Aneurin Bevan University Health Board - Public Board

Wed 17 July 2024, 09:30 - 16:00

Conference Centre, Headquarters, St Cadoc's Hospital

Agenda

0 min

1. PRELIMINARY MATTERS

1.1. Welcome and Introductions

Oral *Chair*

1.2. Apologies for Absence for Noting

Oral *Chair*

1.3. Declarations of Interest for Noting

Oral *Chair*

1.4. Draft Minutes of the Health Board Meeting, held on 22nd May 2024

Attached *Chair*

1.4 Minutes of Public meeting held on 22.05.24 RD_updated NP AL.pdf (25 pages)

1.5. Board Action Log for Review

Attached *Chair*

1.5 Board Action Log May 2024.pdf (2 pages)

1.6. Report on Sealed Documents and Chair's Actions

Attached *Chair*

1.6 Report on Sealed Documents and Chairs Actions.pdf (5 pages)

1.7. Report from the Chair

Oral *Chair*

1.8. Report from the Chief Executive

Oral *Chief Executive*

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2. PATIENT EXPERIENCE AND PUBLIC ENGAGEMENT

2.1. Patient Story – Hospital to Home Service

Presentation *Director of Nursing*

2.2. Report from Llais, Gwent Region

Attached *Regional Director Llais*

2.2 Report from Llais, Gwent Region.pdf (9 pages)

0 min

3. ITEMS FOR APPROVAL/RATIFICATION/DECISION

3.1. Three-Year Route Map to Service and Financial Sustainability

Attached *Director of Finance and Procurement*

3.2. Business Justification Case for a South-East Wales Radiopharmacy

Attached *Director of Finance and Procurement*

- 3.2 Business Justification Case for South East Wales Radio-pharmacy .pdf (8 pages)
- 3.2 Appendix 1 Radiopharmacy .pdf (39 pages)

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4. ITEMS FOR DISCUSSION

4.1. Nevill Hall Hospital Development Programme Update

Attached *Director of Strategy, Planning and Partnerships*

- 4.1 Nevill Hall Hospital Development Programme Update.pdf (10 pages)

4.2. Performance Reporting:

Attached *Director of Nursing, Director of Workforce & OD, Director of Strategy, Planning, and Partnerships and Director of Finance and Procurement*

A) Quality and Safety

B) Workforce

C) Activity and Performance

D) Finance at Month 2

- 4.2a Quality Report July 2024.pdf (5 pages)
- 4.2a Appendix 1 Quality Report - July 2024 - FINAL.pdf (27 pages)
- 4.2b Workforce Performance Dashboard May 2024.pdf (5 pages)
- 4.2d Board Finance Report 24-25 Month 2.pdf (32 pages)
- 4.2d Appendix 1.pdf (26 pages)
- 4.2d appendix 2.pdf (20 pages)
- 4.2d Appendix 3.pdf (21 pages)

4.3. Community Therapy MSK Transformation Update

Attached *Director of Finance and Procurement*

- 4.3Community Therapy MSK Transformation Update.pdf (22 pages)

4.4. People Plan Annual Review 2023/24

Attached *Director of Workforce & OD*

- 4.4 People Plan Board Paper July 2024 final.pdf (14 pages)

4.5. Digital, ICT and Technology Developments Report

Attached *Director of Digital*

4.6. Strategic Risk Report, July 2024

Attached *Chief Executive*

- 4.6 Strategic Risk and Assurance Report Cover Report_July 2024.pdf (8 pages)
- 4.6 Appendix A Strategic Risk Register.pdf (6 pages)

4.6 Appendix B Strategic Risk Dashboard and Risk Assessments.pdf (27 pages)

4.7. Strategic Partnership Updates: -

Attached *Director of Strategy, Planning & Partnerships & Director of Public Health*

A) Regional Partnership Board

B) Public Service Board

4.7a Regional Partnership Board Update.pdf (12 pages)
4.7b Public Service Board Report.pdf (4 pages)

4.8. Executive Committee Chair’s report

Attached *Chief Executive*

4.8 Executive Committee Chair's Report_July 2024.pdf (9 pages)

4.9. Key Matters from Committees of the Board

Attached *Committee Chairs*

4.9 Key Matters from Committees of the Board.pdf (19 pages)

4.10. An overview of Joint and Partnership Committee Activity

Attached *Chief Executive*

A) Joint Commissioning Committee

B) NHS Wales Shared Services Partnership Committee

4.10 a Joint Commissioning Committee Update Report.pdf (4 pages)
4.10a Joint Commissioning Committee Briefing.pdf (9 pages)
4.10b Shared Services Partnership Committee Update Report.pdf (3 pages)
4.10b Appendix 1 Shared Service Partnership Committee Assurance Report.pdf (6 pages)

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5. OTHER MATTERS

5.1. Date of the Next Meeting:

25th September 2024

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

AGENDA		
Date and Time	**Wednesday 22nd May 2024 at 10.15am**	
Venue	**Conference Centre, Headquarters, St Cadoc's Hospital**	
PRESENT	Ann Lloyd	Chair
	Nicola Prygodzicz	Chief Executive
	James Calvert	Medical Director
	Sarah Simmonds	Director of Workforce and OD
	Jennifer Winslade	Director of Nursing
	Hannah Evans	Director of Strategy, Planning and Partnerships
	Robert Holcombe	Director of Finance & Procurement
	Paul Solloway	Director of Digital
	Leanne Watkins	Chief Operating Officer
	Tracy Daszkiewicz	Director of Public Health
	Paul Deneen	Independent Member (Community)
	Dafydd Vaughan	Independent Member (Digital)
	Iwan Jones	Independent Member (Finance)
	Prof Helen Sweetland	Independent Member (University)
	Neil Patrick	Independent Member (Community)
	Penny Jones	Independent Member (Community)
	Pippa Britton	Vice Chair
	Louise Wright	Independent Member (Trade Union)
ALSO IN ATTENDANCE	Rani Dash	Director of Corporate Governance
	Michelle Jones	Head of Board Business
	Jemma Morgan	Regional Director, Llais Cymru
	Tanya Strange	Head of Nursing Patient Centred Care
	Julie Hopkins	Relative of Patient
APOLOGIES	Martin Blakebrough	Independent Member (Third Sector)
	Richard Clark	Independent Member (Local Authority)
	Phil Robson	Special Advisor to the Board
	Peter Carr	Director of Therapies and Health Science

ABUHB 2205/01	**Welcome and Introductions** The Chair welcomed members to the meeting, in particular members of the public who were able to join the meeting to observe in person and on-line. It was noted that the meeting would be recorded and published on the Health Board's website following the meeting. The Chair paused to reflect on the consequences for those individuals affected in Gwent by the infected blood scandal and acknowledged that although compensation was to be paid this would not recompense for the pain and suffering for all those affected.
ABUHB 2205/02	**Declarations of Interest for Noting** There were no declarations of interest.
ABUHB 2205/03	**Draft Minutes of the Health Board Meeting, held on 27th March 2024 and 10th April 2024 , for Approval** The minutes of the meeting held on 27th March 2024 and 10th April 2024 were agreed as a true and accurate record.
ABUHB 2205/04	**Board Action Log for Review** It was noted that all actions within the Board's action log had been completed or were in progress as outlined within the paper. It was noted that an action from the previous minutes (2701/10) had been omitted from the action log in error and this would be added in following the meeting.
ABUHB 2205/05	**Report on Sealed Documents and Chair's Actions** Rani Dash (RD), Director of Corporate Governance, provided an overview of the use of the Health Board's Seal and Chair's Actions that had been undertaken during the period 5th March 2024 to 30th April 2024.

	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 2205/06	**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: • Continued to chair the NHS Chairs meetings to discuss the financial position and the reorganisation of services that may be necessary as a result of the financial position. • Noted that the Joint Commissioning Committee (JCC) had been established and that work continued to ensure that the Health Board was enabled to better hold the JCC to account for the commissioning of services for the population. • The Ministerial Advisory Group report in respect of accountability arrangements had been submitted to the Minister for Health and Social Care for consideration. • Attended two visits, accompanied by Leader of Monmouthshire County Council to Nevill Hall Hospital to observe the level of RAAC and the integrated work and digitally enabled facilities at Chepstow Hospital. • A number of meetings with Chairs and the Leads of Regional Partnership Boards (RPB's) had been held. The Chair noted that a draft Welsh Government (WG) consultation document had been issued that sought to change the RPB's scope and the terms of reference. The Board was advised that this would be discussed at a future meeting of the Gwent RPB. • A meeting of the Public Services Board (PSB) had been held and a report on the progress of the implementation of the Marmot Standards was received. The Chair reflected that the work of the PSB and RPB should be more closely aligned and a further meeting with the Chair of the PSB, had been arranged. • The Chair noted that the performance reviews of Independent Members had commenced and that meetings with various individuals had taken place which included, the new Special Advisor to the Cabinet Secretary, Chair of the NHS Vice Chairs, the CEO of the Health Inspectorate Wales, Gwent Council Leaders and the Chair of CEO Group. • The Chair confirmed that the Minister for Health and Social Care had established a new suite of meetings to ensure that the Health Board continued to deliver improved performance. The Chair confirmed that this was an enhancement to the WG escalation framework within which the Health Board operates.

	The Board **NOTED** the Chair's Report
ABUHB 2205/07	**Report from the Chief Executive** Nicola Prygodzicz (NP), Chief Executive, provided her verbal report, with a focus on the following areas: • In response to the Infected Blood Inquiry, NP expressed her deepest sympathies for those affected and assured the Board that collaborative work with NHS Bodies and Welsh Government would consider the recommendations and next steps for those affected. • BMA had suspended the planned industrial action and had progressed negotiations with Welsh Government. • NP noted that the Executive Team had held its Joint Executive Team meeting with Welsh Government which had provided opportunity to identify progress made and to acknowledge the priorities and challenges faced during 2023/24. In addition, the Executive Team was in the process of holding end-of-year divisional reviews within the organisation, in-line with the Health Board's Performance Management and Accountability Framework. NP reflected that while 2023/24 had been challenging there were many examples of positive improvement, innovation and service development of which to be proud. NP provided some headlines in respect of 2023/24 performance which would be formally reported to the Board in due course: ○ Good progress had been made through the recruitment and retention of staff, which included an £18m reduction in the use of agency staffing, and reduced staff turnover. ○ The financial deficit had been reduced from £112m to £49m, with £43m savings secured. More work was required to achieve future sustainability. ○ A revised quality strategy had been implemented with the quality improvement agenda invigorated. This included a greater focus on learning from deaths and patient experience. NP noted that the Patient Advice Liaison Service (PALS) had been introduced and that there had been an improvement when responding to complaints. ○ Performance remained a key priority and good progress was evident in reducing backlogs in planned care, diagnostics, cancer and the reduction of long waits in a number of specialities. ○ New estates developments had been completed which included the Breast Unit at YYF, Endoscopy provision and the Bevan Health and Well Being Centre.

	○ In respect of primary care the Health Board had increased its offer for pharmacy, optometry, dentistry and overall GP access had increased, although challenges remained in meeting demand. Five GP practices had been returned to independent contractor management status. 111 press 2 for mental health had been successfully introduced. ○ During the year the joint strategic needs assessment was commissioned and a new focus on diabetes and cardiovascular preventions had been launched. NP noted that challenges remain with acuity and demand increases. Significant increases in Cancer, Planned Care and Mental Health services were noted. Challenges remained with Urgent and Emergency Care, despite significant efforts with partners being made across the system, and NP advised that whilst signs of improvement were visible sustainability remained a concern. NP confirmed that feedback from WG on the annual plan had been received and new KPI's had been released across the main priority areas. NP noted that a response and revised Annual Plan would need to be submitted to WG by 31st May 2024. Louise Wright (LW), Independent Member, sought clarification as to the timeframe for the finalisation of the stroke reconfiguration proposal. LW advised that conversations continued with Llais and the redevelopment work planned for Nevill Hall Hospital was a key consideration. The Board **NOTED** the CEO's Report.
ABUHB 2205/08	**Patient Story – Respecting patient's wishes at end of life, improving communication with families and our bereavement offer** Jennifer Winslade (JW), Director of Nursing, supported by Tanya Strange (TS), Head of Nursing, and Julie Hopkins (JH), relative of a patient introduced the story. JW reported that the organisation had reflected upon the end of life and bereavement services over the past year, with the work culminating in the production of the Bereavement collaborative report. JH introduced her story and experience at the end of her husband's life and the support received following his death which included the lack of availability of nursing/ clinical staff to speak with to understand his care, and the failure to respect his religious views. JH advised that this

had culminated with the submission of a formal complaint, with a response which focussed upon her husband's clinical care and not the questions that had been raised as part of the complaint. JH confirmed that subsequently the matter had been referred to the Ombudsman who found no failings with her husband's care but upheld the complaint in respect of the handling of the complaint submitted.

TS provided an overview of the work completed to respond to these concerns. The Board noted that the learning from the case, which included a report submitted to Patient Quality Safety Outcomes Committee, drop-in sessions for staff, and a Big Conversation event that was held in March 2024 with the assurance that experiences would be used to secure improvements.

The Board was advised that the event had been informed by the bereavement standards and various themes which included, religion, advanced and future care standards, cultural needs of individuals, anticipatory grief, baby loss under 20 weeks and community deaths. TS advised that following the event a number of actions had been progressed which included participants seeking to become volunteers, engagement with CRUISE to better support anticipatory grief, national discussion to better support community death, staff training, the changing place of religion, including pastoral support and the terminology used of care after death.

The Board noted the proposed way forward and was informed that 80 individuals had joined the bereavement collaborative and that a further event was scheduled to take place with a view to developing GRACE's place.

Nicola Prygodzicz (NP), Chief Executive, reflected upon the need to improve the consistency of communication when dealing with complaints and provided an overview as to how individuals were now engaged in the process.

The Chair thanked all for attending and extended her apologies to JH for the experience encountered.

A Big Conversation (Bereavement) Evaluation Report

Jennifer Winslade (JW), Director of Nursing, introduced the report and advised that the National Bereavement Framework for Wales aimed to ensure that people who were bereaved are treated with compassion, with their needs and grief reactions recognised, and that there was appropriate and timely support available. JW advised the Board that

	the Health Board and its commissioned services were required to report progress against the Standards to Welsh Government and that the evaluation report had previously been shared with the Patient Quality, Safety and Outcomes Committee. The Chair sought clarification in respect of advanced and future care planning and the ability to enact actions, noting that the approach may vary. JW acknowledged that conversations could be difficult and vary across pathways and provided the Board with assurance of the holistic offer in place and noted that the end-of-life programme was included within the six-goal programme and recognised the importance of public engagement to do things in the right way. The Board **NOTED** the Big Conversation Evaluation Report and the progress and potential implications for organisational/regional implementation.
ABUHB 2205/09	**Report from Llais, Gwent Region** Jemma Morgan (JM), Regional Director, Llais, presented Llais' report to the Board, which provided an overview of the current issues of concern and positive observations being addressed by the Llais Gwent Region in relation to the planning and delivery of health services. JM confirmed that this would be her last meeting and that Lisa Charles as her successor would attend future Board meetings. JM reflected upon the patient experience story and noted that within Llais there had been an increase in Ombudsman submissions with many avoidable escalations had earlier engagement taken place with individuals. Jennifer Winslade (JW), Director of Nursing, reflected upon the learning from complaints and reassured the Board that earlier conversations with those who had a concern now take place. JM provided an overview of the work that was ongoing and noted that the service had been engaged in the development plans for the stroke rehabilitation service, wider eLGH reconfiguration model and welcomed further engagement at an appropriate time once the preferred approach had been agreed. In terms of engagement across Gwent, JM advised that the focus of work featured upon three local and two national priorities. JM noted that key themes which had emerged involved communication in other languages and an increase in concerns raised from people who had been discharged without an appropriate package of care being in place or a delay in the package of care being secured. JM confirmed that Llais

	planned to publish a survey regarding delayed discharge and the experience of accessing a community service upon discharge and noted that the Board would be updated as themes emerged from the survey. The Board noted that engagement with young people was now reflected within the Llais report and from the engagement undertaken for this group, the key themes that emerged related to waiting times for GP and mental health appointments, and the dismissive approach by some when considering the needs of this group. JM confirmed that the trauma, hips and knees survey had concluded with a number of responses from the Gwent population. A key theme that had emerged from the survey was the level of pain and discomfort experienced whilst waiting, despite access to other services such as physiotherapy and pain medication, but acknowledged that the Health Board was to launch its' keeping well service. Nicola Prygodzicz (NP), Chief Executive, welcomed the feedback and placed on record on behalf of the Executive team her thanks to JM. This was echoed by the Board who noted that JM had been most helpful in informing the approach to the key issues facing the Health Board and the population. The Board **NOTED** the report.
ABUHB 2205/10	**Multiple Sclerosis (MS) Service Expansion** Leanne Watkins (LW), Chief Operating Officer, presented the report which proposed the expansion of the MS Team to support the implementation of Fampridine and Siponimod drugs as well as ensuring that all MS patients received an annual review. LW advised the Board that the business case for service expansion had been subject to robust scrutiny including that of the Pre-Investment Panel process which had been shared with Board separately due to the commercial sensitivities of the case. LW advised that approximately 1,500 patients live with Multiple Sclerosis (MS) across Gwent and if approved this would align the prescribing of drugs with national guidance and end the inequity for the population of Gwent. The Board was apprised of the benefits which included admission avoidance, the impact upon the wider economy and would ensure that the Health Board was aligned with the service offered in other Health Boards. LW confirmed that the MS Team within the Neurology Directorate was responsible for diagnosing, assessing and treating MS patients. At

present, the team did not have sufficient staffing capacity to adhere fully to clinical guidelines and consequently the Health Board was not able to prescribe two highly effective therapies, Fampridine and Siponimod, or undertake annual review of all MS patients.

LW provided an overview of the proposed implementation arrangements, including reviews and noted costs of £455k for the first 12 months, with an estimate of recurrent costs of circa £1m, subject to the outcome of a service review. If approved, LW assured the Board that from a service perspective recruitment to the team would commence with the intention of initiating a number of clinics with immediate effect. In the short term, LW confirmed that the implementation would take routine capacity for neurology in the short term but noted that this would improve once staff had been recruited.

LW advised, that the MRI department would be able to cope with the demand, had been engaged in the development of the business case and confirmed that work continued to ensure that diagnostic targets were prioritised as part of planned care. LW reflected that careful communication would be key and confirmed that this was detailed within the implementation plan.

Neil Patrick (NP), Independent Member, sought assurance as to whether or not the costs within the business case were additional or included within the Health Boards current budget. NP was advised that the funding for this proposal was included within the current years financial plan.

Iwan Jones (IJ), Independent Member, sought clarification about the level of dependency between the two elements of the business case. LW, supported by James Calvert (JC), Medical Director, advised that to have considered the two aspects of the drugs and workforce resource separately would not have been purposeful as there was a need to ensure an appropriate infrastructure was in place. The Board noted that individual drugs treat specific elements of the condition and in bringing the proposal together as a package of care, there were benefits for both the individual and society.

Nicola Prygodzicz (NP), Chief Executive, reported that in bringing the business case forward as a multifaceted proposal, whilst adding to the timescales, this enabled the provision of an appropriate infrastructure to be developed which was an enabler when considering future arrangements. JC concluded that the Health Board would be in a position to offer treatment to those who had previously not been able to be treated and that an efficient infrastructure was a key consideration given the complicated decision making involved.

	The Board **APPROVED** the implementation of Option 3 with a review period of one year and to enact Option 2 for the financial year 2024/25, in line with the phased approach set out in the paper.
ABUHB 2205/11	**Royal Gwent Hospital Decontamination Unit BJC** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, presented the report which detailed the Business Justification Case (BJC) for a Central Decontamination Unit at the Royal Gwent Hospital (RGH) and the associated capital and revenue considerations. HE advised that the BJC was Phase 2 of the endoscopy development and featured as a key consideration within the annual plan and associated capital investment priorities. HE advised that the development was required to respond to capacity constraints and compliance with standards and the management of risk. HE confirmed that following the development of the provision at RGH there had been an increase in decontamination demand, coupled with increased provision for urology and bowel screening Wales and noncompliance considerations with the JAG standards, which challenged the current arrangements across a number of areas. HE concluded that if agreed, the urology and endoscopy provision would be brought together in a centralised provision at the RGH and confirmed that the mobile endoscopy service would cease. The proposal would result in further capital investment and noted the revenue considerations associated with bringing urology within scope would leave a small cost pressure. In terms of delivery, HE confirmed that a completion date of July 2025 was achievable and advised that work continues with WG about whether or not the timeframe could be improved. The Board discussed the practical considerations associated with the proposal and noted that the inclusion of the urology mobile unit would negate the need to manage the most extreme risks. The Board noted that the lease on the mobile unit would be terminated as the mobile unit would not be repurposed for alternative use. In terms of staffing, the Board was advised that opportunities existed to secure further savings as a result of the colocation of services and this would assist in mitigating the small cost pressure identified within the report. The Board **APPROVED** the BJC and **AGREED** for it to be submitted to Welsh Government based on Option 3 at a capital cost of £4.714 million and **NOTED** the revenue implications of option 3 equating to

	£140k (part year effect from 25/26) but off set against the discontinuation of the mobile decontamination (£120k a year).
ABUHB 2205/12	**Gender Pay and Ethnicity Pay Gap Annual Report** Sarah Simmonds (SS), Director of Workforce and OD, presented the Gender Pay and Ethnicity Pay Gap Annual reports, at 31st March 2023. SS advised that in respect of the gender pay gap report this had been submitted in line with the statutory duty requirement and noted that the report identified that for agenda for change staff, women were paid 83p for every £1 a man was paid. For those staff within the non-agenda for pay group women were paid 96p. SS confirmed that in general more men were represented in the higher payrolls and the next steps within the Strategic Equality Plan included the women's network, health promotion and leadership being taken forward. Whilst in terms of the equality pay gap report , the Board was advised that there was no specific legal requirement to publish an ethnicity pay gap report. SS confirmed that the key findings identified where that for those staff paid within the agenda for change pay groups 96p was paid compared with the £1 comparator. The Board noted that the next steps were aligned with other plans and included working closely with a statistician to better understand the reasons for the differentiation. Pippa Britton (PB), Vice Chair, asked whether there was an opportunity to broaden the focus of the pay gap reports to include those with protected characteristics such as those with a disability and in response was advised that this would be part of the work of the statistician. The Board **APPROVED** the publication of both the Health Boards detailed Gender pay gap and Ethnicity pay gap reports.
ABUHB 2205/13	**Finance Report: Budget Delegation –Second Stage Proposals 2024/25** Robert Holcombe (RH), Director of Finance and Procurement, presented the report which outlined the principles and proposed approach to delegating funding from reserves for the 2024/25 financial year. RH reminded the Board that the initial budget-setting paper approved by the Board at the 27th March 2024 meeting provided revised budgets for the start of 2024/25 and at that meeting the Board had agreed to a two-stage budget setting process to allow for a review of how budgets could be delegated to best manage performance delivery.

	RH advised of the initial phase that had been completed and that the proposed two-stage process identified a deficit of £48.9m during 2024/25. RH confirmed that the approach sought to set budgets within income levels aligned to the annual plan, whilst recognising that the plan generated a deficit. RH confirmed that the paper proposed the establishment of a negative corporate reserve that mirrors the deficit and would enable the delegation of budgets within an established governance framework , which promoted accountability and performance. RH provided an overview of the stepped process of the methodology to be used, which includes the annual plan cost pressures, new intelligence, adjustments for savings and opportunities, with the aim of setting budgets that were reasonable, achievable and with an element of stretch in securing efficiencies as part of the plan for 2024/25. The Chair sought confirmation as to whether or not budget holders would operate within the delegated budget allocation and in response was advised that savings of a minimum of £40m in 2024/25 would be secured, delivering a best case of £48.9m. RH advised that the plan was ambitious and that there were presently £11m of saving opportunities being developed of which some were clearly deliverable. Without delivery of this position there was a worst-case risk of £60m. The Board sought confirmation of the levels of confidence amongst the Executive team in delivering the savings, with a particular emphasis on those patients that could not be discharged back into the community as a result of a care package not being available at the time of discharge. The Chair confirmed that at a recent meeting with the Minister this had been identified as a key consideration that she wished to address. RH reflected that the overarching governance arrangements which had been put in place during 2023/24 with the introduction of the Value and Sustainability Board would show the full year effect of this impact. Whilst in respect of the discharge arrangements, RH advised that the figures were based upon the current profile being maintained but acknowledged that work continues to address the discharge arrangements through the Six Goals Programme and Healthcare Pathways and noted that there was an anticipation that these processes would begin to impact positively upon the budget. It was noted that the issue of discharge was one that was recognised nationally. Nicola Prygodzicz (NP), Chief Executive, reflected that there was a need to continue to nurture an environment to improve the position and confirmed that the monthly budget monitoring process would continue. The Value and Sustainability Board would review savings opportunities

	and monitor the run rate. NP reassured the Board that effective mechanisms were in place to maintain good oversight. The Board **APPROVED** the proposed budget delegations, including: • revised revenue budgets to be delegated for the 2024/25 financial year and: • those budgets to be held in reserve. *Tracy Daszkiewicz (TD), Director of Public Health, joined the meeting.*
ABUHB 2205/14	**Finance Performance Report – Month 1, 2024/25** Rob Holcombe (RH), Director of Finance and Procurement, presented the paper outlining the financial performance at the end of April 2024, Month 1, 2024/25. RH highlighted that the revenue position at month 1 was a deficit of £4.9m that was aligned to the forecasted plan deficit; capital spend was £5.1m with an expectation to break even; public sector pay performance was 96% against a 95% target, and a cash balance of £2.7m was held which was within WG expectations. RH noted that the planned deficit was £48.9m was maintained. This figure remained above the control deficit of £13m set by WG. From an income perspective this included anticipated allocations of £65m from WG conditional on the Health Board making progress in achieving the WG control target of £13m. RH advised the Board that confirmation had been sought from WG but noted that should this income not be forthcoming the deficit level would be impacted. The Board was informed that pay was £5m lower than in March 2024, variable pay was £6m, which was below the average for 2023/24 and demonstrated an improvement upon the previous years' performance at this time. Whilst non-pay was £10m lower in month when compared with March 2024 expenditure RH noted that much of this was attributable to changes to hosting arrangements. During the month, RH advised the Board that £1.2m savings had been realised against a yearly forecast of £29m. RH advised that the savings had been reprofiled during the month with a positive movement reported in the categorisation of savings which would continue to be built upon. RH confirmed that from an operational viewpoint pressures continue to be witnessed in respect of delayed transfers of care, increases in prescribing prices and noted that whilst volume had decreased, prices vary on a monthly basis. RH concluded that Month 1 activity was in line with plan, as was CHC and FNC, and that as a result of the agreed stage

	2 budget setting process this would provide greater clarity in understanding performance against individual delegated budgets. Nicola Prygodzicz (NP), Chief Executive, advised that from the data reviewed as part of the recent WG escalation meeting the Health Board did not appear to be an outlier when compared with others in terms of cost growth. NP advised that from the meetings with WG there was a request to understand the issues in more detail in respect of planned care as well as a refresh of the Grange University Hospital model to better understand costs versus the benefits of the reconfigured operating model. RH advised that the Health Board had received positive feedback, noting that the plan was clear on cost drivers and estimates that enabled a focus on the future. The Board **NOTED** the report.
ABUHB 2205/15	**Quarter 4 - Performance and Outcomes Report** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided the Board with a progress report against the Integrated Medium-Term Plan (IMTP) 2023/26. HE advised that the report summarised the progress during Quarter 4, through the following: • Outcomes Framework through Life Course approach • Priority Programme and Ministerial priorities progress, and, • A review of the planning scenario HE advised that during the period there had been mixed performance in line with forecasted activity levels, with increases in activity coupled with increasing demand preventing progress in some areas. In particular the Board was advised that the planning assumptions, in aggregate form, largely followed as predicted by the services as set out in the IMTP and that these were in line with expected delivery. HE noted positive improvements in the following areas: CAHMS; patients waiting for diagnostics had improved particularly for those with cancers, with 1900 patients waiting over 8 weeks for an endoscopy reducing to circa 1300 in March 24, and noted similar improvements evidenced in radiology. Whilst in terms of a key Ministerial priority of extreme long waits with patients waiting over 156 weeks there were 643 patients waiting in April 2023, which had reduced to 31 patients in March 2024, as well as improvements in the reduction in ambulance handovers of more than 1hr from 1500 in January 2024 to 1100 in March 2024. HE confirmed that challenges remained in other areas which included the performance of adult Mental Health standards, with compliance of 1a of

	the Mental Health Act for accessing assessment performance being 6% against an 8% target. Similarly, the intervention standard for treatment was 6.9% in March 2024, and the Board was advised that this remained a key priority for the Executive team. An overview of the deep dive that had taken place was provided. In particular, the Board noted the growth in total Mental Health waiting lists with an increase in the number of patients wating over 2 years having grown for 3083 to 4102 at the end of the year. HE concluded that in terms of progress against wider deliverables the acute frailty response team had been launched, YYF breast centre opened in February 2024, health pathways launched in April 2024 with 50 pathways going live and with phase 2 scheduled. Paul Deneen (PD), Independent Member, sought clarity about the issues that existed in completing mental health assessments within the prescribed timeframe. Leanne Watkins (LW), Chief Operating Officer, advised that the performance of WCCIS system had impacted upon the Divisions ability to access and inform performance, coupled with work that had been completed with the team and the operational impact that the system had upon the team. LW confirmed that the model of assessment was a traditional model and noted that a revised operating model had been introduced and that performance would improve over time in line with the expected WG targets. LW confirmed that the issues within adult and CAHMS services were different in context noting that CAHMS involved a backlog of assessments. Dafydd Vaughan (DV), Independent Member, asked whether or not the impact of WCCIS upon service delivery had been quantified and assessed. LW confirmed that opportunities would exist to quantify the impact of WCCIS. Paul Solloway (PS), Director of Digital, advised the Board that there were planned improvements scheduled to be implemented to WCCIS but noted that work continues with the Mental Health Division in relation to the service improvement programme. PS confirmed that from a medium-term perspective, progress had been made in relation to WCCIS and advised that an update would be provided to the next Board meeting and that a deep dive into the issues would be included as part of the report. **ACTION: Director of Digital to provide an update on WCCIS to the July Board meeting that would include the issues identified from within the deep dive.**

	Nicola Prygodzicz (NP), Chief Executive, reflected that it was important that the Health Board captured the operational impact that the WCCIS system had upon the organisation. NP advised that it was also important that in month performance was measured alongside the backlog. The Board discussed how the improvements in performance were impacting upon staff morale and was provided with an overview about the different methods deployed to capture this, which included the staff survey, Executive drop-in sessions and planned visits. The Board sought assurance about how well staff were engaged and informed of the improvements planned. It was assured that they were engaged in the planned improvements to processes through regular engagement events which take place. The Board **NOTED** the report and the performance position across the IMTP.
ABUHB 2205/16	**Quarter 4 – Patient Safety & Quality Reports** Jennifer Winslade (JW), Director of Nursing, provided the Board with an overview of the progress report for Quarter 4 performance and noted that the framework continued to evolve. During the period, JW advised that Patient Quality and Safety Outcomes Committee (PQSOC) had approved the listening and learning framework with a view to reducing harm. Particular improvements in RAMI and accrued mortality were noted, with a key focus on how learning from deaths would be developed to improve performance. The Board was advised that an average of 700 PALS referrals were being received per month. Work continues to be addressed through the Putting Things Right framework. PQSOC would receive a report at a future meeting in respect of the work across the Health Board in respect of human factors and never events, noting that the last incident recorded had been in November 2023. JW assured that Board that there had been improvements in the uptake of safeguarding level 1 and 2 training, with level 3 still a concern and confirmed that work continued to find new ways of improving take-up. JW advised of a number of quality improvement projects that had been nationally recognised which included patients being returned back to the community project with Monmouthshire County Council. The Board was advised of those areas of performance where further improvement was required which included combatting an increase in

	the level of infection rates for C Diff and other infections being reported which, although below the Wales average meant that the Health Boards performance was breaching WG targets. JW assured the Board that an improvement collaborative was in existence to address these concerns and noted that the work was focussed on cleaning, good IPC practice and the prescribing of certain drugs. JW advised that work continued in respect of those Divisions in escalation and noted that in respect of the Mental Health and Learning Disabilities Division the focus continued to be on engaging staff in the improvement journey with a focus upon quality and safety. In respect of Urgent Care the focus had been upon improving performance and the safety of care. JW informed the Board that the level of falls remained variable and during the period the Health Board had received a Section 28 notification from the coroner. JW assured the Board that work continues to ensure that the basics of care were in place. JW confirmed that the Putting Things Right (PTR) compliance continued to be impacted by historic complaints and noted that although improvements had been made the intention was for 70% of complaints to be closed within 30 days of receipt by October 2024. Over the next year a greater focus of the pillars of quality from Board to ward level would continue to be developed, which would include ward and team accreditation. In response to a question, JW advised that the intention was to broaden the focus of the Pillars to include families and communities and confirmed that a communication standard would be developed and implemented. The Board **NOTED** the report and the associated mitigating and improvement actions in place.
ABUHB 2205/17	**Annual Nurse Staffing Levels (Wales) Act, Annual Report** Jennifer Winslade (JW), Director of Nursing, introduced the report which detailed the outcomes of the Bi- annual and Spring and Autumn nurse staffing re-calculations as well as the exceptional re-calculations following the reconfiguration of Stroke services for the period 6th April 2023 to 5th April 2024 as required by the Nurse Staffing (Wales) Act. JW noted that there were no financial considerations arising from the annual report. JW informed the Board of the findings from the Health and Social Care Select Committee on the revisions to the Act which would remain in place.

	The Board **NOTED** the report.
ABUHB 2205/18	**Six Goals Programme Update** Jennifer Winslade (JW), Director of Nursing, introduced the report which provided an update on progress made in 2023/24 and the priorities for the year ahead in respect of the Six Goals for the Urgent and Emergency Care Programme. JW advised that the programme had been consolidated into three key overarching work streams, with a focus on those areas that would have the greatest impact. JW highlighted to the Board the key areas of improvement that included the pilot that commenced in January 2024 regarding the acute frailty response service. JW updated the Board that a nurse consultant had been appointed and that the service continues to be embedded and was making a difference regarding the avoidance, where appropriate, of unnecessary admissions of older and frail people. The Board was informed that the phase 1 model included a professional hub that sought to redirect individuals and ambulance services to CRT services. JW advised that there was a focus on high-risk adults and noted that more work was required in respect of delivering a comprehensive care model to improve future care planning for these individuals JW advised that in respect of Goals 2-4 actions were aligned to the escalation arrangements for this service. JW noted the system navigation work that was occurring, notably the progress on same day emergency care and increased medical admissions to the SDEC. JW advised that a new falls pathway had been introduced and noted that 47% of patients had been conveyed to eLGHs with no concerns in terms of care. An improvement collaborative with WAST was ongoing with the aim of reducing conveyances as well as an IT pilot that sought to reduce admission to wards. Other work of note included the redirection of self-care referrals, work with urgent primary care and 111 with a view to redirecting demand to other services and in doing so lessening the burden upon 111/ 999 service. JW was pleased to note that following the introduction of patient safety events, improvements to the performance of Goals 5 and 6 had been identified. These improvements included the reduction of delayed discharges, the launch of a discharge lounge at RGH; the launch of a ready to go unit that focussed upon those patients optimised for discharge, with the model based upon the care that they would receive in their own environment.

	The Board noted two further initiatives which included the implementation of a hospital to home initiative, as part of an early supportive discharge model, with a pilot agreed with Monmouthshire CC and the second initiative of Move it May which focussed on re-enabling patients to address deconditioning with the continuation of this programme throughout the year. The Board noted the extensive progress made in addressing the six Goals programme and sought assurance in respect of the relaunch of e-triage system. It was advised that the relaunch would occur in June 2024. It noted that patient safety events would continue to be held with a focus upon enacting the learning and continually engaging with staff to ensure cultural change occurs. The Board noted that to date the work regarding falls redirection had not yet had the desired impact in reducing the number of ambulances attending urgent and emergency care that in turn would enable the provision of care for those most in need. The Board also discussed the communication methods available for use and the variation across the age profile of the population. JW concluded that key to the success of the six goals programme had been a collaborative approach. JW reflected that this approach had been underpinned by greater accuracy in the coding of patients to better understand their needs and to enable the actions to better support the transfer and care of patients. The Board **NOTED** the report and the priorities for 24/25 which were aligned to the Annual Plan and urgent and emergency care de-escalation framework.
ABUHB 2205/19	**Planned Care Programme Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, and Leanne Watkins (LW), Chief Operating Officer, presented the report which detailed the position with respect to planned care. This included a recap of national policy context and targets, the recent Welsh Government request for further planned care improvements and new national planned care milestones and actions required, planned care commitments as approved by Board in March 24 and a summary of progress across the Health Board Planned Care Programme and associated workstreams. HE advised of the five themes about which WG had sought an update. HE confirmed that many of these were included within the plan. New milestones associated with the Ministerial priorities and delivery targets had been included. HE advised that in terms of activity, variation continues amongst specialities with an increase in demand into primary care in all areas noted. The Board was advised of the work

that was being progressed in the challenged specialities that included ENT, Ophthalmology and Orthopaedics and that the Executive team was scheduled to meet to discuss the approach and the response to the recent Ministerial correspondence.

The Chair advised that it was important that the Board was sighted on the planned improvement programme particularly for those challenged specialities. The Chair also noted that the Minister for Health and Social Care wished to be assured that productivity had been optimised.

Nicola Prygodzicz (NP), Chief Executive, confirmed that the targets for long waits were not aligned to the Ministerial targets. Whilst in respect of those waits in excess of 104 weeks, NP advised that these related to three specialities and deep dives were being completed to better understand the position, with the views of practitioners being sought about how improvements could be addressed. NP advised that in conclusion there was more work to be completed to understand the work required to achieve the Ministerial priorities.

The Board discussed the challenges in delivering the revised Ministerial targets with particular focus upon the Ministerial aspirations for elective care to run 52 weeks per year, 7 days per week for 15 hours per day. LW advised that there was a workforce shortfall which when coupled with weekend working at enhanced rates, against the current financial backdrop at present was aspirational.

The Board considered the methodology of funding and the need for equity. An overview of funding for planned care had been provided with the funding used to target those Health Boards with the longest waits. More recently NP advised that the Health Board had been disadvantaged through the current funding distribution arrangements in respect of planned care and noted that these concerns had been shared with WG. The Board also noted the wellbeing considerations for staff functioning within the challenging operational circumstances and the need to be mindful of placing individuals under more pressure within the context of developing a sustainable model.

The Board NOTED:

- the recent request from Welsh Government for an additional Planned Care Improvement plan to be submitted by 31st May,
- the work in train to respond to the recent WG request, targets and actions in train for the three challenges elective specialties, and,
- the scope and progress of the Health Board's Planned Care Programme and its workstreams.

ABUHB 2205/20	**Progress Update Nursing, Midwifery and SCPHN Workforce Strategy 2023-26** Jennifer Winslade (JW), Director of Nursing, accompanied by Linda Alexander (LA), former Deputy Director of Nursing, provided the Board with an update against the priority action plan articulated within the strategy. LA provided an overview of the key actions progressed during the year and placed on record her gratitude to the staff engaged in delivering the priorities. The Board noted that the improvements identified included: • 75 international trained nurses had been recruited. • Significant focus was placed on health care support workers. This included the opening up of flexible routes into nursing education through university and open university capacity and placing 10 Mental Health support workers on to the nurse education and registration route. • Continued to implement nurses working as advance practitioners across a range of specialities, and noted that this would include provision within Mental Health. • Continued to work with the University to support those individuals who demonstrated aptitude at interview and to support them in gaining access. • Success of the nursery midwifery academy with many individuals progressing into leadership opportunities. • Increased engagement with communities where the profile of nursing as a future career opportunity had been highlighted, supplemented by improved branding and the retention of staff including a reduction in the number of vacancies, staff absences and variable pay. The Board was advised that the priorities for the year ahead had been agreed. The Board placed on record the thanks to LA for leading the strategy and the associated improvements. The Board **NOTED** the progress made against the priority actions and the 2024-25 priorities.
ABUHB 2205/21	**All Wales Individual Patient Funding Request (IPFR) Report** James Calvert (JC), Medical Director, presented a report outlining the IPFR policy and process in place within the Health Board and how this linked with wider national work streams. JC advised that the Health Board consistently adhered to the policy criteria, as noted by the All-Wales IPFR Quality Assurance Committee,

	and was seen as an exemplar for the way in which the IPFR panel conducted its business, and for the way in which the IPFR policy had been implemented. JC provided a summary of IPFR activity, confirming that the number of new IPFR applications received for the financial year 2023/24 had been 203, an increase over the 148 received in 2022/23. This was in-line with pre-pandemic levels. The Board welcomed oversight of IPFR activity in 2023/24 and **NOTED** the report.
ABUHB 2205/22	**Communications and Engagement Update Report** Nicola Prygodzicz (NP), Chief Executive, supported by Karen Newman (KN), Assistant Director of Communication, provided, for assurance, an overview of the Health Board's Communications and Engagement activities during 2023/24. NP thanked the team for their work and advised that during the year the communication and engagement strategy had been refreshed, the approach to staff engagement had been amended and a focus upon targeting engagement with a younger audience and a focus on the prevention agenda had been implemented. NP concluded that the Health Board had reached a huge proportion of the population using social media which presented both benefits and challenges. The Board noted that the team continued to support the 10-year strategy and considered how the community engagement offer could be strengthened further. The Board considered the communication and engagement report and provided feedback about how the approach must be strengthened, which included a formal feedback report to the Board similar to that presented by Llais, highlighting the outcomes of the feedback to top themes identified. NP advised that it would be helpful to provide a 6- month report on the impact of key aspects of the work, including feedback on top themes to be regularly reported and agreed for a report to be submitted to a future meeting of the People and Culture Committee. ***ACTION:***

	Rani Dash (RD), Director of Corporate Governance, to schedule reporting on communications and engagement activity into the People and Culture Committee's forward work plan. The Board **NOTED** the progress with the Communications and Engagement agenda over the past 12 months and **CONSIDERED** the future priorities.
ABUHB 2205/23	**Strategic Risk Report, May 2024** Nicola Prygodzicz (NP), Chief Executive, presented the report which provided an assessment of strategic risks associated with achieving the Board's strategic priorities for assurance. The Board noted that the report proposed to reduce the level of risk associated with the threat of industrial action. There were eight high level strategic risks, with six of these managed outside the risk appetite. The Board was assured that actions plans were in place to mitigate these risks. The Board **NOTED** the Strategic Risk Report for May 2024.
ABUHB 2205/24	**Regional Partnership Board Update** Hannah Evans (HE), Director of Strategy, Planning and Partnerships, provided an update on Regional Partnership Board activities since the March 2024 report to Board. HE noted that the RPB was scheduled to meet next week and would consider matters around RIF expenditure, delivery against the RIF during 2023/24 and the reporting requirements including the identification of key themes and the indicative allocations for 2024/25. The Board noted that in addition to the RIF reporting there was a need to report on "further faster" monies and how these would be aligned. The Board was advised that the outcomes of the governance review continued to be progressed including the alignment of the two teams who supported the operational running of the RPB. The Chair noted that recently the RPB had considered the issues relating to the "Care Collective" which had been unable to operate. The Chair advocated that a market analysis report was required of the 3rd sector, to include a mapping of provision to provide an informed view of the strength of this sector. The Chair, in her role as Chair of the RPB, confirmed that she was meeting with representatives of the Third Sector

	to obtain a better understanding of the longer-term planning process for the sector, including the governance and commissioning arrangements. The Board **NOTED** the update.
ABUHB 2205/25	**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 18th March 2024 – 2nd May 2024**.** From the report the Board attention was drawn to the following areas: • Learning from Deaths Report and the need to understand the mortality data, when compared with national comparators. • The annual Volunteering report would be discussed at the patient Quality and Safety Outcome Committee together with the impact of the volunteers work upon the organisation. • Maternity, neonatal care and the Maternity Neonatal programme including improvements. A key theme which had emerged had been the lack of provision for a transitional care unit within the Health Board. Work was being progressed on this. • Work of the System Leadership Group and the innovation that was taking place across the organisation. The Board was advised that a future presentation on the geonomics partnership and innovation in radiology though an Artificial Intelligence project, which had secured improvements, would be provided. The Board **NOTED** the report.
ABUHB 2205/26	**Key Matters from Committees of the Board, including Annual Reports 2023/24** The Board **RECEIVED** Assurance Reports in respect of Committee meeting held during the period and 2023/24 Annual reports from the following Committees: • Charitable Funds Committee- 7th March 2024 • Finance and Performance –14th March 2024 • Audit, Risk and Assurance Committee – 16th April 2024 . • Partnerships, Population Health and Planning Committee 16th April 2024 • Patient, Quality & Safety Outcomes Committee -30th April 2024 • MHAMC – 2023/24 Annual Report
ABUHB 2205/27	**An overview of Joint Committee Activity**

	Nicola Prygodzicz (NP), Chief Executive, provided an update on the issues discussed and agreed at recent meetings of the Joint Commissioning Committee and the NHS Wales Shared Services Partnership Committee as Joint Committees of the Board. NP advised that the JCC at their most recent meeting had determined the approach to the review of EMRTS and noted that four recommendations had been agreed with a further two recommendations progressed, in respect of lessons learnt and a progress report on the implementation plan to be received. The Board **NOTED** the report.
ABUHB 2205/28	**Date of the Next Meeting:** • Thursday 11th July – Approve Annual report and accounts • Wednesday 17th July

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
27th March 2024	**ABUHB 2703/10**	**Strategic Planning for 2024/25: IMTP and Annual Plan 2024/25** To provide a detailed report on the three-year route map to sustainability	Chief Executive, Director of Strategy, Planning and Partnerships & Director of Finance and Procurement	July 2024	**Completed** This is on the agenda at 3.1 for 17th July 2024 meeting.
27h March 2024	**ABUHB 2703/17**	**Quarter 3 - Performance and Outcomes Report** Update on the CAMHS/ND Action plan to be provided at a future Board meeting.	Chief Operating Officer	July 2024	**Completed in part/Not yet Due** Performance information has been included within the performance report at 4.2 for the 17th July 2024 meeting. A focussed report on Children's services will be presented to the Board in September 2024.

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

Committee Meeting	Minute Reference	Agreed Action	Lead	Target Date	Progress/ Completed
22nd MAY 2024	**ABUHB 2205/15**	**Quarter 4 - Performance and Outcomes Report** Update on WCCIS that would include the issues identified from within the deep dive to be provided to Board	Director of Digital	July 2024	**Completed** WCCIS information has been included within the Digital, ICT and technology Development report at 4.5 for the 17th July 2024 meeting.
22nd May 2024	**ABUHB 2205/22**	**Communications and Engagement Update Report** Forward Workplan for the People and Culture Committee to be updated to include 6 monthly report on the outcomes of the Communication Strategy including top themes.	Director of Corporate Governance	May 2024	**TRANSFERRED TO ANOTHER COMMITTEE** People and Culture fwp updated to include the outcomes of the Communication Strategy including top themes. First update to be provided at October 2024 meeting.

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Governance Matters: Report on Sealed Documents and Chair's Actions**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	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 1st May 2024 and 30th June 2024.

The Board is asked to note that there have been eight (8) 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 1st May 2024 and 30th June 2024 there were three (3) Chairs Actions agreed.

Cefndir / Background

1. Sealed Documents

The common seal of the Health Board is primarily used to seal legal documents such as transfers of land, lease agreements and other contracts. The seal may only be affixed to a document if the Board or Committee of the Board has

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

2. Chair's Action

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

3. Key Issues

3.1 Sealed Documents

Under the provisions of Standing Orders, the Chair or Vice Chair and the Chief Executive or Deputy Chief Executive must seal documents on behalf of the Health Board. Eight documents were sealed between the 1st May 2024 and 30th June 2024, as outlined below.

Date	Title
29.05.24	Renewal lease by reference to an existing lease relating to a café at lower ground floor, South Gwent Special Needs Children Centre, Newport, between Aneurin Bevan University Health Board and Sparkle (South Wales)
29.05.24	Call off contract for National Supply Chain Partner for the development of Abertillery Health and Well-being Centre between Aneurin Bevan and Tilbury Douglas Construction Ltd (Plus Parent Company Guarantee)
29.05.24	Call off contract for National Supply Chain Partner for the development of Monmouth Health and Well-being Centre between Aneurin Bevan and Tilbury Douglas Construction Ltd (Plus Parent Company Guarantee)
26.06.24	TRI Transfer: CYM67870 Mount Pleasant Hospital, Chepstow
26.06.24	Lease: Land at Chepstow Community Hospital, St Lawrence Road, Chepstow, between Aneurin Bevan University Health Board and Kintra Ltd
26.06.24	Reversionary sub-lease relating to land at Mount Pleasant Hospital, St Lawrence Road, Chepstow, between Aneurin Bevan University Health Board and Kintra Ltd

26.06.24	Hand back agreement relating to an expiry of an operating agreement in respect of Chepstow Community Hospital.
28.06.24	Deed of termination of direct financier agreement regarding Chepstow Community Hospital

3.2 Chair's Action

The Chair's Actions approved between 1st May 2024 and 30th June 2024 is provided below:

Date	Title
13.05.24	To award a contract the provision of Cardiology (Echocardiogram) Insourcing for Cardiology Services for the period 1st May 2024 to 30th April 2026 to a total value of £1,081,080.00 (VAT exempt).
30.05.24	To award three contracts for dental access to a total annual contract(s) value of £1,240,000 for the annual period 1st April 2024 to 31st March 2025: Lot 1 - Dental Services Monmouthshire (annual contract value £540,000) Lot 2 - Dental Services Caerphilly (annual contract value £200,000) Lot 3 - Dental Services Newport (annual contract value £500,000)
03.06.24	To award a contract for a bespoke repatriation service to United Welsh for the period including 01/09/2024 until 31/08/2026 (option extension until 31/08/2027) to a total value of £1,598.902.00.

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:	N/A

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

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

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

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Choose an item. Choose an item. Not applicable to this report

LLAIS

Eich llais mewn iechyd a gofal cymdeithasol | Your voice in health and social care

LLAIS GWENT REGION – REPORT FOR ANEURIN BEVAN UNIVERSITY HEALTH BOARD PUBLIC BOARD MEETING JULY 2024

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.

Accessible formats

This report is also available in Welsh.

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

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

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ABOUT LLAIS

We believe in a healthier Wales where people get the health and social care services, they need in a way that works best for them.

We are here to understand your views and experiences of health and social care, and to make sure decision-makers use your feedback to shape your services.

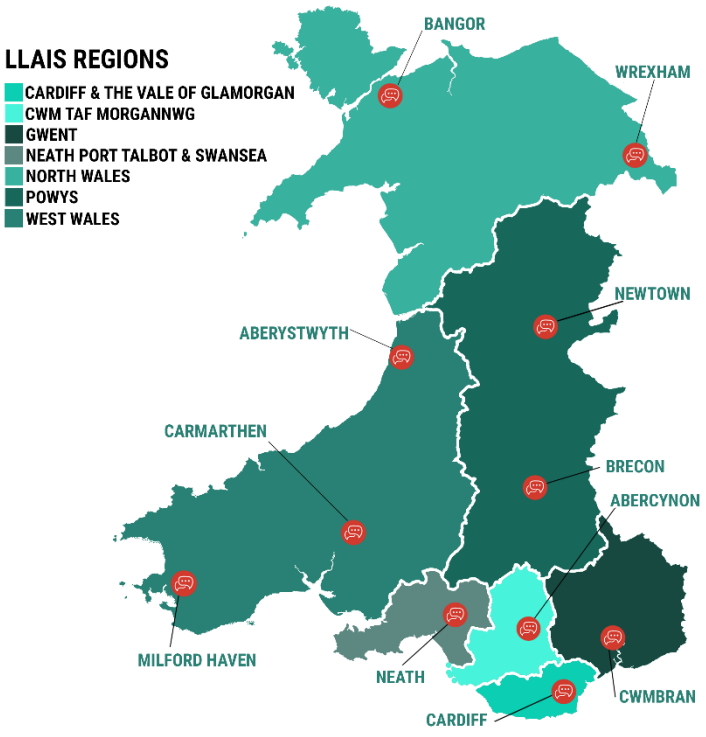
We seek out both good and bad stories so we understand what works well and how services may need to get better. And we look to particularly talk to those whose voices are not often heard.

We also talk to people about their views and experiences by holding events in your local communities or visiting you wherever you're receiving your health or social care service.

We also work with community and interested groups and in line with national initiatives to gather people's views.

And when things go wrong, we support you to make complaints.

There are 7 Llais Regions in Wales. Each one represents the "patient and public" voice in different parts of Wales.



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 independent Complaints Advocacy Service.

A NATIONAL CONVERSATION: LLAIS STRATEGIC PLAN 2024-2027

We now have our first national strategic plan. This plan has been created using what we have been told by the people of Wales, by our staff and volunteers and other bodies and groups we work with.

When this plan was being created, we thought about our legal duties and responsibilities such as the Quality and Engagement Act 2020, Equality Act 2010, The Well-being of Future Generations Act 2015, The Welsh Language Standards 2016, The Socio-Economic Duty, the Public Sector Duty, and national plans and commitments such as the LGBTQ+ and the Anti-racist Wales Action Plan, as well as our remit letter.

Building on what we have learned in our first year, we have grouped things into five main priorities:[1]

1) Drive a national conversation about the future of health and social care services

2) Push for services that meet everyone's needs.

3) Work together better.

4) Help people and services to use technology in ways that work for them.

5) Grow and improve as an organisation.

[1] https://www.llaiswales.org/about-us/national-conversation-llais-strategic-plan-2024-2027

Current activities and feedback:

1. Public feedback from our Advocacy services

From the 9th of May to 28th of June 2024, our Advocacy service has received 53 new contacts from members of the public. 11 of these were enquiries and 42 were concerns about health or social care.

- Two enquiries were in relation to social care services and nine were in relation to NHS services.
- 40 of the new concerns were in relation to NHS services and two were in relation to social care services. The new concerns spanned GP, Secondary Care, Midwifery and Social Workers.

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 May 2024, we have been involved in or made representations about:

- Emergency Department handovers from ambulance crew and people's experiences of waiting in the Emergency Department.
- Stroke rehabilitation service developments – ongoing conversations with the Planning Team following post urgent service change.
- We will continue to engage with the Planning Team around further patient engagement for the longer-term provision in relation to eLGH department/unit reconfiguration proposals.
- Aneurin Bevan Health Boards 'A conversation for a healthy future' - We have supported our population to engage in early conversations to shape discussions and have their voices heard around ABUHB's 10-year plan. We are keen to contribute and support our population to have further opportunities to feed into the final plan over the coming weeks and months.

3. Engagement in Gwent (April – June)

In April to June, we engaged with 540 people in community spaces, hospital settings, local events, and support groups.

Whilst we engaged with the community, we continued to raise the profile of Llais, as well as talking to people about our three regional priorities:

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

Key issues identified in Gwent:

- Access to GP appointments
- Access to Child and Adolescent Mental Health Services (CAMHS)
- Access to Mental Health Services
- Access to NHS Dentists

Key emerging themes in Gwent:

- Hospital discharge – lack of care packages
- Maternity Ward at the Grange University Hospital

An impact and insight snapshot will be sent to the health board and the five local authorities in July 2024.

4. Upcoming Activities

In July we are receiving presentations delivered by the health board on the following topics:

- In response to emerging issues: Nursing recruitment, staffing levels, resources, and sustainability.
- **In relation to our mental health priority**: Adult Acute Mental Health Services (inpatients).
- In relation to our local and national priorities: WAST Ambulance service performance and activities

THANKS

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

FEEDBACK

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	South East Wales Radio-pharmacy Business Justification Case
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe Director of Finance & Procurement
SWYDDOG ADRODD: **REPORTING OFFICER:**	Arvind Kumar, Divisional Manager, Clinical Support Services

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

Ar Gyfer Penderfyniad/For Decision

- To advise the Board of the current position in respect of the demand and provision of Radiopharmaceuticals, and of the associated risks faced by the service in ABUHB and the wider South Wales region.
- To advise of the solution proposed by the South East Wales Radiopharmacy project requiring an additional £292,000 funding from ABUHB.
- To seek Board approval for the South East Wales Radiopharmacy BJC.

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

ABUHB has been asked to consider the revenue commitment included in a Business Justification Case (BJC) brought forward from Cardiff & Vale University Health Board seeking approval for capital investment in preparative Radiopharmacy facilities in the South East Wales region. The case is prepared in the context of:

• The urgent clinical need resulting from the forced closure of the old legacy Radiopharmacy facility.

• The provision of a safe and regulatory compliant facility of sufficient size to meet the expected future demand.

• Meeting the overarching Transforming Access to Medicines Programme (TrAMs), requirements outlined in the current endorsed TrAMs Programme Business Case.

The case recommends a total capital investment of £9.2m to be made through the TrAMs Programme, under the governance of the Shared Services Partnership Committee.

The preferred option site is Imperial Park Building No.5, Newport. Of this sum, £2.3m has already been funded in the development of the BJC together with the purchase of the key equipment requirements which have significant lead in times, so the net capital funding commitment requested from Welsh Government is circa £6.9m to complete the project.

No capital funding is being sought from Health Boards and Trusts. Contracts are in place to support delivery of the project and the remaining expenditure is expected to be incurred within 6 months of the Investment Decision. If the case is approved by 1 Sept 2024, the whole remaining balance is expected to be committed during the financial year 2024/25.

The revenue commitment to operate the service has been set out in the BJC.

Background

Radiopharmacy services in South East Wales have, until October 2023, been provided on a regional basis by Cardiff & Vale University Health Board, supporting patients in Aneurin Bevan University Health Board (ABUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), and Velindre University NHS Trust (VELUNHST).

The legacy unit located within the University Hospital Wales made daily deliveries to nuclear medicine departments at the following sites:

- University Hospital Wales
- Royal Glamorgan Hospital
- Nevill Hall Hospital
- University Hospital Llandough
- Royal Gwent Hospital
- Velindre Cancer Centre

Deliveries are time critical and two dedicated vans and specially trained drivers are used for deliveries. This transport service is proposed to transfer to be provided by NWSSP Health Courier Services.

The legacy unit had been known to be at the end of its life for some time. Following an MHRA inspection in 2019, CAVUHB produced a Business Case in 2020 for a replacement, but this investment was deferred in favour of the TrAMs Programme alternative. In October 2023 a further MHRA inspection took place, which identified a significant number of defects in the service which required immediate action. Following this inspection CAVUHB made the decision to close the legacy unit and examine alternative options. Time limited service continuity measures have been put in place involving supply from outside the region, including by Swansea Bay University Health Board (SBUHB), Birmingham and Bristol NHS Trusts. These arrangements are not currently meeting the whole clinical demand.

In October 2023 the CAVUHB Chief Operating Officer wrote on behalf of CAVUHB to Welsh Government and NWSSP, stating that CAVUHB's preference was for NWSSP to expedite the replacement service by means of the TrAMs programme.

Subsequently in October 2023 the government's Chief Pharmaceutical Officer requested NWSSP to formulate an Option Appraisal to support an immediate investment in Radiopharmacy facilities under the TrAMs programme.

Obligations

ABUHB has two sites that carry out Nuclear Medicine scanning at Royal Gwent and Nevill Hall hospitals with each having one gamma camera for scanning.

Fig 1 indicates a considerable increase in patients waiting and breaching at 8 weeks post the CAVUHB radiopharmacy closure in October 2023. It is noticeable that there is some reduction in waiting and breach times in April 2024 which is in part due to improvement around delivery and hours worked from 9am-5pm to 10am-6pm. It is not expected that the waiting lists/breach times will decrease much more significantly due to later delivery times and limited capacity of supply from SBUHB radiopharmacy.

Fig 1. Waiting list of Nuclear Medicine patients and the number breaching the 8 week RTT target

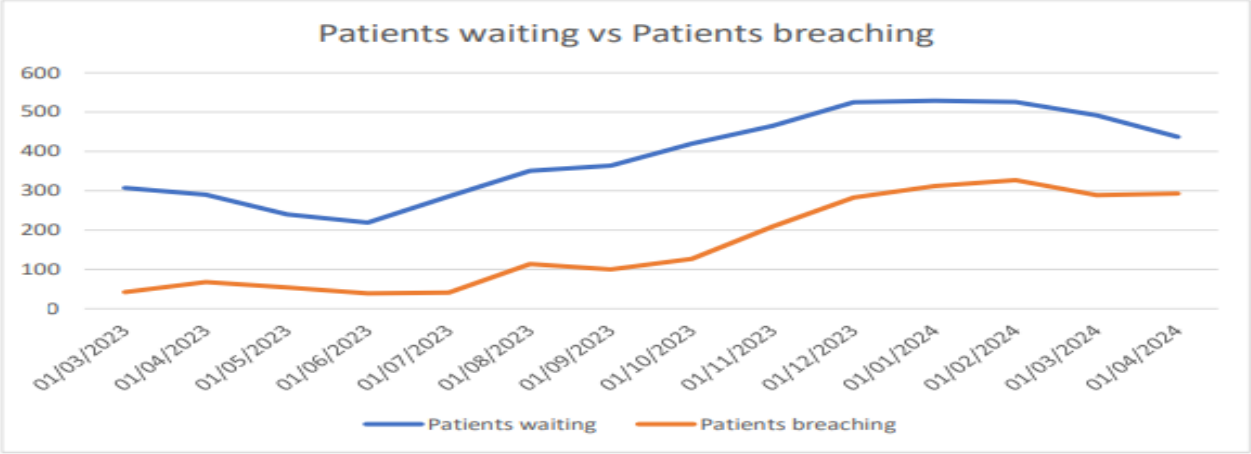

Fig 2. Nuclear Medicine Activity figures Apr 23 – May 24 inclusive

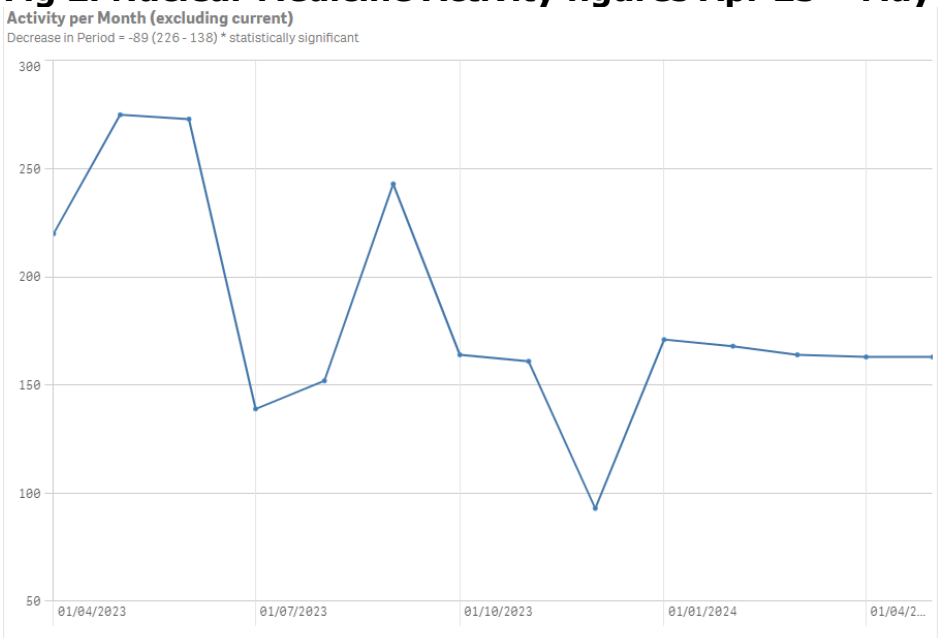

Fig 2 shows a clear downward trend in activity post closure of CAVUHB radiopharmacy.

Prior to the closure there is evidence that full demand was not being met via supply directly from CAVUHB. This is for a number of reasons:

1. The closure of the CAVUHB facility due to environmental control issues in July/August 2023.
2. The limitations on capacity at CAVUHB due to the small physical size of the radiopharmacy facilities / equipment and ongoing environmental control issues due to the condition of the ageing facilities e.g. consistently requests were received from ABUHB for cardiac scanning clinics for which capacity did not exist.

The proposed new radiopharmacy facility at IP5 in Newport will have state of the art isolator and gassing technology which will meet future MHRA requirements as well as having increased efficiency and capacity to meet all of the South East Wales demand. Delivery times will also be considerably improved for ABUHB and all South East Wales sites.

Performance Overview:
A future service model has been agreed in line with the recommended best practice whereby the new regional Radiopharmacy units will manufacture the medicine in ready to use vial kits. These will be delivered to Nuclear Medicine departments where the patient injections will be drawn up from the vials. Typically around two to three injections are drawn up from each vial. This is also the service model being used during the current Service Continuity arrangements within SBUHB, Birmingham and Bristol NHS Trusts.

This approach gives maximum flexibility to the Nuclear Medicine department to ensure that the right level of radioactivity is injected to each patient, from the level available in the vial immediately prior to the injection being given. It also maximises Radiopharmacy operator safety by limiting their time exposure to the radioactive product during manufacture. Nuclear Medicine departments that have not previously utilised this service model are being supported with training and equipment to ensure safe and effective drawing up. The service model will be underpinned by new Service Level Agreements and Technical Agreements between the respective organisations. The service will operate on the basis of a core staff and non pay budget allocated to NWSSP at the time of service transfer. The variable costs of the medicine will be recharged on a wholesale basis, with an equitable charge to all users per unit of medicine supplied, inclusive of the medicine, consumables, and transport. Overall financial and service governance will rest with the Health Boards and Trusts, exercised jointly through the mechanism of the Shared Services Partnership Committee.

Asesiad / Assessment

The closure of the CAVUHB radiopharmacy has put significant pressure on the remaining SBUHB Radiopharmacy requiring significant increase in staffing whilst supplying all of South Wales Nuclear Medicine sites via one production cabinet as

opposed to the previous three cabinets. This means there is no contingency support in case of failure of the remaining production cabinet.

- Due to increased throughput, there is greater risk of environmental failure within the production facility and has resulted in very strict capacity controls to ensure sterility assurance of final products and patient safety.
- Due to capacity restrictions it is estimated that the numbers of patients scanned in South Wales has reduced by at least 30%. This is reflected in the ABUHB numbers which equates to a reduction of 80 patients per month.
- Across South Wales it can be seen that the numbers of patients awaiting Nuclear Medicine scans has increased significantly with 8-week limits being breached increasingly after an initial lag as the time since closure of the CAVUHB radiopharmacy extends. This is significantly impacting South East Wales Radiopharmacy patients but also Nuclear Medicine staffing morale and longer-term departmental resilience as the times since CAVUHB radiopharmacy closure extends.
- Current SEW provision is only available temporarily and is not a recurrent solution.
- To meet ABUHB capacity and provide resilience for Nuclear Medicine across South Wales it is important that a new Radiopharmacy service is built. The new site will ensure sufficient operational cabinet support for South East Wales as well as providing contingency capacity in case of failure of the Swansea Radiopharmacy.

Summary of Revenue Costs

The revenue costs of the new service have been identified in two phases and compared with the baseline cost of the service provided by C&V UHB. The 2 phases are:

a) a stand-alone Radiopharmacy Unit in IP5 costing (£1.752m)
b) the Radiopharmacy Unit being integrated into the South East Wales Pharmacy Hub (£1.458m)

Discussions have been held with the 4 major customers in the South East Region: CAVUHB, ABUHB, CTMUHB, and VUNHST, and an equitable funding model identified:

Option 1a: Recover costs based on demand share only with NWSSP contribution			
Costs to be recovered		1,752,249	
NWSSP contribution		-294,000	
Net costs to recover		1,458,249	
	2022/23 Baseline charge £	Trams radio costs £	Increase £
ABUHB	226,273	503,004	276,731
CVUHB	289,386	643,304	353,918
CTMUHB	70,720	157,209	86,490
Velindre	69,605	154,732	85,127
Total	655,984	1,458,249	802,265

The NWSSP annual contribution of £294k is a non-recurrent investment in the new service to bridge the cost efficiency gap until the full South East Hub opens.

The net figure of £1,458,249 therefore represents the recurrent revenue commitment for the service based on today's prices, to be funded as shown above based on an apportionment using historic demand levels for the service. Any increased cost to Velindre should be included as part of the normal future commissioning process with the relevant health boards.

The advantage of the selected funding model is that products will be procured at the same price, following an established "fair shares" principle recognised by all the participating organisations.

Based on an indicative start date of 1st July 2025 the IP5 Radiopharmacy operating charges would be profiled as follows:

	2025/26 from 1st July £	2026/27 onwards £
ABUHB	377,253	503,004
CVUHB	482,478	643,304
CTMUHB	117,907	157,209
Velindre	116,049	154,732
Total	**1,093,687**	**1,458,249**

Charging mechanism

It is recommended that the annual funding contributions sought above, will be applied as a per product charge, invoiced (or in the case of VELNHST recharged) monthly on the basis of actual usage.

The per unit price will be set on the baseline of demand from the 2022/23 financial year. At the time of writing this is assessed as being 3,633 vials p/a, leading to an average unit cost of:

£1,458,249 / 3,633 = £401 per vial

This business case is based on the historic level of demand.

The pricing will be calculated to achieve the approved levels of annual contribution and will be kept under regular review thereafter. The unit prices will be varied in future in order that:

- Costs incurred from any rise or fall in demand continue to be met.
- Any efficiencies in production that reduce costs are passed on equitably.
- Any unexpected cost pressures are also met equitably.
- As a guiding principle the service will continue to break even and will aim to run neither a deficit nor a surplus.

Thus the estimated cost increase for ABUHB is:

- Direct ABUHB provision costs of £503k (an increase of £277k)
- Velindre ABUHB Commissioner estimated share of £54k (an increase of £15k)
- Thus a total cost ABUHB increase of £292k

Argymhelliad / Recommendation

To approve the BJC & the revenue costs of £503k (ABUHB) and £54k (VCC commissioned), an increase of £292k outlined above.

Appendix - BJC version 2.2

Radiopharmacy BJC v2.2 03 07 24.docx

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	9642 Score: 9
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply 3.1 Safe and Clinically Effective Care 5. Timely Care 5.1 Timely Access
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol:

Further Information:	
Ar sail tystiolaeth: Evidence Base:	Demand/Capacity gap 2023/24 Welsh Government Diagnostics Recovery and Transformational Strategy for Wales 2023-25 Welsh Government Referral to Treatment Time and Single Cancer Pathway Turnaround
Rhestr Termau: Glossary of Terms:	RTT: Referral to Treatment Time NHH: Nevill Hall Hospital TraMs: Transforming Access to Medicines Programme RGH: Royal Gwent Hospital SBAR: Situation Background Assessment Recommendation NWSSP:NHS Wales Shared Services Partnership
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	No does not meet requirements
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs

Business Justification Case

South East Wales Radiopharmacy

Status	Issued for approvals
Version	2.2
Date	3 July 2024

Version	Date	Changes to content
1.0	17/11/23	First submission to Welsh Government
1.1	10/06/24	Re-drafted for second submission
1.2	11/06/24	Circulated for review, to become v2.0 once finalised
2.0	28/06/24	Updated explanatory text, and preferred funding option. Case now issued for approvals
2.1	01/07/24	Additions requested as per Programme Board minutes 1/7/24
2.2	03/07/24	Future year cost profile added as requested by Programme Board FD rep

Approvals	Version	Date	Decision
TrAMs SE Hub Project Board	1.0	17/11/23	Approved
TrAMs Programme Board (SRO)	1.0	17/11/23	Approved by SRO Action
Shared Services Partnership Committee	1.0	23/11/23	Approved
TrAMs SE Hub Project Board	2.0	27/06/24	Approved
TrAMs Programme Board	2.0	01/07/24	Planned
Shared Services Partnership Committee	2.0	18/07/24	Planned
TrAMs Programme Board	2.1	01/07/24	Approved

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2	Economic Case	13
3	Commercial Case	27
4	Financial Case	29
5	Management Case	35
	Appendix – Estates Cost Forms for Preferred Option	
	Appendix – Drawings of the proposed facility	

Executive Summary

This Business Justification Case (BJC) seeks approval for capital investment in preparative Radiopharmacy facilities in the South East Wales region.

The case is prepared in the context of:

- The urgent clinical need resulting from the forced closure of the old legacy Radiopharmacy facility.
- The provision of a safe and regulatory compliant facility of sufficient size to meet the expected future demand.
- Meeting the overarching Transforming Access to Medicines Programme (TrAMs), requirements outlined in the current endorsed TrAMs Programme Business Case.

Due to the points above it has been agreed with Welsh Government to submit a BJC with costs to the maturity of a Full Business Case (FBC) rather than an Outline Business Case (OBC) followed by an FBC.

The case recommends a total capital investment of £9.2m to be made through the TrAMs Programme, under the governance of the Shared Services Partnership Committee. The preferred option site is Imperial Park Building No.5, Newport.

Of this sum, £2.3m has already been funded in the development of the BJC together with the purchase of the key equipment requirements which have significant lead in times, so the net capital funding commitment requested from Welsh Government **is circa £6.9m to complete the project**. No capital funding is being sought from Health Boards and Trusts.

Contracts are in place to support delivery of the project, so the remaining expenditure is expected to be incurred within 6 months of the Investment Decision. Therefore, if the decision is taken by 1 Sept 2024, then the whole remaining balance is expected to be committed during the financial year 2024/25.

The revenue commitment to operate the service is also set out in this case.

Shared Services Partnership Committee is invited to **Approve the Business Justification Case together with the expected revenue consequences of the new service model.**

1. Strategic Case

1.1 Strategic Context

Radiopharmacy is a service that prepares radioactive injectables for patients, mostly for diagnostic purposes in support of Gamma Camera scans, but also a small number of therapeutic injections. Within South East Wales the service is currently managed by Cardiff and Vale University Health Board (CAVUHB) Nuclear Medicine department, with professional oversight and Quality Assurance support from the Health Board's Pharmacy department

The short shelf life of the product means that the injections take place on the same day as the medicine is prepared, usually within 1 to 4 hours

A number of regulators are involved in overseeing the preparative service including:

- Medicines Health Regulatory Authority (MHRA)
- Natural Resources Wales (NRW)
- Health and Safety Executive (HSE)
- Office of Nuclear Regulation (ONR)

The service is also supported by a contracted Radiation Protection Advisor (RPA) and Radioactive Waste Advisor (RWA). These are required by legislation.

The Transforming Access to Medicines (TrAMs) Programme Business Case which was endorsed by the Minister for Health and Social Care in March 2021 determined that the future reprovision of Radiopharmacy services would be in an All-Wales service, hosted within NHS Wales Shared Services Partnership (NWSSP) and delivered through 3 regional hubs. As at June 2024, the Outline Business Case for the first of these hubs, in South East Wales, is in preparation. Outline design work has been undertaken to test the fit of this Radiopharmacy development alongside the larger Hub investment in the Imperial Park 5 (IP5) building in Newport, owned and operated by NWSSP. A good fit has been established and the two developments aligned and deconflicted. It has been established by outline concept design that there is sufficient power for both.

Open issues within the TrAMs SE Wales Hub Project which have not yet been completed include:

- Planning Permission
    - A Planning Pre-Engagement process has been carried out based on the design concepts for the IP5 site.
    - It is intended to submit a planning application covering both the Radiopharmacy and the Hub in July 2024.
- Equipment Procurement including isolators
    - Pre-tender engagement was carried out in Oct 2021.
    - A further round to update costings was carried out in Nov 2023.
    - The tender for 15 Hub isolators is expected to be offered in Autumn 2024, aligned with the detailed design phase of this project.
- An Organisational Change Process (OCP) will identify if staff at C&V are impacted by TUPE regulations, and where TUPE applies, then they will transfer to NWSSP.
    - Planning for this is underway within the TrAMS Programme, working in partnership with Staff Side representatives, Health Boards and Trusts.

1.2 Strategic Case for Change

Radiopharmacy services in South East Wales have, until October 2023, been provided on a regional basis by CAVUHB, supporting patients in Aneurin Bevan University Health Board (ABUHB), Cwm Taf Morgannwg University Health Board (CTMUHB), and Velindre University NHS Trust (VELUNHST). The legacy unit is located within the University Hospital Wales and daily deliveries are made to nuclear medicine departments at the following sites:

- University Hospital Wales
- University Hospital Llandough
- Royal Glamorgan Hospital
- Royal Gwent Hospital
- Nevill Hall Hospital
- Velindre Cancer Centre

Deliveries are time critical and two dedicated vans and specially trained drivers are used for deliveries. This transport service is proposed to transfer to provision by NWSSP Health Courier Service in the near future.

9,028 individual patient doses were produced for the SE region in this period from October 2022 to September 2023 was:

- 230 for lung indications
- 875 for renal indications
- 1468 for cardiac indications
- 2014 for bone indications
- 2279 for cancer indications
- 2162 for other indications

Organisationally the split of patient doses for this period is:

- 3350 for CAVUHB
- 3380 for ABUHB
- 1028 for CTMUHB
- 1270 for VELUNHST

Patient doses are first prepared in multi dose vials, before being drawn up into individual syringes. The total demand for 9,028 doses is supplied by 4,012 vials, so on average 2.25 doses per vial. This ratio varies considerably depending on how many patients are booked into each clinic, giving both an efficiency challenge, and an opportunity for the service.

The existing service was staffed by 19 individuals, 18.2 WTE, but with a number of split role posts undertaking both technical and clinical work. Disaggregating the split roles, the work content for the existing CAVUHB Radiopharmacy unit standing alone is estimated at 13.2 WTE.

The legacy unit has been known to be at the end of its life for some time. Following an MHRA inspection in 2019, CAVUHB produced a Business Case in 2020 for a replacement, but this investment was deferred in favour of the TrAMs Programme alternative.

In October 2023 a further MHRA inspection took place, which identified a significant number of defects in the service which required immediate action. Following this inspection CAVUHB made the decision to close the legacy unit and examine alternative options.

Time limited service continuity measures have been put in place involving supply from outside the region, including by Swansea Bay University Health Board (SBUHB), Birmingham and Bristol NHS Trusts. These arrangements are temporary in nature and are not currently meeting the whole clinical demand.

On 24 October 2023 Paul Bostock, Chief Operating Officer, wrote on behalf of CAVUHB to Welsh Government and NWSSP, stating that CAVUHB's preference was for NWSSP to expedite the replacement service by means of the TrAMs programme.

On 25 October 2023 the government's Chief Pharmaceutical Officer Andrew Evans requested NWSSP to formulate an Option Appraisal to support an immediate investment in Radiopharmacy facilities under the TrAMs programme.

1.2.1 Impacts during the interim Service since shutdown

Analysis of the current interim service from SBUHB operating from one isolator, in one cleanroom, covering the whole of South and West Wales (12 major hospitals and cancer centres) has shown that while at this point the most harmful impacts on patient care have been successfully mitigated, there is still significant adverse impact:

- The last period for which CAVUHB was able to offer full uninterrupted service was May and June 2023, during which there were patient numbers of 1,371 and 1,374 respectively. It is noteworthy that even at full capacity the demands across the South East Wales region are not met. This is noted in the ABUHB impact section below.
- Service pattern from July-December 2023 was very unstable, with a number of shutdowns in CAVUHB culminating in closure, heavy rescheduling of patients, and short-term service support from a variety of providers including SBUHB, Birmingham and Bristol Trusts.
- Months January, February and March 2024 are reflective of the total capacity from Swansea with a shortfall of capacity of approximately 300 patient treatments per month compared to full production months in May and June 2023. This shortfall is reflected in the considerable increases in patient waiting times and 8-week breaches at individual health board nuclear medicine sites in "site impacts" sections below.
- April 2024 is significantly impacted by the SBUHB Radiopharmacy "firebreak" where there were a number of significantly reduced capacity days from 22nd April to 3rd May. The reduction in capacity was considered essential to ensure that quality and capacity aspects of the service were maintained particularly related to the greater than 100% increase in throughput through the SBUHB Radiopharmacy unit.

	Swansea hospitals					Cardiff & Vale hospitals												
	SING	MTON	POW	NPTH	WBUSH	RGWENT		RGLAM		LLAN		UHW		VELINDRE		NEVH		
Month	Patients	Patients	Patients	Patients	Patients	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	UHW Pts	Swa Pts	Monthly Total
Apr-23	184	49	60	9	75	123	0	58	0	58	0	154	0	103	0	114	0	987
May-23	300	79	77	15	142	134	0	84	0	76	0	197	0	101	0	166	0	1371
Jun-23	311	77	66	24	139	135	0	66	0	66	0	218	0	147	0	125	0	1374
Jul-23	262	40	82	9	147	57	14	15	26	14	36	38	4	20	100	19	0	883
Aug-23	286	0	99	17	136	73	0	34	11	37	23	109	6	84	57	58	0	1030
Sep-23	294	0	75	12	159	134	0	97	0	73	0	183	0	101	0	110	0	1238
Oct-23	324	0	118	12	164	45	23	15	29	20	33	35	7	24	0	19	0	868
Nov-23	311	2	116	7	170	11	46	0	2	0	74	0	41	0	0	0	1	781
Dec-23	250	61	129	10	143	0	39	0	0	0	56	0	61	0	0	0	12	761
Jan-24	254	81	105	7	180	0	43	0	34	0	80	0	148	0	98	0	110	1140
Feb-24	241	86	55	6	176	0	63	0	41	0	88	0	135	0	117	0	87	1095
Mar-24	219	66	34	14	140	0	49	0	27	0	75	0	113	0	89	0	92	918
Apr-24	170	62	80	2	156	0	0	0	47	0	57	0	65	0	102	0	111	852

Table: patient doses achieved per clinical site in South and West Wales across the last 12 months, source: Health Board records.

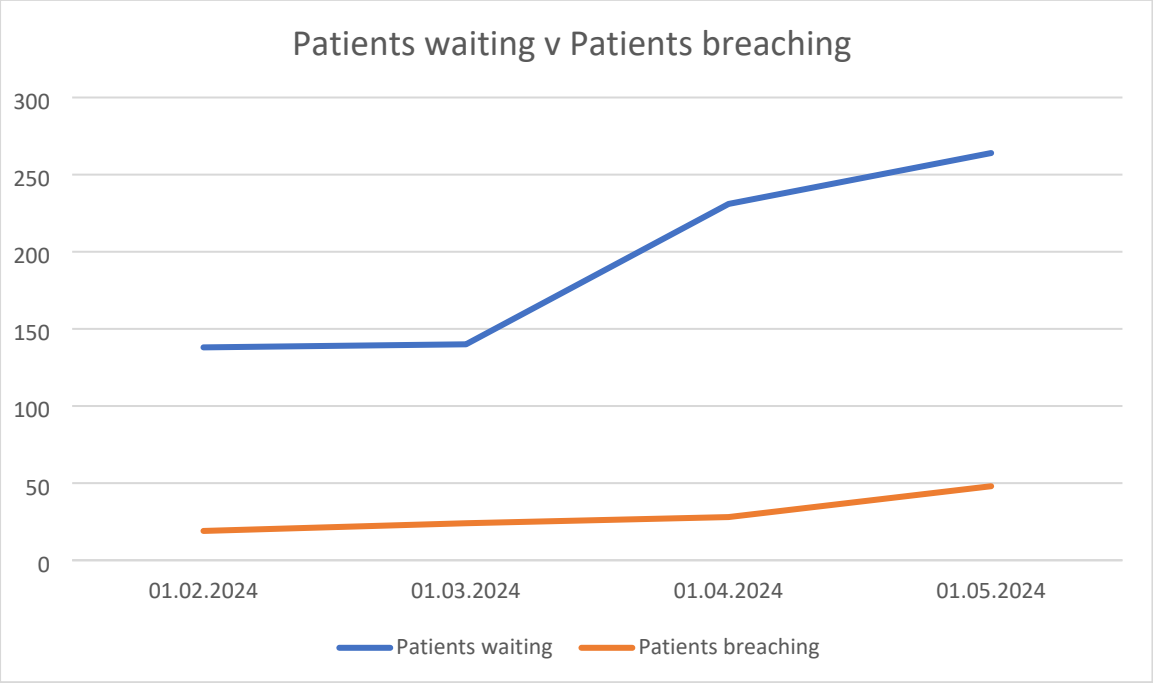
1.2.2 Individual Nuclear Medicine site impacts

The following section has been prepared by the CAVUHB Head of Radiopharmacy, and TrAMs national lead for Radiopharmacy. The data in the tables have been assembled from Health Board Nuclear Medicine department records.

Cardiff and Vale UHB impact

CAVUHB University Hospital Wales is the largest hospital in Wales with numerous specialities as well as being a major trauma centre and centre for kidney transplantation. There is therefore a significant demand for Nuclear Medicine scans. Nuclear Medicine scanning is carried out at the Llandough (UHL) and University Hospital of Wales (UHW) sites with the UHW site having two gamma cameras compared to one at UHL. The scanning capacity at UHW has been significantly impacted since the CAVUHB radiopharmacy closure with previous patient capacity at around 75 patients per week reduced to 25 patients per week. This means the numbers of patients waiting for treatment has climbed rapidly since the radiopharmacy closure. There is a time lag for the numbers of patients breaching the 8 weeks cut off starting from a position of zero in January that has now climbed to 50 patients. The numbers of patients breaching and waiting times for CAVUHB is shown below. Furthermore, the current waiting times broken down into scan time indicate around 41 days of scanning time to clear the back log. CAVUHB prioritise urgent and cancer pathways but as a result see patients for other studies waiting much longer meaning routine scans become much more urgent the longer they are left.

Much of the impact on capacity is based on the impact of delivery times to the CAVUHB sites. Typically, UHW received all their radiopharmaceuticals before 9am from the CAVUHB radiopharmacy but now receive radiopharmaceuticals from SBUHB at around 12 noon each day. The ability to extend scanning days is limited by the short shelf life of radiopharmaceuticals and the skill mix of the radiographer team who have multiple responsibilities across CAVUHB radiology as well as Nuclear Medicine.



Senior clinicians at CAVUHB have indicated their concerns at the significant drop in morale within the Nuclear Medicine team with fears of losing radiographer staff to other modalities. One Consultant Radiologist indicated their concerns via an e-mail on 21/05/2024.

> *"We had requests for 4 urgent transplant renograms yesterday, normally expected on the day or next day depending on clinical severity. The earliest date we could find was 5th June without cancelling other patients already booked and been waiting months! It's a dreadful situation at the moment, the team are really stretched trying to accommodate these emergencies."*

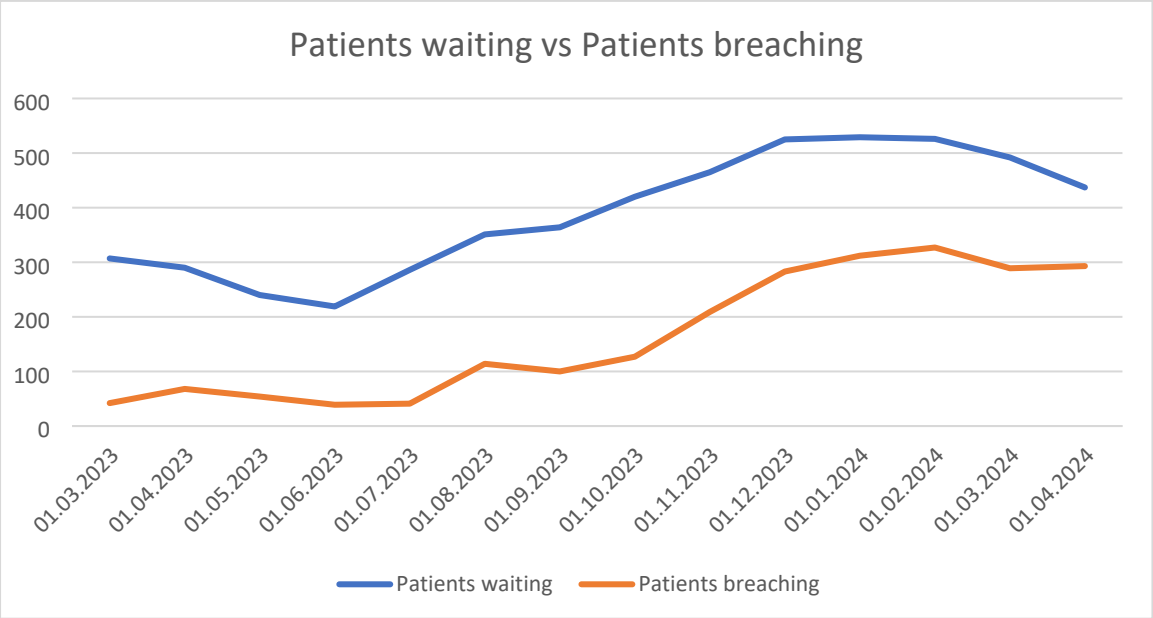
Aneurin Bevan UHB impact

ABUHB has two sites that carry out Nuclear Medicine scanning at Royal Gwent and Nevill Hall hospitals with each having one gamma camera for scanning. The two graphical presentations below indicate a considerable increase in patients waiting and breaching at 8 weeks post the CAVUHB radiopharmacy closure in October 2023. It is noticeable that there is some reduction in waiting and breach times in April 2024 which is in part due to improvement around delivery and hours worked from 9am-5pm to 10am-6pm. It is not expected that the waiting lists/breach times will decrease much more significantly due to later delivery times and limited capacity of supply from SBUHB radiopharmacy. The activity graph shows a clear downward trend in activity post closure of CAVUHB radiopharmacy.

Prior to the closure there is evidence that full demand was not being met via supply directly from CAVUHB. This is for a number of reasons:

1. The closure of the CAVUHB facility due to environmental control issues in July/August 2023.
2. The limitations on capacity at CAVUHB due to the small physical size of the radiopharmacy facilities / equipment and ongoing environmental control issues due to the condition of the aging facilities e.g. consistently requests were received from ABUHB for cardiac scanning clinics for which capacity did not exist.

The new radiopharmacy facility at IP5 in Newport will have state of the art isolator and gassing technology which will meet future MHRA requirements as well as having increased efficiency and capacity to meet all of the South East Wales demand. Delivery times will also be considerably improved for ABUHB and all South East Wales sites.



An e-mail from a Consultant Radiologist at ABUHB raised particular concerns around the current limitations on their service and impact on patients and staff.

> *"Disruption to front line services is very significant and I've described it as feeling like a constant struggle at the moment. I'm changing requests for radionuclide studies to other modalities (against our previous practice) as much as possible. I have had to respond to a number of understandably concerned/disgruntled clinicians. Our staff have agreed to some changes to their working patterns to try to compensate for the later delivery times but staff are understandably opposed to some of the proposals which have included even more unfavourable hours of working. I'm concerned that we could lose good members of staff to other modalities. Morale is generally low."*

Hywel Dda UHB impact

Hywel Dda UHB has one Nuclear Medicine site based at Withybush General hospital. This is a comparatively small service and forms part of the Swansea Radiopharmacy's usual service delivery arrangements after the closure of the Withybush radiopharmacy in October 2022.

The Nuclear Medicine team indicated that there had been a significant impact on their services during the SBUHB "firebreak" period which ran 22nd April to 3rd May 2024. This was a period of significantly reduced volume of production to enable rectification of quality issues exacerbated by the significant increase in required capacity at a greater than 100% increase. The firebreak disruption resulted in 64 patients being rescheduled. Prior to the firebreak there were 3 occasions where an order was unable to be fulfilled or was reduced due to the Swansea Radiopharmacy exceeding capacity. The bone cancer scan waiting list has now exceeded 4 weeks post fire break.

There are also significantly more occasions where receipt of radiopharmaceuticals has exceeded being 1 hour late since the closure of CAVUHB radiopharmacy.

Cwm Taf Morgannwg UHB impact

Following the closure of the CAVUHB radiopharmacy UUnit all patients were moved to Princess of Wales (POW) hospital site which meant demand was not met with a focus on bone cancer scans and urgent scan patients. The Royal Glamorgan (RGH) has since re-opened and capacity is now split again between the two sites.

Bone cancer scan patients waiting times have increased to 4 weeks and urgent scans increased to 8 weeks. Routines scans were placed on hold and the current longest wait for a routine scan is 48 weeks. For RGH there are currently 43 patients waiting over 8 weeks and for POW 24 patients waiting over 8 weeks. The delivery times for POW have not been significantly impacted but RGH delivery times have been much more unpredictable significantly impacting scanning days.

Impact on Clinically Urgent/Cancer patients

Initially the time increased for USC referrals from 10 days to 4 weeks. Urgents increased to 8 weeks and routines were placed on hold, but the waiting lists have decreased apart from routine patients.

Velindre Cancer Centre impact

The throughput of diagnostic radiopharmaceuticals for Velindre Cancer Centre is stable and relatively low in comparison to some other centres. The closure of the CAVUHB radiopharmacy has disrupted start and finish times which has caused issues in the workforce for those with longstanding commitments such as childcare. Whilst Velindre do not currently have a waiting list, they are having to inform referrers of delays in imaging / GFRs. The GFRs are probably the most impacted as they now group them, to prevent single dose requests. This might mean that ideal 'need by' dates are missed for this patient group.

Conclusions

- The closure of the CAVUHB radiopharmacy has put significant pressure on the remaining SBUHB Radiopharmacy requiring significant increase in staffing whilst supplying all of South Wales Nuclear Medicine sites via one production cabinet as opposed to the previous three cabinets. This means there is no contingency support in case of failure of the remaining production cabinet.
- Due to increased throughput, there is greater risk of environmental failure within the production facility and has resulted in very strict capacity controls to ensure sterility assurance of final products and patient safety.
- Due to capacity restrictions, it is estimated that the numbers of patients scanned in South Wales has reduced by at least 30% which equates to around 300 patients per month. This has impacted different sites to varying degrees with for example University Hospital of Wales having capacity reduced most significantly even though it is the largest Nuclear Medicine site, with often the most urgent and complex patients due to its patient specialities. Since the CAVUHB closure throughput of patients has reduced in the region of 66%.
- Across South Wales the numbers of patients awaiting Nuclear Medicine scans has increased significantly with 8-week limits being breached increasingly after an initial lag as the time since closure of the CAVUHB radiopharmacy extends. This is significantly impacting patients but also

Nuclear Medicine staffing morale and longer-term departmental resilience as the times since CAVUHB radiopharmacy closure extends.

- To meet capacity and provide resilience for Nuclear Medicine across South Wales it is vitally important that a new Radiopharmacy service is built at Imperial Park Newport. The new site will ensure sufficient operational cabinet support for South Wales as well as providing contingency capacity in case of failure of the Swansea Radiopharmacy. It is notable that Radiopharmacy resilience across the UK is stretched with many older and failing facilities as well as services that have been impacted by MHRA inspections including reductions in capacity or even closure.

1.3 Service Model

A future service model has been agreed in line with the recommended best practice whereby the new regional Radiopharmacy units will manufacture the medicine in ready to use vial kits. These will be delivered to Nuclear Medicine departments where the patient injections will be drawn up from the vials. Typically, around two to three injections are drawn up from each vial. This is also the service model being used during the current Service Continuity arrangements within SBUHB, Birmingham and Bristol NHS Trusts.

This approach gives maximum flexibility to the Nuclear Medicine department to ensure that the right level of radioactivity is injected to each patient, from the level available in the vial immediately prior to the injection being given. It also maximises Radiopharmacy operator safety by limiting their time exposure to the radioactive product during manufacture. Nuclear Medicine departments that have not previously utilised this service model are being supported with training and equipment to ensure safe and effective drawing up.

The service model will be underpinned by new Service Level Agreements and Technical Agreements between the respective organisations.

The service will operate on the basis of a core staff and non-pay budget allocated to NWSSP at the time of service transfer. The variable costs of the medicine will be recharged on a wholesale basis, with an equitable charge to all users per unit of medicine supplied, inclusive of the medicine, consumables, and transport.

Overall financial and service governance will rest with the Health Boards and Trusts, exercised jointly through the mechanism of the Shared Services Partnership Committee. The financial impacts of this model are analysed in Chapter 4, the Financial Case.

2. Economic Case

The economic case in this document is focussed on site selection for the reinvested Radiopharmacy service. This chapter has been reviewed but is unchanged from version 1 of the case submitted in November 2023.

2.1 Success Criteria

Success Criteria for site selection for the new service are:

1. Strategic Criteria
    a. The site should be available for development now
    b. The site selection should if possible, align strategically with the TrAMs Programme
2. Meets the capacity demands for service to patients
    a. Within the South East Wales region [9,000 doses p/a]
    b. Also offers contingency to support South West Wales when required [6,000 doses p/a]
    c. Also offers contingency to support other UK sites such as Birmingham and Bristol, when that capacity is not being required within Wales.
3. Meets all current and envisaged regulatory requirements
    a. Layout including room segregations
    b. Room air handling and filtration
    c. Equipment including isolators with Hydrogen Peroxide based decontamination
4. Provides a pleasant and functional work environment including
    a. Production clean rooms
    b. Supporting office, laboratory, storage, and ancillary spaces
    c. Staff facilities including toilets and mess rooms
5. Is accessible to current and future staff
    a. Including access to public transport, walking, cycling, and
    b. Car parking options
6. Facilitates reliable delivery to all major hospitals within the region within 60 minutes of setting out
    a. Good access to the trunk road network
    b. Limited exposure to known traffic bottlenecks
    c. Alternative route options in the event of disruption

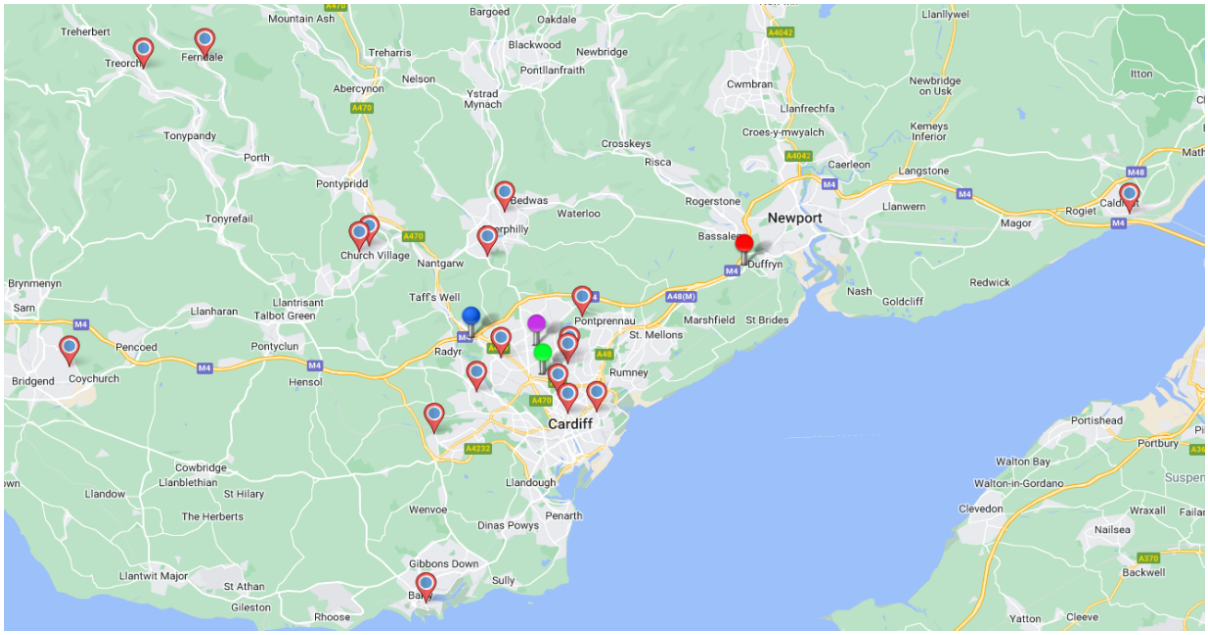
2.2 Investment options

The following investment options have been identified:

1. Re-investment of the unit in its current location, within the Nuclear Medicine department of UHW
2. Replacement Unit elsewhere on the UHW campus
3. Replacement Unit within the site footprint of St Mary's Pharmaceutical Unit (SMPU). This was the preferred option of the 2020 Business Case
4. Replacement Unit within the footprint of Imperial Park building 5 (IP5), Newport
5. Replacement Unit as part of a deliberate investment in the TrAMs South East Wales Hub, at a site other than IP5. The other candidate site is in Coryton.
6. Augmentation of the existing SBUHB unit at Singleton to provide capacity to serve the whole of South Wales

2.3 Staff Locations

Home addresses of the staff who work some or all of their duties within the existing legacy unit have been anonymised and mapped against the candidate site locations:



Option	Site	Postcode
1	**UHW Nuclear Medicine**	**CF14 4XW**
2	**UHW Other**	**CF14 4XW**
3	**SMPU**	**CF14 7HY**
4	**IP5**	**NP10 8BE**
5	**Coryton**	**CF14 7HY**
6	**Singleton (Not shown on map)**	**SA2 8 QA**

As expected, there is a concentration of staff within Cardiff, with a number also coming down the Taf and Rhondda Valleys, with outliers in Barry, Caldicot, and Bridgend.

If the existing unit at UHW is taken as being the reference point, and using google maps functionality the travel to work implications can be assessed as follows:

- Sites 1 and 2 – No change
- Sites 3 and 5 – Some increases and some decreases, neutral overall
- Site 4 – Net additional journey time of approx. 17 mins by car.
- Site 6 – Net additional journey time of approx. 67 mins by car.

These assessments are used to contribute to the scoring of question 5 in the next section.

2.4 Assessment of Options

All options are devised to provide a permanent solution, with a lifetime in excess of 20 years. Temporary build options were discussed but have been discounted because:

- In order to pass regulatory inspection, the unit has to be robust and finished to a high standard. Having scoped the unit on this basis, it will by default produce a solution able to last many years in service. The quality of the NWSSP Medicines Unit is an example of this.
- Where "temporary" units have been built in the past, they have ended up exceeding their design life anyway (e.g. the Aseptic Unit as UHL). Therefore, it makes sense to specify the build for a long life from the outset.
- TrAMs principles are intended to break the cycle of temporary, poor value, investment choices.

The options can be assessed against the success criteria as follows. All Items are scored out of 3, with 3 being the best score and 1 the lowest compliant score.

Scores of 0 can also be given and are red rated, as having the potential to be exclusionary for the option, if the factor is deemed sufficiently critical.

Option 1	**Existing CAVUHB Unit Refurbishment**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The site is available now. The site is however within a busy Medical Physics and Clinical Engineering (MPCE) department. Any development will therefore need to be carefully planned in collaboration with the Health Board to protect existing critical services.	2
1.b Alignment with TrAMs	This option for a regional preparative unit within a Clinical department is not aligned with the TrAMs Programme.	1
2.a Meets SE Wales Demand	The site has shown it can meet this level of demand based on past performance	3
2.b Contingency for SW Wales	Unclear the extent to which output could be increased, in combination with heavily revised layouts and processes	1
2.c Contingency for UK sites	Unclear the extent to which output could be increased, in combination with heavily revised layouts and processes	1
3.a Layout and Space	The square meterage available within the MPCE Department is not sufficient to achieve a compliant layout, ducted isolators, and air plant. This has been confirmed by external assessment. To create the floor space would require the decant of a number of other adjacent services.	0

3.b Room air handling	The height restriction within the building structure appears to preclude the installation of a compliant number of Fan Filter Units	0
3.c Gassing Isolators	The height restriction precludes the installation of ducted gassing isolators, as required to meet current regulatory needs	0
4.a Working Environment	Assessed as acceptable to the current staff	2
4.b Storage and Ancillary	Unlikely to be able to meet the full requirements within the available footprint	1
4.c Staff facilities	Staff facilities on the hospital site are generally assessed as good	3
5.a Accessibility Walk/Cycle/PT	The campus has good accessibility for current and future staff	3
5.b Car parking	Car parking on the site is difficult and likely to remain so	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Generally OK but delivery times not always achieved, particularly to Nevill Hall, being the furthest away of the daily deliveries	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		**25**

Option 2	**New UHW site**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	No site has yet been identified on the UHW Campus that is available to develop now, and can be protected from future redevelopments on the site. CAVUHB Execs have excluded this option, and it is scored "0" in this analysis as a result.	0
1.b Alignment with TrAMs	This option to develop on a clinical campus is not aligned with TrAMs	1
2.a Meets SE Wales Demand	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.b Contingency for SW Wales	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.c Contingency for UK sites	If a site could be identified, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.a Layout and Space	As a new build design, the unit would be expected to comply with all requirements	3
3.b Room air handling	As a new build design, the unit would be expected to comply with all requirements	3
3.c Gassing Isolators	As a new build design, the unit would be expected to comply with all requirements	3
4.a Working Environment	As a new build design, the unit would be expected to comply with all requirements	3
4.b Storage and Ancillary	As a new build design, the unit would be expected to comply with all requirements	3
4.c Staff facilities	Staff facilities on the hospital site are generally assessed as good	3
5.a Accessibility Walk/Cycle/PT	The campus has good accessibility for current and future staff	3
5.b Car parking	Car parking on the site is difficult and likely to remain so	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Generally OK but delivery times not always achieved, particularly to Nevill Hall, being the furthest away of the daily deliveries	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		**39**

Option 3	**St Marys Pharmaceutical Unit**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	Although the 2021 Business Case recommended this option, there are significant concerns about the impact of a major building project on the rest of SMPU, with the proposal being to build on stilts over the loading bay. This building delivers critical medical supplies to the region, and itself has identified risks and fragilities. As such the readiness of the site for development must be questioned. This option was costed at £12m in 2021, and costs have likely increased by around 30% since then. Planning permission will need to be sought.	1
1.b Alignment with TrAMs	By co-locating the service with an existing Technical Services facility this option follows TrAMs principles to some extent. SMPU is however itself in need of re-investment, and has not been shortlisted for the TrAMs Hub, so this option is unlikely to remain aligned in the medium term.	2
2.a Meets SE Wales Demand	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.b Contingency for SW Wales	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
2.c Contingency for UK sites	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.a Layout and Space	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.b Room air handling	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
3.c Gassing Isolators	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.a Working Environment	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.b Storage and Ancillary	If a site were deemed suitable, there is no reason to doubt that unit could be built to sufficient capacity.	3
4.c Staff facilities	Existing staff rooms at SMPU are at capacity, in particular there is a shortage of toilet	1

	facilities for the number of staff employed. It might be possible to mitigate this by negotiating access to the adjacent café and toilets in Woodlands House, but these might not be available at the time when the Radiopharmacy Staff begin their shifts.	
5.a Accessibility Walk/Cycle/PT	The site has fair accessibility for current and future staff	3
5.b Car parking	Additional car parking on an adjacent lot could potentially be sourced, but this would be subject to a commercial negotiation and cannot currently be guaranteed.	1
6.a Deliveries – Trunk Network	Traffic congestion when exiting the site can be a problem, with significant urban traffic to be negotiated before accessing the trunk network	2
6.b Congestion risk	Can be an issue at peak times	2
6.c Alternative Routes	Alternative routes out of Cardiff do exist, to Junctions 28, 30 and 32 of the M4	3
Total Score		**39**

Option 4	**Imperial Park Building No 5 (IP5)**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The long lease to the site is owned, and an area of the warehouse has been identified as potentially suitable. Existing stock will need to be decanted to clear the area for development. Planning permission for change of use and modifications to the exterior elevation will need to be sought.	2
1.b Alignment with TrAMs	This site is one of the shortlisted proposals for the TrAMs SE Hub. Even if IP5 is not selected for the main hub investment, certain national functions such as Pharmacy Directorate and National Quality Team will remain based at the site, and so be able to contribute to the management and control of the radiopharmacy service.	3
2.a Meets SE Wales Demand	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.b Contingency for SW Wales	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.c Contingency for UK sites	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.a Layout and Space	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.b Room air handling	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.c Gassing Isolators	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.a Working Environment	The provisional location includes exterior windows to allow natural light into the clean rooms	3
4.b Storage and Ancillary	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.c Staff facilities	Existing staff rooms and toilets allocated to CIVA@IP5 are large enough to absorb the expected increase of circa 10 staff. The opportunity would be taken to refurbish and upgrade the facility, as the finishes date from before NWSSP took possession of the building in 2019, and layouts could be improved with a view to further expansion in the future. There is currently no café for hot food on site.	2
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus and cycle routes along the A48. Depending on where	2

	staff currently live, this may be less accessible to them than the current site.	
5.b Car parking	Car parking at IP5 is good by comparison with hospital sites. Average journey time increase of 17 mins compared to UHW.	3
6.a Deliveries – Trunk Network	The site has good access to the trunk road network at junction 28 of the M4.	3
6.b Congestion risk	Congestion around the junction can be an issue at peak times	2
6.c Alternative Routes	Alternative routes do exist, via the A48 and A467.	3
Total Score		**44**

Option 5	**Coryton site**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The site is not yet in NHS Wales ownership, and a three cornered negotiation with a leaseholder and a freeholder will be needed to secure the site. On 15 Nov 2023 the Project Team was advised that the leaseholder was no longer offering their interest for sale.	0
1.b Alignment with TrAMs	This is one of the shortlisted sites for the TrAMs SE Hub. The investment in Radiopharmacy will only go ahead if the site is selected and purchased for the Hub. Alignment is therefore total.	3
2.a Meets SE Wales Demand	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.b Contingency for SW Wales	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
2.c Contingency for UK sites	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.a Layout and Space	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.b Room air handling	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
3.c Gassing Isolators	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.a Working Environment	The provisional location includes exterior windows to allow natural light into the clean rooms	3
4.b Storage and Ancillary	Sufficient space exists to allow a unit to be built to sufficient capacity.	3
4.c Staff facilities	Existing staff facilities are excellent	3
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus, cycle, and train routes.	3
5.b Car parking	Car parking is ample and segregated from the service yard.	3
6.a Deliveries – Trunk Network	The site has good access to the trunk road network at junction 32 of the M4.	3
6.b Congestion risk	Congestion around the junction can be an issue at peak times	2
6.c Alternative Routes	The site is on a cul-de-sac road accessed only from the Coryton gyratory. If that system is blocked then alternative access could be considered problematic. NWSSP HCS does have access in extremis to a blue light service in the event of threat to life.	2
Total Score		**43**

Option 6	**Singleton Hospital site**	
Criteria	Narrative	Score out of 3
1.a Site Available Now	The site is available now, and development work could in theory start immediately. The site is a working regional medicines distribution unit, currently providing planned services to three Health Boards (CTMUHB, SBUHB, and HDUHB) and contingency radiopharmacy support to CAVUHB, and is located on a busy hospital site. Any development will therefore need to be very carefully planned in collaboration with the Health Board to protect existing critical services.	2
1.b Alignment with TrAMs	As a regional Technical Services facility, investment here has some alignment with TrAMs principles. The site is however on a busy clinical campus, in a locality not shortlisted for the South West Hub, so this alignment is unlikely to persist in the medium term. If investment in this site precludes a radiopharmacy investment in the South East, then that is not in alignment with the Programme. If this investment is seen as part of service continuity mitigation while the South East investment is delivered, then there is strategic alignment. Scored "2" overall for this reason.	2
2.a Meets SE Wales Demand	The proposal is to convert the existing Blood Labelling room to prepare Technetium doses for South East Wales. Until this is scoped in detail, it is not possible to be certain that sufficient doses could be provided.	2
2.b Contingency for SW Wales	The unit cannot provide contingency for itself	0
2.c Contingency for UK sites	Probably too far away from Bristol or Birmingham to make any meaningful contribution	1
3.a Layout and Space	The "Blood suite" contains a layout dating from 2016, which is largely compliant, but would need careful planning to establish what the safe capacity for Technetium could be	2
3.b Room air handling	Designed for radioactive products and essentially compliant	3

3.c Gassing Isolators	Likely to be compliant, as a gassing isolator has been installed within the adjacent aseptic suite, of the same design	2
4.a Working Environment	No issues identified with the existing	3
4.b Storage and Ancillary	Potentially problematic as this would be shared with the other two existing suites, and has never been found fully sufficient by them since the site was developed	1
4.c Staff facilities	Fair for a hospital site, hot food canteen etc	3
5.a Accessibility Walk/Cycle/PT	The campus is accessible via bus, cycle routes, but is a long way away for existing Cardiff staff	1
5.b Car parking	Being a major regional hospital site, parking is problematic. Average staff journey time penalty of 67 mins compared to UHW.	1
6.a Deliveries – Trunk Network	Singleton hospital is on the wrong side of Swansea for access to the trunk network, and realistically will not be able to meet delivery times to the ABUHB hospitals. It is therefore a contingency for CTM, CAVUHB, and VELUNHST only.	1
6.b Congestion risk	Congestion on the waterfront road can be an issue at peak times	2
6.c Alternative Routes	It is possible to take alternative routes through Swansea if the waterfront road is blocked.	2
Total Score		**28**

Summary of Scores

	Site Investment Option					
Criterion	1 Existing	2 UHW	3 SPMU	4 IP5	5 Coryton	6 Singleton
1a	2	0	1	2	0	2
1b	1	1	2	3	3	2
2a	3	3	3	3	3	2
2b	1	3	3	3	3	0
2c	1	3	3	3	3	1
3a	0	3	3	3	3	2
3b	0	3	3	3	3	3
3c	0	3	3	3	3	2
4a	2	3	3	3	3	3
4b	1	3	3	3	3	1
4c	3	3	1	2	3	3
5a	3	3	3	2	3	1
5b	1	1	1	3	3	1
6a	2	2	2	3	3	1
6b	2	2	2	2	2	2
6c	3	3	3	3	2	2
Total	**25**	**39**	**39**	**44**	**43**	**28**

Evaluation of Preferred Way Forward

Options 1, 2, 5 and 6 are excluded as viable standalone investment options by having been scored "0" on key success factors.

Options 3 and 4 have been scored as viable, although some doubt remains about the practical viability of Option 3 for SMPU and the risk to the other services on the site of a major building project there. As the lower scoring of the compliant options, Option 3 is not taken forward in this case.

Option 5 scores higher than Option 3, and in the event that Option 5 were rescored as viable, the time risk of Coryton would need to be set against the Planning Permission risk of IP5. The investor needs to consider this also in the overall context of the TrAMs shortlist. If Coryton is not considered affordable as a Hub, then IP5 becomes the only investable option. If Coryton is affordable as the Hub, then it may still make sense to build the Radiopharmacy there too.

Option 6 in Swansea is not a viable long term option but could be considered as an interim contingency to boost supply while either Option 4 IP5 or Option 5 Coryton is built and commissioned. The staffing implication of this would need considerable further work, as only a small number of the existing staff may be able and willing to travel to Singleton, even on a temporary basis. Individual staff consultation would be needed to establish the viability of the option.

Preferred Way Forward

As of June 2024 the Coryton site is no longer being offered to the market.

The selected Preferred Way Forward based on the Economic Case is:

- Option 4 IP5

3. Commercial Case

3.1 Commercial Approach

The Commercial Case follows the procurement methodology developed to date for the TrAMs Programme. This can be summarised as follows:

- Utilise an existing building to minimise major construction works.
- Direct engagement of the **Clean Room contractor** by NWSSP, with the Clean Room contractor acting as Principal Contractor for their scope.
- Direct procurement of the major equipment (e.g. **Isolators**) by NWSSP capital teams, to avoid paying principal contractor's margin on these items.
- Any minor **building works** that are needed to be directly procured, segregated from the cleanroom works by either time or space, to maintain integrity of Construction Design and Management (CDM) and site management.
- Employer's side support to consist of
    - **Project Surveyor, Cost Advisor, and Principal Designer -** advisor to review contractor Risk Assessments and Method Statements, give advice, and maintain consistent approach to CDM.
    - **Specialist Validation** contractor to assist in drafting key pharmaceutical requirements documents and to support commissioning activity.
    - Specialist **Planning Advisor,** with supporting Transport Advisor and Environmental Advisor.
    - **Radiation Protection Advisor** and **Radioactive Waste Advisor.**
    - **Dangerous Goods Safety Advisor** to advise on delivery of the made product.
- Internal NWSSP support and resources not requiring to be contracted for consist of:
    - Project Management
    - Procurement Lead and resources
    - Finance Lead and resources
    - Legal Support if required during contract negotiations
    - Specialist Estates Services (SES) Surveyors and other resources including
        - Contract negotiations
        - Fire Advice
        - Specialist Mechanical & Electrical Advice
    - Health Courier Service for specialist transport of the medicines to hospital sites.

All contracts will be offered and awarded on a phased basis, giving contractual break points for 3 key project phases:

1. Outline Design Concepts to RIBA Stage 2
2. Detailed Design to RIBA Stage 4
3. Build, Validation, & Commissioning

The contracting authority will thus gain the benefit of having a warm supply chain ready to proceed, while not being committed to the delivery phase before funding is secured.

The contracts also include options for phases 4 and 5 related to the South East Hub Development, in the event that that case is funded.

3.2 Procurement Status

During the period December 2023 – February 2024 procurement processes were carried out with the support of NWSSP Capital Procurement team.

The fees to fund contract stages 1 and 2 were awarded in Dec 2023, so these contract phases have been committed to.

- Phase 1 for outline design to RIBA Stage 2 has now been completed.
- Phase 2 for detailed design to RIBA Stage 4 is in progress, forecast to complete in July 2024.
- Phase 3 for construction will not be committed to until the Investment Decision is made.

The only exception to this is the isolator supplier, who has been given early commitment to the full contract value, owing to the long lead time on these items. This decision was ratified by the Cabinet Secretary for Health and Social Care in May 2024.

The current commercial status of each major work package is:

Work Package	Contractor	Route to Market	Status
Project Surveyor	Cooke & Arkwright	SEWTAPS Framework	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Cleanroom Contractor	Angstrom Technology	Open Tender	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Isolator Supplier	Azbil Telstar	Open Tender	Early authorisation given to proceed with delivery due to long lead time.
Enabling building works	Tbc	SEWSCAP Framework	Currently in Procurement. Expected to be ready to proceed by Sept 2024
Validation Advisor	Scitech	Open Tender	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
RPA and RWA Advisor	RSK t/a Aurora	NOE Framework	Mobilised and working on Phases 1 &2, ready to proceed with stage 3.
Planning and Transport Advisor	Asbri Planning and Asbri Transport	Framework	Mobilised and working on Phases 1 & 2, ready to proceed with stage 3.

Out of the total Project Cost (excluding contingency), we estimate that by July 2024 75% of the Project costs will be secured by contract, rising to 85% by Sept 2024, once the enabling building works tender is awarded.

The remaining 15% represents movable fixtures and fittings, final utility connections, and modifications to the building security and fire alarms. These items will be contracted for during the remainder of the project. The price risk on these items is deemed low.

4. Financial Case

The financial case analyses the Preferred Option for an NWSSP operated service from a new unit in IP5, compared against Business As Usual scenarios based on a reinvestment of the legacy service model.

4.1 Capital Costs

The capital costs of the Preferred Option are as follows:

	Radiopharmacy		
	Phases 1 and 2 Design £'000	Phase 3 Build & Validate £'000	Phases 1 to 3 Total £'000
Works Costs	215	3,257	3,472
Fees	55	75	129
NHS Resource & Validation	234	889	1,123
Non-Works Costs	17	63	81
Equipment Costs	0	2,838	2,838
Contingency	78	1,548	1,626
VAT recovery	-54	-47	-101
Total costs	545	8,622	**9,168**
Less funding received :			
Fees phase 1 & 2 allocated	-500	0	-500
Equipment end of year monies 2023/24	0	-333	-333
Radiopharmacy isolators	0	-1,500	-1,500
BJC capital funding requirement	45	6,790	6,835

Note - all figures include VAT where relevant

Explanatory Notes

1. Works Cost

Design and build of the radiopharmacy cleanrooms and initial enabling works

2. Fees

Fees for cost advisor, building design and and validation supervisor

3. NHS Resource & validation

NHS salary costs for project management, validation and familiarisation. Also includes radiation protection advisor fees

4. Non-Works Costs

Local authority planning costs and carbon/environmental surveys

5. Equipment Costs

Radiopharmacy isolators (£1,504k) plus FMS and other radiopharmacy equipment

6. Contingency

Includes 15% contingency on costs plus provision for detailed design changes

7. VAT recovery

Expected VAT recovery on professional fees

Table 1 - Capital investment cost.

As a comparator, the proposed capital costs of CAVUHB's new Unit from their 2020 Outline Business Case were calculated at £12.8m.

The main differences are explained by the fact that the current preferred option is utilising an existing building that only requires minor renovations, and minimal external works, whereas the CAVUHB proposal included a whole new building shell and associated site development costs. It is also worth noting that the NWSSP proposal has been developed largely by an in-house team, with contractor input focussed on the technical design work and specialist advice only. Therefore, large fees for developing the supply chain and for external project management have been avoided. Significant NHS resources have been committed without additional charge in the areas of Procurement, Finance, and Project Management to develop the NWSSP case.

While the total project cost of £9.2m is shown, it is worth noting that investments of £2.3m have already been funded, therefore the remaining balance sought from Welsh Government to complete the project is only £6.9m. If committed by 1 Sept 2024, it is anticipated that the majority of these costs will be incurred in the financial year 2024/25, based on the supply chain already assembled by the project. If committed later than 1 September 2024, then elements of the spend will start to slip into the following financial year.

No capital funds are sought from the Health Boards and Trusts for this project. Any future significant capital for lifecycle requirements will be subject to further business cases from NWSSP to Welsh Government.

4.2 Revenue Commitments

The revenue costs of the new service, versus a baseline revenue costing provided by CAVUHB for the legacy service, are shown below:

Radiopharmacy operating costs

	CVUHB £'000	IP5 radio £'000	Increase on baseline £'000	IP5 post hub completion £'000	Increase on baseline post hub £'000
Pay	636	700	64	572	-64
Drugs	211	220	9	220	9
Generator Teckis 20 & consumables	141	141		141	
Transport in and out	97	143	47	86	-10
Equipment	13	116	103	116	103
Regulatory fees	10	36	27	36	27
PPE	31	35	3	35	3
IT	19	28	10	28	10
Site Costs	46	233	187	124	78
Cleaning	22	65	43	65	43
Refuse/waste disposal	3	8	5	8	5
Other	8	27	18	27	18
Total costs	**1,236**	**1,752**	**516**	**1,459**	**222**

Notes

CVUHB baseline costs based on 2022/23 final year of operation, adjusted for Datscan removal

Pay, CVUHB and IP5 radiopharmacy shown at 2023/24 rates

IP5 radiopharmacy staff costs will reduce by c. £128k post the Trams hub completion

Drugs cost based on raw material cost and future demand assessment following dialogue with all nuclear medicine sites in SE Wales

Teckis 20 generator costs unchanged as the process for preparing vials as opposed to syringes requires less consumables despite an increase in the number of patients treated

Transport costs include the costs associated with the receipt of raw materials inwards and the delivery of the final product to customers and HCS efficiency savings is expected with the hub opening

IP5 equipment includes isolator and general equipment maintenance and annual cleanroom validation costs

IP5 Regulatory fees includes Radiation Protection Advice & Support (RPAS)

IP5 site costs includes £173k energy costs, £26k for back up power generator hire and £17k for Environmental Monotoring system

Post Trams hub opening the energy costs will reduce by an estimated £83k as a result of a solar panel farm and the £26k power generator hire

IP5 cleaning includes specialist cleaning of the the units including the use of Steramist gassing

IP5 other includes staff training costs and office costs

No uplift for non pay inflation is included

Table 2 - Revenue cost of the new service

We have calculated two budgets for the future service. The initial budget of £1.752m is for a standalone Radiopharmacy service in IP5, which will be the position for at least the first 12-24 months of the new service. These costs are higher than the legacy CAVUHB cost because:

- Significant regulatory changes were made in the new "Annexe 1" from MHRA, this has significantly increased the costs of running a compliant service.

- The new unit is significantly larger than the old one, to accommodate regulatory requirements on layout, separations, and adjacencies. Lack of space to optimise the layout of the old unit was one of the reasons why it had to close.
- Modern regulatory requirements for 100% fresh filtered and enviromentally controlled air supply drive a requirement for a large air handling unit. This will require much more planned preventative maintenance and servicing than the ventilation in the old unit. Lack of space to install the ducting for a modern air plant was also one of the reasons why the old unit could not be cost effectively refurbished.
- Active air supply is now required to all transfer hatches, significantly increasing both plant costs and the costs of validation
- Two stage changing in separated rooms is also now required in all new units, driving an increase in classified clean room space
- The new unit will use Ionized Hydrogen Peroxide gassing for decontamination of both isolators and rooms. Gas decontamination is now the regulatory requirement for all new units. Again this technology has an annual servicing and maintenance requirement, and a consumable cost in purchasing the gas, which the legacy service did not.
- The new isolators costing around £0.5m each, required to provide a compliant service, compared to around £6,000 each for the old open fronted cabinets, generate a significant revenue tail of electricity, consumables, maintenance, and servicing costs.
- An additional transport cost is incurred because the unit is no longer co-located with the UHW Radiology service.
- In aggregate: the new service is planned to be compliant, reliable and sustainable, and the costs are calculated on that basis.

As a further comparator it is also worth noting that the 2020 CAVUHB Business case included revenue costs totalling £1.59m p/a offset by expected income of £1.18m p/a. So CAVUHB also anticipated that a modern and sustainable service would both cost more to run and would require an increase in cost to be passed on to customers.

An estimate of the recurrent costs of £1.459m has also been included showing the cost efficiencies that can be achieved once the South East Hub opens on the same site. These efficiencies include:

- Staffing – sharing senior management, Quality Assurance support, and staff absence cover in general across the whole hub. This process will be managed through the TRAMs Organisational Change Project, as described in the management case.
- Transport – the opportunity to share the cost of delivery drivers and vans (specified and approved for Radiopharmacy use) on a second daily run delivering other products.
- Power – the opportunity to deploy a more efficient backup power solution for the whole hub, and the planned solar photovoltaic (PV) installation at IP5.

We aim to achieve this long term recurring revenue position for the service from year 3 of operation onwards. The difference between the interim and recurrent annual cost of the service is £294k. The funding model proposed assumes that NWSSP will non-recurrently provide funding for this additional £294k until the recurrent operating solution can be implemented with the opening of the SE Wales hub.

Comparison of our identified service costs to assess value for money is difficult as there are no commercial suppliers operating in this market to provide any comparative costs. Product shelf life means that only nearby units can facilitate any supply. Cost comparisons were sought from both Bristol and Birmingham NHS Trusts, who have offered small scale incremental supply of between 2 and 6 vials per day at marginal cost prices over the past 2 years. Neither Trust was willing to commit to an enduring, supply at a robust level of reliability, at the scale requested of circa 20 vials per day, or to provide a full cost comparator.

University Hospital Bristol NHS Foundation Trust: *"We would not be able to supply an additional 20+ vials every day for the next few years."*

University Hospitals Birmingham NHS Foundation Trust: *"I'm afraid we wouldn't be able to assist with that level of service requirement. We are able to provide Welsh Nuclear Medicine departments with urgent contingency supplies only, so committing to such a large workload over such a long timeframe is not going to be possible. "*

4.3 Funding Models

Discussions have been held with the 4 major customers in the South East Region: CAVUHB, ABUHB, CTMUHB, and VUNHST, and an equitable funding model identified:

Option 1a: Recover costs based on demand share only with NWSSP contribution			
Costs to be recovered		1,752,249	
NWSSP contribution		-294,000	
Net costs to recover		1,458,249	
	2022/23 Baseline charge £	Trams radio costs £	Increase £
ABUHB	226,273	503,004	276,731
CVUHB	289,386	643,304	353,918
CTMUHB	70,720	157,209	86,490
Velindre	69,605	154,732	85,127
Total	655,984	1,458,249	802,265

The NWSSP annual contribution of £294k is a non-recurrent investment in the new service to bridge the cost efficiency gap until the full South East Hub opens.

The net figure of £1,458,249 therefore represents the recurrent revenue commitment for the service based on today's prices, to be funded as shown above based on an apportionment using historic demand levels for the service. Any increased cost to Velindre should be included as part of the normal future commissioning process with the relevant health boards.

The advantage of the selected funding model is that products will be procured at the same price, following an established "fair shares" principle recognised by all the participating organisations.

Based on an indicative start date of 1st July 2025 the IP5 Radiopharmacy operating charges would be profiled as follows:

	2025/26 from 1st July £	2026/27 onwards £
ABUHB	377,253	503,004
CVUHB	482,478	643,304
CTMUHB	117,907	157,209
Velindre	116,049	154,732
Total	**1,093,687**	**1,458,249**

Note: This funding model is for the Radiopharmacy BJC only and recognises that the funding model for the rest of the TrAMs Service will be assessed at the time those Business Cases are developed. This particular model DOES NOT set a precedent for the rest of the TrAMs business cases.

This revenue funding model is **recommended to SSPC for approval for the recurrent service provision of radiopharmacy services in South East Wales.**

4.5 Charging mechanism

It is recommended that the annual funding contributions sought above, will be applied as a per product charge, invoiced (or in the case of VELNHST recharged) monthly on the basis of actual usage.

The per unit price will be set on the baseline of demand from the 2022/23 financial year. At the time of writing this is assessed as being 3,633 vials p/a, leading to an average unit cost of:

£1,458,249 / 3,633 = £401 per vial

This business case is based on the historic level of demand. The total number of vials required to be manufactured needs to be kept under regular review, as efforts to improve the efficiency of the number of doses achieved from each vial are still underway. While it is likely that currently suppressed demand will increase once the full capacity of the new unit comes online, this may also result in an increase in vial to dose efficiency, as more patients can be booked into existing clinics.

The demand forecast will therefore continue to be refined and a detailed pricing model for the various different kinds of vial kit will be created over the next 12 months. This will be submitted for approval as part of Service Business Plan v2.0 which is due in May 2025, prior to the new service opening. The pricing will be calculated to achieve the approved levels of annual contribution from this case.

The unit prices will be kept under regular review thereafter and will be varied in future in order that:

- Costs incurred from any rise or fall in demand continue to be met.
- Any efficiencies in production that reduce costs are passed on equitably.
- Any unexpected cost pressures are also met equitably.
- As a guiding principle the service will continue to break even and will aim to run neither a deficit nor a surplus.

The detailed price model will be open book and will be shared with all participating organisations, as will the overall financial performance of the service.

As a participating element of the NWSSP financial operating model, any deficit or surplus that arises from the service will be owned jointly by the members of SSPC and will be handled under established NWSSP risk sharing arrangements.

4.6 Financial Summary

Capital costs have now reached a level of maturity where they can be proposed with confidence. The key cost lines are now supported by contracts, and the design concepts to support them have

been reviewed by specialist advisors. Progress with detailed design is underway. While the costs are stable, the project has made a modest provision to cover any further cost growth that may arise during the remainder of detailed design. It is anticipated that detailed design will be completed by August 2024, so a final assurance on this point can be given to the Welsh Government before the Investment Decsision is made.

The proposed project cost is lower than that for the CAVUHB New Build option. This reflects a site that is already in NHS ownership and operational management, with an existing building shell, car parking, and support facilities that require only minor remediation works.

The proposed operating costs of the new service are higher than the costs of the legacy service for the reasons explained above. Ultimately this is the price for a compliant, reliable and sustainable service, which is what our patients need and expect from NHS Wales. The proposed funding and charging mechanism is equitable, robust, and flexible to meet future as well as currrent need.

5. Management Case

5.1 Project Management Arrangements

It is proposed to manage the investment as a project within the TrAMs Programme.

A single Project Board was established to manage the South East Wales Hub within the Programme in July 2021. This Project Board is now managing both the Radiopharmacy investment and the closely related SE Hub investment. The project board reports to the TrAMs Programme Board, under the overall governance of the Shared Services Partnership Committee.

Project Management support will be provided by NWSSP Project Management Office (PMO), mobilising other resources from within NWSSP as may be required.

Key resource will be provided by the TrAMs Programme Workforce and Organisational Change Project, which will support the transfer and mobilisation of staff for the service, working in partnership with the current employer, CAVUHB.

The project is working to a multi-phase Business Case approach:

- An initial draft BJC for Radiopharmacy was submitted in Nov 2023 which secured the fees to develop the case to maturity, and to test the fit of the Radiopharmacy and SE Hub on the IP5 site.
- This second iteration of the Radiopharmacy BJC will be submitted in July 2024 for an Investment Decision.
- The Hub OBC is being targeted for submission in Sept 2024 to secure fees for hub detailed design.
- The Hub FBC is targeted for submission in March 2025 to secure funds to develop the hub in the financial year 2025/26.

5.2 Radiopharmacy Project Timeline

Provided an investment decision for the Radiopharmacy is made in Summer 2024, then the following timeline is proposed:

- Purchase Orders issued and contractors notified to proceed Sept 2024.
- Cleanroom contractor ordering materials and preparation Oct-Dec 2024.
- Enabling building works on site Oct-Dec 2024:
    - Removal of racking
    - Rectification of partition to become a fire wall
    - Roof repairs
    - External drainage and surfacing works
- Cleanroom build on site Jan-March 2025.
- Testing, commissioning, and seeking regulatory licenses April-June 2025.
- Service Go Live end of June 2025.

Throughout this process there will be a parallel development of documented processes, procedures, and documentation, all of which will support the final regulatory approvals and give assurance to the

accountable directors that the site is both safe to operate for staff and safe to supply medicine to patients.

Supporting digital infrastructure will need to be selected and deployed. It has been determined that the Radiopharmacy can be opened making selective use of existing digital systems, with any significant investment in new systems aligned with the main TrAMs Digital Project at a later date.

5.3 Staff Transfer

The staff from the legacy service have currently been seconded into a variety of roles supporting service delivery in CAVUHB, SBUHB, and NWSSP. They remain substantively employed by CAVUHB in the Nuclear Medicine department at University Hospital Wales. An Organisational Change Process (OCP) will identify if staff at C&V are impacted by TUPE regulations, and where TUPE applies, then they will transfer to NWSSP.

Once the revenue and capital funding arrangements are both confirmed by approval of this case, it is proposed that CAVUHB will consult the members of staff impacted by the change of location and employer. It is anticipated that where TUPE applies, they will transfer into directly comparable roles in the new service in NWSSP based at IP5. Any roles at IP5 not filled by this process will then be advertised and recruited by NWSSP on a timeline matched to completion of the build, to ensure sufficient staff are in place to validate and open the new service.

It is expected that all staff will remain with their substantive employer or take up a role within NWSSP, no financial provision for redundancy has been made. Given current vacancy rates, no cost pressure from displacement is anticipated and again no provision has been made.

When the TRAMs South East Hub investment decision has been made, a wider Organisational Change Project 2 will take place to fill the new hub structure.

Depending on the time between the two investment decisions, this may lead to a small number of the Radiopharmacy staff changing role twice in quick succession. This is an unavoidable consequence of splitting the business cases to meet the most urgent service need first. Relevant staff side representatives in both organisations are sighted on the process and staff will be supported throughout this change.

5.4 Risk Management

The Project will adopt the Risk Management Approach of the TrAMs Programme, this being directly applicable to the proposed investment and transfer of service.

Key risks and mitigations identified to date are:

Risk	Impact	Mitigation	Comment
Planning Permission at IP5	If not granted, would result in failure to bring the facility into use	Pre engagement letter with outline drawings and project description has been submitted (23 May 2024). Planning application will be submitted in July 2024, prior to the investment decision being sought. The project will submit timely updates to the investor on progress with Planning Permission.	Investment on the site should not be approved until a positive initial engagement with the Planning Authority has been conducted (due late June 2024). In the best case scenario, a positive response to the planning application will also have been received before Notice to Proceed with construction is given in Sept 2024.
Definition of costs at IP5	Detail design work is still ongoing, concurrent with the Business Case entering approvals.	The project will submit timely updates to the Investor on progress with detailed design, to give comfort that the project remains on track with the costings submitted in the case.	Costs are expected to be at full maturity before the Investment Decision is made.
Power at IP5	Concept design work has indicated that sufficient power is available at IP5. Work is still ongoing to confirm this by detailed design, and to determine the power resilience needs.	The project will hire a small temporary backup generator for the Radiopharmacy unit. A comprehensive backup power proposal will be submitted in the SE Hub Business Case.	We are now confident that there is sufficient power, it is just a question of managing the resilience aspect in partnership with other investments at IP5 e.g. Solar PV.
Service Risk at Singleton	Investments in Radiopharmacy compromise the viability of the existing	Proceed cautiously and with close engagement with the accountable	Singleton can only ever be a temporary contingency for South East Wales, and any

	Pharmacy Technical Services delivered on the site.	management of SBUHB, in particular the Clinical Director for Medicine and the Nuclear Medicine Lead.	investment must be evaluated in that context.
Delivery time for key equipment	Isolator delivery times being quoted at 8 – 12 months.	Isolator Award Letter was issued on 20th June 2024. Delivery on site expected March 2025.	Manageable risk, but needs careful handling to ensure the isolators arrive in the right place at the right time.
Staffing transfer	Any change of location and employer generates a staffing risk, that the existing staff may either decline the transfer for leave to seek other employment.	Engage actively with Workforce and Trades Unions to support the transfer process. Be prepared to go to open recruitment for unfilled roles.	Probably the biggest time risk on the project is having a workforce of the correct skills mobilised and ready to bring the new unit into use, wherever it is built, and however quickly.
Clinical Engagement	Nuclear Medicine departments may not have the skills to utilise multi dose vials to best effect.	Ensure clinicians understand and accept the proposed service model, and the right facilities and skills are in place within Nuclear Medicine departments to maximise utilisation of multi-dose vials.	Ongoing requirement for structured clinical liaison by the preparative service.

Estates Appendices will be added in Sept 2024, prior to the final Investment Decision by Welsh Government.

Agenda item: 4.1

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Nevill Hall Hospital Development Programme Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Hannah Evans, Executive Director of Strategy, Planning and Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Jamie Marchant, Divisional Director for Facilities and Estate Hannah Capel, Assistant Director of Capital

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 update the Board on the: • Operational management of the Reinforced Autoclaved Aerated Concrete (RAAC) at Nevill Hall Hospital (NHH); • Commencement of Phase 2 – Programme of remediation; and • Progress update on the development of a Strategic Outline Case (SOC) for the Nevill Hall Hospital Development Programme.
Cefndir / Background The Board has previously been apprised of the prevalence of Reinforced Autoclaved Aeriated Concrete (RAAC) in Nevill Hall Hospital (NHH) following a Welsh Government alert to undertake structural investigations. The Health Board has been working with structural engineers Motts McDonald and the NHS Wales Shared Service Estates team during these investigations, including the monitoring of the required surveys, checks and mitigations.

As previously reported through to Board, a fortnightly operational oversight meeting was established under the leadership of the Divisional Director of Estates and Facilities with fortnightly review meetings with Welsh Government and Shared Services to ensure ongoing compliance with extant guidance.

Legal advice was also sought on the level of risked posed to the Health Board given its duties under the Health and Safety at Work Act (1974) and the Corporate Manslaughter and Corporate Homicide Act 2007. The corporate Health and Safety Team has been actively engaged to ensure any risks or remediation works do not compromise the health and safety of staff, patients or visitors.

The longer-term response to the challenges of RAAC in NHH are being managed through a clinical review of services in NHH to establish a future service model which sets out the next phase of its development as an Enhanced Local General Hospital.

The Health Board is now just over three years into the implementation of its new clinical model, noting that the enhanced Local General Hospital (eLGH) sites are a key component supporting the operational function of the Grange University Hospital (GUH) and wider system. In essence, to enable the wider system to operate successfully, the eLGH sites must be fit for purpose, with a stable workforce, delivering optimal care to meet the needs of local populations.

The eLGH Reconfiguration Programme is one the Health Board's priority programmes, established to take forward clinical reconfiguration opportunities and service redesign. The NHH Service Model is a key workstream within the eLGH Reconfiguration Programme. A fortnightly NHH Planning Working Group has been progressing the development of the NHH clinical service model, chaired by the Executive Director of Strategy, Planning and Partnerships.

The paper is set in the context of previous RAAC updates to the Board and Partnerships, Population Health and Planning Committee in January and July 2024 and prior to that to Board in September 2023. Following the identification of RAAC in the buildings on the NHH site, the urgency to develop a long-term service and site solution aligned to 3 phases of work:

- Phase 1 – Immediate issues and operational management
- Phase 2 – Ongoing risk management and mitigation
- Phase 3 – Longer term strategic development and configuration for Nevill Hall Hospital

These phases are being progressed concurrently rather than sequentially.

Asesiad / Assessment

Phase 1 - Operational Management of RAAC

The fortnightly RAAC Working Group continues to meet and is chaired by the Divisional Director of the Estates and Facilities. The membership of this group consists of operational estates and capital project team members as well as

colleagues from Health & Safety and Fire teams and representation from the Health Board's Communications Team.

This group continues to monitor the ongoing management of any actions and work associated with the presence of RAAC.

- ***Prop Inspections*** - Bi-weekly checks of all props are in place and are carried out by an external contractor. There are no risks associated with the presence of props to escalate at this stage.
- ***Health and Safety Assessments*** – health and safety assessments have taken place in those departments where props have been installed, in order to assess any safety impact to the working of the departments. All assessments have been shared with the departments and any small adjustments required to working practices in the departments have been enacted.
- ***Fire Assessments*** - A review of any fire impacts were carried out at the time of any props being installed and have been reviewed by the Fire team with no untoward issues. Links are in place with the Fire team as necessary if any additional props are added or moved
- ***Risk Register Management*** - This group provides the information which supports the management of the Health Boards Strategic Risk Register entry SRR 002A.

The Health Board continues to work with its Professional Advisors, Mott MacDonald and, in line with their guidance, are undertaking 6 monthly surveys to monitor any change in the status of RAAC. A round of inspections were undertaken in December 2023, where minor adjustments were made to previous arrangements. The third round of inspections has just been completed during June 2024. These will continue on a 6-month cycle in line with expert advice.

Following initial surveys, a number of steps have already been undertaken in line with expert advice, including:

- The installation of props in departments where ceiling areas demonstrated a higher risk,
- Specific departments where a number of props were needed, altered the functionality of the department, or props would have caused other specific issues, additional measures were put in place as 'remediation'.
- For clarity, no interventions have resulted in the removal of RAAC.

Regular dialogue has continued throughout the last year regular dialogue between the Health Board, NHS Wales Shared Services Estates (NHSWSES) and Welsh Government Capital and Estates Division.

The work outlined above, resulted in a capital spend, with Welsh Government support, of £750,000 in 2023/24.

Alongside this work, the Director of Estates and Facilities Division is working with Motts McDonald to review the actions relating to risk assessment, monitoring and management. This has been informed by work Motts McDonald has done with NHS Trusts and other bodies in England. This review is in progress and will inform any additional steps relating to the governance and management of the issue. Such actions and new processes will be reported to the relevant Committee, probably alongside the output from the current Internal Audit on RAAC.

Phase 2 – Programme of Remediation
The extent and scope of work required in the remediation phase will be influenced by any change to risks identified through phase 1 and the timing, scope and changes emerging from phase 3. The level of remediation which has been undertaken is not exhaustive and as such work is ongoing to assess next steps.

Work is progressing with external advisors Motts McDonald to shape this stream of work and the anticipated phasing of remediation and the Health Board is reviewing draft proposals for a programme of work which will provide remediation to those departments where props are installed or where other factors necessitate action.

This is a wide-ranging programme of work which will encompass the two financial years of 2024/25 and 2025/26 and therefore aligning this phase to the wider site reconfiguration and service planning work is key. Discussions are underway with Welsh Government and Shared Services on how we do this considering the technical solutions, staging of the works and capital implications.

Phase 3 – Site and Service Reconfiguration Development
It is anticipated that the Strategic Outline Case (SOC) for the Nevill Hall Hospital Development Programme will be available in the latter half of 2024/25, for review by the Executive Committee and the Board. The achievability of this will be dependent on ongoing discussions which will be taking place with Welsh Government.

In order to develop the SOC, the Health Board will look at the feasibility of a number of service options and provide an overview of the NHH Clinical Service Plan in the context of the wider Health Board plan and the work undertaken to define and assess options for the most appropriate service model to meet the needs of the local population.

Embedding the following principles, the objective of the NHH Clinical Service model will be to outline and ensure an open process of identifying and confirming the preferred future configuration for NHH that delivers quality patient centred care, workforce stability, optimal services to enhance patient outcomes and experience, safety; essentially a future proof model of care:

1. **Sustainable**- models and solutions that make most efficient use of resources
2. **Community First-** start with community delivery need and potential build back

3. **Asset Based not site based-** consider full range of regional assets as opportunities for delivery
4. **Minimum Necessary Specification –** the site only houses what cannot be delivered in community
5. **Designed with Data-** data and evidence driven decisions
6. **Innovative** and transformative, considering new ways of organising and delivering care around **needs of the population.**

Some service model assumptions are being tested through the service planning group. These are:

- ✓ There will be a bed base on site, details of numbers and function of beds to be confirmed
- ✓ Alignment with regional Cancer programme, development of Satellite Radiotherapy Centre and work to increase SACT outreach across Gwent
- ✓ Future model will reflect recent changes associated with urgent care, aligned with MIU opening hours changes
- ✓ There will be an offer of elective care on site to include outpatients and diagnostics. The day surgery offer will need to be confirmed.
- ✓ Children and Women's Services will be available in North Gwent, at NHH and in community settings
- ✓ There will need to be a level of clinical support services (eg pharmacy, pathology) on site to support onsite services – detail and scope to be determined,
- ✓ Non-clinical services on site, e.g., kitchen, staff wellbeing facilities
- ✓ Opportunities for regional solutions aligned to South East Wales planning

The service model work is being driven by a number of workstreams, all of which are making progress:

- ***Future assessment model and bed base*** – Aligned with the outcome of the work on future "medical model" the specification of type of assessment facility and supporting bed base at NHH is being developed. A number of pilots are being tested over the summer months
- ***Elective services*** offer in north Gwent – NHH currently provides a range of elective services including outpatients, diagnostics. Ambulatory services (eg gynaecology) and day case surgery. It is also home to the regional north cataract hub. The options to redefine and resize this model, in the context of the wider Gwent offer and developing regional business cases, are under consideration,
- ***Cancer services hub*** - With the development of the satellite Radiotherapy service the site will become a focal point for provision of cancer care for South East Wales. Opportunity to align this development with an expanded offer of SACT (chemotherapy) in line with principles of the new Velindre Hospital development are being explored
- ***Family and Therapy services*** – a number of services are currently provided from NHH. These have all been reviewed and are being tested and service models updated.
- ***Non clinical services*** – delivery models for a number of facilities management services are already under review but scale and scope will ultimately follow from finalised clinical models.

A detailed baseline of services forms the basis of the service planning work and a Project Initiation Document has been developed setting out the workstream, interdependencies, contracts and timelines.

Some of the key activities (not exhaustive) are set out below:

Timeline	Key activities
2023/24	✓ Whole system service planning workshop testing principles scope and ambition ✓ Detailed baseline mapping of all services and staff currently on site ✓ Scoping with Velindre on opportunities for SACT Outreach across Gwent, with focus on NHH ✓ Early staff engagement and coms
April 2024	✓ Engagement with Service Leads to set out the purpose and aim of the NHH Clinical Service Model and required engagement with their teams ✓ Undertake stakeholder mapping exercise ✓ Prepare Project Initiation Document setting out milestones, deliverables and interdependencies ✓ Medical Model Workshop ✓ Feedback from Medical Model Workshop, establish Task & Finish Group to take forward the workstream ✓ Detailed planning and baselining for Family and Therapy Workshop
May 2024	✓ Family and Therapy Workshop – testing baselines against opportunities across north Gwent ✓ Refine proposal re Medical Model and engage with Health Board stakeholders ✓ Detailed planning and baselining for Elective model workshop ✓ Established regional cancer workstream
June 2024	• Elective Model Workshop – testing scope, scale, options and ambition • Further refinement of Medical Model with stakeholders • Refine proposal for therapy and children's services engagement with Health Board stakeholders • Satellite Radiotherapy Centre "stocktake" workshop – assessment for readiness and NHH interdependencies • Commence development of interdependent services modelling e.g., clinical support services • Engage professional advisors to undertake a feasibility study for the site in order to develop a long list of options. • Board engagement on emerging way forward as part of Board development session 26 June
July 2024	• Draw in professional advice and capacity in modelling

	• Family and Therapy Service model specifications completion for initial review • Day surgery offer – detailed analysis with teams on options and model • Tests of change with respect to assessment models in NHH to inform future offer and bed base • Further Development of Cancer services model, service model working with Velindre • Increase in internal and staff engagement on emerging models • Engagement with Llais and Trade Union Partnership • Alignment of engagement model with strategy engagement in North Gwent – opportunities to do focus pre-engagement as part of strategy plan
August/ September 2024	• Focused session on NHH as part of Senior Leadership Group • Public engagement re future service model at NHH • Further refinement of all service models and interdependent services articulated in service model spec • Interdependencies workshop • Board development session on emerging model
October/ November 2024	• Finalise service and estates models, Divisional sign off • Draft Strategic Outline Case
January/ March 2025	• Finalise Strategic Outline Case to Board and Welsh Government

Risk Assessment

As part of the development of the Project Initiation Document (PID), a detailed risk register will be developed which will reflect the risks set out below:

Issue	**Risk**	**Mitigation**
Interdependencies with other workstreams, limits progress	Lack of co-ordination and progress across redesign service programme	Co-ordinated through the eLGH Reconfiguration Programme, fortnightly Programme Board chaired by the Chief Co-Operating Officer
Alignment with Clinical Futures Strategy, care close to home delivery model	Service redesign/reconfiguration, in patients may travel further distance to receive care	Principles of care closer to home where possible, aligned to the delivery of safe quality service

Public opinion and interest in the new clinical service model	Health Board reputation, poor public profile	Promote key messaging, delivery of quality services, aligned to Clinical Futures Strategy
Low staff morale at NHH due to redesigned services, loss of identity at NHH site	Loss of staff	Reinforce opportunities as a result of the relocation proposed and investment in the estate at NHH
Resource to deliver NHH Clinical Service Plan and SOC at pace	Number of priority areas of work for delivery 2024/2025	Priority work stream, resourced from Clinical Futures/Capital Planning, led by Executive Director of Planning
Full benefits realised over time, long term service transformation	Delivery of sustainable services, patient experience and outcomes	Robust programme management arrangements, benefits mapping

A significant risk to the project is the lack of dedicated Project Management to support the co-ordination and delivery of this work. However, following a recent appointment, support has been secured within the Capital Team from August 2024 in order to take this work forward. Alongside this, it is also deemed necessary to appoint external Advisors to be able to inform some of the technical detail within the SOC. This appointment is still to be agreed but funding is allocated in the Discretionary capital programme.

Next Steps

To support the ongoing work for the Nevill Hall Hospital Development Programme, the next steps are as follows –

- Continue ongoing dialogue with Professional Advisors (Mott MacDonald), NHSWSSP-Specialist Estate Services and Welsh Government for management of RAAC
- Secure Project Management support and external Advisors to inform and support the delivery of the SOC
- Phase 1 - Continue the ongoing monitoring of the props and 6-monthly surveys in line with the guidance from Professional Advisors
- Continue to develop remediation plans alongside in parallel with the wider site reconfiguration work
- Confirm the service model for Nevill Hall Site in line with the timescales set out above
- Further board development on service proposals
- Review and update the communication and engagement plan that underpins this work
- Secure funding from WG for the 2024/25 portfolio of work

Argymhelliad / Recommendation

The Board is asked to discuss and note:

- The updates in relation to the work which has been undertaken and is ongoing for the next steps of each of the 3 phases in respect of the NHH Development Pogramme;
- The risks highlighted, but also the mitigation to manage this; and
- The position with respect to service model development and the next steps as set out.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Strategic Risk Register
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3.1 Safe and Clinically Effective Care 3.2 Communicating Effectively 6.3 Listening and Learning from Feedback 7.1 Workforce
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Older adults are supported to live well and independently Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Improve the wellbeing and engagement of our staff Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	NHH – Nevill Hall Hospital SOC – Strategic Outline Case RAAC - Reinforced Autoclaved Aerated Concrete GUH – Grange University Hospital

	eLGH – Enhance Local General Hospital RGH – Royal Gwent Hospital YYF – Ysbyty Ystrad Fawr MIU – Minor Injury Unity
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Executive Committee Partnerships, Population Health and Planning Committee

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including: policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	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 https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Integration - Considering how the public body's well-being objectives may impact upon each of the well-being goals, on their objectives, or on the objectives of other public bodies

Agenda Item
4.2a

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Quality Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jennifer Winslade, Executive Director of Nursing
SWYDDOG ADRODD: **REPORTING OFFICER:**	Leeanne Lewis, Assistant Director for Quality & Patient Safety Tracey Partridge-Wilson, Deputy Director of Nursing

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health and Care Quality Standards provide a clear framework to help the planning, delivery and monitoring of healthcare services in Aneurin Bevan University Health Board. The Quality Report is mapped to the six domains of quality and the six quality enablers and structured under the Health Board's Six Pillars of Quality.

The outcomes and indicators reported here are a set of quality indicators that align with the Health Board's priorities and strategic goals. The indicators cover aspects of care, clinical outcomes, patient safety and patient experience.

This report is an interim quality report and the full Quarter 1 Quality Outcomes Framework will be reported at the next Board meeting.

Cefndir / Background

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

- Patient and staff experience and stories

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

These 'pillars of quality' run through our organisation, ensuring that we deliver the highest standards of care under these domains.

Asesiad / Assessment

Areas of Improvement in Quarter 1

- RAMI - the Health Board has seen improvement in the Risk Adjusted Mortality Indicator with a focus on Learning from Deaths reporting based on the English model.
- The PALS service continues to develop and to focus on early intervention and support for patients and their families when they have concerns, the service will develop to further support the PTR process
- Civica satisfaction rate remains over the 85% benchmark albeit a text solution to increase uptake is being explored.
- There have been no new Never Events since November
- Improved uptake of Level 1 and Level 2 Safeguarding training continues and increased safeguarding referrals are demonstrating greater awareness of safeguarding thresholds
- Developments in the bereavement offer continue with a focus on early advice and support for families, further locality engagement events have continued over the quarter. The new Health Board approach to bereavement 'GRACE' will be launched shortly
- Improved Health and Safety assurance with the launch of the new Health and Safety Committee
- The operational approach to Quality Assurance is developing with standardised agendas and standardised data sets built upon the Quality Pillars and the STEEP principles promoting Ward to Board assurance
- Ward Accreditation is currently being rolled out across several Divisions; the first wards to be formally accredited will be approved in August
- A further workshop on the Quality Outcomes Framework has been held with plans for a revised QOF for the September Board

Areas of Focus in Quarter 1

There are several issues, risks and concerns which are discussed in the report and reflect areas requiring improvement in terms of quality outcomes. For Board consideration the areas are summarised below.

- Infection rates continue to rise. An improvement plan is in development and an enhanced monitoring process will be put into place.

- Continued focus on the quality and safety of care within Mental health and Learning Disability Services
- Quality outcomes and timeliness of care within urgent care. This work continues and relates to several metrics including Ambulance Handover times, 12 and 24 hour waits in ED and improving patient experience.
- Falls remain an area of focus and scrutiny; themes relate to risk assessment and the enhanced care framework. Improvement plans are in place and a SWARM methodology approach in conjunction with a new enhanced care framework is being tested
- Safeguarding Level 3 training remains an area for improvement with a revised training approach planned and to be compliant with the intercollegiate guidance Level 3 training is required for clinical staff.
- Themes from incidents continue to include the deteriorating patient, which has been part of the safer care collaborative, and the impact of extended waits.
- The compliance with closure of Putting Things Right concerns within 30 days remains of concern. There has been steady improvement in aged complaints over 12 months. The Health Board has developed a plan to return to the required level of compliance which will be 75% of PTR concerns closed within 30 days.

For the Health and Care Quality Standards that are limited in reporting e.g. Equitable, these will be reviewed to establish what else is being reported that can be inserted into the QOF and what additional measures should be included (i.e. more data is required in relation to safeguarding & domestic violence and children and young people's outcomes)

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

Listening and Learning

The Health Board recognises that organisational learning plays a vital role in the continuous improvement and development of organisational assurance and therefore improvement plans are in place to focus on:

- Implementation of the Health Board's Listening and Learning Framework which demonstrates our commitment to promote a culture that values, facilitates, and embeds learning and in which the lessons learned are used to improve the quality of patient care, safety and experience.
- This framework demonstrates how learning will be identified, triangulated, disseminated, and implemented into practice, to facilitate and embed a culture of appreciative enquiry and continuous improvement in health care services.
- We continue to strive for a 'Just Culture' of shared learning and a triangulated approach to quality, patient safety and experience.

- A bi-monthly learning and improvement forum is developing with its first meeting in shadow form in May 2024.
- The learning repository is being tested in July 2024, which will allow us to collate, store and utilise this learning, enabling us to share knowledge, shape change, embrace innovation, implement quality improvement and create opportunities to develop excellence in practice.

Key priorities for the next six months include automation and revision to the Quality Outcomes Framework, development of Integrated reporting with Finance, Workforce and Planning, strengthening of Quality Patient Safety structures within Divisions, refreshing the Quality Improvement Plan and strengthening assurance and reporting.

Argymhelliad / Recommendation

The Board is requested to note the progress of the quality performance report and to take assurance from this report

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 3.1 Safe and Clinically Effective Care 3.3 Quality Improvement, Research and Innovation Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve patient experience by ensuring services are sensitive to the needs of all and prrioritise areas where evidence shows take up of services is lower or outcomes are worse Improve patient experience by ensuring services are sensitive to the needs of all and prioritise

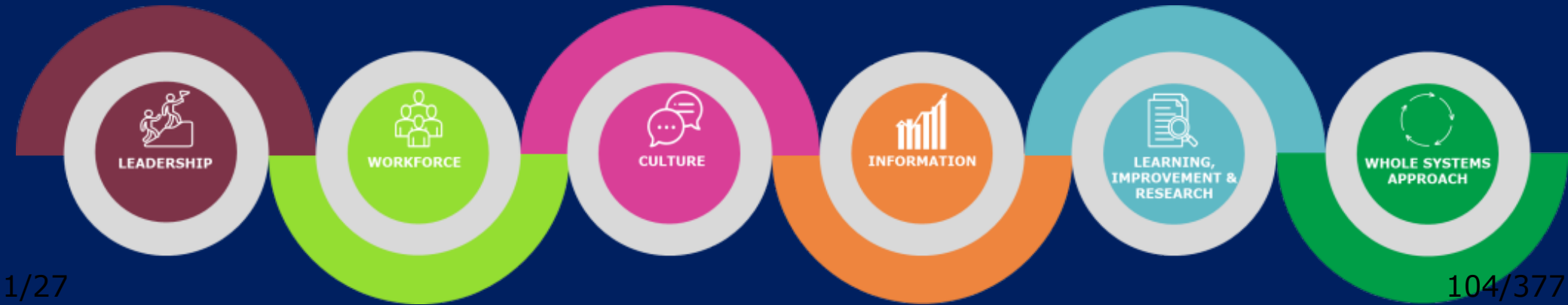
	areas where evidence shows take up of services is lower or outcomes are worse Choose an item. Choose an item.

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

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

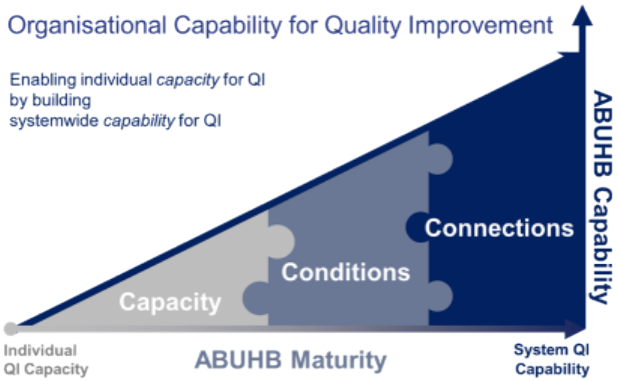
Quality Report for Board

JULY 2024



Quality Improvement

*"**Quality improvement** is about giving the people closest to issues affecting care quality the time, permission, skills and resources they need to solve them. It involves a systematic and coordinated approach to solving a problem using specific methods and tools with the aim of bringing about a measurable improvement."*



April - June 2024
Prepared by ABCi team

Our QI Capability strategy is to build:

Capacity for QI – knowledge, skills, experience
- **QI Coaches integrated into divisions**
- QI Knowledge and Skills Development Framework

Conditions for QI – Enablers for QI
- Clinicians as QI Leaders
- Data systems supporting QI
- Resources to support teams working to improve services
- Patient involvement in QI
- **Human Factors and Safety Culture**

Connections for QI – QI Networks sharing learning
- QI Networks, both internal and external
- Strategic Partners
- **Safe Care Partnership/ Collaborative**
- QI Collaboration

Progress:

ABUHB NHS IMPACT Self Assessment survey - initial results

Spread and Scale Integrated QI Coaches – 90 Day Plan

Aim - "To unleash a million minutes of quality improvement coaching to enable our people to improve their services over the next 4 years"

QI Coach development programme (click for more info)
- **Plan** – Each year x 3 Cohorts x 25 participants
- = 75 participants each year = 300 QI Coaches in 4 years
- Celebration event for pilot QI Coach Programme in June
- 27 booked on Cohort 1 planned for Autumn 2024 targeted at key staff e.g. QPS, Primary Care, QI Project teams.
- 2025 dates for QI Coach Programme booked
- 16/300 QI Coaches trained in ABUHB
- 4140/1,000,000 minutes of QI Coaching delivered to QI teams between April – May 2024

Human Factors and Safety Culture
- ABCi Improvement Advisor supporting work to reduce Never Events in Theatres – presented to PQSOC
- 195 days since last Never Event in theatres (data to May) equating to 3.9 events avoided
- Testing SCORE safety culture survey
- Updated WHO checklist and 'Pause for the Gauze' being tested and spread across theatres

Safe Care Partnership (SCP)/Collaborative(SCC)
- Safe Care Collaborative ended in May 2024
- Improvement Cymru part of NHS Executive 'Quality, Safety & Improvement Directorate scoping priorities for next stage of SCP work

6 Pillars of Quality
1
Patient and staff experience and stories
2
Incident Reporting, Falls, Pressure Ulcers, Medicines Management and Mortality
3
Complaints, Concerns and Compliments
4
Health, Safety and Security
5
Infection Control and Prevention
6
Safeguarding

Pillars of Quality

1. Patient and staff experience and stories
2. Incident Reporting – falls, pressure ulcers, medicines management, mortality
3. Complaint, concerns and compliments
4. Health, Safety and Security
5. Infection Control and Prevention
6. Safeguarding

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

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

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

PATIENT AND STAFF EXPERIENCE AND STORIES

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

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

COMPLAINTS, CONCERNS AND COMPLIMENTS

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

INFECTION PREVENTION AND CONTROL

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

INCIDENT REPORTING

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

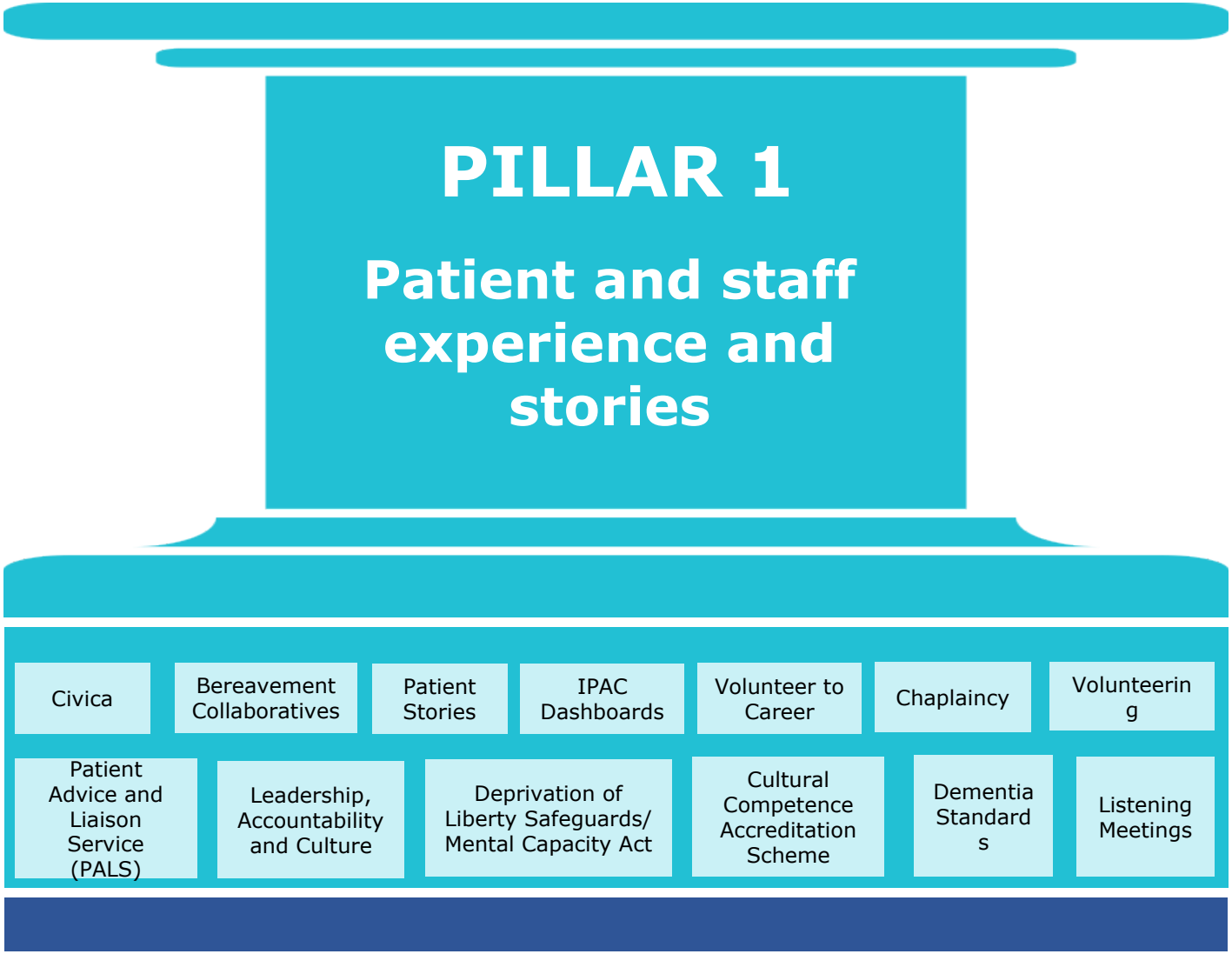
Our commitment to staff is to have a **just** culture, where staff feel safe to report concerns, incidents and near misses, knowing this will result in a timely, fair, comprehensive investigation. Our incident reporting system 'Datix' is a key component in providing insights to data gathering and learning

HEALTH, SAFETY AND SECURITY

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

SAFEGUARDING

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


PILLAR 1
Patient and staff experience and stories
Civica
Bereavement Collaboratives
Patient Stories
IPAC Dashboards
Volunteer to Career
Chaplaincy
Volunteering
Patient Advice and Liaison Service (PALS)
Leadership, Accountability and Culture
Deprivation of Liberty Safeguards/ Mental Capacity Act
Cultural Competence Accreditation Scheme
Dementia Standards
Listening Meetings

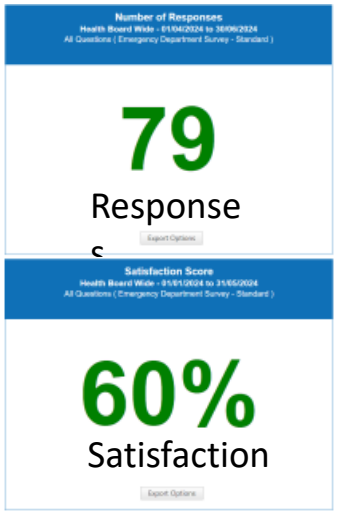
Patient Experience Feedback

Adborth Cleifion: Gwrando a Dysgu
Patient Feedback: Listening and Learning

Quarter 1 – 2024/25

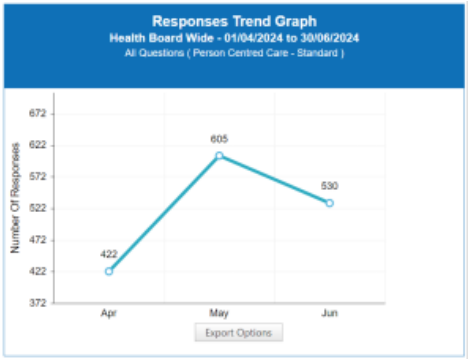
All Surveys

Emergency Department Survey



Response Trend

Person Centred Care (PCC) Survey



Response Trend

Patient Experience Feedback

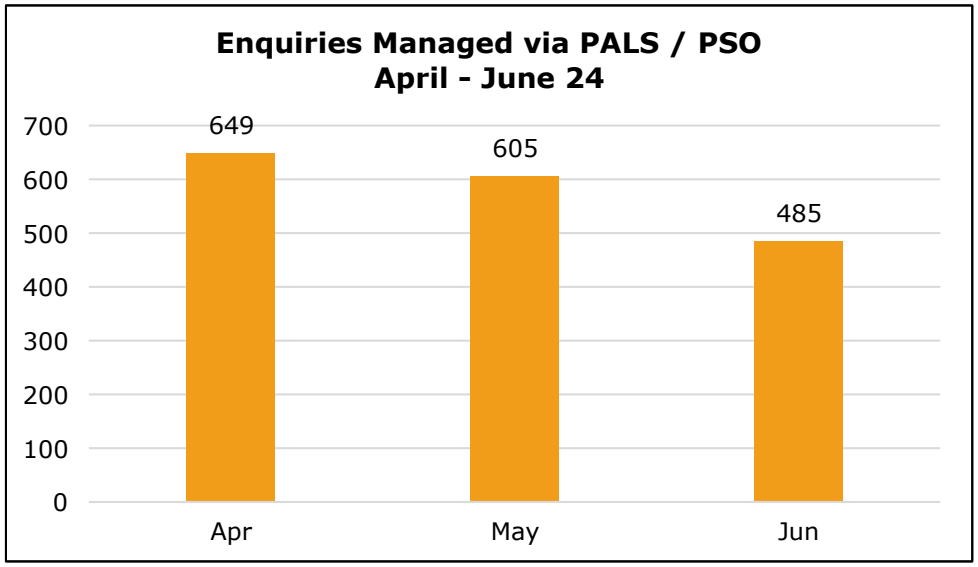
Adborth Cleifion: Gwrando a Dysgu
Patient Feedback: Listening and Learning

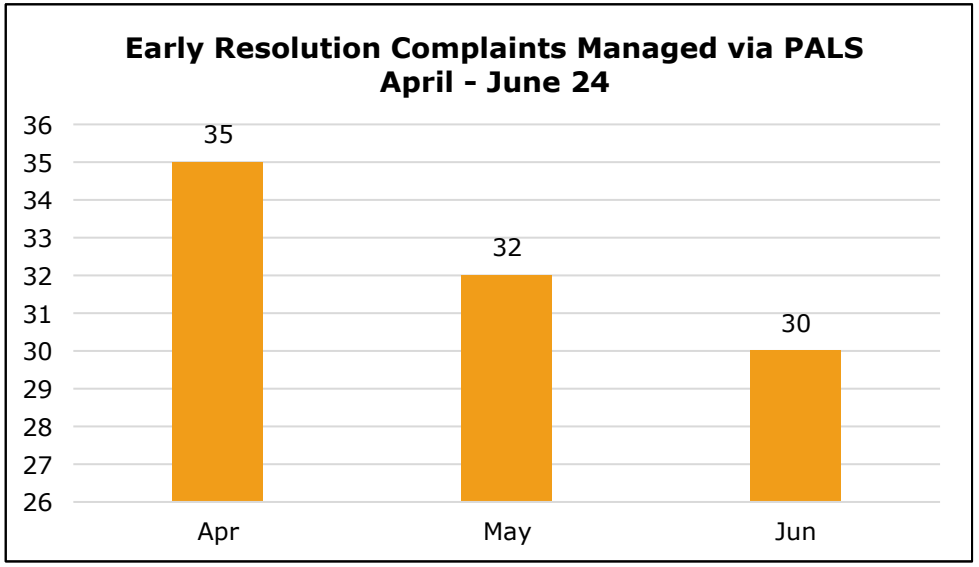
Quarter 1 2024/25

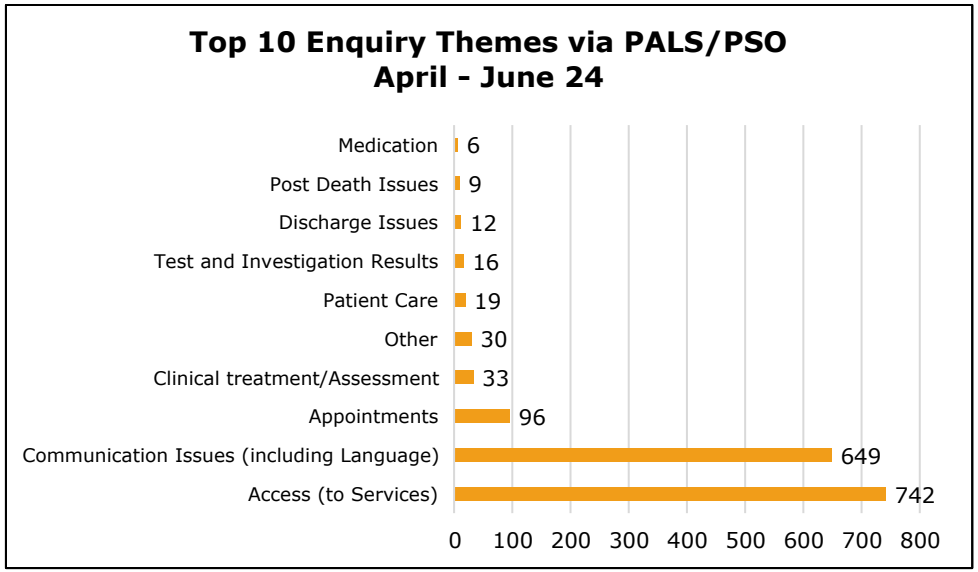
Division	Responses	2 - I felt listened to	2 - I was able to make my own decisions about my care	2 - I had care and support from staff who understood my needs and respected my choices	2 - I had the support of my family (or friends) when I needed them	2 - I felt safe	2 - I felt physically comfortable	2 - I was given information and advice that I could understand to help me keep well	2 - I was told who to contact if I need care and support in the future	Overall
		Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	Person Centred Care	
Family and Therapies	37	96	91	95	96	97	95	95	99	95
Medicine	772	87	77	90	93	93	87	86	75	86
Primary Care & Community	69	88	80	95	91	92	88	89	75	87
Urgent Care	19	89	84	92	94	89	72	89	81	87
Complex & Long Term Care	15	80	79	89	90	100	86	93	87	88
Surgery	480	98	95	99	98	99	97	98	96	97
Clinical Support Services	99	99	92	100	97	100	97	99	96	98
Mental Health and Learning Disabilities	54	94	83	96	86	96	90	91	80	90
	Overall	91	84	94	94	96	91	91	84	91
	Benchmarks	85	85	85	85	85	85	85	85	85

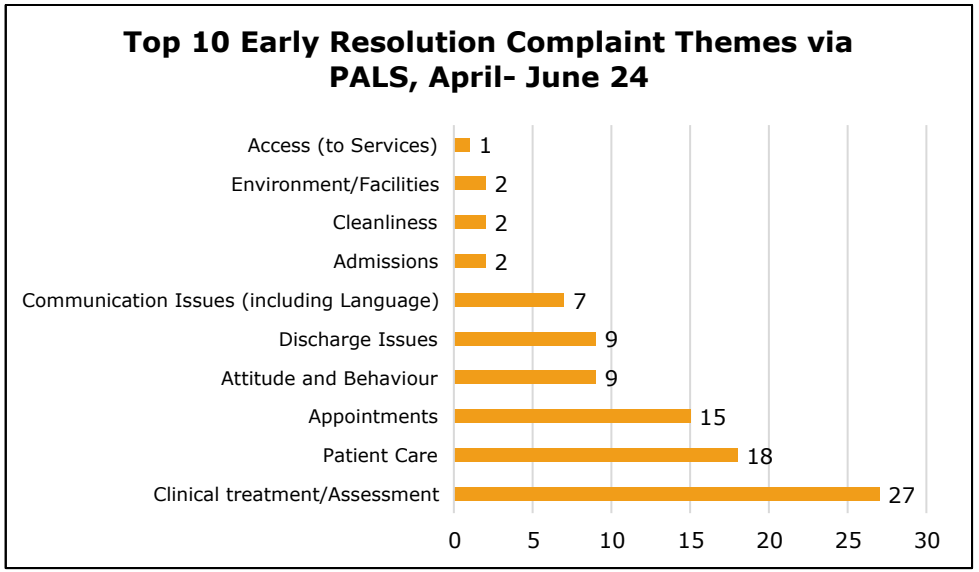
Person Centred Care (PCC) Survey – Questions 1-8

Patient Advice & Liaison Service – Quarter 1 2024/25

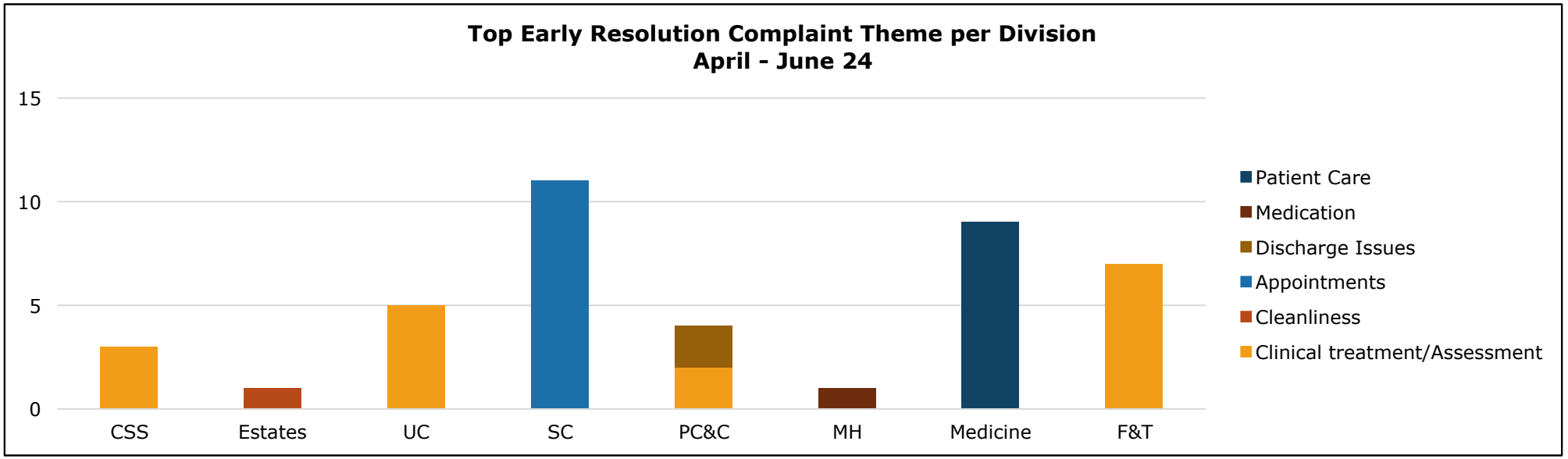


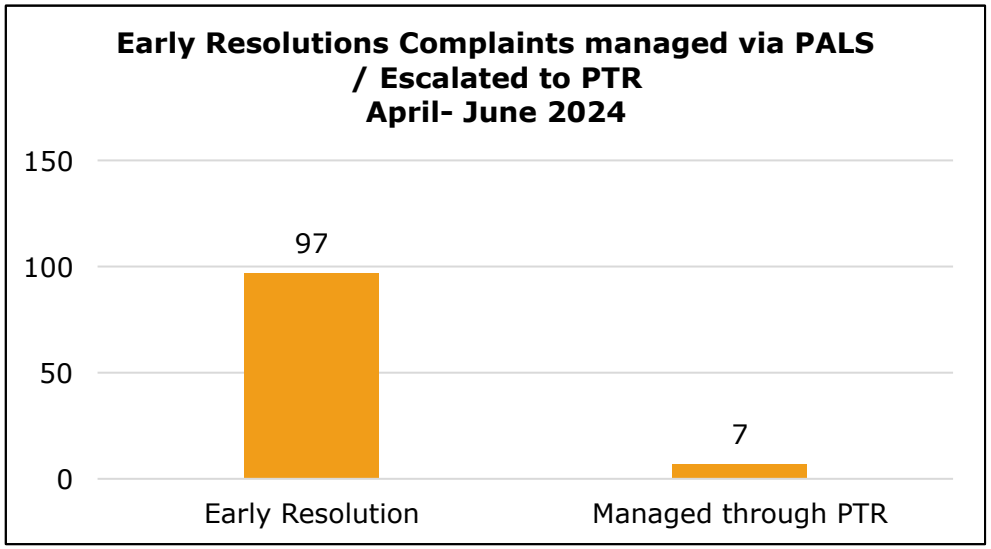


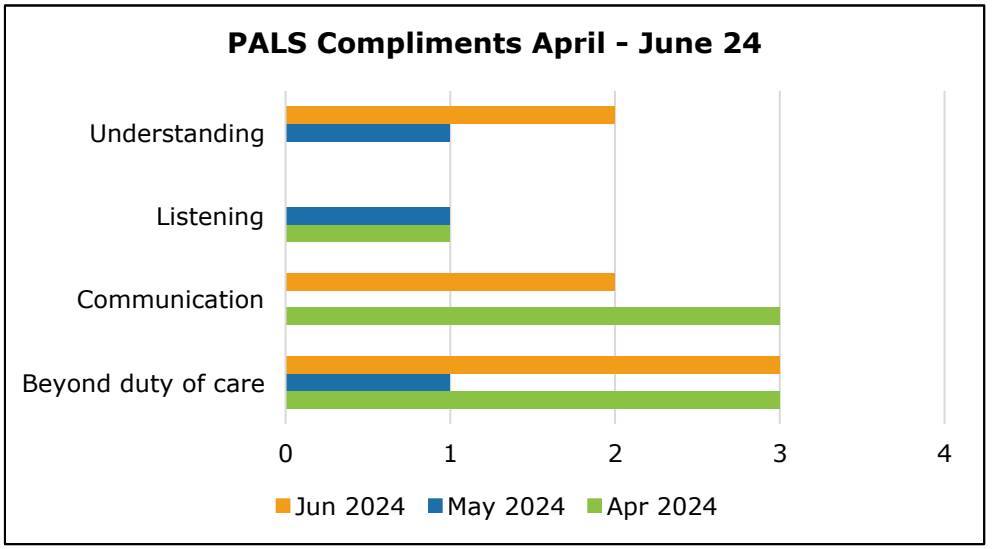




Patient Advice & Liaison Service – Quarter 1 2024/25







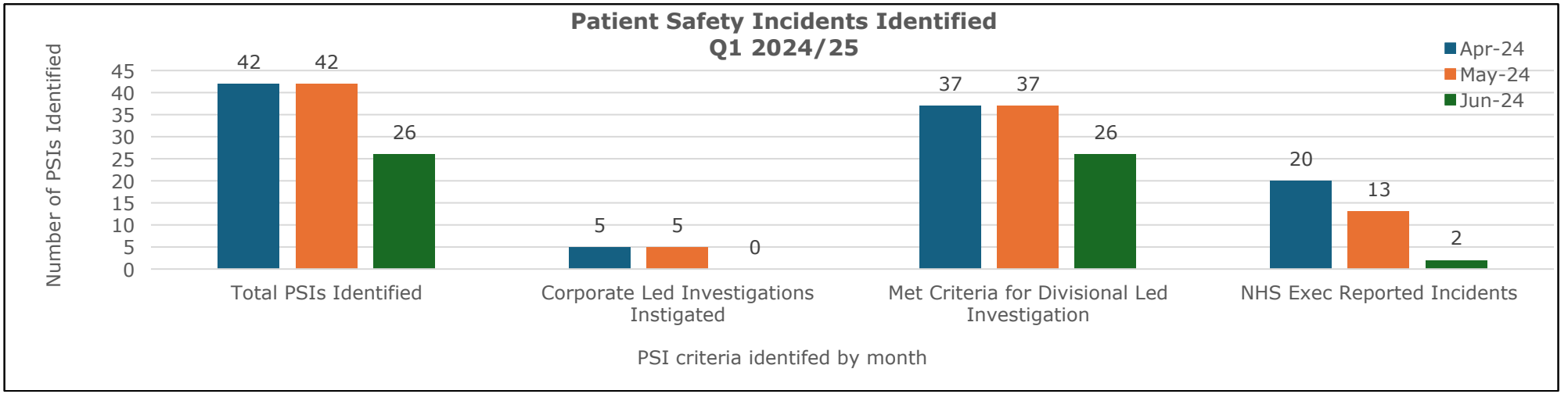
PILLAR 2

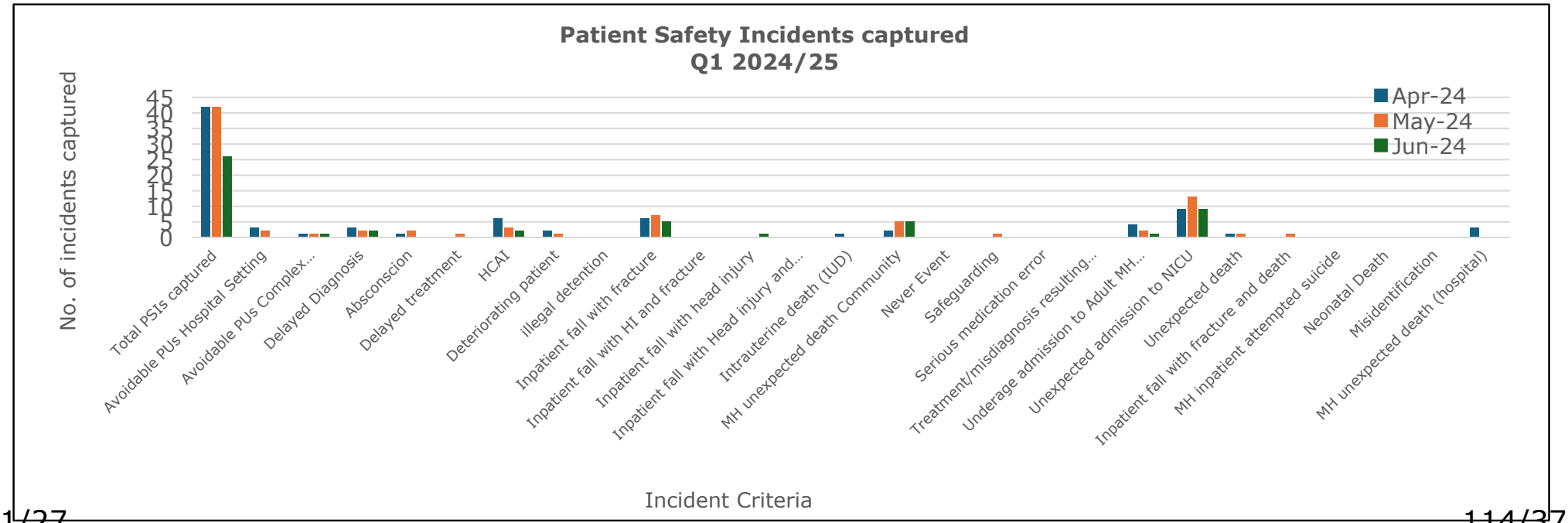
Incident Reporting, Falls, Pressure Ulcers, Medicines Management and Mortality

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

Patient Safety Incidents

A total of **110** Patient Safety Incidents (PSIs) (moderate and above harm) met the criteria for either Corporate or Divisional led Investigation were identified during Quarter 1 2024/25. This is in comparison to **109** in Q1 of 2023/24.

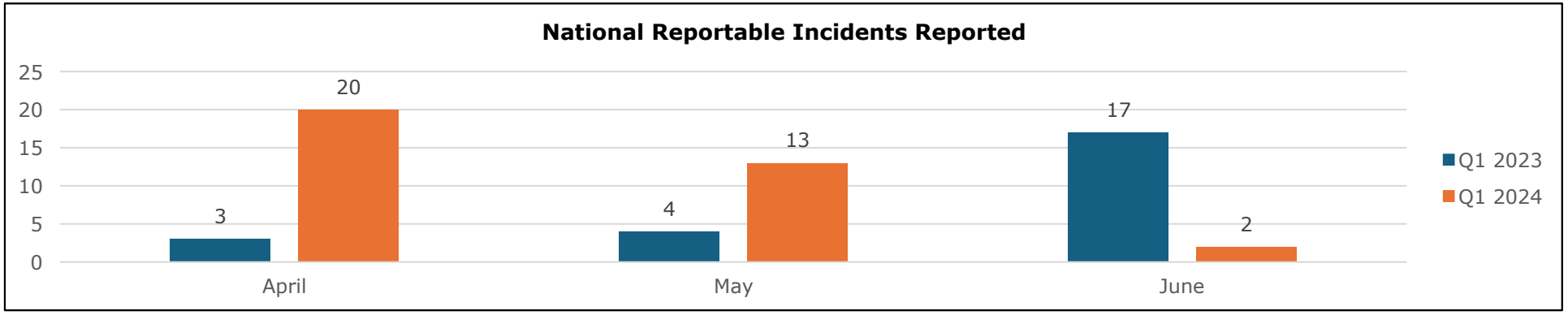




Patient Safety Incidents

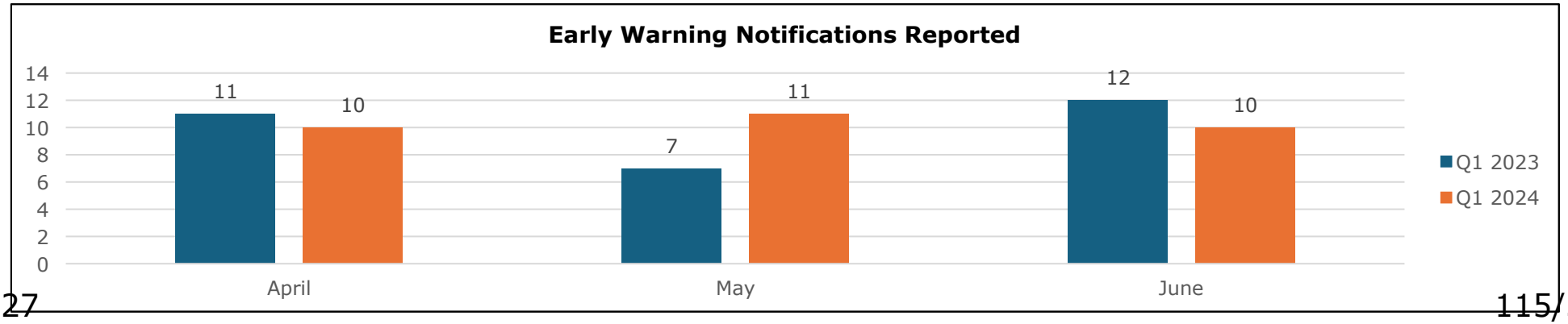
Not all PSIs under investigation were reported as National Reportable Incidents (NRIs). This could be because some NRIs are submitted to the NHS Executive prior to the decision making regarding the proportionality of the investigation (Divisional or Corporate Led). Also, NRI reporting can occur retrospectively after the investigation has been commenced and once further intelligence is received.

In May 2023, the Health Board met with NHS Executive colleagues, to discuss the reporting criteria. As a result, the number of reported NRI's saw a significant increase in June 2023. We have since seen stabilisation of reporting, and continue to monitor.



There were **31** Early Warning Notifications (EWNs) reported to Welsh Government (WG) during Q1 2024/25. Themes included Safeguarding concerns, patient absconsions, misidentification of patients and PRUDICs.

This is in comparison to **30** in Q1 of 2023/24.



Never Events

- **0 Never Events reported during Quarter 1.**
- **2 Never Events were closed in Quarter 1.**
- **0 Never Events have been reported since November 2023.**

Improvement Work

Key changes to Dermatology Patients accessing services through 'see and treat' route to mandate marking of lesions in marker pen with arrow, and recording number of lesions present and marked. Procedure not conducted if lesion not marked and has been clarified with the patient and the requesting clinician in clinic. *N.B NatSIPPs 2 recommends circling areas to be excised but not recommended in Dermatology due to need to visualise clearance margins.*

Ongoing spot audits to be carried out in 'see and treat' Dermatology clinics to monitor compliance with marking of lesions.

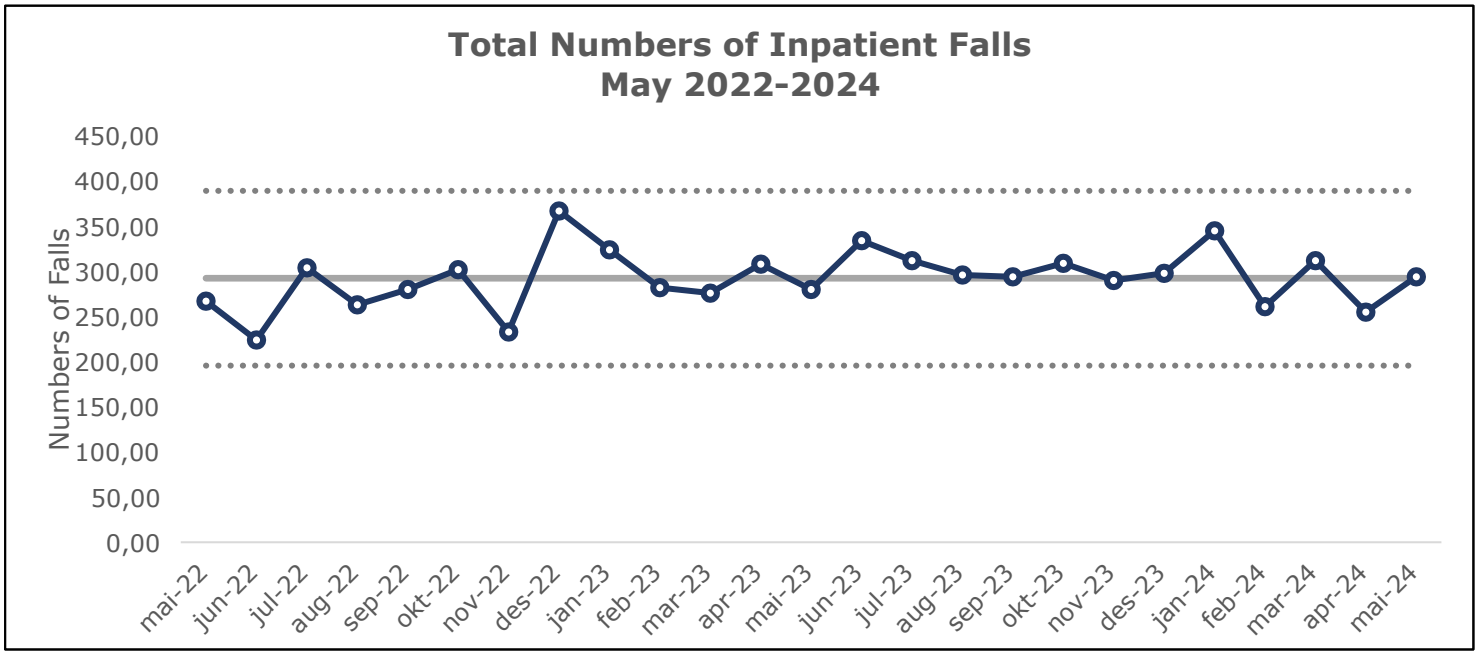
Identification of a dedicated block bay within each hospital site where anaesthetic blocks can be performed safely with adequate resources.

Design of a Local Safety Standard for Invasive Procedures (LocSSIP for Regional Anaesthesia/ Nerve blocks, focusing on the Prep, Stop Block process. Standardised LocSSIP used by all specialities who perform nerve blocks (including Anaesthesia, Orthopaedics, and Interventional Radiology). Education of all staff groups on new LocSSIP once developed.

To provide standardised and formalised training for all Regional Anaesthesia assistants through a mixture of electronic learning and / or lectures. Stop before you block teaching is being included in 'back to basics' teaching programme. E-learning resource created and currently final edit stage.

Provision of a dedicated Regional Anaesthesia assistant on all Health Board sites.

Total Number of Inpatient Falls



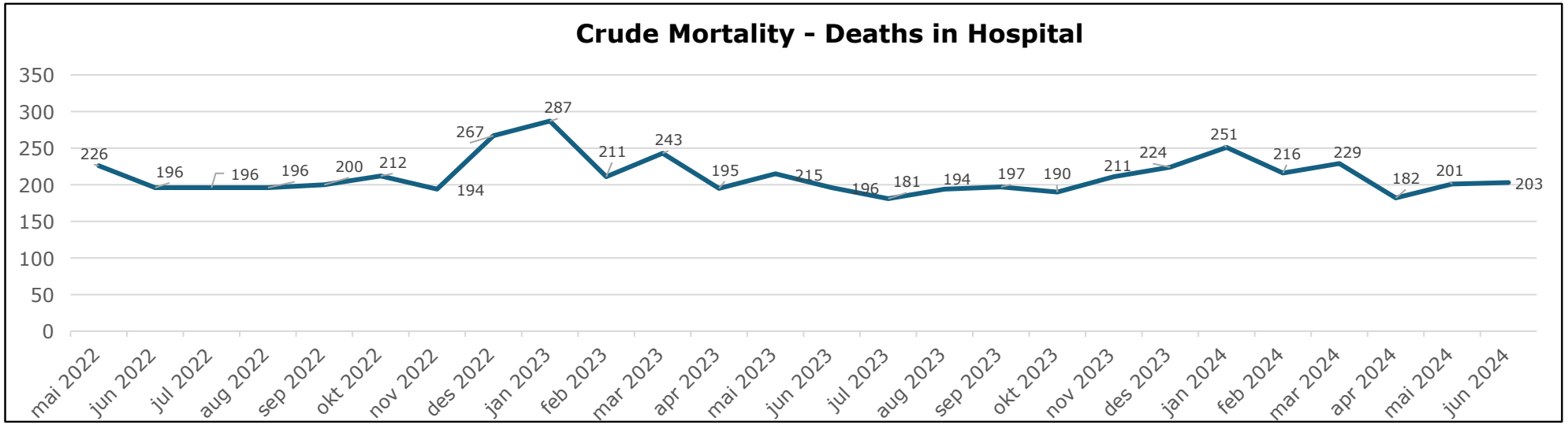
July 2024 - Context

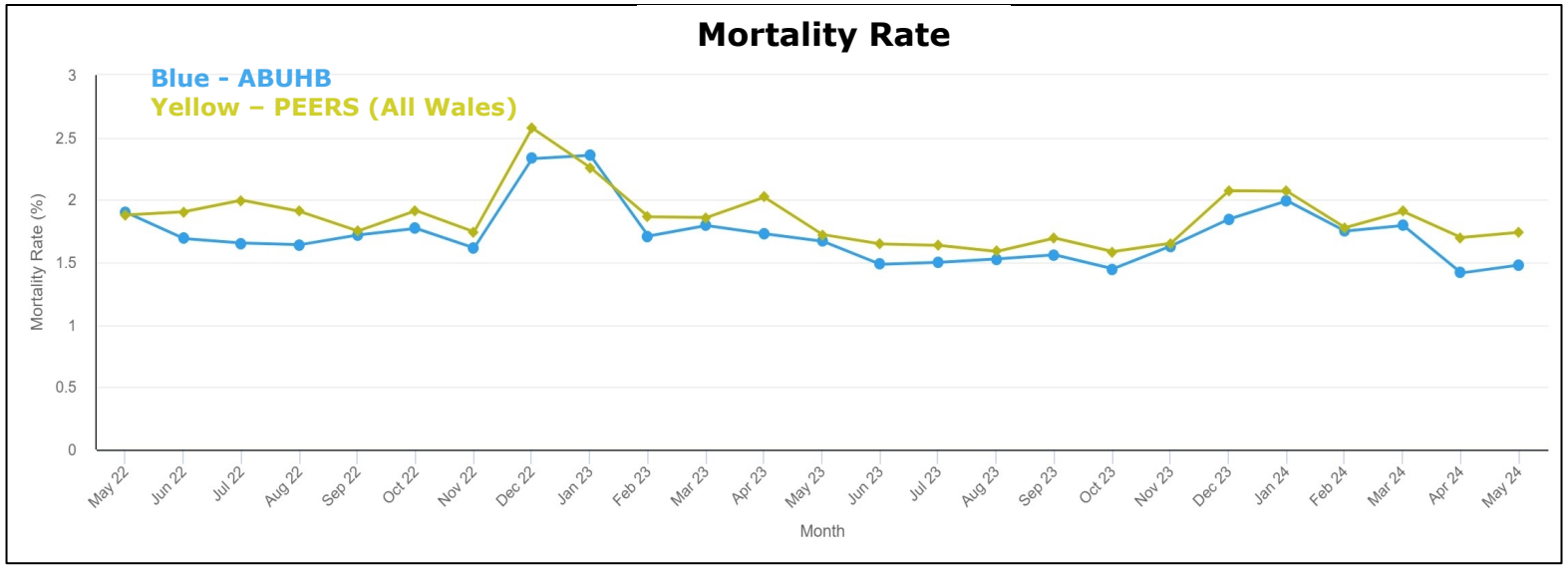
The data used in this chart has been retrieved from RLDatix.

The data represents the collective information for ABUHB and refers to the total numbers of reported falls incidents for the period May 2022-2024. This period length for this data is selected to ensure the analysis is statistically valuable.

Definitions	What the chart tells us	Variation
Reported fall incidents in Aneurin Bevan University Health Board (ABUHB). This data was retrieved from RLDatix as the information source.	• For the given period of analysis, the mean average of fall incidents is 276 which represents a decrease since the last report presented in March 2024 • Following a downwards trend from January 2024 the months of February and April 2024 have seen the lowest recorded values for falls incidents since November 2022.	Although January to May 2024 have seen increased levels of variation as compared to the preceding months some of the values are a positive representation of a decrease in the numbers of reported inpatient falls.

RAMI/ Crude Mortality in Hospital



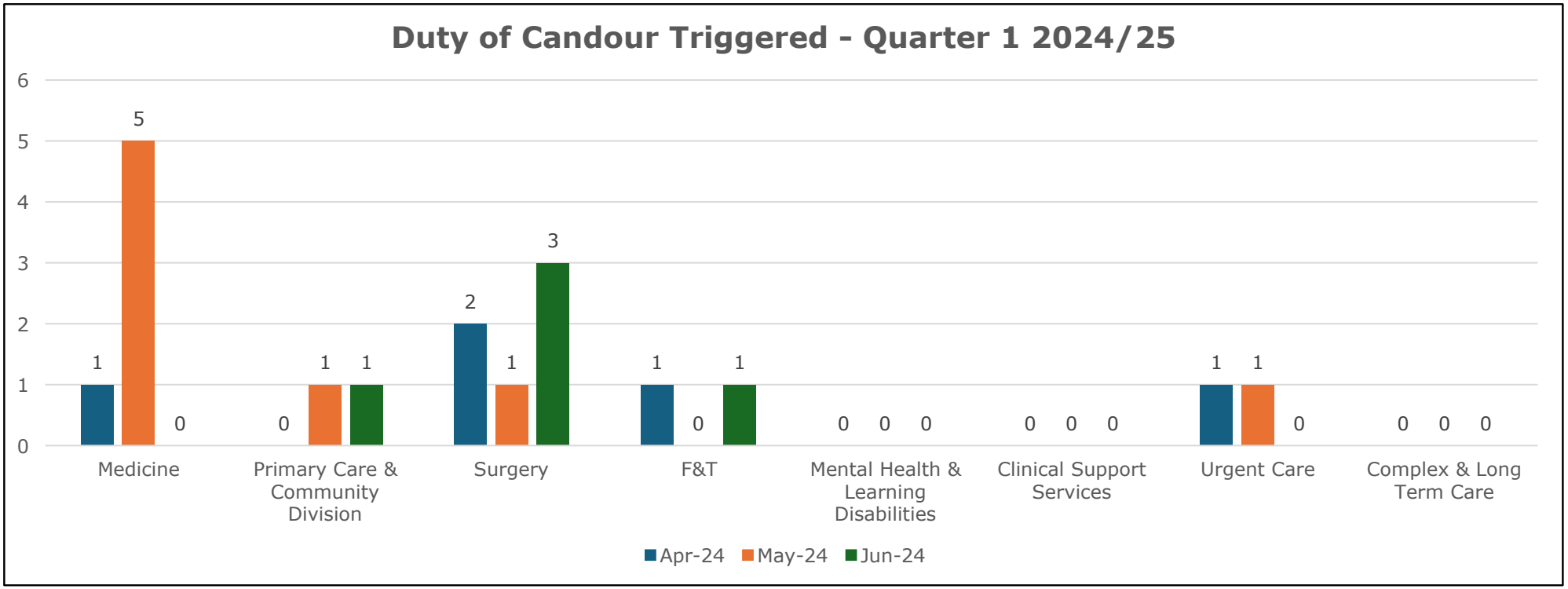


RAMI has dropped below the All Wales peer but continues to vary. Crude mortality and the mortality rate are flat and consistent. Individual mortality reports will enable Directorates to undertake deep dives in high mortality specialties.

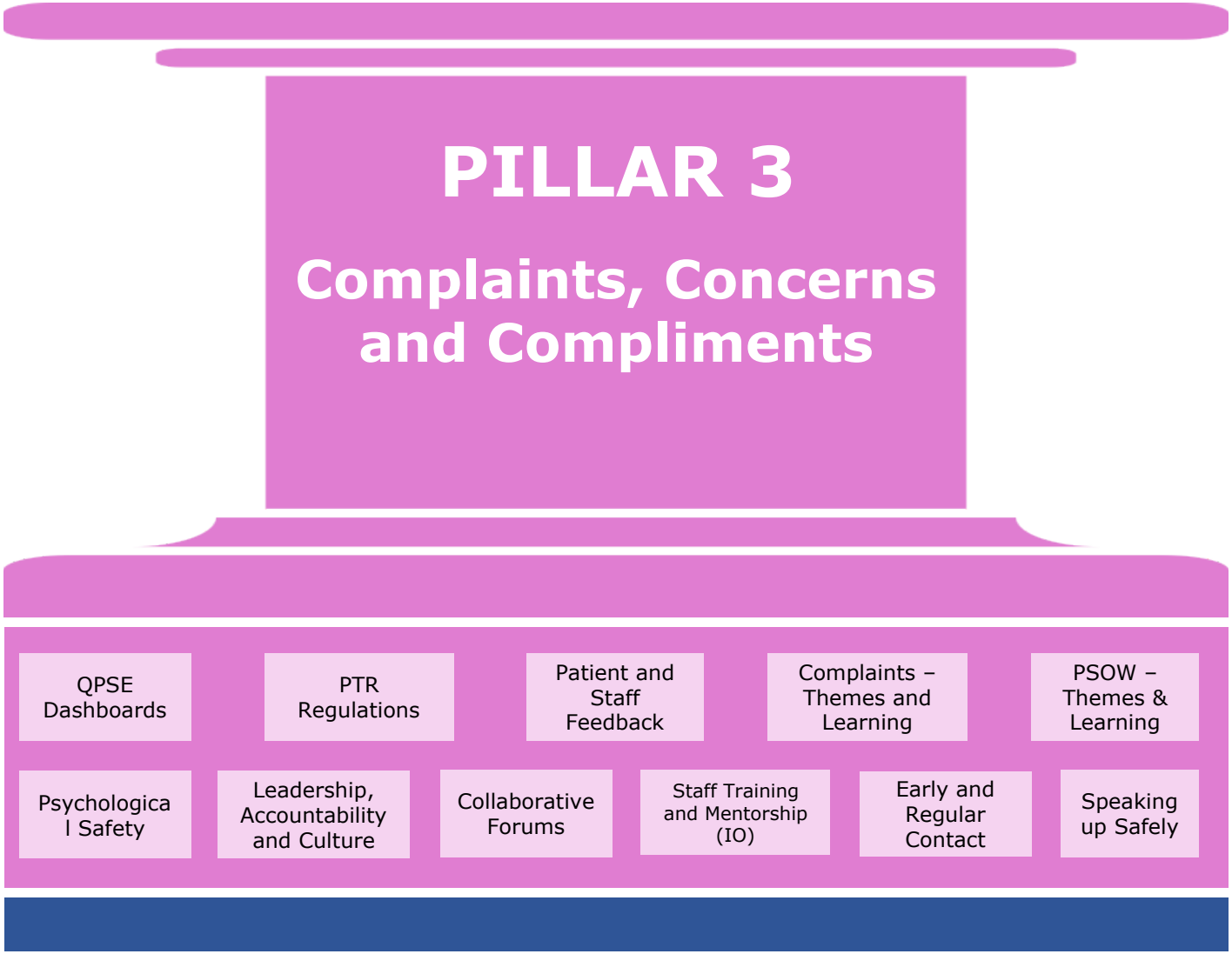
Duty of Candour

In Quarter 1 2024/25 there were **6170** incidents affecting patients reported on the Datix Cymru system.

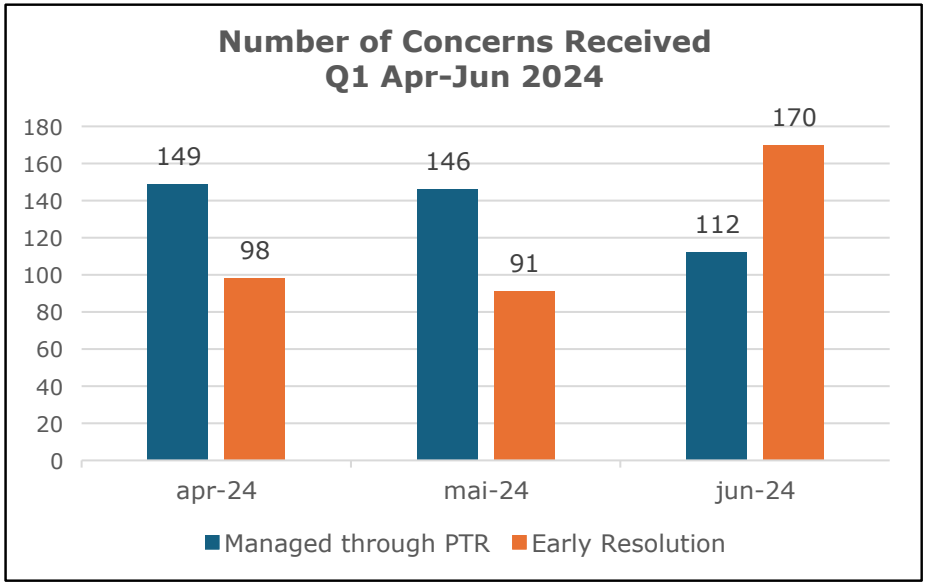
There have been **18** incidents that have triggered Duty of Candour. *This figure is based on the question -* ***Was Healthcare provided a factor?***

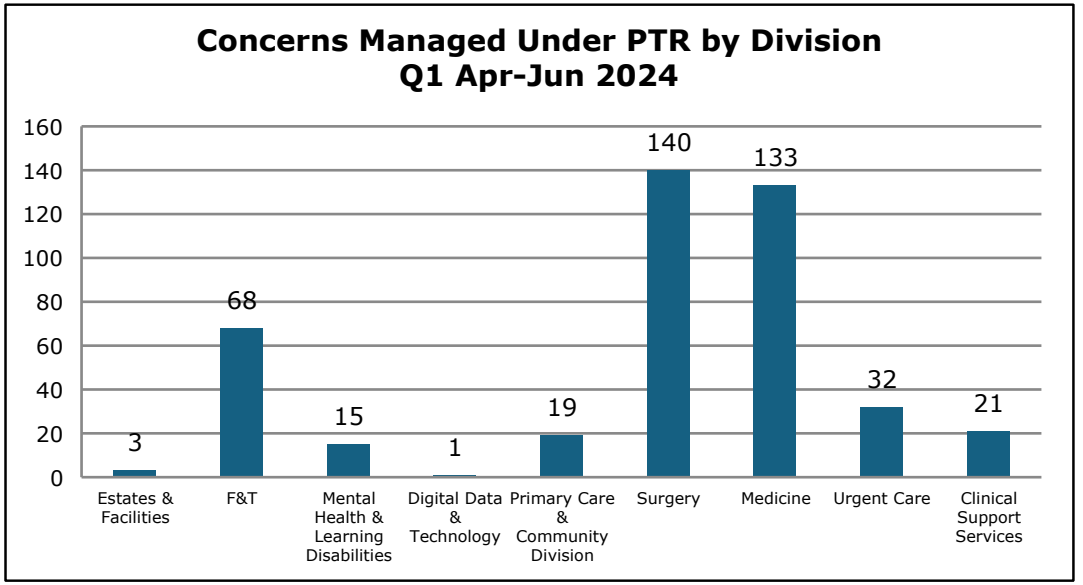


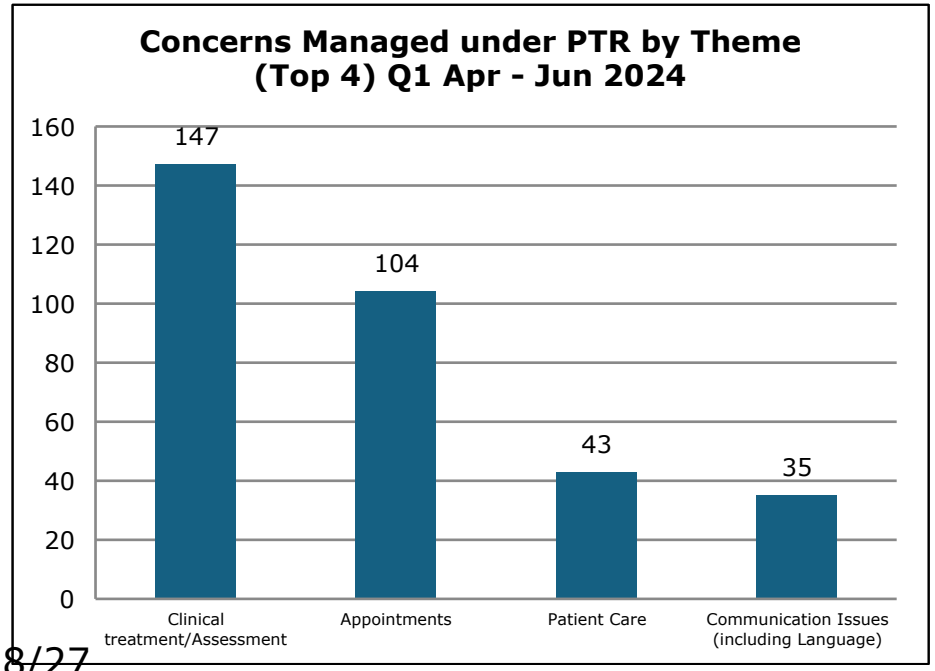
The Duty of Candour was introduced in April 2023. The way in which Duty of Candour is captured on RL Datix, and reporting criteria has been refined for 2024/25. Due to this change, we are unable to provide comparative data.

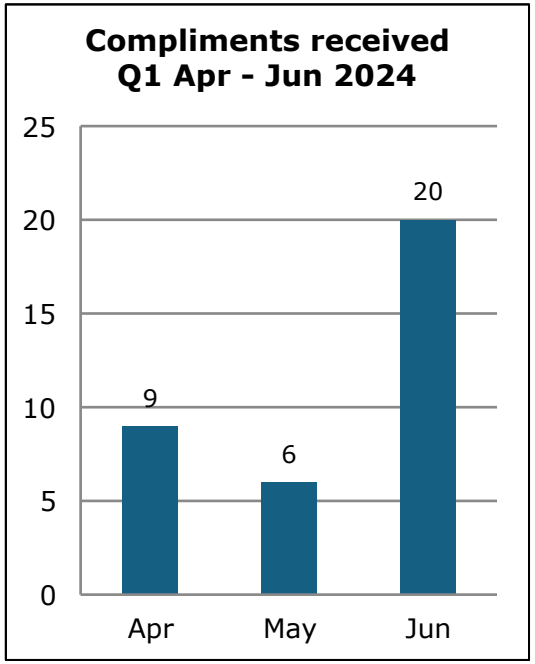

PILLAR 3
Complaints, Concerns and Compliments
QPSE Dashboards
PTR Regulations
Patient and Staff Feedback
Complaints – Themes and Learning
PSOW – Themes & Learning
Psychological Safety
Leadership, Accountability and Culture
Collaborative Forums
Staff Training and Mentorship (IO)
Early and Regular Contact
Speaking up Safely

Complaints







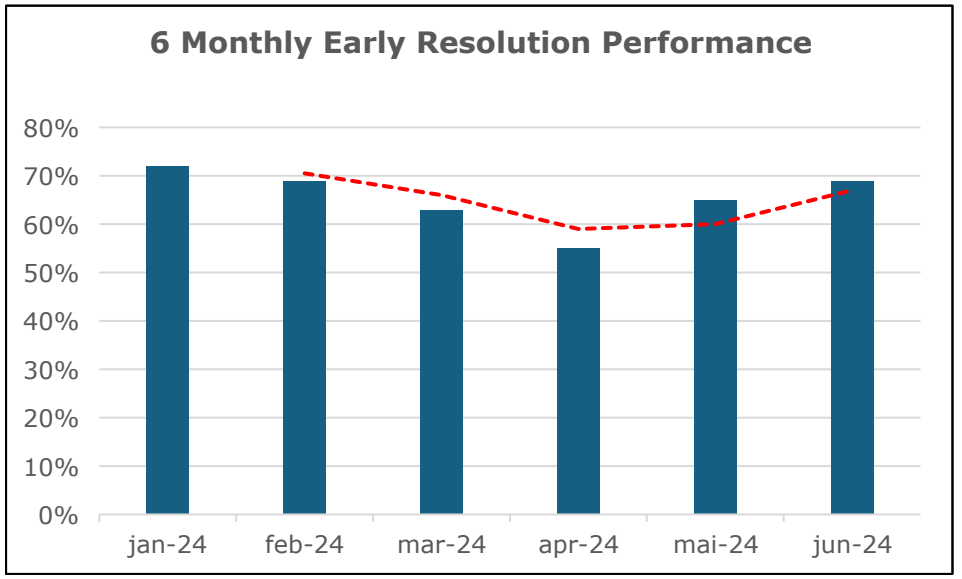


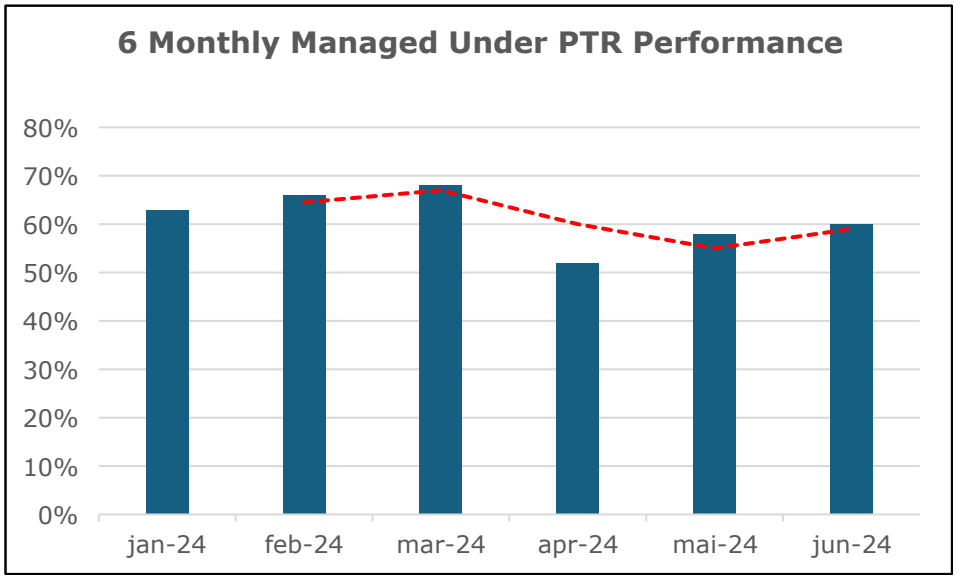
Q1 saw the inception of the Acknowledgement Team in May 2024, the aim is to ensure early and meaningful contact with complainants.

The number of concerns received both Managed through PTR and via Early Resolution has increased by approximately 40% on the same reporting period 2023-24. The themes for the period remain unchanged from Q3 & Q4.

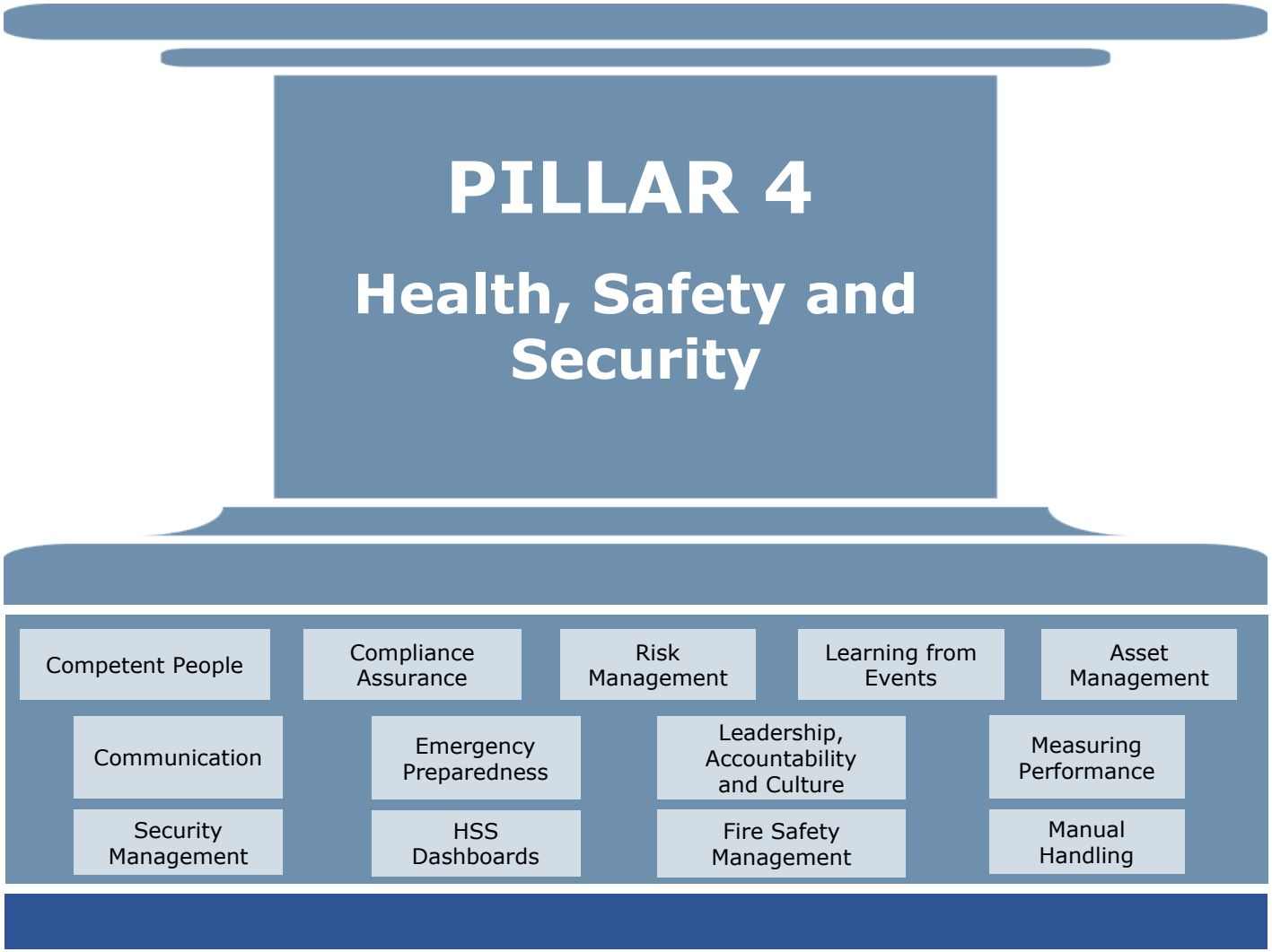
This will pinpoint what concerns are being raised and these will be confirmed via telephone with the complainant. The central team have assumed responsibility for beginning the Datix form and bullet pointing the questions ahead of allocation of an IO to ensure focused direction to assist with expediency. This approach has been very well-received and welcomed by stakeholders such as PSOW during our quarterly meetings and by WRP during a very positive assessment in June.

Complaints





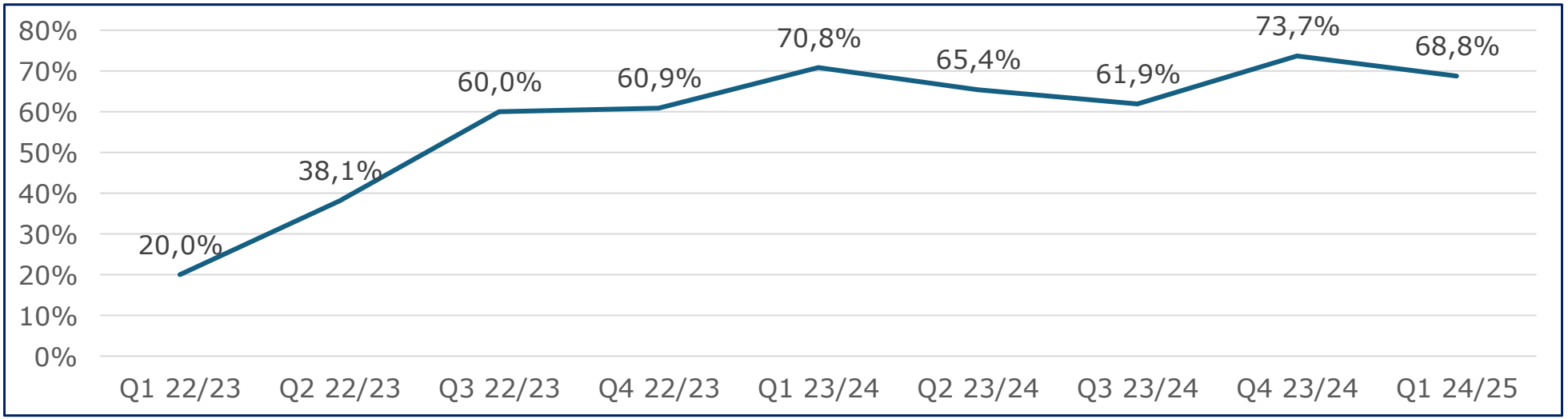
- Weekly complaints meetings are fully embedded to ensure a collaborative approach to cross-divisional concerns and the ability to escalate for advice and support to the central concerns team as required.
- With regards to reduction of complaints exceeding the WG 30-day timeframe, dedicated resource is being utilised to identify, monitor and assist with concerns investigations that may require additional support in order to conclude.
- **At the end of Q1 the number of concerns exceeding 12 months has reduced to 6, which is a positive decrease from 11 at the end of Q4.**
- Strategy meetings are now considered for all grade 4 and 5 complaints (if they are not managed as a PSI moderate to severe harm) facilitated by the Complaints Manager or the Senior Complaints Manager within 2 working days. This prevents delays and ensures that complaints sit with the right team, first time, rather than bouncing between teams.
- PALS are now engaged with grade 1+2's. PTR teams and PALS are supporting with reviewing all open grade 1's and 2's to try and resolve the complaint verbally, this has aided with closure of some of the more outstanding concerns.


PILLAR 4
Health, Safety and Security
Competent People
Compliance Assurance
Risk Management
Learning from Events
Asset Management
Communication
Emergency Preparedness
Leadership, Accountability and Culture
Measuring Performance
Security Management
HSS Dashboards
Fire Safety Management
Manual Handling

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations

During Q1 (April to June 2024) the Health Board have reported **16 incidents** to the HSE in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

68.75% of these cases were reported within the legal timeframes within the legislation.



Health, Safety & Security

Health and Safety Statutory and Mandatory Training

At end of May 2024 training compliance for the Health Board was reported as:

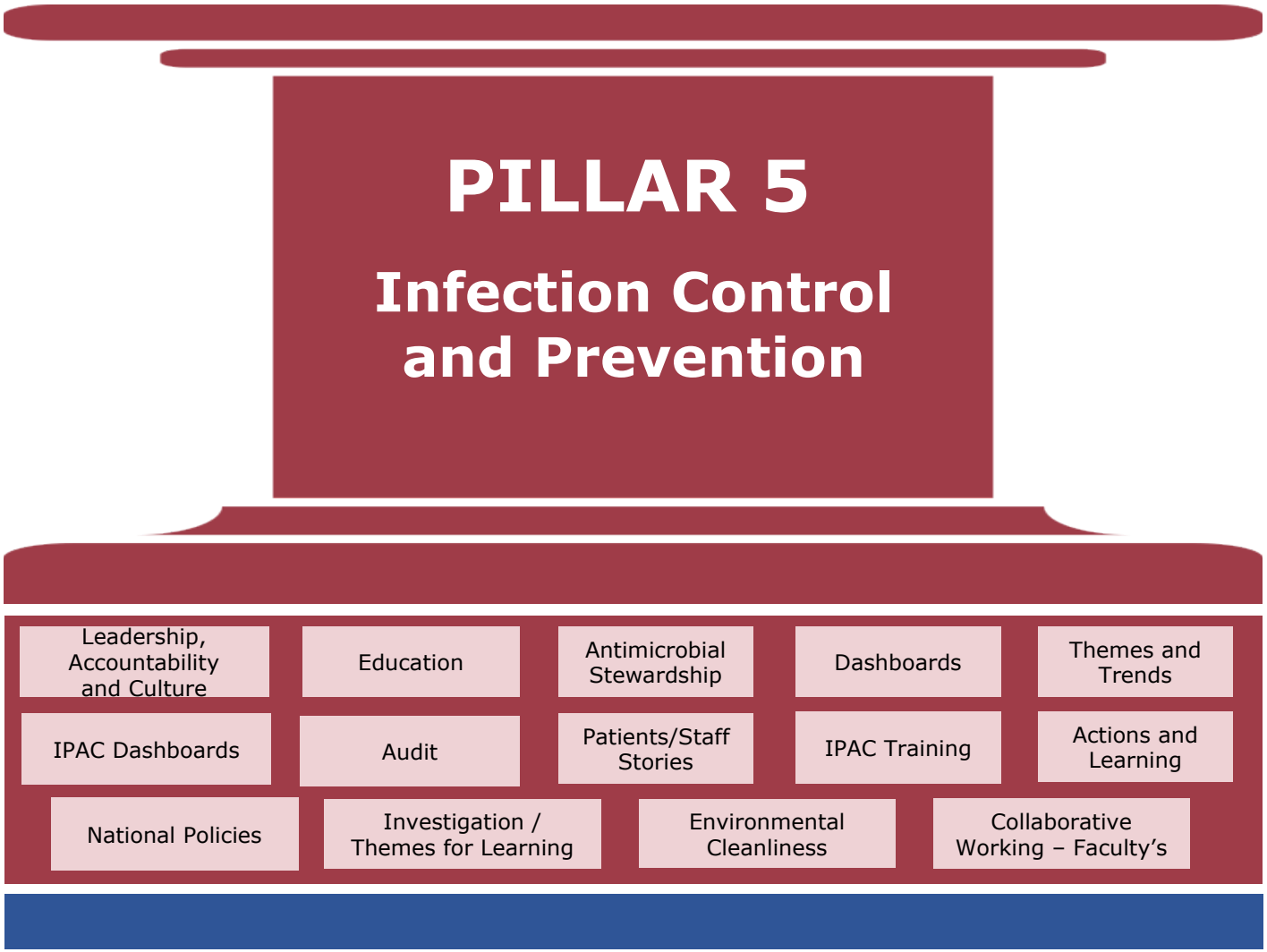
There has been **no change** in the compliance with health and safety compared with the previous report, however, the compliance with Fire Safety, Violence & Aggression and Manual Handling have all increased.

Health & Safety	**87%**
Fire Safety	**84%**
Violence & Aggression	**86%**
Manual Handling	**58%**

Health and Safety Training for Senior Leaders

Board Development session held on 24 April 2024 provided a focus on health and safety legislation, including Corporate Manslaughter. The session was delivered by Solicitors from NWSSP Legal & Risk Services.

IOSH Safety for Executives and Directors being planned for Q3 2024/25.


PILLAR 5
Infection Control and Prevention
Leadership, Accountability and Culture
Education
Antimicrobial Stewardship
Dashboards
Themes and Trends
IPAC Dashboards
Audit
Patients/Staff Stories
IPAC Training
Actions and Learning
National Policies
Investigation / Themes for Learning
Environmental Cleanliness
Collaborative Working – Faculty's

Infection Prevention & Control

Healthcare Associated Infections: All Wales Comparison

Table 1. Current FY rate per 100,000 population of specimens by HB, Apr - Jun 24

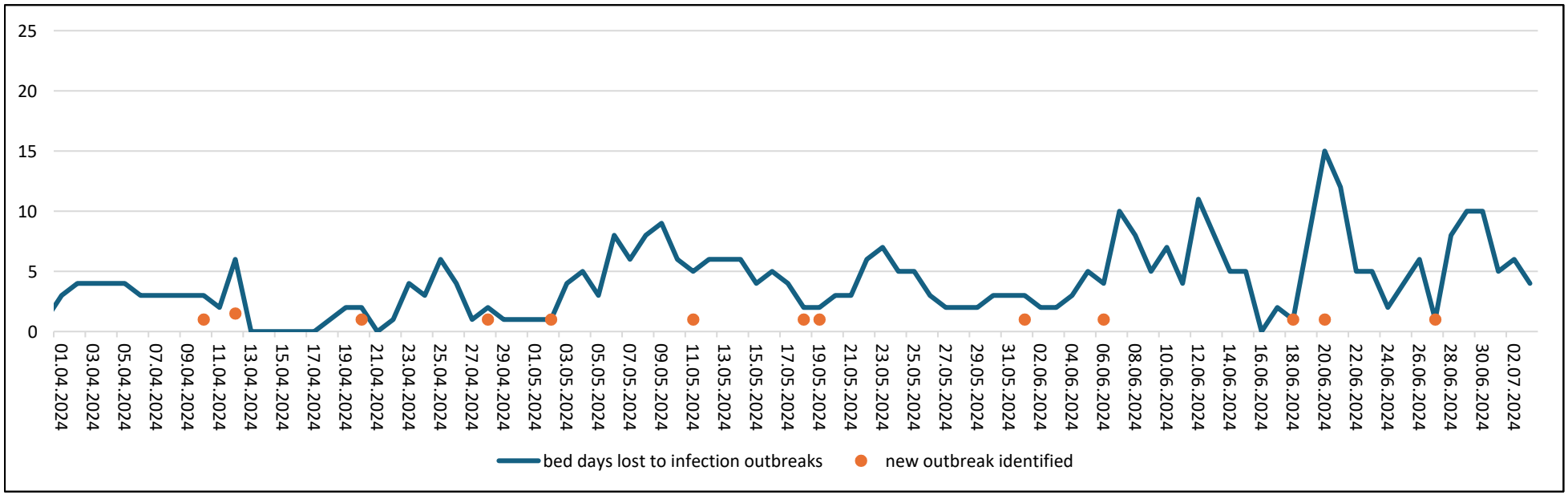
Additional filters for Table 1.
Select month or FY: Current FY
Select organism group: All organisms

< than same period last FY
= same period last FY
> than same period last FY

	C. difficile	MRSA bacteraemia	MSSA bacteraemia	E. coli bacteraemia	Klebsiella sp bacteraemia	P. aeruginosa bacteraemia
Aneurin Bevan UHB	49.51	1.36	31.2	59.01	21.7	7.46
Betsi Cadwaladr UHB	47.21	1.75	23.31	83.93	12.82	1.17
Cardiff and Vale UHB	45.22	0.79	36.49	53.15	24.59	6.35
Cwm Taf Morgannwg UHB	37.94	0.9	34.33	77.68	24.39	3.61
Hywel Dda UHB	56.24	3.12	29.16	90.62	20.83	9.37
Powys THB	23.97	0	3	0	0	0
Swansea Bay UHB	63.81	1.05	26.15	54.39	35.57	1.05
Velindre NHST						
Wales	**48.16**	**1.41**	**28.82**	**67.11**	**21.77**	**4.48**

Issue	Cause	Remedial Action	Who	When
3 wards closed due to outbreak of Covid infection D5W, 4/4 & Monnow Vale	• Visitor Covid positive • Symptomatic staff – no longer testing	• Cohorted affected patients • Covid safety measures assurance completed by ward managers – good compliance	Infection Prevention Ward Managers	June 2024
Increase in C difficile infection June Total = 24 HAI = 8 CAI = 9 Relapse = 7	• Antimicrobial stewardship • Compliance with fundamental IP measures	• Enhanced cleaning strategy approved & HPV programme commenced		Ongoing
Increase in Staph Aureus Blood stream infections. June Total = 22 HAI = 8 CAI = 14	• 6 skin & soft tissue • 5 bone & joint • 5 respiratory • 2 line associated • 2 urinary • 1 Gastro • 1 unknown	• Promoting ANTT • Reviewing standardisation devices available via Procurement • QI project for admission screening • TVN Wound assessment and management training now available for staff to book via ESR • Viewing skin preparation products	Ward Managers Senior Nurses Tissue Viability	Ongoing
Increase with Gram Negative blood stream infections – fewer cases in June. June Totals E coli = 23 (3 HAI – 20 CAI) Klebsiella – 7 (2 HAI – 5 CAI) Pseudomonas = 3 (3 HAI)	• 18 urinary tract • 9 Hepatobiliary • 2 respiratory • 2 gastro • 1 unknown • 1 skin & soft tissue	• Revisiting the 9 key standards for UTI prevention • Study session arranged for 13th August • Promoting Start Smart then Focus Antibioitic audits • Rapid roll out of the HOUDINI "make the catheter disappear initiative • Review adult antimicrobial guide in line with resistance patterns	Infection Prevention Bladder & Bowel Service Antimicrobial Pharmacists	Ongoing

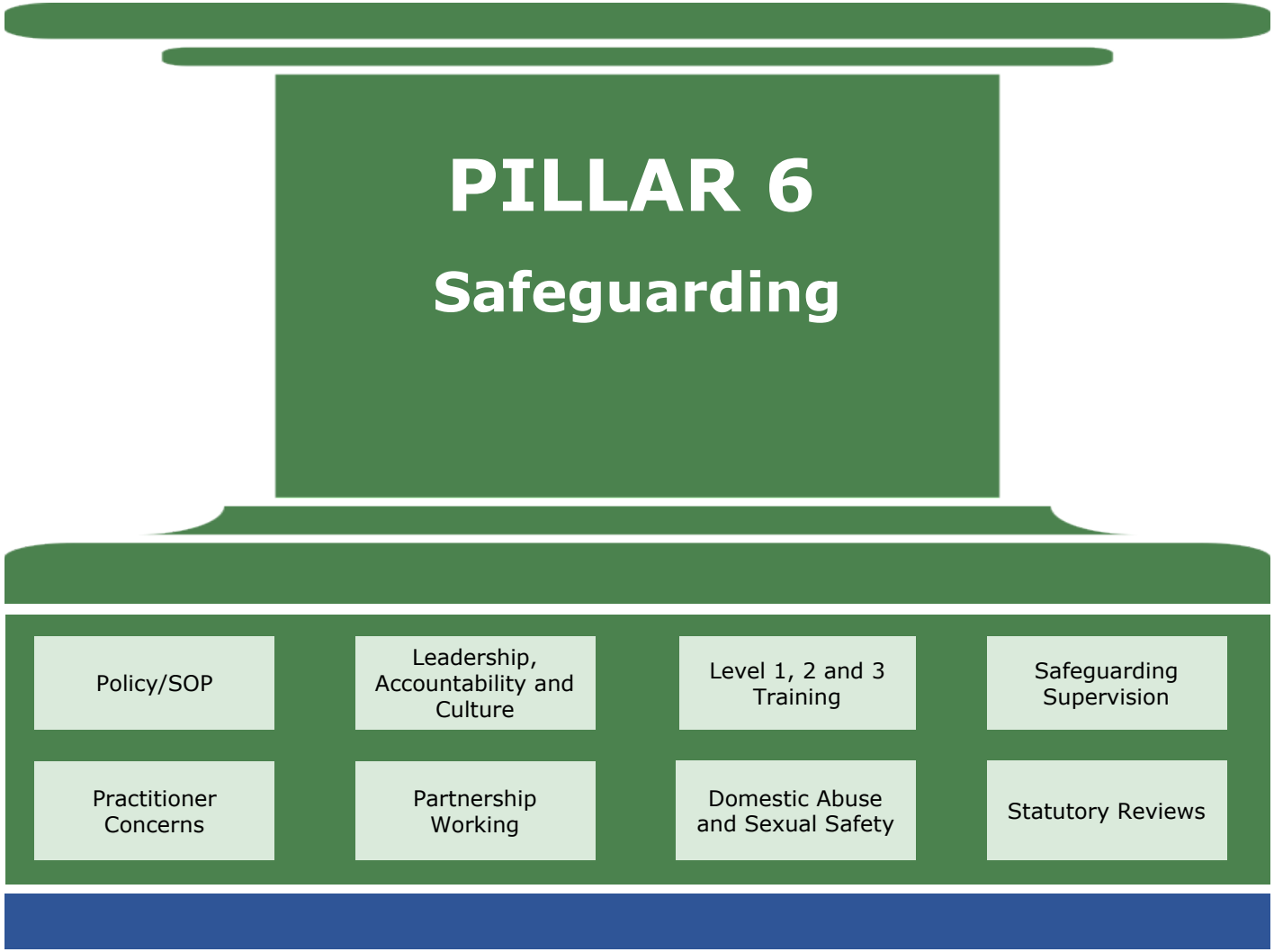
Bed Days Lost



April = 70
May = 135
June = 171

- 6 wards affected by C difficile
- 8 wards closed with Covid outbreaks

Refreshed the Patient Placement SOP & use of the Respiratory Assessment Zone


PILLAR 6
Safeguarding
Policy/SOP
Leadership, Accountability and Culture
Level 1, 2 and 3 Training
Safeguarding Supervision
Practitioner Concerns
Partnership Working
Domestic Abuse and Sexual Safety
Statutory Reviews

Safeguarding: Training & Development

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

Training Module	Compliance %
Adult Safeguarding Level 1	87%
Children Safeguarding Level 1	86%
Adult Safeguarding Level 2	90%
Children Safeguarding Level 2	88%

All training for Safeguarding level 1 & 2 is now above the required 85% compliance.

Level 3 Children's and Adults training continues to be a challenge and further work is required across the Health Board to ensure that this is mandated to staff appropriately via ESR and that compliance data can then be analysed.

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Workforce Performance Dashboard – May 2024
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Director of Workforce & Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Julie Chappelle, Assistant Director of Workforce & OD and Kate Davies, Workforce Performance Manager

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

To provide the May 2024 Workforce Performance Dashboard, **Appendix 1** incorporating key performance indicators for information and assurance.

The Board is asked to note the content of the Workforce Performance Dashboard and information contained within this paper and provide any additional comments.

Cefndir / Background

The Workforce Performance Dashboard is produced monthly and provides the latest data on workforce sustainability, workforce supply, staff health and wellbeing.

Asesiad / Assessment

The Workforce Performance Dashboard is shared widely across the Health Board and the information is updated to be responsive to the workforce priorities. The data is used to inform the workforce and organisational development support we provide and inform immediate and long-term workforce plans.

The key highlights from the May 2024 Workforce Performance Dashboard, **Appendix 1**, include:

- A reduction in sickness absence, from 5.89% in April 2024 to 5.77% in May 2024, but remaining above the Welsh Government target of 5%. The 3 main reasons for sickness were, Anxiety, Stress and Depression 32.9%, Musculoskeletal problems 8.9% and Gastrointestinal problems 7.9%.
- The 12-month accumulative sickness absence of 6.23% was lower than May last year at 6.57%.
- The number of staff lost in May 2024 due to sickness absence was 751wte, an increase compared with 698wte in May 2023.
- The 12-month total % for turnover was 9.14% compared with 10.29% the same time last year.
- PADR remained below the target of 85%, with compliance for May 2024 at 73.44%, a decrease of 0.02% from last month 73.46%. PADR compliance has improved by 9.81% when compared with 63.63% in May 2023.
- Statutory and Mandatory training has increased from 78.81% in April 2024 to 79.97% in May 2024. Statutory and Mandatory training compliance has seen a slight increase by 0.23% compared with 79.74% in May 2023.
- Staff in post in May 2024 was 13017.68wte (16,585 individuals) compared with 12,687.2wte (16,123 individuals) in May 2023. The top staff group increases were in Nursing & Midwifery, Medical and Dental and Additional Clinical Services (HCSWs).
- Referrals to the Employee Psychological Therapy Service decreased to 46 referrals compared with 57 referrals in May 2023. Of those 46 referrals, 13 have been signposted to VIVUP which is an alternative counselling support for Health Board staff which has been available since April 2024.
- The total waiting list for general counselling services decreased from 296 referrals in May 2023 compared with 175 referrals in May 2024, a reduction of 121.
- Variable pay usage decreased in May 2024 to 1,184wte compared with 1,251wte for May 2023, a reduction of 67wte.
- Work to reduce bank and agency usage continues with the main reasons for Registered Nurse usage to cover vacancies, sickness and enhanced care and Healthcare Support work usage covering enhanced care, vacancies and sickness.
- Medical bank and agency usage is currently 113wte down from April 2024. The current usage split is 52.98% Locum and 47.02% agency. It has demonstrated stability within the system over the last six months.
- Since the eLocum bank implementation on 01 December 2023 the usage has remained consistent, on average 60wte per month. 70% of locum usage is within Junior Grades.
- The new Medical Agency Management System was implemented on 01 May 2024 with agency usage at 53wte. 74% of agency usage is for Senior Grades, Consultants and SAS doctors.
- In May 2024, the main reasons for Medical Variable Pay were vacancies, establishment shortfall and sickness.
- Costs have reduced in both medical agency and medical locum. There are further opportunities for cost reductions through targeting substantive recruitment for high usage Variable Pay areas and to increase Locum Bank and

reduce agency in optimising the functionality of One Electronic System. The Health Board will be working towards the same split of Bank & Agency as with the Agenda 4 Change staff groups, which have an 80/20 split bank to agency. The Health Board will need to decrease agency by 30% to reduce the costs by approximately 260k. Further scoping work for hard to fill specialties will be required, and a review is being undertaken to assess the feasibility of a switch from agency to bank.

- eRostering roll out is currently pending and actions required include the roster system build review, ESR interface development and dual running plan prior to a 'Go live' being agreed.
- The Workforce & OD Team are working with Divisions to input their Job Plans onto the new Job Planning E-System. Currently overall Job Planning compliance is 20.5% (Consultants is at 21% and SAS Doctors 19%). 47 Job Plans have been completed in the new system which represents 7%. However, there are a 285 job plans that are work in progress.Once these are uploaded compliance will increase to 63%.
- Occupational Heath (OH) Referrals decreased in May 2024 to 167 from 183 referrals in April 2024. The top 3 reasons for referral were Anxiety, Stress and Depression (65), Musculoskeletal (44) and Back Problems (14).
- We continue to recruit to nursing vacancies in Occupational Health (OH) and to use all available resources to address waiting times. We are also working closely with all Wales OH actions to identify opportunities across Wales. Current waiting times range from 6 weeks for an OH physician to 3 weeks for an OH nurse.
- Reducing time to hire – old records in Trac had skewed time to hire metrics and there were many in the system as a result of hiring quickly throughout the pandemic. A lot of work has been undertaken to clear old records and as a result, time to hire has been below the target of 71 days for three consecutive months and is currently at 68 days.
- A Workforce Information Hub has been designed to provide a one stop shop for workforce information initially for our Workforce Business Partners. The Hub will allow them to access all their data needs in one central place rather than having to search for data in different Sharepoint files and emails. A timetable is published so the user knows when the next set of information for each data set will be available. This is being further developed in line with data needs and will be rolled out to the wider Workforce & OD Team.
- A new Workforce Performance Report has been designed to provide workforce information in tabular and graphical format in line with IMTP/Health Board targets. It provides trends over the last 12 months and will forecast the coming 12 months. Further analysis into staff groups and divisions is also provided. The new report with be available in July which will contain data up to the end of June 2024.

Argymhelliad / Recommendation

The Board is asked to note the content of the Workforce Performance Dashboard and provide any additional comments.

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

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	All Workforce and OD risks are updated through the Health Board's risk register.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources 7.1 Workforce Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Providing an appropriate governance to support a workforce to deliver safe, quality care.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the wellbeing and engagement of our staff

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:	Not Applicable

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

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	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

Agenda Item: 4.2d

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Finance Performance Report – May 2024 (2024/25 Month 2)
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe - Director of Finance, Procurement & VBHC
SWYDDOG ADRODD: **REPORTING OFFICER:**	Suzanne Jones – Interim Assistant Director of Finance

Pwrpas yr Adroddiad
Purpose of the Report

Er Sicrwydd/For Assurance

This report sets out the following:

- The financial performance at the end of May 2024 and the forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 31st of May 2024,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, 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 31st of May 2024 (month 2) for the financial year 2024/25.

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

May-24
Performance against key financial targets 2024/25
+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	4,948	9,907	⟷	48,860
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 £58,591	2,349 4.0%	7,453 12.7%	⟷	0
Public Sector Payment Policy To pay a minimum of **95%** of all non NHS creditors within 30 days of receipt of goods / invoice (by Number)	%	97.9%	97.0%	↑	>95%

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

Underlying Financial Position (Brought Forward ULP)	21/22	22/23	22/24	24/25 Forecast
This represents the recurrent expenditure commitments and the recurrent income assumptions that underpin the financial position of the HB moving into future years.	£20.914m Deficit	£89.6m Deficit	£89.600m Deficit	£51.9m Deficit

The 2024/25 financial year to date budget performance as at month 2 is an adverse variance of **£9.907m.**

The 2024/25 reported forecast is a £48.860m deficit reflective of the annual plan however there are risks to the forecast position in relation to the delivery of pipeline opportunities and other operational factors.

The 2024/25 forecast of £48.860m is £36m greater than the Welsh Government control total of a £13m deficit.

The Board submitted a revised annual plan to WG on the 31st of May which updated forecast activity, re-profiled expenditure and "de-risked" a number of pipeline opportunities to re-classify them as savings plans.

Cefndir / Background

Key points to note for month 2 include:

- Year to date position is a deficit of **£9.907m.**
- A reported full year position of **£48.860m deficit,** this is in line with the submitted annual plan financial forecast.
- Income includes anticipated funding for a number of areas including; 2023/24 pay awards, Mental Health Service Improvement funding and CHC real living wage funding.
- Pay Spend is £2.2m higher compared with April due to enhancement payments (Easter bank holidays), substantive costs linked to additional permanent staff and nursing bank staffing to cover operational pressures including vacant posts.
- Non–Pay Spend (excluding capital adjustments) – has decreased by c.£4m compared with April due to non cash-limited expenditure linked to the ophthalmic contract.
- Savings – overall in-month achievement is £1.4m (YTD £2.8m), against the annual savings plan of £29.1m. A further £5.4m of planned savings have been identified which results in total planned savings of £34.5m. These savings are de-risking the plan and provide mitigation for 'opportunities' not being delivered. This leaves c. £6m further savings to be found to deliver the savings target for 2024/25.

At Month 2, the reported revenue position is a £9.907m deficit and the reported capital position is break-even. There are risks in achieving the reported forecast.

The underlying financial deficit coming into the 2024/25 financial year is £81.4m, the revised underlying financial deficit for 2024/25 is currently assessed as **£51.9m** deficit in line with the revised 2024/25 annual plan submission position.

Asesiad / Assessment

- **Revenue Performance**

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

- Stated underlying deficit - £81.4m
- New year cost pressures - £59.8m
- Additional discretionary funding – (£51.8m)
- Identified savings requiring progression of (£34.8m)

- Pipeline opportunities described of (£5.7m)
- **Total 2024/25 forecast deficit - £48.9m**

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

Financial Plan 2024/25	2024/25 Deficit / (surplus) (£'m)
2023/24 forecast position (as at Month 9)	56.4
WG non-recurrent funding	14.4
Underlying deficit - accounting to reflect recurrent implications	10.6
Underlying deficit going into 2024/25	**81.4**
National Pressures	14.4
Inflationary Pressures	21.7
Contractual and Unavoidable Pressures	15.7
Local Investment Pressures	8.0
Sub-total 2024/25 including new cost pressures	**141.2**
Discretionary funding	(51.8)
Sub-total 2024/25 inc. discretionary funding	**89.4**
2024/25 savings	(29.1)
Total 2024/25 position before 31st of May plans	**60.3**
Pipeline opportunities converted into savings plans (31st of May)	(5.4)
Total 2024/25 position before pipeline opportunities (Likely case)	**54.9**
Further pipeline opportunities currently being confirmed	(6.0)
ABUHB financial plan 2024/25 total (best case)	**48.9**

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

Summary Reported position - May 2024 (M02)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	291,496	158	206	(48)
Prescribing	115,984	59	354	(295)
Community CHC & FNC	69,569	455	68	388
Mental Health	141,132	395	1,335	(940)
Total Primary Care, Community and Mental Health	**618,181**	**1,068**	**1,963**	**(895)**
Surgery	139,526	760	1,037	(277)
Clinical Support Services	125,901	73	225	(151)
Medicine	160,815	4	957	(952)
Urgent Care	39,283	(81)	307	(388)
Family & Therapies	133,072	455	465	(10)
Estates and Facilities	95,430	15	983	(968)
Director of Operations	10,645	(255)	48	(303)
Total Director of Operations	**704,672**	**972**	**4,022**	**(3,050)**
Total Operational Divisions (Chief Operating Officer)	**1,322,853**	**2,040**	**5,985**	**(3,945)**
Corporate Divisions	104,967	(253)	627	(880)
Specialist Services	188,647	0	92	(92)
External Contracts	93,678	0	341	(341)
Capital Charges	75,215	(12)	(0)	(12)
Total Delegated Position	**1,785,361**	**1,775**	**7,044**	**(5,270)**
Total Reserves	(41,437)	8,133	(2,085)	10,218
Total Income	(1,743,924)	0	(0)	0
Total Reported Position	**0**	**9,907**	**4,959**	**4,948**

Summary of key operational pressures for Month 2

- During May 2024, pay expenditure was £66.4m an increase of c.£2.2m (3.4%) compared with April.
- Substantive pay spend was £60m (April £58.3m).
- Variable pay spend was £6.4m (April £6m).

Key **Pay** issues include:

  - Easter bank holiday and additional other enhancements - £1.1m
  - Substantive increase in costs linked to appointments - £0.4m
  - Nursing bank staff increase of £0.7m to cover operational pressures

- Non–Pay Spend (excluding capital adjustments) was £84.1m a decrease of c.£4m (4.5%) due to a reduction in non-cash limited expenditure linked to the ophthalmic contract.

- 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 301 inpatients who are fit for discharge as at the end of May; approximately 28% of the blocked bed days are health

related, 44% are social care and package of care related with the remaining 28% relating to other reasons e.g. patient/family related, nursing homes, etc.

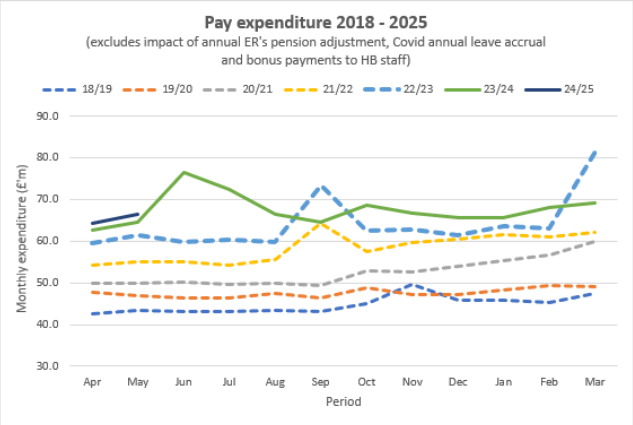
- The estimated cost for the year of continued blocked bed days for all reasons is c.£15.8m using a £150 cost per bed day. The challenges in terms of demand and flow across the Health Board drive surge bed capacity requirements which result in increased demand in high cost temporary staff, impacting overspends across the Health Board. The delays need to reduce to avoid the requirement for this capacity and optimise appropriate bed capacity to support financial sustainability for 2024/25, through the discharge and bed reduction saving programme.

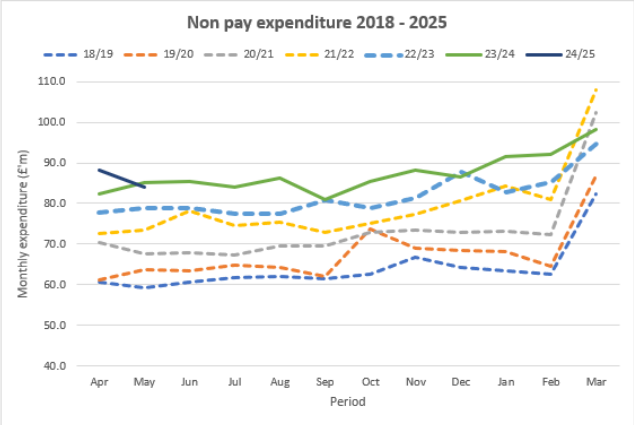
- In month other significant issues include:-

    - Prescribing remains a very volatile cost, average price per item of £7.36 is slightly reduced compared to April reporting (£7.44) but remains above the annual plan estimate of £7.29, this increase is only reflected in the year to date position until further information is available to determine a revision to the annual forecast
    - CHC fees and growth pressures continue in Adult CHC / Mental Health off-set by FNC numbers below annual plan
    - Reduced numbers of patients are following the Step Closer to Home pathway, previously this was c49 patients it is currently down to 3
    - Enhanced cleaning, additional security and other facilities covid legacy costs continue
    - Continued diabetes pump costs
    - Additional WLI and backfill costs above plan to support cancer and 156 week targets
    - Mobile MRI expenditure in YYF
    - On-going use of variable pay by mental health wards for acuity as well as sickness and vacancy cover, (Mental Health nursing variable pay estimated over 45% linked to enhanced care)

Expenditure run-rates

Pay and Non-Pay expenditure run-rates for the last six financial years are shown below, along with a chart showing annual total pay and the impact of pay awards;



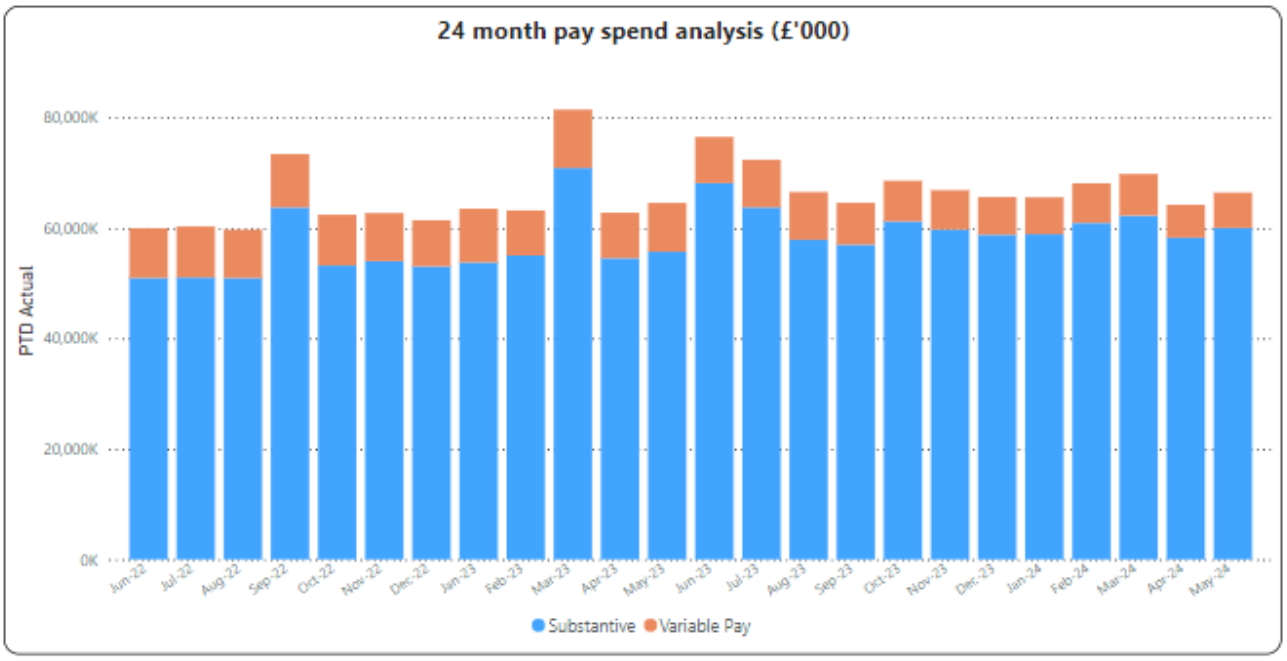


Assuming the current level of income, the expenditure run-rates need to significantly reduce in order for the Health Board to progress towards its annual plan deficit and even more so to a break-even position in future financial years.

Workforce

The Health Board spent £66.4m on workforce in month 2 24/25, an increase of £2.2m compared with April. To note 2023/24 monthly average expenditure was £67.7m – excluding year-end adjustments for employer pension contributions and annual leave.

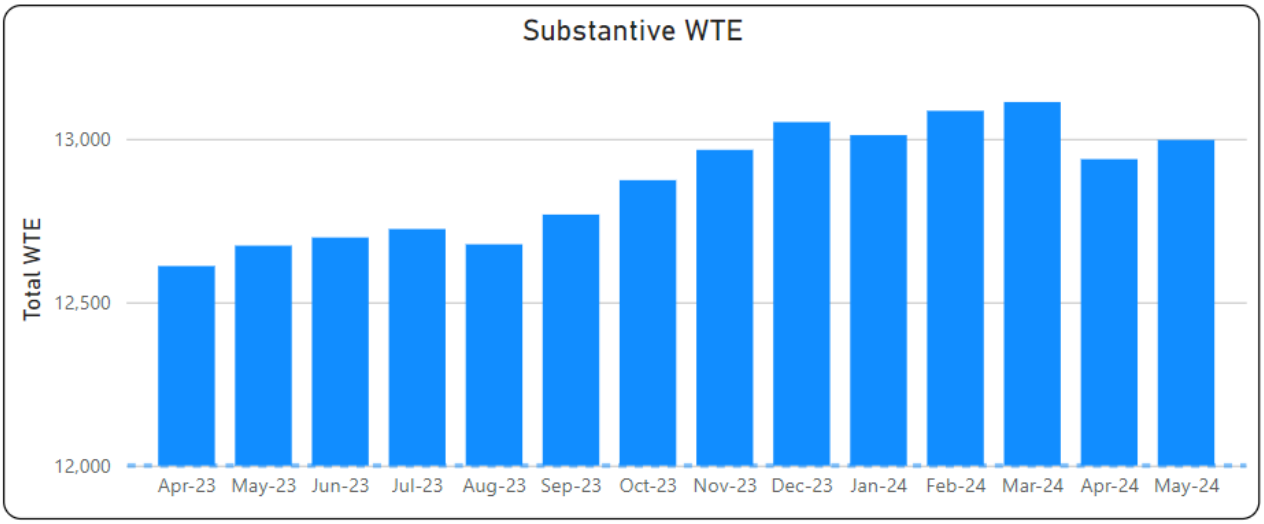
Workforce expenditure is shown below differentiating between substantive and variable pay[1]:



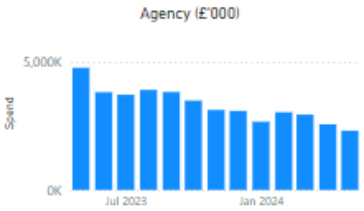
[1] *To enable useful comparisons and trends all references to 23/24 pay expenditure exclude the month 12 expenditure for additional employer pension contributions (6.3%/£32.1m).*

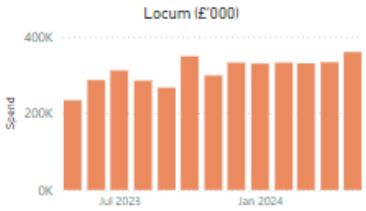
Substantive staff
Substantive pay was £60m in May - costs increased by £1.8m compared with April.

Month 2 includes 12,997 wte employed staff, an increase of 59 wte over the prior month. Specialities with significantly increased staffing include Medical and AHP staffing within Radiology as well as nursing and consultant medical staffing within the Medicine Division.



Variable pay
Variable pay (agency, bank and locum) was £6.4m in May compared with £6m in April. The monthly average variable pay was £7.75m 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.





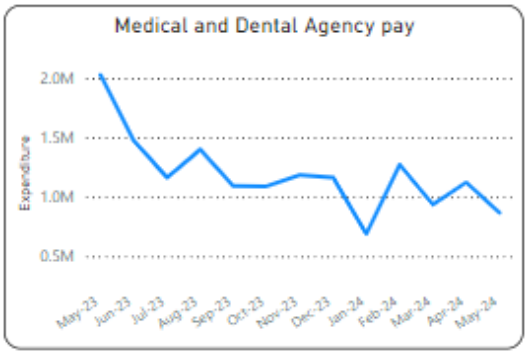
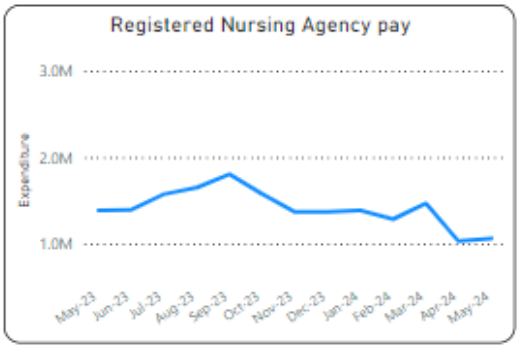
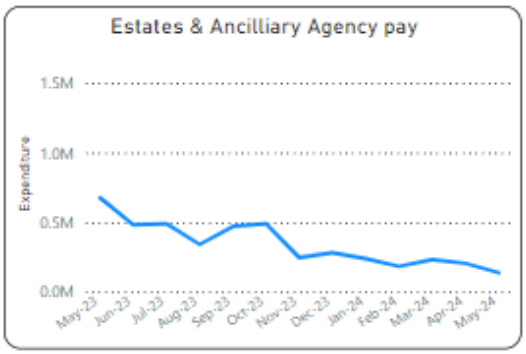
Bank staff

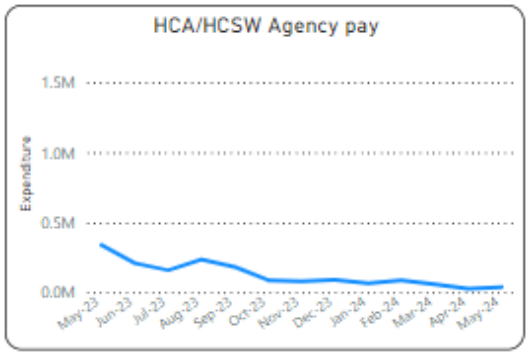
In-month spend of £3.7m, a £0.7m increase compared with April, (2023/24 average monthly spend £3.9m).

- Continued pressures in Medicine wards/ Urgent Care, GUH Acute Medicine and GUH ED - £1.6m
- Facilities bank staff - £0.3m
- Community Hospitals/localities - £0.5m
- Enhanced care / observation shifts particularly linked to Mental Health - £0.5m
- Continued expenditure in Surgery and Clinical Support Services linked to elective activity - £0.7m

Agency

Total agency spend in May was £2.3m compared with £2.6m in April and £2.9m in March.

	• In-month spend of £0.9m, a £0.2m decrease compared with April (2023/24 average monthly spend of c.£1.2m). ○ On-going expenditure in specialist Mental Health, Managed Practices and Community Hospitals - £0.3m ○ Continued pressures in Medicine wards and Urgent Care to cover operational pressures - £0.3m ○ Trauma & Orthopaedics costs for junior rota (vacancies) and orthogeriatric cover that was implemented post GUH - £0.2m ○ On-going Gynaecology agency cover costs - £0.1m
	• In-month spend of £1.1m, a similar level compared with April. (2023/24 average monthly spend of c.£1.5m). • Reasons for use of registered nurse agency include: ○ Vacancy cover ○ 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 and medicine wards (total £0.7m) linked to enhanced care, sickness pressures as well as vacancy cover. Mental Health agency costs of £0.1m mainly linked to enhanced care cover.
	• In month spend of £0.1m on Estates & Ancillary agency (decrease of £0.1m compared with April). • Reasons for use of agency include: ○ Meeting enhanced cleaning standards, ○ Other additional surge capacity, ○ Sickness, ○ Vacancies • Estates and Ancillary agency spend averaged £0.65m per month 2023/24. • Decrease in agency costs linked to substantive appointments for posts linked to enhanced cleaning.



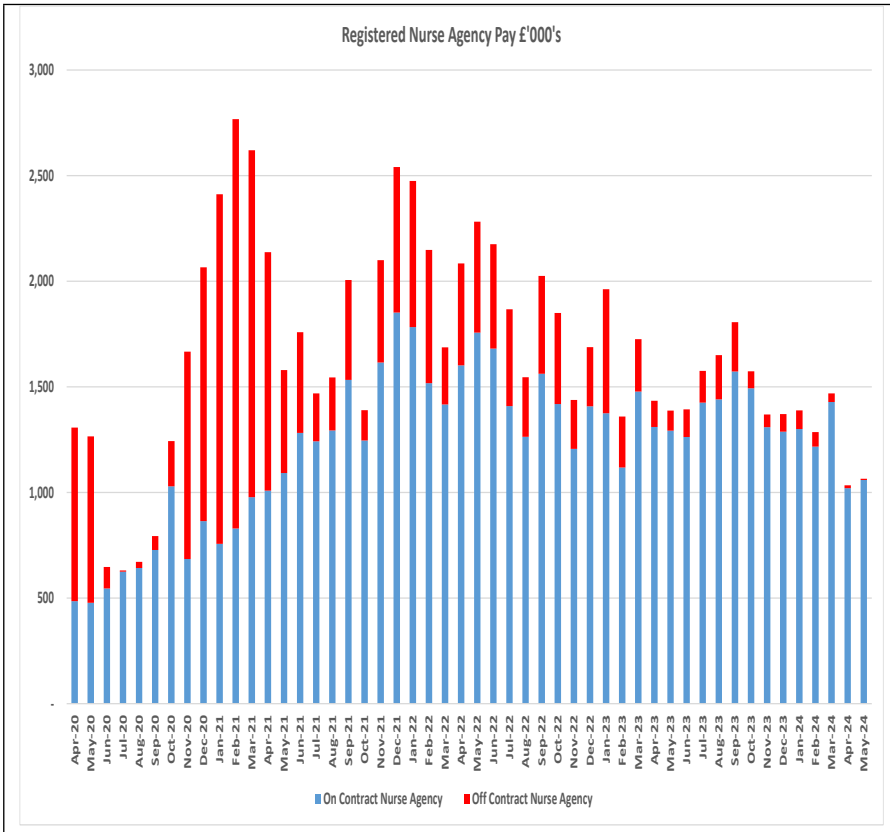
- In month spend of £0.04m on HCSW agency, a small increase of £0.01m compared with March (2023/24 average monthly spend of c.£0.16m).
- Areas where spend remains are:
  - MH&LD £20k,
  - PCCS £4k,
  - Medicine £3k
  - Family & Therapies £12k

Registered Nurse Agency

Health Board spend in May 2024 is £1.1m on RN agency compared with £1m in April 2024.

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

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



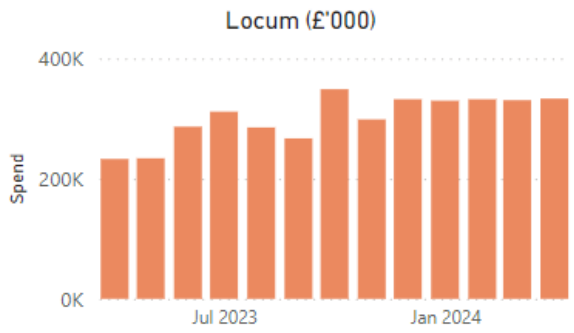
The Health Board spent £0.01m on **"off" contract** RN agency in May which is a similar level compared with April. Off-contract costs are now at minimal levels (£6k) which is a significant improvement compared to previous financial years. Agency costs reflect the on-going vacancy cover as well as usage for other operational pressures such as:

- Enhanced care,
- Additional capacity, and
- Increased sickness

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 May there were approximately 80 unfilled registered nursing shifts and 420 unfilled HCSW shifts, which could have increased the spend by a further c.£0.2m if these shifts were filled. The increase in substantive appointments has now decreased the level of unfilled shifts which demonstrates a service improvement but presents a financial risk in terms of the variable pay saving opportunity due to possible increased availability to cover more shifts.

Medical locum staff



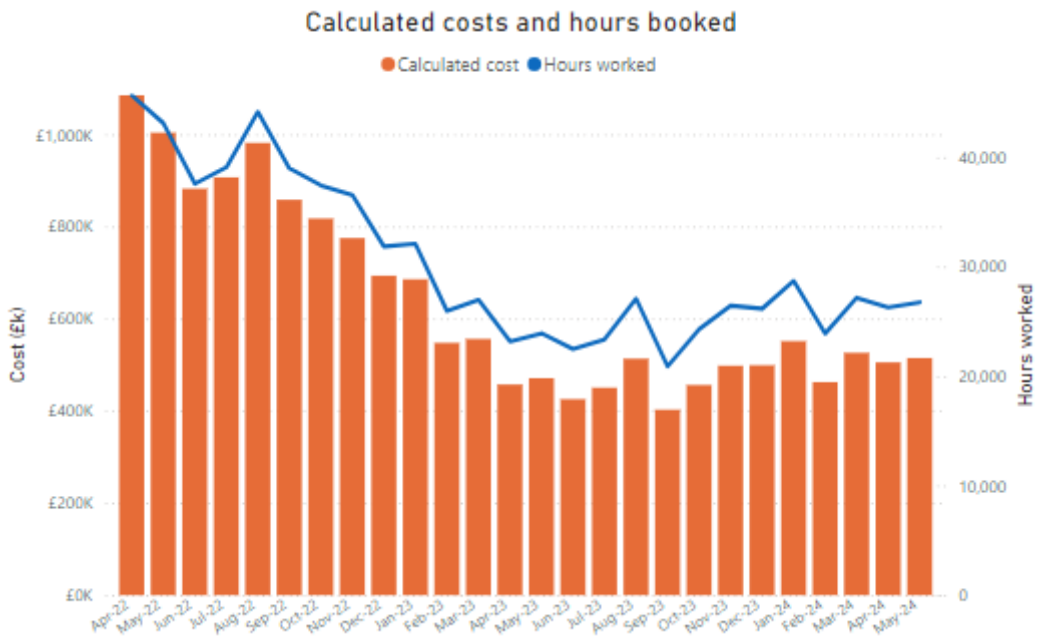
- Total locums spend of £0.4m, a similar level compared with April (23/24 average £0.3m).
    - Radiology, Pathology, Gastro and YYF medicine are the specialties with the greatest in-month expenditure.
    - Expenditure incurred in relation to vacancies, elective recovery alongside other operational pressures.

Enhanced Care

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

The following graph highlights the hours attributed to enhanced care for the period April 2022 to May 2024 (£0.5m 'notional calculated' expenditure in May) using bank and agency registered nurses and health care support workers.

Enhanced Care bank and agency calculated costs and hours booked.



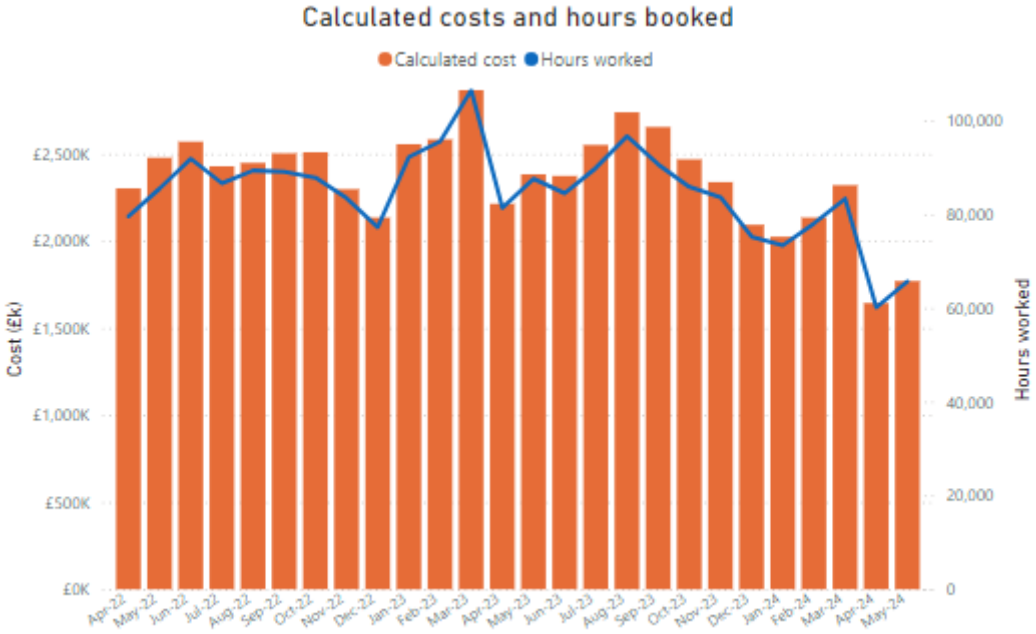
The level of the provision of enhanced care for patients within the Medicine Division for 2024/25 is shown below and will be monitored throughout 2024/25 to review further manage progress against enhanced care in the Division.

	2023/24 average	Apr-24	May-24
RGH			
Total no of Medicine beds	192	192	192
Monthly average enh care patients	34	28	26
%age of beds in receipt of enh care	18%	15%	14%
NHH			
Total no of Medicine beds	164	164	164
monthly average enh care patients	22	23	16
%age of beds in receipt of enh care	13%	14%	10%
GUH			
Total no of Medicine beds	91	91	91
monthly average enh care patients	12	13	15
%age of beds in receipt of enh care	13%	14%	16%
YYF			
Total no of Medicine beds	148	148	148
monthly average enh care patients	24	27	22
%age of beds in receipt of enh care	16%	18%	15%
Total			
Total no of beds	**595**	**595**	**595**
Total monthly average enh care patients	**92**	**91**	**79**
	15%	**15%**	**13%**

Nursing vacancy cover

The graph below presents the bank and agency hours and costs relating to those shifts where 'to cover vacancies' is provided as the reason for use. The graph highlights that in May 2024 variable pay relating to vacancies is c.£1.8m ('notional calculated' expenditure).

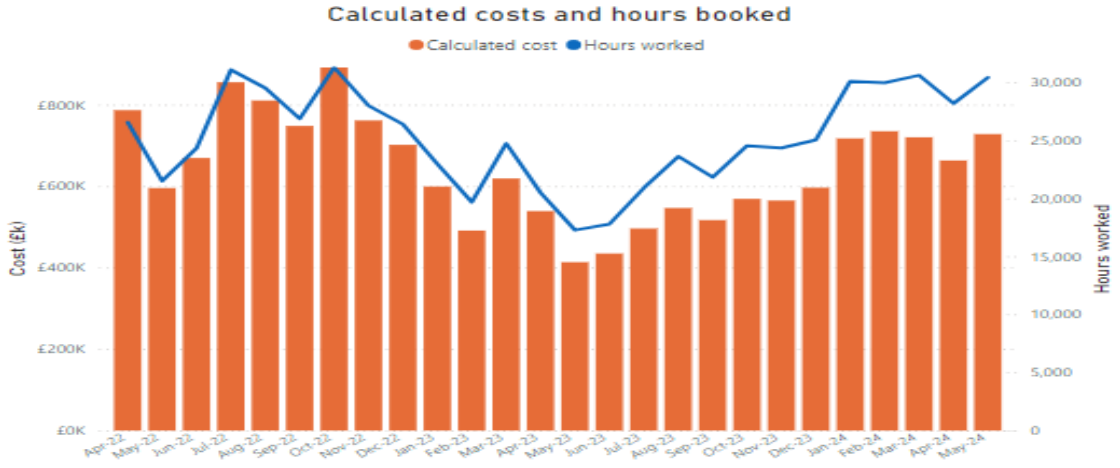
Calculated bank and agency costs / hours booked to cover shifts resulting from vacancies.



Nursing sickness cover

The graph below presents the bank and agency hours and costs relating to those shifts booked to cover sickness as input onto the e-roster system. The graph highlights that in May 2024 variable pay relating to sickness is c.£0.7m ('notional calculated' expenditure).

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

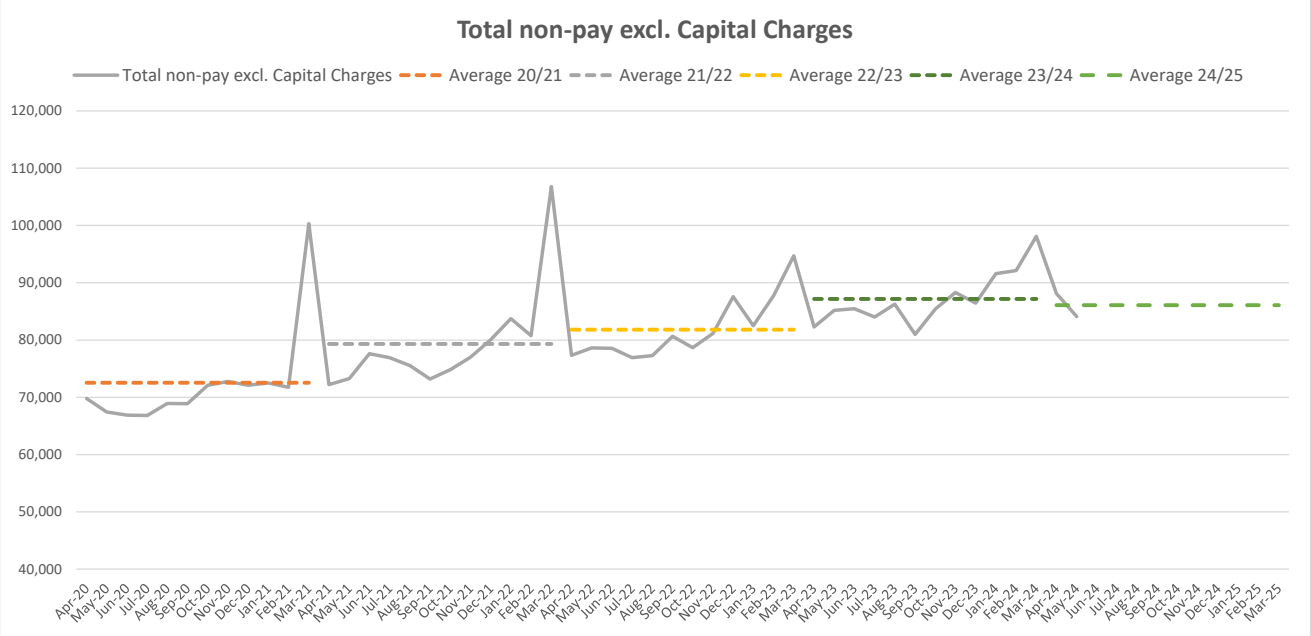


Non-Pay

Spend (excluding capital) was £84.1m in May, which is a £4m decrease when compared with April (spend £88.1m). Key reasons include:-

- Non-cash limited expenditure linked to the ophthalmic contract - £3.5m reduction
- Prescribing cost reduction due to average cost per item decrease - £0.4m reduction
- Acute drugs / vaccines costs decrease linked to homecare drugs - £0.4m reduction
- Various other areas including CHC / FNC cost increases - £0.3m increase.

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 with a forecast annual growth of £1.8m compared with 2023/24 expenditure. The following table reflects the current position for 2024/25:-

Gas & Electricity	2022/23 Actuals £'000s	2023/24 Actuals £'000s	2024/25 Forecast £'000s
Total Shared Service Contract Energy Cost	21,612	16,834	18,720
Total Other Energy costs	571	777	688
Total	**22,183**	**17,611**	**19,408**

Revised energy price estimates were received post month 2 reporting but will be used for month 3 reporting, it indicates an improvement.

Note 2022/23 experienced a significant energy cost increase over 21/22 of £13.7m.

CHC

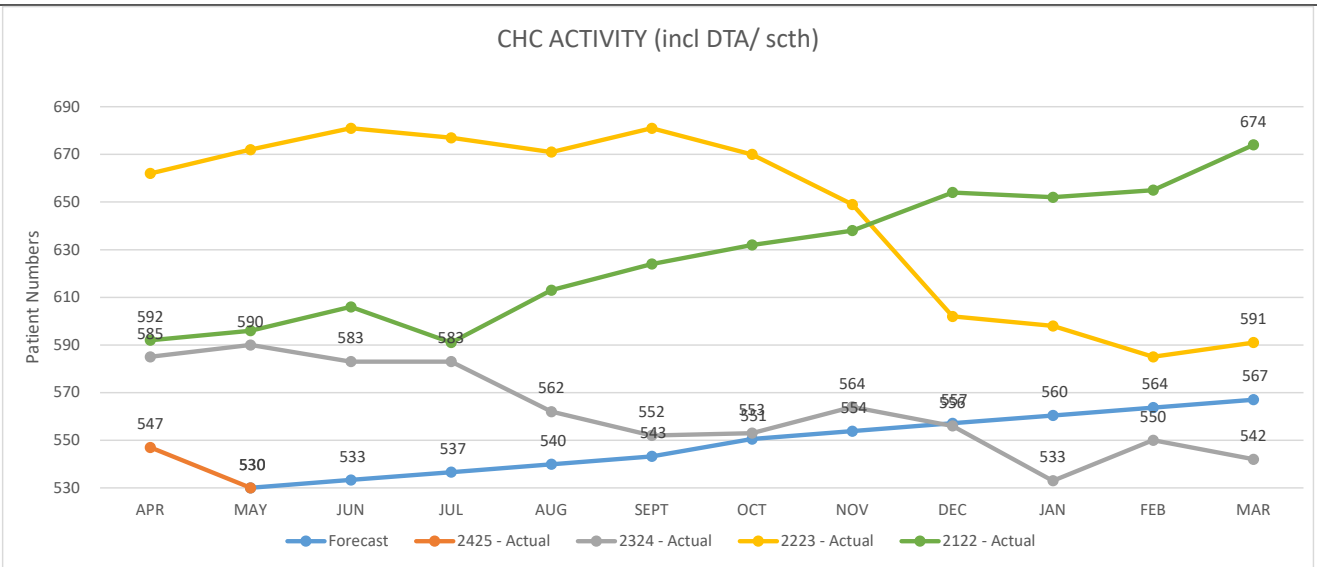
- CHC Mental Health – the patient numbers at the end of May were 427 at a cost of £4.7m (421 patients at a cost of £4.6m in April).
- CHC Adult / Complex Care - 530 total active placements on 31st of May at a cost of £5.1m in-month (547 placements at a cost of £4.8m in April). There was a decrease in the number of D2A patients of 2 and a decrease of 1 to the number of 'Step Closer to Home' (SCTH) patients in May.
- Delays in the step closer to home pathway, where patients are not eligible for CHC, are being caused due to delays in confirming social care support. This is impacting the number of patients being discharged. This pathway is funded by the RPB and has previously had c49 patients on the pathway. Utilisation is being reviewed.
- The table below summarises the current position (patient numbers and costs):

Activity	May 2024	Apr 2024	Movement
D2A	16	18	-2
Step Closer to Home	3	4	-1
All Other CHC	511	525	-14
Total	530	547	-17

£'000	2024/25 forecast	2023/24 out-turn position
D2A	1,496	2,093
Step closer to home	563	407
All other CHC	41,332	41,053
Total	43,391	43,553

- FNC - currently 1,053 active placements, which is an increase of 13 compared with April (expenditure of £1m in May compared with £1m in April).

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



- CHC Paediatric – currently 22 Out of County patients, cost for May of £0.18m the same as April, (2023/24 total cost of £4.1m). There are 13 internal packages (13 patients) provided during May compared with 17 packages (15 patients) for April.

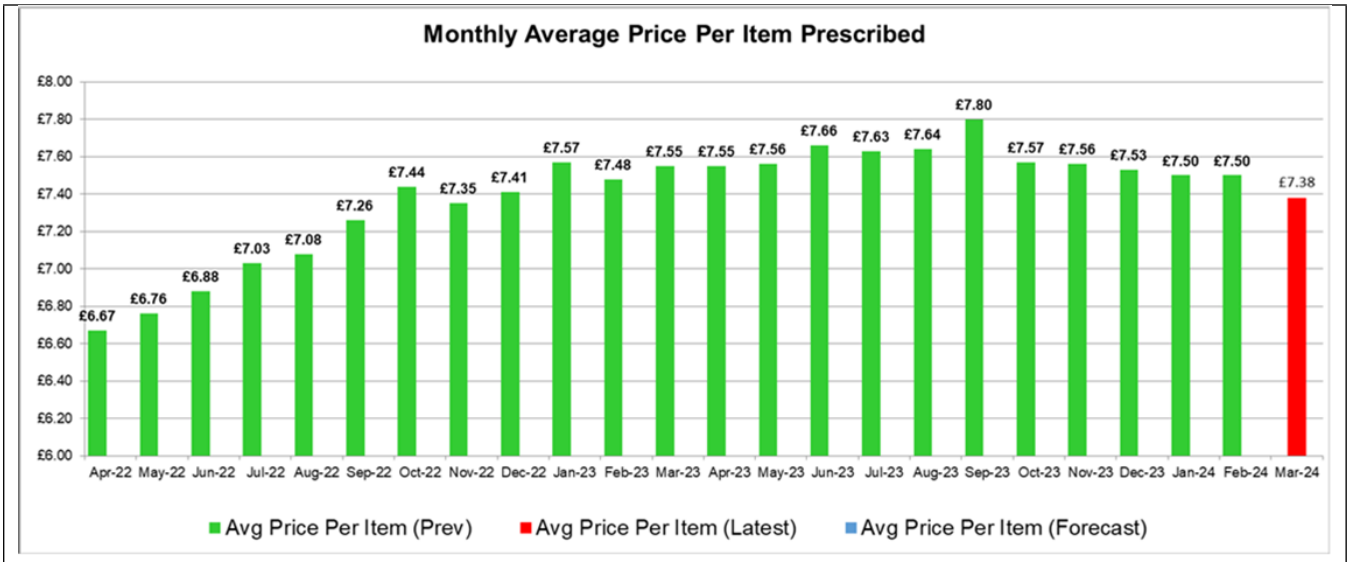
  There are 8 external and 4 internal high cost packages which continue to be a cost pressure (>£100k expenditure each). There is also a specific high cost case awaiting a dispute panel discussion.

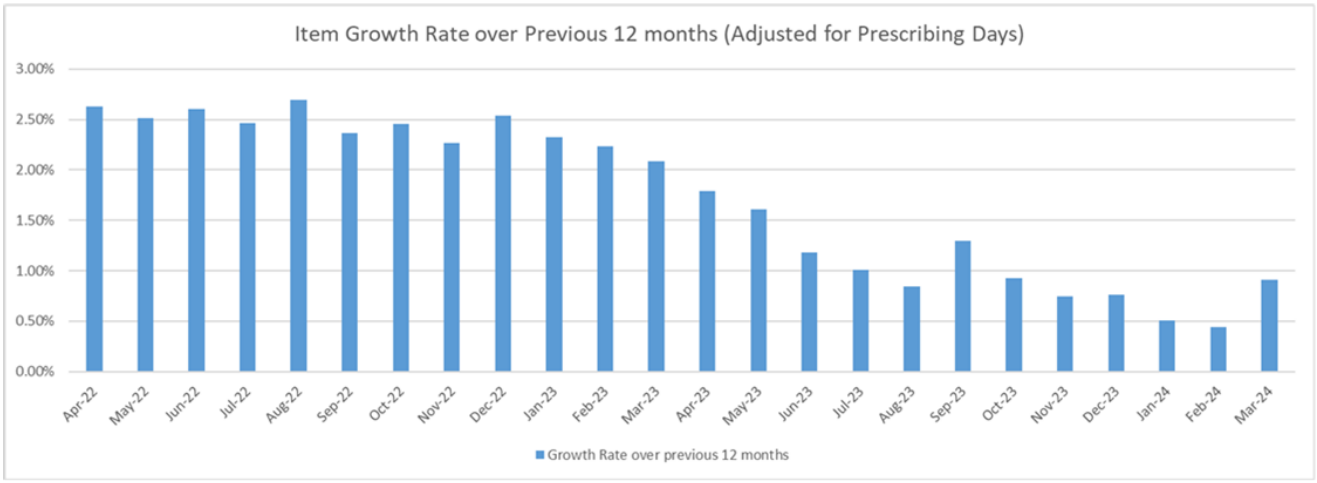
Prescribing

- Primary Care prescribing – May 2024 expenditure is £9.5m compared with £9.9m in April 2024 (2023/24 expenditure is £121.9m). The May 2024 costs are based on March PAR data: -

  - Annual Plan item growth rate for 2024/25 of 0.8%, (forecast volume of items based on the number of prescriptions for 24/25 is c.16.9m)
  - The growth rate for 2023/24 (Apr-Mar) was 0.91%, adjusted for the number of prescribing days
  - 2024/25 Annual Plan average cost per item was estimated as £7.29.
  - Average cost per item price for 2023/24 (April-March) was £7.57.
  - Average cost per item price for May reporting is currently estimated at £7.36.

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





Scheduled Care treatments and outpatients

Elective Treatments for May '24 is 1,944 (April '24 was 1,985).

Elective Activity in May has decreased by 41 treatments compared with April (2% decrease). The number of in month treatments are 42 above plan for May and include 50 'backfill' treatments.

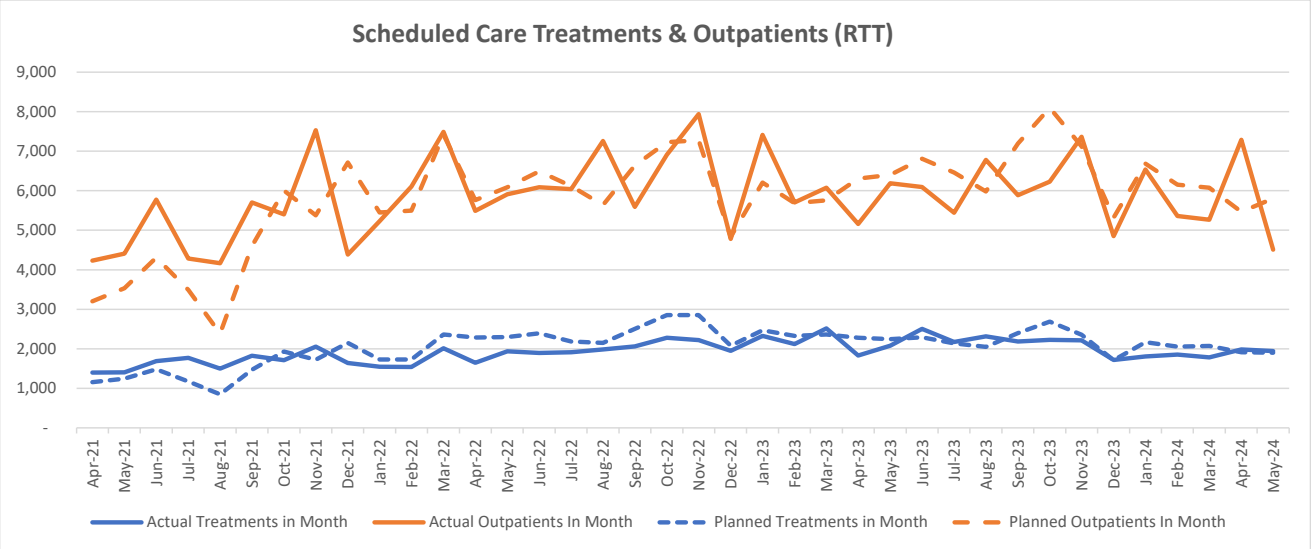
Outpatient activity for May '24 is 4,508 (April '24 was 7,288).

Outpatient activity has decreased significantly in comparison with the level achieved in April. For the year to date, activity levels remain above plan but in May Dermatology and General Surgery core activity were below planned levels. In both specialities, annual leave was high (partly due to the school half term), particularly in Breast Surgery resulting in reduced activity levels. Activity is expected to return to normal levels and reach planned numbers for the remainder of the year.

There were WLIs in-month for cancer treatments and elective work to improve the 156 week position for ENT (148 outpatients).

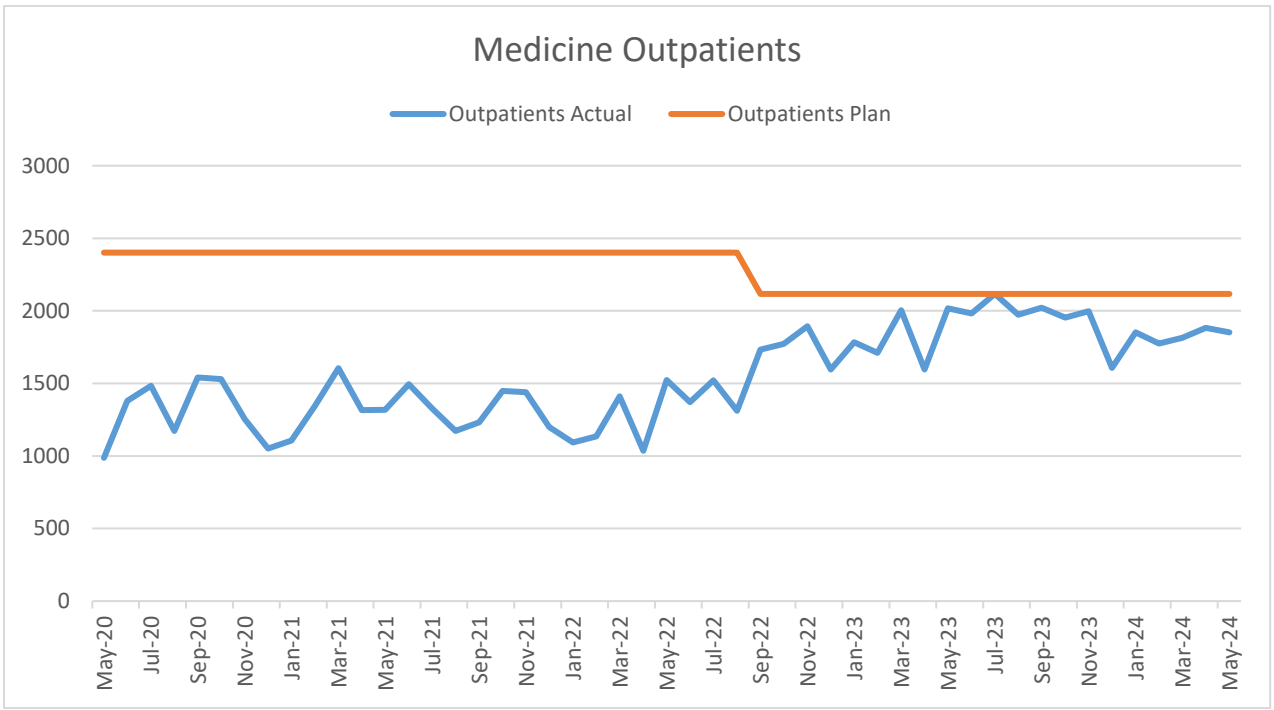
There have been instances where WLI rates are being paid for backfill sessions outside of the agreed rate card due to the risk to cancer delivery.

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



Medicine Outpatient Activity

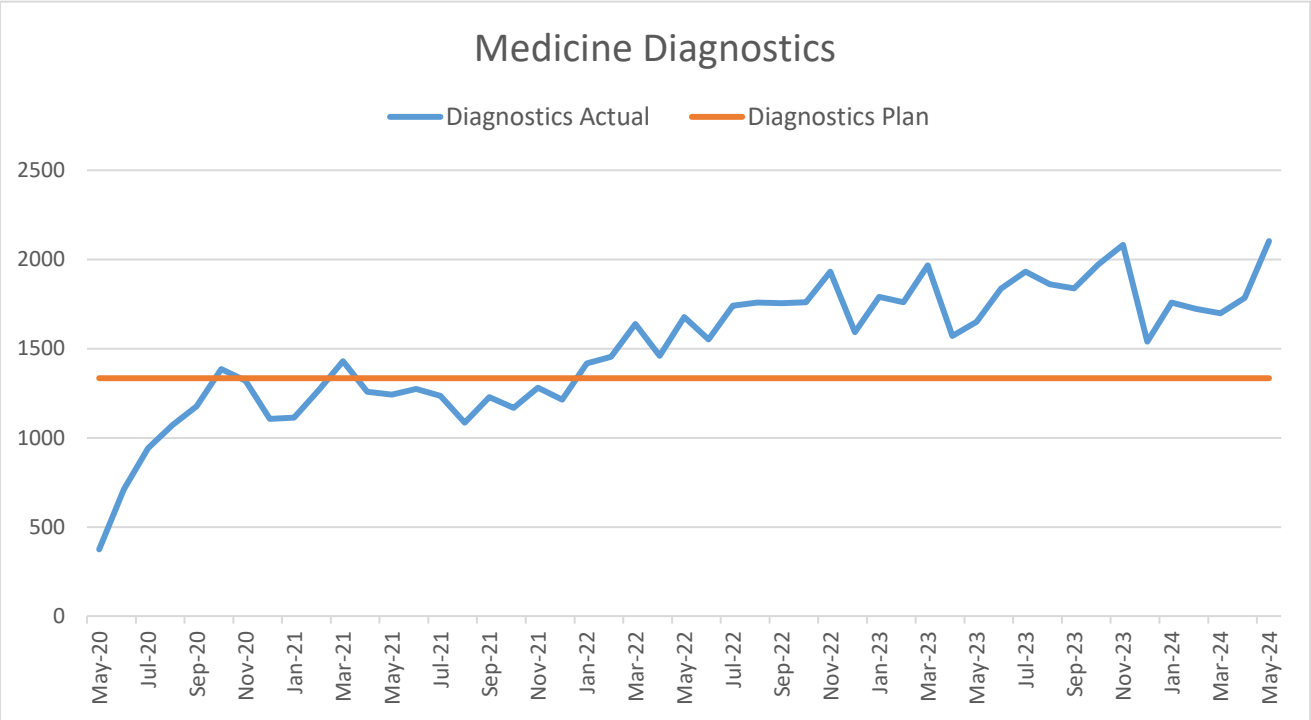
Medicine Outpatient activity for May '24 was 1,851 attendances, which was 265 below plan (April '24 was 1,884 attendances), the activity is presented below:



Medicine Diagnostics (Endoscopy) Activity

Medicine endoscopy activity for May '24 was 2,103 procedures which is 769 cases more than plan (April '24 activity was 1,785). To note, planned figures are being updated by the Division given the increased capacity of the new endoscopy unit.

The activity undertaken since May '20 is shown below.



Divisional analysis

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

The table below identifies operational divisional forecasts which continue to be reported in line with the annual plan for month 2. The revised stage 2 budget delegation was approved in May which has updated the Divisional annual budgets. As a result, the expectation is that Divisions will achieve a break-even position however a number of forecasts highlight key operational pressures alongside non-delivery of budgetary targets.

Divisional forecasts will be further reviewed for quarter 1 for month 3 reporting, including expected savings achievement.

Summary Reported position - May 2024 (M02)	Annual Year Budget £000s		Full-year forecast at M2 £000s
Operational Divisions:-			
Primary Care and Community	291,496		1,673
Prescribing	115,984		953
Community CHC & FNC	69,569		(169)
Mental Health	141,132		3,097
Total Primary Care, Community and Mental Health	**618,181**		**5,554**
Surgery	139,526		1,104
Clinical Support Services	125,901		269
Medicine	160,815		1,000
Urgent Care	39,283		350
Family & Therapies	133,072		2,827
Estates and Facilities	95,430		323
Director of Operations	10,645		(2,400)
Total Director of Operations	**704,672**		**3,473**

Covid-19 – 2024/25 Revenue Financial Assessment

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

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

The expenditure profile is reflective of the funding.

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur legacy costs which form part of the underlying deficit linked to estates & facilities costs. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and rental of portacabins
- Covid Public Inquiry

Revenue Reserves

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

delegated. Some allocations are held in reserves, where their use is directed by Welsh Government or funding is allocated for a specific commitment.

An amount of £3m is being held in the reserve 'innovation and development fund' for use by the CEO for in year decisions.

A summary of all Health Board reserves on 31st of May, along with details of amounts approved for delegation by the CEO in Month 2 can be found in the appendices.

Long Term Agreements (LTA's)

ABUHB is currently agreeing LTA documentation with organisations, there are discussions regarding the application of the directed uplift of 3.67%.

The deadline for signed agreements is 30th of June 2024.

LTA negotiations are still ongoing with the aim of securing agreement with all providers/commissioners by the deadline. There remains significant issues with at least 2 organisations which may result in the sign off deadline not being met resulting in arbitration for those cases.

Underlying Financial Position (ULP)

The Underlying (U/L) forecast position is a brought forward opening deficit of £81.4m. The closing underlying position assumes recurrent savings planned are fully delivered and is reported in line with the 2024/25 forecast of a £51.9m deficit.

The analysis of the c/f underlying deficit is as follows:-

- Forecast 2024/25 deficit - £48.9m
- Non-recurrent savings – £3m
- Total £51.9m

Financial sustainability is an on-going priority and focus for the Health Board and a 3 year recovery plan is being developed.

The cost drivers underpinning the b/f underlying position are summarised as follows;

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

After stage 2 of budget-setting, the annual deficit of £48.9m is shown within reserves. As a further analysis, the current breakdown of the c/f underlying deficit of £51.9m is shown below using the underpinning cost drivers above, noting cost uplifts and non-recurrent savings within the plan:-

Underlying deficit c/f 2024/25	Primary Care & Community	Complex Care	MH&LD	Surgery / CSS	Medicine	Urgent Care	F&T	E&F	External commissioning	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
WG 2023/24 non-recurrent funding utilised to support workforce cost growth	0		3	3	6	1	1			14
Medical staffing cost increases due to operational acuity including ED safer staffing				1	1	3	1			6
Nursing pressures - due to nurse staffing act, additional capacity resulting from DTOCs, Acuity and Urgent Care	0		2.5		2.5	1	1			7
CHC		1.5	3.5				1			6
Medicines management (prescribing and acute drug costs)	6			2	2					10
Covid legacy (estates & facilities)								3		3
WHSSC / EASC (service growth in excess of funded levels)									6	6
Total	**6**	**1.5**	**9**	**6**	**11.5**	**5**	**4**	**3**	**6**	**52**

It should be noted that although the 2023/24 £64.5m mid-year support allocation is recurrent in the Health Board's 2024/25 allocation letter, it is **conditional** on making progress towards achievement of the WG target control total currently a £13m deficit for ABUHB. If this funding is clawed back by WG it will directly impact the forecast deficit.

Savings delivery

As part of the annual plan submitted by the Board to Welsh Government, the financial plan for 2024/25 identified an ambitious savings target of £40.5m. This was made up of £29.1m of savings plans plus a further £11.4m of pipeline opportunities.

The revised annual plan submitted by the Board on the 31st of May continues to identify a savings target of £40.5m. This target is now made up of £34.8m of savings plans with the remaining £5.7m made up of pipeline opportunities, cost avoidance and other mitigating savings actions.

A number of other areas are currently being examined which should develop into further savings plans to be input in month 3, these include:-

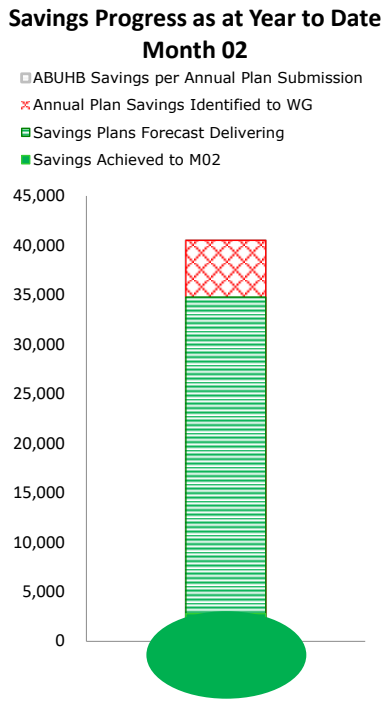
- Rates
- Enhanced Cleaning
- Bed contracts

- Energy
- CHC package reviews
- Litigation costs
- Income / funding opportunities
- Variable pay mitigation through review of pay rates and substantive appointments
- Further medicines management schemes
- Prescribing cost avoidance, off-patent and related reviews

Actual savings delivered to date for 2024/25 are £2.8m.

The table below presents the updated savings profile:

RAG Rating	£m			
	March MDS submission	May MDS submission	Month 1 forecast	Month 2 forecast
Divisional plans - Green	1.6	1.6	16.9	19.7
Divisional plans - Amber	26.9	32.3	12.2	15.1
Divisional plans - Red	0.6	0.6	-	-
Pipeline Opportunities	11.4	6.0	11.4	5.7
Total	**40.5**	**40.5**	**40.5**	**40.5**

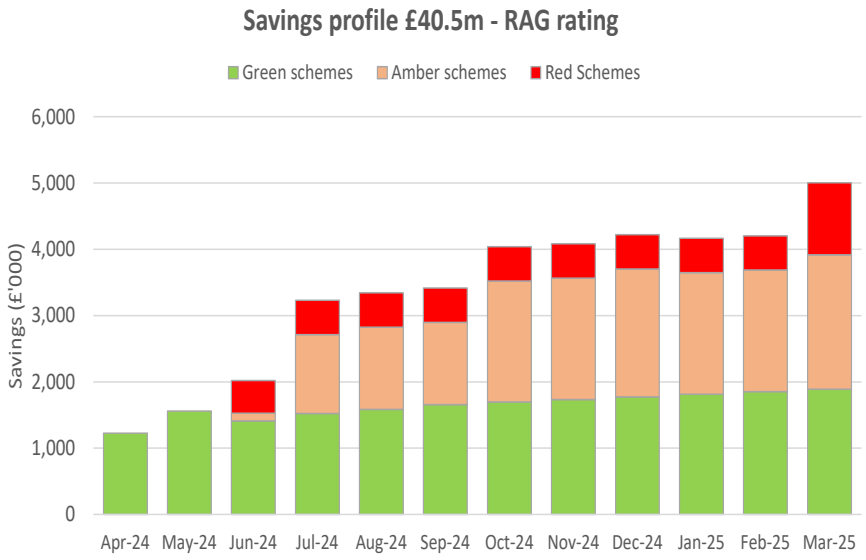


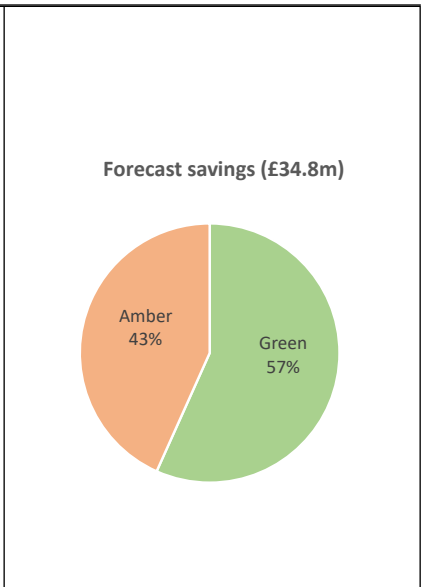
Month 2 Savings Plans

WG Category	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	8,443	1,440	7,003	7,214
Commissioned Services	3,339	0	3,339	3,339
Medicines Management (Primary and Secondary Care)	3,841	89	3,752	4,187
Pay	11,824	875	10,949	11,073
Non Pay	13,062	2,501	10,561	11,189
Total	**40,508**	**4,905**	**35,603**	**37,002**

Month 2 Savings Plans – Green

Green Savings schemes	Forecast	Non Recurrent	Recurrent	Full year effect of Recurring savings
CHC and Funded Nursing Care	3,357	0	3,357	3,357
Commissioned Services	2,399	0	2,399	2,399
Medicines Management (Primary and Secondary Care)	2,541	89	2,452	2,454
Pay	6,344	575	5,769	5,793
Non Pay	5,082	520	4,562	4,594
Total	**19,722**	**1,184**	**18,539**	**18,597**





Risks & Opportunities (2024/25)

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

- Ensuring full delivery of the savings plans identified in the annual plan including the pipeline opportunity values,
- Identifying savings to mitigate any further financial pressures identified outside of the annual plan,
- Receipt of all anticipated allocations including performance requirements in order to secure full receipt,
- Workforce absence / vacancies, availability of staff for priority areas,
- Delayed transfers of care due to LA service challenges (estimated pressure £1.2m for year to date using £150 per bed day),
- Increased take up of the SC2H pathway,
- Funding for any wage award or change in terms and conditions,
- Prescribing growth in items and average cost per item,
- Further CHC growth and fee uplifts above forecast levels,
- Impact of any further strike action,
- Impact of the infected blood inquiry,
- Long Term agreements sign off, possible arbitration on financial quantum and how the 3.67% pass through should be used,
- Establishment increases relating to patient safety issues,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16,
- VAT rebate opportunities,

- Other income / funding opportunities
- Energy forecast changes
- Re-review of previously 'discounted' and other 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 2 totalled £59.102m. Forecast overspends totalling £0.883m against various All-Wales Capital Programme (AWCP) schemes (detailed further below) are being offset by a corresponding under spend against the Discretionary Capital Programme (DCP). In addition, savings of £0.511m against AWCP schemes (mainly Neville Hall Satellite Radiotherapy Unit) have been reflected but are offset by an anticipated funding reduction. The forecast outturn at Month 2 is breakeven.

The VAT reclaim for the Grange University Hospital scheme continues to be progressed with HMRC and should be finalised during 2024/25.

Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is continuing and is anticipated to complete on the 4th November 2024. The scheme is forecasting an overspend of £0.520m in 2024/25 which is being offset by the DCP. The overspend figure has been reduced in month by £0.302m due to the inclusion of delay damages charged to date in the forecast. Agreement has been reached with the contractor in relation to two disputed compensation events (payment is expected to be made in June and will be covered by the provision created in 2023/24 from the DCP). An additional funding bid to WG is also planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes. These currently total circa £1.3m plus VAT.

Works at NHH Satellite Radiotherapy Centre are progressing well with planned completion forecast to be 30th January 2025. The overall scheme is forecast to be £0.523m under budget largely as a result of VAT recovery savings. The VAT savings slippage of £0.500m will be notified to WG in June to adjust the CRL position. There is potential for further slippage if the contingency budget is not required in full in 24/25, however, the allocation will be retained until the Linac installation is more progressed.

Phase 1 completion for 19 Hills (Newport East) Health and Well-being Centre is expected to be February 2025. The overall project budget remains under pressure due to additional asbestos and utility costs with a forecast overspend of £295k which is currently being funded by DCP. This is a reduction in month of £92k due to a decrease in anticipated Average Weekly Earnings (AWE) inflation costs. A further funding bid is intended to be submitted to mitigate the position.

A forecast over spend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme because of additional asbestos and delays due to nesting birds. This overspend is being funded via the DCP. Further survey works

are required to be completed by the Civil Engineers before the programme can be confirmed.

The CAMHS Sanctuary Hub scheme has been delayed due to asbestos removal with expected completion now anticipated for September 2024. The scheme is currently anticipated to be within budget.

Groundworks are underway on the GUH Emergency Department extension scheme; however, inclement weather has caused a delay. The anticipated completion of Phase 1 is now February 2025. The scheme is currently anticipated to be within budget.

Additional funding of £5.550m was received in month for the purchase of the head lease for Chepstow Hospital. The purchase is expected to be finalised in June.

The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.771m made up of:

- 2024/25 DCP Funding - £10.814m
- Less 30% EFAB contribution – (£0.725m)
- Less 2023/24 AWCP scheme brokerage – (£1.669m)
- Plus 2023/24 DCP scheme brokerage - £0.350m
- Plus Disposal Proceeds - £0.001m

The opening DCP for 2023/24 was approved at the January 2024 Board meeting. The current forecast spend for approved DCP schemes is £7.888m. This equates to an under spend of £0.883m which is required to offset the overspends on AWCP schemes. The DCP budget required to offset AWCP overspends has reduced by £0.456m in month because of the reductions in the Bevan and 19 Hills H&WBC forecast overspends. As a result, the DCP contingency remaining as at Month 2 has increased to £1.273m. Despite this, pressure continue on the DCP allocation as further urgent risks have been identified including urgent works and equipment replacements and the renewal of a three-year licence for the Careflow Vitals system at a cost of £1.466m.

Cash

The cash balance on the 31st of May is £3.637m, which is within the advisory figure set by Welsh Government of £6m.

Public Sector Payment Policy (PSPP)

The Health Board has achieved the target to pay 95% of the number of Non-NHS creditors within 30 days of delivery of goods in May (97.9%) and for the year to date. ABUHB is continuing to work with those departments where invoices are being processed outside of the 30-day payment terms and where the NHS payment rate is below target.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in May is 94%, which is a significant reduction and is being investigated. NHS Invoices in breach of the 30-day payment terms continue to be followed up accordingly with Divisional Managers as necessary.

Argymhelliad / Recommendation

The Board is asked to note for assurance:

- The financial performance at the end of May 2024 and forecast position against the statutory revenue and capital resource limits,
- The savings position for 2024/25,
- The revenue reserve position on the 31st of May 2024,
- The Health Board's underlying financial position,
- The cash position,
- Public sector payment policy performance, and
- The capital position.

Note: the appendices attached providing further detailed information.

Note: the May 2024 Monthly Monitoring Return is included for reference.

Appendices:

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Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Strategic Risk Register SRR 001G There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population - 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.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7. Staff and Resources Governance, Leadership & Accountability All Health & Care Standards Apply Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Finance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	ABUHB efficiency compendium
Rhestr Termau: Glossary of Terms:	A&C – Administration & Clerical A&E – Accident & Emergency A4C - Agenda for Change AME – (WG) Annually Managed Expenditure AQF – Annual Quality Framework AWCP – All Wales Capital Programme AP – Accounts Payable AOF – Annual Operating Framework ATMP – Advanced Therapeutic Medicinal Products B/F – Brought Forward

	BH – Bank Holiday C&V – Cardiff and Vale CAMHS – Child & Adolescent Mental Health Services C/F – Carried Forward CHC – Continuing Health Care Commissioned Services – Services purchased external to ABUHB both within and outside Wales COTE – Care of the Elderly CRL – Capital Resource Limit Category M – category of drugs CEO – Chief Executive Officer CEAU – Children's Emergency Assessment Unit CTM – Cwm Taf Morgannwg D&C – Demand & Capacity DCP – Discretionary Capital Programme DHR – Digital Health Record DNA – Did Not Attend DOSA – Day of Surgery Admission D2A – Discharge to Assess DoLS - Deprivation of Liberty Safeguards DoF – Director(s) of Finance DTOC – Delayed Transfer of Care EASC – Emergency Ambulance Services Committee ED – Emergency Department EDCIMS – Emergency Department Clinical Information Management System eLGH – Enhanced Local general Hospital EFAB – Estates Funding Advisory Board ENT – Ear, Nose and Throat specialty EoY – End of Year ETTF – Enabling Through Technology Fund F&T – Family & Therapies (Division) FBC – Full Business Case FNC – Funded Nursing Care GDS – General Dental Services GMS – General Medical Services GP – General Practitioner GWICES – Gwent Wide Integrated Community Equipment Service GUH – Grange University Hospital GIRFT – Getting it Right First Time HCHS – Health Care & Hospital Services HCSW – Health Care Support Worker HIV – Human Immunodeficiency Virus HSDU – Hospital Sterilisation and Disinfection Unit

	H&WBC – Health and Well-Being Centre IMTP – Integrated Medium Term Plan INNU – Interventions not normally undertaken IPTR – Individual Patient Treatment Referral I&E – Income & Expenditure ICF – Integrated Care Fund LoS – Length of Stay LTA – Long Term Agreement LD – Learning Disabilities MH – Mental Health MSK - Musculoskeletal Med – Medicine (Division) MCA – Mental Capacity Act MDT – Multi-disciplinary Team MMR – Welsh Government Monthly Monitoring Return NCA – Non-contractual agreements NCN – Neighbourhood Care Network NCSO – No Cheaper Stock Obtainable NI – National Insurance NICE – National Institute for Clinical Excellence NHH – Neville Hall Hospital NWSSP – NHS Wales Shared Services Partnership ODTC – Optometric Diagnostic and Treatment Centre OD – Organisation Development PAR – Prescribing Audit Report PCN – Primary Care Networks (Primary Care Division) PER – Prescribing Incentive Scheme PICU – Psychiatric Intensive Care Unit PrEP – Pre-exposure prophylaxis PSNC –Pharmaceutical Services Negotiating Committee PSPP – Public Sector Payment Policy PCR – Patient Charges Revenue PPE – Personal Protective Equipment PFI – Private Finance Initiative RGH – Royal Gwent Hospital RN – Registered Nursing RRL – Revenue Resource Limit RTT – Referral to Treatment RPB – Regional Partnership Board RIF – Regional Integration Fund SCCC – Specialist Critical Care Centre SCH – Scheduled Care Division SCP – Service Change Plan (reference IMTP) SLF – Straight Line Forecast

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

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

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Long Term - The importance of balancing short-term needs with the needs to safeguard the ability to also meet long-term needs Prevention - How acting to prevent problems occurring or getting worse may help public bodies meet their objectives

Aneurin Bevan University Health Board

Finance Report – May (Month 2) 2024/25

Appendices

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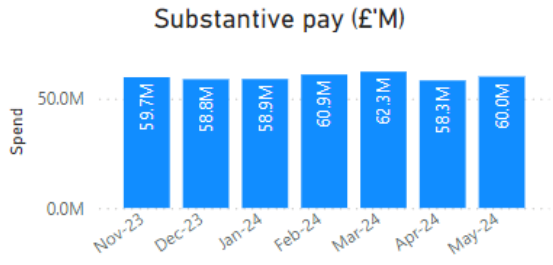
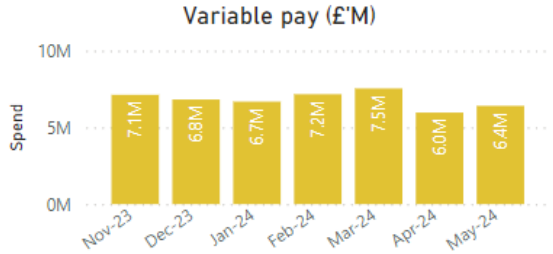
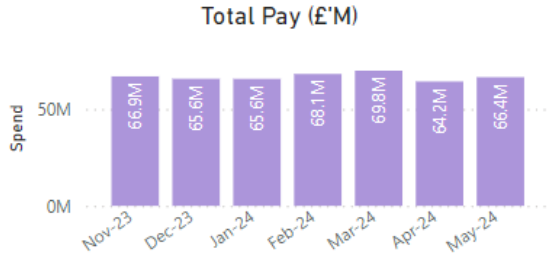
Pay Summary (1) (subject to change excluding annual leave effect Pension employer costs):







Substantive (£'000)

Pay category	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Change	%	Avg 23/24
ADD PROF SCIENTIFIC AND TECHNICAL	2,305	2,334	2,335	2,342	2,351	2,330	2,361	31	1.4%	2,245
ADDITIONAL CLINICAL SERVICES	8,001	7,746	7,712	8,226	7,866	7,918	8,320	402	5.1%	8,134
ADMINISTRATIVE & CLERICAL	10,379	10,192	9,962	10,305	10,502	9,664	9,847	183	1.9%	10,394
ALLIED HEALTH PROFESSIONALS	4,152	4,171	4,111	4,140	4,159	4,093	4,098	5	0.1%	4,140
ESTATES AND ANCILLIARY	2,973	2,888	2,900	3,049	2,920	3,008	3,191	183	6.1%	3,015
HEALTHCARE SCIENTISTS	1,136	1,131	1,160	1,146	1,167	1,130	1,168	38	3.3%	1,148
MEDICAL AND DENTAL	14,212	13,998	14,178	14,942	16,450	13,663	14,042	379	2.8%	14,112
NURSING AND MIDWIFERY REGISTERED	16,582	16,346	16,539	16,797	16,848	16,450	16,996	546	3.3%	16,722
STUDENTS	2	4	2	1	2	2	2	0	-0.1%	3
Total	**59,741**	**58,810**	**58,899**	**60,948**	**62,264**	**58,256**	**60,025**	**1,768**	**3.0%**	**59,912**

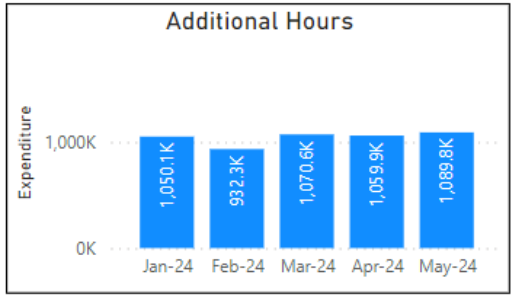
Variable pay (£'000)

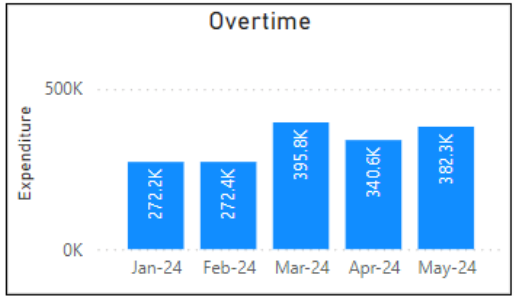
Pay category	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Change	%	Avg 23/24
Agency	3,132	3,093	2,668	3,040	2,948	2,571	2,318	-254	-9.9%	3,527
Bank	3,692	3,392	3,681	3,790	4,259	3,060	3,727	667	21.8%	3,919
Locum	299	332	330	332	330	333	360	27	8.0%	299
Total	**7,122**	**6,817**	**6,678**	**7,162**	**7,537**	**5,964**	**6,404**	**440**	**7.4%**	**7,746**

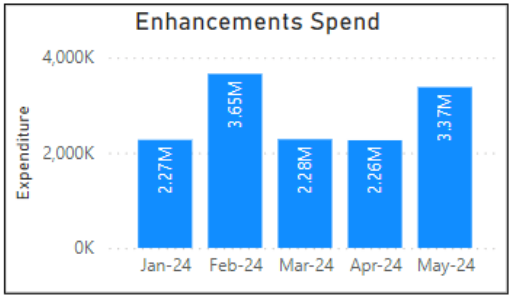
Total pay (£'000)

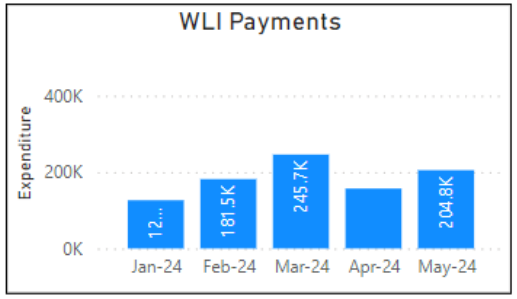
	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Change	%	Avg 23/24
Pay	**66,863**	**65,627**	**65,577**	**68,110**	**69,801**	**64,221**	**66,429**	**2,208**	**3.4%**	**67,658**

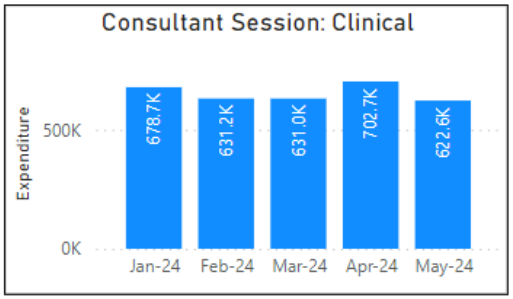
Pay Summary (2): Substantive Pay

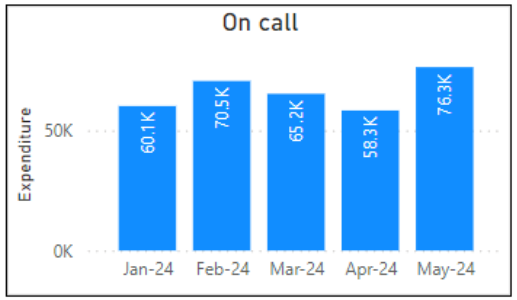












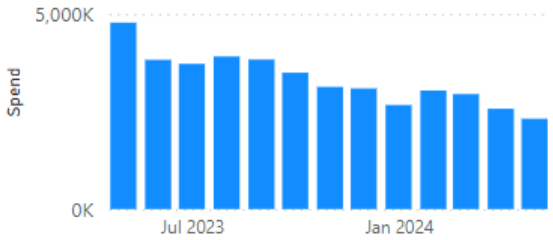
Analysis type by Division

Analysis type	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Total
⊟ **ENHANCEMENTS**						
⊞ Medicine	438	726	445	438	643	**2,690**
⊞ Estates and Facilities Division	315	469	316	325	473	**1,897**
⊞ Primary Care and Community	268	510	278	284	483	**1,823**
⊞ Family and Therapies	280	428	284	276	400	**1,667**
⊞ Clinical Support Services	245	376	250	241	347	**1,458**
⊞ Mental Health and LD	207	338	207	202	305	**1,259**
⊞ Surgery	206	329	207	205	289	**1,236**
⊞ Urgent Care	187	288	175	180	270	**1,100**
⊞ CHC and FNC	93	143	88	85	124	**532**
⊞ Corporate	32	47	30	27	40	**176**
⊞ Scheduled Care			0			**0**
Total	**2,270**	**3,654**	**2,281**	**2,261**	**3,374**	**13,840**
⊞ **Additional Hours**	**1,050**	**932**	**1,071**	**1,060**	**1,090**	**5,203**
⊞ **CONSULTANTS SESSION: CLINICAL**	**679**	**631**	**631**	**703**	**623**	**3,266**
⊞ **OVERTIME**	**272**	**272**	**396**	**341**	**382**	**1,663**
⊞ **Waiting List Payments: Consultants**	**126**	**180**	**247**	**157**	**205**	**915**
⊞ **ON CALL**	**60**	**71**	**65**	**58**	**76**	**330**
Total	**4,457**	**5,741**	**4,691**	**4,580**	**5,750**	**25,218**

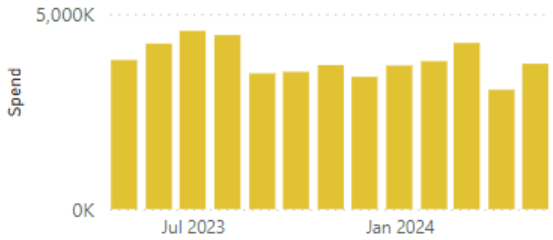
Pay Summary (3): Variable Pay (£'k)

Pay category	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Change	%	Avg 23/24
Agency																
Admin & Clerical Agency	64	77	49	41	39	86	38	29	67	82	59	28	8	-20	-70.2%	59
Allied Health Prof Agency	219	147	196	196	192	123	165	135	120	86	82	102	105	3	2.8%	153
Estates & Ancilliary Agency	675	483	490	341	471	489	246	281	239	184	232	205	139	-66	-32.4%	401
Medical Agency	2,025	1,474	1,165	1,399	1,093	1,091	1,187	1,166	690	1,274	938	1,124	869	-255	-22.7%	1,222
Nurse HCA/HCSW Agency	339	209	160	236	183	89	79	89	65	88	59	26	39	13	48.2%	157
Other Agency	70	43	90	49	50	46	47	21	99	39	109	53	94	41	76.0%	60
Registered Nurse Agency	1,387	1,394	1,575	1,650	1,807	1,574	1,369	1,371	1,388	1,286	1,469	1,034	1,064	31	3.0%	1,475
Total	**4,781**	**3,827**	**3,724**	**3,913**	**3,835**	**3,497**	**3,132**	**3,093**	**2,668**	**3,040**	**2,948**	**2,571**	**2,318**	**-254**	**-9.9%**	**3,527**
Bank																
Admin & Clerical Bank	86	108	114	92	92	82	89	87	95	84	119	68	79	11	16.3%	95
Estates & Ancilliary Bank	142	166	216	201	215	216	224	243	254	235	263	218	257	39	17.8%	210
Nurse HCA/HCSW Bank	1,485	1,635	1,811	1,816	1,438	1,520	1,572	1,473	1,711	1,523	1,784	1,428	1,680	252	17.7%	1,614
Other Bank	0	0	1	-1	0	2	-2	0	0	0	0	1	0	-1	-123.2%	0
Registered Nurse Bank	2,110	2,332	2,425	2,352	1,736	1,699	1,808	1,589	1,620	1,949	2,093	1,345	1,711	366	27.2%	2,001
Total	**3,823**	**4,242**	**4,568**	**4,460**	**3,480**	**3,519**	**3,692**	**3,392**	**3,681**	**3,790**	**4,259**	**3,060**	**3,727**	**667**	**21.8%**	**3,919**
Locum																
Medical Locum	234	286	311	285	267	349	299	332	330	332	330	333	360	27	8.0%	299
Total	**234**	**286**	**311**	**285**	**267**	**349**	**299**	**332**	**330**	**332**	**330**	**333**	**360**	**27**	**8.0%**	**299**
Total	**8,838**	**8,355**	**8,603**	**8,658**	**7,582**	**7,365**	**7,122**	**6,817**	**6,678**	**7,162**	**7,537**	**5,964**	**6,404**	**440**	**7.4%**	**7,746**

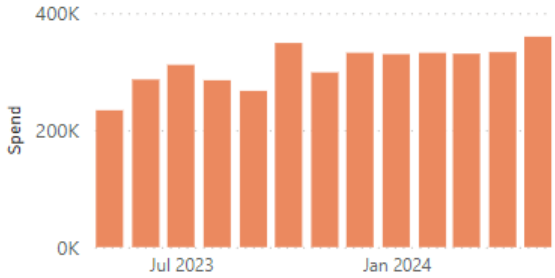
Agency (£'000)



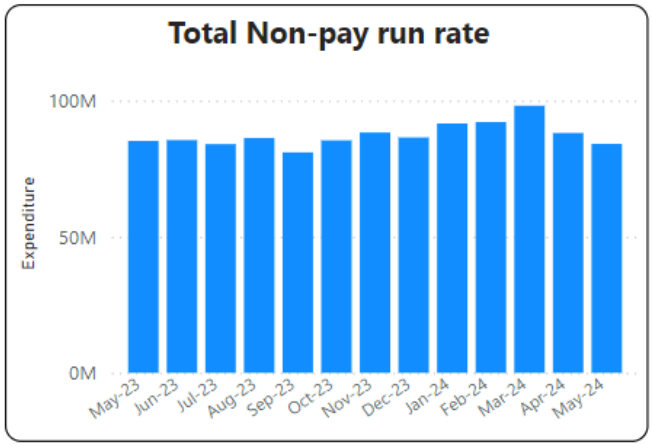
Bank (£'000)

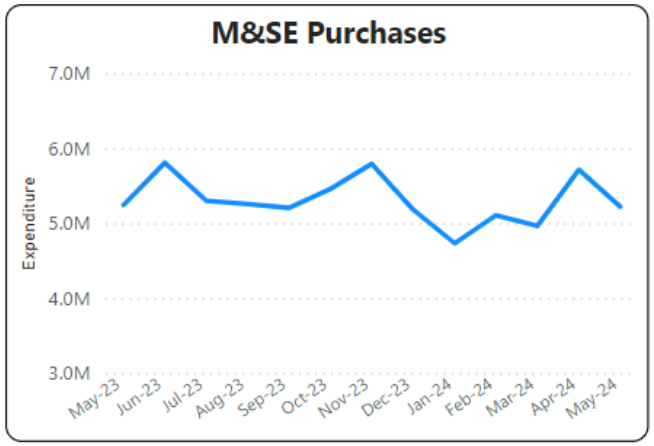


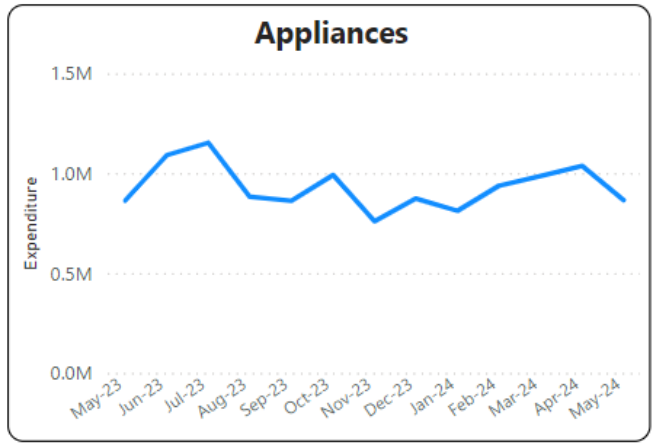
Locum (£'000)

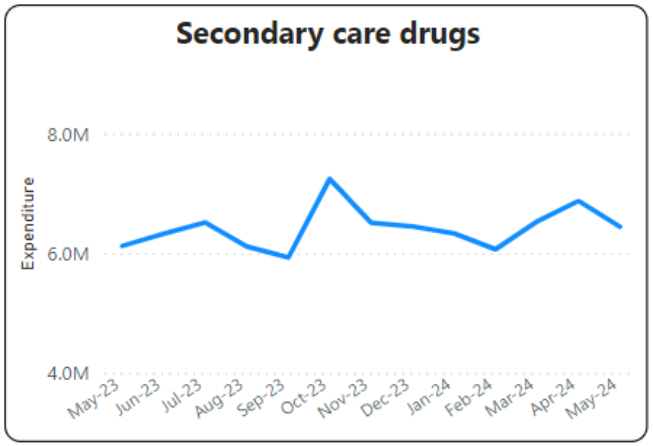


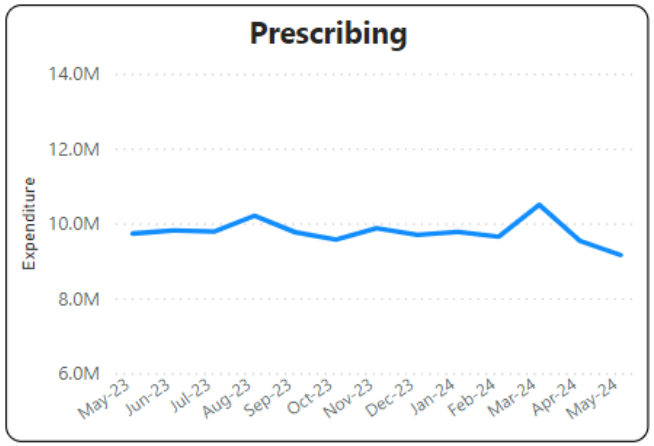
Non-Pay Summary:

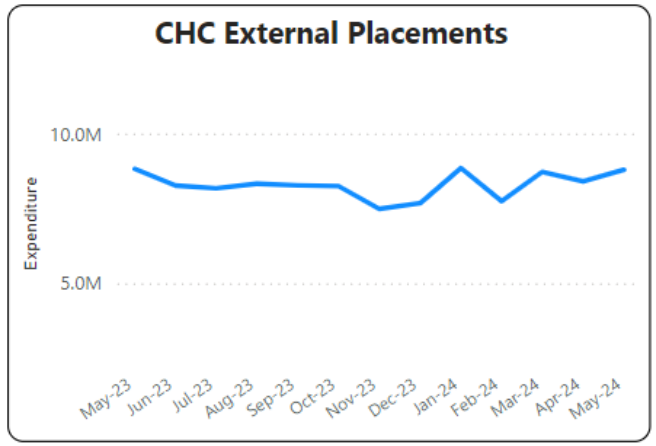












Referral to Treatment (RTT):

- Elective Treatments for May '24 was 1,944 (April '24: 1,985. 2023/24 total: 24,688, 22/23 total: 22,327, 19/20 total: 28,004)

Planned Treatments (M02)			
Treatment	Core	Backfill	Total
N107-Dermatology	208	0	208
N147-ENT	115	0	115
N105-General Surgery	349	0	349
N146-Oral Surgery	185	0	185
N148-Ophthalmology	221	0	221
N108-Rheumatology	0	0	0
N115-Trauma & Orthopaedics	394	0	394
N106-Urology	430	0	430
Total	1,902	0	1,902

Actual Treatments (M02)				
Treatment	Core	Backfill	WLI	Total
N107-Dermatology	188	7	0	195
N147-ENT	115	29	0	144
N105-General Surgery	333	11	0	344
N146-Oral Surgery	193	0	0	193
N148-Ophthalmology	303	0	0	303
N108-Rheumatology	0	0	0	0
N115-Trauma & Orthopaedic	523	0	0	523
N106-Urology	239	3	0	242
	1,894	50	0	1,944

Treatment Variance (M02)			
Treatment	Core	Backfill	Total
N107-Dermatology	(20)	7	(13)
N147-ENT	(0)	29	29
N105-General Surgery	(16)	11	(5)
N146-Oral Surgery	8	0	8
N148-Ophthalmology	82	0	82
N108-Rheumatology	0	0	0
N115-Trauma & Orthopaedics	129	0	129
N106-Urology	(191)	3	(188)
	(8)	50	42

- Outpatient activity for May '24 was 4,508 (April '24: 7,288. 2023/24 total: 71,165, 22/23 total: 65,873, 19/20 total: 75,707)

Planned Outpatients (M02)				
Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	1,269	0	0	1,269
N147-ENT	440	0	0	440
N105-General Surgery	1,948	0	0	1,948
N146-Oral Surgery	250	0	0	250
N148-Ophthalmology	564	0	0	564
N108-Rheumatology	209	0	0	209
N115-Trauma & Orthopaedics	662	0	0	662
N106-Urology	461	0	0	461
Total	5,802	0	0	5,802

Actual Outpatients (M02)				
Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	746	0	0	746
N147-ENT	324	0	109	433
N105-General Surgery	1,368	77	0	1,445
N146-Oral Surgery	250	0	18	268
N148-Ophthalmology	476	0	0	476
N108-Rheumatology	128	0	0	128
N115-Trauma & Orthopaedics	622	0	19	641
N106-Urology	369	0	2	371
Total	4,283	77	148	4,508

Outpatient Variance (M02)				
Outpatient	Core	Backfill	WLI	Total
N107-Dermatology	(523)	0	0	(523)
N147-ENT	(116)	0	109	(7)
N105-General Surgery	(580)	77	0	(503)
N146-Oral Surgery	(0)	0	18	18
N148-Ophthalmology	(88)	0	0	(88)
N108-Rheumatology	(81)	0	0	(81)
N115-Trauma & Orthopaedics	(40)	0	19	(21)
N106-Urology	(92)	0	2	(90)
	(1,519)	77	148	(1,294)

Medicine Outpatients activity for May ’24 was 1,851 (April ’24: 1,884, 2023/24: 22,708 2022/23: 19,258):

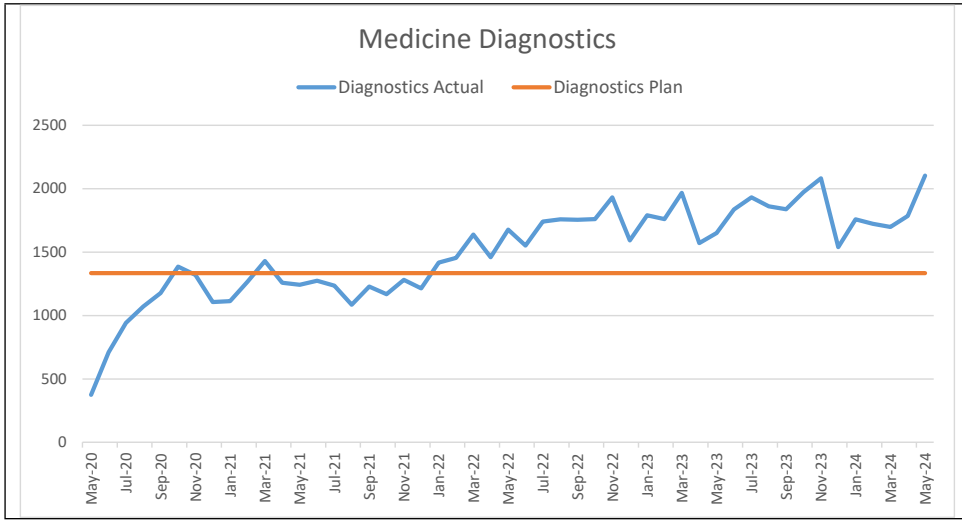
May-24

	Assumed monthly activity	Actual activity	Variance
Gastroenterology	475	437	-38
Cardiology	430	403	-27
Respiratory (inc Sleep)	455	314	-141
Neurology	257	259	2
Endocrinology	186	174	-12
Geriatric Medicine	313	264	-49
Total	**2116**	**1851**	**-265**

May-24

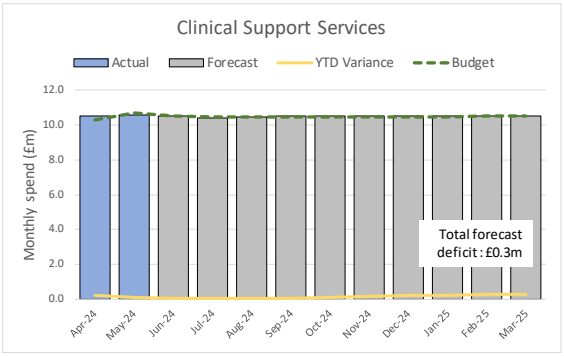
YTD May-24	YTD Plan	YTD Actual	Variance
Gastroenterology	950	653	-297
Cardiology	860	755	-105
Respiratory (inc Sleep)	910	771	-139
Neurology	514	715	201
Endocrinology	372	292	-80
Geriatric Medicine	626	473	-153

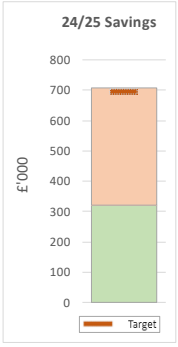
Medicine Diagnostics activity for May ’24 was 2,103 (April ’24: 1,785, 2023/24: 21,466, 2022/23: 36,246):



YTD May 24	YTD Plan	YTD Actual	Variance	Variance
Endoscopy	2668	3888	1220	46%
Total	**2668**	**3888**	**1220**	**46%**

Divisional analysis – Clinical Support Services



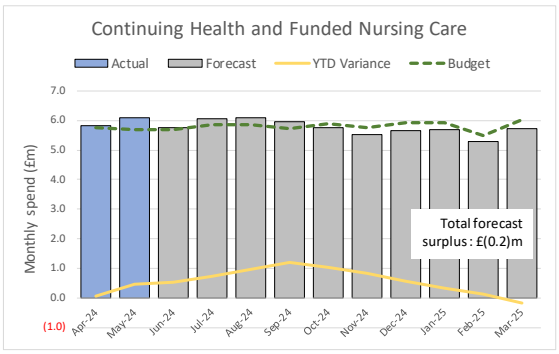


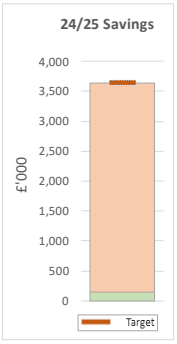
Clinical Support Division is reporting a forecast deficit of £0.3m

- Full delivery of savings plans assumed with 45% of target savings indicated as green.

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CSS-01	Administration & Clerical review	R	Month 1	Amber	0	123	158	35
CSS-02	Pathology - repatriation of tests	R	Month 1	Green	1	43	21	(22)
CSS-03	PFI saving (Llanwenarth suite)	R	Month 1	Green	50	300	300	0
CSS-04	Theatre Efficiences	R	Month 1	Amber	0	230	230	0
					51	**696**	**709**	**13**

Divisional analysis – Complex Care





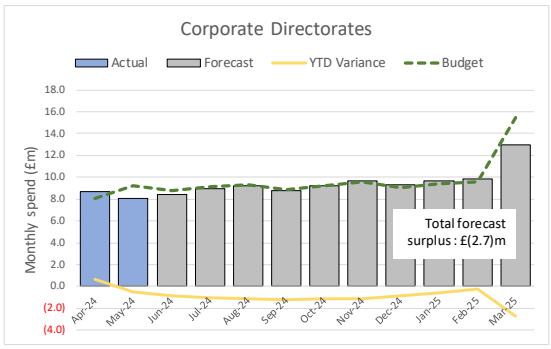
Complex Care Division reporting a forecast surplus of £(0.2)m

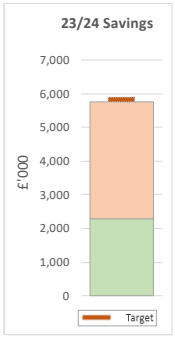
- Forecast includes 7.7% uplift for Adult and Mental Health packages however there is a risk these could be higher

- Full delivery of savings plans assumed with a significant amount currently indicated as amber

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CHC-01	Contract Adjustments - hospital admissions and days after de	R	Month 1	Amber	0	314	314	0
CHC-02	Removal of CHC Premium for Gwent Care Homes with one to	R	Month 1	Amber	0	179	179	0
CHC-03	23/24 staff vacancies - no further recruitment	R	Month 1	Green	7	40	40	0
CHC-04	Deputyship SLA	R	Month 1	Amber	0	35	35	0
CHC-05	Cwmgelli Enhanced Care contract	R	Month 1	Green	6	33	33	0
CHC-06	Travel (Mileage rate reduction of 5p)	R	Month 1	Green	2	12	12	0
CHC-07	CHC - Adult reviews	NR	Month 1	Amber	0	1,440	1,440	0
CHC-08	Reduction in hospital payments for independent providers f	R	Month 1	Amber	0	203	203	0
CHC-09	New Direction Retainer	R	Month 1	Green	10	62	62	0
CHC-10	Administration & Clerical review	R	Month 1	Amber	0	15	15	0
CHC-11	FNC activity reduction schemes	R	Month 1	Amber	0	700	700	0
CHC-12	CHC Care at Home and other vacancies	R	Month 1	Amber	0	600	600	0
					25	**3,633**	**3,633**	**0**

Divisional analysis – Corporate



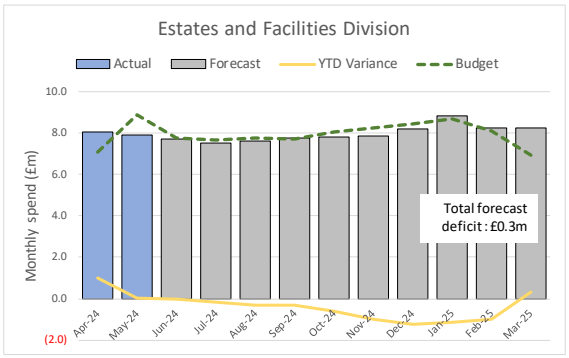


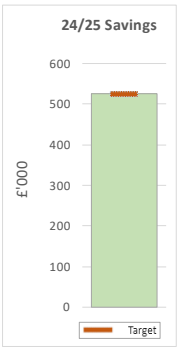
Corporate Directorates reporting a forecast surplus of £(2.7)m

- COO budget realignment across the following Divisions for further review over the coming months (£2.4m):
  - Primary Care (£0.5m) Dental/GMS
  - Mental Health (£1m) CHC
  - Clinical Support +£0.75m Mobile MRI costs
  - Urgent Care (£0.15m) e-Triage
  - Families & Therapies (£1m) CHC/CAAT/MSK
  - Estates & Facilities (£0.5m) WRP/Other
- Full delivery of savings plans assumed with 40% of target savings indicated as green.

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
CEO-01	Administration & Clerical review	R	Month 1	Amber	0	53	52	(1)
COO-01	Administration & Clerical review	R	Month 1	Amber	0	20	17	(3)
CORP-01	Generic CIP - Pay	R	Month 1	Amber	0	53	44	(9)
CORP-02	Generic - Non-pay	NR	Month 1	Green	1	15	14	(1)
CORP-03	Hybrid mail	R	Month 1	Amber	0	300	265	(35)
CORP-04	Intersite transport	R	Month 1	Amber	0	1,300	1,300	0
CORP-05	Healthcare Pathways	R	Month 1	Amber	0	120	115	(5)
CORP-06	Health Protection - Caerleon House	R	Month 1	Amber	0	273	273	0
CORP-07	Health Protection - Newport	R	Month 1	Green	37	220	220	0
CORP-08	Health Protection - LA / TTP	R	Month 1	Green	89	534	534	0
CORP-09	Health Protection - Microbiology	R	Month 1	Green	49	291	291	0
CORP-10	VAT income / over-recovery	NR	Month 1	Green	50	300	300	0
CORP-11	Finance administration savings	R	Month 1	Green	27	161	161	0
DIG-02	Administration & Clerical review	R	Month 1	Green	53	319	319	0
FIN-03	Administration & Clerical review	R	Month 1	Green	23	139	139	0
GOV-01	Administration & Clerical review	R	Month 1	Amber	0	19	20	1
MEDR-01	Administration & Clerical review	R	Month 1	Green	0	59	49	(10)
NUR-01	Administration & Clerical review	R	Month 1	Green	0	53	44	(9)
PLA-01	Administration & Clerical review	R	Month 1	Green	10	68	66	(2)
THE-01	Administration & Clerical review	R	Month 1	Green	0	19	16	(3)
WOD-01	Administration & Clerical review	R	Month 1	Green	62	122	147	25
CORP-13	Litigation cost reductions	R	Month 1	Amber	0	385	385	0
CORP-14	Other specific funding benefits	NR	Month 1	Amber	0	300	300	0
CORP-15	Recovery of agency fees	NR	Month 1	Amber	0	700	700	0
					400	**5,824**	**5,771**	**(53)**

Divisional analysis – Estates & Facilities





Estates and facilities Division reporting a forecast deficit of £0.3m

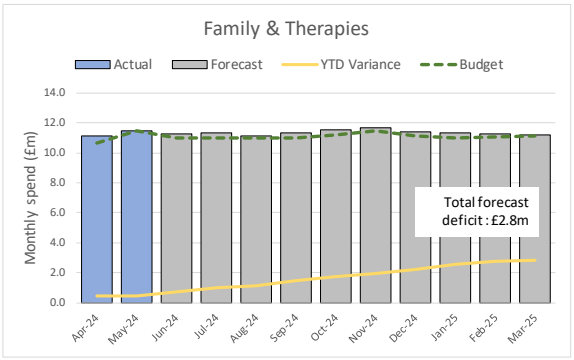
- Operational reviews on-going to identify savings and efficiences in order to meet the budgetary targets for 24/25.

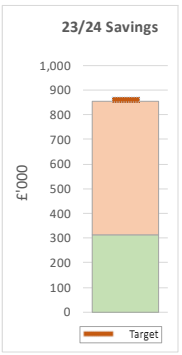
- Full delivery of savings plans assumed with 100% of target savings indicated as green.

- Potential likely opportunity following recent energy forecast alongside provisions, energy usage and variable opportunities

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
EF-01	Window Cleaning Capped at 1 clean per year per site	R	Month 1	Green	3	19	19	0
EF-02	Cease Liftshare software	R	Month 1	Green	2	14	14	0
EF-03	COVID A&E Portacabin	R	Month 1	Green	53	316	316	0
EF-04	Administration & Clerical review	R	Month 1	Green	19	114	114	0
EF-05	Discharge Lounge Portacabin	R	Month 1	Green	10	62	62	0
					88	**525**	**525**	**0**

Divisional analysis – Family & Therapies



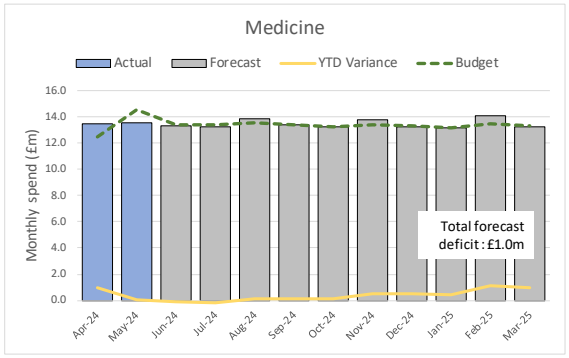


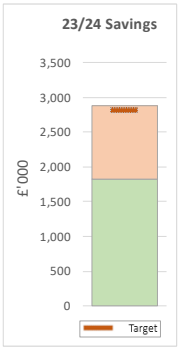
Family & Therapies Division reporting a forecast deficit of £2.8m

- Operational reviews on-going to identify savings and efficiences in order to meet the budgetary targets for 24/25 £1.8m
- CHC external high value packages £0.73m
- Paediatric diabetes £0.19m
- Full delivery of savings plans assumed with 36% of target savings indicated as green.

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
F&T-01	Maternity - Easy Pay Kiosk Additional Income (Ultrasound)	R	Month 1	Amber	0	50	50	0
F&T-02	TRUCLEAR - Replacing Myosure consumables	R	Month 1	Amber	0	177	177	0
F&T-03	Konica Photocopier / Printer Review	R	Month 1	Amber	0	40	40	0
F&T-04	Reduction in Mileage by 5p per mile	R	Month 1	Green	9	53	53	0
F&T-05	Reduction in Variable pay	R	Month 1	Amber	0	34	34	0
F&T-06	SRH - Billing C&V for MIV drug costs for C&V patients treated	R	Month 1	Green	32	200	198	(2)
F&T-07	Medtronic pump & Sensor All Wales procurement savings	R	Month 1	Green	10	60	60	0
F&T-08	Administration & Clerical review	R	Month 1	Amber	0	243	243	0
					51	**857**	**855**	**(2)**

Divisional analysis – Medicine





Medicine Division reporting a forecast deficit of £1.0m

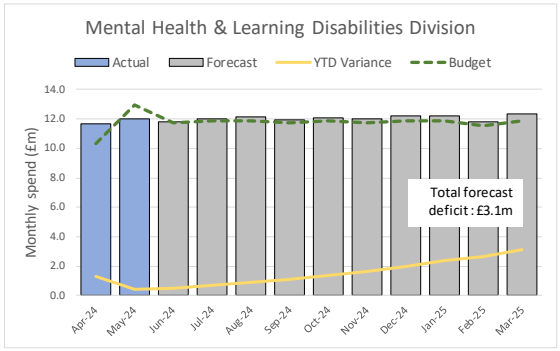
- Operational reviews on-going to identify savings and efficiences in order to meet the budgetary targets for 24/25 £1m

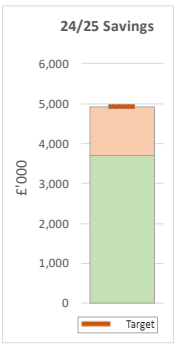
- Full delivery of savings plans assumed with 65% of target savings indicated as green.

- Specific risks in relation to A&C review and additional bed savings plans (full delivery currently assumed)

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
Med-01	Medicines Management review across Directorates. Horizon	NR	Month 1	Green	9	1	89	88
Med-02	Reconfiguration of beds across 3 wards with the net reductio	R	Month 1	Green	281	1,558	1,681	124
Med-03	No backfill for0.40 band 7 sleep nurse wef	R	Month 1	Green	4	24	24	0
Med-04	Procurement of Medtronic pumps at reduced rate for a set pe	NR	Month 1	Green	17	27	17	(10)
Med-05	Reduced catalogue price for Medtronic sensors	NR	Month 1	Green	2	15	15	0
Med-06	Reconfiguration of beds Medicine	R	Month 1	Amber	0	750	750	0
Med-07	Administration & Clerical review	R	Month 1	Amber	0	158	158	0
Med-08	Cardiology backfill sessions	R	Month 1	Amber	0	120	0	(120)
Med-09	Cardiology insourcing below plan	R	Month 1	Amber	0	150	150	0
					313	**2,801**	**2,883**	**82**

Divisional analysis – Mental Health and Learning Disabilities





Mental Health & LD Division reporting a forecast deficit of £3.1m

- CHC overspend £2.2m - Net increase in patient numbers of 2 Mental Health and 2 Learning Disability

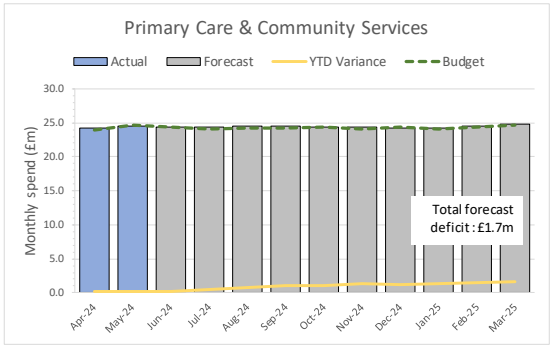
- Other operational pressures in Adult and Older Adult wards in relation to high acuity in both areas

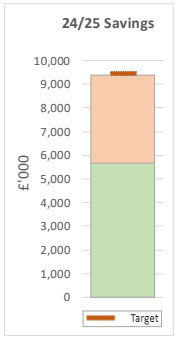
- Awaiting RIF funding for ADHD / Dementia specific schemes (£0.6m)

- Full delivery of savings plans assumed with 75% of target savings indicated as green.

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
MH-01	Reduction in variable pay agency premium B2 HCSW	R	Month 1	Green	85	192	192	0
MH-02	Ty Lafant ward LD reduction to VP	R	Month 1	Green	58	199	199	0
MH-03	Mitchell Close	R	Month 1	Amber	0	103	103	0
MH-04	Medical Agency Reduction	R	Month 1	Amber	0	169	169	0
MH-05	Reduction in PHP Leadership PHPs	R	Month 1	Green	9	54	54	0
MH-06	MH&LD CHC reduction	R	Month 1	Green	80	3,250	3,250	0
MH-07	Administration & Clerical review	R	Month 1	Amber	0	140	140	0
MH-08	MH&LD CHC further reductions	R	Month 1	Amber	0	600	600	0
MH-09	MH&LD variable pay schemes	R	Month 1	Amber	0	200	200	0
					232	**4,906**	**4,906**	**0**

Divisional analysis – Primary Care and Community





Primary Care & Comm. Division reporting a forecast deficit of £1.7m

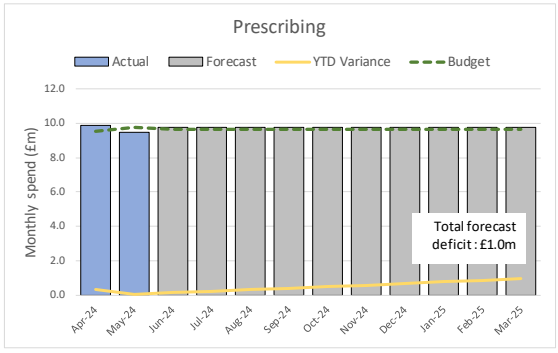
- Contractor spend £900k - Additional funding expected in relation to these costs, however awaiting confirmation from WG

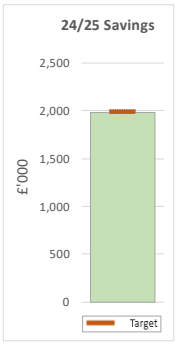
- Other Nursing operational costs £600k

- Full delivery of savings plans assumed with 60% of target savings indicated as green.

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-02	Managed practices to independant status from 01/04/24	R	Month 1	Green	321	1,928	1,928	0
PCC-03	Revise Academy Offer	NR	Month 1	Green	71	426	426	0
PCC-04	Stoma Team Phase 2 - Phase 2 of the programme is within fo	NR	Month 1	Green	25	149	149	0
PCC-05	NHS wales reduction in enhanced mileage rate	R	Month 1	Green	10	60	60	0
PCC-06	Reduction in Medication/NonPay stock - Reduction in Drugs	R	Month 1	Green	5	30	30	0
PCC-07	Pharmacy Closures - Benefits within various fees & services (	NR	Month 1	Green	29	175	175	0
PCC-08	Staffing - Current B5 post holder likely to reduce hours, explo	R	Month 1	Amber	0	10	10	0
PCC-09	Staffing - Review of nursing rota and opportunities to decrea	R	Month 1	Amber	0	5	5	0
PCC-10	Staffing - Currently have one agency GP, bring this peron on	R	Month 1	Amber	0	10	10	0
PCC-11	Reduction in Chepstow beds - 2 - Reducing 2 beds within Cas	R	Month 1	Amber	0	204	204	0
PCC-12	E-rostering scruitiny and efficiency. Adopting additional scru	R	Month 1	Green	2	10	10	0
PCC-13	Staffing structure review -Remove 8a role from structure	R	Month 1	Green	0	65	65	1
PCC-14	Redeployment of Business Administrator - Redeployment of	R	Month 1	Green	5	28	28	0
PCC-15	Business Intelligence / Data Analyst - If Data Analyst / Busine	R	Month 1	Amber	0	44	44	0
PCC-16	Review Management structure	R	Month 1	Amber	0	76	76	0
PCC-17	Review Admin Structure	R	Month 1	Amber	0	32	32	0
PCC-18	Review Professional structure	R	Month 1	Amber	0	76	76	0
PCC-19	Removal of vacant part time physio post	R	Month 1	Green	3	18	18	0
PCC-20	111 funding redistribution - Explore the opportunity for 111 f	NR	Month 1	Amber	0	215	215	0
PCC-21	Non pay other - Look at opportunities including prescribing,	R	Month 1	Amber	0	10	10	0
PCC-22	Non pay premises rent - Explore accomodation opportunities	R	Month 1	Green	0	30	30	0
PCC-23	Non-Pay reduction	R	Month 1	Green	4	22	22	0
PCC-24	Non-Pay reduction	R	Month 1	Amber	0	10	10	0
PCC-25	Non-Pay reduction	R	Month 1	Amber	0	10	10	0
PCC-26	Non-Pay reduction	R	Month 1	Amber	0	10	10	0
PCC-27	Stock - Bring stock values in to balance sheet	NR	Month 1	Amber	0	66	66	0
PCC-28	Non pay review - Review stock, supplier usage, waste levels	R	Month 1	Green	18	109	109	0
PCC-29	Income opportunities - Increase charges to Llanarth Court to	R	Month 1	Green	1	7	7	0
PCC-30	GDS contracts - Review service / number of sessions provide	R	Month 1	Green	10	60	60	0
PCC-31	Cessation of Hygiene Waste collection - Cessation of PHS cor	R	Month 1	Green	0	2	2	0
PCC-32	Non Pay - Non Pay spend review to bring into line with budg	R	Month 1	Green	1	5	5	0
PCC-33	Chase Project - Removal of this project	R	Month 1	Amber	0	10	10	0
PCC-34	License Fees - No Longer needed	R	Month 1	Amber	0	6	6	0
PCC-35	Reconfiguration of beds PCCS	R	Month 1	Amber	0	750	750	0
PCC-36	Glyn Ebbw Closure	R	Month 1	Green	(0)	44	44	(0)
PCC-37	Staffing Structures in Community Dental Services	R	Month 1	Amber	0	100	100	0
PCC-38	Additional clinical sessions LES	R	Month 1	Green	112	673	673	0
PCC-39	Reduction in NCN areas	R	Month 1	Amber	0	30	30	0
PCC-40	Relinquish Comms and Engagement agreement	R	Month 1	Amber	0	30	30	0
PCC-41	GDS clawback savings - Corporate assessment	R	Month 1	Green	33	200	200	0
PCC-42	Dental patient charges	R	Month 1	Green	267	1,600	1,600	0
PCC-43	Administration & Clerical review savings (2%)	R	Month 1	Amber	0	254	254	0
PCC-44	Anti-viral cost mitigation / GP stock	R	Month 1	Amber	0	1,300	1,300	0
PCC-45	Optometry contract reduction	R	Month 1	Amber	0	500	500	0
					917	**9,398**	**9,399**	**0**

Divisional analysis – Prescribing



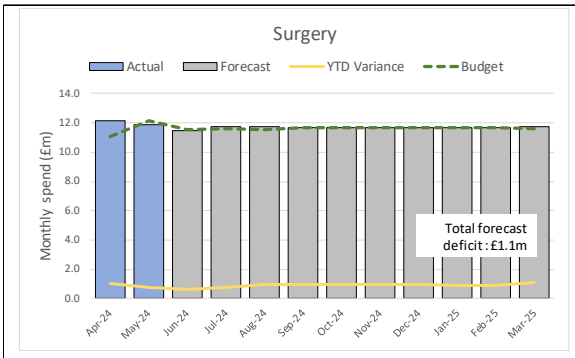


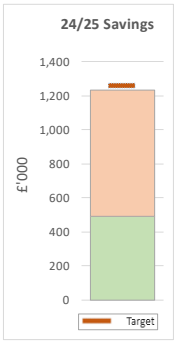
The full year Prescribing forecast deficit is £1.0m

- Increase in price per item to £7.36 (Annual Plan £7.29) - £1.4m
- Reduction in item numbers from 23/24 - (£600k)
- Full delivery of savings assumed (100% green)

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
PCC-01	Prescribing savings options / opportunities	R	Month 1	Green	218	1,987	1,987	0
					218	**1,987**	**1,987**	**0**

Divisional analysis – Surgery





Surgery division is reporting a forecast deficit of £1.1m

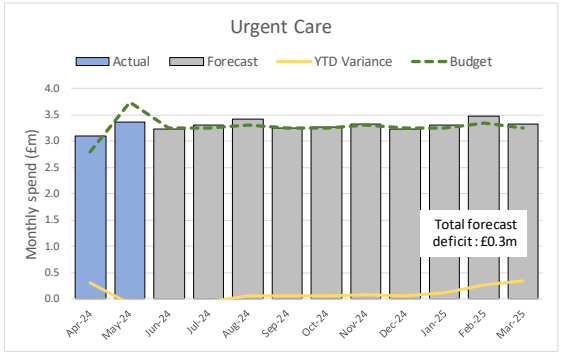
- Medical: WLIs and backfill £0.7m

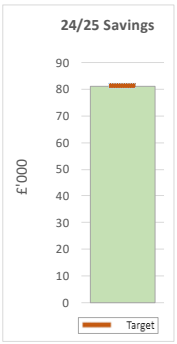
- Other operational pressures £0.4m

- Significant number of plan savings schemes expected to be achieved with 40% currently indicated as green

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
SUR-01	Ophthalmology Phaco Lenses and Procedure packs	R	Month 1	Green	13	79	79	0
SUR-02	Intensity Banding for On-call	R	Month 1	Amber	0	44	44	0
SUR-03	Orthopaedics: Femoral Heads	R	Month 1	Green	6	45	46	1
SUR-04	Orthopaedics: rationalisation of suppliers for hips and knees	R	Month 1	Green	8	50	50	0
SUR-05	Trauma Contract	R	Month 1	Green	0	60	50	(10)
SUR-06	Bed Day Efficiences	R	Month 1	Amber	0	205	205	0
SUR-07	Theatre Efficiences	R	Month 1	Amber	0	155	154	(1)
SUR-08	Reduce Machen Ward Sat - Mon	R	Month 1	Amber	0	179	149	(30)
SUR-10	Administration & Clerical Review	R	Month 1	Amber	0	187	187	0
SUR-11	National priorities/best value biosimiliars & Haematology	R	In Year	Green	52	0	266	266
					79	**1,004**	**1,230**	**226**

Divisional analysis – Urgent Care





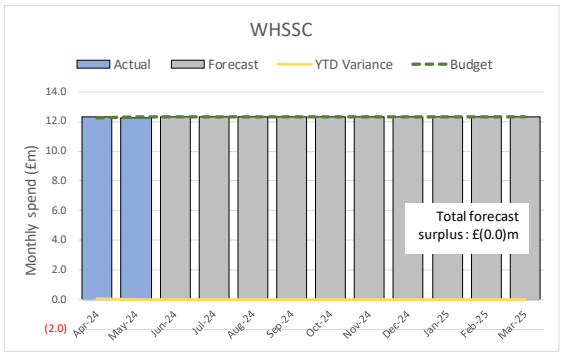
Urgent Care Division reporting a forecast deficit of £0.3m

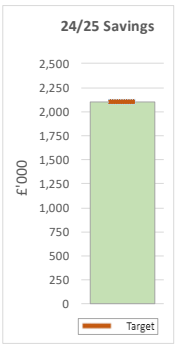
- Operational pressures including Registered Nursing vacancy premium and medical staffing sickness

- Full delivery of savings plans assumed with 100% of target savings indicated as green.

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
URG-01	Administration & Clerical review	R	Month 1	Green	11	81	81	(0)
					11	**81**	**81**	**(0)**

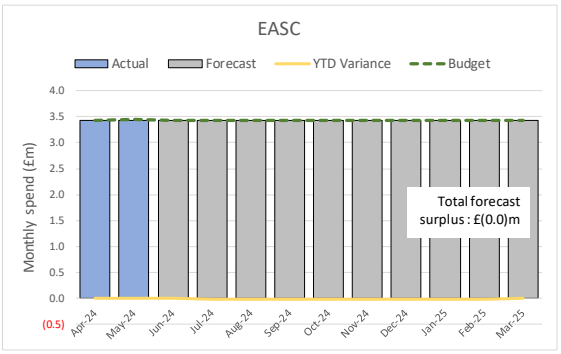
Divisional analysis – External Commissioning / WHSSC / EASC

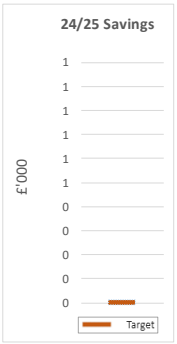




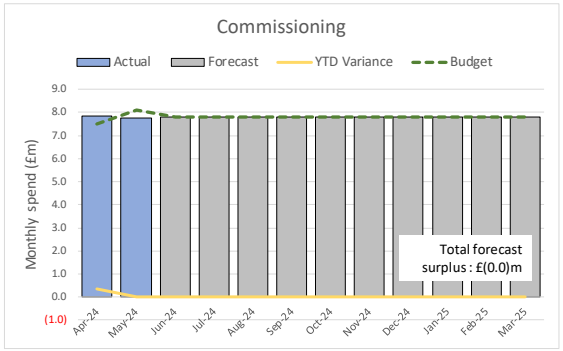
WHSSC reporting a forecast surplus of £(0.0)m in line with the agreed WHSSC position

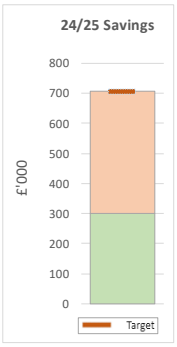
- Full delivery of savings plans assumed with 100% of target savings indicated as green.





EASC currently reporting a forecast surplus of £(0.0)m against the plan





Commissioning currently reporting a forecast surplus of £(0.0)m

- Current forecast in line with Annual Plan for Contracting and Commissioning, therefore breakeven position

- Full delivery of savings plans assumed with 42% of target savings indicated as green.

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
WHSSC-01	WHSSC Savings Schemes	R	Month 1	Green	350	2,099	2,099	(0)
					350	**2,099**	**2,099**	**(0)**

Savings Scheme Number	Scheme / Opportunity	R/NR	IMTP v In Year scheme	Scheme RAG rating	YTD	Full year		
					Achieved £'000	Plan £'000	Forecast £'000	Variance £'000
COMM-01	Reduction in expenditure for robotic surgery (repat)	R	Month 1	Amber	0	406	406	0
COMM-02	LTA reviews	R	Month 1	Green	50	300	300	0
					50	**706**	**706**	**0**

Reserves

Reserves Delegation:

Following Board budget delegation undertaken in month 2 the reserves position at 31st of May 24 is (£41.437m). This consists of the revised recurrent deficit for 24/25 of £48.859m, specific commitment reserves of £7.359m and items retained to support the deficit position of £0.063m.

The specific commitment reserves include targeted funding to support additional expenditure relating to RTT from August. £2m is retained as an innovation and development reserve whilst £1.22m is maintained for pass through inflationary costs for other organisations and SLAs.

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

7788-COMMITMENTS TO BE DELEGATED

Description	24/25
Innovation and Development Fund	2,000,000
Innovation and Development Fund - RTT	1,000,000
Inflationary pressures reserve	1,220,000
Llanwenarth Suite	359,000
Depreciation (Table 4 Column 1)	54,000
Newport East HWBC (GDS contract increase)	48,000
Newport East HWBC (E&F costs)	66,000
GUH ED Extension	161,000
Prescribing price & volume growth 2024/25	1,800,000
Health inequalities funding (post Budget delegation)	50,000
RIF - Dementia	148,000
RIF - Adult ADHD	453,000
Total Commitments	**7,359,000**

7501-SUPPORTING FINANCIAL POSITION

Description	24/25
IT Revenue to Capital M01 & M2 24-25	63,031
Total Supporting financial position reserve	**63,031**

7515-IMTP 23/24 DEFICIT

Description	24/25
23/24 recurrent deficit	(112,848,200)
Underlying deficit	28,800,000
Inflationary uplift (conditional recurrrent)	35,700,000
Energy	9,854,000
2024/25 budget-setting	(10,364,387)
Total IMTP 23/24 recurrent deficit	**(48,858,587)**

Totals	**(41,436,556)**

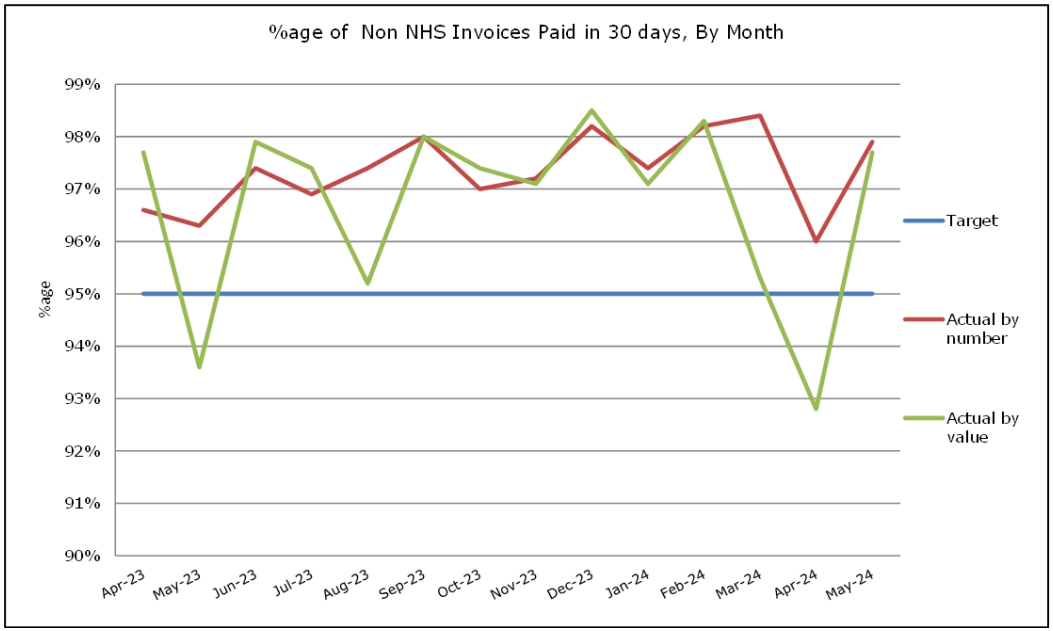
Cash Position

The cash balance at the 31st May is £3.637m, 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 May and cumulatively. There has been a decrease in the number & value of NHS invoices paid within 30 days this month which is currently being investigated.

The Health Board performance for the number of NHS creditors within 30 days of delivery of goods in April is 96.4%, which is encouraging. NHS Invoices in breach of the 30-day payment terms continue to be followed up accordingly with Divisional Managers as necessary.

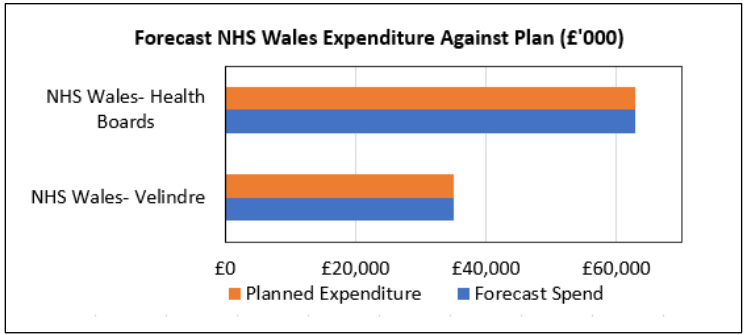


Contracting & Commissioning – LTA Spend & Income

Month/Financial Year:- Month 2 (May) 2024-25

At Month 2 the year to date financial performance for Contracting and Commissioning is breakeven against the delegated budget, with a forecast year end breakeven position.

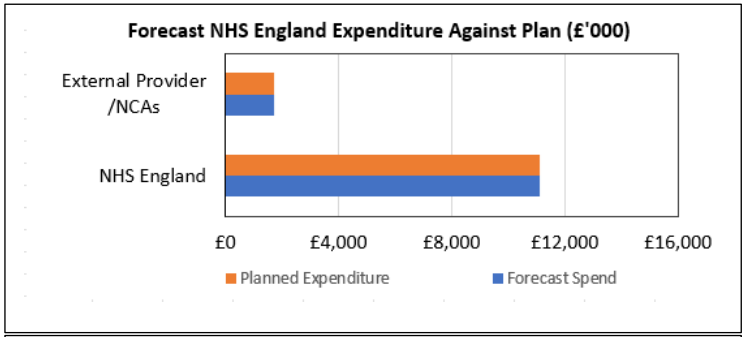
The key elements contributing to this position at Month 2 are as follows:



NHS Wales Expenditure

Expenditure in NHS Wales contracts is forecast to be in line with the delegated budget based on month 1 information

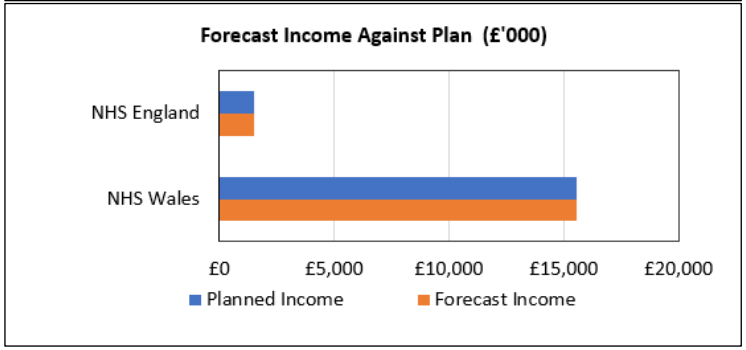
This reflects an uplift of 3.67% as per WG guidance and additional growth for cancer services and high-cost drugs.



NHS England Expenditure

Contract Expenditure with NHS England organisations is expected to be c£12m in 2024/25 and will continue to be monitored and managed regularly

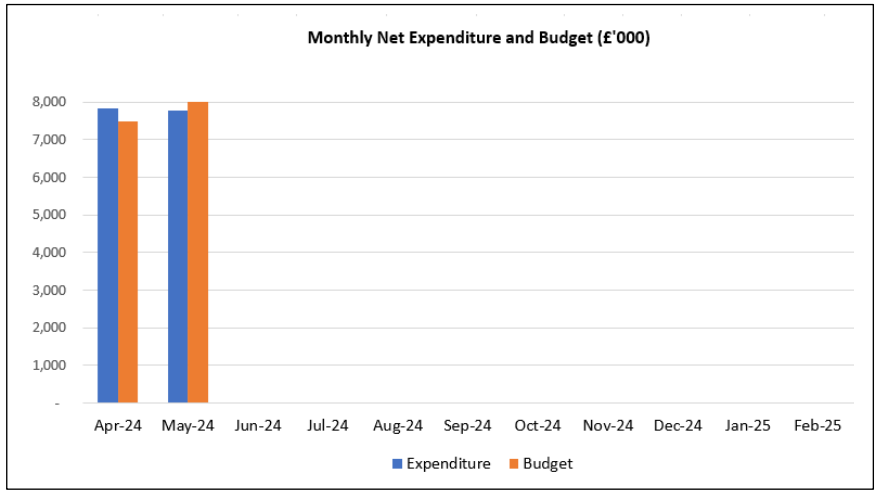
Month 1 monitoring that has been received is in line with expected activity levels.



Provider Income

Provider income of c£17m is being planned and forecast in 2024/25 and will continue to be monitored and managed regularly

Month 1 activity provided by ABUHB has been in line with previous years performance and is monitored monthly.

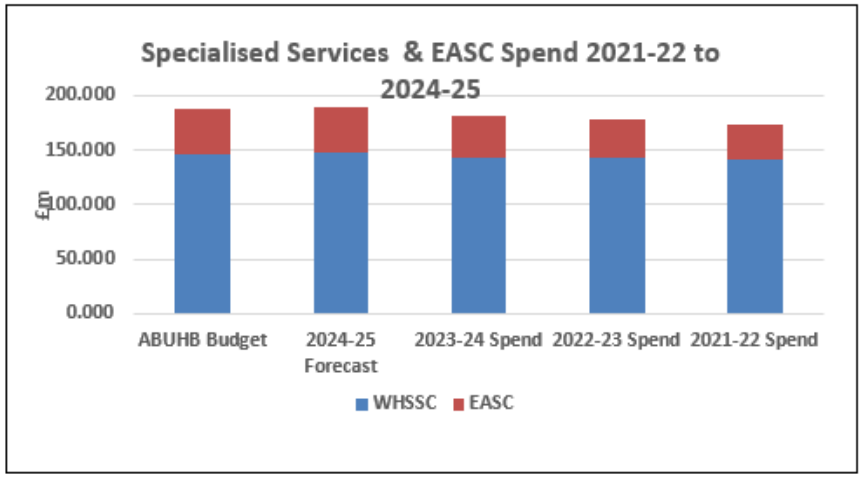


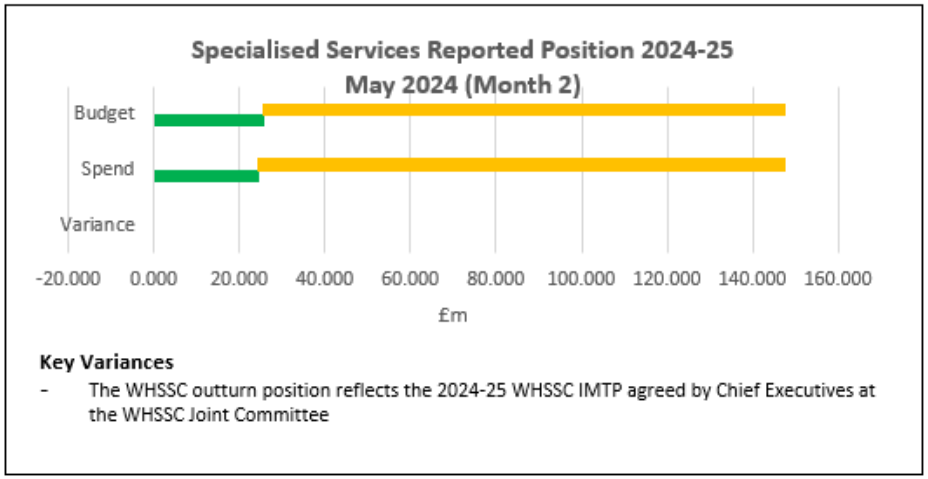
Key Issues 2024-25

- All LTAs are required to be signed by the end of June 2024
- Commissioner intentions were sent to each organisation and contract terms are being negotiated with each provider and commissioner
- The nationally agreed core uplift of 3.67% has been funded and is reflected in the above position
- Infectious diseases support has been formally commissioned from Cardiff from 2024/25 ensuring that ABUHB patients and clinicians have access to specialist advice and treatment pathways for this service going forwards
- A saving of £406k for robotic surgery repatriation is being forecast to be achieved in 2024-25
- A new savings target of £300k to take additional cost from the Cwm Taf contract is being forecast to be achieved in 2024-25. There is currently no agreement with Cwm Taf on the contract for 2024-25 and this is being escalated for resolution at exec level.
- The expenditure being forecast for cancer services at Velindre is in line with provider expectations and ABUHB IMTP planning assumptions.
- ABUHB are working through a potential rebasing of the Velindre contract to ensure allocation matches the actual activity share but this is not yet agreed.

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

The Month 2 financial performance for the Joint Commissioning Committee is a breakeven position. The Month 2 position reflects the agreed IMTP and budget delegation for the Specialised Services (WHSSC) and EASC elements.





Key Variances

- The WHSSC outturn position reflects the 2024-25 WHSSC IMTP agreed by Chief Executives at the WHSSC Joint Committee

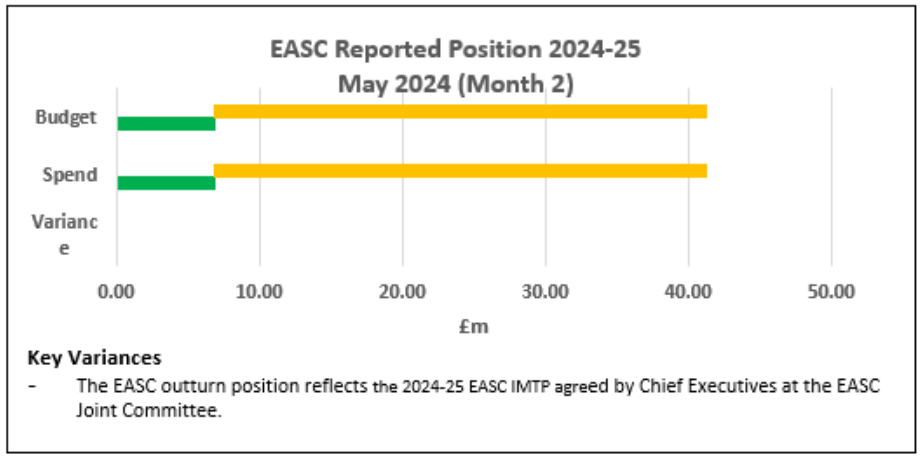
Key Issues 2024-25

Specialised Services

- Agreement of Long Term Agreements (LTAs) with Welsh Providers by end June 2024
- Forecasts based on M1 of Activity and NICE drugs data
- Delivery of Savings Plans
- Activity volatility and impact of strikes on LTAs
- Provider Rebasing (Activity and £) of existing agreements
- AB as a provider of WHSSC Services : Delivery of activity baselines for cardiology, neonatal and Liver Ablations activity.

EASC

- Confirmation of final EASC plan and WG Allocations
- Slippage against Plan
- Activity Reporting



Key Variances

- The EASC outturn position reflects the 2024-25 EASC IMTP agreed by Chief Executives at the EASC Joint Committee.

Balance Sheet

Balance sheet as at 31st May 2024	2024/25 Opening balance £000s	31st May 2024 £000s	Movement £000s
Fixed Assets	910,187	938,397	28,210
Other Non current assets	149,418	152,232	2,814
Current Assets			
Inventories	9,844	9,717	(127)
Trade and other receivables	136,632	123,951	(12,681)
Cash	4,145	3,637	(508)
Non-current assets 'Held for Sale'	0	0	0
Total Current Assets	150,621	137,305	(13,316)
Liabilities			
Trade and other payables	218,038	190,429	(27,609)
Provisions	221,474	210,733	(10,741)
	439,512	401,162	(38,350)
	770,714	**826,772**	**56,058**
Financed by:-			
General Fund	581,390	626,162	44,772
Revaluation Reserve	189,324	200,610	11,286
	770,714	**826,772**	**56,058**

Fixed Assets

- An increase in net additions of £7.5m in relation to new 2024/25 capital expenditure incurred.
- A reduction of £7.1m for depreciation charges. An increase of £0.7m for IFRS16 related charges.
- An increase in indexation costs of £27.2m

Other Non-Current Assets: This relates to an increase in Welsh Risk Pool claims due in more than one year of £3.0m, a decrease in intangible assets of £0.3m and an increase in ICR income due in more than one year of £0.1m since the end of 2023/24.

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

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

- A decrease in the value of debts outstanding on the Accounts Receivable system since 2023/24 to the end of May £4.1m
- A decrease in the value of both NHS & Non-NHS accruals of £13.0m, of which £11.7m relates to a decrease of Welsh Risk Pool claims due in less than one year, £1.0m relates to a decrease in NHS & Non NHS accruals and £0.3m relates to a decrease in VAT and other debtors since the end of 2023/24.
- An increase in the value of prepayments held £4.4m

Cash: The cash balance held at the end of April is £3.637m.

Liabilities, Provisions:

- The movement since the end of 2023/24 relates to a number of issues the most significant of which are:- An increase in Capital accruals (£0.7m), a decrease in NHS Creditor accruals (£8.4m), a decrease in the level of invoices held for payment from the year end (£10.6m), an increase in non NHS accruals (£6.6m), a decrease in Tax & Superannuation (£1.0m), a decrease in other creditors (£14.1m), an increase in the liability for lease payments (£1.0m), an increase in payments on account (£0.4m)
- Due to a decrease in the provision for clinical negligence and personal injury cases based on information provided by the Welsh Risk Pool of £9.8m and a decrease in other provisions of £0.9m.

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

Health Board Income
WG Funding Allocations: £1.7bn

Confirmed Allocations as at May 2024 (M2 2023/24)

	£'000
HCHS	1,458,336
GMS	112,495
Pharmacy	34,917
Dental	34,643
Total Confirmed Allocations - May 2024	**1,640,391**
Plus Anticipated Allocation - May 2024	**91,801**
Total Allocations - May 2024	**1,732,192**

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 £111m. (£114m for 23/24). The majority of this income is delegated to budget holders and therefore nets against their delegated budget positions. The main areas for income are: other NHS Bodies, Frailty, Education & Training, Dental, Child Health Projects, Managed Practices, Retail and Catering.

Estimated funding (allocations & income) for the UHB totals £1.84bn (£1.88bn for 23/24).

WG anticipated allocations: £91.8m

WG Revenue Resource Limit : Anticipated Allocations (May)			
Funding Type	**Description**	**Value £'000**	**Recurrent / Non Recurrent**
GMS	GMS Refresh	1,603	R
GMS	Primary Care Improvement Grant	142	R
GMS	Shingles Vaccine - GMS element (24/25 anticipated element)	120	NR
HCHS	Capital - DEL Depreciation - IFRS 16 Leases	3,690	NR
HCHS	Capital - AME Depreciation - IFRS 16 Leases (Peppercorn)	109	NR
HCHS	Capital - AME Depreciation - Donated Assets	326	NR
HCHS	Capital - AME Depreciation - Impairments	46,424	NR
HCHS	Capital - AME Depreciation - Impairment reversals	(19,406)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Equip)	(2,210)	NR
HCHS	Revenue Lease Payment Budget Reduction (IFRS16 Prop)	(1,402)	NR
HCHS	2023-24 Pay award funding at 90%	38,033	R
HCHS	Pay award-Medical and Dental 5% 23-24	639	R
HCHS	ESP Pay award 23-24 5%	160	R
HCHS	A4C Pay award 23-24	2,655	R
HCHS	Consolidated pay award 1.5% Apr-23	932	R
HCHS	Exceptional-Incremenntal Real Living Wage	2,773	R
HCHS	Technology Enabled Care National Programme (ETTF)	1,800	R
HCHS	Informatics - Virtual Consultations	1,065	R
HCHS	Memory Assessment Services - Gwent RPB	565	R
HCHS	(Provider) Substance Misuse & increase	3,402	R
HCHS	(Provider) SPR's	125	R
HCHS	(Provider) Clinical Excellence Awards (CDA's)	298	R
HCHS	CAMHS In Reach Funding	778	R
HCHS	Invest to Save Omnicell	(440)	R
HCHS	National Clinical Lead for Falls & Frailty	30	R
HCHS	AHW:Prevention & Early Years allocation	1,114	R
HCHS	WHSSC - National Specialist CAMHS improvements (Tier 4)	234	R
HCHS	Same Day Emergency Care (SDEC)	1,451	R
HCHS	Learning Disabilities-Improving Lives	64	R
HCHS	Urgent Primary Care	1,302	R
HCHS	VBH: Heart Failure and Rehab in the Community	506	R
HCHS	New Medical Training Posts 2017-2022 cohorts	1,100	R
HCHS	CAMHS Sanctuary provision	50	R
HCHS	Welsh Risk Pool Risk Share agreement 23-24	(5,511)	NR
HCHS	Shingles Vaccine (24/25 element)	1,201	NR
HCHS	Mental Health SIF 22-23	4,050	NR
HCHS	Mental Health SIF 23-24	942	NR
HCHS	Planned Care Transformation-3Ps funding	340	NR
HCHS	Neighbourhood District Nursing-B3 and B4 staff development	28	R
HCHS	RIF Dementia	1,611	NR
HCHS	RIF Carers Short Breaks	247	NR
HCHS	Learning disabilities Health Checks	50	NR
HCHS	MCA and DoLs	377	NR
HCHS	MCA - IMCA service	433	NR
	Total Anticipated: Per Ledger	**91,801**	

Capital Planning & Performance

Summary Capital Plan Month 2 2024/25	2024/25				
	Original Plan £000	Revised Plan £000	Spend to M2 £000	Forecast Outturn £000	Variance £000
Source:					
Discretionary Capital:					
Approved Discretionary Capital Funding Allocation	10,814	10,814		10,814	0
Less EFAB Contribution	-725	-725		-725	0
Less AWCP Brokerage 23/24	-230	-1,669		-1,669	0
Less DCP Brokerage 23/24	0	350		350	0
NBV of Assets Disposed	0	1		1	0
Total Approved Discretionary Funding	9,859	8,771		8,771	0
All Wales Capital Programme Funding:					
AWCP Approved Funding	42,399	49,011		49,011	0
Anticipated AWCP Slippage to return to WG	0	0		-511	-511
Total Approved AWCP Funding	42,399	49,011		48,500	-511
IFRS16 Lease Funding:					
Approved IFRS16 Lease Funding	0	1,320		1,320	0
Total Approved IFRS16 Lease funding	0	1,320		1,320	0
Total Capital Funding / Capital Resource Limit (CRL)	**52,258**	**59,102**		**58,591**	**-511**
Applications:					
Discretionary Capital:					
Commitments B/f From 2023/24	284	435	11	444	9
Statutory Allocations	1,076	1,076	80	1,076	0
Divisional Priorities	3,414	3,279	173	3,282	3
Corporate Priorities	1,267	612	21	612	0
Informatics National Priority & Sustainability	2,257	1,200	49	1,200	0
Remaining DCP Contingency	1,562	2,169	0	1,273	-896
Total Discretionary Capital	**9,859**	**8,771**	**333**	**7,888**	**-883**
All Wales Capital Programme:					
Grange University Hospital (VAT Recovery)	-3,517	-3,437	5	-3,437	0
Bevan (Tredegar) Health & Wellbeing Centre Development	0	0	122	520	520
NHH Satellite Radiotherapy Centre	15,755	15,971	2,824	15,471	-500
YYF Breast Centralisation Unit	0	111	5	111	0
19 Hills (Newport East) Health & Wellbeing Centre Development	12,754	12,119	2,951	12,369	250
RGH Endoscopy Unit	0	4	2	4	0
RGH – Block 1 and 2 Demolition and Car Park	230	279	-3	389	110
EFAB Schemes	2,612	2,889	57	2,889	0
ICF Schemes	0	8	-3	-3	-11
ED Waiting Area Funding	0	55	14	56	1
CAMHS Sanctuary Hub	1,202	1,226	285	1,226	0
GUH ED Extension	10,879	11,355	823	11,355	0
IRCF - Abervalley H&WBC	742	742	0	742	0
IRCF - Dixton H&WBC	742	742	0	742	0
Housing with Care Fund - 2023/24 Schemes	0	21	8	23	2
Digital Year End Funding 2023/24	0	73	1	73	0
Diagnostics Funding	0	35	13	35	0
Ty Gwent	1,000	1,219	3	1,219	0
EOY Funding 2023/24	0	49	13	49	0
Head Lease for Chepstow Community Hospital	0	5,550	0	5,550	0
DPIF - RISP	0	0	0	0	0
Total AWCP Capital	**42,399**	**49,011**	**7,120**	**49,383**	**372**
Total IFRS16 Lease Expenditure	**0**	**1,320**	**0**	**1,320**	**0**
Total Programme Allocation and Expenditure	**52,258**	**59,102**	**7,453**	**58,591**	**-511**
Forecast Break Even against Overall Capital Resource Limit					**0**

ANEURIN BEVAN UNIVERSITY HEALTH BOARD

MONITORING RETURN FOR MONTH 2 2024/25

Director of Finance Commentary for the Period Ended 31st May 2024

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 May 2024 (Month 2, 2024/25). This commentary will provide an overview of the financial position and performance of the Health Board as at month two of the 2024/25 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.

As at Month 02, ABUHB is reporting a year to date deficit of £9.907m with a forecast year end deficit of £48.9m in line with the revised annual plan submission as at 31st of May 2024. There are risks associated with this forecast position, particularly full achievement of saving opportunities, drug cost growth, CHC fee uplifts, inflation, receipt of anticipated allocations and operational demand & workforce pressures, more detail is provided in this report.

For the 2024/25 financial year, the Health Board has received Covid-19 monies in relation to Health Protection including PPE, immunisation (Mass Vaccination) and Long Covid (Adferiad) on a recurrent basis. The Health Board has forecast costs within this funding envelope. The Health Board has residual costs which form part of its underlying deficit in relation to the legacy impact for areas such as enhanced cleaning, security and additional facilities above previous baselines. These areas are under continual review in order to reduce costs where possible.

Pay award costs resulting from the 2023/24 consolidated pay awards have been assumed with anticipated funding for 2024/25. No further pay award costs are included at this time. The Health Board financial plan assumes that any pay award and cost impact from changes to terms and conditions will be fully funded by WG. No estimate is included due to the lack of a current agreement for 2024/25.

Energy costs are based on NWSSP data from February and will continue to be monitored and updated for revised information from Shared Services. The estimated energy growth for 2024/25 of c.£2.1m which is reflected in these forecasts is based on the All Wales WEG groups figures. The latest forecast received on the 10th June will be reflected in month 3 reporting.

Actual YTD

The month two reported financial position shows a **£9.907m overspend position;** this is presented 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, further delegation of reserve budgets to services is ongoing: -

Summary Reported position - May 2024 (M02)	Full Year Budget £000s	YTD Reported Variance £000s	Prior month reported variance £000s	Movement from prior month £000s
Operational Divisions:-				
Primary Care and Community	291,496	158	206	(48)
Prescribing	115,984	59	354	(295)
Community CHC & FNC	69,569	455	68	388
Mental Health	141,132	395	1,335	(940)
Total Primary Care, Community and Mental Health	**618,181**	**1,068**	**1,963**	**(895)**
Surgery	139,526	760	1,037	(277)
Clinical Support Services	125,901	73	225	(151)
Medicine	160,815	4	957	(952)
Urgent Care	39,283	(81)	307	(388)
Family & Therapies	133,072	455	465	(10)
Estates and Facilities	95,430	15	983	(968)
Director of Operations	10,645	(255)	48	(303)
Total Director of Operations	**704,672**	**972**	**4,022**	**(3,050)**
Total Operational Divisions	**1,322,853**	**2,040**	**5,985**	**(3,945)**
Corporate Divisions	104,967	(253)	627	(880)
Specialist Services	188,647	0	92	(92)
External Contracts	93,678	0	341	(341)
Capital Charges	75,215	(12)	(0)	(12)
Total Delegated Position	**1,785,361**	**1,775**	**7,044**	**(5,270)**
Total Reserves	(41,437)	8,133	(2,085)	10,218
Total Allocations	(1,732,192)	0	0	0
Other Corporate Income	(11,732)	0	(0)	0
Total Reported Position	**0**	**9,907**	**4,959**	**4,948**

Key messages for Month 2

The financial position at 31st of May 2024 shows a £9.907m deficit position, with the key issues in the month being:

Expenditure in the Health Board for pay increased in comparison with April 2024 (£2.2m) due to enhancement payments (Easter bank holidays), substantive costs linked to additional permanent staff and nursing bank staffing to cover operational pressures including vacant posts.

Non-pay expenditure has significantly reduced compared with April (£4m) mainly due to non-cash limited expenditure reductions linked to the Ophthalmic contract. Prescribing costs reduced due to a lower average price per item and acute drug expenditure reduced for homecare drugs. This was off-set in part by increased CHC costs.

Variable pay costs were £6.4m in-month, an increase of £0.4m compared with April 2024. Nurse bank costs increased by £0.7m across a number of Divisions including Mental Health enhanced care, vacancy cover and within surgery/clinical support. Further substantive appointments continue to mitigate variable pay. The focus remains on minimising variable pay with a range of operational actions and savings plans.

Enhanced care shifts have remained at a similar level compared with the previous 6 months. This is significantly lower than the 2022/23 and early 2023/24 levels. Work continues to review enhanced care across all Health Board sites. Mental Health remains an area of concern with continued high levels of acuity and absence cover.

CHC costs for Adult Community Care, Mental Health & Learning Disabilities and Children continue to present an underlying financial pressure. Fee uplifts have been assumed at around 7.7% for Adult and Mental Health packages however there is a risk that these could be higher. Additional specific high-cost packages within Learning Disabilities and Paediatrics may present a further pressure in future months. The real living wage impact from 2022/23 and 2023/24 has been anticipated however this has been reduced in line with the correspondence sent in 2023/24 which reduced the funding by £2.8m. No real living wage for 2024/25 has been anticipated at present pending further analysis over the next two months once fee uplifts have been confirmed, however, the Health Board is assuming this will be cost neutral (ie funded by WG).

In January 2024 there was a specific very high-cost package of 'emergency' care for a paediatric patient which has been in place since the start of last financial year (23/24) but has only been presented and discussed at the Children's CHC panel in January 2024. Whilst CHC eligibility is not being disputed, the Divisional Director is continuing to dispute the commissioning / governance around the care package process and the level of healthcare provided. Legal advice is currently being obtained, with a date being established for a dispute panel meeting (awaiting confirmation of date in 2024).

Prescribing costs present a financial pressure compared with IMTP financial forecasts. The average cost per item for 2024/25 has increased from £7.29 (Annual Plan) to £7.36 (March PAR, £7.44 average using February PAR). Growth is assumed to be 0.8% for 2024/25 and will be reviewed further using April PAR data. The current forecast has been updated for this cost change and will be continually monitored.

Energy costs are broadly in line with annual plan estimates which presents an adverse forecast of £2.069m (off-set by reduced costs for non-NWSSP energy). The price and usage are being monitored. It should be noted that a revised energy forecast was

received on the 10th of June which will be reflected in the month 3 MMR tables. This forecast is now under review from the Estates & Facilities Division.

On-going non-pay costs across a number of areas continue including growth in diabetes pumps/consumables, respiratory equipment and hearing aids. Homecare drugs continue to present an overall forecast cost pressure due to increased activity whilst non-pay inflation impacts across a wide range of provisions and consumables. These are regularly reviewed in specific service areas to identify efficiency opportunities where possible alongside mitigating actions through procurement and Divisions. The national V&SB procurement savings opportunities have been analysed to determine a likely saving forecast deliverable for ABUHB in 24/25.

1. Actual YTD and Forecast Under / Overspend (Tables A, B, B2 & B3)

Table A – Movement of Opening Financial Plan to Outturn

The Board's identified aims for the 2024/25 financial plan are to achieve an improved revenue position compared with 2023/24, a positive movement towards achieving the WG control total and an improved underlying deficit, through achieving at least 2% savings. Additionally, a 'road map' to recurrent financial recovery is being developed.

The 2023/24 financial deficit alongside the on-going financial challenges faced by the Health Board meant an annual plan, rather than a 3 year balanced plan, was presented to the Board on the 27th March and was subsequently signed off and submitted to WG, this included narrative and the minimum data set.

The annual plan submitted to Welsh Government in March 2024 identified a challenging forecast financial deficit of £48.9m assuming anticipated funding for a range of areas such as Real living wage (22/23 & 23/24), wage awards and Mental Health Service improvement funding.

Annual plan savings plans were identified at £29.1m, the Health Board Divisions are working to ensure delivery of these plans using the National Value & Sustainability themes. In addition, pipeline opportunities of £11.4m were identified by Divisions as part of internal Divisional annual plan submissions.

A revised annual plan was submitted to WG on the 31st of May with changes to the activity plan. A financial update was provided which converted £5.4m of pipeline opportunities into savings plans. The remaining £6m of pipeline opportunities require further development before being converted into savings plans. A number of areas are being progressed with the intention of confirming schemes in the month 3 MMR. The on-going level of operational pressures continue to off-set the direct benefits of savings opportunities to a degree, thus the overall forecast remains a £48.9m deficit.

A break-down of the re-submitted annual plan for 2024/25 is summarised below:

- Underlying deficit brought forward of +£81.4m

- Cost pressures identified of +£59.8m
- WG discretionary recurrent funding of (£51.8m)
- Identified savings requiring progression of (£34.8m)
- Pipeline opportunities described of (£5.7m)
- **Total deficit forecast £48.9m**

The carry forward underlying deficit for 2025/26 is currently £51.9m in line with the 2024/25 forecast deficit. This is reflective of the level of non-recurrent savings, costs and funding.

In response to Action point 1.1; the forecast out-turn phasing has not been adjusted to be phased equally. Given the level of amber and red savings schemes and pipeline opportunities that are likely to be achieved later in the year the current phasing is appropriate and representative of the Health Board's forecast out-turn. This is in-line with revised MDS submission. Once these opportunities have been confirmed alongside mitigation of operational risks, the variance profile can be adjusted as necessary.

The Executives and Board have allocated leads for the National Value & Sustainability themes as part of revised escalation arrangements as part of the ABUHB Value and Sustainability Board to progress savings, mitigations and delivery of core themes:-

- CHC
- Medicines Management
- Non-pay
- Workforce
- Service reconfiguration
- Prevention
- Digital

A more comprehensive breakdown of the revised annual plan submission is shown in the table below:-

Financial Plan 2024/25	2024/25 Deficit / (surplus) (£'m)
2023/24 forecast position (as at Month 9)	56.4
WG non-recurrent funding	14.4
Underlying deficit - accounting to reflect recurrent implications	10.6
Underlying deficit going into 2024/25	**81.4**
National Pressures	14.4
Inflationary Pressures	21.7
Contractual and Unavoidable Pressures	15.7
Local Investment Pressures	8.0
Sub-total 2024/25 including new cost pressures	**141.2**
Discretionary funding	(51.8)

Sub-total 2024/25 inc. discretionary funding	**89.4**
2024/25 savings	(29.1)
Total 2024/25 position before 31st of May plans	**60.3**
Pipeline opportunities converted into savings plans (31st of May)	(5.4)
Total 2024/25 position before pipeline opportunities (Likely case)	**54.9**
Further pipeline opportunities currently being confirmed	(6.0)
ABUHB financial plan 2024/25 total (best case)	**48.9**

Table B - Monthly Positions

The year to date reported position is a £9.907m deficit position (compared with the revised annual plan year to date deficit submission of £9.940m).

Material differences of actual expenditure from month 1 and from forecast are as follows:-

- *RRL* – The material difference is in relation to the revenue aspects of Capital, i.e. the depreciation / DEL / AME impairment costs. The anticipated allocation has been increased along with profile adjustments for month 2.

- *WG income / other income* – this reflects movement in non-cash limited income with equivalent spend implications. Other WG income was higher than forecast but non-cash limited (NCL) adjustments have resulted in an assumed repayment of funding to WG. This was due to prescribing/dispensing off-set by ophthalmic income. These areas have large fluctuations so it is forecast to revert to previous levels throughout 2024/25.

- Primary Care Contractor – the reduction in expenditure is linked to the non-cash limited ophthalmic contract with associated reduction in income.

- *Primary Care - Drugs & Appliances* – costs are above forecast due to the average price per item forecast currently £7.36 which is above the planned value of £7.29.

- *Provider Services – Pay* – costs are higher than forecast in month 2 linked to bank cover for operational pressures being higher than anticipated. A forecast adjustment in quarter 4 is likely due to additional enhancement costs which is being analysed and will be re-profiled in future months.

- *Provider Services – Non-Pay* – expenditure is lower than forecast in month 2 partly due to re-classification of RPB/TEC Cymru expenditure. In addition, a number of areas such as utilities, computers and laboratory equipment costs had lower than forecast expenditure which is being reviewed.

In response to Action point 1.2; expenditure profiles in a number of categories remain straight-lined, this is partly a reflection of the number of re-classifications undertaken

on a monthly basis as well as awaiting confirmation of amber savings and pipeline opportunities profiles. Expenditure profile amendments will continue to be undertaken in month 3 as necessary using updated intelligence.

In response to Action point 1.3; the £5.7m of pipeline opportunities are shown across Provided Services – Pay (c.£2.7m) and Provided Services – Non-Pay (c.£3m).

Further allocations will be anticipated for areas such as Real living wage (24/25) and dispensing Drs (PADM) once WG correspondence has been received.

Section B has not been completed as per guidance and will be assumed to be removed for 2024/25.

The depreciation figures included in Table D are currently based on the baseline DEL depreciation allocation and anticipated allocations for AME Donated Assets and IFRS16 lease depreciation requirements for existing leases. The Health Board needs to work through the forecast indexation and approved 2024/25 capital programme impacts to provide the anticipated baseline shortfall / strategic support required. The overall requirement will be calculated and reported in the Month 3 monitoring return and June Non-Cash return.

AME Impairment estimates have currently been included based on those reported in the November 2023 Non-Cash return; these may be subject to change when updated information relating to major projects is known. The reversals of impairment funding requirement has been calculated using existing indexation rates and may be subject to change if revised rates are circulated by the Valuation Office Agency during the financial year. The anticipated allocations included at Month 2 are summarised in the table below and will be reported in the June Non-Cash return along with those figures that are currently awaiting confirmation:

	Reported to WG (M2 MMR)
Anticipated Allocations	**£000**
DEL - Baseline Depreciation Shortfall	TBC
DEL Strategic depreciation Support	TBC
DEL Accelerated Depreciation	TBC
DEL IFRS16 Leases Depreciation	3,690
DEL Impairment Funding	TBC
Total DEL Funding	**3,690**
AME Donated Asset Depreciation	326
AME Impairment Funding	46,424
AME Reversals of Impairment Funding	(19,406)
AME IFRS16 Leases Depreciation	109
Total AME Funding	**27,453**
Donated & Granted Assets Credit	**TBC**
Total Allocations (excluding DEL Baseline)	**31,143**

Section F describes the 2024/25 energy costs forecast, the breakdown of the full year energy cost forecast is as follows:-

- Shared service contract element - £18.720m
- Other gas and electricity costs - £0.688m
- Total forecast energy costs in section F - £19.408m

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.

A revised energy forecast was received on the 10th of June after the monthly closedown. This will be reflected in the month 3 forecast once a review of the figures has been undertaken. The forecast could significantly reduce based on the information received.

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

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

The expenditure profile is reflective of the funding.

The Health Board continues to have surge capacity open which is a legacy of Covid-19 responses. The Health Board also continues to incur legacy costs which form part of the underlying deficit linked to estates & facilities costs. The list below is not exhaustive but includes: -

- Enhanced Cleaning
- Additional security and rental of portacabins
- Covid Public Inquiry

2. Underlying Position (Tables A1)

The Underlying (U/L) position is a brought forward value of £81.4m with a forecast carry forward deficit into 2025/26 of £51.9m reflective of the annual plan submission.

3. Risk Management (Table A2)

In response to Action point 1.4; the risks listed in table A2 which present a significant financial risk to the Health Board include:-

- Continuing Healthcare fee uplifts - £1m
- Prescribing average price per item (and number of items) growth above annual plan forecast - £3m
- Additional operational and service pressures outside of the annual plan. This includes costs for MS, Diabetes, CAMHS and the infected blood inquiry amongst others - £1.7m
- Delivery of pipeline opportunities including mitigation of any further pressures outside of the annual plan – c.£5.7m

In addition, there are a number of further significant challenges to the financial forecast for 2024/25, which are currently assumed to be mitigated by the Health Board or require further information to enable an accurate financial value to be assigned. These include:

- Ensuring full delivery of savings plans identified in the annual plan including the pipeline opportunity values,
- Receipt of all anticipated allocations including performance requirements in order to secure full retention,
- Workforce absence / vacancies, availability of staff for safe service delivery,
- Delayed transfers of care due to LA service challenges,
- Funding for any wage award or change in terms and conditions,
- Impact of any further strike action,
- Impact on service delivery and performance on waiting times because of savings required,
- Long Term agreements sign off & possible arbitration,
- Establishment increases relating to patient safety issues,
- Inflationary impacts including provisions and supplies,
- Additional revenue costs due to IFRS 16,
- Specific economic factors such as supply chain issues and non-pay inflation including travel expense costs,
- Health & Safety fines,
- VAT rebate opportunities,
- Other income / funding opportunities,
- No delivery of the 6 Goals targets resulting in loss of income,
- Energy forecast changes,
- Work to identify new pipeline opportunities, and
- Maximising the opportunity to change services resulting in improved health outcomes for the population.

4. Ring Fenced Allocations (Tables N, O & P)

This table is not required for month 2.

Tables N (GMS) and O (Dental) will be completed from month 6.

5. Agency / Locum (Premium) Expenditure (Tables B2 Sections B & C)

Variable and agency expenditure continues at a high level, albeit reduced compared with 2023/24. Expenditure in month 2 of £6.3m was higher compared with April (£0.3m) which is linked to increased annual leave uptake and vacancy cover in May.

Variable and agency expenditure across nursing and additional clinical services is predominantly to cover vacancies as well as enhanced care. Medical agency expenditure has remained high due to on-going elective activity, vacancies and service pressures. The impact of managed practices converting to independent contractors have resulted in some reduction in variable pay in-month.

It should be noted that medical locum expenditure paid through the "patchwork" system is paid through employee payroll and is therefore not categorised as Agency / Locum expenditure.

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 2024), the financial plan for 2024/25 identified 2 elements to the savings plans for 2024/25:-

- Divisional plans alongside Corporate schemes and targets - £29.1m
- Pipeline opportunities - £11.4m

The Divisional plans of £29.1m are progressing with savings forecast for this section reported as delivering £29.1m with some re-profiling.

The pipeline opportunities of £11.4m have been partly converted into savings schemes, the updated break-down of the Health Board savings delivery plan following the annual plan re-submission is as follows:-

- Divisional plans alongside Corporate schemes and targets - £29.1m
- FNC activity reduction scheme - £0.7m
- CHC Care at Home and other vacancies - £0.6m
- Anti-Viral and associated cost mitigation - £1.3m
- Optometry contract reduction - £0.5m
- Litigation cost mitigation - £0.4m
- MH&LD CHC cost mitigation - £0.6m
- MH&LD variable pay usage reduction - £0.2m
- Income and other specific funding - £0.3m
- Cardiology insourcing rates - £0.15m
- Recovery of agency fees - £0.7m

- Additional in-year medicines management schemes (Month 2) - £0.3m
- Pipeline opportunities and other mitigations to be confirmed - £5.7m

The remaining £5.7m requirement of further mitigating actions / pipeline opportunities is currently reflected from October and shown across pay/non-pay as an expenditure reduction. Further mitigating opportunities include:-

- Rates reductions
- Enhanced Cleaning – variable pay reduction
- Bed contract and hire cost reduction
- Energy cost reduction (price and usage)
- CHC specific package reviews
- Litigation continued cost avoidance measures
- Income / further funding opportunities
- Variable pay mitigation through review of pay rates and substantive appointments
- Corporate cost reduction review
- Further medicines management schemes
- Prescribing cost avoidance, off-patent treatments and related expenditure reviews

In response to Action point 1.5; the annual forecast pay savings in Table C have been revised to £11.332m, this remains higher than the workforce savings reported in Table C2 of £9.308m. The plan difference of c.£2m is due to the following schemes which are categorised as pathways changes and whilst the cash-releasing benefit should come through pay expenditure reductions, they are not distinctly workforce savings.

- Additional bed savings through service pathway changes (£1.5m)
- Cardiology service changes to release backfill sessions (£0.12m)
- Glyn Ebbw pathway re-design of primary care services (£0.1m)
- Planned Care bed and theatre efficiencies – (£0.3m)

Please inform us via the response letter if you would like this to be re-categorised to workforce savings, if so please also clarify the requirements for the pathways classification.

The pipeline opportunities required of £5.7m are currently assumed to be delivered from October. There will inevitably be some risk to this plan and further mitigating actions are being reviewed as listed above.

The month 2 year to date delivery of savings plans is £2.8m. Planned savings for this period in the revised annual plan were £2.2m these had been profiled on a straight-line basis. Divisional savings plans have been re-profiled accordingly.

The Health Board continue to operate a Value & Sustainability Board to identify and monitor savings delivery & new opportunities.

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

This table has been completed in line with the guidance. The Month 02 financial position is based on total allocations of £1,732.2m, of which £1,640.4m are received and £91.8m 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 Capital MMR table shows the outturn capital charges position for the Health Board. The position confirms the DEL and AME outturn positions which includes the allocation adjustments agreed with WG colleagues. All figures are subject to change.

Further allocations will be anticipated for areas such as CHC Real living wage 2024/25 and outpatient transformation costs once WG correspondence has been agreed.

The Health Board has been made aware of additional targets that must be met in order to receive the full value of the local 6 Goals funding, this could be a risk to funding of c£1.5m. At this stage the Health Board is assuming it will receive all of this funding.

In response to Action point 1.6; the Capital Cash drawing limit has been adjusted accordingly for month 2.

8. Healthcare Agreements and Major Contracts

ABUHB is currently agreeing LTA documentation with organisations, there are discussions regarding the application of the directed uplift of 3.67%, which ABUHB will pass through in full.

The deadline for signed agreements is 30th of June 2024.

LTA negotiations are still ongoing with the aim of securing agreement with all providers/commissioners by the deadline. There remain significant issues with 2 organisations (CTMUHB and Velindre NHS Trust) which may result in the sign off deadline not being met for all agreements.

9. Statement of Financial Position and Aged Welsh NHS Debtors (Tables F & M)

Table F – Statement of Financial Position

This table is not required for month 2.

Table M - AGED WELSH NHS DEBTORS

At the end of May 2024, the Health Board had 6 invoices outstanding with other Welsh Health Bodies totalling £163,822.

Powys Teaching Local Health Board – 5 invoices outstanding totalling £161,837. The 5 outstanding invoices includes 3 invoices which exceed 17 weeks of which 1 invoice will be cancelled in full with a credit note raised to reduce the outstanding balance to zero. We have met with Powys regarding the 4 remaining invoices and requested urgent payment of theses invoices which were all agreed as part of the month 12 agreement of balances process.

Health Education & Improvement Wales - 1 invoice totalling £1,985 which is to be credited in full.

10. Cash Flow Forecast (Table G)

The cash balance held at the end of May is £3.637m which is made up of £3.460m relating to revenue and £0.177m relating to Capital. The balance is within the advisory figure set by Welsh Government of £6m.

The Health Board is forecasting an overspend of £48.860m in 2024/25. This overspend has been reflected in the cash flow table and will require strategic cash support towards the end of the year.

The cash flow table is showing a deficit balance of £46.536m in March 2025, which is made up of the following and assumes a cash balance held at the end of 2024/25 of £2.324m (£1.8m revenue and £0.524m capital).

	Revenue	Capital	Total
C/F Balance	1,800	524	2,324
Deficit/ Strategic Cash	(48,860)	0	(48,860)
Total	(47,060)	**524**	(46,536)

11. Public Sector Payment Compliance (Table H)

This table is not required for month 2.

12. Capital Schemes & Other Developments (Tables I, J & K)

Table I has been completed in line with the latest CRL issued on 21st of May 2024.

The approved Capital Resource Limit (CRL) as at Month 2 totalled £59.102m. Forecast overspends totalling £0.883m against various All-Wales Capital Programme (AWCP) schemes (detailed further below) are being offset by a corresponding under spend against the Discretionary Capital Programme (DCP). The overall saving of £0.511m shown relates to savings against Neville Hall Satellite Radiotherapy Unit and ICF schemes. These CRL adjustments will be notified to the Capital Team at WG during June.

Table J indicates a validation error against Grange University Hospital - Brokerage pending VAT reclaim minimum in year forecast. This is due to the current YTD spend being more than the minimum spend forecast. The validation error will be corrected when the expected credit is received and factored into the minimum spend validation calculation.

AWCP Schemes

Newport East HWBC
Phase 1 completion for 19 Hills (Newport East) Health and Well-being Centre is expected to be February 2025. The overall project budget remains under pressure due to additional asbestos and utility costs with a forecast overspend of £295k which is currently being funded by DCP. This is a reduction in month of £92k due to a decrease in anticipated Average Weekly Earning (AWE) inflation costs. A further funding bid is intended to be submitted to mitigate the position.

NHH Satellite Radiotherapy Centre (including RAAC works)
Works at NHH Satellite Radiotherapy Centre are progressing well with planned completion forecast to be 30th January 2025. The overall scheme is forecast to be £0.523m under budget largely as a result of VAT recovery savings. The VAT savings slippage of £0.500m will be notified to WG in June to adjust the CRL position. There is potential for further slippage if the contingency budget is not required in full in 24/25, however, the allocation will need to be retained until the Linac installation is more progressed.

EFAB – National Programmes: Infrastructure / Fire / Decarbonisation
A number of the larger EFAB schemes that commenced in 2023/24 continue into 2024/25 including Glan Usk roof replacement and the Fire alarm replacements at RGH and St Cadoc's. Whilst the majority of schemes are due to complete during 2024/25 without any issues, some schemes such as the St Cadocs duct safety works have encountered issues which will require close monitoring and a re-evaluation of what can be achieved within the overall allocation.

CAMHS – Sanctuary Hub (Plaid agreement and HCF Funding)
The CAMHS Sanctuary Hub scheme has been delayed due to asbestos removal with expected completion now anticipated for September 2024. The scheme is currently anticipated to be within budget.

Grange University Hospital – VAT Reclaim
The final VAT recovery claim for the main scheme was submitted to HMRC in September 2023. The Health Board is currently responding to Information requests from HMRC and anticipate the final claim will be agreed in 2024/25.

GUH Emergency Department Extension
The GUH Emergency Department extension scheme is underway with completion of the extension currently estimated to be January 2025. The scheme is forecast to be in line with budget.

Ty Gwent
The building lease was signed in early March following WG approval. The initial set up works and IT infrastructure requirements are being progressed with full spend expected to be achieved this financial year.

RGH Blocks 1 & 2 Demolition and Car Park
A forecast over spend of £0.110m is being reported against the RGH Blocks 1 & 2 Demolitions and Car Park scheme because of additional asbestos and delays due to nesting birds. This overspend is being funded via the DCP. Further survey works are required to be completed by the Civil Engineers before the programme can be confirmed.

YYF Unified Breast Unit
The final account is being agreed for the new Unified Breast Unit at YYF. Once agreed, the final VAT recovery claim can be made to HMRC. The allocation of £0.111m confirmed for 2024/25 is being used to support additional equipment and IT requirements for the unit.

RGH Endoscopy
RGH Endoscopy unit was opened on the 6th November. The small carry forward into 2024/25 relates to an outstanding IT cost which is expected to be spent in quarter one.

DPIF – Digital Year End Funding – January 2024
The slippage amount of £20k is expected to be spent by quarter two of 2024/25.

ICF – Pontllanfraith Feasibility
This scheme is now complete with a saving reported of £11k. The funding remaining will need to be repaid via the RPB process.

Emergency Department Improvements – 2023/24
Spend against the slippage amount of £55k has commenced and is expected to be completed by the end of quarter one of 2024/25.

Housing with Care Fund
Spend against the slippage amounts totalling £21k are ongoing and expected to be spent by the end of quarter one of 2024/25.

DPIF – Digital Year End Funding – February 2024
The slippage amount of £53k is expected to be spent by quarter two of 2024/25.

Diagnostic Equipment
Spend against the slippage amount of £35k has commenced and is expected to be completed by the end of quarter one of 2024/25.

Year End funding – January 2024
Spend against the slippage amount of £49k has commenced and is expected to be completed by the end of quarter one of 2024/25.

IRCF - Monmouth Health and Wellbeing Centre and Dixton Surgery
The external team has been appointed for this project and work is commencing. A cashflow profile is awaited to confirm the 2024/25 spend profile.

IRCF - Aber Valley Health and Wellbeing Centre and Aber Practice Development
The external team has been appointed for this project and work is commencing. A cashflow profile is awaited to confirm the 2024/25 spend profile.

Purchase of Head Lease – Chepstow Hospital
Additional funding of £5.550m was received in month for the purchase of the head lease for Chepstow Hospital. The purchase is expected to be finalised in June.

Tredegar HWBC
Phase 2 of Bevan Health and Well-being Centre (demolition of the existing Health Centre and car-parking) is continuing and is anticipated to complete 04/11/24. The scheme is forecasting an overspend of £0.520m in 2024/25 which is being offset by the DCP. The overspend figure has been reduced in month by £0.302m due to the inclusion of delay damages charged to date in the forecast. The forecast excludes the agreement being finalised with the contractor in relation to two disputed compensation events which will be reported in June. An additional funding bid to WG is also planned to be made in 2024/25 for unfunded costs in relation to inflation allowances on works and fees, EV charging and other required changes. These currently total circa £1.3m plus VAT.

Discretionary Capital Programme
The Health Board Discretionary Capital Programme (DCP) funding available for 2024/25 is £8.771m made up of:

- 2024/25 DCP Funding – £10.814m
- Less 30% EFAB contribution – (£0.725m)
- Less 2023/24 AWCP scheme brokerage – (£1.669m)
- Plus 2023/24 DCP scheme brokerage – £0.350m
- Plus NBV of assets disposed – £0.001m

The opening DCP for 2023/24 was approved at the January 2024 Board meeting. The current forecast spend for approved DCP schemes is £7.888m. This equates to an under spend of £0.883m which is required to offset the overspends on AWCP schemes. The DCP budget required to offset AWCP overspends has reduced by £0.456m in month because of the reductions in the Bevan and 19 Hills H&WBC forecast overspends. As a result, the DCP contingency remaining as at Month 2 has increased to £1.273m. Despite this, pressure continues on the DCP allocation as further urgent risks have been identified including urgent works and equipment replacements and the renewal of a three-year licence for the Careflow Vitals system at a cost of £1.466m.

Other Issues

Risk Management

Claims submitted to the Welsh Risk Pool at the end of May 2024 total £3.938m. No significant claims have been reimbursed up to the end of May 2024 leaving a total £3.938m to be reimbursed.

The total payments made by the HB equate to £31.469m of which we have submitted reimbursement claims for £3.938m leaving a balance of £27.531m relating to claims not yet reimbursed. The vast majority relates to pre 2024/25, out of the £27.5m not yet submitted for reimbursement only £0.366m relates to the current year.

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 10th June 2024.

- Response to the month 1 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 submitted for review to Finance and Performance Committee, as a sub-committee of the Board.

The dates for future Board meetings are as follows:-

- Wednesday 17th July 2024
- Wednesday 25th September 2024

The dates for future Finance and Performance Committee meetings are as follows:-

- Monday 17th June 2024
- Monday 9th September 2024
- Monday 16th December 2024
- Monday 17th February 2025

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 10th June 2024, and the
- Response to the month 1 list of creditors circulated as part of the monthly reply letter.

Appendix 1

Aneurin Bevan Health Board

Monthly Monitoring Returns – Current Period Action Points 2024/25

Month	Action Point	How responded to
2023/24 Month 12	No action-points	
2024/25		
Month 1		
1.1	The forecast outturn is phased unequally and is much higher in the first 6 months of the year. Please consider adjusting the opening plan section (e.g. using Line 7) to enable a straight-lined opening plan profile to be reported on Line 14.	See Commentary
1.2	We note that a number of future month expenditure profiles have been straight-lined. We trust expenditure profiles will be further refined at month 2.	See Commentary
1.3	Within future narratives, please ensure confirmation is provided where any unidentified savings/mitigating actions supporting the outturn position are being phased within the SoCNE (e.g. all against non pay).	See Commentary
1.4	Your narrative lists a number of challenges that the Health Board faces in the achievement of the 2024/25 financial forecast. However, these differ in terms of quantity and / or detail to those listed on table A2. Please improve the consistency between the two documents in your month 2 submission, noting the following extract of the MMR guidance:	See Commentary
1.5	The annual forecast pay savings in Table C of £10.682m are higher than the workforce savings reported in Table C2 (£9.443m). Please review the categorisation of savings in the tracker and if there remain differences between then categories in future months, provide a supporting explanation in your narrative.	See Commentary
1.6	The total Capital Cash Drawing Limit (£53.551m) does not agree with the Capital Cash Limit on the Master CRL (£52.231m). Please correct the variance in your next return.	Noted / See Commentary
1.7	The total Revenue Cash Drawing Limit (£1,592.518m) does not agree with the Revenue Allocation letter (£1,458.336m). Please correct the variance in your next return.	To remove
1.8	Please ensure that the MMR template circulated with the MMR WHC is the version used to complete and submit your month 2 return.	Noted

Aneurin Bevan University Health Board

Finance Report – May (Month 2) 2024/25

Appendices

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Note: further detail available upon request

Table A – Movement of Opening Financial Plan to Forecast Outturn

		In Year Effect	Non Recurring	Recurring	FYE of Recurring	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	In Year 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)	-81,410	0	-81,410	-81,410	-6,784	-6,784	-6,784	-6,784	-6,784	-6,784	-6,784	-6,784	-6,784	-6,784	-6,784	-6,784	-13,568	-81,410
2	Cost Pressures (Non Covid-19) (Negative Value)	-47,382	0	-47,382	-60,022	-3,949	-3,949	-3,949	-3,949	-3,949	-3,949	-3,949	-3,949	-3,949	-3,949	-3,949	-3,949	-7,897	-47,382
3	Planned Expenditure For Covid-19 (Negative Value)	-12,416	0	-12,416	-12,416	-781	-701	-953	-969	-973	-924	-925	-927	-1,303	-1,308	-1,308	-1,343	-1,482	-12,416
4	Allocation Letter Revenue Funding Uplift / (Reduction)/ WG RRL / WG Income Uplift / (Reduction/ Non-Covid)	39,414	0	39,414	51,830	3,285	3,285	3,285	3,285	3,285	3,285	3,285	3,285	3,285	3,285	3,285	3,285	6,569	39,414
5	Planned Welsh Government Funding for Covid-19 (Positive Value)	12,416	0	12,416	12,416	781	701	953	969	973	924	925	927	1,303	1,308	1,308	1,343	1,482	12,416
6	Other Income Uplift / (Reduction)	0	0															0	0
7	RRL Profile - phasing only (In Year Effect / Column C must be nil)	0	0	0	0	1,264	942	989	-190	-299	-371	-271	-315	-455	-394	-431	-470	2,206	0
8	Planned (Finalised) Green and Amber Savings Plan	34,466	3,828	30,638	31,627	1,221	1,521	1,475	2,654	2,763	2,834	3,515	3,559	3,698	3,637	3,675	3,914	2,742	34,466
9	Planned (Finalised) Net Income Generation	52	0	52	52	4	4	4	4	4	4	4	4	4	4	4	4	9	52
10	Planned Profit / (Loss) on Disposal of Assets	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
11	Planned Release of Uncommitted Contingencies & Reserves (Positive Value)	0	0															0	0
12		0	0															0	0
13	Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	6,000	10	5,990	5,990	0	0	0	0	0	0	1,000	1,000	1,000	1,000	1,000	1,000	0	6,000
14	**Opening IMTP / Annual Operating Plan**	**-48,860**	**3,838**	**-52,698**	**-51,933**	**-4,959**	**-4,980**	**-4,980**	**-4,980**	**-4,980**	**-4,980**	**-3,200**	**-3,200**	**-3,200**	**-3,200**	**-3,200**	**-3,000**	**-9,940**	**-48,860**
15	Reversal of Red, Pipeline and Planning Assumption Savings still to be finalised at Month 1	-6,000	-10	-5,990	-5,990	0	0	0	0	0	0	-1,000	-1,000	-1,000	-1,000	-1,000	-1,000	0	-6,000
16	Additional In Year & Movement from Planned Release of Previously Committed Contingencies & Reserves (Positive Value)	0	0															0	0
17	Additional In Year & Movement from Planned Profit / (Loss) on Disposal of Assets	0	0															0	0
18	Other Movement in Month 1 Planned & In Year Net Income Generation	1	0	1	1	0	-2	2	0	0	0	0	0	0	0	0	0	-2	1
19	Other Movement in Month 1 Planned Savings - (Underachievement) / Overachievement	-1	77	-77	66	1	-18	26	33	38	39	-19	-21	-21	-16	-15	-25	-17	-1
20	Additional In Year Identified Savings - Forecast	266	0	266	266	0	52	20	20	21	22	22	22	22	22	22	22	52	266
21	Variance to Planned RRL & Other Income	0	0					-48	-53	-60	-60	44	45	46	41	39	6	0	0
22	Additional In Year & Movement in Planned Welsh Government Funding for Covid-19 plus virements (Positive Value - additional)	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
23	Additional In Year & Movement in Planned Welsh Government Funding (Non Covid) (Positive Value - additional)	0	0															0	0
24	Additional In Year & Movement Expenditure for Covid-19 (Negative Value - additional/Postive Value - reduction)	0	0			0	0	0	0	0	0	0	0	0	0	0	0	0	0
25	In Year Accountancy Gains (Positive Value)	0	0	0	0	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															0	0
27	Pipeline opportunities and mitigating actions to be confirmed	5,734	55	5,679	5,679	0	0	0	0	0	0	954	954	954	954	954	964	0	5,734
28		0	0															0	0
29		0	0															0	0
30		0	0															0	0
31		0	0															0	0
32		0	0															0	0
33		0	0															0	0
34		0	0															0	0
35		0	0															0	0
36		0	0															0	0
37		0	0															0	0
38		0	0															0	0
39		0	0															0	0
40	**Forecast Outturn (- Deficit / + Surplus)**	**-48,860**	**3,959**	**-52,819**	**-51,911**	**-4,959**	**-4,948**	**-4,980**	**-4,980**	**-4,981**	**-4,980**	**-3,199**	**-3,200**	**-3,200**	**-3,200**	**-3,200**	**-3,033**	**-9,907**	**-48,860**
41	**Covid-19 - Forecast Outturn (- Deficit / + Surplus)**	**0**				**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
42	**Operational - Forecast Outturn (- Deficit / + Surplus)**	**-48,860**				**-4,959**	**-4,948**	**-4,980**	**-4,980**	**-4,981**	**-4,980**	**-3,199**	**-3,200**	**-3,200**	**-3,200**	**-3,200**	**-3,033**	**-9,907**	**-48,860**

Table A1 - Underlying Position

	Section A - By Spend Area	IMTP Underlying Position b/f £'000	Full Year Effect of Actions: Recurring Savings (+ve) £'000	Full Year Effect of Actions: Recurring Allocations / Income (+ve) £'000	Subtotal £'000	New, Recurring, Full Year Effect of Unmitigated Pressures (-ve) £'000	IMTP Underlying Position c/f £'000
1	Pay - Administrative, Clerical & Board Members	(0)		3,334	3,334	(3,334)	(0)
2	Pay - Medical & Dental	(24,293)		8,977	(15,316)	(522)	(15,838)
3	Pay - Nursing & Midwifery Registered	(15,638)	4,767		(10,871)		(10,871)
4	Pay - Prof Scientific & Technical	(807)		807	(0)		(0)
5	Pay - Additional Clinical Services	(6,776)	4,767	509	(1,500)		(1,500)
6	Pay - Allied Health Professionals	(0)		850	850	(850)	(0)
7	Pay - Healthcare Scientists	(115)		115	0		0
8	Pay - Estates & Ancillary	(2,841)			(2,841)	(45)	(2,886)
9	Pay - Students	0			0		0
10	Non Pay - Supplies and services - clinical	(15,001)	15,001	8,746	8,746	(12,992)	(4,246)
11	Non Pay - Supplies and services - general	(740)	740		(0)		(0)
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	(5,088)	5,088		(0)		(0)
16	Non Pay - External Contractors	0			0	0	0
17	Health Care Provided by other Orgs – Welsh LHBs	(1,000)		7,000	6,000	(8,000)	(2,000)
18	Health Care Provided by other Orgs – Welsh Trusts	0			0		0
19	Health Care Provided by other Orgs – JCC	0		12,197	12,197	(16,226)	(4,029)
20	Health Care Provided by other Orgs – English	0			0		0
21	Health Care Provided by other Orgs – Private / Other	(9,110)	7,104	9,295	7,289	(17,829)	(10,540)
22	**Total**	**(81,410)**	**37,467**	**51,830**	**7,887**	**(59,798)**	**(51,911)**

Table A2 - Risks and Opportunities

	Table A2 - Overview Of Key Risks & Opportunities	FORECAST YEAR END	
		£'000	Likelihood
1			
2			
3			
	Risks (negative values)		
4	Under delivery of Amber Schemes included in Outturn via Tracker		
5	Continuing Healthcare	(1,000)	Medium
6	Prescribing	(3,000)	Medium
7	Pharmacy Contract		
8	Joint Commissioning Committee Performance		
9	Other Contract Performance		
10	GMS Ring Fenced Allocation Underspend Potential Claw back		
11	Dental Ring Fenced Allocation Underspend Potential Claw back		
12	Wage award / terms & conditions changes	0	Low
13	Further inflationary and unavoidable demand pressures	0	Medium
14	Additional operational and service pressures outside of annual plan (e.g. MS / Diabetes)	(1,706)	Medium
15	Delivery of pipeline opportunities risk	(5,734)	High
16	Infected blood enquiry	TBC	Medium
17			
18			
19			
20			
21			
22			
23			
24			
25			
26	**Total Risks**	(11,440)	
	Further Opportunities (positive values)		
27			
28			
29			
30			
31			
32			
33			
34	**Total Further Opportunities**	0	
35	**Current Reported Forecast Outturn**	(48,860)	
36		(48,860)	
37	**Worst Case Outturn Scenario**	(60,300)	
38	**Best Case Outturn Scenario**	(48,860)	

Table B– Monthly Summarised Statement of Comprehensive Net Expenditure/Statement of Comprehensive Net Income

	A. Monthly Summarised Statement of Comprehensive Net Expenditure / Statement of Comprehensive Net Income		1 Apr £'000	2 May £'000	3 Jun £'000	4 Jul £'000	5 Aug £'000	6 Sep £'000	7 Oct £'000	8 Nov £'000	9 Dec £'000	10 Jan £'000	11 Feb £'000	12 Mar £'000	Total YTD £'000	Forecast year-end position £'000
1	Revenue Resource Limit	Actual/F'cast	140,293	124,527	142,536	142,148	142,433	142,041	142,810	141,501	141,755	142,304	142,301	187,540	264,820	1,732,192
2	Capital Donation / Government Grant Income (Health Board only)	Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0
3	Welsh NHS Local Health Boards & Trusts Income	Actual/F'cast	1,909	2,049	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	1,998	3,958	23,933
4	JCC Income	Actual/F'cast	981	1,019	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	1,079	2,000	12,791
5	Welsh Government Income (Non RRL)	Actual/F'cast	2,285	(1,198)	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,103	1,087	12,118
6	Other Income	Actual/F'cast	5,072	6,263	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	5,072	11,335	62,055
7	**Income Total**		**150,540**	**132,660**	**151,788**	**151,400**	**151,685**	**151,293**	**152,062**	**150,753**	**151,007**	**151,556**	**151,553**	**196,792**	**283,200**	**1,843,089**
8	Primary Care Contractor (excluding drugs, including non resource limited expenditure)	Actual/F'cast	18,815	15,396	18,782	18,782	18,782	18,782	18,532	18,532	18,532	18,532	18,532	18,736	34,211	220,735
9	Primary Care - Drugs & Appliances	Actual/F'cast	9,898	9,492	9,755	9,755	9,755	9,755	9,755	9,755	9,755	9,755	9,755	9,752	19,390	116,937
10	Provided Services - Pay	Actual/F'cast	62,289	64,288	62,789	62,289	62,289	62,289	61,789	60,789	60,789	60,789	62,289	61,789	126,577	744,467
11	Provider Services - Non Pay (excluding drugs & depreciation)	Actual/F'cast	13,292	12,402	13,346	13,322	13,641	13,846	13,171	13,235	13,261	13,868	13,209	14,493	25,694	161,085
12	Secondary Care - Drugs	Actual/F'cast	5,708	5,006	5,415	5,170	5,105	5,181	5,461	5,384	5,272	5,163	5,124	5,123	10,714	63,113
13	Healthcare Services Provided by Other NHS Bodies	Actual/F'cast	27,455	27,313	27,200	27,200	27,200	26,800	26,800	26,800	26,800	26,800	26,800	26,800	54,768	323,968
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	10,580	11,060	10,924	11,307	11,338	11,067	11,201	10,907	11,248	11,299	10,497	11,670	21,640	133,099
16	Other Private & Voluntary Sector	Actual/F'cast	813	1,183	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,434	1,996	16,337
17	Joint Financing and Other	Actual/F'cast	2,502	3,284	2,893	2,893	2,893	2,893	2,893	2,893	2,893	2,893	2,893	2,893	5,786	34,716
18	Losses, Special Payments and Irrecoverable Debts	Actual/F'cast	135	68	209	209	209	209	209	209	209	209	209	209	203	2,290
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	3,976	3,979	3,984	3,983	3,983	3,981	3,980	3,980	3,978	3,978	3,975	3,984	7,956	47,762
23	AME Donated Depreciation\Impairments	Actual/F'cast	37	(15,852)	37	36	36	36	36	36	36	36	36	42,943	(15,816)	27,453
24	Uncommitted Reserves & Contingencies	Actual/F'cast													0	0
25	Profit\Loss Disposal of Assets	Actual/F'cast	(0)	(12)	0	0	0	0	0	0	0	0	0	0	(12)	(12)
26	**Cost - Total**	Actual/F'cast	**155,499**	**137,608**	**156,768**	**156,380**	**156,665**	**156,273**	**155,262**	**153,953**	**154,207**	**154,756**	**154,753**	**199,826**	**293,107**	**1,891,949**
27	**Net surplus/ (deficit)**	Actual/F'cast	**(4,959)**	**(4,948)**	**(4,980)**	**(4,980)**	**(4,980)**	**(4,980)**	**(3,200)**	**(3,200)**	**(3,200)**	**(3,200)**	**(3,200)**	**(3,034)**	**(9,907)**	**(48,860)**

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 YTD	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	9,760	9,935	9,838	9,760	9,760	9,760	9,682	9,525	9,525	9,525	9,760	9,625	**19,695**	**116,455**
2	Medical & Dental	15,120	15,270	15,241	15,120	15,120	15,120	14,999	14,756	14,756	14,756	15,120	14,756	**30,390**	**180,134**
3	Nursing & Midwifery Registered	18,828	19,771	18,979	18,828	18,828	18,828	18,677	18,375	18,375	18,375	18,828	18,775	**38,599**	**225,467**
4	Prof Scientific & Technical	2,757	2,816	2,779	2,757	2,757	2,757	2,735	2,691	2,691	2,691	2,757	2,691	**5,573**	**32,879**
5	Additional Clinical Services	9,372	10,039	9,447	9,372	9,372	9,372	9,297	9,146	9,146	9,146	9,372	9,346	**19,411**	**112,427**
6	Allied Health Professionals	3,794	3,816	3,824	3,794	3,794	3,794	3,764	3,703	3,703	3,703	3,794	3,903	**7,610**	**45,386**
7	Healthcare Scientists	1,157	1,194	1,166	1,157	1,157	1,157	1,148	1,129	1,129	1,129	1,157	1,129	**2,351**	**13,809**
8	Estates & Ancillary	3,431	3,586	3,459	3,431	3,431	3,431	3,403	3,348	3,348	3,348	3,431	3,448	**7,017**	**41,095**
9	Students	2	2	4	2	2	2	0	1	1	1	2	1	**4**	**22**
10	**TOTAL PAY EXPENDITURE**	**64,221**	**66,429**	**64,737**	**64,221**	**64,221**	**64,221**	**63,705**	**62,674**	**62,674**	**62,674**	**64,221**	**63,674**	**130,650**	**767,674**
	Analysis of Pay Expenditure														
11	**LHB Provided Services - Pay**	62,289	64,288	62,789	62,289	62,289	62,289	61,789	60,789	60,789	60,789	62,289	61,789	**126,577**	**744,467**
12	**Other Services (incl. Primary Care) - Pay**	1,932	2,141	1,948	1,932	1,932	1,932	1,916	1,885	1,885	1,885	1,932	1,885	**4,073**	**23,207**
13	**Total - Pay**	**64,221**	**66,429**	**64,737**	**64,221**	**64,221**	**64,221**	**63,705**	**62,674**	**62,674**	**62,674**	**64,221**	**63,674**	**130,650**	**767,674**

B - Agency / Locum (premium) Expenditure - Analysed by Type of Staff		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 YTD	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	28	8	38	39	39	39	37	36	35	35	35	35	**36**	**404**
2	Medical & Dental	1,124	932	1,129	1,173	1,173	1,173	1,085	1,042	998	998	998	998	**2,056**	**12,821**
3	Nursing & Midwifery Registered	1,034	1,064	1,057	1,047	1,047	1,047	966	926	886	886	886	886	**2,098**	**11,732**
4	Prof Scientific & Technical	27	68	37	38	38	38	36	35	34	34	34	34	**95**	**450**
5	Additional Clinical Services	26	39	35	36	36	36	34	33	32	32	32	32	**65**	**406**
6	Allied Health Professionals	102	105	139	143	143	143	135	131	127	127	127	127	**207**	**1,547**
7	Healthcare Scientists	27	26	37	38	38	38	36	35	34	34	34	34	**53**	**408**
8	Estates & Ancillary	205	138	204	212	212	212	196	188	180	180	180	180	**343**	**2,286**
9	Students	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
10	**TOTAL AGENCY/LOCUM (PREMIUM) EXPENDITURE**	**2,573**	**2,381**	**2,675**	**2,725**	**2,725**	**2,725**	**2,525**	**2,425**	**2,325**	**2,325**	**2,325**	**2,325**	**4,954**	**30,054**
11	**Agency/Locum (premium) % of pay**	**4.0%**	**3.6%**	**4.1%**	**4.2%**	**4.2%**	**4.2%**	**4.0%**	**3.9%**	**3.7%**	**3.7%**	**3.6%**	**3.7%**	**3.8%**	**3.9%**

C - Agency / Locum (premium) Expenditure - Analysed by Reason for Using Agency/Locum (premium)		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 YTD	Forecast year-end position
REF	*REASON*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
1	Vacancy	1,544	1,428	1,605	1,635	1,635	1,635	1,515	1,455	1,395	1,395	1,395	1,395	**2,972**	**18,032**
2	Maternity/Paternity/Adoption Leave	27	25	28	29	29	29	27	25	24	24	24	24	**52**	**316**
3	Special Leave (Paid) – inc. compassionate leave, interview	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
4	Special Leave (Unpaid)	39	36	40	41	41	41	38	36	35	35	35	35	**74**	**451**
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)	520	481	540	550	550	550	510	490	470	470	470	470	**1,001**	**6,071**
7	Annual Leave	48	44	49	50	50	50	47	45	43	43	43	43	**92**	**556**
8	Sickness	396	367	412	420	420	420	389	373	358	358	358	358	**763**	**4,628**
9	Restricted Duties	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
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**	**2,573**	**2,381**	**2,675**	**2,725**	**2,725**	**2,725**	**2,525**	**2,425**	**2,325**	**2,325**	**2,325**	**2,325**	**4,954**	**30,054**

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 YTD	Forecast year-end position
A1	*Enter as positive values*	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Overall Covid-19 Position															
108	**Total Planned COVID-19 Expenditure**	781	701	953	969	973	924	925	927	1,303	1,308	1,308	1,343	**1,482**	**12,416**
109	**Total Actual/Forecast COVID-19 Expenditure**	781	701	953	969	973	924	925	927	1,303	1,308	1,308	1,343	**1,482**	**12,416**
110	**Movement from Planned Expenditure**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
111	**Total Planned Funding**	781	701	953	969	973	924	925	927	1,303	1,308	1,308	1,343	**1,482**	**12,416**
112	**Total Actual/Forecast COVID-19 Funding excluding Virements**	781	701	953	969	973	924	925	927	1,303	1,308	1,308	1,343	**1,482**	**12,416**
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**	**781**	**701**	**953**	**969**	**973**	**924**	**925**	**927**	**1,303**	**1,308**	**1,308**	**1,343**	1,482	12,416
115	**Movement from Planned Funding**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**
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**	0	0	0	0	0	0	0	0	0	0	0	0	**0**	**0**
118	**Net Movement from Plan**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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 YTD	Full-year forecast	YTD as %age of FY	Assessment		Full In-Year forecast	
			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar			*YTD variance as %age of YTD*	Green	Amber	non recurring	recurring
			£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000				£'000	£'000	£'000	£'000
1	Pay	Budget/Plan	621	514	536	784	810	810	1,207	1,210	1,210	1,210	1,210	1,210	1,135	11,332		0	5,113		
2		Actual/F'cast	622	512	563	819	846	846	1,182	1,185	1,185	1,190	1,190	1,184	1,133	11,324	10.01%	6,344	4,980	875	10,449
3		Variance	1	(2)	26	36	36	36	(25)	(25)	(25)	(20)	(20)	(25)	(2)	(8)	*(0.17%)*	6,344	-134		
4	Non-Pay	Budget/Plan	226	192	231	571	571	571	570	572	672	572	571	769	418	6,090		2,425	3,665		
5		Actual/F'cast	226	168	225	562	566	566	567	567	667	567	567	763	393	6,011	6.55%	2,381	3,630	1,326	4,685
6		Variance	0	(24)	(6)	(9)	(6)	(6)	(3)	(5)	(5)	(5)	(4)	(6)	(24)	(79)	*(5.79%)*	-44	-35		
7	Primary Care - Drugs & Appliances	Budget/Plan	118	131	142	298	309	321	332	343	355	367	379	392	250	3,487		2,187	1,300		
8		Actual/F'cast	118	183	162	318	330	343	354	365	377	388	401	412	302	3,752	8.04%	2,452	1,300	0	3,752
9		Variance	0	52	20	20	21	22	22	22	22	22	22	20	52	264	*20.78%*	264	0		
10	Secondary Care Drugs	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	1		1	0		
11		Actual/F'cast	0	9	6	7	8	9	9	9	9	9	9	9	9	89	10.24%	89	0	89	0
12		Variance	0	9	5	6	7	9	9	9	9	9	9	9	9	88	*10809.20%*	88	0		
13	CHC/FNC	Budget/Plan	35	63	145	465	537	596	865	893	920	947	975	1,002	98	7,443		3,357	4,086		
14		Actual/F'cast	35	63	145	465	537	596	865	893	920	947	975	1,002	98	7,443	1.31%	3,357	4,086	1,440	6,003
15		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0		
16	Primary Care Contractor	Budget/Plan	221	221	221	291	291	291	296	296	296	296	296	296	441	3,308		2,648	660		
17		Actual/F'cast	221	221	221	291	291	291	296	296	296	296	296	296	441	3,308	13.34%	2,648	660	175	3,133
18		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0	*0.00%*	0	0		
19	Healthcare Services Provided by Other Healthboards	Budget/Plan	0	400	200	245	245	245	245	245	245	245	245	245	400	2,805		2,399	406		
20		Actual/F'cast	0	400	200	245	245	245	245	245	245	245	245	245	400	2,805	14.25%	2,399	406	0	2,805
21		Variance	0	(0)	0	0	0	0	0	0	0	0	0	0	(0)	(0)	*(0.04%)*	0	0		
22	Non-healthcare Services Provided by Other Healthboards	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
23		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
24		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
25	Other Private & Voluntary Sector	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
26		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
27		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
28	Joint Financing & Other	Budget/Plan	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
29		Actual/F'cast	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0	0	0
30		Variance	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	0		
34	Total	Budget/Plan	1,221	1,521	1,475	2,654	2,763	2,834	3,515	3,559	3,698	3,637	3,675	3,914	2,742	34,466		13,017	406		
35		Actual/F'cast	1,221	1,555	1,521	2,707	2,822	2,895	3,518	3,559	3,699	3,642	3,682	3,911	2,776	34,731	14.25%	19,670	15,062	3,905	30,827
36		Variance	1	34	46	53	59	60	2	0	0	5	6	(3)	35	266	*(0.04%)*	6,653	14,656		
37		Variance in month	0.04%	2.24%	3.12%	2.01%	2.13%	2.13%	0.07%	0.01%	0.01%	0.15%	0.18%	(0.08%)	1.26%						
38		In month achievement against FY forecast	3.52%	4.48%	4.38%	7.79%	8.13%	8.33%	10.13%	10.25%	10.65%	10.49%	10.60%	11.26%							

Table D - Welsh NHS Assumptions – Income/Expenditure Assumptions Annual Forecast

	LHB/Trust	Contracted Income	Non Contracted Income	Total Income	Contracted Expenditure	Non Contracted Expenditure	Total Expenditure
		£'000	£'000	£'000	£'000	£'000	£'000
1	Swansea Bay University	274	880	**1,154**	1,682	2,080	**3,762**
2	Aneurin Bevan University	0	0	**0**	0	0	**0**
3	Betsi Cadwaladr University	41	97	**138**	0	1,474	**1,474**
4	Cardiff & Vale University	1,585	1,614	**3,199**	37,976	6,327	**44,303**
5	Cwm Taf Morgannwg University	1,559	1,098	**2,657**	21,267	847	**22,114**
6	Hywel Dda University	321	25	**346**	433	820	**1,253**
7	Powys	11,348	3,310	**14,658**	168	205	**373**
8	Public Health Wales	0	4,253	**4,253**	0	1,588	**1,588**
9	Velindre	0	11,055	**11,055**	30,687	54,670	**85,357**
10	NWSSP			**0**			**0**
11	DHCW	0	1,307	**1,307**	0	7,549	**7,549**
12	Welsh Ambulance Services	0	257	**257**	0	10,305	**10,305**
13	JCC	12,760	0	**12,760**	212,028	(430)	**211,598**
14	HEIW	0	14,596	**14,596**		40	**40**
15	NHS Executive			**0**			**0**
16	**Total**	**27,888**	**38,492**	**66,380**	**304,241**	**85,475**	**389,716**

Table F - Statement of Financial Position

Completed from Month 3

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													
1	WG Revenue Funding - Cash Limit (excluding NCL) - LHB & SHA only	147,500	164,500	134,000	146,000	155,000	130,000	135,000	155,500	138,000	138,500	135,000	77,977	1,656,977
2	WG Revenue Funding - Non Cash Limited (NCL) - LHB & SHA only	0	0	0	250	0	0	450	0	0	450	0	625	1,775
3	WG Revenue Funding - Other (e.g. invoices)	774	184	236	193	676	300	303	351	767	269	733	515	5,301
4	WG Capital Funding - Cash Limit - LHB & SHA only	4,000	3,500	15,000	2,500	7,500	6,800	5,600	200	5,000	2,000	3,100	2,581	57,781
5	Income from other Welsh NHS Organisations	9,191	6,094	3,618	4,412	5,185	4,023	5,909	4,288	5,404	5,967	6,266	5,896	66,253
6	Short Term Loans - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
7	PDC - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
8	Interest Receivable - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
9	Sale of Assets	0	15	0	0	0	0	0	0	0	0	0	0	15
10	Other - (Specify in narrative)	3,051	5,187	4,165	3,365	8,075	2,905	6,698	4,207	5,243	4,529	8,490	7,476	63,391
11	TOTAL RECEIPTS	**164,516**	**179,480**	**157,019**	**156,720**	**176,436**	**144,028**	**153,960**	**164,546**	**154,414**	**151,715**	**153,589**	**95,070**	**1,851,493**
	PAYMENTS													
12	Primary Care Services : General Medical Services	8,504	8,172	8,681	8,654	8,212	8,423	9,670	10,348	7,570	9,287	8,985	9,363	105,869
13	Primary Care Services : Pharmacy Services	2,809	6,711	6	2,890	4,890	1	2,910	5,745	2,827	2,916	2,918	2	34,625
14	Primary Care Services : Prescribed Drugs & Appliances	10,292	20,049	370	9,498	21,214	178	8,791	19,639	9,796	9,885	10,798	245	120,755
15	Primary Care Services : General Dental Services	2,639	2,504	2,619	2,766	2,790	2,726	2,395	2,483	2,388	3,878	2,602	2,637	32,427
16	Non Cash Limited Payments	143	(457)	763	145	(474)	763	145	(474)	163	12	190	856	1,775
17	Salaries and Wages	61,806	61,611	60,887	63,064	65,261	60,054	60,085	61,772	60,699	60,650	61,015	62,698	739,602
18	Non Pay Expenditure	75,420	76,170	68,468	68,998	66,085	64,371	65,564	65,103	65,487	63,596	64,798	64,995	809,055
19	Short Term Loan Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
20	PDC Repayment - Trust only	0	0	0	0	0	0	0	0	0	0	0	0	0
21	Capital Payment	4,268	3,861	15,000	2,500	7,514	6,886	5,651	109	5,075	2,022	3,051	2,127	58,064
22	Other items (Specify in narrative)	0	2	0	0	0	0	0	0	0	0	0	0	2
23	TOTAL PAYMENTS	**165,881**	**178,623**	**156,794**	**158,515**	**175,492**	**143,402**	**155,211**	**164,725**	**154,005**	**152,246**	**154,357**	**142,923**	**1,902,174**
24	Net cash inflow/outflow	(1,365)	857	225	(1,795)	944	626	(1,251)	(179)	409	(531)	(768)	(47,853)	
25	Balance b/f	4,145	2,780	3,637	3,862	2,067	3,011	3,637	2,386	2,207	2,616	2,085	1,317	
26	Balance c/f	2,780	3,637	3,862	2,067	3,011	3,637	2,386	2,207	2,616	2,085	1,317	(46,536)	

Table H - Prompt Payment of Invoice Performance

	30 DAY COMPLIANCE		ACTUAL Q1		ACTUAL Q2		ACTUAL Q3		ACTUAL Q4		YEAR TO DATE		FORECAST YEAR END	
	PROMPT PAYMENT OF INVOICE PERFORMANCE	Target %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Actual %	Variance %	Forecast %	Variance %
1	% of NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
2	% of NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
3	% of Non NHS Invoices Paid Within 30 Days - By Value	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%
4	% of Non NHS Invoices Paid Within 30 Days - By Number	95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%		-95.0%

Table I - Capital Resource/Expenditure Limit Management

Ref:	Performance against CRL / CEL	Year To Date			Forecast		
		Plan £'000	Actual £'000	Variance £'000	Plan £'000	F'cast £'000	Variance £'000
	Gross expenditure						
	All Wales Capital Programme:						
	Schemes:						
1	Primary Care Fees - Newport East	2,951	2,951	0	12,119	12,369	250
2	Radiotherapy Satellite - Main Scheme	2,702	2,423	(279)	15,570	15,070	(500)
3	Efab - Infrastructure	56	56	0	2,129	2,129	(0)
4	Efab - Fire	1	1	0	592	592	0
5	Efab - Decarbonisation	0	0	0	168	168	0
6	Plaid Agreement - Mental Health Sanctuary Hubs	251	251	0	251	251	0
7	HCF - St Cadocs Mental Health Unit	34	34	0	975	975	0
8	Grange University Hosptial - Brokerage pending VAT reclaim	5	5	0	(3,437)	(3,437)	0
9	Grange University Hospital - Emergency Department - Extension and Reconfiguration	1,157	823	(334)	11,355	11,355	(0)
10	Ty Gwent	3	3	0	1,219	1,219	(0)
11	RAAC Satellite Unit works	401	401	0	401	401	0
12	Royal Gwent Demolition	(3)	(3)	0	279	389	110
13	Breast Centralisation YYF	5	5	0	111	111	(0)
14	RGH Endoscopy Unit	2	2	0	4	4	0
15	Digital Year End Funding - January 2024	1	1	0	20	20	0
16	ICF Pontllanfraith Feasibility	(3)	(3)	0	8	(3)	(11)
17	Emergency Department and Minor Injury Unit Improvements	14	14	0	55	56	1
18	HCF - Specialist Children's Beds	8	8	0	6	8	2
19	HCF - Exterior Lighting Serennu Centre	0	0	0	15	15	0
20	Digital Year End Funding - February 2024	0	0	0	53	53	0
21	Diagnostic Equipment	13	13	0	35	35	0
22	Year End Funding - January 2024	13	13	0	49	49	0
23	Head Lease for Chepstow Community Hospital	0	0	0	5,550	5,550	0
24	IRCF - Monmouth Health and Wellbeing Centre and Dixton Surgery	0	0	0	742	742	0
25	IRCF - Aber Valley Health and Wellbeing Centre and Aber Practice Development	0	0	0	742	742	0
26	Tredegar H&WBC	0	122	122	0	520	520
27				0			0
28				0			0
29				0			0
30				0			0
31				0			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**	**7,611**	**7,120**	**(491)**	**49,011**	**49,383**	**372**

Table J - In Year Capital Scheme Profiles

Ref:	All Wales Capital Programme: Schemes:	Project Manager	In Year Forecast Min. £'000	In Year Forecast Max. £'000	Capital Expenditure Monthly Profile April £'000	May £'000	Jun £'000	Jul £'000	Aug £'000	Sep £'000	Oct £'000	Nov £'000	Dec £'000	Jan £'000	Feb £'000	Mar £'000	YTD £'000	Total £'000	Risk Level
1	Primary Care Fees - Newport East	Lorraine Morgan	12,300	12,500	2,416	536	2,228	1,829	1,699	1,474	660	350	340	328	296	215	2,951	12,369	Low
2	Radiotherapy Satellite - Main Scheme	Lorraine Morgan	14,371	15,070	919	1,503	1,959	1,909	1,957	1,709	1,238	920	717	594	604	1,039	2,423	15,070	Medium
3	Efab - Infrastructure	Jamie Marchant	2,050	2,200	340	(284)	216	238	349	358	258	239	108	108	108	93	56	2,129	Medium
4	Efab - Fire	Scott Taylor	560	620	2	(1)	35	80	80	83	65	45	50	50	50	53	1	592	Low
5	Efab - Decarbonisation	Jamie Marchant	150	180	0	0	0	0	19	19	19	19	19	34	19	19	0	168	Low
6	Plaid Agreement - Mental Health Sanctuary Hubs	Kolade Gamel	251	251	128	123	0	0	0	0	0	0	0	0	0	0	251	251	Low
7	HCF - St Cadocs Mental Health Unit	Kolade Gamel	975	975	0	34	239	303	244	126	29	0	0	0	0	0	34	975	Low
8	Grange University Hosptial - Brokerage pending VAT reclain	Hannah Capel	(3,437)	(3,437)	5	0	0	0	0	0	0	(3,442)	0	0	0	0	5	(3,437)	Medium
9	Grange University Hospital - Emergency Department - Exten	Hannah Capel	11,100	11,400	655	168	682	1,380	1,620	1,873	1,078	1,419	820	683	532	444	823	11,355	Medium
10	Ty Gwent	Hannah Capel	1,219	1,300	1	2	106	150	250	250	250	162	48	0	0	0	3	1,219	Medium
11	RAAC Satellite Unit works	Lorraine Morgan	401	401	401	0	0	0	0	0	0	0	0	0	0	0	401	401	Low
12	Royal Gwent Demolition	Jamie Marchant	389	389	0	(3)	50	50	50	50	100	92	0	0	0	0	(3)	389	Medium
13	Breast Centralisation YYF	Hannah Capel	111	111	4	1	10	25	25	25	21	0	0	0	0	0	5	111	Low
14	RGH Endoscopy Unit	Lorraine Morgan	4	4	1	1	2	0	0	0	0	0	0	0	0	0	2	4	Low
15	Digital Year End Funding - January 2024	Sarah Humphries	20	20	1	0	19	0	0	0	0	0	0	0	0	0	1	20	Low
16	ICF Pontllanfraith Feasibility	David Powell	(3)	(3)	(3)	0	0	0	0	0	0	0	0	0	0	0	(3)	(3)	Low
17	Emergency Department and Minor Injury Unit Improvements	Various	56	56	14	0	22	21	0	0	0	0	0	0	0	0	14	56	Low
18	HCF - Specialist Children's Beds	Sara Garland	8	8	0	8	0	0	0	0	0	0	0	0	0	0	8	8	Low
19	HCF - Exterior Lighting Serennu Centre	Sara Garland	15	15	0	0	2	5	8	0	0	0	0	0	0	0	0	15	Low
20	Digital Year End Funding - February 2024	Sarah Humphries	53	53	0	0	0	0	10	10	10	10	13	0	0	0	0	53	Low
21	Diagnostic Equipment	Various	35	35	13	0	12	10	0	0	0	0	0	0	0	0	13	35	Low
22	Year End Funding - January 2024	Jamie Marchant	49	49	6	7	0	13	0	0	23	0	0	0	0	0	13	49	Low
23	Head Lease for Chepstow Community Hospital	Jamie Marchant	5,550	5,550	0	0	5,500	50	0	0		0	0	0	0	0	0	5,550	Low
24	IRCF - Monmouth Health and Wellbeing Centre and Dixton S	Hannah Capel	742	742	0	0	15	25	87	87	87	87	87	90	90	90	0	742	Low
25	IRCF - Aber Valley Health and Wellbeing Centre and Aber P	Hannah Capel	742	742	0	0	15	25	87	87	87	87	87	90	90	90	0	742	Low
26	Tredegar H&WBC	Lorraine Morgan	420	620	102	20	32	32	32	29	29	27	4	2	39	173	122	520	Medium
27																	0	0	
28																	0	0	
29																	0	0	
30																	0	0	
31																	0	0	
32																	0	0	
33																	0	0	
34	Sub Total		48,131	49,851	5,005	2,115	11,144	6,146	6,516	6,180	3,952	14	2,291	1,977	1,828	2,215	7,120	49,383	

	Discretionary:																		
35	I.T.	Various	1,500	1,650	48	54	119	125	85	85	170	130	135	251	135	245	**102**	**1,581**	**Low**
36	Equipment	Various	250	300	0	132	23	7	32	0	83	0	0	0	0	0	**132**	**276**	**Low**
37	Statutory Compliance	Various	1,050	1,200	9	70	109	161	146	59	54	68	59	101	109	167	**80**	**1,113**	**Low**
38	Estates	Various	3,500	3,800	53	(34)	220	375	363	438	708	372	289	260	257	344	**19**	**3,644**	**Low**
39	Other	Various	1,273	1,273	0	0	127	127	127	127	127	127	127	127	127	127	**0**	**1,273**	**Low**
40	**Sub Total**		**7,573**	**8,223**	**111**	**223**	**598**	**794**	**753**	**709**	**1,142**	**697**	**610**	**739**	**628**	**884**	**333**	**7,888**	
	Other Schemes (Including IFRS 16 Leases):																		
41	IFRS16 - Robotics	Leigh-Anne Challen	1,320	1,320	0	0	1,320	0	0	0	0	0	0	0	0	0	**0**	**1,320**	**Low**
42																	**0**	**0**	
43																	**0**	**0**	
44																	**0**	**0**	
45																	**0**	**0**	
46																	**0**	**0**	
47																	**0**	**0**	
48																	**0**	**0**	
49																	**0**	**0**	
50																	**0**	**0**	
51																	**0**	**0**	
52																	**0**	**0**	
53																	**0**	**0**	
54																	**0**	**0**	
55																	**0**	**0**	
56																	**0**	**0**	
57																	**0**	**0**	
58																	**0**	**0**	
59																	**0**	**0**	
60																	**0**	**0**	
61	**Sub Total**		**1,320**	**1,320**	**0**	**0**	**1,320**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,320**	
62	**Total Capital Expenditure**		**57,024**	**59,394**	**5,116**	**2,338**	**13,062**	**6,940**	**7,269**	**6,889**	**5,094**	**711**	**2,901**	**2,717**	**2,456**	**3,099**	**7,453**	**58,591**	

Table K - Capital Disposals

A: In Year Disposal of Assets

	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)
		MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Apr 24)	MM/YY (text format, e.g. Feb 25)	£'000	£'000	£'000	£'000
1	Equipment Disposals	n/a	n/a	April 24	0	0	0	0
2	Equipment Disposals	n/a	n/a	May 24	1	15	2	12
3								0
4								0
5								0
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0
16								0
17								0
18								0
19								0
	Total for in-year				1	16	2	12

Table M - Debtors Schedule

Table M - Debtors Schedule					17 weeks before end of May 24 =	02 February 2024		
Debtor	**Inv #**	**Inv Date**	**Orig Inv £**	**Outstand. Inv £**	**Valid Entry**	**>11 weeks but <17 weeks**	**Over 17 weeks**	**Arbitration Due Date**	**Comments**
POWYS HEALTH BOARD	225483	16 November 2023	74730.10	1,611.85	Yes, valid entry for period		1,611.85	14 March 2024	Remaining amount to be credited.
POWYS HEALTH BOARD	225654	29 November 2023	15535.78	14,919.78	Yes, valid entry for period		14,919.78	27 March 2024	Invoice part-credited - chasing immediate payment of remainder
POWYS HEALTH BOARD	225944	08 January 2024	39.10	39.10	Yes, valid entry for period		39.10	06 May 2024	Agreed as part of Agreement of Balances Month 12 process, chasing immediate payment
POWYS HEALTH BOARD	226451	07 February 2024	49704.10	49,704.10	Yes, valid entry for period	49,704.10		05 June 2024	Agreed as part of Agreement of Balances Month 12 process, chasing immediate payment
POWYS HEALTH BOARD	226706	29 February 2024	95562.50	95,562.50	Yes, valid entry for period	95,562.50		27 June 2024	Agreed as part of Agreement of Balances Month 12 process, chasing immediate payment
HEALTH EDUCATION & IMPROVEMENT WALES	226701	29 February 2024	1985.05	1,985.05	Yes, valid entry for period	1,985.05		27 June 2024	Invoice to be credited.

Table N - General Medical Services Financial Position

Completed from month 6

Table O - Dental Services Financial Position

Completed from month 6

Table P - Ringfenced

Completed from month 3

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Community Therapy MSK Transformation Update Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rob Holcombe, Executive Director of Finance and procurement
SWYDDOG ADRODD: **REPORTING OFFICER:**	Collette Kiernan, Clinical Director of Therapy Services

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

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

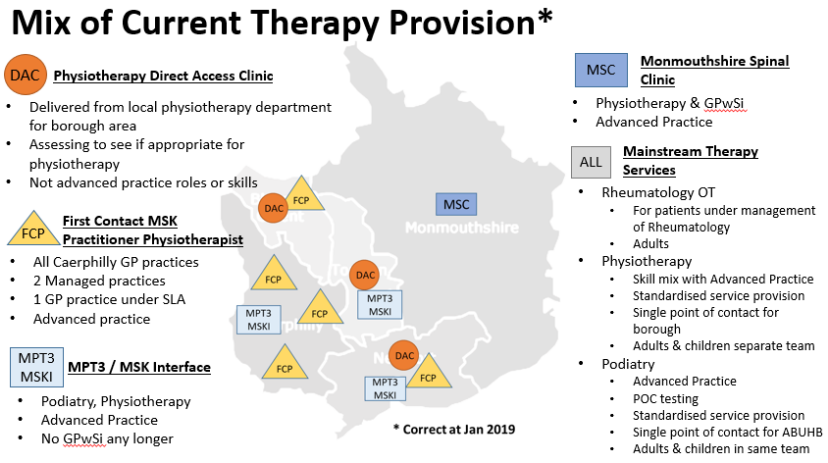
Sefyllfa / Situation

Musculoskeletal (MSK) Transformation was identified as a Health Board Integrated Medium-Term Plan (IMTP) priority in 2019/20.

The purpose of this paper is to update the Board about the work undertaken to develop a new Primary Care MSK Therapies Hub to improve and transform access to MSK services for the Health Board population and link this to services to support assessment of MSK conditions within the urgent care pathway (Minor Injuries and Urgent Primary Care).

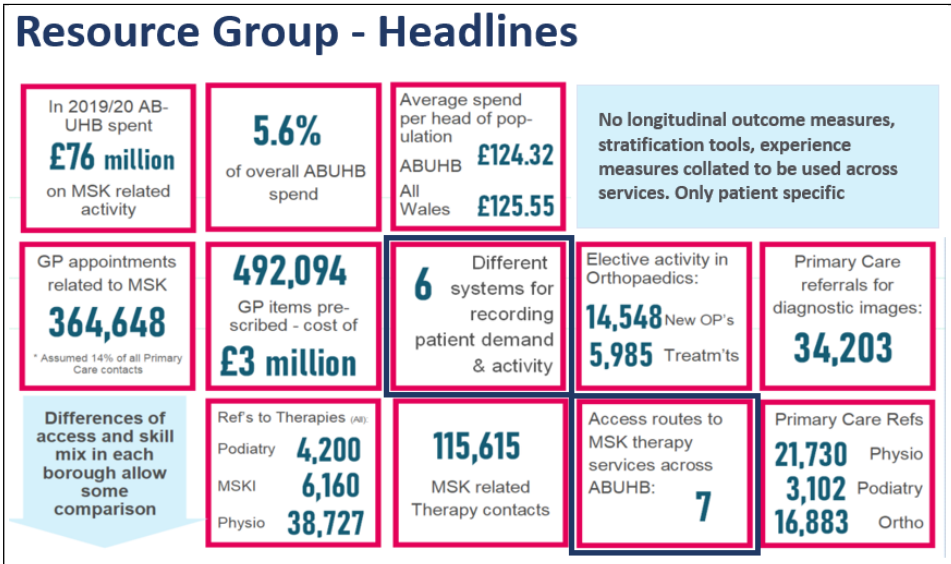
Cefndir / Background

In December 2021, a business case developed for a Community Therapy MSK Pathway resulted in a £1.8m investment from a national Value Based Health Care funding stream to deliver an evidenced based, upstream, self-referral, self-management and community therapy pathway.



This approach was necessary to standardise access to MSK Therapy services across ABUHB. Prior to the Community Therapy MSK Pathway, access to and outcome of MSK pathway varied depending on ad-hoc NCN's or individual GP practice funding. Access was only to physiotherapy, rather than the wider MDT. Access variation is shown in figure 1.

Figure 1: Mix of MSK Therapy provision and access routes as at Jan 2019



These varying developments enabled the Health Board to assess the impact of the differing demand, flow and costing between each borough. The high-level calculations from the MSK Transformation resource group are shown in figure 2.

Figure 2: High level calculations from the MSK resource group on MSK demand and activity across all MSK services

The borough comparison tallied with National evidence and showed some evidence that where there is immediate local expert assessment and management, then referrals into Orthopaedics is lower than expected, with a high degree of conversion from OP first appointment to treatment. Cost per head of treatments is also lower in comparison. The opposite is seen in boroughs where there is little or no direct access to local expert service. National evidence is supportive of this where there is a single-entry route through to specialist services (e.g. all referrals through hub or CMATs service). However, the model in ABUHB retains parallel access through to secondary care services to enable, where appropriate, direct access to T&O which was agreed at the establishment of the transformation programme.

Following the transfer of the MSK Transformation programme to business as usual, this pathway is managed by the Family & Therapies Division as 'divisional business' and aligned to the Planned Care recovery programme. The new pathway enables direct access to MSK Therapies service and a single point of co-ordination for all referrals from Primary Care whilst maintaining parallel pathways as requested by Secondary Care MSK services. People requesting help/referred to the MSK Hub will receive information on self-management advice and clarification on the most appropriate pathway based on their needs within 72 hours. A high-level pathway is shown in figure 3 below.

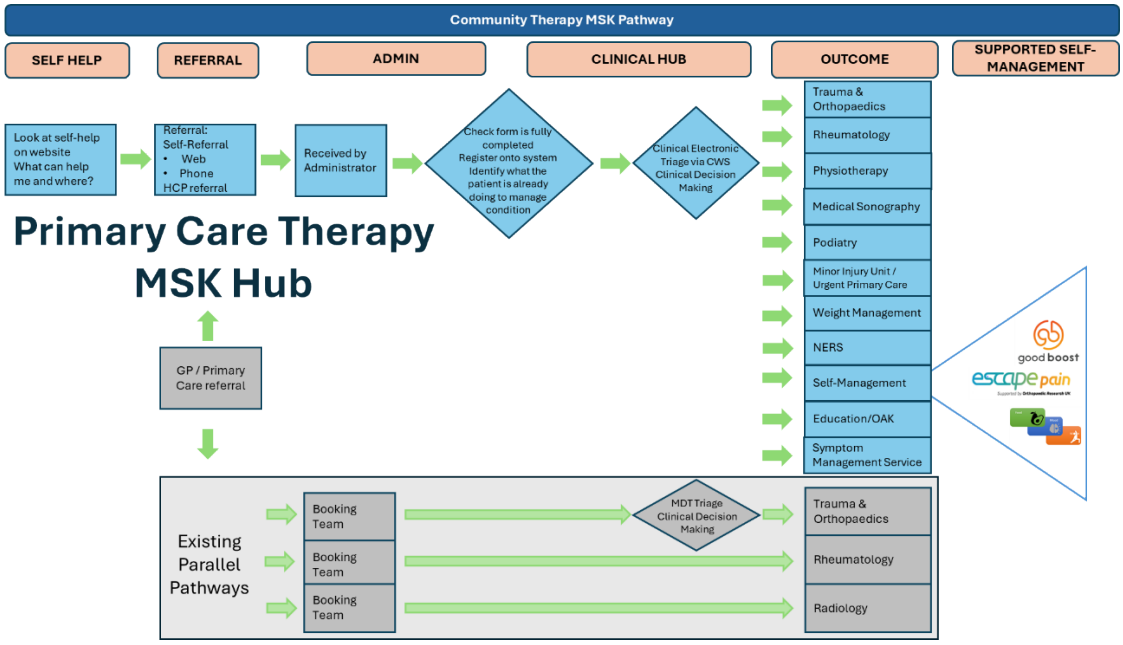


Figure 3: High level MSK Community Therapy Pathway showing existing parallel pathways

Asesiad / Assessment

The original business case:

- identified the deficiencies in regard to variation in access, capacity and service utilisation in the historical ABUHB pathway in comparison with the national best practice
- described a new integrated service to deliver value driven and evidenced based, redesigned pathway that will
    - improve efficiency of the MSK pathway by releasing GP time to assess and complete referral documentation, avoiding unnecessary referrals, investigations, time waiting for appropriate advice,
    - if used as single point to refer, have a downstream impact on orthopaedic outpatients by reducing the number of inappropriate referrals that require redirecting after 1st orthopaedic outpatient appointment, and
    - improve options for supporting self and supported self-management
- proposed a service integration of therapists into the UPC and MIU team.

> To note, the scale and profile of impact of this transformational change is dependent on:
>
> - the volume of compliance by GPs, as the programme allows GPs the choice of continued direct referral into orthopaedics), and
> - the timescale of the recruitment process.

Based on an estimated number of GP referrals via the new pathway, a series of proposed potential efficiency savings were identified, none of which were described as cash releasing, but for which were associated benefits/ efficiency improvement values using a 'calculated worth'. The business case was approved and recruitment into the service started in July 2022. These are detailed in Appendix A.

These benefits have been converted into a set of KPIs to measure the impact of the introduction of the Hub and the service integration of therapists into UPC and MIU teams. (see Appendix B) and progress to date has been summarised in brief below:

KPI	Description	Status	Next Steps	Further Improvement
1	Improved Patient experience	Being Achieved	User experience measured for website and request for help process shown in appendix C and D	To add NHS Experience measure with system maturity
2	Improved patient outcomes	Good Progress	PROMS collection launched Baseline data being collected	
3	40% website contacts progress to self-management	Progressing	19 % currently.	We expect to reach the 40% KPI target by December 2024, once the website has embedded across the Health Board.
4	Waiting time for MSK specialist advice	Being Achieved	Clinical Triage within max 72 hours 22% of contacts have telephone/virtual discussion All people placing requests are signposted to information	
5	Equity of access	Being Achieved	Equitable access for population Next step to identify GP practices and borough utilisation for targeted approach if needed	Provided targeted support to GPs to increase utilisation of the hub.
6	GP contacts avoided - releasing GP capacity to improve access to patients.	Good Progress	FYE = 34,740 GP contacts avoided, or referrals not completed by GP's To date **2,142** people who are currently on the Orthopaedic waiting lists have contacted the MSK Hub for support and advice for the same or a different MSK concern and have been assessed to help redirect and/or prevent deconditioning –	Review practice utilisation by population to identify areas of good practice or requiring support

			this being in addition to the original business case.	
7	Therapy management of Urgent Primary care/ MIU attendances	Good Progress	MSK Specialist physiotherapists working between MIU and UPC at Royal Gwent Hospital	Move from 5 day to 7-day presence
8	Reduction in duplicated/inappropriate Diagnostic requests from GPs		Decision by Radiology Directorate to restrict the access for some clinical images by GPs in Sept/Oct 2023 changed parameters – to be reviewed	
9	Reduction in 'Referral redirection – other than listed for treatment' -from 1st Orthopaedic OP appointment'	Not yet Achieved	Impact of the MSK pathway will not be identified as T&O 1st appointments are currently for patients already on T&O waiting lists.	Impact of MSK hub on T&O 1st appointment outcome redirection will be counted and measured from the date the T&O WL (as at July 2023) has been removed.
10	Increase in surgical conversion rates from 1st Orthopaedic OP appointment.	Not yet Achieved		
11	Referral redirect from T&O Triage	Starting to progress	T&O maintain separate flow. Variation due to backlog in spinal triage. KPI will be challenged by spinal triage plans	Support T&O Spinal team pathway transformation
12	Diagnostic assessment requests rejected from T&O at triage	Starting to progress		
13	Diagnostic requests rejected by Radiology		Decision by Radiology Directorate to restrict the access for some clinical images by GPs in Sept/Oct 2023 changed parameters – to be reviewed	
14	Staff sustainability plan	Good Progress	Positive response to recruitment and regular skill mix to increase throughput and deliver additional community self-management approaches	

Current position

£1.8m investment was made from a national Value Based Health Care funding stream. The majority (74%) of posts have been recruited to and the service will continue to use flexible solutions to build workforce and ensure capacity. Against National challenges for recruitment into Therapy MSK roles, this has been a significant success for the service.

The steady increase in recruitment has also permitted trial of additional professionals within the overall team who have been essential in the development of supported self-management approaches.

KPI no. 1 – patient experience – BEING ACHIEVED
User experience measures in place for website MoveBetterGwent use and process for request for help form. Feedback available in Appendix C and D. The service is additionally surveying patient experience of brief advice and clarity calls. Data expected to be available August 2024.

KPI no. 2 – improved patient outcomes – GOOD PROGRESS
Using the Dr:Doctor system, the metric for this KPI is the difference between baseline PROM (demand/referral received) for those people requesting help or referred and registered within the MSK hub, and those recorded at the 3 month follow up stage (MSK-HQ and EQ5D5L).
PROMS are being issued for baseline completion, this enables us to use the PROM as part of triage, review and assessment. All patients will receive follow up PROM requests. At the present time no patients have reached 3 months.
Follow up PROMs will be an indicator of change and impact directly on the patient because of the MSK Transformation but also used to support the direct care and on-going treatment/interventions for patients.

MoveBetterGwent Website

KPI no. 3 – 40% of contacts proceed to self-management with the benefits of reduced GP attendances and/or less deconditioning – PROGRESSING – 19% of people identifying self help strategies as next step

The MoveBetterGwent website meets many NICE guidelines regarding public health prevention, patient information provision in multiple methods and signposting to self-management options as the first management strategy.

Of the 138 people who have given feedback on their user experience (Sept-May 2024)
- 54% visited after signposting from GP receptionist or practice website
- 16% visited after searching for help on the internet
- 48% of people were very or extremely likely to recommend the website, 27% somewhat likely

Assumption in business case	Current situation	
	Google Analytics (Feb 2024)	MoveBetterGwent User Experience
Approx. 40% of all website contacts proceed to self-management	Google analytics for English adult website for February demonstrate that approx 40% (982) of the 2,444 unique users visited the Request for Help form and 60% of users were visiting for self-help information	19% of people identified self-help strategies as their next steps after looking at the website

We expect to reach the 40% KPI target by December 2024, once the website has embedded across the Health Board.

MSK Hub demand and activity

End June 2023 – End May 2024, **19,182** referrals/requests have been managed through the MSK Hub. This equates to, on average **over 110 requests for help per day** (Mon-Fri).

KPI no. 4 – reduced waiting time for MSK specialist advice - GOOD PROGRESS
Review of the pathway from request for help or referral through the triage process, demonstrates stratification and referral redirection to self-management (Figure 4).

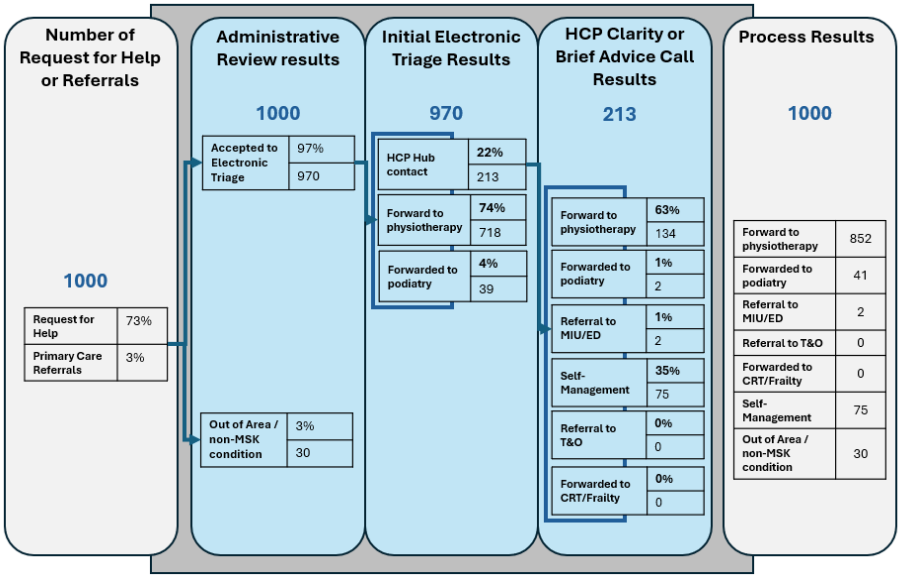


Figure 3: Example of the impact of MSK Hub process and triage decision based on 1,000 requests for help/GP referrals, utilising March 2024 percentages for process triage decision results.

To note: the 893 forwarded to therapists also receive self-management advice and education; also, there have been zero referrals to T&O services which will hopefully

assuage the concerns of the Orthopaedic consultants that the MSK Hub triage would result in an increase in referrals to their service through this route. However, there has been a continued increase in referrals direct to T&O which needs further review.

KPI no.5 – equity of access – BEING ACHIEVED
In general, since COVID there has been a slow steady increase in referrals to all specialties from primary care, and therefore there has also been an overall increase from the original MSK Transformation baseline of 2019 used in the business case. However, despite the increase in demand, the implementation of the MSK Hub and website has meant citizens across ABUHB have had an equal opportunity to access support through the website and MSK Hub. This continues to be a significant achievement of one of the primary goals of equity of access to MSK services.

KPIs no 6, 10, 11 – impact on referrals – GOOD PROGRESS /STARTING TO PROGRESS
As stated earlier, the scale and impact of the MSK Hub programme is dependent on engagement and change in behaviour of the GPs. Further work will be undertaken with the Primary care team and GP fora to improve the uptake. Analysis on numbers/boroughs of GP uptake is not included at this stage as demand by GP practice has only recently been available within HCP WPAS module.

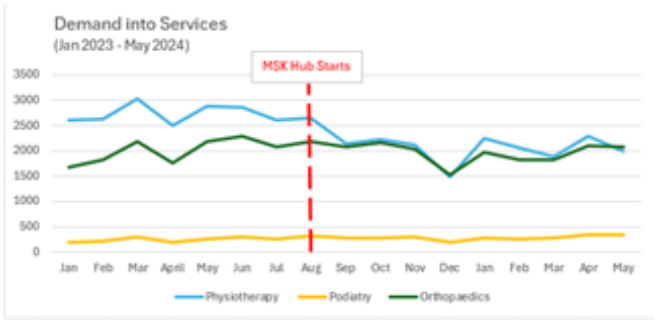
Assumption in business case	Current situation
Approx. 186k triage assessments per annum will be undertaken within max 72 hrs of contact via clinical hub	First 6 months = 17,370 requests triaged within 72 hours FYE = 34,740
Telehealth or Clinical face to face for up to 20k of these patients 11% of total	First 6 months = 3,648 requests contacted by phone/virtually at triage FYE = 7,296 22% of total
Investment of £1.447m per annum will help AB GPs avoid circa. 186,000 contacts per annum (6% of MSK workload).	August 2023 – Jan 2024 = 17,370 contacts potentially avoided FYE = 34,740 if patients seen only once by GP

Further work:
Initial assessment indicates that more people are being contacted as part of the triage process and therefore accessing earlier support and guidance, but the level of demand coming through the MSK Hub is not as high as anticipated (34,000 compared to estimated 186,000 contacts). This could be due to the lack of knowledge of process across Primary Care and the continued referral into orthopaedic services.

As the publicity around MoveBetterGwent and the MSK grows, we are seeing **an increase in the request for help directly from citizens as opposed to following GP contact**. We hope that the close working we have developed with the Health Pathways team to embed MSK Therapy support, via the MSK Hub, and the building awareness of the MSK Therapy offer, will positively influence citizens behaviour and encourage use of MoveBetterGwent website and contact via the MSK Hub. In the long term, one of the main benefits for GPs is an increase in direct requests to the hub from citizens, and a reduction in visits to GPs.

Requests for help from people currently on T&O waiting lists
As of 10 May 2024, **2,142** people who are currently on the Orthopaedic waiting lists have contacted the MSK Hub for support and advice for the same or a different MSK concern. All have been triaged and will have had a clinical discussion in the hub and/or referral to a mainstream therapy service for support. In addition, **436** patients currently waiting for appointment or treatment have had a request for help triaged through the MSK Hub and, due to their clinical need, have been contacted by Hub clinicians to discuss their condition and their options for support.

Demand into Mainstream Therapy and Orthopaedics



There has been no significant increase into any therapy services following the introduction of the MSK Hub. (Figure 5) Review of historical demand into services show as slow steady rise of referrals into T&O since early 2021 (figure 6).

Figure 5: Demand into physiotherapy, podiatry and orthopaedic services - Jan 2023 – May 2024

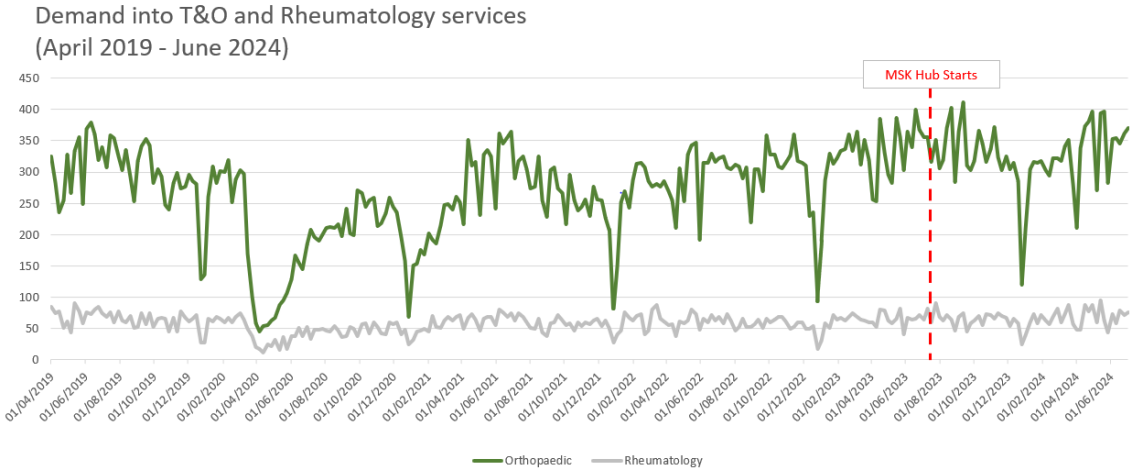


Figure 6: Demand into rheumatology and orthopaedic services April 2019 – June 2024

There may be a number of influencing factors that could explain this including development of T&O triage clinics (methodology is to add to the WL with original date after triage), development of spinal pathway, maintenance of parallel referral routes to secondary care service or the post-pandemic surge seen in all specialist areas.

Review of referral rejection and redirection to therapies from T&O indicate that there is still a significant number of referrals that are going straight to orthopaedic services that could be more appropriately managed in therapy services first (Figure 7 and 8).

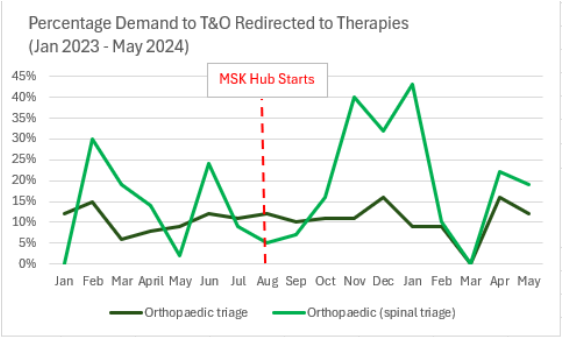


Figure 7: Percentage Demand Redirected to Therapies

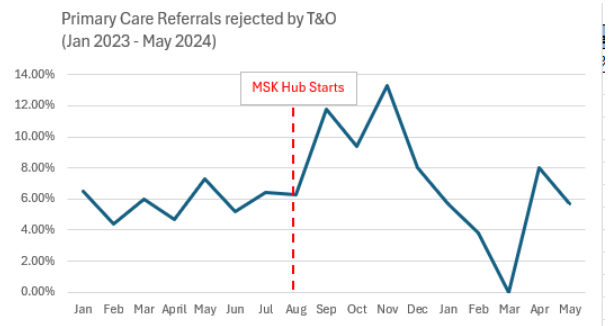


Figure 8: Percentage Demand from Primary Care rejected by T&O

Any impact of the MSK Hub on T&O MDT triage cannot be correlated between Jan 2023 – March 2024 due to the variance in triage times for T&O waiting lists (data supplied by T&O directorate in appendix B). Variance in redirection and rejection (figure 7 and 8) is thought to be due to service improvement work on T&O spinal triage.

KPI no. 9 – Impact of Hub triage on 'Outcome of 1st T&O OP appointment' ie reducing those redirected or discharged or those requiring further investigation – NOT YET ACHIEVED

Long waiting times for T&O 1st appointment may be still generating lower conversion to treatment. Any impact on the conversion rate of 29% from 1st T&O outpatient appointment to Treatment Waiting List (Figures 9 and 10) is unlikely to be due to the Hub until the waiting list (as at July 2023) has been removed. This will continue to be monitored but it is estimated that any impact would be identified as a 2025/26 metric.

Outcome of Attendance (2019/20)	#	%
Treatment Waiting List	4,292	29%
Further Investigation Required	3,468	23%
See on symptom	1,700	11%
Follow-up outpatient appointment	2,317	15%
Discharged	2,026	13%
Referral to another consultant	416	3%
Referred to Therapies	806	5%
All Other Outcomes	24	0%
Total	15,049	

Figure 9: Percentage Outcome of 1st appointment in T&O outpatient clinic (2019/20)

Outcome of Attendance (2023/24)	#	%
Treatment Waiting List	2822	25%
Further Investigation Required	2436	24%
Follow-up outpatient appointment	1504	15%
Discharged	1228	12%
See on symptom	658	6%
Patient Initiated FollowUp	607	6%
Referred to Therapies	581	6%
Referral to another consultant	309	3%
All other Outcomes	18	0%
Total	10,163	

Figure 10: Percentage Outcome of 1st appointment in T&O outpatient clinic (2023/24)

As mentioned earlier, the scale of this impact by the Hub is proportionate to the number of GP practices that are engaging/ referring directly into the MSK Hub where appropriate (instead of both MSK Hub and T&O, or just to T&O).

Minor Injury and Urgent Primary Care activity

KPI no. 7 - Therapy management of Urgent Primary care/ MIU attendances – GOOD PROGRESS

MSK Specialist physiotherapists have been present in Royal Gwent Minor Injury and Urgent Primary Care department since November 2023. Following a request from Urgent Care, it was included as part of MSK transformation as these specialists will review any hub requests that require an urgent face to face triage. This increase in capacity for the management of MSK conditions is anticipated to have an impact on the number of referrals from MIU into T&O clinics and redirection to GP's for referral to secondary care MSK services.

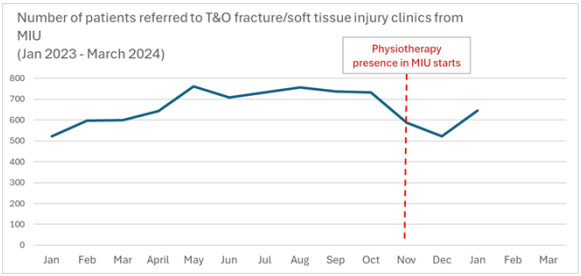


Figure 11: Number of patients referred into T&O from (all sites)

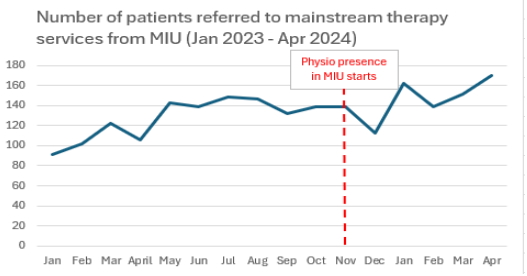


Figure 12: Number of patients referred to mainstream MIU therapies from MIU

It has been agreed with MIU and orthopaedics to update processes for physiotherapists within MIU to validate demand and improve pathways for the following categories:

1. Low back pain assessment in ED

Current Pathway	Potential Change	Activity Change	Potential Impact
Identified proportion of people presenting to MIU with back pain must attend ED at GUH due to current competency profile of nursing teams	Physiotherapy competency changes cohort of patients that need to attend ED at GUH. People are instead redirected to MIU, RGH	Reduction in patients attending GUH ED for assessment of back pain Increase in number of back pain assessments	On clinical review of people assessed in GUH ED (2,722 Jan '23 – Jan '24) 53% could be appropriately managed by physiotherapy assessment in MIU.

		completed in MIU, RGH by physiotherapists	Reduction patient flow through GUH Reduction in waiting time for assessment by ED doctor Faster access to specialist advice and information

2. T&O soft tissue knee clinics.

Current Pathway	Potential Change	Activity Change	Potential Impact

People assessed and identified as requiring review by T&O soft tissue knee clinic
• Person referred from MIU
• Attend soft tissue knee clinic and sent for MRI
• Wait for MRI as outpatient
• Reattend clinic for review
• Outcome
  ○ Referred to physiotherapy
  ○ Listed for treatment
  ○ D/C
	Physiotherapy assessment of patient with knee condition
	If appropriate, order MRI and refer to physiotherapy
	Patient attends soft tissue T&O clinic for surgical opinion
	
	Physiotherapy and T&O team still to review pathway to decide if patient only attends after MRI scan completed
		Reduction in inappropriate referrals to soft tissue knee clinic
		Earlier request for MRI scan
		Earlier referral to physiotherapy
			On clinical review of 240 of 433 patients (55%) referred to T&O soft tissue knee clinic
			Conversion to surgery 8.75% from first appointment
			47% required MRI scan
			Majority were sent straight to physiotherapy for rehabilitation +/- surgery.
			Potential to
			• initially reduce follow up requirement for T&O soft tissue clinic
			• earlier start to rehabilitation
			longer term, if agreed,
			• reduce demand through soft tissue knee clinic
			• increase conversion from 1st clinic appointment

Conclusion

The team are making good progress in achieving the aims and objectives of the project as identified in the Board paper July 2022 and receiving positive patient experience feedback for the website resources and the process of 'Request for Help'.

It is recognised that there is still work to do to capture PROM data along relevant pathways, which will help to demonstrate to GP practices the benefits of early intervention, self-management and reduced deconditioning on waiting lists.

Data analysis has confirmed that, since July 2023, there have been no referrals from the MSK Hub to Orthopaedics, however, the KPI of reducing T&O 1st appointment outcome of redirection (inappropriate referrals) will not be realised until the current waiting list for T&O 1st appointment has been addressed by the T&O service.

In summary, over the next six months, we aim to complete recruitment process and work with our stakeholders to:

- Evaluation of PROM responses
- Fully implement the MSK Health Pathways within ABUHB and monitor the impact on referral flow
- Engage with GP practices that have not yet embraced the new referral pathway to understand their position,
- Further support T&O by responding to the developments for support and management of patients referred to T&O with non-surgical spinal pain

Argymhelliad / Recommendation

The Board is asked to note the update provided on work underway to improve and transform community therapy MSK services for the Health Board population, following funding from the Value Based Health Care funding stream and the governance arrangements in place ahead of formal review at 12 months of service implementation in August 2024.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 2. Safe Care 3. Effective Care 5. Timely Care
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Adults in Gwent live healthily and age well
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Experience Quality and Safety Digital, Data, Intelligence
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 wellbeing and engagement of our staff Choose an item. Choose an item.

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

Effaith: (rhaid cwblhau) Impact: (must be completed)	
	Is EIA Required and included with this paper
Asesiad Effaith Cydraddoldeb **Equality Impact Assessment** (EIA) completed	Choose an item. An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk

Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	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

Appendix A – Benefits of Upstream MSK Pathway Redesign – Workstream 1 Primary Care and Community (December 2021)

Benefit	Baseline	Division where improvement expressed	2019/20 Performance	Expected Target Improvement/ Benefit	Improvement Value – Calculated worth £	Update at 6-month MSK Hub delivery	RAG Rating and Next Steps
Value: 1. Improved Patient experience	PREMs	Therapies		Utilisation of 'Your NHS Experience' questionnaire – Measurements: • Feeling of being listened to • Ability to use Welsh • Perception of waiting time • Feeling of being well cared for • Receipt of assistance when asked • Understanding of what was happening in care • Care explanation in a way a person can understand • Being involved in decisions about care • NAS of overall experience • Free text to note areas of good experience • Free text to note areas for improvement • Equality monitoring Utilise information regarding experience to identify service development opportunities for	N/A	Your NHS Experience questionnaire not yet in use. Websites, request for help form and all advice and documentation translated and available in Welsh User experience measures for MoveBetterGwent website in use Since Sept 2023 • Information available in appendix C Patient experience measure for the use of the Request for Help process in use since July 2023 • Information available in appendix D	To add NHS Experience measure with system maturity
2. Improved Patient outcomes	PROMs	Therapies		A baseline standard set PROM (patient/person reported outcome measure) will be requested of all persons who access the MSK Hub. It will include; • relevant demographic, social and comorbidity factors • MSK HQ (Musculoskeletal Health Questionnaire • EQ-5D (EuroQol) This will enable full Value mapping of the system and support service development to improve understanding of options for patients to support informed decision making and therefore patient care.	N/A	Baseline PROMs being collected. Not yet triggered any secondary data capture.	Review PROM information based on triage decision for comparison

3. More Self-Care – evidenced it improves health outcomes and more appropriate use of medical and surgical interventions.	Website hits/ survey	Therapies	Website 'live' Autumn 2021	**Approx. 40%** of all website contacts proceed to self-management, avoiding unnecessary GP appointments and Therapy/ Orthopaedic referrals.	N/A – included in GP avoided appointments below.	Website live Google analytics for English adult website for February demonstrate that approx 40% (982) of the 2,444 unique users visited the Request for Help form and 60% of users were visiting for self-help information Increase in supported self-management options in the community: • Good Boost • ESCAPE Pain • Food Mood Move	Continue to develop supported self-management programme
4. Reduced WT for MSK specialist advice where required – faster access to more appropriate treatment.	Waiting Time to 1st Contact	Therapies	MSK specific advice not currently offered until appointment. Physio/ Podiatry (Routine) - **16/ 13 weeks max (Therapies RTT 14/52)**	**Approx. 186k triage assessments** per annum will be undertaken within 24 hr of contact via clinical hub; max 72 hours to Telehealth or Clinical f2f for up to **20k of these patients**.	N/A.	All people have a response to the request for help or referral form within 72 hours. Initial information identifies that 21% of people require clarity calls prior to triage decision or brief advice calls (double assumption) Between August 2023 – Jan 2024 (6 months) • 17,370 requests triaged • 3,648 people contacted by phone/virtually at triage All requests redirected or transferred to routine waiting list contacted by phone or email and offered advice on personalised basis or via MoveBetterGwent website.	Work with primary care providers and citizens of ABUHB through Engagement events to encourage use of MoveBetterGwent and MSK Hub for people with MSK conditions
5. More equitable access to therapies pan Gwent	WTE / pop'n per borough	Therapies	Range from 0 to 2wte	Range will have zero difference		All referrals to MSK Therapy service via MSK Hub with access to MSK specialist advice – 0 variance Out of 17.370 requests managed through the hub • 30% had a Newport GP practice, • 22% Caerphilly, • 17% Monmouthshire and Torfaen, • 11% Blaenau Gwent. The remainder were people with ABUHB addresses but out of area GP practices. This has remined consistent over the first 6 months.	
Primary Care setting: 6. GP contacts avoided - releasing GP capacity to improve access to patients.	No. of MSK related contacts per annum (single morbidity appointment) – use national	Primary care - GMS	Approx. **366,000 contacts** per annum across Gwent.	**Investment of £1.447m per annum will help AB GPs avoid circa. 186,000 contacts per annum (6% of MSK workload)**.	£2.9m = Calculated worth of GP contacts/ appointments avoided, at an assumed direct	Between August 2023 – Jan 2024 (6 months) requests indicate a potential of 17,370 contacts avoided or at a minimum, time saved as not required to complete and send formal referrals to services. In the 17,370 requests managed by the hub,	Continue with GP/Primary Care engagement events Plan for community engagement events

	evidence re: 12% of total workload.			On average per practice per annum = 2,500 contacts / 48 contacts per week/ 10 per day. Based on assumptions in model, these patients will be signposted by the clinical hub to either: • Self-management = 40% • Referral to physio = 40% • Referral to Podiatry = 10% • Referral to T&O = 5% • Referral to WMS = 2% • Referral to CRT = 2% • Referral to Falls = 1%	cost of a GP appointment value	• 68% of demand were requests for help, 28% were GP referrals (paper or WCCG). FYE = 28,348 GP contacts avoided or referrals not completed by GP's Feedback from wider MSK clinical teams and primary care colleagues indicate that there is still limited understanding about opportunities for early support and information and an ongoing assumption that the website is a mechanism to 'self refer' to physiotherapy. Therefore, the numbers of people contacting the Hub is related to decisions made by GP. This means that there is higher proportion of patients who will need some form of intervention and less likely to be managed through self-care strategies. Significant work ongoing to advise and inform primary care teams to support behaviour change. Pulse page developed with clear information for ABUHB team to access at all times and for care navigation training. Jan 2024 outcomes: • Self-management = 3% • Referral to physio = 88% • Referral to Podiatry = 3% • Referral to T&O = 0% • Referral to WMS = 0% • Referral to CRT = 0.5% • Referral to Falls = 0.25%	to provide information for community. Planning for GP dashboard to understand numbers of referrals into MSK Teams
7. Therapy management of Urgent Primary care/ MIU attendances – 7 days a week in all ABUHB hospitals. Releasing medical/ nursing capacity at 'front door'.	No. of MSK related presentations to UPC/ MIU across Gwent hospitals.	Primary Care	Approx.33,692 attendances per annum.	Investment of **£0.329m per annum** will facilitate therapy management of approximately **13,477 UPC/MIU attendees** per annum or 37 per day (7 days a week).	£250k = calculated worth of released clinical capacity (@2 wte)	Physiotherapy presence in MIU started with 1 staff member in Nov 2023. Since Jan 2024, Mon-Fri presence of between 1-2 staff members at RGH only. Competency assessment by ED staff ongoing Training provided to MIU staff by physiotherapy teams Jan 24 capacity added of 124 patients plus training delivery on knee and shoulder assessment.	Continue to build staff numbers and capacity within MIU. Develop better links with UPC
8. Reduction in duplicated/inappropri	No. of MSK related	Radiology	Annual no. of diagnostic	There is an expectation of a reduction in number of scans requested .	£88k = value of estimated 10%	Unable to report this as linked to Workstream 1 due to decision by Radiology Directorate to	

ate Diagnostic requests from GPs.	diagnostic requested by PC based practitioners.		requests by GPs = 49,600 scans @ £889k; 52% of total MSK related requests.	Research shows evidence of levels of inappropriate radiological MSK investigations by GP's.	inappropriate scan requests avoided	restrict the access for some clinical images by GPs in Sept/Oct 2023. There has been a significant increase in referrals from GP's for patients requesting assessment/scan access.	
Acute Setting: 9. Reduction in 'Referral redirection – other than listed for treatment -from 1st Orthopaedic OP appointment'	1st contact outcomes – (from Orthopaedic Department OP Outcome of Attendance analysis)	Orthopaedics	**71% (10,757 patients)** require further investigation/redirected/ not listed for treatment at 1st contact.	Streamlining of referrals by the clinical hub (excl GP direct referrals) to facilitate patients being directed to the most appropriate treatment setting earlier in the pathway. **Approx. 40% of those currently seen as OP do not proceed to treatment by orthopod**	40% of 15,049 (1st OP attendance 2019/20) = 6020 * £65 = Calculated worth of £391k	Separate referral routes into T&O and MSK Hub maintained. Not enough time to change behaviour and flow within primary care. If GP's are not directing all patients with MSK conditions to MSK Hub and continuing to 'see' patients and refer based on their understanding, there is limited opportunity for the MSK Hub specialists to have a positive impact on flow. This metric has been changed following the business case at the request of the T&O Directorate due to the impact on their T&O MDT triage project to focus on Orthopaedic MDT triage outcomes	Comparison 2023/24 to 2019/20 shows increase in % further investigation required, referral to therapies and discharge if PIFU and SOS included.
10. Increase in surgical conversion rates (listed for treatment) from 1st Orthopaedic OP appointment.	1st contact outcomes – (from Orthopaedic Department OP Outcome of Attendance analysis)	Orthopaedics	**29% (4,292 patients**) listed for treatment following 1st contact	Streamlining of referrals by the clinical hub (excl GP direct referrals) to **facilitate increase in conversion rate to 'listed for treatment' from Orthopaedic 1st OP appointment**		This metric has been changed following the business case at the request of the T&O Directorate due to the impact on their T&O MDT triage project to focus on Orthopaedic MDT triage outcomes	Comparison 2023/24 to 2019/20 shows reduction from 29% in 2019/20 to 25% in 2023/24
11. Referral redirect from T&O Triage	MDT Triage outcomes on CWS	Orthopaedics	New metric Jan-Jun 23 baseline	Streamlining of the referrals that come into the MSK hub will reduce the requirement for redirection from T&O MDT triage		Significant variation in triage results, particularly spinal referrals. Assumption is this results from management of spinal triage backlog.	May need focus to Therapies referrals as distinct from 'Primary Care' as 0 referrals from MSK Hub
12. Diagnostic assessment requests rejected	Rejected referrals	Orthopaedics	New metric Jan-Jun 23 baseline	Streamlining of the referrals that come into the MSK hub will reduce the number of referrals rejected at T&O triage		Peak in rejection referrals from primary care between September – Dec 2023.	May need focus to Therapies referrals as distinct from 'Primary Care' as 0 referrals from MSK Hub
13. Diagnostic requests rejected	Rejected requests	Radiology				No figures submitted by radiology	
Workforce:	Headcount Vacancy rate	Physiotherapy & Podiatry		• Improve opportunity for career progression and workforce		Development of skill mix, inclusive of clinical and practitioner posts	Continue to assess skill mix

14.	Staff sustainability plan:	Absence rates Productivity – review and establish triage rate Staff experience measures – Pulse survey			succession planning, to meet future progressive needs of the MSK pathways. • Allow further development of therapy posts, for example, assistant practitioner, minor injury practitioner. • Development of innovative roles, for example, MSK clinical sonographer.		Recruitment into senior posts challenging due to loss of ABUHB staff to Cardiff during early 2022 and uncertainty regarding the support for the programme. Posts introduced to Minor Injuries, medical sonography development within podiatry and physiotherapy services to supporting earlier formal diagnosis and advanced practice management of MSK conditions	Identify change to include exercise professionals into workforce to deliver supported self-management options to increase offer from MSK Hub and as step down from mainstream therapy services.

Appendix B – Workstream KPI's

Key Performance Indicators (KPI)						2022-23			2023 - 24													
						Qtr. 4			Qtr. 1			Qtr. 2			Qtr.3			Qtr.4			Qtr.1		
Patient Experience						Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Aims and measures		Metric		System	Anticipated change	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Actual
Website	Website	PROMs & PREMs	MSK HQ	Dr Doctor																		1209	
			EQ5D 5L	Dr Doctor																			
			Live monthly MS forms retrieved from 'MoveBetterGwent'	Move Better Gwent hits mainpage																	14103	14044	
Patient Experience	Request for Help process	Hit rate / Survey	Survey attached to outcome email NPS - would you recommend	Google Analytics								46	-15	35	0	-3	10	15	28	24	13	7	
				User survey -																			
			NHS Wales Patient Experience Survey	Dr Doctor																			
Telephony Responsiveness		Number contacted/Av time waiting		My Inbound / Avaya									653/5mins	788/5mins	814/6mins	885/5min	550/5min	1001/6min			793/32 Secs	770/34 Secs	
Waiting times	In hub	To triage outcome		HCP WPAS								2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2-4 Days	2-4 Days	2-4 Days	2-4 Days	
	Physiotherapy		currently 2 to 4 days	Qlik app from Outpatient WPAS								2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2-4 Days	2-4 Days	2 - 4 Days	2 - 4 Days	
	Podiatry		currently 2 to 4 days									2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2 - 4 Days	2-4 Days	2-4 Days	2-4 Days	2-4 Days	
	Orthopaedic		USC - Daily, Urgent/Routine - Weekly	CWS triage system								5-7 Days	5-7 Days	5-7 Days	5-7 Days	5-7 Days	5-7 Days	5-7 Days	5-7 Days	5-7 Days	5-7 Days	5-7 Days	
	Orthopaedic (Spines)		Known backlog due to substantial demand - USC - Daily, Urgents down to 6 weeks, Routine up to 6 months									45-180 Days	45-180 Days	45-180 Days	45-180 Days	45-180 Days	45-180 Days	45-180 Days	45-180 Days	45-180 Days	45-180 Days	45-180 Days	
	Rheumatology			?								6 Days	6 Days	8 Days	6 Days	7 Days	6 Days	4 Days	4 Days	5 Days	5 Days		
	Radiology			Tabular models of the Radiology system																			
Demand	In Urgent Primary Care	Number of contacts for MSK condition		Adastra		108	316	340	423	446	404	411	455	453	435	454	504	536	532	452	532	498	
	Minor Injuries	Number of attendances for MSK condition	ALL units (RGH, YYF, NHH, YAB)	Symphony		2927	3137	3576	3543	4268	4335	4007	3689	4061	4016	3353	3094	3407					
			RGH only																				
	In hub	Number of referrals/requests		HCP WPAS								2024	2349	2092	2271	2237	1535	2428	2137	1976	2425	2392	
	Physiotherapy	Number of referrals from primary care to relevant MSK team	Primary Care	Qlik - Planned Care. Outpatient App. Updated Jan 23 - Current Month on 16.05.2024. Spinal referrals based on Clinician name T&O Spine		2605	2637	3029	2493	2882	2871	2609	2647	2152	2234	2129	1479	2246	2055	1887	2293	2003	
	Podiatry					203	213	294	203	253	304	260	318	287	288	297	191	269	261	288	332	332	
	Orthopaedic					1401	1509	1787	1419	1767	1880	1699	1746	1680	1747	1700	1272	1600	1534	1519	1703	1604	
	Orthopaedic					274	323	399	341	420	419	374	437	390	413	344	246	382	300	314	400	482	
	Rheumatology					238	273	294	271	295	283	311	281	262	290	306	218	278	288	293	283	318	
	Radiology			Qlik App		77	70	109	70	88	81	91	62	93	54	55	37	47	51	38	67	65	
Number of contacts from referral to treatment	Orthopaedics	Cohort - sample size of referrals sent from MSK therapy services for secondary care that	To count the total number of related MSK therapy appointments prior to referral, as a mean and a median, - pre	Audit of Outpatient WPAS and CWS sample																			
	Rheumatology																						

Primary Care Setting																								
Aims and measures		**Metric**		**System**																				
Short term: GP to Hub Referrals		Referral number												737	620	733	714	549	686	587	588	682	676	
Short term: GP to Therapy Referrals		Referral number	Total number of GP referrals into MSK Podiatry direct from primary care	Qlik app		203	213	293	203	253	304	259	255	226	224	227	157	191	178	203	229	205	
		Referral number	Total number of GP referrals into MSK physiotherapy direct from primary care	Qlik app		1028	953	1169	889	987	1072	605	190	291	243	195	168	219	223	197	384	268	
UPC to GP redirection	Urgent Primary Care - outcome	MSK conditions with Outcome to GP's with no treatment, urgent or routine appointment request		Adastra		107	258	280	350	327	275	288	335	326	335	313	357	397	377	445	391	367	
UPC demand streamlining	Urgent Primary Care - redirection	MSK UPC requests stepped into MSK Hub for management		Adastra											0	0	0	0	0	8	4	8	
UPC demand streamlining	Urgent Primary Care - assessment	MSK UPC assessed by MSK team in MIU/UPC dept		Adastra											0	0	0	0	0	8	4	8	
Radiology	Reduction in duplicated/inappropriate Diagnostic requests from GPs		No. of MSK related diagnostic requested by PC based practitioners.																				

						Qtr. 4			Qtr. 1			Qtr. 2			Qtr.3			Qtr.4			Qtr.1		
Aims and measures		**Metric**		**System**	**Anticipated change**	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Ju
Acute Care Setting																							
Aims and measures		**Metric**		**System**																			
Capacity	Minor Injury Unit	Number of patients managed by AHP within MIU		Symphony											4	35	70	125	133	133	185		
Referral redirection	Minor Injury Unit	Number of patients referred to T&O fracture/soft tissue injury clinics from MIU	Fewer patients referred to fracture or soft tissue review that require orthopaedic intervention	Symphony		522	598	600	642	760	709	732	755	737	732	588	523	644	588	660	709		
		Minor Injury Unit (RGH only)																					
Referral redirection	Minor Injury Unit	Number of patients referred to mainstream therapy services from MIU		Symphony		91	102	122	106	143	139	149	147	132	139	139	113	162	139	152	170		
Referral redirection	1st Contact Orthopaedics	1st contact outcomes – (from Orthopaedic Department OP Outcome of Attendance analysis)	Reduction in 'Referral redirection – other than listed for treatment -from 1st Orthopaedic OP appointment'	Further investigation,Follow up appt., referral to therapies, discharged		70%	72%	72%	70%	74%	73%	69%	72%	68%	65%	69%	65%	70%	69%	61%			
	1st Contact Orthopaedics (spinal)					87%	85%	81%	87%	95%	90%	82%	83%	81%	76%	73%	71%	79%	76%	80%			
Referral redirection	Orthopaedic	~~Clinic Outcomes~~ Orthopaedic MDT triage outcomes	Number Referrals to Therapies at triage	?CWS		75	146	61	101	83	136	137	139	116	117	120	185	79	103		257	156	
			% Referrals to Therapies at triag			12%	15%	6%	8%	9%	12%	11%	12%	10%	11%	11%	16%	9%	9%		16%	12%	
	Orthopaedic (spinal)	Orthopaedic MDT triage outcomes	Number Referrals to Therapies at triage				134	88	80	12	128	50	26	40	85	217	167	178	53		178	53	
			% Referrals to Therapies at triage				30%	19%	14%	2%	24%	9%	5%	7%	16%	40%	32%	43%	10%		22%	19%	
Surgical conversion rates	Orthopaedics	1st contact outcomes – (from Orthopaedic Department OP Outcome of Attendance analysis)	surgical conversion rates (listed for treatment) from 1st Orthopaedic OP appointment.	Day case, inpatient list, fit for procedure and inpatient admission		27%	26%	26%	27%	22%	24%	27%	25%	30%	32%	27%	31%	27%	28%	37%			
	Orthopaedics (spinal)					10%	12%	16%	11%	4%	6%	11%	13%	17%	21%	24%	27%	16%	20%	19%			
Diagnostic Assessments	Rheumatology	Rejected Referrals	From Primary Care (Hub/GPs)			21	17	21	24	32	32	34	20	31	33	29	20	23					
Diagnostic Assessments	Orthopaedics	Rejected Referrals (% referrals rejected)	From Primary Care (Hub/GPs)			6.50%	4.40%	6.00%	4.70%	7.30%	5.20%	6.40%	6.30%	11.80%	9.40%	13.30%	8%	5.70%	3.80%		8.00%	5.70%	
Diagnostic request	Radiology	Rejected Referrals	ROTT (inappropriate) from Orthopaedics	Tabular models of the Radiology system (Queried with performance 7.2.24. See email response from Dilwyn Bull)		9	5	6	4	5	6	7	12	7	15	10	9						
			ROTT (inappropriate) from Rhuematology			1	2		1	1	2	1	1		6	1	1						
			ROTT (inappropriate) from Therapies																				
			ROTT (inappropriate) from GPs/Hub																				
Community Care Setting																							
Aims and measures		**Metric**		**System**																			
Patient Access	Equity across boroughs	Proportion of population able to direct access MSK services and advice	Higher proportion of population accessing									100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
		Proportion of population utilising direct access	Referrals per borough - standardised																				
Associated Therapy MSK service activity	Mainstream therapy activity	Assessments/Attendances for all teams	Activity per population																				
Therapy ROTT (removed other than treatment)	physio - mainstream	ROTT number/ Inappropriate/ non responsive to letters	ROTT number			999	925	1137	831	998	953	779	675	644	794	714	711	672	675	602	782	766	
	podiatry - mainstream	ROTT number/ Inappropriate/ non responsive to letters	ROTT number			48	55	57	43	60	117	39	133	84	67	75	84	33	44	28	67	53	

GIG CYMRU NHS WALES
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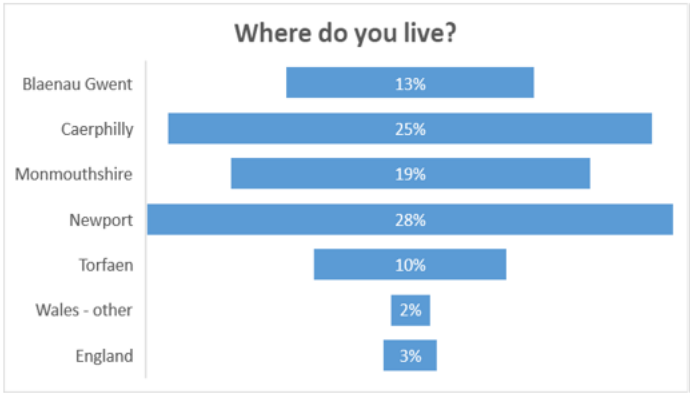
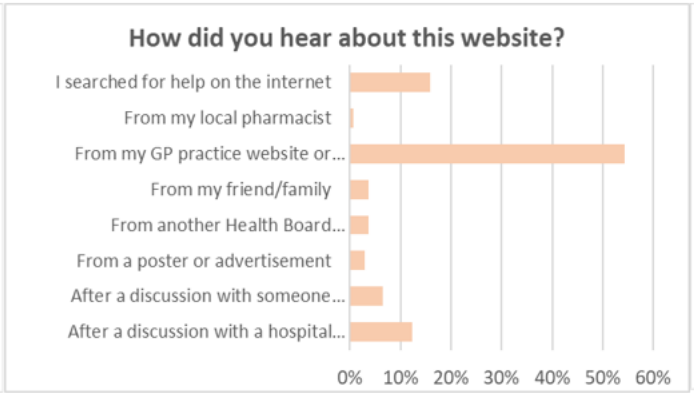
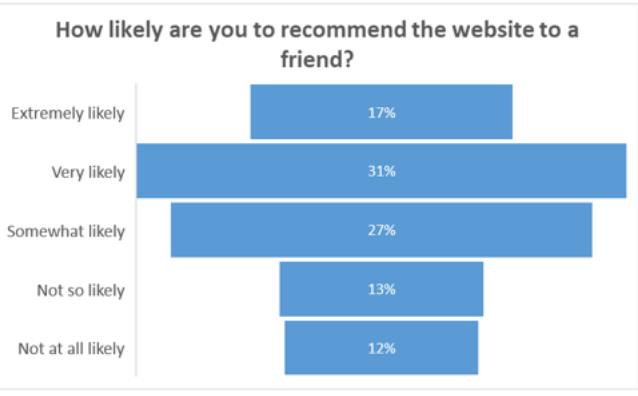
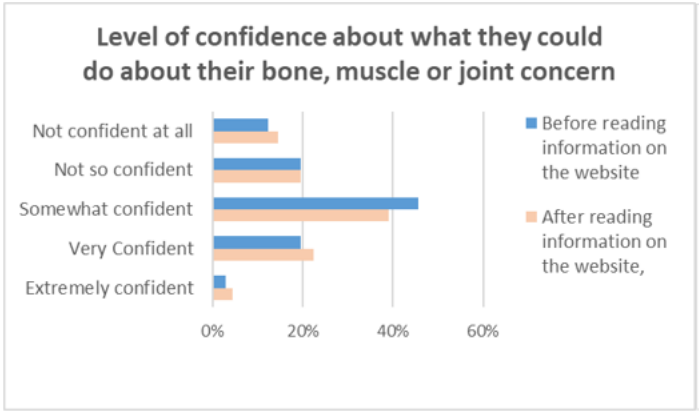
APPENDIX C
User feedback – MoveBetterGwent

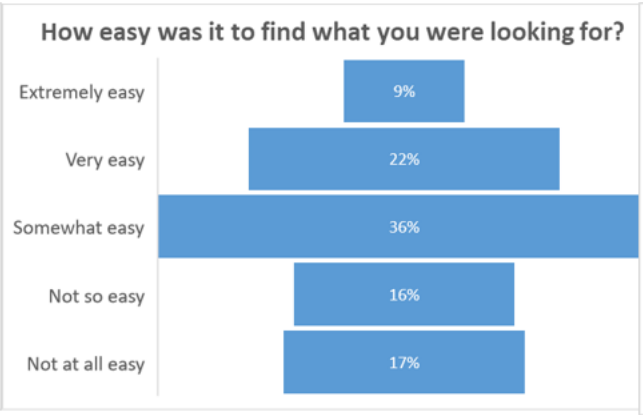
SOURCE: MS Forms questionnaire link from website 05.05.2023 – 28.05.2024 Total n=138

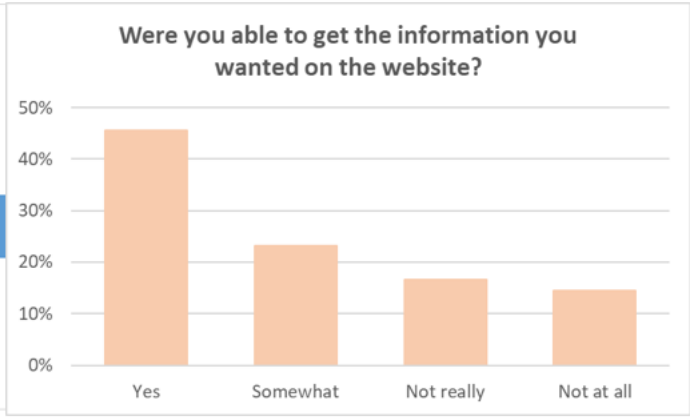












Feedback so far….. MoveBetterGwent – Patient Voice

Recent addition - Trying to understand the low level of confidence- Top 3 choices

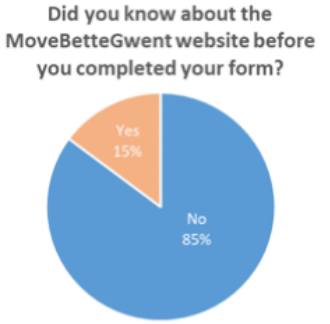
- I could not find a way to get help for my problem
- The information on the website didn't fit with my problem/concern
- I think I need help from someone to plan my next steps

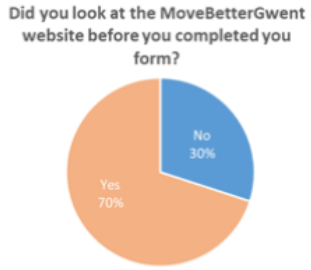
Overall comments about the website:

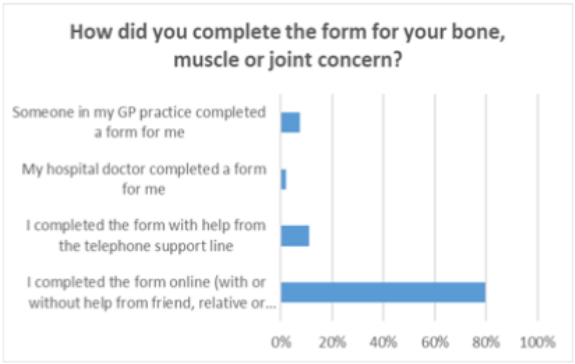
Positives	Challenges
• very helpful • none I think it was self-explanatory • The website is very easy to navigate, for those such as myself, who have very limited IT knowledge. • It contains very detailed information of how to deal with, manage, and the reason for muscular skeletal disorders. It is a very reassuring website to gain information from. • It is a fantastic and user-friendly website. • good web site • very good - need to make it more widely known. I stumbled upon it while looking for self-referral to physio information following attending a very helpful OAK session. I wasn't aware of it and it should also be another resource that attendees at OAK sessions are directed to. • Easy to use - so thanks there... • I appreciate the inclusion of exercise videos for specific goals - wasn't expecting that. • It has been designed thoughtfully and nicely (tho some of the info is a bit superficial and assumes zero knowledge on the patient's part	• Lots of waffle. Does not get to the point quickly. • Not easy to use • I was referred for pulled back muscles & wanted specific exercises to assist with recovery. I was not able to find what I wanted here, instead Googled & found it • Is there a way to self-refer to physio via this website? If so, could it be made easier to find? If not, can it be enabled? • It would be extremely helpful if the 'self-referral' section was easier to find. Many elderly people, or those who are not so confident using websites could find it very challenging to find the self-referral form. You have buried it well. • It appears that you have made it deliberately harder for patients to self-refer. Why use a link 'seeking further help - request process' when 'self-referral' would be a more logical option. • Confusing for an old age pensioners • Too much waffle over complicated • Very poor! • Ineffective-does not help at all

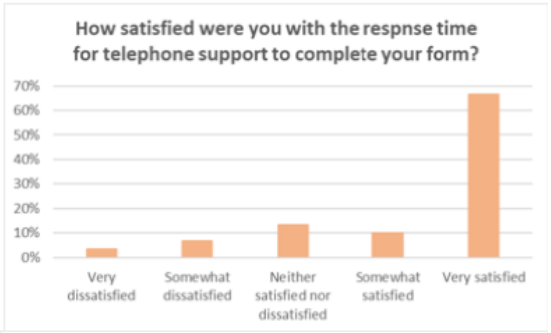
Appendix D
User Experience – Request for Help process

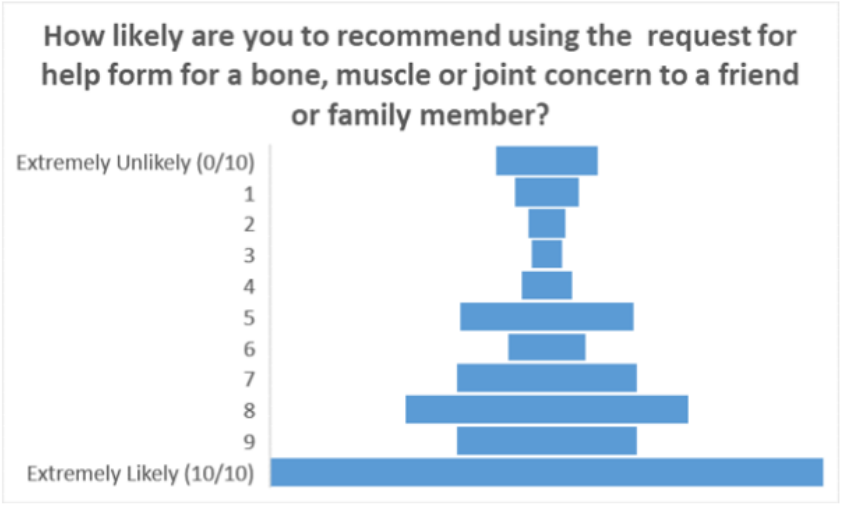
SOURCE: MS Forms questionnaire link from email sent to people requesting help July 2023 – May 2024, Total n= 270

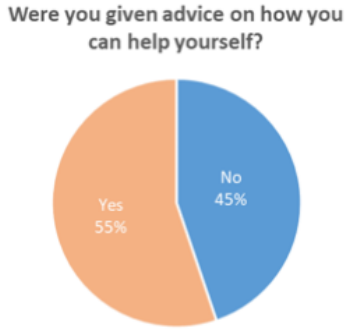


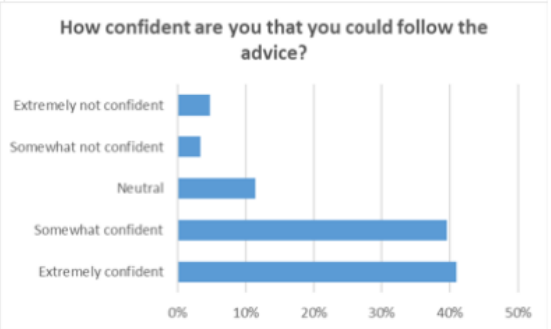


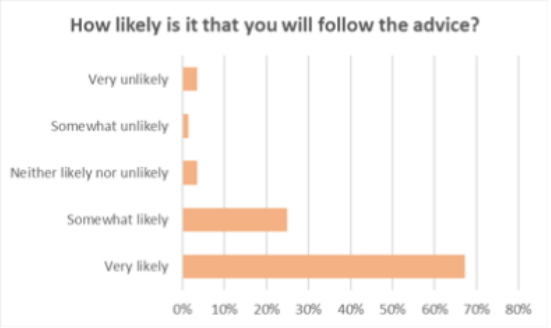












SOURCE: MS Forms questionnaire link from email sent to people requesting help July 2023 – May 2024 , Total n= 270

Please share any areas and aspects that we can improve on or things you found helpful:

Positive themes	Themes identifying challenges	Suggestions/Recommendations
• Positive experiences of clarity and brief advice calls with clinical team • Admin team support for people requiring additional help • Speed of response for information and advice • Ease of form completion • Direct method to get help, rather than via GP • Excellent service • Form quicker and easier to complete than a phone call due to working patterns • Ability to ask for advice without needing to attend an appointment • Increased confidence about treatments offered	• Waiting times for mainstream MSK Therapy outpatient treatment • Perception of 'urgent' and 'routine' in email follow up • Lack of confirmation that form had been received • Support offered was considered unhelpful (e.g. tried physiotherapy before and didn't work, why am I going back rather than understanding role of physiotherapy in work up for potential requirement for T&O consideration) • Having to attend physiotherapy or podiatry as GP unable to order imaging for patient • Would like to speak to a clinician directly • Form difficult to find on website • People unaware of telephone support option to complete form • Lack of understanding of options within therapy services • People with prescriptive requests – only wanting scans or injection unhappy with requirement for initial assessment	• Addition of information relating to Armed Services Covenant and ABUHB staff status • Suggestion of telephone support • Suggestion for local private providers should be signposted • Suggestion use the word discomfort in the request for help form and not all conditions painful • Form too long to print out – would like pdf version • Make the form easier to find on the MoveBetterGwent website • Add condition specific information (i.e. fibromyalgia) • Include telephone number as well as website link for GP text messaging

- Many challenges related to overall waiting times for treatment and understanding of 'routine' offer
- Access to help to complete form
- Demonstrates the importance of expectation management and clarity about process – not fast access to treatment
- Action taken regarding
  - Armed forces covenant and NHS employees – included request to state this in the information
  - Use of 'routine' description
  - Addition of option for GP to signpost directly to request for help form, rather than expecting patient to find it
  - Consider request for condition specific as part of Adferiad Symptom Management Service development

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	People Plan 2022-2025, Putting People First - Annual Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Sarah Simmonds, Executive Director of Workforce and Organisational Development
SWYDDOG ADRODD: **REPORTING OFFICER:**	Shelley Williams, Peter Brown, Julie Chappelle, Assistant Directors of Workforce and Organisational Development; Adrian Neal, Head of Wellbeing

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

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The Health Board's *People Plan, 2022 -2025, 'Putting People First'*, was approved by the Board in May 2022. The plan outlines the Workforce and Organisational Development strategy in relation to workforce improvement, capability, and expertise with a clear focus on wellbeing, inclusion, and engagement of our people. The plan is now in its final year.

The People Plan has 3 core objectives:

1. **Staff Health & Wellbeing**: Creating an environment for staff to feel proud to work for the Health Board where they feel included, engaged, and have a sense of belonging.
2. **Employer of Choice**: Building on the reputation of the Health Board as a great place to train, work and grow.
3. **Workforce Sustainability**: Ensuring we have the right workforce models that embed innovative thinking.

This report describes the progress made during the past 12-months. Key areas of progress with workforce measures are illustrated within the infographic contained within the paper.

Throughout this year it has, on times, been necessary to reprioritise work in response to the complex and challenging national and local context including

financial challenges, industrial action and the publication of various Welsh Health Circulars which have guided our priorities.

The Board is asked to note the progress made in the plan, including a proposed outline plan to engage and consult with staff and stakeholders on the development of the People Plan for 2025-2028.

Cefndir / Background

The People Plan aims to ensure sustainability of the workforce now and in the future. It is based on the building blocks within 'Healthier Wales: Our plan for health and social care' (2020) and more recently, the National Workforce Implementation Plan 2023 which outlines a series of enabling actions to accelerate the NHS Wales Workforce Strategy. The plan has also adapted over the course of the three years in response to various new Welsh Government and NHS Wales national circulars and programmes such as; the Collective Agreement (Non-Pay Deal), National Retention programme, Armed Forces Covenant, Welsh Race Equality Standards (WRES) and the Speaking Up Safely Framework.

Delivering the People Plan is dependent on collaboration with partners including corporate and operational divisions, our Trade Union colleagues and external partners including e.g., HEIW, academic institutions and the Gwent Workforce Board. This year, to focus, innovate and deliver upon critical areas of the People Plan, Workforce and Organisational Development have established a series of working groups to drive their area of work forward. These are outlined below:

Workforce and OD Working Groups	
Financial Wellbeing	Talent Management
Physical and Mental Wellbeing	Armed Forces
Employee Experience	Values and Behaviours
Retention	Medical Efficiency Strategic Issues
Recruitment	Medical E-Systems
Welsh Language	Clinical Futures Workforce
Equality, Diversity, and Inclusion	Establishment Control
Flexible and Agile Working	ESR (Electronic Staff Record) Optimisation
Gwent Workforce Board	Neighbourhood Care Networks
HCSW Education Development Framework	Variable Pay
Implementation of Welsh Health Circulars	

Partnership working with Trade Union colleagues is key to the delivery of the plan and we are pleased that Divisional partnership forums have been established this year to complement our Trade Union Partnership Forum.

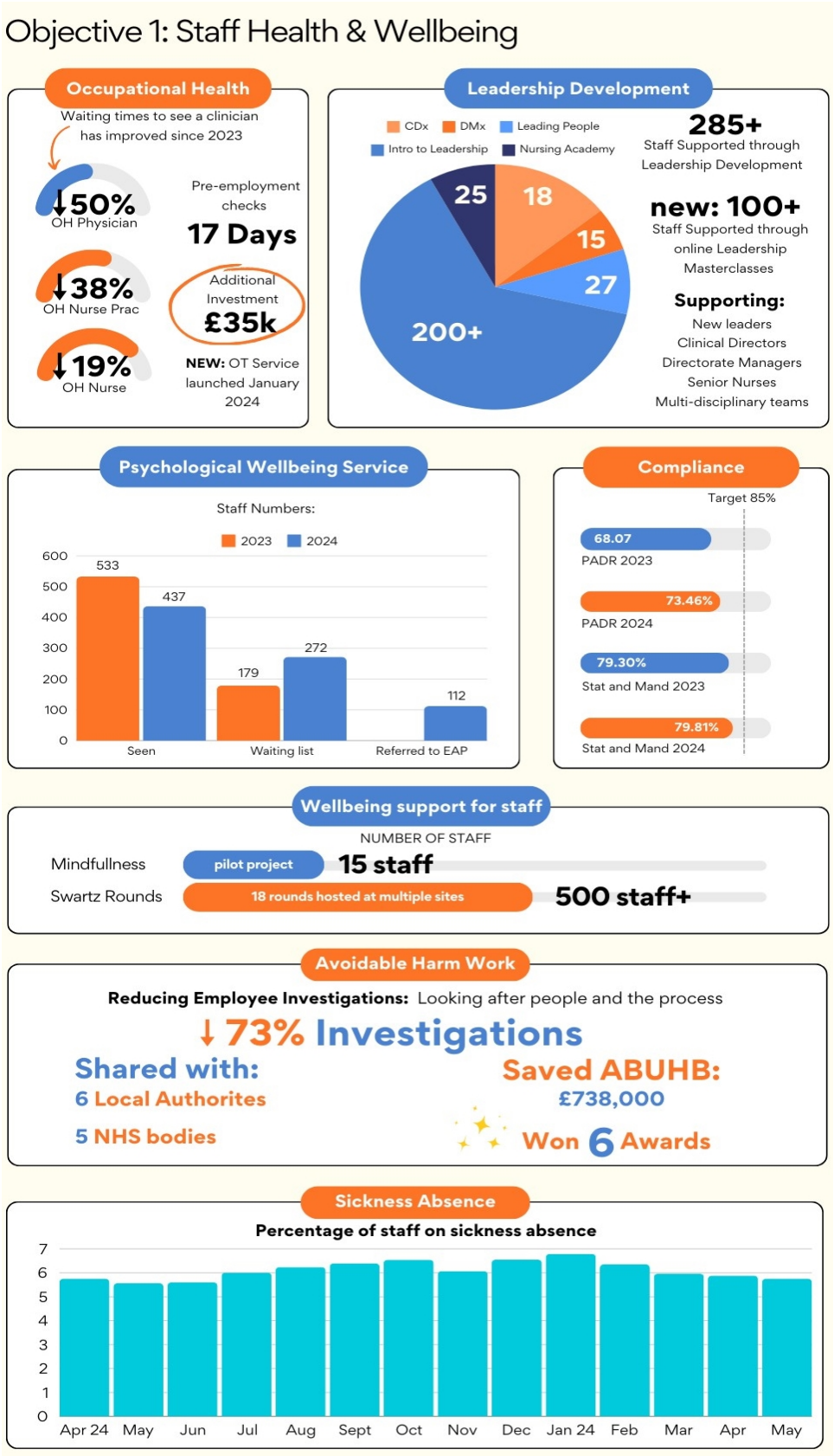
Progress against the People Plan's three objectives has been shared throughout the year with the People and Culture Committee at the following meetings:

- People Plan Quarterly Update of progress: 19 October 2023.
- People Plan Quarterly Update of progress 22 February 2024.
- People Plan Annual Review: 18 June 2024.

Asesiad / Assessment

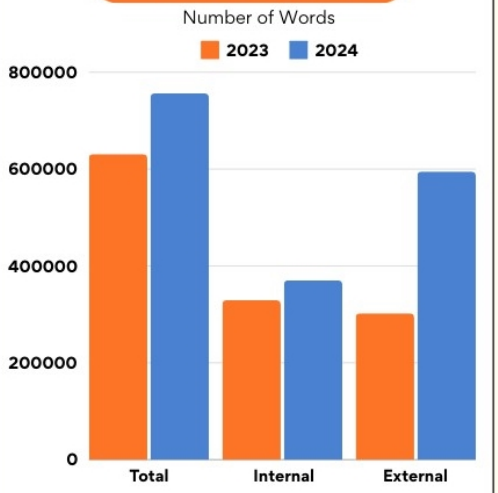
The People Plan delivery framework, (People Plan) consists of 23 actions, set out under the three objectives.

A summary of the key achievements and progress over the last 12 months are described below with core measures of progress outlined in the infographics on the next three pages against our three core objectives.

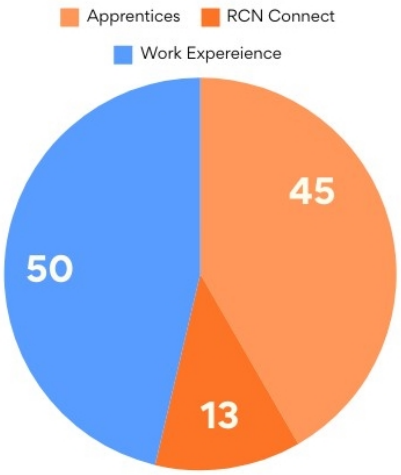


Objective 2: Employer of Choice

Welsh Translation



Widening Access



Initiatives Supporting:

Aspiring Nurses
Under-represented Communities
Students
Learning Disabilities

Workforce Metrics

TURNOVER:

RECRUITMENT:

74 International Nurses
584 HCSW
298 Registered Nurses
149 Medical and Dental

VACANCIES reduced by:

HCSW	100 WTE
RN	60 WTE
MEDICAL	47 WTE

Staff Networks

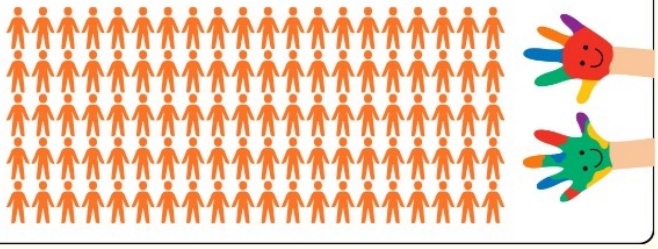
VOICES
MENOPAUSE
NEURODIVERSITY
CARERS
LGBTQ+
ENABLE
ARMED FORCES

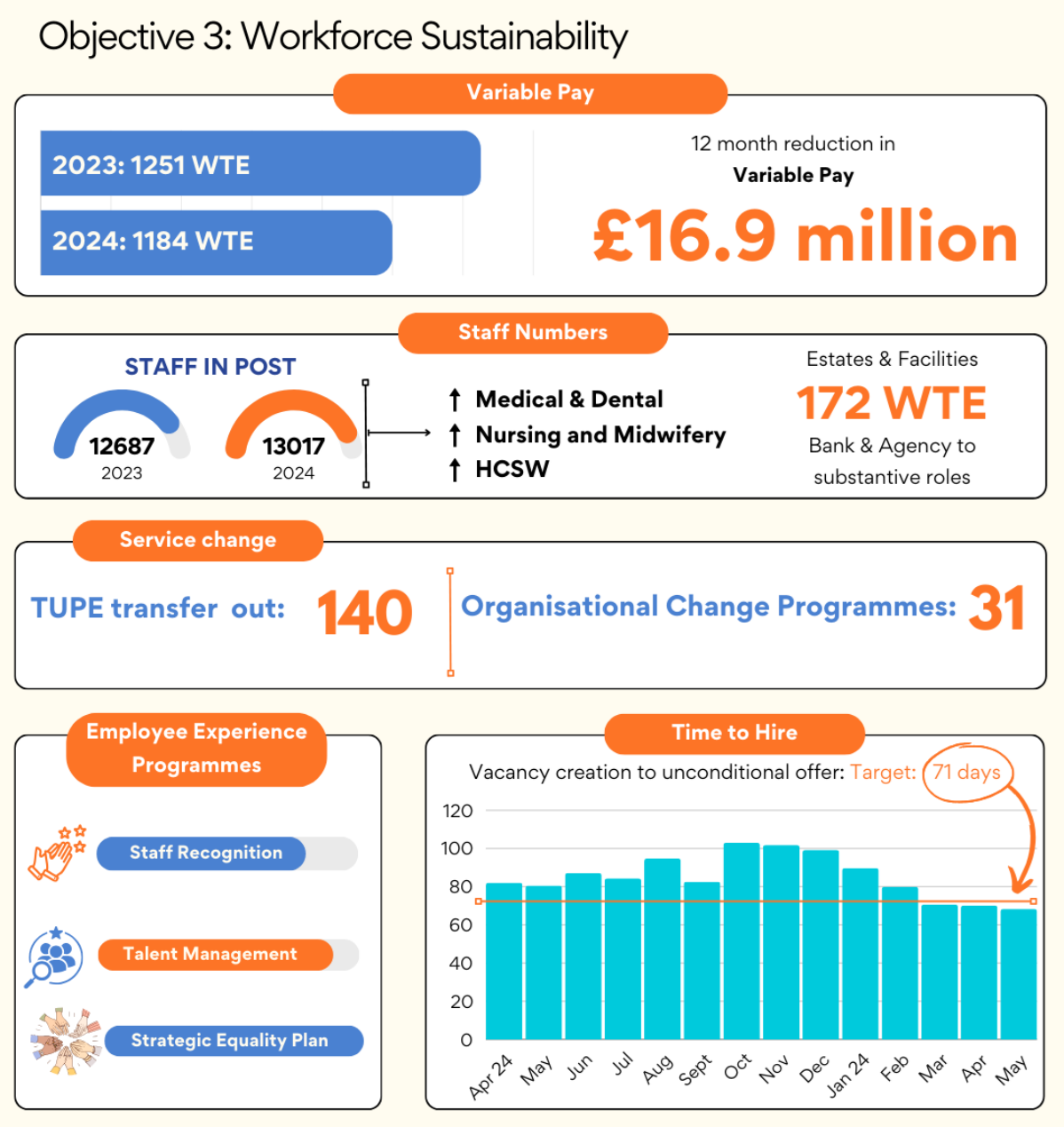
Primary Schools

Skills Surgery/Career sessions delivered to 5 primary schools where staff groups are under-represented:

Breaking down myths & barriers to careers in health...

200+ children





Objective 1 – Staff Health and Wellbeing

Our actions aim to support the wellbeing of our staff, deliver a reduction in sickness absence, staff turnover and improve our Occupational and Employee Wellbeing waiting times. Through improving the wellbeing of staff, we will achieve and improve employee experience and in line with research, improved patient outcomes and experiences.

Encouragingly in summer 2023 our **wellbeing survey** indicated a stabilising of key factors such as self-reported fatigue and 'coping', as well as shedding light on 'intention to leave' and factors that support or inhibit raising concerns. The Employee Wellbeing survey is being rebranded in 2024 to the Employee Experience survey. Moving forward it will link and complement the national NHS Wales staff survey which was launched in November 2023 which will run annually. Our response rate to the national survey was 20%, consistent with other NHS Wales Health Boards. The top three key areas of success and development have been shared across the organisation to outline to staff our priority areas and actions and staff communications will continue over the summer to encourage participation in this autumn's national NHS Wales staff survey.

There continue to be a host of evidence-based **wellbeing initiatives** that have contributed to improving and protecting staff wellbeing. These include Schwartz Rounds, Taking Care Giving Care Rounds and Creative Mindfulness classes have been undertaken on GUH and YYF sites following successful Arts Council Bid.

Demand for our **Staff Psychological Therapy Service** continues to see a 20% increase in demand from last year with commensurate increase in risk and clinical complexity. Accordingly, we have been successful in securing alternative counselling support. This includes additional staff counsellors (0.6wte) and an Employee Assistance Programme (VIVUP). In the first 6 weeks following the implementation of the VIVUP service, we have seen waiting times for psychological therapy reduced by 30%. We will continue to review and evaluate the VIVUP service over the forthcoming months.

Within our **Occupational Health Service** (OH) we continue to experience resourcing challenges. This is due to national shortages for occupational health skills. This year we undertook a review of demand and capacity and invested in additional clinics through a contract partner to reduce backlog and waiting times. In addition, we have introduced a new service where advice and support can be provided by an Occupational Therapist. To support efficiency, a new electronic system for manager referrals went live on 20 September 2023 assisting with referral tracking and progress.

Working with OH colleagues, our internal sickness absence group continues to analyse and target intervention to reduce sickness and to support staff to remain in work. This has included a revision of the sickness absence management toolkit to managers. A sickness management audit was completed in June 2024, with reasonable assurance.

It is widely accepted that leadership plays a key role in influencing team culture and staff wellbeing. **Leadership Development** continues to be strengthened within the Health Board. The Health Board now has a suite of Leadership development programmes, highlighted in the infographic, targeting core groups meaning over 300 colleagues have access to bespoke internal leadership development curated specifically for their leadership challenges. A suite of leadership masterclasses have been developed to aid personal development with 236 colleagues attending. The masterclasses include influencing skills, setting up teams for success, giving feedback, having courageous conversations, and having a meaningful PADR. In addition, to support leaders and managers, a **coaching network** has been established with thirty-one coaches identified. Staff who may be interested or benefit from a coach, will have access to a coaching hub which will be launched at the end of this year.

Our Avoidable Employee Harm training has influenced our **People Practices** and we have maintained a 73% reduction on disciplinary investigations by considering alternative approaches (such as training and reflective practice). This practice has been commended and shared with other NHS organisations and external partners

(e.g., Local Authorities) and we have initiated a growing research partnership with universities of Brunel, Plymouth, and Swansea. We have estimated a conservative financial saving of more than £700k through reducing sickness absence and variable pay and expediting the time taken to investigate cases of a serious nature only. It is our intention over the next year to maximise the concept of avoidable employee harm and transfer the learning to all People Practices, prioritising Respect and Resolutions (grievances) whilst promoting a Speaking up Safely culture.

Following the publication of NHS Wales **Speaking up Safely Framework**, we have undertaken a self-assessment in relation to the framework standards and developed an action plan in support of its implementation. A Speaking up Safely initial engagement and awareness event was held on 03 October 2023. Workforce & OD have launched an internal raising concerns bespoke email address with migration to an externally provided speaking up service which will go live during Summer 2024. A cross organisation and multi-profession steering group has been established to take forward the programme of work.

Objective 2 - Employer of Choice

Our objective of being an 'Employer of Choice' aims to reduce vacancies, improving our offer to widen access to employment, recognises the public health benefits and the principles of foundational economy by promoting employment and training opportunities for our current and future workforce.

We have continued to build on our commitment to introduce innovative and hybrid roles, which incorporate responsibilities such as research and education to ensure we stand out in the market. This includes GPs (General Practitioner) with extended roles and Clinical Fellows with protected time for clinical research or teaching. We have continually sought opportunities to extend the skills of our current workforce such as Pharmacy Assistants and Technicians and enhanced training of Radiographers to extend their scope of practice. The support of the band 4 clinical workforce has grown across the organisation as well as the scope of practice for our advanced clinical practitioners and we are actively engaged in the national work relating to the Registered Nurse Associate (RNA) role which is in development.

Staff groups which have seen increases include Medical and Dental (4%), mainly because of an increase in specialty registrar posts, and Nursing and Midwifery, which has increased by 4% because of recruitment campaigns locally and internationally and implementation of the Nursing, Midwifery and Specialist Community Public Health Nurse (SCHPN) Workforce Strategy.

To continue to attract and retain medical staff we also continue to develop a Specialty Doctor and Clinical Fellow Framework. The framework aims to improve attraction, recruitment and retention, provide a quality experience supporting on-going development and to facilitate career progression. To progress this intention, we have agreed an Autonomous Practice Policy to provide governance and support suitably skilled and experienced SAS doctors and dentists to work as autonomous practitioners where it is appropriate to do.

Whilst we have made progress in reducing the number of vacancies over the last year, we continue to experience prominent levels of vacancies across medical specialties, registered nursing, pharmacists, and some specialist therapy roles. Our

priority has continued to focus on effective and innovative recruitment strategies. In addition our retention programme which encompasses chat cafes, flexible working options, career support and pathways, has been influential in reducing staff turnover over the past twelve months.

To support employee experience two significant programmes have been developed to focus on recognition and progression. Firstly, an **organisational staff recognition programme** has been developed which aims to develop the culture of gratitude and thanks amongst employees to boost staff engagement and satisfaction. The Programme is a deliberate, evidence-based approach to improving the employee experience of work and contributes to a compassionate and inclusive culture.

A brand "One AB, Everyone Together" was developed in line with the programme and has been adopted for our staff engagement and communication strategy. The ambition is to continuously promote an explicit and agreed narrative of gratitude, thanks, and recognition building on the initiatives we already have in place such as annual staff recognition awards, long service awards and local recognition initiatives.

ONE AB
Everyone Together

Secondly, a **Talent Management and Succession Planning (TMSP) Framework** has been designed and developed with a suite of resources to support career conversation and succession planning training for managers. The framework uses four domains to explore activities to support this based on the employee lifecycle and has activities from attracting the right workforce, to identifying talent and succession opportunities, to developing the workforce and finally transition either into Health Board roles or externally.

To build our future workforce and reputation as an employer, we have continued to **build connections with schools and communities.** We have implemented an innovative skills club with Year 6 pupils at primary schools. The pilot was facilitated by our Welsh Language Unit and Equality, Diversity, and Inclusion (EDI) Specialist in collaboration with other partners in Health including HEIW and WAST.

The skills clubs included following a patient from admission to discharge, learning about different areas of healthcare and taster days at our Health Board. A toolkit was produced in readiness for the school sessions and will be shared across Wales.

Building on our intern, apprenticeship and volunteering schemes and our commitment to **widening access to training and employment** we were the first Health Board in Wales to implement a new recruitment initiative called *RCN Connect Wales.* Working with HEIW, Cardiff and Vale College and Coleg Gwent, this programme supports applicants who were unsuccessful in obtaining a nurse training placement, recognising that some applicants will flourish as a future nurse with some additional support through employment and confidence building. To date, we have recruited thirteen students and five have already secured a nurse training placement after the support and experience provided.

Our **volunteering scheme, *Ffrind I Mi,*** continues to expand. The Health Board has over 200 volunteers directly engaged. Volunteering activities support a wide range of services including, but not limited to; befriending patients in hospital and in the community, chaplaincy support, welcoming service, therapy dogs, patient experience survey volunteers, dementia companions and end of life champions. We have established a volunteer to career pathway supporting volunteers to move to employment. The support and skills provided via this pathway has allowed individuals to secure health and care positions including HCSW roles, social care roles and also to return to education.

We have also worked in partnership the with Gwent Workforce Board to trial joint recruitment initiatives including a branded "Recruitment bus" travelling to local communities to share opportunities across the five local authorities in Gwent and the Health Board. Supporting local people to access careers in health is at the heart of our approach and we are thrilled to co-design and support the Access to Medicine course launched with Coleg Gwent in September 2023 with further scoping being done to look at Access to Dentistry. Moving forward we will also be working with the University of South Wales to develop education and training opportunities for medical careers.

We have developed and launched a new work experience offer with a more streamlined and automated application process and improved support for managers which has enabled us to extend placements to an additional sixteen services (total number of active host service areas: twenty-five) with a 129% increase in applications for work experience relative to the past twelve months. Hosting inclusive work experience placements is an integral part of the new approach in line with **equality, diversity and inclusion.**

Ensuring that we build on our commitment to developing a diverse workforce we have continued to encourage and grow our staff networks. This has been supported by protected time for staff to lead and attend the networks as well as a series of workshops and EDI Chat Cafes facilitated with staff across all sites. The contribution of the staff networks along with internal and external engagement and consultation with stakeholders were key to enable the approval of the organisation's Strategic Equality Plan 2024-2028 this year.

The Development of the International Medical Graduate bespoke induction and buddy scheme in collaboration with Medical

Education and the continued work of our Internationally Educated Nursing Network continues to develop and ensure our internationally educated colleagues are welcomed, supported and engaged in our Health Board and local communities.

In line with our commitment to the Anti-Racist Wales Action Plan (ArWAP), we were particularly proud this year to deliver the SEEN project in Collaboration with Race Council Cymru. This was delivered with a successful launch event in Newport Market well attended by stakeholders and Jane Hutt from Welsh Government. The project celebrates through art (now displayed across our sites) the contribution to Health from key figures of Gwent as voted for by our staff. This year we will be piloting a Reverse Mentorship scheme for the Executive Team in support of our actions in line with the ArWAP.

We have also undertaken a final review of the streamlined Equality Impact Assessment (EQIA) process initiated in collaboration with corporate governance colleagues to ensure that there is clear guidance to support equality in our decision making where appropriate.

In support of the **Welsh Language Standards,** we have reorganised our resources to increase our communications with staff and our population through the medium of Welsh. This has increased words translated and reduced costs saving £6,200 in the first year. This approach will also enable us to map all translation work undertaken for the Health Board and identify any departments/divisions who need support to implement the standards. We continue to review and develop our training offer and have recently engaged a Welsh Language Tutor with the support of a Welsh Government initiative to increase the confidence of staff to use their Welsh language skills at work. The impact of this work will be particularly important this year with the Welsh Language Commissioner's focus on increasing the offer of clinical consultation through the medium of Welsh (Standard 110 of the Welsh Language Standards). We will develop the next 5-year plan as an operational document focussing on specific areas within the Health Board where this work will be prioritised.

In 2023 we received our first investigation for non-compliance with the standards from the Welsh Language Commissioner relating to Standards 9 and 10. These relate to the Welsh language service being available when calling a Health Board telephone number and that a caller who wishes to communicate in Welsh by selecting the appropriate option on the phone line can do so. A corrective action plan has been sent to the Commissioner’s office and the investigation closed. We will continue to work closely with the Commissioner’s office in support of promoting a bilingual active offer to our population.

Objective 3 - Workforce Sustainability Actions

The Workforce Sustainability objectives enable the actions to support delivery of the right workforce models which embed innovative thinking. It also focuses on maximising information technology to support the effective workforce intelligence and deployment of staff to support service planning decisions.

We have led and created opportunities to support operational colleagues to significantly **Reduce Agency and Variable Pay,** improving our patient experience and continuity of care through consistent and substantive staffing solutions, resulting in reduced agency costs of £16.9m. This has been facilitated through actions to improve recruitment, retention, rostering, and shift booking processes and innovative ways to encourage agency and bank workers to take up employment opportunities with the Health Board. Through this work, our HCSW vacancies have reduced by 100 WTE and Registered Nurses by 60 WTE.

Reducing reliance on HCSW has been a core component to the success of this programme of work. To compliment this, we have significantly reviewed our approach to HCSW education and training. Over the last 12 months we have commenced several initiatives to improve the experience of this staff group, which include:

- Delivering clinical induction in house rather than an external provider.
- Promoting Band 4 opportunities.
- High quality promotional videos to support career development.
- Increasing numbers of HCSWs training opportunities to develop other professional roles such as registered nurses and therapy assistant practitioners.

Implementing and making most effective use of **workforce systems** also underpins this objective. The systems team have worked with nursing colleagues to implement *Safecare* to all ward areas with 70% completion in community areas. This system will allow rostering practices to amend in real time in support of patient demand and acuity and support safety of our services.

A newly procured suite of **Medical E-Systems** will further support this work by implementing e-job planning and e-rostering for medical staff. Whilst full implementation was re-prioritised due to the impact of industrial action, progress has resumed with rosters created and job plans being recorded electronically. There are several key activities required before we agree a 'Go Live' date which includes testing the ESR interface. This will complement the functionality of the medical agency system to ensure a competitive market to reduce agency costs and remove the duplication of using multiple systems within the Health Board. Locum Bank, Agency and Job Planning has been rolled out. E-Rostering is currently being rolled out in Family & Therapies and Mental Health and Learning Disability Divisions and is near completion.

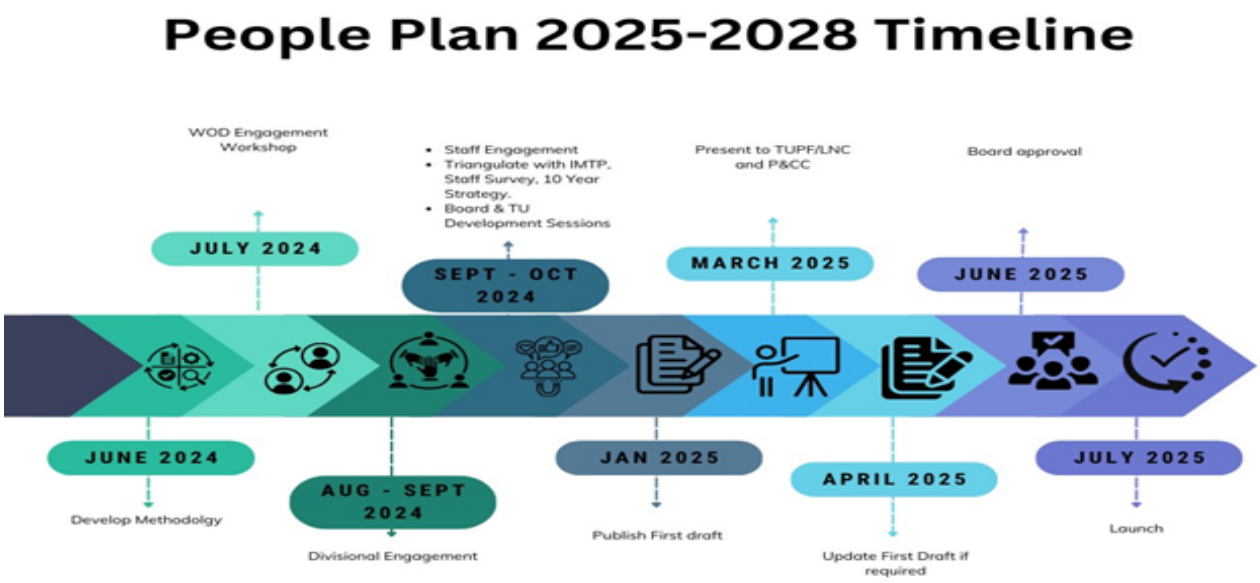
Working with our local authority partners and across primary care is an essential element of building a sustainable workforce. Following a number of workshops with our Local Authority partners and organisations in 2023 a Gwent Strategic Action Plan was presented to the Gwent Workforce Board in September 2023 and a programme plan has been agreed. The plan focuses on a collaborative approach to apprenticeships, workforce planning, clinical skills training, staff wellbeing and digital competencies. In addition, a full Workforce and OD programme plan has been

developed to support the development of an integrated culture between all partners in the new Integrated Well-being Hubs in Tredegar and Newport which will run throughout 2024/25. A Workforce planning programme and framework for Neighbourhood Care Networks (NCNs) has been developed and data collected and shared with NCNs in September 2023. Initial NCN (Neighbourhood Care Network) workforce planning meetings held throughout November 2023 received positive feedback. To build on this a pilot has commenced in Blaenau Gwent with NCN leads and the Workforce and OD team which will undertake a comprehensive workforce plan with the aim to support long term sustainability.

A refreshed **Agile/Hybrid Framework Vision and Framework** was endorsed by the Executive Committee in October 2023, with detailed assessments of various lease premises to influence the Health Board's estate priority plans for 2024/25. The framework aims to align people, processes and connectivity with technology, time and place to find the most appropriate and effective ways of working. This supports flexibility across the workforce and supports our commitment to reduce our carbon footprint through estates rationalisation and reduced travel.

Next Steps - Plans to support People Plan objectives in 2025-2028

An outline timetable for the design and publication of the next People Plan has been developed. This process commences with a Workshop with the Workforce and OD team and includes divisional and staff engagement, triangulation with key documents and future engagement sessions with our Trade Union partners, operational teams, and partners in Gwent Workforce Board. Our aim is to publish the next version of our People Plan in July 2025. The provisional timeline is outlined below:-



Argymhelliad / Recommendation

The Board is asked to note the annual update of implementation of the People Plan, note the progress to date and the engagement approach for the next iteration of the People Plan 2025 to 2028.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce 7. Staff and Resources Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Not Applicable
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Workforce and Culture
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Improve the Wellbeing and engagement of our staff.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	ACD - Accelerated Cluster Development ArWAP - Anti-Racist Wales Action Plan CESR - Certificate of Eligibility for Specialist Registration EDI – Equality, Diversity, and Inclusion EqIA Equality Impact Assessment ESR – Electronic Staff Record GMC - General Medical Council HEIW – Health Education and Improvement Wales HPMA – Healthcare People Management Association RBP – Regional Partnership Board RCP - Royal College of Physicians RN - Registered Nurses StaM - Statutory and Mandatory TCGC - Taking Care Giving Care TMSP - Talent Management and Succession Planning WAST – Welsh Ambulance Services Trust WCoE - Wellbeing Centre of Excellence

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Progress of the People Plan three objectives has been shared and approved by the People and Culture Committee: • People Plan Quarterly Update of progress: 19 October 2023. • Executive Committee Corporate Review: 08 February 2024. • People Plan Quarterly Update of progress 22 February 2024. • People Plan Annual Review: 18 June 2024.

Effaith: (rhaid cwblhau) **Impact: (must be completed)**	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable
• **Financial**	Not Applicable
Asesiad Effaith Cydraddoldeb Equality Impact Assessment (EIA) completed	**No does not meet requirements** An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Not Applicable

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 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 Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with a comprehensive assessment of the strategic risks associated with the Board's strategic priorities and provides assurance that these risks are being effectively managed.

This report also provides an assessment of any recently identified risk(s) that necessitate Board oversight and inclusion on the Strategic Risk Register.

It also seeks to provide reassurance about the progress being made in improving risk management within the Health Board.

Cefndir / Background

At its last meeting in May 2024, the Board approved changes to the Strategic Risk Register as a result of the reduction in Risk Score and Exposure for SRR 001D, detailed below.

SRR 001D - There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population, *due to the threat of Industrial Action during ongoing disputes and negotiations at a national level.*

The likelihood of the risk happening has been decreased from 'Likely' (score of 4) to 'Possible' (score of 3) due to the British Medical Association's (BMA) decision to cease all industrial action in Wales and engage in further discussions with the Welsh Government regarding the 2023/24 pay award.

The Board received reassurance that the existing controls and mitigating actions were deemed satisfactory in minimising the likelihood and impact of the sub-risk. These measures are being closely monitored at the divisional level.

As of the end of May 2024, the Strategic Risk Register included **eight high-level strategic risks and 20 sub-risks**, for which the Board delegates responsibility to the relevant sub-committees for focused scrutiny of controls and assurances against specific strategic risks.

Asesiad / Assessment

Strategic Risk Activity

Since the May Board meeting, strategic risks have been reviewed in line with risk management best practice with the purpose of ensuring that the control measures in place are sufficient to manage the risks. If the existing controls are found to be inadequate, additional measures are documented and implemented to address any gaps. In addition, assurances are assessed to evaluate the efficacy of the current controls by determining whether there is sufficient assurance in all three lines of defence. If not, any gaps in assurance are identified, and the implementation of reporting is initiated to address them.

The risks have been reviewed and updated in accordance with the agreed-upon review period for risk severity. Risks that are within the purview of the designated committees have been carefully examined. (Table 2).

The full Strategic Risk Register is included as **Appendix A** and the individual risk assessments for the **20** sub-risks are included as **Appendix B**.

Table 2

Overarching Strategic Risk Description	Number of Sub-Risks	Risk Level		Sub-Risk Theme	Delegated Committee
		High (9 – 12)	Extreme (15 – 25)		
SRR 001 - There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population.	**9 (A-I)**	3	1	People	People and Culture Committee
		2	1	Service Delivery	Partnerships, Public Health & Planning Committee
		-	1	Financial Sustainability	Finance and Performance Committee
		-	1	Compliance and Safety	Finance and Performance Committee
SRR 002 - There is a risk that there will be significant	**2 (A -B)**	1	1	Compliance and Safety	Partnerships, Public Health &

failure of the Health Board's estate.					Planning Committee
SRR 004 - There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	**1**	1	-	Compliance and Safety	Partnerships, Public Health & Planning Committee
SRR 005 - There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.	**1**	1	-	Service Delivery	Patient Quality, Safety & Outcomes Committee
SRR 006 - There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery.	**3 (A – C)**	2	1	Service Delivery	Finance and Performance Committee
SRR 007 - There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population.	**2 (A – B)**	2	-	Transformation & Partnership Working	Partnerships, Public Health & Planning Committee
SRR 008 - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public.	**1**	-	1	Transformation & Partnership Working	Patient Quality, Safety & Outcomes Committee
SRR 010 - The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	**1**	1		Compliance and Safety	Patient Quality, Safety & Outcomes Committee
Total	**20**	**11**	**9**		

As previously mentioned, the Strategic Risk Register currently contains **eight high-level risks and 20 sub-risks**. Since the last presentation of this report to the Board and subsequent review of all strategic risks, the strategic risk environment has remained relatively stable. Only one risk (SRR 001H) has requested approval for de-escalation to the Corporate Risk Register, detailed below.

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, *due to low core funding, the Directorate is heavily reliant on non-recurrent funding grants.*

The review process determined that, despite its alignment with the Health Board's IMTP objectives of improving population health and delivering whole-system transformation, the risk is primarily focused on financial stability and optimising resource utilisation to maintain current services. Furthermore, a sub-risk associated with unsustainable service models is already included in the strategic risk register.

Given the scope of this risk, it would be more appropriate to manage it at the corporate level, where funding and budget allocation can be more effectively managed.

De-escalation was endorsed by the Partnerships, Public Health & Planning Committee at its meeting on 01 July 2024, with the understanding that it would continue to be a key focus for the Executive Committee. As such, the Board is being asked to approve the transfer of SRR 001H from the strategic to the corporate risk register, thereby transferring the responsibility of risk monitoring to the Executive Committee.

This risk is separate but related to risk SRR 001E which will remain on the Strategic Risk Register (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, due to inadequate strategic plans which respond to population health and socio-economic needs).

Status of Risks Aligned to Risk Appetite

Although the risk environment has remained stable, it is important for the Board to be aware of **six** sub-risks that exceed the risk threshold for their domain. However, there is further action being taken to enhance the control environment for all **six** sub-risks. Conversely, it is important that the Board be fully informed about these sub-risks and the possibility that it may be required to consider accepting a risk that exceeds a tolerance threshold after all other mitigation options have been exhausted by the Health Board. The **six** sub-risks are shown below. (Table 3).

Table 3

Overarching Strategic Risk Description	Sub-Risk Description	Risk Profile	Current Risk Score & Level Likelihood x Impact =
SRR 001 There is a risk that the Health Board will be unable to deliver and maintain high-quality quality safe and sustainable services which meet the changing needs of the population	**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.	**Theme** Financial Sustainability **Appetite** Minimal - Score 8 and below	**5 x 4 = 20** **Extreme**
	i) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	**Theme** Safety & Compliance **Appetite** Minimal - Score 8 and below	**4 x 4 = 16** **Extreme**
SRR 002	**a)** Due to the presence of Reinforced Autoclaved	**Theme**	**3 x 5 = 15** **Extreme**

There is a risk that there will be significant failure of the Health Board's estate	Aeriated Concrete (RAAC) within structures	Safety & Compliance **Appetite** Minimal - Score 8 and below	
	b) Due to significant levels of backlog maintenance and Structural Impairment		**3 x 4 = 12** **High**
SRR 004 There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.	**a)** Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.	**Theme** Safety & Compliance **Appetite** Minimal - Score 8 and below	**3 x 5 = 15** **Extreme**
SRR 010 The Health Board will fail to protect the Health and Safety of staff, patients, and visitors in line with its duties under the Health and Safety at Work Act 1974	**b)** 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	**Theme** Safety & Compliance **Appetite** Minimal - Score 8 and below	**3 x 4 = 12** **High**

Risk Exposure

The infographic below depicts the Health Board's current risk exposure to the 20 strategic sub-risks, demonstrating that the majority of the strategic risks are in the upper right quadrant of the risk matrix, indicating a high level of risk exposure, and as previously stated in the report, six of those risks fall outside the Board's agreed-upon appetite level.

Risk Scoring Matrix					
Likelihood/ Frequency	**Consequence/Impact**				
	1. Negligible	**2. Minor**	**3. Moderate**	**4. Major**	**5. Catastrophic**
5. Almost Certain (91%)				**1 x (Extreme)**	
4. Likely (61-90%)				**3 x (Extreme)**	
3. Possible (41-60%)			**1 x (High)**	**9 x (High)**	**3 x (Extreme)**
2. Unlikely (11-40%)				**3 x (Moderate)**	
1. Rare (1-10%)					

The closing position as at the end of Quarter 1 2024/25 (April – June) the Strategic Risk Register includes **eight** high-level strategic risks and **20** sub-risks, **six** of which are managed outside of their predefined risk appetite level.

Corporate Risk Register

Initial meetings with Directors have been held to discuss any potential high-level operational risks in their areas of responsibility that need to be supported and managed by the Executive Team through the Corporate Risk Register. The draft corporate risk portfolio will be discussed at the July Executive Time Out session, which will include a focused assessment of these risks, as well as strategic risks, to ensure they are reflective of the operating environment and are recorded and reported at the appropriate level. A comprehensive report, including the status of strategic and corporate risks, will be presented to the Board at its next meeting in September to determine the Board's position on current risk exposure and management**.**

Corporate and Divisional Risk Management Activity

The Corporate Governance Directorate is actively collaborating with risk owners to assess and enhance controls and assurances, while also working to enhance transparency regarding the ongoing efforts to implement mitigation measures in the short, medium, and long term. This will be demonstrated through a revised risk assessment template that places greater emphasis on the high-level actions being taken to implement additional controls to bring the risk to within appetite or to a level that the Board is willing to accept. The revised template will be reviewed during an Executive Time Out Session in July. The half-day session will focus on risk management, specifically the strategic and corporate risk portfolio.

The Head of Corporate Risk and Assurance is working closely with directorates to embed the risk management framework and ensure a thorough cleansing of Datix. When used appropriately, Datix, the Health Board's digital risk management system, effectively assesses risk exposure and offers insightful data that helps with resource prioritisation and decision-making. In addition, the Head of Corporate Risk and Assurance is working closely with key functions such as patient quality and safety, health and safety, estates, and capital to ensure the efficient management of significant risks and the correct implementation of the escalation process set out in the framework.

This report aims to provide reassurance regarding the continuous efforts to enhance the Health Board's risk maturity.

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 SRR 001H to the Corporate Risk Register;
- **NOTE** the risks outside of the agreed-upon appetite for the risk domain; and,
- **NOTE** the continued work to mature risk management within the Health Board.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Corfforaethol a Sgôr Cyfredol: Corporate Risk Register Reference and Score:	The Strategic Risk Report is informed by Datix, ensuring a bottom-up approach to risk escalation.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. Choose an item. The Strategic Risk Register assesses risk that could impact achievement of all strategic priorities.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Not Applicable Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	N/A
Rhestr Termau: Glossary of Terms:	N/A
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)	
Resource Assessment:	A resource assessment is required to support decision making by the Board and/or Executive Committee, including policy and strategy development and implementation plans; investment and/or disinvestment opportunities; and service change proposals. Please confirm you have completed the following:
• **Workforce**	Not Applicable
• **Service Activity & Performance**	Not Applicable

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

Risk ID	Monitoring Committee	Risk Theme	Risk Owner	Risk Description	Reason For The Risk	Impact	Current Risk Score				Risk Appetite		Actions to Reduce Risk to Target	Assurance that the Risk is being manged effectively	Target Risk Score				Review of Risk	
							Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Current Risk Score	Risk Level	Current Status Against Appetite	Risk Appetite and Threshold Explained			Likelihood Of The Risk Occuring	Impact Of Risk Occuring	Target Risk Score	Risk Level	Last Reviewed	Next Review
	People & Culture Committee	People	Director of Workforce and Organisational Development		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 •Litigation & Financial Penalties	4	4	16	Extreme	Within Appetite Level	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.	Staff Attendance: 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., "Hot spot" areas identified and plans in place to support. Recruitment: Engagement with national recruitment campaigns such as BAPIO, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW for Junior Doctor, Annual programme of Apprentice recruitment, Overseas Nursing (All Wales), Nursing Workforce Strategy, Streamlining and improve recruitment timescales through recruitment modernisation programme (started Oct 22) , Partnerships with employability schemes such as Kickstart and Restart, Actively working with Local Authorities to promote joint recruitment activities and Registration – Temporary register extended for 2 years to enable staff to return to practice. Retention: 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 and 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, 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. and Gwent Workforce Board is being tweaked to support scaling up of initiatives and pace. 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 4th 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: 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 and Development of ESR establishments commenced on a national basis w/c 03/09/23.	Medium	3	2	6	Low	01/06/2024	01/07/2024
					b) Due to a deterioration in, and a failure to improve, the well-being of our staff	•High absence levels, with some sustained long periods •Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Reputational damage to the health board as an employer •Work-related industrial injury claims •Moral injury	3	4	12	High	Below Appetite Level	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 WAST & Powys delivering well-being webinars)., Increase wellbeing initiatives: Implement and progress new Integrated Psychological Well-being roles and peer support networks within divisions and hospital sites, Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders), Train Mediators so there is team and organisational resilience and network, Regular Schwartz rounds arranged across the Health Board, Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. Close links with the Arts in Health programme, 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 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 , Re-launching Chill out in the Chapel, 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 , Scope, design and deliver a programme of research 'Healthy Working Day', Enhanced our financial well-being offer. Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management, Drafting of a 10-year plan focusing on optimising the employee experience of work , The Avoidable Employee Harm Programme was launched on 5th July 2022 initially focusing on HR processes it will then look to other formal processes that inadvertently cause harm to all those involved and the organisation. The training day that supported the launch has evaluated very well and organisations beyond ABUHB are keen to engage. Within ABUHB we have subsequently seen a >60% reduction in gross misconduct investigations. Occupational Health 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. Other Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC, Reducing fatigue poster developed	Medium	3	3	9	Moderate	01/04/2024	01/07/2024

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	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 •Poor levels of accountability and delivery •Reputational damage to the health board as an employer •Adverse impacts on staff recruitment and retention	3	4	12	High	Below Appetite Level	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.	Talent and Succession Planning lead appointed in July 2023 on a 6-month 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 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 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. 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 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. Development leadership capabilities Designing learning journeys and access to Gwella Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Exploring Directorate Manager development. 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 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.	Medium	3	2	6	Low	01/04/2024	07/07/2024
					d) Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Non-compliance with safe staffing principles and standards •Litigation & Financial Penalties •Reputational damage to the health board and loss of public confidence	3	4	12	High	Within Appetite Level	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.	Services Business continuity plans in place. All Wales training sessions provide by legal and risk to support industrial action. Ensure early identification of mandated Statutory, and core critical clinical services. Trade union provides a list of the categories of employee to which the affected employees belong, figures on the number of employees in each category, figures on the numbers of employees at each workplace, the total number of affected employees. Such information will enable the employer to readily deduce the total number of employees affected, the categories of employee to which they belong, 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. Reducing impact on patients - Support for early supported discharge prior to industrial action. Trade Unions specifies: (i) whether the union intends the industrial action to be "continuous" or "discontinuous" (14); and (ii) the date on which any of the affected employees will be called on to begin the action (where it is continuous action), or the dates on which any of them will be called on to take part (where it is discontinuous action). Establish WOD hub with emergency planning to stand up as required Ensure early identification of mandated Statutory, and core critical clinical services. Review of business continuity plans Map services and staff provision and impacts of industrial action. Assess variable pay usage in case of work to rule applies. Assess current vacancies. Working with partners in Gwent on a system wide basis. Implementation of business continuity plans. Communication plans. Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer).	Medium	2	4	8	Moderate	01/04/2024	01/07/2024
	Partnerships, Public	Service	Director of Strategy		e)Due to inadequate strategic plans which respond to population health and socio-economic needs	•Increased demand •Increased patient acuity levels •Worsening of health inequalities •Worsening of health outcomes •Failure to train teams in multi-morbidity management •Failure to comply with the Wellbeing of Future Generations Act (Wales) •Reputational damage and loss of public confidence	2	4	8	Moderate	Below Appetite Level	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 central focus 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	01/04/2024	01/07/2024

	Health & Planning Committee	Service Delivery	Strategy, Planning and Partnerships.		f) Due to unsustainable service models	• Harm or injury to patients and/or staff • Adverse impacts on delivery of care to patients across acute and non-acute settings • Increased demand • Increased patient acuity levels • Worsening of health inequalities • Worsening of health outcomes • Failure to deliver health board priorities, required improvements and achieve sustainability • Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	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	01/04/2024	01/07/2024
	Finance & Performance Committee	Financial Sustainability	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	• Breach of statutory duty to breakeven over 3 years • Instigation of NHS Wales Escalation & Intervention Arrangements • Non – delivery of health board priorities, required improvements and achieve longer-term sustainability • Prioritisation and possible disinvestment in service delivery • Reputational damage and loss of public confidence	5	4	20	Extreme	Above Appetite Level	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	01/06/2024	01/07/2024
	Partnerships, Public Health & Planning Committee	Service Delivery			h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants.	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Unable to substantially improve the health of the population ➢ Reputational damage and loss of public confidence ➢ Multi-year CIP calculated on non-recurrent funding ➢ Major grants subject to funding cuts 24/25 ➢ No determined staffing establishment ➢ Possible at-risk TUPE posts ➢ £1.5 million temporary staff funding (RIF + EYP) majority on permanent contracts ➢ Government grants focused on particular risk factors	4	4	16	Extreme	Within Appetite Level	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.	Business cases being written for PIP to increase core funding to deliver objectives. 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 plan long term.	Negative	2	3	6	Moderate	01/06/2024	01/07/2024
		Compliance and Safety	Director of Public Health and Strategic Partnerships		I) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	➢ Unintended patient harm ➢ Negative patient/public experience ➢ Loss of patient/public trust and confidence ➢ Reduced staff morale leading to potential absence from work Scrutiny from external organisations (AW/HIW/WG) ➢ Punitive Action ➢ Adverse publicity ➢ Financial implications	4	4	16	Extreme	Above Appetite Level	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.	Performance Management and Assurance Framework Executive Accountability letters – to be issued by the end of May 2024 Divisional Directors Accountability letters – to be issued by the end of May 2024 Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reporting through to the Finance and Performance Committee via Executives Specific areas of focus are discussed at the Value & Sustainability Board System-wide way of working to progress an operational framework, develop winter plans, escalation processes, etc. Embed in the regional programmes of work i.e. ophthalmology, diagnostics, and orthopaedics.	Medium	2	4	8	Moderate	01/06/2024	01/07/2024
					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 • Litigation & Financial Penalties	3	5	15	Extreme	Above Appetite Level	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.	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	01/06/2024	01/07/2024

SRR 002	Partnerships, Public Health & Planning Committee	Compliance and Safety	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 •Non-compliance with Health & Safety legislation •Litigation	3	4	12	High	Above Appetite Level	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	01/04/2024	01/07/2024
SRR 004	Partnerships, Public Health & 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	a) Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level	•Adverse impacts on delivery of care to patients across acute and non-acute settings •Harm or injury to patients and/or staff •Health Board breaches statutory duties under the Civil Contingencies Act 2004 •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	5	15	Extreme	Above Appetite Level	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.	Testing programme of business continuity plans. 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 intranet for BC plans to be added by areas for audit, maintenance, review of interdependencies. 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 risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP). Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) 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 awareness in a timely manner. Continue to promote awareness in a timely manner. Continue to promote awareness of the requirement for BC across the Health Board. A tabletop 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	01/05/2024	01/08/2024
SRR 005	Patient, Quality, Safety and Outcomes Committee	Service Delivery	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	•Avoidable deaths or significant harm •Delays in releasing ambulances from hospital sites back into the community •Delayed discharges from acute and non-acute settings resulting in deteriorating patients •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	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 understood across all MH sites. Build in more impromptu, OoH and site visits to check on processes i.e., patient safety, risk, and performance across the Divisions. Regional flow processes not always supported with neighbouring HBs (Health Board)	Medium	3	3	9	Moderate	01/04/2024	01/07/2024

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	a)Due to the full or partial failure of existing digital infrastructure and systems	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Data breaches •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	5	15	Extreme	Below Appetite Level	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.	Implement the recommendations from Templar report: • Outline a step by step process of how the proposed risk treatments need to be implemented. This should include the activities to be performed, who is responsible and deadlines for completion. • Complete any outstanding policy and process development, ensuring there is engagement with non ICT teams including the SIRO and board • Ensure ICT disaster recovery policies are complete and refer to any system specific recovery processes. • Ensure non ICT teams are aware of disaster recovery policies and processes and engaged in developing system breach/failure response definition. • Complete a policy and process review after each incident to identify if anything could be improved in detection, resolution or prevention of a cyber security incident. Also, ensure the same is done whenever there are significant system changes. • Develop the policy and processes for identity and access management to ensure that privileged and critical system accounts are reviewed periodically e.g. 6 to 12 months, with other accounts reviewed through joiners/starters, movers and leavers processes. • Investigate circumstances where dedicated devices can be used for critical system access • Consider plans for certification of users and devices and how those certifications can be used. • Consider how to monitor privileged accounts e.g. with additional logs managing not just by exception but random and planned audits • Assess whether MFA can be implemented for privileged user accounts • Review any critical system logs that are created • Update systems or request updates to create additional logs where possible and include creation of logs on user devices in any investigation • Investigate a means of alerting for specific log conditions • Consider collective identification of appropriate tools and working with other OES within NHS Wales to identify appropriate tools.	Medium	2	4	8	Moderate	01/06/2024	01/07/2024
					B)Due to an adverse impact on service delivery in the implementation of new digital systems	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Data breaches •Litigation & Financial Penalties •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	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 • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security • An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects • Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation • Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success	Medium	2	3	6	Low	07/04/2024	01/07/2024
					c)Due to a failure to develop digital solutions that are sustainable and fit for the future	•Harm or injury to patients and/or staff •Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve sustainability •Reputational damage and loss of public confidence	3	4	12	High	Below Appetite Level	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. • Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities • Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process • New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee • Automation of request process via 'Seren' the ICT Portal • Portfolio optimisation to ensure the resources of the service are aligned to key priorities	Medium	2	4	8	Moderate	07/04/2024	01/07/2024
				There is a risk	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	•Unmet patient need resulting in harm •Ineffective use of combined resources •Delayed decision making •Adverse impacts on delivery of care to patients across acute and non-acute settings •Failure to deliver health board priorities, required improvements and achieve longer-term sustainability •Reputational damage and loss of public confidence	2	4	8	Moderate	Below Appetite Level	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	10/04/2024	10/07/2024

SRR 007	Partnerships, Public Health & Planning Committee	Transformation and Partnership Working	Director of Strategy, Planning and Partnerships.	that the Health Board will be unable to deliver truly integrated health and care services for the population	b) Due to the impact of fragile services across the regional and supra regional geography	Changes of regional flow in an unplanned way Additional demand on UHB workforce to support fragile services Unmet patient need resulting in harm Ineffective use of combined resources Delayed decision making Failure to deliver health board priorities, required improvements and achieve longer-term sustainability Reputational damage and loss of public confidence	3	3	9	High	Below Appetite Level	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.	The southeast 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 the following: - • An absolute commitment to delivering on the existing regional programmes of work but with recognition that these need to be 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. • The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions. 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 considering IR and Neonatal work	Reasonable	2	2	4	Low	16/04/2024	16/07/2024
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	Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	•Adverse impact on patient experience •Failure to deliver health board priorities, required improvements and achieve longer-term sustainability •Reputational damage and loss of public confidence •Failure to deliver Duty of Quality	2	4	8	Moderate	Below Appetite Level	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.	• Corporate Engagement Team • Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback • Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning. • Patient Experience and Involvement Strategy • DATIX	Medium	2	2	4	Low	01/04/2024	01/07/2024
SRR 010	Patient, Quality, Safety and Outcomes Committee	Compliance and Safety	Executive Director of Therapies and Health Science	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	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.	• Unintended physical harm; • Punitive actions from the Health and Safety Executive (HSE); • Increased levels of staff sickness; • Loss of estate due to unsafe environments; • Financial implications; • Adverse publicity; and, • Reputational damage	3	4	12	High	Above Appetite Level	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.	• Attendance at Divisional Quality & Patient Safety meetings provides a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established.	Negative	2	3	6	Moderate	01/05/2024	01/07/2024

Reference				Risk Score Matrix
				2 | 4 | 5 | 6 | 8 | 9 | 10 | 12 | 15 | 16 | 20 | 25
SRR 001	Director of workforce and OD	There is a risk that the Health Board will be unable to deliver and maintain high quality safe and sustainable services which meet the changing needs of the population	a)Due to an inability to recruit and retain staff across all disciplines and specialities.	
			b) Due to a deterioration in, and a failure to improve, the well-being of our staff	
			c) Due to insufficient and ineffective leadership levels throughout the organisation.	
			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	
			f) Due to unsustainable service models	
	Director of Finance and Procurement		g) Due to the failure to deliver a sustainable financial position and longer-term financial plan	
	Director of Public Health & Strategic Partnerships		h) Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants	
			I) Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	
SRR 002	Chief Operating Officer	There is a risk that there will be significant failure of the Health Board's estate	a) Due to the presence of Reinforced Autoclaved Aeriated Concrete (RAAC) within structures	
			b) Due to significant levels of backlog maintenance	
SRR 004	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board is unable to respond in a timely, efficient and effective way to a major incident, business continuity incident or critical incident	a) Due to 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	
SRR 006	Director of Digital	There is a risk that the Health Board has inadequate digital infrastructure and systems to maintain high-quality, safe service delivery	a) Due to the full or partial failure of existing digital infrastructure and systems	
			b) Due to an adverse impact on service delivery in the implementation of new digital systems	
			c) Due to a failure to develop digital solutions that are sustainable and fit for the future	
SRR 007	Director of Strategy, Planning and Partnerships.	There is a risk that the Health Board will be unable to deliver truly integrated health and care services for the population	a) Due to the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	
			b) Due to the impact of fragile services across the regional and supra regional geography	
SRR 008	Director Of Nursing	There is a risk that the Health Board fails to build positive relationships with patients, staff and the public	a) Due to inadequate arrangements to listen and learn from patient experience and enable patient involvement	
SRR 010	Director of Therapies and Health Science	There is a risk that the Health Board will fail to protect the Health and Safety of staff, patients, and visitors in-line with its duties under the Health and Safety at Work Act 1974	a) Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	

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

Key	
Current Score	●
Target Score	×
Appetite Threshold	◊
Current to target	◄—

RISK THEME	PEOPLE				
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	**a)** Due to an inability to recruit and retain staff across all disciplines and specialties.		**Publication Status**	Public	**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	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Reliance on agency and bank staff ➢ Litigation & Financial Penalties				**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **Outside** of target level but **WITHIN the** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	People & Culture Committee	**Likelihood**	4 *(Likely)* x	3 *(Possible)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*	
Last Reviewed	01 June 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*	
Next Review Monthly based On current score	01 July 2024				

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)*
• Monitoring Framework to support roll-out of the People Plan. • Workforce Dashboard to track activity – recruitment, turnover, sickness absence. • Supply and demand tracker (Nursing and HCSW). • People Plan tracker to support delivery of actions within the People Plan 2022-25. • Variable Pay Reduction Plan approved June 2022 and supported by the Programme Board. • Management of attendance through All Wales Management Attendance at Work Policy. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture. • Nurse Staffing Levels (Wales) Act 201625b/25c. • Review of staffing and recruitment plan internally in line with Royal College Guidance, i.e., RCP. • Workforce planning supported by Compendium of new roles to support innovative workforce models. • Recruitment KPI's. • IMTP (Integrated Medium-Term Plan) Educational Commissioning. • Workforce Establishment controls national working group has been instigated. • Value and Sustainability Board. **Recruitment** • Engagement with national recruitment campaigns such as BAPIO, M&D Kerela Initiatives, Train, Work, Live and Student Streamlining for Registered Nurses, Physician's Associates, Midwives, and therapy staff and with HEIW (Health Education and Improvement Wales) for Junior Doctor. • Annual programme of Apprentice recruitment • Overseas Nursing (All Wales Recruitment programme)	**Retention** • Development of career pathways (e.g., non-clinical to clinical). • Talent management and succession planning framework in process of internal assurance. Presented to TUPF through a development session and going to Exec Committee on 06 June 2024. • Career conversations and succession planning resources designed, will be available on intranet from 07 June 2024. • Career conversation workshops designed, plans in place to advertise dates post 06 June 2024. • All Wales self-assessment retention tool being completed at organisational level for Nursing and Midwifery to provide a baseline. **E- Systems** • 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Workforce reports to the Nurse Strategic Workforce Group. • Monthly sickness monitoring reports. • Weekly filled and unfilled shift reports (RN) and reports of agency for HCSW/RN. • Medical Staffing Co-ordinator review of medical rotas. • Cross site operational calls. • Occupational Health and Wellbeing dashboards report KPIs. **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. • Workforce and OD (Organisational Development) group established to support delivery and implementation of workforce plans to support Clinical Futures Service transformation. • Measurements of Wellbeing through the ABUHB	**Gaps in Assurance** **Action to Address Gaps in Assurance**	**Positive Assurance**

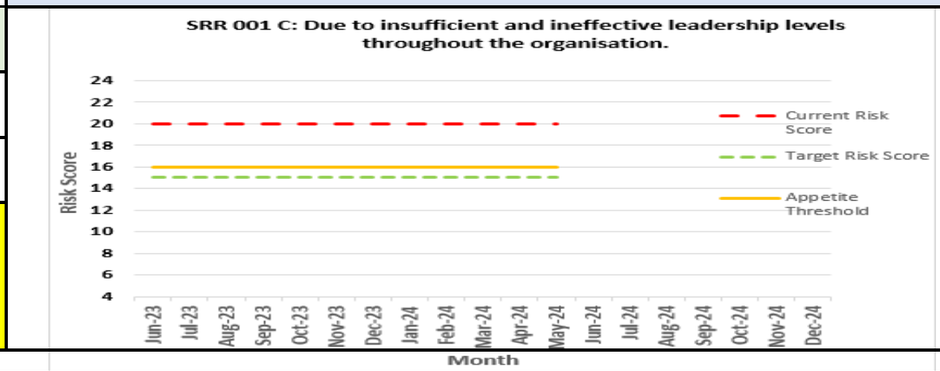
• Nursing Workforce Strategy agreed • Streamlining and improving recruitment timescales through recruitment modernisation programme (started Oct 2022) • Partnerships with employability schemes and FE/HE to widen access. • Actively working with Local Authorities to promote joint recruitment activities via Gwent Workforce Board. **Retention:** • Retention lead appointed with programme action plan in place for the next two years. • Engagement chat cafes providing information and support for key topics such as Agile Working, Learning and Development, Wellbeing Activity, Occupational Health, and Complex HR. • Week of events planned to support retention agenda in June 2024. This will include a mixed method of online webinars, videos and retention materials. • Internal Retention group has been established with a view to 1) interrogating data from multiple sources to fully understand the issues 2) Turn the data into intelligence so that we can understand and respond to organisational and local level impacts. • Changes in pension regulation and flexile retirement options from October 2023 and reduced break in service required following retire and return. **Variable pay reduction.** • Plan in place to monitor and review all agency, bank pay incentives supply and demand reporting to Value and Sustainability Board. **E- Systems** • Effective deployment of current staff - Programme Plan implemented to introduce Workforce Medical E-Systems to support effective deployment of medical staff. eLocum Bank, eJob Planning, eAgency systems are all 'live' and rolled out within the Health Board. eRostering is planned to go live shortly following ESR interface testing. **Development of alternative and new roles** • A Gwent Strategic Workforce Action plan has been developed through co-production with our partners across Gwent, and now forms the basis of the Gwent Workforce Board programme of work and agenda. The Action plan has been developed around the 7 key principles of A Healthier Wales: Our Workforce Strategy for Health and Social Care • The NCN (Neighbourhood Care Networks) Workforce Planning programme commenced in Autumn 2023, with all initial workforce planning workshops with all 11 NCN areas completed. The programme is now moving into the next stage of the programme with a comprehensive workforce planning assessment of Blaenau Gwent as an initial project. Programme plan led by WOD developed in conjunction with NCN leads and Divisional Senior Management. **Training** • The HEIW Education & Training Plan continues the investment in education and training in Wales that has been increasing over past years. In the HEIW Education Training Plan 22/23 there were increases in - Adult Nursing (36%) and Mental Health Nursing (20%), Healthcare science, Allied Health Professionals Clinical Psychology (11%- 43%). This will increase the number of graduates coming out of training in 2024 and beyond which are required to support turnover and existing vacancies**.** • HEIW have increased Health Care Support Workforce Development funding and there have been further changes for accelerated training pathways in some areas so support entry graduate level qualifications. Improved HCSW funding has enabled clinical induction to be delivered in house from April 2024 to accelerate time to effectiveness and improve employee experience. • RN/HCSW Connect Programme has been established in connection with HEIW and higher education providers to support candidates enter registered nursing training (6 supported this year)	• Updating of compendium of new roles and benchmarking is available via workforce planning intranet site and HEIW portal. • Looking to increase assistant band 4 in Community/Mental Health • Continue to extend scope of Advanced Clinical Practitioners to undertake new procedures, reporting etc reducing medical capacity. • Increasing consultant therapy and nurse practitioners • Nurses with skills to support chronic disease management in Primary Care • RCN introduction of Registered Nurse Associate role to help build the capacity of the nursing workforce – students to start from September 2025 with placements from September 2027. • Development of new roles and career pathways to support hard to fill roles in Health Visiting. **Training** • HEIW are increasing the capacity of training through creating more spaces for training the future Primary Care workforce. Including Primary Care Academy • Workforce planning within new competency framework commencing June 2024. • Development opportunity being scoped for Business support staff and Masterclasses being launched across the organisation for key business critical themes.	• (Aneurin Bevan University Health Board) Staff Survey. • Routine Reporting against nurse staffing levels. • Variable Pay Programme Board reporting to Value and Sustainability Board **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit Reviews 2023 -24 • Long Term Sickness Absence Management (Q4) • Flexible Working (Q4) • External quarterly vacancy reporting to WG • External reporting on Nursing Staffing Levels • National Acuity Audits (Nursing) • National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges - The Strategic Workforce Implementation Board will report to the Minister for Health and Social Services with a collective view from a range of key partners including policy and professional leads in WG, and representatives of NHS employers, staff organisations and professional representative.		

• Cadet Nursing programme in place (20 candidates last year) • K102 bridging model now being offered to support HCSW pathways into registered nursing. • Development of Leadership Development programmes for key roles such as the Clinical Director post (CDx) is in its second year. Similar program developed for Directorate Managers (DMx) a 10-month leadership development program to support the capability of this key group which commenced 23 April 2024. Nursing Academy, Leadership Development program (entry level) and Leading People (advanced Level) programmes fully booked. Core Leadership programme currently delivering to 200 staff. **Vacancy Numbers and establishment control** • Quarterly reporting of vacancy numbers for each staff to the WG. Last reporting period December 2024 there were circa 619 WTE vacancies. Reduction 109 WTE from March 2023. Next reporting update is due mid-May 2024. • Development of ESR establishments commenced on a national basis w/c 03 September 2023. Local delivery action plan has been developed and approved by Executive Committee in April 2024. Project workstream established and work commenced. **Staff attendance** • Support for staff who are absent in line with Managing Attendance at Work Policy, including those on long term absence with a view to signposting to self-help support, and adapting/adjusting roles to enable a safe return to work. • “Hot spot” areas identified and plans in place to support.				

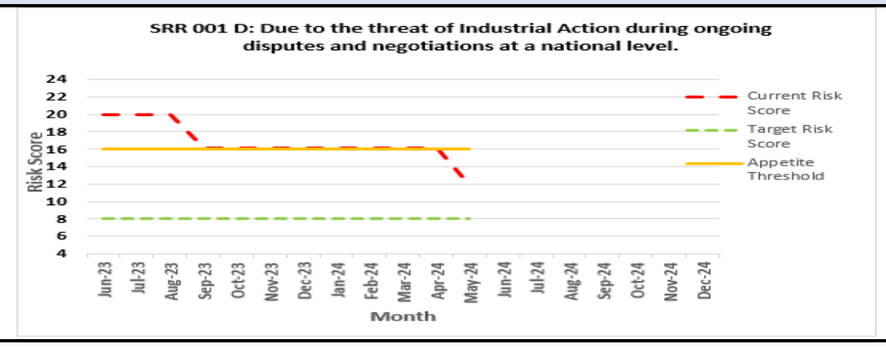
RISK THEME	PEOPLE				
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	**b)** Due to a deterioration in, and a failure to improve, the well-being of staff.	**Publication Status**	Public	**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	➢ High absence levels, with some sustained long periods ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Reputational damage to the health board as an employer ➢ Work-related industrial injury claims ➢ Moral injury			**Risk Appetite Threshold – Open Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* *x*	**3** *(Possible)* x	
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**3** *(Moderate)*	
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*	
Next Review Due Quarterly based on current score	01 August 2024				

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)*
• Monitoring Framework to support roll out of the People Plan. • Monitoring of absence, reasons for absence and trends in referrals to Occupational Health and Employee Well-being Service through Workforce Performance Dashboard. • Dashboard reported to Executive Team, TUPF and LNC colleagues and People and Culture Committee with regular summary of Well-being and Occupational Health activity. • Regular meetings with divisions to ensure staff are well supported and staff wellbeing is a priority. • Strategic Equality plan • Rest and Facilities charter – monitoring and compliance. • Staff related policies. • National Staff Survey and Health Board Employee Experience Survey • External Employee Assistance Programme • Speaking up Safely action plan • Race/LGBT groups. • Wellbeing resources • Occupational Health Service • Staff diversity networks • Regular Schwartz rounds arranged across the Health Board • Taking Care giving care Rounds integrated into our leadership offers and available for teams to undertake either with support or on their own. • Close links with the Arts in Health programme • Chaplaincy service for staff	• Increase wellbeing initiatives: • Identify, training and develop Respect and Resolution advocates (similar to Mental Health first aiders). • Work with Professional Nurse Advocates (PNA) to explore ways to offer high quality support to nursing colleagues. • Trained mediators so there is team and organisational resilience and network. • Scope, design and deliver a programme of research 'Healthy Working Day'. • Enhanced our financial well-being offer. • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. **Occupational Health**.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Dashboard reporting • Reporting to monitor the rollout of the People Plan 22-25 • Reporting to monitor of demand on wellbeing services **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 **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 • Staff Welfare Charter • Sickness Absence Audit 2023/24	**Gaps in Assurance** • Understand if support is reaching all staff **Action to Address Gaps in Assurance** • Meetings with Divisions ongoing to ensure all areas are aware of what's available.	**Positive Assurance**

• Establishment of new bilingual Health and Well-being AB Pulse page on the intranet with library of resources for staff well-being • Support offered to Trade Union Representatives and their members to ensure a positive experience of work and rapid escalation when appropriate. • Support availability of "Safe Space" conversations for senior medical leaders from Faculty of Medical Leadership & Management. • The Avoidable Employee Harm Programme, launched on 05 July 2022 initially focusing on HR processes has resulted in a 70% reduction in investigations and a wide range of other organisational benefits. The programme has now won six awards including two from NHS Wales. • The Avoidable Employee Harm Programme model will be used to underpin our approach to the Speaking up Safely (SUS) initiative within ABUHB. This workstream began in October 2023 and will be developed over the next 12 months with a strong emphasis on evidence analysis and culture. The initial SUS Steering group was held on 14 March 2024, and an externally commissioned SUS hotline will be piloted in April 2024. • An external Employee Assistance Programme (Vivup) has been commissioned for 12 months to offer additional psychosocial wellbeing support to staff, including a waiting list initiative. **Occupational Health** • Additional occupational health resources secured to reduce waiting times. • Occupational Health and NWSSP are working in partnership to implement a new Occupational Health Software system across Wales called OPASG2. OPASG2 provides benefits to employment and recruitment processes. • Occupational Health and the Well-being Service continue to work with Therapies colleagues on support for staff experiencing Long Covid-19. **Support equality and diversity of workforce.** • A part time Disability Inclusion Officer has been seconded to the EDI Team (December 2023 – December 2024). • Band 5 EDI Officer appointed and commence in post at the end of March 2024. • Inclusive Leadership sessions embedded in the Leading People Programme from January 2024 onwards. • Reverse Mentorship Programme launched February 2024. **Other** • Assessment of compliance against BMA Rest and Facilities charter complete with action plan developed, reporting to LNC • Reducing fatigue poster developed.	• 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.			

RISK THEME	PEOPLE				
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	**c)** Due to insufficient and ineffective leadership levels throughout the organisation	**Publication Status**	Public	**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	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Failure to deliver health board priorities, required improvements and achieve sustainability; ➢ Poor levels of accountability and delivery; ➢ Reputational damage to the health board as an employer; ➢ Adverse impacts on staff recruitment and retention			**Risk Appetite Threshold - Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	People & Culture Committee	**Likelihood**	**3** *(Possible)* *x*	3 *(Possible)* x	
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	2 *(Minor)*	
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*	
Next Review Due Quarterly based on current score	01 August 2024				

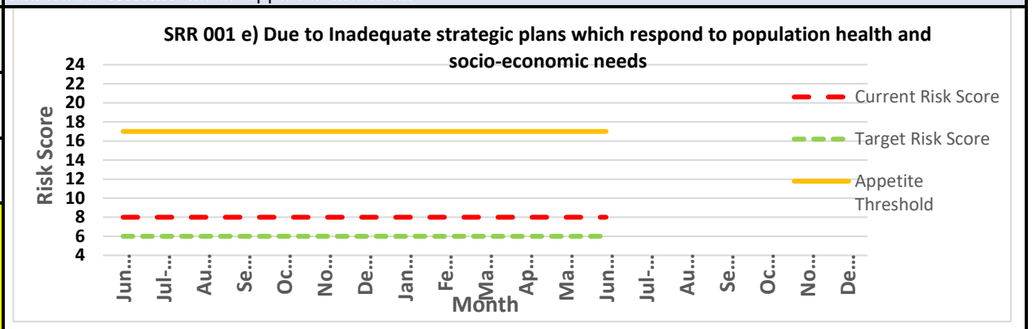
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
Talent and Succession Planning • Monitoring Framework to support roll out of the People Plan- focus on Talent and Succession Planning • Monitoring frameworks with HEIW • Lead appointed 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. • HEIW schemes • 1 x HEIW funded graduate management trainee successfully appointed August 2023 following additional recruitment process. **Development leadership capabilities** • Leadership journey and programmes mapped and 1 pager flyer designed & on intranet. Leadership development offer now available for entry level leaders and managers, Clinical Directors, Directorate Manager development programme (DMx) to launch Q1 2024/25, Senior Nurses and multi-disciplinary teams. • Learning Masterclasses have been designed and developed for the organisation addressing key themes such as giving feedback, developing teams, and having courageous conversations. • Leading People Programme (starting cohort 8 May 2024) • 2022/2024 Academi Wales scheme the Health Board are sharing a graduate with Monmouthshire Council, our Graduate joined the Health Board in March 2023 and is supporting the decarbonisation agenda.	**Talent and Succession Planning** • Pilot planned for Finance, Occupational Health and divisional managers focusing on how to identify critical roles, development sessions on holding career conversations and culminating in a Talent Management Strategy. **Development leadership capabilities** • Currently exploring leadership funding options with USW in order to maximise Governmental Grants and utilisation of the apprentice levy. • Continued commitment to NHS graduate schemes.	Level 1 Operational *(Implemented by the department that performs daily operation activities)* • WOD Divisional reporting • Evaluation of internal leadership programmes and regular review of our internal offer Level 2 Organisational *(Executed by risk management and compliance functions.)* • Reporting to People and Culture Committee - progress against People Plan 22-25 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit Review • Talent and Succession Board	**Gaps in Assurance** **Action to Address Gaps in Assurance**	**Positive Assurance**

RISK THEME	PEOPLE				
Strategic Risk - SRR 001	**The Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services that meet the needs of the population.**				
Strategic Threat	**d)** Due to the threat of Industrial Action during ongoing disputes and negotiations at a national level	**Publication Status**	Public	**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	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Non-compliance with safe staffing principles and standards ➢ Litigation & Financial Penalties ➢ Reputational damage to the health board and loss of public confidence			**Risk Appetite Threshold – Open Score 17 and below.** Risks relating to recruitment and retention of the right people with the appropriate skills and risks relating to the successful delivery of our people strategy which would include culture and wellbeing. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Workforce & Organisational Development	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	People & Culture Committee	**Likelihood**	*3 (Possible)* *x*	**2** *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	**4** *(Major)*	**4** *(Major)*	
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*	
Next Review Due Quarterly based on current score	01 August 2024				

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)*
• All Wales Industrial Action Planning Group • Local Health Board planning arrangements • Section 234A of the Trade Union and Labour Relations (Consolidation) Act 1992; and • CODE OF PRACTICE Industrial Action Ballots and Notice to Employers • Business Continuity Processes - Redeployment Principles and Risk Assessment agreed. • Duty of Quality - Section 6.8.2 Workforce and Section 6.8.3 Culture • Effective derogation processes including Christmas Day cover definition. • Local Negotiating Committee (LNC) • Services Business continuity plans in place. • Terms and conditions agreements in place for medical cover supported by NHS Wales Employer guidance. • Command and control structure and leads established. • Derogation test completed. • Executive and Senior Manager leads established links with national planning cells. • All Wales training sessions provide by legal and risk to support industrial action. • Reducing impact on patients - Support for early supported discharge prior to industrial action. • Picketing guidance supported and agreed	• Agreement reached in England for Medical & Dental Staff – re-commencement of negotiations in Wales for Medical & Dental Staff. • Issue of WHC AFC non pay elements of collective agreement 2022-24. Response to WG on immediate assurance by end May 2024 • Review of rotas for junior doctor industrial action (minimum staffing levels based on safety assessment). • Communication plans- public, stakeholders and partners • Establish working mechanisms with NWSSP to consider derogations for junior doctors (who are the employer) and pay application. • Consideration of further additional national legal advice	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Local Staff re-deployments assessment • Divisional engagement and service planning arrangements in place • 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 independent bodies.)* • All Wales IA group and Welsh Government planning group. • Debriefing session planned to reflect and capture learning for any potential future action	**Gaps in Assurance** • Further industrial action **Action to Address Gaps in Assurance**	**Reasonable Assurance**

RISK THEME	SERVICE DELIVERY			
Strategic Risk: 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.**			
Strategic Threat	e) Due to inadequate strategic plans which respond to population health and socio-economic needs.	**Publication Status**	**Public**	**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	➢ Increased demand ➢ Increased patient acuity levels ➢ Worsening of health inequalities ➢ Worsening of health outcomes	➢ Failure to train teams in multi-morbidity management ➢ Failure to comply with the Wellbeing of Future Generations Act (Wales) ➢ Reputational damage and loss of public confidence		**Risk Tolerance Level - OPEN SCORE 17 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. The target level to be achieved is **WITHIN** the set appetite threshold.

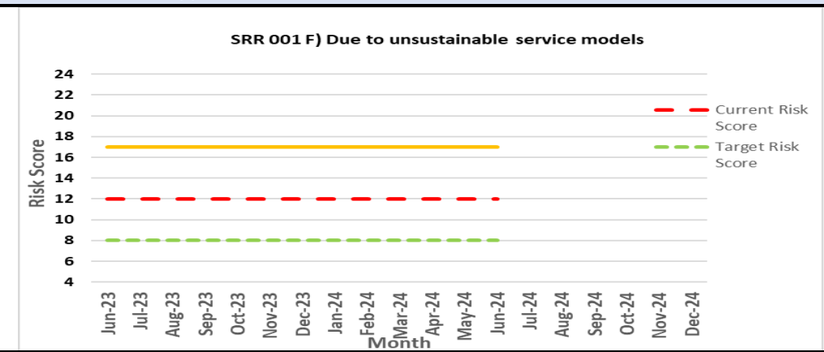
Lead Director	Director of Strategy, Planning and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	2 *(Unlikely)*	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 (*Major)*	3 *(Moderate)*
Last Reviewed	01 May 2024	**Risk rating**	**= 8** *(Moderate)*	**= 6** *(Moderate)*
Next Review Due Bi-annually based on current score	01 August 2024			



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)*
• Health Board IMTP and associated KPIs • Public Health Wales surveillance data • Qliksense – performance dashboard • Population Needs Assessment and Area Plan • Marmot Region Programme	• 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.	**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 **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Reviews 2023-24 1. IMTP Planning (Q1) Outcome – Reasonable Assurance	**Gaps in Assurance** • Effectiveness of the plans in delivering improvements **Action to Address Gaps in Assurance** • Outcome of the Internal Audit Partnership Arrangements scheduled for Q1 2024/25 Plan	**Reasonable Assurance**

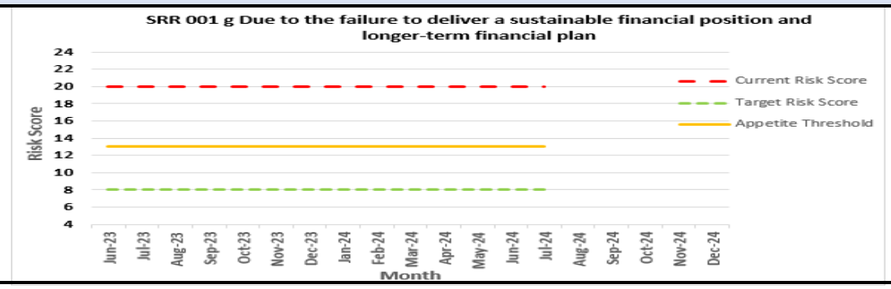
RISK THEME	SERVICE DELIVERY				
Strategic Risk: SRR 001	**There is a risk that the Health Board will be unable to deliver and maintain high quality, safe and sustainable services which meet the changing needs of the population.**				
Strategic Threat	f) Due to unsustainable service models		**Publication Status**	Public	**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	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Increased demand ➢ Increased patient acuity levels	➢ Worsening of health inequalities ➢ Worsening of health outcomes ➢ Failure to deliver health board priorities, required improvements and achieve sustainability ➢ Reputational damage and loss of public confidence			**Risk Tolerance Level - OPEN SCORE 17 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** the set appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Strategy, Planning and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due Quarterly based on current score	01 August 2024			

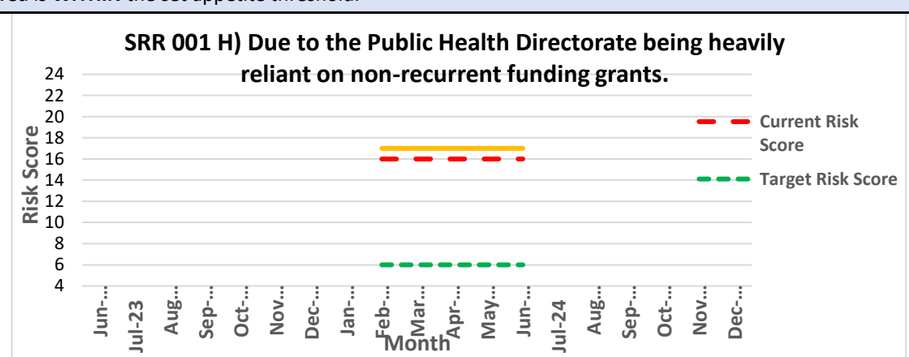


Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• The Health Board IMPT and associated KPIs • Clinical Futures Transformation programmes. • Public Health Wales surveillance data – Covid, flu and other communicable diseases. • Qliksense – performance information. • Population needs assessment and area plan development by the RPB. • Southeast Wales Plan for fragile services.	• 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.	**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. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • IMTP delivery and outcomes reporting to Board. • RPB reporting to Board and Population Health, Planning and Partnerships Committee. • Regional Planning reporting to Population Health, Planning and Partnerships Committee. • Clinical Futures Programme Reporting to Population Health, Planning and Partnerships Committee. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023-24** **1.** IMTP planning Q1. **Outcome – Reasonable Assurance.** **Internal Audit Reviews 2024-25** 2. IMTP – Service Plans (Q2)	**Gaps in Assurance** • Evidence of individual arrangements in place to deliver service plans. **Action to Address Gaps in Assurance** • Recommendations from the Internal Audit of IMTP – Service Plans (Q2)	**Reasonable Assurance**

RISK THEME	FINANCIAL SUSTAINABILITY				
Strategic Risk: SRR 001	**There 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 the failure to deliver a sustainable financial position and longer-term financial plan	**Publication Status**	Public	**Risk Appetite Level - Cautious.** Preference for safe, though accept there will be some risk exposure: medium likelihood of occurrence of the risk after application of controls.	
Impact	➢ Breach of statutory duty to breakeven over 3 years. ➢ Instigation of NHS Wales Escalation & Intervention Arrangements. ➢ Non–delivery of health board priorities, required improvements, and achieving longer-term sustainability. ➢ Prioritisation and possible disinvestment in service delivery. ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold - Score 13 and below** Risks relating to all aspects of our financial performance and our ability to manage cost and efficiencies. **SUMMARY** The current risk level is **OUTSIDE** of the target and appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Director of Finance and Procurement	**Risk Exposure**	**Current Level**	**Target**	
Monitoring Committee	Finance & Performance Committee	**Likelihood**	5 *(Almost certain)* x	2 *(Unlikely)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*	
Last Reviewed	01 July 2024	**Risk rating**	**= 20** *(Extreme)*	**= 8** *(Moderate)*	
Next Review Monthly based on current score	01 August 2024				



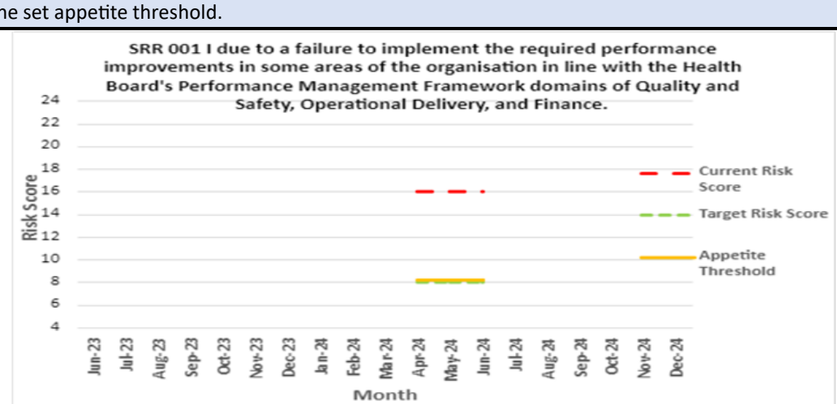
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• IMTP 2023/24-25/26 • IMTP Delivery Framework • Accountability Framework • Performance Framework • Scheme of Delegation • Standing Financial Instructions (SFIs) • Standing Orders (SOs) • Financial Control Procedure (FCP) Budgetary control • Financial Budget Intelligence (FBI) • Appropriately trained Finance Team (capacity & capability) • Budget holder training • Cost intervention procedures • 23/24 savings plans & opportunities. • Health Board financial escalation processes. • Health Board Pre-Investment Panel (PIP) process. • Financial assessment and review to incorporate the financial impact of COVID-19 and other key costs. • Executive groups and structures established to deliver statutory duties. • Assessment of financial control environment within divisions and corporate teams. • Financial Escalation Meetings • Regular organisational Recovery plan meetings and briefings • Value & Sustainability Board established. • Revised accountability arrangements part of Executive governance.	Control mechanisms evaluated favourably by Audit. Revised V&SB approach for 2024/25 to help drive financial recovery, separating thematic and divisional scrutiny.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Adherence to SO/SFI/FCPs • Regular AFD meetings to discuss position and performance. • Divisional Assurance meetings are in place to implement savings plans and deliver service and workforce plans within available resources – part of Chief Operating Officer governance. **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 – Reasonable Assurance reported to ARAC April 2024 **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 • Enhanced monitoring meetings with Welsh Government – monthly	**Gaps in Assurance** • Greater focus is required on service, workforce, and financial plans all balancing to achieve financial sustainability. • Development of 3 year recovery plan. **Action to Address Gaps in Assurance** • 2024/25 IMTP plans focussed on 'living within' budget levels. • 2024/25 savings plans to be delivered. • Final budget delegation approved by Board - delegations to be issued Q1. • Work underway to develop a 3-year recovery plan.	**Reasonable Assurance**

RISK THEME	SERVICE DELIVERY				
Strategic Risk: 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.**				
Strategic Threat	**h)** Due to the Public Health Directorate being heavily reliant on non-recurrent funding grants		**Publication Status**	Public	**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	➢ Avoidable harm ➢ Increased patient acuity levels ➢ Worsening health inequalities ➢ Worsening health outcomes ➢ Unable to substantially improve the health of the population. ➢ Equity of care to patients across Gwent	➢ Reputational damage and loss of public confidence ➢ Staff impact - Possible redundancies as less roles available over the health board for redeployment ➢ Long-term financial implications – due to reduced prevention activity			**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 **WITHIN** the risk appetite threshold but **OUTSIDE** of the target level. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Public Health & Strategic Partnerships	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Population Health, and Planning Committee	**Likelihood**	**4** *(Likely)* *x*	**2** *(Unlikely)* *x*	
Initial Date of Assessment	01 December 2023	**Impact**	**4** (*Major*)	**3** *(Moderate)*	
Last Reviewed	01 June 2024	**Risk rating**	**= 16** *(Extreme)*	**= 6** *(Moderate)*	
Next Review Due Monthly based on current score	01 July 2024				

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)*
• Organisational Change Process (OCP) instigated which will enable change to the ways of working and moving to a fully funded permanent structure. • Meetings with finance to determine TUPE level and CIP calculation. • Local public health risk register. • Business cases been through PIP for preventative adverse deaths, Health Protection, and other public health areas, additional information required. This has been submitted; awaiting a date for Exec scrutiny and decision. • SMT meetings to discuss progress on delivery of objectives linked to the available budget. • £11.2M recurrent funding has been agreed and received for Health Protection and vaccination. (*Just to highlight that this money will <u>not</u> be retained in public health and the majority of it will transfer out to primary care for vaccination delivery, microbiology and Local Authority (LA). This leaves circa £1.2m of the £7.3m being retained in public health and much of the remaining funding is temporary grant funding. The fund substantive budget for public health is £3, 751, 000)* • Work has commenced transferring operational delivery of the vaccination service to Primary Care with oversight from Public Health to ensure effective delivery of programmes (funded by the new recurrent funding from WG to fund Health Protection and vaccination locally)	• Through the PIP process work towards a funded establishment to reduce risks associated with permanent staff being funded through temporary funding which impacts the ability to plan long-term. • Establish a Health Protection offer within the core Public Health Team to do strategic planning and mitigation and assurance around vaccination delivery.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Monthly finance meetings in place with the Director and Assistant Director • Monthly reporting on finance levels **Level 2 Organisational** *(Executed by risk management and compliance functions)* • Escalation to the Strategic Risk Register for Board oversight • Highlighted and discussed at Corporate Review **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies)* • Report delivery of local progress against the national public health strategy through the Public Health Peer Group • Public Health finance to be reviewed as part of the Annual Financial sustainability Internal Audit	**Gaps in Assurance** • Unable to assess the full impact of gaps in delivering the Public Health offer against the prevention agenda • Outcome of PIP Business Case to determine the future structure of the PH Directorate **Action to Address Gaps in Assurance** • Through the OCP process we will be able to establish the appropriate areas to place Public Health business for efficient and effective health protection and vaccination delivery. • Developing a clear evidence base to understand population need for long-term public health planning. •	**Negative Assurance**

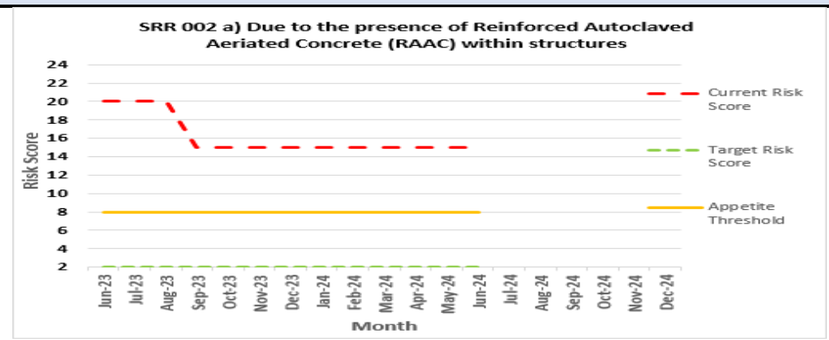
RISK THEME	COMPLIANCE AND SAFETY			
Strategic Risk: SRR 001	There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe, and sustainable services which meet the changing needs of the population			
Strategic Threat	**i)** Due to a failure to implement the required performance improvements in some areas of the organisation in line with the Health Board's Performance Management Framework domains of Quality and Safety, Operational Delivery, and Finance.	**Publication Status**	Public	**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	➢ Unintended patient harm ➢ Negative patient/public experience ➢ Loss of patient/public trust and confidence ➢ Reduced staff morale leading to potential absence from work	➢ Scrutiny from external organisations (AW/HIW/WG) ➢ Punitive Action ➢ Adverse publicity ➢ Financial implications		**Risk Appetite Threshold – SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications.
				SUMMARY The current risk level is **OUTSIDE** of target and **OUTSIDE** of the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Strategy, Planning & Partnerships	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Finance and Performance Committee	**Likelihood**	*4 (Likely)* **x**	2 *(Unlikely)* x
Initial Date of Assessment	19 April 2024	**Impact**	***4** (Major)*	4 *(Major)*
Last Reviewed	01 June 2024	**Risk rating**	***= 16 (Extreme)***	***= 8 (Moderate)***
Next Review Monthly based on current score	01 July 2024			



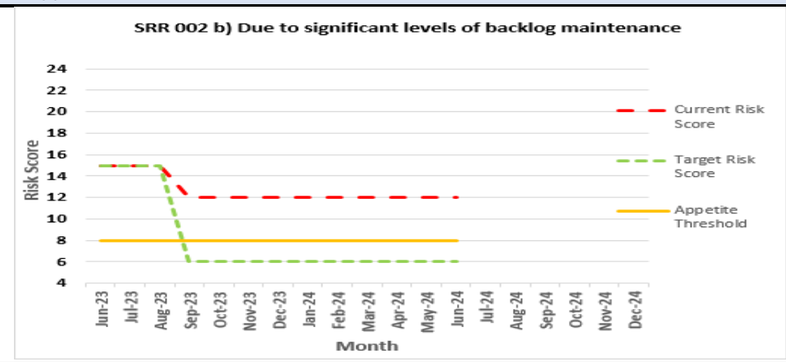
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
Performance Management and Assurance Framework Executive Accountability letters – to be issued by end of June 2024 Divisional Directors Accountability letters – to be issued by end of June 2024 Monthly Assurance meetings with fortnightly meetings for Urgent Care and MH&LD Divisions Escalation processes triggered for Divisions in escalation – including improvement plans and fortnightly oversight (as above) with agendas that focus on priority areas. Reporting through to Finance and Performance Committee via Executives Specific areas of focus are discussed at V&S Board System wide way of working to progress an operational framework, develop winter plans, escalation processes, etc.	6-month review of Performance Management and Assurance Alignment of internal mechanisms to national escalation Focussed agendas targeting specific areas of concern and areas for improvement – working with the Business Partners to ensure a joined-up approach. Standardised Divisional Assurance Templates (pre-populated) Commission external reviews to support improvements where required. Review of JD to explicitly include in Assistant Director of Planning and Performance role Appropriate Business Partnering Support and analytical support	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • DMTs in place for all Divisions • Divisional oversight arrangements – monthly/fortnightly meetings • Divisional plans in place and focussed agendas • Cross Divisional meeting monthly – progress the wider system way of working. • System Leadership Team for awareness and updates **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Established reporting to the Executive Committee • Established reporting to the Finance and Performance and Patient, Quality and Safety Committee • Established reporting to the Board • Routine reporting through the IQPD process **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Internal Audit 2024/25 Plan ○ Directorate Review - Mental Health and Learning Disabilities (Q2) ○ Divisional Governance Arrangements (Q2) • HIW Inspections • Llais for feedback	**Gaps in Assurance** Capacity to run the performance framework. If Business Partnering Support and analytical support is in the appropriate areas **Action to Address Gaps in Assurance** Realign capacity and/or redefine roles to provide explicit support **Internal Audit 2024/25 Plan** ○ Review Divisional Governance Arrangements (Q2) ○ Divisional Governance Arrangements (Q2)	**Reasonable Assurance**

RISK THEME	COMPLIANCE AND SAFETY			
Strategic Risk: SRR 002	**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.	**Publication Status**	Public	**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	➢ Harm or injury to patients and/or staff. ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➢ Non-compliance with health and safety legislation. ➢ Loss of estate ➢ Litigation and financial penalties			**Risk Appetite Threshold - SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. **SUMMARY** The current risk level is **OUTSIDE** of the target level and appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	1 (*Rare*) x
Initial Date of Assessment	01 June 2023	**Impact**	5 *(Catastrophic)*	2 *(Minor)*
Last Reviewed	01 June 2024	**Risk rating**	**= 15** *(Extreme)*	**= 2** *(Low)*
Next Review Due Monthly based on current score	01 July 2024			



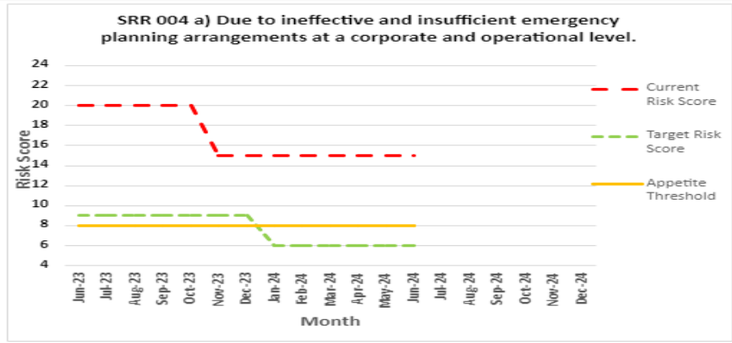
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• Work to assess the risk has been undertaken with expert external surveyor advice and repeat surveys have recently been completed. • Current measures including props and additional support have been put in place in line with the latest guidance and learning from other organisations working through RAAC issues. Plans will be modified in line with any further guidance • Remediation work to areas of high-risk areas • Controlled access to roof areas • Implemented toolbox talks for awareness for estate teams and contractors to work in area where RAAC is present. • Ongoing engagement with expert surveyor • Estates and Facilities Divisional Compliance team engaged in supporting the estate's function response to the ongoing management • Risk assessments completed by the Health and Safety function in departments with props to manage any consequences of the presence of props. *Note: H&S assessments are around the location of props not of RAAC itself and they flagged no issues or alterations* • Links with NHS England and other Health Boards in Wales for shared learning. • Fortnightly dialogue with Welsh Government and Shared Services Estates.	• Additional Surveys continue to take place with expert surveyors to inform the next steps relating to further remediation of the issues and monitor existing issues	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Fortnightly checks in place for the props in place • Outcome of surveys continuing, and reinspection of conditions (a regular 6 monthly inspection) scheduled for June 2024 **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Health Board Fire and Health and Safety function engaged in fortnightly governance group to monitor risks and issues associated with any remedial measures implemented. • Outcome of H&S risk assessment • Formal reporting to the Board • Formal update to the PPHPC in July with full SOC end of Q3. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit 2024/25 Plan • Nevill Hall RAAC (Q1) – In progress	**Gaps in Assurance** • Ongoing management of the issues. **Action to Address Gaps in Assurance** • 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 further management of the risk/issues. Internal Audit 2024/25 Plan • Nevill Hall RAAC (Q1)	**Reasonable Assurance**

RISK THEME	COMPLIANCE AND SAFETY				
Strategic Risk: SRR 002	**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.	**Publication Status**	Public	**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	➢ Harm or injury to patients and/or staff. ➢ Adverse impacts on the delivery of care to patients across acute and non-acute settings. ➢ Non-compliance with health and safety legislation. ➢ Litigation and financial penalties. ➢ Loss of estate			**Risk Appetite Threshold – SCORE 8 AND BELOW** Risks relating to all aspects of patient safety but also including safeguarding, staff & public security in addition to risks relating to compliance and/or legal implications. **SUMMARY** The current risk level is **OUTSIDE** of the target level and appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.	
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**	
Monitoring Committee	Partnerships, Health Protection & Planning Committee	**Likelihood**	3 *(Possible)* x	3 *(Possible)* x	
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	**2** *(Minor)*	
Last Reviewed	01 May 2024	**Risk rating**	**= 12** *(High)*	**= 6** *(Moderate)*	
Next Review Due Quarterly based on current score	01 August 2024				



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)*
• Health Board Estates Rationalisation Strategy • Health Board Estates Strategy • Health Board policies and procedures related to the maintenance of Health Board estate. • 6 Facet survey completed in 2019. • Divisional Risk Register • Multiple policies and SOPs published and communicated to staff. • A robust internal training programme in place covering all aspects of estate management including food hygiene. • Improved statutory compliance processes and forum led by Designated Person - DP (Divisional Director) • Asbestos reinspection programme (over the next 3 years) • Additional capital allocation to Estates and Facilities for backlog maintenance reduction of £500k from discretionary allocation • HB-wide groups on compliance (such as Ventilation and water) are widened in membership to ensure clinical services are active participants • A clear approach to compliance monitoring and escalation of AE reports has been implemented.	• Active estate rationalisation (including leases) is required to reduce estate demands and help prioritise capital spend to reduce backlog maintenance. • A water/ventilation engineer to enable all critical ventilation systems to undergo annual validation in accordance with HTM 04/01. • Ongoing attempts to recruit to workforce gaps and a new model of Estate Officer also being developed to assist with recruitment and retention of staff in the workforce. • Planning function leading a review of capital priorities which may help identify additional funding priority given to backlog maintenance. • Policies being reviewed and priority given to out-of-date policies, but all policies will be reviewed for effectiveness and compliance with HTM. • Drive clinical service engagement in compliance meetings where engagement is low. • Additional escalation for capital funding by the Division Estates and Facilities to support the prevention of seasonal issues and plant failure if possible.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Divisional reporting of Statutory and Mandatory training of staff • Staff training levels are monitored and reported regularly. If areas of non-compliance are noted, targeted training can be resourced to ensure compliance. • Outcome of the Asbestos reinspection programme **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • The divisional risk register is reviewed quarterly by the Senior Management Board this is reported to the Quality & Patient Safety Operational Group • Regular reporting on estate condition to the Executive Committee and Partnerships, Health Protection & Planning Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Reviews 2023- 24** Estates Assurance - Estate Condition. Audit completed and been shared with Audit Committee and Finance and Performance Committee **Internal Audit Plan 2024-25** Estates Assurance – Energy Management (Q4) • Authorising Engineer (Shared Service Estates) reports in line with normal timelines, but active engagement with AEs through compliance processes. • Health Board contributes to annual Estates Facilities and Performance Managements (EFPMS) at all Wales level	**Gaps in Assurance** • If the revised approach for monitoring and escalation of AE reports is effective in reducing the level of a deterioration. **Action to Address Gaps in Assurance** • Performance reporting	**Reasonable Assurance**

RISK THEME	COMPLIANCE AND SAFETY			
Strategic Risk: SRR 004	**There is a risk that the Health Board is unable to respond in a timely, efficient, and effective way to a major incident, business continuity incident or critical incident.**			
Strategic Threat	**a)** Due to ineffective and insufficient emergency planning arrangements at a corporate and operational level.	**Publication Status**	Public	**Risk Appetite Level – MINIMAL** Ultra-safe leading to only minimum risk exposure as far as practicably possible; a negligible/ low likelihood of occurrence of the risk after application controls**.**
Impact	➢ Adverse impacts on delivery of care to patients across acute and non-acute settings; ➢ Harm or injury to patients and/or staff; ➢ Staff absence (injury, wellbeing) ➢ Financial implications due to staff absence	➢ Loss of infrastructure; ➢ Health Board breaches statutory duties under the Civil Contingencies Act 2004; ➢ Litigation & Financial Penalties; ➢ Reputational damage and loss of public confidence		**Risk Appetite Threshold – SCORE 8 AND BELOW.** Risks relating to all aspects of patient safety but also including safeguarding, staff and public security in addition risks relating to compliance and/or legal implications.
				SUMMARY The current risk level is **OUTSIDE** of target level and **OUTSIDE** the appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.
Lead Director	Director of Strategy, Planning and Partnerships			
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Risk Exposure**	**Current Level**	**Target Level**
Initial Date of Assessment	01 June 2023	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Last Reviewed	01 June 2024	**Impact**	5 (Catastrophic*)*	3 *(Moderate)*
Next Review Due Monthly based on current score	01 July 2024	**Risk rating**	**= 15** *(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)*	**Assurance Rating** *(Overall Assessment)*
Major Incident • Major Incident Plan • Local/Divisional action cards are in place. • Training undertaken service-specific relating to local response. **Business Continuity (BC) /Critical Incident** • BC Policy • BC Response Guidance • BC Template • BC Exercise • BC debrief learning. • HB and LRF Plans. 3 C (Command/Control, Communication) structure in place to respond to incidents. • EPRR Group Established. • Repository on intranet for BC plans to be added to by areas for audit, maintenance, and review of interdependencies. • Awareness raising of the requirement for BC across the Health Board through various training programmes **Infectious Diseases** • Joint plan with PH in response to infectious diseases and public health incidence response. **Overall** • Internal strategic on call training • Executive Team attending 2-day strategic training.	• Major Incident Exercise 'Euclid' planned for 20th June 2024 – Faculty in place to plan scope and detail of exercise. • Testing programme of business continuity plans. • 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. • Develop further training programmes to support staff preparedness to response to an incident. • Embed an alert, activation and escalation pathway that follows the Health Board predefined C3 (Command, control, and Co-Ordination) structure of strategic, tactical, and Operational. • Work with the communication team to improve incident cascade during an event to ensure Health Board wide awareness in a timely manner. • Working with ICT to scope how to maintain critical communications during loss of IT linked telephone systems or national power outages. (as this is not fully implemented,	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Departmental debrief following an incident to inform learning and enhance controls. **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Debrief with key stakeholders following an incident to inform learning and enhance controls. • Report to the EPRR Group from debrief of incidents • Reports to the PPHP Committee on Emergency Planning Preparedness **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Review(s)** • Business Continuity Planning 2023-24 (Q2) outcome report published – Reasonable Assurance • Outcome and feedback from national exercises	**Gaps in Assurance** • Robustness of service business continuity plans within Divisions **Action to Address Gaps in Assurance** • Recommendations for strengthening resilience following testing of service business continuity plans	**Reasonable Assurance**

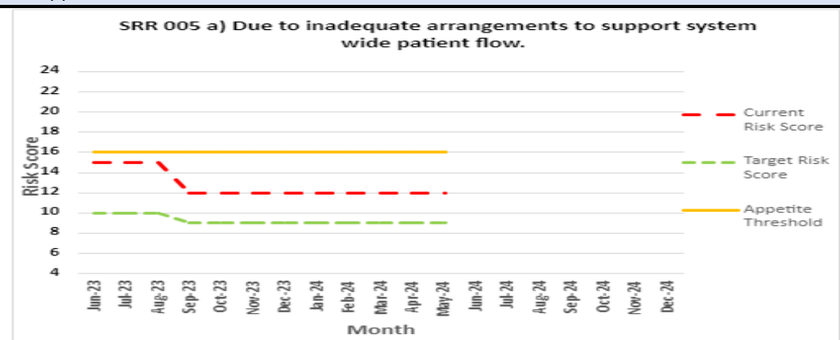
• Regular liaison with Gwent Local Resilience Forum (Strategic and tactical) • Joint Planning and Training with LRF and across Wales. • Ongoing Participation in exercises UK, Wales, LRF and HB. • Provide quarterly training sessions for on call gold and silver managers, to maintain skills in incident management, update knowledge in relation to risks and learning from local and national incidents. Test and exercise using the multiagency Joint decision model and the principles of joint working (JESIP).	it is still being worked through thus would make it additional control until in place)			

RISK THEME	SERVICE DELIVERY			
Strategic Risk: SRR 005	**There is a risk that the Health Board will be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system.**			
Strategic Threat	a) Due to inadequate arrangements to support system-wide patient flow	**Publication Status**	Public	
Impact	➢ Avoidable deaths or significant harm ➢ Delays in releasing ambulances from hospital sites back into the community ➢ Delayed discharges from acute and non-acute settings resulting in deteriorating patients; ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Chief Operating Officer	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	3 *(Possible)* x	3 *(Possible)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Catastrophic)*	3 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	**= 12** *(High)*	**= 9** *(High)*
Next Review Due Quarterly based on current score	01 July 2024			

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.

Risk Appetite Threshold – Open SCORE 17 AND BELOW
Risk related to all aspects of our ability to deliver, manage, and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.

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.



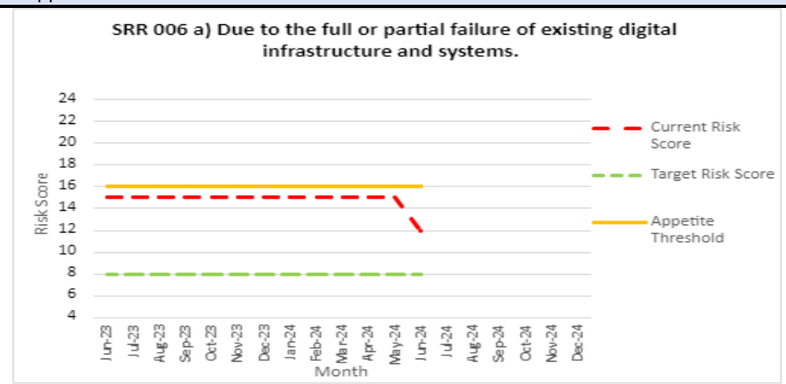
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	Plans to Improve Control *(Are further controls possible to reduce risk exposure within tolerable range?)*	Sources of Assurance *(Evidence 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)*
• Escalation Policy. • Performance and Accountability Framework • Major incident Procedures • Daily X-site flow meetings - Twice daily flow calls to receive updates from all acute sites as well as community services. Allowing opportunity for escalation of risks. • Escalation communications – ambulance focussed email escalation when congestion begins to build up on the GUH forecourt. Aim to escalate to senior management to aid in quick risk-based decision making. Includes members of the Executive team. • fortnightly safety flow forum – Cross divisional focused forum to look at priority areas to improve flow from across the system. Action focussed and task driven. • Enhanced monitoring in place for U&EC • Range of performance measures/metrics in place • Repatriation mechanism with neighbouring Health boards – Daily repatriation calls between head of operations and counterparts in south Wales to ensure regular dialogue to repeat patients between hospitals and health boards. • Maximum Capacity Plan – Executive team agreed maximum capacity plan to ensure there is clear description ad guide for where extra capacity can be accessed to ensure patient flow is maintained. • Planned care recovery meetings with the NHS execs. • Regular Dialogue with WAST regarding flow across the patch/regional and attending national calls. • WG – IQPD meetings to review areas of focus.	• Escalation framework – evidence suggesting inconsistent escalation of ambulance position / long waits and rationale. Workshops in diary. • Improve regional acceptance of flow processes with neighbouring Health Boards.	**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 to services. • Performance report against measures/metrics **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Divisional Assurance reviews. • Performance against measures/metrics reported to the Executive Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • **Internal Audit Reviews** 1. Intra-site Patient Transfers (Q1) - Not Yet Reported (expected to be received at Audit, Risk & Assurance Committee in February 2024. • External inspections/visits.	**Gaps in Assurance** • Evidence that the Escalation Framework is delivering improvements across all areas of patient flow e.g., ambulance handovers. • The impact of the Performance and Accountability framework in improving patient flow **Action to Address Gaps in Assurance** • Close monitoring and reporting of the frameworks in practice to support learning and improvements.	**Reasonable Assurance**

RISK THEME	SERVICE DELIVERY			
Strategic Risk: SRR 006	**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 of existing digital infrastructure and systems.	**Publication Status**	Public	
Impact	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Data breaches ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			
Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	01 June 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due Quarterly based on current score	01 September 2024			

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.

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.

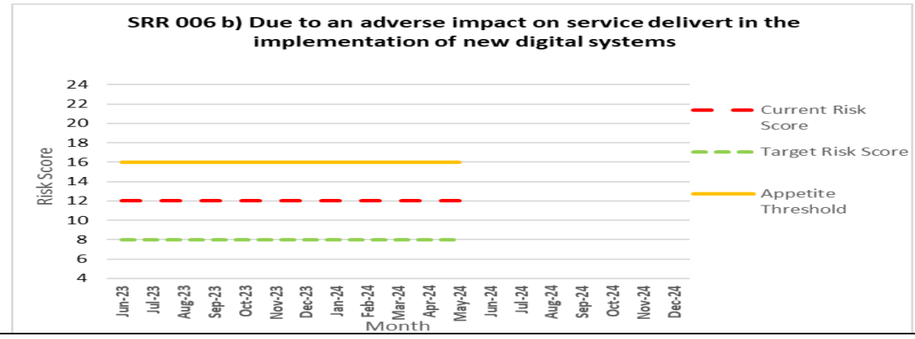


Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• 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. • Following the CRU Assessment in Jan 24, the action plan has been revised and updated to capture further recommendations against NIS CAF. • Director of Digital (SIRO) and Chief Information Officer (Deputy SIRO) SIRO trained. • New Information Governance and Cyber Security governance and assurance processes reviewed and implemented. • Governance group terms of reference agreed. Meetings started in November 2023. • Cyber is fully engaged with IG colleagues to implement the recommendations of the Templar report. Cyber now supports all the Governance and Assurance Groups intending to increase cyber security awareness and build cyberculture amongst non-ICT staff • 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. • 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	Implement the recommendations from Templar report: Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. A recent cyber incident at several London Hospitals presented an opportunity for ABUHB to battle test its cyber response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan.	**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 compliance functions.)* • 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.	**Gaps in Assurance** • Oversight from NHS Wales Cyber Resilience Unit. **Action to Address Gaps in Assurance** • An assessment against CAF was undertaken by CRU in January '24 and the report along with its recommendations has been circulated to key stakeholders.	**Reasonable assurance**

held between Cyber, and the Teams review compliance levels against policy. Results are captured within the monthly Cyber Report. Implement the recommendations from Templar report: Work with Information Governance around implementing the controls required to achieve ISO27001 accreditation. A recent cyber incident at several London Hospitals presented an opportunity for ABUHB to battle test its cyber response, communication cascade and reporting to Cyber Resilience Unit. This will be incorporated into the overall action plan. Level 1 Operational (Implemented by the department that performs daily operation activities) Gaps in Assurance Reasonable assurance · Internal directorate meetings setup monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. · Oversight from NHS Wales Cyber Resilience Unit. Level 2 Organizational (Executed by risk management and compliance functions.) Action to Address Gaps in Assurance · Regular reporting on progress to the Finance & Performance Committee on our cyber security action plan. An assessment against CAF was undertaken by CRU in January '24 and the report along with its recommendations has been circulated to key stakeholders. Level 3 Independent (Implemented by both auditors internal and external independent bodies.) • Cyber has worked with ICT Support Teams and the Log4j version 2 vulnerability has been resolved within the Health Board. The least important service impacting Version 1 is being managed through ICT Departmental risk management process. · Risk impact reduced as recent loss of power at key sites, incorporating our data centre allowed is to failover in a seamless fashion from one DC to the other with no service impact. · Cyber has maintained the use of Trust ware for all emails Trustwave provides inspection and protection from malicious links embedded within emails. · Cyber has begun the roll out simulated phishing campaigns. The initial phishing has been tested on the ICT Department and reported within the Cyber Report. Cyber will continue campaigns during 2023 to increase email security awareness among staff. · 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.				

RISK THEME	SERVICE DELIVERY			
Strategic Risk: SRR 006	**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 delivery in the implementation of the new digital systems.	**Publication Status**	Public	**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	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Data breaches ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold - Score 17 and below** Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold

		Risk Exposure	Current Level	Target Level
Lead Director	Director of Digital			
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* *x*	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	01 April 2024	**Risk rating**	**= 12** *(High)*	**= 8** *(Moderate)*
Next Review Due Quarterly based on current score	01 July 2024			

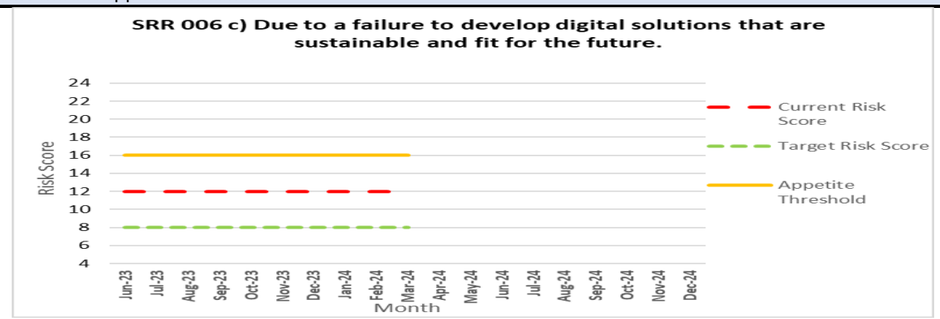


Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• Adoption of formal project management methodologies PRINCE 2 to ensure project plans are developed in conjunction with services. • Formal governance arrangements in place through project boards and programme boards where risks and issues are managed and mitigated. • Each project has a senior responsible officer from the service who can provide challenge and assurance over the delivery of the project work packages. • Each clinical project has a clinical lead who would advise and support potential impacts on service delivery caused by the implementation of new digital services. • Business change team in place to support services in improvement of clinical and administrative processes. • Benefits team in place who identify, track, and ensure any benefits are realised which will ultimately improve service delivery. • Projects support backfilling of clinical time where required. • Assurance activities included in project framework including clinical safety, information governance, health records and cyber security. • An overarching Digital Portfolio Progress Group is in place to receive programme updates, manage risk and issue escalations and provide multi-disciplinary assurance over digital projects.	• Additional governance being put in place with the Digital, Data and Technology Sub-Committee which will report to the Finance & Performance Committee	**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. • Project Boards meet monthly and report into the quarterly Digital Portfolio Progress Group • Digital Directorate meetings being held monthly to monitor risks to regularly update and to provide assurance over outstanding action plans. • Risk management approach and escalation processes in place in line with the Health Board's Risk Framework **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.)*	**Gaps in Assurance** • Oversight from NHS Wales Cyber Resilience Unit **Action to Address Gaps in Assurance**	**Reasonable assurance**

• Business change work includes a service readiness impact assessment to enable the project team to develop a realistic plan that incorporates service change requirements. • Aggregated view of risks and issues available to pick up common themes and impact for early intervention or escalation. • Aggregated view of digital Lessons Learned available and lessons are reviewed during project initiation for best chance of success. • Information Governance Sub Committee and Cyber Security Subgroup established		• Cyber security in April 2023 provided Digital with a substantial audit for its cyber security improvement plan, reporting and backup systems. **Internal Audit** • Benefits Management review – Outcome Substantial Assurance • Stakeholder Engagement on IT Projects 2023/24 Q3 – Outcome Substantial Assurance		

RISK THEME	SERVICE DELIVERY			
Strategic Risk: SRR 006	**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 solutions that are sustainable and fit for the future.	**Publication Status**	Public	**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	➢ Harm or injury to patients and/or staff ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Data breaches ➢ Litigation & Financial Penalties ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold - Score 17 and below** Risk related to all aspects of our ability to deliver, manage and improve service quality and performance along with all risks relating to the current performance of our infrastructure such as IM&T and Estates including our ability to deliver associated strategy.
				SUMMARY The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold

Lead Director	Director of Digital	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Finance & Performance Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	4 *(Major)*
Last Reviewed	07 April 2024	**Risk rating**	**= 12** (High)	**= 8** *(Moderate)*
Next Review Due Quarterly based on current score	01 July 2024			



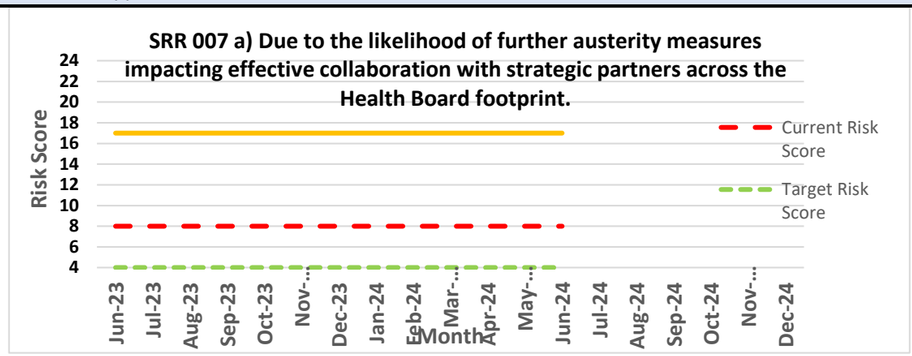
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
• New Digital Service Request process in place which provides governance in several key areas: • Information Governance – ensuring new services have appropriate controls to keep patient information safe. • Cyber Security – ensuring new services adopted or developed meet the requirements of the cyber assessment framework. • Patient Safety – ensuring services do not introduce any patient safety risks. • Records – ensuring new systems comply with the requirements of records management. • Strong business analysis function in operation which ensures the "as-is" and "to-be" process mapping is undertaken which provides assurance that new services implemented are fit for purpose and delivery what stakeholders require. • Business change function which ensures implemented systems are effective and deliver the benefits required. • Formal framework in place for the adoption of new digital services and best practice guidance followed. • Operational delivery aligned to ITIL standards • Annual operational plan completed and aligned with IMTP • New governance structures to be put in place	• Monthly/quarterly Divisional Digital Oversight meetings with senior Digital & Divisional staff to support identification of digital alignment with service priorities • Annual planning processes to include formal DDAT Annual Operational Plan aligned with service priorities identified in IMTP process • New Digital Request processes refresh with senior leadership scrutiny of requests, implementation of new prioritisation process and quarterly reporting to DDAT sub-committee • Automation of request process via 'Seren' the ICT Portal • Portfolio optimisation to ensure the resources of the service are aligned to key priorities • Prioritisation & Optimisation Framework redrafted pending ratification •	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Quarterly reporting to DDAT sub-committee **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**	**Gaps in Assurance** • If there NDSR process delivers anticipated improvements **Action to Address Gaps in Assurance** • Monitor the performance of the NDSR process	**Reasonable assurance**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk: SRR 007	**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 the likelihood of further austerity measures impacting effective collaboration with strategic partners across the Health Board footprint.	**Publication Status**	Public	
Impact	➢ Unmet patient need resulting in harm ➢ Ineffective use of combined resources ➢ Delayed decision making ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➢ Reputational damage and loss of public confidence			
Lead Director	Director of Strategy, Planning, and Partnerships.	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	2 *(Unlikely)* x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	**= 8** *(Moderate)*	**= 4** *(Low)*
Next Review Due Bi-annually based on current score	01 July 2024			

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.

Risk Appetite Threshold - **SCORE 17 AND BELOW**
All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change.

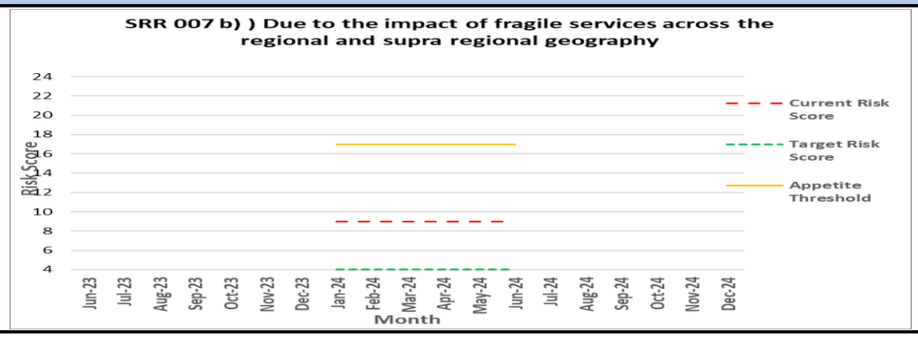
SUMMARY
The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.



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)*
The Health Board plays an active role in a range of formal partnership arrangements to enable integrated working for the population including: 1. **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. 2. **The Gwent Regional Partnership Board** As set out in the Partnership Arrangements (Wales) Regulations 2015, local authorities and local health boards (RPB) manage and develop services to secure strategic planning and partnership working. RPBs also need to ensure effective services and care and support is in place to best meet the needs of their respective population. 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. Joint working between operational teams including integrated operational arrangements and combined multidisciplinary teams, for example, Community Resource Teams	• 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • PMO reporting to the Director of Strategy, Planning and Partnerships. • Regional Leadership Group Reporting **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board. **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* Internal Audit Plan 2023/24 • RPB Governance Review (Q2) – due to be reported to the Audit, Risk & Assurance Committee in July 2024.	**Gaps in Assurance** • Systematic reporting of outcomes • Systematic evaluation of schemes • Governance of financial control arrangements **Action to Address Gaps in Assurance** • Implementation plan to be developed following RPB governance review. • Health Board strategy development approach to focus on partnership approach.	**Reasonable Assurance**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk: SRR 007	**There 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 the impact of fragile services across the regional and supra regional geography	**Publication Status**	Public	**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	➢ Unmet patient need resulting in harm ➢ Ineffective use of combined resources ➢ Delayed decision making ➢ Adverse impacts on delivery of care to patients across acute and non-acute settings ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➢ Reputational damage and loss of public confidence			**Risk Appetite Threshold - SCORE 17 AND BELOW** All risks relating to our ability to engage effectively with other organisations including development of collaborations and partnerships along with all risks associated with innovation, transformation, and strategic change. **SUMMARY** The current risk level is **OUTSIDE** of target level but **WITHIN** appetite threshold. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Strategy Planning and Partnerships	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Partnerships, Public Health & Planning Committee	**Likelihood**	3 *(Possible)* x	2 *(Unlikely)* x
Initial Date of Assessment	04 January 2024	**Impact**	*3 (Moderate)*	2 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	***= 9*** *(High)*	**= 4** *(Low)*
Next Review Due Quarterly based on current score	01 July 2024			



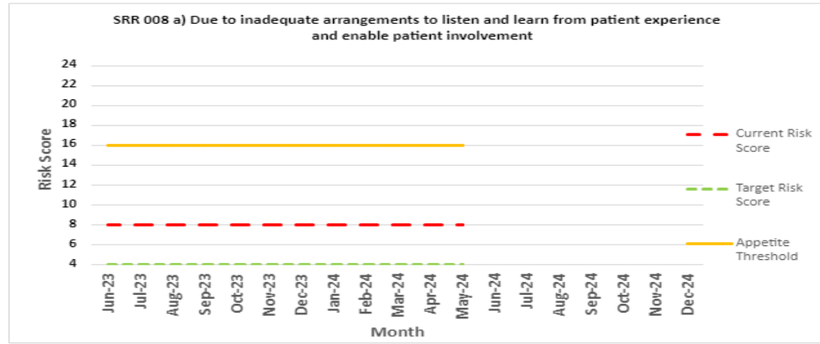
Key Controls *(What controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)*	**Plans to Improve Control** *(Are further controls possible to reduce risk exposure within tolerable range?)*	**Sources of Assurance** *(Evidence 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)*
A robust Southeast Wales regional planning infrastructure has been established with clear governance mechanisms in place with attendance from CEO, DoP and COO. The Regional Portfolio Delivery Board brings the participating health boards together to review all regional service projects, to assess progress against agreed timelines and to agree additional measures / escalations in the event of identified issues and risks. This Board then reports to an Oversight Board with Chief Executive membership. Four workstreams are established (Orthopaedics, Ophthalmology, Diagnostics and Cancer) and the UHB is well represented and engaged on all. Where appropriate workstreams are underpinned by a Memorandum of Understanding between the participating health board, setting out their respective commitment to collaborative regional planning where this can enhance service sustainability, quality, and efficiency. When service issues span regions, arrangements are set up on a bespoke basis, for example the Vascular Project Board and the Interventional Radiology (IR) project. In addition to these formal arrangements, the Health Board has a range of informal planning networks and communication channels, with an ongoing commitment to communication, sharing best practice and advising of anticipated service issues and risks.	The southeast Wales health boards have agreed revised joint priorities and working arrangements for regional planning in 2024, following a review workshop attended by Chief Executives. The revised priorities / forward work plan includes the following: - • An absolute commitment to delivering on the existing regional programmes of work but with these 're-baselined' for 2024/25 to ensure there is a continued regional consensus on objectives, outcomes, and planning assumptions. • The need to review the current regional working governance arrangements, to ensure these remain fit for purpose. • The need to further review the indicative list of fragile services for the Southeast region and begin considering the regions response to these. • The need to develop a regional clinical service plan that can articulate what a long-term sustainable secondary care system looks like for Southeast Wales that can then inform local decisions (collaborative work has been undertaken in March with a parallel WG review of fragile services across south Wales, to ensure alignment of assumptions and priorities) • A further workshop (to include Chairs, Executives and clinicians) has been arranged for June Discussion ongoing at all Wales NHS CEOs and NHE Executive on governance and infrastructure to take forward cross regional planning to be reviewed considering IR and Neonatal work	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Service Divisions reporting to the Chief Operational Officer **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Assurance reporting to the Population Health, Partnerships, and Planning Committee. • Assurance reporting to the Board. • Regular touchpoint meetings of all key players to review progress and issues arising **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* **Internal Audit Plan 2024/25** • Partnership Arrangements Review (Q1)	**Gaps in Assurance** • Alignment and effectiveness of partners to deliver integrated services **Action to Address Gaps in Assurance** **Internal Audit 2024/25** Recommendations from the Partnership Arrangements Review (Q1)	**Reasonable Assurance**

RISK THEME	TRANSFORMATION AND PARTNERSHIP WORKING			
Strategic Risk: SRR 008	**There 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.	**Publication Status**	Public	
Impact	➢ Adverse impact on patient experience ➢ Failure to deliver health board priorities, required improvements and achieve longer-term sustainability ➢ Reputational damage and loss of public confidence ➢ Failure to deliver Duty of Quality			
Lead Director	Director of Nursing	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety & Outcomes Committee	**Likelihood**	2 (Unlikely) x	2 *(Unlikely)* x
Initial Date of Assessment	01 June 2023	**Impact**	4 *(Major)*	2 *(Minor)*
Last Reviewed	01 April 2024	**Risk rating**	**= 8** *(Moderate)*	**= 4** *(Moderate)*
Next Review Due (Bi-annually based on current risk score)	01 July 2024			

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

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.

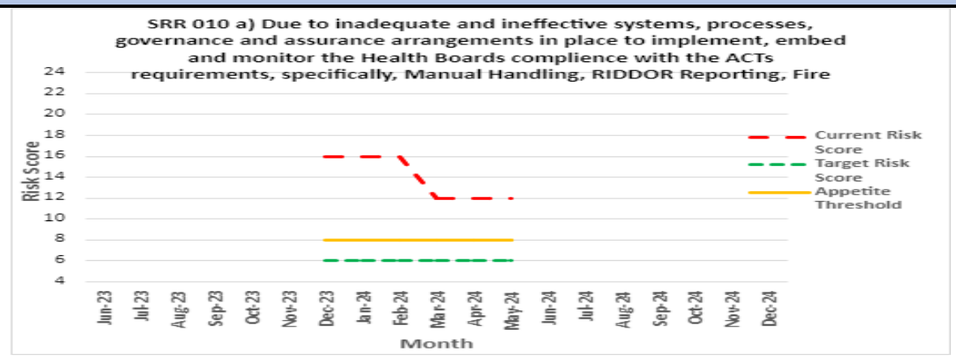
SUMMARY
The current risk level is **OUTSIDE** of target but **WITHIN** the appetite threshold. Target level is **WITHIN** the set appetite threshold.



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)*
• Corporate Engagement Team • Patient Experience and Involvement Strategy- organisational ownership • Person Centred Care (PCC) Surveys via CIVICA • PCC KPI's (support PCC Quality pillar) • 'You said…… we did' public facing information for service areas. • PLO service at GUH • Introduction of PALS Service (Oct 23) • Volunteer Patient Experience Feedback • Collaboration to recruit community listeners to support Dementia Awareness • Digital patient stories to support listening and learning. • Patient Experience and Involvement Strategy • DATIX • Oversight of Medical Examiner reports to determine patient experience actions • Public Engagement- Big Conversation Bereavement held 20th March 2024 • People Participation Panel ED in Progress	• Structured graduated approach to roll out of Civica to ensure divisional teams can use and access data. This will ensure sustainable progress. • PCCT staff training to support Civica data entry and retrieval. • Programme Manager for Dementia working regionally to improve public engagement and promote the role of Community Listeners. • Employment of dedicated PALS team who will have a key role in gaining feedback from patients, staff, and relatives. Monthly reporting in place and quarterly updates to QPSOG • Completion of surveys limited to QR code access or physical presence of PCCT to manually ask and in-put data. No SMS provision.- Discussions with VBHC to pilot SMS in ED through DrDoctor • 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.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Patient Experience and Involvement Team oversee patient experience through dedicated work programme and link in with divisional teams. • Concerns are fed back to divisional teams when identified. • Outcome of the volunteer feedback to drive improvements. • Patient Experience and Involvement Team undertaking Culturally Competent Accreditation • Immediate feedback and escalation to clinical teams following PALS queries and concerns **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 • Implemented PALS DATIX Module **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • LLais Reports • HIW inspections • Advocacy reports	**Gaps in Assurance** • No SMS provision to increase the number of PCC surveys. • No single point of contact or 'drop in' provision for patients/families/staff to raise initial patient experience concerns. • Need to develop bereavement model and improve bereavement offer to meet Bereavement Standards. Resources being scoped. • Survey of bereaved people needs to be developed and rolled out to meet Bereavement Standards. **Action to Address Gaps in Assurance** • Discussions with VBHC team to consider SMS through DrDoctor with pilot at ED • PALS Single point of contact is established. PALS officers have key role in patient experience and involvement- including establishing 'drop in' clinics on hospital sites should patients/staff/relatives wish to discuss concerns. Ned to have discussions with facilities around rooms. • Patient experience 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.	**Reasonable Assurance**

RISK THEME	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	**a)** Due to inadequate and ineffective systems, processes, governance, and assurance arrangements in place to implement, embed and monitor the Health Board's compliance with the Act's requirements, specifically, Manual Handling, RIDDOR Reporting, Fire Safety Risk Assessments, and Work-based Risk Assessments.	**Publication Status**	Public	**Risk Appetite Level - MINIMAL.** Any risk that has a MINIMAL risk appetite level should be managed to a **Score of 8 or below**.
Impact	➢ Unintended physical harm; ➢ Punitive actions from the Health and Safety Executive (HSE); ➢ Increased levels of staff sickness; ➢ Loss of estate due to unsafe environments;	➢ Financial implications; ➢ Adverse publicity; and, ➢ Reputational damage		**Risk Appetite Threshold** - Ultra-safe leading to only minimum risk exposure as far as practicably possible: a negligible / low likelihood of occurrence of the risk after application of controls**.**
				SUMMARY The current risk level is **OUTSIDE** of the appetite threshold and target score. The target level to be achieved is **WITHIN** the set appetite threshold.

Lead Director	Director of Therapies & Health Science	**Risk Exposure**	**Current Level**	**Target Level**
Monitoring Committee	Patient Quality, Safety and Outcomes Committee	**Likelihood**	3 (*possible*) **x**	**2** (*Unlikely*) **x**
Initial Date of Assessment	01 December 2023	**Impact**	***4*** *(Major)*	**3** *(Moderate)*
Date Reviewed	01 May 2024	**Overall Risk Rating**	**= 12** *(High)*	**= 6** *(Moderate)*
Date of Next Review Quarterly based on current score	01 August 2024			



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 provide a forum to discuss Health and Safety concerns/best practices. • Health and Safety Policies and Procedures • Dedicated Health and Safety site on ABPULSE • Provision of dedicated health and safety expertise and advice to meet the requirements of the Management of Health and Safety at Work Regulations 1999, Regulation 7 'Health and Safety Assistance'. • Health and Safety training for all staff (include general H&S, fire safety, manual handling, violence & aggression) • Partial Programme of Health and Safety Monitoring (Active & Reactive) • Corporate and Directorate Health and Safety Risk Register established. • Board Training / Development (delivered on 24 Apr 2024) • Implementation of Health, Safety, and Fire Improvement Plan for 2023/24 to address 7 risk areas of concern	• Health and Safety Governance and reporting arrangements (Health and Safety Committee) • Develop and implement a 3-year health and safety culture plan, including the implementation of a new Health and Safety Management System • Revise accountability arrangements for Health and Safety being progressed as part of the organisational Health & Safety Governance Framework. • Suitable and Sufficient Risk assessments (including local risk assessments, specific fire risk assessments, and fire risk assessments) • Consultation and communication with the workforce regarding compliance with the Act • New ways of working with Divisions to ensure accountability for health and safety is recognised. • Implement key performance indicators to monitor health and safety compliance. • Review the governance arrangements for the Health & Safety Committee • Health and Safety Policies and Procedures to be reviewed. • Onboard further Manual Handling trainers across the organisation to improve compliance. • Scope for training non-Health Board staff • Learning from events to be documented and communicated to the organisation.	**Level 1 Operational** *(Implemented by the department that performs daily operation activities)* • Health and Safety compliance data extracted from ESR and Datix and reported **Level 2 Organisational** *(Executed by risk management and compliance functions.)* • Established monitoring of H&S at the Executive Committee • Corporate H&S report risk and assurance to the Health and Safety Committee • Established monitoring of H&S at the PQSO Committee **Level 3 Independent** *(Implemented by both auditors internal and external independent bodies.)* • Performance reviews at All Wales Health and Safety Management Steering Group • Internal Audit – H&S processes Review to be included in 2024/25 Plan. • South Wales Fire & Rescue Service fire safety audit programme. • Health and Safety Executive reviews/inspections.	**Gaps in Assurance** • Effectiveness of the health and safety plan • Compliance on completion of risk assessments and mitigating actions **Action to Address Gaps in Assurance** • Implement health and safety performance reporting • Risk assessments and mitigating actions to be documented and reported regularly to demonstrate progress against the Improvement Plan	**Reasonable Assurance**

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 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)

Ar Gyfer Trafodaeth/For Discussion

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 deliverables of the RPB portfolio in 2023-24, following conclusion of annual reporting activity.

Cefndir / Background

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

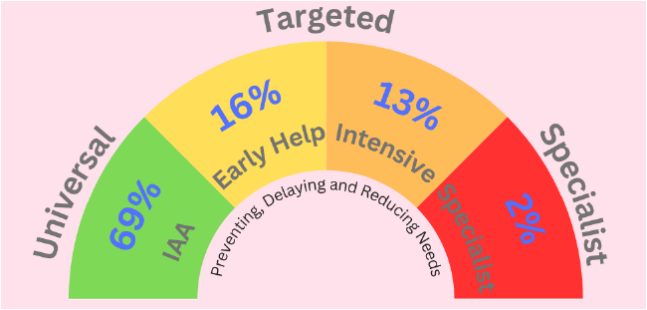
Assessment

Revenue Programme Summary 2023-24

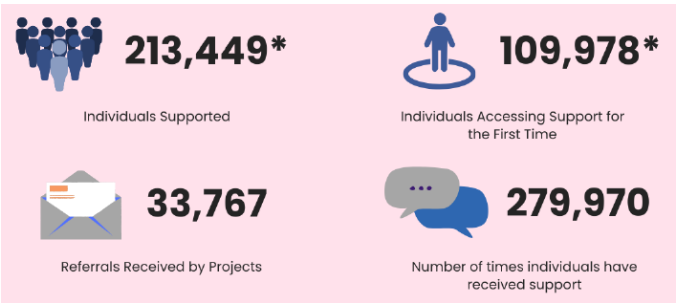
The Regional Integration Fund (RIF) revenue portfolio for the Gwent Regional Partnership Board has been delivered via 12 Strategic Programmes, consisting of 28 workstreams and 148 projects. Projects and services within this portfolio have been enabled via £27.2m of revenue funding.

During the 2023-24 period significant efforts have been undertaken to strengthen the data and reporting provided from delivery partners, whilst also developing national performance and outcomes frameworks in collaboration with other RPB support teams.

Whilst work remains ongoing to improve data quality and consistency, the assessment of the RIF portfolio within the prevention continuum identifies the majority of regional activity supported early intervention and prevention (69%).



As a key headline for the reach of the regional portfolio, the adjacent visual highlights the volume of individuals supported via strategic programmes. Whilst data quality and validation will continue to be strengthened, the early developments of this reporting tool suggest 50% of those are accessing support for the first time, evidencing the preventative nature of the strategic programmes.



These figures demonstrate significant reach and engagement with the portfolio across the region. The number of new individuals indicates an expanding reach, suggesting the portfolio is attracting fresh participants. While the referral rate is lower than overall access, it still signifies a substantial proportion of the population are receiving targeted support.

Approximately **36%** of the Gwent population was reached by the portfolio based on the number of individuals who accessed the project (HM1). This signifies a substantial reach within the Gwent community, highlighting the potential of the projects within the portfolio to create a significant positive impact.

Detailed 'Story of Change' reporting is produced for all Programme workstreams, as required by Welsh Government. This provides a comprehensive and very detailed story telling approach across the Regional Integration Fund portfolio. A cross-cutting review of strategic programmes identifies the following key successes:

- Rapid Response and Timely Service Delivery: Multiple projects reported a highly effective rapid response to referrals, often responding on the same day and usually within four hours. This quick turnaround is critical in enhancing the efficiency and impact of the services provided, particularly in healthcare and emergency support settings.

- Effective Discharge Planning: Several projects highlighted their success in determining the optimal discharge pathways for individuals at the earliest opportunity.

- Prevention and Self-Management Promotion: Projects have successfully utilised follow-up phone call to offer prevention and self-management opportunities, promoting the use of community resources and services.

- Integrated Communication and Service Co-ordination: Enhanced communication and coordination between different service providers were noted as a significant success. This includes ensuring clear communication through meetings, reducing inappropriate referrals and effective planning between secondary care and community services.

Delivery via Strategic Partnerships

There are a number of thematic Strategic Partnerships overseeing programme development and delivery for specified population groups, reporting to the Regional Partnership Board. Appendix A provides a visual illustration of the reach of the RIF funded activity taking place under each Strategic Partnership.

RIF Fund Utilisation 23-24

The RPB is required to provide finance reports on a quarterly basis consisting of forecasts, spend to date against budget, risk analysis and an overall delivery status for the projects, via the RIF Financial Framework prescribed by Welsh Government, attached as Appendix D to this report.

At the end of the financial year for 2023/24, full utilisation of the RIF funding was reported to Welsh Government, along with assurance that 20% of the RIF Revenue funding was invested in the social value sector and 6% was invested into direct support for unpaid carers. The minimum expected investment level for each criterion was 20% and 5%, respectively. The RPB therefore met or exceeded the proscribed targets for fund allocation.

Summary

The Regional Integrated Fund has had significant reach across Gwent supporting more individuals than ever and many for the first time. There are some notable impacts from the schemes captured in the infographics in Annex A, notably;

- 42% of carers felt less isolated following the support they received and 79% felt more confident,
- For our children and families' programmes, 73% of participants reported feeling less isolated with 75% prevented from an escalation in their level of care,
- Many of the system resilience and winter interventions are in the Gwent Adults Strategic Partnership Programmes where 98% received support which prevented an escalation of the level of their care and 90% reported maintaining or improving their emotional health and wellbeing,
- For our Mental Health and learning disability programmes 80% had their independence maintained or improved
- 81% of participants in dementia projects felt more confident in accessing services.

These outcomes demonstrate the positive impact of the fund. Whilst there is more to do to evaluate and understand the impact of specific programmes there is progress in supporting the population.

Capital Programme Summary 2023-24

Welsh Government provided significant growth in partnership capital funding at the outset of the 2022-23 financial year, building on the successes and learning from the ICF Capital programme. Welsh Government have therefore introduced two sources of capital funding for the region; the Housing with Care Fund (the successor to the ICF Capital programme), and the new Integration and Rebalancing Capital Fund. Both funding streams support key programme for government commitments and are intended to be complementary and supported by RIF revenue to develop new models of preventative care.

A requirement of Welsh Government to enable access to funding was the production of a 10-year capital plan during 2023-24. During the Autumn the Regional Partnership reviewed and approved an integrated Regional Capital Strategy and 10-year Strategic Capital Plan.

2023-24 activities prioritised the development and implementation of the Regional Capital Strategy, within which there are 9 key strategic priorities. During 2023-24, the RPB progressed 23 applications for capital resources in support of the following strategic priorities (as identified within the Regional Capital Strategy).

As an assessment of progress within the first 6 months of the strategy, the following progress has been made against the strategic priorities.

Strategic Priorities: Children and Young People

1. We will ensure provision of care closer to home: for Gwent children and young people. This will include:
    a. An additional +60 residential placements to bring children in-region. **39 beds in pipeline. 7 delivered.**
    b. As additional +67 placements for care experienced children to support within county in appropriate accommodation. **16 beds in pipeline. 0 delivered.**

c. Accommodation on a small scale for 1 or 2 Children and Young People. **5 beds in pipeline. 3 beds delivered.**

2. We will increase in house provision of care for children looked after, therefore eliminating profit, by:
    a. Developing an additional +103 in-house / not-for-profit residential placements required to have all children in local authority care. **55 beds in pipeline. 12 beds delivered.**

3. We will continue to develop and evaluate alternative models of care. These will include:
    a. Extend respite provision in region based on the Oaklands model. **0 beds in pipeline. 0 delivered.**
    b. Mixed age groups to support integration. **16 beds in pipeline. 0 delivered.**
    c. Further variety in options for care experienced children.

4. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of children, young people and families. Provision will include:
    a. Welcoming contact centres. **1 project in pipeline. 0 delivered.**
    b. Easy access wellbeing/mental health support.
    c. Easy access support for care leavers.

Strategic Priorities: Adults

1. We will provide care closer to home: We will put in place additional capacity across Gwent to ensure that people with Mental Health conditions and Learning Disabilities are able to receive care and support closer to home.
    a. We will support people to remain in their own home with appropriate adaptations. **8 projects in pipeline. 1 project delivered.**
    b. +40 MH placements (residential/nursing) and +64 LD placements (residential/nursing) to support people within area (excl. supported living). **0 MH beds in pipeline. 5 LD beds in pipeline. 0 MH beds in pipeline. 0 LD beds in pipeline.**
    c. +5MH supported living and +23 LD supported living. **32 MH beds in pipeline. 17 LD beds in pipeline. 0 MH beds delivered. 3 LD beds delivered.**
2. We will provide more accessible services: Some of the current stock will be redeveloped to improve accessibility. **2 projects in pipeline. 0 delivered.**
3. We will continue to develop and evaluate alternative models of care. These will include:
    a. Extend step up/down and rehabilitative provision for people with MH. **5 units in pipeline. 5 units delivered.**
    b. Extend respite provision for people with LD. **0 in pipeline. 0 delivered.**
    c. Single person accommodation. **49 units in pipeline. 0 delivered.**
    d. Shared Lives and Home Share schemes. **0 in pipeline. 0 delivered.**
4. We will complete feasibility studies and further explore opportunities to develop specialist provision where appropriate. This may include:
    a. Refuge places. **0 in pipeline. 0 delivered.**

b. 'Step-across facilities' for substance misuse. **2 unit in pipeline. 0 delivered.**
c. Framework approach to adaptations. **No progress as yet**

5. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of adults, introducing more clinical spaces in the community for follow up care **1 unit in pipeline. 0 delivered.**

Strategic Capital Priorities: Older people

1. We will provide additional care, closer to home to meet the needs of our ageing population. This will include the following:
   a. Supporting people to remain in their own home with appropriate adaptations. **8 projects in pipeline. 6 projects in pipeline.**
   b. Between 5 – 11 respite support units **0 in pipeline. 0 delivered.**
   c. Between 60 – 296 additional nursing units **0 in pipeline. 0 delivered.**
   d. Between 52 - 340 additional residential units **0 in pipeline. 32 beds delivered.**
   e. An additional 2,232 housing units and 547 housing with care units **7 housing units in pipeline. 0 housing with care units in pipeline. 2 units (4 beds) housing units delivered. 0 housing with care delivered.**

2. We will continue to develop and evaluate alternative models of care. These will include:
   a. Step up/down provision to support independence. **0 in pipeline. 0 delivered.**
   b. Move away from residential care to alternative models, for example Home Share. **0 in pipeline. 0 delivered.**
   c. Investments in digital innovation, including use of assistive technology. **0 in pipeline. 0 delivered.**

3. We will develop Integrated hubs to help meet the physical, mental health, care and support needs of older people and people with dementia. Provision will include :
   a. Community places for lower-level support. **3 units in pipeline. 0 delivered.**
   b. Appropriate accommodation for Multi-Disciplinary Team working. **3 units in pipeline. 0 delivered.**
   c. Dementia friendly places/ memory cafes. **0 in pipeline. 0 delivered.**
   d. Focus on prevention and early intervention. **3 units in pipeline. 0 delivered.**

The visual below illustrates the volume of activity and associated funding commitment supporting developments in 2023-24.

In addition to bed spaces, a range of aids and adaptations in support of care closer to home and home first priorities were delivered in 2023-24.

Fund Utilisation

Development and delivery of the capital programme is enabled by various key sources of capital infrastructure funding; the Housing with Care Fund (HCF), the Integrated Rebalancing Capital Fund (IRCF) and ICF Legacy Programme Managed Fund (ICF).

The Region utilised £21.5m of funding to support the development of schemes progressed in 23/24. This included £7.8m of HCF Funding, £10.5m of IRCF Funding (Capital and Revenue) and £3m of ICF funding.

The table below summarises the 2023/24 utilisation by funding stream, reporting an under-utilisation of £4.66m, of which £1.27m of ICF Legacy funding can be re-programme managed into the 2024/25.

GWENT REGIONAL PARTNERSHIP - CAPITAL PROGRAMME SUMMARY	FUNDING AVAILABLE £	FUND UTILITSATION AS AT MONTH 12 £	YEAR END (SURPLUS) / SHORTFALL MONTH 12 £
HOUSING WITH CARE FUND (HCF) - MAJOR SCHEMES	9,350,405	6,136,284	(3,214,121)
HOUSING WITH CARE FUND (HCF) - MINOR SCHEMES	1,120,800	1,103,964	(16,836)
HOUSING WITH CARE FUND (HCF) - DFG FUNDING	560,400	560,400	0
HOUSING WITH CARE FUND (HCF) - CAPITAL RESOURCE	176,395	176,395	0
INTEGRATED REBALANCING CAPITAL FUND (IRCF)	10,046,000	10,046,000	0
ICF LEGACY PROGRAMME MANAGED FUND (PM)	4,257,658	2,987,757	(1,269,901)
TOTAL GWENT CAPTIAL PROGRAMME	**25,511,658**	**21,010,800**	**(4,500,857)**
IRCF CAPITAL RESOURCE (Revenue)	200,000	152,296	(47,704)
IRCF STRATEGIC CAPITAL FUNDING (Revenue)	470,000	356,353	(113,647)
TOTAL GWENT CAPTIAL PROGRAMME	**26,181,658**	**21,519,450**	**(4,662,208)**

Continued Programme Development

Activities continue to support capital strategy implementation and programme development, within a rolling programme of partnership capital considerations. There is a committed programme within 2024-25. However, significant momentum is needed across the partnership to develop a programme and pipeline for the full

term of the capital strategy (2023-2033). A regional capital workshop was planned for 25 June 2024 across all sectors to promote the priorities and showcase examples how gaps in the pipeline could be addressed.
Argymhelliad / Recommendation The Board is asked to note the update on the deliverables of the RPB portfolio in 2023-24.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	SRR009 – Transformation and Partnership Working
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Getting it right for children and young adults Adults in Gwent live healthily and age well Older adults are supported to live well and independently
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Regional Solutions
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Work in partnership with carers to continue awareness raising, provide information and improve practical support for carers Improve the access, experience and outcomes of those who require Mental Health and Learning Disability Services Choose an item. Choose an item.

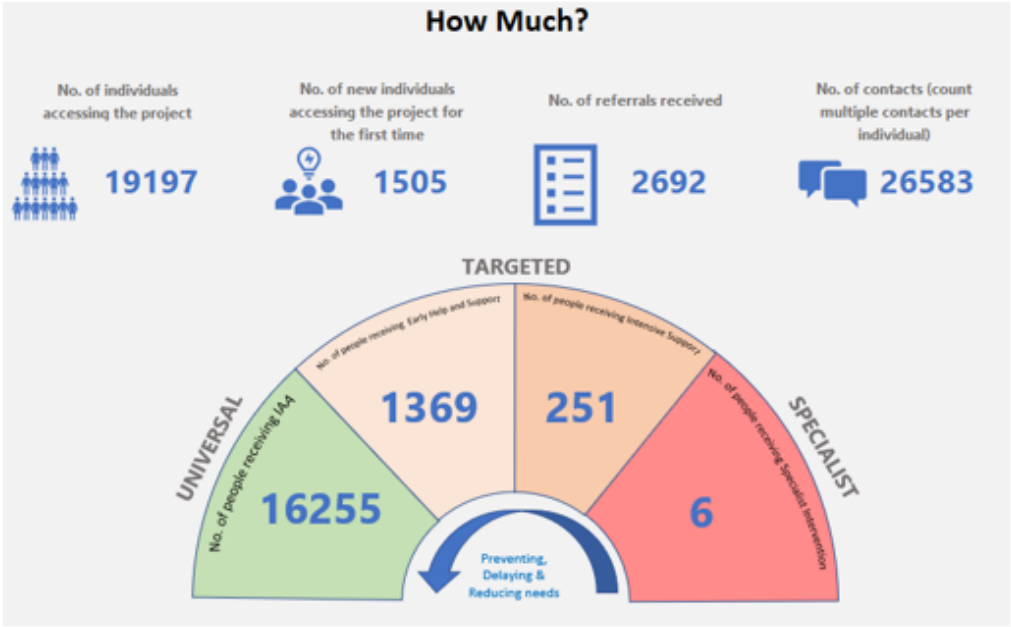
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	
Rhestr Termau: Glossary of Terms:	Explained within the report.

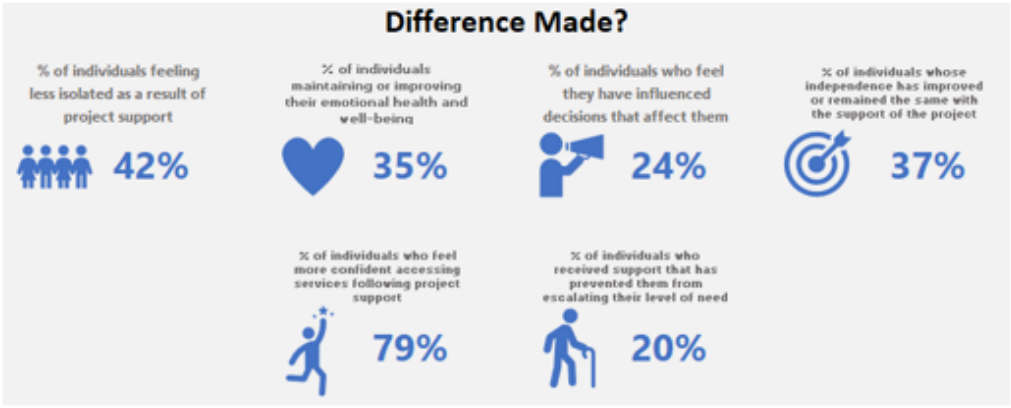
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Planning, Partnerships and Population Health Committee.

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

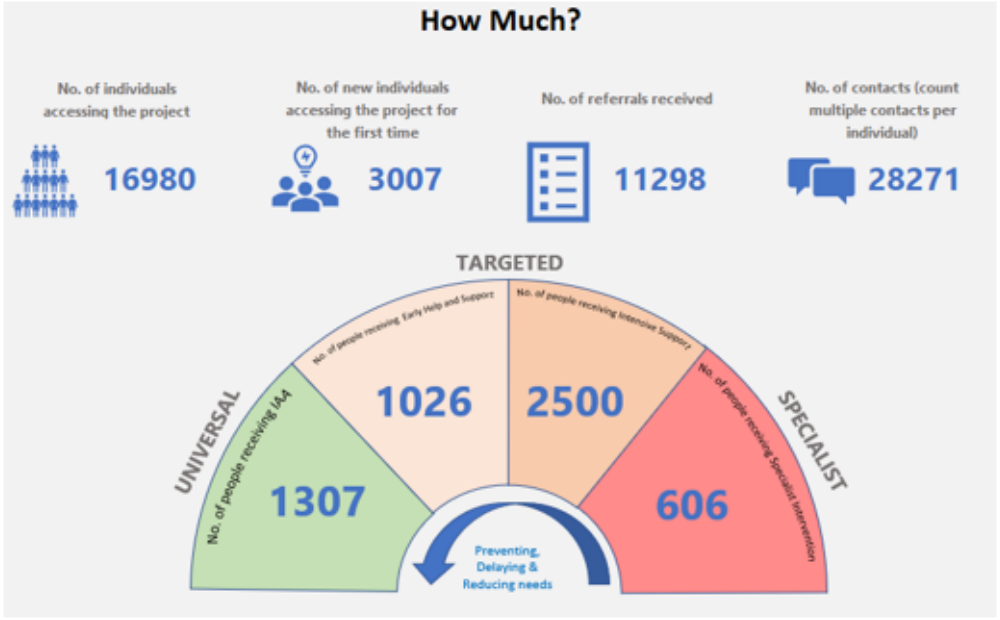
Appendix A: Strategic Partnership Portfolio Visuals

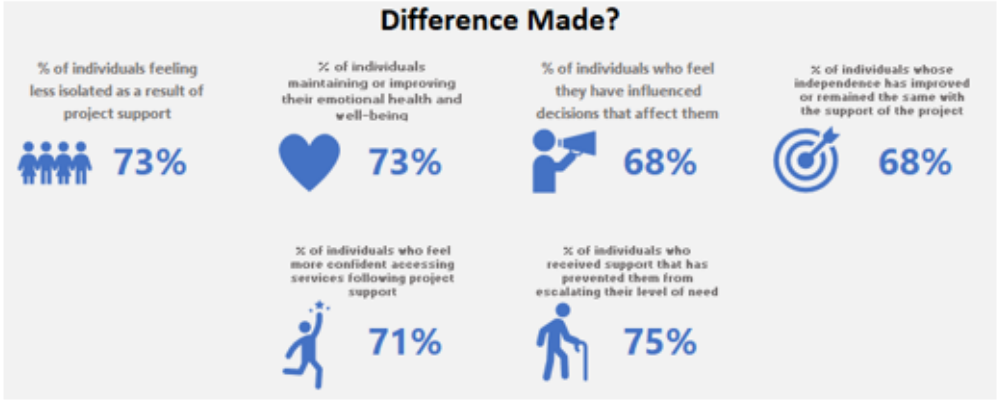
Carers Strategic Partnership



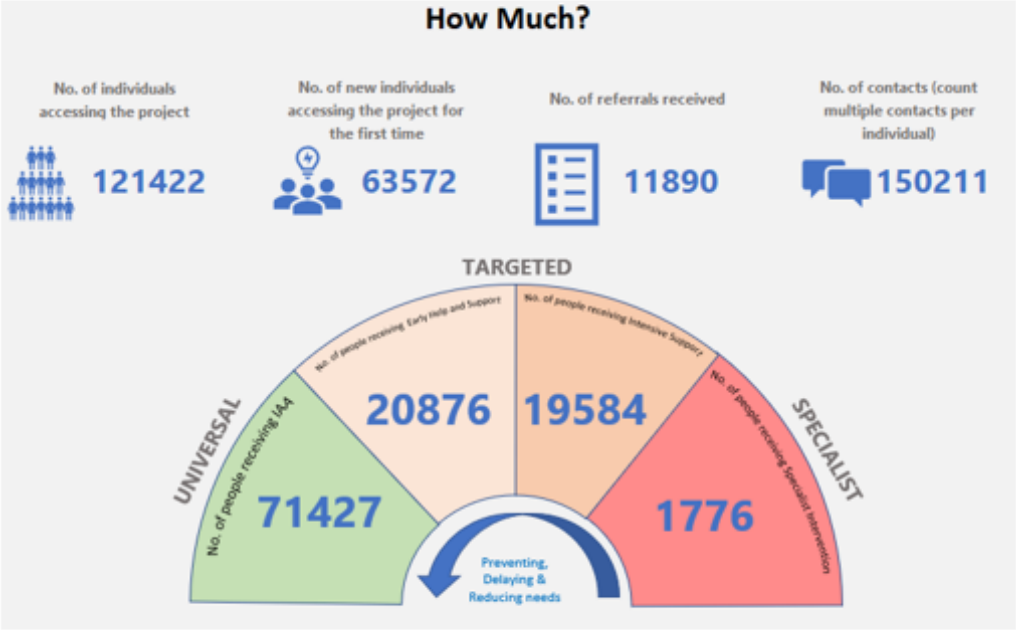


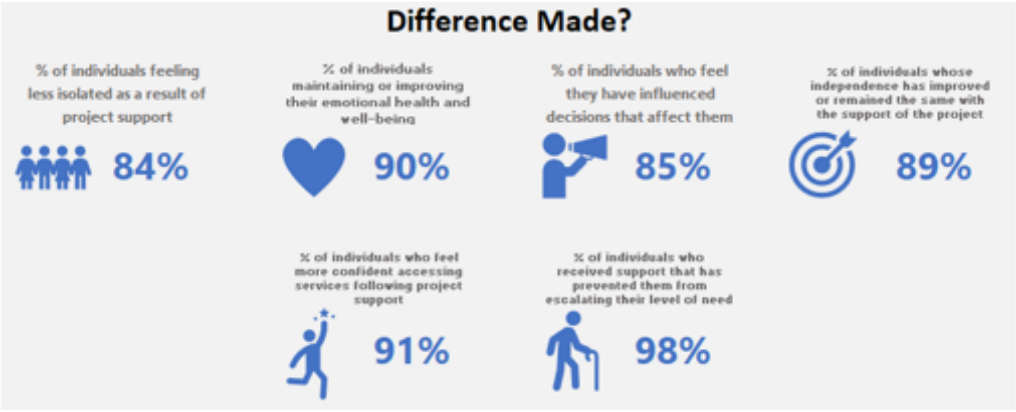
Children & Families Strategic Partnership



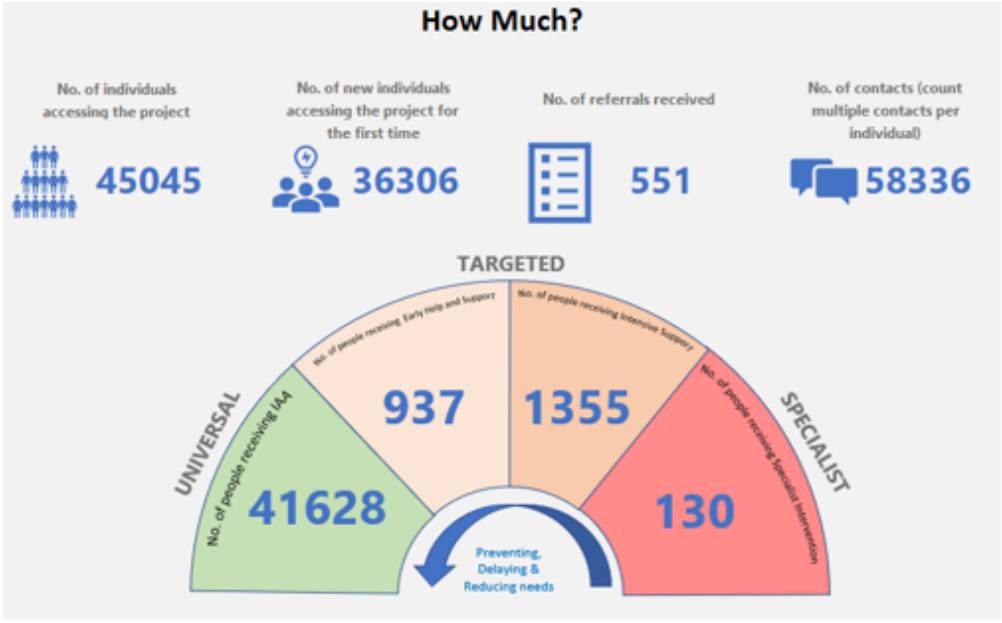


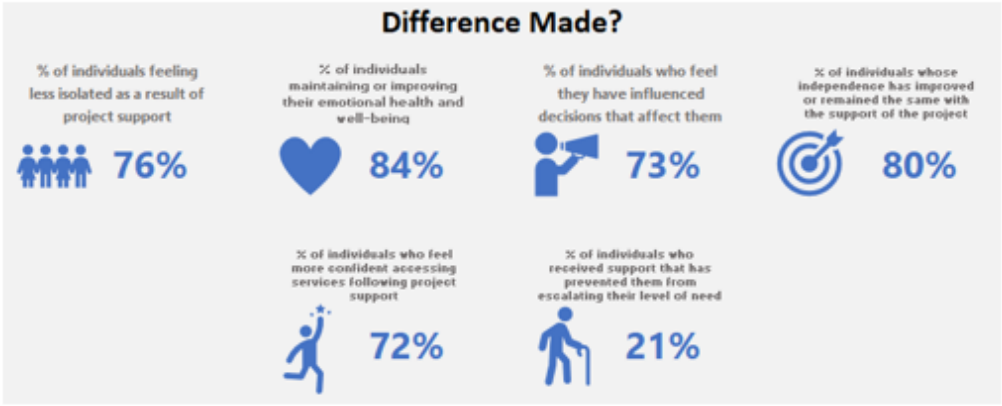
Gwent Adults Strategic Partnership



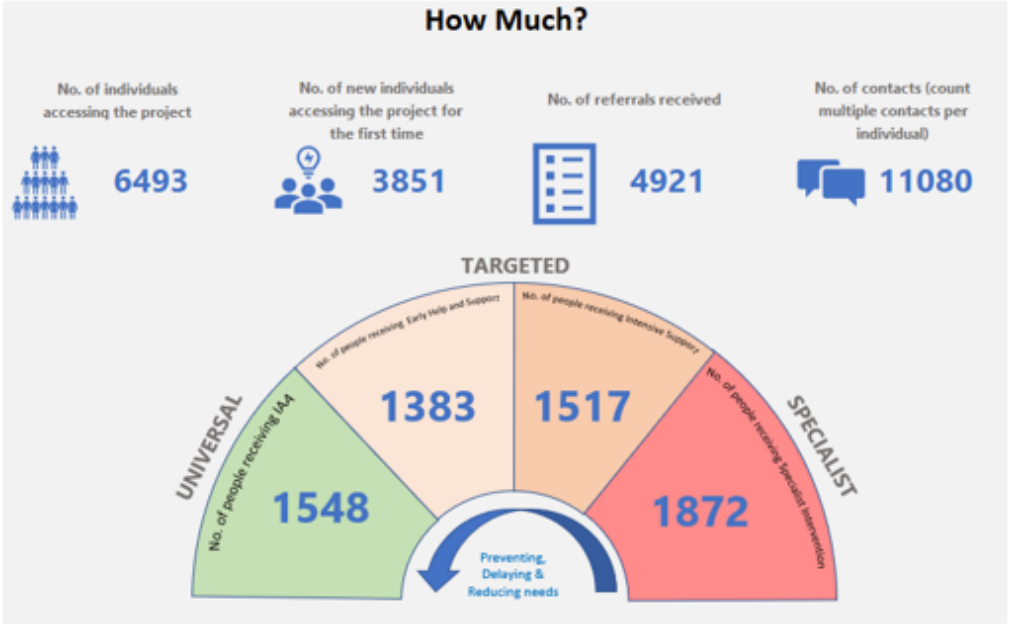


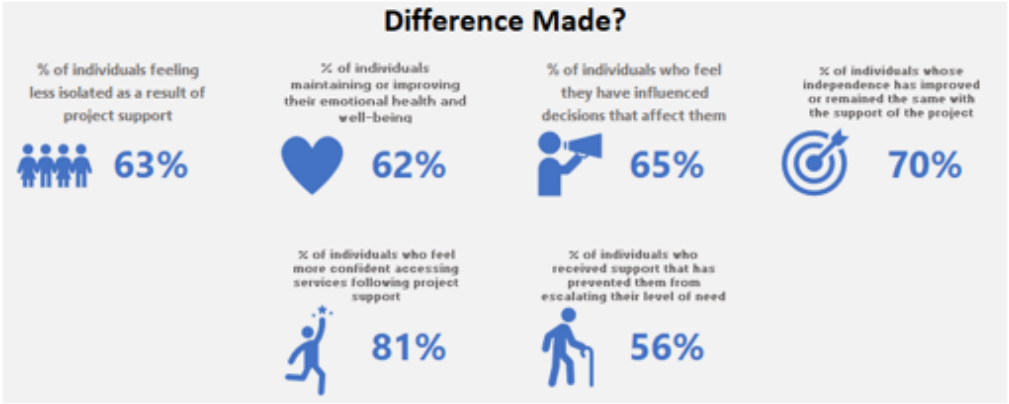
MH & LD Strategic Partnership



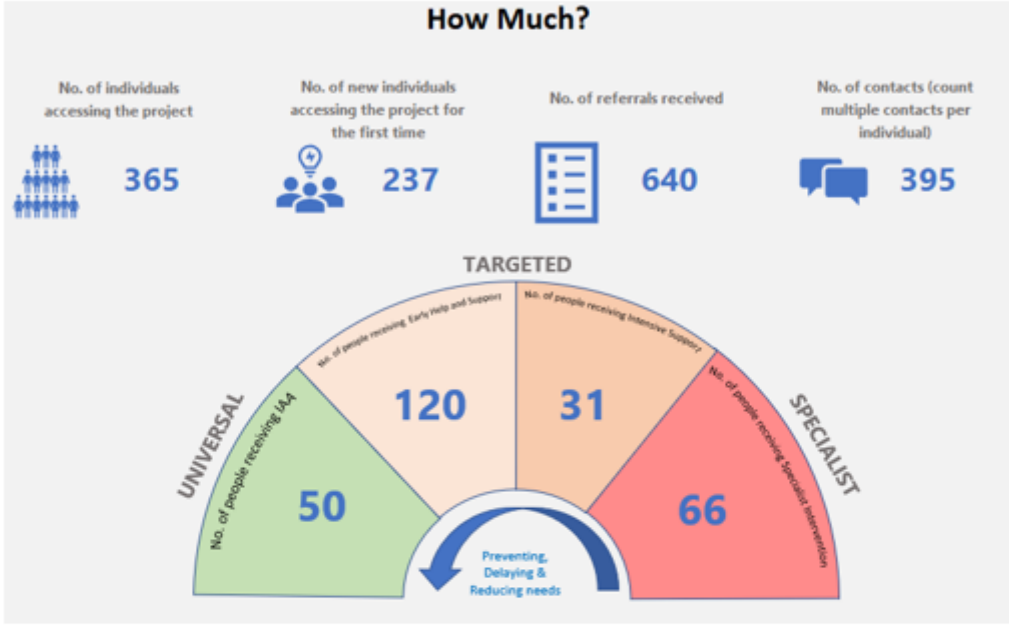


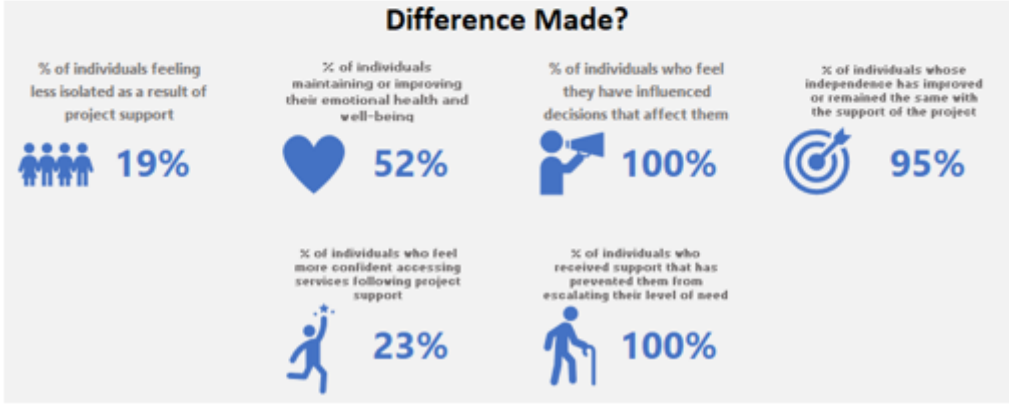
Regional Dementia Board





Housing Strategic Partnership
(AT Programme)





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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Gwent Public Services Board Update
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Executive Director for Public Health & Strategic Partnerships
SWYDDOG ADRODD: **REPORTING OFFICER:**	Consultant in Public Health

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 paper has been written to provide the Board with an update on the current work of Gwent Public Services Board (PSB).

Cefndir / Background

Gwent Public Services Board brings public bodies together to work to improve the economic, social, environmental and cultural well-being of Gwent. The PSB is responsible, under the Wellbeing of Future Generations (Wales) Act, for overseeing the development of a local (five year) well-being plan. The statutory member organisations are:

- Blaenau Gwent County Borough Council
- Caerphilly County Borough Council
- Newport City Council
- Monmouthshire County Council
- Torfaen County Borough Council
- Aneurin Bevan University Health Board
- Gwent Police
- South Wales Fire and Rescue Service
- Natural Resources Wales

Gwent Public Services Board approved its first five year well-being plan in July 2023. The plan contains two strategic objectives and five delivery steps. These are:

Strategic objectives:

1. We want to create a fairer, more equitable and inclusive Gwent for all
2. We want a climate-ready Gwent, where our environment is valued and protected, benefitting our well-being now and for future generations

Delivery steps:

1. Take action to reduce the cost of living crisis in the longer term.
2. Provide and enable the supply of good quality, affordable, appropriate homes
3. Take action to reduce our carbon emissions, help Gwent adapt to climate change, and protect and restore our natural environment
4. Take action to address inequities, particularly in relation to health, through the framework of the Marmot Principles.
5. Enable and support people, neighbourhoods, and communities to be resilient, connected, thriving and safe.

A copy of the Gwent well-being plan is available at:
https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/

Asesiad / Assessment

Gwent Public Services Board last met on the 25th April. At the meeting there was a presentation on the Gwent Joint Strategic Assessment (JSA) by the Health Board's Executive Director for Public Health & Strategic Partnerships. The main findings of the JSA were discussed, as well as the potential of the JSA to help the PSB develop its approach to carrying out well-being assessments in future. PSB members recognised the value and importance of this work as a tool for measuring outcomes in Gwent and agreed to adopt the approach. The JSA is available at https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/.

Public Health Wales attended to present the Shaping Places for Wellbeing in Wales programme. Shaping Places focuses on local partners taking system-wide action on the wider determinants of health. The Shaping Places for Well-being in Wales programme will provide a national resource to support all Public Services Boards in Wales to take a theory and evidence informed systems approach in their work to influence wider determinants of health as they implement their well-being plans. The programme will establish three national learning groups who will each work on a different theme for a period of two years. The themes below have been agreed with PSBs across Wales and are based on existing PSB well-being plans.

- Climate and Nature Emergency
- Poverty and Inequalities
- Neighbourhood well-being

Gwent Public Services Board has nominated a number of officers from across its member organisations to participate in this programme across each of the three themes.

Work taking place nationally on the provision of Gypsy, Roma and Traveller transit sites in Wales was also discussed.

The PSB also discussed the development of proposals to address four at scale areas of focus to improve well-being in Gwent. The four areas of focus are:

1. That every child has the best start in life;
2. That everyone lives in a place they feel safe;
3. That everyone has the same economic chances;
4. That everyone lives in a climate-ready community where their environment is valued and protected.

A paper with options on outcomes and a proposal for developing integrated delivery plans and leadership groups for each topic was tabled at the April meeting. PSB members agreed to discuss this item outside the meeting to provide a steer to officers on taking this work forwards.

Argymhelliad / Recommendation

The Board is asked to the update provided within this paper.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	1. Staying Healthy 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	Partnership First
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:	Gwent well-being plan https://www.gwentpsb.org/en/well-being-plan/gwent-well-being-plan/

	Gwent Joint Strategic Assessment https://abuhb.nhs.wales/health-advice/gwent-joint-strategic-assessment/
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:	None

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

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Executive Committee Activity: 3rd May 2024 – 30th June 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

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

Cefndir / Background

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

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

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

Asesiad / Assessment

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

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

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

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

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

During the period 3rd May 2024 –30th June 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 also continues to maintain a focus on the performance of the urgent and emergency care system, including ambulance handover delays and red release requests to ensure that the level of risk in the community is balanced across the entire system.

Other matters discussed include:

Right Care, Right Person: The Executive Committee received a presentation on the Right Care Right Person (RCRP) Policy which would result in the interaction between Mental Health, Primary Care and Gwent Police changing. The Executive Committee noted the planned approach to increase awareness of RCRP and the changing responsibilities and approach to service delivery as a result of the policy.

CIVICA Update: The Executive Committee noted that the CIVICA Citizen Experience platform had been launched in February 2023 and had been rolled out across the organisation with feedback collected via a QR code/link. Regular training sessions for staff were ongoing and the CIVICA hierarchy allowed a patient to provide anonymous feedback which could be recorded (and retrieved) across several staffing levels. The Executive Committee noted an overall satisfaction rate of 86% to the Person-Centred Survey. It was agreed that the Director of Digital would work with the Director of Nursing to assess the potential for a text messaging solution to support increased uptake.

C-Difficile Improvement Plan: The Executive Committee received an update on the current position with hospital acquired *C difficile* infections for the financial year 2023/24. The Executive Committee was assured that deep dive work had been completed with facilities colleagues to ensure high risk equipment was cleaned and monitored effectively with audits arranged. The Executive Committee noted that the Infection Prevention & Control Team was working with the Medical Director to ensure correct microbial prescribing.

Infected Blood Inquiry Response: The Executive Committee was updated on the actions that would be taken to enable the Health Board to plan for and deliver an appropriate response to the national Infected Blood Inquiry (IBI) Report. Subsequently the Executive Committee noted that between Monday 20th May at 12.30pm and Tuesday 4th June 12:30pm 26 telephone calls and 6 emails had been received from members of the public following publication of the Report. The Executive Committee was advised that 242 tests had been requested by residents in Gwent, with no positive or reactive results for ABUHB residents being reported to date.

Enhanced Monitoring of Emergency Pathways at GUH: The Executive Committee received an update on Enhanced Monitoring Plans for urgent and emergency care pathways at GUH which focused on: Ambulance Handovers including meetings ongoing with Welsh Ambulance Services Trust; Waits to Be Seen arrangements, including Triage; time in the Emergency Department; and wider support. Fortnightly meetings with the Division have been established to support and monitor delivery of Enhanced Monitoring Plans for improvement.

Children and Young People's Strategic Board: The Executive Committee approved the establishment of a new Children and Young People's Strategic Board to oversee and ensure governance for Maternity, Neonatal, Children and Young People's services. The Strategic Board will report to the Executive Committee and provide assurance to the Patient Quality Safety Committee.

Ward Accreditation: The Executive Committee received an update in respect of the Health Board's journey of Continuous Improvement Ward and Team Accreditation Programme. The Executive Committee noted that Ward / Team Accreditation Programme creates a structured system to continuously raise standards of care through effective goal setting, measurement, feedback and staff engagement which brings benefit to patients, staff and the organisation. To date the implementation of the programme had been rolled out to the adult in-patient wards in Ysbyty Ystrad Fawr, Nevill Hall Hospital, Royal Gwent Hospital and the

Grange University Hospital. The Executive Committee agreed for the programme to be rolled out across the Health Board aligned to an agreed project plan.

Domestic Violence Provision in Primary Care: The Executive Committee was advised that the Identification and Referrals to Improve Safety (IRIS) programme, would cease from 30th September 2024 and that a temporary arrangement would be developed using online training such as "ask and act". The Executive Committee noted that the Assistant Director of Public Health would develop a new model of provision across the region and the Primary Care Division would support the development of the pan- Gwent model.

Nursing Preceptorship and Restorative Clinical Supervision (RCS): The Executive Committee received a proposal to implement RCS and Preceptorship across the Health Board and noted that the refreshed journey of excellence and a move to a central delivery of the programme would meet compliance with the framework's principles of preceptorship. The Executive Committee noted that the policy would require a review given the changes to the national direction for preceptorship.

Enhanced Proactive Environmental Cleaning Strategy: The Executive Committee considered and agreed a proposal for a Hydrogen Peroxide Vapour cleaning programme across hospital sites during Spring and Summer 2024, with the aim to reduce the risk of infection. The Executive Committee was advised that the Infection Prevention and Control Team would work alongside facilities colleagues to ensure that all sites receive an enhanced clean and were appraised of the practicalities of implementing this new programme.

Health & Safety & Fire Improvement Plan: The Executive Committee received an overview of the progress made in implementing the Health, Safety & Fire Improvement Plan. The Executive Committee was assured that the new Health & Safety Committee was now established and would meet on a quarterly basis with the inaugural meeting due to be held in June 2024. Discussion was held regarding organisational capacity to deliver ongoing improvements which is being assessed.

Stroke Bed Ring Fencing Proposal: The Executive Committee received an update on the progress of the Stroke Service Action Plan in response to the Getting It Right First Time (GIRFT) report**.** The Executive Committee noted that the report had included twenty recommendations across the GIRFT pathway and that nine actions had been completed, six were in progress, four required additional support with one action not being progressed**.** The Executive Committee agreed for the ring fencing of beds to enable stroke patients to be moved to the ward at an improved pace and noted the progress made in addressing the GIRFT recommendations, which demonstrated improvements in many key performance indicators and were indicative of good Stroke care across the pathway.

Delivery, Performance & Efficiencies

The Executive Committee has monitored and discussed the Health Board's financial position continuously and implemented mitigating actions to improve the forecasted financial position. To ensure a consistent sufficient focus on delivery and to explore further opportunities across the Health Board, an Executive Value

and Sustainability Board meets fortnightly, with progress reported through the Financial Performance Report presented to the Board.

Other matters discussed include:

Organisational Change Workforce Report: The Executive Committee received an update on the governance requirements for all organisational change programmes. The Executive Committee noted that there were well established governance arrangements for the management of change within the Health Board and that a planned review of the supporting toolkit, as well as training and organisational development support would be undertaken.

Talent Management & Succession Planning: The Executive Committee received an update on the new Talent Management and Succession Planning Framework which specifically addresses the Health Board's approach to how it deliberately attracts, identifies, develops and transitions current and future talent with the aim of supporting workforce sustainability, with the right skills and experience to meet organisational challenges now and in the future. The Framework has been developed in collaboration with HEIW, Health Boad staff and Trade Union colleagues.

Staff Recognition: The Executive Committee received a presentation on the proposed Organisational Staff Recognition Programme, which was an evidence-based strategic approach to improving the employee experience of work which contributes to the strategic approach to having a compassionate and inclusive culture. The Executive Committee noted that the Health Board's staff engagement score had decreased by 4% since 2019 and that the programme would work to improve staff engagement and recognition.

Public Health and Vaccination Service: The Executive Committee agreed an organisational change process for the Public Health Team which would establish a permanent structure to enable the provision of support to full range of public health functions.

Strategic Planning & Service Development

The Executive Committee received regular updates in respect of the Health Board strategic planning, service developments and sustainability, including business cases and programmes of work. Other matters discussed include:

Digital Prioritisation: The Executive Committee considered and approved a Digital Request Process and Prioritisation Framework which would be put in place to provide a clear process for staff across the Health Board to request an upgrade to digital systems and request support. This Framework would ensure prioritisation in-line with the Health Board's strategic intent and key service needs.

Attend Anywhere: The Executive Committee received an update on Attend Anywhere (AA) following Welsh Government funding TEC Cymru to lead the Video Consultation programme in 2017. In 2018, Attend Anywhere was procured and implemented across all Health Boards in Wales. The current contract for AA was due to expire on 31st September 2024 but has been extended to 31st March 2025 with the support of additional WG funding. The Executive Committee considered and

approved options with regards to the potential continued use of the AA platform and exploration of potential alternative providers for video consultations to ensure a solution by 31st March 2025.

Digital Patient Communications Project: The Executive Committee received an update on the Digital Patient Communications Project. It was agreed in June 2023 to move away from the current two contract system for the delivery of mail and appointment reminders, which included DrDoctor and PSL Print Management Ltd, and to move to one contract with a new provider. The Executive Committee was advised that Phase 1 went live on 21st March 2024, with Phase 2 implementation scheduled for October 2024 with further engagement ongoing. The Executive Committee noted a necessary extension to the scope of the project which was affecting both Phases 1 and 2 and as a result the potential impact on benefits realisation.

Clinical Support Services Digital Projects: The Executive Committee received an update on digital projects in the Clinical Support Services (CSS) Programme, in-line with developing or previously agreed business cases, and associated risks.

Clinical Communications Update: The Executive Committee received an update on the Clinical Communications Project which was established in 2023 to look for a replacement for its primary clinical communication portal. The Executive Committee noted that following approval in December 2023 to purchase a primary communication platform for the Health Board, the digital team had worked since March 2024 with a consultancy firm with the aim of issuing an Invitation to Tender, develop a final business case for approval and award the contract. An update on progress to date and indicative procurement and implementation timelines were outlined along with detail of new risks, along with several known risks identified. The Executive Committee approved actions to mitigate the risks identified, ensuring the Health Board continues with current communication practices until the new solution is implemented and that the remaining risks be subject to regular monitoring.

Strategic Partnership Arrangements

Regional Planning: The Executive Committee received an update on progress in respect of a number of ongoing regional and south Wales service planning programmes. Collaborative programmes include formalised arrangements for prescribed services within the southeast, together with the wider review and reconfiguration of specialist services across south Wales where Aneurin Bevan University Health Board is a stakeholder. Each Health Board is leading a formal programme with Aneurin Bevan University Health Board overseeing ophthalmology and cancer, Cardiff & Vale University Health Board overseeing orthopaedics and stroke and Cwm Taf Morgannwg University Health Board overseeing diagnostics (consisting of endoscopy, pathology and community diagnostic hubs).

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:

- Quality and Safety Performance Report
- Workforce Performance Dashboard
- Strategic Risk Report
- Financial Performance Report
- Activity & Performance Report
- Audit Wales Briefs

System Leadership Group

The Executive Team established monthly System Leadership Group meetings in 2023, which have continued throughout 2024 with leaders from across the Health Board. The next meeting will next take place on 12th July 2024 with a focus on Cardio-vascular disease and Population Health Management.

Executive Team Development

The Executive Team continues to hold monthly sessions to focus on team development, informal discussion on the development of cultural and strategic aspects as well as enable dedicated attention to key risks and issues. In the last reporting period, the Executive Team has dedicated informal time to focus on team key risks, challenges and opportunities allowing space to explore matters in an informal and collective way.

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

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

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

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

Agenda Item:4.9

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	**Key Matters from Committees of the Board**
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Rani Dash, Director of Corporate Governance
SWYDDOG ADRODD: **REPORTING OFFICER:**	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
- Finance and Performance Committee

Assurance Reporting

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

- Audit, Risk and Assurance Committee – 21st May 2024
- Mental Health Act Monitoring Committee – 4th June 2024
- Patient Quality Safety and Outcomes Committee- 4th June 2024
- Finance and Performance Committee – 17th June 2024
- People and Culture Committee – 18th June 2024

Asesiad / Assessment

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

Argymhelliad / Recommendation

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

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item. There is no direct link to the Plan associated with this report, however the work of individual committees contributes to the overall implementation and monitoring of the IMTP.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Governance
Amcanion cydraddoldeb strategol Strategic Equality Objectives Strategic Equality Objectives 2020-24	Choose an item. Choose an item. Choose an item. Choose an item. Not applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not Applicable
Rhestr Termau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Committee Chairs

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

Name of Committee:	Audit, Risk and Assurance Committee
Chair of Committee:	Iwan Jones
Reporting Period:	21st May 2024
Key Decisions and Matters Considered by the Committee:	

To formally approve the recommendations contained in the reports presented at meeting held on the 16th of April 2024.
In the absence of quorum at the April 2024 meeting, the reports, listed below, previously submitted for formal approval were presented to the Committee and approved.

- Internal Audit Workplan 2024/25
- Audit, Risk and Assurance Committee Workplan 2024/25
- Three Financial Control Procedures (Accounts Receivable, Counter Fraud Communication Strategy and Contract Management)
- Q4 Audit Recommendation tracking closing position

To Receive the Counter Fraud 2023/24 Annual Report and Approve the Counter Fraud Annual Work Plan 2024/25
The Counter Fraud Team reported a higher recovery of funds in 2023/24 compared with previous years and is currently restructuring to generate more resources for managing increased referrals and focusing on proactive tasks.

The Committee was informed that a new process for dealing with salary overpayments and termination was under consideration, which was anticipated to reduce the level of counter-fraud involvement in investigating these types of cases.

The Committee **NOTED** the 2023/24 Annual Report and **APPROVED** the 2024/25 Counter Fraud Annual Workplan.

To Receive the Clinical Audit Annual Report 2023/24 and Approve the Clinical Audit Plan 2024/25
It was reported that there was a 100% compliance rate for national clinical audits and approximately 80% compliance rate for national confidential inquiries into patient outcomes and death audits. Efforts to improve compliance were ongoing as well as work to align audit ratings with the new risk management framework, as a result risk training for auditors was also being offered.

The Committee **NOTED** the 2023/24 Annual Report and **APPROVED** the 2024/25 Clinical Audit Annual Workplan.

To Receive the Standards of Behaviour Policy
The revised policy aimed to provide a more robust policy and clearer expectations for reporting declarations of interest, gifts, and hospitality. The policy was scheduled to be presented to the Board for formal approval in July 2024.

Review of the Health Boards Annual Report, Overview & Performance section (Part 1)
The Health Board's Annual Accounts were presented in three sections. The Committee received an overview of Part 1 of the Health Boards Annual Report which focused on the organisations main objectives, strategies and principal risks for the organisation and linked closely to the Annual Governance Statement (AGS).

Review Draft/Final Accountability Report, Including Annual Governance Statement (Part 2)
The Committee received an overview of Part 2 of the Health Boards Annual Report which focused on corporate governance, the remuneration and staff report and the Welsh Parliament Accountability and Audit Report.

Concerns were expressed about an increase in staff numbers, particularly non-frontline staff, that did not correspond to the current budgetary constraints and requested that the final iteration included an additional analysis and explanation about the changing workforce profile.

Review Draft/Final Accounts and Financial Statements (Part 3) – To include losses and special payments.
The Committee received an overview of Part 3 of the Health Boards Annual Report which focused on draft accounts, final statements, losses, and special payments.

It was reported that the public sector payment policy target of 95% was met at 97.4%, as was the Welsh Government's cash target of £4.41 million at the end of the financial year.

There had been a steady increase in losses related to clinical negligence at 1.8 million for 2023/23. It was unclear whether the increase in clinical negligence losses was a one-time occurrence or a continuing trend, which would be monitored over the coming year.

The Committee endorsed the draft annual report and financial accounts, stating that the content was transparent, clear, and contained a wealth of information about the Health Board's operations and management throughout 2023/24.

To Review Audit Enquires to those charged with Governance and Management.
The Committee noted that the annual return provided Audit Wales with information about the Health Board and its business activities, which aids in the examination of the financial statements.

To Receive the Internal Audit Progress Report – To include Head of Internal Audit Opinion and Annual Report 2023/24
The Committee reviewed the progress made towards the 2023/24 Internal Audit Plan and received an indication of the expected outcome of the final Head of Internal Audit Opinion Annual Report 2023/24. The Committee was informed that the outcome was expected to be rated as reasonable assurance.

To Receive Internal Audit Reports
The Committee received an overview of the following four reports.

Bevan Health and Wellbeing Centre – Limited Assurance
The Committee was informed that the audit sought to review the delivery and management arrangements in place to progress the Bevan Health and Wellbeing Centre.

It was noted that this was the third review completed, with the first providing a reasonable assurance rating and the second and third resulting in a limited

assurance rating. A few areas of concern were raised within the report, including significant delays in project delivery and a forecasted budget that exceeded by 4.2%.

The Committee requested that the audit be reviewed, and management responses be updated to reflect progress made/planned and presented back to the committee at its next scheduled meeting in July 2024.

Medical Equipment & Devices (Ultrasound) – Reasonable Assurance
The Committee was informed that the audit sought to provide an opinion over the management and tracking of ultrasound devices throughout the Health Board.

It was reported that asset management and the use of RFID tagging devices improved medical equipment management and tracking.

Maternity Services (Action Plan) – Reasonable Assurance
The Committee was informed that the audit sought to review the governance arrangements in place and examine the tracking and progress of maternity-related actions from key external reviews and that a more in-depth review of the Maternity Services Action plan was scheduled in the 2024/25 Internal Audit Plan

Early Supported Discharge (Stroke) – Substantial Assurance
The audit sought to assess whether the arrangements in place for the early supported discharge of stoke patients are operating effectively.

The Committee **NOTED** all Internal Audit reports for assurance.

To Receive the External Audit Work Plan 2024/25
The Committee was informed that the 2024/25 External Audit Plan would encompass the four key areas, listed below:

- Annual Structured Assessment
- Structured Assessment – Deep dive of Digital systems
- All Wales thematic review of urgent and emergency care
- Review of ABUHB Eye Care Services
-

To Receive the External Audit Work Plan 2024/25
It was reported that that following receipt of the draft accounts materiality will increase to £19.4 million from £17.8 million financial statements audit would focus on the six key areas, listed below:

- Management Override,
- Financial Duty,
- Losses and Special Payments Register,
- Related Parties and Senior Officer Remuneration,
- Asset verification, and;
- Provisions and contingent liabilities

It was reported that the Performance Audits for 2024 would encompass the four key areas, listed below:

- Annual Structured Assessment
- Structured Assessment – Deep dive of Digital systems

- All Wales thematic review of urgent and emergency care
- Review of the Health Board Eye Care Services

The committee **NOTED** the report

To Receive External Audit Progress Report 2023/24
The Committee noted the work completed, in progress and not yet started from the 2023/24 External Audit progress report.

To Receive Primary Care Follow-up Report - following amendments to recommendation status
The Committee received the updated report after concerns were raised that key stakeholders had not been consulted on the draft report or involved in the development of management responses. The Committee approved the report for final publication, subject to amendments to ensure continuity throughout.

Matters Requiring Board Level Consideration or Approval:

- No items for consideration

Key Risks and Issues/Matters of Concern:

- No items to record.

Planned Committee Business for the Next Reporting Period:

- Counter Fraud Functional Standard Return Declaration
- Post Payment Verification Annual Report, Including the Annual Workplan for 2024/25
- Health Board's Annual Report (Overview & Performance Section) (Part 1)
- Draft/Final Accountability Report, including Annual Governance Statement (Part 2)
- Draft/Final Annual Accounts and Financial Statements (Part 3)
- Audit Wales, Audit of Accounts (ISA 260) including Letter of Representation
- Receive the Annual Head of Internal Audit Opinion (including Specialised)
- Agree a recommendation to the Board in respect of the audited annual report and accounts
- Committee Risk & Assurance Report
- Receive Internal Audit Reports
- Receive External Audit Progress Report
- Review of Committee Programme of Business
- Approve the audit recommendation tracking procedure

Date of Next Meeting: Tuesday 9th July 2024 at 09:30

Name of Committee:	**Mental Health Act Monitoring Committee**
Chair of Committee:	**Pippa Britton**
Reporting Period:	**4th June 2024**
Key Decisions and Matters Considered by the Committee:	
Development of Committee Annual Programme of Business 2024/25	

The Committee **RECEIVED** the report and **APPROVED** the proposed Committee Work Plan. The Committee **NOTED** the Work Plan would be brought forward to each future Committee meeting for oversight.

Mental Health Act Compliance Report

The Committee received a detailed report on the use of the Mental Health Act for Quarter 4, which included data for the previous year to enable a comparison of performance.

The Committee noted there had been a 22% increase in the overall number of patients detained under the Mental Health Act compared with the same quarter in 2022/23.

The Committee was informed of the overall use of the Mental Health Act over quarter 4 with detentions as follows:

- 51% had been used under Section 2;
- 20% under Section 3;
- Moderate increase in Section 4
- 18% under Section 5(2)
- 8% under Section 5(4) and
- A total of 26% under Section 5.

The Committee noted the number of detentions under Sections 2, 3 were stable with a moderate increase in Section 4.

The Committee was updated on under 18's Compulsory Detentions and noted a 50% decrease compared to the previous quarter of 2022/23.

The Committee noted Adult Services were mainly using the Mental Health Act and the total number of detentions had increased by 22% compared to quarter 3 in 2022/23; Section 2 had been used in a majority of adult detentions, followed by Section 3; and a substantial increase in the use of Section 5. Section 5 (2) & (4) had increased by 18% and 8% respectively.

The Committee discussed the increase and requested whether data could be analysed to understand whether Section 5(4) was being used on the same patients.

The Committee noted Section 4 use had increased by 100% compared with the previous quarter 2023/24 and noted this was due to the lack of availability of doctor's support to convert to a Section 2 detention, particularly in Monmouthshire. The Committee was assured work was ongoing to develop an internal rota for in-hours.

The Committee was updated on the use of Section 5 which was stable, and the Committee noted the difficulties of obtaining accurate data due to the lack of information in relation to the execution of audit trail and warrants by the police and local authorities.

The Committee **RECEIVED** the report detailing the use of the Mental Health Act for quarter 4 2023/24 for assurance.

Impact of Changes from the Right Care, Right Person Update

The Committee noted that in the early phases of the implementation of the policy of Gwent Police there had been minimal impact on care or practice so far.

The Committee was assured that joint training was ongoing between the Health Board, Gwent Local Authorities and Gwent Police during the policy implementation phase and fortnightly meetings were ongoing between the Health Board and Gwent Police to review cases.

The Committee requested for updates to remain on the agenda.

The Committee **NOTED** the update.

Power of Discharge Sub Committee (PODSC) Update

The Committee received the Minutes of the Power of Discharge Sub-Committee from Paul Deneen, Independent Member.

The Committee **NOTED** the update.

Matters Requiring Board Level Consideration or Approval:
No matters to be brought to Board level for consideration or Approval.
Key Risks and Issues/Matters of Concern:
There were no issues or matters of concern.
Planned Committee Business for the Next Reporting Period:
• The Forward Work Programme • Mental Health Act Compliance Report • Power of Discharge Committee Update • Annual Benchmarking Report • RCRP/Concordat information report (to support when reviewing multi agency protocols/policies) • Changes to the Right Care, Right Person Act
Date of Next Meeting: Tuesday 16th September 2024

Name of Committee:	**Patient Quality, Safety and Outcomes Committee**
Chair of Committee:	**Pippa Britton**

Reporting Period:	4th June 2024

Key Decisions and Matters Considered by the Committee:

Development of Committee Annual Programme of Business 2024/25
The Committee received the Committee Annual Programme of Business for 2024/25 and was provided an overview of the Forward Work Plan changes since the plan was approved in the April Committee meeting.

Committee Risk Report
The Committee received an overview of the risk reporting for assurance, that included a summary of the current risks that had been delegated to the Patient Quality, Safety, and Outcomes Committee for monitoring.

The following 3 risks were reported at a risk level of High and Extreme:-

- **SRR 005** - There is a risk that the Health Board would be unable to deliver and maintain high-quality, safe services across the whole of the healthcare system. (High)
- **SRR 008** - There is a risk that the Health Board fails to build positive relationships with patients, staff, and the public. (High)
- **SRR 010** - There is a risk that the Health Board would 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. (Extreme)

Quality Performance Report
The Committee received the performance report for the period ending June 2024.

The report included an update on the following areas :-

- Duty of Candour
- Health & Safety
- HIW
- Never Events
- Patient Safety Incidents
- Infection, Prevention and Control
- Maternity Unit Training Programme
- Mental Health & Learning Disabilities
- Cancer Pathway

The key issues arising from this report were:

- Focus on patient safety incidents in relation to human factors with the Health Board taking the learning from the investigations and creating a new governance structure to monitor outstanding actions.
- 29 incidents of duty of candour since April 2024. The number of measles cases in Gwent was 17 with the incubation period drawing to a close.
- Healthcare Inspectorate Wales had undertaken a review at Ty Lafant, Llanfrechfa Grange in April. The Health Board was awaiting the report but it had been confirmed there were no immediate improvements required.
- C Diff levels remained high and a multidisciplinary team to address the increase in cases had been established.
- Maternity Unit training programme compliance was improving for the PROMT and CTG training. The Committee was assured that all new members of staff recruited would be booked onto training as part of their introduction programme.
- Mental Health & Learning Disabilities performance had improved with staff engagement and effective governance arrangements implemented.
- No incidents of Never Events had occurred since November 2023 and that a project to reduce the reporting numbers in Theatres was in train with the aim to be reporting less than 1 in 20,000 procedures by January 2026.

- 70,645 Datix incidents had been reported, the Committee was assured that 95% of the incidents were closed, with 76% of closed incidents coded as no or low harm and the remaining 2,905 incidents open with 71% coded as patient safety incidents. Divisions had been asked to conduct a rapid review of open incidents.
- A new Cancer pathway had been designed to enable the prompt treatment of cancer patients and a task and finish group had been established in respect of tumour sites and tertiary services with the aim of improving performance.

Annual Volunteering report
The Committee received the Annual Volunteering Report where the Committee celebrated the key achievements over the past year and noted the valuable contribution made by volunteers, with the aim of improving the experience for patients, their families, and carers whilst ensuring volunteer experience.

The Committee was advised that as a result of the pandemic the number of volunteers had reduced, and the Health Board was continuing to improve the volunteer provision including end-of-life champions in the community.

Matters Requiring Board Level Consideration or Approval:

None Noted

Key Risks and Issues/Matters of Concern:

None Noted

Planned Committee Business for the Next Reporting Period:

- Pharmacy Robot Risk Assessment / Committee Risk Report
- Responsibilities of Datix Management
- All Wales ND under 18s Review Final Report
- Pharmacy & Medicines Management Annual Report 2022-23
- Blood Management Annual report
- Review of Committee Programme of Business 2024/25
- NHS Wales Joint Commissioning Quality Committee Report
- Pharmacy Robot Risk Assessment
- Quality Strategy - Quality Outcome framework
- Commissioning Assurance Framework, Development, and Implementation
- Maternity Services: Organisational Improvement and Action Plan
- IPC and Cleaning Standards
- Mortuary Incident Action Plan
- Covid-19 Nosocomial Investigations Report
- Falls and Bone Health Management Annual Report
- Health and Safety Compliance Annual Report
- Overview of Audit Recommendation Tracking
- Children's Rights & Participation Forum
- Child and Adolescent Mental Health Crisis Hub and Safe Accommodation

Date of Next Meeting: Tuesday 30th July 2024

Name of Committee:	**Finance and Performance Committee**
Chair of Committee:	**Richard Clark**

Reporting Period:	17th June 2024

Key Decisions and Matters Considered by the Committee:

Performance Management and Escalation Report

The Committee received an update on the implementation and the process of internal escalation of the Performance Management and Accountability Framework; the Divisions in higher escalation in line with the Framework's triggers, and the escalation levels under the all-Wales Oversight and Escalation Framework.

The Committee was updated on the Mental Health and Learning Disabilities Division which had been placed under Special Measures for the Quality and Safety and Operational Delivery domains and enhanced monitoring for the finance domain. The Committee noted a number of interventions and support that had been put in place along with monitoring of the delivery of a 30/60/90-day improvement plan by the Patient Quality, Safety and Outcomes Committee and the Executive Committee.

The Committee was also updated on the escalation of the Urgent Care Division which had been placed under Enhanced Monitoring across all domains. The Committee noted that an improvement plan had been developed and monitored through fortnightly Divisional and wider system escalation meetings, chaired by the Chief Operating Officer.

The Committee was updated on the external escalation arrangements through the Welsh Government's Oversight and Escalation Framework and was assured on the process by which escalation levels were being managed.

The Committee was updated that end of year (2023/24) performance reviews were due to be completed in mid-June and the Executive Committee would consider Divisional and Corporate escalation levels in line with requirements of the Performance Management Framework at its meeting of 20th June 2024.

The Committee held discussion regarding the accountability arrangements in place at all levels of the organisation and it was agreed that the Committee would hold a development session to explore opportunities for the Committee to seek greater assurance on the accountability arrangements beyond executive-level.

In September 2023, the Health Board had been escalated to Enhanced Monitoring (level 3) for Finance and Planning and in February 2024, the Health Board's escalation levels were increased to Targeted Intervention (level 4) for planning and finance. In addition, the Health Board was moved from Routine Arrangements (level 1) to Enhanced monitoring (level 3) for performance and outcomes related to urgent and emergency care at the Grange University Hospital. As a result, the Committee was updated on the expected outcomes from the escalation process and the de-escalation criteria for both Targeted Intervention and Enhanced Monitoring domains.

The Committee was updated on the national escalation domains and the 5 national escalation levels. The Committee noted these did not currently align with the Health Board's internal framework but was assured that opportunities to align these further would be explored when a formal review of the Health Board's Performance Management Framework takes place in quarter 3 to align with the first 12 months of its operation.

The Committee noted the progress with the implementation of the Health Board's Performance Management & Accountability Framework , including Divisions in higher escalation; noted that a formal review of Divisional and Corporate escalation levels would take place before the end of June in line with completion of reviews; noted the Escalation levels of the Health Board under all Wales Oversight and Escalation Framework and noted the wider actions conducted and planned to continue to strengthen the approach to performance management and accountability.

Performance Report

The Committee received an overview of performance against key Ministerial priorities which was presented in a new format to provide assurance on key performance deliverables on the intervening months between the fuller Quarterly Outcomes report. The report received therefore focussed on specific performance against the organisation's key priorities in line with the national performance framework.

The Committee was updated on the performance across the priority areas of:

- Embedding Prevention and Population Health in all that we do;
- Progressing place-based models of care and sustainability in primary and community services;
- Improving our Urgent & Emergency Care system focusing on experience, access and discharge pathways;
- Continuing to prioritise cancer, urgent and the longest waiting patients for planned care; and
- Improving our Mental health services.

The Committee noted the progress achieved at the end of May 2024 and the ongoing actions to secure further performance improvement.

Outpatient Transformation Programme Update

The Committee received a presentation on the Outpatient Transformation Programme and the work to date. The Committee noted that the Health Board's approach was guided by the principles of:

- Managing Demand which included health pathways, gatekeeper developments and e-advice;
- Efficient Use of Resources which included clinical model reviews, reduction in hospital-initiated cancellations, virtual clinics and an outpatient treatment unit;
- Digital as an Enabler which included envoy, e-advice, clinic room booking system, consultant connect and patient facing platform; and,
- Operational Management which included planned care academy to ensure staff are correctly trained and validation of waiting lists to ensure correct patients on were on correct lists .

The Committee noted a Welsh Patient Administration System(WPAS) working group had been set up by the Digital Directorate to ensure that WPAS was managed effectively with adequate staff training provided.

The Committee welcomed the presentation and the breadth of work underway to achieve efficiencies and improved patient experience.

Assurance reports from the Digital, Data and Technology Group

The Committee received a presentation regarding the work of the Digital, Data and Technology Group. The Committee noted that work was ongoing on Data and Analytics Strategy; the Electronic Health Care Record Strategy and a Technical Strategy which would culminate in the Health Board's Digital Strategy.

The Committee was updated on Acute; Digital Patient; Clinical Support; Digital Ward; ICT and Community digital projects under each programme and on key issues and progress.

The Committee welcomed the presentation and noted the breadth of work ongoing and risks associated with each programme.

Updated Annual Plan 2024/25

The Committee received an update on the submission of a revised Annual Plan 2024/25 following feedback from Welsh Government on the initial version submitted. The report provided a summary of the updated position, the actions taken in response to the feedback from Welsh Government, the changes made to the delivery commitments against the Ministerial Priorities and the financial consequences of those changes, along with a review of the financial position.

The Committee noted that the submission recognised the significant challenges and risks going forward and the financial context within which the Health Board was operating to deliver the plan. The Duties of Quality and of Candour and a refocusing of the Health Board's ambition with respect to prevention remained at the forefront of the Annual Plan, alongside the need to drive efficient and effective in-year service delivery.

The Committee noted the revised Annual Plan 2024/25 which had been agreed by the Chair and Chief Executive.

Monthly Finance Report and Monitoring Returns

The Committee received a report which set out the financial performance, at the 30th of April 2024 (month 1) for the financial year 2024/25.

The Committee noted the following key points for Month 01 performance:
Key points to note for month 1 include:

- Year to date position deficit of £4.959m.
- A reported full year position of £48.860m deficit, in line with the submitted annual plan financial forecast.
- Income included anticipated funding for a number of areas including 2023/24 pay awards, Mental Health Service Improvement funding and CHC real living wage funding.
- Pay Spend (excluding the notional pension adjustment from March 2024), was £5.6m lower compared with March. Reasons are linked to a reduction in managed GP practices and reduced variable pay.
- Non–Pay Spend (excluding capital adjustments) – had decreased by c.£10m due to funded areas of spend in March.

- Savings – overall in-month achievement was £1.22m, against the annual identified savings plan of £29.1m. Further pipeline opportunities of £11.4m were included in the financial plan which were assumed to be achieved.

The Committee noted the position reported at Month 01, 2024/25.

Value and Sustainability Assurance Reporting

The Committee received an update on from the Health Board's Value and Sustainability Board which was established to improve financial and operational sustainability.

The Committee noted £29m of savings within the 2024/25 Financial Plan was allocated to the Value and Sustainability Board across category areas which included: Workforce; Procurement and Non-Pay; Pathway; CHC/FNC and Medicines Management and all were expected to be delivered. The Committee received an update on work underway and progress to-date against each of these themes.

The Committee noted the update provided.

NHS Benchmarking Exercise – Emergency Care Benchmarking Exercise

The Committee received a report on the Emergency Care benchmarking exercise for the 2022-23 financial year. The report provided a summary of the key findings from the exercise, along with potential opportunities for the Health Board to achieve efficiencies. The Committee noted that the Finance Team were working in close collaboration with the Urgent Care Division on opportunities presented to secure improvements.

The Committee noted the report and opportunities presented.

Capital Programme Report

The Committee was provided with an overview of the Health Board's Capital Plan and was advised that the Board's Development Session on 26th June 2024 was planned to consider strategic Capital and Estates matters in further detail.

The Committee noted the update provided.

Matters Requiring Board Level Consideration or Approval:

None to be highlighted

Key Risks and Issues/Matters of Concern:

- The Committee wished to draw to the Board's attention the breadth of work underway to deliver Digital transformation and the level of associated risk and impacts of this.

Planned Committee Business for the Next Reporting Period:

- Review of Committee Programme of Business 2024/25
- Committee Risk Report
- Exception Report on Performance Management Framework
- Performance Report
- Monthly Finance Report and Monitoring Returns
- Value and Sustainability Assurance Reporting

- Efficiency Opportunities and Update Report
- Performance Escalation Report (Targeted Intervention & Enhanced Monitoring)
- Stroke Improvement Plan Update Report
- Focussed Performance Report – To be Agreed in-line with Delivery Profiles
- Freedom of Information Act Report
- Estates Compliance including compliance with Health Technical Memorandums

Date of Next Meeting:
9th September 2024, 09:30am – 12:30pm

Name of Committee:	**People and Culture Committee**
Chair of Committee:	**Louise Wright**
Reporting Period:	**18th June 2024**

Key Decisions and Matters Considered by the Committee:

Development of Committee Annual Programme of Business 2024/25

The Committee **APPROVED** its Work Plan for 2024/25. The Committee noted that the Work Plan would be brought forward to each future Committee meeting for oversight.

Committee Risk Report
The Committee **RECEIVED** an overview of the risk reporting for assurance, that included a summary of the current risks that had been delegated to the People and Culture Committee for monitoring.

Progress Update on the Delivery of Welsh Government's Race Equality Action Plan for Wales

The Committee noted an update in respect of the delivery of Welsh Government's Race Equality Action Plan for Wales. The Committee considered the actions that had been progressed but noted the attendance at race equality diversity groups had decreased.

Assurance Report on the Development and Delivery of the Agile Working Framework

The Committee noted the progress made in implementing the Agile Working Framework and requested that further updates to the Committee include the savings that would be realised once moves had occurred.

Workforce Performance Dashboard incorporating Key Performance Indicators

The Committee noted the Workforce Performance Dashboard for the period ending April 2024, and an update in respect of employee relations activity for the period February 2024 to April 2024. The Committee noted that the report highlighted that sickness absence rates remain high at 6%. Staff turnover had returned to a pre-pandemic level and there was an increase in the number of staff in post, with a

shift in roles filled from administration roles to nursing, medical and additional clinical services.

People Plan 2022/25, Annual Review

The Committee noted progress made over the last 12 months, against the Key Strategic Objectives within the People Plan and that the Plan would be relaunched in July 2025 for a further three years. The Committee was assured that all data with regards to 'Speaking Up Safely' as outlined under the Health and Wellbeing Objective, would be captured and that staff would be provided with alternative methods for raising a concern.

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

The Committee noted an overview of the of the work of the Workforce & Organisational Development Team, at a local, regional and national level. The Committee noted that the report covered the period since the last Committee meeting on 22 February 2024 and noted the progress made on issues such as; Employee relations activity, NHS Wales Staff Survey, Medical E-Systems and Staff Recognition Framework.

Talent and Succession Planning Progress Update

The Committee received the Health Board's Talent Management and Succession Planning Framework which specifically addresses the Health Board's approach to how it deliberately attracts, identifies, develops and transitions current and future talent with the aim of supporting workforce sustainability, with the right skills and experience to meet organisational challenges now and in the future. The Framework has been developed in collaboration with HEIW, Health Board staff and Trade Union colleagues.

Assurance Report on Compliance with Welsh Language Requirements

The Committee received a report which provided an overview of the Health Board's compliance with its statutory Welsh Language duties. The Committee was informed that a 5-year plan had been developed to increase clinical consultations through the medium of Welsh.

The Committee noted that the Health Boards response to Welsh Government on the "More than Just Words" initiative would be submitted by the end of June 2024 and that the Board was scheduled to receive the Annual Welsh language report in September. The Committee noted that further guidance from Welsh Government on the initiative was awaited and requested an update when received.

The Committee was informed that the Health Board was being investigated by the Welsh Language Commissioner's Office, for non-compliance with Standards 9 and 10, which focuses upon the provision of switch board services through the Welsh medium and noted that the Health Board had until 3rd July 2024 to reply. The Committee noted the work ongoing to address this which included the recruitment of Welsh speakers to comply fully with Standard 10 and noted that despite several attempts to recruit Welsh Speakers to the Switchboard service the Health Board would not be able to achieve compliance.

The Committee was apprised of the outcome of a Welsh Language Tribunal hearing into a local authority which found that the organisation had failed to include sufficient information in consideration documents about the possible effect upon the Welsh Language. The Committee noted that an assessment had been completed across key areas of work and that the response was scheduled to be submitted to the Welsh Language Commissioners Office by the end of June 2024.

Update on the Training Programme and Compliance of Reporting Associated with the Electronic Blood Management System (PQSOC/2604/3.3.1)

The Committee noted the report which confirmed that the traceability compliance of the Health Boards blood products had risen from 98% during the pandemic to 99.4%. The Committee was assured that steps to support further improvement had been taken through the appointment of a dedicated Transfusion Traceability Officer who was responsible for blood compliance and staff training. The Committee was assured that the tracing would achieve 100% compliance.

Annual Assurance Report on Medical Revalidation

The Committee received a report regarding the revalidation process managed by the GMC and was advised that the Health Board was designated as an authorised body. The Committee was assured that the appraisal rates remained high across the Health Board and across the grades of doctors and was provided with an overview of performance. The Committee noted that 91% of secondary care doctors who were in substantive posts had received an appraisal in 2023, with 94% of primary care doctors also completing an appraisal.

The Committee was advised that the Revalidation Support Team had visited in January 2023 to assess the quality of medical appraisals and revalidation processes within the Health Board. The Committee noted that there were 4 recommendations arising from that visit, with overall acknowledgment that robust systems were in place.

Matters Requiring Board Level Consideration or Approval:

The Committee requested that the following items be escalated to The Board:

- The increased risk of non-compliance with Welsh Language Standards, including an update on the Welsh Language Commissioner's investigation.
- The need for increased resources for the Equality, Diversity and Inclusion agenda.
- Suspensions over four months (one over 12 months and eight over six months).

Key Risks and Issues/Matters of Concern:

None Noted

Planned Committee Business for the Next Reporting Period:

- Review of Committee Programme of Business 2024/25
- Annual Review of Committee Effectiveness 2024/25
- Committee Risk Report

- Internal and External Audit Recommendations Tracker
- Violence & Aggression against Staff across ABUHB including
- Speaking Up Safely Report
- Equality, Diversity and Inclusion **-** Assurance on Strategic Equality Plan
- Employee Experience Strategy
- Annual Assurance Report on Medical Revalidation
- Speciality Doctors and Clinical Fellows Framework
- HEIW Update
- Quality Report – Update on How Support can be provided in the recruitment of volunteers
- Annual Assurance Report on Job Planning and Assurance of Implementation of Medical E-Systems
- Workforce Performance Dashboard incorporating Key Performance Indicators
- Speciality Doctors and Clinical Fellows Framework
- A detailed update on efforts to secure long-term accommodation for Nurses/International Nurses

Date of Next Meeting: Tuesday 15th October 2024

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	17 July 2024
CYFARFOD O: **MEETING OF:**	Board
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	NHS Wales Joint Commissioning Committee (JCC) Update Report – July 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 Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

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

Cefndir / Background

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

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

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

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

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

Asesiad / Assessment

The Joint Committee met on 21st May 2024. The papers for these meetings are available at Meeting Dates and Papers - NHS Wales Joint Commissioning Committee .

A summary of the business discussed at these meetings included:

21st May 2024 Meeting:

- Appointment of Vice Chair
- Interim Chief Commissioners Report
- Emergency Medical Retrieval and Transfer Service (EMRTS Service Review Update on Implementation Plan)
- Neonatal Transformation Programme Phase 2
- Performance Report: for Specialised Services – Feb 2024 and EASC Performance (including Ambulance Service indicators) – March 2024
- Financial Performance Reports Month 12 – EASC and WHSSC
- Gender Identity Services for Children and Young – Final Report of the Cass Review
- Work Plan and Performance Update for Mental Health and Learning Disabilities
- Corporate Governance Report
- Updates from joint Sub Committees

The full assurance report for this meeting is included at Appendix 1. 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 NHS Wales Joint Commissioning Committee (JCC) Committee activity.

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

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

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

Equality Impact Assessment (EIA) completed	An EQIA is required whenever we are developing a policy, strategy, strategic implementation plan or a proposal for a new service or service change. If you require advice on whether an EQIA is required contact ABB.EDI@wales.nhs.uk
Deddf Llesiant Cenedlaethau'r Dyfodol – 5 ffordd o weithio **Well Being of Future Generations Act – 5 ways of working** https://futuregenerations.wales/about-us/future-generations-act/	Collaboration - Acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives Choose an item.

Glossary of Terms

- EASC – Emergency Ambulance Service Committee
- WAST – Welsh Ambulance Service Trust+
- SDEC- Same Day Emergency Care
- ICAP – Integrated Commissioning Action Plan
- ROSC – Return of spontaneous circulation
- CHARU- Cymru High Acuity Response Units
- NEPTS- Non-Emergency Patient Transport Service
- EMRTS Cymru – Emergency Medical Retrieval and Transfer Service
- CASC – Chief Ambulance Services Commissioner
- BCUHB – Betsi Cadwalader University Health Board
- CTMUHB – Cwm Taf Morgannwg University Health Board
- C&VUHB – Cardiff and Vale University Health Board
- HDUHB – Hywel Dda University Health Board
- SBUHB – Swansea Bay University Health Board
- DHCW – Digital Health and Care Wales
- SEDC – Same Day Emergency Care
- SPC – Statistical Process Control

JOINT COMMISSIONING COMMITTEE (JCC)
MEETING BRIEFING – 21 MAY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 21 May 2024. 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 JCC.

The papers for the meeting can be accessed using the link below:
Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.

1. Minutes of Previous Meetings
The minutes of the JCC meeting held on the 23 April 2024 were **approved** as a true and accurate record of the meeting, subject to a minor amendment to the list of attendees.

2. Action log and matters arising
Members **noted** the progress on the actions outlined on the action log.

3. Chairs Report
Members received the Chair's Report and **noted**:

- **JCC Induction Programme –** introductory meetings had been held with key personnel and partners, including Lay Members, JCC Directors, HB Chairs and CEOs, and a local induction session had commenced in tandem with the Welsh Government (WG) NHS Wales Induction Programme for Independent Members (IMs) taking place on 23 April, 4 June and 11 June 2024.
- **Appointment of Lay Members -** In order to establish the new JCC the Welsh Government Public Appointments Unit undertook a public appointments recruitment process to appoint a new Chair and 3 independent lay members in readiness for 1 April 2024. Now that the JCC had been established and we are into the transition process it has been agreed to proceed with recruiting the final two lay members in accordance with the National Health Service Joint Commissioning Committee (Wales) Regulations 2024 and the JCC Standing Orders and Welsh Government has commenced this process. It was agreed that Dr Paul Worthington was assigned as the interim Audit and Finance led for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies; and that Susan Elsmore was assigned to the role of Chair of the Quality and Patient Safety Committee (QPSC) for the JCC for an interim period until the full complement of 5 lay members were appointed; and
- **Key Meetings attended by the Chair.**

Members **noted** the report.

4. Appointment of Vice Chair

Members received a report proposing that a Vice Chair is appointed to the Joint Commissioning Committee (JCC) from the Lay Members to ensure business continuity should the Chair be absent due to leave or for other reasons. It was agreed that Nia Roberts, Lay Member, be appointed to the role of Vice Chair of the JCC for 2 years until 30 April 2026, in accordance with section 6.1.4 the JCC Standing Orders (SO's). It was noted that the role does not attract additional remuneration.

5. Interim Chief Commissioners Report

Members received the interim Chief Commissioners Report and **noted** the following updates:

- **Deep Brain Stimulation (DBS) Service -** DBS services for people in South Wales with Parkinson's disease and movement disorders have been provided by the North Bristol NHS Trust (NBNHST). However, the JCC (previously WHSSC) was made aware of concerns relating to these services, particularly relating to communication regarding post-surgery care. Following several discussions with NBNHST, these were unable to be brought to a timely resolution. As a result, WHSSC needed to identify a temporary solution to ensure new patients from South Wales had access to high quality DBS services moving forward. Within this context the JCC (previously WHSSC) determined an urgent temporary service change was deemed necessary. This was discussed with Llais Wales who supported this decision. A 'designated provider process' was undertaken and an additional service provider had been designated (St Georges University Hospitals NHS Foundation Trust). To minimise disruption and maintain continuity for those patients who were already in the pathway or who had undergone DBS in NBNHST, it had been agreed they would continue to receive follow-up care as planned. The report also confirmed that commissioning discussions regarding the re-establishment of access to the NBNHST.
- **JCC Integrated Medium Term Plan (IMTP)** - The Interim Chief Commissioner outlined proposals for the development of the 2025/2026 JCC Integrated Medium Term Plan (IMTP) that recognises that 2024/2025 is a transition year as the JCC becomes fully established. It is proposed that the plan is developed with an overarching corporate and aligned strategic intent section, and single financial plan, with three implementation plans ('chapters') for:
  - Ambulance Commissioning,
  - Specialised Services Commissioning; and
  - Mental Health and Vulnerable Groups Commissioning (and NCCU)

With the intention that there will be further integration from 2026/2027 onwards. Work is being undertaken with the NHS Wales Directors of Planning peer group to identify any lessons learned from the process for this years plans, and a Finance Working Group is being established by the JCC Director of Finance and Information. A more detailed report on the development of the JCC's IMTP will be presented at the JCC on 16 July 2024.

- **Non-Emergency Patient Transport Service (NEPTS) workshop -** In December 2023, EASC endorsed the development of a new future vision for Non-Emergency Patient Transport Service (NEPTS), following the formal closure of the 2016 NEPTS Business Case. On 20 April 2024, the JCC Team held a NEPTS Future Vision Event. This event was the first phase in working in collaboration with NHS Wales organisations and external partners, to shape a new vision for the NEPTS in Wales. The work will be brought into the JCC for consideration at key decision points and key milestones.
- **111 Update -** responsibility for the commissioning of 111 call handling and clinical advice transferred to the JCC on 1st April 2024. The transfer went smoothly and there remains close liaison with the former 111 team now part of the urgent and emergency care 6 goal support team in the NHS Executive. The implementation of the new Call Answering System (CAS) in the last 10 days went well and service continuity was maintained, although some temporary dips in performance have been noted. The new CAS will offer opportunities to enhance existing services and members will be kept up to date with progress,
- **Adult Specialised Rehabilitation Services Commissioning Strategy** - The JCC is responsible for commissioning Specialised Rehabilitation Services for neurological conditions on behalf of the seven Health Boards. Services are delivered by tertiary centres across NHS sites in Wales and England. The commissioning strategy for adult specialised rehabilitation services will set out the JCC overall vision and priorities for the next five years to improve equitable access to high quality specialised rehabilitation services for the adult population of Wales. The draft strategy was considered by the WHSSC Management Group in February 2024 and was supported for consideration by the WHSSC Joint Committee in March 2024, however this was delayed due to the transition to the new JCC. The draft strategy is currently being finalised and will be brought to the JCC later in the year and will be issued for stakeholder stakeholder feedback. The final strategy will be brought to the JCC in the final quarter for approval to be reflected in the 2025/2026 IMTP; and
- **NHS Wales Joint Commissioning Committee establishment -** The programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final WG Oversight Board

meeting was held on 30 April 2024 to complete the programme. JCC members received the transitional plan for Quarter 1 2024-2025 at its meeting on 9 April 2024. As recommended in the Q1 transition plan, a Transition/Transformation Director is being appointed to work with the Chair, Chief Commissioner, JCC and JCC directors to support the development of the JCC Operating Model which will bring the governance framework into operation and ensure delivery of the commissioning plans for 2024/2025. Assurance reports will be reported to the JCC as appropriate.

Members **noted** the report.

6. Emergency Medical Retrieval and Transfer Service (EMRTS Service Review Update on Implementation Plan

Members received a report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review.

Members noted that the JCC at its meeting on 23 April 2024, agreed to support the recommendations set out in the EMRT Service Review report, and had requested that additional detail on the implementation plan for the bespoke road-based response service be brought back to the May meeting outlining key milestones.

Members noted that the Wales Air Ambulance Charity Trust (WAACT) had welcomed the decision of the Committee to accept the recommendations of the Review. As a result of the decision, the Charity had begun active engagement with their stakeholders on the implementation of the recommendations, and continued to monitor the public and stakeholder reaction to the decision and the impact on their income and funding position and will provide regular updates on any emerging risks to the Charity's operation to the Committee.

Members noted that as a result of the decision the Charity and its staff had been subject to difficult and inappropriate comments and behaviours and that the Charity were providing additional support to its staff in response to this.

Members noted that the EMRTS leadership team had welcomed the certainty the decision brought for them and their operational teams. The leadership team were focused on the development of the operational implementation plan and supporting its staff across Wales through the changes required as part of the implementation.

Members noted that initial discussions had been held with the Chief Executive of the Welsh Ambulance Services University NHS Trust (WAST) and the Clinical Director of EMRTS on the development of a bespoke road-based service and they had confirmed their organisational support for the development and implementation of such a service. A task and finish group will lead a delivery plan on the development of the commissioning

requirements for the bespoke road-based model and will provide update briefings and recommendations for approval to the JCC following each meeting against the milestones. In addition, routine updates on progress against the project plan and communication and engagement plan will also be provided. The JCC will receive the outcome of this work at its October meeting.

Members (1) **Discussed** and **approved** the timeline for the delivery of the commissioning approach for the bespoke road based model,
(2) **Discussed** and **approved** the proposed membership and chair of the Task and Finish Group, (3) **Discussed** and **noted** the public and stakeholder position in relation to the decision of the JCC, (4) **Discussed** and **noted** the WAACT position in relation to the decision of the JCC; and
(5) **Discussed** and **noted** the EMRTS Leadership team position in relation to the decision of the JCC.

7. Neonatal Transformation Programme Phase 2
Members received a report providing an update on the agreed Neonatal Transformation Programme Phase 2 review to undertake strategic planning on the service model and designation of cots to ensure an efficient and sustainable model is in place to support optimal outcomes for the mothers and babies in Wales. It was noted that it had previously been agreed that this review would be undertaken jointly between the JCC and Health Boards due to the need to consider neonatal and maternity services together.

Members noted the engagement which had been undertaken with the NHS Wales Directors of Planning Executive Peer Group (DoPs) and other Executive Peer Groups in the course of designing the Neonatal Phase 2 Programme, including the scope and indicative timescales for the programme, and the request for the resources required to successfully deliver the programme. Members discussed the importance of effective engagement and the need to liaise with Llais early in the process. The proposal to secure additional independent advice and support in respect of the engagement work stream was also supported. The need to reflect issues of equity and diversity in the work was also emphasised. Nicola Prygodzicz agreed to take on the Senior Responsible Officer role for the programme. It was agreed that a Programme Initiation Document would be produced and brought back to the JCC for approval.

Members (1) **Noted** the previous agreement by the then WHSSC Joint Committee to undertake a Phase 2 Transformation Programme for Neonatal Services, (2) **Noted** the pre-planning engagement that had taken place to design the Programme and develop the Case for Change, (3) **Approved** the scope, remit and high-level design of the Programme; and (4) **Approved** the financial resource requirements to support the successful delivery of the Programme.

8. Performance Report:

- **Specialised Services – Feb 2024**
- **EASC Performance (incl Ambulance Service indicators) – March 2024**

The Interim Chief Commissioner introduced the report and set out that the sections of the report reflected the style and content developed in the predecessor bodies. Work would be undertaken with the JCC to determine how the integrated performance report should be developed overtime to reflect the full remit of the JCC.

Members received the report on performance up until 31 March 2024 for the former Emergency Ambulance Services Committee (EASC) and the former Welsh Health Specialised Services Committee (WHSSC) and noted the additional key performance indicators for 2024/2025 recently introduced by Welsh Government (WG).

Members noted the ambulance performance indicators, the ambulance performance dashboard, the immediate release requests and the Integrated Commissioning Action Plan (ICAP) actions aligned to the goals of the Six Goals for Urgent and Emergency Care Programme.

Members noted the integrated overview of the performance of specialised services commissioned by the former WHSSC up to the end of February 2024.

Members noted that the NHS Wales Chief Executive had written to all health boards, WAST and Velindre University NHS Trust (VUNT) on 7 May 2024 in relation to Key Performance Indicators and that there was an expectation that all organisations set out a clear improvement trajectory against each to achieve milestones by December 2024, and March 2025.

Members noted that for Ambulance and 111, whilst some improvements were being made, within the ASIs and the Performance Dashboard there were a number of areas of concern regarding response performance and lost hours and the resulting impact on patient care.

Members agreed to develop a revised red performance indicator action plan in conjunction with WAST, and agreed to discuss the ICAP with each HB with a view to focussing on the following priorities

- Flow in hospitals,
- Targeting patients with breathing difficulties and individuals who have fallen to avoid unnecessary hospital attendances and admissions – use Care Homes as a start point,
- Targeting mental health patients to avoid an increase in demand from changes to regulations,
- Understanding the impact and potential of all of the above,
- Collating and sharing best practice; and
- Developing trajectories for approval by the JCC.

Members agreed that a longer term strategy should be the focus for a future JCC development session. It was also agreed that a deep-dive on ambulance services commissioned by the JCC would be undertaken in the July meeting.

Members (1) **Noted** the former EASC performance report and Ambulance Service Indicators (ASI) for month 11 2023/2024, (2) **Noted** the former WHSSC performance report for month 11 2023/2024; and (3) **Noted** the Welsh Government additional targets for 2024/2025.

9. Financial Performance Reports Month 12 – EASC and WHSSC
Members received the financial performance reports for month 12 2023-2024 for EASC and WHSSC for information and completeness.

Members noted the outturn position for both predecessor committee's as being a small overspend for EASC of £0.026m and an underspend for WHSSC of £6.121m as per the anticipated forecasts reported through the committees throughout 2023/24.

In addition, ST briefly updated that for Month 1 of 2024/25, the financial position for the new NWJCC reflected the latest activity information where received (that being month 12 for most provider contracts) or the financial plan position that had been agreed at the previous Joint Committee's. ST highlighted that the team were actively working with provider finance teams to assess the provider proposals against the commissioner funding available, with the aim of approving Heads of Agreement by the 28th June. This is not without risk but ST updated that she will keep the committee sighted as discussions progress.

Members (1) **Noted** the 2023/24 financial year-end position of EASC; and (2) **Noted** the 2023/24 financial year-end position of WHSSC.

10. Gender Identity Services for Children and Young – Final Report of the Cass Review
Members received a report providing an update on the final report on the independent review led by Dr Hilary Cass OBE which was, commissioned by NHS England and NHS Improvement in 2020 to make recommendations on the services provided to children and young people who were exploring their gender identity or experiencing gender incongruence.

Members noted that the aim of the Cass Review was to ensure that children and young people who were questioning their gender identity or experiencing gender dysphoria, and who needed support from the NHS, received a high standard of care that met their needs and was safe, holistic and effective. It was noted that services for children and young people are commissioned from providers in England.

Members noted that the JCC commissions CVUHB to provide gender identity services for adults (non-surgical) through the Welsh Gender Service (WGS), and whilst this service is commissioned in Wales, in light of the Cass Review it was proposed that the NHS Wales JCC work with NHS England in the review of the service specification for adult services (non-surgical) rather than a single site approach.

Members discussed the recommendations of the review, and agreed that further information was required and that a further report be brought back to the next meeting.

Members (1) **Noted** the recommendations of the Cass Review and the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan, (2) **Noted** the Cabinet Secretary's direction that the Welsh Gender Service fully co-operates in the delivery of the data linkage study, (3) **Noted** the implications for CAMHS which may require additional resources outside of the commissioned service, (4) **Noted** that the NHS Wales Joint Commissioning Committee had written to Health Education and Improvement Wales (HEIW) to set up a working group to consider current training available for gender care. This work will include linking with the work being undertaken by NHS England to ensure consistency of approach and access to training materials.

11. Work Plan and Performance Update for Mental Health and Learning Disabilities

Members received a report highlighting the work to date and outlining the programme of work for 2024/25 for the former National Collaborative Commissioning Unit (NCCU).

Members **noted** the Work Plan / Performance Update for Mental Health & Learning Disabilities previously part of the National Collaborative Commissioning Unit.

12. Corporate Governance Report

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

Members (1) **Noted** the report, (2) **Approved** the JCCs Annual Plan of Committee business for 2024-2025, (3) **Approved** the Annual Governance Statements 2023-2024 for EASC and WHSSC, and the Annual Compliance Statement for the NCCU 2023-2024, (4) **Reviewed** the responses prepared for the EASC and WHSSC Annual Audit Enquiries Letter responses for 2023-2024 and, subject to any required amendment, endorse for onward submission to Audit Wales; and (5) **Noted** the update on the development of the JCC hosting agreement and memorandum of understanding.

13. Other Reports

Members also **noted** update reports from the following joint Sub-committees:

- CTMUHB Audit and Risk Committee (ARC) Assurance Report,
- Management Group Briefing,
- Individual Patient Funding Request (IPFR) Panel,
- Welsh Kidney Network (WKN),
- South Wales Trauma Network Delivery Assurance Group,
- Neonatal Transport DAG; and
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Action Notes.

Agenda Item: 4.10b

CYFARFOD BWRDD IECHYD PRIFYSGOLN ANEURIN BEVAN
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 July 2024
CYFARFOD O: MEETING OF:	Board
TEITL YR ADRODDIAD: TITLE OF REPORT:	NHS Wales Shared Services Partnership Committee (NWSSP) Update Report – July 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 NHS Wales Shared Services Partnership Committee.

Cefndir / Background

NHS Wales Shared Services Partnership Committee (NWSSP) was established in November 2010 and became operational in April 2011 and through its work delivers economies of scale; efficiencies and consistency of quality and process for the business and professional services that are directly managed and delivered by local NHS bodies.

The membership is comprised of representatives from each NHS organisation that use the services and from Welsh Government in an observer capacity. The NWSSP operates under the legal framework and Establishment Order of Velindre University NHS Trust. The Managing Director is the designated Accountable Officer for Shared Services in line with The Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012 and is accountable to the Director General / CEO NHS Wales and Health Boards, Special Health Authorities and Trusts through the Shared Services Partnership Committee (the Partnership Committee).

The Partnership Committee meets bi-monthly and is chaired by an Independent Member, Professor Tracy Myhill OBE.

Asesiad / Assessment

The Joint Committee last met on 16th May 2024 and the papers for meetings are available at Committee Schedule and Papers - NHS Wales Shared Services Partnership . A summary of key matters discussed included:

- Radiopharmacy Update.
- Recruitment Modernisation programme.
- NHS Resolution Service Level Agreement.
- 2024/25 Service Level Agreements.
- Proposed Changes to Scheme of Delegation.
- Procure to Pay (P2P) Governance Update.
- P2P Invoices on Hold Not on Statement Clearance Proposal.
- Duty of Quality Annual Report.
- Finance, Performance, People, Programme and Governance Updates.
- Legal & Risk Case & Document Management System Procurement.

The assurance report from this meeting is shown at **Appendix 1.**

Argymhelliad / Recommendation

The Board is asked to RECEIVE this update report on NHS Wales Shared Services Partnership 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:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability Choose an item. Choose an item. Choose an item.
Blaenoriaethau CTCI IMTP Priorities Link to IMTP	Choose an item.
Galluogwyr allweddol o fewn y CTCI Key Enablers within the IMTP	Choose an item. Choose an item. Choose an item. Choose an item.

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

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

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

ASSURANCE REPORT

NHS WALES SHARED SERVICES PARTNERSHIP COMMITTEE

Reporting Committee	**Shared Service Partnership Committee**
Chaired by	Tracy Myhill, NWSSP Chair
Lead Executive	Neil Frow, Managing Director, NWSSP
Author and contact details	James Quance, Assistant Director of Corporate Services
Date of meeting	16 May 2024

Summary of key matters including achievements and progress considered by the Committee and any related decisions made.

Chair's Report

The Chair updated the Committee on her activities since the last meeting and forthcoming events. This includes:

- RadioPharmacy developments;
- Consultation with JQ in his new role supporting the SSPC's continued development and improvement;
- The all-Wales Chairs' meeting due to take place at the end of May;
- The Welsh Risk Pool Committee due to meet in June and an update would be received at the July SSPC meeting; and
- The SSPC autumn development workshop would be held on 11 October 2024. TM reminded Committee Members to diarise in advance to ensure good attendance and participation.

The Committee **NOTED** the update.

Managing Director Update

The Managing Director presented his report, which included the following updates on key issues:

- The 2023/24 financial year finished with a small surplus of £12,000. This includes a confirmed return of £1m of funding to Welsh Government and £2m distribution to NHS Wales organisations and capital expenditure of under £8million, which was positive position.
- The report from the Infected Blood Inquiry would be published on 20 May and would be of interest to NWSSP as host to the Welsh Infected Blood Support Scheme on behalf of Welsh Government.
- DHCW had notified NWSSP that there was a contracting issue with the audit software used to check records by the Post Payment Verification team in

Primary Care Services. Options were being explored to mitigate the impact and a contract extension was being explored.

- The Medical Examiner Service would go live on a statutory basis from September, covering 95% of deaths in acute settings (around 30,000 deaths in the last 6 months). The stages to be worked through would increase the coverage which was circa 50% of GP practices, with the remaining 50% being managed practices within Health Boards. Contingency planning was to be agreed and NWSSP would deliver training to update Health Boards as to the changes.

In respect of RadioPharmacy, there was a need to procure three production isolators at a cost of £1.5m for the safe preparation of Radioactive medicines in sterile conditions and the equipment meets an urgent operational need, following the closure of the Radio-pharmacy unit at University Hospital Wales in October 2023. The procurement forms part of the project to provide a replacement RadioPharmacy unit for South and South East Wales, located in IP5 in Newport, hosted by NWSSP, and delivery is being managed by the Transforming Access to Medicines Programme (TRAMs), which has an endorsed Programme Business Case. The funding had been confirmed in the past 24 hours and the Committee were asked to support an urgent Chairs Action for commitment of expenditure for the programme, which would then be taken to Velindre University NHS Trust Board for approval by inclusion within its meeting papers being issued this week, and a report would be received for ratification by the Committee at its next meeting in July 2024.

NWSSP Finance colleagues were working with colleagues in other organisations to understand the revenue implications of the RadioPharmacy Business Justification Case (BJC) which were not anticipated to be of a high level. NF re-iterated that this request relates to RadioPharmacy only, not the TrAMS project as a whole. The intention was for NWSSP to provide the required information to enable each organisation to take the BJC through their governance processes which would likely vary depending upon the revenue implications. There would be a further Business Case for the Hub, which covered two suites of clean rooms, with costs to be confirmed to NWSSP by the working group.

The comments received were in terms of the revenue implications of the RadioPharmacy BJC and the need to establish written communication of the governance to be considered within organisations; outlining the timescales, draft BJC, and details of the finance group overseeing the project. A paper would be circulated with key milestones and key dates of different groups and programmes with arrangements to support this workstream and anticipated that some initial figures would be ready to be shared around mid-June with the overall aim of submitting the BJC to Welsh Government by the end of July.

The Committee **NOTED** the update.

Deep Dive – Recruitment Modernisation

Positive progress continues to be made in implementing the Recruitment

Modernisation Programme. NWSSP has been working with organisations to implement agreed actions to streamline the recruitment process and reduce time to hire.

In recent months the impact of the actions taken is coming through in greatly improved performance, with the time from vacancy creation to ready to start date at April 2024 standing at 59.4 days against the target of 71 days.

The Committee **NOTED** the information provided in the Deep Dive session.

Items Requiring SSPC Approval/Endorsement

NHS Resolution Service Level Agreement

The Committee considered the 3 year renewal of the existing NHS Resolution Service Level Agreement which is an invaluable service to clinical colleagues which is hosted by NWSSP.

The Committee **APPROVED** the Service Level Agreement.

2024/25 Service Level Agreements

Service Level Agreements are annually updated and submitted to SSPC for approval. It was confirmed that the Single Lead Employer and associated KPIs would be discussed under cover of a separate meeting.

The Committee **APPROVED** the Service Level Agreements.

Proposed Changes to Scheme of Delegation

Amendments to the Scheme of Delegation are required in order to provide greater clarity in financial delegation arrangements and to ensure that approval levels are appropriate for the size and complexity of NWSSP operations today. In addition, an update to the matrix of delegated powers for warnings, suspension and dismissal in the Disciplinary Policy and Procedure for NWSSP was proposed in order to ensure that it covers all possible fair reasons for dismissal aligned to employment policies.

The Committee **APPROVED** the proposed changes to the Scheme of Delegation and Disciplinary Policy and Procedure.

Procure to Pay (P2P) Governance Update

At the November 2023 Partnership Committee meeting it was agreed that the Committee would provide the future governance forum for All Wales P2P initiatives. This was agreed following the closure of the Finance Academy All Wales P2P Forum in September 2023. An update on the proposed governance arrangements was provided to the Committee.

The Committee **NOTED** the progress made to establish new P2P governance arrangements.

P2P Invoices on Hold Not on Statement Clearance Proposal

A new process was proposed under the above temporary governance arrangements in order to clear invoices on hold which are not on supplier statements with a review of the procedure after 6 months.

The Committee **APPROVED** the process.

Items for Noting

Duty of Quality Annual Report

The inaugural draft report on Duty of Quality highlighted how the story of quality within NWSSP was being told and the work that had been done so far. The report, when published, will be a public facing document and it would also be integrated into the Velindre Report, for completeness.

The Committee **NOTED** the progress made.

Finance, Performance, People, Programme and Governance Updates

Finance – NWSSP reported a small surplus of £0.012m for the 2023/24 financial year. Savings achieved during the year led to the final 2023/24 distribution to NHS Wales and Welsh Government of £3m. Welsh Risk Pool 2023/24 DEL expenditure is £135.966m compared with £136.727m in 2022/23. The small increase of £0.037m above the IMTP forecast was agreed with and funded by Welsh Government. The value of stock held in stores at 31 March 2024 was £24m. NWSSP continue to await a Welsh Government decision regarding the level of PPE stock to be held in the longer term.

People & OD Update – The sickness absence rate remains very low with the average for the last 12 months being 3.07%. Statutory and Mandatory training compliance remains good at over 93% and PADR compliance continues to improve with the current reported level being 84%.

Performance – The in-month March performance was generally good with 40 KPIs achieving the target against the total of 43 KPIs. The three that missed the target were CTeS which very marginally missed the 90% customer satisfaction index with 89%, and two for Audit & Assurance in respect of the issue of draft audit reports and the subsequent timeliness of management responses.

IMTP Quarter 4 Update Report – A total of 74% of NWSSP's objectives are either completed and on track for delivery as part of those longer-term programmes of work or have been successfully achieved, as planned, in year across divisions. For those objectives not completed and not completed due to external factors, targeted actions for 2024/25 are in place with a view to bring

them back in line or to complete and close within the year.

Project Management Office Update – Two projects are currently rated as red. These are the Primary Care Workforce Intelligence System and Transforming Access to Medicine (TrAMS). On the former there are issues with increasing costs and extremely tight implementation timescales and on the latter the lack of capital is the major issue although good progress is being made on the development of the RadioPharmacy Service.

Corporate Risk Register – In addition to the three red risks remaining on the Register relating to the impact of industrial action and also of responding to the UK COVID Public Inquiry, and the development of the TrAMS project, a further risk was added regarding the lack of availability of capital funding and its potential impact on the achievement of objectives.

Annual Report Concerns and Complaints 2023/24 – During 2023/24, 26 formal concerns were received and recorded by Corporate Services. This compares with 35 concerns received in the same reporting period during the 2022/23 financial year. 60% of the complaints received were responded to in full within the 30-working day target. Additionally, there were 20 matters that were categorised as early resolution complaints during 2023/24, which were locally resolved within 24 hours, thus negating the requirement for a formal concern to be made. 33 early resolution complaints were received during 2022/23.

The Committee **NOTED** the above reports.

Papers for Information

The following items were provided for information only:

- Finance Monitoring Returns (Month 12 2023/24 and Month 1 2024/25);
- PPE Report;
- NWSSP Audit Committee Assurance Report - April 2024;
- Internal Audit Plan & Charter 2024-25;
- Audit Wales Audit Assurance Arrangements 2023-24; and
- 2024/25 SSPC Forward Plan.

AOB

The Committee was reminded to diarise the Development Day planned for 11 October 2024. The Chair requested that any topics of particular interest to Committee members that could be explored in the Development Day be submitted to the Assistant Director of Corporate Services.

Part B (Private Session)

Legal & Risk Case & Document Management System Procurement

The Committee was asked to approve the contract award following the tender for

the implementation of a case management system for Legal and Risk Services. The Committee **NOTED** and **APPROVED** the paper to be submitted to Velindre University NHS Trust Board.	
Matters requiring Board/Committee level consideration and/or approval	
• The Board is asked to **NOTE** the work of the Shared Services Partnership Committee.	
Matters referred to other Committees	
N/A	
Date of next meeting	18 July 2024