **Urgent & Emergency Care System**

# Performance

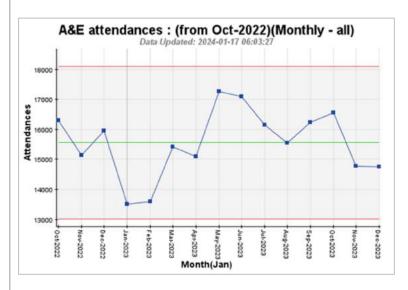
Patients on the Complex list (unvalidated)



Ambulance Handovers >1 hour



# A&E Attendances Monthly

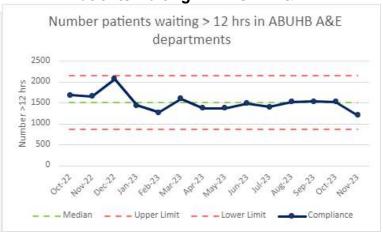


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# Patients waiting <4hrs in A&E

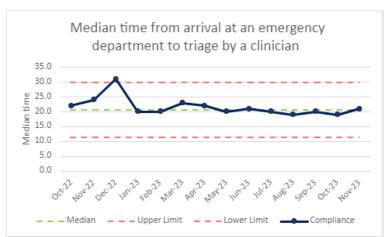
# Patients waiting >12hrs in A&E

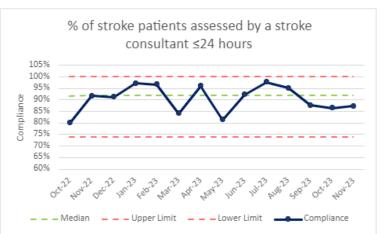




# Time from arrival to triage by a clinician

Stroke patients assessed <24 hours





# **Analysis**

# Number of patients on complex list

• The number of patients on the complex list has increased from the Mar 23 baseline of 275 to 305 (Dec 23). The complex list in Community sites has reduced from levels seen in 2022 of roughly 200 patients to around 170 since January 2023. Since then, it's varied between 160-185 each week. Within acute sites, the number of DTOCs typically ranges around 80-130, however this has increase to around 130 in recent weeks.

#### **Ambulances**

• The Urgent and Emergency Care system remains under significant pressure. During December, a total of 861 patients waited over 60 minutes to be transferred to the Emergency Department from an ambulance, compared with 836 in November 2023.

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Whilst this remains high, there has been a concerted effort to decrease the number of delayed ambulance handovers and as such this has reduced significantly from 1,497 reported in March 23.

# **Emergency Departments**

- During December there have been on average 475 daily attendances to the Emergency Department or a Minor Injury Unit.
- Despite the extreme pressures upon the urgent care system, the performance measures of patients waiting less than 4 hours in ED has improved from 73% in November 23 to 75% in December 23 and remains above the all-Wales average of 69%. The most recent national performance data reports that whilst the 95% target for 4 hour ED waits has not been met, the Health Board's performance is the second highest in Wales.
- Patients waiting over 12 hours in Emergency Departments were reported at 1,205 in December 23, which is a significant decrease against the baseline of 1,606 (March 23) and has achieved and surpassed the national target of 1,689.

#### Stroke

- In November 2023, the Health Boards position on the percentage of patients assessed by a stroke consultant within 24 hours has increased to at 87.3% and continues to surpass the national target of 85%.
- The measure of the percentage of stroke patients receiving the required minutes for speech and language therapy was 46% in November 2023, compared with 37.6% the previous month.

#### Actions

# Complex List

- Further work on validation of data
- Ongoing implementation of the Education programme, with roll out at NHH/YYF/Community hospitals.
- Review of RGH discharge pilot/NHH pull model.
- Delivery of patient safety events at RGH, YYF and St Woolos, front door and step down.
- Scale and spread of Hospital 2 Home, facilitating early discharge.
- Identify new high-risk patients in hospital and enhance their discharge process.

# **Ambulance & Emergency Departments**

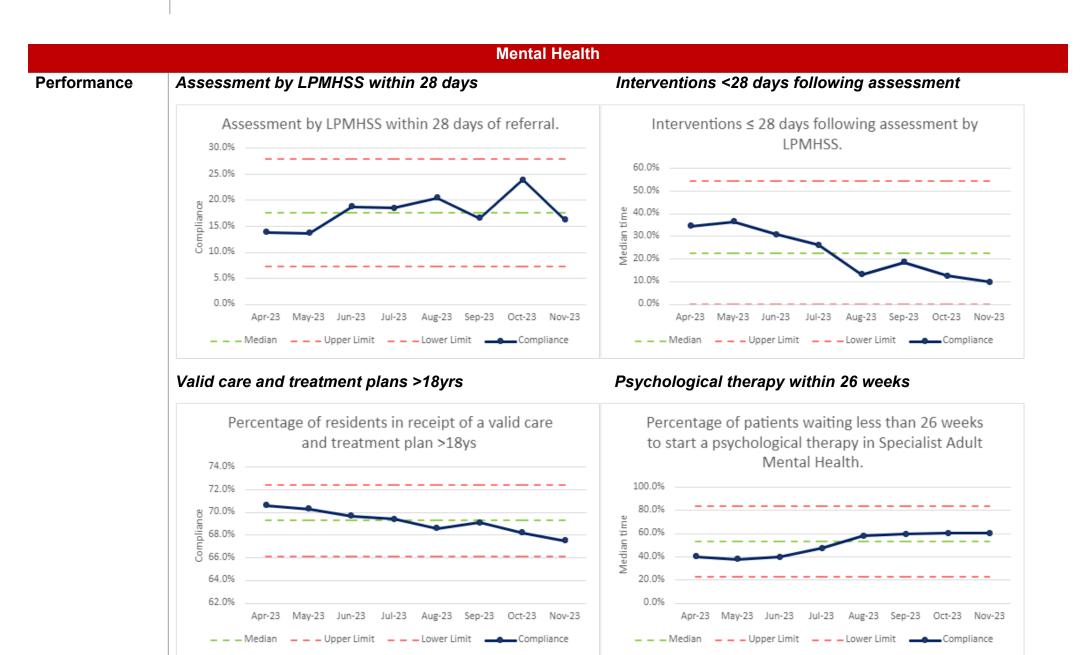
- Expansion of PRU until 2024 with WAST and business case is in development.
- Procurement of e-Triage solution and focus on long lead time aspect (relating to technical integration with Welsh Patient Administration System (WPAS)).
- Agree mechanism to be used (i.e. CWS watchlist) and risk management approach for a pilot of a new ED referral process.
- Work collaboratively with Trauma & Orthopaedics for referral improvement within the ED.
- Continue safety flow process to sustain ambulance handover improvement and move towards 2 hours with a focus on wait to be seen time.
- Pilot mode of Acute Frailty Nurse at front door
- Revision of escalation framework to support improved handover of patients with long waits on Ambulances.
- Rapid development and implementation of Non injurious fallers and head injury pathways to support conveyance away from GUH.

#### Stroke

• Funding confirmed for 5 WTE CNS posts and posts have been filled on a substantive basis and expected to see improvements in metrics from January 2023.

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• Embedding the National Stroke Model in ABUHB through the consolidation of the rehabilitation service, concentrating resources to provide a more robust service.



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# **Analysis**

# Part 1 measures against Assessment

- Performance at the end of November remains significantly below the target of 80% for both assessment and interventions.
- Mental Health assessment within 28 days of referral performs at 16.2% during November 23, a deterioration on the previous month which was 23.9%.
- Interventions less than 28 days following assessment at 9.9% during November 23 has declined from previous month at 18.7%.

# Part 2 measures against Care and Treatment plan

• Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over) is 67.5%, which is below the national target of 90%.

# Psychological Therapy within 26 weeks

 Maintained increased performance of above 57% since August reaching highest levels of performance in October and November at 60.3%

#### **Actions**

# Part 1 measures against Assessment

 There is a 90-day improvement plan in place with targeted actions to address part 1 performance. This report is monitored through the Executive committee due to the escalation status as outlined in the organisations performance and accountability framework.

# Part 2 measures against Care and Treatment plan

• Embedding of mental health services in Neighbourhood care networks continues in piloted areas with a view to expand across all boroughs.

# Psychological Therapy within 26 weeks

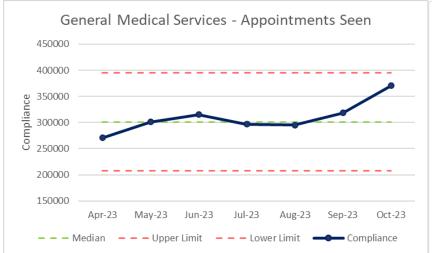
• Continue to implement plans to maximise available clinical space to deliver psychological therapy pathway improvements and provide care closer to home.

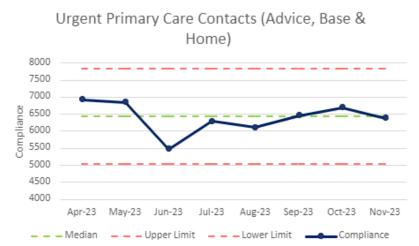
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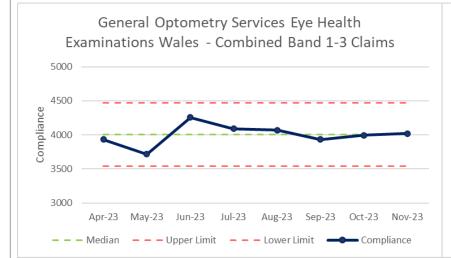


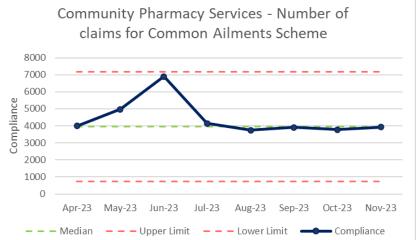




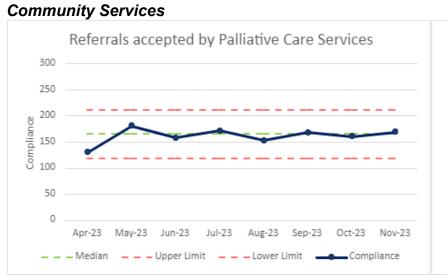


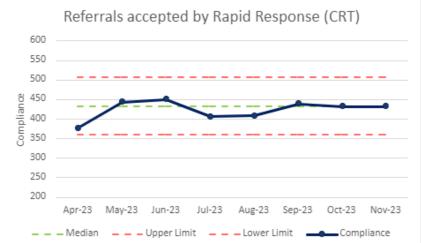


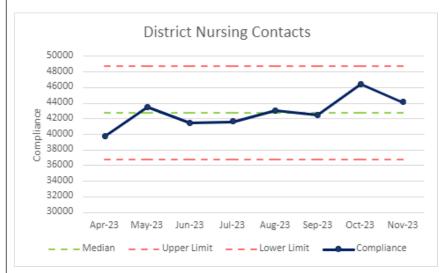




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## **Analysis**

## **Primary Care Services**

- Activity across General Medical Services has increased to its highest point in the year in October with 370,608 appointments seen against an average of 301,314 appointments since April 23.
- The trend in urgent primary care (UPC) contacts across advice, appointments on site and home visits has been consistent since July with 6,374 in November 23.
- Activity in General Optometry Services (GOS) for Eye Health Examinations Wales (EHEW) has decreased slightly since June (4,255) and is currently reporting at 4,019 during November 23.

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 Community Pharmacy Services (CPS) continue to deliver a consistent number of claims under the common ailments scheme since April with claims ranging between 3700 and 4150 with the exception of May which had 4979 and June which achieved 6900.

## **Community Services**

- An increased trend remains in the number of District Nursing contacts, with 44,099 contacts during November 23 which is considerably higher compared the same reporting period last year (41,653 = Nov 23).
- Referrals in Palliative Care Services were 169 in November a very slight increase on the previous month which were 161.
- Rapid Response referrals have consistently been above 400 a month since May with 432 in November.

## **Actions**

## **Primary Care Services**

- Work will continue to showcase the varied roles in GP Practices through video profiles to increase public confidence to see a variety of professionals when booking appointments.
- Expansion of Multidisciplinary Team (MDT) roles within Urgent Primary Care, including Advance Practice Paramedics, Clinical Pharmacists and extended scope nurse practitioners to reduce reliance on sessional medical workforce.
- Finalise appointment to all Optometry Professional Collaborative Leads and implement local collaborative processes aligned to Neighbourhood Care Network Development Programme.
- Pharmacies continue to advertise the common ailments scheme to increase the number of referrals.

## **Community Services**

- District Nursing are working towards achieving the National Community Nursing Specification to ensure capacity on Saturday and Sunday daytime is at a minimum of 60% of the usual weekday capacity.
- Continued collaborative approach to advanced care planning programme working with primary care, secondary care, care homes and voluntary sectors, driven by the End of Life Care delivery plan to raise awareness.
- Redesign referral pathways and single point of access to define access routes for Community Resource Teams (CRTs),
   Community Services and Secondary Care, aligning resources to streamline processes for GPs

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Agenda Item: 4.4



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Health, Safety & Fire Improvement Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Peter Carr, Executive Director of Therapies & Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Peter Carr, Executive Director of Therapies & Health Science

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

Er Sicrwydd/For Assurance

## ADRODDIAD SCAA SBAR REPORT

## **Sefyllfa / Situation**

The purpose of this report is to present the Board with the Health, Safety & Fire Improvement Plan.

The report presents the improvement plan, oversight and governance arrangements, and current progress. Implementing the improvement plan will enable the Health Board to achieve and sustain compliance with Health and Safety legislation and reduce the associated risks.

The Board is asked to approve the improvement plan and note the actions being taken to ensure compliance.

## Cefndir / Background

In November 2023, the Executive Committee and the Board received the Health, Safety & Fire Annual Report 2022/23 which identified seven areas of risk for the Health Board in achieving compliance with Health & Safety legislation.

These seven risk areas for focus are:

- Manual handling training compliance
- Compliance with the legal timeframes of reporting outlined within the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013
- Lack of a proactive health and safety monitoring plan

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- The quality and standard of health and safety risk assessments
- Compliance with the timely review of fire risk assessments
- Adequacy of fire alarm systems
- Compliance with the management of fire barriers (compartmentation)

These seven risk areas of focus, were also in part identified by Internal Audit which provided recommendations for improvement. In response to the Internal Audit recommendations, and at the request of the Board in November 2023, a 30/60/90 day improvement plan has been developed, and implementation commenced from  $1^{st}$  December 2023.

## **Asesiad / Assessment**

The 30/60/90-day improvement plan, will run until the end of February, after which time a three-year Health Board strategy for Health, Safety & Fire will be developed and commence, and which will provide the future work programme of the Health Board Health, Safety & Fire Committee. By the end of March 2024 there will be a small number of actions requiring implementation during the month of March which are dependent on 30/60/90 day improvement plan.

The contents of the 30/60/90 day improvement plan have been identified as immediate action that will address issues of risk and ensure statutory compliance. In addition to addressing the specific seven areas of risk for focus, the improvement plan also includes a broader set of actions which will ensure improved oversight and governance for the Health Board.

The 30/60/90 day improvement plan is attached as Appendix 1, and shows the detailed set of actions with an indicator of progress to date, up to the second week of January 2024. A summary of the improvement plan is presented below, grouped according to the seven risk areas of focus, and the eighth area of improved governance and oversight.

## Manual Handling Training - Current Risk Score 20

The Health Board manual handling training compliance as at 30th November 2023 was 54%. This is less than the organisational target of 85% but a slight improvement on the position of 52% shared with the Board in November 2023. To demonstrate the improving trajectory, the compliance over the past five years is presented in the chart below:



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# 30 Day Actions

## Liaise with Accommodation Group to identify appropriate training venues

**PROGRESS:** Agreement at Accommodation Group that training venue in the Conference Centre at Nevill Hall Hospital will be secured until March 2025. Current training facilities at St Cadocs Hospital are not fit for purpose and longer term accommodation options are being explored in the South of the County

## Ensure Estates have completed remedial works at the training venue in St Cadocs Hospital

**PROGRESS:** Current training facilities at St Cadocs Hospital are not fit for purpose and longer term accommodation options are being explored in the South of the County

Ensure the manual handling training programme for 2023/24 prioritises high risk areas/staff

**PROGRESS:** Training plan has been created for 2023/24. Quarter 4 2023/24 dates have been released on the Manual Handling Intranet pages.

Commission an external provider to support with the delivery of manual handling foundation training for people handlers

**PROGRESS:** External provider commissioned to provide 20 foundation training sessions between November 2023 and March 2024

Identify suitable training facilities to deliver manual handling training in South Gwent

**PROGRESS:** Current training facilities at St Cadocs Hospital are not fit for purpose and longer term accommodation options are being explored in the South of the County.

Potential short term opportunity to utilise Day Room on Ward D3 West to support manual handling training

Obtain costings from Estates for essential improvements at the existing training venues to ensure sustainable venue secured.

**PROGRESS:** Bron Haul, NHH not in use. Conference Centre, NHH quotes received for flooring and electrical sockets. Capital investment required to support these improvements

Ensure the external training providers delivering manual handling foundation training to agreed levels

**PROGRESS:** External training delivery of foundation patient handling weekly. Courses are being booked for 15 but DNA rates are affecting numbers which gives overall 78% attendance. Information on DNA rates to be shared with Divisions. Evaluation of feedback forms to be reviewed

Implement the revised frequency of manual handling training (from 2 yearly to 3 yearly)

**PROGRESS:** Meeting held with Workforce & OD colleagues to support with implementing the revised frequency of training via ESR

50 Day Actions

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Monitor manual handling training compliance across the Health Board and specifically high-risk areas

**PROGRESS:** Utilise ESR training compliance report to support the development of the dashboard. Dashboard to inform Divisions on manual handling performance to support assurance.

## Develop a risk based manual handling training programme for 2024/25

**PROGRESS:** Training programme for 2024/25 being developed. Plan to utilise external provider to support the delivery of Foundation training from April 2024 to September 2024

Provide Divisions with training compliance data and ensure improvement plans are in place

**PROGRESS:** Division specific conversations to be convened to share the current compliance and seek their Divisional plan for closing the gap on cascade training capacity

Implement a revised strategy for the delivery of inanimate load handling training

**PROGRESS:** This will involve moving the majority of staff to online training modules for inanimate load handling training. Those staff with roles that require specific handling training will still be supported with face to face training

Implementation of the 30/60/90 day actions would result in a reduction in the risk score from 20 to 8.

## RIDDOR Reporting - Current Risk Score 16

The Health Board RIDDOR reporting compliance as at 31st December 2023 was 66% within the legal timeframe (47 incidents). This is less than the statutory requirement of 100% but an improvement on the position of 49% shared with the Board in November 2023. To demonstrate the improving trajectory, the compliance over the past five years is presented in the below:



30 Day Actions

Day Actions

90

Review the Health Board RIDDOR Guidance

PROGRESS: Review has been undertaken of current Health Board RIDDOR Guidance

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**60 Day Actions** 

## Provide RIDDOR reporting performance data to Divisions and ensure improvement plans are in place

**PROGRESS:** Corporate Health & Safety will present this data to the Divisional QPS meetings

## Update Health Board RIDDOR Guidance

**PROGRESS:** Need to update / amend to include updates relating Covid-19, RIDDOR decision making flow charts and RIDDOR Awareness Training, wider circulation of procedure required as intranet webpage where guidance document is saved has had little views

## Communicate updated RIDDOR Guidance to all Divisions

**PROGRESS:** Executive Director of Therapies and Health Science to formally share revised guidance with Divisional Director, setting clear expectations on compliance.

**Day Actions** 

## Implement performance indicator of RIDDOR reporting compliance at Divisional Level

**PROGRESS:** Divisional RIDDOR compliance will be incorporated into the Divisional Assurance Reviews

Improve understanding of RIDDOR requirements within Divisions, including education, monitoring and learning

**PROGRESS:** Plans to develop RIDDOR Awareness Training Package. Training information to be aligned to updated RIDDOR SOP and inclusion of post RIDDOR meeting for certain reportable incidents

Implementation of the 30/60/90 day actions would result in a reduction in the risk score from 16 to 8.

## Health and Safety Monitoring - Current Risk Score 20

The health and safety audit and inspection programme has been inactive for a number of years. There is a statement within the Occupational Health and Safety Policy that 'Regular inspections of the workplace will be carried out by the Corporate Health and Safety Department and Safety Representatives'.

Target set to conduct health and safety workplace inspections for all Inpatient areas at Acute Hospital sites by end of March 2024.

A rolling programme of health and safety monitoring, including focused audits and inspections will commence in April 2024.

30 Day Actions

## Corporate Health & Safety Department to undertake Internal Audit Training

**PROGRESS:** Internal Auditor Training has been completed by H&S Management Team, Health & Safety, Fire Safety and Violence & Aggression functions

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# 90 Day Actions

## Implement and deliver a workplace health, safety and environmental inspection programme for Acute areas in 2023/24

**PROGRESS:** Workplace Health, Safety and Environment Inspection Programme underway for Acute areas. 14 out of 53 (26%) Inspections completed to date with average compliance score of 90%

## Develop Health & Safety Audit & Inspection Protocol

**PROGRESS:** This action will provide a protocol for local health and safety representatives to undertake workplace inspections in their respective Divisions in a consistent and timely way

Develop Health & Safety Inspection Checklists to enable local monitoring

**PROGRESS:** This action will provide the tools to enable Divisions to undertake local monitoring in a consistent way

Monitor the non-compliance actions arising from workplace Inspections

**PROGRESS:** Intention to use the AMAT system to record and monitor workplace inspections, including non-compliances. This will support the development of a dashboard to monitor the completion of actions to provide assurance

Implementation of the 30/60/90 day actions would result in a reduction in the risk score from 16 to 4.

## Health and Safety Risk Assessments - Current Risk Score 16

There is a current limited intelligence within the Health Board relating to the quality and standard of health and safety risk assessments.

Regulation 3 (Risk assessment) of **The Management of Health and Safety at Work Regulations 1999** states every employer shall make a suitable and sufficient assessment of the risks to the health and safety of his employees to which they are exposed whilst they are at work, and the risks to the health and safety of persons not in his employment arising out of or in connection with the conduct by him of his undertaking.

The Datix system provides a platform for the Health Board to report and monitor health and safety risk assessments and currently there are approximately 1,500 recorded via Datix. The Datix system enables tracking of mitigation at Divisional level.

In order to provide assurance that suitable and sufficient health and safety risk assessments are completed, a Divisional level self-assessment will be carried out across the Health Board. The self-assessment will specifically probe whether the Division has the required resources and skills to ensure workplace risk assessment are completed and managed.

The information captured from the self-assessment will inform a targeted Divisional improvement plan.

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30 Day Actions

## Implement Risk Assessment Training programme for 2023/24

**PROGRESS:** Additional Training Dates have been identified for 2023/24 Training Programme and advertised via Health & Safety Intranet Page and communication sent to all Divisional Senior Nurses

Day Actions

09

Provide Divisions with a self-assessment tool to report current status with health and safety risk assessments

**PROGRESS:** Plan to develop self-assessment tool for completion at Divisional level. If required, there will be an opportunity to deep dive into the information to determine mitigation.

Identify the number of trained risk assessors in each Division

**PROGRESS:** Training Compliance Data has been downloaded from ESR. Requirement to map against ward areas as a means to identify gaps in training compliance. Divisions will be requested to develop plans to address gaps in trained risk assessors

Day Actions

Develop guidance to improve the quality of risk assessments

PROGRESS: Draft Risk Assessment Pocket Guide in development

Divisions to complete risk assessment self-assessment tool and submit to Corporate Health & Safety

**PROGRESS:** Not yet Started. Corporate Health and Safety to conduct sample audit of risk assessments following the results of the self-assessment to confirm feedback

Implementation of the 30/60/90 day actions would result in a reduction in the risk score from 16 to 8.

## Fire Safety Risk Assessments - Current Risk Score 8

As at 31st December 2023, the Health Board conducted 53% of the fire risk assessments due for review during 2023/24. The projected forecast for 2023/24 is 85%. This end of year performance will represent a marked improvement on the 2022/23 position of 66% shared with the Board in November 2023. Those areas that have been identified to have their fire risk assessment reviewed by the end of 2023/24 have been prioritised based on risk.

The target review period had been set at 12 months for all fire risk assessments across the Health Board, but this is not a time-based target set by legislation, rather an organisational one. It has become clear that more intelligent, risk-based targets for fire risk assessment review periods need to be agreed, which will vary for different operational functions. Whilst the Health Board didn't meet its own current target of 100% reviewed during the financial year, all areas across the Health Board have been assessed from a fire safety perspective.

60 Day Actions Implement a fire risk assessment dashboard to monitor review compliance

**PROGRESS:** Dashboard developed and monitored weekly to track progress with the end of March 2024 target of 85%

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90 Day Actions

## Validate the register of fire risk assessments to support the delivery of a sustainable programme

**PROGRESS:** Site surveys being conducted at Nevill Hall & Royal Gwent Hospitals to address the extensive change of use and ratify the fire risk assessment review. As a result of this work Corporate Health & Safety will establish a revised compliance framework which will determine the frequency of fire risk assessments for different areas, based on risk.

## Implement the fire risk assessment programme for 2023/24

**PROGRESS:** Compliance with the programme will be monitored weekly. Current trajectory suggests 85% complete by end of 2023/24

Implementation of the 30/60/90 day actions would result in a reduction in the risk score from 8 to 4.

## Fire Alarm Systems - Current Risk Score 20

The fire alarm system required at a building depends on a number of factors including the size and complexity of the building, the use of the building and the profile of the building users.

Fire alarm and detection systems degrade over time and require constant maintenance and repair. Components, such as detectors have a limited working life and need to be regularly replaced. Manufacturers periodically replace older technology with new versions of systems that can render whole systems obsolete.

The Health Board has identified risks associated with the fire alarm and detection systems at the Royal Gwent Hospital and St Cadocs Hospital. The systems in these hospitals, whilst fully functional currently, are obsolete and require replacement.

Improvement schemes, funded by the Welsh Government (Capital, Estates & Facilities) Funding Programme for Targeted Improvements (2023-2025) commenced at both sites in 2023, however the current capital allocation is insufficient to allow full rectification of the problems at The Royal Gwent Hospital in a timely manner. The completion of the system at The Royal Gwent Hospital will require future capital allocation beyond this current Welsh Government allocation.

60 Day Actions

## Identify fire alarm systems on hospital sites that have exceeded replacement date

**PROGRESS:** Engagement with Estates Officer and Contract Managers to gather information/intelligence. Achievement of this action wholly depends on the Estates Officers and Contracts Managers engaging with Corporate Health & Safety and committing time to complete this action

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90 Day Actions

## Identify fire alarm systems on hospital sites that require replacement within the next 5 years

**PROGRESS:** Engagement with Estates Officer and Contract Managers to gather information/intelligence. This action will provide a clear five year replacement plan which will be presented to the Executive Committee for consideration in the new financial year 2024/25. Achievement of this action wholly depends on the Estates Officers and Contracts Managers engaging with Corporate Health & Safety and committing time to complete this action.

Implementation of the 30/60/90 day actions would result in a reduction in the risk score from 20 to 8.

## Fire Barriers (Compartmentation) - Current Risk Score 15

Improvement schemes are being prepared to repair fire partitions in Nevill Hall Hospital and the Casnewydd Unit at St Woolos Hospital.

A compartmentation survey is required at The Royal Gwent Hospital to identify the current condition of passive fire protection.

A system of managing the fire compartmentation within the Health Board buildings is being developed and will be presented to the Executive Committee for consideration.

Estates & Facilities to ensure a system is in place so that contractors repair penetrations and/or breaches made to fire barriers

**PROGRESS:** Not yet Started. Head of Health, Safety & Fire to discuss with Divisional Director of Facilities. It is the role of Estates & Facilities to monitor and escalate concerns when penetrations and/or breaches are not repaired.

90 Day Actions

Undertake a review of the condition of fire barriers at Hospital sites

**PROGRESS:** Not yet Started. The analysis will be based on current surveys but will also highlight areas that have not been surveyed

Identify defective fire resisting barriers at hospital sites and submit for capital funding

**PROGRESS:** Not yet Started

Secure funding to conduct fire compartmentation surveys at Hospital sites which are considered at risk and where the condition of the fire barriers is unknown

**PROGRESS:** Not yet Started

Implementation of the 30/60/90 day actions would result in a reduction in the risk score from 15 to 5.

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## **Governance and Oversight**

It is recognised that the governance and assurance framework for health and safety within the Health Board requires a review to ensure it demonstrates the oversight, management and deployment of Health and safety into the organisation.

The Health Board has developed a Corporate Health and Safety Risk Register that quantifies all risks (highlighted above and attached as Appendix 2) with relevant mitigation. The risk register will be regularly reviewed and monitored via the Health and Safety Committee. The risk register will also be submitted for consideration within the Health Board's corporate risk register.

Enhanced monitoring has been implemented in the form of regular meeting between the Executive Director of Therapies & Health Science and Head of Health, Safety and Fire. Progress on the improvement plan for 2023/24 is being reported monthly to the Executive Committee.

30 Day Actions

## Develop Corporate Health and Safety Risk Register

PROGRESS: Corporate Health and Safety risk register developed

## Review the Health and Safety Governance Framework

60 Day Actions

**PROGRESS:** A revised governance framework will be put into operation by the end of January 2024.

This will lead to a review/revision of the Corporate Health and Safety Policy to formalise this governance framework, it is anticipated the revised policy will be published in September 2024.

Develop Health and Safety Risk for inclusion on the Strategic Risk Register

**PROGRESS:** Strategic health and safety risk to be developed and escalated for inclusion on the Strategic Risk Register

## Update Health and Safety Committee Terms of Reference

Day Actions

90

**PROGRESS:** Updated Terms of Reference have been drafted and shared with Director of Corporate Governance. Comments received from Director of Corporate Governance. Revised Terms of Reference will be presented to Executive Committee for consideration in February 2024

## Align Datix system management with the Health Board

**PROGRESS:** Initial discussions already held with Executive Committee. A more detailed proposal to be presented to Executive Committee for consideration and decision.

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## **Argymhelliad / Recommendation**

The Board is asked to receive the improvement plan for assurance and note the actions being taken to ensure compliance.

Amcanion: (rhaid cwblhau) Objectives: (must be complete	vd)
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register	<i>-</i>
Reference and Score:	
Safon(au) Gofal ac Iechyd:	2.1 Managing Risk and Promoting Health and
Health and Care Standard(s):	Safety Choose an item.
	Choose an item.
	Choose an item.
Blaenoriaethau CTCI	Not Applicable
IMTP Priorities	Choose an item.
Link to IMTP	
Galluogwyr allweddol o fewn y	Experience Quality and Safety
CTCI	
Key Enablers within the IMTP	
Amcanion cydraddoldeb	Improve the Wellbeing and engagement of our
strategol	staff
Strategic Equality Objectives	Choose an item.
Chaptagia Equality Objectives	Choose an item.
Strategic Equality Objectives 2020-24	Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Draft Health, Safety & Fire Annual Report 2022/23
Rhestr Termau: Glossary of Terms:	
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Health Board Health and Safety Committee Health Board Executive Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)						
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive					

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	Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• Workforce	Choose an item.
<ul><li>Service Activity &amp; Performance</li></ul>	Choose an item.
• Financial	Choose an item.
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	Choose an item.  An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio Well Being of Future Generations Act – 5 ways of working  https://futuregenerations.wal es/about-us/future- generations-act/	Choose an item. Choose an item.

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0	GIG   Bwrdd I	echyd Prifysgol		<b>ABUHB</b> H	lealth. S	afetv & Fire Improvement I	Plan 20	23/24	
48	Aneurin	Bevan ty Health Board Action	Target Date	Strategic Lead	Operational Lead	Progress Update	Date of Latest Update	Status	Completion Date
	Health & Safety Governance & Assurance Framework	Develop Corporate Health and Safety Risk Register	des 2023	Peter Carr	Scott Taylor	Corporate Health and Safety risk register developed	18 des 2023	Complete	18 des 2023
8940	Health & Safety Monitoring	Corporate Health & Safety Department to undertake Internal Audit Training	des 2023	Scott Taylor	Rhys Fulthorpe	Internal Auditor Training has been completed by H&S Management Team, Health & Safety, Fire Safety and Violence & Aggression functions	18 des 2023	Complete	18 des 2023
	Manual Handling Training	Liaise with Accommodation Group to identify appropriate training venues	des 2023	Scott Taylor	Geriant James	Agreement at Accommodation Group that training venue in the Conference Centre at Nevill Hall Hospital will be secured until March 2025. Current training facilities at St Cadocs Hospital is not fit for purpose and longer term accommodation options are being explored in the South of the County	10 jan 2024	Complete	10 jan 2024
	Manual Handling Training	Ensure the manual handling training programme for 2023/24 prioritises high risk areas/staff	des 2023	Scott Taylor	Geriant James	Training plan has been created for 2023/24. Quarter 4 2023/24 dates have been released on the Manual Handling Intranet pages.	15 des 2023	Complete	15 des 2023
	Manual Handling Training	Ensure Estates have completed remedial works at the training venue in St Cadocs Hospital	des 2023	Scott Taylor	Geriant James	Current training facilities at St Cadocs Hospital is not fit for purpose and longer term accommodation options are being explored in the South of the County	10 jan 2024	Complete	10 jan 2024
	Manual Handling Training	Commission an external provider to support with the delivery of manual handling foundation training for people handlers	des 2023	Scott Taylor	Geriant James	External provider commissioned to provide 20 foundation training sessions between November 2023 and March 2024	10 jan 2024	Complete	10 jan 2024
8938	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Review the Health Board RIDDOR Guidance	des 2023	Scott Taylor	Rhys Fulthorpe	Review has been undertaken of current Health Board RIDDOR Guidance	15 des 2023	Complete	15 des 2023
8939	Suitable & Sufficient Risk Assessments	Implement Risk Assessment Training programme for 2023/24	TO THE STATE OF STATE				13 des 2023	Complete	13 des 2023
	Fire Alarm Systems (Hospital sites)	Identify fire alarm systems on hospital sites that have exceeded replacement date	jan 2024	Scott Taylor	David Gilson	Engagement with Estates Officer and Contract Managers to gather information/intelligence. Achievement of this action wholly depends on the Estates Officers and Contracts Managers engaging with Corporate Health & Safety and committing time to complete this action	10 jan 2024	Ongoing	
	Fire Risk Assessments	Implement a fire risk assessment dashboard to monitor review compliance	jan 2024	Scott Taylor	David Gilson	Dashboard developed and monitored weekly to track progress with the end of March 2024 target of 85%	09 jan 2024	Complete	09 jan 2024
	Health & Safety Governance & Assurance Framework	Assurance Review the Health and Safety Governance Framework		Peter Carr	Scott Taylor	A revised governance framework will be put into operation by the end of January 2024.  This will lead to a review/revision of the Corporate Health and Safety Policy to formalise this governance framework, it is anticipated the revised policy will be published in September 2024	10 jan 2024	Ongoing	
	Health & Safety Governance & Assurance Framework	Develop Health and Safety Risk for inclusion on the Strategic Risk Register	jan 2024	Peter Carr	Scott Taylor	Strategic health and safety risk to be developed and escalated for inclusion on the Strategic Risk Register	10 jan 2024	Ongoing	
	Manual Handling Training	Obtain costings from Estates for essential improvements at the existing training venues	jan 2024	Scott Taylor	Geriant James	Bron Haul, NHH not in use. Conference Centre, NHH quotes received for flooring and electrical sockets. Capital investment required to support these improvements	10 jan 2024	Ongoing	

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2	GIG   Bwrdd Id	echyd Prifysgol		<b>ABUHB</b> F	lealth. S	afetv & Fire Improvement		023/24	
8	Aneurin	Bevan ty Health Board Action	Target Date	Strategic Lead	Operational Lead	Progress Update	Date of Latest Update	Status	Completion Date
	Manual Handling Training	Ensure the external training providers delivering manual handling foundation training to agreed levels	jan 2024	Scott Taylor	Geriant James	External training delivery of foundation patient handling weekly.  Courses are being booked for 15 but DNA rates are affecting numbers which gives overall 78% attendance. Information on DNA rates to be shared with Divisions. Evaluation of feedback forms to be reviewed	10 jan 2024	Ongoing	
	Manual Handling Training	Implement the revised frequency of manual handling training (from 2 yearly to 3 yearly)	jan 2024	Scott Taylor	Geriant James	Meeting held with Workforce & OD colleagues to support with implementing the revised frequency of training via ESR	09 jan 2024	Ongoing	
	Manual Handling Training	Identify suitable training facilities to deliver manual handling training in South Gwent	jan 2024	Scott Taylor	Geriant James	Current training facilities at St Cadocs Hospital is not fit for purpose and longer term accommodation options are being explored in the South of the County.  Potential short term opportunity to utilise Day Room on Ward D3 West to support manual handling training	10 jan 2024	Ongoing (Need Support)	
8938	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Provide RIDDOR reporting performance data to Divisions and ensure improvement plans are in place	jan 2024	Scott Taylor	Rhys Fulthorpe	Corporate Health & Safety will present this data to the Divisional QPS meetings	10 jan 2024	Ongoing	
8938	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Need to update / amend to include updates relating Covid-1 RIDDOR decision making flow charts and RIDDOR Awarenes Training, wider circulation of procedure required as intranet webpage where guidance document is saved has had little		10 jan 2024	Ongoing				
8938	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Communicate updated RIDDOR Guidance to all Divisions	jan 2024	Peter Carr	Scott Taylor	Executive Director of Therapies and Health Science to share revised guidance with Senior Managers within the Divisions	10 jan 2024	Ongoing	
8939	Suitable & Sufficient Risk Assessments	Provide Divisions with a self-assessment tool to report current status with health and safety risk assessments	jan 2024	Scott Taylor	Rhys Fulthorpe	Plan to develop self-assessment tool for completion at Divisional level. If required opportunity to deep dive into the information	10 jan 2024	Ongoing	
8939	Suitable & Sufficient Risk Assessments	Identify the number of trained risk assessors in each Division	jan 2024	Scott Taylor	Rhys Fulthorpe	Training Compliance Data has been downloaded from ESR. Requirement to map against ward areas as a means to identify gaps in training compliance. Divisions will be requested to develop plans to address gaps in trained risk assessors	04 jan 2023	Ongoing	
	Fire Alarm Systems (Hospital sites)	Identify fire alarm systems on hospital sites that require replacement within the next 5 years	feb 2024	Scott Taylor	David Gilson	Engagement with Estates Officer and Contract Managers to gather information/intelligence. This action will provide a clear five year replacement plan which will be presented to the Executive Committee for consideration in the new financial year 2024/25. Achievement of this action wholly depends on the Estates Officers and Contracts Managers engaging with Corporate Health & Safety and committing time to complete this action	10 jan 2024	Ongoing	
	Fire Risk Assessments	Validate the register of fire risk assessments to support the delivery of a sustainable programme	feb 2024	Scott Taylor	David Gilson	Site surveys being conducted at Nevill Hall & Royal Gwent Hospitals to address the extensive change of use and ratify the fire risk assessment review. As a result of this work Corporate Health & Safety will establish a revised compliance framework which will determine the frequency of fire risk assessments for different areas, based on risk	10 jan 2024	Ongoing	
	Fire Barriers (Compartmentation)	Estates & Facilities to ensure a system is in place so that contractors repair penetrations and/or breaches made to fire barriers	feb 2024	Jamie Marchant	Cara Tingle	Head of Health, Safety & Fire to discuss with Divisional Director of Facilities. It is the role of Estates & Facilities to monitor and escalate concerns when penetrations and/or breaches are not repaired	10 jan 2024	Ongoing	

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-0-	CICI	ABUHB Health. Safetv & Fire Improvement P							
%	Aneurin	echyd Prifysgol Bevan ty Health Board Action	Target Date	Strategic Lead	Operational Lead	Progress Update	Date of Latest Update	Status	Completion Date
	Fire Barriers (Compartmentation)	Undertake a review of the condition of fire barriers at Hospital sites	feb 2024	Scott Taylor	David Gilson	Not yet Started. The analysis will be based on current surveys but will also highlight areas that have not been surveyed	10 jan 2024	Ongoing	
	Fire Barriers (Compartmentation)	Identify defective fire resisting barriers at hospital sites and submit for capital funding	feb 2024	Scott Taylor	David Gilson		10 jan 2024	Ongoing	
	Fire Barriers (Compartmentation)	Secure funding to conduct fire compartmentation surveys at Hospital sites which are considered at risk and where the condition of the fire barriers is unknown	feb 2024	Scott Taylor	David Gilson			Not yet Started	
	Fire Risk Assessments	Implement the fire risk assessment programme for 2023/24	feb 2024	Scott Taylor	David Gilson	Compliance with the programme will be monitored weekly.  Current trajectory suggests 85% complete by end of 2023/24	10 jan 2024	Ongoing	
	Health & Safety Governance & Assurance Framework	Update Health and Safety Committee Terms of Reference	feb 2024	Peter Carr	Scott Taylor	Draft Terms of Reference developed and shared with Director of Corporate Governance. Comments received from Director of Corporate Governance. Revised Terms of Reference will be presented to Executive Committee for consideration in February 2024	10 jan 2024	Ongoing	
	Health & Safety Governance & Assurance Framework	Align Datix system management with the Health Board	feb 2024	Peter Carr	Scott Taylor	Discussions held with Executive Committee. A more detailed proposal to be presented to Executive Committee for consideration	10 jan 2024	Ongoing (Need Support)	
8940	Health & Safety Monitoring	Implement and deliver a workplace health, safety and environmental inspection programme for Acute areas in 2023/24	feb 2024	Scott Taylor	Rhys Fulthorpe	Workplace Health, Safety and Enviroment Inspection Programme underway for Acute areas. 14 out of 53 (26%) Inspections completed to date with average compliance score of 90%	10 jan 2024	Ongoing	
8940	Health & Safety Monitoring	Develop Health & Safety Audit & Inspection Protocol	feb 2024	Scott Taylor	Rhys Fulthorpe	This action will provide a protocol for local health and safety representatives to undertake workplace inspections in their respective Divisions in a consistent and timely way	10 jan 2024	Ongoing	
8940	Health & Safety Monitoring	Develop Health & Safety Inspection Checklists to enable local monitoring	feb 2024	Rhys Fulthorpe	Lilia Delgado	This action will provide the tools to enable Divisions to undertake local monitoring in a consistent way	10 jan 2024	Ongoing	
8940	Health & Safety Monitoring	Monitor the non-compliance actions arising from workplace Inspections	ten 2024 Scott Lavior		Rhys Fulthorpe	Intention to use the AMAT system to record and monitor workplace inspections, including non-compliances. This will support the development of a dashboard to monitor the completion of actions to provide assurance	10 jan 2024	Ongoing	
	Manual Handling Training	Monitor manual handling training compliance across the Health Board and specifically high risk areas	feb 2024	Scott Taylor	Geriant James	Plan to utilise ESR training compliance report to support the development of the dashboard. Dashboard to inform Divisions on manual handling performance to support assurance	10 jan 2024	Ongoing	
	Manual Handling Training	Develop a risk based manual handling training programme for 2024/25	feb 2024	Scott Taylor	Geriant James	Training programme for 2024/25 being developed. Plan to utilise external provider to support the delivery of Foundation training from April 2024 to September 2024	10 jan 2024	Ongoing	
	Manual Handling Training	Provide Divisions with training compliance data and ensure improvement plans are in place	feb 2024	Scott Taylor	Geriant James	Division specific conversations to be convened to share the current compliance and seek their divisional plan for closing the gap on cascade training capacity			
	Manual Handling Training	Implement a revised strategy for the delivery of inanimate load handling training	feb 2024	Scott Taylor	Geriant James	This will involve moving the majority of staff to online training modules for inanimate load handling training. Those staff with roles that require specific handling training will still be supported with face to face training	10 jan 2024	Ongoing	
8938	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Improve understanding of RIDDOR requirements within Divisions, including education, monitoring and learning	feb 2024	Scott Taylor	Rhys Fulthorpe	Plans to develop RIDDOR Awareness Training Package. Training information to be aligned to updated RIDDOR SOP and inclusion of post RIDDOR meeting for certain reportable incidents	04 jan 2023	Ongoing	
8938	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	Implement performance indicator of RIDDOR reporting compliance at Divisional Level	feb 2024	Scott Taylor	Rhys Fulthorpe	Divisional RIDDOR compliance will be incorporated into the Divisional Assurance Reviews	10 jan 2024	Ongoing	

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O CICI			ABUHB Health, Safety & Fire Improvement Plan 2023/24							
66	NHS WALES Bwrdd IC Aneurin Universit	echyd Prifysgol Bevan ty Health Board <b>Action</b>	Target Date	Strategic Lead	Operational Lead	Progress Update	Date of Latest Update	Status	Completion Date	
8939	Suitable & Sufficient Risk Assessments	Divisions to complete risk assessment self-assessment tool and submit to Corporate Health & Safety	feb 2024	General Managers		Plan to develop self-assessment tool for completion at Divisional level. If required, there will be an opportunity to deep dive into the information to determine mitigation	10 jan 2024	Ongoing		
8939	Suitable & Sufficient Risk Assessments	Develop guidance to improve the quality of risk assessments	feb 2024	Scott Taylor	Rhys Fulthorpe	Draft Risk Assessment Pocket Guide in development	10 jan 2024	Ongoing		
8939	Suitable & Sufficient Risk Assessments	Conduct sample audit of risk assessments following the results of the self-assessment	mar 2024	Scott Taylor	Rhys Fulthorpe	Not yet Started. Corporate Health and Safety to conduct sample audit of risk assessments following the results of the self-assessment to confirm feedback		Not yet Started		

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Risk ID	Description	Threat		ter (UPDATED 12 January 2024)  Impact Key Controls Current Risk Plans to Improve Controls		Plans to Improve Controls	Target Risk	Progress/Comments	Review
Tusk IS	Безеприон	· · · · · · · · · · · · · · · · · · ·	pact	ney controls	Level		Level	1 togical commend	Date
			Potential for significant patient harm because of poor manual handling	Corporate manual handling annual training plan.  Access to one venue to deliver practical manual handling training.		1. Lisise with Accommodation Group to identify appropriate training venues     2. Ensure the manual handling training programme for 2023/24 prioritises high risk areas/staff     3. Ensure Estates have completed remedial works at the training venue in St Cadocs Hospital		1. Agreement at Accommodation Group that training venue in the Conference Centre at Nevil Hall Hospital will be secured until March 2025. Current training facilities at \$1 Cadocs Hospital is not fit for purpose and longer term accommodation and the conference of the South of the County  2. Training plan has been created for 2023/24 Quarter 4 2023/24 dates have been released on the Manual Handling Intranet pages.  3. Current training facilities at \$1 Cadocs Hospital is not fit for purpose and longer term accommodation options are being explored in the South of the County	
	MANUAL HANDLING TRAINING Inability to deliver and maintain a suitable and sufficent manual handling training programme	Available resources (venues, trainers, equipment)  Uptake from staff to complete the compulsory classroom training	techniques  Potential for staff injury because of poor manual handling techniques  Unable to meet the 85% manual handling mandatory training compliance target  Risk of regulatory enforcement leading to prosecution, financial loss, and reputational damage;  Unable to meet the requirements of the All-Wales Manual Handling Passport	0.8 WTE Manual Handling Advisor / 1.6 WTE Manual Handling Trainers 20 manual handling foundation training sessions delivered by external provider.  Training course material aligned to All Wales Manual Handling Passport  Manual handling cascade trainers within the Divisions  Developed and implemented manual handling information and instruction to support the onboarding of new starters.  Local Managers to identify and enable staff to attend training.  Regular comms to all staff via ABPulse Home page informing of compliance rates, training dates etc.	20	4. Commission an external provider to support with the delivery of manual handling foundation training for people handlers  5. Obtain costings from Estates for essential improvements at the existing training venues  6. Monitor the external training providers delivering manual handling foundation training  7. Implement the revised frequency of manual handling training (from 2 yearly to 3 yearly)  8. Identify suitable training facilities to deliver manual handling training in South Gwent  9. Monitor manual handling training compliance across the Health Board and specifically high risk areas  10. Develop a risk based manual handling training programme for 2024/25  11. Provide Divisions with training compliance data and ensure improvement plans are in place  12. Implement a revised strategy for the delivery of inanimate load handling training	8	4. External provider commissioned to provide 20 foundation training sessions between November 2023 and March 2024  5. Bron Haul, NIHH not in use. Conference Centre, NIH4 quotes received for flooring and electrical sockets. Capital investment required to support these improvements  6. External training delivery of foundation patient handling weekly. Courses are being booked for 15 but DNA rates are affecting numbers which gives overall 78% attendance. Information on DNA rates to be shared with Divisions. Evaluation received frequency of training via ESR  7. Meeting held with Workforce & OD colleagues to support with implementing the revised frequency of training via ESR  8. Potential short term opportunity to utilise Day Room on Ward D3 West to support manual handling training  9. Plan to utilise ESR training compliance report to support the development of the dashboard. Dashboard to inform Divisions on manual handling performance to support assurance  10. Training programme for 2024/25 being developed. Plan to utilise external provider to support the delivery of Foundation training from April 2024 to September 2024  11. Division specific conversations to be convened to share the current compliance and seek their divisional plan for closing the gap on ascade training apacity  12. This will involve moving the majority of staff to online training modules for inanimate load handling training. Those staff with roles that require specific handling training will still be supported with face to face training	of jan 2024
	FIRE ALARM SYSTEMS The Health Board has no plan in place for life cycle replacement of Fire Alarm Systems	Lack of a replacement plan allows existing systems to slide in to a state of disrepair leading to reduced functionally or in some case sobostesence (manufacturers withdraw support so that spare parts and software updates are not available)  Reliance on outdated or obsolete fire alarm systems to protect persons and building assets  Sudden loss of fire detection  Extended downtime of fire alarm systems due to non-availability of spare parts  Accumulation of faults and disablements on systems.  Systems are non-compliant with articles 13, 15 and 17 of the Fire Safety Order.	Potential harm to patients from fire or unplanned urgent relocation.  Potential temporary closure of wardu/areas on safety grounds if systems fall Unplanned financial outlay to replace unsafe systems as they fall Additional financial outlay associated maintenance of older equipment Additional costs incurred by lengthy routine test and maintenance activities Additional costs incurred by eyeersive reactive maintenance. Additional costs and delay associated with sourcing spaire parts Additional costs and delay associated with sourcing spaire parts Additional costs and delays associated with sourcing spaire parts Additional formal regulatory enforcement action and prosecution	Replacement strategy in place for RGH  Replacement strategy in place for NHH  Recent replacement of all or part of fire alarm systems at selected sites.  All systems are subject to regular testing and maintenance  All systems are monitored to assure current functionality	20	I. Identify fire alarm systems on hospital sites that have exceeded replacement date     Identify fire alarm systems on hospital sites that require replacement within the next S years	8	1. Engagement with Estates Officer and Contract Managers to gather information/intelligence. Achievement of this action wholly depends on the Estates Officers and Contracts Managers engaging with Corporate Health & Safety and committing time to complete this action  2. Engagement with Estates Officer and Contract Managers to gather information/intelligence. This action will provide a clear five year replacement plan which will be presented to the Executive Committee for consideration in the new financial year 2024/25. Achievement of this action wholly depends on the Estates Officers and Contracts Managers engaging with Corporate Health & Safety and committing time to complete this action	des 2023
8940	HEALTH &: SAFETY MONITORING Reduction in Health & Safety Monitoring Programme as a result Covid-19 Pandemic		Potential increase in work related accidents, incidents or near misses Potential increase for unsafe acts and unsafe workplace conditions Breach in legal duties under Health & Safety at Work etc Act 1974 and other Regulations  Enforcement Action from Regulatory Body Health & Safety Executive Limited assurance in relation to continuous improvement	Respiratory Protection Equipment Inspections completed across all inpatient areas in 2022  New Workplace Health Safety & Environment Inspection Programme for 2023 / 2024  Development of local inspection monitoring tools in relation to Mental Health Gardens and Slips Trips and Falls  Reactive Monitoring through Incident Statistics  Incident Investigations completed by Corporate Health & Safety Team	16	1. Corporate Health & Safety Department to undertake Internal Audit Training 2. Implement and deliver a workplace health, safety and environmental inspection programme for Acute areas in 2023/24 3. Develop Health & Safety Audit & Inspection Protocol 4. Develop Health & Safety Inspection Checklists to enable local monitoring 5. Monitor the non-compliance actions arising from workplace Inspections	4	1. Internal Auditor Training has been completed by H&S Management Team, Health & Safety, Fire Safety and Violence & Aggression functions 2. Workplace Health, Safety and Environment Inspection Programme underway for Acute areas. 14 out of 53 (26%) Inspections completed to date with average compliance score of 90% 3. This action will provide a protocol for local health and safety representatives to undertake workplace inspections in their respective Divisions in a consistent and timely way 4. This action will provide the tools to enable Divisions to undertake local monitoring in a consistent way  5. Intention to use the AMAT system to record and monitor workplace inspections, including non-compliances. This will support the development of a dashboard to monitor the completion of actions to provide assurance	feb 2024
8938	Faillure to comply with the legal duties under Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR)		Enforcement Action from the Health & Safety Regulating Body the Health & Safety Executive which could result in fines and or prosecution.	All Health Board RIDDOR Notifications are reported to the HSE by the Corporate Health & Safety Department.  RIDDOR Reporting Dashboards have been established to enable monitoring of potential RIDDOR reportable incidents.  Information & Instruction in relation RIDDOR Requirements published on the Corporate Health & Safety Intranet Page  Incident Reporting Policy identifies staff responsibilities in relation to the reporting and management of Workplace Incident / Accidents	16	1. Review the Health Board RIDDOR Guidance 2. Provide RIDDOR reporting performance data to Divisions and ensure improvement plans are in place 3. Update Health Board RIDDOR Guidance 4. Communicate updated RIDDOR Guidance to all Divisions 5. Improve understanding of RIDDOR requirements within Divisions, including education, monitoring and learning 6. Implement performance indicator of RIDDOR reporting compliance at Divisional Level	8	1. Review has been undertaken of current Health Board RIDDOR Guidance 2. Corporate Health & Safety will present this data to the Divisional QPS meetings 3. Need to update / amend to include updates relating Covid-19, RIDDOR decision making flow charts and RIDDOR Awareness Training, wider circulation of procedure required as intranet webpage where guidance documen is saved has had little views 4. Executive Director of Therapies and Health Science to share revised guidance with Senior Managers within the Divisions 5. Plans to develop RIDDOR Awareness Training Package. Training information to be aligned to updated RIDDOR SOP and inclusion of post RIDDOR meeting for certain reportable incidents 6. Divisional RIDDOR compliance will be incorporated into the Divisional Assurance Reviews	nt feb 2024
8939	RISK ASSESSMENTS Absence of the implementation and recording of suitable and sufficient Bisk Assessments covering workplace activities within the Health Board.		Potential increase of Workplace Accidents and Incidents leading to Staff and Patient / Other Harm  Potential Increase for successful Personal Injury Claim as a result of workplace activities not being suitably managed or controlled.  Breach of legal duties under Health & Safety at Work etc Act 1974 and Regulation 3 Management of Health and Safety at Work Regulations 1999  Enforcement Action from Regulatory Body Health & Safety Executive	Revitalised Health & Safety Risk Assessment Training Programme established in 2023  Revitalised Health & Safety Risk Assessment Template and Guidance in November 2022  Increased offering of Health & Safety Risk Assessment Training	16	1. Implement Risk Assessment Training programme for 2023/24 2. Provide Divisions with a self-assessment tool to report current status with health and safety risk assessments 3. Identify the number of trained risk assessors in each Division 4. Divisions to complete risk assessment self-assessment tool and submit to Corporate Health & Safety 5. Develop guidance to improve the quality of risk assessments 6. Conduct sample audit of risk assessments following the results of the self-assessment	8	1. Additional Training Dates have been identified for 2023/24 Training Programme and advertised via Health & Safety Intranet Page and communication sent to all Divisional Senior Nurses  2. Plan to develop self-assessment tool for completion at Divisional level. If required opportunity to deep dive into the information  3. Training Compliance Data has been downloaded from ESR. Requirement to map against ward areas as a means to identify gaps in training compliance. Divisions will be requested to develop plans to address gaps in trainer risk assessors  4. Plan to develop self-assessment tool for completion at Divisional level. If required, there will be an opportunity to deep dive into the information to determine mitigation  5. Draft Risk Assessment Pocket Guide in development  6. Corporate Health and Safety to conduct sample audit of risk assessments following the results of the self-assessment to confirm feedback	ed feb 2024
	FIRE BARRIERS Compilance with the management of fire barriers (compartmentation)	Fire resisting partitions (fire walls) are constructed in hospital buildings in order to 'box in' fires and allow time for staff to move patients away from danger. Damage to the walls will reduce the amount of time that they will hold back fire.  3rd party contractors causing damage to fire resisting partitions and/or not properly fire stopping their work.  Increased fire spread passage of toxic and hot gasses from the fire compartment to escape routes  Health 8oard is non-compliant with articles 8, 14 and 15 of the fire Safety Order.	Potential harm to patients from smoke inhalation  Potential harm to staff being subject hazardous environments while carrying out evacuations  The physical risks are more applicable to inpatient areas and not to outpatient or non-patient areas where evacuation will be quicker and less reliant on fire resisting partitions  Potential additional fire and smoke damage to ABUHB building assets and equipment  Additional costs incurred by expensive reactive maintenance.  Additional costs for compartmentation surveys  Additional disruption to service associated with repair works  Potential formal regulatory enforcement action and prosecution	ABUHB code of conduct for contractors places responsibility on the contractors to fire stop any damage to fire walls caused by their actions.  Facilities compliance team have engaged with contractors at management level to enforce the code of conduct and a trial scheme is in place at GUH  Compartmentation surveys have been carried out at NHH and SWH  Sprinkler systems – in sprinklered buildings the potential for fire spread is minimal even if fire partitions are not fitted. However, there is still a legal obligation to maintain fire partitions where fitted.  A strategy has been developed to manage repair of the fire resisting partitions throughout the upper floors of the H blocks at NHH	15	1. Estates & Facilities to ensure a system is in place so that contractors repair penetrations and/or breaches made to fire barriers  2. Undertake a review of the condition of fire barriers at Hospital sites  3. Identify defective fire resisting barriers at hospital sites and submit for capital funding  1. Secure funding to conduct fire compartmentation surveys at Hospital sites which are considered at risk and where the condition of the fire barriers is unknown	5	1. Head of Health, Safety & Fire to discuss with Divisional Director of Facilities. It is the role of Estates & Facilities to monitor and escalate concerns when penetrations and/or breaches are not repaired  2. The analysis will be based on current surveys but will also highlight areas that have not been surveyed	des 2023
	FIRE RISK ASSESSMENTS Compliance with the review of fire risk assessments	The day to conduct and review fire risk assessments is a provision of anticle of the fire settley order.  ABUHB corporate HBS fire safety team conduct fire risk assessments and maintain compliance with the requiements of article 1.  ABUHB corporate HBS fire safety team conduct fire risk assessment programmed fire risk assessment reviews for 2022/23.  There is no legally side down timescale for review of fire risk assessments (although annual review is considered best practice).  ABUHB programme review of risk assessments either annually, two yearly or three yearly based on level of risk. There is a legally engineered to care, or unlikel fire risk assessments at me builds (e.g. HSDI) Lathrechfal and to review risk assessments for areas where material changes here been made (e.g. when departments move to different areas or areas as given to different uses).	All ABUHB departments and building that require a fire risk assessment have a risk assessment place.  During the PY 2022/23 all ABUHB areas that were subject to change of use/occupation were provided with an updated fire risk assessment as soon as Corporate H&S were made aware of the changes.  Review of 33% of the programmed inspections not completed by April 2023 were programmed for review and completed by the end of July 2023.  The delay in conducting reviews may have resulted in a delay in identifying risks in the areas affected.  The need to reserve resources for fire risk assessments competes directly against the need to provide resources for face-to-face fire evacuation training for staff who work in inpalient areas (as required by article 21 of the fire select order).	ABUHB retain competent fire safety advisors that are suitably qualified.  The fire risk assessment inspection program is set annually and regularly reviewed by the ABUHB Fire Safety Manager and fire Safety Team Manager.  When targets are missed a slipsep plan is implemented to ensure that risk assessments are completed with consideration given to period of time from last review and ambient risk levels.  Fire safety advisors actively engage with facilities managers on local sites to determine when changes of use or team moves are implemented.	8	I. Implement a fire risk assessment dashboard to monitor review compliance     Validate the register of fire risk assessments to support the delivery of a sustainable programme     Implement the fire risk assessment programme for 2023/24	4	1. Dashboard developed and monitored weekly to track progress with the end of March 2024 target of 85%. 2. Site surveys being conducted at Nevill Hall & Royal Gwent Hospitals to address the extensive change of use and ratify the fire risk assessment review. As a result of this work Corporate Health & Safety will establish a revise compliance framework which will determine the frequency of fire risk assessments for different areas, based on risk 3. Compliance with the programme will be monitored weekly. Current trajectory suggests 85% complete by end of 2023/24	ed des 2023

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Agenda Item: 4.5



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Strategic Risk Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Head of Corporate Risk and Assurance

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

Ar Gyfer Trafodaeth/For Discussion

## ADRODDIAD SCAA SBAR REPORT

## **Sefyllfa / Situation**

This report provides the Board with an assessment of strategic risks associated with achieving the Board's strategic priorities and assurance that the strategic risks are effectively managed.

This report also provides an assessment of any newly identified risk(s) that require Board oversight and inclusion on the Strategic Risk Register.

## Sefyllfa / Situation & Cefndir / Background

A refresh of the Health Board's strategic risks was undertaken in June 2023 taking into consideration the operating environment and all internal and external factors that had the potential to impact the delivery of the Health Board's strategic objectives as outlined in the Integrated Medium-Term Plan (IMTP).

The Strategic Risk Register was last reported to the Board in November 2023. As a result of discussion by the Partnerships, Population Health, and Planning Committee meeting in November 2023, the Board considered a risk surrounding the delivery of the Winter Respiratory Vaccination programme, as part of the National Immunisation Framework (NIF). The Board determined that this was a

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significant threat and agreed to escalate it to the Strategic Risk Register for greater oversight. The closing position at November 2023 was that the Strategic Risk Register included **nine** high-level strategic risks and **19** sub-risks.

In January 2024, the Strategic Risk Register therefore includes **nine** high-level strategic risks and **19** sub-risks. The Board has delegated responsibility for receiving and scrutinising assurances against specific strategic risks to various committees for focus and assurance aligned with the Committee's agenda.

Table 1 below sets out the **nine** high-level strategic risks compromising **19** subrisks by risk level, theme, and oversight committee.

The full Strategic Risk Register is included as **Appendix A** and the individual risk assessments for the **19** sub-risks are included as **Appendix B**. The risk assessment considers the control environment and assurances that the controls in place are managing the level of risk.

Table 1

High-Level Strategic Risks	Number of Sub-	Risk	Level	Sub-Risk Theme	Delegated Committee
	Risks	High (8 – 12)	Extreme (15 - 25)		
<b>SRR 001 -</b> There is a risk that the Health Board will be		2	2	People	People and Culture Committee
unable to deliver and maintain high quality safe and sustainable services which meet the changing	<b>7</b> (A-G)	2	-	Service Delivery	Partnerships, Public Health & Planning Committee
needs of the population.		-	1	Financial Sustainability	Finance and Performance Committee
<b>SRR 002 -</b> There is a risk that there will be significant failure of the Health Board's estate.	<b>2</b> (A -B)	1	1	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 003 - There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse	<b>2</b> (A - B)	-	2	Compliance and Safety	Patient Quality, Safety & Outcomes Committee
<b>SRR 004 -</b> There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	1	-	1	Compliance and Safety	Partnerships, Public Health & Planning Committee
<b>SRR 005 -</b> There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	1	1	-	Service Delivery	Patient Quality, Safety & Outcomes Committee

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<b>SRR 006 -</b> There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	<b>3</b> (A - C)	2	1	Service Delivery	Finance and Performance Committee			
<b>SRR 007 -</b> There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	1	-	1	Transformation & Partnership Working	Partnerships, Public Health & Planning Committee			
<b>SRR 008 -</b> There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	1	-	1	Transformation & Partnership Working	Patient Quality, Safety & Outcomes Committee			
SRR 009 - The Health Board will be unable to protect those most vulnerable to serious disease.	1	-	1	Compliance and Safety	Partnerships, Population Health, and Planning Committee			

## **Asesiad / Assessment**

The Strategic Risk Register currently contains **nine** high-level risks and **19** subrisks previously approved by the Board that pose a direct threat to the Board's strategic priorities. In accordance with risk management best practices, all strategic risks have been reviewed and updated where necessary in line with the agreed-upon review period for the severity of the risk and subjected to focused scrutiny by the delegated Committee, as shown in Table 1.

Since its November meeting, there has been activity in the strategic risk environment as outlined by the three factors listed below. The Board is asked to approve the inclusion of the changes to the Strategic Risk Register in recognition of the factors explained within the report.

- 1. Effectiveness of controls;
- 2. External intelligence highlighting a potential strategic risk; and,
- 3. Identification of a strategic risk through internal reporting

## Factor 1 - Effectiveness of Controls

SRR 003A – There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse due to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care professionals.

In reviewing the strategic risk, it has been determined that due to the effectiveness of controls, the risk score and level had decreased from 20 (Extreme) to 12 (High) and is no longer considered a strategic risk. There is an improvement plan in place to reduce the risk level down to within the appetite threshold of 8 and below. The risk score and level will gradually decrease as training compliance improves; however, the true effects of the improvement plan will not be seen until 2026, as level three training is mandated every three years.

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In recognition of the progress made thus far and the ongoing monitoring of the improvement plan, the Board is requested to approve the de-escalation of the risk to a corporate risk monitored by the Executive Committee.

The detailed Risk Assessment is included in **Appendix B.** 

## Factor 2 - External intelligence highlighting a potential strategic risk.

The Health Board has learned that the Welsh Government is set to cut public health grants in 2024/25 and beyond. This would have a significant impact on the Health Board due to 86.5% of the Director of Public Health's budget being non-recurrent.

It is acknowledged that the Public Health Directorate budget requires greater stability in order to achieve its annual and strategic objectives, which can only be achieved by increasing its core budget through the Health Board's budget delegation process. As a result, a new sub-risk for **SRR 001** 'There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population' has been created for approval by the Board.

The risk is outlined below, and a detailed risk assessment is attached as **Appendix C**.

Sub-risk - SRR 001H	Risk Level	Sub-Risk Theme	Delegated Committee
Due to low core funding, the Directorate is heavily reliant on non-recurrent funding grants.	Extreme (20)	Service Delivery	Partnerships, Population Health, and Planning Committee

Similarly, a further sub-risk for **SRR 007** 'There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population', has been identified by the Director of Strategy, Planning and Partnerships concerning regional planning services and the potential impact upon the Health Board's provision.

The risk is outlined below, and a detailed risk assessment is attached as **Appendix D**.

Sub-risk - SRR 007B	Risk Level	Sub-Risk Theme	Delegated Committee
Due to the impact of fragile services across the regional and supra regional geography.	Extreme (20)	Service Delivery	Partnerships, Population Health, and Planning Committee

## Factor 3 - Identification of a strategic risk through internal reporting

In response to concerns raised at the Board meeting in November 2023, the Board requested an in-depth review of the Health and Safety function to determine the level of risk associated with the Health and Safety at Work Act 1974.

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The review culminated in the development of an overarching strategic risk, which is outlined below. A detailed risk assessment has been undertaken and is attached as **Appendix E.** 

High-Level Strategic Risks	Number of Sub- Risks	Risk Level	Sub-Risk Theme	Delegated Committee
SRR 010 - There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974.	1	Extreme (16)	Compliance and Safety	Patient Quality, Safety and Outcomes Committee

Furthermore, a Health and Safety Improvement Plan has been established with individual action plans aligned with the key elements of the Health and Safety at Work Act 1974. Progress against the Improvement Plan owned and managed by the Health and Safety Team will feed into the high-level strategic risk, which will be monitored by the Patient Quality, Safety, and Outcomes Committee for focus and scrutiny and reported to the Board for assurance.

If the Board approves the changes outlined above, the Strategic Risk Register will be updated to ensure that risks are monitored and reviewed in accordance with the agreed-upon review period based on risk severity. If approved, the closing position at January 2024 will be that the Strategic Risk Register includes **10** high-level strategic risks and **21** sub-risks.

**21** sub-risks, the Board should be aware that **11** of the **21** sub-risks are being managed outside of the appetite level for the Risk Appetite Theme it is aligned with, with the other **ten** sub-risks being managed within the appetite for the Risk Appetite Theme.

Over the next 2 months, a deep dive into sub-risks outside of appetite will be conducted, with the purpose of providing assurance to the Board at its next meeting that additional controls are being implemented to reduce the risk to within appetite level. Where risks fall within the appetite level, work with risk owners will continue to assess and refine controls and assurances, with a focus on the financial context and its impact on individual strategic risks, as well as horizon scanning for potential new risks that could impede delivery of the Health Boards' objectives.

## **Argymhelliad / Recommendation**

The Board is requested to:

- REVIEW the strategic risks identified, ensuring that these remain fully reflective of any direct threat to the Board's strategic priorities;
- CONSIDER whether it has sufficient assurance that strategic risks are being assessed, managed, and reviewed appropriately and effectively;
- APPROVE de-escalation of sub-risk, SRR 003A, to the Corporate Risk Register for monitoring by the Executive Committee;

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- **APPROVE** the inclusion of sub-risk, **SRR 001H**, with the Partnerships, Public Health & Planning Committee delegated responsibility for overseeing effective risk management and assurance;
- APPROVE the inclusion of sub-risk, SRR 007B, with the Partnerships,
   Public Health & Planning Committee delegated responsibility for overseeing effective risk management and assurance; and,
- **APPROVE** the inclusion of a new high-level strategic risk, **SRR 010**, with the Patient Quality, Safety and Outcomes Committee delegated responsibility for overseeing effective risk management and assurance.
- **NOTE** the work being undertaken to reduce the 11 sub-risks to within appetite level.

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

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth:	N/A
Evidence Base:	
Rhestr Termau:	N/A
Glossary of Terms:	

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Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board: At each meeting, the relevant Committee will monitor the risk theme relevant to its responsibilities.

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

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							Current I	Risk Score			Risk Appetite		Assurance that		Target R	isk Score		Review	of Risk		
Risk ID	Monitoring Committee Risk Them	e Risk Owner	Risk Description	Reason For The Risk	Impact	Likelihood Of The Risk		Current Risk Score	Risk Level	Current Statu Against	Risk Appetite and Threshold Explained	Actions to Reduce Risk to Target	the Risk is being manged	Likelihood Of The Risk	Impact Of Risk	Target Risk Score	Risk Level	Last Reviewed	Next Review		
				a)Due to an inability to recruit and retain staff across all disciplines and specialities.	*Adverse impacts on delivery of care to patients across acute and non-acute settings  *Non-compliance with safe staffing principles and standards  *Reliance on agency and bank staff  *Begation & Financial Penalties	Occuring 4	4	16	Extreme	Above Appetite Leve	Open = 16 or below Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a nigh-risk exposure.	regulation and flexile retirement options from October 23 and reduced break in service required following retire and return. Agency reduction and Plan in place to monitor and review all agency, bank pay incentives supply and demand.  E-Systems  E-Systems  Filter-tive devianament of nurrent staff - Programme Plan to introduce Workform Medical E-Systems to support efficiency devianament of alternative and new roles. Continued intolermentation of new roles, such as Physician	effectively  Medium	Occuring 3	Occuring 2	6	Low	12/01/2024	12/02/2024		
		Director of Workforce and		b) Due to a deterioration in, and a failure to improve, the well- being of our staff	Bligh absence levels, with some sustained long periods Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards Beputational damage to the health board as an employer Work-related industrial injury claims	3	4	12	High	Below Appetite Leve	Open = 16 or below- Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Continue to work with other Health Boards and Trust in NHS Wales (recent work with WMST & Powys delivering well-being well-being well-being well-being vell-being vel		3	3	9	Moderate	12/01/2024	12/02/2024		
SRR 001	People & Culture Committee People	Organisational Development	There is a risk that the Healith Board will be unable to deliver and maintain high quality safe and sustainable	c) Due to insufficient and ineffective leadership levels throughout the organisation.	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve sustainability •Boor levels of accountability and delivery •Beputational damage to the health board as an employer •Adverse impacts on staff recruitment and retention	3	4	12	High	Below Appetite Leve	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Taient and Succession Planning lead appointed in July 2023 on a 6-month secondment funded by HEW to create an organisational talent management famines with the organisation to deliberate and consistently attract, identify and develop talent for critical roles across Pilot planned for Finance, Oct Health and divisional managers flouring on how to identify critical roles across the control of th	Medium	3	2	6	Low	12/01/2024	12/02/2024		
			services which meet the changing needs of the population	d) Due to the threat of industrial Action during ongoing disputes and negotiations at a national level	Ridverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with safe staffing principles and standards Hitigation & Financial Penalties Reputational damage to the health board and loss of public confidence	4	4	16	Extreme	Above Appetite Leve	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	All Wiles training sections of the categories of employee to which the affected employees provided by legal and risk to support industrial action.  Frade union provides a list of the categories of employee to which the affected employees being, figure on the number of employees and the categories of employee to which the affected employees affected, the categories of employees to the chategory, figures on the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of employees concerned in each of those categories, the workplaces at which the employees concerned work and the number of them at each of these workplaces.  Trade thioris specifies: (i) whether the union intends the industrial action of the specified of the action of the action (where it is continuous action).  Establish WOO has where memory planning to categories action of the action (where it is continuous action).  Ensure early identification of mandated Statutory, and core critical disnoil services.  Most available pay scage in our of work to not explained.  Assess variable pay scage in our of work to not explained.  Working with partners in Gwent on a system wide basis.  Implementation of basis.  Establish working mechanisms with NMSSSP to consider deregations for junior doctors (who are the employer).	Medium	2	4	8	Moderate	12/01/2024	12/02/2024		
		Director of		e)Due to inadequate strategic plans which respond to population health and socio- economic needs	•Increased demand •Increased patient acuity levels •Norsening of health inequalities •Worsening of health outcomes •Pailure to train teams in multi-morbidity management •Pailure to comply with the Wellbeing of Future Gernations Act (Wales) •Reputational damage and loss of public confidence	2	4	8	High	Below Appetite Leve	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB  Marmot Region Implementation Plan  Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.  Refresh organisational strategy with a certral flocus on population health and wellbeing.  Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.	Medium	2	3	6	Low	12/01/2024	12/02/2024		
	Partnerships, Public Health & Service Delivery Planning Committee	Strategy, Planning and Partnerships.				f)Due to unsustainable service models	-Barm or injury to patients and/or staff -Adverse impacts on delivery of care to patients across acute and non-acute settings -Bicreased demand -Bicreased patient acutry levels -Biorsening of health inequalities -Worsening of health outcomes -Ballure to deliver health board priorities, required improvements and achieve sustainability -Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Leve	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Area plan is being refreshed through the RPB.  Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.  Review of enhanced local general hospital service models to ensure sustainable quality services.  Development of SEW plan for fragile.  Review of organisational strategy – to launch Summer 2024.	Medium	2	3	6	Low	12/01/2024	12/02/2024
	Finance & Performance Committee Financial Sustainability	Director of Finance and Procurement		g)Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes	*Breach of statutory duty to breakeven over 3 years  *Instigation of NHS Wales Excalation & Intervention Arrangements  *Bon – delivery of health board priorities, required improvements and achieve longer-term sustainability  *Erioritisation and possible disinvestment in service delivery  *Beputational damage and loss of public	5	4	20	Extreme	Above Appetite Leve	Cautious = 12 or below - Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	Update performance management framework Assessment of financial control environment within divisions and corporate teams.	Medium	2	4	8	Moderate	08/01/2024	08/04/2024		
			There is a state of the state of	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	Harm or injury to patients and/or staff Adverse impacts on delivery of care to patients across acute and non-acute settings Non-compliance with Health & Safety legislation Hitigation & Financial Penalties	3	5	15	Extreme	Above Appetite Leve	Ultra-Safe leading to only  Ultra-Safe leading to only  minimum risk exposure as  far as practicably possible:  a negligible/low likelihood  of occurance of the risk  after application of	At this stage, the controls in place are appropriate and practicable to monitor the issues and prepare medium-term responses in line with the timelines within the expert report.	Medium	1	2	2	Very Low	12/01/2024	12/02/2024		
SRR 002	Partnerships, Public Health & Compliance and Safet Planning Committee	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	b) Due to significant levels of backlog maintenance and Structural Impairment	*Harm or injury to patients and/or staff *Adverse impacts on delivery of care to patients across acute and non-acute settings *Mon-compliance with Health & Safety legislation *Etigation  *Missed safesuarding concern, as	3	4	12	High	Above Appetite Leve	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.  A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01.  Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce.  Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.	Medium	3	2	6	Low	12/01/2024	12/02/2024		
		Director of Nursing		a)Due to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and care practitioners	Wilssed safeguarding concerns, resulting in harm or death Wulnerable individuals not identified appropriately, resulting in harm or death Pack of staff understanding of reporting and escalation process  Health Board breaches statutory duties Beginson & Financial Penalties Reputational damage and loss of public	3	4	12	High	Above Appetite Leve	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurance of the risk after application of controls.	Updated training packages.  Training sessions booked for children and adult level three safeguarding training.  Communication with practitioners, via share point intranet pages, emails to divisional nurses.  Protected time to complete Level 2 and 3 training where possible.  Clear mandate of level 3 training is required on ESR.	Medium	3	2	6	Low	12/01/2024	12/04/2024		

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SRR 003	Patient, Quality, Safety and Outcomes Committee Compliance and Safety	Chief Operating Officer	There is a risk that the Health Board breaches its duties in respect of safeguarding the needs of children adults at risk of harm and abuse	b)Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement	Harm or injury to patients and/or staff     Health Board breaches statutory duffes     Hillingation & Financial Penalties     Heputational damage and loss of public confidence	4	5	20	Extreme	Above Appetite Lev	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as a far as practically possible: al negligible/now likelihood of occurance of the risk after application of controls.		Medium	2	2	4	Low	12/01/2024	12/02/2024
SRR 004	Partnerships, Public Health & Compliance and Safety Planning Committee	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	arrangements at a corporate and	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Barm or injury to patients and/or staff •Health Board breaches statutory duties under the Civil Contingencies Act 2004 •Bitigation & Financial Penalties •Reputational damage and loss of public confidence	3	5	15	Extreme	Above Appetite Lev	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practikably possible- si a negligible/low likelihood of occurance of the risk after application of controls.	Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board. Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BiAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery.  Repository being created on internet of EC plans to be added by areas for south, maintenance, or literate predencies.  Joint planning with PH response in response to infection disease and public health incidence.  Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to rolts and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESP).  Embed an alert, activation and escalation pathway that follows the Health Board redefined C3 (Command, cortor), and Co-drination) structure of strategic, tactical, and Operational.  Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages.  Work with the communication team to improve incident cascade during an event to ensure Health Board wide awaveness in a timely manner.  Continue to promote awaveness in a timely manner.  Continue to promote awaveness of the requirement for RC across the Health Board.  A balletop BC exercise is planned for the 10th of October 2023.  Continuing participation in multi-agency exercises.  Programme plan to be developed to address the weaknesses in business continuity planning.  Review of revised Civil Contingency Act anticipated later this year to determine the impact on the Health Board.  Development of Pandemic Plan.	Medium	2	3	6	Low	12/01/2024	12/02/2024
SRR 005	Patient, Quality, Safety and Outcomes Committee	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a)Due to inadequate arrangements to support system wide patient flow	- Broidable deaths or significant harm - Belays in releasing ambulances from hospital sites back into the community - Belayed discharges from acute and non-acute settings resulting in deteriorating patients - Beguton & Financial Penalties - Beputational damage and loss of public confidence	3	4	12	High	Below Appetite Lev	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale.  Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans are put in place to ensure:  Focus  Processing power  Capacity  Mental health-focussed flow meeting – implement a MH-focussed daily forum to ensure the flow requirements and risk profile is undestood across all MH sites. Build in more impromptu, OoH and site visits to check on processes i.e., patter sitely, risk, and performance across the Divisions.  Region of flow processes not always supported with neighbouring Hist (health Board)	Medium	3	3	9	Moderate	12/01/2024	12/04/2024
				a)Due to the full or partial failure of existing digital infrastructure and systems	-Harm or injury to patients and/or staff -Roverse impacts on delivery of care to patients across acute and non-acute settings -Bata breaches -Bügation & Financial Penalties -Beputational damage and loss of public confidence	3	5	15	Extreme	<b>Below</b> Appetite Lev	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Information Governance and Cyber Security governance and assurance processes are now under review. Governance group terms of reference agreed, and reporting arrangements discussed with Director of Corporate Governance. Meetings will commence in November with clear reporting on progress to the relevant committees on our cyber security action plan.  SIRO training arranged for the 25th September for the Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO).	Medium	2	4	8	Moderate	10/12/2023	10/01/2024
SRR 006	Finance & Performance Committee Service Delivery	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	service delivery in the	-Barm or injury to patients and/or staff -Adverse impacts on delivery of care to patients across acute and non-acute settings -Bata breaches -Bitgation & Financial Penalties -Beputational damage and loss of public confidence	3	4	12	High	<b>Below</b> Appetite Lev	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee	Medium	2	3	6	Low	10/12/2023	10/01/2024
				c)Due to a failure to develop digital solutions that are sustainable and fit for the future	-Barm or injury to patients and/or staff -Adverse impacts on delivery of care to patients across acute and non-acute settings -Bailure to deliver health board priorities, required improvements and achieve sustainability -Reputational damage and loss of public confidence	3	4	12	High	<b>Below</b> Appetite Lev	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	New governance structures to be put in place by the end of 2023. Review of New Digital Request processes considering governance changes.	Medium	2	4	8	Moderate	10/12/2023	10/01/2024
SRR 007	Partnerships, Public Health & Transformation and Partnership Working	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	Due to ineffective relationships with strategic partners	Binnet patient need resulting in harm Beffective use of combined resources  All desided decision making Before the sale of th	2	4	8	High	Below Appetite Lev	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Governance review of Regional Partnership Board undertaken in August 2023.  Renewed Strategy for strategic partnership Capital in place and revised governance processes.  New Long-Term Strategy for Health Board to focus on Partnership approach.	Medium	2	2	4	Low	10/10/2023	10/04/2024
SRR 008	Patient, Quality, Safety and Outcomes Committee Transformation and Partnership Working	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff, the public and partners	to listen and learn from patient	*Adverse impact on patient experience  *Bailure to deliver health board priorities, required improvements and achieve longer-term sustainability  *Reputational damage and loss of public confidence  *Eailure to deliver Duty of Quality	2	4	8	High	<b>Below</b> Appetite Lev	Open = 16 or below - Willing to consider all potential options subject to continued application and/or establishment of controls recognising that there could be a high-risk exposure.	Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress.  PCCT staff training to support Civica data entry and retrieval.  Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners.  Employment of dedicated PALS team in progress who will have a key role in gaining feedback from patients, staff and relatives.  Completion of surveys imitted to QR code access or physical presence of PCT to manually ask provision.  National directives around new national surveys that need to be managed additional to internal roll out programme.  Volunteer feedback to be reviewed to identify themes.	Medium	2	2	4	Low	11/01/2024	11/04/2024
SRR 009	Partnerships, Public Health & Compliance and Safety Planning Committee	Director of Public Health and Strategic Partnerships	The Health Board will be unable to protect those most vulnerable to serious disease	Due to delays in providing COVID 19 vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as changes to the vaccination delivery programme.	Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and seasonal vaccines Inability to support response to outbreaks as required in "Wales Outbreak Plan', and ABUHB Public Health Incident Response plan. Potential increase in communicable disease incidence, with impact on healthcare use and also staff sickness Reputational damage and loss of public confidence Patients not being sufficiently protected therefore increases the incidence of disease and avoidable harm from Vaccine preventable diseases.	5	4	20	Extreme	Above Appetite Lev	Minimal = 8 or below - Ultra-Safe leading to only minimum risk exposure as far as practically possible: al negligible/now likelihood of occurance of the risk after application of controls.	Secured additional funding against the existing allocation for bank vaccination staff.  Exploring deployment options to the Vaccination programme and use of those previously trained as vaccinators that are on the bank.  Alternative advertising methods of vacant shifts to improve uptake – liabing with bank co-ordinator to improve this.  Dart community popu-up lant to be further explored.  If required, extend venue licence in key location(s).	Medium	2	3	6	Moderate	15/01/2024	15/02/2024

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							100	R	isk Sco	re Matrix	K	-	
Reference	Risk Owner	Risk Description	Reason For The Risk	2	4	5	6	8	9	10 1	12	15 1	6 20 25
SRR 001	Director of workforce and OD		a)Due to an inability to recruit and retain staff across all disciplines and specialities.				×						<b>♦</b>
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff						X∢·		•		<b>&gt;</b>
			c) Due to insufficient and ineffective leadership levels throughout the organisation.				×				•	(	<b>&gt;</b>
			d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level					×			-		•
	Director of Strategy, Planning and Partnerships		e) Due to inadequate strategic plans which respond to population health and socio-economic needs				×	-•				(	>
	Partnerships.		f) Due to unsustainable service models					×			•	(	<b>&gt;</b>
	Director of Finance and Procurement		g) Due to long term financial sustainability plans not being achieved through underachievement of strategic and operational delivery plans to reduce costs to funded levels and improve outcomes					×			<b>→</b> -		
SRR 002	Chief Operating Officer	The state of the s	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	×	<b>∢</b> — -			<b>-</b> ◇-				•	
			b) Due to significant levels of backlog maintenance				×÷	- 💠			•		
SRR 003	Director of Nursing	safeguarding the needs of children and adults at risk of harm and abuse	practitioners				×	+ 4			•		
	Chief Operating Officer		b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in appropriate placement		×		1	-♦-				- -	
SRR 004	Director of Strategy, Planning and Partnerships.		a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level				×	- ♦ -				•	
SRR 005	Chief Operating Officer	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system	a) Due to inadequate arrangements to support system-wide patient flow						×∢		•	(	0
SRR 006	Director of Digital	infrastructure and systems to maintain high-quality, safe service	a) Due to the full or partial failure of existing digital infrastructure and systems					×			-	• (	0
		delivery	B) Due to an adverse impact on service delivery in the implementation of new digital systems				×	+ -			•		0
		and the second of the second o	c) Due to a failure to develop digital solutions that are sustainable and fit for the future					×			•	- 1	0
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	Due to ineffective relationships with strategic partners		×			-					>
SRR 008	Director Of Nursing		Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement		×			-					>
SRR 009	Director of Public Health & Strategic Partnerships	The Health Board will be unable to protect those most vulnerable to serious disease.	Due to delays in providing Covid-19 Vaccinations as a result of challenges with the recruitment of registered and unregistered immunisers, as well as changes to the vaccination delivery programmee.				×	-0-					
	POSITIVE = Identified assura	nces are deemed robust in telling us that the controls in place are working effe	ctively.					С	urrent Sc	ore	•		
Assessment	REASONABLE = Identified as need to be addressed.	EASONABLE = Identified assurances are deemed adequate in telling us that the controls in place are working effectively, however some gaps have been identified which									×		
of adequacy of assurances	NEGATIVE = Identified assurated assurated assurated addressed.	ances are deemed insufficent in telling us that the conrols in place are working	effectively with substantial gaps identified which need to be				Key	100	etite Thre	shold	<b>•</b>		
							Cui	rrent to Ta	arget	ı —			

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RISK THEME	PEOPLE												
Strategic Risk (SRR 001A)	The Health Board will be unable to deliver	and maintain high-quality	, safe, and sustainable serv	ices that meet the needs	s of the population.								
Strategic Threat	a) Due to an inability to recruit and re	etain staff across all discipli	ines and specialties.	Risk Appetite Level – Open Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.									
Impact	<ul> <li>Adverse impacts on delivery of care</li> <li>Non-compliance with safe staffing p</li> <li>Reliance on agency and bank staff</li> <li>Litigation &amp; Financial Penalties</li> </ul>	•	nd non-acute settings	Risk Appetite Threshold - Score 16 and below Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.  SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.									
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	SRR 001 a) Due to an inability to recruit and retain staff across all disciplines and specialties								
Monitoring Committee	People & Culture Committee	Likelihood	4 (Likely) x	3 (Possible) x	24								
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	20								
Last Reviewed	12 January 2024				55 14 28 12								
Next Review	12 February 2024	Risk rating	= <b>16</b> (Extreme)	= 6 (Moderate)	Aug. 23  Aug. 24  Aug								

Key Controls  (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control  (Are further controls possible to reduce risk  exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul> <li>Monitoring Framework to support roll-out of the People Plan.</li> <li>Workforce Dashboard to track activity – recruitment, turnover, sickness absence.</li> </ul>	Continuing support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work.	Level 1 Operational (Implemented by the department that performs daily operation activities)  Workforce reports to the Nurse Strategic Workforce	Gaps in Assurance	
<ul> <li>Supply and demand tracker (Nursing).</li> <li>People Plan tracker to support delivery of actions within the People Plan 2022-25.</li> <li>Health Care Support Worker tracker.</li> <li>Agency Reduction Plan approved June 2022 and supported by the Programme Board.</li> <li>Management of attendance through All Wales Management Attendance at Work Policy.</li> <li>Duty of Quality - Section 6.8.2 Workforce and</li> </ul>	<ul> <li>"Hot spot" areas identified and plans in place to support.</li> <li>Recruitment</li> <li>Engagement with national recruitment campaigns such as BAPIO, M&amp;D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor.</li> <li>Annual programme of Apprentice recruitment</li> <li>Overseas Nursing (All Wales)</li> <li>Nursing Workforce Strategy</li> </ul>	<ul> <li>Workforce reports to the Nuise strategic Workforce Group.</li> <li>Daily sickness monitoring reports.</li> <li>Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN.</li> <li>Medical Staffing Co-ordinator review of medical rotas.</li> <li>Cross site operational calls.</li> <li>Occupational Health and Wellbeing dashboards report KPIs.</li> </ul>		Positive Assurance
<ul> <li>Section 6.8.3 Culture.</li> <li>Nurse Staffing Levels (Wales) Act 201625b/25c.</li> <li>Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP.</li> <li>Development of new roles to support vacancies.</li> </ul>	<ul> <li>Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22)</li> <li>Partnerships with employability schemes such as Restart.</li> <li>Actively working with Local Authorities to promote joint recruitment activities.</li> </ul>	Level 2 Organisational     (Executed by risk management and compliance functions.)     Reports to the People and Culture Committee and the Board on the progress of the People Plan 2022-25     Workforce Dashboard presented to the Executive Committee, P&CC Committee, and the Board.	Action to Address Gaps in Assurance	

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- Recruitment KPI's.
- IMTP Educational Commissioning.
- Workforce Establishment controls national working group has been instigated.
- Registration Temporary register extended for 2 years to enable staff to return to practice ending March 2024.
- Accommodation continues to be problematic for overseas recruitment and therefore a current formal tender process is in progress with an end date of approx. 29<sup>th</sup> January 2024.

### Retention:

- Retention lead appointed with programme action plan in place.
- Development of career pathways (e.g., non-clinical to clinical).
- Engagement chat cafes providing information and support for key topics such as Agile Working,
   Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR.
- Internal Exit interview group has been established with a view to 1) Increase the numbers of
  people completing the forms and 2) Turn the data into intelligence so that we can understand and
  respond to organisational and local level impacts.
- Changes in pension regulation and flexile retirement options from October 23 and reduced break in service required following retire and return.

### Agency reduction

· Plan in place to monitor and review all agency, bank pay incentives supply and demand.

### E- Systems

- Effective deployment of current staff Programme Plan to introduce Workforce Medical E-Systems to support effective deployment of medical staff.
- Utilise benefits of roll out Safe Care staffing to support effective and efficient staff deployment within adult ward areas.

### Development of alternative and new roles

- Continued implementation of new roles such as Physician Associates, Enhanced and Advanced roles to support workforce skills gaps in line with IMTP.
- Primary Care workforce The Regional Integrated Fund (RIF) Workforce Programme is in development to support the wider health and social care staffing issues as required in Healthier Wales. Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace.
- NCN workforce planning workshops completed Dec 23. An action plan has been developed and to
  be agreed with PCCS senior management team, NCN board with enabling actions to highlight key
  challenges and opportunities to support longer term workforce sustainability.
- Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal.

### Training

- The HEIW Education & Training Plan continues the investment in education and training in Wales
  that has been increasing over past years Adult Nursing (36%) and Mental Health Nursing (20%),
  Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase
  the number of graduates coming out of training in 2022 and beyond which are required to
  support turnover and existing vacancies.
- HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy
- Development of Leadership Development programmes for key roles such as the Clinical Director
  post (CDx) started with 3 cohorts in September 2022 and recruiting the 4<sup>th</sup> cohort to start Oct 23.
  Nursing Academy, Leadership Development program (entry level) and Leading People (advanced
  Level) programs fully booked. Core Leadership prog currently delivering to 200 staff.
- Workforce planning within new competency framework commencing Jan 24.

## Vacancy Numbers and establishment control

- Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period March 23 there were circa 728 WTE vacancies.
- Development of ESR establishments commenced on a national basis w/c 03/09/23. Local delivery action plan to be developed by end of February 2024.

- Workforce and OD group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation
- Measurements of Wellbeing through the ABUHB Staff Survey.
- Routine Reporting against nurse staffing levels.
- Variable Pay Programme Board

### Level 3 Independent

(Implemented by both auditors internal and external independent bodies.)

### Internal Audit Reviews 2023 -24

- 1. Long Term Sickness Absence Management (Q4)
- 2. Flexible Working (Q4)
- External quarterly vacancy reporting to WG
- External reporting on Nursing Staffing Levels
- National Acuity Audits (Nursing)
- National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges - The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.

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RISK THEME	PEOPLE									
Strategic risk (SRR 001B)	The Health Board will be unable to del	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.								
Strategic Threat	b) Due to a deterioration in, and a	failure to improve, the	he well-being of staff.		Risk Appetite Level – Open  Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that the could be a high-risk exposure.					
Impact	<ul> <li>High absence levels, with some sustained long periods</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Non-compliance with safe staffing principles and standards</li> <li>Reputational damage to the health board as an employer</li> <li>Work-related industrial injury claims</li> <li>Moral injury</li> </ul>				Risk Appetite Threshold – Open Score 16 and below Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.  SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.					
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	SRR 001 B: Due to a deterioration in, and a failure to improve, the well being of our staff					
Monitoring Committee	People & Culture Committee	Likelihood	<b>3</b> (Possible) x	<b>3</b> (Possible) x	24					
Initial Date of Assessment	01 June 2023	Impact	<b>4</b> (Major)	3 (Moderate)	20 18 —— Current Risk Score —— Target Risk Score					
Last Reviewed  Next Review Due	12 January 2024 12 February 2024	Risk rating	= <b>12</b> (High)	= <b>9</b> (High)	Appetite Threshold  10  8  6  4  Web-23  Rep-23  Rep-23  Rep-23  Rep-24  Rep-2					

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control  (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall)
<ul> <li>Monitoring Framework to support roll out of the People Plan.</li> <li>Monitoring delivery of the #peoplefirst project though Executive Team reports, KPI sickness metrics underpinned by People Plan Delivery framework.</li> </ul>	<ul> <li>Continue to work with other Health Boards and Trust in NHS Wales (recent work with WAST &amp; Powys delivering well-being webinars).</li> <li>Increase wellbeing initiatives:</li> <li>Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders)</li> </ul>	<ul> <li>Level 1 Operational         (Implemented by the department that performs daily operation activities)     </li> <li>Monitoring Framework to support roll out of the People Plan 22-25</li> </ul>	Regular meetings with divisions to ensure staff	
<ul> <li>Engagement ongoing with divisional management teams.</li> <li>Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Wellbeing Service through Workforce Performance</li> </ul>	<ul> <li>Trained mediators so there is team and organisational resilience and network.</li> <li>Regular Schwartz rounds arranged across the Health Board</li> <li>Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own.</li> <li>Close links with the Arts in Health programme</li> <li>Promotion of walking meetings in leadership programmes Working with Planning and Estates team to ensure the Queens Canopy is designed to promote clear walking routes</li> </ul>	<ul> <li>Monitoring of demand on wellbeing services</li> <li>Staff diversity networks</li> <li>Race/LGBT groups</li> <li>Wellbeing resources</li> <li>Occupational Health Service</li> </ul>	are well supported and staff wellbeing is a priority.	
<ul> <li>Dashboard.</li> <li>Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity.</li> <li>Strategic Equality plan</li> </ul>	for that can be used during breaks for meetings Inclusion of break times and staff rooms in wellbeing survey to audit current provision.  Chaplaincy service for staff Recruitment of staff counsellors Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being	Level 2 Organisational (Executed by risk management and compliance functions.)  People and Culture Committee reports (People Plan 22-25)  Local wellbeing surveys  LNC – reporting of compliance of BMA Rest and Facilities	Action to Address Gaps in Assurance  • Meetings with Divisions ongoing.	Positive Assurance
<ul> <li>Rest and Facilities charter – monitoring and compliance</li> <li>Staff related policies.</li> </ul>		Level 3 Independent (Implemented by both auditors internal and external independent bodies.)  National workforce surveys Monitoring and compliance of BMA Rest and Facilities via NHS Employers		

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- The Avoidable Employee Harm Programme, launched on 5th July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has recently won two NHS Wales awards. The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely initiative within ABUHB. This workstream began in October 23 and will be developed over the next 12 months with a strong emphasis on evidence analysis and culture. An external Employee Assistance Programme has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff. **Occupational Health**
- Additional occupational health resources secured to reduce waiting times over winter
- Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes.
- Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19.
- Reviewed Occupational Health provision and consider options to improve sustainability within the service, paper drafted.

## Support equality and diversity of workforce

- Review of staff diversity networks
- Review of wellbeing survey through and equality lens to understand variations within diverse workforce demographic profile.
- Development of a buddy system to assist international medical staff with induction and orientation and support values and current norms.
- Development of an empowerment passport to support disabled staff and reasonable adjustments and wellbeing.
- A part time Disability Inclusion Officer has been seconded to the EDI Team (Dec 2023 -Dec 2024).
- Recruiting to a Band 5 EDI Officer role (Jan 2024).
- Inclusive Leadership sessions to be embedded in the Leading People Programme from Jan 2024 onwards.
- Reverse Mentorship Programme to launch Feb 2024.

## Other

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

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RISK THEME	PEOPLE							
Strategic risk (SRR 001C)	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.							
Strategic Threat	Risk Appetite Level – Open  c) Due to insufficient and ineffective leadership levels throughout the organisation  Willing to consider all potential options, subject to continued and/or establishment of controls; recognising that there could be a high-risk exposure.							
Impact	<ul> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Failure to deliver health board priorities, required improvements and achieve sustainability</li> <li>Poor levels of accountability and delivery</li> <li>Reputational damage to the health board as an employer</li> <li>Adverse impacts on staff recruitment and retention</li> </ul>				Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.  SUMMARY  The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.			
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level	SRR 001 C: Due to insufficient and ineffective leadership levels throughout the organisation.			
Monitoring Committee	People & Culture Committee	Likelihood	<b>3</b> (Possible) x	3 (Possible) x	24 22 — Current Risk Score			
Initial Date of Assessment	01 June 2023	Impact	<b>4</b> (Major)	2 (Minor)	16 —— Target Risk Score  16 —— Appetite Threshold			
Last Reviewed	12 January 2024	Risk rating	= 12	= 6				
Next Review Due	12 April 2024	nisk latilig	(High)	(Moderate)	Jun-23 Jul-23 Aug-23 Sep-24 Jun-24 Jul-24 Aug-24 Nov-24 Dec-24 Dec-24			

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control  (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul> <li>Monitoring Framework to support roll out of the People Plan- focus on Talent and Succession Planning</li> <li>Monitoring frameworks with HEIW</li> </ul>	<ul> <li>Talent and Succession Planning</li> <li>Lead appointed in July 2023 on a secondment funded by HEIW to create an organisational talent management framework to enable the organisation to deliberate and consistently attract, identify and develop talent for critical roles across ABUHB</li> <li>Pilot planned for Finance, Occ Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy</li> <li>Local management trainee scheme scoped, and project plan created, JDPS created and evaluated. Project team convened. Paused in May 2022 due to lack of funding.</li> </ul>	Level 1 Operational (Implemented by the department that performs daily operation activities)  WOD Divisional reporting  Evaluation of internal leadership programmes	Gaps in Assurance	
	<ul> <li>2021/23 HEIW schemes complete. Two HEIW Grads have successfully completed the programme and have secured promotional roles within NHS in Wales; one within the health board and one at Powys, both at Band 7 level</li> <li>1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. Executive Director of Planning sat on interview panel. Trainee commences scheme 5th September 2023 at HEIW at joins ABUHB Friday 8th September.</li> <li>Development leadership capabilities</li> </ul>	Level 2 Organisational (Executed by risk management and compliance functions.)  Reporting to People and Culture Committee - progress against People Plan 22-25	Action to Address Gaps in Assurance	Positive Assurance
	<ul> <li>Designing learning journeys and access to Gwella</li> <li>Leadership journey and programmes mapped and 1 pager flyer designed &amp; on intranet. Exploring Directorate Manager development.</li> <li>CDx Leadership Development for clinical directors completed for 2022/23 with 45 attendees and CDx cohort 2 starts October 23-open for current and aspiring CDs</li> <li>2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.</li> </ul>	Level 3 Independent (Implemented by both auditors internal and external independent bodies.)  Internal Audit Review Talent and Succession Board		

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RISK THEME	PEOPLE						
Strategic Risk (SRR 001D)	The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.						
Strategic Threat	Risk Appetite Level – Open  d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level  Willing to consider all potential options, subject to continued and/or establishment of controls; recognising the there could be a high-risk exposure.					consider all potential options, subject to continued and/or establishment of controls; recognising that	
Impact	<ul> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Non-compliance with safe staffing principles and standards</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage to the health board and loss of public confidence</li> </ul>				Risk Appetite Threshold – Open Score 16 and below Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing.  SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.		
Lead Director	Director of Workforce & Organisational Development	Risk Exposure	Current Level	Target Level		SRR 001 D: Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.	
Monitoring Committee	People & Culture Committee	Likelihood	<b>4</b> (Likely) x	<b>2</b> (Unlikely) x		24 — Current Risk Score 22 — Target Risk Score 20 — Appetite Threshold	
Initial Date of Assessment	01 June 2023	Impact	<b>4</b> (Major)	<b>4</b> (Major)		18 ————————————————————————————————————	
Last Reviewed	12 January 2024	a. I	= 16	= 8		10 8 6 4	
Next Review Due	12 February 2024	Risk rating	(Extreme)	(High)		Mun-23 Jul-23 Aug-23 Sep-23 Oct-23 Dec-24 Jul-24 Aug-24 Aug-24 Oct-24 Oct-24 Dec-24	

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control  (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul> <li>Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and</li> <li>CODE OF PRACTICE Industrial Action Ballots and Notice to Employers</li> <li>Under sections 231 and 231A of the 1992 Act a union must, as soon as reasonably practicable after holding an industrial action ballot, take steps to inform all those entitled to vote18, and their employer(s), of the number of individuals entitled to vote in the ballot; the number of votes cast in the ballot.</li> <li>Business Continuity Processes - Redeployment Principles and Risk Assessment agreed.</li> <li>Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture</li> <li>Operational planning, led by the Chief Operating Officer, to respond to implications of strikes action in other NHS organisations.</li> </ul>	<ul> <li>Services Business continuity plans in place.</li> <li>Pay agreements in place for medical cover</li> <li>Confirmed rotas for junior doctor industrial action (minimum staffing levels based on safety assessment).</li> <li>Command and control structure and leads established</li> <li>Derogation test completed</li> <li>Executive and Senior Manager leads established links with national planning cells.</li> <li>All Wales training sessions provide by legal and risk to support industrial action.</li> <li>Reducing impact on patients - Support for early supported discharge prior to industrial action.</li> <li>Implementation of business continuity plans.</li> <li>Communication plans- public, stakeholders and partners</li> <li>Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application</li> <li>Picketing guidance supported and agreed</li> <li>Debriefing session planned to reflect and capture learning for any potential future action (national)</li> </ul>	Level 1 Operational (Implemented by the department that performs daily operation activities)  Local Staff re-deployments assessment Local Negotiating Committee (LNC) Trade Union Partnership meetings  Level 2 Organisational (Executed by risk management and compliance functions.) Reporting to Executive team Business Continuity groups Command and control structure in place to be implemented as required.  Level 3 Independent (Implemented by both auditors internal and external	BMA have provided notice of consultant and SAS Dr ballot  Action to Address Gaps in Assurance	Reasonable Assurance
		<ul> <li>Independent bodies.)</li> <li>All Wales IA group and Welsh Government planning cell.</li> </ul>		

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RISK THEME	SERVICE DELIVERY								
Strategic risk (SRR 001E)	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.								
Strategic Threat	E) Due to inadequate strategic plans which respond to population health and socio-economic needs.  E) Due to inadequate strategic plans which respond to population health and socio-economic needs.  Willing to consider all potential options, subject to continued application and/or estretion recognising that there could be a high-risk exposure.								
Impact	<ul> <li>Increased demand</li> <li>Increased patient acuity levels</li> <li>Worsening of health inequalities</li> <li>Worsening of health outcomes</li> <li>Failure to train teams in multi-morbidity management</li> <li>Failure to comply with the Wellbeing of Future Generations Act (Wales)</li> </ul>			Risk Tolerance Level - Open Score 16 and below Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all relating risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy.  SUMMARY The current risk level is outside of target level but within the set appetite threshold.					
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	SRR 001 e) Due to Inadequate strategic plans which respond to population health and socio-economic needs				
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	2 (Unlikely)	2 (Unlikely) x	24 ————————————————————————————————————				
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	3 (Moderate)	18 — Current Risk Score  16 — — Target Risk Score				
Last Reviewed  Next Review Due	12 January 2024 12 April 2024	Risk rating	= <b>8</b> (High)	= 6 (Moderate)	Target Risk Score  10  8  Appetite Threshold  Interior July 2 Sep 2 Otr 2 Nov 2 Period Apr. 2				

(What controls/ systems & processes do we already have	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)  Area plan is being refreshed through the RPB  Marmot Region Implementation Plan  Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.  Refresh organisational strategy with a central focus on population health and wellbeing.  Action through SEW Regional Collaborative to identify additional service areas where collaboration and networking would support sustainability.	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)  Level 1 Operational (Implemented by the department that performs daily operation activities)  Qliksense – performance information  SFN – performance information  Level 2 Organisational (Executed by risk management and compliance functions.)  IMTP Delivery and Outcomes Reporting to Board  Marmot Region Programme  RPB reporting to Board and Population Health, Planning and Partnerships Committee  Regional Planning reporting to Population Health, Planning and Partnerships Committee  Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)  Gaps in Assurance  Under review  Action to Address Gaps in Assurance	Assurance Rating (Overall Assessment)  Reasonable Assurance
		Committee		Assurance

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RISK THEME	SERVICE DELIVERY							
Strategic risk (SRR 001F)	There is a risk that the Health Board will be	ere is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.						
Strategic Threat	F) Due to unsustainable service models			Risk Appetite Level - Open Willing to consider all potential options, subject to continued application and/or establishment of controls; recognising that there could be a high-risk exposure.				
Impact	<ul> <li>Increased demand</li> <li>Increased patient acui</li> <li>Worsening of health in</li> <li>Worsening of health of</li> <li>Failure to deliver health</li> </ul>	ents and/or staff elivery of care to patients across acute and non-acute settings  ty levels lequalities  R R R R S			Risk Tolerance Level - Open Score 16 and below Risks relating to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and estates including our ability to deliver associated strategy.  SUMMARY The current risk level is outside of target level but within appetite threshold.			
Lead Director	Director of Strategy, Planning and Partnerships.	Risk Exposure	Current Level	Target Level	SRR 001 f) Due to unsustainable service models			
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	24			
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	5 16 ———————————————————————————————————			
Last Reviewed  Next Review Due	12 January 2024 12 April 2024	Risk rating	= <b>12</b> (High)	= 8 (Moderate)	Jun 23 Jul 23 Sep 23 Oct 23 Oct 23 Jan 24 Rat 24 Ra			

(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul> <li>The Health Board IMPT and associated KPIs</li> <li>Clinical Futures Transformation programmes.</li> <li>Public Health Wales surveillance data – Covid, flu and other communicable diseases.</li> <li>Qliksense – performance information.</li> </ul>	<ul> <li>Area plan is being refreshed through the RPB.</li> <li>Population health management – test and learn using segmentation and risk satisfaction using linked data to target resource.</li> <li>Review of enhanced local general hospital service models to ensure sustainable quality services.</li> </ul>	Level 1 Operational (Implemented by the department that performs daily operation activities)  Public Health Wales surveillance data – COVID, flu and other communicable diseases.  Qliksense – performance information.	Under review	
<ul> <li>Population needs assessment and area plan development by the RPB.</li> <li>Southeast Wales Plan for fragile services.</li> </ul>		<ul> <li>Level 2 Organisational         (Executed by risk management and compliance functions.)</li> <li>IMTP delivery and outcomes reporting to Board.</li> <li>RPB reporting to Board and Population Health, Planning and Partnerships Committee.</li> <li>Regional Planning reporting to Population Health, Planning and Partnerships Committee.</li> <li>Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee.</li> <li>Level 3 Independent         (Implemented by both auditors internal and external independent bodies.)</li> <li>Internal Audit Reviews 2023-24         <ol> <li>IMTP planning Q1 Outcome – Reasonable Assurance.</li> </ol> </li> </ul>	Action to Address Gaps in Assurance	Reasonable Assurance

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RISK THEME	FINANCIAL SUSTAINABILITY							
Strategic Risk (SRR 001G)	here is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.							
Strategic Threat	g) Due to long-term financial sustainabilit operational delivery plans which would		_	_	Risk Appetite Level - Cautious.  Preference for safe, through accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.			
Impact	<ul> <li>Non-delivery of health board priorities, required improvements, and achieving longer-term sustainability.</li> </ul>			Risk Appetite Threshold - Score 12 and below Risks relating to all aspects of our financial performance and our ability to manage cost and efficiencies.  SUMMARY				
	The state of the s	<ul> <li>Prioritisation and possible disinvestment in service delivery.</li> <li>Reputational damage and loss of public confidence</li> </ul>			the current risk level is <b>outside</b> of the target and appetite threshold. The target level to be achieved is <b>within</b> the seappetite threshold.			
Lead Director	Director of Finance and Procurement	Risk Exposure	Current Level	Target	SRR 001 g) Due to long term financial sustainability plans not being acheived through underacheivement of strategic and operational delivery plans to reduce costs of funded levels and			
Monitoring Committee	Finance & Performance Committee	Likelihood	5 (Almost certain) x	2 (Unlikely) x	24 improve outcomes.  22			
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	18 Score  16 Target Risk Score  12 Target Risk Score			
Last Reviewed	08 January 2024				12Appetite Threshold			
Next Review	08 February 2024	Risk rating	= <b>20</b> (Extreme)	= <b>8</b> (Moderate)	14-23 Aug-23 Sep-23 Dec-23 Jun-24 Aug-24 Aug-24 Aug-24 Dec-24 Dec-24			

		2 3 8 8 8	Per	
Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)  • IMTP 2023/24-25/26	exposure within tolerable range?)     Update performance management	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)  Level 1 Operational	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)  Gaps in Assurance	Assurance Rating (Overall Assessment)
<ul> <li>IMTP Delivery Framework</li> <li>Accountability Framework</li> <li>Performance Framework</li> <li>Scheme of Delegation</li> <li>Standing Financial Instructions (SFIs)</li> </ul>	work framework – in place  work • Assessment of financial control environment within divisions and corporate teams. – in place	<ul> <li>(Implemented by the department that performs daily operation activities)</li> <li>Adherence to SO/SFI/FCPs</li> <li>Regular AFD meetings to discuss position and performance.</li> <li>Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance.</li> </ul>	Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability.	
<ul> <li>Standing Orders (SOs)</li> <li>Financial Control Procedure (FCP)         Budgetary control</li> <li>Financial Budget Intelligence (FBI)</li> <li>Budget holder training</li> <li>Cost intervention procedures</li> <li>23/24 savings plans &amp; opportunities.</li> <li>Health Board financial escalation processes.</li> <li>Health Board Pre-Investment Panel (PIP) process.</li> <li>Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs.</li> <li>Quarterly financial budget plan approach agreed.</li> <li>Executive groups and structures established to deliver statutory duties</li> </ul>	place Regular organisational Recovery plan meetings and briefings Value & Sustainability Board established  •	Level 2 Organisational (Executed by risk management and compliance functions.)  Regular monitoring at the Executive Team reviewing the level of deliverable recurrent savings along with assessing cost avoidance and deferred investments.  Performance escalation meetings established.  Financial assessment and review report to the Board and Finance & Performance Committee  Financial Governance and Accounting reports to the Audit, Risk and Assurance Committee.  Board Briefing sessions on the financial position.  Level 3 Independent (Implemented by both auditors internal and external independent bodies.)  Internal Audit Reviews 2023 - 24  1. Savings Programmes Q3 - Not yet undertaken. Report expected Q1 2024/25 2. Financial Controls Q2 - Not yet reported. Report expected Q4 2023/24 3. Asset Management Q3 - Report to be received at ARAC 08/02/24.  External Audit Reports 2023 -24  1. Efficiency Review Q3/Q4 - Not yet reported. 2. Structured Assessment - Received at ARAC November 2023. 3. Audit of Financial Statements Q4 2023/24 - Not yet reported.  Financial assessment and review reports to Welsh Government - monthly  Financed monitoring meetings with Welsh Government - monthly	Revise accountability arrangements being progressed as part of Executive governance. – in place  2024/25 IMTP plans focussed on 'living within budget levels' – currently work in progress.	• Reasonable Assurance

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RISK THEME	COMPLIANCE AND SAFETY									
Strategic Risk (SRR 002A)	There is a risk that there will be significant	There is a risk that there will be significant failure of the Health Boards Estates.								
Strategic Threat	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures.				Risk Appetite Level - MINIMAL  Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.					
Impact	<ul> <li>Harm or injury to patients and/or staff.</li> <li>Adverse impacts on the delivery of care to patients across acute and non-acute settings.</li> <li>Non-compliance with health and safety legislation.</li> <li>Litigation and financial penalties</li> </ul>			ngs.	Risk Appetite Threshold - SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.  SUMMARY The current risk level is outside of the target level and appetite threshold. The target level to be achieved is within the appetite threshold					
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	SRR 002 a) Due to the presense of reinforced Autoclaved Aeriated Concrete (RAAC) within structures					
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	1 (Rare) x	24 22 20 — Current Risk Score 18					
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Minor)	Target Risk Score  10  Appetite					
Last Reviewed	12 <sup>th</sup> January 2024		= 15	= 2	8 Threshold					
Next Review Due	12th February 2024	Risk rating	(Extreme)	(Low)	25-mu May-23 Sep-33 Sep-33 Sep-33 Sep-34 May-24 May					

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)		Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or	Assurance Rating (Overal Assessment)
<ul> <li>Work to assess the risk has been undertaken with expert external surveyor advice and repeat surveys have recently been completed.</li> </ul>	<ul> <li>Additional Surveys are to take place with expert surveyors to inform the next steps relating to further remediation of the issues.</li> </ul>		negative assurance)  Gaps in Assurance  Ongoing management of the	
Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans		<ul> <li>of checks is not demonstrated to be of benefit or required.</li> <li>Ongoing engagement with expert surveyor and monitoring of RAAC with additional surveys continuing.</li> </ul>	issues.	
organisations working through RAAC issues. Plans will be modified in line with any further guidance.  Remediation work to areas of high-risk areas		The estate's function has controlled access to roof areas and has developed and implemented toolbox talks for awareness for estate teams and contractors to work in those areas.		
		Level 2 Organisational (Executed by risk management and compliance functions.)	Action to Address Gaps in Assurance	
		<ul> <li>Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management.</li> <li>Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented.</li> </ul>	Repeat surveys have been completed and additional more specific and technical surveys have been commissioned and will be undertaken as promptly as possible through the contractor to provide assurance on the work to date as well as determine	Reasonable Assurance
		props to manage any consequences of the presence of props. Note: H&S assessments were	further management of the risk/issues.	
		<ul> <li>Weekly dialogue with Welsh Government and Shared Services Estates.</li> <li>Links with NHS England and other Health Boards in Wales for shared learning.</li> </ul>		
		<ul> <li>Ongoing engagement of external surveyors for regular monitoring of the situation in line with recommended timelines.</li> </ul>		

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RISK THEME	COMPLIANCE AND SAFETY							
Strategic Risk (SRR 002B)	There is a risk that there will be a significant	There is a risk that there will be a significant failure of the Health Board Estates.						
Strategic Threat	B) Due to significant levels of backlog maintenance and structural impairment.				Risk Appetite Level – MINIMAL  Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.			
Impact	<ul> <li>Harm or injury to patients and/or staff.</li> <li>Adverse impacts on the delivery of care to patients across acute and non-acute settings.</li> <li>Non-compliance with health and safety legislation.</li> <li>Litigation and financial penalties.</li> </ul>			Risk Appetite Threshold – SCORE 8 AND BELOW Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.  SUMMARY The current risk level is outside of the target level and appetite threshold. The target level to be achieved is within the set appetite threshold.				
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	SRR 002 b) Due to significant levels of backlog maintenance			
Monitoring Committee	Partnerships, Health Protection & Planning Committee	Likelihood	3 (Possible) x	3 (Possible) x	24			
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	18 Score  16 Target Risk Score			
Last Reviewed	12 January 2024				7 14 Appetite 10 Threshold			
Next Review Due	12 April 2024	Risk rating	= <b>12</b> (High)	= 6 (Moderate)	Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Jul-24 Jul-24 Jul-24 Jul-24 Oct-24 Dec-23 Dec-23 Dec-23			

		Month		
Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul> <li>Health Board Estates Rationalisation Strategy</li> <li>Health Board Estates Strategy</li> </ul>	<ul> <li>Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance.</li> </ul>	Level 1 Operational (Implemented by the department that performs daily operation activities)  Estates and Facilities division improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director)	<ul> <li>AE reports have shown a deterioration in ratings last year.</li> </ul>	
<ul> <li>Health Board policies and procedures related to the maintenance of Health Board estate.</li> <li>6 Facet survey completed in 2019.</li> </ul>	<ul> <li>A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01.</li> </ul>	<ul> <li>Divisional reporting of Statutory and Mandatory training of staff</li> <li>Staff training levels are monitored and reported regularly. If areas of non-</li> </ul>	<ul> <li>Membership of HB-wide compliance groups continues to be extended providing wider HB intelligence of the issues.</li> </ul>	
<ul> <li>Divisional Risk Register</li> <li>Multiple policies and SOPs published and communicated</li> </ul>	<ul> <li>Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce.</li> </ul>	<ul> <li>compliance are noted, targeted training can be resourced to ensure compliance.</li> <li>The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality &amp; Patient Safety Operational Group.</li> </ul>		
<ul> <li>to staff.</li> <li>A robust internal training programme in place covering al aspects of estate management including food hygiene.</li> </ul>	<ul> <li>Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance.</li> </ul>	Level 2 Organisational (Executed by risk management and compliance functions.)  Outcome of the Asbestos reinspection programme	The Divisional Director (and DP) has implemented a clear approach to	Reasonable Assurance
<ul> <li>Asbestos reinspection programme (over the next 3 years)</li> </ul>	date policies, but all policies will be reviewed for	<ul> <li>Regular reporting on estate condition to the Executive Committee and Partnerships         Health Protection &amp; Planning Committee</li> <li>Level 3 Independent         (Implemented by both auditors internal and external independent bodies.)</li> </ul>	1 .	
		Internal Audit Reviews 2023- 24 Estates Assurance - Estate Condition audit completed and will be with Audit Committee in February	Ventilation and water) are being widened in membership to ensure clinical services are active participants.	
	<ul> <li>Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.</li> </ul>	<ul> <li>Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes.</li> <li>Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level</li> </ul>		

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RISK THEME	COMPLIANCE AND SAFETY								
Strategic risk (SRR 003A)	There is a Risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse.								
Strategic Threat	a) Due to reduced compliance with realth and care professionals.	nandated level 3 safe	eguarding training being u	ndertaken by registered		ading to	vel - Minimal g to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of e risk after application of controls.	f	
Impact	<ul> <li>Missed safeguarding concerns, resulting in recurrent or worsening harm.</li> <li>Vulnerable individuals not identified appropriately, resulting in recurrent or worsening harm</li> <li>Lack of staff understanding of reporting and escalation process, both internally and externally</li> <li>Health Board breaches statutory duties in relation to Safeguarding</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul>			Risks relating relating to co	g to all a omplian	SRR 003 a) Due to poor compliance with mandated level 3 safeguarding training being undertaken by registered health and car	<b>hin</b> the set		
Lead Director	Director of Nursing	Risk Exposure	Current Level	Target Level		24 - 22 -	practitioners		
Monitoring Committee	Patient, Quality, Safety and Outcomes Committee.	Likelihood	3 (Possible) x	3 (Possible) x		20 - 18 -	Score  Targe		
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	Risk Score	16 - 14 - 12 -	Score Appe		
Last Reviewed	12 January 2024					10 - 8 -	Three	snoid	
Next Review Due	12 April 2024	Risk rating	<b>= 12</b> (High)	= 6 (Moderate)		6 - 4 -	Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Jun-24 Jun-24 Jun-24 Oct-24 Oct-24 Dec-24		

<b>Key Controls</b> (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overa Assessment)
<ul> <li>Safeguarding policies in place</li> <li>Safeguarding Training offered at level 1 &amp; 2 via ESR.         (Current compliance data - adult &amp; child level 1 -84%;         Children level 2 82%% Adult Level 2 85%)</li> <li>Supervision and case review available.</li> <li>Safeguarding Hub –for ad hock advise from a band 7 safeguarding lead nurse: Monday – Friday 09.00 – 17.00</li> <li>Utilising all communication methods available to promote completing safeguarding training.</li> <li>Updated training packages.</li> <li>Communication with practitioners, via share point intranet pages, emails to divisional nurses.</li> <li>Targeted level 3 Training to higher risk areas</li> <li>Training sessions widely available for children and adulevel three safeguarding training.</li> </ul>	Safeguarding level 3 to be mandated and reported via ESR  It	<ul> <li>Level 1 Operational         (Implemented by the department that performs daily operation activities)         Training compliance reported at Senior Nursing Team meetings and via Safeguarding Committee         Good use of the adult and child safeguarding hub facility         Increased uptake of Level 1 and Level 2, so now above 80%         </li> <li>Level 2 Organisational         (Executed by risk management and compliance functions.)     </li> <li>Robust monitoring of safeguarding activity through the Safeguarding Committee via quarterly reporting     </li> <li>Safeguarding Committee Assurance Report to the Patient Quality, Safety &amp; Outcomes Committee (PQSOC)</li> <li>Audit Reports reviewed by the Audit, Risk and Assurance Committee (ARAC)     </li> <li>Progress of Audit Recommendations monitored and tracked through the ARAC.</li> <li>Level 3 Independent         (Implemented by both auditors internal and external independent bodies.)     </li> <li>Internal Audit 2023 – 24</li> <li>Safeguarding (Q1) Reasonable Assurance Outcome</li> </ul>	As level three training is mandated every three years, the expectation is that we will not see an acceptable level of compliance until 2026.  Action to Address Gaps in Assurance      Monitor at SMT	Positive Assurance

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RISK THEME	COMPLIANCE AND SAFETY									
Strategic risk (SRR 003B)	There is a Risk that the Health Board bread	nere is a Risk that the Health Board breaches its duties in respect of safeguarding the needs of children and adults at risk of harm and abuse.								
Strategic Threat	b) Due to limited availability of in-pat people, there can be delays in appr			es for children and young	Risk Appetite Level -Minimal Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible/low likelihood of occurrence of the risk after application of controls.					
Impact	<ul> <li>Harm or injury to patients and/or staff</li> <li>Health Board breaches statutory duties</li> <li>Litigation &amp; Financial Penalties</li> </ul>				Risk Appetite Threshold – Minimal SCORE 8 AND BELOW  Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.  SUMMARY  The current risk level is outside of the target level and appetite threshold. The target level to be achieved is within the set appetite threshold.  SRR 003 b) Due to limited availability of in-patient facilities and availability of care packages for children and young people, there can be delays in					
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	appropriate placement  24  22					
Monitoring Committee	Patient, Quality, Safety and Outcomes Committee.	Likelihood	4 (Likely) x	2 (Unlikely) x	20 — Current Risk Score  18 — Garaget Risk Score  214 — Target Risk Score					
Initial Date of Assessment	01 June 2023	Impact	5 (Catastrophic)	2 (Unlikely)	10					
Last Reviewed  Next Review Due	12 January 2024 12 February 2024	Risk rating	= <b>20</b> (Extreme)	= <b>4</b> (Moderate)	Aug-23  Aug-23  Aug-23  Sep-23  Oct-24  Jun-24					
					Month					

Key Controls	Plans to Improve Control	Sources of Assurance	Gaps in Assurance/ Actions to Address Gaps	Assurance
(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)		(Evidence that the controls/ systems which we are placing reliance on are effective)	(Insufficient evidence as to the effectiveness of the controls or negative assurance)	Rating (Overal Assessment)
<ul> <li>CAMHS now have a team of healthcare support workers, at band 4 (our BOOST team), who are in the process of being trained, prior to being ready to be available over 7days to directly support young people who are in hospital because of a delayed discharge.</li> </ul>	St Cadoc's. We are in the process of developing a safe space for families and young people who are in distress, so that they have	<ul> <li>(Implemented by the department that performs daily operation activities)</li> <li>Senior Management Team meetings to track progress against the action plan.</li> <li>Twice-daily X-Site flow meetings to provide a</li> </ul>	Gaps in Assurance  Development of CAMHS Crisis Hub Project build.	
<ul> <li>CAMHS have an agreement with adult Mental Health Services in place, enabling us to access a 'holding bed 'situated in the Extra Care area at Ty-Cyfanol ward, at YYF. This allows us to</li> </ul>	The CCH is being developed in order to help young people who fit the following criteria:	position report  Level 2 Organisational (Executed by risk management and compliance functions.)	Action to Address Gaps in Assurance	
support young people experiencing suspected serious mental illness for up to 72 hours, whilst a gatekeeping assessment is carried out by our colleagues at the tier 4 in-patient unit.	<ul> <li>Young people whose distress compels them to frequently attend the Emergency Department, or who frequently find themselves detained under section 136 of the Mental Health Act.</li> </ul>	Regular reporting to the Mental Health Act	The CAMHS Crisis Hub Project development is ongoing – tenders for contracts were return 20 <sup>th</sup> December 2023 within identified capital budget constraints. Tenders are currently with Quantity	
<ul> <li>Our Emergency Liaison Team are present at GUH on a daily basis, assessing young people at the point of need.</li> </ul>	immodiate cate discharge destination		Surveyors Faithful & Gould for a two-week review to check for omissions or anomalies.	Reasonable Assurance
<ul> <li>Windmill farm therapeutic residential home, a partnership project between CAMHS and social services, is now open and can accommodate young people struggling with complex mental distress that are environmental and not organic. There</li> </ul>	Young people who having presented at the Emergency Department following self-harm or overdose requiring medical treatment, are	independent bodies.) HIW Inspections of Mental Health Wards across all sites	Tenders have all identified estimated completion o the CAMHs Crisis Hub by August 2024.	
are 4 places at the home, and we have already successfully placed, supported, and transitioned several young people who may previously have required an out of county placement.	medically fit do not have a safe discharge destination, resulting in an		CAMHS Crisis Hub Project Team meet monthly – update reports are provided to the CAMHS Senior Management Team and ABUHB Capital Group.	
<ul> <li>BOOST team manager in place.</li> <li>Crisis Outreach Team are the designated team who manage and co-ordinate admission to the holding</li> </ul>	family and colleagues from social care, in order to ensure that a safe discharge can be agreed.			
<ul> <li>Standard Operational Policy in place for CAMHS teams to be able to access BOOST workers.</li> </ul>	<ul> <li>Young people who are currently working with a CAMHS professional and are felt to be at risk of experiencing imminent mental health crisis and cannot be supported out of hours by the referring professional.</li> </ul>			
<ul> <li>Agreed referral process to Windmill Farm, with a gatekeeping team comprised of CAMHS and social care</li> </ul>	The aim will be to focus on helping young people to stay safe by working with them to develop a short- term plan of what to do in the			

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moment. The CCH will provide a venue that is safe, so that community -based treatment at the point of crisis can be implemented in the least restrictive of settings.  Regular Crisis Hub planning meetings; ongoing development of the SOP; recruitment of a Crisis Hub team lead.  MHS teams
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RISK THEME	COMPLIANCE AND SAFETY							
Strategic risk (SRR 004A)	There is a risk that the Health Board is unab	There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.						
Strategic Threat	a) Due to ineffective and insufficient (	emergency planning arran	gements at a corporate and	Risk Appetite Level – Minimal Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/low likelihood of occurrence of the risk after application controls.				
Impact	<ul> <li>Adverse impacts on delivery of care</li> <li>Harm or injury to patients and/or st</li> <li>Health Board breaches statutory du</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of pu</li> </ul>	aff ties under the Civil Conting	_	Risk Appetite Threshold – Minimal Score 8 and below Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.  SUMMARY The current risk level is outside of target level and appetite threshold. The target level to be achieved is within the set appetite threshold.  SRR 004 a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.				
Lead Director	Director of Strategy, Planning and Partnerships	Risk Exposure	Current Level	Target Level	Current Risk Score			
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	22 20 Appetite Threshold 18			
Initial Date of Assessment	01 June 2023	Impact 5 (Catastrophic) 3 (Moderate)			5 14 5 14 5 12 10			
Last Reviewed	12 January 2024	Risk rating	= 15	= 6	8			
Next Review Due	12 February 2024		(Extreme)	(Moderate)	Jul-23 Jul-23 Aug-23 Sep-24 Aug-24 Aug-24 Dec-24 Dec-24			

•	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	(Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps	Assurance Rating (Overall Assessment)
<ul> <li>Major Incident</li> <li>Health Board major incident plan in place, refreshed plan going to the Executive Board January 2024.</li> <li>Local/Divisional action cards are in place.</li> <li>Training undertaken service-specific relating to local response.</li> <li>Regular liaison with Gwent Local Resilience Forum</li> </ul>	<ul> <li>Major Incident Exercise 'Euclid' planned for 20th June 2024 – Faculty in place to plan scope and detail of exercise</li> <li>Testing programme of business continuity plans.</li> <li>Improved Engagement with Divisions, Directorates, and service areas to embed contingency planning in the culture of the organisation, Conduct BIAs develop plans, Exercise, review, to mitigate the risks and threats to service delivery.</li> <li>Repository on intranet for BC plans to be added by areas for audit, maintenance, review of</li> </ul>	<ul> <li>(Implemented by the department that performs daily operation activities)</li> <li>Departmental debrief following an incident to inform learning and enhance controls.</li> </ul>	Robustness of service business continuity plans  Action to Address Gaps in Assurance	
(Strategic and tactical)  Business Continuity (BC) / Critical Incident  BC Policy BC Response Guidance BC Template BC Exercise BC debrief learning. HB and LRF Plans.	<ul> <li>Repository on intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies.</li> <li>Joint planning with PH in response to infectious diseases and public health incidence response.</li> <li>Provide quarterly training sessions for on call gold and silver managers, to maintain skills incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).</li> <li>Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and</li> </ul>	(Executed by risk management and compliance functions.)  • Debrief with key stakeholders following an	Recommendations for strengthening resilience following testing of service business continuity plans	Reasonable Assurance
<ul> <li>3 C (Command/Control, Communication) structure in place to respond to incidents.</li> <li>Ongoing Participation in exercise UK, Wales, LRF and HB.</li> </ul>	<ul> <li>Operational.</li> <li>Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages.</li> <li>Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner.</li> <li>Continue to promote awareness in a timely manner.</li> <li>Continue to promote awareness of the requirement for BC across the Health Board.</li> <li>Continuing participation</li> <li>in multi-agency exercises.</li> </ul>	Level 3 Independent (Implemented by both auditors internal and external independent bodies.) Internal Audit Review(s)  1. Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance  • Outcome and feedback from national exercises		

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RISK THEME	SERVICE DELIVERY							
Strategic Risk (SRR 005A)	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.							
Strategic Threat	a) Due to inadequate arrangements to support system-wide patient flow				Risk Appetite Level - Open Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.			
Impact	<ul><li>Delayed discharges from acute</li><li>Litigation &amp; Financial Penalties</li></ul>	g ambulances from hospital sites back into the community es from acute and non-acute settings resulting in deteriorating patients;			Risk Appetite Threshold – Open SCORE 16 AND BELOW Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.  SUMMARY The current risk level is outside of target level but within appetite threshold.			
Lood Divestor	Chief Operating Officer	Diele Francessus	Current Level	Towart Lovel	SRR 005 a) Due to inadequate arrangements to support system wide patient flow.			
Lead Director	Chief Operating Officer	Risk Exposure	Current Level	Target Level	22 — Current Risk			
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	Likelihood	3 (Possible) x	3 (Possible) x	Score			
Initial Date of Assessment	01 June 2023	Impact	4 (Catastrophic)	3 (Minor)	516 514 Target Risk 5212 Score			
Last Reviewed	12 January 2024			_	8 — Appetite Threshold			
Next Review Due	12 April 2024	Risk rating	= <b>12</b> (High)	= <b>9</b> (High)	Aug-23			

(What controls/ systems & processes do we already have in place to assist us in	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul> <li>Escalation Policy.</li> <li>Performance and Accountability Framework</li> <li>Major incident Procedures</li> <li>Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for</li> </ul>	<ul> <li>Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale.</li> <li>Winter planning – Ahead of winter 23/24 there are a series of meetings which will ensure that tangible / practical plans</li> </ul>	Level 1 Operational (Implemented by the department that performs daily operation activities)  The Escalation Framework has been enacted and is effective in mitigating threats and impact	Evidence that the Escalation Framework is delivering improvements across all areas of	
<ul> <li>escalation of risks.</li> <li>Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team.</li> </ul>	<ul> <li>are put in place to ensure:</li> <li>Focus</li> <li>Processing power</li> <li>Capacity</li> </ul>	to services.  • Performance report against measures/metrics	<ul> <li>patient flow e.g., ambulance handovers.</li> <li>The impact of the Performance and Accountability framework in improving patient flow</li> </ul>	
<ul> <li>Weekly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven.</li> </ul>	<ul> <li>Mental health-focussed flow meeting – implement a MH- focussed daily forum to ensure the flow requirements and risk profile is understood across all MH sites.</li> </ul>	(Executed by risk management and compliance functions.)	Action to Address Gaps in Assurance	Reasonable Assurance
<ul> <li>Range of performance measures/metrics in place</li> <li>Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards.</li> </ul>	<ul> <li>Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions.</li> </ul>	<ul> <li>Divisional Assurance reviews.</li> <li>Performance against measures/metrics reported to the Executive Committee</li> </ul>	<ul> <li>Close monitoring and reporting of the frameworks in practice to support learning and improvements.</li> </ul>	7.00.1.0.1.0.
<ul> <li>Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained.</li> </ul>	<ul> <li>Improve regional acceptance of flow processes with neighbouring Health Boards.</li> </ul>	Level 3 Independent (Implemented by both auditors internal and external independent bodies.)		
<ul> <li>Planned care recovery meetings with the NHS execs.</li> <li>Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls.</li> <li>WG – IQPD meetings to review areas of focus.</li> </ul>	<ul> <li>Industrial Action – command and control structures across gold, silver and bronze to ensure service continuity and patient safety throughout any medical strikes.</li> </ul>	<ul> <li>Internal Audit Reviews</li> <li>Intra-site Patient Transfers (Q1) - Not Yet Reported</li> <li>(expected to be received at Audit, Risk &amp; Assurance</li> <li>Committee in February 2024.</li> <li>External inspections/visits.</li> </ul>		

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RISK THEME	SERVICE DELIVERY							
Strategic Risk (SRR 006A)	There is a risk that the Health Board has i	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.						
Strategic Threat	a) Due to the full or partial failure o	of existing digital infrastr	ucture and systems.	Risk Appetite Level - OPEN  Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.				
Impact	<ul> <li>Harm or injury to patients and/or staff</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Data breaches</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of public confidence</li> </ul>				Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.  SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.  SRR 006 a) Due to the full or partial failure of existing digital			
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	infrastructure and systems.  24 22 ————————————————————————————————			
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	20 Score  18 Score  16 Target Risk Score			
Initial Date of Assessment	01 June 2023	Impact 5 (Catastrophic) 4 (Major)			Appetite Threshold  8			
Last Reviewed	08 December 2023	Risk rating	= 15	= 8	1un-23 1ul-23 1ul-23 1ul-23 Sep-23 Oct-23 Jan-24 May-24 May-24 May-24 May-24 Nov-24 Dec-24			
Next Review Due	01 February 2024		(Extreme)	(Moderate)	T Z Z O Z O Z O Z O Z O Z O Z O Z O Z O			

<b>Key Controls</b> (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control  (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall)
<ul> <li>Cyber has developed a Remedial Action Plan to address issues identified within the NIS CAF assessment 2021. This Action Plan has also supported ABUHB risk remediation responses to ABUHB's NIS CAF Risk Register which by CRU to address risks identified during the NIS CAF assessment. The remedial actions proposed have been accepted by CRU and progress will be reviewed annually.</li> <li>Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained.</li> <li>New Information Governance and Cyber Security governance and assurance processes reviewed and implemented.</li> <li>Governance group terms of reference agreed. Meetings started in November 2023.</li> <li>Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst</li> </ul>		Level 1 Operational (Implemented by the department that performs daily operation activities) Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.  Level 2 Organisational (Executed by risk management and	Gaps in Assurance  Oversight from NHS Wales Cyber Resilience Unit.  Action to Address Gaps in Assurance	
<ul> <li>non-ICT staff</li> <li>Cyber now undertakes scheduled monthly vulnerability scans of all ABUHB-managed servers to include third-party servers. The results of these scans will now be reported in the Monthly Cyber Report.</li> <li>Cyber has also worked with Business Systems and Desktop Teams to ensure that patching compliance for internally managed systems and third-party systems is monitored and reported monthly. Monthly review meetings are held between Cyber and the Teams to review compliance levels against policy. Results are captured within the monthly Cyber Report.</li> <li>Cyber has worked with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The less service impacting Version 1 is being managed through ICT Departmental risk management process.</li> <li>Cyber has maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails.</li> <li>Cyber has begun the roll out simulated phishing campaigns. The initial phish has been tested on ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff.</li> <li>Cyber has also introduced scenario-based incident response exercising using National Cyber Security Centre developed 'Exercise in a box' the aim is to assess our current skills in responding to real-life cyber security incident scenarios and to identify improvements. Cyber plans to run several more exercises during 2023</li> </ul>		Regular reporting on progress to the Finance & Performance Committee on our cyber security action plan.  Level 3 Independent (Implemented by both auditors internal and external independent bodies.)  Internal audit Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems.		Reasonable assurance

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RISK THEME	SERVICE DELIVERY								
Strategic Risk (SRR 006B)	There is a risk that the Health Board has in	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.							
Strategic Threat	b) Due to an adverse impact on service	e delivery in the implemen	tation of the new digital sys	Risk Appetite Level - OPEN Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.					
Impact	<ul> <li>Harm or injury to patients and/or s</li> <li>Adverse impacts on delivery of care</li> <li>Data breaches</li> <li>Litigation &amp; Financial Penalties</li> <li>Reputational damage and loss of p</li> </ul>	e to patients across acute a	nd non-acute settings	Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.  SUMMARY  The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold					
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	SRR 006 b) Due to a failure to develop digital solutions that are sustainable and fit for the future				
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	24 22				
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	20 — Current Risk Score  18 — Target Risk				
Last Reviewed	08 December 2023				Score    Score				
Next Review Due	08 March 2024	Risk rating	<b>= 12</b> (High)	= 8 (Moderate)	Jun-23 Jul-23 Aug-23 Oct-23 Jul-24 May-24 Jul-24 May-24 Jul-24 Nov-24 Dec-24 Dec-24				

Key Controls (What controls/ systems & processes do we already have in	Plans to Improve Control (Are further controls possible to reduce risk	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls	Assurance Rating (Overall
place to assist us in managing the risk and reducing the likelihood/impact of the threat)	exposure within tolerable range?)	are effective)	or negative assurance)	Assessment)
<ul> <li>Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services.</li> </ul>	0 01 1	<b>Level 1 Operational</b> (Implemented by the department that performs daily operation activities)	Gaps in Assurance	
<ul> <li>Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated.</li> <li>Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project works packages.</li> <li>Each clinical project has clinical leaf who would advise and support potential impacts on service delivery caused by the implementation of new digital services.</li> <li>Business change team in place to support services in improvement of clinical and administrative processes.</li> <li>Benefits team in place who identify, track and ensures</li> </ul>	ements in place through nme boards where risks and tigated. esponsible officer from the allenge and assurance over works packages. nical leaf who would advise cts on service delivery ion of new digital services. ace to support services in d administrative processes. identify, track and ensures hich will ultimately improve	<ul> <li>Internal directorate meetings being setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.</li> <li>Project Boards meet monthly and report into the quarterly Programme Delivery Board</li> <li>Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans.</li> <li>Risk management approach and escalation processes in place in line with the Health Board's Risk Framework.</li> </ul>	<ul> <li>Governance and assurance groups.</li> <li>Oversight from NHS Wales Cyber Resilience Unit.</li> </ul>	Reasonable
any benefits are realised which will ultimately improve service delivery.		Level 2 Organisational (Executed by risk management and compliance functions.)	Action to Address Gaps in Assurance	assurance
<ul> <li>Projects support backfilling of clinical time where required</li> </ul>		Regular Reporting to the Finance & Performance Committee	Information Governance Sub Committee Terms of Reference have been drafted and are under review.	
		Level 3 Independent (Implemented by both auditors internal and external independent bodies.)  • Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems.	<ul> <li>Cyber Security Subgroup ToR also drafted, and membership agreed.</li> </ul>	
		Internal Audit  Stakeholder Engagement on IT Projects 2023/24 Q3 — Outcome Substantial Assurance		

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RISK THEME	SERVICE DELIVERY						
Strategic Risk (SRR 006C)	There is a risk that the Health Board has in	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.					
Strategic Threat	c) Due to failure to develop digital so	lutions that are sustainab	le and fit for the future.		Risk Appetite Level – OPEN  Willing to consider all potential options, subject continued application and /or establishment of controls; recognising that there could be a high-risk exposure.		
Impact	<ul> <li>Harm or injury to patients</li> <li>Adverse impacts on delive</li> <li>Data breaches</li> <li>Litigation &amp; Financial Pena</li> <li>Reputational damage and</li> </ul>	ry of care to patients acros	s acute and non-acute setti	ngs	Risk Appetite Threshold - Score 17 and below Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.  SUMMARY The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold		
Lead Director	Director of Digital	Risk Exposure	Current Level	Target Level	SRR 006 c) Due to a failure to develop digital solutions that are sustainable and it for the future		
Monitoring Committee	Finance & Performance Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	24		
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	4 (Major)	22 —— Current Risk Score 18 —— Target Risk		
Last Reviewed	08 December 2023				50 16 Score Sy 14 Appetite		
Next Review Due	10 March 2024	Risk rating	<b>= 12</b> (High <i>)</i>	= 8 (Moderate)	10   10   10   10   10   10   10   10		

			Month	
. (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	(Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)  Level 1 Operational	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)  Gaps in Assurance	Assurance Rating (Overa Assessment)
<ul> <li>New Digital Service Request process in place which provides governance in several key areas:         <ol> <li>Information Governance – ensuring new services have appropriate controls to keep patient information safe.</li> <li>Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework.</li> </ol> </li> </ul>	end of 2023.	<ul> <li>(Implemented by the department that performs daily operation activities)</li> <li>Internal directorate meetings setup monthly to monitor risks and to regularly update and to provide assurance over outstanding action plans.</li> </ul>		
<ul> <li>3. Patient Safety – ensuring services do not introduce any patient safety risks.</li> <li>4. Records – ensuring new systems comply with the requirements of records management.</li> <li>Strong business analysis function in operation which ensures the "as-is" and "to-be" process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require.</li> <li>Business change function which ensures implemented systems are effective and deliver the benefits required.</li> <li>Formal framework in place for the adoption of new digital services and best practice guidance followed.</li> <li>Operational delivery aligned to ITIL standards</li> </ul>		Level 2 Organisational  (Executed by risk management and compliance functions.)  Regular Reporting to the Finance & Performance Committee  Level 3 Independent  (Implemented by both auditors internal and external independent bodies.)  Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems.  Internal Audit  LINC Programme 23/24 – Not yet undertaken.  Network Infrastructure (VPN) 23/24 Q3 - Outcome reasonable assurance	Action to Address Gaps in Assurance	Reasonab assuranc

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RISK THEME	TRANSFORMATION AND PARTNERS	TRANSFORMATION AND PARTNERSHIP WORKING						
Strategic Risk (SRR 007A)	There is a risk that the Health Board will be	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.						
Strategic Threat	a) Due to ineffective relationships wi	th strategic partners		Risk Appetite Level - OPEN Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure.				
Impact	<ul> <li>Unmet patient need resulting in ha</li> <li>Ineffective use of combined resour</li> <li>Delayed decision making</li> <li>Adverse impacts on delivery of care</li> <li>Failure to deliver health board prio</li> <li>Reputational damage and loss of prio</li> </ul>	ces e to patients across acute a rities, required improveme	_	n sustainability	Risk Appetite Threshold - SCORE 16 AND BELOW  All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.  SUMMARY  The current risk level is outside of target level but within appetite threshold. The target level to be achieved is within the set appetite threshold.			
Lead Director	Director of Strategy, Planning, and Partnerships.	Risk Exposure	Current Level	Target Level	SRR 007 a) Due to ineffective relationships with strategic partners			
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	Likelihood  2 (Unlikely)  x  2 (Unlikely)  x		22 — Current Risk Score  18 — Target Risk Score  20 — Appetite Threshold			
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	5 16 — — — — — — — — — — — — — — — — — —			
Last Reviewed	10 January 2024				8			
Next Review Due	10 April 2024	Risk rating	= 8 (Moderate)	= 4 (Moderate)	Jun-23 Jun-23 Jul-23 Sep-23 Oct-23 Oct-23 Jun-24 Jul-24 Jul-24 Oct-24 Oct-24 Dec-24			

<b>Key Controls</b> (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	(Evidence that the controls/ systems which we are placing	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including:	Governance review of Regional Partnership Board undertaken in August 2023.	(Implemented by the department that performs daily operation activities)	Gaps in Assurance	
a) The Gwent Public Services Board (Gwent PSB) brings public bodies together to work to improve the economic, social, environmental, and cultural well-being in Gwent. They are responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of the new Local Wellbeing Plan which is a long-term vision for the area.	Renewed Strategy for strategic partnership Capital in place and revised governance processes.  New Long-Term Strategy for Health Board to focus on Partnership approach.	Partnerships. Regional Leadership Group Reporting	Systematic reporting of outcomes  Systematic evaluation of schemes  Governance of financial control arrangements	
2. <b>The Gwent Regional Partnership Board</b> As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care and support is in place to best meet the needs of their respective population.		(Executed by risk management and compliance functions.) Assurance reporting to the Population Health,	Action to Address Gaps in Assurance Implementation plan to be developed following RPB governance review.	Reasonable Assurance
Through these statutory forums formal partnership arrangements take place.  In addition to these statutory forums the Health Board has a range of interfaces with key stakeholder bodies, including regular liaison with local authorities, neighbouring Health Boards, housing associations, and third-sector partners.			Health Board strategy development approach to focus on partnership approach.	
Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams		Underway – due to be reported to the Audit, Risk & Assurance Committee in February 2024.		

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RISK THEME	TRANSFORMATION AND PARTN	TRANSFORMATION AND PARTNERSHIP WORKING							
Strategic Risk (SRR 008A)	There is a risk that the Health Board fail	here is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.							
Strategic Threat	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement.				Risk Appetite Level – Open Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that there could be a high-risk exposure				
Impact	<ul> <li>Adverse impact on patient experience</li> <li>Failure to deliver health board priorities, required improvements and achieve longer-term sustainability</li> <li>Reputational damage and loss of public confidence</li> <li>Failure to deliver Duty of Quality</li> </ul>				Risk Appetite Threshold – Open SCORE 17 AND BELOW  All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.  SUMMARY  The current risk level is outside of target but within the appetite threshold. Target level is within the set appetite threshold.  SRR 008 a) Due to inadequate arrangements to listen and learn from patient				
Lead Director	Director of Nursing	Risk Exposure	Current Level	Target Level	experience and enable patient involvement  24  22				
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	Likelihood	2 (Unlikely) x	2 (Unlikely) x	20 18				
Initial Date of Assessment	01 June 2023	Impact	4 (Major)	2 (Minor)	14				
Last Reviewed  Next Review Due	11 January 2024 11 April 2024	Risk rating	= <b>8</b> (High)	= <b>4</b> (Moderate)	Jun-23 Jul-23 Jul-23 Aug-24 Aug-24 Jul-24 Jul-24 Jul-24 Oct-24 Nov-24 Dec-24 Dec-24 Dec-24 Oct-24 Oct-24 Dec-24 Dec-24				

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overd Assessment)
<ul> <li>Corporate Engagement Team</li> <li>Patient Experience and Involvement Strategy- organisational ownership</li> <li>Person Centred Care (PCC) Surveys via CIVICA</li> </ul>	ensure divisional teams can use and access data. This will ensure sustainable progress.  PCCT staff training to support Civica data entry and	Level 1 Operational (Implemented by the department that performs daily operation activities)  Person Centred Care Team oversee patient experience through dedicated work programme and link in with	No SMS provision to increase the number of PCC surveys.	
<ul> <li>PCC KPI's (support PCC Quality pillar)</li> <li>'You said we did' public facing information for service areas.</li> <li>PLO service at GUH</li> <li>Introduction of PALS Service (Oct 23)</li> </ul>	<ul> <li>retrieval.</li> <li>Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners.</li> <li>Employment of dedicated PALS team in progress who</li> </ul>	divisional teams.	No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns.	
<ul> <li>Volunteer Patient Experience Feedback</li> <li>Collaboration to recruit community listeners to support Dementia Awareness</li> <li>Digital patient stories to support listening and learning.</li> <li>Patient Experience and Involvement Strategy</li> <li>DATIX</li> </ul>	<ul> <li>will have a key role in gaining feedback from patients, staff, and relatives.</li> <li>Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision.</li> <li>National directives around new national surveys that need to be managed additional to internal roll out programme.</li> </ul>	Level 2 Organisational (Executed by risk management and compliance functions.)  Regular reporting to the Patient Quality, Safety & Outcomes Committee (PQSCO)  Listening and Learning reported through QPSOG/Outcomes Committee  Level 3 Independent (Implemented by both auditors internal and external independent bodies.)  Llais Reports HIW inspections	Discussions with VBHC team to consider SMS through DrDoctor     PALS Single point of contact is being established. PALS officers will have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns.     PCC KPI's and common themes need to be identified and reported through the PCC Survey. These will be added to a template patient experience report and CIVICA surveys will be built into ward accreditation.     Implement PALS DATIX Module	

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RISK THEME	SERVICE DELIVERY							
Strategic Risk (SRR 009)	The Health Board will be unable to protect the	ose most vulnerable	e to serious disease.					
Strategic Threat	a) Due to delays in providing COVID-19 registered and unregistered immunis		esult of challenges with the recruitment of the vaccination delivery programme.	Risk Appetite Level – OPEN  Willing to consider all potential options, subject to continued application and/or establishment of controls: recognising that could be a high-risk exposure.  Risk Appetite Threshold – SCORE 16 AND BELOW  Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risk to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strates				
Impact	> Adverse impacts on the delivery of vaccinations to patients across the vaccine service for routine and s		threshold.	SRR 009 Due to delays in p with the recruitment of changes to the second	Month  Pep-24  Apr-24  May-24  Jun-24  Jun-24  Aug-24  Aug-24  Month  Mov-24  Month	sult of challenges ers, as well as  - Current Risk Score - Target Risk Score - Appetite Threshold		
Lead Director	Director of Public Health & Strategic Partners	ships			Risk Exposure	Current Level	Target Level	
Monitoring Committee	Partnerships, Population Health, and Planning Committee				Likelihood	5 (Almost Certain) x	2 (Unlikely) x	
Initial Date of Assessment	06 November 2023				Impact	4 (Major)	3 (Moderate)	
Last Reviewed	13 January 2024 Next	t Review Due	13 February 2024		Risk rating	= <b>20</b> (Extreme)	= 6 (Moderate)	

Key Controls  (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	
<ul> <li>Dedicated pool of bank staff to fill shifts – although there have been challenges in filling shifts within this pool of staff. Opening venues on additional days to allow more vaccine appointments to be offered (provided staff are available)</li> <li>Daily monitoring of public vaccinations administered.</li> </ul>		<ul> <li>Level 1 Operational         (Implemented by the department that performs daily operation activities)         Costs of bank staff reported to Programme Board         Uptake on staff vaccination reported to Programme Board         National and regional data shared with Programme Board on the % of the population vaccinated     </li> </ul>	Reporting on filled and non-filled shifts to determine the slippage in milestones of the programme.	Reasonable
<ul> <li>Weekly planning and delivery meetings to monitor progress, identify alternative solutions, and implement or escalate as appropriate.</li> <li>Weekly programme board to approve key decisions and escalate potential risks.</li> </ul>		<ul> <li>(Executed by risk management and compliance functions)</li> <li>Risk monitored by the Partnerships, Population Health, and Planning Committee via the Committee Risk Report</li> <li>Exception reporting to the Executive Committee regarding uptake of</li> </ul>	Start reporting the filled and non-filled shifts report to the Programme Board     Model delivery based on the current resource, dedicated bank staff, and wider	Assurance

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Health protection Incident plan has been drafted for	to be reviewed using a clear evidence base to understand	Level 3 Independent	bank staff to determine the workforce	
approval by the Executive Committee (Dec 2023)	potential and likelihood of threats to ensure we are maximising	(Implemented by both auditors internal and external independent bodies)	resource to deliver.	
Monitoring filled/non-filled shifts report.	mitigation and structures to respond effectively.	Monthly reporting to Welsh Government on uptake		
Monitoring costs associated with the use of Bank staff.	Strengthen ways of working around known national threats such	PHW national data on vaccination uptake		
Monitoring uptake of staff vaccination	as Pandemic Flu and Measles			
Dedicated internal and external communications support.	Focus performance of vaccination and health protection against			
Alternative service models to deliver core functions within	national targets not best in Wales, to maximise the protection of			
available budget	our population.			
Business continuity plans to ensure core service delivery with				
unforeseen staffing challenges e.g. funding				
Identify sustainable assets for venues to reduce high costs of				
using externally rented spaces.				

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RISK THEME	SERVICE DELIVERY								
Strategic Risk (SRR 001H)	There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.								
Strategic Threat	h) Due to low core funding, the Directo	orate is heavily reliant on n	on-recurrent funding grants.		_		ontinued application and/or establishment of co	ontrols:	
Impact	<ul> <li>Avoidable harm</li> <li>Adverse impacts on delivery of care to patients across acute and non-acute settings</li> <li>Increased patient acuity levels</li> <li>Worsening of health inequalities</li> <li>Worsening of health outcomes</li> <li>Unable to substantially improve the health of the population</li> </ul>				Risk related to all as all risks relating to to deliver associated something to the summary	the current performance of our informategy  vel is <b>outside</b> of target level and ap	nage, and improve service quality and perform frastructure such as IM&T and Estates including petite threshold. The target level to be achieve	g our ability to	
	<ul> <li>Reputational damage and loss of public confidence</li> <li>Multi-year CIP calculated on non-recurrent funding</li> <li>Major grants subject to funding cuts 24/25</li> <li>No determined staffing establishment</li> <li>Possible at-risk TUPE posts</li> <li>£1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts</li> <li>Government grants focused on particular risk factors</li> </ul>					24	unding, the directorate is heavily reliant on urrent funding grants.  — — Current Risk Score		
Lead Director	Director of Public Health & Strategic Partnerships	Risk Exposure	Current Level	Target Level		18 ————————————————————————————————————	Target Risk Score - Appetite Threshold		
Monitoring Committee	Partnerships, Population Health, and Planning Committee	Likelihood	5 (Almost Certain) x	2 (Unlikely) x		ž 12 — 10 — 10 — 10 — 10 — 10 — 10 — 10 —			
Initial Date of Assessment	01 December 2023	Impact	4 (Major)	3 (Moderate)		6			
Last Reviewed	13 January 2024	Dist. II	= 20	= 6		Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Jan-24	lar-24 ay-24 un-24 lul-24 ug-24 ov-24		
Next Review Due	13 February 2024	Risk rating	(Extreme)	(Moderate)		Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	Z 4 Z ¬ Ā ŭ O Ż uth		
Key Controls	Plans to Im	prove Control		Sources of Assura	nce		Gaps in Assurance/ Actions to Address	Assurance	

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control  (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
<ul> <li>Advice from HR on structure</li> <li>Meetings established to review and redesign structure.</li> <li>Meetings with finance to determine TUPE level and CIP calculation.</li> <li>Local public health risk register with risk clearly identified risk relating to structure and finance.</li> </ul>	<ul> <li>Business cases being written for PIP to increase core funding to deliver objectives.</li> <li>Through Pip process work towards a funded establishment reduce risks associated with permanent staff being funded through temporary funding which impacts on the ability to</li> </ul>	Level 1 Operational (Implemented by the department that performs daily operation activities)  Monthly finance meetings in place with Director and Assistant Director  Weekly reporting on finance levels  Level 2 Organisational	Unable to determine the full impact of the reduction in funding on the Public Health portfolio  Action to Address Gaps in Assurance	
<ul> <li>Business cases being written for PIP for preventative adverse deaths, health protection and other public health areas.</li> <li>SMT meetings to discuss progress on delivery of objectives linked to available budget.</li> </ul>	plan long term.	<ul> <li>(Executed by risk management and compliance functions)</li> <li>Escalation to the Strategic Risk Register for Board oversight</li> <li>Highlighted and discussed at Corporate Review</li> <li>Level 3 Independent</li> <li>(Implemented by both auditors internal and external independent bodies)</li> <li>Report delivery of local progress against the national public health strategy through Public Health Peer Group</li> </ul>	Determine where the cuts will impact and how the Health Board can sustain PH services.	Negative Assurance

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RISK THEME	TRANSFORMATION AND PARTNI	RANSFORMATION AND PARTNERSHIP WORKING								
Strategic Risk No: SRR 007B	There is a risk that the Health Board w	ere is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population								
Strategic Threat		b) Due to inadequate regional and cross-Health Board collaborative plans which respond to changes in service provision, which may be adversely affected by sustainability / workforce issues.				application and/or establishment of c	ontrols:			
Impact	<ul> <li>Unmet patient need resulting i</li> <li>Ineffective use of combined re</li> <li>Delayed decision making</li> <li>Adverse impacts on delivery of</li> <li>Failure to deliver health board</li> <li>Reputational damage and loss</li> </ul>	sources care to patients across acute a priorities, required improveme	_	Al ar SI Th	isk Appetite Threshold - SCORE 12 AND BELOW I risks relating to our ability to engage effectively with other and partnerships along with all risks associated with innovation  JMMARY The current risk level is outside of target level but within appeal  ithin the set appetite threshold.	n, transformation, and strategic chan	ge.			
Lead Director	Director of Strategy Planning and Partnerships	Risk Exposure	Current Level	Target Level	SRR 007 B) Due to inadequate reg collaborative plans which respond to d	hanges in service provision, which				
Monitoring Committee	Partnerships, Public Health & Planning Committee	Likelihood	3 (Possible) x	2 (Unlikely) x	may be adversely affected by sustainability / workforce issues.					
Initial Date of Assessment	04 January 2024	Impact	3 (Moderate)	2 (Minor)	20 ————————————————————————————————————	— Current Risk Score  — — Target Risk Score  — Appetite Threshold				
Last Reviewed	16 January 2024	Risk rating	= 9	= 4	10 — — — — — — — — — — — — — — — — — — —					
Next Review Due	16 April 2024		(High)	(Moderate)	Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 HTMar-24 Apr-24 May-24	Jun-24 Jul-24 Aug-24 Sep-24 Oct-24 Nov-24				
	ses do we already have in place to assist us g the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to re	educe risk exposure within tole	erable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)			
regional planning agreements	ve role in a range of collaborative and arrangements, designed to enable best practice and risk reduction.	The south east Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a recent review workshop attended by Chief Executives. The revised priorities / forward work plan includes th following: -			Level 1 Operational (Implemented by the department that performs daily operation activities) Service Divisions reporting to the Chief Operational	Gaps in Assurance  • Under review				
health board, setting collaborative regional	Inderstanding between the participating out their respective commitment to I planning where this can enhance	work but with recogr ensure there is a cor	nition that these need to be ntinued regional consensus	xisting regional programmes e 're-baselined' for 2024/25's s on objectives, outcomes ar	to nd					
<ol> <li>The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event</li> </ol>		<ul> <li>The need to review the current regional working governance arrangements ensure these remain fit for purpose.</li> <li>The need to further review the indicative list of fragile services for the South Englines region and begin considering the regions response to these.</li> </ul>			functions.)  • Assurance reporting to the Population Health, Partnerships, and Planning Committee.  a	Action to Address Gaps in Assurance	Reasonable Assurance			
Oversight Board with  In addition to these formal arra	nd risks. This Board then reports to an Chief Executive membership angements, the Health Board has a tworks and communication channels,	long-term sustainable can then inform local		ks like for South East Wales th	Assurance reporting to the Board.  Level 3 Independent (Implemented by both auditors internal and external independent bodies.)					

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Discussion to be had at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed in light of IR and Neonatal work		

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RISK THEME	COMPLIANCE & SAFETY	COMPLIANCE & SAFETY							
Risk No: SRR 010	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974								
Strategic Threat	Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.				Risk Appetite Thres	MINIMAL.  IINIMAL risk appetite level should be managed to a Score of 8 or below.  nold - Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / urrence of the risk after application of controls.			
Impact	<ul> <li>Unintended physical harm;</li> <li>Punitive actions from the Health and Safety Executive (HSE);</li> </ul>				SUMMARY The current risk leve the set appetite thre	SRR 010 a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed			
Lead Director	Director of Therapies & Health Science	Risk Exposure	Current Level	Target Level	20	and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fi			
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	Likelihood	4 (Likely) x	2 (Unlikely) x	22	— Current Risk Score			
Initial Date of Assessment	01 December 2023	Impact	<b>4</b> (Major)	<b>3</b> (Moderate)	10 50 10 20 11 20 11				
Date Reviewed	11 January 2024	Overall	= 16	= 6	8				
Date of Next Review	11 February 2024	Risk Rating	(Extreme)	(Moderate)		Jun-23  Jul-23  Aug-23  Sep-23  Oct-23  Nov-23  Jun-24  Jun-24  Aug-24  Aug-24  Oct-24  Nov-24			

Key Controls (What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Plans to Improve Control (Are further controls possible to reduce risk exposure within tolerable range?)	Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in Assurance/ Actions to Address Gaps (Insufficient evidence as to the effectiveness of the controls or negative assurance)	Assurance Rating (Overall Assessment)
Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and	Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern.  Health and Safety Consequence and according a second according to the content of the co	Level 1 Operational (Implemented by the department that performs daily operation activities)	Gaps in Assurance     Implementation of a health and safety	
<ul><li>Safety concerns/best practices.</li><li>Health and Safety Policies and Procedures</li></ul>	<ul> <li>Health and Safety Governance and reporting arrangements (Health and Safety Committee)</li> <li>Develop and Implement a 3-year health and safety culture</li> </ul>	Health and Safety compliance data extracted from ESR and Datix and reported	performance report  Health and Safety Committee Membership and	
<ul> <li>Dedicated Health and Safety site on ABPULSE</li> <li>Provision of dedicated health and safety expertise</li> </ul>	plan, including the implementation of a new Health and Safety Management System  • Suitable and Sufficient Risk assessments (including local risk		governance to be reviewed to ensure there is robust scrutiny and challenge on compliance with the Act.	
and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety	assessments, specific fire risk assessments, and fire risk assessments)  Consultation and communication with the workforce regarding		Compliance on completion of risk assessments and mitigating actions	No motivo
Assistance'.	compliance with the Act  New ways of working with Divisions to ensure accountability	Level 2 Organisational (Executed by risk management and compliance functions.)	Action to Address Gaps in Assurance	Negative Assurance
<ul> <li>Health and Safety training for all staff (include general H&amp;S, fire safety, manual handling, violence &amp; aggression)</li> </ul>	for health and safety is recognised.  Implement key performance indicators to monitor health and safety compliance.	<ul> <li>Established monitoring of H&amp;S at the Executive Committee</li> <li>Corporate H&amp;S report risk and assurance to the Health and Safety Committee</li> </ul>	<ul> <li>Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health &amp; Safety Governance Framework.</li> </ul>	
<ul> <li>Partial Programme of Health and Safety Monitoring (Active &amp; Reactive)</li> </ul>	Review the governance arrangements for the Health & Safety Committee	Established monitoring of H&S at the PQSO Committee	Review the membership and ToRs of the Health	
Corporate and Directorate Health and Safety Risk Register established.	<ul> <li>Health and Safety Policies and Procedures to be reviewed.</li> <li>Board Training /development</li> <li>Onboard further Manual Handling trainers across the organisation to improve compliance.</li> </ul>	Level 3 Independent (Implemented by both auditors internal and external independent bodies.)  • Performance reviews at All Wales Health and Safety Management Steering Group	<ul> <li>Risk assessments and mitigating actions to be documented and reported regularly to</li> </ul>	

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<ul> <li>Scope for training non-Health Board staff</li> <li>Learning from events to be documented and communithe organisation.</li> </ul>	<ul> <li>Internal Audit – H&amp;S processes Review to be included in 2024/25 Plan.</li> <li>South Wales Fire &amp; Rescue Service fire safety audit programme.</li> <li>Health and Safety Executive reviews/inspections.</li> </ul>	demonstrate progress against the Improvement Plan	
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Agenda Item: 4.6



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Vacant GP Practice – Health Boards Managed Practices
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Leanne Watkins, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Lloyd Hambridge, Divisional Director Victoria Taylor, Head of Primary Care

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

Er Gwybodaeth/For Information

# ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

The purpose of this report is to inform the Board of the outcome of the recent recruitment process, in line with the Vacant Practice Policy, in relation to the Health Boards directly managed GP Practices returning to Independent Contractor status:

- Tredegar Health Centre;
- Aberbeeg Medical Practice;
- Brynmawr Medical Practice;
- Bryntirion Surgery (including Markham Branch Surgery); and
- Blaenavon Medical Practice.

# Cefndir / Background

The Health Board is responsible for providing General Medical Services (GMS) to residents throughout Aneurin Bevan University Health Board and commissions services from independent contractors through The National Health Service (General Medical Services Contracts) (Wales) Regulations 2004.

There are currently 68 General Practices that are responsible for providing care to patients between 8.00 am and 6.30 pm Monday to Friday. Outside of these "core





hours", access to medical care is provided by the Health Board's Out of Hours Service, which operates between 6.30 pm and 8.00 am each week day evening and throughout weekends and Bank Holidays.

The Health Board directly manages five GP practices across three boroughs; Tredegar Health Centre, Aberbeeg Medical Practice, Brynmawr Medical Practice, Blaenavon Medical Practice and Bryntirion Surgery (plus Markham branch surgery). The remaining 63 GP practices are independent contractors to the NHS, in line with the contractor model developed at the inception of the NHS. In considering returning one or more of ABUHB Managed GP Practices to Independent Contractor Status, the significant overspend of each managed practice (in common with other Health Boards where managed practices are supported) has been a key factor. This overspend is largely due to the workforce challenges the Health Board faces, specifically regarding the ability to recruit substantive salaried GPs and in addition the lack of agility of recruitment within agenda for change requirements. As a result, the practices are often reliant on securing locums, which significantly increases expenditure. It is anticipated that by returning 1 or more of the managed practices to independent contractor status, this model will result in a stabilised practice workforce, with options to expand further into the wider multidisciplinary team ethos in line with the Primary Care Model for Wales; driving safe, effective and quality care for patients and in turn, resulting in financial efficiencies within the organisation/public finances.

A report was submitted to the Executive Committee on 6 June 2023, outlining options for returning Managed Practices to Independent Contractor status, with the options below considered:

- A. Do nothing. Maintain status quo, work towards greater standardisation and cohesion within the existing managed practices to become flagships for testing models of delivery, centralising back-office functions and supporting Independent Contractor practices during times of escalation.
- B. Advertise all five managed practices at the same time, given the increased recent positive interest in the current vacant practices. This may result in positive outcome for some or all of the practices.
- C. Advertise managed practices in a phased approach, enabling capacity within teams to manage the processes as outlined and respond to other demands on resource. Potential to also maintain competitive market.

The Executive Committee considered the proposal and formally approved preferred option C – advertise Managed Practices in a phased approach.

Initially, an advert for the GMS contract of Tredegar Health Centre was placed in the BMJ week commencing 24 July 2023 and circulated locally to practices within the Aneurin Bevan University Health Board area, inviting applications for the management and delivery of general medical services at Tredegar Health Centre. The deadline date for submission of business case proposals was 10am Monday 14 August 2023. Three applications were received and shortlisted.



Following Tredegar Health Centre, an advert for the remaining four managed practice GMS contracts was placed in the BMJ on 28 October 2023 and circulated locally to practices within the Aneurin Bevan University Health Board area, inviting applications for the management and delivery of general medical services at each practice. The deadline date for submission of business case proposals was midday on Friday 24 November 2023. Two applications were received for Brynmawr Medical Practice and one application for Aberbeeg Medical Centre, Blaenavon Medical Practice and Bryntirion Surgery and all were shortlisted.

In line with HR processes, a consultation exercise commenced with all existing employed staff within the five practices, detailing the potential change in employment.

# **Practice Summary**

# Tredegar Health Centre

Following the resignation of former GP Partners, Tredegar Health Centre became directly managed by Aneurin Bevan University Health Board from 1 April 2017. The practice is located within the town centre, in purpose-built accommodation, built in 1980. The practice will be relocating into the new purpose-built Health and Wellbeing Centre adjacent to the current building, on the site of the old Tredegar General Hospital. Expected timescale January 2024. The practice has a current list size of 6,609.

# Aberbeeg Medical Practice, Blaenau Gwent East

Following the retirement of the former GP Partners, the practice became directly managed by Aneurin Bevan University Health Board as of 1 April 2018, which included relocation into a single site in Aberbeeg. The accommodation is purpose built and leased from the previous GP Partner.

The practice has a current list size of 4,694 (1 October 2023). The current practice boundary covers the council wards of Llanhilleth, Abertillery & Six Bells, Crumlin and part of Penmaen.

# Brynmawr Medical Practice, Blaenau Gwent East

Following the resignation of the GP Partnership, the practice became directly managed by Aneurin Bevan University Health Board as of 1 July 2015.

The practice moved into a new modern purpose-built health centre in June 2018, within the centre of Brynmawr and is co-located with Community Pharmacy and Community Dentistry along with other Allied Health Professionals.

The practice has a list size of 10,727 (1 October 2023) and their practice boundary covers the council wards of Brynmawr, Blaina, Nantyglo, Beaufort, Llanelly Hill, Rassau & Garnlydan and part of Cwmtillery.

# **Bryntirion Surgery, Caerphilly North**

Following the resignation of the GP partnership, the practice became directly managed by Aneurin Bevan University Health Board as of 1 December 2017.



In October 2019, a single-handed GP of the neighbouring practice in Markham Medical Centre resigned the contract on 30 September 2019. The Health Board considered all options available to secure ongoing service provision for the patients of Markham. Aneurin Bevan University Health Board assumed the management of Markham Medical Centre as a branch of Bryntirion Surgery, Bargoed as of 1 October 2019.

The practice has a current list size of 11,128 (1 October 2023). The current practice boundary covers all or part of the council Wards of Aberbargoed and Bargoed, Argoed, Gilfach, St Cattwg, Cefn Fforest and Pengam, Darran Valley and Blackwood.

# **Blaenavon Medical Practice, Torfaen North**

Following the resignation of the GP partnership, the practice became directly managed by Aneurin Bevan University Health Board as of 1 January 2023.

The practice has a list size of 6,572 (1 October 2023) and their practice boundary covers the council wards of Blaenavon, Abersychan and part of Llanfoist Fawr.

#### **Asesiad / Assessment**

# **Tredegar Health Centre**

An advert for the GMS contract of Tredegar Health Centre was placed in the BMJ week commencing 24 July 2023 and circulated locally to practices within the Aneurin Bevan University Health Board area, inviting applications for the management and delivery of general medical services at Tredegar Health Centre. The deadline date for submission of business case proposals was 10am Monday 14th August 2023. Three applications were received and shortlisted.

A final closing date for full business cases to be submitted from applicants was set for by 19 September 2023. The Health Board received three business cases, all were shortlisted and invited to interview:

- i. Dr R Kumar & C Rami (Jolly Medical Centre)
- ii. Dr J Ahmed & Dr J Allinson (Pontypool Medical Centre/Lliswerry Medical Centre)
- iii. Dr Kaushal & Partners (Gelligaer Medical Centre)

The Interview Panel was held on 5 October 2023. Panel members in attendance:

Lloyd Hambridge Divisional Director, Primary Care & Community Services

Dr Liam Taylor Deputy Medical Director (Chair)

Victoria Taylor Head of Primary Care

Kay Morris Business Partner Accountant

Dr Natasha Collins Gwent Local Medical Committee Representative

Linda Joseph Llais Cymru

Michelle Llewellyn Senior Primary Care Manager



Esther Phillpott Head of Service, Blaenau Gwent

Based on the outcome of the interview, it was recommended that the full General Medical Services Contract be awarded to Dr Allinson and Dr Ahmed of Pontypool Medical Centre. This would result in the current services continuing to be delivered and all staff subject to Transfer of Undertakings (Protection of Employment) (TUPE). This was ratified by the Executive Team on 30 October 2023.

# Aberbeeg Medical Practice, Brynmawr Medical Practice, Bryntirion Surgery and Blaenavon Medical Practice

The Vacant Practice process was implemented, in relation to Aberbeeg Medical Practice, Brynmawr Medical Practice, Bryntirion Surgery and Blaenavon Medical Practice, with a view to returning to Independent Contractor status.

All four managed practices were advertised locally and nationally with a final closing date for full business cases to be submitted by 24 November 2023. The Health Board received two applications for Brynmawr Medical Practice and one application for Aberbeeg Medical Centre, Blaenavon Medical Practice and Bryntirion Surgery. All were shortlisted and invited to interview:

# Brynmawr Medical Practice:

- iv. Dr Samways, Dr Aubrey and Dr Singh (locums)
- v. Dr J Ahmed & Dr J Allinson (Pontypool Medical Centre/Lliswerry Medical Centre)

# <u>Aberbeeg Medical Centre, Blaenavon Medical Practice and Bryntirion Surgery:</u>

 i. Dr J Ahmed & Dr J Allinson (Pontypool Medical Centre/Lliswerry Medical Centre)

The Interview Panel was held on Monday 11 December 2023. Panel members in attendance:

Lloyd Hambridge Divisional Director, Primary Care & Community Services

Dr Liam Taylor Deputy Medical Director (Chair)

Victoria Taylor Head of Primary Care

Kay Morris Business Partner Accountant

Dr Natasha Collins Gwent Local Medical Committee Representative

Linda Joseph Llais representative

In attendance:

Michelle Llewellyn Senior Primary Care Manager

Justine McCarthy Service Development Manager

Michelle Burford Division Accountant

Kath Thomas GMS Contracts Manager



Based on the outcome of the interview, including the strong support of Llais and Gwent Local Medical Committee Representatives, it was recommended that the full General Medical Services Contract for each of the four managed practices be awarded to Dr Allinson and Dr Ahmed of Pontypool Medical Centre. This would result in the current services continuing to be delivered across all sites and all staff subject to TUPE from 1 April 2024. This was ratified by the Executive Team on 21 December 2023.

The Health Board's financial package of transitional support in relation to the five GP practices was accepted by Dr Allinson & Dr Ahmed and reflects the current workforce deficits, as managed practices, and potential proportionate efficiencies as an independent contractor.

The level of financial support in relation to locum costs will be based on actual spend, subject to evidence provided by the practice as part of the claims process. The Primary Care Contracting Team will review the position on a quarterly basis, or sooner should the practice recruit, and the level of funding will be adjusted accordingly.

After the agreed period of transitional support ends, if the practice continues to experience workforce challenges, further support may be accessed via the Sustainability Assessment Framework application process.

The Health Board will continue to work closely with the incoming partnership and the practice teams to ensure a smooth transition that supports the continued delivery of GMS services.

# **Argymhelliad / Recommendation**

The Board is asked to note the content of the report and the successful awarding of the GMS contracts, thus returning Tredegar Health Centre, Aberbeeg Medical Practice, Brynmawr Medical Practice, Bryntirion Surgery and Blaenavon Medical Practice to Independent Contractor status.

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:	1. Staying Healthy
Health and Care Standard(s):	2. Safe Care
	3. Effective Care
	5. Timely Care
Blaenoriaethau CTCI	Adults in Gwent live healthily and age well
IMTP Priorities	
Link to IMTP	



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

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb	Choose an item.
<b>Equality Impact Assessment</b> (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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>
Deddf Llesiant Cenedlaethau'r Dyfodol - 5 ffordd o weithio Well Being of Future Generations Act - 5 ways	Long Term - The importance of balancing short- term needs with the needs to safeguard the ability to also meet long-term needs Choose an item.
of working  https://futuregenerations.wal es/about-us/future-generations-act/	Long Term – ensures the ongoing provision of GMS services to the patients registered with Aberbeeg Medical Practice, Blaenavon Medical Practice, Brynmawr Medical Practice and Bryntirion Surgery Integration – facilitates integrated working with independent contractors.



Involvement –Involvement from the Local Medical Committee and Llais.

Collaboration – Independent GP Practices and cluster teams. Local Medical Committee and Llais.

Prevention – this will ensure the ongoing provision of GMS services to patients.



Agenda Item: 4.7



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Hannah Evans, Executive Director for Strategy, Planning and Partnerships
SWYDDOG ADRODD: REPORTING OFFICER:	Chris Dawson Morris, Deputy Director Strategy, Planning and Partnerships

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

Er Gwybodaeth/For Information

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

# ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

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

This report provides an update on, Quarter 2 reporting submissions including the Regional Integrated Fund (RIF) evaluation and impact assessment, and an update on the development session that was held with Regional Partnership Board members on 14<sup>th</sup> November 2023 following the governance review that was undertaken in August 2023.

## Cefndir / Background



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

Since the last reporting period, several activities have taken place and continue to be taken forward. These include initial steps to clarifying the RPB objectives, Quarter 2 reporting to Welsh Government, impact assessment and evaluation of the RIF and initial confirmation of 2024 funding allocation from Welsh Government.

#### **Assessment**

The Board is asked to note that since the last reporting period (November 2023) the following progress updates in relation to key areas of work for the Regional Partnership Board (RPB) and via the Strategic Partnership meetings and the Regional Leadership Group. The most recent meeting of the RPB was on 29<sup>th</sup> November 2023.

#### **Governance Review**

An independent governance review of the Gwent Regional Partnership Board (RPB) has been undertaken. The review scope covered six areas:

- ✓ governance framework,
- √ financial governance,
- ✓ risk management,
- ✓ escalation and reporting to partnership bodies,
- ✓ openness and transparency and
- ✓ business processes.

The independent review highlighted 13 findings against the scope outlined above. A task and finish group has been established and includes Health Board representation (Director of Public Health) and governance expertise from the Director of Corporate Governance. in addition to social care representation and an equivalent governance professional from Torfaen Local Authority.

It is anticipated that proposed management responses and subsequent actions will be developed by this group and enable the efficient and effective delivery of a system of internal control and assurance across the RPB and its supporting structures.

The RPB hosted a strategy development session on 14<sup>th</sup> November 2023 to refocus the RPB in determining its objectives, primary purpose and strategic priorities. Subsequent to the workshop session, the following key objectives and areas of focus for the RPB were developed:

- 1. **Focus on prevention.** This was not seen as solely as primary prevention but prevention across care pathways, focusing on activities which prevent decline in citizens health and well-being.
- 2. **Focusing on the longer term.** It was acknowledged the RPB is increasingly being drawn into immediate acute pressures, however it may add best value



- by focusing on longer term sustainability and preventative activity in order to break out of cycles of seasonal pressures. This was seen as particularly important given the demographic changes in the Gwent population.
- 3. **Focus on Early Years.** In the context of a longer-term preventative focus it was acknowledges focusing on early years is essential
- 4. **Relentless focus on citizen need.** Across all areas, ensuring a focus on understanding and meeting the needs of the population of Gwent working with citizens.

There was a common recognition of the need to better define the relationship between the RPB and Public Service Board (PSB) and subsequently the wider partnership infrastructure.

A further workshop is taking place in February 2024 with a focus on the supporting architecture of partnership working.

# **Quarter 2 Reporting**

In December 2023, the RPB, reported the Quarter 2 position to Welsh Government. Initial feedback from Welsh Government has been positive with acknowledgement of the extensive and comprehensive report that has been produced.

The reporting adhered to Welsh Government guidance on producing reports for each of the National Models of Care (NMOC). This was an additional reporting task and was the first time the information had been reported in this way. Welsh Government complimented RPB colleagues on their attempt at populating the prescribed report as many other regions were not able to produce reports relating to NMOC.

Formal feedback is awaited from Welsh Government and is expected to be shared early in the new year.

# Regional Integration Fund (RIF) Evaluation and Impact Assessment

In conjunction with the Q2 reporting, an evaluation of all RIF funded projects has also been commissioned. A two-phased approach has been agreed, with the first phase requiring scrutiny of existing information on projects to produce an impact assessment, to inform a risk-based approach to a more detailed programme of evaluation. The first phase has been completed and is scheduled for ratification by Strategic Partnerships by the end of February 2024.

The outcomes of the evaluation will be pivotal in informing decisions in relation to viability and effectiveness of projects and potential funding tapering in 2024/25. Further confirmation on tapering is awaited from Welsh Government, and, if required, will be implemented in 2024/25.

Contingency planning has been undertaken with partners on any potential tapering of funding and support is also being provided to Third Sector colleagues.



Outcomes in relation to the impact assessment of projects will be shared with the Board and relevant Committees, as it becomes available as part of the wider RIF evaluation.

# 2024/25 Financial Allocation

The Regional Partnership Board has not yet received a formal letter of grant allocation from Welsh Government. However, the majority of existing RPB grants have been referenced within the ABUHB allocation letter, including:

- Main RIF Revenue
- Ringfenced Integrated Autism Service
- Unpaid Carers Hospital Discharge
- Further Faster

A small number of ring-fenced grants as summarised below are still awaiting confirmation:

- Dementia Action Plan (£1.6m)
- Dementia Memory Assessment Services (£565k)
- Carers Short Breaks (£247k)
- Neurodivergence Improvement Programme (£268k)

It is anticipated that formal notification of grant allocations and tapering requirements will be issued to Regional Partnership Boards in February 2024.

### **Further Faster Funding**

On  $27^{th}$  October 2023, the RPB received written confirmation from NHS Wales Director General regarding an additional part year allocation in 2023-24 of £1.58m and full year recurrent funding of £2.29 from 2024-25. Whilst the funding has been allocated to health boards to manage and is very precise about the utilisation of the funding it is expected that determining the best use of the funding will have been considered in partnership with Local Authorities and wider partners (including the third sector) through the Pan Cluster Planning Groups (in Gwent these are the Integrated Service Planning Boards (ISPBs) which are at borough level).

Welsh Government indicative investment levels for each priority are as follows:

- Building community capacity and anticipatory care planning via ISPBs (£1.41m in 23-24, £1.6m in 24-25 recurrently).
- Nursing priorities for community nursing and end of life care (£180k in 23-24, £690k in 24-25 recurrently).

Decisions on the deployment of Further Faster funding has been delegated by the RPB to the Regional Leadership Group and to date 2 bids have been approved: £999k non-recurrently on 23/24 to support the digital switchover of the community care system, and an in-year allocation of £51k, and £873k recurrent allocation to support Community Resource Team (CRT) expansion and Acute Frailty Response.



A number of task and finish groups have been established to finalise the Further Faster plans, including consideration of the Community Nursing and End of Life regional care model. Regional Leadership Group will confirm final allocations of Further Faster funding at the meeting of 12<sup>th</sup> February 2024.

# **Argymhelliad / Recommendation**

The Board is asked to note the update on the Regional Partnership Board.

Amcanion: (rhaid cwblhau) Objectives: (must be complete	ed)
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR009 – Transformation and Partnership Working
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities  Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives  Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

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



Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
Is EIA Required and included with this paper	
No does not meet requirements	
No does not meet requirements	
An EOIA is required whenever we are developing a	
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	
required contact <u>Apple Die Walconniolak</u>	
Integration - Considering how the public body's	
well-being objectives may impact upon each of the	
well-being goals, on their objectives, or on the	
objectives of other public bodies	
Choose an item.	



Agenda Item: 4.8



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	Executive Committee Activity: October 2023 – 11th January 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

# Pwrpas yr Adroddiad Purpose of the Report

Er Gwybodaeth/For Information

# ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

This report provides the Board with an overview of a range of issues discussed by the Executive Committee during the period 20<sup>th</sup> October 2023 to 11<sup>th</sup> January 2024. Due to the nature of the Executive Committee's business, not all issues will be suitable for disclosure into the public domain.

#### Cefndir / Background

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

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

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

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#### **Asesiad / Assessment**

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

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

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

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

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

During the period 20<sup>th</sup> October 2023 – 11<sup>th</sup> January 2024 the following matters were some of the issues considered by the Executive Committee:

#### Quality, Safety & Culture

At each weekly meeting, the Executive Committee receives a Safety Briefing which includes a summary of recent Patient Safety Incidents, Complaints, Never Events, and Injurious Falls. The Executive Committee has also maintained a focused on the performance of ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the entire system.

Other matters discussed include:

 <u>Staff Respiratory Risk Assessment</u>: The Executive Committee was presented with a Staff Respiratory Risk Assessment, which was aligned to the National guidance and had been shared with Managers and staff for feedback. The Executive Committee approved the implementation of the Risk Assessment, which would be made available on the Health Board's website.

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- Review of Hospital Cleaning Provision: The outcome of the review of hospital cleaning provision in accordance with the National Standards for Cleaning in NHS Wales 2009 was submitted to the Executive Committee. The Executive Committee approved the Facilities Division recommendations, which would ensure a consistent approach to cleaning. The Facilities Division was requested to develop an implementation plan, which would be overseen by the Patient, Quality, Safety and Outcome Committee.
- Recovery of Primary Care Mental Health Support Services Performance Targets:
   A briefing was provided to the Executive Committee on the performance of Primary Care Mental Health Services and included an update on waiting list activity, staffing levels, demand and capacity issues. The Executive Committee noted the actions being undertaken by the Service, including the development of a Recovery Plan to address key aspects.
- Value Based Healthcare (VBHC) 2023/24: The Executive Committee received a presentation on VBHC for 2023/24. The presentation provided an overview of the role of VBHC, achievements, feedback from staff and an update on ongoing projects.
- <u>Psychological Recovery in Cancer Services:</u> A presentation was provided on the development of an Enhanced Psychological Recovery Support Programme, which had been developed in response to patient feedback. The presentation highlighted the development of the programme, patient feedback and future development opportunities. The Executive Committee noted the actions being undertaken to ensure service sustainability.
- <u>Patient Experience & Involvement Strategy</u>: The Executive Committee received a six-monthly update on the implementation of the Patient Experience & Involvement Strategy including feedback from staff and patients. It was noted the strategy was aligned to the Health Board's Quality Strategy.
- Ambulance Escalation Changes: The Welsh Ambulance Service Trust's (WAST)
   Ambulance Escalation Changes protocol was considered by the Executive
   Committee. The protocol includes a list of actions to be undertaken by both
   WAST and the Health Board against five escalation levels. The Executive
   Committee reviewed each escalation level and suggested some changes. The
   Ambulance Escalation Changes Protocol will be shared across the Health Board.
   This will sit alongside the Health Board's own escalation arrangements once
   finalised.
- <u>Industrial Action</u>: Prior to the Industrial Action (Junior Doctors) of 15<sup>th</sup> to 17<sup>th</sup> January 2024, the Executive Committee received considered in detail operational and strategic plans to maintain service provision and ensure patient safety during this period.

#### **Delivery, Performance & Efficiencies**

The Executive Committee has monitored and discussed the Health Board's financial position continuously and implemented mitigating actions to improve the forecasted financial position. These discussions had taken place as part of the core Executive Committee meetings and finance specific Executive Team

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meetings. To ensure a consistent sufficient focus on delivery and to further explore opportunities across the Health Board, an Executive Value and Sustainability Board was now in place.

#### Other matters discussed include:

- Welsh Health Circular (WHC) and Ministerial Directions Tracker: The WHC and Ministerial Directions Tracker was submitted to the Executive Committee. The key Ministerial Directions were noted as the Duty of Candour Statutory Guidance 2023, the NHS (GMS Contracts) (Wales) Regulations 2023: Integrated Impact Assessment, the Primary Care (E-Prescribing Pilot Scheme) Directions 2023 and NHS (GMS Contracts) (Wales) Regulations 2023. The aim of the tracker was to provide oversight on Ministerial Directions and WHC's and highlight those that were to be implemented.
- <u>Audit Recommendations Tracker</u>: An update on the Audit Recommendations Tracker was provided to the Executive Committee. The report provided an update on the current implementation of all Internal and External audit recommendations as at 30<sup>th</sup> September 2023. It was highlighted that 44 Internal and 12 External recommendations had been completed and timescales had been revised for 34 Internal and 4 External Audit recommendations. It was noted that a dashboard was being developed, which would be submitted to the Audit, Risk and Assurance Committee for oversight.
- <u>6 Goals for Urgent & Emergency Care: Goal 5 Discharge/Transfer Lounge Proposal</u>: The Executive Committee received a proposal to relocate the Discharge/Transfer Lounges at the Royal Gwent and Nevill Hall Hospitals and to substantively recruit staff to the Lounges. The Executive Committee supported the proposal in principle and requested further work to understand the Capital Costs associated with this proposal.
- <u>Employee Assistance Programme Short Term Contract</u>: The Executive Committee approved a 12-month contract with the Employee Assistance Programme. The short-term contract would provide support to staff during the winter period and the Health Board's Speaking Up Safely Framework.
- <u>Clinical Communications Strategy</u>: Following a review by the Informatics Team
  of the Health Board's clinical communication systems, a Clinical Communication
  Strategy was presented to the Executive Committee. The review examined
  current systems, the Health Board's strategic direction and the need to future
  proof systems. The Executive Committee requested additional work on the
  financial impact of the Clinical Communications Strategy.
- Nursing Workforce Strategy: Accommodation Procurement Tender: The Executive Committee was informed that, as part of the Health Board's ongoing recruitment of Internationally Educated Nurses, there was a need to secure accommodation for 75 nurses for the next two years commencing in April 2024. To ensure compliance with NHS Procurement Regulations, a full tender process was therefore agreed.

## **Strategic Planning & Service Development**

- Annual Plan 2024-25: The Executive Committee has continued to focus on the ongoing development of the Health Board's Annual Plan 2024/25, including the Financial Plan for 2024-25 following receipt of the Health Board's Allocation of Funding Letter and Ministerial Priorities, as information was received from Welsh Government.
- Antiviral Service: The Executive Committee received an update on changes to the National Anti-Viral Service and the associated impact on the Health Board. The Executive Committee endorsed an In-House Nurse Triage and Treat Service Model and noted that there may be a need to flex staffing to respond to any outbreaks.
- <u>COVID-19 Vaccination Service</u>: The Executive Committee was informed of the challenges faced by the service in responding to demand, following Welsh Government funding changes. The Executive Committee endorsed the use and recruitment of a Vaccination Bank to assist in the delivery of vaccines.
- The Future of Welsh Community Care Information System (WCCIS): The Digital Team provided an update on the National WCCIS Programme and the implications for the Health Board. The Executive Committee approved the approach to develop local options, which would ensure integration with existing systems and allow for the development of standardisation of forms etc.
- Stroke Improvement Plan: Following the Getting It Right First Time (GIRFT) Stroke Medicine Review Report of September 2022 and the publication of the Health Inspectorate Wales (HIW) National Review of Patient Flow: a journey through the stroke pathway (2023), the Service presented to the Executive Committee an Improvement Plan responding to the recommendations. Both reviews considered the Stroke Pathway and highlighted areas for improvement and areas of best practice to improve patient safety, patient experience and the flow of patients around hospital systems. The Executive Committee noted the work that had taken place by the Service in responding to the recommendations from both reviews.
- Smoke Free Officer Options Appraisal: In line with the Public Health (Wales) Act (2017) and the smoke-free Premises and Vehicles (Wales) Regulations 2020, the Executive Committee received a report on the Health Board's approach to stopping people smoking across sites. The report provided an overview of actions taken to implement the legislation, which has focused on education and encouraging staff, patients, visitors and contractors to comply with the Health Board's no-smoking policy. The Executive Committee supported the report's recommendations to embed responsibility for making Health Board's sites smoke-free part of all employee's roles.

## Strategic Partnership Arrangements

- Voluntary Sector Commissioning (Procurement) Mental Health & Learning <u>Disabilities (MH & LD)</u>: The MH & LD Division provided an update on the ongoing review into an alternative approach to the procurement of services provided by the Voluntary Sector. The Executive Committee approved proceeding to Competitive Tendering Procurement Stage for five contracts, as listed below:
  - Community Advocacy: ensuring 'choice and voice' and is still in line with the Gwent Regional Advocacy Strategy;

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- Welfare Rights: to ensure people in contact with our services, and those close to them (carers) have appropriate expertise to ensure financial inclusion;
- "Taster Sessions": to support the transition for people in contact or being discharged from ABUHB services back into the community, this includes volunteering, opportunities for employment (with support), life-skills, group sessions;
- "Creative Arts" to support people's emotional and mental health and wellbeing, both in our wards and within community settings and;
- "Connecting with Nature" is for people to benefit from being in nature, taking advantage of horticultural pursuits, environmental and sustainable living, volunteering and employment opportunities
- <u>Joint Partnership Bid with Monmouthshire County Council:</u> The Executive Committee was informed of an approach by Monmouthshire County Council to submit a joint bid to the EC04 Flexi Initiative Combating Fuel Poverty. It was noted that the initiative was funded by Fuel Companies and intended to provide funding to families to assist with fuel bills. It was noted that the implementation of this initiative had been hampered by the perception communities that the initiative was a scam and that the Fuel Companies were exploring opportunities to work with reputable organisations to help advertise the opportunity and secure greater take up of the initiative. The Executive Committee supported submitting a joint bid with Monmouthshire County Council.
- Population Health Gwent Joint Needs Assessment: The Executive Committee received the first iteration of a Gwent Joint Needs Assessment (GJNA) for discussion. It was highlighted the GJNA was a public tool, which provided an interactive and comprehensive overview of the health and well-being of the Gwent population. As this was a public tool, a suite of supporting tools such as YouTube videos were also being developed. It was noted the GJNA linked with Local Authorities, such as Housing Departments. The Executive Committee Noted this exciting and innovative development and looked forward to future updates as the GJNA was developed.
- Public Health Incident Response Plan: A draft Public Health Incident Response Plan was presented to the Executive Committee for consideration. The Plan built upon the lessons learnt from the COVID-19 pandemic and other outbreaks. The Executive Committee provided feedback and requested the plan was submitted to the Emergency Planning Group for scrutiny before the final Public Health Incident Response Plan was submitted to the Executive Committee for sign off.

#### **Other Formal Business**

As standing agenda items, the Executive Committee receives:

- Internal Audit reports issued;
- Routine reporting against Audit Recommendations Tracking; and
- Published Welsh Health Circulars and Ministerial Guidance.

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

- Nursing Staffing Levels Wales Act Annual Report
- Nursing & Midwifery Strategy 2023-26

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- Stroke Services Reconfiguration
- Speaking Up Safely Framework
- Various reports relating to the Integrated Medium Term Plan and the Health Board's longer term strategy.
- Musculoskeletal Transformation Update.
- Health, Safety & Fire Annual Report 2022/23
- Hybrid Mail Project Update.
- Strategic Risk & Assurance Report (Board Assurance Framework)
- Performance Report IMTP 2023-26
- Long Term Strategy Design Principles
- Draft Capital Programme 2024/25
- Outcome of Minor Injuries Unit Opening Hours Public Consultation
- Health, Safety & Fire Improvement Plan
- Risk Management Framework

# **System Leadership Group**

The Executive Team has established monthly System Leadership Group meetings throughout 2023 with leaders from across the Health Board. The meetings have been used to discuss systemwide priorities, including a focus on how to deliver improvements and financial savings, and feedback from the most recent staff wellbeing survey.

# **Executive Team Development**

The Executive Team continues to hold monthly sessions to focus on team development, informal discussion on the development of cultural and strategic aspects as well as enable dedicated attention to key risks and issues. In the last reporting period, the Executive Team has dedicated informal time to focus on team development and individual team member styles and preferences. In addition, the Executive Team has taken time to reflect on challenges and opportunities allowing space to explore matters in an informal and collective way.

# **Argymhelliad / Recommendation**

The Board was asked to **NOTE** the update of the Executive Committee and the overview of some of its activities.

Amcanion: (rhaid cwblhau)	
Objectives: (must be complete	ed)
Cyfeirnod Cofrestr Risg Datix a	
Sgôr Cyfredol:	
Datix Risk Register Reference	
and Score:	
Safon(au) Gofal ac Iechyd:	All Health & Care Standards Apply
Health and Care Standard(s):	Choose an item.
	Choose an item.
	Choose an item.

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Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Every Child has the best start in life
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives	Improve the Wellbeing and engagement of our staff Improve patient experience by ensuring services are sensitive to the needs of all and prioritise
Strategic Equality Objectives 2020-24	areas where evidence shows take up of services is lower or outcomes are worse Improve the access, experience and outcomes of those who require mental health and learning disability services Choose an item.

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

Effaith: (rhaid cwblhau)	
Impact: (must be completed	)
	Is EIA Required and included with this paper
Asesiad Effaith	No does not meet requirements
Cydraddoldeb	
<b>Equality Impact</b>	An EQIA is required whenever we are developing a
Assessment (EIA) completed	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
<b>Deddf Llesiant</b>	Integration - Considering how the public body's
Cenedlaethau'r Dyfodol - 5	well-being objectives may impact upon each of the
ffordd o weithio	well-being goals, on their objectives, or on the
Well Being of Future	objectives of other public bodies
Generations Act – 5 ways	Collaboration - Acting in collaboration with any
of working	other person (or different parts of the body itself)

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https://futuregenerations.wal es/about-us/futuregenerations-act/ that could help the body to meet its well-being objectives

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Agenda Item: 4.9



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) Update Report – January 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Michelle Jones, Head of Board Business

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 had fair and equitable access to a full range of specialised services. WHSSC is therefore responsible for joint planning of Specialised and Tertiary Services as delegated on behalf of Health Boards in Wales.

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

The Joint Committee is led by an Independent Chair, appointed by the Minister for Health and Social Services, and membership is made up of three Independent Members, one of whom is the Vice Chair, the Chief Executive Officers of the seven Health Boards, Associate Members and a number of Officers. The Standing Orders of each of the seven Health Boards include the Governance Framework for WHSSC,

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including a Scheme of Delegation as published on the WHSSC website <u>Schedule 4</u> (nhs.wales).

Whilst the Joint Committee acts on behalf of the seven Health Boards in undertaking its functions, the responsibility of individual Health Boards for their residents remains and they are accountable to citizens and other stakeholders for the provision of specialised and tertiary services.

#### **Asesiad / Assessment**

The Joint Committee last met on 21<sup>st</sup> November 2023 and the papers for the meetings are available at: 2023/2024 Meeting Papers - Welsh Health Specialised Services Committee (nhs.wales). A summary of key matters discussed included:

- Draft Integrated Commissioning Plan (ICP)
- Cochlear Implant and Bone Conduction Hearing Implant Update
- Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital
   & Data Award
- Paediatric Surgery Update
- Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)
- Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks
- Gender Identity Services for Children and Young People Update
- Audit Wales WHSSC Committee Governance Arrangements Update
- WHSSC Integrated Performance Report August 2023
- Financial Performance Report Month 6 2023-2024
- Approved the WHSSC Annual Report 2022-2023.

The assurance report from this meeting is shown at **Appendix 1.** 

On the same day of the last Joint Meeting an In Committee meeting was held and the following topics were covered:

- Wales Fertility Institute Performance
- Coroner's Inquest
- Mother and Baby Unit Performance Update and Outcome Data
- Financial Limits Assurance Report

## **Argymhelliad / Recommendation**

The Board is asked to RECEIVE this update report on WHSSC Joint Committee activity.

## **Attachments**

Appendix 1.

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  Galluogwyr allweddol o fewn y	Choose an item.  Choose an item.
CTCI Key Enablers within the IMTP	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	No does not meet requirements
Cydraddoldeb	
<b>Equality Impact</b>	An EQIA is required whenever we are developing a
Assessment (EIA) completed	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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>

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

Choose an item. Choose an item.

https://futuregenerations.wal es/about-us/futuregenerations-act/

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# WELSH HEALTH SPECIALISED SERVICES COMMITTEE (WHSSC) JOINT COMMITTEE MEETING BRIEFING - 21 NOVEMBER 2023

The Welsh Health Specialised Services Committee held its latest public meeting on 21 November 2023. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the Welsh Health Specialised Services.

The papers for the meeting can be accessed using the link below: 2023/2024 Joint Committee - Welsh Health Specialised Services Committee (nhs.wales)

# 1. Minutes of Previous Meetings

The minutes of the meetings held on the 19 September 2023 were **approved** as a true and accurate record of the meeting.

# 2. Action log & matters arising

Members **noted** the progress on the actions outlined on the action log.

# 3. Financial Savings Update

Members received a presentation on WHSSC's saving plan forecast.

Members **noted** the presentation.

# 4. Draft Integrated Commissioning Plan (ICP)

Members received a report and a presentation offering assurance regarding the development of the 2024/2025 Integrated Commissioning Plan (ICP) and the approach to its development within the wider NHS Wales situational context.

Members **noted** the report and the presentation.

# 5. Chair's Report

Members received the Chair's Report and **noted**:

- Chairs Action the Chair's Action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023 for a period of up to 3 years; and
- · Key Meetings attended.

Members (1) **Noted** the report, (2) **Ratified** the Chair's action taken on 25 October 2023 to appoint Mrs Elizabeth Kathleen Abderrahim, as Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel.

WHSSC Joint Committee Briefing Page 1 of 5 Meeting held 21 November 2023

# 6. Managing Director's Report

Members received the Managing Director's Report and **noted** the following updates:

- Cochlear Implant and Bone Conduction Hearing Implant Update The Designated Provider process has been initiated to implement the model agreed by the Joint Committee. A letter inviting Expressions of Interest to become the specialist auditory implant device hub with an outreach service was sent to all the Health Boards (HBs) in the South East Wales, South West Wales and South Powys region in July 2023. WHSSC received two responses: CVUHB submitted an Expression of Interest in becoming the specialist auditory implant device hub with an outreach service; and SBUHB confirmed that they wished to work in partnership with CVUHB to develop the outreach support. The remaining elements of the Designated Provider process are in progress to ensure that the HB is able to meet the service criteria. The results of the full process will be received by the Management Group for scrutiny before a formal recommendation is made to the Joint Committee; and
- Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award Congratulations to James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC on winning the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information before and after their first prescription of the new drug.

Members **noted** the report.

### 7. Paediatric Surgery Update

Members received a report which considered the short term and longer term transformational changes for Paediatric Surgery and Paediatric Intensive Care in 2024/25 following a Joint Committee Workshop held on 17 November 2023. The neonatal service issues will be considered in more detail by the Joint Committee in January 2024. The report also made a recommendation to continue outsourcing paediatric surgery in 2023/24 (previously included in WHSSC's Financial Improvement Options).

Members (1) **Noted** the report and the steps taken to date, **(2)Approved** the continued outsourcing of paediatric surgery cases in 2023/24, (3) **Did not Support** the principle of outsourcing the backlog of patients in 2024/25 to support a waiting list position of 36 weeks, with

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the detail to be considered in the agreement of the WHSSC Integrated Commissioning Plan (ICP) 2024/25, but **did support** the ambition to do so; and (4) **Supported** the transformational programme of work for paediatric surgery and paediatric intensive care for inclusion in the WHSSC ICP 2024/25.

# 8. Individual Patient Funding Request Policy (IPFR) and WHSSC Terms of Reference (TOR)

Members received a report presenting the outcomes from the engagement process with key stakeholders to review the All Wales Individual Patient Funding Request (IPFR) Policy and to seek support for the proposed changes to the policy prior to being shared with Health Boards for final approval. The updated WHSSC IPFR Terms of Reference (ToR) were also presented for approval.

Members (1) **Noted** the report, (2) **Noted** the feedback from the WHSSC IPFR engagement process with key stakeholders, (3) **Supported** the proposed changes to the All Wales IPFR Policy prior to being submitted to each Health Board (HB) for final approval, (4) **Noted** that the proposed changes in the revised Policy have been developed jointly by the Policy Implementation Group and WHSSC, and have taken into consideration, where appropriate, the comments and suggestions received from the Kings Counsel (KC), (5) **Noted** that once the revised policy has been approved by the Health Boards (HBs) it will be shared with Welsh Government prior to adoption, (6) **Noted** that a Task & Finish Group have discussed and agreed some further updates to the WHSSC ToR; and (7) **Approved** the proposed changes to the WHSSC IPFR Panel ToR.

# 9. Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks

Members received a report proposing revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit.

Members (1) **Noted** the report, (2) **Approved** the revised arrangements for commissioning, performance management and delivery assurance for Operational Delivery Networks (ODNs) commissioned by WHSSC and the respective services where they sit within WHSSC's remit; and (3) **Approved** the new Terms of Reference (ToR) that have been prepared for the South Wales Trauma Network (SWTN) and the South Wales Spinal Network (SWSN) Delivery Assurance Groups (DAGs).

# **10.** Gender Identity Services for Children and Young People Update

Members received a report providing an update on the progress of the NHS England (NHSE) Transformation programme for gender services for Children and Young People. The report aims to provide an update on the

development of regional services, options for Welsh patients and identify any potential financial risks.

Members (1) **Noted** the information presented in the report regarding the NHS England Transformation Programme for children and young people with gender incongruence, (2) **Noted** the mobilisation timescale and the risk of increased waiting times for children and young people as a result, (3) **Supported** WHSSC's commissioning position of continuing to work with NHS England to progress services in line with the recommendations of the Cass Review, (4) **Noted** the information in the report regarding the financial risks linked to the NHS England mobilisation costs and potential revised tariff that are likely to present an 'in year' risk to WHSSC in 2024-25, (5) **Supported** inclusion of the proposal for funding for the provision of waiting list support in the WHSSC triangulated risk assessment process which will inform the 2024/25 Integrated Commissioning Plan (ICP).

# 11. Audit Wales - WHSSC Committee Governance Arrangements Update

Members received a report providing an update on progress against the recommendations outlined in the Audit Wales WHSSC Committee Governance Arrangements report.

Members (1) **Noted** the report, (2) **Noted** the progress made against WHSSC management responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report, (3) **Noted** the progress made against the Welsh Government responses to the Audit Wales recommendations outlined in the WHSSC Committee Governance Arrangements report; and (4) **Approved** the updated audit tracker for submission to Audit Wales and to HB Audit Committees for assurance in early 2024.

# 12. WHSSC Integrated Performance Report - August 2023

Members received a report providing a summary of the performance of WHSSC's commissioned services. Further detail including splits by resident Health Board (HB) was provided in an accompanying Power BI Dashboard report.

Members **noted** the report.

# 13. Financial Performance Report – Month 6 2023-2024

Members received the financial performance report setting out the financial position for WHSSC for month 6 2023-2024. The financial position was reported against the 2023-2024 baselines following approval of the 2023-2026 WHSSC Integrated Commissioning Plan (ICP) by the Joint Committee in February 2023.

The year to date financial position reported at Month 6 for WHSSC was an

underspend against the ICP financial plan of (£5.171m), the forecast year-end position was an underspend of (£9.076m).

Members **noted** the contents of the report including the year to date financial position and forecast year-end position.

## **14. Corporate Governance Matters**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members (1) **Noted** the report; and (2) **Approved** the WHSSC Annual Report 2022-2023.

#### 15. Other reports

Members also **noted** update reports from the following joint Sub-committees:

- Audit and Risk Committee (ARC),
- Management Group (MG),
- All Wales Individual Patient Funding Request (IPFR) Panel,
- Integrated Governance Committee (IGC),
- Quality & Patient Safety Committee (QPSC); and
- Welsh Kidney Network (WKN).









Agenda Item: 4.9



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	EMERGENCY AMBULANCE SERVICES COMMITTEE (EASC) Update Report – January 2024
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Nicola Prygodzicz, Chief Executive Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Rani Dash, Director of Corporate Governance

<b>Pwrpas yr Adroddiad</b>	
<b>Purpose of the Report</b>	t

Er Sicrwydd/For Assurance

# ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

The purpose of this report is to provide an update to the Board in respect of the matters discussed and agreed at recent meetings of the Emergency Ambulance Service Committee as a Joint Committee of the Board.

#### **Cefndir / Background**

The Emergency Ambulance Services Committee is a Joint Committee of all Health Boards in NHS Wales. The Minister for Health and Social Services appointed an Independent Chair through the public appointment process to lead the meetings and each Health Board is represented by their Chief Executive Officer; the Chief Ambulance Services Commissioner is also a member.

The Joint Committee has been established in accordance with the Directions and Regulations to enable the seven LHBs in NHS Wales to make joint decisions on the review, planning, procurement and performance monitoring of Emergency Ambulance Services (Related Services), the Emergency Medical Retrieval and Transfer Service (EMRTS) and the Non-Emergency Patient Transport Service and in accordance with their defined Delegated Functions. The Standing Orders of each of the seven Health Boards include the Governance Framework for EASC, including a Scheme of Delegation as published on the EASC website <a href="Schedule 4">Schedule 4</a> (nhs.wales).

Although the Joint Committee acts on behalf of the seven Health Boards in discharging its functions, individual Health Boards remain responsible for their

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residents and are therefore accountable to citizens and other stakeholders for the provision of Emergency Ambulance Services (EAS); Emergency Medical Retrieval and Transfer Service (EMRTS Cymru) and Non-Emergency Patient Transport Services (NEPTS).

#### **Asesiad / Assessment**

The Joint Committee met on 21<sup>st</sup> November 2023 and on 21<sup>st</sup> December 2023, since the last report to Board. The papers for this meeting are available at <a href="Meetings and Papers - Emergency Ambulance Services Committee">Meetings and Papers - Emergency Ambulance Services Committee (nhs.wales)</a>.

A summary of the business discussed at the November and December meetings that included:

- Performance report
- Quality and Safety report
- EASC Commissioning Update
- Update on progress related to the emergency medical retrieval and transfer service (EMRTS Cymru) service review
- Welsh Ambulance Trust reports

The full Assurance report for both meetings are attached. A glossary of terms is also appended to this report.

# **Argymhelliad / Recommendation**

The Board is asked to RECEIVE this report by way of an update on EASC Joint Committee activity.

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

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

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)	ı,
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 <u>ABB.EDI@wales.nhs.uk</u>
Deddf Llesiant Cenedlaethau'r Dyfodol - 5 ffordd o weithio Well Being of Future Generations Act - 5 ways of working	Choose an item. Choose an item.
https://futuregenerations.wal es/about-us/future- generations-act/	

Reporting Committee	<b>Emergency Ambulance Services Committee</b>		
Chaired by	Chris Turner		
Lead Executive Directors	Health Board Chief Executives		

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Author and contact details.	Gwenan.roberts@wales.nhs.uk
Date of last meeting	21 November 2023

# 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/november-2023/

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 19 September 2023 subject to **one updated clarification**.

The Welsh Ambulance Services NHS Trust (WAST) provider report at EASC 23/093 (last bullet point). Jason Killens updated the Committee that no decisions had been made and WAST continued to be in discussion with the provider (SALUS) which was expected to conclude in the next week or so. Discussions were progressing well, and a more substantial update would be provided at the next meeting.

# **PATIENT STORY - the first time at an EASC meeting**

Professor David Lockey introduced a video with a patient story 'A step too far - Donna's story'.

# Members noted:

- EMRTS provides a national service with four bases that respond across Wales.
- the service is coordinated from the EMRTS Critical Care Hub with each 999 call screened and triaged to identify the need for the highly specialised advanced care provided
- in the patient story, the crew from the nearest base at Caernarfon was already busy and therefore the Welshpool crew came straight to the patient from Ysbyty Gwynedd where they had just handed over a patient.
- not all incidents relate to high trauma such as road traffic accidents, this was a fall from standing at home in the garden.
- the patient had a severe lower limb open fracture and a fractured arm.
- the triage decision making for resource dispatch was based on the information the public are providing from scene.
- the service provided advanced decision making, early antibiotics, advanced analgesia, sedation and a direct flight to definitive care.
- the patient was taken to the Stoke Major Trauma Centre for restoration of the blood supply to the limb and for the open fracture to be dealt with, this required orthopaedic and plastic surgery.
- the work of the EMRTS Patient Liaison service was identified, which provides support
  to patients and relatives, including follow-up visits at varying intervals during
  recovery. The aim of liaison is to provide explanations about what has happened at
  the scene whilst giving emotional support to both patient and relative. Also,
  information gained helps to improve the service provided.

Members noted the reduction in terms of hours for the patient to receive definitive care when attended by the service.

The Chair thanked David Lockey for leading the session and reflected on the powerful story about an incident which could happen to anyone.

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On behalf of the Committee, the Chair also thanked Donna for sharing her story to help others understand how the service works and explaining the life and limb saving benefits for patients.

#### **PERFORMANCE REPORT**

The Performance Report was received which included the Ambulance Service Indicators and the EASC Action Plan. In presenting the report, Stephen Harrhy highlighted a number of key areas. Members noted:

- 999 call volumes in September 2023 were slightly lower than the same period last year but with an increase in the number of incidents responded to
- work to "shift left" as much as possible with hear and treat at a higher rate than the same period last year, with WAST working with colleagues from the Six Goals for Urgent and Emergency Care Programme to progress opportunities identified
- work to re-categorise calls, with some amber calls moving to the red category.
- disappointing performance against the 8 minute standard.
- amber incidents in September 2023 were 5.6% higher than the same period last year.
- the increased acuity of incidents presenting to the system.
- the IMTP commitments in terms of ambulance handover delays not being met, with total hours lost increasing since June.

# Members agreed:

- the historical data indicated an increased demand to come over the next period which was concerning.
- the recent Chief Executive meeting had discussed ensuring WAST had access to any Same Day Emergency Care services across Wales.
- the need for WAST staff and Emergency Department staff to continue to work collaboratively, this included access to diagnostic services and ensuring the early release of patients who did not require further treatment.
- the need to focus on the role of clinical hubs and progressing the opportunities identified.
- to focus efforts on the 4hour red lines, these had increased significantly in some areas.
- to monitor the above over the next 6-8 weeks with the EASC Team providing more regular updates including site by site and regional perspectives.

#### Members noted:

- concern at the level of red calls and the recent increase in these and the variability in the amount of ambulance handover hours lost.
- that these increases did not reflect the number of patient admissions
- the importance of SDEC (and access to the services for WAST staff) and other alternatives to ED
- the need to consider what could be done for the large number of elderly people within the population to improve the quality of the service.
- the pending Christmas season and the need for preparation for the post-Christmas period.
- Cardiff & Vale UHB were a net exporter of ambulance resources to other parts of south east Wales; whilst this was good in terms of patient safety, there was a need to address the balance as patient flow improves
- there was a need to reflect the actions and opportunities being taken across the system in the Integrated Commissioning Action Plan (ICAP) process.

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- the red incidents verified incidents was shared by Jason Killens with breathing difficulties increasingly significant in recent weeks and the impact of this on the system.
- increased WAST resource hours available across all resource types, more total hours, less overtime, less abstractions and the work undertaken by WAST to sustain higher levels of production in readiness for winter.

#### Members agreed:

- the increase of red calls relating to breathing difficulties and the need to consider progressing a respiratory plan at pace.
- to progress discussions with the Primary Care and the Six Goals for Urgent and Emergency Care National Programmes regarding virtual wards for acute respiratory illness / infection
- to review the work undertaken in England that identified an over-triage rate in relation to respiratory and the opportunity to include conversion to conveyance and admission rates in relation to respiratory red calls.
- to consider alternatives to the medical model at the front door, a nurse/therapy model was suggested.
- Stephen Harrhy agreed to send a note following the meeting in relation to the points raised above. This would include the areas for specific focus over the coming months, monitoring and reporting arrangements, the escalation process and use of the ICAP process to coordinate these efforts.

# **QUALITY AND SAFETY REPORT**

The Quality and Safety Report was received. In presenting the report, Stephen Harrhy highlighted the presentation of the revised quality report in light of the requirements of the Duty of Candour and Duty of Quality.

## Members noted:

- The WAST plan for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months.
- 7 cases identified by WAST as requiring joint investigation in September 2023.
- An increased number of patients were waiting over 12 hours for an ambulance response in September 2023 compared to July and August 2023.
- The return of spontaneous circulation (ROSC) rates was 22.1% which was felt to reflect the impact of the CHARU service.
- The number of patients that self-presented at ED with a high triage category, with 323 patients self-presenting at a category 1 triage level (concern re missing earlier intervention)
- The Review of Remote Clinical Services; the recommendations had been accepted by WAST and the Review had been presented at EASC Management Group. An implementation plan for the recommendations would be presented at the next EASC Management Group meeting and an update provided at future EASC meeting.

#### Members raised:

- The timing of the work between WAST and HB colleagues to understand the level of harm within the system and to develop additional processes to assure the Committee, it was confirmed that this would be presented in early 2024.
- The need to work together in order to consider prevention of future death notices received from the HM Coroner and the different approaches of different HM Coroners, this required an all-Wales review and including HM Coroners themselves. The EASC Team would coordinate and present findings to a future meeting of the Committee.

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#### **EASC COMMISSIONING UPDATE**

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

- EASC Commissioning Frameworks the delay in progressing the development of a long-term strategy for the Non-Emergency Patient Transport Service (NEPTS) Commissioning Framework due to the resourcing requirement of the EMRTS Service Review over recent weeks.
- The formal approval of the EASC Integrated Medium Term Plan (IMTP) and the need for quarterly updates against progress.
- The progress against each of the IMTP commitments as set out in the IMTP Tracker.
- The Quarter 2 Update against the EASC Commissioning Intentions 2023-24 as presented at the EASC Management Group meeting in October.

# UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received. Lee Leyshon presented the report and gave an overview of work to date in the phased approach.

#### Noted:

- The second Phase of engagement closed on 12 November 2023 (it had been extended for an additional week)
- A reminder that following receipt of the EMRTS Service Development Proposal in November 2022, Members asked the CASC and the team to undertake further scrutiny of the work.
- In December 2022, it was agreed that the work start afresh led by the Chief Ambulance Services Commissioner (CASC)
- The (then) Community Health Councils (now Llais) asked for a formal engagement process for at least 6 weeks.
- The engagement process has been delivered in three phases.
- 1. Phase 0, from October 2022 to March 2023.
- 2. Phase 1, took 14 weeks, from March 2023 to June 2023.
- 3. Phase 2, which reported back information as promised at the public meetings (in Phase 1). This phase presented factual information and took 5 weeks from 9 October to 12 November 2023 and utilised a number of ways to engage with the public.
- Phase 2 engagement comprised in-person drop-in sessions, in person large public meetings and online or virtual public meetings.
- The in-person sessions and meetings were supported with a comprehensive set of bilingual engagement materials which were available on the EASC Website. These included presentations, FAQs, plain language or easy read versions, and also included the full technical details as requested in Phase 1.
- The large public meetings were held using the same format as Phase 1, the CASC gave a short presentation which gave an overview of the work and then held a comprehensive question and answer session until all present had asked what they needed to.
- Phase 2 provided factual information which was not assessed or interpreted it
  was stressed throughout the process that no decision had been made, although
  members of the public were very sceptical about this.

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- All in-person drop-in sessions had bilingual members of staff present to assist and explain the work to date.
- Accessible public venues had been chosen, many high schools with the supporting audio-visual equipment readily available.
- Simultaneous translation into Welsh was provided at every session and the meetings were professionally recorded for note taking purposes.
- Meetings took place, led by the CASC with various stakeholders including elected representatives at national, regional and local levels; with staff groups, the Wales Air Ambulance Charity and health board Stakeholder Reference Groups
- Swansea Bay UHB raised concerns in relation to the process followed at the EASC Management Group on 19 October 2023; an initial response had been sent with a follow up meeting planned for late November.
- Attendance by CASC at the BCUHB Board meeting on 26 October 2023 and a planned meeting with Powys at the end of November 2023
- Ongoing discussions had taken place with Llais with the approach to Phase 2 discussed in July 2023. Llais staff also attended some of the large meetings and drop-in sessions held.
- The public were also asked to evaluate the sessions provided to ensure effectiveness in how the process was delivered.
- Communications packs were provided to all health boards and NHS Trusts and Local Authorities in Wales and included the organisers of the social media campaign groups and all media sources.
- All media requests had been obliged and statements to all media enquiries made.

# Current position and next steps:

- Responses had been provided from members of the public and they were being replied to and themes captured.
- The options developed would be shortlisted and assessment undertaken using the previously agreed evaluation Framework.

#### It was proposed that:

- 1. EASC Members nominate staff to undertake the assessment of options using the factors and agreed weightings with an aim to provide additional information for the December meeting of EASC.
- 2. That the recommendation presented to EASC in December would be taken back to respective health boards for individual consideration before a joint Committee decision was made.

#### Members noted:

- Work was continuing with the All-Wales Communications, Engagement and Service Change leads in health boards; information had also been shared with the Directors of Governance / Board Secretary peer group and updates provided to Llais.
- All bilingual information had been updated and managed on the EASC website and regular stakeholder updates were being distributed.
- Risks identified included the significant concerns from the public particularly for those living close to the Caernarfon and Welshpool bases.
- Emails had been received from Llais notifying that they had concerns about the process although no formal information had yet been received.
- The Equality Impact Assessment had been updated, processed by CTMUHB and was available on the website.

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Comments from Members included:

- Thanking the CASC and the EASC Team for the substantial work undertaken
- Interest in the position of Llais and would welcome an update at the next meeting.
- Welcoming the opportunity to take information back to health boards for further consideration before any decision made at EASC.

The Chair wanted to record that the work to deliver the EMRTS Service Review had taken a lot of time and effort by a small team of staff; the CASC and the EASC Team were thanked for the comprehensive way they had undertaken the formal engagement process and their approach in appearing in front of audiences for many weeks, it was felt that this would pay dividends as the work drew to a close. In terms of the efforts made, it would be hard to say that any views had not been taken fully into consideration.

#### **WELSH AMBULANCE SERVICES NHS TRUST REPORTS**

The Welsh Ambulance Services NHS Trust (WAST) Provider Report was received with Members noting that the key headlines of the report had already been covered in earlier discussions.

Jason Killens introduced a presentation on WAST's Integrated Medium Term Plan (IMTP) Ambitions / Strategy. In presenting, Rachel Marsh highlighted a number of key areas.

#### Members noted:

- Timely to look ahead now, thinking of next year's WAST IMTP and updating and refreshing the WAST strategy document.
- Range of ambitions including providing the right care or advice, in the right place, every time
- · Patients at the centre
- Series of enablers focussing on staff, innovation and technology and collaboration
- Fundamentals including quality, clinical led and delivering exceptional value.
- System pressures driving the need for change and impacting on patient and staff safety.
- Innovative staff group, looking to do more.
- The WAST offer to transform care and improve the current model.
- Partnerships as a fundamental part
- Alignment with Six Goals for Urgent and Emergency Care Programme
- Indicative impact of the changes included in the WAST offer including reduced cancellations, increased closure of more calls; meeting patient needs closer to home, more patients treated at home of referred to community services, protected emergency response for critically ill patients, better staff experience and ultimately more timely service for patients to reduce harm.
- The next steps included seeking support from commissioners for pump-prime funding to increase the pace of change; and enablement of the integration of WAST with health board community services to achieve the potential of a once for Wales approach.

#### Members agreed:

- There was scope to do more outside of the hospital department, this would need to a joined up clinically-led approach and clinically designed. It would also involve digital solutions to ensure the right mechanisms to make the required significant stepped change for the benefit of patients (and staff)
- WAST was heavily involved in the work to develop the 'Safe at Home' model in C&VUHB, there were lots of lessons from this that would be helpful for the system

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including the use of technology and therefore the need to work closely with digital leads. It was noted that Connected Support Cymru working with Welsh Government and DHCW colleagues could help in this regard.

- The need for local buy-in
- To consider how commissioning could enable more of this; a legacy issue for the new NHS Wales Joint Commissioning Committee.

#### Members noted:

- The WAST meeting with BCUHB Executive Team on Wednesday 22 November 2023 would consider how to progress the potential opportunities and ensure the right structure was in place to facilitate and progress the issues identified. Similar discussions could be arranged with other Executive Teams to consider the more local approach to change.
- The importance of a coordinated approach to get the balance correct across the system.

#### CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen Harrhy. The report highlighted key areas which included:

- Meetings with Welsh Ambulance Services NHS Trust (WAST)
- Meeting with Health Boards
- Six Goals for Urgent and Emergency Care Programme
- Resource Capacity
- Connected Support Cymru
- Transfer, Discharge and Repatriations
- NEPTS Vision (Strategic Direction)
- Commissioning Intentions 2024-25
- Review of National Commissioning
- Data linking.

#### Members particularly noted:

- Connected Support Cymru including the IT requirements and also staff working for St John Cymru who could report back from the scene (when with a patient) and, if unable to access the right community service, develop options to stay with the patient until the service was available. This work would be evaluated and had been extended to the end of March 2024.
- Transfer, Discharge and Repatriation an appropriate task and finish group would be developed to further this work including ambulance and the Adult Critical Care Transfer Service to develop into the future.
- Commissioning Intentions for 2024 would be developed, building on the existing versions but adapting in line with the resource envelope (the same as for health boards) and would work with the 111 Service to ensure a combined arrangement.
- The letter from the Welsh Government highlighting the expectation that the functions of the Chief Ambulance Services Commissioner would be including within the structure of the team supporting the new Joint Commissioning Committee.

# **EASC FINANCIAL PERFORMANCE REPORT MONTH 7 2023/24**

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The EASC Financial Performance Report at Month 7 in 2023/24 was received. Stacey Taylor presented the report and Members noted no variances within the plan; the position showed £21k underspend. Members noted ongoing work with WAST in relation to ongoing arrangements on recruitment and overtime.

Further discussions would take place with the Welsh Government on financial options and Members recognised the huge opportunities in the new Joint Commissioning Committee to explore further the utilisation of resources and Value-Based healthcare. Further information would be shared and developed in due course.

# SUMMARY OF THE EASC MANAGEMENT GROUP MEETING HELD IN AUGUST 2023

Members noted the Chair's summary of the EASC Management Group meeting which took place on 19 October 2023.

#### **EASC SUB-GROUPS CONFIRMED MINUTES**

Approved: EASC Management Group notes 22 June 2023

#### **EASC GOVERNANCE**

The report on EASC Governance was received. Gwenan Roberts presented the report and highlighted the following key areas:

- EASC Risk Register
- EASC Assurance Framework
- Closure of the Welsh Language Commissioner investigation
- EASC Key Organisational Contacts
- Assurance Report Audit and Risk Committee at Cwm Taf Morgannwg UHB 24 October 2023.

#### Noted that:

- The Risk Register had five red risks in total, three scoring the highest level at 25.
- The EASC Assurance Framework had been updated in line with the changes above to the risk register, the framework utilised the host body's risk management approach and assurance framework.
- The Welsh Language Commissioner was satisfied with the approach taken and had closed the investigation.
- The latest EASC Key Organisational Contacts report was presented and Members asked to review their organisational representatives at EASC and its sub groups
- The short summary (for assurance) of the latest Audit and Risk Committee meeting which took place on 24 October 2023.

#### FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

#### Key risks and issues/matters of concern and any mitigating actions

 Red and amber performance - Note to be sent to capture key issues during the meeting to include the areas for specific focus over the coming months, monitoring and reporting arrangements, the escalation process and use of the ICAP process to coordinate the efforts

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- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process.
- In relation to the EMRTS Service Review, EASC Members were asked to nominate staff to undertake the assessment of options using the factors and agreed weightings with an aim to provide additional information for the December meeting of EASC. Anticipated that the recommendation presented to EASC in December would be taken back to respective health boards for individual consideration before a joint Committee decision was made.

# **Matters requiring Board level consideration**

- To acknowledge the continued 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 – especially in relation to the quality of services patients receive.
- Output from the EASC meeting in December for further discussion at the Board prior to decision making at EASC.

Forward Work Programme and Annual Business Plan			
Considered and agreed by the Committee.			
Committee minutes submitted	Yes	No	√
Date of next meeting	21 December 2	2023	

Reporting Committee	<b>Emergency Ambulance Services Committee</b>		
Chaired by	Chris Turner		
<b>Lead Executive Directors</b>	Health Board Chief Executives		
Author and contact details.	Gwenan.roberts@wales.nhs.uk		
Date of last meeting	21 December 2023		

# 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/current-and-past-papers/december-2023/

The minutes were **confirmed** as an accurate record of the Joint Committee meeting held on 21 November 2023.

#### PERFORMANCE REPORT

The Performance Report was received which included the latest published Ambulance Service Indicators. In presenting the report, Ross Whitehead highlighted a number of key areas.

#### Members noted:

999 call volumes in October 2023 were 7.7% lower than October 2022

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- 7.4% reduction in incidents in October 2023 compared to October 2022
- Hear and Treat levels were 2.3% higher in October 2023 compared to October 2022
- Red incidents in October 2023 were 7.8% higher compared to October 2022.
- Amber incidents in October 2023 were 6.1% higher compared to October 2022.
- Ambulance handover lost hours in October 2023 were 19.8% lower compared to October 2022. Some improvements had been made on a number of metrics, % of patient handed over in 15 min and patient handovers over 4 hours had been seen in 2023. However, between September 2023 and October 2023 there had been a 18.4% increase in handover lost hours.

# Members noted:

- Challenging performance picture in October
- Progress had been made during the course of the year but finding improvements in performance were still difficult.
- The growth in red and amber demand
- Slightly lower handover delays but the total hours lost was very challenging for health boards and WAST.
- Impact of funding and overtime on units of hours produced.
- Discussions also taking place in the wider system and at the NHS Leadership meetings.
- Specific requests had been made (of EASC) in relation to the Integrated Commissioning Action Plans (ICAPs):
  - A specific focus on a minimum of two priority actions from HB plans
  - all Members asked to confirm their actions to Stephen Harrhy as soon as possible for coordination.
  - common actions to be identified and opportunities for all Wales actions.
  - actions to be prioritised locally.
  - identification of system indicators to use and add to the EASC Team weekly dashboard for wider sharing.

#### Members agreed:

• commitment had been given by all at the NHS Leadership Board to ensure these actions were implemented.

Nick Wood, Deputy Chief Executive of NHS Wales reiterated discussions held, and commitments made, at the NHS Wales Leadership Board and the actions from the existing health board ICAPs. The identification of 2 or 3 actions and ensuring the delivery on a consistent basis and the commitment to provide assurance that this was the case. The CEOs or Chief Operating Officers in HBs would be asked for confirmation this and also for confirmation from WAST about the actions detailed in the Winter Plan and also from those areas where working together was essential.

Nick Wood also reminded Members of the clear policies and procedures which had been developed in the system but were potentially not being implemented or utilised. These included:

- Same Day Emergency Care (SDEC) services and the referral of patients through the 999 route or conveyance routes. The numbers of patients referred would be monitored and variation should be avoided; there needed to be a consistent pathway for access into the SDEC services.
- Clinical Advice Hubs, most HBs had versions of these and would need to be fully implemented (including ensuring consistent access)
- Immediate diagnostic front door pathways with the expectation that HBs and WAST would work together for access particularly for issues like direct admission and timely

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handover arrangements and for specific illnesses such as stroke and fractured neck of femur.

Members noted that the weekly CEO meeting would monitor progress and performance indicators would be developed to measure progress on the key actions identified. Nick Wood asked Members to work with the CASC to identify issues and provide assurance that the actions had been initiated and were consistent in the system in order to mitigate any unacceptable patient safety risks.

## Members agreed:

 To provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.

The Immediate Release Report was discussed. A meeting had been arranged by the EASC Team between HBs and WAST in particular to look at the data and also the consistency of the approach. The key issues had been captured, recommendations had been made and subsequently endorsed by the EASC Management Group.

Further work would take place to streamline the process and improve compliance and understanding across the system.

Information had been presented in draft using the Statistical Process Control (SPC) as requested by Members. Comments had been requested and it was agreed that they would be integrated as part of the information for future meetings.

Stephen Harrhy highlighted specific information from the SPC Charts including:

- The improvements in the units of hours produced for emergency ambulances.
- The Cymru High Acuity Response Units (CHARU) and their positive impact on the system (particularly as recruitment was increasing) and the important impact on quality of services received by patients.
- AGREED THE NEXT STEPS
  - The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee
  - the SPC charts would be included in future dashboards.

#### **QUALITY AND SAFETY REPORT**

The Quality and Safety Report was received. In presenting the report, Ross Whitehead highlighted a number of key areas.

#### Members noted:

- The significant challenge at WAST for complainants to receive a reply within 30 days to improve their performance against the 75% target in coming months, it is currently 21% (October)
- 16 cases identified by WAST as requiring joint investigation in October 2023. This joint process had been implemented in the last 12 months and would be reviewed in 2024.
- 51 National Reportable Incidents had been made by WAST to date; this was raised with Welsh Government official at the Quality and Delivery meeting.
- An increased number of patients were waiting over 12 hours for an ambulance response in October 2023 (677) compared to July 425, August 554, Sept 609

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- Clinical indicators and compliance increased e.g. Stroke care bundle achieved for 76.4%
- Work has commenced on data outcomes and the data linking work would accelerate
  this; work to link to the deprivation index was also continuing and more information
  would be provided to Members, including the variation in services.
- The return of spontaneous circulation (ROSC) rates was 17.1% which was believed to reflect the impact of the CHARU service.
- The number of patients that self-presented at ED with a high triage category, with 314 patients self-presenting at ED with a category 1 triage level (concern re missing earlier intervention)
- Falls the biggest reason for a 999 call in October.

#### Members noted:

- The request from the CASC for comments to support the further development of the Quality & Safety Report
- The action to work with HM Coroners to ensure a consistent national approach and a meeting was due to be arranged.
- The work would continue to be reported to Directors of Nursing and Quality
- The ongoing work on data linking and the impact.

# Members raised

 Issues related to the new escalation process in Hywel Dda UHB and cohorting at the 2 hour level. The internal quality assurance team were working to ensure this was being closely monitored in terms of mortality and morbidity in as close as possible to real time. It was suggested it could be helpful to align the work being led by the EASC Team with this new area of work at HDUHB, especially in view of the impact of system pressures. It was agreed that Ross Whitehead would work with HDUHB to identify if any wider system learning could be identified and coordinated and specifically to include the whole patient waiting time.

#### AGREED THE NEXT STEPS

- The EASC Performance Report and the Quality and Safety Report would continue to be presented as the first agenda items at each meeting of the Emergency Ambulance Services Committee.
- The EASC team would continue to work with WAST and HB colleagues to understand the level of harm within the system and to develop additional processes for the committee to assure itself that it is discharging its statutory responsibilities for the planning and securing of emergency ambulances.
- Specific work with Hywel Dda UHB.

#### **EASC COMMISSIONING UPDATE**

The EASC Commissioning Update Report was received. Matthew Edwards presented the report and Members noted:

 The emphasis on the collaborative approach to the development of the EASC Commissioning Intentions for 2024 to 2025.

# Members noted:

- The EASC Team would work with WAST and Emergency Medical Retrieval and Transfer Service (EMRTS) colleagues to further develop the draft Commissioning Intentions, these would be presented at a future meeting for approval.
- WAST and EMRTS would have an opportunity to comment on the draft versions.

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- The need to consider the inclusion of other issues, for example mental health as appropriate.
- Intentions would be developed to reflect the interdependencies with other programmes of work across the system, e.g. Six Goals for Urgent and Emergency Programme and how the system would work together to deliver against these.
- Intentions would be developed to confirm the actions for health boards, health boards and WAST and WAST itself.
- Trajectories would be developed against the agreed actions.
- The need to consider funding bids to support delivery of the agreed actions if required.
- The CASC would attend the meeting of the Directors of Planning in January to discuss.

#### AGREED THE NEXT STEPS

- The EASC Team would consider comments received on the Commissioning Intentions from members of the EASC Management Group and NEPTS and EMRTS Delivery Assurance Groups
- The EASC Team would discuss intentions with WAST and EMRTS colleagues.
- Commissioning Intentions would then be submitted for approval by the EASC Committee
- The Commissioning Intentions would be issued to each of the commissioned services.
- The EASC team would continue to work with Members to enact the priorities of the Committee for the HB populations, with benefits delivered to patients and the Welsh public, Welsh Government, Clinical Networks, Health Boards and other elements of the NHS Wales system.
- This would include the different elements of the collaborative commissioning approach including:
  - EASC Commissioning Frameworks
  - Integrated Commissioning Action Plans
  - EASC Integrated Medium Term Plan (including the IMTP Performance Improvements and Enablers Tracker)
  - EASC Commissioning Intentions.

# UPDATE ON PROGRESS RELATED TO THE EMERGENCY MEDICAL RETRIEVAL AND TRANSFER SERVICE (EMRTS CYMRU) SERVICE REVIEW

The update report on the EMRTS Service Review was received.

Lee Leyshon presented the report and gave a detailed overview of work to date according to the phased approach.

#### Noted:

- The approach taken in Phases 1 and 2 of the 19 week engagement process
- The number of responses received and the wide-ranging emergent themes from the most recent engagement in Phase 2
- The CASC had attended Board sessions in both Betsi Cadwaladr University Health Board and Powys Teaching Health Board over recent months.
- The CASC had been in contact with Llais throughout the process; since Phase 2 has been underway queries had been raised by some Llais members and these had been informally addressed.

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- Correspondence from Llais was received by the CASC on 29 November 2023 formally raising concerns about the next steps of the Review and recommending that this Review was taken to a formal public consultation.
- Queries initially raised by Swansea Bay University Health Board (SBUHB) at the EASC Management Group in October had been responded to and a follow-up meeting with SBUHB colleagues had taken place.
- EASC had received a further communication from SBUHB reiterating the same points which would be responded to alongside the Llais recommendation.
- A letter had been received from the Wales Air Ambulance Charity setting out the impact that a delay would have on them and requesting that the extensive process was brought to a conclusion as soon as possible.
- Health Board representatives had been nominated to participate in the evaluation process originally scheduled for 14 December, this had been rearranged in light of Llais' letter and the recommendation being considered by the Committee.
- EASC had previously endorsed the proposal that the preferred and recommended option going to EASC would be taken back to each respective health board for individual board consideration before a collective Joint Committee decision was made. It was proposed that this remained the case.
- The Options Appraisal, using the agreed evaluation framework, with nominated health board representatives would take place in early January.
- The outcome of the Options Appraisal (i.e. shortlisted options) would be shared with Llais and developed into Phase 3 documents.
- The shortlisted options to include a preferred option would be shared with the public and stakeholders.
- Phase 3 would last for 4-weeks, online during February 2024 and in order to address the needs of the digitally excluded in the population, health board engagement teams would provide local opportunities for their populations to be supported to contribute to this important process.
- The following range of bilingual documents would be developed as a minimum:
  - Updated equality impact assessment
  - Phase 3 document focusing on the impacts and pros and cons and costs with an opportunity to comment.
  - A plain language or easy read version
- The aim of the documents would be to meet the principles for 'consultation' to ensure that sufficient reasons were put forward for any proposal to permit 'intelligent consideration'. This would include data where possible with as much explanation (and costs) as possible to continue the work of Phases 1 and 2.
- The shortlisted options to include a preferred option would be simultaneously considered by each health board.
- The public and stakeholder feedback would be considered by the CASC; Llais would also have an opportunity to comment.
- Each health board would need to provide their respective board views to the CASC by 29 February 2024
- A preferred option would be recommended by the CASC for the Committee to make a final decision on, expected to be at the planned meeting of EASC on 19 March 2024.

#### Members noted:

- The comprehensive update provided, reflecting the breadth of the public responses received, including in relation to rural communities.
- The recent conversation with Alyson Thomas, Chief Executive of Llais and noted that Llais were content with the approach put forward for a 4-week Phase 3 of the public

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- engagement process, building on Phases 1 and 2 allowing the public opportunity to comment on the options which would include additional detail and costs.
- That Llais referenced service development (rather than service change) and it had been confirmed that Llais wanted the public across Wales to be able to comment on the options shortlisted.
- The support required from health board communication, engagement and service change leads during the engagement period to ensure the consistent approach across Wales.
- All health boards are impacted by the EMRT service as there are patients in every area who do not currently receive a service (unmet need)
- The need to complete the process correctly, building on the comprehensive approach undertaken to date, but also mindful of the impact on others (Charity) in a timely manner.
- The CASC would respond to Llais on behalf of the Committee (and would share a copy with Members)
- The concern of the Wales Air Ambulance Charity in respect of further delays to the process.
- The CASC expressed his thanks to the Charity for staying with the process, despite the delay causing the Charity potential difficulties.

The Chair thanked Members for their support, reiterating that this had been an extremely comprehensive process. It was helpful to receive the Members support for the next phase and there was a need to work together to complete the process to arrive at a decision in March and prior to the development of the new Joint Commissioning Committee.

#### AGREED THE NEXT STEPS

- Following the meeting on 21 December, the Commissioner would send a formal response to Llais on behalf of the Committee confirming the agreed EASC position and clarifying the adjusted timeline for the Review going forward.
- Issue a public communication confirming the Committee's agreed position and next steps for the EMRTS Service Review including any adjusted timeline.
- Make operational arrangements to deliver the EASC agreed next steps of the process.

#### CHIEF AMBULANCE SERVICES COMMISSIONER'S UPDATE REPORT

The Chief Ambulance Services Commissioner's Update Report was received and was presented by Stephen Harrhy. The report highlighted key areas which included:

- WAST Stakeholder Briefing
- Winter Ambulance Improvement Plan

#### Members particularly noted:

- The WAST Stakeholder Briefing sent by WAST at the start of December which had raised some concerns regarding timing and content and noting that a formal response would be prepared by the CASC on behalf of the Committee. It was agreed that the CASC would share a draft response to health boards for comment before formally responding to WAST.
- AGREED THE NEXT STEPS

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- Once responses are received on the recent WAST briefing, before, at the meeting or following a response would be sent. This would be shared in advance with Members.
- Commissioners had an opportunity to input actions for the Winter Ambulance Improvement Plan and these would be forwarded to Welsh Government as soon as possible.

#### FORWARD LOOK AND ANNUAL BUSINESS PLAN

The Forward Look and Annual Business Plan was received and approved.

# Key risks and issues/matters of concern and any mitigating actions

- Red and amber performance Members agreed to provide responses in relation to local plans and commitment by the first week of January 2024 to the CASC for ongoing coordination and embedding into ongoing processes, this would be a blended approach across HBs and WAST.
- Handover delays (and the monitoring of handover improvement plans in HBs with trajectories) and the impact on services provided to HB local communities and to WAST – through the ICAP process.
- In relation to the EMRTS Service Review, due to the requirement of Llais, the Option Appraisal workshop had been postponed - it would now take place in mid January 2024

# **Matters requiring Board level consideration**

- To acknowledge the continued 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 – especially in relation to the quality of services patients receive.
- Output from the EASC meeting in January for further discussion at the Board prior to decision making at EASC in relation to the EMRTS Service Review.

Forward Work Programme and Annual Business Plan				
Considered and agreed by the Committee.				
Committee minutes submitted	Yes	√	No	
Date of next meeting	16 January changed to 30 January 2024			

#### **Glossary of Terms**

- EASC Emergency Ambulance Service Committee
- WAST Welsh Ambulance Service Trust+
- SDEC- Same Day Emergency Care
- ICAP Integrated Commissioning Action Plan
- ROSC Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru Emergency Medical Retrieval and Transfer Service

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- CASC Chief Ambulance Services Commissioner
- BCUHB Betsi Cadwalader University Health Board
- CTMUHB Cwm Taf Morgannwg University Health Board
- C&VUHB Cardiff and Vale University Health Board
- HDUHB Hywel Dda University Health Board
- SBUHB Swansea Bay University Health Board
- DHCW Digital Health and Care Wales
- SEDC Same Day Emergency Care
- SPC Statistical Process Control

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Agenda Item: 4.10



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 January 2024
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:	Michelle Jones, Head of Board Business

Pwrpas yr Adroddiad Purpose of the Report	
	Er Sicrwydd/For Assurance

## ADRODDIAD SCAA SBAR REPORT

#### **Sefyllfa / Situation**

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

#### Cefndir / Background

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

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

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Finance and Performance Committee

#### **Assurance Reporting**

The following Committee assurance reports are included at Appendix 1:

- Charitable Funds Committee 9th November 2023
- Audit, Risk and Assurance Committee 28<sup>th</sup> November 2023
- Mental Health Act Monitoring Committee 6<sup>th</sup> December 2023
- Patient Quality, Safety and Outcomes Committee 13<sup>th</sup> December 2023
- Finance and Performance Committee 21st December 2023.

#### **External Committees and Group**

Representatives from the Health Board also attend a number of Joint sub-Committees or partnerships of the Health Board, these are:

- Emergency Ambulance Services Committee
- Welsh Health Specialised Services Committee
- Shared Services Partnership Committee

In order to provide the Board with an update on the work of the EASC and WHSSC both of these items are covered separately at agenda item 4.8.

In respect of Shared Services Partnership Committee, the Assurance report in respect of the meeting held on 23<sup>rd</sup> November 2023 is shown at Appendix 2.

## **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	Not Applicable
Sgôr Cyfredol: Datix Risk Register Reference	
and Score:	
Safon(au) Gofal ac Iechyd:	Governance, Leadership and Accountability
Health and Care Standard(s):	Choose an item.
	Choose an item.
	Choose an item.
Blaenoriaethau CTCI	Choose an item.
IMTP Priorities	
Link to IMTP	There is no direct link to the Plan associated with this report, however the work of individual

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	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	Choose an item. Choose an item.
Strategic Equality Objectives	Choose an item.
Strategic Equality Objectives	Choose an item.
<u>2020-24</u>	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	No does not meet requirements	
Cydraddoldeb		
Equality Impact	An EQIA is required whenever we are developing a	
Assessment (EIA) completed	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 <a href="mailto:ABB.EDI@wales.nhs.uk">ABB.EDI@wales.nhs.uk</a>	
Deddf Llesiant	Choose an item.	
Cenedlaethau'r Dyfodol - 5	Choose an item.	
ffordd o weithio		
Well Being of Future	Not applicable to this specific report, however	
Generations Act – 5 ways of working	WBFGA considerations are included within committee's considerations	
https://futuregenerations.wal		
es/about-us/future-		
generations-act/		

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Name of Committee:	Charitable Funds Committee (CFC)	
<b>Chair of Committee:</b>	Paul Deneen	
Reporting Period:	9 <sup>th</sup> November 2023	
Key Decisions and Matters Considered by the Committee:		
Reason why included in the programme		

None noted

# **Planned Committee business for the Next Reporting Period:**

- Audit results
- Review of Committee Programme of Business
- Financial Update including Investments Valuation
- Report on Significant Donations, legacies and grant income.
- Update on new and closed funds
- Overdrawn Accounts
- KPIs Review
- Legislation Changes
- Funds available to the Committee
- Consideration of Bids/Small Grants
- Attendance at Meetings
- Outcome of the committee self-assessment activity
- Review Investment Performance CCLA to attend
- Update on Property
- Final Accounts and Annual Report Approval

Name of Committee:	Audit Risk and Assurance Committee	
Chair of Committee:	Iwan Jones	
Reporting Period: 28 <sup>th</sup> November 2023		
Key Decisions and Matters Considered by the Committee:		

#### Single Tender Waivers

The Committee noted the three single tender actions that were awarded in the period 01 September to 01 November 2023.

#### Financial Governance, Reporting and Control Procedures

The Committee approved the following three financial control procedures:

- Cash and Bank,
- Patient Travel Costs, and,
- Capital Procedures and Guidance Notes.

#### **Losses and Special Payments**

The Committee received the Losses and Special Payments report, which highlighted that the overall loss for the Health Board during the reporting period was £1.2m, with the provision figure standing at £208m and the net impact for the Health Board being £5m.

# Quarterly Report on Counter Fraud Activity

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The Committee was informed that an unprecedented volume of referrals were received during quarter 2 (July - September), indicating that the fraud prevention work was yielding results.

The newly formed Core Learning Committee had approved mandatory Counter Fraud training for all employees.

#### Mid-Year Post Payment Verification

The Committee noted that there had been ongoing challenges with General Medical Services (GMS) visits throughout the year, but all GMS and GPS visits are expected to be completed by the end of December 2023.

A new collaborative working scheme is due to go live on 01 April 2024 which will offer an additional check in relation to pharmacy work.

#### Job Planning Arrangements Update

The Committee noted the significant work undertaken to develop the software's framework, which would be fully implemented by end June 2024 as well as to ensure a standardised organisational approach in pay rates and job planning.

#### **Committee Programme of Business**

The Committee noted the Programme of Business.

#### Audit Risk and Assurance Self-Assessment Outcome

The Committee was informed that the Self-Assessment resulted in a positive outcome and that the overall assessment of its effectiveness was that it met the standards but that there are opportunities for further strengthening.

The Committee agreed that the Patient Quality, Safety, and Outcomes Committee would be responsible for clinical audit in its entirety once the Audit, Risk, and Assurance Committee was satisfied that the most recent Internal Audit delivery plan had been fully implemented.

#### Governance Priorities set out within IMPT 2022-25

The Committee was informed that with the exception of one priority relating to organisational assurance mapping, which had been paused pending ongoing work to embed robust risk management processes, all priorities within the IMTP were green or amber.

# Compliance with Ministerial Directions and Welsh Health Circulars (WHCs)

The Committee noted the current position against compliance as seven WHCs in progress had not been fully implemented, and four Ministerial Directions.

#### Internal and External Audit Recommendations Tracking

The Committee approved 36 of 37 revised timescale requests and noted the 58 completed recommendations, leaving a residual position of 36 recommendations overdue; 34 internal and 2 external recommendations from the reporting period Q2 (June - September).

#### Risk Report

The Committee received the Strategic Risk Report, noting that further work needed to be undertaken to determine the Board's appetite for tolerating risks where current risk scores remain unchanged.

#### Risk Management & Assurance Framework

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The Committee was informed that the refreshed Risk Management and Assurance Framework and associated Policy and Procedure would be circulated to the Committee and the wider Board for virtual consultation in preparation for Board approval in January 2024.

#### Internal Audit Progress Report

The Committee agreed to defer the three audit reports listed below from 2023-24 Audit plan to 2024-2025 and noted that Internal Audit was exploring potential replacement audits.

- Allegations against Staff Policy
- Job Planning
- The Health and Social Care (Quality and Engagement Wales) Act

#### **Internal Audit**

The Committee noted the following Reasonable Assurance Reports from the Audit Plan for 2023-24.

- Clinical Coding
- Business Continuity Planning
- Putting Things Right Advisory

#### **External Audit**

The Committee noted the progress report.

#### Structured Assessment 2023

The Committee received the Structured Assessment 2023, noting it focused on four elements;

- Board transparency, effectiveness, and cohesion.
- Corporate systems of assurance.
- Corporate approach to planning.
- Corporate approach to managing financial resources.

The outcome of the report was positive and highlighted progress in key areas with some further opportunities for improvement identified.

#### Matters Requiring Board Level Consideration or Approval:

Structured Assessment to be presented to Board in January 2024

#### Key Risks and Issues/Matters of Concern:

No items.

#### Planned Committee Business for the Next Reporting Period:

Date of Next Meeting: Thursday 8th February 2024 09:30-12:30

Name of Committee:	Mental Health Act Monitoring Committee	
Chair of Committee:	Pippa Britton	
Reporting Period: 6 <sup>th</sup> December 2023		
Key Decisions and Matters Considered by the Committee:		

## Key Decisions and Matters Considered by the Committee

#### **Mental Health Act Managers Policy**

The Committee received an overview of the changes to the Mental Health Act Manager Policy and were asked for their comments

The Committee were made aware of the following proposed changes within the policy that were: -

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- 2 associated members from Power of Discharge Committee (PODC) to attend Mental Health Act Monitoring Committee on a regular basis.
- Who would be responsible for the policy going forward.

The Committee agreed that to fulfil the requirement of having representation from the Power of Discharge Committee the Mental Health Act Monitoring Committee would continue with the Independent Member attending the PODC who in turn would provide regular updates of the work of the PODC and that this would be supplemented by the inclusion of the PODC minutes being presented to this Committee. The Committee requested that the policy be updated to reflect the discussion and that the updated policy be brought back to the next meeting for approval. The Committee also asked that the Head of Corporate Governance provides a recommendation as to where the responsibility for this policy should sit.

#### **Review of Committee Programme of Business**

The Committee received an overview of the planned work plan of items scheduled to come to the Committee in February 2024.

The Committee considered the Programme of Business and were content with the plans for February's Meeting.

#### **Mental Health Act Compliance Report**

The Committee received a detailed report on the use of the Mental Health Act for Quarter 2, that included comparison data for the previous quarter.

The Committee discussed the number of detentions under sections 4,2,5, under 18's and general hospital for this quarter. The Committee requested that moving forwards that data set presented would include both the previous and current quarter and the annual data for each section to enable greater comparison and secure greater assurance.

The Committee noted the use of Section 4 and its increased use during the period. It was noted that this is only used in an urgent situation in order to manage the safety of a patient. It was agreed for the Committee to continue to receive updates on the circumstances that necessitated use of section 4.

The Mental Health Act Monitoring Committee received the report for assurance and were content with the update provided.

#### **Power of Discharge Committee (PODC) Update**

The Committee received a verbal update from PD Independent Member who sits on the PODC. The Committee noted that he had attended two meetings and advised the meeting of the need to recruit 8 new members.

#### **Committee Self-Assessment**

The Committee approved the Committee self-assessment form and agreed that the form should be circulated for completion.

#### Matters Requiring Board Level Consideration or Approval:

 People & Culture Committee to receive a report on the incidents of violence and aggression towards Mental Health staff, and support in place to ensure good well-being.

#### **Key Risks and Issues/Matters of Concern:**

There were no issues or matters of concern.

#### **Planned Committee Business for the Next Reporting Period:**

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- Mental Health Act Managers Policy
- Committee Self-Assessment
- Development of Committee Annual Programme of Business 2023/24
- Review of Committee Programme of Business
- Annual Review of Committee Terms of Reference 2023/24
- Annual Review of Committee Effectiveness 2023/24
- Committee Annual Report 2023/24
- Mental Health Act Compliance Report
- Power of Discharge Committee Update

**Date of Next Meeting:** Wednesday 21st February 2023.

Name of Committee:	Patient Quality, Safety and Outcomes Committee	
Chair of Committee:	Pippa Britton	
Reporting Period:	13 <sup>th</sup> December 2023	

#### **Key Decisions and Matters Considered by the Committee:**

## **Annual Report: Putting Things Right Annual Report 2023**

The Committee received an overview of the Putting Things Right Annual Report highlighting the need to focus on the performance of complaints, the work that has been undertaken to date to secure improvements and the emerging priorities for 2024.

The Committee approved the report and noted the key priorities for next year.

#### **Never Events Review: Theatres**

The Committee received an overview of the review work that had been completed within the Theatres Department with a focus upon wrong site injections and retained swabs.

Members were informed about how errors occurred and what solutions had been put in place to resolve these issues.

The Committee was content with the assurance provided to mitigate future risks arising from such Never Events.

#### **Committee Annual Programme of Business 2023/24**

The Committee received an overview of the workplan and was content with the items being brought to the next Committee meeting.

#### **Committee Risk Report**

The Committee received an overview of the risk reporting for assurance. This included a summary of current, new, and updated strategic risks delegated to the Committee for monitoring.

The Committee was assured by the information provided.

#### **Clinical Audit Activity Report**

The Committee received an overview of the Clinical Audit Activity Report. The following area were highlighted from the report for assurance:

- Standardised reporting that comes to this Committee had been reviewed,
- The standardised tool had been set up.
- Clinical Audit plan had been created.
- Amat systems in place

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Members raised their concerns around the process of securing continuity of quality when contracts come to an end and requested assurance from the Finance and Performance Committee.

The Committee was assured with the update provided and noted that assurance of quality was required when contracts are scheduled to end.

# Stoke Improvement Plan, including response to HIW National Review of Patient Flow (Stoke Pathway)

The Committee received an updated on the improvement plan for the Stroke Pathways highlighting the progression made on the recommendations:

- 20 recommendations were from GIRFT.
- 6 recommendations had been completed.
- 6 recommendations were currently in progress.
- 3 recommendations were on going with some challenges.
- 5 recommendations had not been started and would require strategic support from the Health Board.

Members also received an overview of the HIW report with a focus on Stroke and Urgent Care. There were 53 recommendations with 9 recommendations for Stroke and that the Executive Committee had also received an update on the stroke improvement plan.

The Committee received the update on the improvement plan for the Stroke pathway and was assured by the information provided.

#### Patient Quality and Safety Outcomes Performance Report, December 2023

The Committee received the Patient Quality & Safety Outcomes Committee Performance Report for December 2023. The following areas were highlighted for assurance purposes on:

- Positive medicine stories
- Equality, Diversity, Inclusion
- Infection Prevention and Control
- National Reportable Incidents
- Duty of Candour Triggers
- Mortality
- Falls
- End of Life

The Committee received the report for assurance and were content with the information provided.

# Birth Outcomes and Maternity Care Assurance Report, as requested by the Litigation Group

The Committee received assurance on the work that was being completed on the Maternity Unit. The following areas were highlighted to Members:

- Higher number of babies born at the end of 34weeks.
- Premature babies Outcomes were being improved and examples of how this was being addressed was provided.
- Dashboard to be created for the Maternity Unit.
- Hypoxic Ischaemic Encephalopathy (HEI) cases- in 2022 there had been an increase in cases. Members were informed of the work that had been undertaken to improve the case numbers.
- Several training courses were being undertaken by all staff members.

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The Committee was assured with the information provided in respect of the work being completed in the Maternity Unit.

#### **Committee Annual Self-Assessment Results**

The Committee received an overview of the Annual Self-Assessments results and noted that actions arising from this assessment would for part of an action plan that would be submitted to Board.

The Committee were content with the information provided.

#### **WHSSC QPS Committee Annual Report**

The Committee received the report for Information.

#### **Overview of Internal and External Audit Recommendation Tracking**

The Committee received the report for information.

#### Matters Requiring Board Level Consideration or Approval:

None Noted

#### **Key Risks and Issues/Matters of Concern:**

The Committee sought assurance from Finance & Performance Committee that there was a process in place for contracts coming to an end to ensure that the focus upon quality would be retained.

#### **Planned Committee Business for the Next Reporting Period:**

- Human Factors report
- Learning from Death Framework
- Review of Committee Programme of Business
- Focus on Pillars of Quality
- Mental health and learning disabilities assurance.
- Safeguarding Annual Report
- Children's Rights & Participation Forum
- Infection Prevention and Control Report
- Clinical Effectiveness and Standards Committee Report
- Quality and Safety Outcomes Report
- · Committee Risk Report, including BAF
- WHSSC QPS Committee Report
- Patient Story
- Putting Things Right Policy
- Putting Things Right Reporting
- Quality & Engagement (Wales) Act, Preparedness, and Implementation
- Clinical Negligence Claims and Coroners Inquests Report
- Patient Safety Incidents and Learning
- Maternity Services: Organisational Improvement and Action Plan
- Internal Audit Review Quality Governance arrangements for the commissioning of NHS Continuing Care within the Mental Health & Learning Disabilities
- Internal Audit Review Medical Devices Action Plan Update
- Tracking of Improvement Actions Arising from Inspections and Reviews
- Configuration of Midwifery-led Units evaluation

**Date of Next Meeting:** Wednesday 7<sup>th</sup> February 2023 at 09:30

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Name of Committee:	Finance & Performance Committee	
Chair of Committee:	Richard Clark	
Reporting Period:	21st December 2023	

#### **Key Decisions and Matters Considered by the Committee:**

# Review of Committee Programme of Business- Draft Forward Workplan 2023-24

The Committee discussed the Draft Forward Workplan and reiterated the importance of the inclusion of *Benefits Realisation with Exception Reporting* becoming a standing item.

#### Committee Strategic Risk Report

The Committee received an overview of the revised risk reporting for assurance and noted plans that future actions would represent the anticipated length of the risk; the risks would also be reviewed as part of the IMTP and funding allocation.

#### **Committee Self-Assessment**

The Committee received the report, requesting an additional option to allow for 'partial' answer to questions. Subject to requested change, the Committee endorsed the self-assessment template.

#### Performance Overview Report with Exception reporting

The Committee received the report for assurance, noting the performance against key Ministerial Priorities.

# An update on the Discharge Programme and Delays, including reporting against new national data sets and an update on the progress and impact of the Integrated Discharge Hub

The Committee noted the update on discharge improvement, as part of the Six Goals for Urgent and Emergency Care.

To provide enhanced assurance, the Committee requested that a detailed report come back on discharge plans and the reconfiguration of the eLGHs.

#### Stroke Improvement Plan

The Committee received the report for assurance, noting the progress of the Stroke Service Action Plan.

# Monthly Finance Report & Monitoring Returns, to include the Month 7 Review and Month 8 Early Briefing

The Committee received the Month 7 Finance Report for assurance, noting that it had been presented in full to the Board. In addition, an early brief for Month 8 (November 2023) was presented; the Committee acknowledged that the Health Board would be in a significant deficit position and noted plans for cost reductions and savings.

# **Efficiency Opportunities**

#### Benchmarking

The Committee noted the update on the latest position of the Health Board's Benchmarking exercise for the current financial year, and the proposals for identification of possible savings and efficiency opportunities.

#### Operational Control Checklist

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The Committee received the report for assurance. The update included an overall summary, as of October 2023, of the Governance Operational Control Checklist completed by Divisional budget holders.

#### To receive an update of IT Systems

The Committee received an update on the Informatics Programme cost analysis, including critical programmes of work underway across the Health Board to support digital transformation and initiatives. All digital risks were currently under review, with completion by early 2024.

A Digital, Data and Technology Group would be set up as a sub-committee in 2024; this would provide quarterly assurance reports on progress, risks and issues to the Committee.

# Matters Requiring Board Level Consideration or Approval:

The Committee noted that the Health Board had a growing list of national programs that were adding to its financial risk and no mechanism in place to hold the national organisations to account. The Committee requested that this be escalated to Board.

## Key Risks and Issues/Matters of Concern:

The Committee requested that the Health Board Digital Transformation be closely monitored, noting the associated funding risks.

#### Planned Committee Business for the Next Reporting Period:

- Review of Committee Programme of Business.
- · Committee Strategic Risk Report
- Performance Overview Report with Exception Reporting
- Capital and estates related objectives and priorities as set out in the Board's IMTP
- Compliance with Health Technical Memorandums
- Capital Business Cases and programmes of work.
- Commissioned Services
- Performance Management and Accountability Framework Update
- Monthly Finance Report and Monitoring Returns
- Efficiency Opportunities
- Benefits Realisation with exception reporting

**Date of Next Meeting:** Thursday 14<sup>th</sup> March 2024

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#### **ASSURANCE REPORT**

# NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	<b>Shared Service Partnership Committee</b>
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details.	Peter Stephenson, Head of Finance and Business Development
Date of meeting	23 November 2023

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

# **Matters Arising**

- **Payroll Modernisation Update** A presentation was given by the Deputy Director of Employment Services and the Head of Payroll. This covered improvements to identifying and monitoring progress with overpayments and improvements to the Staff Movements process. The presentation also highlighted that annual number of pay runs is currently 159 and reductions in this number would produce significant administrative savings. The presentation concluded with the following recommendations which the Committee were content to support:
  - The use of the Overpayments Portal by Health Boards and Trusts to help reduce the occurrence of overpayments;
  - Greater use of the Management Self-Service function in ESR; and
  - Establishing a task and finish group to look at payroll runs frequency.
- **IMTP** The Director of Planning, Performance and Informatics updated the Committee on progress with the development of the IMTP for the period 2024-27. The NHS Planning Framework has not yet been published but is expected imminently. It is anticipated that ministerial priorities will be consistent with the current year and NWSSP has a key role in supporting NHS Wales organisations to deliver against these priorities. Progress to date includes a World Café event for all NWSSP Directorates in mid-

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October and the development session with the Committee in November. Going forward, the aim is to bring the IMTP to the January 2024 Committee for formal approval. The plan will be underpinned by the overarching principles of doing the basics well, being financially sustainable, embedding the Duty of Quality, and looking after the welfare of our staff. Whilst the financial climate across NHS Wales imposes severe challenges, it may also provide the opportunity for NWSSP to implement measures on an all-Wales basis that give the potential for significant savings within Health Boards and Trusts.

# **Chair's Report**

The Chair referred to a number of meetings that she had attended including the Welsh Risk Pool Committee and the Audit Committee. She also welcomed the opportunity to meet regularly with the Minister with other chairs which she found invaluable. The development session held with SSPC members earlier in the month had been very successful and she thanked those who attended for giving up their time, and for the contributions that they made to the event.

The Committee **NOTED** the update.

# **Managing Director Update**

The Managing Director presented his report, which included the following updates on key issues:

- Conversations continue with Hywel Dda UHB over the closure of the Glangwili Laundry site and the commencement of discussions regarding the TUPE arrangements for the remaining staff within the Cwm Taf Laundry to transfer across to the NWSSP Laundry Service;
- The NWSSP SLG recently endorsed the anti-Racist Action Plan which demonstrates our commitment to being an anti-racist organisation and sets out our plan to address the actions contained in the plan produced by Welsh Government and in meeting the requirements of the Welsh Workforce Race Equality Standard;
- The development of the first phase of a Solar Farm at IP5 where we are currently tendering for the infrastructure works having secured additional capital funding from Welsh Government as part of the decarbonisation agenda;
- The Medical Examiner Service will attain a statutory footing from April 2024 with the relevant legislative amendments being passed in October. The agreed approach allows us to ensure

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- both equity and equality in service delivery across the whole of Wales;
- NWSSP has been accredited with the Corporate Customer Service Excellence Award making it the first organisation within NHS Wales to achieve the highly valued UK Government Standard;
- NWSSP were shortlisted for a number of awards in three different categories and were successful in being the winners of the Evolution award at the recent UK Shared Services Forum Conference in Liverpool; and
- Following publication of the scope of Module 5 (Procurement) of the UK COVID Public Inquiry, and after consultation with our barristers, NWSSP has applied for core participant status for this module.

The Committee **NOTED** the update.

# **Items for Approval**

**Brecon House Patients Medical Relocation** – the paper related to a business case that was approved by the SSPC in 2022. Following the discovery of Reinforced Autoclaved Aerated Concrete (RAAC) in the existing building (Brecon House), new accommodation had to be secured urgently for the safety of the staff and the secure storage of the records. This required the signing of a lease for the Du Pont building on the same site and owing to the need to sign this urgently, approval was given through a Chair's Action for both the SSPC and the Velindre Trust Board. The Committee **RATIFIED** the approval.

**Primary Care Services – Provision of Multi-Functional and Professional Printing Devices –** the Committee **APPROVED** a three-year contract for the replacement of the existing devices.

Contract Award for Replacement Leased HGVs for Supply Chain and Laundry - The Committee APPROVED the contract award for the lease of 15 heavy goods vehicles.

**Speaking Up Safely Action Plan** – The Committee **APPROVED** the Speaking Up Safely Action Plan which formalises a mechanism to ensure concerns raised in relation to Inclusivity and Belonging are captured, reported on, and learnt from.

**All-Wales Supply of Electricity** – The Committee **APPROVED** the recommendation of the Welsh Energy Group to secure Zero Carbon for Business electricity source for the supply period 01.04.2024 to 31.03.2025.

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**South-East Wales Radiopharmacy Business Case -** The Committee **APPROVED** the business case for an immediate capital investment in preparative radiopharmacy facilities in the Southeast Wales region. The preferred option site is IP5.

# **Items for Noting**

#### **International Recruitment**

The Committee was provided with an update on the delivery of the All-Wales International Recruitment Programme supporting the safe and ethical recruitment of International Healthcare Workers, embedding a strategic "Once for Wales" approach and maximising opportunities for collaborative working across organisational boundaries.

Phase 2 of the commercial agency pipeline commenced in December 2022 with the first cohort of Internationally Educated Nurses (IENs) arriving in March 2023. As at 31st October, a total of 248 IENs have been onboarded. All Health Boards now have a proportion of Phase 2 candidates either arrived or in progress.

In addition to the commercial agency route, NWSSP has continued to support the recruitment and onboarding of a direct pipeline of nurses recruited via a partnership with an agency of the state government of Kerala, India. That route has already provided 29 candidates who have been successfully on-boarded following a visit to Kerala in May 2023, and a further visit was undertaken in November. The in-country delegation were successful in recruiting a total of 96 registered nurses, plus 16 Junior and Senior Clinical Fellows supporting General Medicine and Oncology services.

An important milestone was achieved recently when NWSSP were recognised as an official sponsorship organisation for the General Medical Council, for doctors of all grades and all specialties.

The Committee **NOTED** the update.

# **Procure to Pay (P2P) Update**

Since 2016, the Finance Academy All-Wales P2P Forum had been successful in the approval and delivery of several P2P initiatives, all of which were underpinned by the Once-for-Wales principles e.g. No PO No Pay Policy, standardisation of Invoice tolerances in Oracle.

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However, in recent years, the All-Wales P2P Forum has struggled in agreeing, supporting, and taking forward P2P initiatives. As a consequence, the Finance Academy Board agreed to close the All-Wales P2P Forum in September 2023. There is, however, still a need for a Forum or Committee to provide effective governance covering the P2P arrangements and agree future work plans.

The Committee **NOTED** the update and **AGREED** to take over the governance arrangements for P2P.

# **Southeast Accommodation Proposal**

The previous option of moving from Companies House to the Welsh Government offices in Cathays Park is now no longer considered viable due to increasing costs, and restrictions on parking and access. We have therefore informed Welsh Government that we will not be pursuing this option. An alternative building has been identified on the Nantgarw estate which would accommodate staff from both Companies House and the existing HQ building in Nantgarw, providing significant annual savings. This is now the preferred option and is being actively investigated on either a lease or purchase basis.

The Committee **NOTED** the update.

# **All-Wales E-Scheduling Procurement**

E-Scheduling software enables the District Nursing workforce in Wales to access a

mobile app to schedule their visits, avoiding paper or spreadsheetbased systems.

The all-Wales contract (two year plus one) commenced with Civica (formerly Malinko) on 1st April 2021. The year extension was implemented in April 2023 with the entire contract due to expire on 31st March 2024. Following extensive consultation, and subject to Welsh Government approval, the intention is to re-tender the contract with expected contract award early in 2024.

The Committee **NOTED** the update.

# Finance, Performance, People, Programme and Governance Updates

**Finance** –We continue to forecast a break-even financial position for 2023/24 dependent upon a number of income assumptions relating to pay award funding, the continued demand for and the costs to support increased transactional activity, IP5 running costs and

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transitional funding for TRAMS. Confirmation that Welsh Government will fund UHBs for the laundry energy cost pressure in 2023/24 has reduced our risk in respect of this. We are anticipating an element of savings achieved to date will be required to support the transitional and removal costs relating to the transfer of significant volumes of medical records to new premises.

**People & OD Update** – Sickness absence remains low and statutory and mandatory performance is good. PADR rates are below target and the position has slightly worsened over recent months.

**Performance** – The in-month September performance was generally good with 36 KPIs achieving the target against the total of 41 KPIs. However, five KPIs did not achieve the target and are considered Red/Amber. These relate to Recruitment (2), Procurement, Digital Workforce and Student Awards Services. Professional influence benefits amount to £83M at end of September.

**IMTP Q2 Progress Report** - 81% (124) of our objectives are on track. 11 objectives are at risk of being off track to complete in 2023-24. All have targeted actions to complete in Quarter 3 and 4 with a view to bringing them back in line. Reporting on objectives remains on a self-assessment basis by the divisional Heads of Service, scrutinised through the Quarterly Review process.

**Project Management Office Update** – There is only one project currently rated as red, relating to the TrAMS project and particularly the affordability of the proposed solution as part of the wider capital programme. This compares with three red-rated projects reported to the last Committee.

**Corporate Risk Register** – There are currently five red risks on the Corporate Risk Register, compared with eight reported to the last Committee. These include Brecon House, TrAMs, the impact on the Single Lead Employer Team of proposed Junior Doctors Industrial action, and the limitations imposed by the overall financial climate.

The Committee **NOTED** the above Reports.

# **Papers for Information**

The following items were provided for information only:

- Audit Committee Assurance Report;
- PPE Stock Report; and
- Finance Monitoring Returns (Months 6 and 7).

### **AOB**

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N/a						
Matters and/or a	requiring pproval	Board/Co	mmittee	level	consid	leration
• The Board is asked to <b>NOTE</b> the work of the Shared Services Partnership Committee.						
Matters referred to other Committees						
N/A						
Date of next meeting			Thursda 10am -		Januar	y 2024

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